

CYFARFOD BWRDD IECHYD HEALTH BOARD MEETING

Dyddiad y Cyfarfod: Date of Meeting:	24 th May 2012
Eitem ar yr Agenda: Agenda Item:	
Pwnc: Subject:	Hywel Dda Public Health Strategic Framework
Swyddog Adrodd: Reporting Officer:	Dr Lyn Harris, Director of Public Health

Pwrpas y Papur i'r Bwrdd Iechyd **Purpose of the Health Board Paper**

The PHSF is the annual plan for local delivery of *Our Health Future*, the 10 year strategy for public health in Wales.

This paper sets out progress with the strategy over 2011-12 and takes account of this and emerging national priorities to develop the 2112-13 plan.

Llywodraethu: **Governance:**

Cyswllt ag Amcanion Strategol y BI: Link to HB Strategic Objectives:	Sets the public health strategic priorities for Hywel Dda Health Board and partners for 2012-13
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Penderfyniad y Bwrdd Iechyd: **Health Board Resolution:**

I gymeradwyo To approve		I gefnogi To Support	To support
Argymhelliad Recommendation			

Prif oblygiadau ar y canlynol Key Implications for the Following	
Ariannol Financial	none
Gwerth am Arian Value For Money	A preventive approach is better value for money as well as being best practice.
Risg Risk	none
Cyfreithiol Legal	none
Gweithlu Workforce	None provided we continue to integrate prevention and promotion into staff roles as appropriate.

Asesiad Effaith Cydraddoldeb Equality Impact Assessment			
Wedi'i gynnwys yn y Papur i'r Bwrdd Included in Health Board Paper		Dim yn berthnasol n/a	
Sylwadau Comments	The fundamental aim of OHF and this strategic framework is to tackle inequality and inequity.		
Ymchwil/ Ar sail tystiolaeth Research/Evidence Base	The actions are specifically built on the national and international evidence base.		
Cynnwys Cleifion a'r Cyhoedd Patient and Public Involvement	Patients and the public are integral to the success of the actions in both improving individual and population health. As this is a refresh of the current framework the public is already involved in actions e.g. healthy schools, and we need to do more.		
Effaith ar ganlyniadau i'r Claf Impact on Patient Outcomes	The framework sets out the priorities for taking a more preventative approach to patients.		
Ymgysylltu Clinigol Clinical Engagement	Through the current priority working groups however, this strategy is inclusive of all organisations so there are many other professional groups and agencies especially the third sector that are involved.		
Partion/ Pwyllgorau â ymgynhorwyd ymlaen llaw i'r Bwrdd Parties/Committees consulted prior to Health Board	Colleagues currently working in the priority areas across health and partnerships		
Rhestr Termau Glossary of Terms			

<i>Prif Deitl</i> Main Title	
1.	<i>Pwrpas yr Adroddiad</i> Purpose of the Report
1.1	To set out the achievements against the 2011-12 Hywel Dda Public Health Framework and refresh the document for 2012-13.
2.	<i>Crynodeb Gweithredol</i> Executive Summary
2.1	<i>Our Health Future</i> is the 10 year strategy for Wales first produced in 2009. Each year the LHB and its constituent local authorities together with the third sector, communities and the public must work together through their partnership structures to take forward the 10 year strategy.
2.2	National guidance sets out the requirement for an annual plan, the Local Public Health Strategic Framework to set out the priorities for the year.
3.	<i>Cyflwyniad</i> Introduction
3.1	The PHSF is part of the AQF process and the guidance explicitly requires that it drive partnership actions. The Welsh Government has asked this year that we refresh the 2011-12 framework rather than develop anything fundamentally new. This means that we are required to follow the existing guidance.
3.2	The report moves through a review of progress on the priorities set out in the 2011-12 framework and builds on this reflection together with national guidance, new strategies and evidence for effective interventions to develop the plan for 2012-13.
4.	<i>Corff yr Adroddiad</i> Body of Report
4.1	The report begins by setting out 2011-12 framework explaining the logic behind deciding the priority areas for action and ends with the new framework for 2012-13.
4.2	The middle section reports on progress and achievements to date. These reports are high level and produced by many people within the NHS and our partners. This broad sweep confirms how well the principles are bedding into everyday work for many individuals and teams in the services which is the only way to achieve population improvement in health and wellbeing.
4.3	The detailed outcome measures are found in other reports e.g. the AQF, HSCWS reports. These reports show the amount of activity in developing new and building on existing partnerships to take this and other integrated work forward.

5.	<i>Asesiad Risg</i> Assessment of Risk
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5.1 No risk

6.	<i>Argymhellion/ Penderfyniad sydd ei angen</i> Recommendations/Resolution required
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6.1 To support the new PHSF for 2012-13

7.	<i>Camau Nesaf</i> Next Steps
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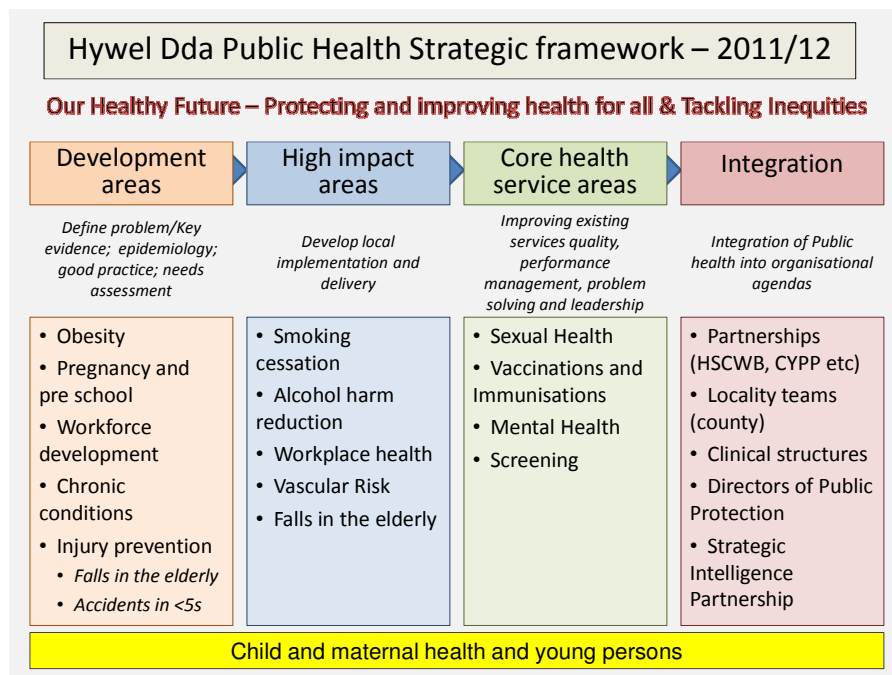
7.1 The report is currently being taken to all local authorities and partnerships groups for discussion so that the priorities can be built into local working.

<i>Swyddog Adrodd</i> Reporting Officer	Dr Lyn Harris, Director of Public Health
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HYWEL DDA PUBLIC HEALTH STRATEGIC FRAMEWORK.

20011/12---2012/13

Dr Lyn Harris.



Hywel Dda Public Health Strategic Framework – 2011/12---2012/13

Our Healthy Future – Protecting and Improving Health for All

Introduction.

In February 2011 the requirement for each LHB to produce a Local Public Health Strategic Framework (LPHSF) for 2011-2012 was set out in guidance from the CMO. Further guidance received in January this year detailed the requirement to refresh the Framework in the light of reflection on its impact in embedding public health within the work of the LHB and its partners and any new relevant policy documents.

This document reports on progress and achievements against the 2011/12 Framework and sets out the new Framework for 2012-13 which has been refreshed taking account of key documents such as the CMO and Local Director of Public Health Annual Reports and *Programme for Government* and *Fairer Outcomes for All*.

Background.

In October 2009 the Welsh Government published “Our Healthy Future” a 10 year Public Health Strategy for Wales which set out the priorities and challenges for public health to 2020. One of the key actions arising from OHF was the development of Local Public Health Strategic Frameworks to support Local Health Boards, NHS and broader partnerships to make significant and demonstrable improvements in population health outcomes and wellbeing.

The requirement for the development of Local Public Health Strategic Frameworks was reiterated in the Annual Operating Framework for 2010-11 and reflected in the draft Health Social Care and Wellbeing Strategy Guidance and draft interim Children and Young Peoples Plan guidance.

The Purpose of the local Public Health Strategic Frameworks.

The purpose of the Framework set out in the guidance is to provide a locally appropriate planning, resource, and performance management tool and also to provide assurance to the Board that there is an effective contribution being made to achieve national priorities as set out in Our Healthy Future and the Annual Quality Framework so that:

- The work begun in the Upstream Prevention and Promotion chapter of the Annual Operating Framework 2010/11 is sustained and developed.
- Activity takes account of both local need and national priorities.
- Delivery is through strong local partnerships.

- There is an emphasis on actions to reduce inequity in health outcomes.

The Framework should build on the priorities and needs identified in the Director of Public Health Annual Report and reflect and influence locally agreed priorities and activities as set out in Health Social Care and Wellbeing Strategies, Children and Young Peoples Plans and other key partnership planning documents.

