

# Healthier Future 3

Blaenau Gwent Health, Social Care  
& Well-being Strategy 2011-14

## **Forward**

It is with great pleasure that following an extensive community needs assessment process that Blaenau Gwent County Borough Council and Aneurin Bevan Health Board, on behalf of the Health, Social Care & Well-Being Partnership, present you with the third Health, Social Care and Wellbeing Strategy for Blaenau Gwent.

We have listened to you in relation to what you think about our services and what we need to do to meet your unique needs as a community and individuals. This has resulted in us being able to produce this statutory strategy to show you what we have done and what we will be doing over the next three years.

We would like to invite you again to 'have your say'. We believe that we have developed a clear statement of our intention and plans to improve health, social care and wellbeing in response to local needs and how we will work in partnership to deliver this. Therefore, we would welcome your views and comments to

## Who Are We?

Blaenau Gwent's Health, Social Care & Well-being Partnership, known locally as the Healthier Future Partnership (HFP) provides the overarching strategic leadership, direction and management of the health, social care and well-being agenda within the County Borough. The HFP Board is made up of senior representatives from Aneurin Bevan Health Board, Blaenau Gwent County Borough Council and Gwent Association of Voluntary Organisations.

The HFP is one of four statutory partnerships within Blaenau Gwent, the others being:

- Children & Young People's Partnership
- Community Safety Partnership
- Regeneration Partnership

There is also a Local Safeguarding Children's Board (LSCB), which is a statutory board working to safeguard all children and young people within the Borough.

The delivery of improvements in health, social care & wellbeing cannot be delivered in isolation and therefore the HFP has established strong links with the other three statutory partnerships through the Local Service Board (LSB). The LSB is made up of leaders from the public and third sectors who work collectively to ensure public services are effective and citizen focussed. The LSB is there to make decision making, address difficult issues and manage the links across each Partnership.

These partnerships are shown clearly in the following diagram:

## Blaenau Gwent's Strategic Partnership supporting Health, Social Care & Well-Being Strategy

The HFP links into a number of other groups which supports the direction and implementation of the Strategy. This recognises that there are cross cutting themes and dependencies in other strategic areas that affect the health, social care & well-being needs of the population.

Directly beneath the HFP sits the Integrated Services Group (ISG) and the Wellbeing Alliance (WBA).

The ISG is a new strategic decision making group that has been set up to focus on improving the provision of quality, integration and sustainability of overlapping services. The following diagram shows the dire

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**Relationship to Other Plans and Partnerships**

## **What Do We Do?**

This strategy is about improving the health and social well-being of local people; ensuring



## **Local Authority Partnership Agreement**

The 'Local Authority Partnership Agreement' (LAPA) has the aim of increasing participation in sport, physical activity and active recreation. Over the past two years, progress made has included the development of new clubs within the community for young people and an increase in the number of volunteers used to sustain local activity e.g. Streetgames. Significant progress has been made with upskilling primary school teachers within the school foundation phase to improve provision and increase uptake in physical education. The number of adults participating in fitness classes has seen a large increase delivered at the authority's sports centres. Year 3 of the LAPA will look to enhance these achievements to ensure more Blaenau Gwent are active and healthy.

## **Supporting People to live independently in the community**

Comprehensive housing support services have been delivered via the Blaenau Gwent Supporting People Team. Vulnerable people within the community have been given support to maintain independence and to aid recovery with their health or social problems. Working closely with a number of Housing Associations, BGCBC has developed a number of supported housing facilities for vulnerable people. The Supporting People Team has developed an action plan to be implemented over the next year which will see further improvements to the vulnerable community within Blaenau Gwent.

## **Primary Care Developments**

Primary Care within Blaenau Gwent has seen some major developments that have benefited the local community. There has been an increase in the number of NHS dental practices available as well as improvements made to the prescribing of medicines. All GP Practices within the Borough now have Clinical Governance leads, which has been implemented to improve the standards of care received by the public.

## **Domiciliary Care**

The Borough has seen the modernisation of home care services, such as a focus on in-house services for reablement



restaurant to ensure older people are able to receive individually tailored care and support to maintain their independence and well-being.

