

Cardiff and Vale Local Public Health plan

Part of the Cardiff and Vale University Health Board 3 year Integrated Medium Term Plan 2014/15-2016/17

This version: 31 January 2014

1. How we work

The figure below summarises the contribution the Cardiff and Vale Local Public Health Team makes to improving population health, including the contribution the team makes to the work of the UHB and its partners.

Figure 1. Cardiff and Vale Local Public Health team

What are we here for/ Function	Understanding population-level health and healthcare and translating this knowledge into evidence based, cross-system action which protects and improves the health and well being of people in Cardiff and the Vale of Glamorgan					
What matters/ Outcomes	Improving Quality and Length of Life Delivering Evidence Based Care Achieving Fairer Health Outcomes for All					
Where we work with the patient/citizen	Educational Settings	Vale Healthy Communities	Cardiff Healthy City	Public Health Practising Workplaces	Families	Healthcare Settings
How	Tackling Inequalities in Health Building Public Health Capacity Promoting Sustainable Delivery Improving Clinical Effectiveness and Service Redesign Population Health Intelligence Population Health Needs Assessment Promoting Healthy Eating and Physical Activity Reducing the Harm from Tobacco and Alcohol Improving Vaccination and Immunisation Rates Protecting the Public from Infectious Diseases and Environmental Hazards Making Every Contact Count					
Key team roles	Leadership and Advocacy	Partnership Working	Evidence Based Practice	Policy Development	Health Improvement Delivery	Statutory Function Delivery
Examples of success	Continuous reduction in adult smoking rates in Cardiff and Vale Decreased on-site smoking due to Smoke-Free UHB Policy implementation Development and agreement of UHB Optimising Outcomes policy 90% of alcohol-related, city centre Emergency Unit attendees diverted to the Alcohol Recovery Centre over a 3 month period Successfully secured £6.8 million over 5 years funding for Families First Healthy Lifestyles and Early Years bids A single approach to prioritisation locally and across Wales (prioritisation panel) Increasing rates of flu vaccination in eligible staff					

2. Specific priority areas

The cards on the following pages summarise the context, outcomes, and actions being carried out in eleven key areas:

- Tobacco (Tier 1 WG target)
- Immunisation (Tier 1 WG target)
- Alcohol
- Physical activity
- Food
- Sexual health
- Accidents and injuries
- Health at work
- Health protection
- Commissioning evidence-based services and care pathways
- Evidence-based care pathways

The team also liaises directly with the eight Clinical Boards to support their response to the key population needs and specific needs pertinent to their clinical area, as set out in the Health Needs Assessment chapter of the main document.

Priority Area 1: Tobacco (Tier 1 WG target)

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Tobacco
LEAD OFFICER: Trina Nealon (Tel: 029 2033 6225)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- % of adult population who 'smoke daily or occasionally'
- % of non-smoking adults' exposure to passive smoke indoors

PROCESS INDICATORS

- % of adult smokers making a quit attempt via smoking cessation services
- % of treated adult smokers who successfully quit smoking at 4 weeks (CO verified)
- % of treated adult smokers (who are eligible to be followed up) who successfully quit smoking at 52 weeks
- % of treated pre-operative smokers who successfully quit smoking at 4 weeks
- % of pregnant women who smoke (continuously throughout pregnancy) who booked to attend an appointment)
- % of 11 - 16 year olds reporting smoking weekly
- Increase referrals to pre-operative and maternity smoking cessation

STORY BEHIND THE PRIORITY AREA

Prevalence: Welsh Health Survey data shows that smoking prevalence has remained at 21% (2011/2012). WG has set a target for Wales of 20% by 2016 and 16% by 2020. Cardiff and Vale of Glamorgan predicted to meet this national target based on current trends

Legislation: Legislation has played a fundamental role in helping to reducing smoking prevalence, including the ban on smoking in public places (2007), raising the age of purchase of tobacco to 18 years, pictorial health warnings on cigarette packets, the ban on vending machines and the recent (December 2012) 'point of sale' ban. A WG led consultation on banning smoking in cars carrying children is anticipated in 2014, along with a decision on cigarette 'plain packaging'. The future regulatory position on e-cigarettes remains unclear.

Socio-economic status: Tobacco use and health inequalities are closely linked, with individuals living in more deprived areas of Cardiff and Vale of Glamorgan being more likely to smoke than those in prosperous areas (DoH, 2008). Although there is limited data on smoking rates at this local level, GP QOF data shows a clear link of higher smoking prevalence in those practices based in areas of deprivation. Smoking is highlighted as a key area for improvement within Cardiff Neighbourhoods and Vale of Glamorgan Area Working Groups. Agreed actions include increasing smoking cessation support ,

Referrals to smoking cessation services: WG has set a Tier 1 target to health boards for smoking cessation. 5% of smokers must make a quit attempt by accessing smoking cessation services with 40% of those quitting smoking at 4 weeks (Co verified). Each UHB Clinical Board has been set a referral target in order to achieve this. Work has taken place to increase referrals to the community based smoking cessation service 'Stop Smoking Wales' (SSW) with support from GPs. A Smoking Cessation Pathway for primary and secondary care has been agreed by the UHB and LMC with increased provision of cessation clinics – particularly in deprived areas. Accessing data from GP Practices continues to be a priority with a 3 month pilot underway to ascertain what data can be collected to inform the Tier 1 target. Hospital based smoking cessation support is also available to patients. Pre-operative and maternity patients have been prioritised. Data sharing and availability has been improved via the work of a dedicated Tobacco Control Group.

Prevention: The 'Children and Young People's Smoking Prevention Programme' continues to be a priority for Cardiff and Vale of Glamorgan. Innovative initiatives such as 'Shakedown' and 'Operation Smokestorm' have been implemented during the autumn term of 2013. ASSIST has been implemented in an addition 12 secondary schools via Families First funding. All enclosed children's outdoor playgrounds will be smoke-free by January 2014. A smokefree policy covering all UHB premises and grounds came into force in October 2013.

ACTIONS FOR 2014/15, 15/16 AND 16/17

- Implement the wider partnership [Cardiff and Vale Tobacco Control Action Plan](#)
- Implement partnership actions outlined in the Welsh Government's Tobacco Control Action Plan for Wales – to include consultation responses and legislation support
- Implement the Smoke Free UHB Action Plan
- Implement actions to inform data reporting for Tier 1 indicator to include scoping out a Pharmacy Level 3 Enhanced Scheme (Smoking Cessation)
- Implement tobacco related actions as part of Cardiff Healthy Living Programme and the Vale of Glamorgan's Public Health and Wellbeing Board
- Increase referrals to smoking cessation services as part of the Tier 1 target via primary care as part of on-going smoking pathway work to include accessing data on electronic primary care to secondary care referral systems
- Implement 'Making Every Contact Count' with staff across the wider partnership

PARTNERSHIP LINKS

- Public Health Wales (including SSW) and Local Councils
- Third Sector partners including ASH Wales
- Partnerships such as CYPP, Communities First, Safer Capital and Cardiff Neighbourhood Management Teams

COMMUNICATION PLAN

RESOURCE RISKS

- Continuation of additional UHB Smoking Cessation Counsellor Post
- Resources to implement No Smoking Policy enforcement, equipment (CO monitors) to support Tier 1 target, Pharmacy level 3 Enhanced Scheme, materials; communication campaign and Smoke Free Playgrounds

WHAT EVIDENCE/DATA IS NEEDED?

- