

Cardiff Health, Social Care and Well Being Operational Plan 2011 - 2014

Consultation Document



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The criteria in Appendix A of the Council's Welsh Language Scheme (Guidance on which documents should be bilingual) have been applied to this document. It is classified as a technical document and assessed as not required to be bilingual.

Cafodd y meini prawf yn Atodiad A o Gynllun Iaith Gymraeg y Cyngor (Canllawiau ar y dogfennau a ddylai fod yn ddwyieithog) eu cymhwyso i'r ddogfen hon. Cafodd ei dosbarthu fel dogfen dechnegol a chafodd ei asesu fel nad yw rhaid iddi fod yn ddwyieithog.

Cardiff Health Social Care and Well Being Operational Plan 2011 – 2014

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Introduction to Cardiff's Health, Social Care and Well Being Operational Plan 2011 – 2014

Priority Theme 1: Reduce inequalities in health and address the differentials in life expectancy across the city

A person's health is determined by a wide range of factors including income, housing, education and behaviour choices. There are significant inequalities in the health and life expectancy of people living in different parts of Cardiff and amongst specific vulnerable groups:

- Healthy City
- Homelessness & Housing Need
- Gypsies & Travellers
- Asylum Seekers & Refugees

Priority Theme 2: Promote healthy lifestyles and prevent ill health

Promoting healthy lifestyles and the prevention of ill health are key priorities coupled with a focus on encouraging individuals to take responsibility for improving and maintaining their own health:

- Healthy Weights
- Food & Health
- Physical Activity & Health
- Tobacco Free Cardiff
- Communicable Disease
- Sexual Health
- Substance Misuse

Priority Theme 3: Improved effectiveness of service delivery to vulnerable adults and children

Some people, who have specific, and sometimes complex or multiple needs, require services from a range of statutory and third sector partners. A priority is to improve the effectiveness of these overlapping services:

- Mental Health
- Older People
- Learning Disability
- Physical & Sensory Impairment
- Carers
- Chronic Conditions Management
- Domestic & Sexual Violence and Abuse



HEALTH, SOCIAL CARE & WELL BEING OPERATIONAL PLAN

Integrated Partnership Strategy

Over recent years partners in Cardiff have been working together to improve collaborative working across the city. Everyone recognises that improving local well being is not the responsibility of any single body, and that every organisation contributes towards delivering positive outcomes for citizens. The Proud Capital statutory partnerships agreed to undertake work to integrate existing statutory partnership plans and develop an Integrated Partnership Strategy (IPS). This new approach to bring together the components of the Community Strategy, Health, Social Care and Well Being Strategy, Children and Young People's Plan and a Community Safety Strategic Assessment by April 2011 is indicative of the collective approach being developed to deliver seamless public services in Cardiff.

The IPS has enabled a shared vision and high level priorities for the city to be set out around the seven strategic outcomes. The approach has facilitated the development of a joint strategic needs assessment, the delivery of a shared consultation and engagement programme and the establishment of an integrated performance management framework across partnerships.

The new Integrated Partnership Strategy will focus on delivering 7 strategic outcomes:

- People in Cardiff are healthy
- People in Cardiff have a clean, attractive and sustainable environment
- People in Cardiff are safe and feel safe
- Cardiff has a thriving and prosperous economy
- People in Cardiff achieve their full potential
- Cardiff is a great place to live, work and play
- Cardiff is a fair, just and inclusive society.

The Integrated Partnership Strategy has a series of components with a high level vision document supported by delivery plans across the seven outcomes. This Operational Plan represents the health, social care and well being contribution to the IPS and the detail of planned areas of action during 2011-14 and beyond. It is informed by the draft *Health, Social Care & Well Being Strategy Guidance (July 2010)*, the strategic framework provided by WAG and local operational plans.

Health, Social Care & Well Being Operational Plan

The health and well being of citizens is fundamental to the lives of individuals and central to the future of the city. Through local partnership working, the aim is to significantly improve the health and well being of citizens, reduce inequities (that is inequalities in health that are unfair and avoidable) and to deliver high quality, citizen focused services.

The Health, Social Care & Well Being (HSC&WB) Operational Plan represents a key element of the new, collaborative approach towards strategic planning, service delivery and performance management in Cardiff. The health and well being agenda spans the entire scope of the IPS and contributes across the seven outcomes. In particular 'People in Cardiff are healthy' aim is to work together to achieve the best possible health for citizens and to reduce the current inequity in the levels of health enjoyed by citizens in different parts of the city. The gap in life expectancy across Cardiff of 11.6 years, between those living in the most affluent parts of the city and those in the most deprived areas, is indicative of the scale of the inequalities that must be addressed and only through co-ordinated action will a reduction in the gap be achieved.

Whilst the HSC&WB Operational Plan makes a large contribution to the outcome of 'People in Cardiff are healthy', the actions in the HSC&WB Operational Plan can be attributed to the outcomes 'People in Cardiff are safe and feel safe'; 'People in Cardiff achieve their full potential'; and 'Cardiff is a fair, just and inclusive society'. Similarly the other partnerships play a key role in achieving the outcome 'People in Cardiff are healthy.'

The National Health Service (Wales) Act 2006 places a duty on each Local Health Board and Local Authority in Wales to jointly formulate and implement a strategy for the health and well being of the population. In Cardiff the Health Alliance provides the strategic partnership forum for health, social care and well being, with local authority, NHS and Third Sector membership. The Alliance has the delegated responsibility for the development of the HSC&WB Strategy requirements on behalf of the two statutory bodies.

Previous HSC&WB Strategies, '*Meeting the Challenge*' 2005-08 and '*Working towards a healthy city*' 2008-11, focused on improving health and reducing health inequalities as an equal priority alongside effective and efficient health and social care services. The strategies provided the foundation for a strengthened commitment to joint working across the broad health agenda and focused on the wide range of client groups, with actions being implemented through joint planning arrangements, reporting to the Health Alliance.

The statutory requirement for the HSC&WB Strategy 2011-14 will sit within the IPS and this Operational Plan describes the detail relating to the delivery of health, social care and well being services. These actions will all contribute to the seven IPS outcomes, but there is a continued focus on the client group structures and planning arrangements of the previous HSC&WB Strategies. This is in recognition that whilst much has been achieved, the planned outcomes and work programmes set out in earlier strategies have not necessarily been completely fulfilled. The planning structures continue to deliver joint work plans and the Operational Plan, therefore, provides the core focus of the future work programmes.

The National and Local Context

The development of Cardiff's first Integrated Partnership Strategy and this HSC&WB Operational Plan sits within the context of a reorganised Health Service in Wales. The statutory duty for meeting HSC&WB Strategy requirements in Cardiff now lies with Cardiff Council and Cardiff and Vale University Health Board (UHB), which was established in October 2009.

To achieve real progress in improving the health and well being of local people, it has been essential to ensure meaningful links with the core business plans of these statutory partners. The IPS and the actions set out in this Operational Plan therefore draw heavily from the UHB's 5 Year Strategic Workforce and Financial Framework and the Council's local response to *Fulfilled Lives, Supportive Communities* and will be informed by the imminent Welsh Assembly Government white paper on social care in Wales. The UHB's 5 Year Framework builds on the work of the previous health organisations in Cardiff and the Vale of Glamorgan as set out in the Programme for Health Services Improvement (PHSI). The other key local NHS partner is Public Health Wales. That relationship has facilitated the alignment of Cardiff's strategic thinking and operational planning with the delivery of the *Our Healthy Future* framework for public health.

Collectively, the plans described above articulate a significant agenda of service improvement and transformation which aim to improve health outcomes. Crucially however, these developments have to be achieved within an increasingly challenging financial climate for public services where partners are having to radically rethink the way they deliver services, to ensure that they can continue to provide the very best care in a way that is sustainable for the long term. The major elements of this significant change programme are brought together in the IPS and HSC&WB Operational Plan, the implementation of which represents a shared ambition for partners in Cardiff. The Strategy runs from 2011-2014 and delivery in a period of such financial constraint will only be possible if there is rational and robust debate about relative priorities.

Statutory Guidance

The Welsh Assembly Government's *HSC&WB Strategy 2011-2014 draft Guidance (July 2010)* requires a focus on two major areas where it identifies joint endeavours will have the most success in achieving lasting benefits for local people:

- i) Improving health and well being and reducing inequities, (that is inequalities in health that are unfair and avoidable)
- ii) Improving the provision, quality, integration, and sustainability of 'overlapping services', (that is services provided by the NHS, local government and their partners to certain specified groups).

Plans to improve health and well being and reduce health inequities centre on the application of the *Our Healthy Future (OHF)* framework. This provides a tool for structuring a joined-up local response to tackle the causes of ill health and promote the factors which contribute to good health and well being. In Cardiff, the key vehicle for delivering this broad health improvement agenda is the Healthy City programme.

The second area of focus identified in the Guidance is that of overlapping services and how to improve their effectiveness. This mirrors a shared recognition across Cardiff and the Vale of Glamorgan of the need to move beyond the rhetoric of joint working, to the reality of truly integrated services that provide seamless, co-ordinated and responsive services within the limited resources available collectively.

To progress this agenda, a formal programme of work to oversee operational integration of health and social care services has been established under the auspices of a Cardiff and Vale Health Social Care Integration Programme Board. The programme will oversee the development of new ways of working and will:

- Identify, through appropriate needs assessment, priority areas for improvement which require strengthened joint working to achieve better outcomes within existing resources;
- Provide a framework to enable the operational integration of services across health and social care, to include workforce planning and resource planning
- Ensure that the operational delivery models are supported through appropriate accountability and governance arrangements.

This new initiative complements and is informed by existing joint planning mechanisms for specific client groups. Details of priority areas of work and action are set out in subsequent sections.

Healthy City

Cardiff achieved Healthy Cities status and membership of the WHO European Network of Healthy Cities Phase V in October 2009. The aim in applying for designation was to facilitate the development of a co-ordinated approach to tackling the issues of health equity and health improvement in Cardiff.

Achieving Healthy City status demonstrates the commitment of partners to address health issues rather than the city being regarded as having achieved good health for all. The Healthy Cities approach puts a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, and the social, economic and environmental determinants of health. Healthy Cities recognises the importance of partnerships, active citizenship and action at the local and urban levels for health, equity and well being.

Healthy Cities provides the highest level, strategic approach to health and health equity for Cardiff. The Healthy City framework supplies the overarching approach and brings together partnership agreement to reduce inequalities, in addition to providing a delivery tool for health improvement. This HSC&WB Operational Plan helps describe the wide range of activity being taken forward across the city with the aim of delivering the Healthy City commitments. Partners are working collaboratively to address health inequalities, social inclusion and the needs of disadvantaged and vulnerable groups. Details of specific actions planned are described in subsequent sections.

Needs Assessment

Previously, the Health Alliance, with partners, developed a health needs assessment to inform priorities and the development of the HSC&WB Strategies. In order to support integrated planning, partnerships agreed to develop a single, collaborative needs assessment for this planning round. Cardiff Research Centre has undertaken the single needs assessment, on behalf of the partnerships, and a multi-agency Partnership Needs Assessment Team was established to oversee the process. This co-ordinated approach has allowed for an increased range of data sets and joint analytical capacity, facilitating greater depth of analysis. The new needs assessment provides a comprehensive picture of need in Cardiff that will meet each of the partnerships' requirements, allowing for an increased understanding of the level of need across the city.

Key points from the extensive needs assessment include:

- Latest official population estimate for Cardiff is 336,200 (2009 mid-year estimate)
- 45% of the population are not in employment; only 33% are in full-time employment
- 18% of Cardiff residents live in the most deprived communities in Wales, with resultant impact on health and well being
- Cardiff is a divided city with some of the most affluent areas in Wales alongside the very poorest, who have increased in numbers
- 13.5% (44,000) of residents are aged 65 and over, of which half are 75 and over
- There will be an estimated 21.4% increase in number of people aged 65 and over by 2023.

The integrated needs assessment can be viewed at: www.askcardiff.com

Priority Themes

The Health Alliance priority themes for the future can be reflected largely in the broad outcome 'People in Cardiff are healthy,' and these are detailed in the IPS with corresponding proposed areas of action, although most of the seven outcomes incorporate activity that will impact on the health and well being of citizens.

The priority themes of 'People in Cardiff are healthy' provide the framework for the Health, Social Care and Well Being Operational Plan:

- i) Reduce inequalities in health and address the differentials in life expectancy across the city
- ii) Promote healthy lifestyles and prevent ill health
- iii) Improve the effectiveness of service delivery to vulnerable adults and children.

In the Operational Plan, these three themes provide the framework and have helped to identify key areas of work, which will inform the delivery of targeted services to bring improvements in these priority areas over the next three years. The plans have been developed by the Advisory Planning Groups (APGs) and Well Being Task Groups (WBTG), who take forward the partnership agenda of the Health Alliance and promote joint working across the health, social care and well being community. In addition, other major work streams and services are also included in the plans and will contribute to bringing improvements in these priority areas.

The Operational Plan provides the strategic context and will be supported by Implementation Plans, which will describe the detailed actions, delivery partners, timescales and measures of success that will be undertaken. The Implementation Plans will be developed once consultation has confirmed that the proposed areas of action are the right ones.

The plans have been developed using Results Based Accountability methodology. For an overview explanation of this approach, please see Appendix 1.

What is Results Based Accountability?

At a 'population' level, Results Based Accountability (RBA) is a disciplined way of thinking, planning and taking action to improve the lives of people and communities in Cardiff.

It can also be used at a 'performance' level to enable services and agencies to monitor progress and improve the performance of their programmes or activities.

How does RBA work?

RBA starts by identifying what we ultimately want to achieve, and works backwards to identify what is needed in order to achieve this. Rather than being process-driven, RBA focuses on achieving outcomes. RBA states that an outcome is a condition of well being for individuals, families or the community as a whole, and then identifies how best to work towards this.

The Cardiff Integrated Partnership Strategy (IPS) has identified seven outcomes it wants to achieve, as referenced in the introduction;

How can RBA help?

Many people become frustrated when too much time is spent talking, and not enough making a difference. RBA is a process that gets people from talk to action quickly. It uses plain language, common sense methods and "turning the curve" exercises to produce effective action plans.

RBA is an inclusive process, enabling all partners to contribute positively. It is work that has been shown to be effective in achieving positive outcomes, and making real differences to people.

The RBA thinking process

Without defining it as such, we all use the thinking processes of RBA in everyday life.

For example, have you ever had a leaking roof?

- How do you know its leaking? You see water dripping down. You could use a bucket if you wanted to measure how much it was leaking.
- Is there more or less water leaking than there was before? What will happen if you don't do anything to fix the problem?
- Who could help you fix the leak? Roofer, plumber, friends etc.
- Why is the roof leaking? Someone needs to investigate and find out.
- What are the possible ways it could be fixed? And what are you actually going to do to fix it?
- You know it is fixed when you no longer experience water dripping down!

This is a simplistic example, and obviously the sequence is more complicated when considering conditions in the community, but the RBA "7-Steps From Talk to Action" follows the same process.

The 7 Steps – From Talk to Action

Step 1: What are the **Outcomes** (quality of life conditions) you want to achieve?

Step 2: What would these Outcomes look like if we could see, feel experience them?

Step 3: How can we measure if these conditions exist or not? These are known as **Indicators**. Rather than try and measure everything, identify the strongest 3-6 Indicators that speak loudest. Have these Indicators been getting better or worse in recent years? Where are we heading in the future if we don't change the way we work? Is this acceptable or do we want to "turn the curve"?

Step 4: Why are these Indicators getting better or worse? What is the **Story Behind the Baseline**?

Step 5: Who are the **Partners** that have a potential role to play in achieving the Outcome?

Step 6: What would enable us to do better? Consider actions under three headings:

- What Works
- Low Cost / No Cost
- Off the Wall ideas

Step 7: What do we, individually and as a group, propose to actually do?



PRIORITY THEME 1

Reduce inequalities in health and address the differentials in life expectancy across the city

Cardiff has seen significant redevelopment and economic transformation over the last twenty years, and become a major capital city, providing a regional hub and metropolitan centre for many sporting and cultural activities, with a high quality of life for many local residents and communities. However, Cardiff is a city of two halves, referred to as a 'tale of two cities,' with a prosperous northern area and a 'southern arc' which experiences high levels of multiple deprivations (income, employment, health, education, housing and access). 18% of Cardiff residents live in the most income deprived communities in Wales, which is approximately 60,000 people (Wales Index of Multiple Deprivation 2008). Cardiff has a high level of child poverty with 26.1% of children, aged 0-15 living in the most deprived 10% of Wales' communities with prevalence in the southern areas of the city (Wales Index of Multiple Deprivation 2008). Cardiff has a diverse community with a wide range of minority ethnic residents, over 10% of the population (ONS 2007) and over 115 different languages are spoken. In addition the student population has increased to almost 40,000 within Cardiff.

The level of deprivation and the diversity of the population, results in an increase in the level of poor health, which varies across areas of the city. 22% of Cardiff residents reported they suffered from a Limiting Long Term Illness (2008-09 Welsh Health Survey). A key indicator of the inequity is the gap in life expectancy of 11.6 years across the Cardiff geography, i.e. between the poorest areas and the most affluent parts of the city (1999-2003 ONS).

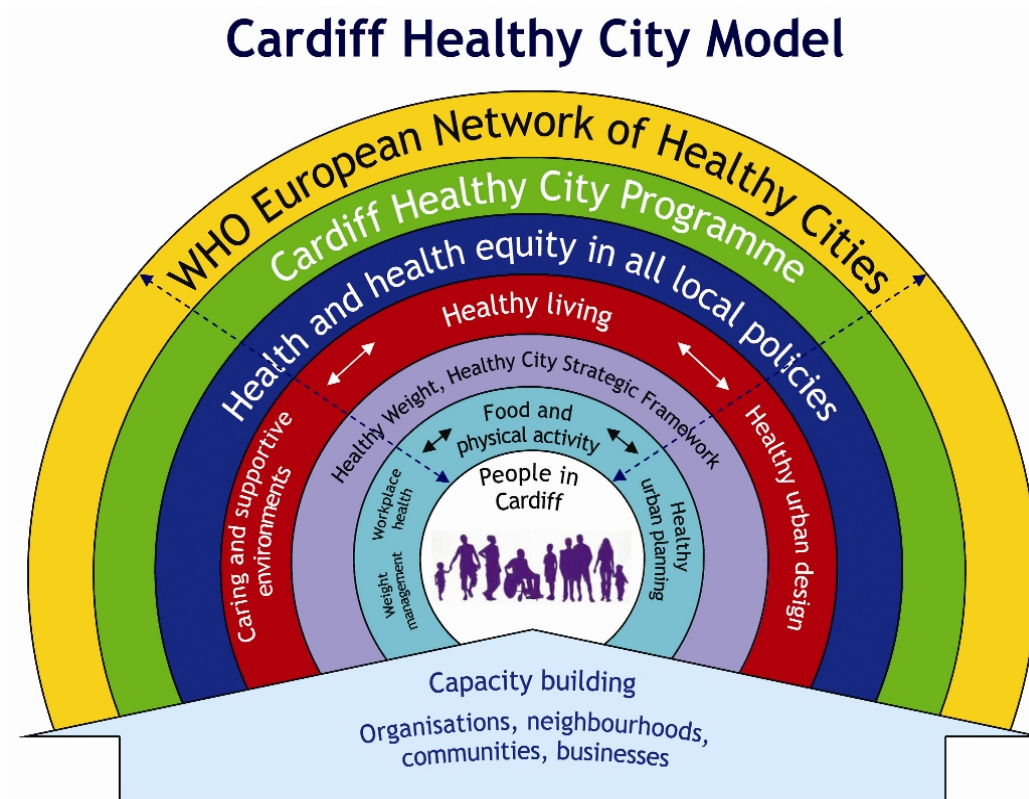
Through the IPS partners will work together to influence the wider determinants of health e.g. education, employment, and housing. Co-ordinated action will be targeted at those in greatest need and the Child Poverty Strategy will be implemented to improve the lives of children and young people. Community First partnerships work across the most deprived communities and their current work programmes are funded until 2012. Alongside this community development activity, the Neighbourhood Management approach has engaged partners in delivering increased community cohesion and improvements to neglected communities, in particular the environments.

The NHS, with partners, will increase their activity on prevention of ill-health; the maintenance of good health and well being; and improve access to services, with a focus on those living in deprivation and with the poorest health. Vulnerable groups such as Gypsies and Travellers, Asylum Seekers and Refugees, and homeless people will be supported through the work of the APGs and partners.

Healthy City

The overarching goal of the WHO European Healthy Cities Network is to embed health and health equity in all local policies. In addition there are three core themes which cities need to take forward as part of their commitment to the Healthy Cities programme: caring and supportive environments, healthy living and healthy urban design. The Cardiff Healthy City Programme lays out planned areas of action to take forward these principles and the Cardiff Healthy City model describes the areas of focus and the inter-relation of activities that will impact on health and well being of citizens.

To find out more: www.cardiffhealthycity.com
www.euro.who.int



The Health, Social Care and Well Being Operational Plan focuses on action to reduce inequalities in health and address the differentials in life expectancy across the city through the work on:

- Healthy City programme (this work spans across all themes and the report card is under theme 1)
- Homeless People
- Gypsies and Travellers
- Asylum Seekers

The plans that relate specifically to meeting the needs of children and young people are set out in the delivery plan for the Children and Young People's Partnership.

Healthy City

Cardiff achieved Healthy City status and membership of the World Health Organization (WHO) European Network of Healthy Cities (Phase V) in October 2009. The aim in applying for designation was to facilitate the development of a co-ordinated approach to tackling the issues of health equity and health improvement in Cardiff.

The overarching goal of the current phase of the WHO European Healthy Cities Network is to embed health and health equity in all local policies and deliver on the three core themes: caring and supportive environments, healthy living and healthy urban design.

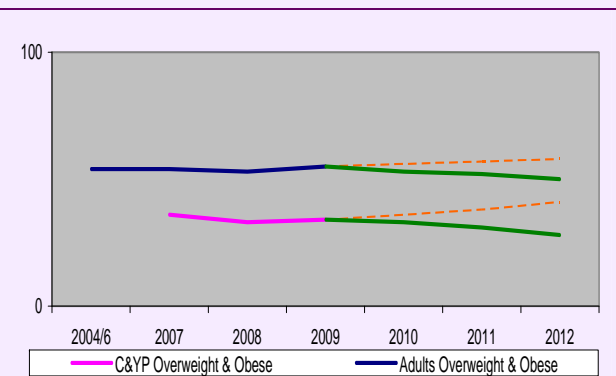
The Cardiff Healthy City Programme is committed to the WHO Healthy Cities principles and goals, and will work towards addressing the local determinants of health and reducing inequalities in health. Cardiff has identified these priorities in its strategic planning through the *Health, Social Care & Well Being Strategy 2008-11*, the *Children and Young People's Plan 2008-11* and the *Community Strategy 2007-17*. The Cardiff Healthy City Programme is integral to the delivery of the "People in Cardiff are healthy" outcome, identified within the Integrated Partnership Strategy (IPS), and makes a significant contribution to each of the other agreed IPS outcomes.

The Healthy City Programme provides a framework for Cardiff to drive forward targeted action, particularly in areas of deprivation. The programme will advance the public health agenda with regards to lifestyle choices, the impact of the built and natural environment on health and the provision of supportive services. The programme uses the issue of obesity as its central theme and uses the *Healthy Weight, Healthy City Strategic Framework* to inform areas of focus with the aim to reduce the number of obese or overweight people in the city. Although the programme focuses on obesity, there will be a need for community engagement and actions across partnerships and organisations if improvements are to be gained across the determinants of health and to individual's commitment to healthy behaviours.

Headline Indicators and how are we doing?

