



Good Health, Good Care

*Flintshire's Strategy for Improving Health,
Social Care and Well-being*

2008 – 2011

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Foreword

Welcome to Flintshire's second Health, Social Care and Well-being Strategy. In developing *Good Health, Good Care*, the Health Social Care and Well-being Partnership Board has sought to build on the success of and respond to the experience and shared learning from the first strategy, *Good Health (2005-2008)*.

This strategy represents a shared vision for health, social care and well-being for the next three years. The Partnership Board gave an early commitment to ensure that this strategy outlines an ambitious, yet achievable set of outcomes, focusing in particular on areas that require a partnership response. Therefore, the priorities for action represent clear choices and the imperative to focus tightly on the delivery of real improvement.

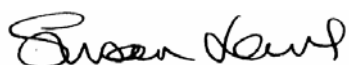
Implementing this strategy will be a challenge. The requirement to balance the needs and aspirations of the public and service providers with financial and workforce pressures will continue. In addition, partner agencies must ensure that in developing actions, any potentially negative impact on the environment is identified and at the very least, reduced to a minimum.

In this strategy, the Partnership Board has also reaffirmed and strengthened its commitment to the promotion of equality in the way that services are developed and provided. The progress made during the last three years in identifying and addressing the causes and implications of inequality must continue and gather pace and it is vital that services respond to the changing demographic profile of the community which is at the centre of the work that we do.

In addition to this strategy, the Flintshire Community Services Plan 2008 – 2011 is an important accompanying plan which will assist in delivering the strategic objectives and priorities as set out within *Good Health, Good Care*.

Being able to identify where progress is being made and where difficulties are being encountered in implementing this strategy is critical to its success. Consequently, a Performance Management Framework will be introduced and used to inform the Partnership Board and others about progress throughout the lifetime of the strategy.

The Partnership Board acknowledges the work of all partners and stakeholders in developing and implementing *Good Health, Good Care* and looks forward to the continued delivery of real improvements for the citizens of Flintshire.



Susan Lewis
Director of Community Services
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Chief Executive
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Executive Summary

Introduction

Good Health, Good Care 2008 – 2011 is the second Health, Social Care and Well-being Strategy for Flintshire. The statutory task of formulating and implementing the strategy lies with Flintshire County Council and Flintshire Local Health Board in co-operation with:

- North East Wales NHS Trust
- Conwy and Denbighshire NHS Trust
- National Public Health Service
- Flintshire Local Voluntary Council
- Independent Sector Care providers
- Clwyd Community Health Council.

These bodies together make up the Flintshire Health, Social Care and Well-being Strategy Partnership Board. This Partnership Board works closely with other strategic partnerships operating in the County including the Community Strategy Partnership Board and the Children and Young People's Partnership.

Whilst *Good Health, Good Care 2008 - 2011* contains priorities relating to the whole population of Flintshire, the Children and Young People's Plan 2008 - 2011 is the main plan in relation to children and young people.

Policy Context

Good Health, Good Care 2008 - 2011 has been developed taking into account the national policy context for health and social care. The current main policy documents include:

- *Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century, Welsh Assembly Government, 2005*
- *A Strategy for Social Services in Wales over the next Decade: Fulfilled Lives, Supportive Communities, Welsh Assembly Government, 2007*

For Flintshire County Council, *Good Health, Good Care 2008 – 2011* is now one of four high level strategies that are required by the Welsh Assembly Government, the others being: the Community Strategy, the Children and Young People's Plan and the Local Development Plan.

Stock- take of Good Health 2005 - 2008

Good Health, Good Care 2008 - 2011 includes a "stock take" on key achievements, developments and next steps from the first *Good Health Strategy 2005 – 2008*. The Partnership Board will continue to support key actions, as appropriate, in relation to the revised strategy.

Good Health, Good Care 2008 – 2011 has been informed by lessons learned and reflections on the previous strategy. In particular, all partners agreed that it was imperative that a smaller number of objectives were identified for this strategy round.

Needs Assessment

Good Health, Good Care has been informed by a needs profile of the population of Flintshire. The profile represents a broad descriptive analysis of the health and social care needs and priorities for the short to medium terms.

The profile highlights the following priority areas for action in Flintshire:

- Coronary heart disease and circulatory disease
- Respiratory disease
- Obesity
- Unintentional injuries
- Sexual health

The profile also highlights the needs of the following vulnerable groups:

- Children with a physical disability
- Children with a learning disability making a transition into adulthood
- People with mental health problems including children and young people and older people
- Carers
- Migrant workers

A copy of the full *Profile of the Population of Flintshire (2007)* is available from the Local Public Health Team (01352 803254).

In addition, a variety of opportunities were created to give the public and partners a voice in the development of the strategy. These included publishing a newsletter, staff briefings and holding a series of Building Strong Bridges focus groups for the voluntary sector. Some of the key themes raised in these exercises and subsequently taken into account in finalising the strategy included:

- Accessible services
- Timely information on services
- Prevention and health promotion
- Joint working across agencies
- Involving the public in developments
- Innovation and an evidence based approach to service development

Strategy priorities

Taking into account the results of the needs assessment and public engagement activities, national policy drivers, lessons learned from the previous strategy and the results of the consultation on the draft *Good Health Good Care* strategy, the Partnership Board agreed the following priorities for 2008 – 2011:

Health Improvement and protection

The key outcomes for this priority over the next three years are that:

- More people will follow a health promoting lifestyle and take responsibility for their own health and well-being and that of their families.
- People's mental health and well-being will be enhanced.
- Immunisation rates for influenza and pneumococcal vaccinations will be maintained / improved.

Social Inclusion – People with a disability

The key outcome for this priority over the next three years is to:

- Develop a partnership and strategy to raise awareness with employers and agencies in Flintshire to combat ignorance, discrimination and low expectations.

Carers

The key outcomes for this priority over the next three years are that:

- Carers, including young carers, are acknowledged, recognised by professionals and informed all the way.
- Carers have access to a range of flexible, imaginative and responsive support, including in times of crisis / emergency.
- Housing, adaptation and equipment policies are responsive to the needs of carers.
- Policies and services support carers as individuals with needs in their own right, specifically supporting access to employment and / or life long learning, as appropriate.

Older people with a mental health problem

The key outcomes for this priority over the next three years are that:

- Older people with a mental health problem/s will remain in their own home as long as possible.
- Older people with a mental health problem/s will remain active in their community for longer.
- Carers of older people with a mental health problem will receive appropriate support.
- Older people with a mental health problem/s have access to a range of specialist services, as appropriate.

Chronic Conditions

The key outcomes for this priority over the next three years are that:

- People with a chronic condition will be identified earlier thereby reducing the risk of developing complications of the disease process.
- People with a range of chronic conditions will receive equitable and standardised care across health and social care.

- People with chronic conditions will be able to self manage their condition more effectively and reduce complications and exacerbations of the condition.
- People with chronic conditions will have improved outcomes.

Access to services

The key outcomes for this priority over the next three years are:

- Improved provision of accessible and appropriate information relating to the services provided by the strategic partners.
- Access needs will be considered in the development and performance management of all priorities in this strategy.

In addition, there are two joint priorities with the Children and Young People's Partnership:

Mental health of children and young people

The key outcomes for this priority over the next three years include:

- Improved emotional health and well-being and support for the prevention of mental health problems.
- Early identification and intervention for children and young people with mental health problems.
- Improved access to services and waiting times.

Transition for young people into adult services

The key outcomes for this priority over the next three years are that:

- Young people who meet the eligibility criteria for adult social care have access to a person centred assessment and planning service which assists in making choices for adulthood.
- Young people aged 16 – 18 whose disability may fall just below the threshold for services have access to an initial assessment of need and short term intervention as a preventative service.
- A robust Joint Agency Transition Service is available to young disabled people.

Implementation, monitoring and review

For each of the priorities in the strategy, the Partnership Board will oversee the development of detailed action and commissioning plans, as appropriate.

Flintshire County Council, Flintshire Local Health Board, NHS Trusts serving Flintshire and their partners, will continue to work together as appropriate to develop workforce development plans that support the implementation of *Good Health, Good Care 2008 – 2011*. These workforce plans will drive the re-shaping of the workforce to deliver service modernisation, for example, developing new roles to achieve service models based on independence and reablement.

For each priority in the strategy, the relevant priority lead organisation or group is identifying key actions that require investment, any plans to secure this investment and the

risks if investment is not secured. This information will be considered by the Partnership Board and used as appropriate to inform financial planning.

To ensure effective monitoring and review, the Partnership Board is developing a performance management framework for the strategy.

A variety of methods will be used to keep all stakeholders informed of progress on the strategy including a *Good Health, Good Care* newsletter, appropriate websites and use of established networks.

Section 1- Introduction

Background

Good Health, Good Care is the second Health, Social Care and Well-being Strategy for Flintshire. The first strategy entitled *Good Health* was operational between April 2005 and March 2008.

“The Health, Social Care and Well-being Strategy is unique in that the Local Authority and the Local Health Board are jointly responsible in law for the planning of services which promote the health and well being of the community, and the delivery of appropriate treatment and care as an integrated concept.”¹

Fundamental to the development of this strategy is the continuation of an effective partnership approach. Many organisations and people in Flintshire are working in the fields of ‘public health’, ‘health promotion’, ‘public protection’, ‘health care’, ‘social care’ and ‘health and safety’, all with the ultimate goal of protecting and improving health, social care and well being.

The responsibility for developing and implementing this strategy lies with the established Health, Social Care and Well-being Partnership Board, made up of senior representatives from a range of organisations working in Flintshire:

- Flintshire Local Health Board
- Flintshire County Council
- North East Wales NHS Trust
- Conwy and Denbighshire NHS Trust
- National Public Health Service
- Flintshire Local Voluntary Council
- Independent Sector Care Providers
- Clwyd Community Health Council

In addition, there are established links between the Partnership Board and other strategic partnerships and networks operating in the County, including:

- Community Strategy Partnership Board (and the emerging Local Service Board)
- Children and Young People’s Partnership
- Community Safety Partnership
- Communities First
- Flintshire Well-being Network
- Building Strong Bridges Network

The Partnership Board operates to an agreed Terms of Reference and is jointly chaired by the Chief Executive of Flintshire Local Health Board and the Director of Social Services on behalf of Flintshire County Council.

To continue to ensure effective partnership working, the Partnership Board has reaffirmed its commitment to a **Procedure of Cooperation**. This procedure is based on partnership principles that all Board members have signed up to in recognition that effective partnerships do not just happen.

This strategy document is intended mainly for those who require detailed information on the background and context of the priorities and implementation processes. A summary version in a range of formats is also available which may be more appropriate for the broader audience. Both documents are available from GoodHealthTeam@flintshire.gov.uk or telephone number 01352 702536

The Scope of the Strategy

This strategy is operational from 1st April 2008 – 31st March 2011 and focuses primarily on priorities and actions that require a partnership response.

The strategy will address priorities relating to the health, social care and well-being needs of the whole population of Flintshire. However, the Children and Young People's Plan will be the main plan in relation to Children and Young People. This Health, Social Care and Well-being Strategy will respond to the needs of Children and Young People:

- As users of services besides those specifically designed for them
- During transition from children's to adult services
- Where services for adults have implications for children

In addition, where appropriate, this strategy will cross reference the Children and Young People's Plan and other local and national policies and plans.

What Is Health, Social Care And Well-Being?

Health

The "health" component of the strategy relates to health services and the importance of treatment, support and rehabilitation from acute and/or long term conditions affecting physical and/or mental health. Flintshire Local Health Board is responsible for determining the health and well-being needs of its population, and commissioning services from NHS Trusts and others to meet those needs

Social Care

Social Care refers to the wide range of services provided to people (both adults and children) and their carers who are vulnerable, frail or need support to live independently.

This includes support and care to enable people to live as independently as possible at home, child and adult protection, short term care, foster care, long term care within Care Homes and support to access education, employment and day opportunities.

Flintshire County Council social services, independent sector care providers and a range of voluntary organisations support people to live independent, fulfilled lives and protect those who may be at risk from harm.

Well-being

Within this strategy, the "well-being" component responds to the wider health improvement and protection agenda – or the promotion of good health.

In this strategy, we continue to work to the broad definition of "health" defined by the World Health Organisation as "a state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity” which includes the integration of physical, psycho-social and socio-economic well being.

A complex range of factors impact on an individual’s physical and mental health and well-being. **Examples** include lifestyles, income and poverty/deprivation, community involvement, the built environment, access to open spaces and climate change. The specific combination of these is likely to be different for each person or change during the course of a lifetime. In order to promote good health or “well-being” and influence behaviour change, it is necessary to consider all of the “health determinants” summarised in figure 1 below.

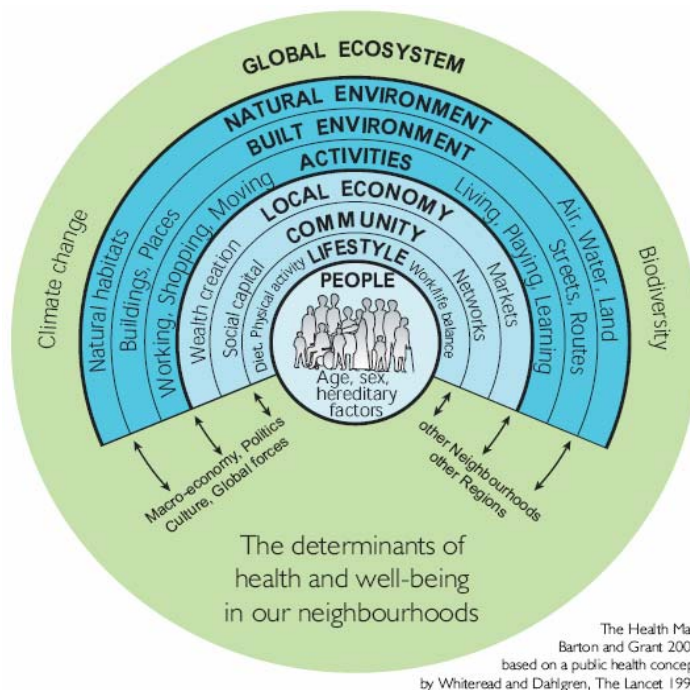


Figure 1: The Health Map

The development of health improvement and protection activities within the County will continue to respond to the principles outlined in the *Ottawa Charter* which states that any attempts to improve health and well being and influence behaviour that leads to poor health, must consider all of the following:

- The development of policies that promote health and well being
- The creation and development of environments to promote health and well being
- The development of personal skills to support healthy choices
- Community action for health and well being
- The reorientation of services to support and enable health promoting choices.

In addition to the above, the adaptation of services to promote sustainable practices to protect the natural physical environment are also important in recognition of the impact of climate change on the wider determinants of health and well-being.

Demands on Modern Health and Social Services

The expectations placed on health and social services continue to increase. Demographic changes, medical and technical advances and increased public and political expectations must all be considered in the provision and development of local services.

Achieving the correct balance between prevention/early intervention and treatment/support is one of the more challenging elements of this strategy.

Investing today's resources to make savings that may not be evident for some time whilst ensuring that current needs are met, is a constant and increasing challenge for health and social services across Wales and the rest of the UK.

Welsh Assembly Government Expectations

The *Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007* and guidance published by the Welsh Assembly Government detail a number of requirements for the partners to meet when developing and implementing their Health, Social Care and Well-Being Strategy.

The main requirements are that the strategy will:

- a. present a consolidated vision of what the local partnership – led and informed by the statutory partners – expect success to look like in March 2011; and
- b. act as the commissioning context for the statutory bodies in using their resources jointly to achieve this vision.

The regulations, set out a number of statutory requirements that must be addressed by local strategies. These are detailed in Appendix A

In addition to these statutory requirements, the guidance has detailed a range of expectations for local strategies including:

- Reacting to a set of national priorities
- Delivery of demonstrable improvements in health and well being
- Streamlined and effective health and social care services
- Consideration of the wider determinants of health, lifestyle choices, capacity for self care and independent living
- Effective engagement and consultation with the public and the workforce
- A “twin-track” approach to tackle both prevention and improvements in service outcomes

Developing the Strategy

Within the County, there are a number of strategic partnerships and existing planning groups that have been involved in developing this strategy. These are summarised in Appendix B

In order to develop this strategy, the Partnership Board established a Coordinating Group and a number of task and finish groups to work on its behalf. Details of these groups and their roles and membership are given in Appendix C

A project plan was approved by the Partnership Board, outlining the key milestones and timescales to work through the following stages of strategy development:

- (i) reviewing the previous strategy round (January – June 2007);
 - (ii) needs assessment and service mapping (January – June 2007);
 - (iii) creating a joint vision;
 - (iv) setting objectives;
 - (v) prioritisation;
 - (vi) authorisation and consultation (September – December 2007)
 - (vii) approval of final strategy (January – March 2008)
- } June 2007*

* The vision, objectives and priorities were agreed following a workshop for stakeholders.

Throughout the development of this strategy and in particular during the development of priorities and consultation phase, a number of opportunities for joint working with the Children and Young People's Partnership were established and are described in more detail throughout this strategy.

Section 2 – Policy Context and the Local Response

This section outlines the major policy documents relevant to this strategy and gives examples of local and regional responses.

Overall Policy Context

- *Making the Connections - Delivering Beyond Boundaries: Transforming Public Services in Wales*⁵ is the Welsh Assembly Government action plan for gaining improvement in public services. The plan represents the national response to the key findings of the *Beecham Review* of local service delivery (2006). This includes the introduction of **Local Service Boards** to support and challenge those responsible for delivering the major strategies and plans in the County from a citizen perspective. In developing this strategy, the Partnership Board has reported regularly to the emerging Flintshire Local Service Board.