Building on this success another Extra Care Housing Scheme is being developed in Nantyglo with completion in 2011. This facility will have 44 apartments, with 1 and 2 bedrooms. This scheme is in partnership with United Welsh Housing Association and BGCBC.

There are further plans for 2 more extra care housing facilities to be built in other areas of the Borough, providing support services for the older community within Blaenau Gwent.

BGCBC is working in partnership with social landlords to establish a Register for both homelessness services and common housing and choice based letting. The registers will

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### **Joint working with Registered Social Landlords**

Throughout the life of this third plan there will be major developments made with local registered social landlords, which will benefit the vulnerable people in the Borough.

## Major Developments

The following major developments have underpinned the partnership work over the preceding years.

**Engagement with the Community** - The Blaenau Gwent Partnerships have worked to increase their engagement with the community and encourage feedback and challenge. This has resulted in the development of 3 Locality Groups (one for each valley of the Borough), run by communities first to ensure there is a mechanism between the work of the Partnerships and what is needed within the community. This is a unique opportunity for all local people to have their voice heard.

**Local Strategies** - Throughout the life of the last 2 strategies there have been a number of service strategies developed that have worked to implement and improve services for the Blaenau Gwent people. These strategies have included Primary Care, Mental Health, Long Term Conditions Management, Learning Disabilities, Substance Misuse, Child and Adolescent Mental Health Services (CAMHS)

**Specialist Palliative Care** - Work has been completed to improve the access to Specialist Palliative Care for local people. This support has been provided by Hospice of the Valleys who provide expert help, support and clinical care for local people who have a life threatening illness

**Respiratory Team and Oxygen Assessment Service** - The Local Respiratory Team has improved their Oxygen Assessment Service within the Borough by enhancing the

care of patients needing and receiving oxygen. The service has provided support and developed appropriate treatment plans for patients.

**Delayed transfer of care and emergency medical admissions** - There have been local developments with reducing delayed transfers of care and emergency medical admissions. This has been achieved through a whole system approach to making improvements within the service, by Bli5\_o Tw 12improvh -1. [(care (proo implement )Tj -456904 To

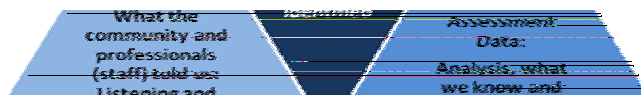
## Understanding the Priorities

The HFP and Children & Young People's Partnership (CYPP) have worked to ensure that the comprehensive needs assessment carried out in 2007, has been updated with what we know and understand now.

As well as using what the community told us we also undertook the following:

- Data analysis – qualitative and quantitative
- Mapping services and identifying gaps
- Listening to staff, community and key partners
- Reviewing local and national priorities

The diagram below demonstrates how these processes link together to formulate priorities:



## Special Population Groups

In all populations there are special groups, who for whatever reason have higher levels of needs for support, social care, healthcare and safeguarding. These groups include people with:

- Sensory impairment
- long-term conditions
- mental health problems
- learning disabilities
- physical disabilities
- substance misuse problems
- caring responsibilities

(This list is not exhaustive)

It is essential that all of the priorities set will include the specific needs of these special population groups. The HFP recognises that some of the difficulties and challenges that special population groups have is in relation to accessing services when they do not meet specific criteria or are defined by their disability or diagnosis.

Transition, seamless working and access for all are high on the agenda. Therefore, all these priorities include ensuring that equitable, quality and efficient services are also provided for these special population groups. It is equally important to recognise that these smaller groups can be better serviced by ensuring that the Partnership works collaboratively across the region to pool funding, integrate the planning and delivery of services and knowledge to ensure that quality and specialist services are available to meet need.

drug use, young women being immunised at the right time (particularly against rubella) and access to high quality ante-natal care.

### **What are our priorities for sustaining and strengthening services over the next 3 years?**

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that babies are born healthy. In particular, the partnership wants tackle the high levels of low birth weight babies born in Blaenau Gwent. The agreed priorities are:

**Improve the health of women before pregnancy** (pre-conception health including nutrition, folic acid intake and immunisation against rubella).

