



Rhondda Cynon Taf
Iechyd, Gofal Cymdeithasol a Lles
Health, Social Care & Well-being
Rhondda Cynon Taff



**It's all
about you!**



**Health Social Care & Well-being Strategy
2008 - 2011**

FOREWORD

The Health, Social Care and Wellbeing Partnership in Rhondda Cynon Taff (RCT) was created in 2004 to oversee the development of the first Health Social Care and Wellbeing Strategy for the Borough. The Partnership is led jointly by RCT Teaching Local Health Board and RCT County Borough Council but in order to maximise and coordinate opportunities to improve health and wellbeing, the Partnership also involves a range of other organisations who have a major contribution to make, including both North Glamorgan and Pontypridd and Rhondda NHS Trusts (which will merge from 1st April 2008 to become the Cwm Taf NHS Trust) ,the two Community Health Councils in the area, Interlink and other representatives from the voluntary and business communities.

The first Health, Social Care and Wellbeing Strategy covered the period 2005-2008. It has been successful in identifying and starting to tackle some of the underlying causes of ill health and the health inequalities which exist in deprived areas. A range of examples are included in this document. Whilst we have made a good start, we still have a lot more to do and we need to focus our joint efforts more effectively. In developing this second Strategy, we have reviewed what we have achieved so far and prioritised what we should do next from 2008-2011.

The starting point for the Health, Social Care and Wellbeing Strategy is a Health Needs Assessment which analysed the factors that influence the health and wellbeing of people in Rhondda Cynon Taff. We have highlighted some of the key findings from the Needs Assessment as these are the issues which we need to address as priority areas for action and improvement. However, in addition, in finalising the Strategy, we have also taken account of what you told us was important to you, your family and community.

We want to thank all those who responded to the consultation document and who have worked hard to develop this Strategy. We look forward to working with all agencies, communities and the residents of Rhondda Cynon Taff to make this plan a reality over the next three years.

Together, we can improve our health and quality of life and ensure we all enjoy that “feel good factor” which is at the heart of our wellbeing.

Dr C.D.V. Jones, C.B.E.,
Chairman
RCT Teaching Local Health Board

Councillor R. Roberts,
Leader
RCT County Borough Council

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1. INTRODUCTION.

This document is the Health, Social Care and Wellbeing Strategy for Rhondda Cynon Taff for 2008 -2011. It has been developed by the Health, Social Care and Wellbeing Partnership Board, taking account of guidance issued by the Welsh Assembly Government which indicated that a range of organisations, patients, service users and carers must be actively involved in the process.

The starting point for the Strategy was a Health Needs Assessment which reviewed the problems facing the population of RCT and helped us to identify potential priority areas for improvement. These priority areas were included in the draft Strategy which was the subject of formal consultation from October 2007 to January 2008. Having taken full account of all the responses received, the Strategy was finalised and agreed by the HSCWB Partnership Board in March 2008. It was also formally approved by the Local Authority and the teaching Local Health Board.

The Strategy will be supplemented by annual Action Plans for each of the 7 themes which will include defined outcome measures. Progress will be monitored quarterly by the HSCWB Partnership Board to ensure we are achieving our goals.

This document

- Explains what the Health, Social Care and Wellbeing Strategy is about and what our Vision for the future looks like.
- Outlines key issues arising from the Health Needs Assessment.
- Highlights progress achieved as part of the first Strategy 2005-08 and what we need to build upon in the second Strategy.
- Identifies our priority goals for the next three years.
- Explains how you can remain involved with the Strategy and find out more about its implementation and achievements.

This document is also available in LARGE PRINT and in other languages and formats on request. A summary version will also be produced and widely distributed.

2. ENGAGEMENT AND CONSULTATION.

In order to ensure that all partners were working together to make our public engagement and community involvement as inclusive and meaningful as possible, the HSCWB Partnership Board agreed an Engagement Plan. This emphasised the need to involve a wide range of people through the many networks, forums and groups operating at a local level, both statutory and voluntary. Particular attention was required to involve hard to reach groups who traditionally tend not to participate. Engagement with children and young people was linked to the separate consultation being undertaken on the complementary Single Plan for children and young people being prepared by the Fframwaith Partnership.

The formal consultation for the new Strategy ran from 4th October 2007 to 4th January 2008. However, much work had been done prior to this statutory consultation period to raise awareness and engage citizens in feedback about the first Strategy and the development of the second. For example, during the Big Bite event in August 2007 at Ynysangharad Park in Pontypridd, nearly 1000 people completed questionnaires giving their views on the 7 themes of the HSCWB Strategy and priorities for the new Strategy.

For the statutory consultation, a bilingual consultation document and questionnaire were produced in paper and electronic formats. They were widely distributed and discussed at a range of public meetings and workshop sessions with voluntary and community groups. However, the HSCWB Partnership also wanted to be more innovative in the methods used to consult with people. A DVD was made which highlighted examples of the successful projects achieved during the implementation of the first Strategy and was a useful starting point in explaining what health and wellbeing is all about. It was widely shown and was well received – people found it enjoyable and informative and felt it would help them when they then read and considered the consultation document. In addition to the DVD, an interactive voting system was used in a number of public meetings across the county to collate views relating to the themes and priorities in the consultation document.

The consultation process allowed for both quantitative and qualitative data to be obtained. In addition to the comments and opinions shared at the various community meetings, 190 questionnaires were completed and written comments were received via letter, e mail, the questionnaires, workshops and discussion groups. All responses received were considered and a detailed report was made to the HSCWB Partnership Board identifying all the groups involved in the consultation and the conclusions. The feedback from the consultation was then taken into account in finalising the priority goals to be included in the new Strategy.

3. WHAT IS THE HEALTH, SOCIAL CARE AND WELLBEING STRATEGY?

The Health, Social Care and Wellbeing Strategy is a three year plan which is about everybody. It is not just about treating people who are ill, although that is, of course, an important element, but it is also about keeping everyone healthy and independent, helping people to participate fully in life and achieve their potential as individuals and as communities.

This means that the Health, Social Care and Wellbeing Strategy is not only concerned with the physical and mental health problems people may face but also their living, working and recreational conditions, the quality of the environment, social and cultural factors as well as the availability of and access to services and facilities. All these elements contribute to people's health and wellbeing and also help make our communities strong and sustainable. This is illustrated in the diagram below.



Many of these factors are beyond our individual control and require the wider efforts of society as a whole to improve them. To tackle such broad issues and the needs identified in the first health Needs Assessment, the first Health, Social Care and Wellbeing Strategy for 2005-08 concentrated its efforts on 7 key themes with Action Plans developed for each theme.

The themes were:

- Healthy Environments
- Community Collaboration and Prevention
- Mental Health and Emotional Wellbeing
- Children and Young People
- Work and Health
- Maintaining Independence
- Transport and Access

Over the life of the first Strategy, these themes have become more familiar to people as we have regularly reported on progress, for example at public meetings, Interlink forums, Older People's Forums, in the Council's Outlook newspaper and in our Health, Social Care and Wellbeing newsletter, "Living." We also sought people's views on the themes during consultation on the new Strategy and gained support for continuing to use these 7 themes as a means of building on what we have already achieved and as a springboard for further action through 2008-11.

DID YOU KNOW?

The HSCWB Partnership produces a newsletter called "LIVING" four times a year. It contains articles about different aspects of the Strategy and useful information about health and wellbeing. To obtain a copy or if you would like to contribute an article, please contact the Health and Wellbeing team on 01443 744800 or look on the websites – details at the end of this document.



4. THE VISION FOR THE FUTURE

The feedback from the consultation on the draft Health, Social Care and Wellbeing Strategy for 2008-11 was overwhelmingly in support of the general direction of the plan and its Vision for the future:

Local people whose health and access to high quality health services is equal to the best in Britain

Local communities where action is taken to protect and care for those who are vulnerable and where we all act to promote our own health and wellbeing

Services in the health, social care and voluntary sectors that support individual needs for independence and personal choice and that enable individuals to take responsibility for their own health and wellbeing

The right care and support to be delivered safely, and in the right place at the right time, as close to home as possible

The Vision for the 2008-2011 Strategy makes clear what the Partnership is trying to achieve locally but also takes into account the key policy initiatives and major strategic documents setting the future direction for world class health and social care in Wales, notably Health Challenge Wales, “Designed for Life” and “Fulfilled Lives, Supportive Communities.”

What will turning this Vision into reality mean for you or a member of your family? Here are some examples of what things could look like for everyone by 2011.

Mair

I have problems with my breathing, particularly in the winter and I often used to end up in hospital. In some ways, that was ok because my house was cold, I didn't have a downstairs toilet and I sometimes felt a bit lonely in the long, dark evenings. But then my GP asked this lady to come round and see me to find out how I was doing. I'm not sure who she works for but she sorted all sorts of things out for me.

For a start, she got double glazing and heating fitted for me, and other improvements to the house like a stair rail, a smoke alarm, gas sensor, fall and flood detector linked to the Carelink control centre which can respond if there is a problem. She helped me with my fuel bills and other benefits I was missing out on. My flat is much warmer now and that makes my breathing better.

