

HEALTH SOCIAL CARE AND WELLBEING STRATEGY

2011 - 2014

HEALTHIER NEATH PORT TALBOT

‘Making a Real Difference’



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FOREWORD

Improving health is at the heart of the work our organisations carry out.

We have many things to be proud of in Neath Port Talbot. We have natural assets that compare with the best – our Afan Forest hosts one of the top ten mountain-biking destinations in the world, our Aberavon Beach boasts the coveted Blue Flag and our parks are pleasant and attractive destinations for both local people and visitors from elsewhere. We also have a strong track record in delivering excellent public services which are valued by local people and we value the strong partnerships we have with communities, with voluntary organisations, private and statutory sectors which are vital in ensuring we are continuously working to improve the quality of life for local people.

Yet, despite all of the strengths we have, the health of local people is, generally, poorer than the rest of Wales.

This is the third health social care and wellbeing strategy for Neath Port Talbot. It reaffirms our joint commitment to improving health for everyone whilst also reducing the gap between the most healthy and the least healthy and improving access for those who need treatment and support.

There have been important changes to the Partnership including the newly formed Abertawe Bro Morgannwg University Health Board (ABMUHB) which is committed, through the re-organisation of the NHS in Wales, to providing stronger community focussed healthcare. Through a one year old integrated health organisation we want to strengthen health promotion services and do more to prevent the incidence of ill health.

This Strategy commits both the Council and the Health Board to a greater focus on the things that will make the most difference and we are both committed to working together in developing this strategy as the means for achieving better access for all to healthcare and to help people live healthier lives. The emphasis is on making the right difference for local people. This is especially important at time of considerable public sector spending cuts.

Cllr. A. Thomas
Leader of Neath Port Talbot
County Borough Council

Mr. W. Griffiths
Chair
ABMU Health Board

1. INTRODUCTION

The statutory responsibility for Health Boards and Local Authorities to produce a Health Social Care and Wellbeing (HSCWB) Strategy will continue for the period 2011 – 2014. This is the third phase of a long-term commitment between partners including the Council, ABMU Health Board, Public Health Wales, Neath Port Talbot CVS and other organisations to:

- Modernise and where appropriate integrate NHS local health and social care services for certain groups of vulnerable people
- Improve population health through encouraging healthier lifestyles
- Tackle health inequalities across the county borough/locality
- Continue to address the determinants of health

The revised draft Welsh Assembly Government (WAG) HSCWB strategy guidance for 2010 indicates that the updated strategy should be viewed as a flexible document and not fixed within a specific timescale. It should help to influence necessary change and be evaluated annually to monitor progress on proposed project outcomes. There is a continued expectation within the guidance that the HSCWB strategy will be based on a needs assessment, which should be evidenced within the revised strategy. At the time of finalising this Strategy, final guidance had yet to be issued by the Welsh Assembly Government.

The key factors influencing of this strategy are outlined in appendix 1 in addition to the long-term strategies that were highlighted in the previous HSCWB strategy, there are three new national strategies that are of significant importance, namely:

- The Rural Health Plan (2009)
- Our Healthy Future (2010)
- Setting the Direction: Primary and Community Services Strategic Delivery Programme (2010)

The strategies have been summarised in the appendix and have been considered in the development of this document.

The HSCWB Partnership has revised this updated strategy in the light of projected funding gaps for both the Council and the Health Board up to and likely to continue beyond 2014. The five year forward financial plans for both agencies have highlighted the need for significant savings

to be made, which could have an impact on the health improvement work of the partnership and any service development work.

In anticipation of these resource challenges; the partnership has focused its time and energy in the last 12 to 18 months on identifying key priorities for project work that will assist capacity building and help reduce the impact of the funding gap in the longer term. The priorities have been achieved by reviewing the previous two HSCWB strategies and service developments, and focusing on key areas that are achievable, sustainable and likely to make the biggest difference to population health and services for vulnerable people.

Longer term, the health and wellbeing priorities will become more firmly embedded in the Community Planning process with the aim of removing the need for a separate Health, Social Care and Wellbeing Strategy for the county borough. The revised planning model will be developed and determined in time for the first four yearly review of the existing Community Plan.

2 THE HEALTH SOCIAL CARE AND WELLBEING JOURNEY TO DATE

2.1 PHASE 1 - HSCWB STRATEGY 2005 - 2008

In the first phase of the HSCWB journey the long-term vision of the strategy and partnership was agreed and remains relevant into the third round. The vision is;

‘To make a real difference to the way people experience services; to the quality of people’s lives and the environment in which people live.’

The first Health Needs Assessment (HNA) for Neath Port Talbot was produced in 2003 and showed that population health was poor in comparison with the national Welsh average. There were higher levels of heart disease, respiratory disease, a growing trend in diabetes and more people recorded as having a long-term limiting illness or disability. The level of obesity, which is a contributory factor in heart disease, diabetes and other chronic diseases, was the second highest in Wales. There was an ageing population with the highest rate of unpaid carers in England and Wales.

The HNA for Neath Port Talbot enabled the partnership to agree to focus its resources on developing interagency knowledge and specific themed initiatives that could help redress NPT’s poor health profile in the longer-term. Thematic strategic planning groups were established to consider lifestyle behaviours and wider health determinants that would have protective and improving impacts on population health. Themes that were chosen from the findings of the first HNA were; increasing physical activity levels, improving nutrition, tobacco control, infection control, quality of life for older people and improving emotional health and wellbeing.

A number of health improvement initiatives connected to these strategic planning groups had varying degrees of success. Progress was largely dependant on access to short-term grant funding from the Welsh Assembly Government, the Big Lottery and other sources. Funding bid criteria was often prescriptive and related to nationally targeted health improvement initiatives. These funding streams have been diminishing in the last few years and continue to present challenges to service sustainability, which will be picked up in the next phase of the strategy journey.

The front-line service development and delivery arm of the first strategy focused largely on the delivery of integrated services between NHS primary and community health care services; council social care services and the third sector. Integrated working was strengthened in the first phase of the strategy journey. Key achievements included:

- The reduction of waiting times for health and social care services
- The development of community integrated services to prevent people from going into hospital unnecessarily and individually tailored assistance to help people return home from hospital earlier
- The integration of community equipment services across agencies and regional boundaries
- The development and establishment of self-help and recovery services in the community for people with poor mental health
- Enhanced services through GP practices for people with certain chronic conditions to enable earlier diagnosis and improve long-term condition management within the community
- Improved access to information and support for carers
- Improved interagency procedures to prevent the spread of infection

This vision has remained the same throughout, is evident in the second strategy, and will continue into the third phase. 'Making a real difference' will be a central theme in the strategy for 2011 - 2014. There will be a repositioning of expertise and resources which are currently focused mainly in strategic planning, into strategy implementation and service change.

Historically, the three-year planning cycle suggested by the Welsh Assembly Government guidance has left little scope for strategy implementation, (which could have had a more significant impact on service change). It is the intention of this partnership to redress the imbalance between strategy development and strategy implementation in the third round.

2.2 PHASE 2 – HSCWB STRATEGY 2008 - 2011

The second phase of the HSCWB journey attempted to build on the first phase at a time when there was a dramatic change in the international and national economic climate. Demand for services continued to rise as financial resources for public sector services have been shrinking. During this phase, the NHS in Wales experienced the biggest reorganisation in its sixty year history. Local Health Boards were reduced from twenty two to seven Health Boards across Wales with the widening of geographic boundaries and the abolition of the internal-market mechanisms.

The ABMU Health Board in its revised form covers Neath Port Talbot, Bridgend and Swansea local authority areas. Each local authority area is respected as a ‘locality’ in its own right with its particular needs, priorities and circumstances. However, a number of core services across the ABMU Health Board region have been centralised as part of the reorganisation process and there is still work to do to ensure that the right balance between maximising the opportunities for working across wider boundaries whilst recognising the services and changes that can best be delivered at a very local level. There are strong professional relationships across the organisations, which engender the confidence that these changes will be worked through with the needs of citizens firmly at the centre of consideration.

The second phase of the HSCWB strategy led to a growing recognition of the relationship between population health and wider determinants as the HSCWB partnership matured and broadened its scope and membership. Key areas of health improvement and health inequalities work that have been progressed in the second strategy phase have included the relationship between:

- Health, spatial planning and community infrastructure
- Health, homelessness and vulnerable groups
- Health and the workplace
- Health and increasing levels of risk-taking recreational activity such as binge, hazardous and harmful drinking of alcohol

The partnership focused on the delivery of three projects in 2009/10 which brought together, and applied the learning from the previous thematic groups and linked the previous work into the wider health determinants agenda. The three projects were:

- The Healthy Sustainable Communities Project
- Strengthening the Scrutiny of HSCWB Strategy Implementation
- The Healthier Business Campaign

Healthy Sustainable Communities

The Healthy Sustainable Communities Project brought together the disciplines of public health and spatial planning to ensure that health improvement was co-designed into the Local Development Plan. The work was initiated with a high level conference, which took place in June 2009 with representations from the Deputy Chief Medical Officer of WAG, the local Director of Public Health, the Environment Director from the Council and academics from a leading UK consultancy specialising in cross-cutting policy development for health, sustainability and planning.

The conference led to the establishment of an LDP health project board. The purpose of the group was to further develop and consolidate the working links between public health and council planning. The group is currently working with a public health specialist from Wales Health Impact Assessment Unit in Cardiff to test out the use of health impact assessment in a renewal area within the county borough to assess the health risks and potential health gains of particular planning applications and interventions. The project will continue into the third phase of the Health Social Care and Wellbeing Strategy for 2011 – 2014.

Strengthening Scrutiny

The scrutiny project involved the Council's Social Care Health and Housing Scrutiny Committee leading a task and finish project to test out the effectiveness of alternative methods of scrutiny to provide challenge for partnership strategy development and implementation.

Growing levels of alcohol consumption specifically binge; hazardous and harmful drinking continues to be a concern for the HSCWB and other partnerships. The responsibility for addressing alcohol misuse currently rests with the Community Safety Partnership and much of the focus has been on anti-social behaviour and domestic violence. The impact on individual health and chronic disease levels has received less attention. Public health research has shown that alcohol is the third highest risk factor negatively impacting on health out of twenty six risk factors with only smoking and high blood pressure being worse.

The growing trend of alcohol misuse and increasing rate of alcohol related admissions to hospital was considered to be a hidden threat to the local health improvement agenda in the longer-term. Therefore, a scrutiny project considering the impact of alcohol on the health of adult males was progressed utilising the WAG Scrutiny Development Fund.

