

***HEALTH, SOCIAL CARE
& WELLBEING STRATEGY FOR
BRIDGEND COUNTY BOROUGH
2011 – 2014***

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Bridgend Health Social Care and Wellbeing Strategy (HSCWB) 2011 - 2014

Summary document

What is this strategy about?

This strategy sets out how Abertawe Bro Morgannwg University (ABMU) Health Board and Bridgend County Borough Council will work together with others to improve the health and well-being of the population of Bridgend County Borough to achieve maximum impact for those who need health and social care services.

This plan will explain:

- What we think are the health and well-being needs of Bridgend County Borough residents; (*from page 16*)
- What we and our other partners are already doing to resolve those needs;
- What outcomes we want to achieve within three years; (*page 19*)
- How we plan on achieving these outcomes; (*from page 20*)
- How we will be kept to account for this plan. (*page 63*)

When does the strategy start?

This strategy starts in April 2011 and runs until March 2014.

Who is responsible for this strategy?

The strategy is a joint plan between the health board and the local authority, which will only be possible to deliver with the ongoing involvement of the voluntary sector.

The voluntary sector makes a huge contribution to health, social care and well-being both locally and nationally. There are over 800 voluntary sector organisations working in the field of health, social care and wellbeing in Bridgend County Borough who are the main providers for support groups and are the key suppliers for information, support and advice for people within the local community.

‘Changing for the better’

The Bridgend HSCWB strategy supports and is supported by a number of other local, regional and national strategies. The ABMU Health Board ‘Changing for the better’ five year plan and the HSCWB strategy complement each other. They both recognise the importance of health improvement/promotion and the need to organise and integrate services across organisations where appropriate, leading to improved services for residents. More information about ‘Changing for the better’ can be found at:

<http://www.wales.nhs.uk/sitesplus/863/document/161582>

What information have we used to develop this strategy?

Before this strategy was developed, a comprehensive needs assessment was completed identifying the unmet health, social care and well-being needs of the population of Bridgend County Borough. The assessment has shown that many residents still live unhealthy lifestyles leading to costly, chronic and disabling conditions which are linked by common preventable factors such as cardiovascular disease, diabetes, cancer and chronic respiratory disease. Risk factors for these conditions include smoking, unhealthy diet and physical inactivity.

The strategy has two sections:

Section one

Identifies the outcomes we want to achieve to improve the health and well-being for the population as a whole, so as to prevent ill health and reduce the overall demand for services.

Section two

Identifies the outcomes we want to achieve for specific groups when the range of different services provided by different agencies work together.

This strategy will specifically focus on the following groups:

- People with long-term conditions;
- Older frail people;
- People with mental health problems;
- People with learning disabilities;
- People with physical disabilities;
- People with substance misuse problems.

How have we developed the plan?

The strategy has been written so as to turn 'talk to action' quickly. This approach focuses attention on the results - or outcomes - that the services are intending to achieve.

Before work on this strategy began, a large workshop was held to agree the shared outcomes that everyone wanted to achieve, the following were identified:

- People who live or work in Bridgend County Borough will have improved physical health;
- People who live or work in Bridgend County Borough will have improved emotional health;
- People in Bridgend County Borough will live or work in a safe and healthier environment.

The strategy aims to explain how jointly we wish to improve the lives of the six groups of service users (stated above) who receive overlapping services. In each section the following questions are answered:

1. What these outcomes would really mean for the people of Bridgend County Borough?
2. What measures will we use to know if we are achieving our outcome?
3. What we are already doing and what do we know works?
4. What actions we are going to take to ensure these outcomes are achieved?

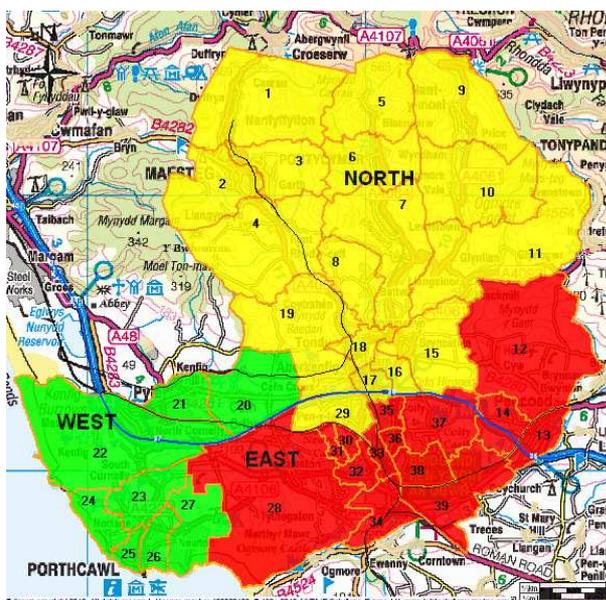
Community networks

The strategy also explains how the re-organisation of local services will provide high quality, easily accessible services closer to where people live, helping us to respond to the future pressures which will challenge us over the next few years. The following principles will be adhered to as we jointly organise our services:

- Developing 24/7 day services characterised by good communication, information sharing, integration and organisation;
- Developing clear and simple systems and processes to explain to patients where individual elements of care are joined up;

- Flexible working across professions and organisations;
- Developing a joint health and social care system that delivers preventative, pre-emptive, re-active and re-habilitative care focused around the needs of the individual.

Our approach will be based on putting in place joint health and social care teams within three geographical localities across Bridgend County Borough, which we will call ‘Community networks’.



Map showing proposed boundaries of community networks
Here in Bridgend County Borough, we are committed to working in partnership. Therefore, we have made sure that our health and social care boundaries fit within the boundaries of the police, Children’s and Young People’s partnership and the Community Safety partnership.

For a copy of the full strategy contact the Health and Wellbeing team on 01656 642422 or at hscwb@bridgend.gov.uk

Glossary of terms

Abbreviation	Meaning
A&E	Accident & Emergency
ABMUHB	Abertawe Bro Morgannwg University Health Boards
AF	Atrial Fibrillation
APRSSH	Action Plan to Reduce Suicide and Self Harm
ARC	Assisted Recovery In The Community
ASIST	Applied suicide intervention skills training
BCBC	Bridgend County Borough Council
BIG	Bridgend Involvement Group
BREP	Bridgend Regeneration & Environment Partnership
CCM	Chronic Conditions Management
CHC	Continuing Health Care
CHD	Coronary Heart Disease
CHEW	Children Emotional Wellbeing Group
CHIG	Corporate Health Improvement Group
CKD	Chronic Kidney Disease
CIIS	Community Integrated Intermediate Care Service
COPD	Chronic Obstructive Pulmonary Disorder
COPD	Chronic Obstructive Pulmonary Disease
CYPP	Children and Young People Partnership
DAVAN	Drug & Alcohol Voluntary Action Network
GP	General Practice
HF	Heart Failure
HIV	Human immunodeficiency virus
HRG's	Health Care Resource Groups
HSCWB	Health Social Care & Well Being
JET	Joint Executive Team
JRSH	Journal of the Royal Society for the Promotion of Health
KSI	Killed or seriously injured
LDP	Local Development Plan
LDSPT	Learning Disability Service Planning Team
LHB	Local Health Board
LHB's	Local Health Boards
LSCB	Local Safe Guarding Children Board
MMR	Mumps, Measles and Rubella
NHS	National Health Service
NICE	National Institute of Health and Clinical Excellence
NILAH	National Leadership and Innovation Agency for Healthcare
NO2	Nitrogen Dioxide
NSF	National Service Framework
NTOAT	Never Too Old Action Team
OBA	Outcomes Based Accountability
PEDW	Patient Episode Database
SaFF	Service and Financial Framework
SCWDP	Social Care Workforce Development Programme
SMAT	Substance Misuse Action Team
TOP	Treatment Outcome Profile
WAG	Welsh Assembly Government

1.Introduction

The Health Social Care and Well-being Strategy is a joint strategy between the Abertawe Bro Morgannwg University Health Board and Bridgend County Borough Council. Both organisations have a legal responsibility together to prepare and then ensure the successful implementation of the Health Social Care and Wellbeing Strategy.

We want this strategy to be easily understood; therefore we have produced a short executive summary that provides a clear overview of what, when and how this strategy will be achieved.

This strategy has been agreed at the highest levels of both, the Bridgend County Borough Council and the Abertawe Bro Morgannwg University Health Board.

What does this plan do?

This plan lets the people who live or work in Bridgend know what our joint direction and intentions are regarding health, social care and wellbeing here in Bridgend. Before we wrote this plan we first found out about the health and social care needs of the population. This is called completing a 'Comprehensive Needs Assessment'

This plan will explain:

- What we think the health and wellbeing needs of Bridgend are
- What we and all our other partners are already doing to resolve those needs
- What outcomes we want to have achieved in three years time
- How we plan on achieving these outcomes
- How we will be kept to account for this plan.

This strategy sets out how both our organisations will work together with others to improve the health and well-being of the population of Bridgend and how we will mobilise the total resources in the area to achieve the maximum impact for those who need health and social care services in our area.

How long does this strategy last for?

This strategy starts in April 2011 and runs until March 2014.

Our Outcomes

In order to develop this strategy we have used an outcomes based accountability process; there is a full explanation of this process in chapter 5.

These outcomes fall into two main categories:

- 1) Outcomes that improve health and well-being and reduce inequities for the population as a whole so as to prevent ill health and reduce the overall demand for services.
- 2) Outcomes for specific identified groups that depend on 'dove tailed' services which are services provided by the NHS, Local Government or the 3rd Sector. These are outcomes that will only truly be achieved when the range of different services provided by different agencies are woven together to meet the specific needs of individual citizens.

This strategy will specifically focus on the following groups:

- ✓ people with long-term conditions
- ✓ older, frail people
- ✓ people with mental health problems
- ✓ people with learning disabilities
- ✓ people with physical disabilities
- ✓ people with substance misuse problems

2. The background to the plan

NHS Reorganisation

What are we doing?

On 1 October 2009, the biggest NHS reforms in a generation took place in Wales, with the then current 22 Local Health Boards (LHBs) and seven NHS Trusts being replaced with seven integrated Local Health Boards, responsible for all health care services. In addition, a new unified public health organisation, Public Health Wales NHS Trust, became fully operational.

Here in Bridgend we are a part of the new Abertawe Bro Morgannwg University Health Board, which has organised itself so that there are three localities. Here in Bridgend we make up the Bridgend locality, which has boundaries coterminous with the Local Authority area.

Why did the change take place?

The old system was complex and over-bureaucratic. The simpler management structures mean money can be channelled to frontline services.

The new NHS system in Wales will increasingly focus on public health, creating a wellness service, rather than a sickness service, shifting the balance of care, by looking at whole systems rather than just hospitals.

Community Networks

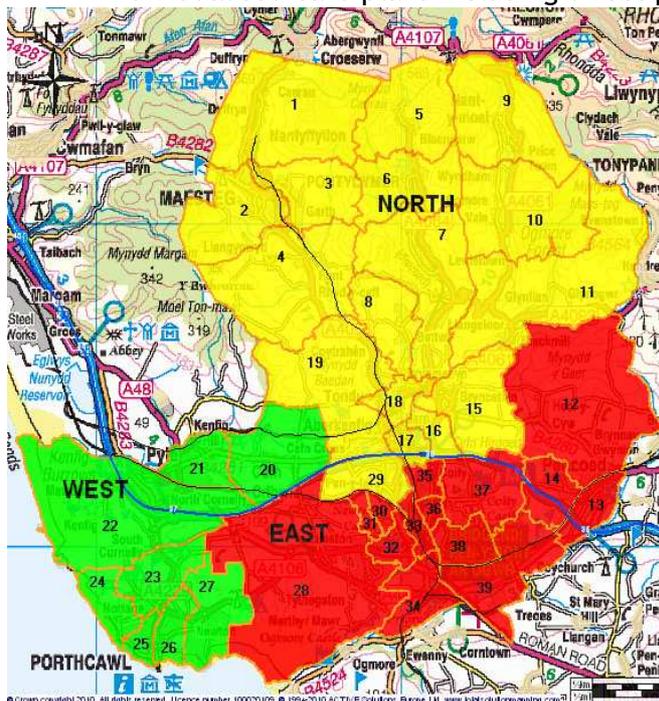
As part of the reorganisation and the drive to deliver improved joined up services, we have organised services within Bridgend Locality in a new way. The future pattern of care for citizens of Bridgend will need to be reshaped in order for us to be able to provide high quality, accessible services closer to where people live and to be able to respond to the future demographic and financial challenges that will impact on us over the next few years. Bridgend CBC and ABM Health Board have agreed that services should be delivered through an integrated approach based on the following principles:

- Developing services that are characterised by good communication, information sharing, integration and organisation and available 24 hours a day
- Developing systems and processes that guide patients though where individual elements of care are joined up and are easily navigated
- Flexible working across professions and organisations
- Close alignment of health and social care in a system that delivers preventative, pre-emptive, reactive and rehabilitative care focussed around the needs of the individual.