She also got a nurse to come and teach me how to check my own breathing by blowing into a tube. The nurse phones once a week to find out how I am and if I'm getting wheezier, she comes and sees me and sometimes my medicine gets changed. She has helped me with other problems too, like getting my feet seen to so that walking is easier and getting me involved in a lunch club. I didn't think I'd like it but I've made new friends and enjoy a proper lunch and different activities. I haven't been in hospital at all for the last year.

David

I'd always played football for a local team every Sunday morning since I was a lad. Over the years though, it got harder and harder so I gave up. It was even an effort keeping up with the kids when they were having a game in the park. I knew I needed to get fitter but I wasn't sure where to start.

Then the smoking ban came in and one evening, down the pub, I saw a beer mat with a stop smoking helpline number. I thought that would be a good start so I rang up and was put in touch with a local group. That really helped and I gave up smoking but I did put on some more weight. At one of our meetings, a GP turned up and told us about how to be generally healthier – not just medical stuff like cholesterol but useful stuff like getting fit for football and which foods help you train better. He gave us vouchers to use at the gym in the local leisure centre. I gave it a try and really liked it. I help out with my son's football team now and can give the boys a run for their money!

My wife was really pleased when I gave up smoking and lost some weight. She likes the family to eat a proper meal together every day and enjoys trying out new recipes she learnt on a cooking course run in our local community school. She stayed at home to look after the kids when they were little and she lost a bit of confidence. But since she's been doing some volunteering work and got out and about a bit more, meeting people, she's thinking of going for a part time job. The whole family seems a lot happier these days!

DID YOU KNOW?

Over 1500 voluntary organisations are based in RCT ranging from large UK charities and Housing Associations to community groups and sports clubs. Some 750 have an interest in health, social care and wellbeing.

5. WHAT ARE THE HEALTH NEEDS IN RHONDDA CYNON TAFF?

A detailed Health Needs Assessment has been undertaken which has analysed the factors that influence the health and wellbeing of people in Rhondda Cynon Taff. This kind of Assessment was originally undertaken in 2004 to inform the development of the first Health, Social Care and Wellbeing Strategy for 2005-08. The 2004 Assessment has been reviewed and updated to help shape the priority goals for the second Strategy.

A summary of the information produced is included in this document but a detailed Technical Resource document is also available. This includes more guidance on the original sources of the information given and electronic links to further sources of data which may be of interest.

At the time of the 2001 Census, Rhondda Cynon Taff had a population of approximately 232,000, making it the second most populated authority area in Wales after Cardiff. The population has declined overall since the 1991 Census by about 3,000. This overall reduction is accounted for largely by outward migration, and by a reduction in children, both in absolute numbers and as a proportion of the population, and conceals a substantial rise in the older population. In effect, the population is ageing, and is expected to continue to do so.

Health in Rhondda Cynon Taff is improving. Between 2002 and 2004, men could expect to live for 74.8 years, women for 79.2 years. For 2003-5, this was 75.1 years for men and 79.2 years for women. These are only small changes, but they have occurred in a short time and are important. But, although life expectancy has improved in RCT, it has also improved across the rest of Wales, meaning that RCT still lags behind Wales.

Although life expectancy is improving in RCT, we also know that in some places it is improving faster than in others. Life expectancy can vary by up to five years depending on where in RCT someone lives. Generally, it is in the most deprived areas that life expectancy is lower and improving more slowly. What this means is that the gap between the most affluent and the most deprived, called the inequalities gap, is actually widening.

In terms of general physical and mental health, RCT scores slightly worse than the rest of Wales. Using the SF36 survey tool, people in RCT scored 48.2 for physical health and 48.0 for mental health. This was compared with 48.8 for physical health and 49.8 for mental health across Wales.

One of the main factors that affects the health of people in RCT is the high level of deprivation in the area. To study populations in different places, larger areas, such as the borough of RCT, are divided up into smaller pieces. These smaller areas, called Lower Super Output Areas (LSOAs), have been identified for the whole of Wales.

30 of the 160 Lower Super Output Areas in RCT are amongst the 200 most deprived in Wales. One ward is the fourth most deprived of the 1896 Lower Super Output Areas in Wales. On the other hand, we have some affluent Lower Super Output Areas, with 4 Areas ranking in the top 200 Areas in Wales. However, the majority of our residents live in more deprived circumstances with 114 of our 160 Areas in the bottom half of the deprivation table for Wales.

More detailed information on health needs is contained in the sections that follow about each theme under the heading “What does the Needs Assessment tell us?”

6.1. Healthy Environments

7.1. Community Collaboration and Prevention

8.1. Mental Health and Emotional Wellbeing

9.1. Children and Young People

10.1. Work and Health

11.1. Maintaining Independence

12.1. Transport and Access

DID YOU KNOW?

As part of the consultation on the draft Strategy, we showed a specially commissioned DVD which showcased some of our successful projects and helped to explain what health and wellbeing is all about. If you are involved with a community group which would like to see the DVD, contact the Health and Wellbeing Team on 01443 744800.

6. Healthy Environments

6.1. What does the Needs Assessment tell us?

The place that we live and work in is important to our health. Most of us realise that clean air and clean water are essential to good health. We also need good quality housing and open spaces and careful management and use of chemicals and other hazardous substances.

One in 20 homes in RCT still lacks central heating, with 139 homes without central heating and without sole use of a bath, shower and toilet. These are expensive issues to address, but will be important to maintaining independent living in the future. They are also important to ensuring that everyone has suitable homes to live in.

Poor quality housing influences health partly because of the amount of time we spend at home. People living in damp, mouldy homes often suffer with asthma and other respiratory problems. Steep steps, dimly lit rooms, loose rugs and carpets increase the risk of accidents and injuries. The high costs of heating means that homes are often inadequately heated, especially by elderly people, increasing the risk of illness. All of these factors also tend to increase stress, anxiety and depression.

The costs of making changes to the structure and décor are high. Many properties in RCT are older properties that have lacked regular maintenance over a prolonged period.

Outside the home, the industrial history of RCT has affected air quality and the availability of open spaces.

However, it's not just the natural and built environments that are important in keeping us healthy. A safe environment is also a healthier one.

6.2. What have we been doing to address these issues?

DEALING WITH DILAPIDATION



Empty and unsightly buildings are an eyesore in parts of RCT and also affect the health, wellbeing, safety and economy of our communities. However, as part of a strategy to deal with dilapidated buildings and houses across the borough, abandoned, vacant or ruinous properties, often targets for graffiti, flytipping and fly posting, are being targeted for improvement. 148 buildings have been identified, of which 24 have been renovated or demolished.

A further 50 buildings are also in the process of being dealt with, including the use of enforcement action that requires the owner to take action to repair, renovate or demolish the building.

Funding has also been obtained to work with Community First groups to review areas with high concentrations of empty properties and encourage their reoccupation.

If you are concerned about a dilapidated building which is affecting your community, contact the Environmental health team on tel 01443 425777

Other developments include:

- Action taken to improve poor housing conditions and encourage healthy living environments has included working with housing providers to achieve the Welsh Housing Quality Standard, renovation grants, funding for energy efficiency measures, enforcements to improve conditions, information sharing and Landlord Exchange events.
- The development of an Affordable Warmth Strategy to tackle fuel poverty. Projects such as the Home Energy Efficiency Scheme can insulate homes or install central heating for free. Grants are also available to help people save energy, money and the environment whilst also making their homes more comfortable during cold weather and preventing them from becoming ill.
- The refurbishment of 2 empty properties to provide a home for care leavers who were living in unsatisfactory emergency bed and breakfast accommodation. This has allowed 3 young people to live independently in an appropriate homely environment.
- The establishment of a new Environmental Enforcement Unit which has enabled a proactive approach to improving the visual amenity of neighbourhoods through effective enforcement and public awareness campaigns
- The establishment of a Health and Housing post in the Housing Strategy team of the Local Authority to establish effective protocols and good practice between Housing and Health partners to prevent homelessness and provide sustainable living environments.

6.3 What priorities should we tackle in the next three years?

What you told us:

There was strong support for tackling housing issues which was considered the top priority for the first year of the new Strategy. This includes tackling homelessness and promoting healthy housing, as well developing closer working links between health services and housing.

Common responses identified the need for

- Emphasising the role of housing in improving communities and health and wellbeing in general. Suitable grants and other initiatives should be more accessible to improve housing conditions
- Improving the look and feel of communities, helping to reduce crime and the fear of crime, making the environment a place where people are comfortable to participate in physical activity, improving health and wellbeing.

- In relation to the Environment, a more general theme emerged from the consultation around sustainable environmental solutions. It was expressed that service provision and its effect on climate control should be considered. Climate change was an issue in relation to its possible effects on public health and the need for all service providers to work towards reducing carbon emissions.