On a regional level, the **North Wales Regional Partnership Board** provides the political framework and leadership to implement collaborative working and provides a mechanism for Leaders and Chief Executives to discuss matters of mutual concern. Similarly, the **North Wales Social Services Improvement Collaborative** is made up of senior Social Service officers. Current collaborative projects, i.e., those being taken forward across local authority boundaries, relevant to this strategy include the development of Tele-care Services, Direct Payments and Community Equipment Service.

- *People, Places, Futures*¹⁰ – *The Wales Spatial Plan*, is a 20 year plan for the sustainable development of Wales. This strategy has been developed against the background of the general principles of the Spatial Plan and the particular issues identified in the current North East Wales Spatial Plan, for example, optimising accessibility to key services. The findings of an ongoing study across North Wales looking at the influences of demographic change will also require consideration by Flintshire County Council and Local Health Board in their continued involvement in the spatial planning process.

The partners responsible for developing *Good Health, Good Care* share a statutory obligation to consider how to promote equality of opportunity and promote good relations in all areas of their work involving the six equality categories (or strands):

- Race and Language
- Sexual orientation
- Disability
- Age
- Gender
- Religion/belief

Examples of key local responses to this duty are referenced throughout this document.

Health and Social Care Policy Context

The major over – arching health and social care policies influencing the development of this strategy are:

- *Designed for Life*³ which identifies an ambitious reform programme including promoting health and well-being, adopting a citizen centred model and where possible providing care in the home or the community rather than in hospital.
- *Fulfilled Lives, Supportive Communities*⁴, sets out the direction for Social Services in Wales over the next ten years. The Vision for services includes working with partners to achieve the right balance of services and promoting social inclusion. 2007/08 is described in the strategy as a preparatory year and Flintshire County Council has developed an initial three year action plan to respond to the strategy and this is incorporated into the Council's service plans. The action plan covers five main work-streams: Leadership and Accountability, Commissioning, Performance Management, Partnerships and the Workforce.
- The *Wanless Local Action Plan* will continue to underpin the key priorities of this strategy by prioritising the areas of prevention, referrals from primary care, service redesign and Delayed Transfer of Care.
- In response to *Health Challenge Wales*, a range of activities have, and will continue to take place within the county to promote the key message that improving health is the responsibility of everyone.

Community Services Framework

In '*Making the Connections*' and '*Delivering Beyond Boundaries*', the Welsh Assembly Government has emphasised that local services must meet and be responsive to the health needs of people.

The Community Services Framework requires Local Health Boards and their partner organisations to work collaboratively to develop a Community Services Strategy that will identify what community services are required and how they will be created. It will clearly define milestones, dates and lead organisational responsibilities in delivering new models of health and social care. This will form a key and integral part of the implementation of the Health, Social Care and Well-being Strategy and will be effective from 1st April 08

The framework will therefore need to be consistent with and complementary to '*Designed for Life*', '*Designed for North Wales*' and '*Fulfilled Lives, Supportive Lives*', by supporting service users within their own communities. The main overarching objectives of strategy will be to ensure the delivery of effective and cost effective services that are easily accessible and are delivered on an equitable basis across the county.

While the existing planning groups will be tasked to complete the modelling of existing services and contribute to certain elements of the strategy, it is anticipated that the existing planning structures will need to be enhanced to give a particular focus on core health and social care provision. Given the nature and management arrangements for community health services some of this work from a health perspective will need to be undertaken on a dual county basis.

Local Strategic Planning Framework

The Assembly Cabinet has approved a reduction in planning requirements for local authorities. The result is that 4 high-level strategies are now required and these are:

1. The **Community Strategy** which is the key overarching strategy for Flintshire, setting out a long term vision to improve the quality of life for the local community.
2. This **Health, Social Care and Well-being Strategy**
3. The **Children and Young People's Plan** which is the main plan focussing on the antenatal stage up to the age of 25 years.
4. The **Local Development Plan** will set guidelines for all residential, commercial and industrial planning and land use decisions in the County.

The Community Strategy Partnership and Children and Young People's Partnership are developing revised strategies for implementation during 2008. In order to ensure effective links are made with these partnerships, a number of approaches have been taken, including:

- Joint representation at relevant meetings and forums
- Cross partnership representation on task and finish groups
- Regular (monthly) reports to and consultation with the Community Strategy Partnership Board (which is the emerging Local Service Board)
- Sharing needs assessment and service mapping information and working together towards a locally shared data and information observatory
- Joint consultation on this strategy and the Children and Young People's Plan
- Identification of joint priorities with the Children and Young People's Partnership (see Section 5)
- Ensuring that the priorities and themes identified in this strategy inform the development of the new Community Strategy
- Considering a common approach to performance management across the partnerships

By working together, the partnerships will ensure that duplication is avoided and that identified priorities for Flintshire residents are addressed by the appropriate partnership.

Links with Other Plans

During 2008, Flintshire County Council will continue to develop its response to local government plan rationalisation, in discussion with partners, as required. Currently, in addition to the above statutory plans, there continue to be a range of other local plans and policies that contribute to the broad health, social care and well being agenda. These are therefore linked to but not replicated in detail within this Health, Social Care and Well-being Strategy document. Key examples include:

- **Housing Strategy** which incorporates the Homelessness action plan and plans for housing for other vulnerable groups.
- **Supporting People Operational Plan** which sets out the priorities and arrangements for housing related support services and how these can contribute to improved quality of life and increased independence.

- **Communities First local action plans** which aim to address the impact of disadvantage, including health and well-being disadvantage in the five Community First areas in Flintshire.
- **Crime and Disorder Reduction Strategy** which includes plans to tackle domestic abuse.
- **Substance Misuse Strategy** which sets out the priorities for treatment and support in relation to the misuse of drugs and alcohol.
- **Economic Development Plan** which includes plans for promoting a sustainable economy, accessing employment, developing skills and training opportunities and promoting social inclusion through access to opportunities.
- **Emerging Regional Transport Plan** which includes the objective to optimise accessibility to services for all of the diverse communities of North Wales, to improve safety of all forms of transport and to promote sustainable forms of transport, minimising the negative impacts on the environment.
- **Flintshire's Biodiversity Action Plan** reflects the importance of biodiversity, conservation and sustainable use. A natural habitat that supports a diverse mix of animal and plant species is a pre-requisite for human mental and physical health.
- **Flintshire major incident plans** which set out the arrangements for adequate and diverse provision in the event of a large scale disaster.
- **Equality** schemes and action plans for race, disability, gender and adult mental health have been developed and implemented across all partner organisations.

The Local Health Board led Primary Care Strategy and Primary Care Estates Strategy and Designed for North Wales, which sets out plans for major hospital services should also be referred to alongside this strategy,

Flintshire Local Health Board is working together with its partners to produce and implement a revised Intermediate Care Strategy to run concurrently with this Health, Social Care and Well-being Strategy. The Intermediate Care Strategy will take forward key themes from this strategy including strong support for carers and services for people with chronic conditions to assist them to self manage their condition and to maintain / regain optimum independence.

The statutory duty for Local Authorities to undertake Air Quality Action Planning has been subsumed within the Health, Social Care And Well-Being Strategy. However, Flintshire does not currently have any designated Air Quality Management Areas and therefore an Air Quality Action Plan is not required. This situation is continually monitored and appropriate action will be taken as necessary.

Section 3 - Stock take and Next Steps – Good Health 2005-2008

External Review of Good Health

In December 2005, an external review of the first Health, Social Care and Well-being Strategy was undertaken on behalf of the Welsh Assembly Government²

The key findings of this review relating to the development of this strategy are that:

- The Partnership should continue to secure, embed and mature the central, overarching place of the Strategy within the activities of Flintshire's organisations and communities.
- The Partnership Board should continue to develop a performance management framework, which can be used to help manage the process of Health, Social Care and Well-being Strategy implementation.

Local Reflections

Good Health was the first Health, Social Care and Well-being Strategy (2005-2008). The strategy identified a broad range of ambitious objectives and set the foundation for many of the changes and developments that have taken place in the County since its introduction.

The tables overleaf outline some of the key achievements and work still in progress against the priorities in *Good Health*. The Partnership Board will continue to support these actions as appropriate in the context of this revised strategy.

Good Health, Good Care has been informed by lessons learned and reflections on the previous strategy. In particular, all partners agreed that it was imperative that a smaller number of objectives were identified for this strategy round and that performance management arrangements were identified during the development of the objectives and action plans to meet these priorities.

Key Developments and Next Steps

In the summer of 2007, a "stock take" of progress on the priority areas in the first strategy was undertaken. The conclusions are summarized in the tables below.

It should be noted that a number of the key achievements contribute positively to more than one priority. In order to avoid duplication, these achievements and continuing areas of work have only been referenced against one priority area.

In addition, a number of **cross cutting priorities** were identified within *Good Health*. Where key achievements in the tables contribute to these, they are coded as follows:

- (1) Accessibility
- (2) Waiting times
- (3) Information and advice
- (4) Recruitment and retention
- (5) Involvement
- (6) Health inequalities

The following tables provide an overview of **some** of the progress made against the key priority areas from the first Health, Social Care and Well being Strategy and where further progress is still being made and/or can be expected during the lifetime of *Good Health, Good Care*.

Circulatory Disorders

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Progress implementation of National Service Framework for Coronary Heart Disease</i></p> <p><i>To implement the Older People National Service Framework on stroke</i></p> <p><i>To develop, implement and review a stroke pathway pilot</i></p>	<p>Following completion of funding from the Big Lottery the Local Health Board has agreed to continue financing the Cardiac Rehabilitation service</p> <p>The Angina Plan, a patient self management programme commenced in Flint and has been extended into other areas of Flintshire (3,5)</p> <p>A North East Wales Partnership between North East Wales Trust, Flintshire and Wrexham Local Health Boards meet regularly to develop action plans to meet the requirements of the National Service Framework for Older People Stroke Standard and the Royal College of Physicians Guidelines 2004</p> <p>A Transient Ischaemic Attack</p>	<p>The Coronary Heart Disease National Service Framework has been revised. More work will be required to meet new standards</p> <p>Service redesign in some areas has already been implemented to improve the delivery of care to people with either a suspected or confirmed TIA/Stroke</p> <p>Staff education in line with Skills for Health competencies in both Coronary Heart Disease and Stroke are being developed (4)</p> <p>CHD identified as one of three priority areas for the implementation of the draft gender equality schemes across all health organisations within North Wales following</p>	<p>The Heart of Flintshire initiative is funded until March 2008. This initiative currently targets Community First areas and adults with a mental health problem and those with a learning disability. The overall aim of the initiative is to contribute to a reduction in risk factors for Coronary Heart Disease. (1,3,6) Work is currently taking place to identify how key elements of this work can continue beyond April 2008</p> <p>The Stroke Review group has identified that further redesign (where possible) and investment is required to fully meet the requirements of the Stroke Standard</p> <p>December 2007 the Welsh Assembly Government announced a programme of work to improve stroke services in Wales</p>

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
	pathway and Stroke guidelines have been developed by North East Wales Trust and have been distributed to all GP practices across Flintshire	consultation.	Chronic Conditions are included as a priority area for 2008-2011 See Section 5

Respiratory Disease

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Develop a holistic response to respiratory disease prevention which addresses factors at home and work</i></p> <p><i>Develop effective support for people with long term conditions</i></p>	<p>In collaboration with the British Lung Foundation a Breathe Easy support group has been established.(3,5)</p> <p>Chronic Obstructive Pulmonary Disease (COPD) care pathway for primary care developed and is being piloted in 2 GP practices in Flintshire</p> <p>Oxygen Assessment pilot with Conwy & Denbighshire Local Health Boards and Conwy & Denbighshire NHS Trust for patients in Flintshire who access Glan Clwyd Hospital for care.</p>	<p>COPD care pathway still in progress hope to roll out to other practices following completion of the pilot</p> <p>Oxygen Assessment pilot will be completed in March 2008</p> <p>Local Improvement Group with North East Wales Trust and working to improve access to respiratory services for patients in Flintshire and Wrexham. (1)</p>	<p>Ongoing support for the Breathe Easy Group</p> <p>COPD Pilot phase completed. Attempting to roll out to other practices in Flintshire.</p> <p>Flintshire Local Health Board has agreed funding for continuation of Oxygen Assessment Service.</p> <p>Chronic Conditions are included as a priority area for 2008-2011 See Section 5</p>

Diabetes

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Develop targeted diet and activity education programmes</i></p> <p><i>Identify people at risk of developing diabetes and target for health education</i></p> <p><i>Raise awareness about diabetes amongst health and social care staff</i></p> <p><i>Develop integrated care pathway</i></p> <p><i>Further develop screening and surveillance mechanisms</i></p>	<p>Development and implementation of a foot screening service for people with diabetes</p> <p>Development and implementation of structured patient education programmes for people with Type 2 diabetes (Diabetes X-pert and DESMOND programmes) (3,5)</p> <p>Implementation of diabetes education sessions for primary care, social services, voluntary and private sector staff (3)</p> <p>Development and pilot of group dietetic sessions for people newly diagnosed with diabetes</p> <p>Development and implementation of healthy eating cookery courses for people with diabetes</p> <p>Development of a Flintshire diabetes support group for people with diabetes and carers (3,5)</p>	<p>Development and implementation of Care Pathway for the management of Type 2 diabetes-in pilot phase</p> <p>Implementation of diabetes National Service Framework</p> <p>Development and implementation of dietetic support in primary care specifically for people with diabetes (3)</p> <p>Standardisation and equity of diabetes care for the housebound</p>	<p>Chronic Conditions are included as a priority area for 2008-2011 See Section 5</p>

Cancer

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>To raise public awareness of symptomology and screening</i></p> <p><i>To ensure NHS targets for cancer services are met</i></p> <p><i>To develop an integrated care pathway for people who are dying</i></p> <p><i>To enable people to remain at home if they so wish during their last days.</i></p>	<p>National Public Health Service has contributed to public awareness raising activity</p> <p>Introduction of NICE guidelines for GPs</p> <p>Waiting time targets for urgent and non urgent cancer treatment consistently being met (2)</p> <p>Care pathway in place with regular evaluation</p>	<p>Introduction of bowel screening from 2008</p> <p>North East Wales Cancer Partnership Board preparing action plan to meet national cancer standards. Additional recurrent funding has been secured from 2007 / 08</p> <p>Development of out of hours palliative care services (1)</p>	<p>The Welsh Assembly Government has announced that the vaccination against the human papilloma virus (HPV) will be added to the routine immunisation programme for young women from September 2008</p> <p>The vaccine will offer protection against the two strains of HPV that are associated with causing about 70% of cervical cancers</p>

Injuries

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>To develop an injury prevention forum in Flintshire</i></p> <p><i>To effectively coordinate unintentional injury prevention activities</i></p> <p><i>To improve responses where unintentional injuries do occur</i></p>	<p>Formation of a multi agency Unintentional Injury Prevention Group</p> <p>Completion of a report on injuries in Flintshire</p> <p>Unintentional injuries conference in January 2007</p> <p>Child car safety seat Campaign</p>	<p>Coordinator appointed to develop and implement a falls prevention programme for Older People. Children's injury prevention coordinator appointed* (Both posts time limited)</p> <p>Production of an action plan.</p> <p>Awareness raising and first aid training for 10-19 year olds</p>	<p>The Unintentional Injury Prevention Group needs to ensure effective working links with relevant strategic planning groups. This issue will be highlighted during the review of the Community Strategy during 2008</p> <p>The prevention of unintentional injuries is included within the Health Improvement & Protection priority for 2008-2011 See Section 5</p>

Life circumstances

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>To work towards a greater appreciation of the impact of the wider determinants of health</i></p> <p><i>To identify health inequalities in the County</i></p> <p><i>To implement the use of Health Impact Assessments</i></p> <p><i>Strengthen actions to promote awareness of the impact of diversity on health and well being</i></p>	<p>A Health Equity Profile has been undertaken to identify inequities in the provision of services/support to prevent and treat Coronary Heart Disease (6)</p> <p>A small number of rapid Health Impact Assessments have been carried out (6)</p> <p>Equality monitoring processes have been established to help identify which groups of people are/are not accessing services and to contribute to any removal of barriers to those services (6)</p> <p>Diversity and equality training is being made available to County Council, Flintshire Local Health Board employees and staff working within primary care(6)</p> <p>A Disability Equality Scheme is in place across all partner agencies which has been implemented, monitored and report on (6)</p>	<p>The “Route to Health Improvement” will be implemented within Flintshire County Council</p> <p>A report on poverty and disadvantage in Flintshire is currently being developed and will be reported as appropriate</p> <p>The Unified Assessment Process is being further developed to identify and support people at risk of losing their independence as a result of unhealthy lifestyles.</p> <p>CHD and mental health have been identified as two of three priority areas for the implementation of the draft gender equality schemes across all health organisations within North Wales following consultation</p>	<p>An integrated impact assessment tool is being piloted by the County Council. This tool is designed to screen out where a health impact assessment (for example) is needed and seeks to maximise health and social care gain across the policy agenda (6)</p> <p>An action plan to promote positive mental well-being is planned for 2008</p> <p>There is more work to do to understand and address the needs of the gypsy and traveller communities who visit or settle in the County</p> <p>The Equality Impact Assessment also highlights the need to improve our response to the specific needs of the population of Flintshire across the six equality strands.</p>

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
	<p>Report completed into the needs of migrant workers in Flint (5)</p> <p>An adult mental health Race Equality Action Plan developed in partnership across North East Wales Trust, Flintshire and Wrexham LHBs</p>		