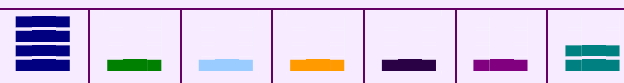
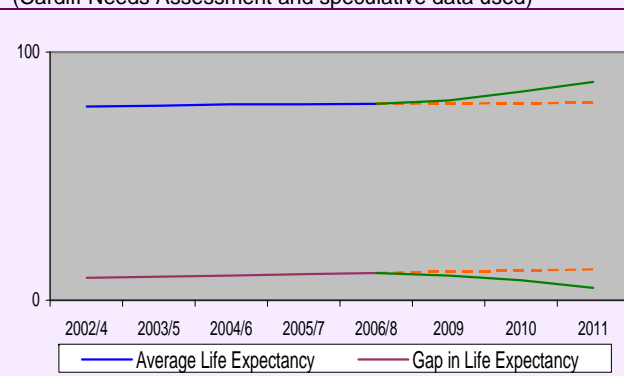
1. % overweight or obese

(Welsh Health Survey)



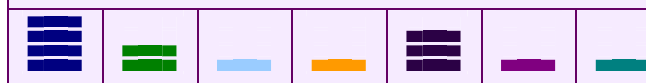
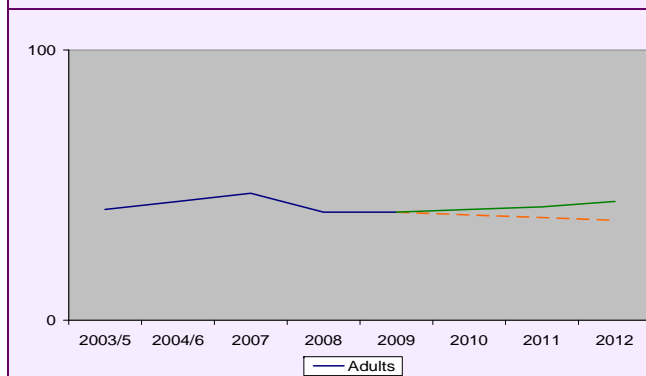
2. Life Expectancy & Gap in Life Expectancy across Cardiff (Highest area average – Lowest area average)

(Cardiff Needs Assessment and speculative data used)

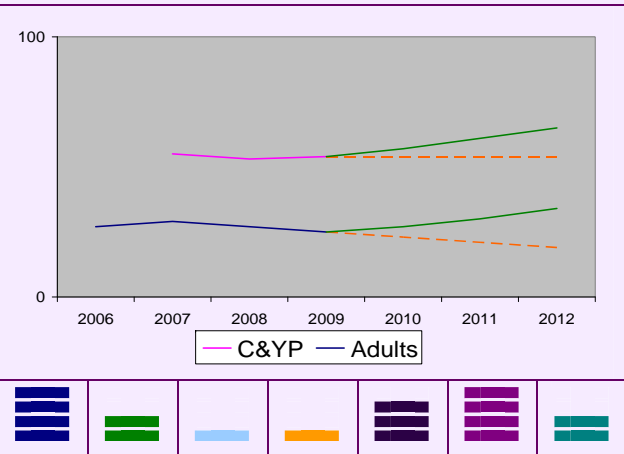


3. % achieving 5-a-day fruit and vegetable consumption (Welsh Health Survey)

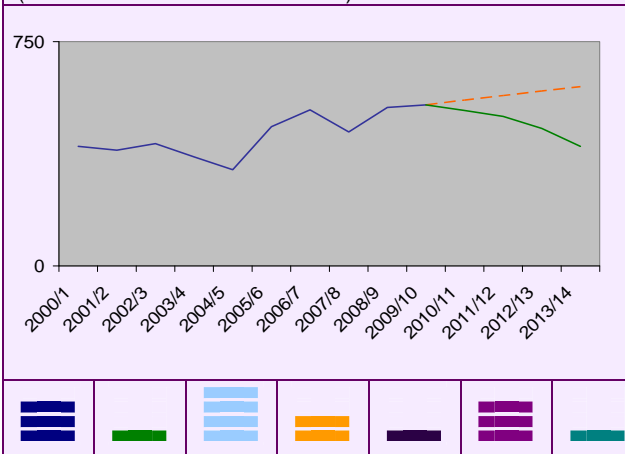
(Welsh Health Survey)



4. % people sufficiently active:
a) 5x30 minutes per week – adult
 (Welsh Health Survey)
b) 5x60 minutes per week – C&YP
 (Speculative data used)



5. Workplace Health: RIDDOR Reports (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) from Cardiff Council enforced premises
 (HSE Incident Contact Centre data)



Data Development Agenda

- **Graph 1:** Overweight & obesity rates for children will be established when national measurement programme rolled out (*Public Health Observatory Wales 2010*).
- **Graph 4:** Physical Activity & Health Steering Group to collate local data to inform the % of children and young people meeting the physical activity guidelines.
- An indicator relating to Healthy Urban Planning is to be developed.

Key:

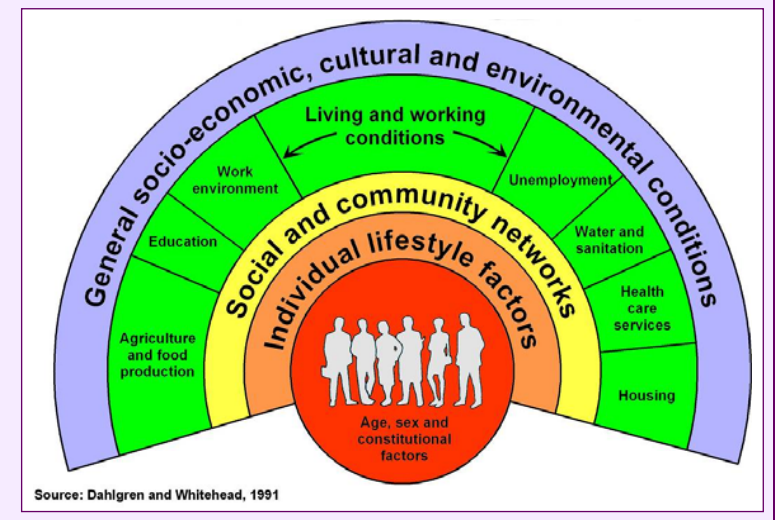
— — — The route we will take if we do nothing ————— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

- Number of people living in deprivation in Cardiff with the resultant poor health has risen to 60,000 (2008 Wales Index of Multiple Deprivation).
- Difference in life expectancy across geographical areas in a given period is 11.6 years (Life Expectancy 1999 - 2003 Cardiff Electoral Divisions, Office for National Statistics).
- Life expectancy for women in Cardiff is rising steadily in line with the Wales and UK trends. However, life expectancy for men in Cardiff has levelled off between the years 2006 – 2008, whilst the Welsh and UK average have continued to show a steady increase during this period.
- Reflecting health inequalities, local level data for life expectancy clearly shows that areas of highest deprivation have the lowest levels of life expectancy. This suggests that as the gap between the richest and poorest people in Cardiff widens, the gap in life expectancy will increase.
- 53% adults in Cardiff are overweight or obese. This level is increasing, with resultant impact on levels of health and well being. (Further details in Healthy Weight section).



- Unhealthy behaviour, for example food consumption and levels of physical activity will influence rates of overweight and obesity. Generally over the past decade food choices have become less healthy and food portions bigger, whilst levels of physical activity have been in decline.
- Environmental conditions such as urban planning, design and transport will impact on the health of the population and, in particular, prevalence of overweight and obesity.
- The health of individuals and populations is influenced both positively and negatively by a wide range of inter-related factors, also known as the determinants of health (as per diagram).
- RIDDOR data has been included for premises enforced by Cardiff Council, although this is likely to act as a 'bellwether' indicator for other work places not enforced by the Council. As with many statutory reporting systems, there is evidence of under-reporting. National rate of RIDDOR incidents was 502.2 per 100 000 employees.
- In addition to data collation, additional work is undertaken to assess the effectiveness of workplace health and safety interventions.
- Current recession could lead to reduction in health improvements and health and safety as business priorities.

Partners with a role to play

The aim of the Healthy City Programme is to engage a wide range of public, private and Third Sector organisations in taking forward the principles and goals of the Healthy City Programme. The Programme is citizen focused and through an inclusive approach will engage communities and individuals.

Key partners will include:

- | | | |
|-------------------|---------------------|---|
| • Cardiff Council | • Third Sector | • Cardiff Health Alliance |
| • NHS | • Private Sector | • Children & Young People's Partnership |
| | • Communities First | • Communities and Citizens in Cardiff |

What are we going to do?

In line with the WHO Healthy Cities themes and the Cardiff Healthy City Programme, focus for action will be in the following areas:

- **Caring and Supportive Environments** Action will concentrate on access to physical activity opportunities and healthy food choices. The focus will be on outcomes for children and young people and health improvement through school, workplace and leisure settings including:
 - Healthy Schools
 - Healthy Early Years
 - Health promoting workplaces
 - Healthy Leisure venues.
- **Healthy Living** by promoting health and active living across all ages. Prevention of non-communicable diseases will be a priority and link with the Chronic Conditions Programme. Actions will be targeted within areas of greatest health inequities and include:
 - Healthy behaviour information
 - Healthy Weight, Healthy City Strategic Framework.

Healthy Urban Design, healthy urban planning and healthy transport will be promoted in order to create an environment that supports healthy lifestyles.

Capacity building to support the delivery of the public health agenda and priority areas of *Our Healthy Future*. Actions will include:

- Raise awareness and engage partners, businesses and communities in the Healthy City Programme
- Deliver training and capacity building programmes with partners
- Support partner agencies to become public health practising organisations.

Homelessness & Housing Need

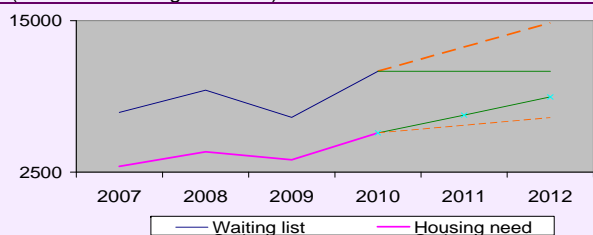
Addressing the needs and aspirations of those in housing need in the city remains an ongoing challenge. Affordability of housing is a major factor in people's housing choices and social housing remains the preferred option for many. However, the availability of social housing has decreased in recent years, especially in family housing, where lets have reduced by 30%, and the current economic climate is precluding people from considering home ownership. The Council and its partner Registered Social Landlords are building an average of 321 new affordable homes each year against a predicted requirement of 2,173 (Local Housing Market Assessment 2008) per annum which is clearly not addressing the prevailing need.

For many, acute housing need results in them seeking support from the statutory homelessness safety net contained within the *Housing Act 1996* (as amended by the *Homelessness Act 2002*). Whether due to being given notice by a landlord, vulnerability due to age, medical or housing conditions, Cardiff Council and its partners seek to prevent homelessness wherever possible through the provision of advice on a range of options, or where necessary, practical support. The provision of housing advice has been boosted through the development of the [cardiffhousing](http://www.cardiffhousing.co.uk) website (www.cardiffhousing.co.uk) which has been developed with partner Registered Social Landlords to provide up to date information about housing options in Cardiff including the availability of social rented accommodation; access to the private rented sector; assisted home ownership and student accommodation, along with other housing-related information. Where homelessness cannot be prevented, and a duty is accepted, Cardiff Council will provide temporary accommodation as necessary until more permanent accommodation can be offered.

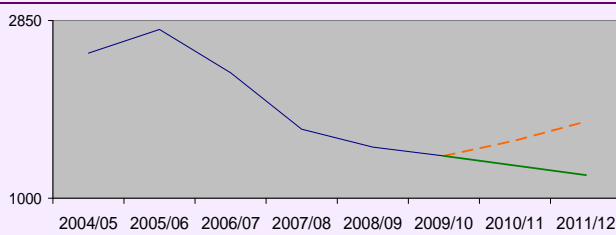
For those with additional support needs, Cardiff is fortunate to have a wide range of supported housing schemes and housing-related floating support services. A number of these schemes failed to meet the Welsh Assembly Government's *Homelessness (Suitability of Accommodation) (Wales) Order 2006* and have necessitated capital financing to re-develop and modernise this provision. Partnership arrangements ensure that those accessing supported housing who then need statutory assistance are helped, and that access to the private rented sector is facilitated where this is appropriate, predominantly through the "CalonLettings" service. The proposed Single Assessment Centre will ensure that all services to homeless people are coordinated and managed from initial enquiry through to re-housing, including access to health services. Specifically, the health of homeless people is coordinated through the development of the Homeless and Vulnerable Groups Health Actions Plans, led by the Cardiff & Vale University Health Board.

Headline Indicators and how are we doing?

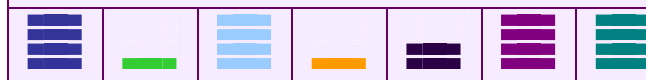
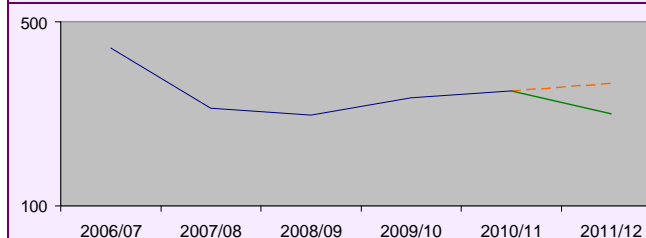
No. of households registered on the common waiting list and of those, households with a discernible housing need
(Common Waiting List Data)



No. of people presenting to statutory services for homelessness assistance
(Comino Enquiries Monitoring Data)

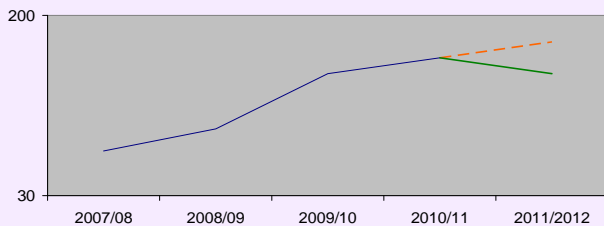


No. of repeat presentations for homelessness assistance including supported housing
(Speculative Data)



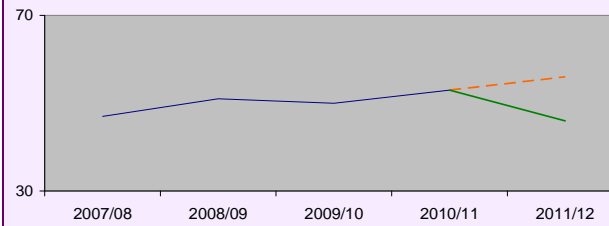
No. of children and young people (under the age of 18) affected by homelessness

(Speculative Data)



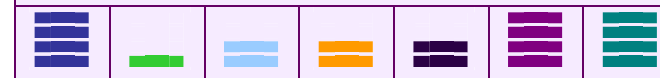
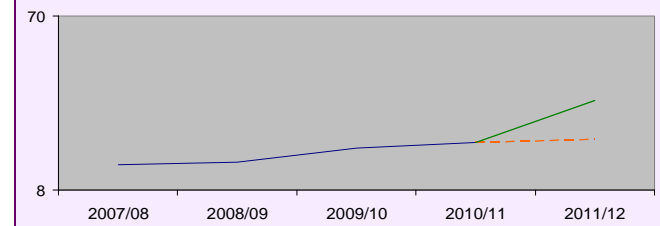
No. of statutory presentations where the cause is relationship breakdown

(Welsh Assembly Returns (WHO12) Data)



No. of homeless people with mental health needs successfully engaging with specialist services

(Speculative Data)



Key:

— — — — — The route we will take if we do nothing

————— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Data Development:

- Repeat homelessness: Data is needed on the numbers and causes for this.
- Children and young people affected by homelessness: Data is dispersed and needs to be collated across Cardiff.
- Mental health needs: Data on those accessing services is currently very minimal.
- Private rented sector tenancy failures: Little is known of the rates of tenancy failure in this sector.

Stories behind the baselines

No. of households registered on the common waiting list with a discernible housing need – Cardiff Council and all the Registered Social Landlords operating in the city now use a shared waiting list for applicants wishing to move into social housing. As of August 2010 this list had 10,822 households waiting to be allocated a home, of which only 53% had a discernible housing need. Also, between 09/2009-08/2010 there were only 1,923 lets made.

No. of people presenting to statutory services for homelessness assistance – Using the safety net of the homelessness legislation should be a last resort to address housing need. By promoting more preventative measures and through better advice, people will be able to make informed decisions on the full range of housing options open to them.

No. of repeat presentations for homelessness assistance including supported housing – Where people need to re-present for help, this highlights potential failings in existing services and systems to adequately support and assist people facing homelessness. For some people, homelessness can be cyclical with either only short-term, or no breaks in the periods of living in temporary/supported accommodation or even sleeping rough.

No. of children and young people (under the age of 18) affected by homelessness – A statutory duty is owed to 16 and 17 year olds but for these and especially younger children of families living in temporary or supported housing, the experience of moving between different types of accommodation is a daunting one. The disruption to schooling, friendships and the family unit as a whole can have lasting effects on children and young people.

No. of statutory presentations where the cause is relationship breakdown – Over the past 4 years this has accounted for an average of 50% of all reasons for loss of last stable accommodation for those presenting to the Council. Whether a relationship breakdown between parents and young people or between partners, whether the break-up is violent or not, the lasting implications to all concerned go beyond the immediate need for accommodation.

No. of homeless people with mental health needs successfully engaging with specialist services – Homelessness can result in, or be caused by, traumatic events which results in people’s mental well being deteriorating. Access to specialist mental health services is often problematic due to the chaotic lifestyles of the more entrenched homeless people who tend to have more severe issues, and the general inability of those who have been displaced to access mainstream services through the usual referral routes.

Partners with a role to play

- | | | | |
|--|--|--|---|
| <ul style="list-style-type: none"> ● Cardiff Council <ul style="list-style-type: none"> ○ Housing & Neighbourhood Renewal ○ Adult Services ○ Children’s Services ○ Planning and Sustainability ○ Strategic Estates ○ Citizen & Democratic Services | <ul style="list-style-type: none"> ○ Private Sector Housing ○ Corporate Services ● Registered Social Landlords ● Private Sector Landlords ● Housing-Related Support Providers ● Regional Local Authorities | <ul style="list-style-type: none"> ● South Wales Police ● South Wales Probation Trust ● Cardiff Health Alliance ● Safer Capital Partnership ● Children and Young People’s Partnership ● Cardiff & Vale University Health Board | <ul style="list-style-type: none"> ● Cardiff Landlord Forum ● Private house builders ● Advice Agencies ● Department for Works and Pensions ● Welsh Assembly Government |
|--|--|--|---|

What are we going to do?

- Continue the development, implementation and monitoring of the annual updates to the Cardiff Homelessness Strategy and Local Housing Strategy and associated plans.
- Ensure the Single Assessment Centre is developed and implemented with the involvement and support of all relevant stakeholders.
- Continue to develop and supplement the [cardiffhousing](#) website to include energy efficiency and financial capacity advice as well as training and employment opportunities.
- Ensure a more collaborative approach to provision of outreach services to rough sleepers including the development of robust monitoring mechanisms.
- Work with the Intake and Assessment Team of Children’s Services and other partners to develop the joint assessment and support service for vulnerable 16/17 year olds.
- Review the Council’s Allocation Policy to ensure that those in greatest housing need are assisted and those unlikely to be re-housed are provided with necessary advice.
- To undertake an annual snapshot survey of households engaging with the range of advice and homeless services to seek views on their experiences of this provision.
- To continue to develop sustainable solutions to assist with the prevention of homelessness.
- Improve access to mental health services for those engaged with housing-related support services, rough sleeping or vulnerably housed.
- Continue to work in partnership with neighbouring local authorities in the South East Wales region to develop innovative solutions to homelessness.
- Maximise the efficiency of the Supporting People budget available in Cardiff in providing housing-related support services.
- Ensure all tenancies are sustainable and to provide reactive services at crisis points to prevent homelessness.
- Continue to improve the relationship with the private rented sector, improving standards and challenging attitudes where necessary.
- Ensure that any opportunities or investment dedicated to developing new affordable housing is maximised.
- Increase housing options and work towards developing alternative solutions to ensure timely move-on to more permanent accommodation.
- Continue the development of the Homeless and Vulnerable Groups Health Action Plans.

Gypsies & Travellers

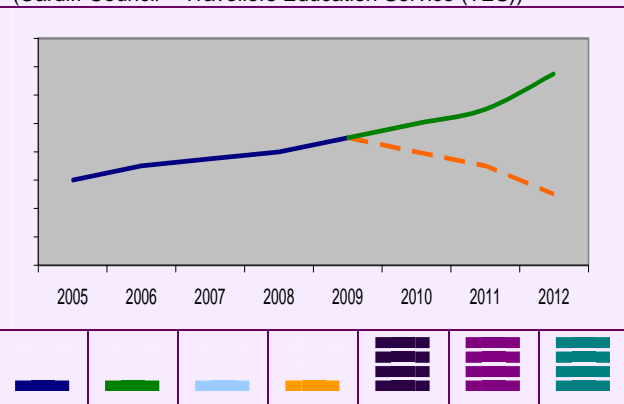
Cardiff has an established Gypsy and Traveller community. There are two permanent sites for Gypsy and Traveller families, one at Rover Way (21 pitches which accommodate 42 caravans) and the other at Shirenewton (55 pitches which accommodate 110 caravans). The biannual Gypsy and Traveller count in June 2010 identified no unauthorised encampments of Gypsies and Travellers in the city, but two encampments are awaiting retrospective planning permission. There is also one pitch on a private site, with a further 18 pitches on two private sites awaiting retrospective planning permission, with a likelihood of receiving planning consent before 2013. Current estimates of population growth to 2013 indicate the formation of 54.8 new households.

Site provision for Gypsies and Travellers has been assessed in line with the recommendations of the *Pat Niner Report* and the *Gypsy Site Guidelines* issued by the Welsh Assembly Government in 2008. Extensive site condition surveys have been completed at both sites. Plans have been drawn up for improvements to the facilities and infrastructure of the sites, including upgraded amenity blocks, traffic calming measures and improved community facilities and services. A successful bid was made to the Welsh Assembly Government to assist with the funding for provision of some of the improvements to the Shirenewton site. Cardiff Council had to withdraw its application for a Welsh Assembly Government Gypsy and Traveller Site Refurbishment Grant for the Rover Way site because it is unable to meet the criteria relating to the sustainability of the site. Alternative solutions are being sought to try to address the refurbishment need in the short term. Various options are being considered to address the longer term need for the site which includes exploring potential relocation.

A survey of the future housing needs of Cardiff's Gypsy and Traveller community was undertaken as part of the Local Housing Market Assessment in accordance with guidance issued by the Welsh Assembly Government. This included an assessment of the housing needs of Gypsies and Travellers living in permanent fixed accommodation. The findings indicated a need for additional pitches over a ten year period. This estimated that there is a need for 194 residential site pitches over a ten year period producing a current (2010) annualised requirement of 24.1 pitches per year.

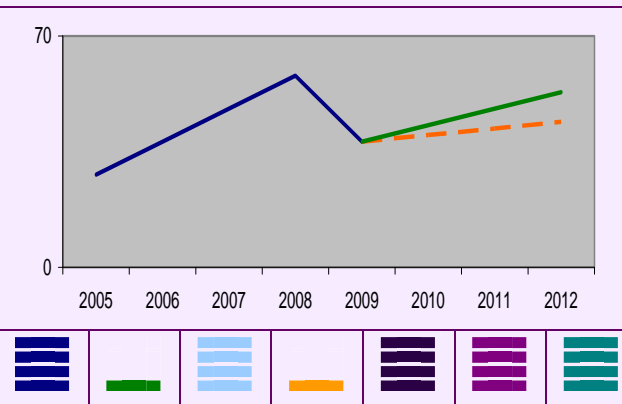
Headline Indicators and how are we doing?

Proportion of eligible Year 6 Students transferring to secondary education
(Cardiff Council – Travellers Education Service (TES))

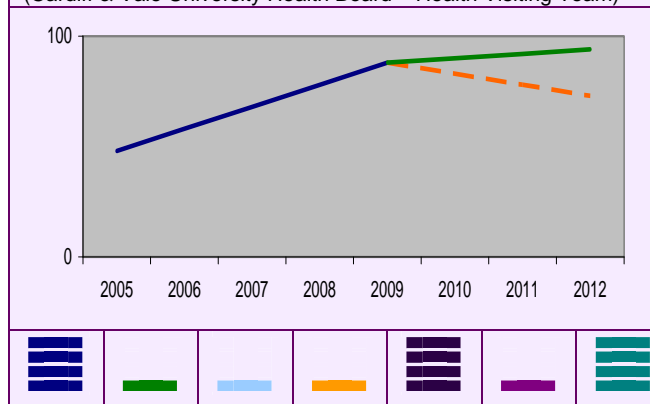


Number of requests for pitches

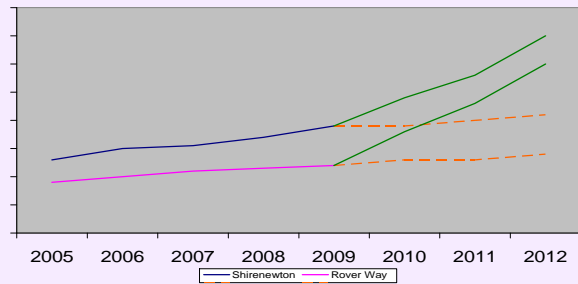
(Cardiff Council – Housing and Neighbourhood Renewal)



Proportion of children achieving satisfactory Schedule of Growing Skills SOGS by age 2-3
(Cardiff & Vale University Health Board – Health Visiting Team)

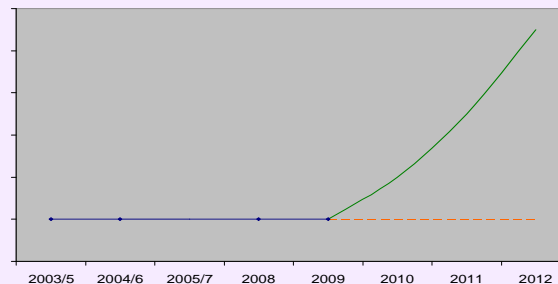


Percentage uptake of Immunisations
(Cardiff & Vale University Health Board – Health Visiting Team)



Number of successful prosecutions for reported G&T Hate Crimes

(South Wales Police – Minorities Support Unit)



Data Development:

- To develop a separate ethnic code for G&T data across partnership data sets
- To separate data for EU Roma
- To gather the number of eligible G&T pupils receiving support from Transitions Team
- To measure overcrowding
- To measure the number of G&T women who seek ante-natal care
- To measure the number of G&T reporting to A&E
- To look at outcomes of Safer Wales initiative regarding hate crime self-reporting

Key:

— — — The route we will take if we do nothing ——— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

Life Expectancy and Mortality: National research shows that Gypsies and Travellers die earlier than the rest of the population. Their life expectancy is 12 years less for women, and 10 years less for men when compared with the general population. Individuals aged 50+ are considered elderly in this community. A recent study showed that only 30% of Gypsies & Travellers live beyond 60. The life expectancy of Gypsies & Traveller of local authority sites with access to health care is better than that of Travellers without accommodation, but still worse than the settled community.

Well Being and Morbidity: Gypsies and Travellers experience worse health, after controlling for socio-economic status and comparing to other marginalised groups. 38% have a long-term illness, 22% have arthritis, 22% have asthma, 34% experience chest pain, 25% have mobility problems, prevalence of diabetes is, smoking is highly prevalent, there are higher self-reported levels of anxiety and depression, poorer dental health, lower levels of exercise, significantly poorer diet, and high rates of chronic liver conditions related to alcohol abuse. The community is both superstitious and fatalistic about health issues and interventions. There are great taboos around issues concerning sexual and reproductive health, resulting in women have higher prevalence of cervical cancers due to their lack of engagement with cervical cytology screening programmes. There is an increasing problem of substance abuse among the community. There are comparatively high suicide rates among the communities and a strong stigma around mental health problems.