Our approach will be based on putting in place joint health and social care teams within 3 geographical localities across Bridgend, which we will call “community networks”. The key features of these teams are as follows:

- A single point of access into health and social care
- Integrated, single assessment
- Pooled budgets
- Effective engagement with local community services
- Promoting a self-care agenda

- 24/7 availability of staff
- Management of people with health and or social care needs
- Integrated management through local multi-disciplinary health and social care teams
- Effective links with other services eg. housing, benefits, community safety teams
- Work on agreed care pathways
- Sharing of resources/skills
- Ongoing responsibility for assessing needs - both at an individual level and across communities
- Proactive and planned support, based on joint risk management
- Focussed on patients with complex needs
- Individualised care plans including direct payments



Map showing proposed boundaries of Community Networks
 Here in Bridgend we are committed to working in partnership. Therefore we have made sure that our Health and Social Care boundaries fit with the boundaries of the Police, Children’s and Young People’s Partnership and the Community Safety Partnership.

The types of services that will be provided within community networks are as follows:

- Chronic disease management clinics - at GP practice and network level
- Delivery of self care/self management programmes - eg expert patients
- Delivery of rehabilitation programmes
- Falls prevention
- Wound care
- In-reach care & review of patients within nursing homes
- End of life care
- Home care and re-ablement programmes [in conjunction with the Resource Team]
- Discharge coordination following acute care
- Healthy Lifestyle programmes [e.g. smoking cessation]
- Family support services
- Link with school nursing
- Admission avoidance schemes - e.g. step up/step down beds/residential rehabilitation
- Outreach specialist nursing resources e.g. COPD nurses; Parkinson’s nurse

The benefits of this approach are set out below:

For patients/service users/citizens:

- More streamlined assessment processes; avoiding having to repeat information to several professionals; having health and social care needs assessed at the same time
- More coordinated care - avoiding multiple professionals/carers having input at different times
- Access to timely, responsive care
- Improved opportunity to stay at home and avoid hospital admission or long term care placement
- Having their hospital discharge planned by individuals who know and understand their needs and particular home circumstances
- More choice and control over care plan

For professionals:

- Ability to respond holistically to patients' needs
- Improved working relationships leading to improved job satisfaction
- Delivering better services within the community
- More control over the inputs provided as part of a care plan through devolved budgets/management arrangements.

Recession

A significant change since the last Health Social Care and Wellbeing Strategy was developed has been the recession that has taken place. This is the worst economic downturn since the 1930's. The recession has had considerable impact across Wales and here in Bridgend. The links between recessions and health and wellbeing are well established.

Here in Bridgend the LSB's Recession Project was launched in order to focus local agencies and partnerships on the work of mitigating the negative impact of the recession on local people and the local economy.

Accordingly, "Responding to the Recession: A local action plan for Bridgend" was drafted with input from partners during 2009. The plan includes actions in the following areas: economic issues; social issues; voluntary sector issues; and organisational issues.

Public services now have to adapt to a new financial climate, there must be an even greater focus to find innovative and efficient ways of delivering our Health Social Care and Wellbeing Services.

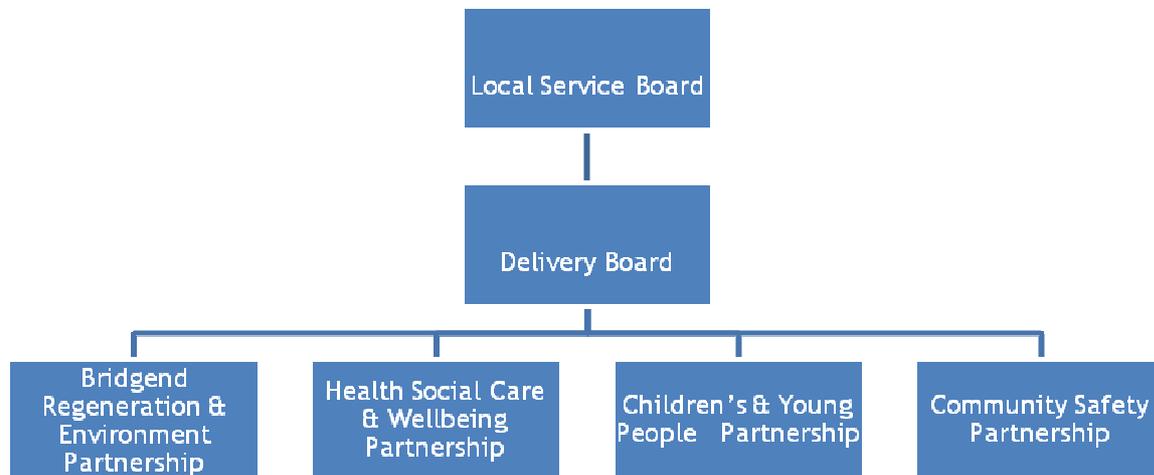
As part of our commitment to support employment we will continue in Bridgend to focus on improving the health of the whole workforce in Bridgend. During 2009 the Healthworks Programme was launched, which aims to improve the health of the whole workforce within Bridgend; supporting small medium and large business as well as the voluntary / third sector to develop healthier lifestyles for their employees. We want to do this so that the workforce has improved quality of life and is a more productive, efficient, happier workforce. The Healthworks Programme currently has five projects operating and we will continue to develop this programme to support health in the workplace.

Partnership Arrangements

Local Service Board

The Local Service Board is the most senior partnership in Bridgend. To help understand how the different partnerships relate to one another, see the diagram below.

Diagram showing Bridgend LSB Partnership Structure



The Local Service Board through the Delivery Board will ensure that the HSCWB Partnership is working to deliver the outcomes of this strategy.

Voluntary Sector

‘The Voluntary Sector makes a huge contribution to health, social care and wellbeing both locally and nationally. They are the key supplier of information, support and advice to people within the local community and the main provider of support groups; which has shown to be an invaluable resource to individuals and families.

In terms of delivering health, social care and wellbeing services; the Voluntary Sector is often best placed in reaching vulnerable and disadvantaged groups. Voluntary sector services can be more accessible; they are localised, offer a flexible criteria, simple referral procedure and instant access. Services are often free of charge to individuals within the local community.

The Voluntary Sector involves local people and communities in the planning and provision of services and are adaptive to meet need. They use resources in creative and innovative ways and provide opportunities for volunteering; enhancing the service and enabling people obtain additional skills, increased confidence and contribute to their local community.

The diverse nature of the Voluntary Sector brings added value, which compliment statutory sector organisations. There are over 800 voluntary sector organisations working in the field of health, social care and wellbeing in Bridgend County. ‘Of these, 457 are national organisations, 142 are regional organisations and 216 are local’. (*‘Health, Social Care and Wellbeing services provided by voluntary organisations in Wales, WCVA 2007’*).

Strategic Context

Local

There are a number of strategies that are influenced and in turn influence the HSCWB Strategy. Listed below are just a few of the key local strategies that particularly relate to Health, Social Care and Well-being.

Community Plan

The Community Plan is the overarching local strategy which identifies what all partners in Bridgend are going to achieve by working together. The Local Service Board ensures that the Community Plan successfully achieves its stated aims.

The Community Plan can be found by going to:

www.bridgend.gov.uk/web/groups/bridgend/lsb/documents

Children's and Young People Strategy

The Children and Young People's (CYP) Plan is the defining statement of strategic planning intent and priorities for all children and young people's services in the Bridgend area. It sets out the overarching vision and strategic direction of the CYP Partnership, its aspirations and priorities and in this respect is the reference point for all other plans relating to Children and Young People.

<http://www.bridgend.gov.uk/web/groups/public/documents/services/000392.hcsp#TopOfPage>

The Children and Young People's Plan has the same timescales as the HSCWB Plan and both Partnerships work together to deliver the improved outcomes for the people of Bridgend.

Community Safety Crime and Disorder Plan

The Community Safety Partnership will produce a joint crime and disorder and community cohesion plan in April 2011, which will state how crime and disorder priorities will be tackled and how all people in Bridgend can access fair and equal access to services.

Adult Services Commissioning Plan

The Commissioning Plan for Adult Social Care outlines the vision for remodelling services over the next ten years to meet the changing population needs and expectations of those residing in the County Borough. Its primary aim is to effectively change the overall configuration of services locally to meet the needs of the local population.

Health Board / Regional

'Changing for the Better' Abertawe Bro Morgannwg University Health Board Quality Service workforce & Financial Framework 2010 -2015

The 5 year plan – 'Changing for the Better' will harness the excellence, enthusiasm and ambition that exists within ABMU's services, partnerships and staff.. The plan aims to enable a high quality, responsive and sustainable NHS across ABMU Health Board.

The 5 year plan strategic outcomes are:

- **Improve performance, quality and financial stability by reducing harm, waste and variation:** building on the solid foundations of the 1,000 Lives Campaign and intelligent targets to promote adoption of best practices that will efficiently deliver the best possible care.
- **Capture the opportunity of integration:** balancing health improvement and health care, creating integrated care, and aligning all support systems.

- **Empower the frontline:** providing clinical and non-clinical staff with the tools they need to lead change and deliver high quality care.
- **Deliver excellent services through continuous improvement, good governance and strong partnerships:** recognising the critical importance of effective, forward-looking leadership throughout the organisation.
- **Put local people and local communities at the centre of all our work:** to ensure we can meet their expectations at all times.

The HSCWB Strategy and the Changing for the Better 5 year plan complement each other. They both recognise the importance of Health Improvement / promotion and the need to where appropriate organise and integrate services across organisations, where that will lead to improved services for citizens.

For more information on the Changing for the Better 5 year plan go to <http://www.wales.nhs.uk/sitesplus/863/page/48802>

National Strategies

The Bridgend HSCWB Strategy will identify how in Bridgend we are responding to the following regional and National Strategies.

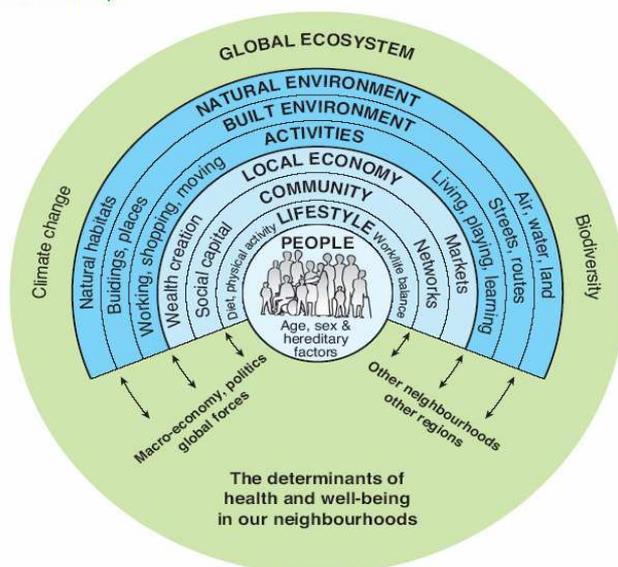
- Our Healthy Future
 - Fulfilled Supportive Communities
 - Setting the Direction Primary and Community Care
- More information on these strategies can be found by going to www.healthchallengebridgend.org.uk

4. Identifying Local Need

Determinants of Health

Health, social care and well-being isn't just about going to the doctor, the hospital or receiving other community care services through the council. The World Health Organisation defines health as, 'a state of complete physical, mental and social well-being and not merely the absence of disease.' Health, Social Care and Well-Being planning is about considering the wider picture and the contributory factors that can have a positive and negative impact on health and building support within communities to improve or maintain good levels of health. The diagram below shows some of the many factors that determine someone's health:

The health map



Health Maps (adapted from): The Journal of the Royal Society for the Promotion of Health (JRSHP) November 2006: Volume 126, No.6

Social Determinants of Health

The World Health Organisation has carried a lot of work over the past 10 years on the social determinants of health. It highlights the fact that employment, income, education and the environment all influence the likelihood of chronic physical and /or mental health problems

The needs assessment shows that Bridgend is more deprived than the Welsh average, and this is reflected in the numbers of people in Bridgend holding fewer qualifications, marginally higher levels of unemployment, and higher levels of long term health problems than the Welsh Average. It is argued for example, those poor educational attainments increases the chances of getting heart disease and that levels of mortality amongst working age people can be linked to unemployment.