Lifestyles

Objectives for 2005-2008	Key achievements 2005 - 08	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>To develop health promotion and prevention activity</i></p> <p><i>To develop a physical activity strategy for the County</i></p> <p><i>To provide support and education to enable people to eat health promoting diets</i></p> <p><i>To support people to stop smoking</i></p> <p><i>To develop opportunities for children and young people to have healthy lifestyles</i></p>	<p><i>Food For Health and Active For Life</i> have been developed to support healthy eating and physical activity amongst all key groups and the whole population (3,6)</p> <p>Lighten Up, Tighten Up Programme</p> <p>A training and development programme for staff within Community First areas (6)</p> <p>An increase in the number of schools within the Healthy Schools programme. 82 schools are now in the programme (11 Secondary, 3</p>	<p>Development of a revised Sexual Health Action Plan</p> <p>Development of a county wide Obesity Management Strategy</p> <p>Development of a tobacco free action plan</p> <p>Continued implementation of the Mentro Allan Programme</p>	<p>The lifestyle centred action plans that have been completed or are in development will continue to be implemented and performance managed during the timescale covered by <i>Good Health, Good Care</i></p> <p>In addition, improving lifestyles is a core component of the health improvement and protection priority for 2008-2011. See Section 5</p>

<p><i>To develop a local response to Health Challenge Wales</i></p>	<p>Special, 68 Primary)</p> <p>Successful multi agency application to the Big Lottery to support adults with a learning disability or physical disability and their carers to be more physically active in the natural environment (6)</p>		
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Carers

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Identify and support hidden carers with a focus on primary care</i></p> <p><i>Ensure the development of flexible support and services</i></p> <p><i>Develop appropriate information and training</i></p> <p><i>Raise profile of and support carers in employment</i></p>	<p>Continued improvement within primary care in relation to identifying and supporting carers with the implementation of a protocol for general practice developed in partnership with NEWCIS, Practice Managers and FLHB (5)</p> <p>The Flintshire Joint Commissioning Strategy for Carers was implemented from July 2006</p> <p>New Carer booklet published in spring 2006; new hospital discharge information pack published in May 2007; Carer Training programme commissioned in July 2006 (3)</p>	<p>Development of a protocol between Adult Social Care and Children Services in relation to Young Carers, Carers Needs Assessment process</p> <p>Carers in employment policy – draft policy for the local authority will be written by July 2007</p> <p>Young Carer Transition Project is currently progressing to identify carers from 18- 30</p> <p>Development of training days ongoing for Social workers on the new Carers Needs Assessment form and the process required (4)</p>	<p>One of the priorities for 2008-2011 is to meet a range of carers needs. See Section 5</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
	<p>Identification of and raising awareness of Young Carers within schools has begun with a new drama role play being commissioned (6)</p> <p>Identification of older carers and support provided through the Wellcheck Project (6)</p>		

Older People

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Develop and promote services that enable people to maintain independence and choice</i></p> <p><i>Develop and promote opportunities for healthier lives</i></p> <p><i>Promote active citizenship</i></p> <p><i>Provide services that prevent inappropriate admission into hospital or facilitate discharge</i></p> <p><i>Ensure effective co-ordination of services</i></p> <p><i>Develop housing and support</i></p>	<p>Excellence Wales Highly Commended recognition for services to older people under the following themes: Older People Strategy, Tackling Discrimination, Enabling Active Citizens, Independent Living</p> <p>Development of Services including: Wellcheck , Income Maximisation Project, Doorstoppers and Elder abuse Campaign, Physical Activity including 'How to Guide' for setting up new activities and directory of physical activity opportunities in Flintshire, Moving More Often, Extend, reminiscence and theatre</p>	<p>Unified Assessment development</p> <p>Accommodation with Extra Care etc including Telecare and Telehealth</p> <p>Active Citizenship including Forum Development, Development of Older Persons Council, Service User Involvement, Tackling Discrimination (5)</p> <p>Preventative Services including Falls Prevention, Wellcheck, Food Solutions, Befriending, Income Maximisation, Lifelong Learning, Volunteering,</p>	<p>More work is needed/taking place in the following areas:</p> <p>Joint Communication and Information Provision, for example, Age Concern is developing an information website</p> <p>Transport Provision – the OPPN is considering this issue</p> <p>Advocacy services currently exist through the Alzheimer's Society and Independent Mental Capacity Advocates and Age Concern have recently been funded to provide advocacy in care home settings</p> <p>Co-ordinating, planning and</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>options to enable people to live at home</i></p> <p><i>Identify and address age discrimination</i></p>	<p>workshops, Age Concern information directory</p> <p>Falls Co-ordinator in post.</p> <p>Active Citizenship - Forum development, listening events, User and Carer Involvement strategy and toolkit</p> <p>Work on discrimination including National Service Framework, Listening Events and Excellence Wales work (6)</p> <p>Development of Reablement, Telecare, Crisis Intervention team and Extra Care facilities</p>	<p>Employment</p>	<p>commissioning of services jointly– looking at services across Health and Social Care including grants coming into Flintshire and taking into account relevant documentation e.g. National Service Framework</p> <p>WAG has announced that further funding to support the implementation of the strategy for older people into phase 2 is available. Guidance on the future direction moving into phase 2 will be available from April 2008</p>

Older people with mental health needs

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Develop services to provide early intervention</i></p> <p><i>Provide timely information for older people with mental health needs and their carers</i></p> <p><i>Ensure adequately trained staff</i></p> <p><i>Ensure adequate levels of</i></p>	<p>Dementia Training for Direct Care Staff (4)</p> <p>Advocacy – both Carers and Service Users via Alzheimer's Society and Independent Mental Capacity Advocates</p> <p>Telecare and Extra Care Developments</p> <p>Carers Grant Extended</p>	<p>West Flintshire Remodelling</p> <p>Music and Arts Therapy Projects for people with Dementia</p> <p>Development of Admiral Nurses Service</p> <p>Wellcheck works with people in the early stages of dementia or with depression. Information,</p>	<p>More work is needed in the following areas:</p> <p>Nursing provision in Flintshire</p> <p>Specialist Services in People's homes e.g. specialist Telecare, home care</p> <p>Health economist to look at Elderly Mental Health services in Flintshire</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>medical staffing</i></p> <p><i>Ensure services are available and increase support available at home</i></p> <p><i>Ensure access to appropriate advocacy</i></p>	<p>Lotus Group for user group involvement (5, 6)</p> <p>Nursing Support into EMH residential homes</p> <p>Alzheimer's Society Carers Respite Scheme – Day Care</p>	<p>advice and support is given to both the service users and family/carers in this situation</p>	<p>Work around low level prevention and meeting needs of people with depression etc</p> <p>Addressing the needs of older people with a mental health problem has been identified as one of the priorities for 2008-2011 (see Section 5)</p>

People with a learning disability

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Ensure access to appropriate health care services</i></p> <p><i>Enable users and carers to have a stronger voice in service development and delivery</i></p> <p><i>Develop integrated working between health and social care</i></p> <p><i>Develop a mixed economy of care</i></p> <p><i>Implement the Welsh Assembly Government Service Principle Guidance</i></p> <p><i>Provide specialist services to</i></p>	<p>People with a Learning Disability have been identified in each participating GP practice and offered health screening as appropriate (6)</p> <p>GP practice links with Health Liaison Nurse. (1)</p> <p>Service users on interview panels. Increased involvement /consultation in all services (5)</p> <p>Block purchase of 2 local assessment and treatment beds. Wrexham and Flintshire exploring joint commissioning of specialist facilities to meet complex and challenging needs. Placement breakdown tool produced</p>	<p>Continuation of health action planning to reduce health inequalities for people with Learning Disabilities (6)</p> <p>Review of Job Descriptions to reflect healthy lifestyle awareness</p> <p>Service User and family carer involvement (5)</p> <p>An Information Strategy is implementing actions to improve communication with people with a Learning Disability . (3)</p> <p>Development of Transition Team</p>	<p>More work is needed in the development of autism services. The Transition Project is working together across disciplines and agencies at a strategic level to map pathways to access services including young people with autism, and which focuses on one of the priority areas in the Autism Spectrum Disorder Action Plan for Wales to be launched in 2008</p> <p>The Section 7 Guidance: Service Principles and Service Responses Grant and implementation had a significant impact on the service achievements over this period</p> <p>The work to integrate Community Health and Social Work teams is still being developed</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<i>people with complex and challenging needs</i>	<p>Service Vision, a complete model of service provision has been developed and is ready for consultation</p> <p>Take up of Direct Payments has increased and targets met.</p> <p>Mission and Policy statement for each area of service and criteria for access produced</p> <p>Learning Disability staff have achieved NVQ Level 3, and the first pilot of the Learning Disability Award Framework (LDAF) completed (4)</p> <p>Flintshire LHB in responding to the Disability Rights Commissions formal investigation regarding "Equal Treatment: Closing the Gap" has identified areas for further development against the reports recommendations</p>		<p>In reviewing the LHB Disability Equalities scheme, take account of the gaps identified in the review following publication of "Equal Treatment: Closing the Gap"</p>

People with physical disability / sensory impairment

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Promote healthy lifestyles</i></p>	<p>Information about services available in all accessible formats (3)</p>	<p>Access to sheltered employment/employment/vocational training (1)</p>	<p>Artificial Limb and Appliance Service is in discussion with Commissioners to consider</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Improve access to facilities and services</i></p> <p><i>Promote independence</i></p> <p><i>Develop and improve services for people with visual / hearing impairments</i></p>	<p>As part of a joint consultation, Voluntary Organisation and service users were involved in the development of Flintshire County Councils and Flintshire Local Health Boards Disability Equality Schemes, which was published in December 2006(5,6)</p> <p>Disability awareness training/ specialist courses such as Deaf/Blind awareness for relevant staff on a rolling programme across Flintshire County Council and the Local Health Board (6)</p> <p>Involvement of disabled people and people with sensory impairment in all planning activities(5,6)</p>	<p>Transition – contributing to the development of Transition Team following the successful Transition Project</p>	<p>demand particularly for wheel chairs</p> <p>Work towards integrated health and social services occupational therapy assessments</p> <p>Transport difficulties continues to be a priority for disabled people(1)</p> <p>Appropriate support for Chronic disease management requires more work</p> <p>See Section 5 – social inclusion priority</p>

People with mental health needs

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>To ensure accessible, responsive and timely access to primary care support and the capacity to respond to needs</i></p>	<p>Review of First Access Service- set up to target those experiencing more common mental health problems such as anxiety, depression and prolonged stress.</p> <p>A single point of access</p>	<p>Developing primary care pathway and agreeing focus of first access with partner agencies</p>	<p>Capacity of First Access Service being reviewed by Local Authority, Local health Board and Trust</p> <p>The provision of information about the First Access service in a range of formats</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>To tackle stigma and make it easier for people to seek help, including access to mental health advocacy and ensuring that physical health needs are met.</i></p>	<p>implemented via Community Mental Health teams (1,2)</p> <p>Increased funding for advocacy services (3)</p> <p>Recovery in Action project bid submitted to Big Lottery. One outcome includes training programme to look at ways to combat and manage stigma and discrimination</p>	<p>Responding to Welsh Assembly Guidance on mental health promotion (6)</p> <p>Assisting other agencies to embrace mental health promotion as a cross cutting priority</p>	<p>Await outcome of bid to set up Recovery in Action project. Mind Cymru to deliver Mental Health First Aid Training across Wales</p>
<p><i>To develop mental health promotion.</i></p>	<p>Healthy Living initiatives in place (6)</p>		<p>If successful an outcome of Recovery in Action Bid is to strength links with Mental Health promotion</p>
<p><i>To involve service users and carers in the planning, evaluation and monitoring of services</i></p>	<p>Audit of service user and carer involvement undertaken (5)</p> <p>Flintshire Partnership Group set up</p>	<p>Exploring and implementing creative ways of engaging service users e.g. suggestion boxes in services etc</p>	<p>Service User Involvement Task Group set up to look at WAG Stronger in Partnership 2 Policy implementation Guidance for mental health services and more locally guidance produced by the North Wales Mental Health User Network 'Nothing about us without us'</p>
<p><i>To fully implement the care programme approach</i></p>	<p>Care programme approach implemented with an increased range of services e.g. Call line and Crisis resolution treatment available in 2/3rds of Flintshire. Reviewed and Refocused</p>	<p>Ongoing work on promoting an outcome focussed care programme approach.</p> <p>Cross Agency plans for a CPA IT system</p>	<p>Crisis Resolution Service to be available across the whole of Flintshire</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>To further integrate joint strategic and operational partnership arrangement</i></p>	<p>Assertive Outreach team</p> <p>Good progress made in integration of health and social care components of adult mental health services. Incl, joint responses on Welsh Assembly draft Policies and Guidance, which sets a commitment to further joint working and partnerships. E.g. Race Equality Action Plan for Mental Health Services etc</p> <p>Integration Project Board established for Mental Health and Learning Disability Services. Started the process of formalising joint service provision e.g. assessment, C.P.A</p>	<p>To progress further formal joint arrangements in providing services</p>	<p>Further work to meet the needs of people with a mental illness and a substance misuse problem</p>
<p><i>To provide flexible support and accommodation options for service users requiring intensive support</i></p>	<p>Development of joint accommodation and support projects between Local Authority Housing, Adult Social Care, SURF, Trust & LHB</p> <p>Day Services Development Group established</p> <p>Flintshire LHB in responding to the Disability Rights</p>	<p>Establish and consolidate a multi agency approach to housing provision</p> <p>Following consultation, mental health has been identified as</p>	<p>In reviewing the LHB Disability Equalities scheme, take account of</p>

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
	Commissions formal investigation regarding "Equal Treatment: Closing the Gap" has identified areas for further development against the reports recommendations	one of three priority areas for implementation of the draft gender equality schemes across all health organisations in North Wales	the gaps identified in the review following publication of "Equal Treatment: Closing the Gap"

Children and Young People

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>Increase the availability of preventative services</i></p> <p><i>Encourage children and young people to adopt a healthy and safe lifestyle</i></p> <p><i>Widen social and recreational opportunities for children, young people and their families</i></p> <p><i>Help children and young people with mental health needs</i></p> <p><i>Develop an integrated service for children with disabilities and their families</i></p>	<p>Implementation of the National Service Framework for Children, Young People and Maternity Services</p> <p>Development of the role and function of the Area Child Protection Committee into the Local Safeguarding Children Board</p> <p>Further development of the Play Strategy</p> <p>Development and implementation of a Relationship and Sexual Health Strategy by Youth Support Services</p>	<p>Increase in the availability of preventative services (2)</p> <p>Promote the physical, intellectual and social development of children before school age</p> <p>Increase the number of child care places</p> <p>Further development of the Child & Adolescent Mental Health Service</p> <p>Further development of the Children's Integrated Disability Service, including development of a section 33 agreement in 2008. Promotion of disabled children in universal service such as youth and play activities</p>	<p>Other areas of work to be addressed: reduce childhood obesity and health related problems; improve the planning for young people with lifelong needs; develop a Family Support Strategy</p> <p>There is a currently a gap in smoking cessation services for adolescents</p> <p>The emerging Children and Young Peoples Plan (Summer 2008) will identify priorities for children, young people and their families based on a detailed needs assessment and review of the work to date</p>

Substance misuse

Objectives for 2005-2008	Key achievements 2005-2008	Work still in progress	Next Steps / Comments
<p><i>Key objectives included:</i></p> <p><i>To help all age groups resist substance misuse and to - promote sensible drinking</i></p> <p><i>To reduce the availability of illegal drugs on our streets and inappropriate availability of other substances</i></p> <p><i>To protect families and communities from related antisocial and criminal behaviour and health risks</i></p> <p><i>To enable people with substance misuse problems to overcome them and live healthy/ fulfilled and (crime free)lives</i></p>	<p>Joint Action Group sensible drinking campaign (3)</p> <p>School and Youth Clubs campaign (1,3)</p> <p>Drop in centre for children and young people focusing on signposting and substance misuse (1,3)</p> <p>Crack House closure and initiatives to tackle drug dealing</p> <p>Early Evaluation Parental Intervention Programme for children with parents with substance misuse issues</p> <p>New services developed, e.g. Group work provision.</p> <p>Resource Centre developed</p> <p>Implementation of Drugs Intervention programme for people coming from the criminal justice system</p>	<p>Joint Flintshire, Denbighshire and Conwy Commissioning Strategy under development</p> <p>Reduce waiting times. Doorstoppers Service</p>	<p>A revised Substance Misuse Action Plan is being devised during 2008</p> <p>Develop service user involvement (ownership and responsibilities)</p> <p>Provision of counselling</p>

Section 4 - Needs Assessment

Profile of Flintshire - Summary

This is an edited version of the executive summary and key messages from the Profile of the Population of Flintshire (2007). The full profile, which includes provisional service mapping and gap analysis, is available from the Local Public Health Team (01352 803254). The profile represents a broad descriptive analysis of the health and social care needs and priorities for the short to medium term. It comprises data and information from national and local sources from the health, social care, voluntary and independent sectors. Local Planning groups, including commissioners and service providers, have been consulted during its development and been given the opportunity to review, comment and contribute to its content.

The Health and Well Being of the Population of Flintshire

Demography

Mid year estimates for 2005 show that Flintshire has a population of 150,200 and population projections indicate that the total population for Flintshire is likely to increase between 2005 and 2015; however, the proportion of older people is expected to **significantly increase with a projected 30% rise in the number of people aged 64-74.**

Just over half of Flintshire's population were born in Wales compared to around three quarters of the population of Wales. Around 14% of residents aged three years and over can speak Welsh compared to over 20% nationally; 6% identified themselves as Welsh in the 2001 census. The largest faith group in Flintshire is Christianity. The proportion of the population in Flintshire who are non-white is lower than the average for Wales, 0.8% compared to 2.1%. However recent estimates by the North Wales Race Equality Network put the figures at almost 50% higher and this is primarily due to the increase in the number of migrant workers.