The guidance further stressed that “Our Healthy Future” is a 10 year strategy and that improving public health is not a short term option rather an investment for the future. The LPHSF therefore will be a multi-year plan with an annual refresh and continuous development throughout the year.

How we developed the Hywel Dda Framework.

The Hywel Dda 2011-12 Framework was developed in response to the guidance and took account of both national work as well as local need. In particular the public health team:

assessed ourselves against the recent report from the Prevention and Promotion National Board. This focussed piece of work identified a series of evidence based, effective actions to improve health and wellbeing which, if properly implemented, would also release resource over a 3-5 year period.

looked at what the refreshed Health Needs Assessments to support our 3 Health, Social Care and Wellbeing and Children and Young Peoples Partnership Plans and the Director of Public Health Annual Report had to tell us about our local needs.

discussed with colleague LHB Executive Directors what work was already happening in their areas of responsibility that had a direct delivery element of key prevention services such as immunisation.

drew on strong partnership relationships most particularly with the HSCWS Facilitators to discussed their priorities and the challenges and opportunities arising from the recent reorganisation in the NHS in particular in taking the Framework forward

The priorities identified from these considerations were then set out in the final Framework in 4 linked areas. These represented the phases of work required to take the priorities from development, through implementation to performance monitoring and are:

- Development Areas.

The focus is around reviewing the evidence, epidemiology and needs assessment as there is new information available about what actions are effective and/or new thinking on how to implement these successfully through integrated, partnership approaches.

- High Impact Areas.

The development work has been done recently and we now need to agree and locally implement new ways to deliver through our current systems and partnerships.

- Core Health Services.

Services already exist but the expected targets and outcomes are not be delivered across the whole of the new unified system e.g. immunisation uptake, screening services uptake.

- Integration.

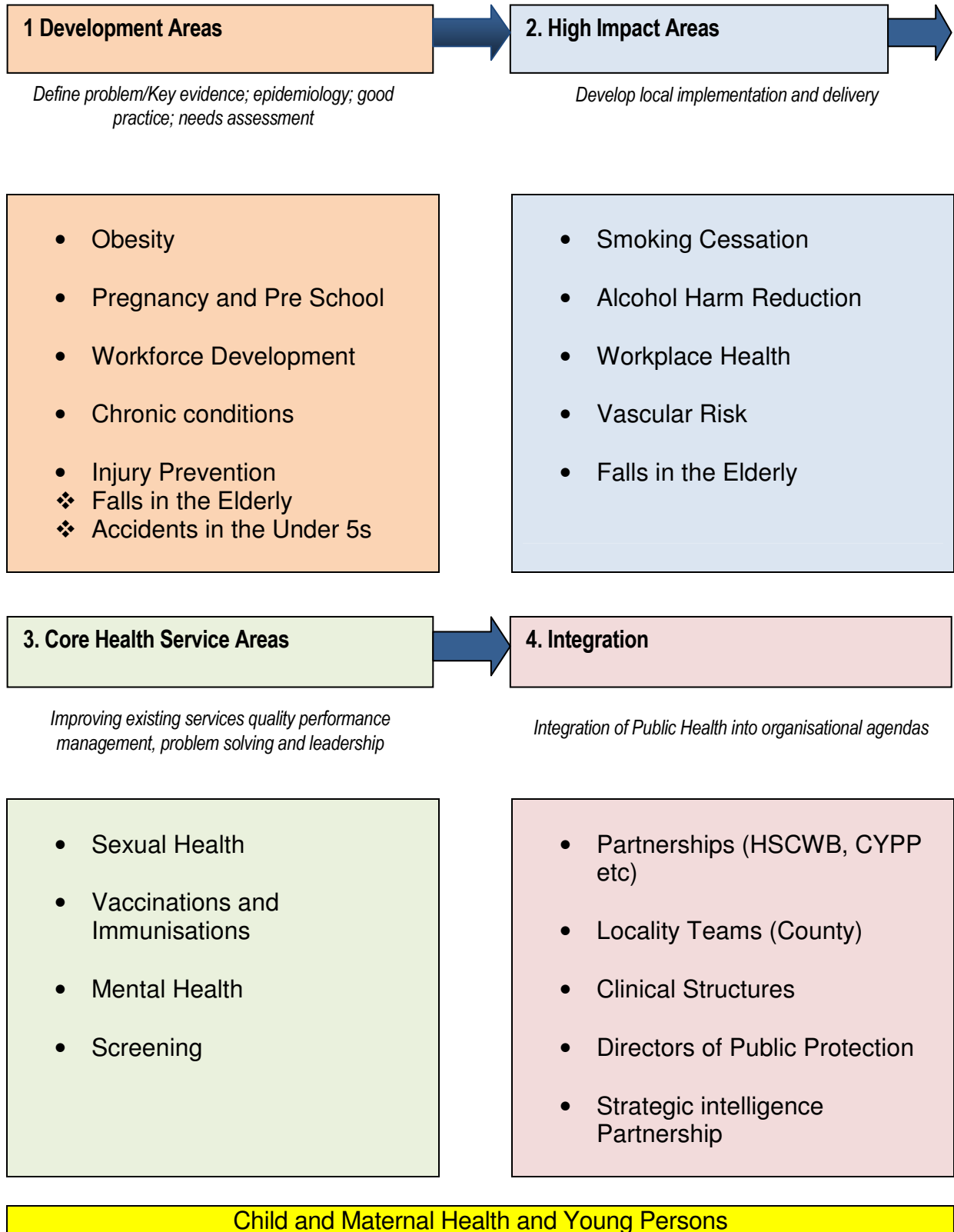
To give us focus on making sure the new partnership arrangements are supported and developed.

Improving health for all and tackling inequity is the overarching aim of all the annual Frameworks and the particular cross cutting theme for 2011-12 was Child and Maternal Health and Young People.

The draft Framework was discussed with partners and within the LHB and received widespread support but we have continued the discussion through the year, building up the detail around implementation and mindful of the fact that this work needs to be continuously improving and developing.

The Framework was set out on one page in order to have complete clarity around the priority areas. The domains of public health were set out on the reverse so as to promote discussion around the contribution everyone is and can make recognising that some groups with important contributions to the health and wellbeing of the population are not as well versed in the principles of public health as others.

Our Healthy Future – Protecting and Improving Health for All & Tackling Inequalities



The next section sets out progress and achievements within our priority areas.

It showcases the work that has been taken forward by teams within Hywel Dda and our partners supported and often led by members of the public health team. It demonstrates how work undertaken by the PHW national teams has supported local action and how public health is becoming increasingly integral to the work of the whole organisation.

Each report is a snapshot and is by no means all the work that has been undertaken. In each area there is more detail to be found in specific reports e.g. the AQF and HSCWS reports. The aim of this document is to present the overview, indicate the wealth of work going on and through this process develop the new 2012/13 Framework.

Development Areas

Hywel Dda Public Health Strategic Framework – 2011/12
Development Area : OBESITY
Why did we choose this? Global epidemic - growing proportion overweight and obese (58% adults in HDda) Increasing prevalence within children Contributes to the burden of chronic conditions – diabetes, CHD, arthritis etc already high in Hywel Dda Increasing costs to the NHS and society A very complex issue needing a governmental, societal and individual response
What did we do? The first stage of this work was to map the strategies, policies, services and projects relating to obesity in Hywel Dda against the four levels of the all-Wales Obesity Pathway. From there gaps and challenges were identified at each level and now form the basis of action to implement the pathway across the Health Board. A multi-agency, multi-disciplinary group has been established, together with three sub-groups to drive and oversee the implementation of the pathway. A Results Based Accountability performance framework has been developed to monitor and measure the outcomes of the work.
What did we achieve? • Mapping completed and distributed to partners • Implementation group established • Sub groups being established for level 1-3 of the pathway • Performance accountability framework developed and agreed • Accountability through the Community and Chronic Condition Board of Hywel Dda Health Board established • Obesity included as a priority for the Carmarthenshire Integrated Strategy and the Pembrokeshire and Ceredigion Health Social Care and Well Being Strategies and Children and Young People's Plans

Development Area : PREGNANCY & PRE-SCHOOL

Why did we choose this?

There is a lot of evidence now that shows that what happens during pregnancy and in the first five years of life affect an individual throughout their life. Some examples include:

- Teenage pregnancy is associated with nearly two-fold increase in preterm birth and low birth weight and nearly three-fold increase in neonatal mortality, and girls born to teenage mothers have twice the risk of being a teenage mother themselves.
- Maternal obesity impacts greatly on outcomes for both the mother and the child. Women with a BMI over 35 are up to three times more likely to have pre-eclampsia and four times more likely to have severe bleeding after birth. For the baby, there is twice the risk of a stillbirth, and 50% increase in risk of admission to neonatal intensive care unit and babies are twice as likely to be heavier which then predisposes them to obesity and metabolic disorders in childhood.
- Cigarette smoking is associated with up to two-fold increase in risk of stillbirth and infant mortality. The Infant Feeding Survey in 2005 for Wales shows that 33% of mothers and 73% of teenage mothers smoked either before or during pregnancy.

There has been little change in trends across these areas, with persisting inequities in the birth and early years outcomes that need to be addressed.