Transition to secondary education: Very few Gypsies and Travellers transfer to secondary education as the community does not value education beyond primary school age. Elected Home Education (EHE) enables the community to withdraw their children from mainstream education, which can have a negative impact on their education. Additional funding for transition workers in Travellers Education Service (TES) has been successful and generated an increase in transfers to secondary school. There are some future risks concerning the impact of a reduced grant allocation on the capacity of the TES.

Accommodation needs assessment: Since the repeal of the 1968 Caravan Sites Act in the Criminal Justice and Public Order in 1994, no extra pitches have been provided. There is now a waiting list which is largely due to family growth, resulting in a shortage of pitch accommodation. The Welsh Assembly Government guidelines propose expectations on the number, size and location of future pitches. The guidance also sets the current standard for pitches. A general lack of investment in site maintenance has led to not meeting these standards. Recent investment has improved the situation in Shirenewton. However, whilst the standards were met when Rover Way was build, there has been a lack of investment since.

Schedule of Growing Skills (SOGs – Flying Start) met in relation to chronological age: In the past Gypsy and Traveller children did not meet educational standards. Since improving access for health visitors to the sites and the introduction of the Schedule of Growing Skills (SOGs) system, Flying Start Health Visitors now regularly visit the sites and have seen improvements in SOGs scores.

Flu Immunisations: There are different uptake figures for different immunisations. Scare stories about the MMR vaccine have reduced uptake of this immunisation. The community holds deep superstitions about some medical interventions, and largely relied on word of mouth not factual medical information. Extra health input has resulted in improved uptake of immunisations.

Positive resolutions of reported hate crime: There is a historically negative relationship between the Gypsy & Traveller community and the Police. Large numbers of crimes against this community remain unreported. South Wales Police have introduced a specialist department (Ethnic Minority Support Unit) and officers (Gypsy Liaison Officer), which will hopefully improve links with the police, increase reporting of crimes against the community and an increase in positive resolutions.

Partners with a role to play

- Cardiff Council:
 - Sites Management
 - Housing Strategy Team
 - Playgroup Staff
 - Flying Start
 - Youth Services
 - Travellers Education Service (TES)
 - Educational Welfare Officers
 - Admissions & Transitions Team
- Senior Advisor on Elective Home Education
- Schools Equalities Service
- Corporate Equalities Team
- Research Unit
- Cardiff & Vale University Health Board:
 - Health Visiting Team
 - Midwives
 - School Nurses
 - GPs
- Criminal Justice Services:
 - Police Minority Support Unit
 - School Liaison Service
 - Crown Prosecution Service
- Neighbourhood Management
- South Wales Fire & Rescue
- Third Sector:
 - Cardiff Gypsy & Travellers Project
 - Eastern European Roma Drop In Service
 - Race Equality First
- Cardiff Health Alliance
- Children and Young Peoples Partnership
- Safer Capital
- Community / service users

What are we going to do?

- Improve access to health services
- Improve partnership / relationships between Gypsy and Travellers and health workers
- Give consideration to employ specialist Gypsy and Traveller health workers
- Train health service staff to address ignorance and prejudice
- Improve ethnic monitoring
- Increase registration by Gypsies and Travellers with GPs

Asylum Seekers & Refugees

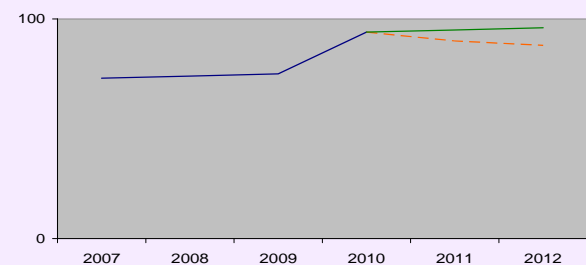
The journey of seeking asylum in the UK is complex with rights and entitlements differing from stage to stage. Rights and entitlements also vary where there are dependents under 18. The UK has signed the UN Convention for Refugees and asylum applications are assessed in accordance with the definitions given. An asylum seeker is a person who has applied for asylum and is waiting for the Home Office to make a decision about their case. A refugee is a person who has been recognised by the Home Office as in need of protection. In 2001 the UK Government designated specific areas throughout the country as dispersal areas for asylum seekers arriving in the UK. Although immigration issues are not devolved to the Welsh Assembly Government, it plays a key part in supporting asylum seekers and refugees in Wales. The Refugee Inclusion Strategy sets out how the Assembly will support and enable refugees to rebuild their lives in Wales and make a full contribution to society. The Wales Strategic Migration Partnership is one of eleven regional consortia established across the UK since 2001 to facilitate the effective dispersal of asylum seekers across the UK. They facilitate and promote the effective contact, co-ordination and partnership working between UK Borders Agency (UKBA) and local authorities, police services, health boards, employment and career services (including Jobcentre Plus), Government Regional Offices, local and regional voluntary groups, and the private sector (principally the UKBA contracted accommodation providers) – working across localities and service providers.

Cardiff is one of four local authorities in Wales which are designated asylum seeker dispersal areas. At any given time approximately 1,450 asylum seekers are dispersed to Cardiff. This figure represents 57% of all asylum seekers dispersed to Wales, with 24% dispersed to Swansea, 15% dispersed to Newport and 4% dispersed to Wrexham. In January 2010 the family composition of asylum seekers dispersed to Cardiff was made up of 602 single males, 103 single females, 518 family members with female heads of household and 241 family members with male heads of household. The number of dependants was 495. The top ten nationalities from which asylum seekers were dispersed are: China, Iran, Iraq, Zimbabwe, Pakistan, Eritrea, Afghanistan, Sudan, Somalia and Sri Lanka (Wales Strategic Migration Partnership, 2010). Cardiff Council has a five-year contract (2006-2011) with the UKBA to provide accommodation and support to asylum seekers as part of the government's dispersal scheme, having already provided these services on a previous contract (2001-2006). The Home Office is presently considering recommissioning of all accommodation and support services from 2011 onwards, which may lead to a change in service providers in future.

Headline Indicators and how are we doing?

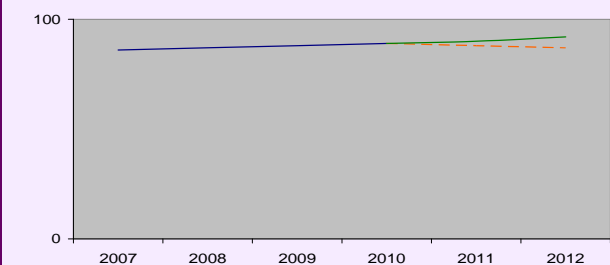
1. Uptake of Initial Public Health Screening

(Cardiff & Vale University Health Board)



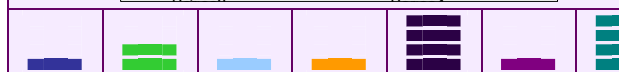
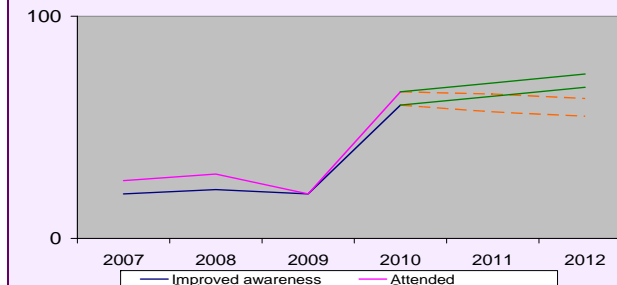
2. Percentage of English for Speakers of Other Languages (ESOL) attainment

(Parade ESOL Team)



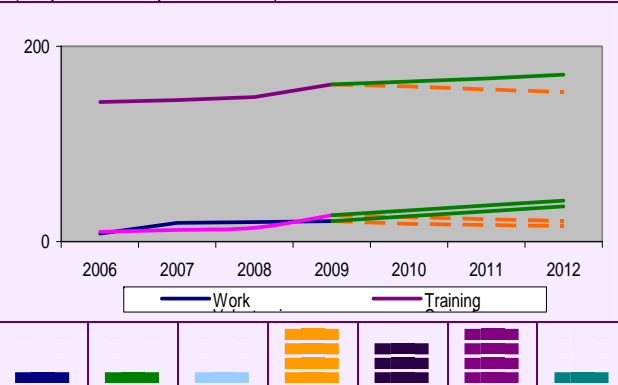
3. Frontline staff with improved refugee awareness following training

(Displaced People in Action)



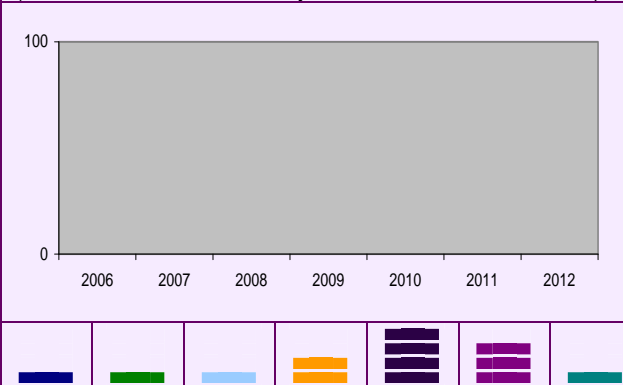
4. Asylum seekers and refugees engaging in volunteering, training or employment

(Displaced People in Action)



5. GCSE results for asylum seekers children

(Cardiff Council Ethnic Minority Achievement Service - EMAS)



Data Development:

- Numbers of asylum seekers and refugees who are homeless
- Number of people on housing waiting lists to include refugee status
- Numbers of non-priority single men signposted/ go to Council Housing Advice Unit (Marland House) for advice
- Job Centre records to introduce a 'refugee' marker

Key:

— — — The route we will take if we do nothing — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Story behind the baselines

These findings were taken from the document *Refugees Living in Wales: A survey of skills, experiences and barriers to inclusion*.

Housing: Housing is widely considered to be a cornerstone for successful refugee integration. A significant majority (89.4%) of refugees who participated in the survey live in rented accommodation, with social housing accounting for two thirds. Although one in five refugees said that they do not have any problems with their accommodation, the vast majority described significant housing problems including a lack of permanency (36.6%), poor condition of their accommodation (28.5%), insufficient rooms/overcrowding (20.3%), problems with neighbours/community (14.6%), and cost (13%).

Education / Training: The findings of the survey are broadly consistent with previous studies which have generally found refugees to be more highly qualified than their UK citizen counterparts. Three quarters of respondents held a secondary school certificate of education and a further 43.9% had a diploma. More than a quarter had obtained a University degree, with a further 8.9% holding a postgraduate qualification from their country of origin. A third of those surveyed have gained an English language qualification and 13.8% have obtained a University degree or postgraduate qualification (8.1% and 5.7% respectively) in the UK.

English Language: Both the Home Office and Welsh Assembly place emphasis on the provision of English language training ("English for Speakers of Other Languages" - ESOL). Previous research has found that on arrival, self-reported English language skills among refugees are generally poor but that these skills improve considerably over time. Around a third of respondents described their English language skills as 'very poor' prior to their arrival with less than one in ten (9.8%) considering their skills to be 'very good'.

Employment & Volunteering: Existing research indicates that refugees experience high levels of unemployment and under-employment, in spite of the fact that many arrive in the UK with good qualifications and previous work experience in their countries of origin. Although nearly two thirds of respondents were employed in a variety of professions before coming to the UK, less than a third (31.7%) had a job at the time of the survey.

Health & Well Being: Nearly all the descriptions of decline in mental and physical health since arrival in the UK are related to anxiety, stress, depression and isolation associated with being a refugee, the asylum process and separation from home and family. A third of respondents were receiving medical treatment at the time of the survey, most notably treatment for depression in the form of anti-depressants and/or counselling. Nearly a quarter described difficulties in accessing medical treatment including difficulties and delays in securing appointments with GPs, dentists and hospital consultants, and the length of waiting times for appointments, especially with consultants.

Racism & Discrimination: Half of all refugees participating in the survey have experienced negative public attitudes and racism whilst living in Wales. A significant number of incidents were described as involving verbal and physical abuse, often by teenagers and youths. Damage to property was also widely reported. It appears that many racist incidents are not reported due to concerns about the consequences. Many also feel that incidents which are reported are not well dealt with by police, housing providers and the UKBA.

Partners with a role to play

- UK Border Agency (UKBA)
- HM Revenue & Customs
- Welsh Assembly Government
- Wales Strategic Migration Partnership (WSMP)
- International Organisation for Migration (IOM)
- Welsh Refugee Council (WRC)
- Cardiff & Vale University Health Board
- Cardiff Health Access Practice
- Community Health Council (CHC)
- Cardiff Council
 - Adult Services
 - Children Services
 - Housing, Advice & Benefits
 - Ethnic Minority Achievement Service (EMAS)
- English for Speakers of Other Languages (ESOL) Providers
- Colleges and Universities
- Jobcentre Plus
- South Wales Police
- Cardiff Health Alliance
- Children and Young Peoples Partnership
- Community Safety Partnership
- BME Communities First
- Displaced People in Action (DPIA)
- Refugee Voice Wales
- Voluntary Action Cardiff (VAC)
- Supporting Others Through Volunteer Action (SOVA)
- Red Cross
- service users

What are we going to do?

- Multi-agency partnership working including training and awareness raising for partners and services providers
- Providing Refugee Homefinder Services, to facilitate access to homeless services for priority need cases
- Improve information/communication with Childrens Services
- Consider recommendations from CHC survey with WRC regarding access to health services
- Adequate resourcing of Cardiff Health Access Practice (CHAP) to provide services to asylum seekers and refugees
- Partnerships with universities e.g. UWIC, University of Wales etc. i.e. training ESOL teachers, up-skilling asylum seekers and refugees
- Refugee community engagement and service user involvement including fun days and social networking to improve refugee community participation
- Strengthening community based groups e.g. Refugee Voice Wales
- Improved user participation in delivery of services e.g. volunteers attending viewings at private tenancies
- All services to mainstream diversity and equality issues

PRIORITY THEME 2

Promote healthy lifestyles and prevent ill health

There is evidence that in general people are taking less care of their own health, with an increase in levels of obesity due to changes in lifestyles, reduced levels of physical activity and less healthy diets. Environmental factors are also major contributors to reduced levels of health and well being as people become more car dependent and sedentary. There are increased levels of alcohol consumption and use of tobacco and drugs remains high. These factors contribute to the rising level of poor health in the city; 22% of Cardiff residents reported they suffered from a limiting long term illness (2008-09 Welsh Healthy Survey).

Healthy lifestyles and the prevention of ill health is a priority of the Welsh Assembly Government, acknowledging that people living in the most deprived parts of Wales have some of the worst health in Europe. *Our Healthy Future* provides the strategic framework for public health in Wales and lays out the Assembly's commitment to improve the quality and length of life and achieve fairer health for all.

Our Healthy Future Priority areas:

- Reducing smoking prevalence
- Increasing participation rates in physical activity
- Reducing unhealthy eating
- Stopping the growth in harm from drugs and alcohol
- Reducing teenage pregnancy rates
- Reducing accident and injury rates
- Improving mental well being
- Improving health at work
- Increasing vaccination rates to recommended levels
- Stopping the growth in inequities



The inclusion of the delivery of *Our Healthy Future* as a requirement in the *Health, Social Care & Well Being Strategy draft Guidance 2010*, places responsibility on partners to contribute to the implementation of this public health focus and increase the delivery of health promotion and prevention, supporting people of all ages to be as healthy and active as possible and ensuring sustainability of approach.

The Health Alliance Well Being Task Groups focus on promoting healthy lifestyles and there are Advisory Planning Groups and other partnership sub-groups working to address the issues highlighted in *Our Healthy Future* and thus the Operational Plan provides the local response to *Our Healthy Future*.

The Healthy City Programme as detailed in Theme 1 lays out planned areas of action to take forward the promotion of healthy lifestyles. The promotion of *Health Challenge Cardiff* and *Change4Life* marketing programmes forms an element of the programme to promote health improvement to the public. Partner agencies will be supported to become Practising Public Health Organisations and businesses will be encouraged to consider the health and well being of employees through workplace interventions. The Healthy Schools Scheme will take forward the programme with children and young people and the Chronic Conditions programme will help people manage their conditions with health promotion support.

The Health, Social Care and Well Being Operational Plan focuses on action to promote healthy lifestyles and prevent ill health across the city through the work on:

- Healthy Weights
- Food and health
- Physical activity and health
- Tobacco free Cardiff
- Communicable disease and public protection
- Sexual health
- Substance misuse

The plans that relate specifically to meeting the needs of children and young people are set out in the delivery plan for the Children and Young People's Partnership.

Healthy Weight, Healthy City

Cardiff has a significant and rising level of obesity which presents an increasing public health challenge. However, the causes of obesity are not simply due to individuals' food and physical activity choices. They are more complex than this, and relate to a wide variety of societal, environmental and behavioural factors. In addition, overweight and obesity are health inequality issues, with people from the lowest socio-economic groups most at risk. The rapid increase in levels of overweight and obesity has occurred in a timescale too small for it to be due to genetic changes. Sedentary lifestyles and high-fat, energy-dense diets; environmental as well as behavioural factors play a part. Furthermore, urban developments have contributed to the increase in obesogenic environments such as high levels of car use, 24-hour food availability, sedentary occupations and low levels of physical activity. Obesity will only decrease if the built environment is adapted to make it easier for people to be more physically active in their daily lives.

Overweight and obesity are important determinants of a wide range of avoidable morbidity and mortality issues including, cardiovascular disease, diabetes, cancer and arthritis. Health consequences range from increased risk of premature death, to serious chronic conditions that reduce the overall quality of life. As well as adverse health outcomes for individuals, there are significant economic and social costs of obesity including increased healthcare expenditure as well as indirect costs due to loss of lives and productivity. Most alarmingly for the future, 60% of children who are overweight before puberty will be overweight in early adulthood, reducing the average age at which non-communicable diseases become apparent and greatly increasing the burden on health services. The estimated health cost of overweight and obesity in Cardiff is likely to reach £110 million per annum by 2015.

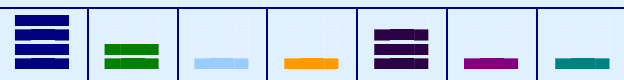
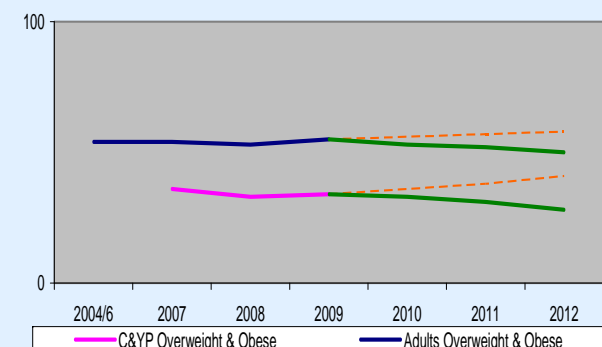
Obesity has been identified as the unifying theme of the Healthy Cities Programme.

Although it is acknowledged that underweight, anorexia and eating disorders are important health issues, and should be addressed as part of an individual's clinical care pathway; it is the broader population impact of overweight and obesity that is the focus for this section.

Headline Indicators and how are we doing?

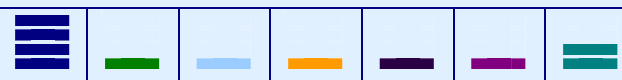
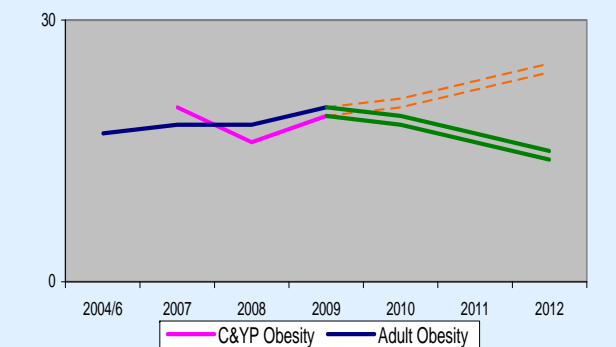
1. % overweight or obese

(Welsh Health Survey)



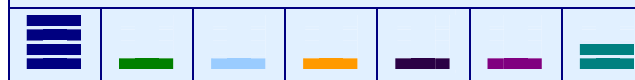
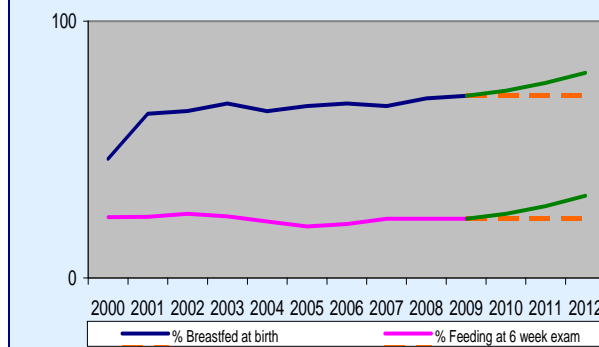
2. % obese

(Welsh Health Survey)

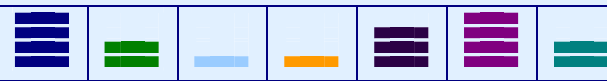
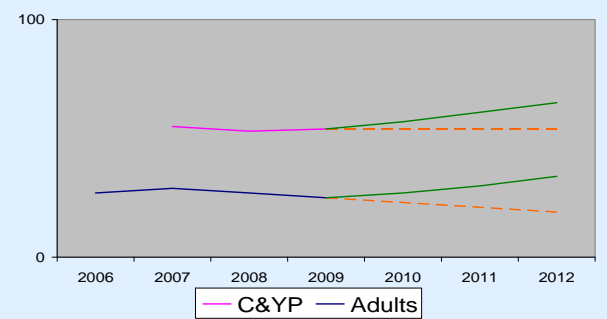


3. % of breastfed babies

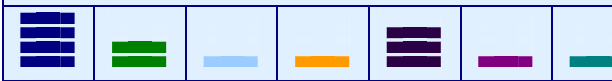
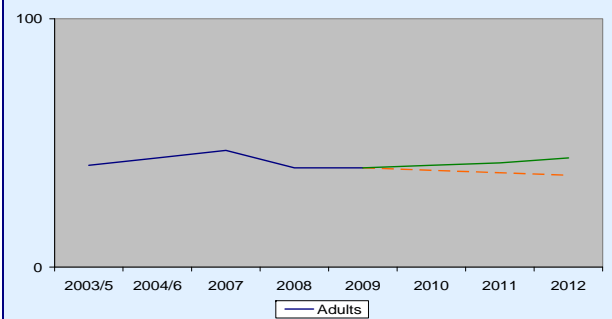
(Child Health 2000 system, South Glamorgan)



4. % people sufficiently active:
a) 5x30 minutes per week – adult
 (Welsh Health Survey)
b) 5x60 minutes per week – C&YP
 (Speculative data used)



5. % achieving 5-a-day fruit and vegetable consumption (Welsh Health Survey)



Data Development:

- Overweight and obesity rates for children and young people will be established as and when a national measurement programme is rolled out (Public Health Observatory Wales 2010)
- Physical Activity & Health Steering Group to collate local data to inform the % of Children and Young People meeting the physical activity guidelines.
- Food & Health Steering Group to collate local data to inform the % of Children and Young People eating five or more portions of fruit and vegetables.
- Indicators for built environmental, spatial planning, transport and sustainability to be developed.

Key:

— — — — The route we will take if we do nothing ————— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
---------	-------------	------	-----------------------	----------------	-------------------	-------------------------

Story behind the baselines

- Overweight and obesity are associated with an increased risk of developing cardiovascular disease (CVD), Type 2 Diabetes, and some forms of cancer such as those of the breast, colon, prostate, endometrium, kidney and gallbladder. CVD is the single largest cause of death in Cardiff with the highest mortality rates occurring mostly around the central and South East localities.
- It is predicted that the number of people with diabetes will double over the ten years 2003-2013 due to increasing obesity and an ageing population.
- Health is inextricably linked to socio-economic status. This is also reflected in obesity rates.
- Average weight rises and then falls with increasing age. This is particularly relevant for targeting action on overweight and obesity.
- The best long term approach to tackling overweight and obesity is prevention from childhood. Exclusive breastfeeding from birth until weaning is the best way to feed young infants. Breast milk provides optimal nutrition, growth and development for the human infant. There are considerable variations in breastfeeding rates, with older, better-educated and higher social class women being more likely to breastfeed. Breastfeeding rates in Wales are amongst the lowest in the UK.
- Obesity prevalence and disease risks vary between ethnic groups. For example, levels of obesity in women are lower in Bangladeshi women and higher in black African women, compared to the general UK population. However, different patterns of fat distribution between ethnic groups mean there are important differences in the health risks associated with apparently similar levels of Body Mass Index (BMI). People of South Asian origin are at greater risk of cardiovascular and other diseases, thought to be associated with the distribution of fat around the stomach.
- Overweight and obesity have a number of psychological impacts, including low self esteem and body image.

- The effects of obesity on children can lead to 'adult diseases' from an early age, such as high blood pressure, and the development of type 2 diabetes. Latest information from the Welsh Health Survey indicates that across Wales 33% of children were estimated to be overweight or obese including 16% obese.
- Women who are overweight or obese have an increased risk of complications during pregnancy and birth, with potential health risks for mother and baby in the longer term.
- Recommendations for physical activity stress the importance of building physical activity into everyday lives. Children and young people should achieve a total of a minimum of 60 minutes of at least moderate intensity physical activity each day and adults should achieve a total of a minimum of 30 minutes of at least moderate intensity physical activity a day, on five or more days a week.
- A healthy balanced diet is one based on the 'Eatwell Plate Model' (Food Standards Agency). There are many factors that influence eating behaviours such as affordability, access, and education.
- The number of people who are overweight and obese is increasing. It is important therefore, that individuals who are identified are helped to reduce their BMI and maintain a healthy weight. The Wales Obesity Pathway will provide a tool for the development of interventions ranging from prevention to treatment of overweight and obesity.
- Urban developments have contributed to the increase in obesogenic environments, typified by high levels of car use, 24-hour food availability, sedentary occupations and low levels of physical activity.