Witnesses were invited from the Local Public Health Team, ABMU Health Board; specifically the accident and emergency section within the hospital and the Community Drug and Alcohol Team within the community, West Glamorgan Council on Alcohol and Drug Abuse, heads of service and specialist practitioners within the council who work in related social care and health protection sections, South Wales Police and a large local commercial employer who had successfully implemented an alcohol and drug policy within the workplace.

The main outcome of the review was a formal acknowledgement within the council that alcohol is a more cross-cutting issue than can be addressed solely through the work of the Community Safety Partnership. This has led to alcohol being adopted as a key priority cross-cutting theme of the Local Service Board. The inquiry helped to clarify that there is an urgent need to raise the profile of alcohol and its relationship to chronic disease at a national and local level, and to lobby for this to be further reflected in national policy and resource allocation.

Healthier Business Campaign

The third health improvement project for 2009/10 was a campaign to engage local businesses in health improvement initiatives. The project was launched by Health Challenge Neath Port Talbot (HCNPT), a planning forum of the HSCWB Partnership, in September 2009. The purpose was to encourage private sector businesses to sign-up to HCNPT. This would help local businesses to identify health improvement needs within the workforce, raise awareness of health improvement initiatives available through HCNPT, and support employees to lead healthier lifestyles by introducing initiatives such as stresspac, smoking cessation sessions, corporate gym membership, healthier eating classes, which may lead to increased productivity and reduced sickness levels at work. The HCNPT website was developed to include web pages of health information tailored specifically to meet the needs of the business community. The Business Campaign project will carry over into the next round of the HSCWB strategy.

HSCWB Linkages to Other Partnership Plans

Working links with other strategies and partnerships have been established in this second phase, with health and wellbeing now centrally placed within the revised Neath Port Talbot Community Plan and the evolving Local Development Plan (LDP).

Relationships between the HSCWB Partnership, Children and Young Peoples (CYP) Partnership and Community Safety Partnership (CSP) are closer with agreement for cross-cutting themes to be led by a particular partnership rather than each partnership duplicating. Key examples include an obesity implementation project, which is proposed to be led by the CYP Partnership in the next phase, rather than two separate nutrition and physical activity planning groups sitting within the HSCWB Partnership. Another example is the alcohol misuse project which will sit at LSB level. The third example is the development of health impact assessment, which will sit within the Local Development Planning arrangements.

Integrated Community Services for Vulnerable Groups

The NHS community care and social care service integration element of the partnership, underwent a radical change of approach in the second round of the strategy implementation. There was a shift from strategic planning for specific vulnerable groups to a programme and project management model to transform whole service areas. The service transformation agenda is becoming increasingly urgent in the current economic climate. The Transforming Older People Services (TOPS) programme has received increased focus in the last eighteen months and will continue to be one of the highest priority projects for the next strategy round.

There are similarities between the priorities identified for the TOPS programme and ABMU Health Board's Primary and Community Services Strategic Delivery Programme, as they are both serving the needs of the same population group. There is recognition at partnership level of the need to urgently align these two programmes as far as possible. This work will continue to be progressed in the next HSCWB strategy phase for 2011 – 2014.

QUICK GLANCE SUMMARY OF SECTIONS 1+2 - THE JOURNEY SO FAR

- There remains a statutory requirement for Health Boards and Councils to produce a HSCWB strategy for 2011 to 2014.
- Updated WAG HSCWB strategy guidance has stated that this revised strategy should be a working document that will lead to action to ensure that people living in Neath Port Talbot can improve their health and that those people who are disabled or ill can receive a range of community services that are more joined-up.
- The vision of the strategy remains the same as the previous two strategies with an emphasis on ‘making a real difference.’
- There have been the biggest reforms in the history of the NHS, which will have a significant impact on the way we develop and deliver local services.
- The pressures placed on NHS community and primary health care; social care within the council and other community services are increasing whilst public sector service resources are shrinking.
- The partnership has used much of the short-term grant funding available to develop initiatives to promote healthier lifestyle choices, and to integrate services between NHS community health care and social care services.
- Five-year Financial Plans (FFPs) for the Council and Health Board indicate the need to make significant financial savings over the next four years and beyond, which will have an impact on health improvement initiatives and service development. The need for the partnership to focus on key priority areas that should help to build capacity is therefore vitally important.
- The Health Improvement element of the strategy developed three projects in phase two of the HSCWB strategy implementation. These included a public health and planning project; a scrutiny improvement project and a health improvement project with local businesses in an attempt to improve general population health.
- Short-term grant funding streams have been reducing in recent years and will cease at the end of March 2011, which will have an impact on the above work.
- The partnership has refocused its work from strategic planning to strategy implementation and service transformation for the next phase to ensure that health improvement initiatives and statutory NHS community health care and social care services can remain sustainable in the longer-term.

3. THE NEEDS OF THE POPULATION OF NEATH PORT TALBOT

A full health needs assessment (HNA) was carried out in 2003/4 in readiness for the development of the first Health Social Care and Wellbeing Strategy. The HNA process considered a vast amount of information and data available nationally and locally on the general health and wellbeing of the population as well as broader determinants that can help or hinder health such as; the economy, the environment, access to training and employment, income levels, housing, sanitation, community cohesion and lifestyle. It also included a range of information on community services for vulnerable people.

The revised WAG HSCWB guidance suggested that the HNA's for 2006/7 and 2009/10 could be updated rather than using a different methodology as the initial process was considered robust and any changes in trends needed to be tracked consistently. This section of the strategy will highlight any significant changes to the previous HNAs and update any key information on health determinants that are relevant to the priorities that the partnership has identified for the revised HSCWB strategy for 2011 - 2014.

3.1 GENERAL POPULATION INFORMATION

Population Density and Deprivation

Neath Port Talbot has the 8th highest population density of 22 local authorities across Wales and is made up of urban and rural communities. There are 17 areas in the county borough within the top 10% of the most deprived communities in Wales. Neath Port Talbot has 11 designated Communities First areas. This is higher than Swansea who have 10 Communities First areas or Bridgend who have 8 Communities First areas. Research shows that people living within deprived communities have poorer health and experience significant health inequalities.

The population of the county borough is estimated to be 137,645 (mid-year estimates for 2008). The Welsh Assembly Government population growth projection mid-year estimate for 2008 has recently been questioned by a number of Local Authorities across Wales as over-optimistic. Analysis has shown both international and inward migration was very high in Neath Port

Talbot in the early period of data collection and then significantly tailed off toward the end period possibly due to the current economic climate. The revised 2009 mid year estimates indicate the first population decline in Neath Port Talbot since 2000/2001.

The Office for National Statistics has indicated the population of older people in Neath Port Talbot is estimated to increase by 17% from 2006-2031 with the largest increase projected in the 75 year+ age group who are estimated to increase by 76%. A more conservative estimate for 75 year+ age group from Abertawe Bro Morgannwg University suggests a 69% increase. Either way, both estimates anticipate a significant increase in the older age population by 2031.

Life Expectancy and Disease Prevalence

Life expectancy has increased in Neath Port Talbot since the first HNA. Male life expectancy has increased from 74.1 years to 76.3 and for females there has been an increase from 78.9 years to 80.4. Male life expectancy is moving towards the Welsh average which is 76.9. However there is still an inequality for females compared to the Welsh average, which is 81.4.

Despite people living longer in Neath Port Talbot than they did seven years ago, the evidence-base continues to suggest that people experience poorer health than is average for both Wales and neighbouring local authority areas. The average percentage of people reported as having a long-term limiting illness in Neath Port Talbot is 29%. The Welsh average is 23% with Swansea being on a par with the national average and Bridgend being 25%.

The major causes of premature death and long-term limiting illness within Neath Port Talbot relating to chronic conditions are highlighted in the summary below. The chronic conditions highlighted below do not represent an exhaustive list. Rather it is intended to give a brief overview of the current and ongoing health inequalities to ensure that the partnership does not lose sight of the need to continue to consider health promotion, health improvement, self-care and early intervention in longer-term service planning and delivery.

Diseases of the circulatory system such as heart disease and stroke are one of the biggest causes of premature death in Wales. Neath Port Talbot currently has the second highest incidence of stroke/Transient Ischaemic Attack (TIA) in Wales and the fifth highest death rate from heart disease. The

incidence of Coronary Heart Disease at 4.62% continues to be above the national average.

There continues to be high levels of respiratory disease within the county borough. The incidence of asthma is the highest in Wales at 7.73%. Neath Port Talbot is recorded as having the highest numbers of smokers in Wales at 26%. There is also a history of employment in large manufacturing industries.

The rates of cancer in Neath Port Talbot are similar to the Welsh average on the whole with smoking related cancers being higher than average. Cancer continues to be a significant cause of death if not diagnosed and treated early. Information on screening coverage for breast cancer shows that Neath Port Talbot has the third lowest coverage rate out of 22 local authorities in Wales. This is a health inequity that requires some dedicated health promotion work in the next strategy round.

Trends for diabetes are continuing to rise nationally with Neath Port Talbot having the second highest incidence of diabetes in Wales. One of the factors contributing to the increasing levels of diabetes is the level of obesity and being overweight. Neath Port Talbot has the third highest incidence with 61% of the population reporting being obese or overweight. Obesity and overweight is also a contributory factor to a number of other chronic conditions such as Coronary Heart Disease (CHD)..

The mental health component score, which is a survey to measure the mental health and emotional wellbeing of the population, indicated that Neath Port Talbot is similar to the rest of Wales. However, suicide rates in younger males are much higher than the national average. The Wales average for males was 22.5 in 100,000 of the population. Neath Port Talbot was reported as 32.6 per 100,000.

Older people are the most vulnerable to chronic ill health and disability as indicated in the previous two HNAs and strategies. The current information available on the mental health of older people (50 years plus) shows that up to 16% of older people experience clinical depression. Dementia is another area where there will be a need for focused attention. There are 1,700 cases of older people with dementia in Neath Port Talbot and this is predicted to increase to 3,000 by 2031.

3.2 DIMENSIONS OF SOCIAL DIFFERENCE WITHIN THE POPULATION

Ethnicity

The primary source of information concerning ethnicity, religion and faith group populations is largely dependent on census information and self reporting. It is crucial information for planning health care and other public services as there is a greater prevalence of some chronic conditions by ethnic group such as hypertension, stroke and diabetes as indicated in the first HNA and strategy.