What did we do?

Families First Disability Review

The main aim of the Families First Disability Services Development project is to develop a needs based model for all disabled children, young people and their families across the three counties of Ceredigion, Pembrokeshire and Carmarthenshire. The Health Board is now delivering services for children on a 3 county basis and the consortium has received additional funding to develop consistent practice models for delivery of services to disabled children and their families that are aligned to the emerging Team Around the Family (TAF) model of integrated family support. The project delivery will take place within the context of the South West Wales Families First Pioneer Consortium activities that include:

- A Disability Services Development Learning Set that involves service managers and providers from across the three counties and the Health Board.
- Evidence based research and reflective practice.
- Shared outcome focused planning/management.
- Training and workforce development.

Expansion of Flying Start Programme

The Welsh Government is committed to doubling the number of children who benefit from Flying Start (FS) from 18,000 to 36,000 by the end of the Assembly term, and has made available an additional £55 million over the next three years to support this expansion. This is a significant uplift in the funding available for this programme, particularly in the current economic climate, and marks the Welsh Government's absolute commitment to the Flying Start programme which provides preventative services in the early years.

Welsh Government officials are working closely with colleagues from the National Leadership and Innovation Agency for Healthcare (NLIAH) to develop a strategic health visitor workforce training plan that will support the expansion of the Flying Start programme. It is recognised that doubling the reach of this programme is dependent upon an appropriate workforce being in place to expand the services, and in particular on having sufficient numbers of health visitors with a capped caseload of 1:110.

Revised Flying Start guidance will be published by the Welsh Government in April 2012 and will be used to inform the delivery of the programme as it expands. The guidance will include a clear expectation that local authorities develop effective working relationships with their relevant Local Health Boards and involve them throughout the planning process for expansion. As part of local authorities' Flying Start 3-year strategic plans evidence will be required that local authorities and their LHB partners are both signed-up to delivery of the plan, and have formal written arrangements in place to deliver the FS health visitor service provision. Work will also be undertaken with local authorities and Health Boards to introduce a "common" service level agreement across Wales to standardise the health visitor service delivery across the Flying Start programme.

Implementation of Integrated Family Support Services in Mid and West Wales

In February 2011, the Deputy Minister for Children and Social Services announced the further roll-out of Integrated Family Support Services (IFSS) in Wales and Hywel Dda Health Board co-ordinated the development of a joint bid in conjunction with Carmarthenshire, Ceredigion and Pembrokeshire County Councils. Subsequently a Mid and West Wales regional consortium was established including Powys County Council and Powys teaching Health Board. The Mid and West Wales IFSS Consortium is unique as:

- It is the only area to have multiple local authorities and health boards collaborating in the implementation of the service.
- Hywel Dda Health Board was nominated as the lead partner agency.
- It is working collaboratively to introduce a consistent model of IFSS throughout the region.

The Health Board is a partner in three Integrated Family Support Teams (IFSTs), one in each local authority area and has appointed and seconded staff to work with the Local Authorities, based in Children's Services. The IFST will provide support to vulnerable families affected by drug and alcohol misuse to enable them to make positive lifestyle changes in the interest of their children and the whole family. This programme embeds a culture of joint working between children and adult services, with

at its core promoting the safety and welfare of children and young people.

The Regional Business Support Team for the consortium which is led by Hywel Dda's Head of Partnership Development – Vulnerable Children and Families has been successful in delivering a comprehensive programme of wider workforce development and training. In total nineteen one-day programme in Enhanced Motivation for Behaviour Change will have been delivered by the end of the financial year to nearly 300 professionals from health, social care, voluntary sector and schools. The Team have also developed a regional staff development programme for the IFSTs which will enable them to come together on a bi-monthly basis for shared training and peer supervision.

The Children and Families Measure (Wales) 2010 places a duty on local authorities to establish an Integrated Family Support Board. This is a statutory board (as set out in Shared Purpose – Shared Delivery) and its responsibilities are set out in the Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2012. The Board has been named the IFSS Regional Family Support Board and is chaired by Mandy Jones, Executive Director, Carmarthenshire Association of Voluntary Services. The Director of Nursing and Midwifery is vice-chair and the Director of Primary, Community and Mental Health Services is also a member of the Board.

Substance Misuse Survey of young people aged 11-18

The Head of Partnership Development – Vulnerable Children and Families chairs a regional Substance Misuse Area Planning Group for Children and Young People which involves partners from health, social care, education and public health. Community Safety Partnerships have responsibility for commissioning substance misuse services and this work takes place through Joint Commissioning Groups (JCGs) which exist in each local authority area. The three JCGs are currently developing new Joint Commissioning Strategies and in order to support this work, a survey of young people aged 11-19 was co-ordinated by Hywel Dda staff.

The survey was conducted using a computer based interactive on-line system and was made available to each secondary school and colleges throughout Carmarthenshire, Ceredigion and Pembrokeshire in November and December 2011.

In total 4,862 young people participated and provided their views, attitudes and experiences of using drugs, alcohol and cigarettes. The final reports are currently being collated and presentations have been made to CYPPs, Dyfed Area Planning Group for Substance Misuse and to a variety of local groups, including Secondary Head Teacher Forums.

The information gathered will be used to inform the finalisation of priorities for the Substance Misuse Joint Commissioning Strategies, and will also be a useful source of local data to feed into a Hywel Dda wide health needs assessment and the development of Integrated Community Strategies as required by Welsh Government.

What did we achieve?

Families First.

A Project Officer has been appointed by Hywel Dda Health Board who is based part time within the Health Board and part time with the Families First Regional Team based in Cardigan. The Project Officer has commenced exploratory discussions with service managers and frontline staff in the Health Board and within the three local authorities to achieve some 'quick wins' in terms of some elements of the delivery plan. Other elements will require a detailed review of current service models and working towards establishing a case for change.

Action for Children has been commissioned to undertake specific work in relation to the above which is being undertaken with the full participation of each local authority within the Health Board footprint. It is expected that a transformational change action plan will be developed once the outcomes of this work are collated.

IFSS.

On 15th March 2012 Gwenda Thomas AM, formally launched IFSS within Mid and West Wales. The event was attended by nearly 130 delegates including the Board's Vice-Chair and a number of senior managers and operational staff. Working with the External Communications Team, press releases were agreed for distribution across Mid and West Wales and attention has been played to the pre-election restrictions on publicity involving elected members. Pre-recorded radio coverage is also being developed to promote the service and ITV are interested in doing a focused media piece with one of the Teams.

The outcomes for IFSS will be monitored by the Board using a Results Based Accountability approach which will enable population indicators as well as specific service and performance information to be scrutinised.

Hywel Dda Public Health Strategic Framework – 2011/12

Development Area : WORKFORCE DEVELOPMENT

Why did we choose this?

The Public Health Strategic Framework identified Workforce Development as a key Development Area for 2011/12.

Through its document, 'Our Healthy Future', Welsh Government provided a strong direction to government and partners to focus on prevention and improvement. 'Encouragement to do all we can to look after ourselves is vital and can set us on the road to good health and wellbeing. On top of individuals taking responsibility for their own health, all partners (the NHS, local governments etc) have a significant role to play' (Edwina Hart, Our Healthy Future, Welsh Government, 2009).

In its Reducing Inequities in Health Strategic Action Plan, 'Fairer Health Outcomes for All' (2011). Welsh Government charged that *Local Health Boards will ensure that there are systems in place to capture the experience of front line teams to support the development of services to meet the needs of vulnerable patients and disadvantaged communities* (Action 5.10).

The Action Plan also charged Public Health Wales with '*assessing the potential of equipping NHS and social services staff with the skills and competencies required to make every contact count in supporting and encouraging people to stay healthy*' (Action 5.11) (*Fairer Outcomes for All; Reducing Inequities in Health Strategic Action Plan*, Welsh Government, Our Healthy Future - Technical Working Paper 2; March 2011). The plan recognised the potential benefit of enabling the current health and social services workforce to become promoters of good health. Members of staff need to be equipped with the skills and competencies to support people and encourage them to stay healthy. This applies to staff at all levels, every contact counts.

What did we do?

Hywel Dda Health Board, through its culture change programme, is attempting to balance the equation between providing excellent services and supporting individuals to look after themselves, whether as 'healthy individuals' or living with long term conditions.

A project group, led by Public Health, is working to increase the number and range of NHS staff who see their role as being promoters of good health as well as supporting the care of illness and who also have the appropriate level of skill to raise awareness, motivate and signpost to support services.

Key progress points:

- Literature review, system scoping and RBA assessment of the potential to act.
- Workshop to take place in June 2012 with
 - Local public health team

- Learning and Development Training team
- Nurse development senior team
- Allied Health Professionals team
- Public Health Wales Professional Development unit

in order to explore a common understanding and way forward. We propose engaging the service of a professional facilitator who has led the 'Making Every Contact Count' initiative in Yorkshire and Humberside.

- Develop opportunities to promote issues through from basic induction to specialist professional group development

We are currently progressing work to

- Identify a group of highly specialised professionals to pilot a common behaviour change training package.
- Identify a generic staff group to pilot introductory level 'healthy chats' with patients/clients: e.g. healthcare assistants, patient transport, volunteers, catering staff.
- Developing motivational interviewing skills for clinical staff.