Main causes of mortality (death) and morbidity (illness) – an overview

The all cause mortality rate for Flintshire is **significantly lower** than the average for Wales. Diseases of the **circulatory system**, including **CHD**, remain the main cause of mortality in Flintshire, accounting for 41% of all deaths. Risk factors for circulatory disease and CHD include high blood pressure, high blood cholesterol, tobacco use, unhealthy diet, physical inactivity, diabetes, advancing age and inherited (genetic) disposition, poverty, low educational status, poor mental health (depression), inflammation and blood clotting disorders, alcohol consumption, use of oral contraceptives and long periods of immobility, for example, while travelling.

Flintshire has a **significantly higher** hospital admission rate for **CHD** related illnesses compared with Wales. During the period 2003 to 2005, 957.7 per 100,000 population of Flintshire were admitted to hospital with a CHD related illness compared to 914.5 per 100,000 population across Wales.

Cancers, respiratory diseases and injuries are the other main causes of death in the county. The proportion of deaths caused by respiratory diseases has increased from 13% in 2001 to 15% in 2003. Flintshire registrations for all malignancies (excluding skin),

between 1995 and 2004 were slightly higher compared with Wales; 397.1 per 100,000 population compared with 390.3 per 100,000 across Wales. Cancer registrations for malignant melanoma were slightly higher (but not significantly) for Flintshire residents during the period 1995 to 2004 compared with Wales; 11 per 100,000 population compared with 9.7 per 100,000 across Wales. Cancer survival data suggests Flintshire residents experience longer relative survival rates for a number of cancers compared to Wales.

There were 567 reported **road traffic collisions** in Flintshire in 2004. Flintshire had the **second highest** rate in Wales, 378 per 100,000 population compared with 323 per 100,000 across Wales.

There were 841 **road traffic collision casualties** in Flintshire in 2004; Flintshire's casualty rate was the second highest in Wales and **significantly higher** than the Welsh average, 560 per 100,000 population compared with 464 per 100,000 across Wales.

The rate of **emergency admissions in the 0-24 year** age group for injury or poisoning in Flintshire is **high** compared with Wales. 1,266 residents aged 0 to 24 years were admitted to hospital on an emergency basis in 2005 compared with 1,209 per 100,000 across Wales. Injury and poisoning accounts for around 15% of all person-based admissions in the 0 to 24 age group.

Wider determinants of health and life circumstances – overview

The causes of ill health, premature death and socio-economic disadvantage are complex and dependent on a range of factors, often beyond the control of the individual. This overview highlights some of those key factors:

- In Flintshire, 18.8% of persons aged 16-24 have no educational, vocational or professional **qualifications** compared with 19.9% in Wales:
- A smaller proportion of the working age population of Flintshire are claiming Job Seeker's Allowance, 1.8% compared to 2.3% in Wales. Proportionately fewer claimants in Flintshire are in the under 25 age group, but a larger proportion of claimants have been claiming for a longer duration (over 12 months):
- An estimated £6 million of means-tested benefits are **unclaimed** in Flintshire each year; an unquantifiable amount of non-means tested benefits are also unclaimed each year:
- Median **house prices** in Flintshire are slightly higher than the median price in Wales. The average council tax in Flintshire is around £90 more expensive than the average for Wales:
- Just over 17% of the County's households contain members with special needs; people with a **physical disability** make up the largest group with special needs:
- In Flintshire 6.7% of houses have no central heating compared to 7.5% across Wales. **Shotton Higher** has the highest proportion of houses without central heating, 26.1%, followed by Saltney Mold Junction, 20.4%:
- Between 2004 and 2005, the homelessness rate in Flintshire was 8.7 per 1,000 households unintentionally homeless; the Wales average was 8.1 per 1,000:
- In 2001, 19% of households in Flintshire did not have a car or van compared with 26% across Wales. Accessing services is particularly difficult for young people aged 16 to 24 years and older people aged 75 years and over:
- There are **five areas** in Flintshire designated within the WAG Communities First programme, which aims to tackle social exclusion and disadvantage - Flint Castle

ward, 'Holywell neighbourhoods', 'rural North Flintshire Neighbourhoods', Bryn Gwalia estate (Mold), and Higher Shotton estate (Deeside).

- The Surestart programme, which aims to increase opportunity for very young children and their families, initially targeted the Higher Shotton estate, Deeside, and has now extended to include the Western Park estate, Buckley, and the Holway estate, Holywell.
- The seven most deprived wards in Flintshire, based on the Townsend index, are: Shotton Higher, Flint Castle, Holywell Central, Mold West, Connah's Quay Central, Saltney Mold Junction and Queensferry.
- The Census recorded 16,451 people in Flintshire who provided **unpaid care**, representing 11.1% of the County's population, there are around 2,000 young carers in Flintshire

Health protection and prevention

Primary prevention through implementation of national screening and immunisation programmes are a safe and cost effective way of protecting the health of the population, and in particular vulnerable groups such as babies and young children and older people:

- The **MMR** uptake at 2 years was 89.5% between October-December 2006, which is **higher** than the Welsh average.
- Flintshire had the **highest** uptake of **flu immunisations** in 2005-06, 72.8% of people aged 65 years and over were immunised compared with 68.2% across Wales. Just under 32% of Flintshire's 'at risk' population were immunised compared with 28% across Wales.
- In Flintshire, 35.8% of patients aged 65 years and over have been immunised against **pneumococcal disease** in the last 10 year; this is **lower** than the average for Wales, 44.2%.
- In 2005-06, 77.8% of women aged 53 to 64 years in Flintshire were screened for breast cancer; this is **higher** than the average for Wales, 74.7% (this is a draft figure for all Wales).
- The percentage coverage of females aged 20 to 64 years for cervical cytology screening in Flintshire is **higher** than the percentage for Wales.
- Newborn hearing screening coverage is high and 99% of babies eligible and suitable for testing in Flintshire are screened; the average for Wales is also 99%.

Key Messages from the Profile

Demography: The change in the demographic profile for Flintshire has the potential to increase the need for health and social care services. Statutory and non-statutory service planners and providers will need to review **workforce capacity**. There is likely to be an increased reliance on informal carers, with a significant proportion likely to be older people themselves and in **multiple caring roles**.

Life expectancy: for males and females in Flintshire is lower than Wales.

Migrant workers: there has been a significant increase in the number of migrant workers settling in Flintshire and the ethnic diversity of the population is likely to continue. This will result in new and changing demands on the providers of all services including access, language and cultural sensitivity etc.

Sexual health: there has been a dramatic increase in infection rates for chlamydia in 13-19 year old females in Wales. Undiagnosed chlamydia infection can lead to infertility in females; continued awareness raising and increased access to testing amongst females and males is important in younger age groups in particular to prevent future problems.

People with a learning disability: People with a learning disability are continuing to experience an increase in their life expectancy. This will require additional service input and changes to the way that they want to live, for example more independently and away from the parental home.

Circulatory disease and CHD: There has been a greater decrease in CHD mortality for men than for women suggesting the need for more targeted work which is gender specific.

The mismatch between the high rate of admissions for Myocardial Infarction (MI) and the low rate of hospital patients accessing angiography needs to be addressed.

Alcohol and drug use: The health risks associated with alcohol misuse include liver disease, alcohol-related anaemia, alcohol related dementia, nutritional disease and psychiatric disorders, Alcohol is a significant contributor to A&E attendances and youth crime.

We need to ensure there are targeted campaigns to reduce the incidence and prevalence of alcohol and drug use in young people and be prepared for the increasing number of older people experiencing adverse health effects from a history of alcohol and drug misuse.

Behaviour and lifestyles: Based on the self reported findings of the WHS results indicate: over half of the adult population in Flintshire still do not meet the recommended guidelines for **5 proportions of fruit and vegetables** and over 65% of the adult population still do not meet the recommended guidelines for **physical activity**. Over 50% of the adult population in Flintshire are either **overweight or obese**.

Lack of physical activity, poor diet, and being overweight or obese contribute to the risk of developing a number of life long chronic conditions and also contribute to premature mortality. A multi-faceted approach targeting the whole population *and* particular at risk groups in a variety of settings is necessary to reduce poor health Flintshire.

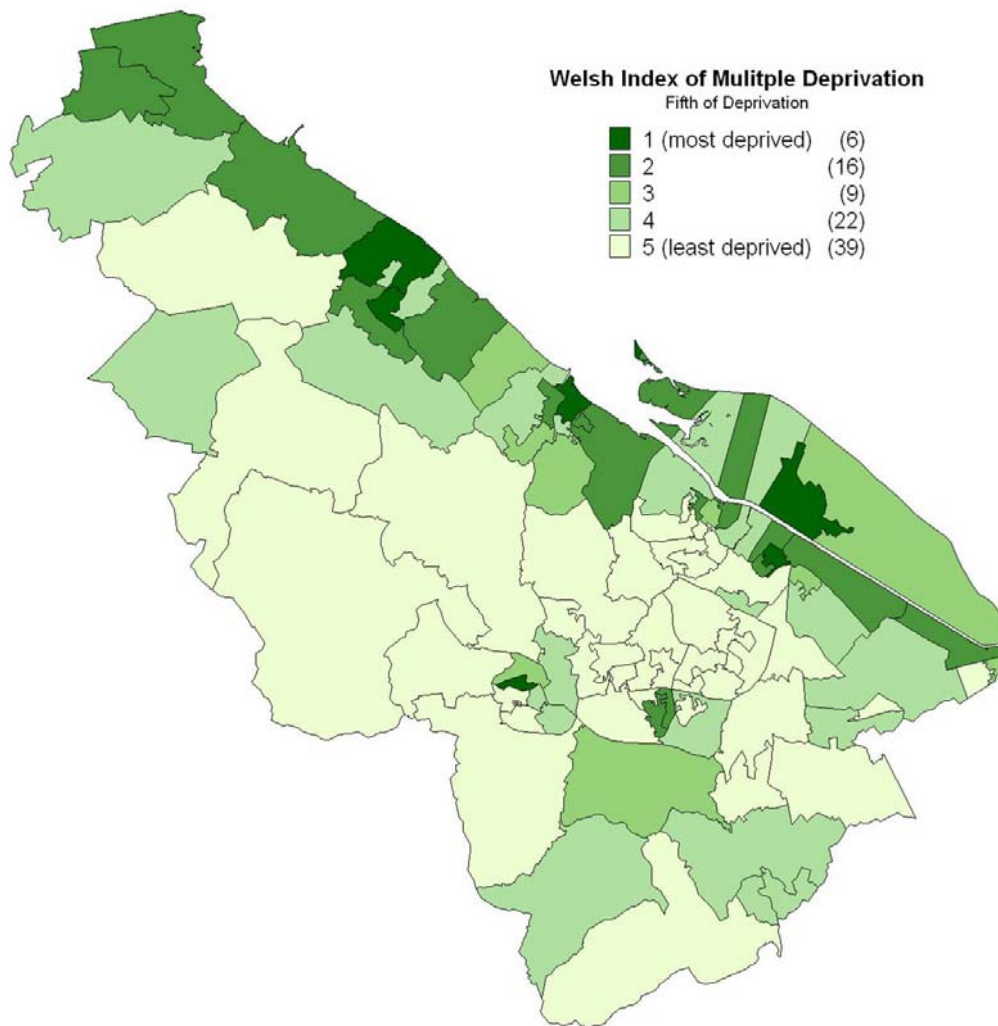
Education and employment opportunities: Lack of formal qualifications can have lifelong consequences, not only for employment opportunities and future earning power but also for opportunities to experience good health.

Mental ill health: The total number of people with dementia in the UK is forecast to increase by 38% over the next 15 years and 154% over the next 45 years; this will have significant implications for the provision of specialist health and social care services.

Geographical experience of poverty and disadvantage: Flintshire has a relatively small proportion of its population living in the most deprived areas in the country. The north east of the county and along the Dee Estuary have the highest levels of deprivation.

Although the Welsh Index of Multiple Deprivation and super output areas do not relate to local democracy and electoral divisions and therefore cannot name or be attributed to official boundaries, maps showing areas of deprivation using super output area population

levels enable a crude visual assessment of any association with known wards defined as deprived. The map below shows the six LSOAs in Flintshire which are among the most deprived in Wales; *however* 39 out of 57 wards are among the least deprived.



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Key Statistics

Mortality & Morbidity in Flintshire

	European Age Standardised Rate per 100,000 population	Flintshire compared with Wales
Coronary heart disease deaths	145.7	Significantly higher
Coronary heart disease related hospital admissions	957.7	Significantly higher
Circulatory disease deaths	264.6	Higher
Respiratory disease deaths	86.7	Higher
Cancer registration rate for all malignancies(excluding other skin)	397.1	Higher
Cancer registration rate for malignant	11.0	Higher

melanoma		
People aged 0-24 years emergency admissions for injury & poisoning	1,266	Higher
Road traffic collisions	377.8	Higher
Road traffic collision casualties	560.0	Higher
Cerebrovascular disease (stroke) deaths	65.2	Lower
Malignant neoplasm (excluding other skin) deaths	182.5	Lower
Unintentional injury deaths	28.2	Lower
All cause mortality	677.0	Significantly lower
People aged 0-24 years admitted to hospital	6,915	Significantly lower

Wider Determinants of Health & Life Circumstances

		Flintshire	Wales
Percentage 16 to 24 years olds with no educational, vocational or professional qualification	Lower	18.8	19.9
Percentage of persons unemployed	Lower	2.1	2.7
Median gross annual pay	Higher	£23,700	£21,400
Homelessness rate per 1,000 population	Higher	3.7	3.4
Percentage of households: one pensioner	Lower	13.5	15.5
Percentage of households: lone parent	Lower	6.2	7.3
Percentage of households: no central heating	Lower	6.7	7.5
Percentage of river length classified as being of good chemical & biological quality	Lower		
Volume of traffic per kilometre	Higher	1.44	0.80
Percentage of municipal waste recycled or composted	Higher	32	26
Recorded crime rate per 1,000 population	Lower	16.0	21.9

The rate of eligible, unintentionally homeless and in priority need in Flintshire is 3.7 per 1,000 population; the rate for Wales is 3.4 per 1,000 population.

Health Protection & Prevention

		Flintshire	Wales
Percentage childhood immunisation uptake	Higher		
Percentage influenza vaccination	Higher		
Percentage breast screening uptake	Higher	77.8	74.7
Percentage cervical screening	Higher	77.7	75.6

Access to & Utilisation of Services

		Flintshire	Wales
Hospital inpatient admission rate per 1,000 population	Lower	143.6	161.0
Day case admission rate per 1,000 population	Lower	38.5	40.0
Waiting for first outpatient appointment rate per 10,000 population	Lower	468.6	678.6

Waiting for inpatient admission rate per 10,000 population	Lower	89.9	124.3
Waiting for daycase treatment rate per 10,000 population	Lower	86.2	108.8
Percentage of clients supported by Flintshire County Council Adult Social Care in the community in 2005/2006 aged 18-64	Higher	98	91
Percentage of clients supported in the community in 2005/2006 aged 65+	Higher	81	79

Underlying Issues for Consideration

Primary prevention of ill health and a reduction in health inequalities remains an overarching priority **if** the most health gain for the population of Flintshire is to be achieved in the future. Otherwise health and social care services will continue to struggle to cope with the demand for a whole range of interventions, treatments and community based support.

Although some of the trends presented in the profile show a positive downward trend, some of the biggest causes of premature death and ill health still remain a priority. This highlights the continued need for early identification and reduction of known risk factors and the importance of primary prevention for future generations. An increase in the proportion of older people in the County has implications for workforce planning and is likely to place a significant demand on informal carers; this in itself will have health and social care consequences.

Primary and secondary prevention action, through health protection, and targeted key lifestyle changes associated with smoking, food, physical activity and promoting good mental health, has the potential to reduce risks associated with some of the biggest causes of premature death and ill health within Flintshire. Co-ordinated action across agencies and professional boundaries tackling known risk factors **will** contribute to health improvement **but** this will necessitate a continued focus on the re-design of services and a shift in the use of existing resources.

In addition to the above the challenges posed by Climate Change have significant Implications for the health and well being of the population, and as a consequence health and social care services. For example there is an expectation that there will be:

- an increase in the incidence of skin cancer;
- an increase in respiratory conditions during the summer leading to a likely increased demand on primary and secondary care;
- a potential increase in heat related deaths;
- a potential increase in the number of outbreaks of food poisoning and the need to raise awareness related to food hygiene and food storage;
- greater emphasis on the resilience of water supplies;
- new risks to road safety as a result of extreme temperatures; and

The above will necessitate targeting those communities and individuals that will be particularly vulnerable to the effects of climate change and its consequences, i.e. flooding, and extreme temperatures during the summer months.

What are the likely priority areas for action?

Based on the preliminary analysis of data and information contained in the profile the following are highlighted as priority areas:

- CHD and circulatory disease
- Respiratory disease
- Obesity
- Unintentional injuries and road traffic collisions/casualties
- Sexual health

Who should be targeted?

Although a whole population approach should be taken to reduce the burden of premature death and ill health across Flintshire, various key population groups living in areas of economic and social dis-advantage often require targeted action. Therefore it is recognised that targeted geographical interventions will be required to ensure inequality and inequity are addressed to demonstrate that optimum health gain has been achieved.

What about the specific needs of vulnerable groups?

Research and consultation with service providers and commissioners suggests that the following population groups could come under the definition of a “vulnerable group”:

- Children with a physical disability
- Children with a learning disability making a transition into adulthood
- People with mental health problems
- Carers
- Migrant workers

Public Engagement Messages

One of the consistent and strong messages coming from the Welsh Assembly Government in a whole range of policy documents and strategies is that services must be designed and implemented around the needs of citizens and that they should be engaged in local decision making.

In developing this strategy considerable effort has been focussed on the desire to provide a broad range of opportunities for public engagement and this includes both developing the initial draft strategy and consultation on the draft strategy.

A commitment to involve the public must continue as the final strategy is implemented. How this will be achieved is described in section 6.

What is “public engagement”?