It should be stressed that Bridgend is still suffering from the closure of coal mines in the 1980's and early 1990's, and the general decline in heavy industry. This has also left a number of people long-term chronically ill due to chest diseases and other related health issues. In terms of occupations, Bridgend County Borough's working population is broadly typical of the Welsh and British averages. However two key differences emerge: firstly there is slightly less managerial and professional people living in Bridgend than the rest of the UK but more than Wales, and secondly the proportion of administrative and secretarial jobs is well below Welsh and UK levels. The existing strong manufacturing base of the area continues, despite recent job losses in the sector, in comparison with Wales and Great Britain. It also shows the mismatch between the Banking, Finance, Insurance and other service sectors which are under-represented in the County Borough when compared to the

UK figure, although above the Welsh average, and the reliance on the public sector for employment which is higher than both the Wales and British averages.

Bridgend has a marginally lower average age than the rest of Wales, and also has a lower ethnic minority population. However, like the rest of Wales, Bridgend is ageing, especially in certain parts of the Southern area of Bridgend.

Tudor Hart has argued that people in most of need of health care are less likely to be able access it. Bridgend has 13.6 of people reporting poor health, which is above the Welsh average, 25% has a limiting long term illness, compared with a Welsh average of 23.2%. . This inverse law of health care does have significant implications for the provision of services that challenge existing health inequalities.

Bridgend Health Needs Assessment

The needs assessment attempts to identify the unmet health, social care and well being needs of our population in a systematic way.

The needs assessment has shown that many people in Bridgend still live unhealthy lifestyles. Many costly, chronic and disabling conditions experienced by the population in Bridgend such as cardiovascular disease, diabetes, cancer and chronic respiratory disease are linked by common preventable risk factors. Smoking, unhealthy diet and physical inactivity, for example, are risk factors for these conditions.

The needs assessment is a comprehensive document, which can be viewed by going to: www.healthchallengebridgend.org.uk.

The key gaps identified cover the determinants of health, prevention, and health and social care services.

The **determinants** issues include:

- Increasing the supply of affordable housing
- Maintain initiatives to provide employment
- Continue workplace health initiatives
- Maintain a robust approach to enforcement (underage sales, etc)
- Responding to the challenges of an ageing population

The **prevention** issues include:

- The need to expand prevention activities across all lifestyle issues
- Maintain activities to prevent falls
- Continue to develop health promotion capacity

The **Health and Social Care** Issues include:

- Further joint service development
- Further development of community based services
- Continued development of day opportunity services
- Planning for increased demand

Engagement and Consultation

The development of this HSCWB Strategy considered the importance of engagement and consultation from the outset and was undertaken at the strategic and operational/service levels and with the public and broader range of stakeholders.

The full Engagement and Consultation Plan is included as annex 1. The following is a summary of the key elements of Engagement and Consultation Plan:

- Workshop to identify shared outcomes held in June 2010
- Ongoing engagement pages at www.healthchallengebridgend.org.uk
- Bridgend Citizen Panel used to test and challenge shared outcomes
- Focus group work held with a range of identified priority groups
- Presentations given to a variety of Partnership and public groups
- Draft strategy distributed to a broad range of interested individuals and organisations

Response from the Consultation

All comments made and suggestions for changes were collated. As a result changes have been made to the strategy which include:

- Greater emphasis given to the role that the voluntary sector plays in ensuring the delivery of the strategy
- Revising the language used to describe the desired outcomes of the strategy so that they are more accessible and better understood
- Revised the measures that relate to services provided to people with Learning disabilities
- Revised the measures that relate to services provided for people receiving mental health services
- Greater emphasis given to the impact that social determinates have on peoples health in Bridgend County
- Clearer demonstration of the links between the ABMU HB 5 year plan and the Local HSCWB Strategy
- Greater consideration given to how accessible the strategy will be, this includes ensuring final strategy is produced in different formats, developing glossary of terms, and altering language.

5. Outcomes

Outcomes Based Accountability

Outcomes Based Accountability is a disciplined way of thinking and moving from 'talk to action' quickly that can be used to improve well-being across communities and improve the performance of services and agencies.

The HSCWB strategy is using this approach to plan improvements in Health, Social Care and Well-being for the whole population of Bridgend. The approach focuses attention on the results - or outcomes - that the services are intended to achieve. The OBA approach provides an effective framework, or set of questions, to help organisations work collaboratively to ensure that they are planning effectively and to know whether they are making a difference to the lives of their service users.

In June 2010 a workshop was held to agree the shared outcomes for the strategy and the following were identified:

- People who live or work in Bridgend will have improved physical health
- People who live or work in Bridgend will have improved emotional health
- People in Bridgend will live or work in a safe and healthier environment

The chapter that follows provides more detail on these outcomes and how we will know if we are succeeding.

The chapter also sets out how we want to improve the outcomes for six specific groups of people who use overlapping services. These are services provided for people by or on behalf of both Bridgend County Borough Council and Abertawe Bro Morgannwg University Health Board. The groups are:

- people with long-term conditions
- older frail people
- people with mental health problems
- people with learning disabilities
- people with physical disabilities
- people with substance misuse problems

People who live or work in Bridgend will have improved physical health

What does this mean for Bridgend?

- Healthy births for babies and mothers with fewer unplanned/unwanted pregnancies
- The population will receive vaccination and immunisations at the correct time.
- The population of Bridgend will be a healthier weight and more physically active
- Our citizens will live longer, have greater independence and improved quality of life because of their improved physical health.

The Needs Assessment 2010 has shown that many people in Bridgend still live unhealthy lifestyles. Many costly chronic and disabling conditions experienced by the population in Bridgend such as cardiovascular disease, diabetes, cancer and chronic respiratory disease are linked by common preventable risk factors. Smoking, unhealthy diet and physical inactivity for example are risk factors for these conditions.

What Measures will we use to know if we are achieving our outcome?

Healthy births for babies and mothers and with fewer unplanned/unwanted pregnancies

- Live births to Bridgend residents
- Teenage conception rates under 16 yr olds per 1000 population
- The percentage of breastfed babies of those with a stated breastfeeding status
- Levels of dental caries in under 5s

The whole population will receive vaccinations and immunisations at the correct time.

- Childhood immunisation rates specifically:
 - i. MMR 1 vaccination at 2years
 - ii. MMR 2 vaccination at 5years
 - iii. 4 in 1 vaccination at 5 years
- The influenza immunization figures for those over 65

The population of Bridgend will be a healthier weight and more physically active.

- Adults who eat 5 fruit and vegetables per day
- Adults who meet the Physical Activity Guidelines
- % of children and young people who are sufficiently active to achieve a health gain
- Adults who are overweight or obese

Our Citizens will live longer, have greater independence and improved quality of life because of their improved physical health.

- European Age (Standardised) mortality rates for Bridgend
- Multiple admission rates all SaFF 10 HRG's
- Emergency Admissions - All SaFF Target 10 HRGs

The table below shows the details of each of these measures. The table shows where we were previously with these measures, where we are currently, what direction the measure is going in, and states what direction we want the measure to go in.

Table showing indicators which we will measure to show if the Physical Health of people in Bridgend is improving				
Healthy Births for babies and mothers with fewer unplanned/unwanted pregnancies				
<i>Measure</i>	<i>Previous</i>	<i>Current</i>	<i>The Direction we want this measure to go</i>	<i>Current Trend</i>
Live births to Bridgend residents	1447 in 2004 to	1527 in 2009	Continued Increase	Increasing
Teenage conception rates under 18 yr olds per 1000 population	45.2 (per 1,000 women aged 15-17 in 2007	51.5 (per 1,000 women aged 15-17 in 2008	Decrease	Increasing
The percentage of breastfed babies of those with a stated breastfeeding status	52% in 2001	57% in 2009	Continued Increase	Increasing
Levels of dental caries in under 5s	Not available	1.84 in 2005	Decrease	Not available - new methodology of collecting data has been agreed
The population will receive vaccination and immunisations at the correct time.				
MMR 1 vaccination at 2years	90.8% in 1 st Quarter 2009	92.4% in last Quarter of	Increase 95% coverage	Increasing

		2009	required	
MMR 2 vaccination at 5years	77.3% in 1 st Quarter 2009	86.5% in last quarter of 2009	Increase 95% coverage required	Increasing
4 in 1 vaccination at 5 years	82% in 1 st Quarter 2009	86.4% in last quarter 2009	Increase 95% coverage required	Increasing
The influenza immunization figures for those over 65	67.6% in 2007/8 - 61.7% in 2008/9 but	increased to 63.6%	Increase required	Increasing
The population of Bridgend will be a Healthier Weight and more Physically Active				
Adults who eat 5 fruit and vegetables per day	40% (2007) 38% (2005)	27% (2009)	Increase	Decreasing
Adults who meet the Physical Activity Guidelines	29% (2007) 26% (2005)	30% (2009)	Continued Increase	Increasing
% of children and young people who are sufficiently active to achieve a health gain	(2005) 44.7% (2007) 46.72%	(2009) 44.7%	Increase	Static / Flat line
Adults who are overweight or obese	58% (2007) 57% (2005)	59% (2009)	Decreasing	Increasing
Our Citizens will live longer, have greater independence and improved quality of life because of their improved physical health				
European Age (Standardised) mortality rates for Bridgend	539 (2003) reducing to 503 in 2005 increasing since then to 558 in 2007	558 (2007)	Reduce	Mixed longer term trend but a steeper raise than Wales average since 2005

Percentage of the population who smoke	25% (2007) 29% (2005)	23% in 2009	Decrease to 19% by 2014	Decreasing
Multiple admission rates all SaFF10 HRG's	15.5% Dec 2008	16.75 Dec 2009	Decreasing	Decreasing
Emergency Admissions - All SaFF Target 10 HRGs	5.5 days Dec 2008	4.9 days Dec 2009	Decreasing	Increasing

Why we are in this position in Bridgend

Healthy Births for babies and mothers and with fewer unplanned/unwanted pregnancies

In Bridgend the key issues to achieving this outcome are **reducing obesity, reducing teenage conception rates and reducing dental caries and smoking.**

The National Institute of Health and Clinical Excellence (NICE) has recently published in 2010 fresh health guidance on controlling weight before, during and after pregnancy and quitting smoking in pregnancy. Much of the publication complements existing guidance and aligns with local planning and development already in progress, such as the integration of health and local authority leisure services.

The age at which people first engage in sexual intercourse is important as early initiation is associated with non-consensual and regretted sex, lack of protection and a higher lifetime number of sexual partners.

The risk of teenage pregnancy is closely associated with familial disadvantage and deprivation. Whilst for some young people pregnancy and parenthood are positive choices, for many they are associated with negative social and psychological consequences. Recent evidence would suggest that although the negative consequences are not as severe as previously thought, teenage mothers are more likely to experience mental health problems and have a partner who is poorly qualified and at a greater risk of unemployment. Children born to a teenage mother have poorer health outcomes and are at a higher risk of becoming teenage mothers themselves.

Good oral health enables an individual to eat, speak and socialise without pain or embarrassment. The main oral disease in children is tooth decay (dental caries). This can be prevented by regular tooth brushing with fluoride toothpaste, limiting sugary foods and regular dental checks.

The population will receive vaccination and immunisations at the correct time

Targets for uptake of childhood and other vaccinations are set at the UK level and are based upon evidence of the coverage that is required in a population to prevent outbreaks of infection. Vaccine uptake targets are monitored in Wales by the Welsh Assembly Government. The current national target for childhood immunisations is 95%.

In Bridgend, whilst the “5 in 1” vaccination uptake rates are currently reaching the national target, the MMR and most other childhood immunisation uptake rates are still below the 95% required to protect the whole population, including those who are unable to be immunised for medical or other reasons.

There has been a continued increase in all vaccines in children across Bridgend County Borough but there is need for improvement to meet the national target in most immunisations. The data shows that in comparison to the other authority areas in Wales, Bridgend had the third lowest uptake of the two doses of MMR immunisation by five years of age in 2009/2010. Therefore, emphasis on the importance of boosters of various vaccines at the appropriate times is necessary as

this is below the target 95% uptake to protect the population from onward spread of disease.

Influenza Immunization Uptake

The aim of the Welsh Assembly Government (WAG) influenza immunization campaign is to minimize flu-related morbidity, mortality and hospital admissions. In Wales, free seasonal flu is offered to all people aged 65 years and over and people between 6 months and 65 years in clinical risk groups, residents of long stay care homes and those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer fell ill.

The target for immunization uptake set by WAG since 2002 has been 70% for people aged 65 years and over. In Bridgend County Borough the immunization figures for those over 65 years decreased from 67.6% in 2007/8 to 61.7% in 2008/9 but increased to 63.6% in 2009/10. For those patients aged 0-64 years in the “at risk category” immunization rates dropped slightly from 39.8% in 2007/2008 to 39.1% in 2008/9 but increased to 46.6% in 2009/10.