As a result of consultation, our PRIORITY GOALS are:

<p>HOUSING AND HEALTH</p> <p>Through effective partnerships, ensure that housing in RCT does not compromise health but makes a positive contribution to improving health and wellbeing.</p> <p>ENVIRONMENTAL QUALITY</p> <p>Working together with a range of multi sectoral agencies, including communities themselves, provide a clean, safe physical environment which is of high quality and promotes civic pride.</p> <p>AIR QUALITY</p> <p>Ensure that air quality meets required standards and does not have a damaging effect on health and wellbeing.</p>
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a) HOUSING AND HEALTH

There is a need to take a more proactive approach to ensure housing can make a positive contribution to improving health and wellbeing. A new Housing Strategy, "Housing Matters", has been developed for the Borough. The HSCWB Partnership will work with the local Housing Partnership to implement this plan which aims, for example, to develop sustainable home ownership, improved access to affordable housing and the promotion of balanced, socially inclusive, sustainable communities. We will invest in housing improvements which will address physical and mental health issues and develop a more coordinated approach to tackle homelessness and to accommodate service users with particular needs, such as those with a learning disability, in their own homes with support.

Examples of what we will take forward in 2008/09:

- Projects targeted at the housing needs of vulnerable groups, including those with mental health problems and problems with substance misuse
- Support investment in energy efficiency measures through our Affordable Warmth Strategy

- Ensure that investment in housing through private sector renewal and regeneration initiatives has the maximum health benefit.
- Increase the availability of affordable homes.
- Develop and implement a joint Homeless and Vulnerable Groups Health Action Plan.

b) ENVIRONMENTAL QUALITY

The quality of the environment is directly relevant to our health but also the way we feel about the places where we live, work and play and our general wellbeing. We need to improve the visual amenity of neighbourhoods, to build a sense of civic pride, reduce environmental crimes and develop sustainable environmental solutions e.g. in relation to energy and waste. There is also scope to explore how the concept of “healthy urban planning” could benefit RCT.

Examples of what we will take forward in 2008/09:

- Improve visual amenity of RCT
- Reduce environmental crimes
- Tackle derelict and empty properties
- Explore healthy urban planning and how it can contribute to health improvement in RCT

c) AIR QUALITY – Air quality and health

Air quality monitoring has highlighted areas in the Borough requiring action to improve air quality and a specific Air Quality Action Plan must be produced as part of the HSCWB Strategy.

Examples of what we will take forward in 2008/09

- Air quality action plans and strategy for the 8 air quality management areas
- Communication of risk and public engagement on this issue

DID YOU KNOW?

HEALTHY HOMES – People in receipt of benefits, or homeowners over 60, maybe entitled to grant aid for loft and cavity wall insulation, boiler replacements, or other energy efficient measures. Call 0800 512 012 for further information

7. Community Collaboration and Prevention

7.1 What does the Needs Assessment tell us?

This theme was adopted as a result of comments made during the consultation on the first Health, Social Care and Wellbeing Strategy in 2004. You felt that this was an important aspect of the Strategy and we agreed.

Making improvements in health and well-being can not just be the responsibility of health services and local authorities. Individuals and the communities that they live in also need to take responsibility for their own health. Health services and local authorities need to work with local communities to achieve this.

Only one third (34.5%) of people in RCT eat 5 fruit and vegetables per day. This is less than anywhere else in Wales. Around one quarter (28.3%) of people are smokers, this is compared with 26% for Wales. Almost half of people (46.0%) drink more than the recommended alcohol limits (40% Wales), with 24% admitting to binge drinking (20% Wales).

Just one quarter (25.0%) of people in RCT take the recommended levels of exercise (29% Wales). Linked to this is that Body Mass Index (a ratio of height to weight used to assess obesity), is higher in RCT than across the rest of Wales and to a level that is considered important by statisticians. In RCT 57.8% of people are classified as overweight or obese by BMI, compared with 53.7% of people across Wales.

Within RCT, we know that these figures show huge variations between communities, with the differences between the most affluent and the most deprived being of particular concern.

7.2 What have we been doing to address these issues?

HEALTHY SCHOOLS SCHEME



The scheme is a partnership between health and education that adopts a holistic approach to health promotion in school settings. There are currently 58 schools on the scheme in RCT. A further 30 schools will join in 2007, 35 in 2008 and all remaining schools in 2009. Schools work towards 12 national aims which address all aspects of health and might involve such diverse actions as setting up a fruit tuck shop, implementing strategies to reduce bullying, improving the playground or recycling and composting projects.

Other initiatives include :

- In Communities First Areas, elements of work associated with the Heart Attack Project have identified individuals that have, or are at high risk of, Coronary Heart Disease and provided a tailored lifestyle intervention. Initiatives have sought to increase access to healthy foods and exercise and encouraged local people to develop skills such as food preparation

skills in Get Cooking Courses. The Walking the Way to Health scheme has encouraged people to take exercise.

- Implementation of 20 projects funded under the Active Lifestyle programme at a cost of £310,071 and a cycling project costing £92,000 in a number of Community First areas
- Mentro Allan programme focussing on walking, cycling, gardening and adventure activities to increase physical activity participation amongst hard to reach groups in Community First areas including people on low incomes, older people and people with mental health problems. A grant of £349,242 has been provided by the Big Lottery.
- Cwm Cycling project enabling people with learning and physical disabilities to have fun, learn new skills and have sporting and exercise opportunities
- Pilot Healthy Eating Award scheme run in conjunction with the Food Standards Agency, to encourage catering premises to provide healthier food choices
- Implementation of the smoking ban which has had a positive effect and good levels of awareness and compliance
- The Healthy Living Network provides support to 22 communities, helping them to identify and prioritise their health needs and implement appropriate interventions eg food co-ops have been established in 9 communities and Get Cooking courses have been delivered in 20 communities across RCT.
- Improving access to health services for migrant workers - a multi agency forum has produced an Action Plan to ensure that migrant workers are treated fairly within communities. The teaching LHB has translated its "Guide to Health Services" into Polish and Portuguese. The Multi Agency Forum Against Racial Harassment has also been working to improve services for hard to reach groups such as ethnic minorities.
- A Health and Wellbeing event was held in August 2007 as part of the "Big Bite" event in Pontypridd. This provided an opportunity to engage the public in the development of the second Strategy.

7.3. What priorities should we tackle in the next three years?

What you told us:

This theme drew a lot of responses from the consultation and was voted the third most important theme. Due to the wide ranging nature of this theme however, one single priority goal did not emerge during the consultation process but rather there was considerable support for a number of the areas suggested in the consultation document. In particular, the following were considered most important:

- Improving food and nutrition, particularly through the promotion of the enjoyment of good food.
- Promoting and protecting health through community development and more effective working with individuals and families to tackle health inequalities and promote healthy lifestyles.

Common responses identified the need for :

- Action in addressing obesity levels among the population of Rhondda Cynon Taff. There was also discussion around the lack of skills on how to cook, and particularly how to cook healthy, nutritious meals.
- An increase in the range of activities available for children and adults to promote physical activity, with more available closer to people's homes.
- Emphasis on personal responsibility for health and wellbeing, and people making informed choices about their lifestyles.
- Accessible information in appropriate formats to meet the needs of specific groups for example people with a learning disability.
- Community engagement across all communities in Rhondda Cynon Taff, not just those which are part of the Community First programme.
- Recognition that health promotion activity can take place successfully in a variety of school, family and social settings.
- Tackling substance misuse problems including drugs and alcohol misuse. (Action to tackle this will be led by the Community Safety Partnership but the HSCWB Partnership will support their work wherever possible.)

As a result of consultation, our PRIORITY GOALS are:

PHYSICAL ACTIVITY

Empower and enable the population of RCT to be more physically active

NUTRITION, FOOD AND HEALTH

Improve the nutritional health and wellbeing of the population of RCT with a particular focus on targeted population groups

TOBACCO CONTROL

Reduce smoking prevalence and associated disease, disability and death in RCT

INJURY PREVENTION

Reduce the number of injuries and deaths caused by accidents in RCT, with an initial focus on older people

COMMUNITY DEVELOPMENT / COMMUNITY HEALTH DEVELOPMENT

Facilitate a community development approach to improving health and wellbeing in RCT

a) PHYSICAL ACTIVITY

Physical inactivity and sedentary lifestyles contribute significantly to ill health. There is strong evidence which indicates that participation in regular moderate intensity activity can reduce risk of obesity, coronary heart disease, type 2 diabetes and some cancers, reduce risk of injuries in older people and can have positive effects on mental health and emotional wellbeing. The work to tackle this challenging agenda is led by RCT's Active Living Partnership.

Examples of what we will take forward in 2008/09

- Improve access to appropriate physical activity opportunities for people with identified health needs
- Use the community as a setting to promote and support physical activity including more doorstep opportunities, for example through the Mentro Allan and Let's Walk Cymru projects which involves developing walking routes and training walk leaders.
- Promote and support physical activity opportunities for children and young people
- Promote the development of working policies and environments that enable employees to be more active, for example through the promotion of the Corporate Health Standard.

b) NUTRITION, FOOD & HEALTH

Diet and nutrition play an important part in both promoting good health and preventing disease. Diets high in fat and salt and low in fruit and vegetables and whole grain cereal are associated with increased risk of coronary heart

disease and cancer. People who are obese or overweight have a higher risk of developing a range of conditions including heart disease and diabetes.