Partners with a role to play

- | | | | |
|--|--|---|---|
| • Cardiff & Vale University Health Board | • Third Sector | • Food & Health Steering Group | • Private and public sector |
| • Cardiff Council | • Cardiff Health Alliance | • Physical Activity & Health Steering group | • Communities First |
| • Public Health Wales | • Children & Young Peoples Partnership | • Healthy Urban Planning Group | • Education and training establishments |

What are we going to do?

- The best long term approach to tackling overweight and obesity is prevention from childhood. Action is needed in the following areas to achieve this aim: Preconception and antenatal care; Breastfeeding and infant nutrition; Early years; School and youth settings, e.g. MEND (Mind, Exercise, Nutrition, Do it!) and Healthy Schools.
- Key themes for consideration when promoting healthy eating include nutrition, food provision, food safety, food sustainability and food education and training. Responsibility for progressing and achieving this strategic aim will lie with the Cardiff Food and Healthy Strategy Steering Group.
- Action is required that promotes a supportive built environment to encourage active travel such as cycling and walking, to encourage the use of parks and green spaces and to encourage opportunities for active and unstructured play. Responsibility for progressing and achieving this strategic aim will lie with the Cardiff Physical Activity and Health Steering Group.
- Use of National Marketing initiatives such as Change4Life.
- An Obesity Pathway will be developed. This pathway is a tool to map local policies, services and cross-departmental multi-agency activity for both children and adults and then to identify gaps. The pathway will then inform planning, implementation and management of activity across the full range of determinants which cause obesity and overweight.
- It is important to maximise the opportunities in places of work, education and training as settings for promoting healthy eating and physical activity.
- Measures to address the wider determinants of overweight and obesity should be incorporated into planning priorities so that buildings are designed to encourage people to be more physically active and open spaces are developed that can be reached on foot or bike. Interventions to make streets cleaner and safer can also promote physical activity and active travel. Responsibility for progressing healthy urban planning will lie with the Healthy Urban Planning Steering Group.

Food & Health

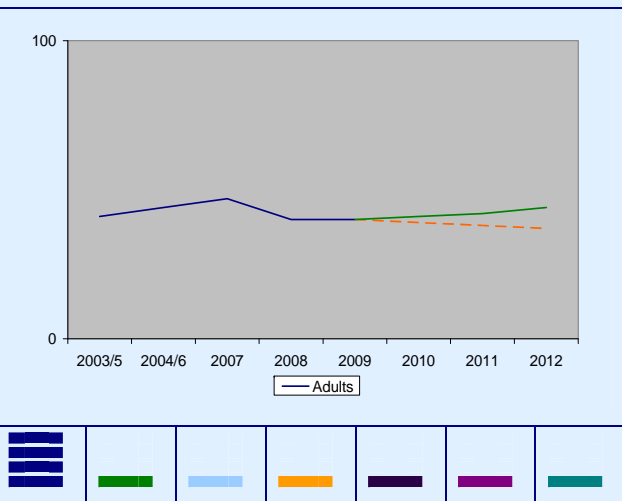
Cardiff Health Alliance recognises the ever increasing importance of the role of diet and nutrition on the health of the population and seeks to reduce health inequalities by enabling and supporting people to access a healthy balanced diet. Rates of obesity are increasing particularly amongst children and there are still inequities in being able to access an affordable, nutritious diet and a lack of knowledge and skills to prepare it. The link between health inequities and poor diet is inextricable - individuals living in more deprived areas consume a less healthy diet than those living in less deprived areas.

There is a wealth of evidence demonstrating the positive relationship between the uptake of a healthy balanced diet and good health throughout the life course. A healthy balanced diet reduces the risk of chronic diseases including coronary heart disease (CHD), certain types of cancer, such as those of the colorectum and breast, stroke, overweight and obesity, type II diabetes and hypertension; key causes of mortality and morbidity (Food Standard Agency (FSA) and Welsh Assembly Government, 2003). Research suggests that improved diet could reduce CHD and cancer deaths by a third, thus improving life expectancy and general health and well being (Department of Health, 1998).

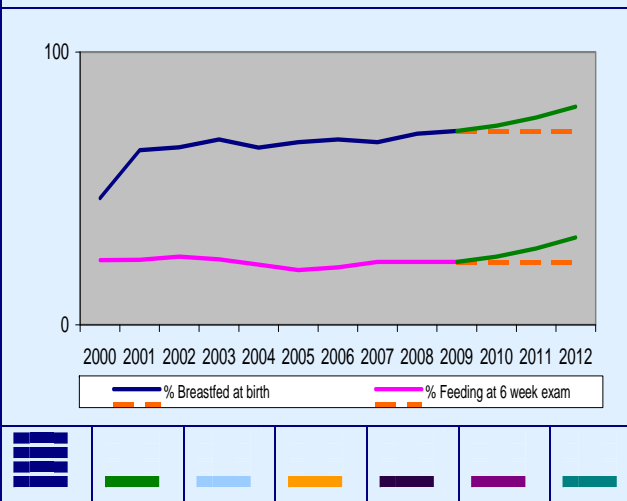
Food and health issues cut across a wide range of policy agendas, involving a large number of sectors that may not be directly involved in health, and therefore significantly contributes towards achieving each of the seven outcomes identified within the Integrated Partnership Strategy. Food and health must be considered in its widest sense, and actions around food nutrition, food provision, food procurement, food sustainability, food safety, and food education and training, are considered in the development of the Implementation Plan.

Headline Indicators and how are we doing?

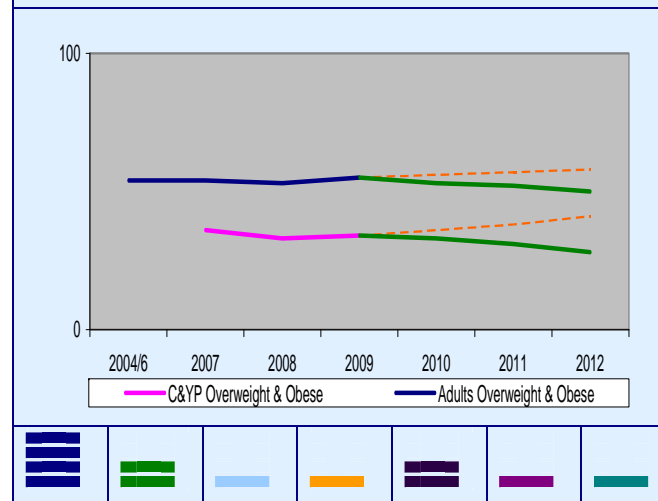
1. % achieving 5-a-day fruit and vegetable consumption (Welsh Health Survey)



2. % of breastfed babies (Child Health 2000 system, South Glamorgan)

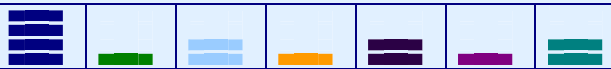
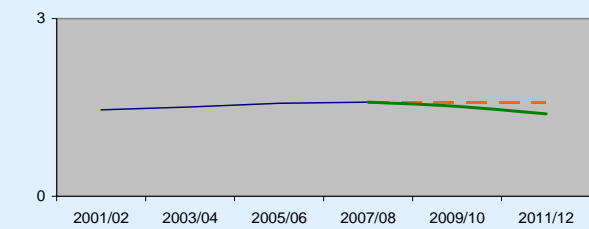


3. % overweight or obese (Welsh Health Survey)



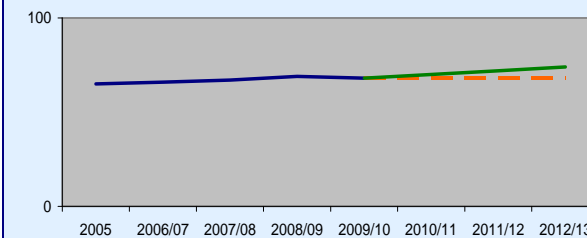
4. Average number of decayed, missing and filled teeth (dmft) in 5 year olds

(Cardiff University, childhood oral epidemiology programme)
(Speculative data up to 2007/08)



5. % of premises that are 'Broadly Compliant' (National Food Hygiene Rating Scheme)

(Environmental Health, Cardiff Council)



Data Development:

- Local data on fruit and vegetable consumption for children and young people.
- Local data for 'Healthy Weight'.
- Availability of healthy options in schools, leisure centres, public sector organisations
- Develop local data on sustainable procurement

Key:

— — — — — The route we will take if we do nothing ————— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Story behind the baselines

- A healthy balanced diet is one based on the 'Eatwell Plate Model' (FSA). There are many factors that influence eating behaviours. Some factors, such as affordability, access, and education may become real barriers and be more difficult to overcome. The factors that influence food choice are:
 - Food production – food industry, agricultural practice & policy, distribution & transport systems, government policy
 - Availability of food at a price the consumer can afford to pay
 - Individual choice – peer group influences; culture; income; lifestyles; advertising, ethics; status; family influences; psychological factors; individual taste preferences; income; religion; social conventions; knowledge and information.
- Those on a low income are less likely to eat wholemeal bread and vegetables; tend to drink more soft drinks; and tend to eat more processed meats, whole milk and sugar. Food poverty exists where people cannot afford to buy a diet that meets the recommended intake for themselves and their household through lack of money, skills or opportunities to access safe, nutritious food. Groups which are most at risk of poor diet include early years, children and young people, older people and vulnerable groups, e.g. homeless people and those with drug or alcohol problems.
- Cardiovascular Disease (CVD) is the single largest cause of death in Cardiff. Poor diet can contribute to the increased risk of CVD.
- Currently, over half of the population of Cardiff are reported to be overweight or obese, which can increase the risks to health. Many overweight and obesity issues can be tackled through lifestyle factors such as diet and physical activity.
- Excessive dietary salt intake raises the risk of high blood pressure, which in turn increases the risk of stroke and premature death from CVD.
- Diet has been shown to be a key modifiable risk factor in the development of a number of cancers, with more influence over some cancers than others, such as those of the stomach, large bowel (colon) and breast.
- In Cardiff, in 2007-08, the percentage of 5 year old children with at least one decayed, missing or filled tooth (%dmft>0) was 41.7%. This ranged from 25% in Rhiwbina, Radyr and St Fagan's to 72.4% in Ely and Caerau. The challenge for Cardiff is to focus commissioning efforts towards the more deprived southern arc of the city for the provision of essential treatment services especially for children and other vulnerable groups.

- Breast milk provides optimal nutrition, growth and development for the human infant. It provides protection from gastro-enteritis, chest and ear infections, diabetes, allergies and other illnesses. There are considerable variations in breastfeeding rates, with older, better-educated and higher social class women being more likely to breastfeed. Breastfeeding rates in Wales are amongst the lowest in the UK. In the South Glamorgan area in 2009, rates of breastfeeding initiation were 71% but this figure fell to 23% by 6 weeks.
- Broadly compliant – all food businesses are inspected by the Food Safety Team of Cardiff Council and risk rated using a standard process. Broadly compliant premises are those that achieve satisfactory scores with regard to hygiene practices, condition of structure and cleanliness and confidence in management. This is also a Welsh Assembly Government performance indicator.
- National Food Hygiene Rating Scheme –introduced on 1st October 2010, this scheme applies to all businesses that supply food directly to the public and its aim is to provide consumers with an informed choice about where to buy food or eat out. Following an unannounced inspection by the Food Safety Team, a food business will be given a rating out of 5 with 0 = “urgent improvement necessary” and 5 = “very good”. This will give businesses an incentive to improve their standards and legal compliance so contributing to a reduction in food poisoning cases.
- The publication of the *Pennington Inquiry* report on the 2005 E-Coli 0157 outbreak has had a considerable impact on all public health services within Wales. An Action Plan for Cardiff Council was drawn up and is being driven by Public Protection which covered all services providing or procuring food as well as food safety enforcement and the standards of school toilets. The enforcement of food law has come under far more scrutiny since this outbreak and led to the competency of Environmental Health Officers (EHOs) and the way EHOs enforce the law coming under increasing pressure.

Partners with a role to play

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> • Cardiff & Vale University Health Board <ul style="list-style-type: none"> ○ Community Dieticians ○ Dental health practitioners • Public Health Wales • Third Sector | <ul style="list-style-type: none"> • Cardiff Council: <ul style="list-style-type: none"> ○ Adult Services, Health Partnership Team ○ Direct Services, Catering, Leisure & Play ○ Schools and Lifelong Learning ○ Parks and Sport (Events) ○ Environmental Health | <ul style="list-style-type: none"> • Cardiff Health Alliance • Children & Young Peoples Partnership • Consumers • Food industry (producers and retailers) | <ul style="list-style-type: none"> • Catering businesses • Rural regeneration (Co-ops, markets etc.) • Care establishments • Universities and Colleges • Media |
|--|---|---|---|

What are we going to do?

Key themes for consideration when promoting healthy eating include nutrition, food provision, food safety, food sustainability, food education and training.

- **Increase the procurement and provision of safe, nutritious and sustainable food for the whole population through large public organisations, businesses, community groups and event organisers.** Areas that have been identified that could bring about significant improvements in the provision of healthy and nutritious foods for the population of Cardiff include: public sector organisations; large public events; rewarding excellence in businesses and establishments; Cardiff food supply including local food schemes such as food co-operatives and allotments.
- **Increase the uptake of safe, nutritious and sustainable food through policy development, education and training and food provision in the identified target groups.** Priority groups include: Infants 0-4 years; children and young people; older people; vulnerable groups specific to Cardiff. Providing individuals with nutrition knowledge and skills is essential to empower them to make appropriate lifestyle choices. Food education and training is key to develop communities' capacity to address food and health issues. The messages and approaches that are used to inform and support people to make healthy, safe, sustainable food choices should be delivered by appropriately trained workers, supported by accredited professionals.
- **Identify and influence policies and strategies that impact on food and health issues.** It is essential that all sectors consider the social, economic and environmental influences on people's food intake and the potential to improve nutritional health through their own and national policy. Areas of priority include: Maximising communication opportunities; ensuring a co-ordinated approach; promotion through city wide strategies.

Physical Activity & Health

Cardiff Health Alliance recognises the ever increasing importance of the role of physical activity on the health of the population, particularly in light of increasing rates of obesity. In Wales, the total cost of physical inactivity to the health service and the economy is estimated at around £650 million per year – equivalent to more than £200 per person, per year.

Increasing levels of physical activity within Cardiff contributes significantly towards achieving each of the seven outcomes identified within the Integrated Partnership Strategy. In particular, it is an important component of “People in Cardiff are healthy”, with the health benefits of physical activity including improved function of heart and lungs, reduced cholesterol, and a 50% reduced risk of developing chronic illness or diseases such as coronary heart disease, strokes, osteoporosis, type II diabetes and some cancers. Being active also plays an important role in achieving and maintaining a healthy weight, has a positive impact on mental health and well being and improves self-esteem. Physical activity also provides a platform for people in Cardiff to “achieve their full potential” as it may enable people to develop a variety of skills and provides the opportunity for people to fully express themselves.

The greatest health benefits of increasing physical activity come from reducing the number of people living sedentary lifestyles. Therefore, there is a need to both decrease the sedentary population and increase the percentage of people carrying out the recommended amounts of physical activity.

The commitment to **Getting Cardiff Active** builds on the national strategy *Climbing Higher (2005)* and subsequent plan *Creating an Active Wales (2009)*, whilst local partnerships have gone from strength to strength and recognise the importance of incorporating and addressing the need to increase physical activity across the city. In 2009 Cardiff achieved World Health Organisation (WHO) Healthy City status and, in addressing the wider environmental determinants of health, will build upon existing good-practice initiatives and policies relating to the physical activity agenda.

Headline Indicators and how are we doing?

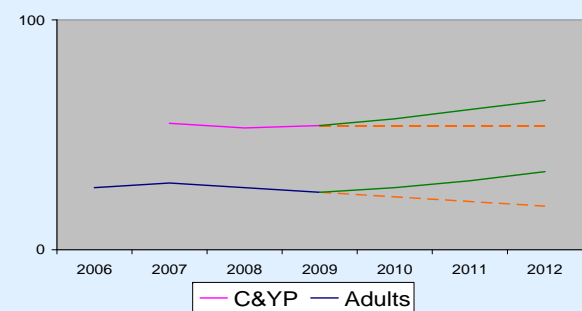
1. % people sufficiently active:

a) 5x30 minutes per week – adults

(Welsh Health Survey)

b) 5x60 mins – Children & Young People

(Speculative data used)



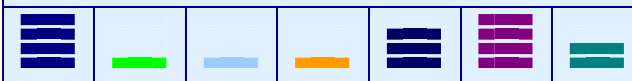
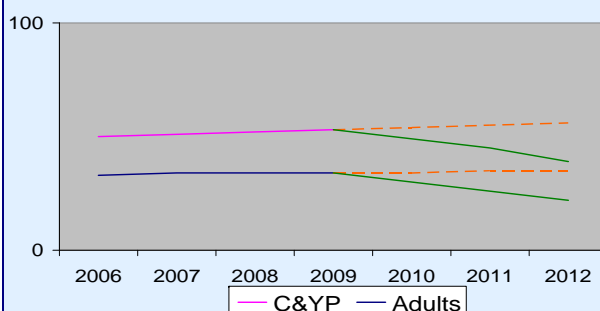
2. % people classed as inactive:

a) 0x30 minutes per week – adults

(Speculative data used, based on national stats)

b) 0x60 minutes per week – C&YP

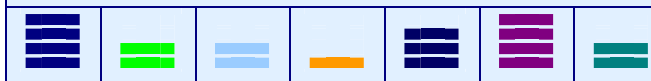
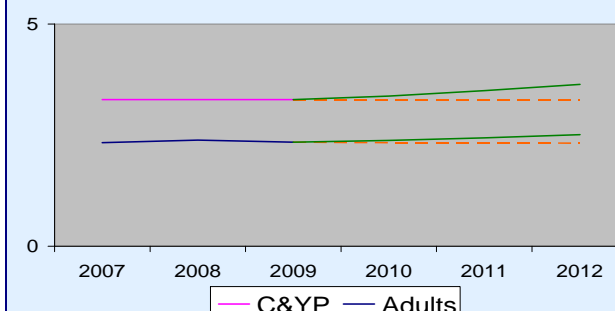
(Speculative data used)



3. Average number of days per week people are sufficiently active

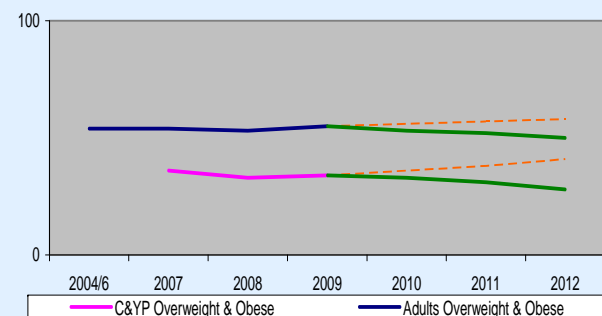
(Adults: Speculative data used, based on national stats.)

C&YP: Speculative data used)



4. % overweight or obese

(Welsh Health Survey)



Data Development:

- **Graphs 1b, 2, 3:** Data not yet available at local level (National WHS data used on graph). Will work with Sport Wales to establish suitable means of collecting local data
- **Graph 4:** Data to be established as when national measurement programme is rolled out

Key:

--- The route we will take if we do nothing

— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

- Levels of physical activity in Cardiff are low with only 29% of adults carrying out the recommended levels (at least 30 minutes of moderate intensity physical activity, five times a week), slightly below the Welsh average of 30%. Statistics show women tend to undertake less physical activity than men, whilst activity also typically declines with age. Levels of physical activity in Cardiff closely follow the national trend.
- The health of individuals and populations is influenced both positively and negatively by a wide range of inter-related factors known as the 'determinants of health', starting with the individual and covering areas across wider society. The table below summarises the barriers identified as being behavioural / demand led (led by the individual or community and requiring a change in culture) or by being environmental / supply led (related to service provision and what is available).

Environmental / Supply Led:		Behavioural / Demand Led:	
<ul style="list-style-type: none"> • Facilities • Costs • Programming • Transport • Coaches: quality/quantity 	<ul style="list-style-type: none"> • Lack of volunteers • Competition structures • Financial support • Negative experiences 	<ul style="list-style-type: none"> • Time/commitment • Culture • Gender equality • Alternative activities • PE and school sport 	<ul style="list-style-type: none"> • Personal appearance • Role models • Family responsibilities • Personal attitudes • Personal safety/abuse

- Whilst aiming to increase levels of physical activity across the whole city, the *Cardiff Physical Activity & Health Implementation Plan* will specifically target people whose current inactive lifestyles pose a risk to their health and encourage those who are already active to be "more active, more often". Therefore it is important to take into consideration that different groups of people, or individuals, may experience different barriers, and to varying degrees. For example, two Cymorth funded studies in Cardiff revealed that black minority ethnic (BME) children and young people (7-25 years) reported more barriers and differing barriers to physical activity than non-BME participants (Cymorth Research, 2006 & 2007).
- Additionally, recent trends that may affect levels of physical activity, positively or negatively, must be considered. These include:
 - **Lifestyle:** Increased use of televisions, computers and games consoles; increased reliance on cars; time constraints; increase in desk-based jobs and reduction in "active" jobs; tendency to focus on achieving short-term happiness / convenience rather than long-term benefit.

Access: Improved access under Disability Discrimination Act; attitudes to risk aversion and safety awareness; cost can be major barrier to participation; further improvements in walking and cycling routes / access required; tendency for areas to be labelled as “ball-free” or “cycle-free”.

Programmes: Programmes and activities made available through the Local Authority Partnership Agreement [LAPA] (e.g. 5x60, Dragon Sports, Free Swimming etc.); food and fitness projects launched; increased physical activity outreach work; range of activities provided by voluntary and private sector; activities funded by C&YP Partnership.

Facilities: Investment made into Council-managed and privately owned leisure facilities locally; more skate parks and Multi Use Games Areas (MUGAs) installed across the City; sports pitch audit undertaken.

Promotion: Marketing and promotion in the form of Health Challenge Cardiff and Change4life as well as local health promotion work; increased media reporting relating to obesity and healthy lifestyles; 2012 Olympics identified as opportunity to encourage people to get active; similarly, recent developments and successes within Cardiff’s major sports teams seen as motivational.

Evidence cited: Creating an Active Wales (2009), Wales Audit Office (June 2007), Cymorth Research Grant Reports (March 2006 and April 2007), Obesity Pathway 2010, NICE Guidance No.s 2, 8, 13 & 17.

Partners with a role to play

- Cardiff Council
 - Direct Services, Leisure & Play and Transport
 - Adult Services, Health Partnership Team
 - Schools & Lifelong Learning
 - Parks & Sport
 - Strategic Planning & Environment

- Cardiff Health Alliance
- Children & Young People’s Partnership
- Public Health Wales
- Cardiff & Vale University Health Board
- Sport Wales
- Further education / Universities etc.
- Sustrans / Cyclists’ Touring Club (CTC)

- Third Sector
- Private Sector
- Employers
- Sport National Governing Bodies
- Police
- Fire Services
- Press / media

What are we going to do?

In line with *Creating an Active Wales*, the *Cardiff Physical Activity Implementation Plan* will be developed around four themes: Active Young People, Active Adults, Active Environment and Sport for All.

Active Children and Young People:

- Ensure all children and young people have access to high quality play opportunities through implementing the Cardiff Play Strategy
- Deliver C&YP physical activity and sport opportunities via the LAPA, such as 5x60, Dragon Sports and Free Swimming
- Address barriers and prioritise interventions that develop physical literacy and participation in physical activity by the least active young people

Active Adults:

- Develop community based targeted initiatives which increase regular lifestyle and outdoor physical activity, such as walking, cycling and gardening
- Develop opportunities targeted at women, older people and those from BME communities
- Support active travel initiatives as part of workplace interventions

Active Environments:

- Increase availability, access and use of high quality local green space, waterways and countryside
- Support the development of the Cardiff Cycle Network

Sport for All:

- Support sustained participation in sport throughout life and take action to combat reduction in participation in secondary school pupils
- Improve Cardiff’s sports pitches via the Cardiff Council Pitch Audit, ensuring adequate facilities are catered for in the medium-long term

Tobacco Free Cardiff

Cardiff Health Alliance recognises the importance of addressing the issue of tobacco use in Cardiff, particularly in relation to the following three elements:

Prevention of young people starting smoking (prevention): The earlier children start smoking, the greater their risk of developing serious or life-threatening illnesses if they continue smoking into adulthood. People who start smoking before the age of 16 are twice as likely to continue to smoke into adulthood and are more likely to be heavier smokers (NICE, 2010).

Helping people to give up smoking (cessation): Tobacco is a major cause of illness and death amongst the population of Wales, and is a key indicator. The 2009 Welsh Health Survey states that 24% of Cardiff's population smokes. There is a large cost to services in terms of treating smoking-related illness. Reducing smoking prevalence is a key action in the WAG strategic framework for public health in Wales, *Our Healthy Future* (2009). Plans are currently underway to develop a Tobacco Control Strategy for Wales.

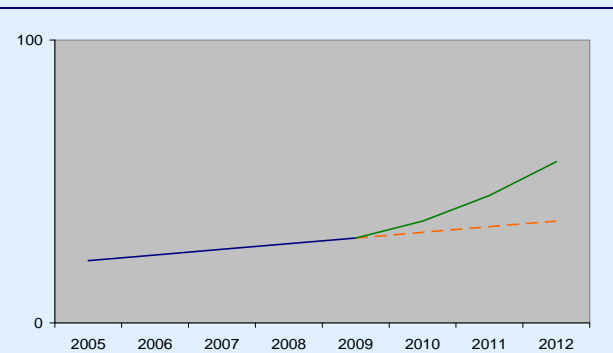
of health inequalities (*Beyond Smoking Kills, 2008*). Tobacco use kills around 114,000 people in the UK every year. It is an important risk factor for coronary heart disease, stroke, respiratory diseases, many cancers, and is often a cause in fire related deaths. Smoking in pregnancy is linked to spontaneous abortion, preterm birth, low birth weight and stillbirth (RCPL, 2002).