**Comprehensive ante-natal services** (reduce maternal smoking, drug and alcohol consumption, promote nutrition, ensure emotional support, address clinical conditions and improve access to screening)

**Midwifery services** (help to **quit smoking** through assessment, brief interventions and referral to smoking cessation services)

**Drug and alcohol agencies** (Working with the Community Safety Partnership to improve access to services for pregnant women)

**Mental wellbeing of pregnant women** (provide opportunities for social support, advice and practical assistance).

**Reduce teenage pregnancies** (combined efforts in education, the youth service, social services and sexual health services)

**Alleviate the impact of poverty** (offer debt counselling, credit unions and access to well paid employment via engagement with the Strategic Anti Poverty Working Group)



### **How will we respond to these priorities?**

The Children and Young People's Partnership has set up a multi agency planning group (Health & Well Being Strategy Group), linked to the Wellbeing Alliance which aims to improve health and ensure the integration of services for

pregnant women. This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

The development of Ysbyty Aneurin Bevan in Ebbw Vale offers the women of Blaenau Gwent a number of local maternity services that have never been available before, such as a Birthing Unit and ultra sound department, enabling women more choice about where and how they give birth.

## **2. Pre-school children are safe, healthy and develop their potential**

### **How do we know if pre-school children are safe, healthy and develop their potential?**

The first few years of a baby's life is very important. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years can have lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status.

### **Are pre-school children in Blaenau Gwent safe and healthy?**

## What are the main factors that affects whether pre-school children are safe, healthy and develop their potential?

There are a number of factors that influence this including, whether children are immunised against serious preventable diseases; if they are breastfed which provides physical and emotional benefits; social skills, speech & language and cognitive developments; and receiving good parenting, childcare provision, early years education and a good quality home environment



## What we plan to sustain and strengthen over the next 3 years

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that pre school children are safe, healthy and develop their potential. The agreed priorities are:

**Universal Health Visiting Service and Flying Start** (Provide additional support for Post natal depression, Developmental delay and Emotional problems)

**Immunisation** uptake (sustain and increase uptake to ensure whole population protection)

**Parental smoking** (prevent passive smoking which is linked to childhood respiratory illness and sudden infant death syndrome. Support parents to stop smoking or ensure smoke free homes)

**Drug and alcohol misuse** (Work with the Community Safety Partnership to reduce the impact that this has on children by ensuring robust preventative and treatment services are available)

**Breastfeeding** (adopt UNICEF Baby Friendly initiative which provides an evidenced-based framework for maternity and community services)

**Infant feeding** (implement the Oral Health Promotion Strategy to increase oral health through infant feeding)

**Oral health** (Blaenau Gwent has the highest levels of dental caries in under 5 year olds in Wales. Implement programmes like Designed to Smile, which has seen great success in Blaenau Gwent, to increase oral health, dental care and tooth brushing)







**What are the main factors that affect whether school age children and young people are safe, healthy and equipped for adulthood?**

Self-esteem, emotional resilience and social skills will affect whether young people are able to cope with the challenges of adult life. They also affect their response to peer pressure in relation to alcohol, drug misuse and unsafe sex.

Smoking and other risk behaviours (drug and alcohol misuse, reckless driving, etc.) can cause serious injury and death and are a major cause of long term health problems.

Physical inactivity and poor diet are the main causes of childhood obesity and can lead to other health problems. The physical and social environment – home, school and local neighbourhood – are all major influences.

Children and young people need education and advice which enables them to enjoy positive and caring relationships and good sexual health. Being a teenage parent often results in poor outcomes for both parent and child.

Poor quality and inappropriate housing (e.g. dampness and overcrowding) affects psychological well-being and can cause or worsen childhood illnesses. The design built environment (including transport links) affects access to services, physical activity and the availability of healthy food.

Education affects future employment opportunities and helps develop the practical, social and emotional resources to achieve a full and healthy life. It prepares children to participate fully in society and their rights and responsibilities.

Parenting has a major impact on the behaviour of young people and their social and emotional development. Poverty and low household income is also a major determinant of health and wellbeing.