A multi agency Nutrition, Food and Health Partnership was set up in December 2007 to lead work in this area. It was agreed to target specific groups of the population with particular needs including low income and vulnerable groups, children and young people, women of childbearing age (particularly pregnant women) and men (particularly middle aged men).

Examples of what we will take forward in 2008/09

- Develop a joint evidence-based action plan for nutrition, food and health within RCT
- Set up 5 multi agency subgroups to develop actions in the areas of:
 - community and voluntary sectors
 - public sector
 - children and families
 - healthcare
 - food producers and retailers

c) TOBACCO CONTROL

Smoking is the biggest avoidable cause of disease and early death in Wales. It is a major cause of cancer and many other serious conditions including heart disease, stroke and lung cancer. Exposure to second hand smoke can also cause problems in children and adult non smokers. Work to address these issues is led by RCT's multi agency Tobacco Control Working Group.

Examples of what we will take forward in 2008/09

- Prevent young people from starting to smoke, for example by supporting the piloting and roll out of the ASSIST peer led programme in comprehensive schools
- Help smokers to quit smoking including increasing the numbers of pregnant women who smoke using the Stop Wales Smoking Service.
- Protect non-smokers and workers from the effects of environmental tobacco smoke, for example by continuing to enforce the ban on smoking in public places.

d) INJURY PREVENTION

Injuries are recognised as a major cause of mortality and morbidity. Although many injuries are preventable, they are caused by a complex range of factors that are not within the control of any one organisation. Injuries disproportionately affect the most vulnerable groups in our communities such as children and older people.

Examples of what we will take forward in 2008/09

- Prevent fall related injuries in older people through the development of a multi agency Falls Prevention Strategy and action plan
- Working with Framwaith and the Community Safety Partnership, explore potential to develop a more co-ordinated strategic approach to the prevention of injuries.

e) COMMUNITY DEVELOPMENT / COMMUNITY HEALTH DEVELOPMENT

Community development can make a key contribution to reducing health inequalities. It is about working with communities and understanding the circumstances in which people live, encouraging a high degree of participation in, and control by, people over the decisions affecting their lives, health and wellbeing.

Examples of what we will take forward in 2008/09

- Develop a shared understanding and a co-ordinated approach, for example by facilitating a workshop with all interested stakeholders to explore what community development in this context means and what we need to do next.
- Explore opportunities to further develop community health development work through the Communities Next programme.
- Identify opportunities to engage and involve local communities in the development, implementation and evaluation of work on health and wellbeing, for example by celebrating and sharing good practice through the Health Alliance's Award scheme.

DID YOU KNOW?

5 A DAY ! Eating at least five portions of fruit and vegetables a day could reduce the risk of deaths from diseases such as heart disease, stroke and cancer by up to 20%.

Regular walking is one of the easiest ways of improving your health and wellbeing. As part of the Walking the Way to Health scheme, in 13 Communities First areas and 1 non community first area, over 100 walk leaders have been trained, over 50 routes have been identified and different route cards are available for many of them. For more information on group walks across RCT contact Health Promotion on 01443 744900

8. Mental Health and Emotional Well-being

8.1. What does the Needs Assessment tell us?

Mental health problems are extremely common. As many as 1 in 4 people will develop a mental health problem at some point during their lifetime and tackling these problems is difficult. There are many different causes of mental health problems and these include poverty, unemployment, living alone and being a single parent family – all factors that are common in RCT. Also, many people are reluctant to admit having mental health problems and therefore to seek help. This means that these problems can become longer term, causing problems with work, at home and with relationships, further impacting on their health and wellbeing.

Between 2003 and 2005, 11% of adults in RCT were treated for mental illness, compared with 9% in Wales. But, across RCT there are large differences in likelihood of suffering mental health problems. The Mental illness Needs Index or MINI scores, show that Brynna scores well with 90, while in Maerdy the score is 120, indicating poorer mental health. The whole of RCT scored 109, while Wales scored 104.3

Stress is a major cause of mental health problems and large numbers of people who receive incapacity benefits are known to be suffering with mental health problems. Given the number of people on incapacity benefit in RCT, the current levels of mental health problems may be under-estimated.

Poor mental health is also linked to suicide. In RCT, the suicide rate is 13.5 per 1000 people, compared with 12.1 per 1000 across Wales. Those who commit suicide are often young males.

Mental health problems do not just affect individuals. They have an impact on whole families and communities. In older age, depression and dementia become more common, possibly because of life changes such as reduction in income, bereavement and illness.

8.2. What have we been doing to address these issues?

CWMAMAN “PAST AND PRESENT” INTERGENERATIONAL PROJECT



This project is a partnership between Cwrt Alun Lewis, a sheltered housing unit run by Cynon Taff Housing Association for people aged over 50 and Glynhafod Junior School in the Cynon Valley. Supported by volunteers and staff from Age Concern Morgannwg, teachers and mental health workers, the children involved visited Cwrt Alun Lewis once a week for a term, meeting residents and other closely located older people identified as being at risk of social isolation and/or mental ill health. Bonds were built between the older and younger members of the community as they worked on a range of topics linked to the curriculum, involving local history and their community by comparing experiences, photographs and memories of the past with the modern day.

The benefits for older people include improving their self esteem, confidence and social interaction whilst taking part in meaningful activities encouraging the use of a range of skills. The pupils have developed an understanding of older people and the needs of individuals with dementia while being also introduced to a social care setting and the range of career opportunities with health and social care.

Other developments include

- Undertaking major reviews of local mental health services to inform future commissioning and service provision
- Implementation of the recommendations of the Sainsbury's Mental Health Review of services in the Cynon Valley and Merthyr has seen the development of a new primary care liaison team within Cynon provided by North Glamorgan NHS Trust in partnership with the Local Authority. A 24 hour Crisis team has also been established to undertake mental health assessments with "home treatment" and an Assertive Outreach team is currently being developed.
- A review of mental health services in Pontypridd and Rhondda NHS Trust has been undertaken, entitled "Fit for Purpose".
- A Counselling service based in 11 GP Practices in Rhondda and Taff Ely. Whilst this is a welcomed initiative work is already underway to determine how this can be extended to all practices in the locality.
- The development of a care pathway for individuals who experience depression and require equal access to treatment and support in primary and secondary care.
- The "Routes to Recovery" group offer peer mentoring to other people with mental health difficulties to help them decide on and work towards their recovery goals. Service User speakers talk openly about their experiences to students, professionals and community groups.
- Mental health service users also contribute to high level planning groups making decisions about how mental health services in the Borough develop.

8.3. What priorities should we tackle in the next three years?

What you told us:

Consultation feedback told us that the top priority for the Mental Health & Emotional Well-being theme was "changing attitudes and promoting positive mental health". People agreed that there must be a focus on reducing the stigma associated with mental ill health and raising general awareness of mental and emotional health issues. There must be an emphasis on preventative measures and early intervention.

Common responses identified

- The importance of de-stigmatising mental health problems, adopting a holistic approach and providing greater support and coping mechanisms for people experiencing these problems
- A need to strengthen Primary care and Community services.
- The link between this theme and the others in the Strategy for example, work & health to raise awareness of mental health problems among employers, ensuring that people receive the appropriate support they require when in work and also that they are supported into work, transport and housing issues
- Domestic violence is significant in RCT and this has a major impact on the victim's mental health and that of other family members such as children
- The theme needs to be recognised as an integral component of cancer care and the mental health needs of people with a learning disability need addressing.
- The importance of supporting carers and providing respite
- The need to address unrealistic long waiting times for individuals requiring more specialised services
- The need for more work in addressing mental health issues and suicide rates amongst our most vulnerable groups such as young men
- The need to promote what is working well in Rhondda Cynon Taff, to raise awareness of services and to ensure sustainability.

As a result of consultation, our PRIORITY GOALS are:

IMPROVE MENTAL HEALTH PROMOTION AND TACKLE STIGMA

Reduce the stigma associated with mental ill health and help people find ways of developing and sustaining their emotional wellbeing.

IMPROVE LINKS WITH PRIMARY CARE

Provide support for mental health and emotional well-being within Primary Care by improving the availability and range of interventions provided

IMPROVE SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS

Ensure a "whole systems" model that can provide equality of access to a range of services across Rhondda Cynon Taff

a) IMPROVE MENTAL HEALTH PROMOTION AND TACKLE STIGMA

During the first HSCWB Strategy, priority was given to diagnosis and treatment services. However, much can be done to promote positive mental health and to prevent illness and deterioration through early intervention and by making people aware how they can help themselves improve their emotional wellbeing.

We also need a wider range of education programmes in a variety of settings that enable people to avoid, minimise and manage mental health problems.

Examples of what we will take forward in 2008/2009:

- Mental Health Training events will be developed across Rhondda Cynon Taff to develop mental health awareness and tackle stigma.
- School based activities will be promoted aimed at reducing stigma by developing links with the voluntary sector and service user organisations.
- Support the Work & Health pilot scheme in Porth, Tylerstown, Ynysir and Cymmer by providing the appropriate support mechanisms to help people suffering mild to moderate mental health problems get back into employment.

b) IMPROVE LINKS WITH PRIMARY CARE

Improving links and services with Primary Care will strengthen the support available to service users and enable more early interventions to be provided within our communities, thus also reducing waiting lists. It is important to ensure services are able to support both the mental health needs of individuals with chronic conditions or a learning disability and also the physical health needs of those with ongoing mental ill health.