The ethnicity of the whole population within Neath Port Talbot remains broadly similar to the first HNA with 98.9% of people reporting themselves as being white and 97.5% describing themselves as White/British. The percentage of people from other ethnic groups is listed in the table below:

Ethnic Group	Percentage
White/Irish	0.05%
Other White	0.84%
Mixed	0.39%
White/Black Caribbean	0.02%
White/Black African	0.03%
White/Asian	0.11%
Other mixed	0.08%
Asian/Asian British	0.40%
Asian British/Indian	0.17%
Asian British/Pakistani	0.07%
Asian British/Bangladeshi	0.11%
Asian/Asian British Other	0.02%
Black/Black British	0.10%
Black/Black British Caribbean	0.06%
Black/Black British African	0.03%
Black/Black British Other Black	0.01%
Chinese or Other Ethnic Group/Chinese	0.17%
Chinese or Other Ethnic Group/Other Ethnic Group	0.11%

There are two authorised gypsy traveller caravan sites in Neath Port Talbot with 56 pitches. The sites can accommodate 112 caravans. There are currently 97 authorised caravans based on these sites. The estimated number of people living within the gypsy traveller community is 236. Neath Port Talbot has the 4th highest number of gypsy traveller caravans in Wales and have a higher number of gypsy travellers than most other local authorities in Wales. The gypsy traveller community are a group which are considered vulnerable in terms of access to primary and secondary health care services. The group are cited in the Homeless and Vulnerable Groups Health Action Plan (HaVGHAP), which requires Health Boards to ensure that the health care needs of these and other specifically defined homeless groups are addressed. Health Boards have been directed to work closely with Councils and other partners to develop and implement the HaVGHAP.

Religion, Faith and Beliefs

The religion, faith and beliefs of the population need to be considered in planning as many of the informal networks associated with these groups are an important part of service delivery and ongoing longer-term support in the community. These groups are often but not exclusively linked to ethnicity and are an important means of public services engaging with people who are more challenging to reach. Links with informal community support networks are likely to become increasingly important at a time when there is a reduction in resources available for public services.

The percentage of people indicating a religion, faith or belief include 72% describing themselves as Christian, 19% indicating that they have no religion, 8% not completing the question and remaining percentage indicating Buddhist (0.1%), Hindu (0.8%), Jewish (0.03%), Muslim (0.23%), Sikh (0.09%), other (0.22%).

Disability

Disability specific population groups are difficult to track for planning purposes as registration with the local authority is voluntary and a significant number of people do not perceive themselves as disabled. The learning disability register provides more robust information as people are identified and tracked from a younger age due to early contact in childhood with the NHS and social services.

Deaf people who use British Sign Language and deafened people who lip read are quite averse to being referred to as disabled. The Deaf community

in Wales has campaigned over the last decade to be recognised as a group with language and communication needs rather than being considered as a disability population group. Therefore many choose not to register as disabled.

People with chronic conditions were not recognised as a disability group within the initial Disability Discrimination Act (DDA) 1995 definition. An amendment to the original DDA in 2006 has ensured that people with chronic conditions are now considered within the disability definition.

Information on Autism Spectrum Disorder (ASD) is patchy, particularly in adults. These groups are not often considered within the current registration process and have not been tracked historically in any meaningful way. Work at national and local level is currently being progressed to redress this imbalance.

The Welsh Assembly Government still collate disability population group information from local authority registers via a snap-shot return for the 31 March each year.

People who do register with the local authority are generally seeking community care support services because of deteriorating functioning. Not all of these people register and many disabled people do not approach support services. Therefore the registers are not representative of the whole disability population group within the wider population. The information below is from census information relating to long-term-limiting illness and Disability Discrimination Act (DDA) definitions rather than local registers; although learning disability registers have been included as they provide more robust information.

The general numbers of people who are disabled according to the DDA definition across Wales is 19.1% of the population with 14.3% being categorised as work-limited disabled. Neath Port Talbot has the second highest ratio per population of the 22 local authorities of DDA disabled at 26.22%.

Breakdown by age shows an increasing number of DDA defined disabled people in the older working age group, which is similar to the picture of chronic disease prevalence. Well over half the DDA defined working age disabled population in Neath Port Talbot are between the ages of 60 – 64

years. Out of the disabled working age population, 57.48% were in this age band. This is another indicator that that disability and chronic disease is more prevalent as people get older.

The numbers of adults registered as having a learning disability in Neath Port Talbot is 513, of these 314 live and are supported in the family home. Over 50% of carers are parents over 60 years of age with two thirds of this group of carers being over the age of 70 years. Approximately 130 families use respite to enable carers to have a break and this number is expected to increase.

Research has shown that people with learning disabilities have an increased risk of early death compared to the general population. The main causes of death are respiratory disease linked to pneumonia, swallowing and feeding problems and gastro-oesophageal reflux disorder. Direct GP enhanced service health checks have been available to people with learning disabilities for several years to monitor health and wellbeing. However, uptake and data collection is inconsistent.

A recent mapping exercise for the development of a national Autistic Spectrum Disorder (ASD) strategy identified the following information:

Age Group	ASD Numbers
0 – 8 years	92
9 – 11 years	94
12 – 14 years	109
15 – 19 years	57
20 – 39 years	21
40 – 50 years	2
50 +	0

Further work will need to be completed to revise the way that information is collected and utilised for planning services for disabled people at a national and local level. The partnership will consider how this can be taken forward in the next phase of the strategy.

National Identity and Language

National identity and language is another area of social difference that has to be considered within the strategy. There are 20.4% of Welsh speakers over the age of three years living in the county borough, with 25.5% stating that they can understand spoken Welsh. Welsh literacy is recorded as lower with 17.4% indicating that that they could read and write in Welsh.

3.3 WIDER DETERMINANTS IMPACTING HEALTH

There are many determinants of health that have positive or negative impacts on the health and wellbeing of the population as indicated in the previous two strategies. It is not within the remit of this strategy to identify and attempt to address every single determinant. The determinants highlighted below are the ones that are of particular interest to the HSCWB Partnership for the strategy round 2011 – 2014, as they have the potential to significantly impact the health of the population if not addressed as a priority over the next three years.

Economy

Employment and income levels are two of the most significant protective health factors in determining the health of a population. The changing economic climate must be considered as having a potential impact on the health of the population in the lifetime of this revised strategy for 2011 - 2014. The information given in this section may already be out of date given the rapidly changing economic environment and should be considered within this context.

The Gross Value Added (GVA), measures the contribution to the economy of each individual producer, industry or sector in the United Kingdom. The GVA per head in Neath Port Talbot is lower than average at £13,542 as compared to Wales at £14,853. Neath Port Talbot has a higher gross disposable household income per head at £13,024 than the average for Wales of £12,574. The average house price in Neath Port Talbot is lower than average at £90,846 compared to £120,601 for Wales.

The average earnings for Neath Port Talbot are £479.30 full-time equivalent per week. This is higher than the average for Wales, which is £444.90. There is a lower economic activity rate at 71% than the Welsh average of 75.4%. The unemployment rate is 7.1%, which is lower than the Welsh

average of 7.7%, and there are lower percentages of people claiming job seekers allowance at 4.3% compared to Wales at 4.4%.

Earnings and disposable income appear to be favourably placed compared to the Welsh average. Neath Port Talbot has a history of employment in large manufacturing industries. These job opportunities have been reducing in recent years with an increase in lower paid and part-time jobs in the service sector. The current statistics above therefore tend to mask low economic activity rates.

The poorer health profile of the county borough places Neath Port Talbot in a position of having the second highest rate of DDA defined disabled people with a work-limiting disability. This may be masking the overall rate of people who are unemployed within the county borough as people have to be deemed fit for work to be counted within the statistics for unemployment or to be able to claim job seekers allowance.

The previous strategy strongly indicated the need to develop a greater entrepreneurial culture to increase levels of self-employment and support smaller businesses to become more viable. There is need to invest in making a closer connection between learning and work, with appropriate skills training and qualifications that match the emerging changes in the economy. The numbers of working age people with no qualifications is 16.2%.

There needs to be targeted health improvement support in more deprived communities where there are higher rates of unemployment. The Communities First initiative in Neath Port Talbot has already started to establish health improvement initiatives in many of these areas. However, this work needs to be more closely aligned to the evolving ABMU Health Board Community Networks initiative.

Environment and Housing

The environment is another health determinant that can have an impact on health. A Local Service Board (LSB) air quality project was established in 2009 to implement the European Union revised standards that have been included in the WAG Air Quality Strategy for 2007. The main issue for population health is the PM10s (fine particles) that are omitted through traffic and industry. PM10s are a concern for health because they can be digested into the lungs. Research shows that long-term exposure to air

pollution can reduce life expectancy by 7 – 8 months. It can exacerbate existing conditions like asthma; angina and cancer. Since the year 2000, in Neath Port Talbot, 5 out of 10 PM10 monitoring reports have exceeded the national standard. However, reports for the last three years have shown a significant improvement with PM10s being well within the national standard with a continuing downward trend of omissions.

The environment includes the places where local people actually reside. Housing is a further significant determinant of health within the population. The overall proportion of social housing in Neath Port Talbot is higher than the Welsh average. The vast majority of council dwellings are non-compliant with the Welsh Housing Quality Standard (WHQS). Universal failings relate to bathrooms, kitchens and energy efficiency. Current repair conditions within Neath Port Talbot council housing stock are generally adequate; however 20.2% require major repairs. The local council tenant 'yes' vote for transfer of housing stock to a registered not-for-profit social landlord, should help to attract investment to tackle these health inequalities in the next strategy phase.

The age profile for private sector stock is older than the average for Wales and there are poorer conditions prevalent than the social rented sector. The pre 1919 stock, along with terraced houses, converted flats and the private rented sector have high rates of unfitness, which is similar to the position for Wales as a whole. These dwellings appear to fail standards for similar reasons to those found across the rest of Wales, with disrepair and inadequate food preparation facilities being the primary cause of failure.

Three renewal areas (RAs) have been declared for Neath Port Talbot. A survey relating to the development of the third RA showed some significant key findings from a health perspective. For example, trips and falls on uneven surfaces were recorded at 44%; more than half the homes had a significant fire risk; half of the homes needed repair or renewal of roofs to prevent water ingress; 18% of houses had significant levels of damp or mould; 39% of residents felt unsafe to walk around their community after dark; 44% of residents felt that their health restricted their ability to get around their community and 79% of residents had no connection with the local community, voluntary or faith groups.

All of the above factors have been shown through research to have a clear link and impact to poor health and wellbeing. Learning from the first two

more established renewal areas shows that the renewal approach is making a visible difference to the physical housing stock and the environment within Neath Port Talbot.

The HSCWB partnership has started to consider the possibility of improving general population health through this renewal area mechanism by utilising health impact assessment in spatial planning and linking health improvement initiatives into targeted communities to improve the overall environment and population health. The Local Development Plan Health Project Board has linked in with public health practitioners and the Welsh Health Impact Assessment Unit in Cardiff University to take this work forward into the next HSCWB strategy phase.

Supporting People (SP) is a range of specialist housing with support for specifically identified vulnerable groups of people which include older people, learning disability, mental health, domestic abuse, substance misuse, care leavers, and homelessness. There are currently over 1,200 units of local SP funded provision which has provided 1,900 vulnerable people with support during 2008/9. The projected and prioritised units of support provision required for the next strategy round is 223 units, which would meet the needs of 3,000 vulnerable people known to have a housing related support need as of 2009.

There are significant challenges in identifying baseline numbers of people who are homeless or potentially homeless. The numbers of people approaching Housing Options for advice and assistance with a real or perceived housing related problem for 2009/10 in Neath Port Talbot was 1,289. The numbers of people registered as homeless across the Neath Port Talbot and Bridgend local authority areas was 157 with the majority of these registrations being within the 16 to 24 year age group.

A recent pilot study in Neath Port Talbot to support homeless people identified approximately 9 rough sleepers. These people are identified as vulnerable under the Health Board HaVGHAP requirement as are immigrants and asylum seekers. The total number of immigrants registering with a GP and applying for a national insurance number was 215 with the largest percentage being within the 25 – 44 year age group. There are no asylum seekers known within Neath Port Talbot County Borough at the time of this updated HNA. Neath Port Talbot is not currently one of the dispersal areas for asylum seekers.

3.4 LIFESTYLE AND HEALTH IMPROVEMENT

Smoking

The prevalence of smoking in Neath Port Talbot is 26%, which is higher than the Welsh national average of 24%. Death rates through smoking are higher in Neath Port Talbot than the Welsh average. The death rates in male smokers are 358 per 100,000 compared to Wales which is 340 per 100,000 and for females it is 173 per 100,000 compared to Wales 155 per 100,000.

Despite the higher smoking prevalence, higher death rates and significantly higher rates of respiratory disease in Neath Port; the percentage of people accessing Stop Smoking Wales is much lower in Neath Port Talbot (2.5%) than in neighbouring local authorities/localities. The access for Swansea is 5.2% and for Bridgend it is 3.7%. This health inequality is being addressed with the full roll out of an enhanced pharmacy scheme to help people stop smoking. The scheme was piloted in Swansea in 2006; introduced to Bridgend in 2007 and started in Neath Port Talbot in 2008.

A number of support services to help specific targeted groups of people stop smoking have been developed and are being implemented. A maternity referral pathway project to support pregnant smokers and their families to stop smoking is in place and midwives and staff have received training to implement the pathway.

Stop Smoking Wales and Health Boards continue to work together to increase the numbers of people accessing a referral support pathway for people who are identified as requiring elective surgery. The purpose is to track and help people give up smoking prior to surgery.

There continues to be little research on effective smoking cessation interventions for young people. However, Stop Smoking Wales supports young people aged 12 – 17 to give up smoking. Helping to reduce risk-to-health behaviours continues to be a priority for the HSCWB partnership and this work will carry over into this next strategy phase.

Obesity and Overweight

Neath Port Talbot has the third highest percentage of people reporting themselves as obese or overweight at 61%. This is higher than the national averages of 57% and that of neighbouring local authorities/localities. Swansea is lower than the national average at 56% and Bridgend is higher at 59%.

Contributory factors to obesity and overweight are poor diet and low levels of physical activity. Overall only 27% of the adult population of Neath Port Talbot report undertaking the nationally recommended levels of 30 minutes of moderate intensity physical activity on 5 or more days a week (5 x 30). In addition to low physical activity levels; only 34% indicated eating the recommended 5 portions of fruit and vegetables a day. The national Welsh average is 36%.

The gender differentials show a continuing health inequality between males and females in terms of physical activity. When broken down by gender; 35% of males reported engaging in the nationally recommended levels of physical activity. The Welsh average is 37% for males. The rate for females in Neath Port Talbot was 20% compared to the Welsh average of 24%. Females continue to be harder to engage in physical activity and sport in adulthood.

There has been active and creative project work intervention between Communities First and the Physical Activity and Sports (PASS) Services in an attempt to address some of these inequalities. A doorstep FIT initiative led to 10 newly trained and up skilled fitness instructors and 16 new classes providing a total attendance of over 5333 people. Thirteen of these classes have been sustained. Doorstep FIT takes the service to the community rather than expecting the community to come to the service.

A number of cluster bids (awarded by the Local Authority Partnership Agreement (LAPA) Steering Group), again lead by PASS and Communities First saw 18 new small scale projects ranging from nature trails, dodge ball leagues and dance classes, many of which are being sustained by those targeted communities. The last two strategy rounds have seen walking clubs being developed and sustained, particularly in the valleys communities.

The widening of physical activity initiatives outside of the traditional sports menu has helped to engage a wider range of the population including women and older people. A recently completed local evaluation of walking and dance projects has illustrated that walking groups have been particularly successful.

The WAG funded ONC community food and nutrition training has led to the skilling-up of communities first project workers, which has increased the delivery of food related projects across the county borough.

A Life Coaching project was piloted in a GP practice in Neath Port Talbot out of short-term funding and was formally evaluated. Initial feedback has shown that the 6 month pilot was successful in helping people change lifestyle behaviours at least in the short-term. Future development of this service is under review.

It is the view of the Neath Port Talbot HSCWB partnership, that health improvement should be embedded into all partnership agency policy and service delivery. Especially for vulnerable groups and those identified as being in population groups with significant health inequalities. Capacity building to bring about this fundamental change in policy and service delivery will continue to be progressed into the next strategy phase.

Sexual Health

Sexual health is an area that has not received a lot of focused project attention by either the HSCWB partnership or the CYP partnership in the previous two strategy rounds. Neath Port Talbot has a higher conception rate for 15 – 17 year olds at 45.1 per 1000. The Welsh average is 44.9 per 1000. More concerning are the rates for 13 – 15 year olds. The Neath Port Talbot conception rate for this age group is 10.2 per 1000 with the Welsh average being 8.5 per 1000. There has been a marked increase in Neath Port Talbot in conception rates in 13 – 15 year olds from 8.4 per 1000 in 2004 to 10.2 in 2007.

The rates for sexually transmitted infections (STIs) are currently difficult to track on a local basis. STI data does not provide information on the incidence of STI in Health Board locality resident population groups. The prevalence of HIV/AIDS in Wales has continued to increase with 148 new cases being reported in Wales in 2008. In addition, there has been an 18% increase in people being diagnosed with uncomplicated Chlamydia in 2007-

2008. Young people continue to be the largest group to be diagnosed and treated for sexually transmitted disease.

There are wide variations in the quality and impact of sexual health education in schools across Wales. WAG has renewed its commitment to improve sexual health and narrow sexual health inequalities across Wales with a public consultation document on Sexual Health and Wellbeing for Wales 2009 - 2014. Work is currently being progressed to develop an integrated sexual health model across the ABMU Health Board area. The HSCWB and CYP partnership need to work closely in the next strategy round to ensure that these inequalities are addressed at a local level.

Substance Misuse

Substance misuse; specifically drug and alcohol misuse continue to pose challenges to wider population health and have the potential to add to service delivery pressures. Hospital admission rates in Neath Port Talbot, due to drug and alcohol misuse are higher than the national average. Services for drug users have improved across the Neath Port Talbot and Bridgend localities of ABMU Health Board in recent years. Since the reorganisation of the NHS, there is now one single point of service access in each of the localities including Swansea.

Services for drug users appear to be well established across the ABMU Health Board area. However, the HSCWB partnership continues to have a significant concern about the lack of profile and resources nationally and locally in relation to the increasing levels of binge, hazardous and harmful alcohol consumption and the impact this lifestyle behaviour has on long-term health, with particular reference to chronic disease levels and mental ill health. A recent partnership project to raise the profile of alcohol and health has already been summarised in the first section of this strategy.

The key headline statistics for Neath Port Talbot in regard to alcohol misuse includes; 48% of adults indicating drinking alcohol above the recommended national guidelines which is higher than the Welsh average of 45%. Neath Port Talbot has significantly worse hospital admission rates due to alcohol for males with 2,292 per 10,000 compared to the Welsh national average of 1,940 per 100,000. The hospital admission rates due to alcohol for females are also higher than the Welsh average at 1,201 per 100,000 compared to the Welsh average of 1,122 per 100,000. The trend in both alcohol-related and alcohol attributable hospital admission rates is upwards.

The growing levels of alcohol consumption in children and young people are of significant concern. Wales had the highest percentage of all 40 countries surveyed in 13 year olds having been drunk more than twice. In children aged less than 16 years, more girls were admitted to hospital than boys with 295 admissions. The admissions for boys were 215.

Despite the hospital admission rates - deaths from alcohol for Neath Port Talbot are on a par with the Welsh average for males and lower than the national average for females. Both Swansea and Bridgend have higher rates than Neath Port Talbot of people drinking above the Welsh national average at 49%. Swansea and Bridgend local authority/locality areas have higher rates of death from alcohol compared to Neath Port Talbot but lower rates of hospital admissions than Neath Port Talbot.

The emerging picture is one of there being significant health-related issues with alcohol across the ABMU Health Board area. It would make sense to integrate strategic thinking, learning and service development at the regional level, rather than three local authority areas/localities trying to address these issues separately and with limited resources.

A World Health Organisation (WHO) review of 32 alcohol strategies and interventions found that in terms of; degree of effectiveness, breadth of research support, extent to which these have been tested cross-culturally and relative expense of implementation, the most effective alcohol policies include:

- Alcohol control measure (price and availability)
- Drink-driving laws
- Brief interventions for risky and harmful drinkers

This work will also complement the priorities of the Safer Neath Port Talbot Partnership and support the Local Service Board cross-cutting priority to tackle substance misuse, in particular partnership initiatives to tackle domestic violence.

Communicable Disease and Immunisation

Research shows that unimmunised or partially immunised children are more likely to live in areas of high deprivation. Inequalities in immunisation uptake have been persistent and result in lower coverage in children and young people from disadvantaged families and communities.

Neath Port Talbot has the following level of uptake for 2009/10 in comparison to the rest of Welsh local authority areas:

- The second lowest annual uptake rates for 5 in 1 vaccine by 1 year of age
- The fourth lowest annual uptake of one dose of MMR by 2 years of age
- The lowest annual uptake of meningitis C by 1 year of age
- The fifth lowest annual uptake of two doses of MMR by 5 years of age
- The fourth lowest annual uptake of 1 in 4 booster by 5 years of age

Immunisation uptake rates appear to improve in Neath Port Talbot as children get older and are often higher than the Welsh average in teenagers:

- Uptake of MMR1 by 16 year olds is higher than the Welsh average by over 2%
- Uptake of MMR2 by 16 year olds is higher than the Welsh average by over 3%
- Uptake of 3 in 1 teenage booster is significantly higher than the Welsh average by nearly 7%
- Uptake of HVP vaccinations in girls reaching their 14th birthday is higher than the Welsh average

Initial progress has been made in immunisation rates in Neath Port Talbot, specifically in older children and young people. The partnership recognises that there is a need to continue to be proactive in improving immunisation rates locally, particularly in younger children. This has been agreed as a priority for the partnership into this next strategy round.

Long Term Conditions

The ABMU Health Board and the Council will work in partnership to improve services for people with or at risk of developing long term conditions (for example asthma and diabetes). This will include promoting wellness rather than treating illness and supporting self care, independence and social inclusion. To achieve this we will work together to increase access to services for the promotion of health, social and emotional wellbeing as well as the strengthening of partnerships with the third sector, where appropriate, to contribute towards providing better services.

3.5 COMMUNITY CARE SERVICES

It is not the intention of this strategy to give an overview of every single service area across and within the partnership. The service areas or specific projects identified here are highlighted because they are or could be influential in improving health and tackling health inequalities.

General Practice (GPs)

The poorer health profile for Neath Port Talbot highlights the importance of people being able to access services within General Practice (GP) as this is often the main pathway into other support services. There are 80 GPs working from 23 main surgeries with an additional 4 branch/satellite surgeries in Neath Port Talbot. The number of registered patients is 137,808, which is higher than the population for Neath Port Talbot; however there are county boundary differences with some GP practises.

The average size list for surgeries in Neath Port Talbot is 5,992. The average list size per GP is 1,753. The average list size in Neath Port Talbot for GPs is higher than the Welsh average. Practice bases are mainly concentrated around the main population centres of Neath and Port Talbot town centres and Pontardawe. Residents living in approximately two-thirds of the electoral divisions do not have local access to a GP main surgery. In approximately one quarter of those electoral divisions there is access to a branch or satellite surgery with a limited range of general medical services and multi-disciplinary team working. The Health Board is directly responsible for the management of 2 GP Practices within Neath Port Talbot.

Access to services has already been highlighted as a challenge in this strategy as reorganisation of the NHS has led to further centralisation of services. The partnership are mindful of the fact that significant health inequalities already exist in the Neath Port Talbot locality compared to the Welsh national average and when compared to the neighbouring localities of Swansea and Bridgend, particularly in relation to chronic disease and work-limiting illness. ABMU Health Board has recognised that service design has not been as tailored to the needs of local communities as it could have been, specifically in more rural areas such as the valleys communities. ABMU Health Board is proactively working to address some of these inequalities.

A Primary Care Resource Centre (PCRC) in Port Talbot opened in October 2009 and is the first of its kind in Wales. It provides a wide range of

primary care services, community nursing and therapies, social care and third sector provision. A number of these services are and can be further mobilised into specific communities with further interagency integration of some services. An ABMU Health Board Primary and Community Services Strategic Delivery Programme which is planning the development of Community Networks, Community Resource Teams and a Communications Hub will link into the NPT wide TOPS review of services in the home project, to help address some of the service access inequalities in this next strategy phase.

The Neath Port Talbot GP out of hour's service has been provided by Primecare since October 2004. A recent survey carried out by Cardiff University – Department of Primary Care and Public Health has indicated high patient satisfaction levels with the service.

General Dental Services

Decayed missing and filled teeth (DMFT) is a WAG funded survey to measure the prevalence of dental health in children and young people. Neath Port Talbot has a significantly higher percentage of DMFTs in five year olds at 64.48% compared to the Welsh average of 52.63%.

The DS2 programme involves getting more teeth into contact with fluoride supplements to reduce dental decay. There is inconsistency in involvement in the DS2 programme as some schools decline involvement.

An ABMU Health Board-wide oral health equity audit to assess fairness of service access has recently been completed and the HSCWB and CYP partnership will need to work closely together in the next round of strategy implementation to proactively tackle these significant health inequalities.

A new dental suit opened in September 2010 based in Port Talbot Primary Care Resource Centre. The suite encompasses a variety of dental services such as the provision of the community dental service, vocational dental trainees and potentially the hospital dental services. A specific contract has been developed and implemented with a dentist who visits care homes.

Pharmaceutical Services

All pharmacies provide core services but many do not have the capacity to offer a wider range of services. The development of a Directed Enhanced Services initiative will provide equity of a wider range of services across the

county borough. The core services pharmacists provide are; supply and disposal of medicines, signposting to other health care services and promotion of healthier lifestyles. Some also provide emergency hormonal contraception, smoking cessation support, needle exchange and supervised methadone and buprenorphine, access to palliative care medicines and advice to care homes and domiciliary care providers on medicines management.

The new contract requires pharmacists to provide a minimum of 40 hours service a week. Boots pharmacy in Neath and Port Talbot town centres are open on a Saturday and Sunday. The gap in the provision of pharmacy services after 6.30pm continues with people directed to Swansea or Bridgend for late opening where appropriate. Community pharmacy has been tested out and has improved access in a number of rural communities. This work will continue through the next strategy phase.

Optometry Services

Ophthalmic services are provided to the population of Neath Port Talbot by independent optometrists. There are 18 ophthalmic premises across the area providing sight tests for the population and there are 9 optometrists who provide a domiciliary service.

An all Wales Diabetic Retinopathy Screening Service has been developed and implemented at centres across Neath Port Talbot and a direct Cataract Referral scheme was first established in 2003. The referral scheme has streamlined the referral pathway by allowing optometrists to refer patients directly to ABMU Health Board rather than patients having to go back to their GP in order to be referred to secondary care. Optometrists can continue to refer patients directly and conduct post operative assessments in primary rather than secondary care.

Nursing and Therapy Community Services

A range of services available at community level include; district nursing, health visiting, school health nursing, occupational therapy, physiotherapy, speech and language therapy, podiatry and dietetics. It is not possible at present to provide a comparison of services offered in Neath Port Talbot with elsewhere in Wales, with the exception of Community Nursing where ABMU HB is undertaking a benchmarking exercise. This information has not been made available at the point of the HNA exercise as it is an ongoing

project. It would be helpful to have access to the information in time for the final draft of this strategy.

Community Integrated Intermediate Care Service

The Community Integrated Intermediate Care Service (CIIS) is the result of a merger of the Neath Port Talbot Early Response Service and Reablement Service and can be accessed through an intermediate care referral centre. The CIIS team comprises of; a service manager, a clinical lead, medical consultant, social workers, nurses, health visitors, physiotherapists, occupational therapists, therapy technical instructors, health and social care support workers, coordinators, contact officer and business support officers.

The service is currently supported by a consultant for older people and attached medical team, an older persons day unit at Neath Port Talbot Hospital, nursing and therapy staff from Cimla Community Hospital and care officers and care assistants in Caewern Residential Reablement Unit.

The service offers an early health and social care assessment and where required, will deliver short term intervention (currently up to 6 weeks) to people in their own home with the purpose of;

- Preventing – a progressive deterioration in a person’s physical condition and unnecessary hospital admission.
- Assisting – earlier discharge from hospital and helping people relearn or develop skills to live independently at home.
- Reducing – the number of people having to go into a residential or nursing home or becoming dependent on long-term care packages at home where these are not required and helping them to consider alternative solutions.
- Providing – a wide-ranging assessment with appropriate professionals and support staff in the Older Persons Day Unit within Neath Port Talbot Hospital.
- Improving – communication between primary, secondary and social care and removing the barriers that have existed between different agencies and professionals.

The CIIS service is one of the services that will be reviewed as part of the Improving Integrated Services at Home project that is highlighted in the older people services section below.

Unscheduled Care

This refers to care which is unplanned such as emergency admissions to hospital and attendance at Accident and Emergency and the Local Accident Centres. The objectives of ABMU Health Board are to ensure timely and quality patient care in accident and emergency departments. It is also important that citizens and patients receive effective information and can access the most appropriate unscheduled care when they need it. As part of means of achieving this, the Health Board will work in partnership with the local authority, primary care and other key partners to develop community services such as CIIS to prevent unnecessary admissions to hospital wherever appropriate. This will enable people to receive care as close to home as possible.

Mental Health

Mental Health Services are being remodelled and modernised with an emphasis on improving the joint planning and service development pathways between primary care, secondary care, social care and the third sector. Prevention of long-term mental ill-health; mental health promotion and early intervention services are considered to be a significant part of these developments to take pressure away from core long-term care services. Current projects relating specifically to mental health which are of specific interest in this next strategy round are:

- The repatriation programme to develop a range of local low secure and cost effective alternatives to current high-cost out-of-county placements.
- Tackling delayed transfers of care from secondary care back into the community.
- Implementing a local delivery plan to improve all mental health service developments in the ABMU Health Board area.
- Ensuring that an eating disorder service is developed across the ABMU Health Board area in conjunction with the third sector.
- Continuing work to manage risks associated with self-harming behaviours and suicide through the Improving Futures delivery mechanism.

- Further development of preventative and early intervention services to improve emotional wellbeing.
- Ensuring that Annual Operating Framework (AOF) and National Service Framework (NSF) targets are met.

Mental Health service remodelling will continue to be a key priority for the next strategy round with likelihood of further integration and cross-boundary working.

Older People Social Care Services

Older People Social Care Services are going through a significant period of remodelling. The Transforming Older People Services (TOPS) programme has received significant partnership focus and will continue to do so in this next strategy round. It will be linked into the primary care and integrated intermediate care developments outlined above. The current TOPS projects that are ongoing and will continue into the next phase of this strategy journey are:

- Replacing seven of the eight long term council care homes, with four new homes that will be delivered by an external partner commissioned to design, build, finance and operate the replacement services.
- Reviewing and integrating where appropriate, services provided in the home. Starting with the development of a new integrated, intermediate care service.
- Implementing the Primary Care and Community Services Framework, including the development of three sub-locality networks;
- Improving the efficiency of the Council's own Home Care Service.
- Remodelling the assessment, care management and commissioning functions of social care and the assessment arrangements of other agencies.
- Redesigning day service provision.
- Moving forward with extra care housing developments.
- Widening prevention and self-care services.
- Developing services to meet the needs of older people with dementia;
- Remodelling other health, social care and community services where the evidence suggests that this is necessary..

Continuing Care

Ensuring a collaborative approach to continuing care between the Local Authority, the Health Board and the Independent Care sector, Third Sector and patients and carers. Through a collaborative approach we will strive to deliver continuing care as close to the individual's home as possible, or in the majority of cases, on the patient's own home, supported by robust care planning and coordination. Wherever possible, we will look to bring people whose care is currently provided out of the County Borough back to care which is delivered within Neath Port Talbot based on robust assessment of need and innovative care planning.

Learning Disability

The inequity in health for this population group has already been highlighted earlier in this strategy. The service remodelling issues are not dissimilar to other population groups already highlighted. The main areas of work within services that has started and will continue into the next strategy round are:

- The repatriation of people with complex needs placed in out-of-county service provision back into their originating communities.
- Ensuring that people with complex needs have fair and equal access to continuing health care provision.
- The development of affordable housing and supported accommodation options, particularly for people who are living with carers who are getting older.
- Further development of the Coastal project which arranges or provides vocational guidance, employment, skills training and adult learning to adults with a range of disabilities or significant social disadvantage.

Physical and Sensory Disabilities

There are a range of services for people with physical and sensory disabilities with dedicated teams within the county borough. Current and ongoing developments include;

- The increase of access for Direct Payments, which allows service users to receive payment to arrange their own care and support packages following assessment of need. Neath Port Talbot has the 6th highest uptake of Direct Payments with 166 disabled adults and children accessing the scheme.

- The coastal initiative which is available to people with physical and sensory disabilities as well as people with learning disabilities. The project provides opportunities to learn; train and work rather than people having to attend traditional models of day care.
- The development of a Neurological Alliance across the ABMU Health Board region which is now constituted. This is a critical development when consideration is given to the high levels of stroke/TIA and epilepsy within the county borough/locality.

Carers

Neath Port Talbot has the highest number of unpaid carers in England and Wales. The total number of carers identified in the 2001 census for Neath Port Talbot was 18, 923 with 600 of this total being children and young people under the age of 18 years. The carer population group includes 17.45% reporting themselves as experiencing poor health.

Since the last strategy a number of initiatives have been progressed. These have included; the development and launch of a carers handbook; a greater number of carers assessments have been offered; an action plan has been developed to address the needs of young carers; a range of carers events have been organised and have included health improvement advice, and the option of Direct Payments has been opened up to carers with some evidence of increasing uptake.

There is still a lack of awareness across agencies and professional groups on the needs of and issues faced by carers. New measures are being proposed at a national level with a view to increasing legislation to place a new requirement on the NHS and local authorities across Wales to prepare, publish and implement a joint strategy in relation to carers.

QUICK GLANCE SUMMARY OF SECTION 3a – NEEDS ASSESSMENT

- Neath Port Talbot (NPT) is a mix of urban and rural communities with 17 areas identified as significantly deprived.
- There are 11 designated Communities First areas which attract European funding for support because of deprivation.
- The population of NPT is predominantly described as White/British. However there are smaller clusters of other ethnic population groups that require improved service access including the gypsy traveller community.
- There continues to be much higher levels of chronic disease and long-term limiting-illness within the county borough compared to the Welsh national average and neighbouring local authorities/localities.
- NPT has an ageing population.
- Key chronic disease inequity ‘hotspots’ for NPT compared to Wales are:
 - Highest incidence of asthma
 - Second highest incidence of stroke/TIA
 - Second highest incidence of diabetes
 - Third highest incidence of obesity and overweight
 - High rates of suicide in young males
- Disability population groups continue to be difficult to track for planning purposes as people are not clear of definitions and registers are rarely an accurate reflection of the range of population groups or needs.
- Autism Spectrum Disorder is a new category to be tracked for planning purposes.
- However, the current registration system does not serve any of the disability population groups very well in terms of planning. There needs to be an overhaul of the whole system as all these groups are likely to place pressures on resources by increasing demand for services.
- Welsh language users are a population whose communication needs must be considered in strategy development and service provision.
- The wider determinants that have a significant impact on health which the partnership will need to continue to focus on in this strategy round are:
 - The economy – particularly employment, income levels and work-limiting disability
 - The environment – particularly air quality, spatial environments and where people live particularly housing and homelessness

QUICK GLANCE SUMMARY OF SECTION 3b – COMMUNITY SERVICES

The community services that have an influence or the potential to address some of the health inequalities that were identified in the previous section include:

- General Practice (GPs) – list sizes are higher in Neath Port Talbot (NPT) than the Welsh average with many services concentrated around the main population centres of Neath and Port Talbot town centres and Pontardawe. There are services available in branch surgeries and satellite centres but they do not provide the same range of services. A new Primary Care Resource Centre in Port Talbot contains a wide range of primary, community, social and third sector care services from one building with a range of community outreach services. It is the first of its kind in Wales.
- Dental Services - there is a significant inequity in the number of children aged 5 with decayed missing and filled teeth in NPT compared to the national average. ABMU Health Board is closely auditing dental services across the three localities. A new dental suite opened in the Primary Care Resource Centre in September 2010 and provides a range of community services that will help to address this inequity.
- Ophthalmic (eye care) services - are provided by independent optometrists across the county borough/locality and an established diabetic retinopathy screening service and cataract referral service has helped to speed up access to more specialised services when these are needed.
- A Community Integrated Intermediate Care Service (CIIS) - is a merger between the Early Response Service previously provided by social services and the Reablement Service, which was a joint service between ABMU Health Board and Social Services. This service provides a wide range of assessment and support from consultants, therapists, nurses, social workers and support staff to reduce the numbers of people going into hospital and residential care and to help people remain independent at home.
- Mental Health Services – are focusing on remodelling services so that people can receive support with their emotional wellbeing earlier through a range of self-help and community services to reduce self-harming behaviours. Services for people with higher level need will be developed so that people can move back into the area if they have had to move away because services were not suitable locally

4. MOVING FORWARD – ‘MAKING A REAL DIFFERENCE’

The Health Social Care and Wellbeing Partnership has grown and matured over the last six to seven years. A significant amount of interagency learning has been consolidated with an improved understanding of the roles and responsibilities of each agency. The partnership is now in a much stronger position to be able to focus down into some key priority areas of project work for this next strategy round. There is a more consistent evidence-based picture of the challenges and opportunities emerging from three Health Needs Assessments; locally developed strategies and a range of initiatives that have been piloted.

A significant amount of priority setting work has been progressed in the last 12 to 18 months based on the previous learning of the partnership. A move towards programme and project managing these key priority areas with clearer lines of accountability will be the focus of this next strategy round for 2011 – 2014. The partnership believes that the proactive management of these key priority projects will help to fully implement and monitor the progress of the strategy and the partnership – *‘making a real difference to the way people experience services; to the quality of people’s lives and the environment in which people live,’* which has been the vision of the HSCWB partnership from its inception.

The partnership will move away from the current HSCWB strategy model, which was based on a Health Social Care and Wellbeing Partnership Board; two separate planning groups known as Health Challenge Neath Port Talbot (HCNPT) and Joint Executive Group (JEG) and a number of other sub-groups usually based on lifestyle or specific population groups underneath. There were eleven of these sub-groups in all, not having any decision making powers or dedicated resources.

In the proposed revised partnership model the HSCWB Partnership Board, HCNPT and JEG will be replaced by a Health and Wellbeing Programme Executive Board. This board will consist of four key interagency Executive Directors who have decision-making powers. Underneath the Executive Board will be a number of Projects led by senior officers from across the Partnership who are able to redirect resources. The projects will be based around the priorities identified over the last 12 to 18 months by the Partnership. Capacity building and specific service expertise will be

provided by project managers with specific experience in the priority project area.

The priority projects identified for Health Improvement are indicated below. Each project manager will be responsible for developing a project plan to take the project work forward. Progress will be reported into and formally monitored by the Health and Wellbeing Programme Executive Board. Scrutiny and challenge will be provided by the Local Service Board on certain projects and cross-cutting partnership priorities.

Revised arrangements for the partnership and strategy implementation were debated and amended in HCNPT/JEG on 26 July and were considered by the HSCWB Partnership Board on 17 September. The revised partnership arrangements are now operational. A Monitoring and Evaluation Framework will be developed to support the implementation of this Strategy. That Framework will use the Results Based Accountability conceptual model with population measures identified to describe and track the long term improvements in health outcomes for local people and performance measures identified for each of the projects to track the project outputs. That Framework will be published alongside this Strategy once the Partnership has approved its content.

The priorities are summarised below:

4.1 HEALTH IMPROVEMENT PRIORITIES

Priority 1 – Reducing Obesity

- The project lead will have responsibility for bringing together the work of the physical activity and nutrition local strategic health improvement planning groups. Action will be taken to implement the national obesity pathway on a local authority/locality basis. The group will start by carrying out an evaluation of the effectiveness of current projects to reduce obesity locally such as school-based multi faceted interventions and current interventions for targeted population groups. Then taking the evidence from this evaluation and agreeing the critical steps to core this work into school curriculum and other public service delivery mechanisms for children and vulnerable adults on a long-term basis making the work sustainable.

- The group will also ensure that the learning from the evaluation will be scoped into the Local Development Planning Health Project Board to ensure that impact assessment tools being developed for spatial planning will consider the learning to increase physical activity levels and improve nutrition from a spatial perspective.

Overarching Outcome: A reduction in obesity in targeted groups as identified by the Obesity Project Team with corresponding improvements in participation rates in physical activity and in reducing unhealthy eating. Ensuring that the WAG obesity pathway is utilised within the project with evaluation methods for measuring success agreed in the initial project brief.

Priority 2 – Reducing Risk-Taking Lifestyle Behaviours

- The project lead will bring together the scoping work carried out for the alcohol strategic health improvement plan and the recommendations from the Neath Port Talbot alcohol scrutiny project and will be responsible for ensuring that these are progressed at a national, ABMU-wide and local authority/locality level, identifying areas of work where national lobbying and campaigning will be necessary to bring about long-term changes in policy direction and resource allocation.
- The project lead will bring together the work of the tobacco strategic health improvement planning group and the ABMU Health Board joint initiatives with Stop Smoking Wales to improve uptake of smoking cessation in targeted groups, specifically; pregnant women, people due for elective surgery, children and young people and men in low income brackets. The project lead will additionally be responsible for proactively tackling the current inequity that exists in access to pharmacy support for smoking cessation within the county borough to bring access levels into line with neighbouring local authorities/localities.
- “A project lead will be identified to develop work that will lead to a more consistent approach to relationship education in schools and the risks attached to unprotected sex. The outcome would be to reduce the growing number of teenage conceptions in 13 – 15 year olds within the county borough and to stem the growing number of sexually transmitted infections in younger people”.

- **Overarching Outcome:** To reduce significant risk-to-health lifestyle behaviours in targeted groups. Three specific projects will be taken forward in the life of the revised strategy with the overarching aim of:
 - A reduction in harmful drinking levels in targeted groups as identified by the Alcohol Project Team. The team will take into consideration the research commissioned by WAG on harmful drinking levels in young people and will develop local initiatives to minimize risk to health in the locally agreed target group. Evaluation methods for measuring success will be indicated in the initial project brief.
 - A reduction in smoking levels in pregnant women; children and young people, men in low income brackets and those having elective surgery;.
 - A reduction in teenaged conceptions in the 13 – 15 age groups and an overall reduction in sexually transmitted infections. A sexual health project team will develop a project brief with evaluation methods scoped into brief.

Priority 3 – Increasing Uptake levels of Immunisation and Vaccinations

- The project lead will be responsible for proactively managing and tackling low uptake levels in all nationally targeted immunisation and vaccinations for children under the age of five and the influenza immunisation and vaccination of vulnerable adult groups.

Overarching Outcome: An increase in the uptake of immunisation and vaccinations in the under 5 age group and an increase in the uptake of flu vaccination in older people and other vulnerable groups. A project team will be established to develop a project brief to tackle the inequalities that have been identified in the HNA. There are national targets and evaluation methodology already in place for this work.

Priority 4 – Improving Emotional Wellbeing in Targeted Groups

- The project lead will take forward an interagency project to improve the identification and self-care pathway support for people who have high levels of stress and anxiety as a consequence of sudden and extreme life circumstance changes such as; redundancy, home repossession, homelessness and relationship breakdown. Specifically where people are showing early signs of significant deteriorating mental health and are not known to mental health services.

Overarching Outcome: An improvement in mental wellbeing with an increase in access to early intervention services such as stresspac, bibliotherapy and third sector support. The emotional wellbeing strategic plan will be used to develop a project plan to develop a wider mental health pathway

Priority 5 – Health Improvement in the Workplace

- The project lead will be responsible for the further development of workplace health initiatives including the Health Challenge Neath Port Talbot Business Campaign and corporate health promotion initiatives to improve the health of the partnership workforce and reduce sickness levels.

There will be a reduction in days lost due to sickness in partner agencies and in participating workplaces and evidence that the initial 22 businesses signed up are adopting health improvement initiatives in the workplace.

Priority 6 - Dental Health of Younger Children

- A project lead will need to be identified to address the issues related to the significant higher percentage of delayed, missing and filled teeth in children under the age of 5 in Neath Port Talbot, which is 64.48% compared to the Welsh average of 52.63%. There appears to be inconsistency in the DS2 programme as some schools within the county borough have declined involvement.

Overarching Outcome: a reduction in the % of children and young people with missing, decayed or filled teeth.

Priority 7 - Cancer Screening (Breast and Testicular)

- Information on screening coverage for breast cancer shows that Neath Port Talbot has the third lowest coverage rate out of 22 local authorities in Wales. A person needs to be identified to link into Public Health Wales and ensure that health promotion campaigns on breast cancer screening are appropriately targeted within the county borough/locality.
- Consultation responses received in relation to the draft Strategy indicated support for a higher profile to be given to Testicular Cancer. The Partnership will undertake education and health promotion initiatives over the three years of the Strategy to ensure men are

encouraged to undertake self-examination with a view to early identification and access to treatment.

Overarching Outcome: A higher percentage of the target population accessing screening services or undertaking self-examination.

4.2 SERVICE REMODELLING AND SERVICE INTEGRATION PRIORITIES

Priority 8 – Transforming Older People Services

- The project lead will be responsible for procuring the development of four replacement residential care homes from an external provider.
- The project lead will be responsible for ensuring that there are integrated intermediate care services based on local needs and which offer value for money.
- The project lead will be responsible for improving the efficiency of the Home Care Service improving its competitiveness and ensuring that higher skill level within that workforce is appropriately utilised.
- The project lead will be responsible for ensuring that prevention and self-care options are developed with the third sector.

Outcome measures are currently being developed for this programme.

Priority 9 – Developing Community Networks

- The project lead will be responsible for ensuring that integrated health and social care community network teams are established within the county borough linked into the work above.

Outcome measures are currently being developed.

Priority 10 - Improving Community Mental Health Services

- The project lead will be responsible for ensuring that Community Mental Health Teams are included in the ABMU Health Board review of mental health services and that there is a locality focus on tackling

the significant health inequity that exists within the county borough, specifically self-harming behaviours in younger males.

Outcome measures are currently being developed

Priority 11 – Community Support for People with Learning Disabilities

- The project lead will be responsible for taking forward the developments to remodel community services for people with learning disabilities including; the development of affordable supported accommodation, extending day service and vocational opportunities and more efficient arrangements for ensuring continuing health care needs are met.

Outcome measures are currently being developed

Priority 12 – Improving Transition and Transfers of Care

- The project lead will be responsible for identifying delays in hospital discharges and will proactively seek solutions to tackle delays.
- The project lead will be responsible for managing the efficient transfers of care where people are identified as meeting continuing health care criterion.
- The project lead will be responsible for ensuring that children who require health and social care support into adulthood because of disability or vulnerability can access adult service provision or direct payments without delay.

Progress will be tracked by analysing delayed transfers of care and the reasons for those delays. Measures for determining continuing health care transitions are currently used and will be brought into partnership view in this next phase. New measures to assess the effectiveness with which transitions from child to adult services are handled will need to be developed.

Priority 13- Reducing inequity in service access for vulnerable groups

- Autism Spectrum Disorder – the project lead will coordinate a review of the disability registration process ensuring that the full range of

- needs of all significant disability population groups are identified and tracked appropriately for planning and service remodeling purposes.
- Homeless and Vulnerable Groups - the Health Board project lead will ensure that the Homeless and Vulnerable Groups Action Plan is fully implemented and that health access inequity identified within the locality is proactively tackled.
 - Improving support services to Carers – the project lead will review the current strategy for carers and bring to the attention of the partnership any implications for interagency service planning that may occur as a consequence of likely changes in legislation.

Priority 14 – Stroke

Development of stroke services is a priority for the Welsh Assembly Government. Several workstreams have developed to standardise stroke care and improve patient outcomes across Wales. For the acute phase, rehabilitation phase and Transient Ischaemic Attacks (TIA) a specific methodology is used which collects data on meaningful clinical intervention. Monitoring activity within the acute phase is an ongoing, on a daily basis which allows for the review and measurement of practices and timely improvements wherever possible. The acute phase has achieved the following:-

- Early medical review in the emergency department
- Early CT brain scan
- Early diagnosis
- Early swallow screening and assessment
- Early aspirin (if no haemorrhage)
- Early risk factor management
- Early access to therapies

Since November 2009 all suspected stroke patients have received acute care from either the Princess of Wales Hospital, Bridgend or Morriston Hospital, Swansea with patients from NPT then receiving rehabilitation at the Stroke rehabilitation Unit at Cimla Hospital. Priorities for the coming months in Neath Port Talbot are to improve public awareness of the signs of stroke using the public health information programme Face, Arm, Speech and Test (FAST) and to measure the outcomes for patients following their rehabilitation, and for those suffering from Transient Ischaemic Attack (TIA). These priorities will be reviewed and measured in order that stroke services are responsive to individual needs.

Outcome measures for all of the above are being developed

QUICK GLANCE SUMMARY OF SECTION 4 – MOVING FORWARD

- Partnership agencies have a better understanding of each others roles and responsibilities since the partnership has been established.
- The partnership has agreed a number of priority projects for the next strategy round which include:

Health Improvement Priorities

1. Reducing obesity
2. Reducing risk tacking lifestyle behaviour - specifically alcohol misuse and smoking
3. Increasing uptake of immunisation and vaccination in children under five and vulnerable adults
4. Improving emotional wellbeing in targeted groups
5. Workplace health in private business and the public sector
6. Dental health of younger children
7. Cancer Screening (Breast and Testicular)

Service Remodelling and Service Integration Priorities

8. Transforming Older People Services
9. Developing Community Networks
10. Improving Community Mental Health Services
11. Remodelling Services for People with Learning Disabilities
12. Improving Transitions and Transfers of Care
13. Reducing inequity in service access for targeted vulnerable groups
14. Development of stroke services

5. RESOURCE CHALLENGES AND OPPORTUNITIES

5.1 NPT COUNCIL FORWARD FINANCIAL PLAN 2009 – 2014

Neath Port Talbot County Borough Council developed a five year forward financial plan (FFP) based on work carried out by Deloitte and this was approved by Council in March 2009. The report forecasted a significant funding gap for the Council by 2014 as a consequence of existing service pressures, particularly affecting children and adult services. The proposed outcome of the FFP is to reduce budget pressures by £40m in five years whilst protecting and in some instances improving services. The Council's approach to budget management in the past has been to seek out annual incremental efficiency and economy savings through closely monitoring budgets within service Directorates. It was agreed that a more radical approach is required over the next 4 – 5 years to ensure that the agreed outcome and the stability of the Council's finances are achieved.

In response to the projected financial gap, the Council invested in capacity to take forward a significant change programme that aims to best balance improvement of services, especially to the most vulnerable with the need to deliver significant cashable savings. The transformation programme was initiated in 2008 and involves service re-design, procurement savings, rationalisation of assets, process improvement work and tactical "housekeeping" savings. The transformation programme is supported by a comprehensive workforce strategy. Good progress has been made in the first year of the strategy with savings delivered largely to plan and service modernisation accelerated.

However, since the initial Forward Financial Plan was developed, the UK public sector budget position has worsened with large cuts in public spending announced on 20th October 2010. The Council is currently planning on assumptions that expect further, significant additional savings, beyond the scope of the existing Forward Financial Plan, to be made. The need to modernise social care services is an integral part of the Council's Corporate Plan and the aims are shared with the Local Health Board and wider partners. In a number of instances bolder actions to integrate services are needed in the best interest of citizens. The challenging financial climate emphasises the need for senior managers to ensure scarce capacity is concentrated on the changes that will make the most difference. The capacity

for change has been significantly weakened by the Welsh Assembly Government's decision to withdraw the Joint Working Special Grant.

Safeguarding

In order to ensure that safeguarding activity is more efficient and effective over the next FFP period the focus will be:

- To continue to secure a skilled and competent social care workforce focused on safeguarding and promoting the rights of the most vulnerable children and young people.
- To integrate planning and operational service delivery between social care, education, NHS services and the third sector where appropriate to ensure that services are safe and responsive to the needs of individual children and their families.
- To review the effectiveness of commissioned family support services and take any appropriate action to improve services.
- To ensure that early preventative work is central to the work of the Children and Young People's Partnership.
- To manage demand more effectively with better intelligence on need.
- To improve the links and transfers of care between children and adult services.
- To improve local support and reduce the numbers of out of county placements.
- To strengthen fostering opportunities.

Adult Care

In order to ensure that adult care is more efficient and effective over the next FFP period the focus will be:

- To promote the independence of vulnerable adults and to safeguard adults who are at risk of abuse.
- To ensure that remodeled services have been shaped by appropriate engagement of older people and unpaid carers
- Options of care and support for older people to live independently at home or in their own communities, which are based on individual preference.