## **What we plan to sustain and strengthen over the next 3 years**

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that school age children and young people are safe, healthy and equipped for adulthood. The agreed priorities are:

**Mental wellbeing** (ensure all programmes and services prevent risk and strengthen protective factors)

**Mental health and emotional problems** (provide prevention and early intervention through to specialist treatment, including school based counselling)

**Personal and social education** (improve health literacy and emotional intelligence including development of the Social and Emotional Aspects of Learning (SEAL) programme)

**Healthy Schools Scheme** (ensure a 'whole school approach' to promote healthy lifestyles, prevent risky behaviours, tackling bullying, improve attendance and prevent school exclusion)

**Risky behaviours** (engage with young people to create safe environments, provide education and channel risk taking to reduce harm associated with smoking, binge drinking, reckless driving and the rise of sexually transmitted infections (STIs) from unsafe sex)

**Reduce teenage pregnancies** (combined efforts in education, the youth service, social services and sexual health services)

**Empower children and family** (ensure families are at the centre of decisions to identify issues early, prevent

problems escalating and are enabled to take greater responsibility for factors that affect their health)

**Access and quality of services** (ensure coordination and integration of services for children with mental health problems, learning disabilities and substance misuse problems and planning their Transition into adult services)

**Vulnerable young people** (provide enhanced services which engage and empower young carers, looked after children, young offenders, those excluded from school and young people not in employment, education or training)

**Healthy and active lifestyles** (ensure that schools provide opportunities for sport and active recreation and good nutrition. Reinforce healthy lifestyle through the design of the environment (e.g. road safety, access to parks, open green spaces, access to healthy food, etc), voluntary sector provision (e.g. sports clubs) and opportunities for walking and cycling)

**Smoking** (Work with the British Heart Foundation and Smoke Free Blaenau Gwent Project to reduce smoking by children and young people)

## **How will we respond to these priorities?**

The Children & Young People's Partnership in partnership with Health, Social Care & Well-Being Partnership aim to improve health and ensure the integration of universal and enhanced services for school age children and young people via the Health and Wellbeing Strategy Group, linked to the Wellbeing Alliance.

This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

The major transitions during this life stage will be between primary and secondary education and school and adulthood. Effective co-ordination of services at these points will be vital to ensure all young people receive the appropriate support for their specific health and wellbeing needs.



### **How do we know if working age adults live healthier lives for longer?**

The health and wellbeing of working age adults is important to perform key social role such as parenting, working and caring. Similarly, engaging in meaningful work and earning a living wage is important for physical and especially mental wellbeing. For people under the age of forty the most common cause of death is from external causes such as an accident or self harm. In those over forty years there is an increased incidence of cancers and heart disease, conditions that may reduce the quality and length of life and whose causes can often be traced to earlier life influences.

### **Are working age adults in Blaenau Gwent healthy?**

The following information helps to tell us whether working age adults in Blaenau Gwent are healthy.

- Disease mortality rates (e.g. heart disease, cancer)**
- Morbidity – incidence and prevalence of**

Behaviours such as smoking, alcohol and drug misuse, physical activity and diet are all important determinants of health and social wellbeing. The reasons why individuals adopt one form of behaviour rather than another are complex.

The environment in which a person lives, how inclusive and cohesive it is, has an impact on health and wellbeing. It is often better when people live in a safe neighbourhood, without a fear of crime and where people trust and rely on each other.

Physical activity, nutrition and obesity affect the health of adults. Some people will develop risk factors for chronic disease which are inherited or lifestyle related (e.g. high blood pressure, high cholesterol, obesity).

There are a range of factors that affect mental health and social well-being including social and family influences, personal and economic circumstances, the physical environment (e.g. housing) and other settings (e.g. the workplace).

### **What we plan to sustain and strengthen over the next 3 years?**

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that working age adults live healthier lives for longer. In particular, the partnership wants to tackle premature mortality from chronic conditions and improve mental wellbeing within Blaenau Gwent. The agreed priorities are:

**Lifestyles and life circumstances** (empower people with the skills and knowledge to improve their health and prevent avoidable illness and disease)

**Poverty and debt** (ease the health consequences of the economic downturn)

**Healthy Working Wales** (provide support to employers, employees and health professionals to improve health at work and prevent ill health to maintain people in employment and to return to work following ill health).

**Economic inactivity** (enlist local support to help patients remain in or return to work e.g. Chronic Conditions Management Programm2)

Social care support for individuals with care needs, supporting them to live healthy and independent lives.

**Public sector organisations** (ensure positive and healthy environments through policies and programmes that positively influence employee behaviour, management style and the physical environment. Set standards in relation to corporate social responsibility through sustainable development in energy use e.g. green travel plans, procurement, facilities management, capital builds, employment,

**How do we know if older people age well into their retirement?**

Good health is not just about

Early identification of the risk of falls and other causes of injury and hospitalisation which are associated with older age.

### **What we plan to sustain and strengthen over the next 3 years?**

The Healthier Futures Partnership Board has agreed the main priorities for the next 3 years to help ensure that older people age well into their retirement. In particular, the partnership wants to tackle the factors that influence the maintenance of independence, physical and mental health and social wellbeing. The agreed priorities are:

**Mental and social wellbeing** (provide more opportunities and a wider range of wellbeing services, facilitate active family and community life through support to maintain independence)

**Promoting independence** (growing older often leads to increasing dependency, especially when physical and mental health declines which often results from chronic conditions. Empower and support older people to eat well, stop smoking and be physical active)

**Screening, prevention and early intervention** (increase uptake of services to identify early signs and symptoms of dementia, cancer, chronic conditions and carer isolation. Promote uptake of vaccinations for seasonal influenza and pneumococcal disease)

**Personal circumstances** (influence transport policy, financial security and community safety to ensure older people are able to maintain their social and community networks, thus reducing social isolation, sedentary behaviour, poor diet and poor housing conditions).

**Participation and inclusion** (increase opportunities for life long learning to increase skills, confidence and facilitate community participation to reduce social isolation and community participation to promote mental well-being and reduce risk of early on-set of dementia. Approaches to promote community involvement enabling older people to feel valued, included and cared for in the community)

**Social care housing and housing services** (meet the demands of an growing older population to support older people to remain independent and in their own homes for longer).

## How will we respond to these priorities?

Blaenau Gwent HFP recognises the importance and cross cutting issues for older people to ensure they age well into their retirement. In responding to this, the Integrated Services Group (ISG) supported by a Community Services Group (CSG) which has multi agency and partnership membership to ensure that all areas of work are linked and monitored for prioritisation and maximisation of resources. This process will ensure that links are robust enough to reduce duplication, identify gaps, maximise opportunities for funding. It will help provide seamless services and accessibility. It will also prioritise local needs, whilst ensuring consistency and compatible with ABHB and regional commissioning and planning in line with ABHB's Five Year Plan.

This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.

## 6. Frail people are safe and are happily independent

### How do we know if frail people are happily independent?

Frailty is a difficult term to describe. It is associated with a high level of dependency and limitations on activities of daily living. Frail people will have one or more functional, cognitive or social limitations linked to a chronic condition. Frail people are particularly vulnerable and are less resilient to external factors that may affect their independence.

For most frail people being happily independent means being able to remain in their own home with support, receive services at home, be listened to by people who are responsible for providing services to assist them and having health and social care problems solved quickly and considered as a whole rather than individually.

Frail people are not happily independent if they are regularly being admitted to hospital with urgent medical problems. Similarly a decline in independence can result in an admission to a residential or nursing care home. However, being happily independent is not just about remaining in your own home. We also want to empower and enable frail people to improve their quality of life and social wellbeing.

### Are frail people in Blaenau Gwent happily independent?

The following information helps to tell us whether frail people in Blaenau Gwent are happily independent.



**Hospital admissions and re-admissions**  
**Proportion of frail people in institutional care**  
**Level of dependency**  
**Health-related quality of life**  
**Social well-being**

**What are main factors that affect whether frail people are happily independent?**

Frail people need to feel empowered to make decisions about the care and assistance they receive. Having access to care and assistance to maintain or regain the optimum level of control, physical, mental and emotional wellbeing to prevent or delay the onset of illness and support activities of daily living

Contact with friends, family and involvement in the local community are all important for mental and psychological functioning. It is also important that frail people live in dignity and security. They should be protected from crime (including community are all important for mental and psychological functioning. It is also important that frail people live in dignity

Ensuring access to and support of financial security that impact on social and lifestyle patterns, home safety, material comfort, care and assistance to promote peace of mind.