Examples of what we will take forward in 2008/2009:

- Develop primary care mental health liaison services across RCT to support early intervention

c) IMPROVE SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS.

In older age, various mental health problems such as depression and dementia, become more common. In addition, as the number of older people continues to increase, we need to ensure appropriate services are available to meet their mental health needs by developing a whole systems model that can provide equality of access to a range of services in each locality.

Examples of what we will take forward in 2008/2009:

- Development of a comprehensive Older Person's Mental Health Commissioning Strategy
- An Intergenerational Strategy will be developed which builds on established links with mental health and other health and social care services

DID YOU KNOW?

ADULT ABUSE –NO EXCUSE. Help is at hand if you are suffering from abuse or suspect that someone is being abused.

Contact 01443 425425 or 01443 849949.

9. Children & Young People

9.1. What does the Needs Assessment tell us?

Healthy children usually grow into healthy adults, with children who are less healthy tending to go on to have poorer adult health.

The people who we live with and the place that we live in strongly influences health at all ages, but it is in the early years of life that these influences are strongest.

Almost one third of people in RCT are aged 0-24 and improving the health of this group will have a long term effect on the health of the overall population.

Low birth weight babies tend to have poorer long term health. Recent data show that 8.2% of babies born in RCT were low birthweight, slightly higher than the proportion for Wales (7.3%). There are many reasons why babies are of low birthweight, including poor diet, drinking and smoking by the mother during pregnancy. Younger mums also tend to have low birthweight babies and in RCT, the teenage conception rate is very high, at 6.0% of girls aged 15-17, compared with 4.5% of girls aged 15-17 in Wales.

Poverty is also linked to low birthweight and in RCT 7.7% of households have dependent children, but no adults in employment compared with 6.0% in Wales. Also, 7.8% of RCT households are lone parents with dependent children compared with 7.3% in Wales. This rises to 11.4% in Communities First areas.

Many young people in RCT have very poor lifestyles. This impacts on their health now and in the future, for example, unsafe sex leads to the teenage pregnancies mentioned above, but also sexually transmitted infections which can have a wide variety of impacts on health.

Unsafe sex is often linked to drinking alcohol and 24% of adults in RCT admit to binge drinking (20% in Wales). Many of these are likely to be younger adults. Binge drinking is also known to be a problem in teenagers. Assaults and anti-social behaviour are also linked to drinking alcohol. Large numbers of teenagers are also known to smoke, take drugs, are obese and are physically inactive.

The ability of children to benefit from the education available to them is much reduced in deprived areas. At younger ages, children are benefiting as much as their peers in more affluent areas. By the time they move into secondary school however, average attainment is much poorer in deprived areas.

Certain groups of children and young people are known to be at particular risk of health problems generally or to have risky lifestyles that will affect their health. Those in care, leaving care, in contact with the youth offending service and with disabilities need particular help to deal with these issues.

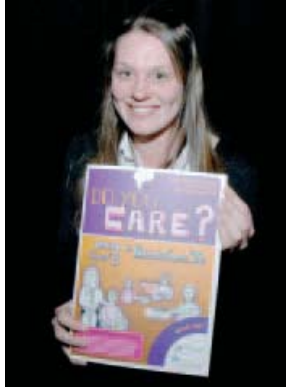
9.2. What have we been doing to address these issues?

Work in this area has been led by the Children and Young People's partnership, Fframwaith with a range of partners. Developments include

- Development and implementation of Fframwaith's Commissioning Strategy for Preventative Services.
- Looked After Children (LAC) are amongst our most vulnerable and disadvantaged groups. Rhondda Cynon Taff has 460 Looked After Children (as at April 2007), the second largest population of LAC in Wales. These children have complex health, social and educational needs which require a multi agency, coordinated response. Ymbarel is a specialist team made up of professionals from Health, Education, Children's Services and the voluntary sector. It is an integrated and dedicated multi agency team which works in partnership with children, young people, carers and other organisations. Ymbarel aims to promote the education, health and wellbeing of Children and Young people in care, enabling them to achieve the best quality of life possible.
- Extension to the Primary Mental Health team to cover the whole of Rhondda Cynon Taff.
- Commissioning of a dedicated Mental Health worker to be based in the Youth offending service supporting the mental health needs of young people, supported by the Youth offending service and forging stronger links with specialist Child & Adolescent Mental Health services.
- As part of a review of sexual health services, changes have been made to improve access and reduce waiting times. Sexual health outreach nurses have been appointed in the Cynon Valley to increase availability and access to contraceptive and sexual health information, education and service provision for young people, especially those in hard to reach groups. A Condom Card scheme is available across RCT which seeks to reduce the number of teenage pregnancies.
- "Community Focused Schools" which support the development of multi agency activity between education, social work, health and other relevant services to meet the needs of children, young people and their families, encouraging school staff and the community to participate in these developments and use schools as a community resource.
- Vaccination rates for MMR (Measles, Mumps and Rubella) are rising and other vaccination rates are high
- The Safestart scheme has made more affordable child safety equipment available in the most disadvantaged communities. Over 650 families have registered with the subsidised equipment scheme and over 1250 items of safety equipment have been sold, creating safer homes.

- Since consulting with Children and Young People in the first Health, Social Care and Wellbeing Strategy, a strategy to deal with bullying has been produced called “Get Sorted.” All schools in RCT now have policies to deal with bullying.

HELP FOR YOUNG CARERS



There are almost 1000 young carers living in RCT. A young carer is someone under 18 who takes responsibility for someone who is ill, disabled, elderly, experiencing mental distress or affected by substance misuse, or has substantial responsibility for caring for a brother or sister. Such youngsters need to be supported in a variety of ways. This can include group activities, advocacy, respite from caring and one to one support. A Young Carer's Strategy has been produced and schools and other organisations are being encouraged to work together to support young carers. A plan of action and information booklet have been written to assist young carers in supporting their family members. The guide includes advice and contact details for agencies that may be able to help them and their families. The front cover of the new booklet was designed by a member of the young carers group.

If you want more information, contact the Council's Carersline on freephone 0808 1001801

9.3. What priorities should we tackle in the next three years?

What you told us:

The theme of Children and Young People was considered very important, scoring most highly in the interactive voting sessions held with the public. This was an interesting result, given that the audiences were primarily made up of adults and older people. However, this choice reflects the fact that many of the respondents were parents and grandparents. They recognised the fact that our children and young people are our future and that the foundations of good health and wellbeing in later life are laid in childhood and adolescence.

Fframwaith, the Children and Young People's Partnership, is responsible for developing a three year Plan for Children and Young People by September 2008. It was not possible to consult on the detailed priorities in this plan as these had not been finalised at the time of the HSCWB consultation. However, we asked people their views on the 7 Core Aims which form the basis for the Children's Plan.

These core aims seek to ensure that all children and young people

- Have a flying start in life
- Have a comprehensive range of education and learning opportunities
- Enjoy the best possible health and are free from abuse, victimisation and exploitation
- Have access to play, leisure, sporting and cultural activities
- Are listened to, treated with respect, and have their race and cultural identity recognised
- Have a safe home and a community which supports physical and emotional wellbeing
- Are not disadvantaged by poverty

In the consultation on the HSCWB Strategy, people felt that the most important core aim was that children and young people enjoy the best possible health and are free from abuse, victimisation and exploitation.

Since the HSCWB consultation, a draft Children and Young People's Plan has been produced which proposes a number of priority outcomes for each of the 7 Core Aims. All the comments made in relation to issues for children and young people as part of the HSCWB consultation will be fed into the consultation exercise on the Children's Plan which will close on April 21st 2008. Once the Plan is finalised, the HSCWB Partnership will work together with Framwaith to contribute to the achievement of the vision and priority outcomes.

DID YOU KNOW?

Anti-bullying advice and support – life can be a misery when you're being bullied and can seriously affect your health. Help is available - The Anti Bullying Campaign 08081002524, Kidscape – 08451205204, www.bullying.co.uk website with advice and information for bullied children.

10. Work and Health

10.1 What does the Needs Assessment tell us?

People who are in work are usually healthier than those who are not. Employment and higher incomes resulting from employment are linked to improved health. Generally, very affluent communities are very healthy communities, with the worst health in the poorest areas.

For these reasons, it is not surprising that health in RCT is poor – many communities are deprived, leading to ill-health which then prevents people from being employed, leading to communities becoming more deprived.

But, while jobs are needed, they need to suit all skill levels and all be reasonably paid. Attracting employers who provide this type of job to RCT can be difficult and it is unhelpful when large companies based in the UK move their production away from the South Wales Valleys.