We understand that public engagement is ensuring that the public* are encouraged and given opportunities to:

- ✓ help define the problem or issue; and
- ✓ suggest ways to resolve the problem or issue; and
- ✓ take part in the decision making process

* The “public” in this context is everyone who lives or works in Flintshire or who provide services in the County.

The Public Engagement and Consultation Group (see [Appendix C](#)) undertook a series of activities to give the public and partners a voice in the development of the initial draft strategy including:

- publishing a newsletter about the strategy and how people can get involved;
- a "desk top" exercise to analyse the key messages from other recent and relevant consultation and engagement exercises;
- an update on strategy development in staff briefings;
- officers attending meetings to talk about the strategy, e.g., Community Health Council; and
- holding a series of Building Strong Bridges focus groups for the voluntary sector;

A full description of the approach we took to engage with the public is provided in [Appendix D](#)

Key messages from public engagement activities:

Some of the key themes raised in the engagement exercises include the importance of:

- Accessible services
- Timely information on services
- Prevention and health promotion
- Joint working across agencies
- Involving the public in developments
- Innovation and an evidence based approach to service development and delivery

Key messages from the Building Strong Bridges activities:

CHILDREN AND YOUNG PEOPLE

- Inequalities exist! Families feel they are in a cycle of disadvantage.
- Statutory and voluntary services need support to work collaboratively.
- Take a day out – come and mystery shop a young people service.

CARERS

- Information should be available sooner and focus on prevention.
- More flexibility around carer needs please. Caring doesn't have a job description.
- Identify and support hidden carers. We mean all carers here, young carers, older carers, working carers and carers with multiple caring roles.

•

MENTAL HEALTH

- The people want, need and deserve appropriate services to be developed in their own County. How can we influence this?
- We are strategy weary and need to see what has been achieved.

- Mental Health affects everyone, cuts across all social groups and yet continues to suffer from a poverty of service provision.

OLDER PEOPLE

- People living longer will mean services having to adapt and grow accordingly.
- Information provision for older people and their carers should have a consistency across service provision. Support for older people to interpret and assimilate useful information.
- Services need to be person centred and not organisation centred – how? Listen and don't assume.

PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

- Targeting by area can result in injustice.
- How can we ensure that everyone has choices and options.
- We could find our own solutions to problems via more working together across sectors, groups and existing services. Children's Integrated Disability Services model is an example of this.

All of these key messages were formally presented in a "How's Our Good Health" report to the Stakeholder Planning Day, which included some public representation, and was therefore used to inform the priorities and objectives for this strategy.

Section 5 - Vision, Priorities and Objectives 2008-2011

Vision

“Our vision for Flintshire is a Healthy and Caring community where people achieve the best possible levels of health and well-being.”

In pursuing this, we will champion:

- Social inclusion
- The social model of disability
- Equitable access to services and information
- Sustainable Development
- Wales as a bilingual Country
- Citizens at the heart of everything we do
- Community based services, where appropriate
- Services that recognise and respond to the diverse nature of our communities
- Policies and services which consider the broader impacts on health and well-being

Identifying Priorities.

In identifying the following priorities, a wide range of factors were considered.

These are summarised in figure 2 below.

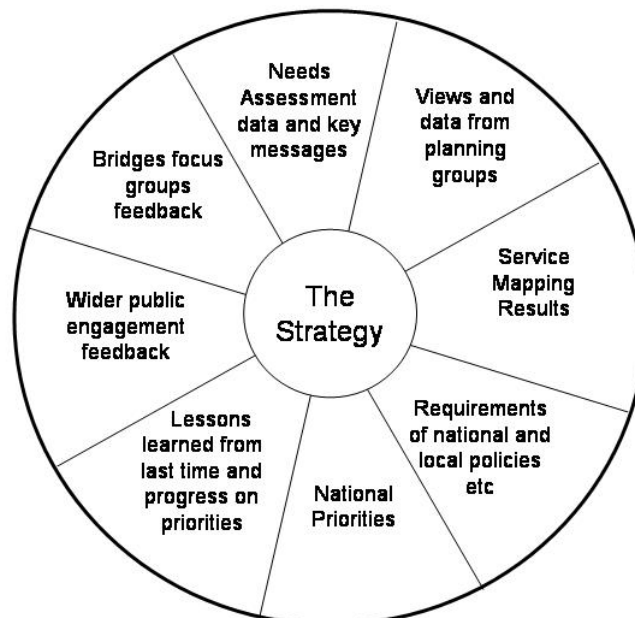


Figure 2 : Influencing Factors for Strategy Priorities

Priorities

Our priorities for 2008 -2011 are*:

Health improvement and protection
Social Inclusion – People with a disability
Carers
Older people with a mental health problem
Chronic Conditions
Access to services

* This list is not ranked in order of priority

These priorities were selected because they:

- ✓ contribute to national priorities as identified in *Designed for Life and Fulfilled Lives, Supportive Communities*
- ✓ respond to the findings of the needs assessment, public engagement and review of the last strategy
- ✓ represent joint priorities that require a partnership response
- ✓ may respond to common themes emerging across client group areas
- ✓ respond to identified service deficits or required developments
- ✓ require concerted effort over a period of time to deliver real change

What does it mean to be a priority area?

The priority areas are those that:

- will be 'championed' by the Partnership Board to improve health and well-being in the County
- may require joint commissioning of services
- may require service re-design
- will inform the distribution of existing resources, including any reconfiguration of resources
- will inform the distribution or redistribution of resources, e.g. Wanless local action plan

The Partnership Board will agree a forward programme of work and receive regular progress reports on the priorities as a part of an agreed performance management framework. More detail on the implementation of these priorities can be found in section 6.

The priorities identified above will be given a strategic focus by the Partnership Board over the life of the strategy. This does not mean that programmes of work not included will be neglected and a wide range of other issues including those outlined in section 3 above will continue to be addressed by partners.

What does it mean to be a priority lead?

For each of the priority areas, a lead organisation or group has been identified. It is the role of this lead to ensure that more detailed action plans are developed where required and that progress is monitored and reported to the Partnership Board. Priority lead groups will ensure that service user and carer involvement is central to developments.

National Priorities

As indicated in Figure 2 above, the Welsh Assembly Government has stated its intention to produce a national priorities document to assist with the development of local Health, Social Care and Well-being Strategies 2008 - 2011. However, at the time of writing, the national priorities document has not been produced.

Following the publication of this document, local decisions will be required to respond to any priorities that have not been identified locally.

Shared Priorities with the Children and Young People's Partnership

As described earlier, there are a number of links with the work of the Children and Young People's Partnership. In particular, 2 priority areas have been identified where work is either going to be led by the Children and Young People's Partnership or joint working arrangements will be required to ensure success. These are mental health of children and young people and successful transition from children's to adult services. These are discussed in more detail at the end of this section.

In addition, the two partnerships will work together to identify other areas of joint working, in particular as the Children and Young People's Plan is further developed. The emerging priorities for the Children and Young People's plan suggest common themes between the plans including a focus on early intervention and prevention, promoting social inclusion, tackling poverty and disadvantage, improving access to services and the importance of workforce planning.

Shared Outcome Measures

The Welsh Local Government Association and Local Data Unit have developed a set of shared outcome measures to support local Partnerships in developing and implementing their strategies.

These measures can be used to compare progress across Wales and to show trends in local areas. The measures are described as SHARED outcome measures as it will be necessary for more than one organisation to make a significant contribution to achieving improvements.

These shared outcome measures will inform the Performance Management Framework currently being developed to monitor progress against the strategy priorities.

Priority - Health improvement and protection

Summary of main issues

Promotion of Good Health and primary prevention of ill health and a reduction in health inequalities remains an overarching priority for Flintshire if the most health gain for the population is to be achieved and demand on health and social services is to be sustainable.

The health profile has identified the continued importance of protection, early identification and reduction of known risk factors from birth, through to adulthood and into old age. The health profile also reports that just over half of the Flintshire adults reported being overweight or obese in the last Welsh Health Survey. In addition it is important to recognise the need to support children and adults to develop the necessary skills to sustain behaviour change and take responsibility for their own health and well being.

Health protection, and targeted work to influence behaviours associated with tobacco, food, physical activity and promoting good mental health, have the potential to reduce risks associated with some of the biggest causes of premature death and ill health in the County.

Co-ordinated action across agencies and professional boundaries tackling known risk factors will contribute to health improvement. This will necessitate a continued focus on an evidence based approach to the re-design of services and a shift in the use of existing resources.

Related key strategies and plans

Examples include:

- *Climbing Higher (Physical Activity Strategy for Wales)*
- *Food and Wellbeing*
- *Mental Health Promotion Action Plan for Wales: Consultation Document*
- *Healthy Ageing Action Plan*
- *National Service Frameworks for : Coronary Heart Disease, Older People, Mental Health, Children, Young People and Maternity Services*
- *Public Health Strategic Framework, due to be published in April 2009*

High level actions 2008 – 2011

- Secure sustainable resources to support County wide health improvement. This includes support to increase the public health capacity/skill base of professionals across partners. An increase in a dedicated resource for inter-agency public health work is also required.
- Ensure appropriate local response to *Appetite for Life* upon publication
- Continue to implement “Food For Health” and “Active For Life” action plans
- Implement the revised sexual health action plan and secure recurring funding for a County wide C-Card scheme
- Resource and Implement the Obesity management action plan
- Secure resources to expand smoking cessation services in Flintshire
- Ensure inter-agency commitment to resources to enable people to take responsibility for their own health and use services appropriately via the coordinated provision of health and health-service related information and a rolling programme of health education
- Develop a Flintshire Mental Health Promotion Strategy
- Develop and resource a Flintshire Injury Prevention Action Plan
- Flintshire County Council and Local Health Board will work to achieve a Gold Award under the Corporate Health Standard Scheme
- Each partner organisation will calculate their current carbon footprint, and develop an action plan to reduce it
- Each partner organisation will conduct a waste and recycling audit, and develop a ‘recycling and waste reduction’ strategy
- Continued and further use of health impact assessments as appropriate (including within integrated impact assessments)

OUTCOMES FOR HEALTH IMPROVEMENT AND PROTECTION 2008-2011

In addition to ensuring that the high level actions detailed above are implemented:

PRIORITY LEAD: Local Public Health Director/Health Improvement partnerships

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
1.	More people will follow a health promoting lifestyle and take responsibility for their own health and well being and that of their families. This includes:				
	<i>More people will eat a health</i>	Rate of population eating 5 a day	38.8%	2% increase	Shared Outcome

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
	<i>promoting (nutritionally balanced) diet</i>		(Welsh Health Survey 03/05)	reported in each Welsh Health Survey	Measure LS5a
	<i>More people will meet the appropriate recommended levels of physical activity</i>	Activity rates for Adults 16+ achieving activity guidelines (5x30 minutes) Number of adults who are sedentary		2% increase reported in each Welsh Health Survey 2% decrease reported in each Welsh Health Survey	Shared Outcome Measure LS2a, LS2b Published results of Annual WHS
	<i>Fewer people will smoke</i>	The overall smoking rate for adults Increase in number of people accessing smoking cessation services (including a focus on pregnant women) Increase in number of people who continue to quit after 4 weeks and 12 months. Improve and increase availability of referral to smoking cessation services through a range of settings i.e. pharmacies and dental	26% (Welsh Health Survey 03/05) To be established	Discussions currently taking place to agree a set of national targets As above Annual review of number and type of settings and uptake of Stop	Shared Outcome Measure LS1 National Public Health Survey Regional Smoking Cessation Service Carbon Monoxide monitoring at 4 weeks. Self reporting at 12 months.

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		settings Numbers of pre-operative patients stopping smoking	Pre-SaFF target data	Smoking Wales services	
	<i>Fewer people will consume greater than the recommended daily amounts of alcohol</i>	Reduction in numbers of people reporting exceeding recommended adult daily/weekly alcohol use	39% (Welsh Health Survey 03/05)	Rate to stabilise and continue at or below the Welsh average	Shared Outcome Measure LS4b
	<i>There will be fewer unintentional injuries amongst adults</i>	The number of hip fractures in the 75 and over age group Reduction in the number of people killed or seriously injured (KSI's) on Flintshire's roads Reduction in the rate of emergency admissions in young adults for injury and poisoning	Average 179 per year (2002-2007) 103 (baseline = average KSI's for 1994-1998) 1,266 per 100,000 population	To attain the Welsh Health Gain Target by 2012 40% reduction by 2010 & to be within the top 5 performing authorities in Wales	Shared Outcome Measure LC1c Road Casualties Wales publication, Welsh Assembly Government.
2.	People's mental health and well-being will be enhanced	Improvement in the mean Mental Component Summary Score (MCS)	51 (Welsh Health Survey 03/05)	To be at or above the Welsh average within each Welsh Health Survey	Shared Outcome Measure IH1a
3.	Immunisation rates for influenza and pneumococcal vaccinations will be maintained/improved	Continue immunisation rates for influenza at or above the national target of 70% for people aged 65	72.8%	70% or above	National Public Health Service data

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		years and above. Improve immunisation rates against the pneumococcal bacteria amongst people aged 65 years and above.	35.8%	To attain at least the Welsh average	

Shared Outcome Database Reference	Shared Outcome Database Measure
LC1c	The number of hip fractures in the 75 and over age group
IH1a	The mean Mental Component Summary Score (MCS)
LS1	The overall smoking rate for adults
LS2a	Activity rates for Adults 16+ achieving activity guidelines (5x30 minutes)
LS2b	Adults who are sedentary .
LS3b	Rate of teenage conceptions for <16's
LS4b	Rate of excess alcohol use
LS5a	Rate of population eating 5 a day

Priority - Social Inclusion - People with a Disability

Summary of main issues

Adults aged 16 to 65 with a disability (including mental illness) who meet the eligibility criteria for social care services often face even greater barriers to employment, vocational training or suitable activity than the general population of disabled people. Suitable activity may take place in the daytime, evening or weekend and may offer the opportunity to participate in social, leisure or voluntary activities.

Barriers may include:

- Attitudes, of family, employers or agencies
- Custom and how language is used to create a barrier to participation
- Absence of assessment and planning for appropriate activity from the earliest stages of referral
- Lack of flexible support to build confidence and explore a range of options
- Lack of support from families, employers or agencies
- Accessible and cost effective transport
- Poor access to changing facilities and public or suitable toilets
- Access to transport especially rural areas; access to specialist transport carries excessive cost implications
- Risk assessment / Health and Safety becoming a barrier
- Stigma and discrimination

Access to employment, vocational training or suitable activity is important to disabled people because:

- Isolation is reduced, which enhances well-being
- Meaningful and productive activity and social connectedness, contribute to self-esteem and life satisfaction. Where people feel part of society, family and personal relationships are strong, differences among people are respected, and people feel safe and supported by others
- People have the opportunity to fulfil their potential
- People are given the opportunity to prosper and share in the norms of the community by participating in the social, economic, political and cultural life of their community
- People are recognised as having shared values and a commitment to a common life style, despite diversity
- Some people may acquire economic independence, to provide for self and family
- General health and well-being may be improved

Related key strategies and plans

- *Flintshire County Council's and Flintshire Local Health Boards Disability Equality Schemes and Action Plans 2006-2009*
- *Equal Treatment : Closing the Gap*
- *Flintshire Social Inclusion Strategy*
- *National Service Framework for Young People and Maternity Services – Disabled Child*
- *Adult Mental Health National Service Framework and Action Plan for Wales*
- *Fulfilled Lives, Supportive Communities (10 year Strategy for Social Services)*
- *Fulfilling the Promises: Section 7, Service Principles and Service Responses.*
- *Reaching Higher Reaching Wider Initiative 2003*
- *Flintshire Employment Strategy*
- *Progress in Sight 2002*

High level actions 2008 – 2011

- Develop a partnership and strategy to raise awareness with employers and agencies in Flintshire to combat ignorance, discrimination, low expectations.
- Promote and publicise local notable/good practice to build the confidence of disabled people, employers, families and consumers, changing cultural expectations of disabled people.
- Explore options for additional resources with partner agencies and relevant Flintshire County Council Directorates.
- Implement person centred assessments, action plans and reviews which identify appropriate activity, training or re-training or employment as part of the care pathway for the individual.

OUTCOMES FOR SOCIAL INCLUSION 2008-2011

PRIORITY LEAD: Learning Disability Strategic Planning Partnership, Physical Disability and Sensory Impairment Strategic Planning Group and Mental Health Strategic Planning Group.

Ref.	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
4.	Develop a partnership and strategy to raise awareness with employers and agencies in Flintshire to combat ignorance, discrimination, low expectations.				
	Partnership established	1. Stakeholders identified 2. Terms of reference agreed	Baseline data researched and baseline established	Local PI's agreed March 2009	1 & 2. Document audit
	Strategy and action plan agreed	Strategy and action plan in place Autumn 2009		Local Pi's monitored	Document audit
	Implementation	Agreed actions implemented according to plan	Baseline data reviewed and PI's modified if necessary	Local Pi's monitored	Case file and document audit
	Notable and good practice publicised to Flintshire employers and disabled people and their families	Good practice identified and recorded	Good practice researched and collated to provide a baseline		Case file and document audit
	Additional resources identified with partners to support change	Amount of funding and resources identified	Establish current resourcing and allocation	Improved access to activities, education, training and employment	Document and budget audit

Priority - Carers

Summary of main issues

A detailed needs analysis for carers in Flintshire has been completed and is incorporated into the Flintshire County Council and Flintshire Local Health Board Joint Commissioning Strategy for Carers 2006 – 2009.

Without the unpaid care provided by families and friends, health and social care providers would struggle to meet the demand for services. The Census recorded 16,451 people in Flintshire who provide unpaid care representing 11.1% of the County's population, just below the average for Wales (11.7%). More than 20% of these carers reported providing more than 50 hours per week of care. In addition, there are around 2,000 young carers in Flintshire, many of whom are also providing significant amounts of care. These figures refer however to known carers and there are potentially significantly more hidden carers.