What did we achieve?

- Developed joint working team between Public Health and Workforce and Organisational Development Directorates
- Agreed principles for the work:
 - *To increase the capacity of the NHS workforce to deliver health promotion messages to clients/patients. To embed health promotion and disease prevention thinking in the everyday work of health and social care employees (lon 2011)*
- Continued targeted and opportunistic Brief Intervention training for NHS Staff groups, including midwives with different packages around smoking, nutrition and injuries
- Worked closely with the Head of Learning and Development to progress a number of issues through existing mechanisms
- Created simple display boards to be placed in learning and development centre to give information to all programme participants.

Development Area : CHRONIC CONDITIONS

Why did we choose this?

Chronic conditions are those that persist for the long term and are generally managed rather than cured. They have a significant impact on people and their lives, and also on health and social care services.

Chronic conditions get more common with older age. In Hywel Dda the proportion of the population that is aged over 50 is higher than the average for the rest of Wales. It is also projected that the population aged over 65 in Hywel Dda is set to dramatically increase, with a 50% increase on the 2008 figures by the year 2026. This will affect the health and social care services that the health board and its partners will need to provide.

However developing a chronic disease is not an inevitable part of growing older, and many people live long full lives with long term conditions. As life expectancy is increasing it is important to remember “adding life to years” as well as adding years to life.

What did we do?

1. Chronic Conditions Management
 - Expand the range of services provided through the community networks with the development of Community Virtual wards in each of Hywel Dda’s 7 localities (see below section ‘Locality networks’).
 - Hywel Dda Health model of care for Diabetes based on research and best practice being implemented; pathway development complete awaiting final sign off and will achieve the following outcomes:
 - Improved management of Secondary Care Demand
 - Provision of care closer to home
 - Equity of Service across the Three Counties.
 - Lifestyle advisor role developed in Carmarthenshire working within GP practices providing advice and up to 6 sessions of support for people at risk of developing chronic diseases. Currently looking to bespoke the model of delivery in each county.
 - Epilepsy education and training programme underway for practice nurses, GPs and CRTs to enhance knowledge and skills of generalist practitioners. This will improve quality of clinical care and ensure appropriate onward referral to specialists.
 - Specialist pain practitioners providing clinics and delivering more interventions in the community, also closer working with CRTs. Proposal for the development of the COPD Self Management for life programme – delivered through the Education Programme for patients (EPP). Project to be delivered locally by health professionals and lay tutors training supported by National Programme (NLIAH). Outcome of training will be that HDHB will have 14 trained COPD SM4L

tutors, a combination of lay individuals who have COPD, EPP staff and health professionals that provide care to individuals with COPD. It is anticipated that 1% of the population living with COPD will participate with the following benefits:

- Improvement in self efficacy that can assist in the prevention of exacerbation
 - Improved health status
 - Improved quality of life
 - Appropriate use of services, e.g. reduced demand on A&E; GP appointments; EMAs.
- 2 Health Board pharmacists attending Train the trainers for inhaler techniques and assessment of patient's needs. This will be rolled out to further train Community Pharmacists to enhance the ongoing medicine review service (MUR).
 - More support for self care: work on-going recruiting more volunteers for EPP to increase capacity
 - Use of telehealth monitoring equipment for COPD patients providing alert of deterioration or exacerbation in condition enabling earlier access to treatment and subsequent reduction in severity
 - On-going implementation of self care strategy.
 - Links developed with pulmonary, cardiac rehab, diabetes education programmes.
 - Work on-going with Welsh Self Care Board in developing National Messaging and development.
 - Work on-going with Primary Care to Promote referrals to lifestyle advisor, NERS, EPP, XPERT, CCM Nurses as per clinical pathway
 - Work on-going with acute medicine to ensure appropriate referral to pulmonary and cardiac rehabilitation, CCM Nurses as per clinical pathway
 - Obesity pathway work in progress across Hywel Dda. Working groups established to review and implement services across Levels 1-3 of the pathway.
 - Medicines management teams are providing some input to the CRTs and working with community nurses and GPs to support medication reviews of patients receiving polypharmacy.
 - Development of the Discharge Medicines Review scheme. This gives the opportunity for patients to be reviewed following discharge from hospital by a Community Pharmacist. This ensures that the medicines are correct, at the right doses and matches the repeats issued from the GP Practice. It also allows the patient to discuss their medication and raise concerns relating to their therapy if wanted.
 - The existing MUR service (Medicines Use review) is supported by providing guidance and tips on how Community Pharmacy can target patients most at risk.

1.1 Dementia

Dementia Development Group has been formed as a sub group of the CCCM Executive Board to take forward the 9 key priorities included within the National Programme Board for MH Dementia Care Delivery Planning Advise 2011 2015. This alignment with our Community and CCM programme of work will enable us to develop more integrated services, more comprehensive programmes of care and a greater awareness and understanding of the needs of people with dementia. Examples include:

- Successful launch of the 'Butterfly Scheme' in Pembrokeshire and plan to follow this in Carmarthenshire and Ceredigion. In Carmarthenshire the dementia coordinator is based within the CRTs and is able to provide support with developments and advice and information.
- Work underway on integrated care pathways to improve outcomes and reduce length of hospital stay – links with CRTs
- Exploring how the dementia passport being developed by the memory service in Pembrokeshire can be linked to contingency plans to ensure improved transfer of information when patients move between services.
- Development of shared care protocols to allow patients to be prescribed medicines for dementia through their GP with close links to the expertise of specialist clinicians in the care of patients with dementia.
- Work in some GP practices to identify patients who are co-prescribed dementia therapy and anti-psychotics for review where appropriate.

2. Community Developments supporting CCM

2.1 Locality networks

Establish integrated community-based services

- Hywel Dda has established 7 'localities' across the three counties of Carmarthenshire (3), Ceredigion (2) and Pembrokeshire (2), with an average population of 56,000 (range 43–72k, 7 – 9 GP Practices) and accountable through Locality Managers (one/two) joint with Local Authorities to the Health Board's Director of Planning, Performance & Delivery.
- Each has integrated health and social care teams as well as community nursing services and specialist services such as palliative care teams and CMHTs.
- Each CRT is bespoke to its locality.
- Work is underway to grow the community networks by ensuring the services provided meet the needs of the population to enable us to provide care closer to home.
- The Board's rural model for community services provides skilled generalist professional and support staff meeting the needs of the majority within a locality (GPs, community nurses, therapists and social care workers).
- Specialist practitioners are moving into the community to educate and provide a service within localities where demand requires it or across localities and Counties where there is less demand or the service is more specialised, ensuring efficient use of skills and appropriate targeting of our resources.

Current position:

- *Carmarthenshire*: the GP locality lead practices in each of the 3 localities together with CRTs are managing limited numbers of patients on the virtual ward and testing process whilst continuing to manage their core demand. As the community service grows more patients will be able to be accommodated and access to the virtual ward will be available to all practices across the county. A Community Nursing Information System (CoNIS) has been developed within the county. This information is shared within practices and provides case management and workload information associated with each practice. Health &

Well Being District Nursing posts with a focus on Frailty have been developed within the County. This is linked to the development of the Frailty/ Community engagement care pathway as part of QP QOF requirements of the GMS contract

- *Ceredigion*: Consultation on restructuring community services in Ceredigion was completed in December 2011. Four GP practices in the South East cluster together with their locality team have identified patients from their practices 'at risk' and have scoped the needs of the patients to determine the services required to reduce their future dependence on reactive services and crisis management. This will enable targeting of the community network resource appropriately.
- *Pembrokeshire*: Project team is driving the growth of the community network including CVW ensure the wider community resource can respond rapidly to individuals changing needs. Plan for existing CRTs to work more closely with GP practices and build on the good relationships already in existence with Community nurses and Chronic Disease practitioners. Pembrokeshire have developed a 3rd sector broker role within their CRT

Internal investment in therapy and support staff has been agreed to enhance the community infrastructure and support delivery. This is based on Invest to save principles and will positively impact on unplanned medical admission rates, reduce combined medicine length of stays and support early discharge of stroke patients.

2.2 Community Virtual wards: Growth and development of CVW function within all localities.

- The Health Board is enacting plans to deliver a community virtual ward (CVW) in each locality to ensure a more upstream and proactive approach in order to contain demand on our acute services and improve Health and wellbeing.
- A variety of information sources is being used to enable community teams and GPs to risk-stratify locality populations including A&E data, emergency admission & readmissions data, OOH contacts, GP chronic disease information Falls risk assessment and PRISM (once rolled out) to anticipate the needs of elderly people and those with chronic conditions earlier.
- GPs and the integrated health and social care team are working with LA and 3rd sector partners to provide the right support upstream, aiming to alter the disease trajectory and reduce risk of exacerbation and hospital admission thus reducing the downstream and often expensive demand on our services.
- The community virtual wards are at different stages of development and are integrating within existing community services. They will also support people at risk of readmission to hospital and manage the 'pull' for those who could be discharged early if the right support were available.
- To support a rural model of delivery work is underway to develop our community workforce skills to ensure all generalist regulated and non regulated staff has knowledge and skills to manage roughly 80% of the demand within the locality enabling the shift to a community based service.
- Specialist chronic disease practitioners are working closely with community teams to provide education and specialist interventions where required ensuring an appropriate level of skill is available to both staff and patients within the locality.