Plans have been put in place within Bridgend and neighbouring communities to manage the continuing challenge of meeting the uptake targets that need to be achieved. Notwithstanding the already significant inroads that have been made in recent years, a local strategy and multidisciplinary group has been established to take the agreed Local Development Action Plans forward with the appropriate commitment of partner organisations and contractors. This will work alongside other initiatives to keep the local population of the County Borough of Bridgend physically active and healthy.

The population of Bridgend will be a Healthier Weight and more Physically Active

Obesity is a major public health issue and starting in childhood and adolescence, poor diet and a sedentary lifestyle are the main causes. Data from the 2007/08 Welsh Health Survey results indicate that 59% of adults were classed as overweight or obese in Bridgend Borough.

These figures are supported by the low percentage (27%) of adults reported as eating fruit and vegetables (five a day). Data from the Welsh Health Survey also indicates that only 30% of adults in Bridgend and across Wales are meeting the recommended physical activity guidelines, and are therefore undertaking insufficient physical activity to benefit their health. Regular physical activity has many benefits to health, including improving mental health and well being. Low levels of physical activity in Wales along with unhealthy eating patterns are also leading to increases in the prevalence of obesity.

The National Institute for Health and Clinical Excellence (NICE) suggests that interventions should focus on healthy weight, not just obesity. Support is required to implement community-based prevention and early intervention (self-care) programmes for adults that meet best practice guidelines. A pathway is required to identify people at risk and ensure referral to community-based programmes by primary care. All relevant local policies should incorporate the health agenda and contribute to the creation of an environment that supports/promotes healthy weight.

Our Citizens will live longer, have greater independence, and improved quality of life, because of their improved physical health

Life Expectancy

The citizens of Bridgend County Borough are now estimated to live from birth if male for 76 years as of 2008 and 80.2 years if female. This is an increase from 72.8 if male and 78.3 if female recorded in 1993. The gap is narrowing slightly between males and females from 5.5 to 4.2 years and the life expectancy is slightly lower than that recorded for Wales.

Tobacco usage

Smoking is well known as the greatest preventable cause of premature death and ill - health in Wales causing some 6,000 deaths each year. It kills around 114,000 people in the UK every year. Most die from one of the three main diseases associated with cigarette smoking i.e. cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease.

Smoking kills around five times more people in the UK than road traffic accidents (3,439), other accidents (8,579), poisoning and overdose (3,157), murder and manslaughter (513), suicide (4,066), and HIV infection (234) all put together (22,833 in total - 2002 figures). Smoking will lead to the death of half those that continue the habit- one in five deaths are caused by smoking.

Reducing the number of people who smoke or are exposed to tobacco smoke in Bridgend will be a significant contributor to achieving the outcome above.

The figures reported by Public Health Wales in 2010 suggest the current status of smoking in Bridgend matches that for Wales as a whole, although this is still higher than other parts of the UK and many parts of Europe. We also know that in Wales we are now seeing a higher level of weekly smoking from boys than we did in 2005 /06.

Smoking is also highest in the population groups least able to afford to smoke, smoking increases deprivation, social inequalities and child poverty. Therefore, by working to reduce tobacco usage we are also reducing inequalities within our community.

There have been significant actions taken to reduce tobacco usage in recent years; to ensure that an emphasis continues to be placed on the smoking agenda there is a need to review and refocus on current initiatives.

There is relatively little research on effective smoking cessation interventions for young people to inform the development of these services. We will work with others to fill this gap.

Chronic conditions and how people live with long term conditions will have a major impact on how long people live and what the quality of their lives will be like. This strategy recognises the importance of long term conditions, therefore later in the strategy a whole section will set out how we want to prevent chronic disease, and how we want to support individuals who have chronic conditions to have improved quality of life.

Key Actions

Action	Timeframe
Develop and implement community-based obesity prevention and early intervention (self-care) programmes for adults.	November 2012
Develop and implement and monitor the creating an active Bridgend Plan	Develop April 2011 Implementation & monitoring over 3 years
Further implementation of the integrated leisure and health model	March 2012
Implement all actions as identified in the Local Development Plan for vaccination and immunisation	From April 2011
Review of existing services against the NICE 2010 guidance for controlling weight and quitting smoking before, during and after pregnancy to ensure outstanding actions are progressed	March 2012
Review and refocus work to reduce tobacco usage in Bridgend, including working with partners to research effective interventions to support adolescent smoking cessation	March 2013
Review and develop comprehensive information, advice and support for children and young people from parents, schools and other professionals combined with accessible, young people-friendly sexual health services	November 2012

Statement of Desired Outcome

People in Bridgend will live or work in a safe and healthier environment

What does this mean for Bridgend?

- People in Bridgend County will have improved access to good, appropriate and affordable homes
- Transport in Bridgend County will promote healthy choices in life
- The working age population will have increased opportunity to work and learn
- Bridgend County Boroughs open spaces will be conducive to healthy living
- More businesses in Bridgend County will act responsibly to promote healthy and safe environments
- More of our communities will be economically vibrant

What measures will we use to know if we are achieving our outcome?

- Homelessness households temporarily accommodated
- Availability of Affordable Housing
- Local qualification levels as provided by NOMIS
- Nitrogen Dioxide recorded levels
- Underage tobacco sales
- Underage alcohol sales
- Local employment and unemployment data

The table below shows the details of each of these measures. The table shows where we were previously with these measures, where we are currently, what direction the measure is going in, and states what direction we want the measure to go in.

Table showing indicators which we will measure to show if the people in Bridgend County are able to live and work in safe and healthy environments				
People in Bridgend County will have improved access to good, appropriate and affordable homes				
<i>Measure</i>	<i>Previous</i>	<i>Current</i>	<i>The Direction we want this measure to go</i>	<i>Current Trend</i>
Homelessness households temporarily accommodated	70 in 2004/5	269 in 2009/10	Decrease but with better choices	Decreasing but with more people placed in B+B accommodation
Availability of Affordable Housing	15% new builds in 2007/8	22% new builds in 2009/10	Increase	Currently decreasing due to reduced new developments
Transport in Bridgend County will promote healthier choices in life				
Road Accident Data, All Casualties	59 in 2006/07, 44 in 2007/08	53 in 2008/09	Decrease in line with WAG targets	Fluctuating
The working age population will have increased opportunity to work and learn				
Percentage with no qualifications	19.6% in 2006	14.9% in 2009	Decrease	This figure, whilst decreasing, is behind the Welsh average
Bridgend County Boroughs open spaces will be conducive to healthy living				

Nitrogen Dioxide recorded levels	6.11mg in 2008	6.22mg in 2009	Maintain or decrease	Endeavour to keep NO2 levels below UK air standard
More businesses in Bridgend County will act responsibly to promote healthier and safe environments				
Underage Tobacco Sales	10% in 2007	5% in 2009	Decrease	At a national level, underage sales is on the increase
Underage Alcohol Sales (% tested)	26% in 2007	4% in 2009	Decrease	At a national level, underage sales is on the increase
More of our communities will be economically vibrant				
Local employment rate	71.8% in 2004	66.2 in 2009	Continue to rise in line with Welsh Average	Slight recent decrease after period of rise
Local unemployment data	4.3% in 2004	9.1% in 2009	Decrease unemployment rate in line with Welsh Average	Since 2004 Bridgend has continued to have higher than national average unemployment rates

Why we are in this position in Bridgend.

People in Bridgend County will have improved access to good, appropriate and affordable homes

There is considerable evidence that shows the link between the people who have to, or wants to live in housing and the quality and accessibility of housing.

The housing market in Bridgend County Borough is facing a number of pressures such as volatile house prices and relatively low local incomes; this has meant entry into the owner-occupied sector is difficult; there is also a shortage of supply of affordable housing, both intermediate and social rented.

On top of this, there are high levels of homelessness, which have receded in recent years but the need to use Bed & Breakfast as temporary accommodation persists, coupled with the lack of housing-related support services for vulnerable homeless households.

There currently is a lack of credible temporary accommodation options, although the introduction of further private sector leasing has contributed to the challenges faced being more robustly managed.

Dealing with the needs of service users presents challenges of a dimension previously not experienced. The number of those presenting as homeless with complex needs has increased and placed new demands and pressures on the housing service. Coupled with a lack of suitable floating support available to those in need of such support is placing at risk those who aspire to sustain a tenancy and contributing to repeat incidences of homelessness.

Work is ongoing to re-focus homelessness services on prevention. Priorities regarding this focus on:

- Increasing the supply and use of temporary accommodation e.g. direct access, leasing schemes.
- Increasing the supply of both social rented and intermediate affordable housing, and ensuring greater access to private sector rented housing.
- Increasing the supply of preventative floating housing-related support services to prevent breakdown of tenure.

The evidence reveals a wide range of causes of homelessness. The main causes are from loss of rented accommodation, parents/friends unwilling to accommodate and breakdown of relationship with partner, often involving violence.

Supporting People is a programme of funding for which services are commissioned to provide housing related support that is fit for purpose. A review of the Supporting People programme in Bridgend will enable the reconfiguration of housing related support services to unmet need.

Further investment in preventative services is required to ensure a downward trend, especially against a national trend of significantly increasing mortgage repossession cases and more cautious lending for house purchases.

Affordability of home ownership has been an issue for much of the decade with rising prices until late in 2007. Large scale and more sudden adjustments in the housing market, such as during 2008 and 2009, make this situation more

challenging when increases in mortgage repossessions come at a time of reduced mortgage take up. This places a great pressure upon the rented sector.

The issue is exacerbated by inadequacies in the supply of affordable housing. The Local Development Plan (LDP) will be required to set an affordable housing target and this will be evidenced by the Local Housing Market Assessment 2009. The 2006 evidence for the County Borough identifies a 5-year affordable housing requirement of 636 units per annum. This compares to an annual average house build rate over the past 5 years of 'market' and affordable housing of just over 500 units. It is therefore evident that the planning system alone cannot fulfil all of the affordable housing requirements of the County Borough. In the context of the LDP a build rate of 540 dwellings per annum is proposed in the Draft Pre-Deposit Proposals approved for consultation in December 2008.

Transport in Bridgend County will promote healthier choices in life

Like all other activities, transport use also impacts on our lives and on the environment, sometimes imposing a cost on society as a whole and on others which users themselves do not pay. Such costs, which are seen as external to the transport user can relate to road traffic accidents, vehicle emissions, vehicular noise and traffic congestion. There is also evidence to suggest that increasing car-use continues to deprive users of the physical fitness that may be gained from walking or cycling. Increased and unbalanced car-use can contribute to unhealthy lifestyles.

The Council's transport policies and strategies are therefore geared towards reducing these costs, and in certain cases eliminating them in places where it is possible to do so. Consequently, the Council subscribes to the Welsh Assembly Government's targets on reducing accidents through road safety measures, educational and information campaigns.

The policy also supports the Authority's efforts to meet the casualty reduction targets set by the UK Government and adopted by the Welsh Assembly Government in their 'Road Safety Strategy for Wales' document. The targets are:

From a baseline of the average number of casualties between 1994 and 1998, the three casualty reduction targets to be achieved by the year 2010 are:

- 40% reduction in the total number of Killed or Seriously Injured (KSI) casualties;
- 50% reduction in the total number of children Killed or Seriously Injured (KSI) casualties;
- 10% reduction in the rate of slight casualties per 100 million vehicle kilometres travelled.

The following summarises progress made to date against the above targets:

i) Related to the total number of Killed or Seriously Injured in Wales the number for 2006 was a reduction of 31.6% while in Bridgend there was an increase on the baseline of 56 no. casualties of 5% to 59 no.

The KSI casualty numbers in Wales are generally following a downward trend, however, within this Authority the number fluctuates considerably with the initial downward trend of 2001 & 2002 being followed by significant increases, with 2005 being 13% above the baseline figure falling to 5% above in 2006.

ii) Related to the total number of children Killed or Seriously Injured in Wales, the number for 2006 was a reduction of 50% while in Bridgend it was 40% below the baseline of 10 casualties i.e. 6 no.

The children KSI casualty numbers in Wales are following a clear downward trend. However, in this Authority the number has fluctuated significantly, from a 60% reduction in 2003 to a 20% increase in 2005 (to 12no.) to a 40% reduction (to 6 no.) in 2006.

It should be noted that due to the relatively low casualty numbers in this category even a small increase or decrease results in a substantial percentage change.

iii) Considering the rate of slight casualties per million vehicle kilometres travelled in Wales there was a reduction of 25.3%, while in this Authority the reduction was 33.3% on the baseline figure of 53 no. to 35 no. The significant reduction in slight casualties is hopefully a reflection of the policy of targeting those sites with a high level of personal injury accidents.

The working age population will have increased opportunity to work and learn

People in work are less likely to suffer from poor health than those who are economically inactive. Skill levels are key to securing sustainable employment. 12,700* people in Bridgend aged 16-65 had no qualifications which equates to 14.9% of this population, which is similar to the Wales percentage of 14.8% but above the Great Britain percentage of 12.3%.

In Bridgend there is a correlation within our most deprived communities where poor health is prevalent between no qualifications and high levels of unemployment and economic inactivity. This was acknowledged as an issue and was a strategic objective in The Bridgend Skills Strategy 2009

‘To engage or re-engage the workless population into education, training or employment

The opportunities to gain qualifications for those aged between 16-65 are shared amongst numerous providers, including schools, colleges, private sector, Department of Work and Pensions supported projects, Adult Learning Provision and online provision. Since the 1980’s industrial South Wales has been the recipient of European Social Fund Projects which have been targeting poor skills and economic inactivity levels. However many people who are economically inactive and do not have qualifications can be hard to reach and require special interventions in order to engage in learning. Currently in Bridgend there are numerous European projects which are focusing on engaging with this client group and hope to impact on levels of skills, including basic skills, which will bring them closer to the job market.

A measure of success will be an improvement in the percentage of people from Bridgend aged 16-65 who have no qualifications. This is measured on an annual basis.

Bridgend County Boroughs open spaces will be conducive to healthy living

Since 1997, local authorities in the UK have been carrying out a review and assessment of air quality in their area. The aim of the review is to assist in carrying

out a statutory duty to work towards meeting the national air quality objectives. If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area there.

There are 8 Local Authorities in Wales that have Air Quality Management Areas and 237 Local Authorities in total throughout the UK

BCBC monitors oxides of nitrogen at potential hotspots throughout the Borough. To date, no exceedences justifying the declaration of an Air Quality Management Area have been identified in the County Borough, indicating that air quality is generally satisfactory and not a cause for any concern. However, the assessment of air quality is an ongoing process to protect the health of people living and visiting Bridgend and monitoring will continue for the foreseeable future.

The data collection is representative of data taken from mobile sampling stations in the county borough. Data from which clearly shows that nitrogen dioxide levels during the periods of sampling very rarely exceeded the average national mean level.

Air quality objectives can only be achieved by close working between departments within BCBC such as Planning, Highways and Public Protection and also liaising with outside agencies such as Environment Agency, Health and Safety Executive, WAG and private developers.

More businesses in Bridgend County will act responsibly to promote healthy and safe environments

As a result of the adverse effects they can have on health and well-being, the supply of a range of products to young people is prohibited. Yet youngsters' ability to access products such as alcohol, tobacco and solvents continues to cause concern nationwide. Across Wales, it has been reported that 20% of 13 year old girls and 23% of 13 year old boys are drinking alcohol at least once a week. Meanwhile it has been suggested that as many as 24% of 15 year old girls and 19% of 15 year old boys smoke, and that the average age they took up the habit was just 12.

Clearly, retailers and licensees hold the key to restricting access to age-restricted products and putting simple systems in place, like requiring proof of age, can make all the difference to local communities. In Bridgend county borough the Trading Standards Service has worked over the years with retailers and licensees to tackle the problem of underage sales and promote responsible retailing. Real improvements are now being seen in the level of sales detected through test purchasing exercises, as demonstrated below, using alcohol and tobacco as examples:-

Advice and education takes the form of business information packs and guidance, tailored to the business concerned, e.g., on-licensed premises, general retail, and also the recent guide for retailers of tobacco. Training seminars have also been delivered in conjunction with police colleagues, to assist premises in setting up due diligence systems to avoid underage sales.

An initiative which is seen as central to the local improvement in the levels of underage sales being detected is the proof of age card. Only by seeing genuine proof of age can shop or bar staff be confident of a purchaser's age. In order to ensure that proof of age is held by customers, the Trading Standards Service has for a number of years obtained funding to enable it to offer 'Validate' proof of age cards to all Year 11

pupils. Each year around 1200 cards are issued to assist staff in making the decision as to whether or not to sell to an individual.

Trading Standards and Police colleagues continue to work jointly on new initiatives to assist the trade in restricting access of youngsters to age-restricted products. One of these pieces of work aims to clamp down on the practice of adults purchasing alcohol on behalf of youngsters, while the creation of a 'traffic light' scheme for premises aims to encourage and reward responsible drinks retailers locally.

More of our communities will be economically vibrant

Over the past decade Bridgend's economy has undergone major changes in line with the experience of the UK economy as a whole. There has been a marked fall in manufacturing employment from 16,400 in 1997 to 9,800 in 2008. It will have fallen further since then due to the recession. There have been waves of closures in 2004, 2005 and in the recent recession. Plants that have shut have included Sony Bridgend (although the Pencoed facility remains open), Cosi-Budelpack, Cooper Standard, Kraft Wrigley and Dairy Farmers of Great Britain.

To counter the fall in manufacturing there has been a significant rise in service sector employment. This has risen from 28,300 in 1997 to 42,900 in 2008. The largest employment group in the County Borough is now Public Administration, Education and Health with 18,900 employees.

Over the period 2006 to 2009 employment rose from 55,800 to 57,300.

Over the past year there has been a marked fall in claimant count unemployment. From July 2009 to July 2010 it has fallen from 3,952 to 3,144 with the percentage figure falling from 4.7% to 3.7%, the second highest percentage fall in Wales.

Various measures are taken to improve the well-being of the local economy. These include support to local businesses, encouragement of investment, physical regeneration, working to bring forward employment sites and development of tourism.

One measure, the Local Investment Fund, supports businesses to invest and create jobs. It is a regional scheme operating across six counties. It offers small grants (generally below £5,000) to local small and medium-sized businesses to support capital investment. It commenced in 2009 and will operate to 2013. Specific outputs for Bridgend include the following:

- Enterprises financially supported - 123
- Individuals financially supported to set up a new enterprise - 49
- Gross jobs created - 185
- Enterprises created - 49

As a **headline indicator**, the above will be monitored on a quarterly basis. It must, however, be recognised that the levels of jobs created are not on a scale to have an impact on the employment and unemployment data. Claimant Count Unemployment currently stands at over 3,000 people in the Bridgend County Borough area. Changes in employment and unemployment will be largely influenced by factors on a global, European and UK scale.

Summary of Actions

Action	Timescale
Development of direct access facilities with move-on accommodation	January 2014
Decrease placements into bed and breakfast by focusing on alternative temporary accommodation levels	By January 2012
To improve the percentage of people from Bridgend County aged 16-65 who have no qualifications	2012 - 2013-2014 report Quarterly
To decrease the numbers of people from Bridgend County 16-65 who are economically inactive	2012 - 2013-2014 report Quarterly
To maintain a comprehensive monitoring programme at potential hotspots around the Borough in accordance with WAG guidelines to enable early identification of problem areas	Ongoing
To further reduce the levels of underage selling of tobacco and alcohol in Bridgend County Borough	2012 - 2013-2014 report Quarterly
To further support local businesses through the local investment fund to invest and create jobs for the County Borough	2011 / 2012

Statement of Desired Outcome

People who live or work in Bridgend will have improved emotional health

What does this mean for Bridgend?

- People who live or work in Bridgend will feel part of their community; they will live in a 'talking society' that does not taboo emotional or mental health
- Fewer people who live or work in Bridgend will self harm or commit suicide
- More people who live or work in Bridgend will recognise and manage their emotions and behaviours and will responsibly consume alcohol

The Needs Assessment 2010 has shown that many people in Bridgend need ongoing support with the mental health and emotional well-being. Residents of Bridgend have higher levels of stress and poorer health, higher levels of physical and mental illness, mental health problems and substance and alcohol abuse compared to other localities across Wales.

What Measures will we use to know if we are achieving our outcome?

People who live or work in Bridgend will feel part of their community; they will live in a 'talking society' that does not taboo emotional or mental health

- Welsh Health Survey SF-36 Role-Emotional scores
- Welsh Health Survey currently being treated for mental illness
- % residents who feel that their local area has a strong sense of community and that they feel part of that community
- Emergency admissions to Hospital due to mental disorders (PEDW data; ICD10)

Fewer people who live or work in Bridgend will self harm or commit suicide

- Attendances at A&E (Princess of Wales) due to deliberate self harm
- Completed suicide episodes
- Number of people trained in ASSIST across Borough

More people who live or work in Bridgend will recognise and manage their emotions and behaviours and will responsibly consume alcohol

- Reported domestic violence incidents
- Welsh Health Survey Adults reporting drinking above guidelines on at least on day in past week
- Welsh Health Survey Adults reporting binge drinking on at least one day in past week²
- Attendances at A&E (Princess of Wales) due to alcohol
- Alcohol-related admissions to hospital; Bridgend

The table below shows the details of each of these measures. The table shows where we were previously with these measures, where we are currently, what direction the measure is going in, and states what direction we want the measure to go it.

Table showing indicators which we will measure to show if the Emotional Health of people in Bridgend is improving				
Measure	Previous	Current	The Direction we want this measure to go	Current Trend
People who live or work in Bridgend will feel part of their community; they will live in a 'talking society' that does not taboo emotional or mental health				
Welsh Health Survey SF-36 Role-Emotional scores ¹	49.6% (Age standardized) 2007-08 combined	49.7% (Age standardized) 2008-09 combined	Increasing	Increasing
Welsh Health Survey currently being treated for mental illness	10% 2003 -05 combined	12% (Age standardized) 2008-09 combined	Decrease	Increasing
% residents who feel that their local area has a strong sense of community and that they feel part of that community	(BCBC Citizen panel data) New measure	May 2010 45.4% positive response 24.4% negative response	Increase positive response & see a reduction in negative response	not currently available
Number CYP accessing schools counselling?	291 in 2007 /2008	402 2008 / 2009	Increase	Significantly Increasing since 2006
Emergency admissions to Hospital due to mental disorders (PEDW data; ICD10)	415 2006-2007	246 2009-2010	Reducing	Reducing
Fewer people who live or work in Bridgend will self harm or commit suicide				
Attendances at A&E (Princess of Wales) due to deliberate self harm	May 2010: 63 (1.1% of all attendances)	Jan 2011 -72	Reducing	Fluctuates month on month but no overall reduction or increase in long

Table showing indicators which we will measure to show if the Emotional Health of people in Bridgend is improving				
<i>Measure</i>	<i>Previous</i>	<i>Current</i>	<i>The Direction we want this measure to go</i>	<i>Current Trend</i>
				term trend
Completed suicide episodes	17 in 2008	16 in 2009	Reducing	Static picture with very small numbers therefore caution required when identifying trends
Number of people trained in ASSIST across Borough	Not previously available	281 (2009-10; across NPT and Bridgend)	Increasing	Increasing (this is a new measure no trend data available)
More people who live or work in Bridgend will recognise and manage their emotions and behaviours and will responsibly consume alcohol				
Reported domestic violence incidents	323 in 2007 /2008 243 in 2008/ 2009	228 in 2009 /2010	Reducing	Reducing
Welsh Health Survey Adults reporting drinking above guidelines on at least on day in past week ²	44% 2003 -2005 combined	48% (Age standardized) 2008-09 combined	Reducing	Increasing
Welsh Health Survey Adults reporting binge drinking on at least one day in past week ²	22% 2003 -2005 combined	30% (Age standardized) 2008-09 combined	Reducing	Increasing
Attendances at A&E (Princess of Wales) due to alcohol	May 2010: 40	Jan 2011 72	Reducing	Increasing
Alcohol-related admissions to hospital; Bridgend	2002 (2006)	2015 (2008)	Decrease	Increasing

¹ Role-Emotional scores from SF-36 (covers problems with work or other daily activities as a result of emotional problems). Higher scores indicate better health and well-being. Individuals age 16 years and over.

² In response to a question about the most units drunk on any one day in the last seven days. Above guidelines means men drinking more than 4 units a day and women drinking more than 3 units. Based on all adults (drinkers and non-drinkers).

Why we are in this position in Bridgend?

People who live or work in Bridgend will feel part of their community; they will live in a 'talking society' that does not taboo emotional or mental health

There is a wide range of factors that affect emotional wellbeing; improving the social, environmental and economic circumstances of people's lives is essential to ensure they experience improved emotional wellbeing. An individual's emotional wellbeing / mental health will also vary in accordance with their ability to deal with the circumstances within their lives. This is often termed 'resilience', and building individuals' resilience (for example, through promoting self esteem, or by providing social support) is a key part of promoting emotional wellbeing. It is the diverse nature of the many factors that affect emotional wellbeing that requires partners to work together to ensure a holistic approach to improving emotional wellbeing.

Building resilience begins at the earliest stage of our lives and can continue throughout the life course. This can be achieved through good parenting, the promotion of good mental health and healthy ageing initiatives. Resilience is not static. It consists of a dynamic range of personal characteristics, experiences and relationships that provide protection in the face of stress. These features include how people look at the world and their place in it and their esteem and personal skills. Their abilities for making and sustaining relationships with other people are particularly important.

The Siaradwn Ni "Lets Talk" Big lottery Fund Project in Bridgend (2010-2015) has been created to reduce stigma and improve awareness in relation to mental health by providing a legacy of knowledge regarding mental health and suicide prevention across the County Borough. This will encourage earlier recognition, response and recovery. The partnership aims to promote a more positive image of mental health within the community thus reducing barriers to accessing support and promoting inclusion. The field work undertaken to support the securement of the Siardwn Ni funding indicated:

- stigmatisation and stereotyping of emotional distress within the population
- poor levels of public awareness about mental health problems and mental distress
- limited numbers of people across the borough able to identify emotional distress
- lack of skills in early recognition and response
- negative attitudes towards statutory / main stream services by young people
- negative media reporting of issues relating to mental distress

These perceptions need to be changed to create a 'talking society' where the stigma and taboo of mental health is eliminated. We need to work together to increase and sustain public awareness of issues surrounding mental health and reduce the fear and stigma relating to mental health issues and develop a large number of appropriating trained and aware people across the borough, including services users and potential service users, who can support emotionally vulnerable people,

Fewer people who live or work in Bridgend will self harm or commit suicide

A broad range of factors contribute to self harm and suicide. Definition of self harm as set out in the **Welsh Assembly Government Action Plan to Reduce Suicide and Self Harm 2009-2014 (APRSSH)**:

'Self harm may be defined as intentional self-poisoning or self-injury, irrespective of the nature of motivation or degree of suicidal intent.'

People self-harm in different ways. Some cut their arms or legs, others bang or bruise their bodies. Self-harm also includes burning, scratching, hair-pulling, scrubbing, or anything that causes injury to the body. Some people take tablets, perhaps not a big overdose, but enough to blot things out for a while. Self harm can also include eating disorders and substance misuse. Some people hurt themselves just once or twice. Other people use self-harm to cope over a long time. They might hurt themselves quite often during difficult times.

On average, 300 people die by suicide each year in Wales. This number is low compared to other causes of death, but it accounts for 1 in 5 male deaths and 1 in 10 female deaths for the 15-24 age group. Male suicide in Wales (2004-6) is approx 20 per 100,000 and peaks between 20-39 years. Female rate in Wales is approx 5 per 100,000. The rate among men in Wales is higher than the UK rate whereas for women it is the same as the UK rate. Each year, almost double the number of people in Wales die by suicide than in road traffic accidents within all age groups. While the statistics are particularly striking among children and young people, suicide affects people across the whole life-span. Delivering effective interventions for children and young people and for people who are in middle-age and later life are therefore crucial to providing a comprehensive approach.

Self harm is a significant issue in Wales. APRSSH states that there are as many as 6,000 hospital admissions each year as a consequence of people harming themselves - this probably grossly underestimates the number of occasions that people harm themselves because many people do not go into hospital or request healthcare.

The National inquiry into youth self harm 'Truth Hurts' (2006) found that self harm is not usually intended to harm, nor kill or even to inflict serious and/or permanent damage -it is a strategy which makes it possible for a young person to continue with life, not to end it.

Bridgend Child and Youth Counselling Service Annual Report (2009) states that approx. 1 in 8 young people have a presenting issue that includes self harm - this could include past and present self harm, as well as thoughts of self harm and could include self, friends and family members

Many people who die from suicide have harmed themselves in the past but it is not always possible to predict which of the people who harm themselves will go on to commit suicide.

APRSSH states that the stigma attached to mental disorder means that many people, especially young men are reluctant to discuss their mental health or seek help when they are distressed. The combination of bottling up feelings and problems and substance misuse can significantly heighten the risk of suicide. Drug

misuse is known to increase the risk of suicide twenty fold and substance misuse is particularly associated with impulse suicide in young men.

Some of the protective factors that have been shown to reduce the incidence of suicide and self harm include:

- good personal and social relationships
- experiencing good mental health
- encouraging people to talk about their problems (through social and other support networks and also counselling, befriending, mentoring, listening)
- reducing stigma associated with emotional and mental health problems
- better help and support to cope with emotional distress & adverse life events, unmanaged debt, relationship breakdown, raised awareness about suicide
- tackling substance misuse issues
- improving life chances through educational attainment and employment
- delivering good mental health services
- building resilience.

Many of these actions are contained within the Siaradwn Ni, Improving Futures, and Children's Emotional Well-being initiatives/strategies for Bridgend County Borough which are in the process of being implemented over the next three years.

More people who live or work in Bridgend will recognise and manage their emotions and behaviours and will responsibly consume alcohol

Alcohol consumption is deeply ingrained within the culture of the UK and other western countries. Many people enjoy alcoholic drinks in moderation, and sensible drinking can have some benefit as it is associated with a lower risk of coronary heart disease and stroke in older people. But alcohol is also an addictive drug and alcohol misuse can lead to significant harm to the individuals, families and society excessive alcohol consumption often features in cases of suicide, self harm, domestic violence and violent, disorderly and antisocial behavioural crime. Alcohol is estimated to be the third highest of twenty-six risk factors for ill-health in the Europe, ahead of overweight/ obesity and behind only tobacco and high blood pressure. It therefore presents a major challenge to the health service.

Each year in Wales around 1,000 deaths are alcohol attributable. Concern over the effect alcohol is having on our youngsters came to the fore in early 2010 when the Principality hit the headlines as having a higher percentage of 13 year olds drinking alcohol at least once a week (20% for girls and 23% for boys) than any other European country. This concern is further illustrated by the fact that of all the referrals of patients for alcohol treatments and counselling services across Wales in 2007/08, 1,551 referrals were of youngsters between the ages of 12 and 19 and a further 51 were *under* the age of 121.

Results from the Welsh Health Survey 2007 showed that more men than women reported drinking above guidelines or binge drinking in Wales. The age-standardised data shows that Bridgend residents are the fourth highest reported binge drinkers in Wales compared to other Local Authority areas (22%; Wales average 19%). In terms of alcohol-related mortality, Bridgend had the fifth highest level of mortality in males across Wales for the period 2002-06 but conversely ranked 21 out of 22 Local Authority areas for female alcohol-related mortality

during the same period. Of all alcohol-related deaths in Wales during this period, 7.6% (men) and 5.9% (women) were related to “mental and behavioural disorders due to the use of alcohol”.

The average annual number of alcohol-related hospital admissions for residents of Wales between 2002 and 2006 was 8,403 for males and 4,512 for females representing around 1.5% of all admissions. Looking at the age-standardised rate for alcohol-related hospital admissions in Wales (per 100,000 population) for the period 1999 to 2006 the data indicated that rates have increased over time for both men and women. “Mental and behavioural disorders due to use of alcohol” accounts for more than 62% of male alcohol-related admissions during this time period and 51% for women. The majority of admissions for this condition, when further broken down, are due to acute intoxication, dependence syndrome, harmful use and withdrawal state. Other major conditions were alcoholic liver disease and intentional self-poisoning due to alcohol.

In terms of Local Authority ranking, Bridgend males rank 10th out of 22 Authorities (above Welsh Average) and Bridgend females 17th (below Welsh average) for alcohol-related hospital admissions. However when we look at the alcohol-attributable hospital admission data, which gives a fuller picture of the extend or harm and burden placed on health services due to alcohol, Bridgend men and women rank the third worst in Wales, well above the national average.

Data from the Welsh Health Survey also allows a comparison of reported binge drinking in each local authority with the Wales average. The age-standardised percentages are available for persons and show that binge drinking percentages in Bridgend are the fourth highest in Wales and above the national average.

The Bridgend Substance Misuse Action Team is driving forward the agenda to raise awareness and educate the public on the dangers of alcohol and has a number of initiatives and targeted campaigns in place to promote sensible drinking and reduce the harms associated with binge and excessive drinking.

Key Actions

Action	Timeframe
Continue to implement the “Improving Futures Strategy” and Action Plan and the Welsh Assembly Government “Talk to Me” Action Plan across Bridgend	April 2014
In Partnership with Neath Port Talbot County Borough partners, continue to roll out the Siaradwn Ni project across Bridgend. for example: <ul style="list-style-type: none"> Promotion and availability of MIND ASIST & STORM training courses to skill front line practitioners in recognising signs of self harm and suicidal intent Raise awareness of and reduce the stigma of mental health across the Borough 	April 2014
Support the Bridgend Children and Young People’s Partnership to finalize and implement the Children’s Emotional Well-being Strategy	April 2014
Continue to roll out Alcohol awareness campaigns and targeted health promotion/prevention events through the Substance Misuse Action Team	April 2014

Overlapping Services

What are we going to jointly achieve for people with Physical Disability and Sensory Needs?

In order to improve the access to health and social care services for adults with physical and sensory needs, it is proposed to realign the current service provision into an integrated Specialist Resource Team, *The Bridgend Action Team for Independence and Wellbeing*. This will be an Adult Social Care-led team focussing on outcomes, maximising individual potential and minimising risks to independence, with an emphasis on choice and control.

It is proposed that this integrated model will offer a single access point to the Bridgend Action Team for Independence and Wellbeing. There will be a multidisciplinary assessment of the person followed by a mutually agreed integrated intervention plan to maximise the person's potential and minimise their risks to their independence. Once the specialist assessment and interventions are completed, if required a person-centred, outcome-focused, long-term plan of support will be developed and commissioned.

Why will this make a difference?

The approach is person-centred and outcome-focused in order to assist people to live their lives to their desired full potential and based on the principles of the Social Model of Disability.

- Improved Health Independence and Wellbeing
- Improved Quality of Life
- Making a Positive Contribution
- Express and Exercise of Choice and Control
- Economic Wellbeing
- Personal Dignity
- Freedom From Discrimination or Harassment

What indicators do you use or are you going to use that measures progress / improvement?

- National Performance indicator SCA 003a *The percentage of clients aged 18-64 who are supported in the community during the year*
- The decommissioning when obsolete of traditional models of support for this service user group
- Admission avoidance for people with chronic long-term conditions
- Earlier discharge for people receiving programmes of rehabilitation in the community

Indicator	Current	Current Direction	Direction we want this measure to go
The percentage of people with Physical Disability and Sensory Needs	98.4% (December	Increase Trend	Maintain number

clients aged 18-64 who are supported in the community during the year	2010)		above the target of 95%
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Important Background Information

The Bridgend “*Health and Social Care Disability Strategy for People with Physical and Sensory Needs, 2005 - 2008*” (*the Strategy*) was developed jointly between the former Bridgend Local Health Board (LHB), Bridgend County Borough Council (the Council), and the former Bro Morgannwg NHS Trust. The Strategy was developed in consultation with impairment specific and disability voluntary sector organisations, other public service sector organisations and with local disabled people. In addition, the Strategy development work built on a number of external Best Value reviews of social care services between 2000 and 2003. An associated action plan was formulated to develop the Strategy.

The Strategy made a commitment to the development and reconfiguration of services and resources for the target group, who were adults over the age of 18 years with physical needs, sensory needs, long-term limiting illness, terminal illness, progressive or improving health conditions, sudden onset impairment as a consequence of trauma; and where any of the above has a immediate, substantial and adverse effect on carrying out day-to-day activities, in the home or social environment and community in which the person lives.

The development of the proposed Bridgend Action Team for Independence and Wellbeing is designed to deliver on that commitment by realigning and integrating current health and social care provision to provide an integrated person-centred model of delivery. It is potentially a Specialist Resource Team for Bridgend County Borough, in line with the *Primary & Community Services Strategic Delivery Programme*.

We have already established a joint project board and have co-located a number of teams together. We have also developed an integrated Community Equipment Assessment Demonstration and Teaching facility and have consulted widely on the development of the new team.

Action	By Whom	When
Propose draft service model inform and consult on implementation	BCBC/ABMU	August - November 2010
Partnership Board briefing paper	BCBC/ABMU	September 2010
Cabinet/ HB Briefings/agreement	BCBC/ABMU	November 2010
Agree model and implementation plan	BCBC/ABMU	November 2010
Develop an outcome-based approach to evaluating our services for people with Physical Disability and Sensory Needs	BCBC/ ABMU	2013
Implementation and transitional arrangements for current service	BCBC/ABMU	December 2011 - March

		2011
Review and Evaluate collocated service and model	BCBC/ABMU	July 2011

What are we going to jointly achieve for people with Long-term Conditions?