Enabling people in Cardiff to live in smoke-free environments (environmental action): Exposure to second-hand smoke has been attributed to a number of serious illnesses in adults and children (WHO, 2007). Children exposed to second-hand smoke are at risk of developing conditions such as respiratory childhood diseases, and are also at risk of sudden infant death syndrome (NPHS, 2004). With the implementation of the smoke-free legislation in 2007, the main environmental exposure to tobacco smoke now takes place in the home and in private cars. Tobacco use has environmental implications as it can create litter and contribute to a poor quality environment.

Headline Indicators and how are we doing?

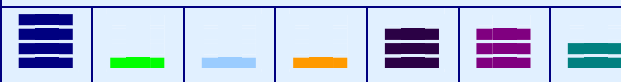
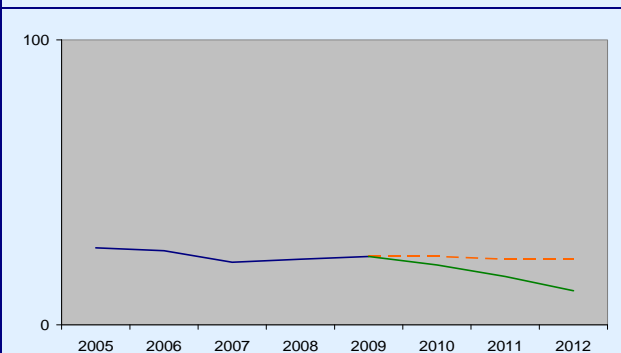
1. % smoke free homes (in Cardiff Flying Start areas)

(Speculative data used)



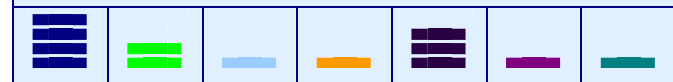
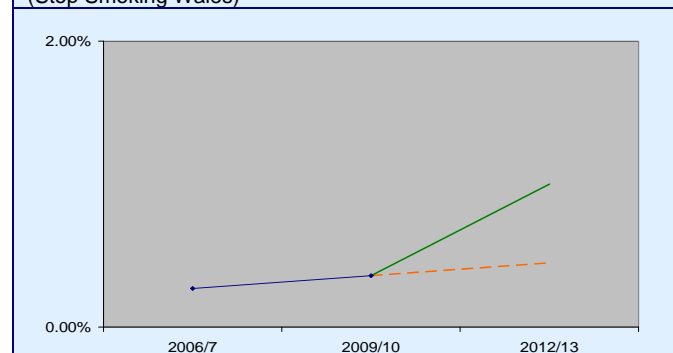
2. % adults smoking in Cardiff

(Welsh Health Survey)



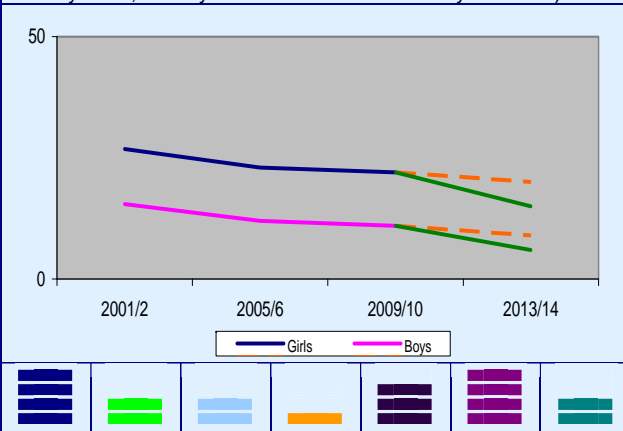
3. % of adult smoking population successfully quit at 4-weeks after accessing smoking cessation services

(Stop Smoking Wales)



4. % 15-year olds smoking in Cardiff

(National data from Health Behaviour of School Aged Children Survey used; % 15-year olds that smoke weekly in Wales)



Data Development:

- **Graph 1:** Cardiff Flying Start areas used as a study area, which is likely to represent Cardiff as a whole. Data to be collected by health visitors in Cardiff's Flying Start areas and logged on PARIS (NHS software) system. Will be available on PARIS by 2011.
- **Graph 4:** Local data to be collected through the Cardiff Super Survey (secondary school survey), available from 2011.

Key:

- — — The route we will take if we do nothing
- The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

Legislation: Recent legislation implemented around smoking and tobacco (including a ban on smoking in public places in 2007, raising the age of purchase of tobacco to 18 years and pictorial health warnings on cigarette packets). The price of cigarettes has also risen substantially over recent years.

Socio-economic status: Tobacco use and health inequalities are closely linked. Individuals living in more deprived areas of Cardiff are more likely to smoke than those in prosperous areas (DoH, 2008). Smoking deepens deprivation, social inequalities and child poverty. Within Cardiff there are areas of high deprivation, including the second most deprived Lower Super Output area (LSOA) in Wales (Butetown 2). The Welsh Index of Multiple Deprivation uses LSOAs at a sub-ward level to measure levels of deprivation. There are 12 Communities First areas in Cardiff. Although there is limited data on smoking rates at this local level, areas of high deprivation often have higher rates of smoking.

Referrals to smoking cessation services: Stop Smoking Wales service was relaunched in 2007 and provides specialist support for people who want to quit smoking. In 2008/09 the service saw an increase of 18.7% in the numbers of people accessing the service. There are however low referrals to the service from GPs in Cardiff. Smoking cessation support is available to patients through primary care and hospital based cessation services.

Cessation initiatives: Stop Smoking Wales currently undertake several initiatives to strengthen the referral pathways to smoking cessation services:

- Brief Intervention for Smoking Cessation training for community and health professionals to encourage effective brief interventions and referrals
- Strengthening the referral pathway for patients waiting for elective surgery to smoking cessation services (smoking slows recovery time after surgery)
- Strengthening the referral pathway for pregnant women to access smoking cessation services

The No Smoking Day campaign is high profile, and evidence has shown that many people successfully use this day as a target for quitting.

Prevention: There are several initiatives in Cardiff aimed at reducing the numbers of children and young people taking up smoking. These include:-

- SmokeBugs!
- Smokefree Class Competition
- ASSIST

All schools in Cardiff are part of the Welsh Network of Healthy Schools, and some schools include tobacco control activities as part of their Healthy School approach. These activities have been shown to deter young people from smoking.

Partners with a role to play

- Public Health Wales
- Third Sector, including ASH Wales
- Stop Smoking Wales (SSW)
- Cardiff Council
 - Adult Services - Health Partnership Team
 - Trading Standards
 - Environmental Health
 - Youth Service
 - Healthy Schools Network
- Cardiff & Vale University Health Board
 - School Health Nursing Service
 - Health Visiting Service
 - Pharmacists
 - Midwifery Service
 - Secondary Care Settings
- Cardiff Health Alliance
- Children and Young People's Partnership
- Safer Capital Partnership Communities First

What are we going to do?

Environmental action

- Continued implementation of smoking ban in public places.
- Enforcement of Health Act 2009 tobacco control regulations if WAG introduces regulations on point of sale displays and vending machines.
- Provision of information to families in Flying Start areas by health visitors and collection of data to encourage smoke-free homes.

Cessation

- Helping people to quit smoking through specialist support from cessation services (SSW, primary care and hospital based)
- Brief Intervention for Smoking Cessation training for community and health professionals
- No Smoking Day campaign supports people who want to quit smoking
- Cardiff & Vale University Health Board as a 'Public Health Practising Organisation' – strategic leadership, policy development and support of hospital in-house cessation services
- Increase number of contacts to SSW, particularly from primary care practitioners
- Increase number of self-reported smokers quitting at 4 weeks and 52 week follow-up
- Roll-out training of practitioners in using brief interventions for smoking cessation
- Develop services to target priority areas of maternity services, pre-operative services, children and young people, mental health and prisons
- Ensure all smoking cessation services are working within the smoking cessation standards (launched in October 2010)

Prevention

- Whole school approaches to tackling smoking. Incorporate information on smoking into the curriculum.
- Deliver anti-smoking activities as part of school Personal and Social Education (PSE) curriculum
- Enforcement of underage tobacco sales restrictions
- Inclusion of smoking in Healthy Schools action plans for schools
- Delivery of school-based prevention initiatives: ASSIST, SmokeBugs!, Smoke Free Class Competition

Evidence cited: Scientific Committee on Tobacco and Health (2004). Children's exposure to second hand smoke increases the risk of pneumonia and bronchitis, asthma attacks, middle ear disease, decreased lung function and sudden infant death syndrome. NICE Public Health Guidance No's 01 (2006), 5 (2007), 10 (2008), 23 (2010). School based interventions to prevent the uptake of smoking among children.

Communicable Disease

A significant challenge is to protect public health by controlling and preventing outbreaks and sporadic cases of communicable disease. Under the *Health Protection Regulations 2010*, registered medical practitioners are legally required to notify the local authority of cases of notifiable communicable disease and diagnostic laboratories are required to notify the local authority of organisms which cause human disease. Cardiff Council Communicable Disease Team (CCCDT) and Public Health Wales (PHW) routinely investigate all notifiable cases of communicable disease to attempt to establish the source of the illness, detect outbreaks, prevent the spread of infection, educate the public and identify risk factors contributing to the specified illness. Many investigations of both sporadic and outbreak cases lead to application of specific health improvement and public health interventions.

The primary objective in the management of an outbreak is to protect public health by identifying the source of the outbreak and implementing necessary measures to prevent further spread or recurrence of the infection. The successful management of outbreaks is dependent upon good and timely communication between the Local Authority, the Cardiff & Vale University Health Board (UHB), Public Health Wales and all interested parties. These organisations work to the *Communicable Disease Outbreak Plan for Wales*, a national plan for dealing with major outbreaks of communicable disease.

When an outbreak is declared, the investigation, management and control is handled by an Outbreak Control Team (OCT). The OCT is comprised of officers from CCCDT and specialist staff from PHW including:

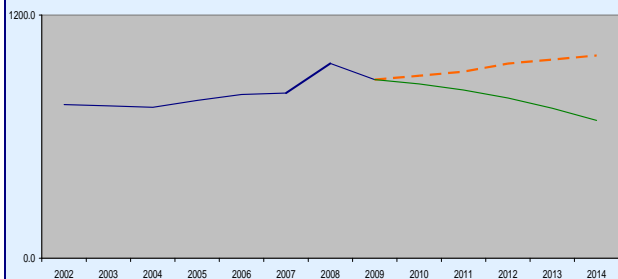
- the consultant in Communicable Disease Control
- microbiologists from Cardiff microbiology laboratory
- the regional epidemiologist from the Communicable Disease Surveillance Centre
- staff from the Cardiff & Vale UHB.

Depending on the nature of the outbreak, where necessary, professional staff from other relevant organisations may be co-opted onto the OCT, such as the Food Standards Agency, Welsh Water or the Veterinary Laboratory Agency. Small outbreaks and incidents occur most frequently.

Headline Indicators and how are we doing?

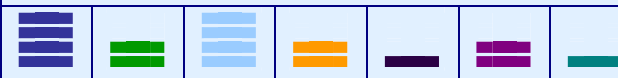
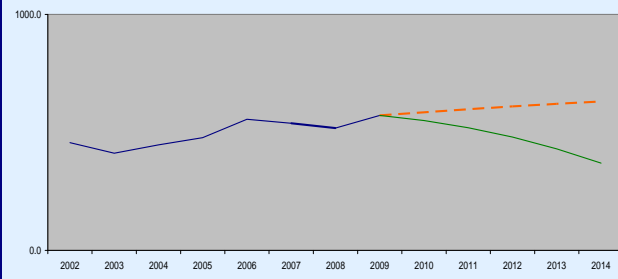
1. Cases of suspected Food Poisoning reported in Cardiff

(Cardiff Council / Public Health Wales data)



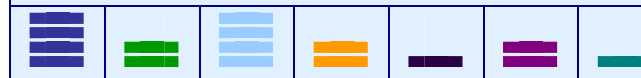
2. Cases of Campylobacter reported in Cardiff

(Cardiff Council / Public Health Wales data)



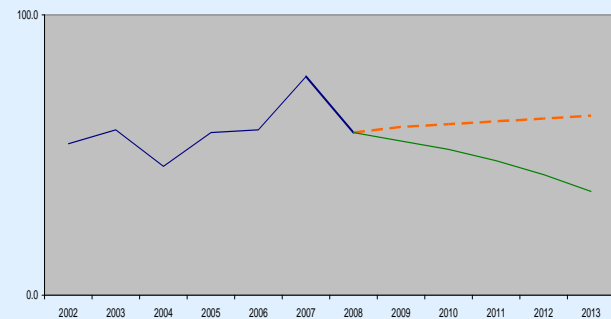
3. Outbreaks of Gastro-intestinal infection in Cardiff

(Cardiff Council / Public Health Wales data)



4. Tuberculosis (TB) cases in Cardiff and Vale of Glamorgan

(Public Health Wales)



Data Development:

- Enhanced surveillance programme for sporadic cases of Campylobacter will commence in January 2011, led by CCCDT. This supports the ongoing project managed by the FSA and PHW, mapping sporadic cases of Campylobacter and Salmonella for all local authorities in Wales.
- Ongoing enhanced surveillance programme of sporadic cases of Cryptosporidiosis associated with swimming pool exposure managed by CCCDT for all local authorities in Wales.
- Evaluation of health improvement interventions

Key:

--- The route we will take if we do nothing

— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

- Health promotion plays a vital role in preventing the incidence and spread of communicable diseases and maintaining high immunisation rates.
- Although data shows that the number of confirmed and suspected cases of reported food poisoning remains relatively stable it is acknowledged that food poisoning is under reported across the U.K.
- Increases and decreases in the number of confirmed cases of Campylobacter will not only be influenced by consuming contaminated food and exposure to other risk factors but also by heightened public awareness and changes in national and local reporting systems. The enhanced surveillance programme mentioned within Data Development aims to better understand the influence of these factors.
- There has been a substantial increase in outbreaks of Gastro-intestinal infection between 2007 and 2009. The most likely explanation for the increase in these figures is the introduction of a health improvement intervention undertaken by CCCDT in schools, care homes, nurseries and conferencing facilities which raised awareness of suspected Norovirus infections and provided guidance on the reporting, prevention and control of infection.
- In 2009, of the 28 outbreaks of Gastro-intestinal disease that occurred in Cardiff, 27 were suspected Norovirus outbreaks associated mainly with school or care home environments that were relatively contained.
- The most recent use of the *Communicable Disease Outbreak Plan for Wales* was in summer 2010 when an OCT was formally convened to investigate an outbreak of Legionnaires' Disease in South Wales affecting 22 cases.
- In summer 2009, surveillance identified an increased incidence of sporadic cases of Cryptosporidiosis associated with swimming pool exposure. Intensive investigations led to the introduction of a health promotion awareness campaign targeting all users of Council and private swimming pools, supported by a training programme on the 'effective management of Cryptosporidium in swimming pools' presented to all swimming pool operators in Cardiff and the introduction of an enhanced surveillance project.
- The *Health Improvement Plan* has been established to target a number of other priority challenges. Recent initiatives include:
 - Development and publication of a *Hand Hygiene Toolkit* for Cardiff schools which provides supporting literature to enable every school in Cardiff to promote, encourage and sustain effective and frequent hand washing by pupils during the school day
 - Production of practical guidance to nurseries, schools and care homes on the control and prevention of Norovirus
 - Food Safety Week 2010 supported the promotion of safe food preparation practices to reduce food poisoning associated with Campylobacter
- Approximately 825 cases of infectious Gastro-intestinal disease are followed up each year, including cases of E. coli O157, Hepatitis A,

Cryptosporidiosis, Legionnaires' Disease, Campylobacter and Typhoid fever. These all require assessment and intensive follow up.

- Around 50 cases of TB are diagnosed in the area annually. All are followed up by the Cardiff and Vale UHB Tuberculosis Unit and their contacts screened. In addition, the unit vaccinates around 1,000 babies annually at higher risk of TB.
- Other diseases continue to pose an infectious disease threat to the population. In 2009 PHW followed up 28 cases of meningococcal disease. All close contacts were identified and administered medication. Whooping cough and mumps are endemic in the area with confirmed cases reported every year. Measles remains a constant threat, and all suspected cases are followed up with salivary testing kits.

Partners with a role to play

- | | | |
|-------------------|-----------------------|---------------------------------------|
| • Cardiff Council | • Public Health Wales | • Cardiff Health Alliance |
| • NHS | • Third Sector | • Communities and Citizens in Cardiff |
| | • Private Sector | |

What are we going to do?

- Strengthening the capacity of the TB unit to deliver screening and control activities
- Strengthening the arrangements for delivery of infection control in the community
- The appointment of an immunisation and vaccination co-ordinator within the UHB
- Piloting self administered questionnaire for specified infections in conjunction with identifying exposure patterns
- Customer satisfaction questionnaire
- Preparation of reports for public health incidents of note
- Monitoring norovirus notification following Norovirus intervention programme in schools
- Monitoring effectiveness of Campylobacter interventions
- Implementation and evaluation of *Hand Hygiene Toolkit*
- Extend the breakfast club focus group idea into other industry sectors
- Launch the *Health Improvement Standards*.

Sexual Health

This section is about the sexual health and well being of all residents in Cardiff. There is a supplementary section which focuses solely on the sexual health and well being of young people in Cardiff, which should be considered in conjunction with this.

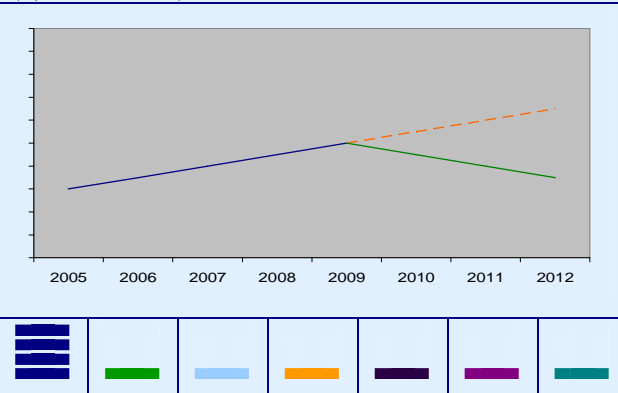
The World Health Organization defines sexual health as: “A state of physical, emotional, mental and social well being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” This section is written in line with the recommendations in *Sexual Health and Wellbeing Action Plan for Wales 2010–2015*, which aims to provide a renewed focus for improving sexual health services in Wales. It forms part of *Our Healthy Future*, the Welsh Assembly Government’s strategic approach to improve the quality and length of life. It aims to:

- develop a society that supports open discussion about relationships, sex, and sexuality
- increase sexual health and relationships literacy
- improve access to good quality sexual health services
- reduce the number of unintended pregnancies, particularly among teenage girls
- reduce the rates of new sexually transmitted infections (STI) and HIV
- improve the health and social care for people living with HIV
- reduce the number of new diagnoses of sexually transmitted Hepatitis B and the number of people at risk
- strengthen the monitoring, surveillance and research of the population’s sexual health and well being

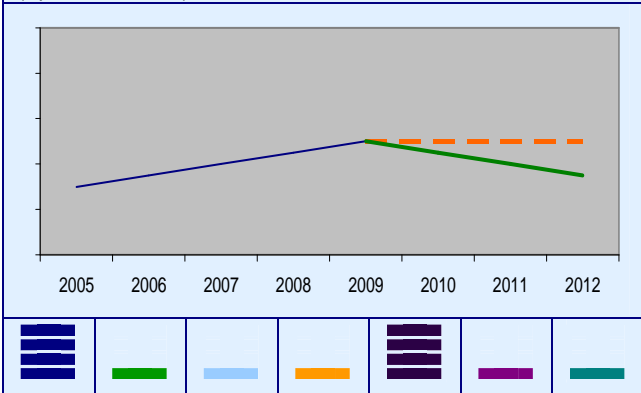
In terms of HIV and accommodation issues, Cardiff is currently the only area in Wales to have an agreed procedure for accepting HIV positive individuals as vulnerable under the Homelessness Persons legislation, enabling this group to secure temporary accommodation on confirmation of their diagnosis alone (usually by referral from the HIV Specialist Social Worker based at Cardiff Royal Infirmary).

Headline Indicators and how are we doing?

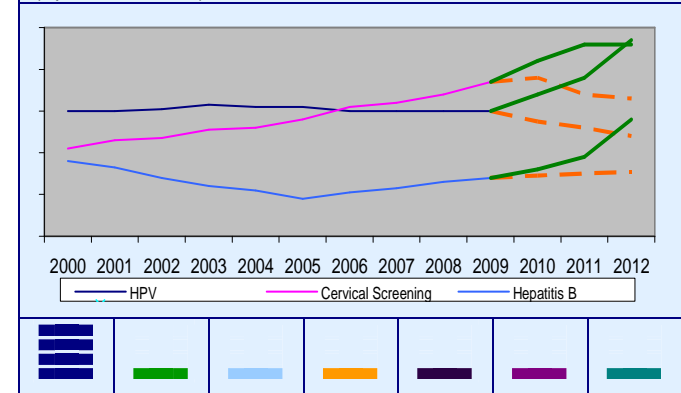
Number of new Chlamydia cases identified
(Speculative data)

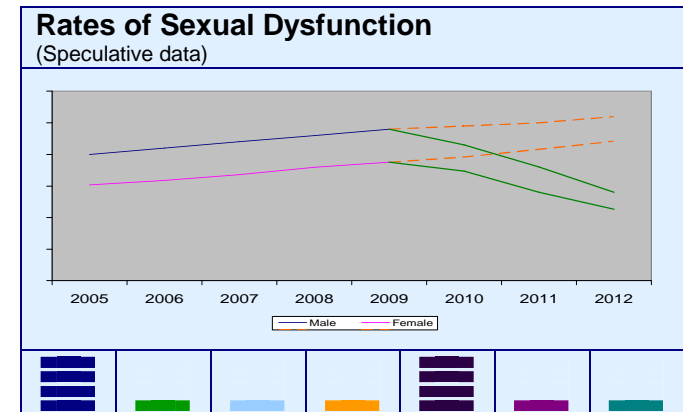
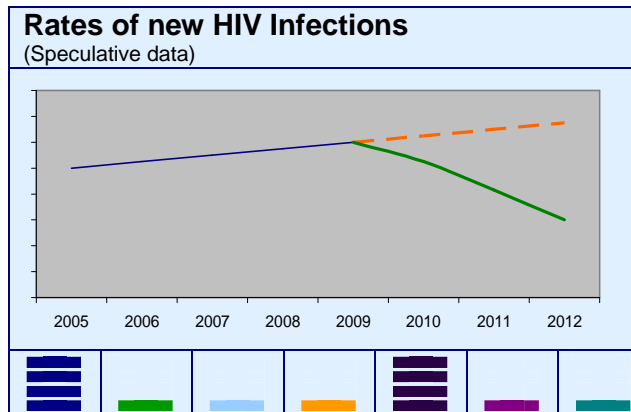
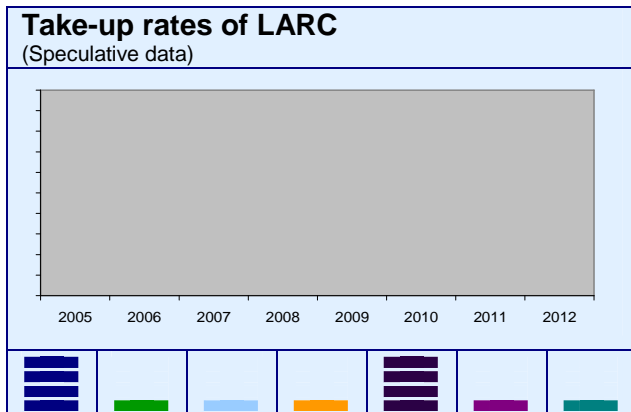


Rates of Terminations of Pregnancies
(Speculative data)



Take-up rates of Screening
(Speculative data)





Key:

- — — — — The route we will take if we do nothing
- — — — — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Data Development:

- Rates of sexual dysfunction overall
- Rates of sexual dysfunction for women
- Rate of unplanned pregnancy which are carried to full term
- Rates of “safe sex” awareness

Story behind the baselines

Identification of Chlamydia cases: The new Nucleic Acid Amplification Tests (NAATs) are non-invasive and have resulted in an increased uptake of the test. Services have also actively targeted high risk groups such as students through pilot outreach initiatives. The practice of ‘partner notification’ also supports Chlamydia diagnosis. All this results in more people with Chlamydia infections being identified.

Terminations of Pregnancy: The trend is increasing overall. Unplanned pregnancies in under 16s have decreased but in 16-18 year olds have increased. There is an overall increase when considering all age groups.

Preventative Measures and Screening: There are a range of preventative measures available, namely cervical screening, Human Papilloma Virus (HPV) vaccination and Hepatitis B vaccination. HPV uptake at first vaccination high at 90%, the second dose uptake is reduced to 80%, and uptake is reduced further at the third and final doses at a low of 60%. This drop out rate needs to be addressed. Texting is now used to remind people to attend follow up appointments. Uptake of cervical cytology increased as a result of the “Jade Goody effect” but is beginning to drop again. Hepatitis B uptake had dropped but picking up again. Again there is a drop out rate from starting the course and failing to complete the whole course of injections.

Long acting reversible contraceptive (LARC): LARC are birth control methods that provide effective contraception for an extended period of time without requiring user action, such as intrauterine devices and implants. LARC methods have been shown to be both more effective in typical use for preventing pregnancy and significantly more cost effective than traditional contraceptive methods such as oral contraceptive pills and condoms.

Rate of new HIV Infections: The number of people diagnosed with HIV continues to increase in Cardiff. The rate of increase is slowing down but the total number of HIV-positive people is going up due to reduced mortality. Those with HIV live longer and are now developing older age conditions resulting in an increase in morbidity. There is a low rate of HIV infection via needle sharing. Asylum Seekers are no longer tested for HIV at initial screening, so we don’t know about infection rates in this high risk group.