2.3 Communications hub network Connecting above services, citizens 24/7

Carmarthenshire:

Careline+ is a single point of access being developed for all health and social care community services. The service, while located in Llandeilo and staffed by 27 individuals on a 24/7 shift pattern, provides a single phone number for receiving enquiries from the public and professionals. All referrals for the CRTs are routed through the Communications hub. The service also provides a monitoring system for emergency alarms in the community. Currently an on-line enquiry form is being piloted and it is anticipated that this should become the norm for professionals across Carmarthenshire for making enquiries in the spring of 2012. While the enquiry receiving service is available currently from 9am to 5pm, it is anticipated that it will develop into a 24/7 service within the next few months.

Work is now underway to optimise the potential of the hub and for it to become the main focus for coordinating services to maintain patients in the community: the plan is to link all primary and community based services to the hub and include the OOH period (including GP OOH access), followed by appointment booking and scheduling.

Pembrokeshire

- Has a newly-operational hub.
- Currently only dealing with for social care but with plans to route through referrals to CRTs.
- A pilot is underway to facilitate referrals for service users requiring reablement services.
- The voluntary sector brokers within the CRTs will shortly commence inputting into the Communications hub twice a week initially to enhance the hubs role in initiating and coordinating care.
- To explore the opportunity to work with Carmarthenshire and Ceredigion in support of Out of Hours work and single point of access.

Ceredigion

- Out of Hours services are currently routed through a local hub.
- May be potential for Ceredigion to be served by the Carmarthenshire hub as many of the residents are users of services from Carmarthenshire but further discussion and scoping required.

What did we achieve?

1. Chronic Conditions Management
 - Supported people to change their lifestyles to prevent chronic disease.
 - Improved quality of care due to spread of knowledge within generalist teams and improved access to specialists
 - For COPD patients the use of telehealth monitoring equipment provided alert of deterioration or exacerbation in condition enabling earlier access to treatment and subsequent reduction in severity.
 - Through working with community nurses and GPs, we supported medication reviews of patients receiving polypharmacy.
 - Gave patients the opportunity to be reviewed following discharge from hospital by

a Community Pharmacist in order to ensure medicines are correct, at the right doses and matches the repeats issued from the GP Practice. It also allows the patient to discuss their medication and raise concerns relating to their therapy if wanted.

- The existing MUR service (Medicines Use review) is supported by providing guidance and tips on how Community Pharmacy can target patients most at risk.
- Dementia coordinator is based within the Carmarthenshire CRTs and is able to provide support with developments and advice and information.
- Improve outcomes and reduce length of hospital stay.
- Improved transfer of information when patients move between services.
- Allow patients to be prescribed medicines for dementia through their GP with close links to the expertise of specialist clinicians in the care of patients with dementia.

2. Community Developments supporting CCM

- Provide care closer to home.
- Meet the needs of the majority of the population within a locality.
- Efficient use of skills and appropriate targeting of our resources.
- Respond rapidly to individuals changing needs.
- Positively impact on unplanned medical admissions rates, reduce medicines length of stays and support early discharge of stroke patients.
- A more upstream and proactive approach in order to contain demand on our acute services and improve Health and wellbeing.
- Risk-stratify locality populations.
- Provide the right support upstream, aiming to alter the disease trajectory and reduce risk of exacerbation and hospital admission thus reducing the downstream and often expensive demand on our services.
- Support people at risk of readmission to hospital and manage the 'pull' for those who could be discharged early.
- Skills to manage roughly 80% of the demand within the locality enabling the shift to a community based service.
- Appropriate level of skill is available to both staff and patients within the locality.
- In Carmarthenshire a single phone number for receiving enquiries from the public and professionals. All referrals for the CRTs are routed through the Communications hub. The service also provides a monitoring system for emergency alarms in the community.

Hywel Dda Public Health Strategic Framework – 2011/12

Development Area : INJURY PREVENTION

- Falls in the Elderly
- Accidents in under 5s

Why did we choose this?

Injuries and their consequences produce a heavy burden on society in terms of short and long term disability, mortality, economic loss and health care costs. Whilst injuries account for only about three per cent of total deaths in Wales, the age of those dying is very different from most other causes of death with a high proportion of deaths occurring in the young. This has a huge impact when you look at the deaths in terms of potential years of life lost. Road traffic accidents are an important cause of injury in children and young people and, though rates are declining, child pedestrian injuries in the most deprived areas in Wales occur at 2.5 times the rate in the least deprived.

Falls are a common and serious problem amongst the elderly. It has been reported that 30% to 60% of community dwelling older adults fall each year, with around half of these falling more than once. In Hywel Dda a larger proportion of the population are over the age of 50 than the Wales average, and this is projected to increase over the coming years.

Of those who fall, 5% to 10% suffer serious injury. It is estimated that there could be up to 6,600 falls a year in Hywel Dda that result in a fracture, head injury or serious laceration. Falls are not an inevitable part of ageing. They are largely preventable, but they place a significant burden upon health and health services in the UK.

What did we do?

- **Falls Awareness Events**
Camu'Mlaen/Step Forward events raise awareness of risk of falls in older people. In the future these events will be facilitated by Third Sector organisations which have a common interest in the well being of older people. Participation in annual 'Falls Awareness' week in June. A DVD is being developed for information purposes. (High Impact Service Changes December 2010; Fairer Health Outcomes for All March 2011; PHW Secondary Prevention of Falls for Older People)
- **Wales Ambulance Service Trust**
WAST have developed a Falls pathway which ensures that all 'fallers' who are left at home as clinically/medically fit are followed up by the District Nursing Service with a Falls Risk Screen. This initiative is supported by the development of 'Health and Well Being Nurse' posts. These posts are based within the community, and have a 'falls and frailty' focus. A key part of the role will be to pick up referrals from MAST (A&E based MDT service). (NSF Older People (Wales) Standard 'Falls and Fractures' and NICE guideline 21 Falls – Primary Prevention and Case Finding)

- Careline/Telecare
‘Fallers’ who activate their Lifeline pendant and for whom WAST is not contacted are sent Falls health promotion literature and offered a Falls Risk Screen at home by the District Nursing Service (see above). The ‘Falls Collaborative’ data base is used to record the information. (PHW Secondary Prevention of Falls for Older People; High Impact Service Changes December 2010; NSF Older People (Wales) Standard ‘Falls and Fractures’ and NICE guideline 21 Falls – Primary Prevention and Case Finding).
- Accident & Emergency
The ‘Falls Collaborative’ database is completed for all ‘fallers’ attending A&E. This is supported by training of A&E reception staff. A Falls Risk Screen is completed by MAST team. Health and Well Being Nurses liaise with the A&E link, to ensure follow up within the community following discharge (Carmarthenshire). The CRT follows up ‘fallers’ (about 1/3 of their overall work) in Ceredigion. (High Impact Service Changes December 2010; NSF Older People (Wales) Standard ‘Falls and Fractures’ and NICE guideline 21 Falls – Primary and Secondary Prevention)
- CRTs/Virtual Wards/Care Closer to Home
The 3Ts locality has prioritised ‘fallers’ to pilot the Virtual Ward concept. Fallers are identified through GP House calls and cross referenced with PRISM database, DNS caseload and Myrddin. To date 5 ‘fallers’ have been identified and ‘admitted’ to the Virtual Ward. (High Impact Service Changes December 2010; NSF Older People (Wales) Standard ‘Falls and Fractures’- Interventions)

Care Homes:

The Care Home Support Team Project includes a focus on Falls. Training objectives for staff have been developed. A pilot introducing PSI programme in Care Homes in Ammanford is underway.

The final report ‘Reducing the harm caused by falls in both care homes and the community’, is due by the end of the summer. The project (involving OT Service) looked at existing practices in order to identify good practices, gaps in service provisions in order to develop a best practice model suitable for care homes (both council and private run) and the community. (PHW Secondary Prevention of Falls for Older People; High Impact Service Changes December 2010; NSF Older People (Wales) Standard ‘Falls and Fractures’- Interventions)

Postural Stability Instruction Programme:

The PSI programme has been integrated into the exercise continuum available to all those who would benefit from exercise (i.e. Pulmonary Rehab, Cardiac Rehab, etc). The ‘Vitality’ scheme also covers Bone Health classes which are Leisure Centre based and are accessible to the ‘lesser’ frail older people. All those referred to Vitality will be assessed by Registered Exercise Professionals and sign posted to the most applicable exercise programme according to need (also see Care Homes). Referral routes into the PSI programmes are to be developed (PT). (PHW Osteoporosis: Primary and Secondary Prevention; PHW Osteoporotic Fractures; High Impact Service Changes December 2010)

NOF Pathway:

Participate in National Hip Fracture Database. Implementation of 'Focus on orthopaedics – Patients with Hip Fractures'. Development of MDT approach for orthopaedic rehabilitation, including mobility status, rehab goals (PT & OT) and patient outcomes. Shared care with orthopaedic consultants and orthogeriatrician, with a dedicated hip fracture unit at GGH.