Key outcomes for people of Bridgend who already have, or are at risk of developing long-term conditions are to prevent disease, prevent further deterioration, increase health promotion and improved self care.

Services will ensure appropriate release of resources that are comprehensive and community-based to enable patients to be treated in sustainable and appropriate settings, close to home.

Why will this make a difference?

- Improved management of the health and well-being of people living with long-term conditions;
- Reduction in the incidence and impact of long-term conditions;
- Reduced inherent inequalities that exist across the health community;
- Reduced levels of morbidity and avoidable emergency admissions to hospital.

How will we know if we're succeeding?

We have established a range of indicators that will enable us to show how we are progressing in improving the outcomes for people with long term conditions. While they are all important and will be reported on to the Health Social Care and Wellbeing Partnership the key indicator for this strategy is:

- Prevalence of long-term conditions - e.g. diabetes, respiratory disease, cardiac conditions

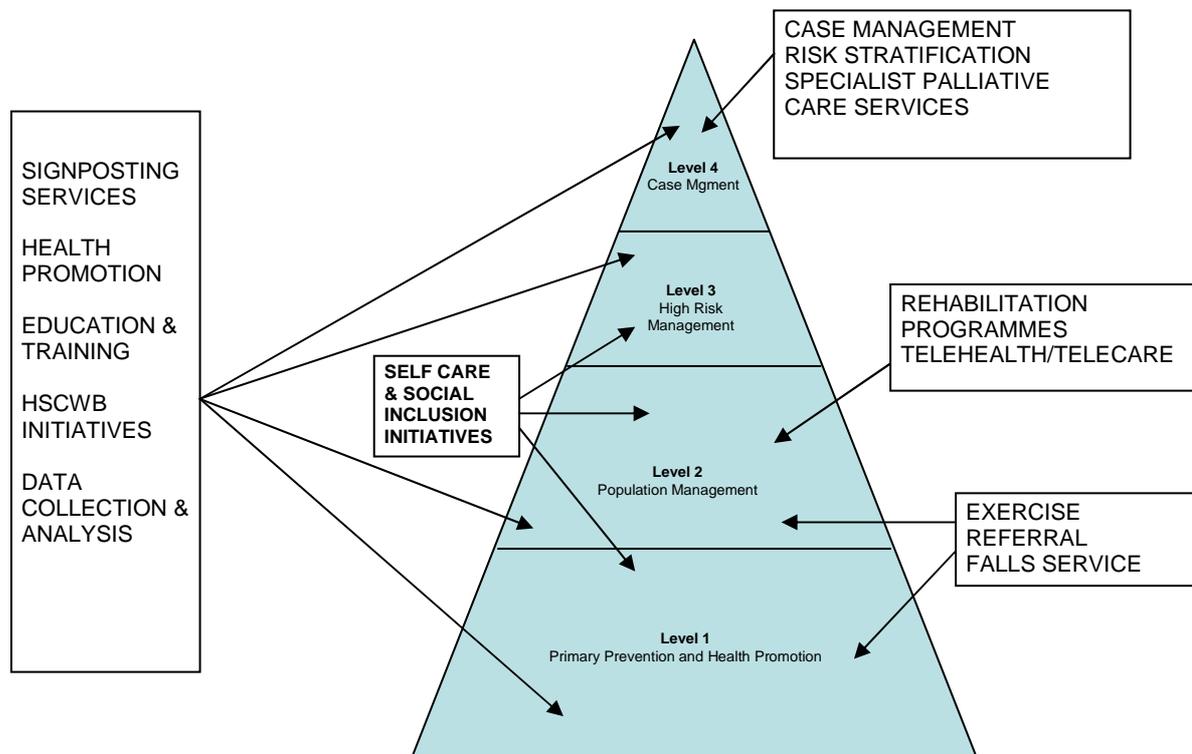
Below is a table and graphical representation of prevalence of long-term conditions in Bridgend against national figures as of March 2009

Condition	Current prevalence (Patients)	Bridgend position with respect to all Wales prevalence:	Direction we want this measure to go
AF	1.90% (2,874)	↑	Decrease
Asthma	7.11% (10,764)	↑	Decrease
Cancer	1.16% (1,757)	↑	Decrease
CHD	4.90% (7,421)	↑	Decrease
CKD	2.05% (3,106)	↓	Decrease
COPD	2.10% (3,175)	↑	Decrease
Dementia	0.57% (862)	↑	Decrease
Diabetes	4.95% (7,499)	↑	Decrease
Epilepsy	0.77% (1,161)	↑	Decrease
HF	1.19% (1,795)	↑	Decrease
Hypertension	15.34% (23,232)	↑	Decrease
Obesity	9.21% (13,944)	↓	Decrease
Stroke	2.22% (3,369)	↑	Decrease

Why we are in this position in Bridgend

In order to achieve our outcomes, a Local Delivery Plan and Action Plan have been implemented. Significant actions, based on the evidence of what works have

already been established; the diagram below illustrates the focus of activities towards improving management of long-term conditions, these are broken into 4 levels



The services and actions identified above are based on key principles which we are already putting into practice and want to further develop in Bridgend.

- effectively supporting patients/clients to improve the self management of their condition,
- Enhancing health promotion, prevention and the use of community networks.
- Improving service delivery with changes to care and rehabilitation as a result of joint developments
- Effective use of technology to support independence and help people stay safely in their homes
- Helping local people receive the care they need, where they want to receive it
- Where necessary introducing appropriate new services e.g. a Falls Service

It is anticipated that the increase in the number of older people is likely to cause a rise in chronic conditions while the changes in marriage patterns, increases in single person households, lone parent families and mobility among family members are likely to reduce the availability of informal care. This will cause considerable future pressure as research shows 70 per cent of care in the community is provided by unpaid carers.

List of high-level actions that will be taken

Action	Lead
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To collaborate with primary care colleagues to develop a coordinated community network model and network arrangements around natural communities, building on the existing health, social care and well-being services.	Bridgend Locality Office/BCBC
To engage with patients and carers to gain user feedback to ensure services are responsive, best practice is observed and subsequent actions reflect needs analyses.	Chronic Conditions Management (CCM) Team
To maximise utilisation of developing technology e.g. telehealthcare, communications IT, and to strengthen links to other relevant services.	CCM Team/Intermediate Care Development Manager
Training and development of health and social care staff to meet the needs of the population.	CCM Programme Manager/NLIAH

What are we going to jointly achieve for people with Substance Misuse and Alcohol Problems?

Bridgend Substance Misuse Action Team (SMAT) is committed to providing the best services we can for people who misuse substances and for those affected by substance misuse of others.

The SMAT aims to address the strain substance misuse can place upon communities, through providing accessible local services to people who need them and supporting families who are affected by substance misuse. The SMAT also recognises that people who misuse alcohol or drugs are themselves members of their community and have a valuable contribution to make to their neighbourhood and society as a whole.

The SMAT believes that people deserve the opportunity to achieve their full potential, through resisting substance misuse or through making positive changes to address it.

Why will this make a difference?

- Improved access to treatment services and reduced waiting times for children and adults requiring support
- Improved quality of treatment services meaning that people are more likely to succeed in making positive changes
- Reduction in the impact of substance misuse on children and families
- Reduction in the number of crimes that can be associated with substance misuse

How will we know if we're succeeding?

<i>Measure</i>	<i>Current</i>	<i>Current Direction</i>	<i>Direction we want this measure to go</i>
Reduce the number of incidences of unplanned ending of contact with services. That is, clients who do not attend or respond to follow up contact, and have been out of contact with the service for more than six weeks	39%	<i>Decreasing Previously 58% in 2008/09</i>	<i>Decrease to less than 25% by 2011</i>
Achieve a waiting time of not more than 10 working days between referral and assessment.	64%	<i>Increasing Previously 44% in 2008/09</i>	<i>Increase to more than 75 by 2011</i>
Achieve a waiting time of not more than 10 working days between assessment and the beginning of treatment.	83%	<i>Decreasing Previously 85% in 2008/09</i>	<i>Increase to more than 90%</i>

The ABMU Substance Misuse Area Planning board is developing a suite of outcome indicators to measure the local impact of the national substance misuse strategy for Wales. Once these are agreed, they too will be used to monitor progress.

Important Background Information:

In 2007 Bridgend Substance Misuse Action Team undertook a comprehensive needs analysis of substance misuse services. This analysis was based on local and national data, service commissioner and provider and service user feedback in addition to community consultation.

The Commissioning Strategy sets out the following key objectives:-

- Increased access to services
- Reduced waiting times into treatment services
- Increased availability of support services outside of Bridgend town centre
- Review of services to ensure that they are founded on a robust evidence base

Whilst the Commissioning Strategy refers to both alcohol and drug issues, we are aware that Bridgend has a higher level of referrals into specialist services due to alcohol issues. Levels of reported binge drinking in Bridgend County Borough are also above the national average. Services are currently designed to deal with substance misuse issues as a whole (encompassing both alcohol and drug problems), however in recent months we have recognised a need to review deliver to ensure that alcohol issues can be dealt with swiftly.

In 2010 the Welsh Assembly Government announced additional funding to support an increase in services for children and young people. Bridgend Substance Misuse Action Team have been working with service users, providers and planners to develop an action plan to increase the availability of appropriate support for children and young people. A final service model and commissioning plan will be agreed by September 2010.

What we are already doing together to plan and arrange services

Substance misuse services are planned and commissioned through the multi-agency Substance Misuse Action Team (SMAT). This team is a sub-group of the Community Safety Partnership. On a regional basis we are members of the Abertawe Bro Morgannwg Substance Misuse Area Planning Board, which is a high-level strategic group tasked with supporting the Community Safety Partnerships in working together to take forward to National Substance Misuse Strategy for Wales.

In order to achieve the objectives of our commissioning strategy we have begun to look at the services we have and to identify areas where we could make changes for the better. One example of this is the re-profiling of expenditure to increase the throughput from the specialist Community Drug and Alcohol Team. This change has resulted in increased capacity in the team and a reduced waiting time into the service.

Summary of what we know works

Whilst the evidence base for substance misuse prevention projects is still developing, Bridgend SMAT continues to invest in this area and explore ways of

working to increase public awareness. We work closely with Public Health Wales to ensure that our projects are delivered using the best evidence available.

Within treatment services we know that timely access to evidence-based treatment services is an effective way of reducing individuals' substance misuse. There is clinical guidance in place to describe effective treatment services as well as a suite of substance misuse treatment frameworks that are produced by the Welsh Assembly Government.

In 2010 the Welsh Assembly Government has introduced the Treatment Outcome Profile (TOP) tool for adult treatment services this is a tool to be used by caseworker and client which will provide aggregated data on the effectiveness on individual service elements. Therefore in the future we will be able to see how effective on type of intervention is.

Bridgend SMAT has a strong commitment to service user and carer involvement. The SMAT has been working closely with Bridgend Involvement Group (BIG) to ensure that we listen to people who use services, in order to learn what works and what needs to be improved.

List of high-level actions that will be taken

Action	Lead
Development of services outside Bridgend town centre	SMAT/ BCBC
New service specification for Community Drug and Alcohol Team to ensure that waiting times are kept to a minimum	SMAT/ Area Planning Board
Commissioning plan for young people's services	SMAT/ Children and Young People's Partnership

What are we going to jointly achieve for older, frail people?

The desired outcomes for services for older, frail people in Bridgend are that they promote independence, well being and choice that will support individuals in achieving their full potential.

Why will this make a difference?

Delivering appropriate services in a timely manner will improve life for older people by:

- Empowering individuals to self-manage their needs
- Promoting social inclusion and preventative approaches to support and reducing the need for 'hands-on care'.
- Managing and reducing unscheduled episodes of care and support
- Improving care in the last years of life
- Improving access to flexible community-based support arrangements
- Protect individuals from abuse

How will we know if we're succeeding?

Indicator	Current	Current Direction	Direction we want this measure to go
The rate of delayed transfers of care for social care reasons per 1000 population aged 75 or over SCA/001	2.12 (December 2010)	Slight increase in numbers	Decrease required
The rate of: A). Older people (aged 65 or over) supported in the community per 1000 of population aged 65 or over at 31 March. B). Whom the authority supports in care homes per 1000 of the population aged 65 and over at 31 March SCA/002	86.26 (December 2010) 21.49 (December 2010)	Increasing Trend Decreasing trend	Maintain Increase above the target of 83 Decrease required to bring inline with target of 21.5
The percentage of clients who are supported in the community during the year in the age groups: Aged 65+ SCA/003 (b)	84.35% (December 2010)	Increasing Trend	Continued Increase required,

Why we are in this position in Bridgend

Bridgend is facing significant challenges in the context of growing numbers of older, frail people and the changing expectations of service users and their carers.