Rates of Sexual Dysfunction: Rates of reported sexual dysfunction for men and women are around 30%, however, higher unreported rates are likely. Many practitioners are unsure how to diagnose sexual dysfunction, where to signpost or how best to support a patient.

Partners with a role to play

- Cardiff & Vale University Health Board
 - Integrated Sexual Health Service (ISH)
 - Child & Adolescent Mental Health Services (CAMHS)
 - Community Addictions Unit (CAU)
- Public Health Wales
- Primary Care and GPs
- Pharmacists
- Psychologists
- Drug Services & Needle Exchanges
- Street Life Project
- Sexual Assault Referral Centre (SARC)
- Domestic Violence Services
- Cardiff Health Alliance
- Children and Young People's Partnership
- Community Safety Partnership
- Welsh Assembly Government
- Cardiff Council
 - Schools / Teachers for Personal & Social Education (PSE); Sex & Relationships Education (SRE)
- Colleges & Universities
- Third Sector (British Pregnancy Advisory Service (BPAS), Terence Higgins Trust, Stone Wall)
- Services who work with older people
- Dating agencies
- Media / Marketing

What are we going to do?

- Support the provision of good quality standardised Sex and Relationships Education (SRE) in schools
- Provide free access to condoms from a wide range of well advertised locations, including the C-Card initiative in schools and youth settings
- Offer access to a full range of contraceptive services and aim to promote the take up of Long Acting Reversible Contraception (LARC)
- Promote the take up of preventative measures such as Hepatitis B vaccinations, human papilloma virus (HPV) vaccinations and cervical smears
- Provide sexually transmitted infections (STI) screening from a range of locations including outreach clinics to particular events or locations, including outreach testing
- Promote uptake of low intervention or less invasive testing e.g. oral swabs or finger prick testing for HIV, Syphilis and Hepatitis B, and urine testing for Chlamydia and Gonorrhoea
- Continue to use text messaging as a method to remind service users of appointments and to reduce DNA rates for clinics
- Provide both medical and psychological Sexual Dysfunction Services
- Consider various media for publicising information about conditions and services including printed resources, online resources, Video/DVD resources, etc.
- Consider our opening hours to meet the needs of a wide range of service users
- Signpost to resources for parents where appropriate, e.g. Speakeasy Programme
- Consider provision of relationships education to primary school-age children
- Consider how we can contribute to improve self-esteem via cognitive behaviour therapy (CBT) work, safe sex negotiation skills and positive relationships for young people
- Expand Chlamydia testing including outreach to particular high risk groups or appropriate events
- Improve the way we collect data
- Consider the benefit of targeted safe sex education for men who have sex with men
- Explore new ideas such as offering tests in new locations (supermarkets, cinemas), perhaps using elements of celebrity culture to our advantage (the "Jade Goody effect") and potentially incentivising desirable behaviours

Substance Misuse

In October 2008 the Welsh Assembly Government released ‘*Working Together to Reduce Harm*’ this is 10 year strategy for tackling the harms associated with the misuse of alcohol, drugs and other substances in Wales. People who misuse drugs, alcohol or other substances cause considerable harm to themselves and to society. This includes harm to their own physical and mental health and well being, and possibly to their ability to support themselves. They may harm their families’ lives by damaging the health and well being of their children and place a burden of care on other relatives (including their children). There is also harm to the communities in which they live through the crime, disorder and anti-social behaviour associated with substance misuse.

The strategy describes how the actions we will take are underpinned by four key aims:

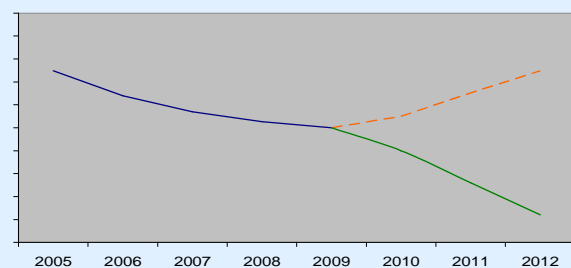
1. Reducing the harm to individuals (particularly children and young people), their families and wider communities from the misuse of drugs and alcohol, whilst not stigmatising substance misuse.
2. Improving the availability and quality of education, prevention and treatment services and related support, with a greater priority given than under the previous strategy to those related to alcohol.
3. Making better use of resources - supporting evidenced based decision making, improving treatment outcomes, and developing the skills base of partners and service providers by giving a greater focus to workforce development.
4. Embedding the core Welsh Assembly Government values of sustainability, equality and diversity, support for the Welsh language and developing user focused services and a rights basis for children and young people in both the development and delivery of the strategy.

One of the strands of the Welsh Assembly Government’s strategy for substance misuse ‘Working Together to Reduce Harm’ is that CSP’s and other agencies involved in tackling and reducing the harms associated with substance misuse should do more to plan treatment services and to pool resources at a regional level (Cardiff & Vale) where appropriate.

Headline Indicators and how are we doing?

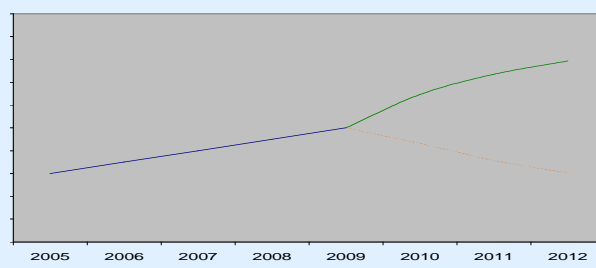
Number & % of Acquisitive Crime attributed to substance misuse

(Speculative data)



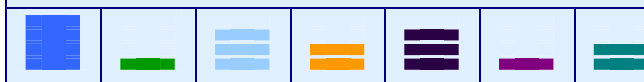
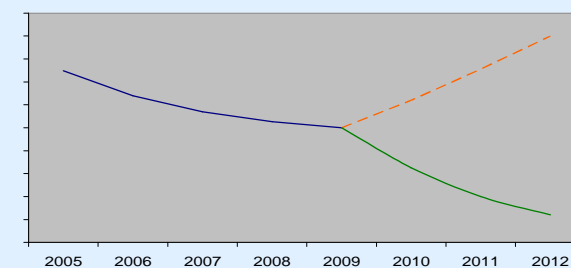
Equality of access to substance misuse services

(Speculative data)

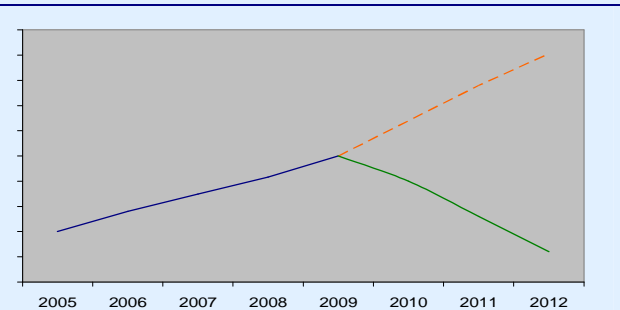


Numbers & % of unplanned exits from a substance misuse service

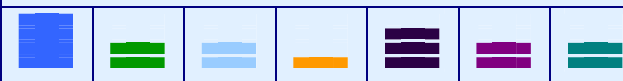
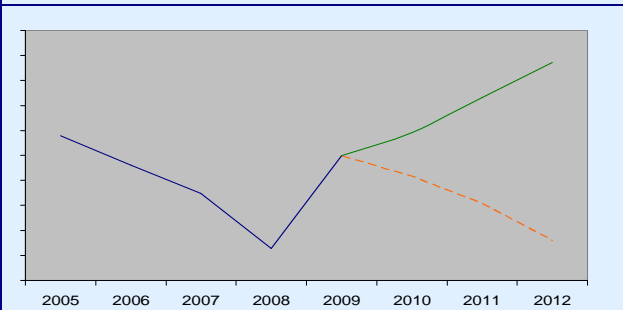
(Speculative data)



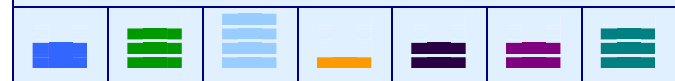
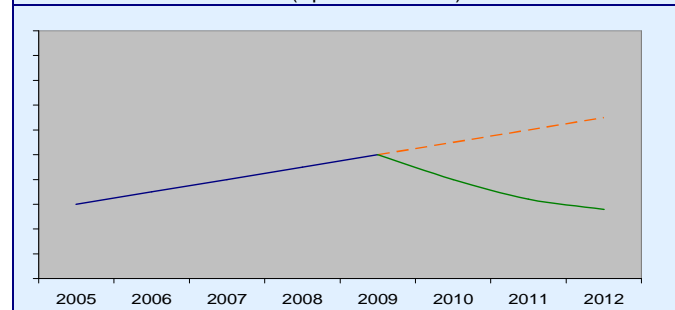
Numbers & % of injecting drug users with Hepatitis C
(Speculative data)



Numbers & % of people accessing treatment within 20 working days of referral
(Speculative data)



Number & % of under 18's on the Child protection register because of their parents substance misuse (Speculative data)



Key:
- - - The route we will take if we do nothing
— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environ- ment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Data Development:

- Improvement in the reporting of TOPS data.
- Number of children in social services as a result of their substance misuse

Story behind the baselines

- **Number & % of Acquisitive Crime attributed to substance misuse:** Drug Testing on Charge and Drug Testing on Arrest policies have identified substance misusers who have committed serious acquisitive crimes. These substance misusers have then been fast tracked into the Drug Intervention Programme.
- **Equality of access to substance misuse services:** Improving the knowledge of both services and the community has lead to an increase in equality in relation to substance misuse services.
- **Numbers & % of unplanned exits from a substance misuse service:** Better joint working, reporting and information sharing between agencies has lead to a decrease in exits from substance misuse services.
- **Numbers & % of injecting drug users with Hepatitis C:** Better access to services, screenings and an increase in awareness has lead to a slight increase.
- **Numbers & % of people accessing treatment within 20 working days of referral:** Fewer people have access because of waiting times and waiting lists. This has recently improved because of a change in working practises.
- **Number & % of under 18's on the Child protection register because of their parents substance misuse:** Better reporting and greater awareness has lead to a slight increase.

Partners with a role to play

- Cardiff & Vale University Health Board
- Local Authorities (Cardiff Council & Vale of Glamorgan)
- Criminal Justice Services
- Local Further Education establishments
- Service users
- Families/Carers
- Public Health Wales
- Community Groups
- Fire Service
- Third Sector
- Welsh Assembly Government
- Cardiff Health Alliance
- Children & Young People's Partnership
- Community Safety Partnership

What are we going to do?

- Continue to work with colleagues to provide Drug Testing on Arrest and Drug Intervention Programs.
- Link into Integrated Offender Management.
- Review geographical distribution of community based services.
- Ensure all substance misuse services are culturally and gender aware.
- Ensure that service users access most appropriate services in a timely fashion.
- Use service user groups and feedback from service users to ensure services are fit for purpose.
- Promote harm reduction messages to our injecting drug user population.
- Review needle exchange services in relation to the Needle Exchange Database.
- Develop a single point of engagement for adult substance misuse services.
- Develop an integrated care pathway for adult substance misuse services.
- Develop family support services linked to the implementation of the Integrated Family Support Team.
- Develop a substance misuse pathway for under 18's with additional monies from the Substance Misuse Action Fund.

PRIORITY THEME 3

Improved effectiveness of service delivery to vulnerable adults and children

Much of the core business of statutory and third sector partners centres around providing services to children, young people and adults with the greatest levels of need. They may need specialist or longer-term services, or support to enable them to maintain their independence. In many cases, those individuals or families will receive services provided by or on behalf of both the local authority and the health service. A priority for the IPS and this Operational Plan is to improve the effectiveness and responsiveness of those overlapping services, with the emphasis on integration, quality and sustainability.

In working to improve the health and well being outcomes for the most vulnerable in the community, partner agencies are collaborating to develop networks of locally based services with improved access to primary care and community-based, multi-disciplinary teams. Aligned with the neighbourhood areas agreed across the partners in Cardiff, these services are refocusing to provide preventative support instead of crisis management and to become increasingly integrated across health and social care.

That integration agenda is being driven locally by a newly established Cardiff & Vale Health and Social Care Integration Programme which is progressing a number of priority work streams:

- Assessment and Care Planning – developing integrated health and social care assessment and discharge arrangements to better support the needs of citizens who are admitted to hospital. The aim is to facilitate discharge to the most appropriate setting in a timely manner to ensure that people are receiving the right care in the right place at the right time. Pivotal to this is the implementation of the ‘pull’ model with community services being involved early in admissions that are deemed as complex and working with the hospital team to ensure the right package of care is in place. Assessment and Transfer of Care (AToC) Teams will be established to implement this model.
- Adult Mental Health Service Integration – integrating Adult Community Mental Health Teams in a way that places the service user at the heart of planning and service delivery
- Securing Long Term Care – analysing the demographic pressures facing health and social care services and looking at ways to shape the care home sector to ensure we can meet the long term care needs of the elderly population in a sustainable way in the future
- Learning Disability Services – developing integrated, flexible, responsive and equitable services across the range of providers responsible for this service area, that meet a broad continuum of health and social care needs of adults with a learning disability now and in the future.

In addition to these specific projects, the following report cards provide more detail on how partners in Cardiff aim to improve the health outcomes of the most vulnerable groups through the work on:

- Mental health
- Older people
- Learning disability
- Physical and sensory impairment
- Carers
- Chronic conditions
- Domestic violence

The plans that relate specifically to meeting the needs of children and young people are set out in the delivery plan for the Children and Young People's Partnership.

Mental Health

The World Health Organization constitution states that: "Mental Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity." In this respect, everyone has mental health needs whether or not they have a diagnosis of a mental health problem. Mental illness can have major impact on the individual, their families, society and the economy, and therefore is central to each of the seven population outcomes that have been identified in the *Integrated Partnership Strategy*.

In recent years there has been a change of culture within mental health services. There is a greater emphasis on recovery focused services that are strengths-based and tailored to the needs and aspirations of the individual. This should result in people having improved skills for managing their own mental well being and reducing the numbers of people requiring continued support from services, therefore maximising the population's ability to live fulfilled lives as independently as possible. If adopted successfully, the concept of recovery will transform mental health services and unlock the potential of those affected by mental illness.

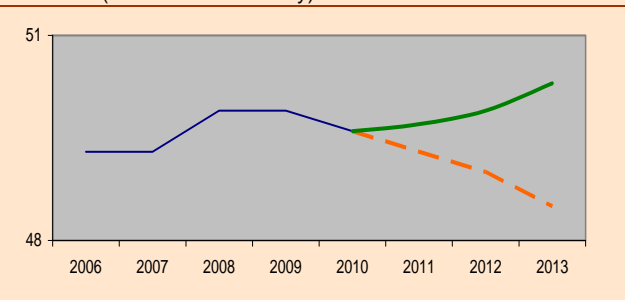
The provision of environments and services which encourage people to be emotionally and mentally healthy are essential in tackling the detrimental effects of factors such as poverty, unemployment, stress, lifestyle choices and social isolation and stigma. This can be achieved by providing help and support within local communities, and shifting the focus of mental health services from hospital into the community. In order to achieve a population which is mentally healthy, organisations will aim to promote positive mental health, prevent mental illness, target social inclusion, and assist the recovery of those with a diagnosed mental illness. Particular emphasis needs to be placed on challenging any negative attitudes and perceptions of mental illness through education.

Wales has a population which is living longer, leading to a forecasted increase in the numbers of individuals diagnosed with a dementia. Services need to positively and creatively respond to this trend, providing individuals with choice, and assisting to maintain their independence for as long as they are able.

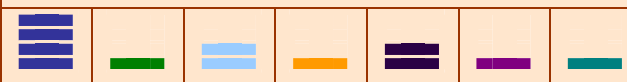
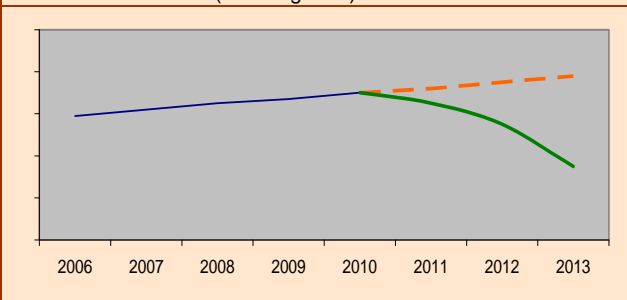
Primary Care Services (support normally delivered within a persons own General Practitioner surgery or by local voluntary sector), are vital in achieving the goal of recovery focused mental health services. Specialist mental health services will be working to support primary care services to prevent admissions to secondary care services (support normally provided by Community Mental Health Teams or inpatient hospital services), and to enable individuals to live a fulfilling life in the community.

Headline Indicators and how are we doing?

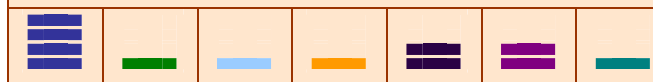
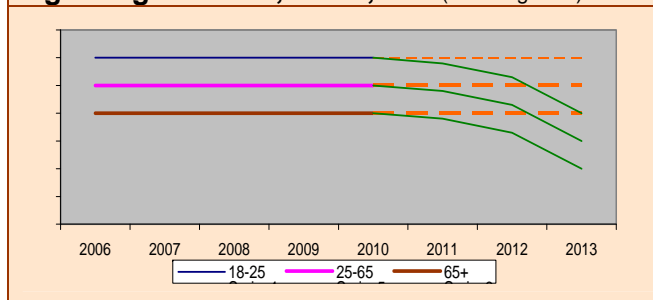
1. Life satisfaction using MH Component Score (Welsh Health Survey)



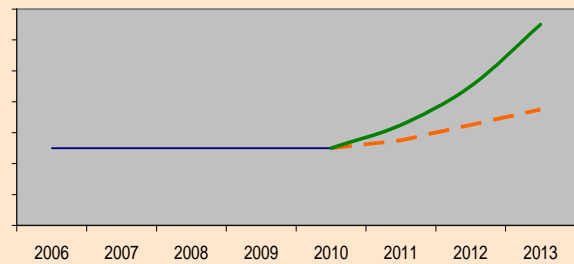
2. Number of people referred to Secondary Care services (Awaiting data)



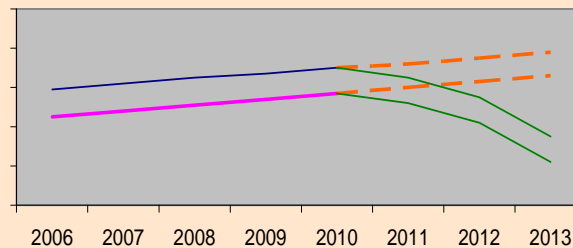
3. Suicide rate: Age ranges: 18-25, 25-65, 65+ (Awaiting data)



4. % of people leaving secondary care mental health services after successful completion of care plan (Awaiting data)



5. Crisis Admissions – adult and older people (Awaiting data)



Data Development:

- % of people who have developed skills to self-manage their mental health and well being
- Evaluation of public attitude to mental health / mental illness
- Evaluation of the throughput and positive results for people who have accessed voluntary sector organisations

Key:

— — — — The route we will take if we do nothing ——— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Story behind the baselines

- Services will be redesigned to adopt a recovery focused approach and workers trained to support people to achieve a better quality of life.
- The recent global recession has had a major impact on employment and poverty levels, both of which are factors known to have an affect on people's mental well being. It is anticipated that this will impact on life satisfaction and that there will be an increase in people requiring support for these needs which increase demand on services during a time of financial constraint in the public sector.
- Historically there has been an over-reliance on secondary care services which has created an inappropriate level of dependence and institutionalisation. In recent years work has focused on reducing this imbalance, with a subsequent increase in numbers receiving primary care services and home treatment. Work will need to continue to move people back to primary care services and to ensure that those who remain in secondary care services are those who really need it. Once this is achieved, further improvements can be made to ensure the length of stay for people in secondary care services is also appropriate.
- The provision of community based voluntary sector interventions is vital to the reduction of secondary care admissions. These are both mental health specific organisations but also generic services such as those relating to housing and benefits etc. because issues such as homelessness and debt are crucial determinants of mental health.
- There will be a dramatic increase in the number of people diagnosed with dementia because Wales has a population which is living longer.
- Evidence shows that mental health problems are more prevalent in black and minority ethnic communities (BME), especially within the asylum seeker and refugee population (more detail available in the Asylum Seeker & Refugee section). Services are not always available to respond to this and the differing needs that may be present when addressing mental well being in these communities.
- The number of referrals to secondary care can be reduced by providing effective interventions at the primary care stage. However, this decrease may

also be caused by appropriate referrals not being made or by the public not accessing primary care for their mental health issues when in fact they should. Cardiff has a high level of GP referrals and prescribing for mental health issues, and by improving the public's awareness of mental health issues, it is anticipated that there will continue to be an increase in numbers going to their GP. These factors must be considered within the action plan to ensure the delivery of high quality primary care services while making sure those who do need secondary care services are identified.

- Media campaigns aimed at reducing discrimination have produced an improvement in public perceptions but the prevalence of negative attitudes to mental illness remain relatively high. Now that organisations are looking to increase use of community based services, it is even more vital that these attitudes are addressed.
- It is important to highlight the suicide rate for different age ranges because the factors that cause people to take their own life vary greatly.

Partners with a role to play

- | | | | |
|--|--------------------------------------|---------------------------------|---|
| • NHS | ○ Schools & Lifelong Learning | • Further education | • Media |
| • Third Sector | ○ Leisure & Play | • Substance misuse services | • Criminal Justice Services |
| • Service users | ○ Housing & Neighbourhood
Renewal | • Commercial employers | • Cardiff Health Alliance |
| • Carers | ○ Children's Services | • Private sector | • Community Safety Partnership |
| • Cardiff Council including:
○ Adult Services | • BME community leaders | • Department of Work & Pensions | • Children & Young People's Partnership |

What are we going to do?

- Increase diversity and quality of early interventions at the primary care level including exercise referrals; books on prescription; stress management.
- Health promotion including physical activity; Physical & Social Education in schools; healthy eating initiatives.
- Focus on maintaining relevant meaningful activities and social/friendship networks within a family support structure (if there) – all through a multi-agency approach, particularly voluntary agencies for activity/exercise.
- Refocus mental health services from institutional hospital settings into the community, including improved access to Primary Mental Health Services.
- Enable people to manage their own mental well being, starting by promoting self management strategies in childhood.
- Support with vocational needs of all individuals.
- Further promotion of the benefits of obtaining Mindful Employer Status.
- Targeting the needs of individuals from black and ethnic minority groups, including asylum seekers and refugees.
- Staff training in developing self-directed management and psychological therapies.
- Improve public awareness of mental health (e.g. mainstreaming Mental Health First Aid), targeting schools colleges, and youth organisations.
- A proactive and collaborative approach to reducing negative perceptions of mental illness in the media. Campaigns in other areas to reduce discrimination (e.g. race related) have seen greater improvements so lessons need to be learnt from these.
- Improve public awareness of services available to the public and identify mental health champions in communities
- Improve joint planning and the collaborative delivery of services across the sectors.
- Improve links with substance misuse services to tackle the need of those with dual diagnoses.
- Promotion of mental well being through workplace initiatives.

Older People

Over the last century changes in lifestyle, living conditions and health and social care have led to improvements in health and life expectancy. While many older people continue to lead fit and active lives, increasing age is associated with a higher risk of chronic and disabling conditions. This represents a major challenge to health and social care services. The planning for services therefore needs to enable an increasing number of older people to retain their independence and remain in the community.

Where patients are admitted to hospital, they often experience significant delays in their care which can result in increased dependency on institutional care and could have a detrimental effect on their health and well being. The aim must be to ensure individuals receive care in the most appropriate environment, without unnecessary delays in the transfer of care between settings. The needs and service responses relevant to older people with mental health problems are not addressed in this section but are included in the Mental Health section.

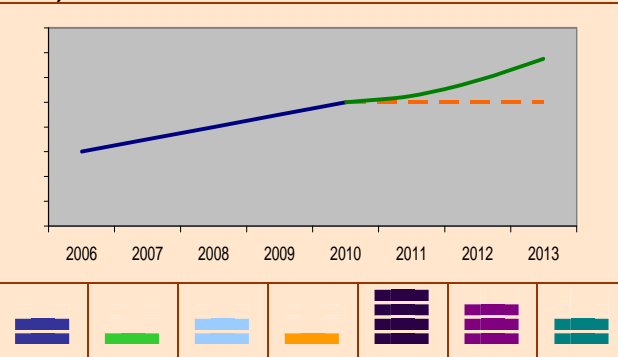
For this section, the population of older people has been defined as those over 50 years old to ensure that the services required to support the transition to old age are captured and also to reflect the *National Service Framework for Older People in Wales*. However, where appropriate, specific ages have been identified where the partners need greater understanding about those who are post retirement age and the frail, elderly population.

When planning services, information and support to meet this need it is crucial that considerations are made to ensure older people:

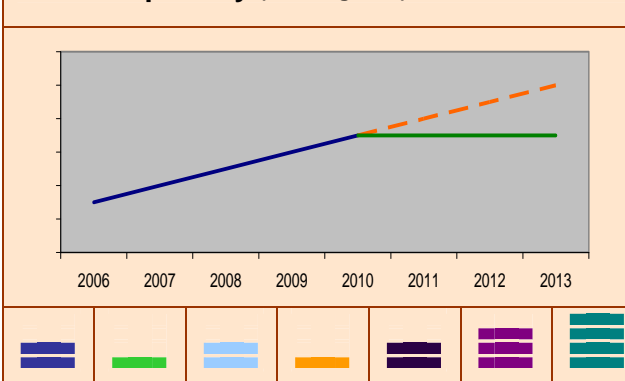
- Exercise choice and control and remain independent
- Age healthily
- Are safe and feel safe
- Have confidence and good emotional health
- Feel valued

Headline Indicators and how are we doing?