(NSF Older People (Wales) Standard 'Falls and Fractures' – Specialist Services; PHW Osteoporosis: Primary and Secondary Prevention; PHW Osteoporotic Fractures)

Fragility # Clinic/Osteoporosis:

The fracture liaison service is a structured case finding service for identifying, assessing and treating (where appropriate) men and women who have had a low trauma fracture and are therefore at high risk of osteoporosis and future fracture. Targeting of high risk patients in this manner is cost saving and endorsed by all major organisations. (NOGG, Guideline for the Diagnosis and Management of Osteoporosis; NICE TA160; NICE TA161; PHW Osteoporosis: Primary and Secondary Prevention; PHW Osteoporotic Fractures; High Impact Service Changes December 2010; NSF for Older People (Wales) Standard 'Falls and Fractures' – Specialist Services)

What did we achieve?

Development of a Multi Agency (Health, WAST, LAs and Voluntary Sector) Falls Prevention and Bone Health Strategic Service Development Framework.

- Joint strategic needs assessment including falls and bone health (osteoporosis), in conjunction with Public Health
- Falls prevention and management within the context of an integrated specialist fall service, including bone health services

Development of Hywel Dda Information Framework to support service delivery, development as well as performance management, including annual reporting to the Board.

- 1000 Lives Plus Outcome Measures:
 1. Number of calls for 999 ambulance as a result of falls from standing height
Source: Total Number of 999 AMPDS Code 17 (excluding Code 17B02)
 2. Number of Hip Fractures (Hip Fracture Rates). Source: National Hip Fracture Data Base
- Central Falls Register:
To show the falls history and interventions that have taken place for each person who falls. Preliminary discussion with Robin Jones regarding the feasibility to develop Hywel Dda 'Central Falls Register'.
- Annual Reporting to the Board (RCP)

RCP Falls and Bone Health Audit Action Plan

- DH OBJECTIVE 2: Respond to a First Fracture and Prevent a Second
 1. 'Commissioning' of Fracture Risk Reduction Service for all localities following the best evidence-based models, including adequate volume of DXA bone

density scans for the local population.

Inaugural meeting of the 'Fracture Risk Reduction Service' T&F group. Initial exploration of the clinical as well as economic rationale/case for further development of the 'Fracture Risk Reduction Service' for Hywel Dda.

High Impact Areas

Hywel Dda Public Health Strategic Framework – 2011/12
TOBACCO CONTROL
Why did we choose this? The Public Health Strategic Framework identified Tobacco Control as a key action area for 2011/12. Tobacco smoking is the largest preventable cause of ill-health and premature death in Wales and a leading cause of the inequity in life expectancy between the rich and the poor. In 2010, in the Hywel Dda area 730 deaths were attributable to smoking. Reducing smoking and exposure to second hand smoke is a key priority in Our Healthy Future, the strategic framework for public health in Wales. The aim of the new Tobacco Control Action Plan for Wales is to reduce adult smoking prevalence in Wales to 20% by 2016 and to 16% by 2020. 23% of the Hywel Dda population report being a current smoker (Welsh Health Survey 2008), which equates to over 68,000 smokers. Men are more likely to smoke than women, 24% are smokers compared to 21% (Welsh Health Survey 2009/10). The Welsh Government Tobacco Control Action Plan for Wales (2011) states that: 'Tobacco use imposes a significant financial and emotional burden on the people of Wales. Almost half of all long-term smokers die in their middle age as a result of tobacco use and many smokers will suffer poor health and associated loss of quality of life. The significant burden of illness due to smoking has major costs for the NHS in Wales. Research shows that approximately 20% of all admissions and bed days in Wales are attributable to people suffering from smoking related diseases. Treating smoking related diseases costs NHS Wales an estimated £386 million, equivalent to 7% of total healthcare expenditure in Wales. Smoking also has significant costs to the economy through working days lost and welfare benefit payments. Reducing smoking levels will help reduce pressures on NHS costs as well as those in the wider economy. Although significant progress has been made to reduce smoking prevalence levels in Wales, further action is required. The Tobacco Control Action Plan for Wales builds on the Welsh Government's current programme of discouraging young people from starting to smoke, supporting smokers who want to give up and promoting smoke-free environments, but it will particularly aim to protect children and young people and reduce inequalities in health.' Stopping leads to many fatal diseases – it is the main cause of preventable disease and premature death in Wales. It causes almost 90% of deaths from lung cancer, around 80% of deaths from bronchitis and emphysema, and around 17% of deaths from heart disease. About

one third of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, stomach, liver and cervix.

Teenage smokers experience more asthma and respiratory symptoms, suffer poorer health, have more school absences and are less fit.

It is recognised that tobacco smoke in the environment is also a health hazard to both smokers and non-smokers through passive smoking. In addition to putting people at risk from diseases, it can pose a significant fire risk.

THE INEQUITY

Adults in Welsh households headed by someone in the higher managerial and professional group were least likely to smoke (12%); those in households headed by someone in the semi-routine, routine occupation group or someone who had never worked or was long-term unemployed were most likely to smoke (between 34% and 48%) (Smoking in Wales: Current Facts, Wales Centre for Health 2007).

THE COST TO THE NHS

Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure.

Over 700 hospital beds per day in Wales are occupied by people suffering from smoking attributable diseases – representing 20% of ALL admissions and bed days in Wales – costing over £200,000 per day

What did we do?

Actions are identified within the four action areas of the Tobacco Control Action Plan for Wales as follows:

1. Reducing smoking prevalence rates
 - Operation of the Stop Smoking Wales smoking cessation services, with particular regard to:
 - New referral mechanisms for pregnant smokers.
 - Improved targeting of patients booked for surgery.
 - Integration with in-house hospital cessation support.
 - Provision of Brief Intervention training courses for targeted professional groups and as open access.
 - Operation of the annual No Smoking Day campaign as part of Hywel Dda Health Board's Ten Pledges.
2. Reducing the uptake of tobacco use
 - Operation of the Health Promoting School's scheme across the three counties in partnership with Public Health Wales and the Local Education Authorities.
 - Operation of the SmokeBugs! intervention for 8 – 11 year olds
 - Operation of the ASSIST smoking in schools peer-led intervention
3. Reducing exposure to second-hand smoke
 - Agreement to develop Smoke Free Site and Environment for Health Board Estate by 1 April 2013.
4. Promoting leadership in tobacco control
 - Support and leadership for three, county Tobacco Control Fora
 - Integration of Tobacco Control Action Plans into the three county Health, Social

Care and Well-being Strategies.

What did we achieve?

- Increased contacts to Stop Smoking Wales with increased numbers of 'treated' smokers.
- All community midwifery teams trained in new 'fast-track' referral process for pregnant smokers.
- Progress on integrating data between community and in-house hospital cessation services.
- Comprehensive No Smoking Day campaign mounted, including work through:
 - Ten Pledges
 - Siarad Iechyd / Talking Health
 - Healthy Wednesdays
 - New Year, New You
- 1100 additional children engaged in SmokeBugs! Initiative
- Five secondary schools engaged in ASSIST programme
- Smoke Free Environment Project Group established; project plan agreed for implementation.
- Tobacco control actions in each Health, Social Care and Well-being Strategy.
- Development workshop held to assess and engage all Health Board directorates in tobacco control activity.

Hywel Dda Public Health Strategic Framework – 2011/12

Development Area : ALCOHOL HARM REDUCTION

Why did we choose this?

Alcohol is a major preventable cause of death and illness in Wales. As well as direct health effects, alcohol related harm includes violence, crime and risky sexual behaviour.

In the 2010 Welsh Health Survey, 23% of the Hywel Dda population reported binge drinking on at least one day in the previous week, which means more than 8 units of alcohol in a day for men and more than 6 for women. This is lower than the All Wales figure of 28% and is the lowest for all the health board areas across Wales. Men fared worse than women with 28% binge drinking compared to 18% of women.

What did we do?

Screening and Brief Intervention

Work has taken place with PHW nationally in order to develop a local collaborative in order to support the implementation of Welsh Government funded screening and brief intervention project. The first meeting of the collaborative will take place in April 2012

Changes to the Licensing Act 2004

Proposed changes to legislation will make Health Boards in Wales 'responsible authorities' under the Licensing Act 2004 and this will require systems and processes to be in place in order to discharge this duty in a timely and effective manner. Extensive work has been undertaken between the Health Board, PHW and licensing departments of local authorities in order to prepare for this role.

Community Consultation Exercise on Alcohol Concerns

The communities of Fishguard and Goodwick are engaged in a large scale community consultation exercise to ascertain their views on the impact of alcohol within their areas using a range of qualitative and quantitative methods. A multi agency group supported by PHW and HDHB is coordinating this project with a view to recruiting a Citizens Jury to develop an action plan for the community in Q1 of 2012/13

Young Peoples Substance Misuse Survey

Over 4,700 young people have undertaken a web based survey of substance misuse knowledge, experience and attitudes including their views on the education and information they receive. Reports at a Hywel Dda level as well as at individual county level have been produced which will aid in the development and implementation of the Dyfed Area Planning Board Strategy for Substance Misuse.

Data Sharing

A protocol for the sharing of data between key partner organisations in the substance misuse field has been developed which will assist in the reduction of alcohol related harm. A pilot project to test how robust and valid current data collected in Emergency

Departments is currently under way at Withybush General Hospital

What did we achieve?

- Screening and brief intervention collaborative in place
- Information sharing protocol agreed
- Alcohol harm reduction objectives contained within Dyfed Area Planning Board Substance Misuse Commissioning Strategy 2012-15
- Systems and processes in place to respond to requests for information and Health Board views under the Licensing Act 2004
- Rich qualitative and quantitative data available on the views of young people and alcohol

Hywel Dda Public Health Strategic Framework – 2011/12
Development Area : WORKPLACE HEALTH
Why did we choose this? In general, it is known that being in work is better for your health than being unemployed. There is therefore a need to keep people who are in work healthy. The importance of workplace health has been highlighted recently as part of the National Promotion and Prevention work stream in Public Health Wales.
What did we do? The Health at Work agenda is overseen by a Health at Work Steering Group which reports to the Workforce and Organisational Development Directorate Sub-Committee on a bi-monthly basis. An Independent Member of the Health Board is a member of the Health at Work Steering group which demonstrates Board level commitment and support.
What did we achieve? • The Health Board was successful with its application to re-validate the Gold level of the Corporate Health Standard in March 2011 • The Health Board is well on its way with the action planning for the Platinum level award. • An Organisational Health and Employee Well-Being Strategy is currently being drafted.

Development Area : VASCULAR RISK

Why did we choose this?

Vascular risk covers a range of conditions from heart disease, through aneurysms to stroke. These have a common set of risk factors, which are largely ones that can be modified including smoking, poor nutrition and lack of physical exercise.

There is inequity between the three counties in terms of mortality from circulatory disease with standardised rates being the same as Wales in Pembrokeshire, significantly lower in Ceredigion but significantly higher in Carmarthenshire.

What did we do?

- 50% of diabetics will die of a cardiovascular event. We have developed a Diabetes Local Enhanced Service to improve the care of diabetics locally.
- Planning in progress to improve and expand structured education in diabetics and at risk groups.
- Encourage practices to look beyond QoF targets in all areas, but particularly in AF, heart failure, hypertension, CHD and stroke.
- Meeting with LMC, GPs and haematologists to try to standardise anticoagulation pathways across the 3 counties.
- Encourage GP practices to discuss and implement 3 relevant NICE recommendations annually.
- Disseminate data demonstrating the variability of risk prevalence across the 3 counties to GP Leads for discussion with locality colleagues.

What did we achieve?

- Diabetes LES to be introduced from April 2012.
- Develop an expectation that QoF Framework is the minimum standard expected of a practice.
- Agreement amongst colleagues to await NICE and AWMSG authorisation of new drugs to use in the anticoagulation of patients with AF.
- Incorporate discussion and implementation of NICE guidance into the GP practice quality agenda.

Core Health Service Areas

Hywel Dda Public Health Strategic Framework – 2011/12
Development Area : SEXUAL HEALTH
Why did we choose this? Across Wales over the last 10 years there has been a marked increase in sexually transmitted diseases. However rates of teenage conceptions have been decreasing, though rates are still high compared to the rest of the UK and Europe. Around 20% of births to mothers aged under 18 are to previous teenage mothers. There are inequities in sexual health, with vulnerable groups in society likely to have poorer sexual health, particularly looked after children, sex workers and those with substance misuse problems. Welsh Government set out its strategy for improving sexual health in Wales in the Sexual Health and Wellbeing Action Plan for Wales 2010-2015. In Hywel Dda we are committed to implementing the sexual health action plan, ensuring that services provided are evidence based, appropriate and provided to people when and where they need them, and reducing health inequities related to sexual health.
What did we do? • We have set up a Sexual Health Group with membership from clinical services, from the Health Board and from Public Health Wales to look at the development of a Sexual Health Strategy for Hywel Dda Health Board. • We are working on a Sexual Health Needs Assessment for the health board area. We are considering need and demand in the area using data from sources including CDSC, Public Health Wales Observatory, community pharmacies and primary care prescribing data. Current service provision is being examined in the light of guidance for best practice • We have linked in with National work being carried out by Dr Marion Lyons and her team looking at long acting reversible contraception (LARC) and are taking part in a project to increase uptake amongst young people and, in particular, vulnerable groups.
What did we achieve? • We have appointed a clinical lead for Sexual Health for Hywel Dda Health Board. • We have achieved Welsh Government targets for improved access and turnover times for treatment and testing. • We are working to develop pathways into sexual health for vulnerable groups

including looked after children.

- We have set up a workshop day for engagement with clinicians and key stakeholders involved in Sexual health in the county. The aims of this day are to share the early findings of the needs assessment and to get the corporate view on sexual health services in Hywel Dda and how the delivery of services could be improved.

Development Area : VACCINATIONS & IMMUNISATIONS

Why did we choose this?

Vaccinations protect the person receiving the vaccine, but also make that individual less likely to be a source of infection to others. This is called herd immunity, and when enough people in a community are vaccinated, it is harder for the disease to pass between those who are not. This is particularly important in protecting people who cannot be vaccinated because they are too ill or they are having treatment that damages their immune system.

In Hywel Dda, although the overall trend in vaccination uptake is upwards, only two of the routine childhood immunisations meet the 95% target (Meningitis type C and 5in1, both at 1 year). We must ensure that vaccinations do not contribute to inequity as there are still some pockets within the Health Board where immunisation rates are particularly low.

What did we do?

Series of visits to GP practices where the uptake of childhood vaccinations is low is low to establish why and to offer support.

Proposal for a School Nursing based service for the delivery of teenage booster vaccination from 2012/13 in line with the recommendations from Public Health Wales Vaccine Preventable Disease Programme Audit 2010 which demonstrates that schools based programmes achieve greater equity, consistency and generally higher vaccine uptake than those delivered in GP Practices (Audit of the routine teenage booster immunisation in Wales. Public Health Wales December 2010)

Concerted drive to improve the Annual Flu vaccination uptake for NHS staff within Hywel Dda Health Board in line with the Welsh Government recommendations (CMO(2011) 04) involving

- Joint working between Immunisation and Vaccination Team, Occupational Health, Communications team and Health Board Staff
- Regular updates advertising available flu clinics issued via global e-mails together with direct communication with senior managers and staff
- Regular 'myth busting' bulletins about flu vaccination issued via global e-mails
- Occupational Health Team offering greater flexibility, taking vaccines to the staff: e.g. visiting wards, availability of flu vaccines in hospital canteens
- Using specific funding for flu campaign from Welsh Government to pay existing immunisers within the Health Board to assist Occupational Health departments deal with extra workload

- Promoting flu vaccination as part of the National Minimum Standards for Immunisation and Vaccination annual updates for immunisers. (e.g. District Nurses, School Nurses, Health Visitors etc Occupational Health Department offering vaccines at the training sessions for these groups of staff

What did we achieve?

Now have a much better understanding of the system issues preventing achievement of the childhood vaccination uptake targets and how we can compensate for these as the community services develop.

Agreement for the proposal by Children's Services Management, Finance and Executives with implementation date from September 2012 and proposal to be presented to LMC March 2012.

This year's annual flu vaccination campaign has been a success with more than twice as many flu vaccines being given than in other years. HDHB staff have made a conscious effort to protect themselves and their patients against flu during the winter months of 2011/12. The number of vaccines given to HDHB staff with direct patient contact is 2140 (31.2%) - All Wales 30.8% showing progress towards the 50% uptake target. The number of vaccines given to all HDHB staff is 2951 (29.9%) - All Wales 30.3%.

Hywel Dda Public Health Strategic Framework – 2011/12

Development Area : MENTAL HEALTH

Why did we choose this?

Just as being healthy is more than simply being free of disease, good mental health is more than an absence of mental illness. Everyone has emotional and health needs whether or not they have a diagnosis of a mental health problem, this affects the whole population. Residents of Hywel Dda report better Mental Health than the Wales average, and 9% of the population report being treated for a mental illness as compared to 10% for Wales (age standardised percentages).

Mental health is a key public health issue across Wales and improving mental wellbeing is a priority outcome from Our Healthy Future.

Mental health includes a whole spectrum of health and well being, ranging from inpatient services through to mental health promotion for the wider population. Mental health is of particular interest in Hywel Dda at the moment with the development of the new mental health strategy.

What did we do?

The mental health team has been refreshing the strategy to take account of the requirements of the new Measure. Specifically looking at a new community model with a heavier bias towards prevention and enabling people with a mental illness in their communities with their carers and families.

A needs assessment has and continues to be developed for community services for both physical and mental health problems recognising that illness whether it be predominantly a physical or mental health presentation will have elements of both. So the psychological wellbeing of patients with chronic conditions has to be recognised as does the fact that people with mental health problems often have a greater vulnerability to develop physical health problems.

Work through the Healthy Schools and preschools scheme has continued to spread across Hywel Dda and is a key areas for primary prevention with this important demographic.