- A culture of care and support delivery that is based on individual potential, dignity, respect and which helps to minimise risks and protect people from harm.
- Needs-led and not service driven
- Meeting statutory duties and care standards
- Targeted at the most vulnerable/people with higher level needs
- Able to provide efficient and timely assessment and service delivery
- Cost effective and deliverable within service budget
- Integrated into a wider interagency care and support pathway (not a stand-alone service)
- Seamless at the point of delivery
- Able to be responsive to rapid change

The core of adult care will continue to be a strong social work service that assesses needs and plans with service users, carers and other professionals/agencies, to enable people to continue to live safely in the community and as independently as possible.

The increasing number of older people and the growing population of younger adults living with disability will place significant pressure on the service and the wider council budget. However, this is not just about increased numbers. It is unlikely that people, in future, will find acceptable some of the services currently commissioned. National research and rising expectations means that there will be pressure e.g. on housing services, to enable people to cope with increased frailty and disability in the community. People will expect a more personalised service and a wider degree of choice over the way in which their care needs can be met. Likewise, the growth in technologies will present new opportunities to redesign services. Accessing wider community services will be a challenge for the whole Council.

The core of directly provided services will need to focus more on reablement and rehabilitation. Services will aim to help people regain and retain their independent living skills, compared with more traditional services where people have services provided for them. These will increasingly need to be delivered in conjunction with the Health Service, with both services becoming much more integrated from a service user's perspective.

Traditional community services could become increasingly unaffordable and to protect people's ability to access these services, it could be necessary to

transfer blocks of direct service to alternative providers, with a strong preference that these to be not-for-profit entities e.g. community mutuals.

Notwithstanding the reduced resources, we will also need to ensure that “intensive care” services remain available for people who need them when disability, frailty or health needs render it unsafe for people to remain within their community.

5.2 AMBU Health Board Financial Outlook

The financial outlook for health mirrors that of local government. It is likely that a period of reductions in budgets will have to be managed by the NHS. National work has identified that the potential range for allocation annual changes could be between 0% and -3%, in each of the years ahead. Given that NHS inflation, demand and cost pressures can lie in the range of between +4% and +8%, it is evident that a prolonged period of very substantial annual savings requirement is highly likely to be required over the next 5 years or so. The ABMU Health Board have therefore adopted a 7% savings scenario that forms the basis of the forward ABM Financial Plan and against which the service response captured in the 5 Year Quality and Service Framework needs to be considered.

Providing quality services that are appropriately delivered, in the right setting by the right people, is at the centre of the approach taken by ABMU in planning and delivering services. This approach needs to be developed and applied in the context of the financial resources that are forecast as being available to the Health Board.

It is important that the forward Plan realises the opportunities, available to ABMU in being a new, fully integrated healthcare organisation, that were not available in the previous NHS management arrangements in Wales.

Given the likely economic context, the ABMU Health Board’s 5 Year Quality and Service Framework will need to develop plans that contain action in the following areas:-

- Strategic Service Changes
- Improving Service Cost Efficiency
- Reducing Waste and Harm

- Transforming the Delivery of Services
- Workforce Strategy and Controls
- Rigorous Cost Containment.

It is evident that the actions that will flow from the above will need to be planned, implemented and sustained over the whole 5-year planning period. It is imperative for robust service and financial planning that each activity is outlined, not only in its in-year contribution, but also in its recurring contribution.

It is also critical that measures are taken forward with focus and strong co-ordination of managerial and clinical resources. It is important to commence the preparation of planning for, and stakeholder management of, service changes, even though their full impact may fall in future years.

Partnership working with Local Authority within the three Localities (Bridgend, Neath Port Talbot and Swansea), to plan and deliver integrated service provision should underpin service planning. Additionally, close working with the Third Sector to maintain and improve services for clients will continue to be a key part of plans.

The Health Board faces a major Service Redesign, Transformation and Value for Money agenda, arising from the challenging Public Finance environment ahead. This will require the Health Board to significantly enhance the initial work done to date to shape a Quality, Service, Workforce and Financial Strategy that covers a medium term period of up to five years.

APPENDIX 1

NATIONAL AND LOCAL STRATEGIC INFLUENCES

The development and implementation of the local Health Social Care and Wellbeing Strategy 2011 – 2014 has been influenced by a range of national strategies. The key influences are outlined below:

1. **Wellbeing in Wales (2002)** - (*which led to the Health Challenge Wales launch in 2006 and more recently has included Change 4 Life). WAG's recognition of the need to take action to prevent ill-health through health improvement projects and to reduce health inequalities through integrated approaches to policy and project development related to the socio-economic determinants of poor health. The NPT HSCWB Partnership localised Health Challenge Wales into 'Health Challenge Neath Port Talbot' with its own health improvement branding, website and range of health improvement projects. A number of Strategic Health Improvement Plans were established from this work including a Nutrition Plan; Physical Activity Plan; Infection Control Plan; Tobacco Control Plan; Quality of Life for Older People Plan and more recently an Emotional Wellbeing Plan. The learning from the Strategic Health Improvement Plans (SHIPs) will be subsumed into the Project Boards in the revised HSCWB Partnership Structure, which will be based on the key priorities identified in this revised strategy.
2. **Wales: A Better Country (2003)** - WAG's commitment to improve health, prosperity and social justice across Wales with an emphasis on smarter working through partnerships. The Neath Port Talbot HSCWB partnership has ensured that health and wellbeing are embedded into all statutory strategies such as the Community Plan; Local Development Plan; Children and Young People's Plan; and Community Safety Plan.
3. **Making the Connections: Delivering Beyond the Boundaries (2006)** - WAG's commitment and action plan for improving public services through integration. The NPT partnership has a good history of integrated service development with the development of Residential and Community Re-ablement (*now absorbed into the CIIS service) and Child and Adolescent Mental Health Services. There are also excellent joint working arrangements between health and social care in Older People Services, Mental Health Services and Learning Disability

Services. There is a section 33 agreement in place for Joint Equipment Services and it is the intention of the HSCWB Partnership to move towards a section 33 agreement for the CIIS service in the next financial year.

4. **Designed for Life: Creating World Class Health and Social Care Services for Wales (2006)** - WAG's ten year strategy for reforming NHS secondary, primary, tertiary and social care to reduce waiting times for services with further emphasis on partnership working across the NHS, Public Health, Local Government and third sector, with a shift of emphasis from a 'sickness- based' service to a more holistic 'health service.' As indicated above Health Challenge Neath Port Talbot, has taken the lead in tackling local health inequalities and developing health improvement projects to prevent ill-health and the Joint Executive Group has led the integration of health, social care and other community services.
5. **Fulfilled Lives and Supportive Communities (2007)** - WAG's ten year direction for Social Services to improve governance and accountability, commissioning, performance management, partnerships and workforce with a significant emphasis on partnership working. Contracting and Procurement has been strengthened in Neath Port Talbot and is now more aligned to performance management processes and key service priorities.
6. **Community Services Framework (2007)** - WAG's national framework to develop a community-based approach to meeting need including ensuring that clear pathways are in place between and across agencies, directorates and community services such as the links between; primary care, generic community health services, specialist clinical outreach services, social services and health promotion. Pathway developments will be scoped into the partnership project plans that relate to specific priorities as indicated in the body of the revised strategy.
7. **Designed to Improve Health and the Management of Chronic Conditions in Wales (2007)** - Recognition from WAG that there are higher than average levels of chronic disease in Wales compared to the UK. The WAG suggestion was to:
 - Increase the emphasis on partnership working and service integration

- Develop more effective health promotion, prevention, self care and early intervention projects and/or services
 - Improve public information to help people manage their own health and wellbeing to tackle health inequalities across Wales
8. **Designed to Add Value (2008)** – WAG’s strategic direction for the third sector in supporting health and social care was WAGs recognition of the third sector contribution to health and social care service development and delivery. Again there was an emphasis on stronger coordinated partnerships across statutory, independent and the third sector, utilising the resources within communities and helping to build community cohesion. NPT CVS has worked closely with the HSCWB Partnership (and is an equal stakeholder within the partnership), to develop services. Examples of local NPT projects led by the third sector include; the development of social enterprises with one valleys project specifically focused around a Health and Wellbeing centre; the development of a directory of local support services to help people improve or maintain their health within the county borough, which is available on the Health Challenge Neath Port Talbot website and NHS Direct; and a Lifestyle Coaching pilot in partnership with two General Practitioners.
9. **Rural Health Plan (2009)** - WAG’s commitment to ensure that the future health needs of communities are met in ways that reflect the particular conditions and characteristics of rural Wales. The key three themes within the plan are to:
- Improve access to services from emergency to community services
 - Move towards integrated models of service delivery across agencies
 - Improve community cohesion and engagement
10. **Our Healthy Future (2010)** - WAG’s Public Health Strategy for Wales that takes a more holistic approach to health improvement. It acknowledges the wider determinants of health and indicates six key action areas should be considered to improve and sustain the health of the nation, communities and individuals. The six key action areas are:
- Health and Wellbeing through the life course
 - Reducing inequity in health between the poorest and the more prosperous
 - Healthy sustainable communities

- Prevention and early intervention to avoid ill health
- Health as a shared goal for all
- Strengthening the evidence-base and monitoring progress

11. Setting the Direction: Primary and Community Services Strategic Delivery Programme (2010) - WAG's commitment to delivering world-class integrated health care in Wales. Indicating the need for a change in approach to developing both policy and service delivery models for primary and community care. The key underlying principles for improvement include:

- Universal population registration and open access to effectively organised services within the community
- First contact with generalist physicians that deal with undifferentiated problems supported by an integrated community team
- Localised primary care team-working serving discrete populations
- Focus on prevention, early intervention and improving public health not just treatment
- Coordinated care where generalists work closely with specialists and wider support in the community to prevent ill-health, reduce dependency and effectively treat illness
- A highly skilled and integrated workforce
- Health and Social Care working together across the entire patient journey ensuring that services are accessible and easily navigated
- Robust information and communication systems to support effective decision-making and public engagement
- Active involvement of citizens and their carers in decisions about their care and wellbeing

Local HSCWB strategic links include contributions to the:

- Community Plan
- Children and Young People's Plan
- Local Development Plan
- NPT Valleys Strategy
- Homelessness and Vulnerable Groups Health Action Plan
- Strategic Housing Plan
- Substance Misuse Action Plan

- Population specific plans for Older People; Mental Health; Learning Disability; Physical and Sensory Disability; Carers; Transition to Adulthood and Autistic Spectrum Disorder