The population of people aged 50 years and over is expected to increase by almost 9% between 2005 and 2015. This change in the demographic profile means that there is likely to be an increased reliance on informal carers, with a significant proportion likely to be older people themselves and in multiple caring roles.

Flintshire's Carers Strategic Planning Group is working to an agreed *Joint Commissioning Strategy for Carers 2006 - 2009* and this document sets the direction in particular for how Flintshire County Council and Local Health Board plan to use their money to commission services to support carers. Whilst much has been achieved, this document needs to evolve and change throughout its lifetime making sure that it constantly reflects and works to meet the needs of carers.

The Carers Strategic Planning Group has identified five priority areas for carers that require additional investment to meet carers needs:

- Information and support, including in times of crisis/emergency
- Acknowledgement and recognition of multiple caring roles
- Support for young carers
- Housing policies that are responsive to the needs of carers
- Policies and services that support carers in employment and / or learning

Related key strategies and plans

- *Carers Strategy for Wales*
- *National Service Framework for Older People*

- *National Service Framework for Mental Health*
- *National Service Framework for Children, Young People and Maternity Services*
- *Designed for Life (10 year plan for the NHS)*
- *Fulfilled Lives, Supportive Communities (10 year strategy for Social Services)*

High level actions 2008 – 2011

- Undertake annual review of the Flintshire County Council and Flintshire Local Health Board *Joint Commissioning Strategy for Carers 2006 – 2009* and update the action plans accordingly in consultation with carers and partners. Undertake equality impact assessment of the strategy.
- Continue efforts to promote the development of carers in employment policies in Flintshire
- Ensure that all relevant staff receive appropriate development and training opportunities to support carers including young carer needs and supporting carers in employment.
- Seek to ensure that the Carers Mental Health Grant services are sustained after the grant is transferred to the local authority Revenue Support Grant.
- Ensure existing resources for carers services are directed appropriately and in accordance with the Joint Commissioning Strategy.
- Explore options for additional resources, including in discussion with the Partnership Board.
- Respond to the revised *Carers Strategy for Wales*.

OUTCOMES FOR CARERS 2008 – 2011

PRIORITY LEAD: CARERS STRATEGY GROUP

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
5.	Carers, including young carers, are acknowledged , recognised by professionals and informed all the way	<p>i) The number of Carers Perspectives completed as a result of unified assessment</p> <p>ii) The percentage of identified carers of adult service users who were offered an assessment</p>	<p>i) To be established by file audit</p> <p>ii) 78.3 in 2006/07</p>	<p>i) To be set</p> <p>ii) Set annually</p>	<p>i) File audit</p> <p>ii) WAG PI data</p>

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		<p>iii) The percentage of identified carers of adult service users who had an assessment which was an assessment in their own right</p> <p>iv) The percentage of young carers known to social services who were assessed</p> <p>v) Number of carers information packs distributed</p> <p>vi) Number of carers in receipt of training</p> <p>vii) Number of new (hidden) carers identified</p> <p>viii) Number of BME carers identified</p>	<p>iii) 84.8 in 2006/07</p> <p>iv) To be established during 2008/09</p> <p>v) 7,500 in 2006/07</p> <p>vi) 280 in 2006/07 (NEWCIS figures)</p> <p>vii) 276 in 2006/07 (NEWCIS figures)</p> <p>viii) 4 (NEWCIS figures)</p>	<p>iii) Set annually</p> <p>iv) 75% in 2008/09</p> <p>v) 10,000 in 2008/10</p> <p>vi) 300 in 2007/08 (NEWCIS figures)</p> <p>vii) Increase</p> <p>viii) Increase due to improved monitoring</p>	<p>iii) WAG PI data</p> <p>iv) WAG PI data</p> <p>v) Information service records</p> <p>vi) Monitoring and evaluation of carers services</p> <p>vii) NEWCIS records</p> <p>viii) Local research</p>
6.	Carers have access to a range of flexible, imaginative and responsive support, including in times of crisis / emergency	i) The percentage of identified carers of adult service users who were provided with a service	i) 23.9 in 2006/07	i) Not appropriate	i) WAG PI data

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		<p>ii) The percentage of young carers known to social services who were provided with a service</p> <p>iii) Evidence that carers are satisfied with the services available to them (including accessibility of the services)</p> <p>iv) Development of services for carers, including emergency respite services</p> <p>v) Contingency plans included in cared for persons care plan</p>	<p>ii) To be established during 2008/09</p> <p>iii) To be established via survey</p> <p>iv) To be established via audit of services</p> <p>v) To be established via file audit</p>	<p>ii) All carers receiving assessment offered appropriate level of support</p> <p>iii) To be set</p> <p>iv) See Carers Mental Health Grant plan</p> <p>v) To be set</p>	<p>ii) WAG PI data</p> <p>iii) Carers satisfaction surveys. Monitoring and evaluation of services</p> <p>iv) Audit of services Monitoring and evaluation of services</p> <p>v) File audit</p>
7.	Housing policies are responsive to the needs of carers	<p>i) Improved links between the Carers Commissioning Strategy and the Housing Strategy processes</p> <p>ii) Revised Housing allocation policy includes reference to the specific needs of carers</p>		<p>i) Housing representative on Carers Group</p> <p>ii) Revised policy in 2008</p>	<p>i) Minutes of meetings</p> <p>ii) Revised policy</p>

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
8.	Adaptation and equipment policies are responsive to the needs of carers	<p>i) The average number of calendar days taken to deliver a Disabled Facilities Grant</p> <p>ii) The average number of days taken by the authority to process a Disabled Facilities Grant</p> <p>iii) Evidence that carers are satisfied with the service available to them (including accessibility of the services)</p>	<p>i) 656 in 2006/07</p> <p>ii) To be established</p> <p>iii) To be established via survey</p>	<p>i) Set annually</p> <p>ii) Set annually</p> <p>iii) To be set</p>	<p>i) WAG PI data</p> <p>ii) Local PI data</p> <p>iii) Carers satisfaction survey Monitoring and evaluation of services</p>
9.	Policies and services support carers as individuals with needs in their own right, specifically supporting access to employment and / or life long learning, as appropriate	<p>i) The percentage of identified carers of adult service users who had an assessment which was an assessment in their own right.</p> <p>ii) The percentage of young carers known to social services who were assessed</p> <p>iii) Examples of policies, services and initiatives that support carers in employment and / or lifelong learning</p> <p>iv) Evidence that carers are satisfied with the services available to them (including accessibility of the services)</p>	<p>i) 84.8 in 2006/07</p> <p>ii) To be established in 2008/09</p> <p>iii) To be established via audit</p> <p>iv) To be established via survey</p>	<p>i) Set annually</p> <p>ii) 75% in 2008/09</p> <p>iii) To be set</p> <p>iv) To be set</p>	<p>i) WAG PI data</p> <p>ii) WAG PI data</p> <p>iii) Audit of policies, initiatives and services</p> <p>iv) Carers satisfaction survey Monitoring and evaluation of services.</p>

Priority - Older people with a mental health problem

Summary of main issues

A detailed needs assessment and activity data profile for services for older people with mental health problems (EMH services) in Flintshire has been completed and is available upon request from the Local Health Board.

Elderly mental health problems are associated with risk factors such as poly-pharmacy, potential multiple chronic disorders, poverty, poor housing and limited access to public transport.

The widespread and progressive loss of mental and physical function caused by dementia leads to individuals characterised by loss of memory, language and non verbal skills and abilities. Approximately 60% of dementia results from Alzheimer's Disease. Dementia can affect people of any age, but is most common in older people. One in 20 people aged over 65 years and one in 5 people aged over 80 years has a form of dementia (Alzheimer's Society, 2007).

The total number of people with dementia in the UK is forecast to increase by 38% over the next 15 years and 154% over the next 45 years. This will have major implications for the provision of specialist health and social care services; the increase is projected to be higher in North Wales than in the South.

There is a significant proportion of older people diagnosed with other types of mental health problems. One in 3 people over 65 years visiting their GP will complain of some form of mental illness, most commonly depression or anxiety.

There are serious concerns in Flintshire regarding capacity and availability of Elderly Mental Health nursing beds in the County. Predicted future demands for such provision indicates that this pressure will continue to increase. There is also a need to further develop community based services to enable people to remain in their own home, where possible.

Related key strategies and plans

- *Adult Mental Health National Service Framework –revised action plan*
- *National Service Framework for Older People in Wales*
- *Older People's Strategy*
- *Elderly Mental Health service strategic framework (Flintshire and Wrexham 2003)*
- *Flintshire Adult mental health needs analysis (Rudd 2004, Centre for Mental Health Wales)*
- *An External review of Mental Health Service North East Wales Trust (Poole and Bullivant 2003)*

- *Crisis response service Adult mental health service- A service review (Rudd & Ryan 2006)*
- *Dignity and Respect in Care Programme for Wales*
- *Adult Mental Health Race Equality Action Plan*
- Flintshire LHB draft Gender Equality Scheme 2007 - 2010

High level actions 2008 – 2011

- Reconcile health and local authority boundaries in West Flintshire to provide an integrated and co-terminus service.
- Develop a community based assessment and treatment service model for older people with all types of mental illness.
- Increase the range and quality of services, including developing nursing and residential and specialist domiciliary care provision and exploring new models of working. Develop & promote specialist services / meaningful activities & better utilise generic services.
- Explore the benefits of an integrated health and social care service in line with the National Service Framework for Older People in Wales, strengthening partnership working and utilise links with business.
- Undertake a health economic impact assessment on services.
- Establish core knowledge training in relation to mental health issues and develop specialist training for professionals and carers.
- Improve equal access to services on a needs basis.
- Improve user and carer involvement in service development.
- Review existing funding particularly with regards to the role of the voluntary sector.

OUTCOMES FOR OLDER PEOPLE WITH A MENTAL HEALTH PROBLEM 2008-2011

PRIORITY LEAD: Elderly Mental Health Strategy Steering Group

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
10.	Older people with a mental health problem/s will remain in their own home as long as possible i.e., entering nursing homes at a later stage in their illness.	i) Increase in number of service users aged 65+ with mental health problems receiving high level care packages in their own homes. ii) Increasing numbers of Flintshire residents with early onset dementia being supported	i) 10–19 hrs = 145 su 20+ hrs = 99 su ii) 18	i) 10-19 hrs = 155 su 20+ hrs = 120 su ii) 23	i) WAG PI data ii) SYD

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		to stay at home. iii) Numbers of service users over 65 with mental health problems in receipt of assistive technology packages. iv) Number of service users over 65 years with mental health problems supported in Extra Care. v) Increase in respite EMH places (residential and nursing homes) in Flintshire	20 iii) 46 iv) 0 v) 4 EMI residential respite beds	no increase iii) 100 iv) 10 v) 6 EMI residential respite beds	NEWT iii) WAG PI data iv) WAG PI data v) Brokerage bed mapping
11.	Older people with a mental health problem/s will remain active in their community for longer.	i) Increase in number of EMH day care placements: local authority, ind sect day care Deeside day care, voluntary sector.	i) 54 places / day 20 places/ day 20 places/ day 18 places/week	i) 60 no increase no increase no increase	i) WAG PI data WAG PI data NEWT Alzheimers
12.	Carers of older people with a mental health problem will receive appropriate support	i) Increase in numbers of carers of older people with mental health problems receiving an advocacy service from: Alzheimers Flintshire Mental Health Advocacy Service	i) Vol sector 38 48	i) 50 55	i) Alzheimers Flintshire Mental Health Advocacy

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		ii) Increase in number of carers supported by Admiral nurses iii) Increase in number of carers of older people with mental health problems accessing carer support & information including: day hosp Alzheimers SYD Carers' information pack	ii) 0 iii) 8 / 6 months 20 6 400 packs	ii) 160 families over 3 years 8 / 3 months no increase 33 600 packs in '08/'09	Service ii) NEWT iii) NEWT Alzheimers SYD Carers lunch + old brewery LA Information officer
13.	Older people with a mental health problems have access to a range of specialist services, as appropriate	i) Increased in number of EMH residential and nursing places in Flintshire ii) Decrease in numbers of out of County EMH Residential and nursing placements for Flintshire residents. iii) Increase in people attending memory clinics.	i) Beds: 165 res 53 Nursing ii) 88 iii) 169	i) Res: no change Nursing: increase by 50% ii) Res: no change Nursing: decrease by 50% iii) 30% increase – 50 people	i) Brokerage ii) WAG PI data iii) NEWT

Priority - Chronic conditions

Summary of main issues

The effective management of people with Chronic Conditions in Wales is a key challenge for Health and Social Care services. Of particular significance is the impact of an ageing population compounded by an industrial heritage. We already know that the incidence of chronic conditions has resulted in increased unplanned hospital admissions, rising waiting times, delays and an over dependence and reliance on the secondary care systems. The need to identify and implement solutions across both health and social care to more effectively manage chronic conditions is both imperative and urgent.

Living with chronic conditions can have far reaching implications on all areas of life and can particularly impact on the social life and independence of individuals. The effective management of chronic conditions does not lie with health services alone but needs a whole systems approach and is dependant on strong partnerships with patients and carers and with other service providers such as social services and the voluntary sector. To move forward on this agenda we need to build on existing work and further develop a partnership approach.

The Welsh Assembly Government includes the following in its definition of chronic conditions in its Framework for Managing Chronic Disease, and the developing Regional Chronic Conditions management plans; and the recommended definition for chronic conditions:

Respiratory	Asthma, cystic fibrosis, chronic obstructive pulmonary disease (including bronchitis and emphysema)
Circulatory	Stroke, chronic heart disease
Neurological	Epilepsy, Multiple Sclerosis, Parkinson's Disease, Alzheimer's Disease
Musculoskeletal	Arthritis, osteoporosis, spinal injuries
Endocrinology	Diabetes

Related key strategies and plans

- *Designed to Improve Health and the Management of Chronic Conditions in Wales*
- *Community Services Framework*
- *Designed for Life (10 year plan for the NHS)*
- *Fulfilled Lives, Supported Communities (10 year strategy for Social Services)*
- *Disease specific National Service Frameworks*
- *Chronic conditions Directives*

- Flintshire County Council and Flintshire Local Health Board Disability Equality Scheme and Action Plan 2006 -2009
- Flintshire Local Health Board Draft Gender Equality Scheme 2007-2010

High level actions 2008 – 2011

- Develop an integrated and whole systems approach to Chronic Conditions Management to more effectively utilise existing health and social care resources.
- Develop the role of community hospitals and community services in Flintshire to deliver a fully comprehensive and proactive Chronic Conditions management service.
- Ensure that Welsh Assembly Government requirements / milestones within ‘Designed to Improve Health and the Management of Chronic Conditions’ are central to developments.
- Provide training for staff across health and social care and the voluntary sector in key chronic conditions to enhance their role and improve client / patient outcomes.
- Develop the health promotion agenda to ensure that it is incorporated into all core services across health social and voluntary care sector.
- Ensure that self management programmes are accessible to a wide range of the population, for example, people with a learning disability, Deaf people, etc.

OUTCOMES FOR CHRONIC CONDITIONS 2008-2011

PRIORITY LEAD: Nurse Director Flintshire Local Health Board with partners

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
14.	People with a chronic condition will be identified earlier thereby reducing the risk of developing complications of the disease process	i) Screening protocol to be developed for disease specific areas. Currently screening is done on an ad hoc basis in primary care. Initial protocol diabetes.	i) To be established via audit of screening services	i) To be set	i) Audit of screening services
15.	People with a range of chronic conditions, e.g., diabetes, respiratory, will receive equitable and standardised care across health and social care	i) Introduction of evidenced based care pathways	Diabetes: Utilise Flintshire Profile of diabetes services.	i) Pathways in place across primary care by 2011	i) Audit and evaluation of implementation of pathways

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
		ii) Implementation of NSF standards and WAG Directives for chronic conditions management	QuOF data from General Practices	ii) Set by relevant NSFs Key service gaps identified in disease specific areas and included in 3 year CCM action plan (April 2008)	ii) Monitoring and review of NSF action plans (local Implementation groups for disease specific areas)
16.	People with chronic conditions will be able to self manage their condition more effectively and reduce complications and exacerbations of the condition	i) Increase in the number and range of self management programmes for people with a chronic condition ii) Evaluation of self management programmes for people with a chronic condition iii) Improvement in biomedical outcomes, e.g., blood pressure, glucose levels, weight for people attending self management programmes	i) Number and range of self management courses available pre and post HSCWB strategy. Audit number of courses and participants on an annual basis.	i) To be set ii) Evidence of improved self management iii) Individual target are set at beginning of courses	i) Audit of courses / participants ii) Evaluation reports including follow up iii) Evaluation reports and follow up tests

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
			iii) Taken at start of course		
17.	People with chronic conditions will have improved outcomes	i) Reduction in the incidence of complications ii) Reduction in exacerbations of condition	i) To be established via audit of incidence of complications ii) Audit of GP data	i) & ii) To be set utilising primary and secondary care data	i) Audit of incidence of complications, e.g., diabetes foot screening and amputations ii) Emergency admissions data

Shared Outcome Database Reference	Shared Outcome Database Measure
IH5a	CHD mortality EASR in <75 year olds
IH5b	CHD mortality in the most deprived groups aged below 75 years
IH5c	EASR stroke mortality
IH6	Percentage of adults currently being treated for diabetes

Priority - Access to services

Summary of main issues

One of the consistent messages emerging from the public engagement activity and review of previous consultations is that access to services needs to be improved. Examples quoted are broad, ranging including transport problems, difficulties making appointments with doctors/NHS dentists, confusion about who to contact for different help and support and information not being suitable for everyone's needs. Improving access to services should mean that everyone in Flintshire will be able to:

1. Obtain up to date and appropriate information on health and social care issues with relative ease
2. Take advantage of services that are appropriate to their needs

Whilst it is important to recognise that many factors, including the public transport system are beyond the direct influence of this strategy, there are ways that the implementation of this strategy can contribute to improved access:

- a. By ensuring that access is a primary consideration in addressing all priorities within this strategy, and;
- b. Identifying specific activities that can be addressed by the strategic partnership, and;
- c. Referring broader access issues to the relevant organisations and partnerships (including the emerging Local Service Board)

High level actions 2008 – 2011

- *Access 2009* specifies that all patients receive treatment within 26 weeks of a referral by a GP by 2009. The impact on other services will also require consideration.
- A multi-agency task group will be formed to undertake an audit of the current resources produced by strategic partners and methods of distribution and make recommendations to the Partnership Board.
- Develop a performance management framework for the strategy that includes access issues

OUTCOMES FOR ACCESS TO SERVICES 2008-2011

PRIORITY LEAD: Health, Social Care and Well-being Partnership Board

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
18.	Improved provision of accessible and appropriate information relating to the services provided by the strategic partners will be available	<p>i) Audit of current resources and modes of provision and recommendations made to the Partnership Board</p> <p>ii) Evidence exists that recommendations have been implemented</p>	<p>i) To be established during the audit</p> <p>As above.</p>	<p>Complete audit by March 2009</p> <p>March 2011</p>	<p>i) Findings of task group</p> <p>Partnership Board paper with recommendations</p> <p>New/revised resources and publication methods are available from all strategic partners</p>
19.	Access needs will be considered in the development and performance management of <u>all priorities</u> in this strategy	<p>Accessibility will be considered as part of the performance management process for the strategy</p> <p>Findings and response to Equality Impact Assessments</p>	No baseline exists – new performance management framework to be developed.	March 2011	<p>Performance Management criteria developed and implemented</p> <p>Annual Reports for the strategy</p> <p>Minutes of Partnership Board meetings</p> <p>Impact Assessment conclusions</p>

Shared Priorities with the Children and Young People's Partnership

Priority - Mental health of children and young people

The Welsh Assembly Government has made the mental health of children and young people a priority with its strategy document *Child and Adolescent Mental Health Services: Everybody's Business* (2001).