The development of the all Wales Mental Health Strategy has also been supported and will at launch include the Mental Health Promotion strategy that will support the local strategic direction.

What did we achieve?

Annual report and community mapping to support the development of community based services.

Needs assessment to support the development of the local mental health strategy.

Hywel Dda Public Health Strategic Framework – 2011/12

Development Area : SCREENING

Why did we choose this?

There are four population based screening programmes that are run across Wales: Breast screening, Bowel screening, Cervical screening and Newborn hearing screening. These aim to reduce the number of deaths from Breast and Bowel Cancer, reduce the number of women developing and suffering the consequences of cervical cancer and detect babies with significant hearing loss early.

- For Breast screening, Hywel Dda is doing as well as the rest of Wales, but this still does not meet the target uptake of 80%.
- For cervical screening Hywel Dda are not doing as well as Wales, there is inequity between the three counties, and we do not meet the 80% coverage target.
- For Bowel Cancer Hywel Dda are doing better than the Wales average, but still we do not meet the 60% uptake target.
- In Hywel Dda Hywel Dda have excellent coverage for Newborn Hearing screening at 99.4%.

What did we do?

We have had the important discussion around the difference between the national screening programmes, opportunistic screening, and the move to more systematic assessments of practice populations through activities such as the over 50's checks in primary care.

All of this work needs to go forward but there are different considerations under each and the blanket use of the work "screening" can sometimes mislead.

Made the link with the promotion team in the screening service to co-ordinate our efforts.

The Hywel Dda communications team have a subgroup, the Helping group, with strong PH representation and has been and will continue to actively promote the screening message to the public.

What did we achieve?

A much clearer understanding of the issues around actively approaching people as opposed to waiting for them to come to us including the negative effects, so we can take a balanced approach to "screening" in the new community setting.

Started the discussion in the community as to why we are not achieving our target levels and whether there are population reasons for this or system problems in a similar way to the work this year on vaccination uptake.

Integration

Hywel Dda Public Health Strategic Framework – 2011/12
Development Area : INTEGRATION
Why did we choose this? Public Health is everybody's business and some of the biggest impacts we can have on the health and wellbeing of our population come from addressing the determinants of health such as housing, education, economic wealth and environment. Public health is and always has been everybody's business and so partnership working is central. Whenever organisations change working relations change too and rebuilding these in the new arrangements is a key early task if any of the priorities of the strategic framework are to be taken forward successfully.
What did we do? Set up the Hywel Dda Health, Social Care and Wellbeing team with membership from the 3 local authorities, LHB, Public Health and voluntary sector reps to work co-operatively across the Hywel Dda geography. Continuation of local partnerships such as the HSCWS and CYPPs Establish SIP as a Strategic Intelligence Partnership which acts as a liaison group of "analysts" to consider and recommend how information about the population can be used across the geography. County team structure to take forward operational issues in the local areas so that the local perspective is not lost. New clinical structures to develop and take forward pathway working across Hywel Dda so that there is a balance between prevention and treatment. Meeting with the Directors of Public Protection to consider the PHSF and areas of co-operation between PH and PP.
What did we achieve? PHSF adopted by all partners. Spending the Wellbeing Activities Grant to address local and Hywel Dda priorities. DPH Annual Report to look at the health of the population in the context of the wider determinants of health. Much closer working with the third sector as in the section 33 agreements and co-design document.

Clinical Strategy that responds to the demographic issues in the population and an emerging community structure that is designing service to be more preventive and evidence based with primary prevention and partnership working as key drivers.

The 2012/13 Framework.

Work began on the development of the refreshed Framework in January with an assessment of progress so far.

It's clear that in general good progress has been made across the Framework as judged by the movement of priority topics across the Framework from left to right i.e. priorities identified in the "development box" moved in year into the high impact implementation phase while priorities such as smoking cessation have moved into the core service/ performance measurement phase.

At the same time while smoking cessation beds in, the overall topic of tobacco control has become a priority as we seek to implement smoke free sites. Intensive work around services we provide but which are not delivering optimum performance such as immunisation has led to improved uptake most especially in flu vaccinations in our workforce but remain as priorities as we have not yet reached our targets overall.

Other priorities are progressing more slowly as to achieve them we need to develop complex relationships with new partners over time but there is now a greater clarity of purpose.

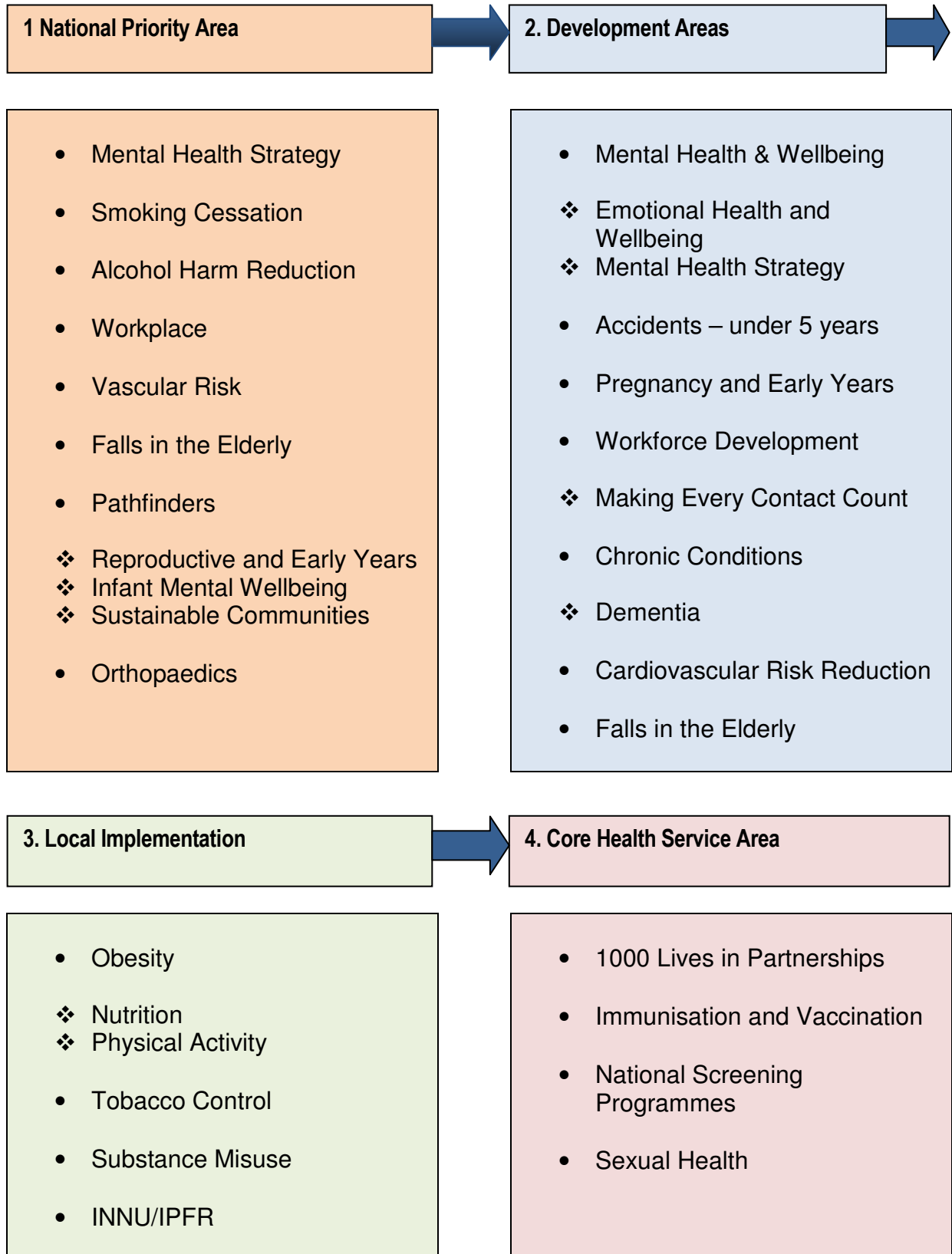
Taking the same approach to the development of this Framework as we did the last of assessing local progress, reviewing changes in needs assessments and local documents such as the DPH Annual Report, taking account of important national documents and most importantly talking to our partners we have developed a draft Framework as set out below.

Not surprisingly many of the priority areas from last year remain. The Annual Report tells us that many of the health needs and inequities continue and will need concerted effort over the life of Our Healthy Future to make a significant impact on some of these. In some areas where we have made the greatest progress we have set ourselves new stretch goals within them. Many of the topic areas have moved forward from development into implementation and we have changed the "boxes" to include national priorities that local partners need to decide how to tackle together.

Finally as new organisations bed in we judge that there has been very good progress in developing new and re-establishing old working relationships and that we have stronger partnership arrangements to deliver the Framework priorities.

The Framework is still in draft and we are embarking on a number of discussions in the LHB and partners to agree these priorities and to work on the action plans for delivery many of which will build on the work already started under the first Framework.

Our Healthy Future – Protecting and Improving Health for All & Tackling Inequalities



- Clinical Services Strategy

Mental Wellbeing

HYWEL DDA PUBLIC HEALTH STRATEGIC FRAMEWORK 2012-2013.