The Adult Social Care Remodelling Programme builds upon the strengths of existing service provision, but also recognises the need to move away from traditional approaches to people-centred services that promote positive outcomes.

What we are already doing together to plan and arrange services

Significant progress has been made in integrating health and social care services for older, frail people in Bridgend, building upon the successful development of a multi-disciplinary Community Integrated Intermediate Care service (CIIS). A more enabling approach is being developed across mainstream services. The establishment of a centre of excellence for integrated and allied services has enabled teams to be co-located and realigned. This will improve the appropriateness of the service response to individual needs.

A number of joint health and social care posts have also been established to support the further integration of services which report through the Joint Executive Team to the Partnership Board.

Summary of what we know works

There is local evidence that establishing new services that promote independence and reconfiguring existing services improves the outcome for service users and reduces demands on existing statutory services. Specific examples include:

- Integrated health and social care intermediate services that prevent hospital admission, supports discharge e.g. CIIS
- Services that support a sense of security and wellbeing on a 24 hour basis, e.g. BridgeLink Telecare
- Integrated health and social care rehabilitation services e.g. Community Disability Rehabilitation Team
- An enabling home care service that reduces the individual's need for on going home care e.g. BridgeStart Home Care
- Services that provide support for carers and enable them to continue to care for as long as possible e.g. Crossroads respite service, BridgeLink Telecare, Carers Emergency Support Card
- Developing models of accommodation that support independence e.g. Extra Care
- Improving the demonstration of and access to community equipment e.g. Integrated Community Equipment Service

List of high-level actions that will be taken

Action	Lead
Development of Community Integrated Intermediate Care service and allied services completed March 2011	ABMUHB/BCBC

Development and implementation of co-ordinated range of falls services March 2011	ABMUHB/BCBC
New model of home care agreed and implemented March 2011	BCBC
Integrated Community Equipment Store completed and opened March 2011	BCBC
Extra Care facility completed and opened Sept 2011	BCBC

What are we going to jointly achieve for people with a learning disability?

We want all people with a learning disability in Bridgend to be accepted as full citizens, equal in status and value to other citizens of the same age.

Why will this make a difference?

This will ensure they have the same rights to:

- Live healthy, productive and independent lives with appropriate and responsive treatment and support to develop their maximum potential;
- be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary;
- live their lives within their community, maintaining the social and family ties and connections which are important to them;
- have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.

How will we know if we're succeeding?

There is a range of indicators we can use to measure the success of this work:

Both Bridgend CBC and ABMUHB have their own performance indicators which correlate to how they help and support people. These indicators can be broken down to identify how people with learning disabilities are being supported. For example:

	Current	Current Direction	Direction we want this measure to go
The percentage of people with a learning disability aged 18-64 who are supported in the community during the year.	97.3% (December 2010)	Increase	Maintain above 97%
Increase the number of people accessing training and employment and engaging in community activities such as volunteering.	60	Flat or little increase in Recent years	Increase to 141 people on register to achieve by 2014
The number of people with a Learning Disability who received an annual health check	43% for 2008/09	Increase of 15% since 2007	Increase to 60% by 2014

Why are we in this position in Bridgend?

In Bridgend we are working together to help people with learning disabilities and their carers exercise the rights listed above. Networks of support and service provision are being developed to enable people to live independently as they can and to receive support and services when they are needed.

It must be acknowledged that more work is required to set specific targets and baseline indicators for the next period. Work is currently underway to do this in

adult social care and in partnership with health and the independent sector. Examples of this are the work being done in the following groups:

- Joint Learning Disabilities Strategy Planning Team
- Learning Disability Continuing Health Care Programme Board
- Community Exchanges Steering Group
- Adult Social Care remodelling projects

Through these groups a number of key areas of work are being done in relation to:

- A review of the work of the Community Support Team
- Continued development of the provision of accommodation and daytime services
- Development of procedures for working with people with high levels of need particularly health-related
- Development of services for people with Autistic Spectrum Disorder
- Development of Transition Services

In 2010 the Bridgend Disabled Children and Young People Strategy was published. This strategy applies to all children and young people with any physical, learning, sensory or communication disability, regardless of the level of their disability. The strategy has two local priorities of notable significance which are crucial to its success:-

- a family support service
- an effective register of disabled children and young people.

The strategy also recognises that children and young people will benefit from services that demonstrate:

- greater integration in planning and delivery;
- improved outcomes for children and young people through common goals;
- reduction of duplication;
- better use of limited resources;
- additional support where it is needed.

To that end the strategy prioritises the development of a multi-agency integrated approach to meeting the needs of disabled children and young people. The new integrated model will be developed with consideration of how it will strengthen support within the family, community and school and how it will provide effective support for young people through transition to adulthood and independent living. We will also explore joint working across the three ABMU CYPP areas.

High-level actions that will be taken

Action	Lead	Timescale
Complete review of the Community Support Team and put in a Section 33 agreement	BCBC ABMU	2012/13
Complete work on localised day services and development of the care centre	BCBC	2012
Complete work on health care pathways and CHC eligibility process	ABMU	2012
Complete work to review and integrate the provision of accommodation and daytime services	BCBC	2012/13
Develop a support and preventative service to help young people in transition move into ordinary	BCBC	2012/13

community activities		
Develop and implement a multi-agency integrated approach to meeting the needs of disabled children and young people	BCBC	2011/2012

What are we going to jointly achieve for people with mental health problems?

The desired outcomes for services for people with mental health problems in Bridgend are that they promote independence, well being and choice that will support individuals in achieving their full potential.

We want to raise the standards for people with mental health problems in the following eight areas.

Standard 1 - Social Inclusion, health promotion and tackling stigma

Standard 2 - Service user and carer empowerment

Standard 3 - Promotion of opportunities for a normal pattern of daily life

Standard 4 - Providing equitable and accessible services

Standard 5 - Commissioning effective, comprehensive and responsive services

Standard 6 - Delivering effective, comprehensive and responsive services

Standard 7 - Effective client assessment and care pathways

Standard 8 - Ensuring a well staffed, skilled and supported workforce.

Why will this make a difference?

Delivering appropriate services in a timely manner will improve life for people with mental health problems by:

- Empowering individuals to access primary care services and for a significant amount of mental health issues to be managed in the primary care sector
- Promoting social inclusion, reducing stigma and encouraging earlier access to services.
- Managing and reducing unscheduled admissions to hospital
- Facilitate early, appropriate discharge from hospital
- Promote recovery from episodes of mental ill-health
- Improving access to flexible community based support arrangements
- Protect individuals from abuse

How will we know if we're succeeding?

The Welsh Assembly Government's key indicators in "Raising the Standard." The revised NSF for mental health services 2005 and the 4 main aims of the NSF will be the key measures for delivery and progress in the delivery of services locally the four aims are:

- Equity - Mental health services should be available to all and allocated according to individual need
- Empowerment - Service users and their carers need to be integrally involved at all levels in the planning, development and delivery of mental health services
- Effectiveness - services should provide effective interventions that improve quality of life by treating symptoms and their causes, preventing deterioration, reducing potential harm and assisting rehabilitation
- Efficient - services must use resources efficiently and be accountable for the way public money is spent

Locally we will also use the following important measure to ensure we are achieving our outcomes:

	Previously	Current Direction	Direction we want this Trend to go in.
The percentage of people with Mental Health problems aged 18-64 supported in the community during the year.	95.7% (December 2010)	Being Maintained above 95%	Maintain above 95%

The strategy will be a living document and during the life of the strategy further measures for Mental health services will be developed including where appropriate qualitative measures.

Why we are in this position in Bridgend

Bridgend County Borough Council will be facing challenges in the delivery of appropriate support and services for people with mental health problems.

A 2005 Welsh Audit Office review of mental health services in Bridgend highlighted effective planning arrangements across Bridgend, although it was stated that partnership working and engagement at a strategic level was an area of weakness. As a result, joint planning structures are in place. Although these need to be harmonised across the mental health community, further development and review of mental health services will assist this process.

A whole-systems approach is now in place. This will drive integrated service delivery by identifying how primary, secondary and tertiary services should be developed to meet the changing needs and expectations of people who use mental health services. The development of the mental health measure in Wales will play a significant part in the reconfiguration and delivery of mental health services in Wales.

The introduction of gateway workers in Bridgend will also affect the way in which services are delivered. It will lead to an improved uptake of support in the primary care and third sector and will result in a reduction to referrals to secondary services, in line with the main aims of the new mental health measure.

What we are already doing

- Jointly located and managed community mental health teams are now in operation; social work staff and health colleagues now work in an integrated fashion in assertive outreach and home treatment services.
- A formal section 33 agreement has been signed regarding the provision of a recovery based service at the new ARC centre in central Bridgend.
- Joint planning mechanisms are in place with a bi-monthly Joint Mental Health Strategic Planning Team and associated sub groups.
- Local Authority representation is present at Mental Health Cabinet and modernising mental health board within the ABMU LHB

During 2010 a Children and young people's emotional well-being strategy was launched. The purpose of this Emotional Well-Being Strategy is to provide a framework within which the Children and Young People's Partnership can plan and deliver a comprehensive programme to meet the identified emotional health and

well-being needs of children and young people in Bridgend The strategy considered:

- available evidence on children and young people's needs;
- resources available (including existing services) to meet those needs
- current priorities identified in the Children and Young People's Plan

The strategy has developed a model for future investment in services that will promote emotional wellbeing based upon four tiers of need.

1. Basic Needs
2. Additional Needs
3. Complex Needs
4. Critical Needs

The strategy contains an action plan which focuses energy on strengthening:

- Strengthening families through effective support services
- Strengthening communities to provide a supportive environment for children and young people
- Schools will provide an environment in which emotional wellbeing is promoted, for staff and pupils
- Making higher level interventions more accessible to children and young people with complex or critical needs

Summary of what we know works

There is local evidence that establishing new services that promote independence and recovery and reconfiguring existing services improves the outcome for service users and reduces demands on existing statutory services. Locally we already have examples of this working; in the life of this strategy we need to further develop this way of working.

List of high-level action that will be taken:

Action	Lead	Timescale
Review of Community Mental Health Teams	ABMUHB/BCBC	August 2011
Review of Inpatient Mental Health Services	ABMUHB/BCBC	August 2011
Development of community-based alternatives to hospital admission	ABMUHB/ BCBC/ Third sector partners.	August 2012
Further development of section 33 agreements under the NHS Wales Act to provide integrated and formal joint services	ABMUHB /BCBC	Ongoing and further development to be confirmed
Provide appropriate support to ensure the delivery of the CYP emotional well-being plan	BCBC/ABMUHB	2011-2014
Development of co-located and integrated older peoples Mental Health services	BCBC / ABMUHB	2012
Cabinet Health Board briefing papers in relation to section 33 agreements	BCBC /ABMUHB	April 2011

6. Implementation

This strategy will be active from April 1st 2011 until March 31st 2014. The health, social care and well-being partnership has the responsibility for monitoring all of the actions that we have said we will complete in the strategy.

Each of the areas identified within the plan will have to report on their progress twice a year to the Partnership Board. At each meeting of the Partnership Board, all of the measures that have been identified within this plan will be reviewed to ensure that appropriate progress is being made.

At the end of each year the Partnership will produce an annual report that details the progress that has been made towards achieving the identified outcomes within this plan.

We will continue to use the www.Healthchallengebridgend.org.uk website to provide information on the progress of the plan, to post minutes of our Partnership Board and provide information on health and well-being.

Workforce Planning

Essential to the successful implementation of this strategy will be the requirement of increased joint planning in regard to workforce development. The current Social Care Workforce Development Programme (SCWDP) 2010 -2015 has a key theme which is to promote collaboration and partnership across organisations, communities and individuals, and has an objective to support the further development of the way in which Health and Social Care Services are delivered in partnership. The SCWDP recognises that between 2011- 2014 there is a commitment to working collaboratively to best meet the needs of people and maximise the use of resources. The five Year Quality, Service, Workforce and Financial Framework for ABMU Health Board priorities the need to rebalance the workforce across primary, community, secondary and tertiary care in order to reflect the new models of working it also has as a key objective the empowerment of staff who will act as ambassadors for promoting health and wellbeing, ensuring that all interactions with patients, communities and populations are an opportunity for health improvement.

Action has already been taken to increase the joint planning processes in regard to workforce development. Human Resources representatives from ABMU Health Board are current members of the Social Care Workforce Development Partnership. This partnership will be examining the workforce requirements within Bridgend that new models of integrated health social care and wellbeing demand.