At any given time it is estimated that:

- 20% of children and adolescents may have a mental health problem
- about 8% of these may be moderate to severe
- a further 2% are sufficiently severe to be disabling.
- the prevalence of disorders requiring inpatient treatment per year has been estimated as approximately 0.02% of children aged 0-16
- the prevalence of serious mental health disorders begins to increase in young people aged 16 years and over.
- at least 1.3% of 5-10 year olds and 2.1% 11-15 years olds will have tried to harm, hurt or kill themselves; almost one in eight 15-16 year olds report having deliberately harmed themselves. (Flintshire Profile, 2007)

In Flintshire, Child and Adolescent Mental Health has been identified as a priority area in the recent audit of progress against the *National Service Framework for Children, Young People and Maternity Services (NSF)*. This audit records the views of people from a range of organisations who work with children and young people and their families and is based on evidence and statistics.

This view has also been supported by young people in various consultations including the Communities That Care Survey that highlighted that young people worry and become stressed about issues and that they feel that they have no-one to talk to.

There is currently a Flintshire Child and Adolescent Mental Health Strategy Group which is a sub-group of the Children and Young People's Partnership. The Mental Health and Psychological Well-being of Children and Young People in Flintshire: Strategy and Action Plan 2005 - 2015 has been agreed and clearly shows the work that needs to be done to ensure the children and young people of Flintshire are given the support and services they need. The strategic aims of the strategy are:

- To promote emotional health and well-being and support the prevention of mental health problems
- To promote early identification and intervention for children and young people with mental health problems
- To improve access to services and waiting times

- To extend multi agency partnership working in CAMHS
- To develop processes that support the recruitment and retention of skilled professionals working with children and adolescents
- Design and implement a new model for Specialist CAMHS

The Child and Adolescent Mental Health Strategy Group will manage the action plan to achieve these objectives. Working groups identified by the lead agencies will set targets for monitoring progress.

NB, In Flintshire, the CAMH Service provided through the North East Wales Trust will include the new Autistic Spectrum Disorder Service designed to address capacity to meet existing and future demands for assessment and therapy.

Child and Adolescent Mental Health Services has been identified as a priority for health, social care and well-being for the period 2008 – 2011. However, following discussions, it has been agreed that the detailed work on this priority will continue to be taken forward under the auspices of the Children and Young People’s Partnership as described above.

The Health, Social Care and Well-being Partnership Board will request updates on this priority area and assist the Children and Young People’s Partnership as appropriate.

Priority - Transition for Young People into Adult Services

The National Service Framework for Children, Young People and Maternity Services in Wales (2006) makes explicit that young people who require continuing services, such as those who are disabled or chronically ill, and their families/carers must be offered a range of co-ordinated multi-agency services, according to assessed need, in order to make effective transitions from childhood to adulthood.

Transition has been highlighted as a priority by Flintshire within the NSF project. The two specific actions on which development is focussed are:

1. The development of key transition workers to all disabled young people at age 14;
2. The development of a joint agency transition plan.

Fulfilling the Promises (All Wales Strategy for Learning Disability) and Service Principles and Service Responses for people with a learning disability and their families identifies Adult Social Care as the Lead partner in the implementation of an effective Transition Service for young people with a learning disability.

Flintshire has in place a Joint Transition Protocol between Adult Social Care, Children's Integrated Disability Services, Directorate of Education, Career's Wales, and North East Wales NHS Trust. A Transition Panel meets regularly to monitor young people who will need continuing services and ensures plans are developed with young disabled people and their families.

The main issues are: Effective use of resources, including staff skills and knowledge;

- Effective joint working between agencies and teams.
- Responsiveness to the needs of young people eligible for services and their families.

Related key strategies and plans

- *Flintshire County Council and Flintshire Local Health Board Disability Equality Scheme and Action Plan 2006 -2009*
- *Equal Treatment: Closing the Gap*
- *Flintshire Social Inclusion Strategy*
- *National Service Framework for Young People and Maternity Services – Disabled Child*
- *Fulfilling the Promises: Section 7, Service Principles and Service Responses.*
- *Reaching Higher Reaching Wider Initiative 2003*
- *Flintshire Employment Strategy*
- *Progress in Sight 2002*

- *Autism Spectrum Disorder Action Plan for Wales (to be launched in early 2008)*

High Level Actions 2008-2011

- Jointly develop and plan a coordinated proposal for a Joint Transition Team.
- Obtain approval/sign up from all partner agencies to agreed option.
- Implement the introduction of the new service model as planned
- Monitor and evaluate effectiveness
- Ensure that Person Centred Planning Training and skill development in participative work with children and young people in decision making is included in the Flintshire County Council workforce plan.
- Recruit regional transition key workers subject to further information from the Welsh Assembly Government

PRIORITY LEAD: Learning Disability Service and Physical Disability and Sensory Impairment Service

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
20	Young people who meet the eligibility criteria for adult social care have access to a responsive and person centred assessment and planning service which assists in making choices for adulthood and may include education, training, employment, housing, friendships and relationships	The percentage of young people transferring to adult social care that have a comprehensive person centred plan	Stated children receive an assessment of need	100% of stated children needing services after age 18 or 19 will have a person centred plan by 2010	PI data Evidence of involvement in decision making processes
21	Vulnerable young people aged 16 – 18 whose disability may fall just below the threshold for services have access to an initial assessment of need and short term intervention as a preventative service	The number of young people accessing the service. The number of young people exiting the service	Information from the European funded Transition Project 2004-2007 identified approximately	Preventative measure; percentage of young people being successfully supported through short term	Audit of services

Ref	Outcome	Performance Indicator/s	Baseline	Target	Means of verification
			30% of young people accessing the service were in this group	intervention	
22	A robust Joint Agency Transition Service is available to young disabled people	Young disabled people have a person centred plan which helps agencies agree the support that might be needed		100% Young disabled people and their families are able to access information and support to develop a Transition plan	Case File audit. Customer satisfaction survey

Section 6 – Implementation, Monitoring and Review

The Partnership Board will oversee the implementation, monitoring and review of the strategy and will need to adapt to any changing circumstances and lessons learnt from early implementation.

Implementation

Implementation of this strategy will require commissioning; workforce development; and financial planning.

Commissioning

For each of the priorities in this strategy, the Partnership Board will oversee the development of more detailed action and commissioning plans, including joint commissioning plans, as appropriate.

In addition, the Local Authority and the Local Health Board will develop detailed commissioning intentions and strategies for all major service areas. Where appropriate, these commissioning strategies will reflect and cross reference to the priorities in the Health, Social Care and Well-being Strategy.

The priorities in the Health, Social Care and Well-being Strategy will also inform commissioning any new services, for example, Wanless Local Action Plan, Carers Mental Health Grant, Well Being Activity Grant. The priorities will also be used to evaluate current jointly commissioned projects and to inform any recommendations for change. To support this process, the Partnership Board is establishing a new Multi Agency Project Evaluation Group.

Workforce development

Flintshire County Council, Flintshire Local Health Board, NHS Trusts serving Flintshire and their partners, will continue to work together as appropriate to develop and deliver workforce development plans that support the implementation of the Health, Social Care and Well-being Strategy:

These workforce plans will drive the reshaping of the workforce to deliver service modernisation. They will include plans to;

- develop new roles in particular to achieve service models based on independence and reablement;
- develop a flexible workforce in health care and social services;
- develop skills to support and to increase the overall capacity to promote public health;
- address key policy areas including equality, dignity and respect and human rights to ensure compliance with legal standards and best practice.
- deliver diversity awareness training for staff at all levels, as appropriate
- increase Welsh language skills;
- support staff to achieve the appropriate qualifications for their role and for their professional development; and to

- support staff to meet workforce regulation requirements including new requirements such as extending social care registration across groups of social care staff.

In developing these plans, it is also recognised that employment has been identified as a key priority area across North Wales health organisations with relation to respective draft Gender Equality schemes

Workforce plans will also cover recruitment and retention issues which continue to be a problem in some services.

The main workforce plans are: Flintshire County Council People Strategy; Flintshire Social Care Workforce Strategy; Flintshire Social Care Workforce Development Plan; Local Health Board workforce plan for primary care contracting; Local Health Board workforce plan for the management of chronic conditions and NHS Trust workforce plans.

In addition, the Flintshire Community Services Plan 2008 – 2011 identifies all core Health and Social Care services and describes how the workforce will be configured to deliver the vision set out within this Health, Social Care and Well-being Strategy. This includes the development of locality teams which enhance the professional skill base and mix, strengthening the health promotion role of a range of professionals and improving clinical and training support for care homes.

For each priority area in section 5 of this strategy, the relevant priority lead organisation or group will identify the specific workforce development needs arising from the priority and ensure that these are either addressed through one of the workforce plans listed above or built into their own action plan (see section 5 above).

The Partnership Board will also explore with others ways to raise the profile of health and social care as a career option within Flintshire.

Financial planning

To make the Health, Social Care and Well-being Strategy more robust and support its implementation, it must be backed by a financial strategy. This is particularly important in the context of limited additional resources and the imperative to make savings in existing budgets. The Welsh Assembly Government has stated its intention to provide an advice note to assist with developing the financial strategy and the Partnership Board will respond to this guidance when it is received.

For each priority area in section 5 of this strategy, the relevant priority lead organisation or group is identifying the key actions that require investment, any plans to secure this investment and the risks if investment is not secured (see [Appendix E](#)). This information will be considered by the Partnership Board and used as appropriate to inform the:

- local response to the Welsh Assembly budget allocations
- identification and prioritisation of budget pressures
- allocation of new resources, for example, Well Being Activity Grant
- evaluation of existing services and projects, for example, Wanless action plan projects
- allocation of sustainable funding to the voluntary sector
- decommissioning of existing services and posts

- decisions on the allocation of elements of the Revenue Support Grant previously received as targeted Welsh Assembly Grants, for example, Carers Special Grant

Detailed resource mapping will be required to provide an assessment on how and what financial resources are currently deployed and then to inform planned changes in service provision to deliver the strategy. Some of this work has been undertaken as a part of developing the community services framework (see Flintshire Community Services Plan 2008 – 2011).

The Partnership Board will continue to consider the potential offered by Flexibilities under the Health Act 1999.

Monitoring and review

To ensure effective monitoring and review, the Partnership Board is developing a performance management framework for the strategy which will include:

- the development of more detailed action and commissioning plans, as appropriate
- clear reporting arrangements between the Partnership Board and associated strategic planning groups ([Appendix B](#))
- local monitoring and review arrangements
- annual reports on progress
- reports to Elected Members and the Local Health Board
- clear mechanisms for the strategy to inform, in particular, the relevant Flintshire County Council Directorate Plans (and associated service and workforce development plans) and the Local Health Board Annual Operating Plan

Ffynnon is a tool that is being implemented across Wales to monitor and manage performance against locally defined targets and outcomes. The programme brings a range of information together - performance indicators, risks, projects & milestones, actions etc. The system provides the ability to combine performance information provided directly by users across local partnership organisations, resulting in a partnership wide picture of performance. Ffynnon also includes detailed reporting functions.

The Health, Social Care and Well-being Partnership Board have agreed that this tool offers the potential for effective and transparent performance monitoring and will be working towards the development of Ffynnon for this purpose at the earliest opportunity.

In addition to the use of performance management tools for the strategy, the Local Authority and the Local Health Board will make use of *Healthy Sustainable Wales – the NHS Contribution*, the Welsh Local Government Association Sustainable Development Framework and existing locally developed integration tools in order to assess the impact of the strategy against broader agendas.

Implementation, monitoring and review will include the close involvement of all partners.

Keeping the community informed of progress

It will be important to feedback on progress made against achieving the objectives set out in the strategy to all partners, stakeholders and all sections of the local community. A variety of methods will be used including the Good Health, Good Care Newsletter and

appropriate websites. These were identified as preferred methods in the consultation feedback on the draft strategy. There are also a number of well established networks for all partners and within the independent sector which will also be used to involve as many people as possible.

Section 7 – Impact Assessment

Assessing Impacts

The use of impact assessment tools (including integrated impact assessments, equality impact assessments and health impact assessments) has increased both on a national and local level. Whilst in part this has been driven by legislative requirements, the commitment to use health impact assessments for example was an objective within Good Health 2005-2008.

This commitment will continue to receive the support of the Partnership Board during the implementation of the priorities contained within *Good Health, Good Care*

Equality Impact Assessment for Good Health, Good Care.

An equality impact assessment has been undertaken during the consultation phase on the draft strategy.

The purpose of an Equality Impact Assessment is to ensure that the strategy has been developed and will be implemented in such a way to ensure that it provides equality of opportunity for the diverse community living and working in Flintshire and does not have any diverse impact between different groups across the six equality strands:

- Race and Language
- Sexual orientation
- Disability
- Age
- Gender
- Religion/belief

A full copy of the equality impact assessment report (relating to the development of the draft strategy) will be available from GoodHealthTeam@flintshire.gov.uk from April 2008.

The consideration of equality issues however will continue and increase during the implementation of this strategy and progress will be measured as an intrinsic part of the developing performance management framework for the strategy.

REFERENCES.

Documents directly quoted within the Good Health, Good Care Strategy. Further details of any documents referenced within this document is available upon request from the relevant partner organisation.