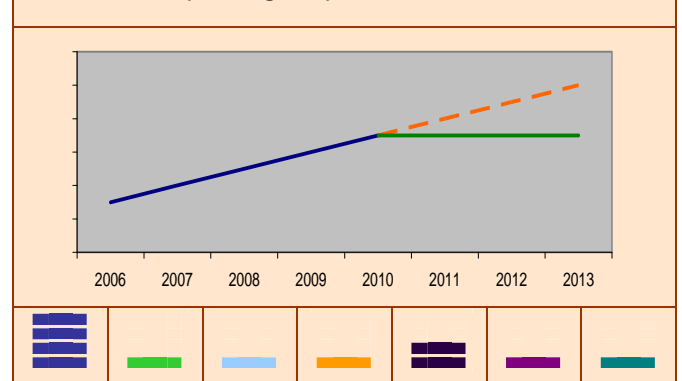
1. % of older people over 65 yrs being helped to live at home with support (awaiting data)



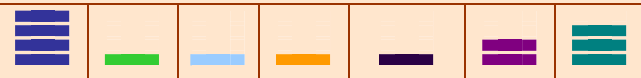
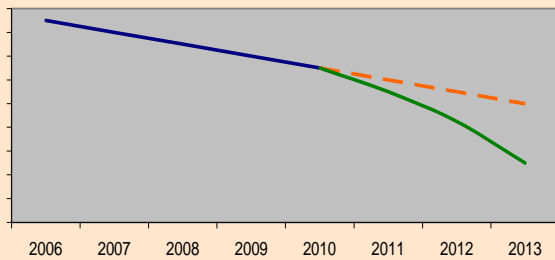
2. % of older people over 65 yrs living in financial poverty (awaiting data)



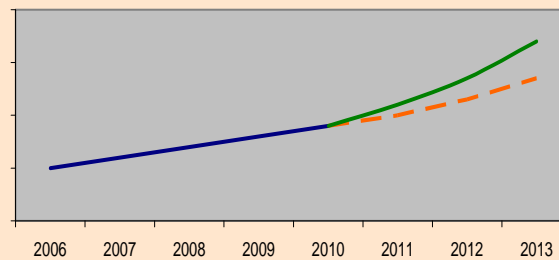
3. % of people over 50 yrs with chronic conditions (awaiting data)



4. % of older people that die before the national average age of life expectancy (awaiting data)



5. Numbers of proven Protection of Vulnerable Adults (POVA) cases or likely in all balance of probability (awaiting data)



Data Development:

- % of older people reporting they feel socially and/or emotionally isolated

Key:

— — — The route we will take if we do nothing — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Story behind the baselines

- With people living longer, significant challenges lie ahead if we are to provide care and services which meet their needs.
- Raised expectations from the public means that more is expected from services, even within lean financial times, and working together to manage the greater demand is imperative.
- Inequalities in health across Cardiff are well documented and are reflected in the increasing numbers of people presenting with chronic conditions.
- The rise of dementia in the population is going to present considerable challenges for individuals, carers and services.
- Across Cardiff and the Vale of Glamorgan, on average 80 people who have been assessed as requiring long-term care are still in a hospital bed rather than in a home-based setting; and at least another 100 people who have been assessed as being ready for transfer to a more appropriate setting are experiencing a significant delay with this and remain in hospital. The focus must be on the whole needs of an individual, moving away from crisis management towards a proactive model of care.
- Radical re-design of services that meet the needs of older people more locally and closer to home will require sharp and focused commissioning to ensure resources are being appropriately allocated. It is therefore imperative that time is invested in ensuring good data collection and analysis to inform the process.
- As awareness of issues relating to elder abuse increases there should be a rise in the number of proven or likely in all balance of probability POVA cases to reflect that the incidents are being reported and acted upon. However, in the longer term we would want to see a decrease in this figure because older people are safer and are being treated with dignity and respect.

- While increasing lifespan is positive, it is important that health span is also improved to ensure that quality of life remains high for as long as possible. This can be improved by focusing efforts on health promotion and prevention of illness.
- The projected rise in the population of older people in Cardiff is lower than the expected increase for Wales.

Partners with a role to play

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> • Third Sector • NHS • Cardiff Health Alliance • Advice & Benefits | <ul style="list-style-type: none"> • Cardiff Council <ul style="list-style-type: none"> ○ Adult services ○ Leisure & Play ○ Parks & Sport | <ul style="list-style-type: none"> ○ Schools & Lifelong Learning ○ Housing & Neighbourhood Renewal ○ Infrastructure, Transportation • Older people and service users | <ul style="list-style-type: none"> • Police • Fire Service • Further education • Private Sector |
|---|--|--|---|

What are we going to do?

- Create joint planning systems and structures which are fit for purpose and will facilitate the development of outcome focused action plans (exercising choice & control, ageing healthily, are safe and feel safe, have confidence and good emotional health and feel valued).
- To achieve this we must focus on improved data collection and analysis which will inform service planning and sharpen joint commissioning which is based on need and will move us away from more reactive planning processes.
- Effective management and leadership of the process is required in order to be successful and deliver these outcomes. Leadership of this work must be agreed across all the key stakeholders and partner agencies.

Learning Disability

A learning disability is defined as: 'the presence of a significant intellectual impairment; deficits in social functioning or adaptive behaviour (everyday basic skills), which are present from childhood' (*Joint Commissioning Strategy for People with Learning Disabilities 2008*). There are many reasons why learning disability occurs. Impairments which cause or contribute to learning disability can happen before, during or after birth. Before birth or pre-natal causes are known as 'congenital' and include Down's syndrome or Fragile X syndrome. An example of a cause during birth or peri-natal includes oxygen deprivation resulting in a learning disability. After birth, or post natal, causes such as illnesses, injury or environmental conditions, e.g. meningitis, brain injury or children being deprived of attention to their basic needs - undernourished, neglected or physically abused. Currently there are over 1,000 adults with a learning disability and vulnerable adults known to Adult Services. This number has increased over the last few years and evidence suggests that it will continue to rise in the future. It is also recognised that not every person with a learning disability, or their parents/carers, would wish to be recorded on the Disability Register, so the figure underestimates the population.

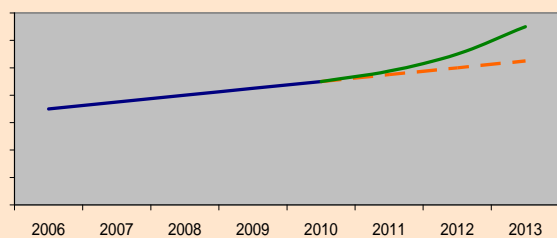
The World Health Organization defines adults with a learning disability as individuals who have an IQ of 69 or below; impaired adaptive behaviour and impaired social functioning; or onset prior to adulthood and global delay. The presence of a low IQ is not in itself a sufficient reason for deciding whether an individual should be provided with additional social care and health support. An assessment of social functioning and communication should also be taken into account when determining needs.

Services are provided for adults aged 18 upwards with a learning disability including those who have additional needs e.g. physical disabilities, mental health issues, dual diagnosis and autistic spectrum disorder. The values and principles of the Learning Disability Advisory Planning Group (APG) are guided by the *Welsh Mental Handicap Strategy 1983* which states that people with a learning disability have the right to an ordinary pattern of life within the community; the right to be treated as an individual; and the right to additional help and support in developing their maximum potential.

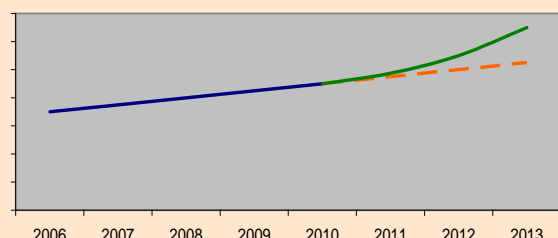
The Welsh Assembly Government has taken these principles forward through its 1994 guidance, *Fulfilling the Promise* and its 2005 and 2007 guidance *Service Principles and Service Responses*. Partnerships across Cardiff are underpinned by a commitment to the following values: all people with a learning disability are regarded as full citizens, equal in status and value to other citizens of the same age; people will be supported to live healthy and independent lives; people are recognised as individuals with rights and potential to learn and develop; and providers will aim to involve service users and their families or carers in all aspects of service delivery.

Headline Indicators and how are we doing?

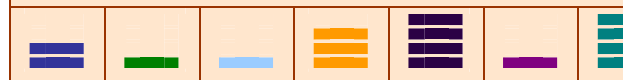
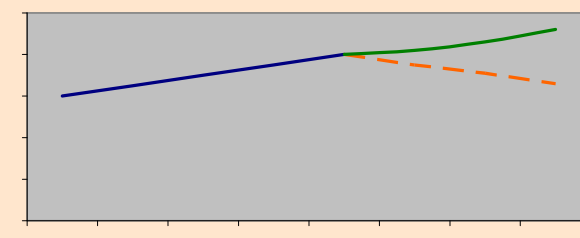
1. Life expectancy of people with a learning disability (LD) (Awaiting data)



2. Number of adults with LD accessing the Dementia Pathway (Awaiting data)

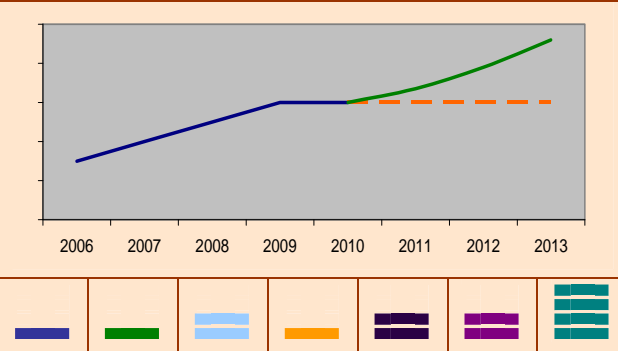


3. Number of adults with a LD in employment / social enterprise opportunity (Awaiting data)



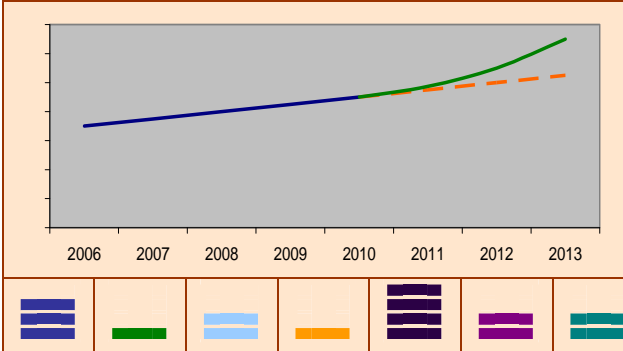
4. Number of organisations trained in practice of inclusive communication

(Awaiting data)



5. Number of young people receiving early planning intervention when transferring adult service

(Awaiting data)



Data Development:

Consider how to develop data to reflect:

- Social inclusion and integration
- Availability of accessible information
- Development of social networks
- Application of inclusive communication training
- Outcome of respite provision for clients and carers/families

Key:

— — — — — The route we will take if we do nothing — — — — — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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Story behind the baselines

- In 1995, Local Authorities were required to make plans for the resettlement of those individuals residing inappropriately in long-stay mental handicap hospitals. The 1996 approval of the South Glamorgan Ely Hospital resettlement plan and thereafter Hensol Hospital led to resettlement of adults across Cardiff and the Vale of Glamorgan. The resettlement process resulted in a marked growth in the independent sector, and the development of new patterns of innovative support services. In addition, the health authority developed a range of plans for the re-provision of specific specialist health care services to support the resettlement programme and to maintain continuing healthcare patients within the community. Ring-fenced funding was allocated to the NHS to meet the needs of those individuals assessed as meeting the eligibility for Continuing NHS Health Care, and to provide for the health needs of those resettled into Cardiff.
- Historically there have been inequalities within the majority of mainstream services for adults with a learning disability. These relate to access, response and quality of service. This is true for Health Services and has resulted in the development of a limited range of 'specialist' services to cater for the needs of people with a learning disability instead of developing mainstream services that are accessible to everyone. Evidence also suggests that there has been of a lack of understanding and awareness of needs amongst health staff which has resulted in inequities in the services received and in some cases discrimination in accessing certain health services.
- In recent years adults with a learning disability have been provided with access to a GP Health Check. There are ongoing issues with privacy and confidentiality because support needs require family members or support staff to be present at appointments.
- People are limited to specialist services relating to education and work as many employers are not aware of needs so overall access is limited.
- Information provided by services is often not in accessible formats.
- Targeted health promotion initiatives have been used to improve well being and prevent illness such as Fit 4 Wales and Venture Out.
- There has been a focus on social inclusion within accessible services resulting in improvements but further work is required. A lack of understanding

within society in the past has led to segregation and stigmatisation which has created barriers to genuine integration.

- While modern technology (e.g. mobile phones, social networking websites) has improved opportunities for social interaction, it has also created an increase in vulnerability to victimisation and abuse.
- There is a need for increased support for adults with a learning disability due to victimisation. For example, when travelling on public transport, people with a visible disability may be more vulnerable to abuse.
- The Protection of Vulnerable Adults (POVA) legislation has raised awareness of public protection. This has led to a positive increase in POVA cases because people are more aware of the issues and the importance of safeguarding vulnerable groups.
- While much emphasis has been put on supporting adults with a learning disability to realise their potential and progress has been made, there are still barriers to achieving this such as lack of access to mainstream services
- Adults with a learning disability often need to be supported to travel, which restricts their ability to live independently and to be spontaneous.
- Accommodation needs continue to be a priority so that there is greater choice, diversity, flexibility and better locations.
- Many people with a learning disability have been limited by financial constraints because the majority are living on benefits. Changes to the Independent Living Fund are likely to have major implications.
- Person centred planning has been a key priority for many years to enable people to be supported to make right decisions. Some questions remain as to how consistently these processes are used across services.
- Advocacy services and access to self advocacy training are particularly important and further work is required to ensure there is adequate provision.

Partners with a role to play

- | | | | |
|--|-------------------------------|---------------------|-------------------------------------|
| • Cardiff Council | ○ Public Health Wales | • Third Sector | • Respite providers |
| • NHS | ○ Speech and Language Therapy | • Social enterprise | • Disability Advisory Resource Team |
| ○ Cardiff & Vale University Health Board | • Service users | • Residential homes | • Supported living |
| ○ Physiotherapy | • Families and carers | • Care homes | • Emergency accommodation |
| | • Cardiff Health Alliance | • Advocacy services | • Vocational training services |

What are we going to do?

- Investment in preventative safeguarding measures in order to reduce the number of POVA cases.
- POVA training and awareness raising for staff, service users, carers and members of the public.
- Focus on the original reasons for putting safeguarding packages in place to monitor that they have been successful in achieving the original aim.
- Promotion of inclusive opportunities including sport, the arts, culture, education and social opportunities will reduce the need for 'specialist' services.
- Dedicated work to improve the quality of dementia service provision for adults with a learning disability.
- Further involvement with social enterprise initiatives including vocational training.
- Continue promotion of the GP health checks with further work to monitor the quality and results for individuals.
- Further promotion and investment in providing information in accessible formats.
- Further promotion and use of Traffic Light Systems when accessing health services, along with evaluation of the effectiveness and best practise.
- Learning disability awareness raising for professionals.
- Investment in services for longer term health gains such as health promotion initiatives e.g. for physical activity, healthy eating etc.
- Apply good practise from the Transitions Protocol to address transitions in different areas of life (e.g. into older age).

Physical & Sensory Impairment

This section focuses on adult residents of Cardiff who are born with a physical or sensory impairment or who have acquired this through accident, illness or by a degenerative process. 4,804 people in Cardiff are registered on the Register of Physical & Sensory Disability, which is compiled from local authority registers of physically or sensory disabled people in Wales aged 18 years or over.

Whilst many people with physical and sensory impairments live independently, disability can sometimes necessitate increased need for informal help, health care and long-term care. Living independently is therefore valued by this group and, because these individuals want to engage in their local community, it may put greater demand on health, accommodation and social services. Greater financial independence, improvements in health and attitudes towards integration in the community will contribute to the increased number of people living independently who have physical and/or sensory impairments. Therefore it is important that from the onset individuals from this group are fully and properly engaged in educational and vocational opportunities to enable them to fully participate and integrate into their local community.

The Physical & Sensory Impairment Advisory Planning Group (APG) adopts the social model of disability which recognises two concepts: disability and impairment. 'Impairments' are medical issues belonging to an individual, while 'disability' relates to barriers imposed upon people with impairments. Impairments include sensory, physical, learning, and mental health issues, while disability includes physical barriers, discriminatory attitudes and disabling structures.

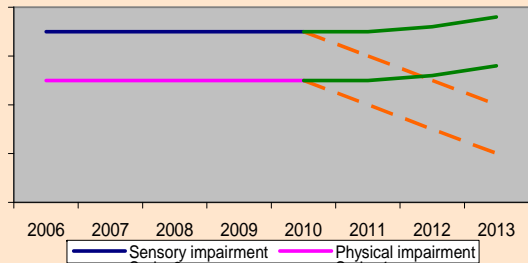
This Operational Plan therefore uses the following British Council of Organisations of Disabled People (BCODP) social model definition of disability: "The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of society." The World Health Organization has defined impairment as "any loss of function directly resulting from injury or disease."

To address these concepts and the complexity of needs of this sector, the terminology "physical disability" has been changed to "physical impairment". Part 1 of the *Disability Discrimination Act 1995* defines a disabled person as: "a person has a disability for the purposes of this Act if s/he has a physical or mental impairment, which has a substantial and long-term (at least 12 months or is likely to last 12 months) effect and that impacts on his ability to carry out normal day-to-day activities."

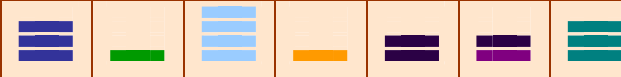
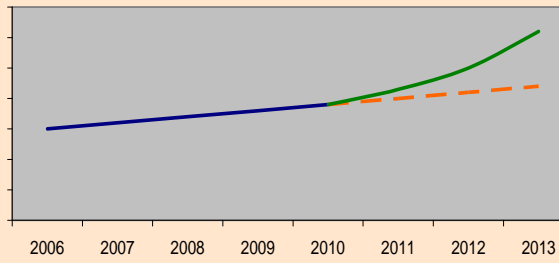
The *Disability Discrimination Act 2005* requires due regard to the promotion of equality of opportunity, promotion of positive attitudes towards people with disability and encouraging participation of disabled persons in public life. Employers are required to make 'reasonable adjustments' to recruitment processes, work arrangements and the working environment in order to accommodate disabled people. An employer who fails to comply with this duty will be guilty of discrimination, unless the employer can show justification.

Headline Indicators and how are we doing?

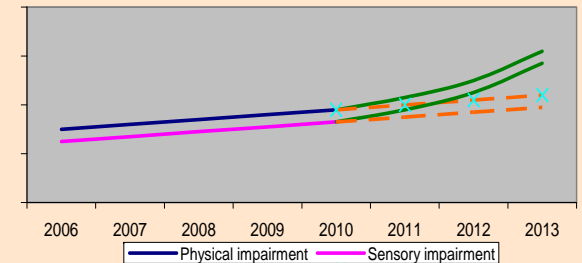
1. % of people with an impairment in employment (Awaiting data)



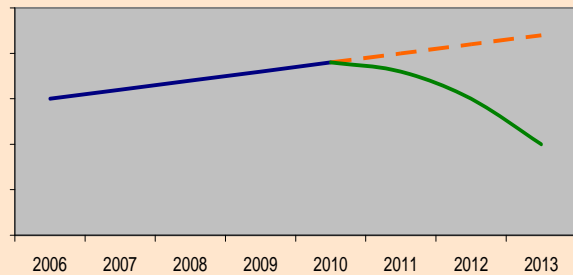
2. % of professionals within partnership organisations who have undertaken Protection of Vulnerable Adults (POVA) training (Awaiting data)



3. Number of adaptations fitted in homes for promoting independence / safety (Awaiting data)



4. Time on waiting list for accessible accommodation (Awaiting data)



Data Development:

- Data on incidents of hate crime related to physical and/or sensory impairments
- Rehabilitation and reablement statistics
- Quality of life data
- Data re: accessibility of buildings and public spaces

Key:

- — — The route we will take if we do nothing
- — — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

Health care determinants which impact on the planning, shape and delivery of physical impairment services are:

- Income and socio-economic deprivation. There is a large disparity of employment rates and the receipt of income related benefits between areas of relative affluence and high levels of deprivation.
- Chronic conditions. There are parts of Cardiff with a high percentage of households with one or more residents with a diagnosis of chronic disease to include cerebro-vascular accident (stroke), circulatory and respiratory disease.
- Individuals with a high Body Mass Index (BMI) are a significant group of physically impaired service users that will face significant and long term health challenges such as diabetes. Therefore providers of service will need to provide more Bariatric Equipment (specialist equipment related to obesity).

- Cardiff has a significant migrant population with specific health, social and cultural needs that require consideration.
- A resident prison population where there are an increasing number released from prison who have health and disability needs. It transcends that, following release, there is a reduction in functional abilities such as personal and domestic skills that need to be addressed.
- The current global recession has led to increased unemployment rates which may impact on the number of people with physical or sensory impairments that are able to find employment.
- There has been an increase in POVA cases because people are more aware of their rights and the media publicity around this area. There is a need to see a continued increase in the number of POVA referrals because research indicates that more incidents of abuse go unreported. In the longer term we would want to see this number decrease when public protection levels increase.
- There have been advances in technology which has facilitated greater opportunities for people to live independently regardless of their health status. The improvements in technology will inevitably increase as further advances are made. However funding issues may limit the range of adaptations that can be provided.
- People with physical and sensory impairments have the right to have appropriate housing at appropriate times in their life. Therefore it is crucial that a diverse range of accommodation is made available.

Partners with a role to play

- | | | | |
|--|--|--|---|
| <ul style="list-style-type: none"> • Cardiff Council: <ul style="list-style-type: none"> ○ Adult services ○ Children services ○ Schools & Lifelong Learning | <ul style="list-style-type: none"> ○ Housing & Neighbourhood Renewal ○ Direct Services, Leisure & Play • NHS • Cardiff Health Alliance | <ul style="list-style-type: none"> • Third Sector • Commercial employers • Care & Repair • Service users | <ul style="list-style-type: none"> • Carers • Employment agencies • Further education. |
|--|--|--|---|

What are we going to do?

- Home adaptations to promote independence and safety, utilising advance in modern technology. This also supports the reduction in delayed transfers of care.
- Initiatives such as the 'Access to Work' project that support people into employment.
- Vocational rehabilitation including the fitness to work culture. Partnership working with employment agencies to develop vocational opportunities for people.
- Awareness raising about disability rights and equality and diversity issues improves public understanding and knowledge.
- Further promotion of POVA, advocacy and public protection.
- Further development of innovative accommodation provision (including respite, nursing home and residential care) that meets the diverse health and social needs of this population. For example, Ty Onnen offers a blueprint for the future of joint public and private sector projects by providing a high standard of accommodation with access to care services on a 24-hour basis while still being part of the local community.
- Commissioning services from Third Sector partners to meet specific needs such as advocacy.
- Community based day service provision improves inclusion and opportunities for people.
- Health promotion in primary care to reduce the number of people with chronic conditions in later life.

Carers

The *Cardiff Carers Strategy 2010-14* defines a carer as ‘someone who looks after a relative, friend or neighbour who is unable to manage without help because they are elderly, disabled by physical or mental ill health, drug or alcohol problem or have a long-term illness. The care they give is unpaid’. It is important that the role of carer is not confused with ‘care worker’ or ‘care staff’ who are either paid to provide care as part of an employment contract or as a volunteer. The 2001 Census identified 31,172 carers in Cardiff which equated to 10.2% of the population although this figure is considerably less than the actual number because many people do not recognise that they are fulfilling a caring role.

Recognition of carers and the vital and substantial role they play in our communities is growing. Both local and national governments are beginning to realise that without the help and support of carers, the impact on health and social services would be enormous. According to a report by Carers UK the value of unpaid support that carers provide has exceeded £87 billion a year – more than the annual total spend on the NHS in 2006-07.

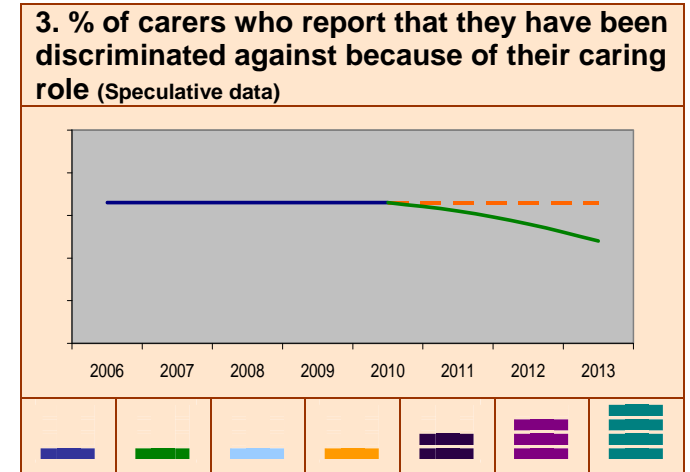
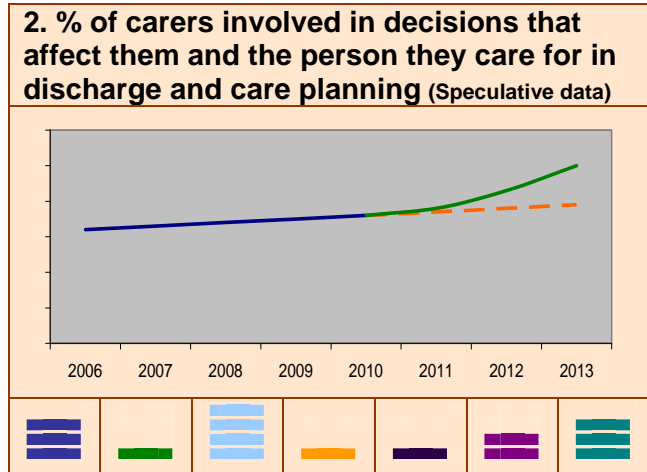
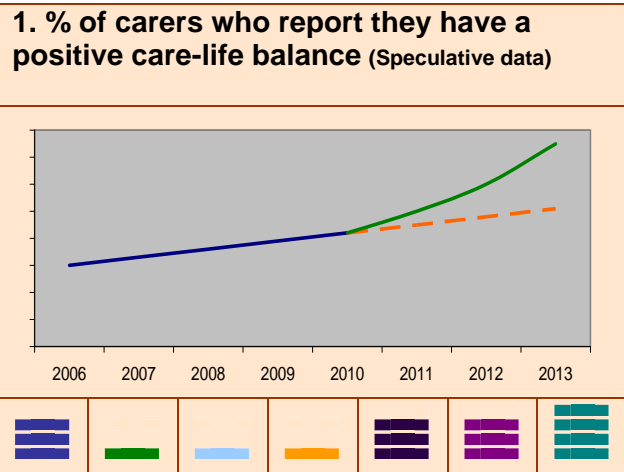
There is a diverse range of caring situations and each carer and cared for person is unique. Carers can be any age, gender or from any background and it is important to acknowledge this individuality. Some carers live in the same house as the person they care for while others live nearby and visit regularly; and some may live a distance away and visit weekly or monthly. Care can be provided for limited periods of time or can be a regular part of life, and some people provide care for more than one person.