Making available and access to appropriate levels of day care, leisure and recreational facilities for protection, rehabilitation, social and mental stimulation in a secure environment.

### **What we plan to sustain and develop over the next 3 years?**

The HFP has agreed the main priorities for the next 3 years to help ensure that frail people are happily independent. In particular, the partnership wants to reduce hospital admissions, institutional care, dependency levels to improve quality of life and social wellbeing in Blaenau Gwent. The agreed priorities are:

#### **Social networks, physical activity and daily living**

(ensure care and assistance is provided to maintain social networks and activities of daily living including keeping well and remaining independent. This should include access to transport, shops, amenities, leisure and recreational activities.

**Physical environment** (ensure the design of the built environment takes account of the changing needs of frail people)

**Home conditions** (action will be taken on home safety, fuel poverty, assistive technology, which together can help prevent falls, reduce excess winter deaths and support activities of daily living. This will be supported by action to maximise uptake of benefits and financial management which are important for material comfort and quality of life)

**Primary Care and Community Services** (access to high quality, well coordinated and responsive primary care and community services (e.g. general medical services, rapid response, reablement, home care, assistive technology, respite, etc) is essential to tackle the causes and consequences of frailty. A comprehensive frailty service should address cognitive decline, falls, malnutrition, smoking, physical fitness, osteoporosis, sensory

impairments, carer burden, polypharmacy, pressure sores skin ulcers, musculoskeletal problems, continence and chronic conditions, mental health and social wellbeing. Frail people should also be offered vaccination against seasonal influenza and pneumococcal disease).

**Reassurance and community safety** (influence other Partnerships to consider how issues such as fear of crime and community safety can affect mental wellbeing and quality of life).

**Support and recognition for carers** (carers of frail individuals are highly valued, not only to those receiving their care but also in supporting statutory and third sector services to meet the needs of frail people. Caring, although a rewarding role, can have its difficulties. Carers strain is well recognised as well as the strain it puts on frail individuals when they see their loved ones becoming unwell from the strain of caring. Respite needs to be accessible and meaningful, support needs to be tailored to individuals needs and listening to carers is essential. Carers are integral to supporting all vulnerable/frail individuals and supporting them is a top priority.

**End of life and palliative care** (finally, it is essential that all people are treated with dignity and respect in relation to palliative and end of life care. This needs to extend to all conditions recognising the high levels of respiratory and cardiac disease in Blaenau Gwent. Appropriate care

### **How will we respond to these priorities?**

Blaenau Gwent HFP recognises the range of needs of frail people - health, social care, housing, leisure, financial. In responding to this, the Integrated Services Group (ISG) supported by a Community Services Group (CSG) has multi agency and partnership membership which ensures that all areas of work are linked and monitored for prioritisation and maximisation of resources.

This process will ensure that links are robust enough to reduce duplication, identify gaps and maximise opportunities for funding. It will help to provide seamless services and accessibility. It will also prioritise local needs, whilst ensuring that developments are consistent and compatible with the rest of Gwent, regional commissioning and planning and alignment with ABHB's Five Year Plan.

This group will develop a multi agency action plan which will underpin this outcome. Accountability and responsibility for each action will be identified through the naming of partners, timescales for implementation and the development of joint targets.



### **Accountability and Measuring Outcomes of this Strategy**

The HFP has a statutory responsibility to delivery this strategy and measure outcomes in relation to the impact it has made on the health and social well-being of the community.

The approach taken recognises that there are critical points in the life course where a number of factors can affect a persons journey, this could include, ill health, economic and environmental factors and family networks. Therefore, the approach taken has enabled the partnership to identify that no one service or organisation alone can prevent, protect or provide support to individuals and communities by working in isolation. These critical points are all related and therefore linkages and integration are necessary to ensure that the whole population benefits from this strategy.

#### **Making Linkages and Integration**

The Health Board and County Borough Council have recently undertaken a review of all their structures which are represented within this strategy. This will provide greater integration and linkages which will ensure that our joint delivery plans are specific, measurable, achievable, relevant and time bound.