Although health is only slightly worse in RCT than Wales as a whole, the proportion of people on incapacity benefit is considerably higher. As at November 2006, 15.7% of people in RCT were receiving incapacity benefit, compared with 11.3% for Wales. However, this figure rises to 21% in Communities First areas in the Borough. Of the adult population, 6.5% have never worked, compared with 5.7% in Wales. Levels of educational attainment are lower in RCT than across Wales, with just 18.1% of people having 5 GCSEs or equivalent, compared with 20.4% for Wales. Finally, finding work for people in RCT is further complicated by 31.6% of households having no car/van, higher than the 26.0% across Wales.

All of these factors combine to impact upon the potential for work which then in turn further affects the health of the people in RCT.

10.2. What have we been doing to address these issues?

PATHWAYS TO WORK – CONDITION MANAGEMENT PROGRAMME



The Condition Management Programme (CMP) is part of a unique partnership between Job Centre Plus and the teaching Local Health Board. Condition Management is one of a number of choices available to people receiving Incapacity benefit as part of the Pathways to Work Programme.

The CMP is a specialist health programme which addresses three key areas of well being: physical health, mental health and lifestyle. The Programme is delivered across Rhondda Cynon Taff by a team of dedicated NHS Practitioners who help people to manage their health conditions more effectively on a day to day basis so that they feel more in control of their health and as a result can consider starting or returning to work.

CMP forms part of a comprehensive package of support available to people via the Incapacity Benefit Personal Advisors at Job Centre Plus.

Since Pathways to Work was introduced in RCT in October 2003, CMP (along with other “Pathways” choices) has played an important part in helping more than 4000 people into work. Participation on the Condition Management Programme is voluntary and does not affect existing benefits – if you would like to know more, please contact your local Jobcentre Plus office.

Other initiatives include :

- Working with local employers to improve health & safety in the workplace, including gaining the Corporate Health Standard (a Welsh Assembly Government initiative that gives recognition to companies for their achievements in workplace health promotion)
- Consultation event with young people – “Your Potential, Your Job, Your Life!” – to gain views from school pupils on their career aspirations and help them consider their future career options
- Providing opportunities for work experience for people with learning disability, for example, the Learning Curve Café Project in Talbot Green which is a commercial enterprise giving people both work experience and paid employment.

10.3. What priorities should we tackle in the next three years?

What you told us:

The results of the consultation told us that people agreed that the ability to work has a strong bearing to well-being and health and that people in work are generally healthier. The top priority for the Work & Health theme in the Strategy should be to “prevent ill health becoming a barrier to employment”.

Responses highlighted

- The link between the inability to work and mental health issues. It was suggested that, by sharing experiences, the help of service users who have experienced mental health problems and the stigma associated with this, would enhance the ability of people getting back into work
- People with learning disabilities require more opportunities for training and meaningful employment
- People with conditions such as cancer need more support to be able to ensure that they have the financial resources to prevent a range of worries including homelessness

- Specific issues relating to groups such as migrant workers and ex offenders need to be addressed
- There is a need to improve communication and information about what services are available to help people find employment or get back to suitable work following long term sickness.
- Engagement with GPs from initial intervention is required
- Developing self esteem, confidence and social skills will help people get back into employment
- The need to tackle stress and how we identify it. This relates strongly also to keeping people in work and providing the appropriate services and support.

As a result of consultation, our PRIORITY GOALS are:

TACKLING ECONOMIC INACTIVITY

Working in partnership, to reduce economic inactivity particularly as it relates to ill health

HEALTHY EMPLOYEES

Working with employers, to improve the health and well-being of staff, to reduce absenteeism and sickness in the workplace as well as helping to maintain a “healthy” economy.

a) TACKLING ECONOMIC INACTIVITY

Long term ill health can be a major barrier to employment. Jobcentreplus, Rhondda Cynon Taff County Borough Council and the teaching Local Health Board will develop plans to focus on “cluster areas” to work in partnership in alleviating this particular aspect of economic inactivity.

Initiatives such as the highly successful Conditions Management Programme will continue together with efforts to better support those out of work or trying to sustain employment with mental health problems. Supportive mechanisms will be provided, for example, raising awareness of services such as childcare facilities, basic skills training, coping with depression and reducing the fear of “the benefits trap”.

We will also work together with the Economic Regeneration Partnership and Bro Dysg (Education and Lifelong Learning) who also have key contributions to make to this agenda.

Examples of what we will take forward in 2008/09:

- Develop a “cluster” pilot scheme in Porth, Tylerstown, Ynyshir and Cymmer to tackle the problem of economic inactivity in these areas focusing on people aged between 25 and 49 with mild to moderate mental health issues. Local G.P’s will be engaged in these schemes as part of the aim to work more closely with Primary Care.
- Deliver “Want to Work”, an outreach service engaging customers with health conditions and disabilities to provide support into employment
- To evaluate and contribute to the City Strategy – a Department of Works & Pension programme operating in the Heads of the Valleys and covering a number of wards in Rhondda Cynon Taff which works with disadvantaged groups such as benefit claimants, lone parents and older people.

b) HEALTHY EMPLOYEES.

People who are in employment need to remain fit and healthy to sustain their job. Employers have a responsibility for the health and wellbeing of their staff and the Corporate Health Standard helps to promote this by improving workplace health promotion and occupational health. We want to work with employers to help them address these issues.

Examples of what we will take forward in 2008/09:

- A launch will be held in Spring 2008 to promote the Corporate Health Standard to all local businesses in Rhondda Cynon Taff employing over 50 people. A further launch will be held later in the year to focus on smaller businesses.
- In partnership with the County Borough Council, the teaching Local Health Board and the National Public Health Service, all local businesses will be encouraged to gain the Corporate Health Standard. We will work with the Sports Council for Wales to source funding grants for businesses to encourage physical activity in the workforce. Links will also be made to “active transport” and “green travel”.

11. Maintaining Independence

11.1. What does the Needs Assessment tell us?

In RCT, 16.5% of the population are aged over 65 and this proportion increases every year. When this is added to the already high levels of disability and incapacity among the adults in RCT, the future burden on people and services is potentially huge. 27% of the population in RCT have a limiting long term illness compared to 23% in Wales, with many adults living with more than one chronic condition like arthritis, respiratory or heart conditions.

Generally, the longer older people and people with disability can maintain their independence, for example, by living in their own homes or by looking after themselves, the better their health will be for a longer time. Being able to live independently is affected not just by health, but by factors such as income, quality of housing and availability of carers.

Certain client groups have distinctive needs. For example, there is strong evidence that people with a learning disability have poorer general health and more specific health needs and significant care needs than the general population.

There are around 95,000 households in RCT and around 8000 of these are lived in solely by pensioners. Of all the households where the 'head of the household' is of pensionable age, 75% are privately owned. Uptake and maintenance of these properties can then become difficult, partly because of the type of work that needs to be done and the effort needed to do it, and partly because of the costs. Many pensioners have very low incomes and between 2004 and 2006, the number of pension credit claimants in RCT increased by over 1000 to 14560, as a result of initiatives such as Welfare Benefits Advice and Linkage which ensure older people receive their entitlements and work undertaken in the voluntary sector such as Age Concern Morgannwg's support schemes and in Citizens Advice Bureaux.

Providing care for an aging population is also important. Much of the care provided by professionals is supplemented by unpaid, informal care provided by family or friends. In an aging population, the availability of informal care is likely to drop, putting more demand on those informal carers who are available and on formal, professional services. Unpaid carers have substantial physical and emotional demands made on them. Income and lifestyle are just some of the other factors influenced by unpaid caring.

Figures suggest that 12.5% of people in RCT provide unpaid care (11.7% Wales). Of these, more than half (56.4%) provide unpaid care for 1-19 hours per week, with 30.2% providing more than 50 hours per week unpaid care.

11.2 What have we been doing to address these issues?

BRYN IVOR EXTRA CARE COMPLEX



Bryn Ivor is a new £1.5million sheltered housing and health care facility in Llwynypia. It has 14 one and two bedroomed flats for people over 60. It has major adaptations and access to care and support staff to help people retain their independence. The “extra care” facility includes telecare lifeline support equipment, a warden support with 24 hour cover, clinics, respite and early discharge from hospital,

advice surgeries and social events. It is also intended to hold health clinics on site. There is also a computer room, Internet access in every room, assisted bathing facilities and office accommodation. The added benefits of the scheme are that the care and support available in the complex are also available to 40 other local residents.

This first purpose built facility of its kind in RCT has involved the Local Authority, the teaching Local Health Board, Pontypridd and Rhondda NHS Trust and Age Concern.

Other developments include :

- Development of a joint Commissioning Strategy for Elderly and Physical Disability services
- Implementation of a range of actions as a response to the National Service framework for Older People including the appointment of Champions in the teaching Local Health Board, the Local Authority and the two NHS Trusts to ensure Older People’s views and needs are considered at the highest level.
- Improving access to support and maintain people at home, particularly the development of assistive technology services including the Safe AT Home service which installs telecare equipment in people’s homes to help minimise the impact of falls, accidents, floods, fires or gas leaks. A Safe at Home bungalow has been set up at the Safety Zone to demonstrate equipment.
- Working towards the development of a joint community equipment store across all health and social care agencies in RCT and Merthyr.
- Reablement and intermediate home care teams have been piloted to support rehabilitation and recovery, enabling people to remain as independent as possible and lessen their reliance on health and social care services, particularly following hospital admission.