There are also a variety of transitions that apply to carers, each of which require consideration and support. These include transition of young carer to adult carer; parent carer of a child to caring for an adult; relative or friend to carer; cared for person to carer of elderly parents; and from carer to no longer being a carer. The *Cardiff Carers Strategy* identifies the following as groups of carers:

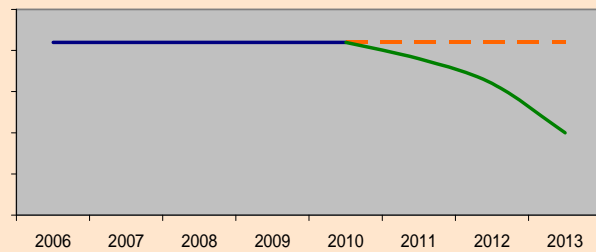
- Young carers
- Parent carers of disabled children
- Carers of adults with learning disabilities
- Older carers
- Carers of people with substance misuse issues
- Minority ethnic carers
- Carers of people with mental health issues

Caring is a life changing experience. Time can suddenly become precious with little or no time to be able to put aside for themselves or members of their family. It is important that people are able to have a positive balance between their own personal life and the caring role if they choose to.

Headline Indicators and how are we doing?



6. % of carers who report that they ignore their own physical and mental health symptoms (Speculative data)



Data Development:

- These indicators are all data development items - we need to develop more ways of capturing data.
- Consider if there is a way to develop a measurable indicator that reflects the work done to enable people to self-identify their role as a carer.

Key:

- The route we will take if we do nothing
- The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Story behind the baselines

- Family, friends and neighbours provide 70% of care to vulnerable people and may also have more than one caring role. Although the sustainability of services relies upon this, carers must be recognised as partners in care and not merely as an added resource for health and social care services.
- Government legislation that focuses on providing support to keep people at home has increased pressure on unpaid carers.
- Both the carer and cared for person have sometimes been placed in unsafe situations because the cared for person has been discharged from hospital without checking that the home environment is suitable and the carer is able to provide the necessary level of care.
- The cared for person may not wish their carer to be involved in their discharge or care planning, but staff should always ask.
- Confidentiality can be used as an excuse for not involving carers in discharge or care planning, especially if staff are not fully aware of the policy.
- Carers can become more isolated and limited opportunities to have breaks restrict their ability to take part in work and leisure activities.
- Societal changes have impacted on how families and communities care for people. For example, family members move further away from each other more frequently in modern society which reduces the close family support network.
- The caring role can impact significantly on children and young people because they may have less time for school work or have to stay home from school to care for a family member. Also, carers' employment prospects may be lower when leaving school.
- Increased information and legislation for carers has increased awareness, and this has also led to increased expectations.
- There is currently no eligibility criteria for access to carers support services in Cardiff, which can result in difficulties focusing on those in most need.
- Carers should be encouraged to report incidents of discrimination related to their caring role as they become more aware of their rights. Improvements have been made (e.g. flexible working policies) but further work is needed to ensure discrimination does not take place.
- Pressure on carers from black and minority ethnic (BME) communities can be reduced by addressing barriers that prevent the cared for person accessing health and social care services.
- Cultural differences within BME communities need to be considered along with other barriers (e.g. language) when planning support and information.
- Carers may experience increased financial pressures relating to their caring role. For example, they may have to leave employment as well as the cared for person; and because the cared for person may have to stay home, the house may need to be heated throughout the day.

- 23.5% of the 31,172 carers identified in Cardiff provide more than 50 hours of care per week.
- An ageing population means that there will be continued pressure on carers as people acquire more age related complex conditions and people have to sustain their caring role for longer.
- Historically there has been a lack of information available to carers about their rights and the services they are entitled to, and when information has been provided, it has not always been written in a way that can be easily understood. Work has been undertaken to address this but more is needed.
- The above list of relevant factors can have a major impact on the physical and emotional well being of the carer. However, pressures related to caring often mean that carers ignore their own symptoms because they are too busy or focus solely on the needs of the person they care for.

Partners with a role to play

- | | | | |
|---|---------------------|-------------------------------|-------------------------------------|
| • Cardiff & Vale University Health Board | • Carers | • Cardiff Council, including: | ○ Schools & Lifelong Learning |
| • Black Minority Ethnic (BME) Community leaders | • Respite providers | ○ Adult Services | • Employers and employment agencies |
| • Cardiff Health Alliance | • Third Sector | ○ Children's Services | |

What are we going to do?

- Identify carers by promoting awareness of carers issues to carers and professionals through:
 - providing easily accessible and relevant information about caring; transitions; local services; and benefits in a variety of formats and languages.
 - providing awareness raising training for staff.
 - ensuring information is available at the right time and at the right places..
- Ensure services and assessments are completed in a culturally sensitive manner and take into account diverse needs.
- Improve planning processes for hospital discharge, care planning and transitions to include opportunities for carers to be involved.
- Carers to be considered partners in care, involving them actively in the planning and delivery of services at operational and strategic levels.
- Develop a variety of methods for getting involved and effective support to enable carers to fully participate.
- Ensure assessments are more outcome focused; identify unmet need; and consider employment, social, education and leisure opportunities. Improve the review process to monitor achievement of outcomes.
- Undertake research to identify any barriers carers may have to accessing lifelong learning or education.
- Develop individualised, flexible approaches and source services that fit around the needs of the carer and the person they care for.
- Develop provision of short breaks to carers, giving consideration that carers need time for themselves.
- Work with all carer support services and carer groups across Cardiff and the Vale over the next three years to develop the eligibility criteria for access to support and to demonstrate the positive outcomes for carers
- Preventative work to be undertaken to help carers maintain their own health and well being and avoid reaching crisis point.
- All partner agencies to consider implementing flexible working practices to support carers in the workforce.

Chronic Conditions Management

Chronic conditions, such as diabetes, bronchitis and emphysema or heart disease, are often life-long and limiting in terms of quality of life. Such conditions can not be cured but be controlled and actively managed.

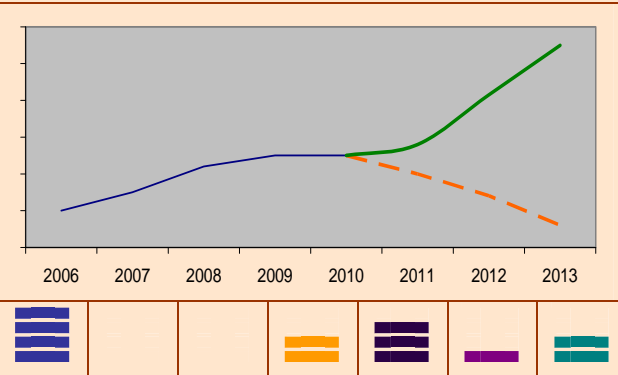
One third of the adult population in Wales report having at least one chronic condition, including 13 per cent of these adults with two or more chronic conditions. The prevalence of chronic conditions increases with age and two-thirds of the population of Wales aged 65 or older report having at least one chronic condition while one-third have multiple chronic conditions. These rates are higher in Wales than they are in England.

Chronic conditions place considerable demand on healthcare services. People with chronic conditions account for 80 per cent of all General Practitioner (GP) consultations, are twice as likely to be admitted to hospital and stay in hospital disproportionately longer than those patients without chronic conditions. Given that the population aged 65 and over in Wales is projected to grow by 33 per cent by 2020, the prevalence of chronic conditions is likely to place an increasing burden on health and social care services in the future.

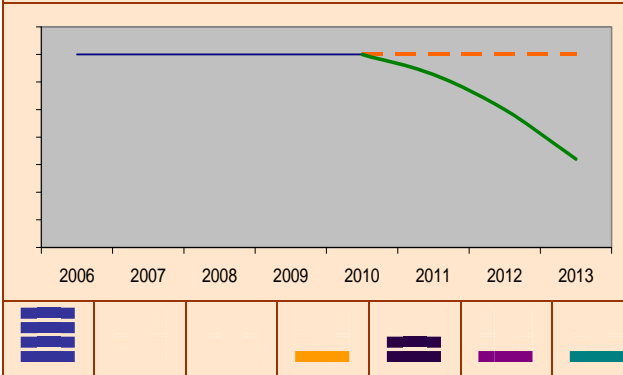
The Welsh Assembly Government has been active in promoting a change in emphasis from treating patients with chronic conditions in hospital to preventing conditions arising and, where possible, providing services in, or close to, individuals' homes. Individuals are also being helped to become 'expert patients' in taking a high degree of control over their own care.

Headline Indicators and how are we doing?

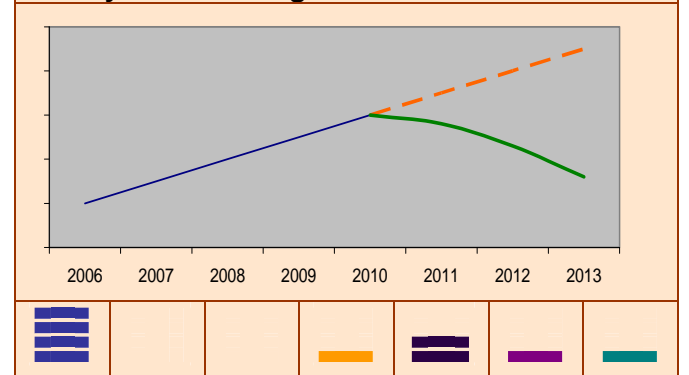
Disease Free life Expectancy



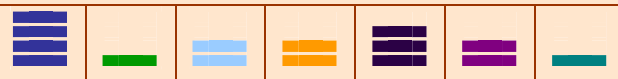
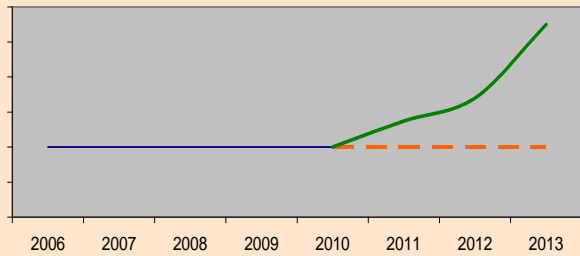
No. Acute Hospital Bed Days for Chronic Conditions



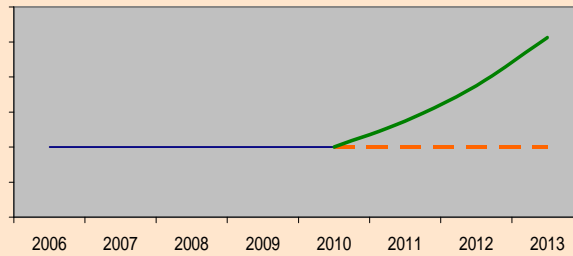
% of People Re-Admitted to Hospital within 28 days of Discharge



Uptake of Preventative Programmes



QOF Prevalence of Chronic Conditions in Comparison to the Expected Prevalence



Data Development:

- Quality of life indicators
- Working days lost through ill health
- % of people on 10 or more medications
- % of patients with an agreed care plan

Key:

— — — — — The route we will take if we do nothing

————— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
---------	-------------	------	-----------------------	----------------	-------------------	-------------------------

Story behind the baselines

- | | |
|--|--|
| <ul style="list-style-type: none"> • Limited provision of education and awareness raising on subjects such as self care • Professionals and the public are unaware of the range of services available • Increasing sedentary lifestyle with decreasing levels of exercise • Increasing public awareness, knowledge and expectations • Ease of availability of items such as fast food, alcohol and tobacco • Decreasing emphasis on physical exercise in schools with a loss of playing fields • Increasing availability of computer games accompanied by an increasing perception of how safe it is to go outside and play • Increasing life expectancy • An increase in health and safety legislation and litigation causing an increase in risk averse behaviour • Increasing numbers of vulnerable adults and children | <ul style="list-style-type: none"> • Current economic crisis • Increasingly fragmented society with less family units increasing isolation • Capacity of services are not aligned with the needs of the population • Population and demographic changes • Limited coordination between health, social services and the voluntary sector • Inadequate information technology infrastructure • National policies creating perverse incentives • Increasing specialisation of professionals creating barriers • Limited engagement with carers • Limited signposting available to preventative and support programmes • Increasing levels of obesity, smoking and drugs use • Increasing levels of frailty and multi-pathology • Focus on medically led care rather than encouragement of self care and independence |
|--|--|

Partners with a role to play

- Cardiff and Vale University Health Board
 - Acute Services
 - Community Services
 - Pharmacy
 - Prescribing Advisors
 - Diagnostics
 - Nursing Homes
 - Referral Management Centre
- GP Practice
- Public Health Wales
- Independent Care Homes
- Community Pharmacies
- Patients
- Carers/Families
- Welsh Ambulance Trust
- Equipment Services
- Out Of Hours
- Welsh Assembly Government
- Cardiff Council
 - Adult Services
 - Leisure Services
 - Schools
 - Children's Services
 - Housing
- Neighbourhood Management Teams
- Third Sector
- Translation Services
- Community Facilities
- Patient Advocates
- Community Health Council
- South Wales Police
- Politicians
- Cardiff Health Alliance
- Children and Young People's Partnership
- Community Safety Partnership

What are we going to do?

- Increase the focus on the prevention of chronic conditions
- Improve the coordination of services for people with chronic conditions within the Health Service and across other partner organisations
- Enable improved communication and information sharing between professionals involved in the management of people with chronic conditions
- Continue the development of the Locality and Neighbourhood model to enhance integrated working
- Ensure effective lobbying of Government on issues related to the prevention and management of chronic conditions
- Promote self care and active lifestyles
- Engage with and increase the support for carers
- Invest in information technology systems to improve access to relevant information
- Fast track the implementation of evidence based interventions
- Develop a directory of services
- Increase the use of telehealth and telecare
- Provide GP's with population based data on prevalence

***Domestic & Sexual Violence
and Abuse***

It is estimated that 8,910 women and girls in Cardiff, aged 16 to 59, will have been a victim of domestic abuse in the last year and 3,465 women and girls aged 16 - 59 have been a victim of sexual assault in the past year (Home Office Ready Reckoner). In 90% of domestic abuse incidents, a child is present or in an adjacent room. Figures show that, in 40 - 70% of cases where women are being abused, the children are also being directly abused themselves (Welsh Women's Aid). The Cardiff Domestic & Sexual Violence and Abuse (DSVA) Forum recognises the impact that domestic and sexual violence and abuse has on children, women and men, including their ability to feel safe, be healthy, achieve their full potential and interact in society. The recent Welsh Assembly Government Publication, *The Right to Be Safe* (2010), is the 6 year integrated strategy for tackling all forms of violence against women in Wales. It recognises that, in order to "transform Wales into a self-confident, prosperous, healthy nation and society, which is fair to all... [this] can only be achieved if our communities are resilient and safe places [and therefore we must] remain committed to tackling all forms of domestic abuse and supporting all victims".

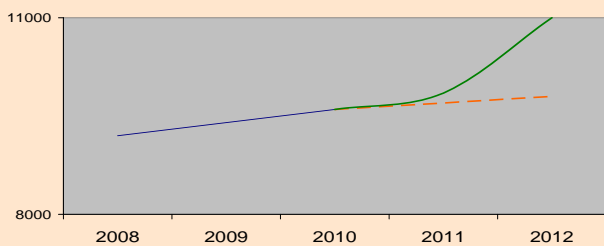
A second Welsh Assembly Government publication, *Information and Guidance on Domestic Abuse: Safeguarding Children and Young People in Wales* (2010), states that "The wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. The effects can be linked with poor educational achievement, social exclusion...juvenile crime, substance abuse, mental health problems and homelessness".

Domestic violence accounts for approximately 25% of recorded violent crime (Welsh Women's Aid) and an average of 800 reports of domestic violence are received by South Wales Police in Cardiff each month which demonstrates clearly the impact that domestic and sexual violence has on the safety of Cardiff's residents. Last year 685 cases were taken to Multi Agency Risk Assessment Conferences (MARACs) in Cardiff, which represents those cases which have been assessed as the very highest risk. Last year frontline service providers in Cardiff accommodated over 559 women, children and men as a result of domestic abuse. Up to 15% of all cases accepted by Cardiff Council as homeless and in priority need relate to domestic violence.

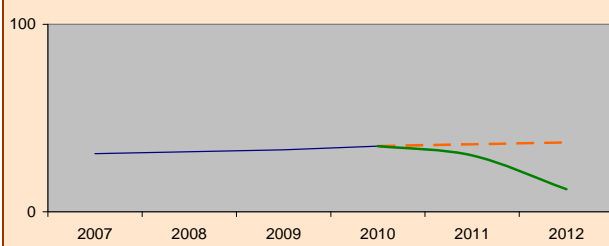
Furthermore the estimated cost of DSVAs to Cardiff is estimated to be over £63 million (Home Office Ready Reckoner) and this figure does not account for the human or emotional cost.

Headline Indicators and how are we doing?

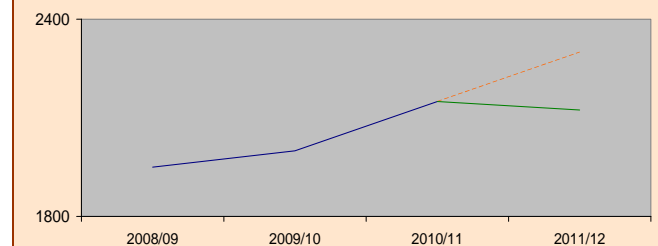
Number of PPD1s per year (Public Protection Documents – reports of domestic violence received by the Police)
(South Wales Police Data)



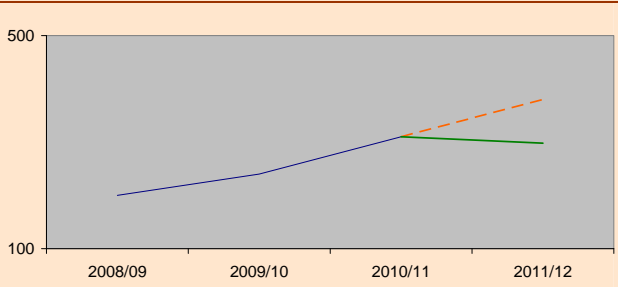
Percentage of child protection referrals where Domestic and/or Sexual Violence and Abuse is identified (Speculative Data Children's Services)



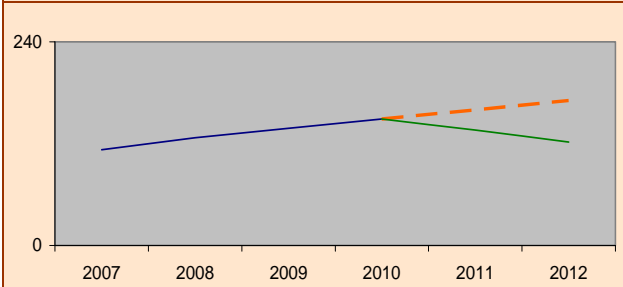
Number of repeat incidents of Domestic and/or Sexual Violence and Abuse with a repeat victim (South Wales Police Data)



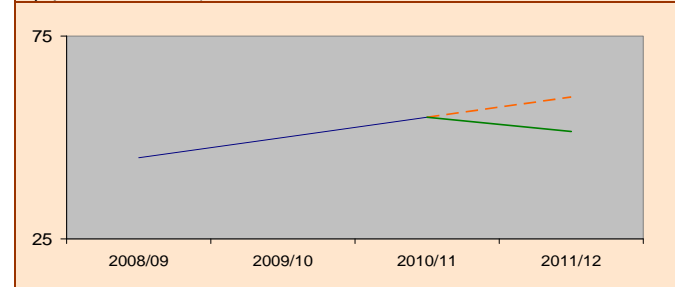
Number of people attending A&E as a result of Domestic and/or Sexual Violence and Abuse (Cardiff and Vale UHB Data)



Number of people presenting as homeless as a result of Domestic and/or Sexual Violence and Abuse (Welsh Assembly Returns (WHO12) Data)



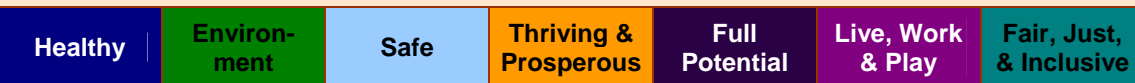
Number of first time entrants into Youth Justice who were or remain affected by Domestic and/or Sexual Violence and Abuse (Speculative Data)



Key:

- The route we will take if we do nothing
- The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



Data Development:

- Mapping service users' journeys through support for domestic and/or sexual violence or abuse.
- Data on those enabled to remain in or return to their own home as a result of safety interventions.
- Self-reporting from those supported, whether they now feel safe and have improved self-esteem.
- Number of repeat perpetrators of domestic and or sexual violence or abuse.
- Number of patients entering substance misuse treatment.

Story behind the baselines

Number of PPD1s: Despite South Wales Police receiving an average of 800 reports of domestic violence in Cardiff per month, statistics demonstrate that many victims of domestic and sexual violence and abuse do not report to the Police at all, and instead, will access support from frontline specialist domestic violence support providers. Although we do not wish to see incidents of domestic violence increasing, when incidents do happen we want to ensure that they are being reported, so that victims can be supported and statistics become a more accurate representation of the true prevalence of DSVA. If the figures for those that have sought support from frontline providers and those that report to the Police were able to coincide this would represent a positive development.

Percentage of child protection referrals where DSVA is identified: Domestic Violence is one of the consideration categories used by Children's Services when assessing children at risk and the Forum would like to see a reduction in the number of cases where domestic violence is identified in child protection referrals.

Number of repeat victims of DSVA: Domestic and sexual violence or abuse is often not a one-off occurrence and can be frequent and persistent. MARAC data demonstrates that those affected by domestic and/or sexual violence or abuse will often be repeat victims, many with the same perpetrator.

Number of people attending A&E as a result of DSVAs: These figures represent one of the most devastating areas of those affected by DSVAs and there is a need to prevent people from sustaining serious physical injuries and therefore see these figures decrease. Work must be undertaken with health professionals so that DSVAs can be identified when victims present at A&E.

Number of people presenting as homeless as a result of DSVAs: Up to 15% of all cases accepted by Cardiff Council as homeless and in priority need relate to domestic violence. However this figure is a drastic under-representation as not all people affected by DSVAs will present to the local authority and instead may seek assistance from frontline service providers. Supported housing providers such as Cardiff Women's Aid, Black Association of Women Step Out (BAWSO), Llamau, Hafan Cymru, Cedar House and Nightingale House collectively play a part in supporting victims. Homelessness should be the last resort for those affected by DSVAs and the option to remain in or return to their own homes with additional security measures must be available more frequently.

Number of first time entrants into Youth Justice who were or remain affected by DSVAs: Various studies demonstrate the links between adolescents who have grown up in violent homes who then go on to either repeat the violent relationship they have seen or commit violent crime (Office of Juvenile Justice and Delinquency Prevention). Data from an Office of National Statistics (ONS) survey revealed that 42% of young female offenders had experienced domestic violence. The adverse affects that DSVAs have on young peoples' lives must be addressed and preventative work must be undertaken within schools, colleges and youth settings in order to do so.

Partners with a role to play

- Third Sector
- Cardiff Council
 - Social Care
 - Housing
 - Schools
- Cardiff & Vale University Health Board
- Further Education Sector
- Organisations/Agencies for with children
- Criminal Justice Services
- Equalities & Advocacy Organisations
- Advice Services
- Cardiff Health Alliance
- Children and Young People's Partnership
- Safer Capital

What are we going to do?

- A robust DSVAs Forum already exists and an active response to reducing domestic and sexual violence and abuse must be continued in Cardiff.
- Data sharing protocols and procedures must be developed to ensure that an adequate picture of the support needs of those affected by domestic and sexual violence and abuse can be identified.
- An excellent online portal for DSVAs services in Cardiff has been developed in the Women's and Men's Handbook websites. There is now a need to continue their development and promotion across all agencies in Cardiff.
- Cardiff Council's e-learning toolkit has been extremely successful when implemented with Housing and Neighbourhood Renewal staff and Housing Association staff. This needs to be made more accessible to other key agencies working with those affected by DSVAs or abuse. Training must be available to more key agencies/organisations and individuals such as police, health practitioners, teachers, criminal justice practitioners and community based workers.
- The development of a 'one-stop-shop' facility which would be a single physical access point to the full range of DSVAs services in Cardiff. This will improve access to services and promote greater collaborative working.
- More awareness raising must be undertaken around the less well known types of DSVAs (such as forced marriage, honour based violence and male domestic violence) to ensure that anyone affected by any form of DSVAs is aware of the support services provided and where they can receive help.
- Survey those who have been directly affected by DSVAs their views on services, initiatives and developments. Further development of service user panels and engagement with service users in consultation exercises.