#### **Monitoring and Evaluation**

The HFP is committed to using the Results Based Accountability framework.

Monitoring progress towards outcomes requires a number of indicators, i.e. rates of low birth weight, premature mortality, hospital admissions, etc. These indicators cannot be

addressed by one organisation working alone. Whereas, the causes that underpin these indicators can be aligned to one particular organisation.

RBA recognises the important difference between measuring the conditions of well being that can affect everyone or certain groups and have a multi agency approach (population accountability) compared to the impact an individual project or service has to create specific improvements to the lives of the service users as a result of their interventions (performance accountability).

Working together in this way means that we can collectively change knowledge, skills, behaviour and personal circumstances to address the needs and priorities which have come out of the needs assessment.

### **Principles of partnership working to build on our success and measure outcomes**

The Partnership has adopted 'Our Healthy Future' (OHF) approach which is a strategic framework for Public Health Wales. This approach has two main goals:

- To improve the quality and length of life, and;
- Achieve fairer health outcomes for all.

The ten priority outcomes which are known to be the biggest causes of preventable ill health are as follows:

- Reducing inequities in health
- Improving people's mental health
- Improving health in the workplace
- Reducing the level of smoking
- Increasing physical activity

- Reducing unhealthy eating
- Stopping the growing harm from alcohol and drugs
- Reducing the number of teenage pregnancies
- Reducing the number of accidents and injuries
- Increasing immunisation rates

The Partnership will be using Results Based Accountability as a means to embed outcome based thinking in planning, delivery and accountability for both partnerships and services.

### **The following Planning Principles have been adopted by the Partnership:**

- Sustainability and Wellbeing
- Outcome Based Planning
- Needs Based Planning
- Relationships with other Partnerships and Plans
- Accountability and Responsibility
- Integration of Planning and Delivering including Joint Commissioning and Pooling of Budgets
- A Commitment to Equality and the Welsh Language

## **Glossary**

### **Antenatal Care**

Routine care and information given to all pregnant women

### **Assistive Technology**

Devices to assist people with disabilities to promote independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing

### **CAMHS**



## **Living Independently in the 21<sup>st</sup> Century**

A Blaenau Gwent Strategy to develop community based support to allow older people to live as independently as



**Rapid Response and Reablement**

Provides short term, intensive treatment to people living at home or in a residential home to prevent them being admitted to hospital.

**Reception Baseline Assessments**

An assessment for reception school children for their abilities in basic literacy, numeracy and social development

**Rehabilitation**

For people to restore their health through therapy and education after illness, injury or drug misuse

**Respiratory Illness**

Also known as a Lung disease, are conditions that occur within the lungs including asthma, pneumonia, tuberculosis and lung cancer

**Respiratory Team**

Support for patients with respiratory illness empowering them to manage their own condition

**Respite**

Provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home

**Risky Behaviour**

Risk-taking behaviors, usually by teenagers, such as drinking, smoking, and taking drugs

**Rubella**

Commonly known as German measles which is particularly harmful to unborn babies

**SEAL**

Social and Emotional Aspects of Learning

**Seasonal Influenza**

A viral infection that spreads easily from person to person that often peak during winter and can cause severe illness and death for the young and the elderly

**Sedentary Behaviour**

Activities that do not increase energy levels such as sleeping, sitting, lying down, playing computer games and watching television

**Sensory Impairment**

When one of the senses; sight, hearing, smell, touch, taste and spatial awareness, is not functioning as normal

**Sheltered Housing**

Housing that offers a range of services to help people live independently with the added security of having someone to call on in emergencies

**Small Workplace Health Awards Scheme**

A national mark of quality for health and well-being in the workplace, for businesses and organisations employing fewer than 50 people

**SMEs**

Small and medium enterprises or businesses

**Smoking Cessation**

Programmes aimed at the discontinuing of smoking

**Specialist Palliative Care**

Provides help and support to people with serious progressive illnesses such as cancer and heart disease

## **Sudden Infant Death Syndrome**

Cot death is the sudden unexpected death of an apparently well infant, for which there is no explanation

## **Supported Housing**

Housing for people who are disabled or vulnerable with a wide range of care and support needs, to support them to