- Development of a Chronic Conditions Strategy, underpinned by the development of care pathways for conditions such as Coronary Heart Disease and Chronic Obstructive Pulmonary Disease.
- A Home Care Medication Administration scheme which provides medication support to patients who receive home care and are unable to manage their medication.
- Appointment of a Participation officer to secure greater involvement of people with learning disabilities, their parents and/ or carers in the development of services and the provision of more appropriate information and support.

11.3. What priorities should we tackle in the next three years?

What you told us:

Feedback from public consultation was very positive in support for this theme. In the interactive voting sessions held with the public, Maintaining Independence was voted the second most important theme.

From the range of possible priority areas suggested in the consultation document, the following were considered most important:

- Helping people to manage their own health and long term conditions
- Services provided as locally as possible with care closer to people's homes
- Enabling older people and people with disabilities to remain active and participate in their communities

Common responses identified the need for:

- A range of integrated health and social services which support people in their own homes and which address social isolation and encourage independence
- Better communication and more accessible information for clients and carers
- More joined up working and better coordination of services between different organisations

As a result of consultation, our PRIORITY GOALS are:

PREVENTION AND SELF CARE

More people are supported and empowered to take responsibility for their own health and independence

OUT OF HOSPITAL CARE

In partnership with social services, housing, education and the voluntary sector, more services and care are managed outside of hospitals when appropriate to do so, as close to home as possible

WORKING TOGETHER

Working across organisations to deliver easier access to services and improved lifestyle choices

a) PREVENTION AND SELF CARE

As the number of older people living longer in RCT increases in the future, so will the number of people living with long term illnesses such as diabetes, heart disease and respiratory conditions. We must put services in place that prevent or delay such illnesses arising, whilst also giving people with such chronic conditions the skills and support to help them manage their condition within their local community as far as possible and maximise their quality of life. This will include a range of services such as the provision of more accessible advice, outreach clinics, peer support and long term self management.

Examples of what we will take forward in 2008/09:

- Further development of the Expert Patient Programme providing 6 week self management courses for people living with long term health conditions, including the expansion of a specific programme for carers called 'Looking After Me'
- A seminar for information providers to understand how statutory agencies are providing information and consider how we can provide information in a more joined up way to the public
- Review Supporting People services that are provided to older people so they better contribute to the independence agenda

b) OUT OF HOSPITAL CARE

A range of services are provided to people at home or in their local community by both statutory and voluntary organisations. In addition to those already available, we want to provide more services outside of hospitals as long as they are safe, of a high quality and able to meet clinical standards. We also need to reduce the number of avoidable emergency admissions to hospital and continue to improve discharges from hospital. This can only be done in partnership through local networks.

The major client groups for out of hospital care will be older people, people with chronic conditions and children. However, it will be important to ensure that other smaller groups, such as those with learning disabilities, are not disadvantaged in accessing services and benefit from the advantages this model of care has to offer.

Examples of what we will take forward in 2008/09:

- With partners, finalise and agree the Out of hospital care model and an implementation plan
- The development of new technologies such as telehealth/hospital at home which help to maintain independence and reduce hospital spells by monitoring people at home with assistive technology and supporting them with appropriate treatment and care packages.
- Development of intermediate care services which will provide support to people in order to prevent an acute crisis or to support rehabilitation following a hospital stay
- Work to ensure vulnerable client groups who are at most risk of experiencing poor physical health (e.g. people with learning disabilities, the homeless) can secure better access to mainstream primary and community health services

c) WORKING TOGETHER

Services are currently structured according to health, social care and voluntary sector provision. This can cause problems when people are being cared for by different staff or agencies, often for different aspects of their illness or condition. There may be duplication of effort or lack of continuity in services with poor communication and lack of coordination.

The intention is that we structure and rebalance services in such a way as to enable more comprehensive and integrated care to be provided which places the patient/client at the centre and reflects the journey that they will typically need to follow across primary, community and hospital services. Health and social care and voluntary services staff will need to work more closely together in teams for each locality, making use of the unified assessment process. This will also provide the opportunity to see and treat individuals and families in a more holistic way.

Examples of what we will take forward in 2008/09:

- Development of the second Joint Commissioning Strategy for Older People
- Implementation of the Integrated Community Equipment Service
- Development of further Integrated care pathways, including stroke and diabetes
- Exploring how we can develop new and rewarding roles such as hybrid health and social care support workers

KEEP WELL THIS WINTER



Keep Well This Winter is a campaign that aims to provide information and support to people aged 65 and over to enable them to keep safe and well during the winter months. The three Keep Well This Winter themes are: Keep Well, Keep Warm and Keep Safe.

If you are over 65 or have certain health problems, don't forget to get your flu jab. Contact your local GP practice.



12. Transport and access

12.1. What does the Needs Assessment tell us?

Transport and access are very important local issues in RCT. Many of the problems with transport are due to the geography of the area which leads to some communities being physically isolated.

There are many factors other than geography affecting transport and access though. Low incomes mean that almost one third (31.6%) of households have no car or van (20.6% Wales). One health effect is that one third (32.6%) of all road traffic accidents in RCT involve pedestrians being killed or seriously injured (17.6% Wales).

Although a smaller proportion of people in RCT have cars, the majority, 61.6% still travel to work by car, with just 2.6% travelling by train and 5.6% by bus. Since there is a lack of access to cars, the high level of car use suggests that more efforts need to be made to ensure that public transport services are regular and travelling between places that people want to go. This may also mean that people are buying cars to enable them to work, meaning that low incomes are further stretched.

Of course, access to work is not the only consideration – people need to be able to access health services and facilities such as post offices, along with leisure facilities and food outlets carrying healthy, reasonably priced foods.

12.2. What have we been doing to address these issues?

DEMAND RESPONSIVE TRANSPORT – CYNON VALLEY

Problems with transport have frequently been raised by members of the public at meetings of the Cynon Valley Forum. As a result, a demand responsive, fully accessible transport scheme for residents from the Cynon Valley to Prince Charles Hospital at evening visiting times has been provided to address demand. From September 2006 –May 2007, 258 passengers benefited from the service.

- Timetable booklets have been produced and distributed widely to GP practices, hospitals, libraries, Council offices and other public areas. They provide information about routes to and from healthcare facilities, leisure centres and the University of Glamorgan. A leaflet has also been produced about Community Transport schemes and how to access them.
- New bus service contracts have been drawn up to re route or introduce a number of subsidised journeys to serve isolated communities located off the main bus routes

- To improve information about transport routes, times and fares, 350 electronic information points have been established at 13 community locations including hospitals, leisure facilities and Council One4All centres.
- The Beacons bus network has been developed to allow passengers to board in Pontypridd, Treorchy, Treherbert, Hirwaun and Penderyn. This enables more people to access the National Park – 260 people used this service from these stops in 2006
- Reinstatement of a direct bus service between Rhigos, Cefn Rhigos and Glynneath for the doctor's surgery and health centre in Glynneath.
- An independent analysis of travel times to hospital based services across RCT and Merthyr has been undertaken. The study showed the number of people who can access hospital based services at The Royal Glamorgan Hospital and Prince Charles Hospital within 10 minute bands (from within 10 minutes up to and including 60 minutes and over). Travel times using private car, public transport and emergency services were considered at peak hours and off peak hours including evenings and weekends. The Local Authorities in our area provided information about local road networks, local public transport links, the impact of weather conditions and any planned road developments.
- Implementation of the Mobility Strategy for people with learning disability, encouraging people to travel independently using public transport rather than contracted transport.

12.3. What priorities should we tackle in the next three years?

What you told us:

Reviewing and improving transport used to access health and social care services was considered a priority for the first year of the plan.

Common responses identified

- There has been an improvement in transport facilities between Pontypridd and Royal Glamorgan Hospital , however there are still too many bus links and long waits
- We should encourage active transport (i.e walking and cycling), incorporating physical activity into daily routine
- The links between the Environmental Improvement Partnership's aims to reduce carbon emissions from transport and the Health Social Care & Well-being Partnership's aims to increase physical activity

- The value of the voluntary sector in providing transport services
- Transport links need to be improved to reduce long waits and to ensure that improved access can be gained to hospitals, leisure facilities and also to the countryside in and around Rhondda Cynon Taff
- The need to take account of the requirements of specific groups such as the elderly, those with a learning or physical disability, families, people with prams and pushchairs, those requiring wheelchair access and carers.
- The importance of ensuring appropriate transport arrangements to serve the new community hospitals planned in Rhondda Cynon Taff

As a result of consultation, our PRIORITY GOALS are:

COORDINATED APPROACH TO TRANSPORT ARRANGEMENTS FOR HEALTH AND SOCIAL CARE

Provision of more efficient and effective transport arrangements to access health and social care venues by a coordinated approach and joint working between statutory and voluntary sector agencies.