Ref	Document	Author/Source
1	Health, Social Care And Well-Being Strategy Guidance 2007	Welsh Assembly Government
2	Securing Improvements in Health & Social Care 2. Module 1: Health, Social Care & Wellbeing. Strategy Review. January 2007	Price Waterhouse Coopers
3	Designed For Life: Creating world class Health and Social Care for Wales in the 21 st Century, 2005	Welsh Assembly Government
4	A Strategy for Social Services In Wales Over the Next Decade Fulfilled Lives, Supportive Communities, 2007	Welsh Assembly Government
5	“Making the Connections - Delivering Beyond Boundaries: Transforming Public Services in Wales	Welsh Assembly Government
6	www.new.wales.gov.uk/topics/health/improvement/health-at-work/corporate-standard/?lang=en	Welsh Assembly Government
7	The National Service Framework for Children, Young People and Maternity Services	
8	The review of Health and Social Care in Wales, Derek Wanless, June 2003	
9	www.sd-commission.org.uk/publications.php?id=531	Sustainable Development Commission
10	People, Places, Futures – The Wales Spatial Plan	Welsh Assembly Government
11	Welsh Health Circular - WHC (2007) 023	

APPENDICES

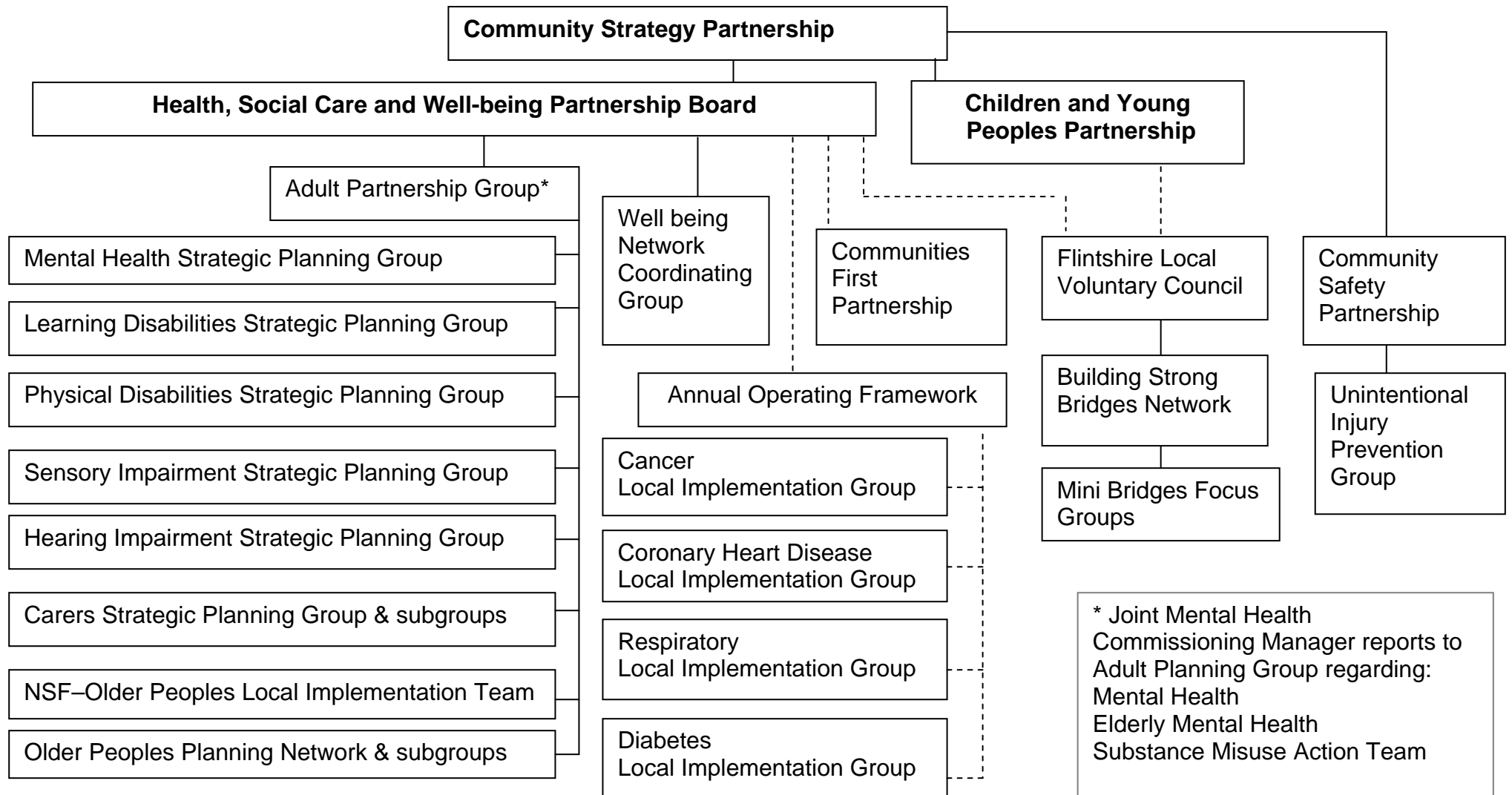
Appendix A – Statutory Requirements for the Strategy

The Health, Social Care and Well-being Strategies (Wales) Regulations 2003 set out (in regulation 5(2)) that a Health, Social Care and Well-being Strategy must address:

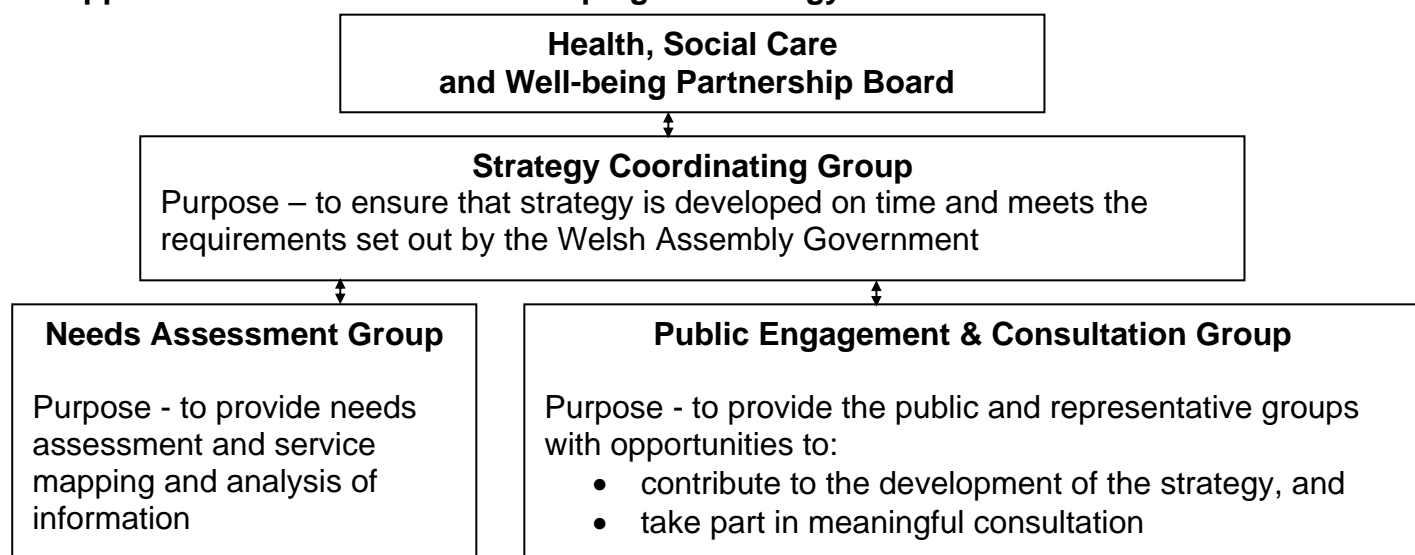
- a. the state of health and well-being of the local population;
- b. the health and well-being needs of the local population;
- c. the existing provision of health and well-being services to the local population;
- d. gaps or deficiencies in the provision of health and well-being services to the local population;
- e. risks to the health and well-being of the local population;
- f. factors affecting the health and well-being of the local population, including:
 - (i) social, economic and environmental factors;
 - (ii) health promotion and education, health protection and nutrition;
 - (iii) the safety of food (and "food" for the purpose of this regulation has the meaning given in section 1 of the Food Safety Act 1990)^[Z];
 - (iv) community development and regeneration and sustainable development;
 - (v) inequalities in health and well-being, (*this has been amended to include the need for the strategy to address inequalities relating to race, disability, gender, language, age, sexual orientation, and religion and belief*);
 - (vi) the access of the local population to health and well-being services and inequalities in access to such services;
 - (vii) the availability of and access of the local population to public and community transport;
 - (viii) the availability of and access of the local population to education, training and employment; and
 - (ix) the standard and condition of housing of the local population;
- g. the anticipated health and well-being needs of the local population throughout the operative period;
- h. the improvement of the health and well-being of the local population;
- i. the provision of health and well-being services which will be required throughout the operative period to meet the health and well-being needs of the local population, and the effectiveness and efficiency of such services;
- j. the means of commissioning and delivery of health and well-being services;
- k. the financial or other resources which will be required to implement the strategy; and
- l. any directions or guidance given by the Assembly pursuant to section 24(7)(a) or (b) of the 2002 Act. *

* Section 40(7) of the National Health Service (Wales) Act 2006 replaces Section 24(7) of the National Health Service Reform and Healthcare Professions Act 2002

Appendix B - Existing Planning Structure Used to Develop the Health, Social Care and Well-being Strategy



Appendix C – Structure for Developing the Strategy



Coordinating Group Members:

Assistant Director, Performance & Partnerships, Adults Social Care Partnerships Manager – Flintshire County Council / Local Health Board
 Acting Director of Development and Performance Management, Flintshire Local Health Board
 Manager, Flintshire Local Voluntary Council
 Well being Development Officer – Good Health Team
 Director of Planning – North East Wales NHS Trust
 Assistant Director of Planning – North East Wales NHS Trust
 Associate Director of Public Health – NPHS
 Chairs of: Mental Health , Learning Disabilities, PDSI and Carers Strategic Planning Groups
 Health and Social Care Facilitator, Flintshire Local Voluntary Council
 Communities First Senior Coordinator – Flintshire County Council
 Young People’s Partnership Development Officer
 Food Safety Manager, Flintshire County Council
 Environmental Control Manager, Flintshire County Council
 Planning Manager – Conwy and Denbighshire NHS Trust

Needs Assessment Group Members

Associate Director of Public Health - National Public Health Service
 Health Information Analyst - National Public Health Service
 Partnerships Manager – Flintshire County Council / Local Health Board
 Well being Development Officer, Good Health Team
 Young People’s Partnership Development Officer
 Health and Social Care Facilitator - Flintshire Local Voluntary Council
 Assistant Director of Planning – North East Wales NHS Trust
 Commissioning and Performance Manager – Flintshire Local Health Board

Public Engagement and Consultation Group

Partnership Manager – Flintshire County Council / Local Health Board
 Well being Development Officer, Good Health Team
 Equalities Policy Officer – Flintshire County Council
 Executive Policy Officer – Flintshire County Council
 Clinical Governance Manager – Flintshire Local Health Board
 Health and Social Care Facilitator – Flintshire Local Voluntary Council
 Communications Officer – Flintshire County Council
 PPI Manager – North East Wales NHS Trust
 Welsh Language Officer – Flintshire County Council

Appendix D – Our Approach to Public Engagement and Consultation

A task and finish group of representatives from across the partners with a particular interest in engagement and involvement devised and implemented a public engagement plan.

This plan had 2 main aims:

1. To gather views from the public and representative bodies on what the strategy should include and suggested priorities.
2. To provide a wide range of opportunities for the public and representative bodies to take part in meaningful consultation of the draft document. The statutory period for public consultation has been set at 12 weeks.

ADDRESSING AIM 1.

A number of approaches were taken:

Engaging with the Building Strong Bridges Network

“Bridges” is the recognised voluntary and community sector network hosted by the Welsh Assembly Government under the Building Strong Bridges programme.

A number of sessions entitled “How’s Our Good Health?” were held with themed focus groups. Participants were recruited from a range of organisations and included service users, carers and staff from the existing Bridges network. The focus groups mirror the local authority planning groups, namely:

- Children and young people
- Older People
- Carers
- Physical Disability, sensory impairment and learning disabilities
- Mental Health
- Rural issues and Welsh language and diversity issues

The qualitative information gathered was collated into a report that highlighted the key messages and themes, cross cutting issues and learning from the process. The groups invited have a strong link with the Bridges network and there is an expectation that their input will be recognised and valued.

Representatives from the focus groups were invited to the stakeholder day to ensure that this public engagement feedback was considered and included in the discussions to define the strategy priorities and objectives. The feedback was also disseminated to the Local Health Board non officer members, Local Authority strategic planning groups and the Board and staff of the County Voluntary Council.

The focus group attendees have requested that this process be repeated annually as a part of the monitoring process for the future implementation of the Health Social Care and Well-being Strategy.

Working with strategic planning groups

A proforma was developed and sent to strategic planning groups under the Adults Partnership Group which include service users ([Appendix B](#)). Groups were invited to provide a range of data to inform the needs assessment process and for their comments on what they considered to be priorities for 2008 - 2011.

Reaching a wider audience

A newsletter was developed that outlined the purpose of the strategy and the importance of public engagement in the process. This newsletter contained details of the various ways of "being involved" and a short questionnaire to invite views on what should go into the strategy.

During May/June 2007, it was distributed to:

- General public via a range of distribution methods
- Staff within Flintshire County Council, Flintshire Local Health Board and Flintshire Local Voluntary Council
- The Open Door Project (a migrant population drop in session)
- The International Women's Group (a social group of Cantonese women as the majority)

A meeting of the Community Health Council was attended and thoughts gathered on the public engagement approach and areas of concern to include in the strategy development.

In addition, the newsletter was posted on the County Council and the Local Health Board websites.

A public engagement event was held in a local supermarket to invite the public to share their views on what is important to them in relation to health, social care and well being.

ADDRESSING AIM 2.

Consultation on the draft version of this strategy took place between 1st October and 31st December 2007.

The Partnership Board produced and distributed the draft strategy in a number of formats. In addition to the full draft strategy, there was an easy to read summary, a joint leaflet with the Children and Young People's Partnership written in a format suitable for children and young people and a feedback form.

The documents were made available for consultation using a number of mechanisms:

1. Attendance at a range of events and meetings
2. Flintshire County Council, Flintshire Local Health Board and Flintshire Local Voluntary Council websites
3. Distribution via a range of email networks facilitated by all of the partner organisations.
4. Public notices included in the December edition of "Your Community, Your Council" which goes out to all households in the County and a press release
5. Notices on the intranet systems within Flintshire County Council and Flintshire Local

Health Board.

In addition to the distribution methods which went to every household in Flintshire, in excess of 1000 people were given direct opportunities to respond to the consultation via the methods described above.

All consultation feedback was collated and considered on behalf of the Partnership Board and the response to the feedback included:

- Amendments to the draft strategy
- Referral of appropriate messages to other key partnerships (including the Children and Young People Partnership and Community Strategy Partnership)
- Referral of appropriate comments to priority leads where they raised important considerations relating to the implementation of this strategy.

A full consultation report is available from GoodHealthTeam@flintshire.gov.uk or by telephoning 01352 702536

Appendix E – Financial plan for priorities in the Health, Social Care and Well-being Strategy 2008 – 2011

Health improvement and protection

Action	Comment	Risk if investment not secured
Utilise the new Welsh Assembly Government Well Being Activity Grant of £25k pa to facilitate an expansion of local well being / health improvement activity in response to Health Challenge Wales and priorities in <i>Good Health, Good Care</i>	The grant is operational until March 2011. The grant cannot be used to fund staff or training costs.	No risk of grant not being secured as long as it is used according to the grant conditions.
More people will follow a health promoting lifestyle	A dedicated Health Educator role has been identified as a need in the County. This would cost approximately £40k per annum. Attempts to secure funding from partners have thus far been unsuccessful.	
Secure recurring funding for a County wide C-Card scheme	Provisional commitment from Wanless if funding becomes available on a recurring basis. Cost £35k.	
Injury and falls prevention	2 dedicated falls prevention posts will cease in March 2008. There are currently no plans to continue the posts although much work still needs to be done. Cost £50k per annum.	
Inter-agency commitment to enable people to take responsibility for their own health and use services appropriately	See comments above re Health Educator role.	
Calculation of partner organisations carbon footprint and development of action plans for recycling and waste reduction	Undetermined level of priority however action could result in savings to organisations for reinvestment	

General Comment

There is an ongoing risk that not enough priority and resources will be committed to the health improvement agenda. This will result in long term inability of services to cope with the anticipated increased incidence and prevalence of chronic conditions.

Carers

Action	Comment	Risk if investment not secured
Review Flintshire County Council Carers Commissioning budget in 2008/09 to ensure that it is targeted on priority actions.	Budget in 2007/08 is £255,000	
Maximise use of Welsh Assembly Government Carers Mental Health Grant in 2008 /09 and secure this funding for carers when the grant transfers to the Revenue Support Grant in 2009.	Grant allocated in 2007/08 is £168,970	Reduction in services
Identify and secure resources required to raise awareness of young carers in schools and for carrying out young carers assessments		Limited support for newly identified young carers
Seek a more secure base for funding carers information		Reliance on one off funding
Identify resources to “role out” carers in employment policy / programme		Includes the cost implications of losing skilled members of the workforce

Older people with a mental health problem

Action	Comment	Risk if investment not secured
Reconcile health and local authority boundaries in West Flintshire to provide an integrated and co-terminus service.	The financial arrangements are the subject of on-going negotiation.	Continued reduced services
Develop a community based	Investment sought.	Includes Flintshire residents continuing to access

assessment and treatment service model for older people with all types of mental illness.		services over the borders.
Increase the range and quality of services, including developing nursing and residential and specialist domiciliary care provision and exploring new models of working. Develop & promote specialist services / meaningful activities & better utilise generic services.	Some development can be undertaken within existing resources but investment is required in order to develop services. Capital grant secured from Welsh Assembly in relation to Extra Care.	Includes potential for social exclusion, carer breakdown and inappropriate hospital admission.
Explore the benefits of an integrated health and social care service in line with the National Service Framework for Older People in Wales, strengthening partnership working and utilise links with business.	Cost benefits could occur with improved partnership / joint working from reduction of duplication & community investment from business.	
Establish core knowledge training in relation to mental health issues and develop specialist training for professionals and carers.	Use of existing resources from current training budgets. Seek additional investment.	Generic carers will not be able to identify mental health needs and people will not receive appropriate support.
Improve user & carer involvement in service development	Small costs to facilitate	Development direction and focus is misinformed and does not meet the needs.
Review existing funding particularly with regards to the role of the voluntary sector.	Current funding from Local Authority and Health is approximately £191k. Welsh Assembly Mental Health Carers Grant is £168,970 in 2007/08.	Funding for older people with mental health needs will not be protected and will have to compete with other priorities. Lack of stability in the voluntary sector will result in inability to develop and to continue to provide services.

Chronic conditions

Action	Comment	Risk if investment not secured
Utilise Welsh Assembly funding		

allocated to establish a full community based oxygen assessment service		
Secure the approximately £151,000 required to establish the Pulmonary Rehabilitation Service for patients with severe pulmonary disease	It is anticipated that the majority of this funding will come from savings achieved from the establishment of a comprehensive oxygen assessment service.	Patients may have unplanned hospital admissions and exacerbations of condition.

Child and Adolescent Mental Health Services

Action	Comment	Risk if investment not secured
Secure new investment to deliver CAMHS services on a sustainable basis meeting both 07/08 and 08/09 SaFF targets and NSF targets for children and young people.	Recurrent funding secured - £296,444 pa for both CAMHS and Autism Spectrum Disorder Service	

Transition for Young People into Adult Services

Action	Comment	Risk if investment not secured
Vulnerable young people aged 16 – 18 whose disability may fall just below the threshold for services are provided with a needs assessment and short term intervention service	Grant application to Big Lottery. Grant application to Cymorth through Children and Young People's Partnership	Includes the potential for family carer stress and disengagement of the young person and subsequent greater need for service intervention at a later stage.
Development of key workers supported by Welsh Assembly Government	Additional regional funding to be made available in 2008 by the Welsh Assembly Government through the Children and Young People's Partnership	