ACTIVE TRAVEL

Promote active and sustainable transport opportunities to improve the health and wellbeing of residents such as cycling and walking

a) COORDINATED APPROACH TO TRANSPORT ARRANGEMENTS FOR HEALTH AND SOCIAL CARE

Rhondda Cynon Taff teaching Local Health Board and the County Borough Council, the Cwm Taf NHS Trust and the Welsh Ambulance Service will work together with the voluntary sector to explore and implement ways of providing a more coordinated, efficient and effective transport system for residents to gain improved access to health and social care venues.

Many of the proposals currently being considered for the future of health and social care services involve moving routine services currently being provided in hospitals out into more local community settings. This will help to reduce the distances people have to travel. However it is important to ensure that plans for new developments take into account transport and access issues at an early stage.

Examples of what we will take forward in 2008/09:

- Complete and consider the implications of mapping exercises looking at access to health and social care venues, including new developments

such as the Cynon Valley neighbourhood hospital and Ysbyty Cwm Rhondda hospital.

- Consider feasibility of pooling resources including vehicles and budgets to improve services
- Increase the involvement of the community transport sector in schemes to tackle social exclusion and improve accessibility.

b) ACTIVE TRAVEL.

Working with all partners, we want to promote active transport to improve the health and well-being of our residents and improve the environment. We will promote sustainable and active transport opportunities through initiatives such as Green Travel Plans which encourage cycling and walking as an alternative to public transport and incorporate physical activity into daily routines.

Examples of what we will take forward in 2008/09:

- Work with Rhondda Cynon Taff Active Living Partnership and Cwm Taf NHS Trust to explore opportunities for “active travel” to improve physical activity and to reduce carbon emissions
- Utilise the Health Social Care & Well-being newsletter “Living”, Shape-it.org terminals and partner websites to raise awareness of public transport services and to promote active travel

DID YOU KNOW?

***Community Transport is a door-to-door service. For further information contact:
Travel Community Transport 01443 486872, Accessible Caring Transport
01443 478013, British Red Cross 01633 212710.***

13. IMPLEMENTING THE HEALTH, SOCIAL CARE AND WELLBEING STRATEGY

Implementation of the Health, Social Care and Wellbeing Strategy 2008-2011 will require joint action by both statutory and voluntary organisations, together with strong community engagement. Each of the 7 themes of the Strategy has a Champion who acts as an advocate for the theme, providing expertise and knowledge to lead and coordinate the action required to meet priority goals. The Champions work with a range of relevant multi agency planning and operational groups to develop, implement and monitor the action plans required to deliver the Strategy.

The following will be important aspects in delivering the Strategy and ensuring we achieve our Vision.

a) Working together with the Local Service Board

In accordance with the Government's response to "Making the Connections – Delivering Beyond Boundaries", a Local Service Board has been established to ensure the most effective use of public service resources in RCT. The Local Service Board also has a role in ensuring that the Health, Social Care and Wellbeing Strategy takes account of and links appropriately to other key local Strategies and is focussed on the delivery of agreed priorities and outcomes.

b) Effective Partnership Working

In order to deliver the priorities of the Health, Social Care and Wellbeing Strategy, and to make its contribution to the overarching Community Plan, the Health, Social Care and Wellbeing Partnership will need to work together with a number of other key strategic partnerships in RCT. These will include Fframwaith in relation to children and young people, Economic Regeneration, Bro Dysg which deals with Education and Lifelong Learning, Community Safety, particularly in relation to substance misuse and domestic abuse, Environmental Improvement Partnership, Older People's Partnership, the Local Safeguarding Children's Board and the Local Housing Partnership.

All these Partnerships need to be clear as to their respective roles and responsibilities, ensuring that by working together more effectively, we can make better use of resources, avoid duplication and maximise the opportunities for social and economic regeneration which will improve health and wellbeing.

As well as working with other partnerships in Rhondda Cynon Taff, some issues could be usefully considered across boundaries with neighbouring areas, particularly Caerphilly and Merthyr or through initiatives such as the Heads of the Valleys Programme.

For certain specific client groups or health conditions, although the key elements of the HSCWB Strategy which relate to the broader determinants of health are also relevant to these groups, the detailed plans and commissioning

strategies required to meet their needs will be addressed elsewhere as appropriate, for example, cancer services will be addressed by the Cancer Services Commissioning Strategy and services for people with arthritis will be part of the Chronic Conditions Strategy. The HSCWB Partnership will however work together with other planning and commissioning groups as necessary.

c) Community development

Community development is a key underpinning approach if we are to reduce inequalities by tackling the determinants of health. This is about working with communities, understanding the circumstances in which people live and supporting people to take control over the factors that influence their health and wellbeing.

Involving communities, particularly socially and economically disadvantaged groups, is central to both national and local strategies for improving health and wellbeing. However, this requires a commitment to develop long term relationships and empower communities and individuals to be able to influence service change.

At an individual level, we need to understand the factors behind an individual's behaviour and seek to engage people on their terms. If we wish to make our services people centred, we need to understand what adds value to their lives in their eyes and then help them maximise these positive aspects.

d) Annual Action Plans and measures of success

The detailed actions required to deliver the priorities identified in the HSCWB Strategy will be outlined in annual Action Plans for each theme. These will include actions, lead responsibilities, timescales, resource implications and performance measures.

It will be very important to be able to measure clearly what progress is being made during the life of the Strategy. In addition to the overall measures of success for the Strategy as a whole which will be increasing life expectancy and an improvement in the physical and mental health reported by residents, specific outcome measures and performance indicators will be identified for each priority area. These will be included in the Action Plans for each theme which will sit alongside the Strategy and progress on them will be monitored quarterly or annually by the HSCWB Partnership Board and Local Service Board as appropriate.

e) Use of resources

The HSCWB Strategy sets the commissioning context for statutory bodies in using their resources jointly to achieve its Vision. Innovative ways of planning, commissioning and delivering health and social care services must be explored. The implementation of the HSCWB Strategy will require new models of care, based firmly around the needs of service users but also more effective use of resources, including changes in the use made both of buildings and staff. Improved integrated information technology systems will also be required

to both share information and to communicate in the interests of seamless patient/client care.

In order to deliver new models of care, the current configuration of health and social care workforce will need to be reviewed as in many areas it is either unsustainable or not organised in the best way to meet the changing needs of patients and clients. We need to ensure that we can recruit and retain sufficient numbers of the right kind of staff who are appropriately skilled, valued and respected. Increasingly, we will need to deliver services in integrated, multi agency and multi disciplinary teams. We will therefore need to work together with partners to develop workforce plans which clarify such new roles and the competencies required as well as facilitating staff working across traditional boundaries, both across acute and community care as well as between health and social care and the statutory and voluntary sectors.

In relation to financial resources, the Local Authority and Local Health Board will have to explore further the resource implications of the Action Plans being prepared for each theme. Actions will be prioritised for investment and then considered within commissioning strategies as appropriate. However, it must be recognised that, given the limited opportunities for new investment, we will also have to look at other alternatives for disinvestment and making more effective use of existing resources.

f) Sustainable development

Sustainable development is about ensuring that everything we do can be maintained in the future, especially ensuring the well being and better quality of life for everyone. Partner organisations will be considering these issues, for example the LHB and Trusts are developing sustainable development policies and action plans and the Council has a Sustainable Development Forum. The Action Plans for the 7 themes of the HSCWB Strategy will also take sustainable development into account as appropriate, for example in relation to transport and travel, energy efficiency, workplace health and community engagement.

g) Equality and diversity

During the consultation exercise on the draft Strategy, we talked to a wide variety of groups, some of whose needs are sometimes neglected or not fully met by mainstream services. For example we consulted with VALREC (the local Race Equality Council), RCT's multi agency forum for racial harassment, Older Peoples Forums, Carers groups, people with a physical and learning disability and people with mental health problems.

The HSCWB Partnership is committed to reducing inequalities and promoting equality of opportunity, including specific responsibilities in relation to legislation around race, disability, gender, age, sexual orientation, religion and language. An Equality Impact Assessment will be carried out on the Strategy in April 2008 to assess the likely impact of the contents of the Strategy on equality of access and opportunity.

13. ONGOING ENGAGEMENT

During the implementation of this three year Strategy, it will be very important to keep people involved in the process and ensure they are kept up to date with developments. We will do this in a number of ways including continued use of public fora, Older Peoples Fora, the voluntary sector health and wellbeing forum and other community groups. In addition, we will continue to produce our quarterly newsletter "Living" which is widely distributed across the Borough.

A new form of communication and means of providing information will be developed during 2008 with the creation of a Health Challenge RCT website.

For further information on any aspect of the HSCWB Strategy or to find out more about how you can be involved, please contact the Health and Wellbeing Team on 01443 744800 or at the following address

Health and Wellbeing Team,
Rhondda Cynon Taff Teaching Local Health Board,
Ynysmeurig House,
Navigation Park,
Abercynon,
CF45 4SN.

E mails

These should be sent to
enquiries@rhonddacynontafflhb.wales.nhs.uk

Websites:

www.rhonddacynontafflhb.wales.nhs.uk

www.rhondda-cynon-taff.gov.uk

www.interlinkrct.org.uk

www.cwmtaf.wales.nhs.uk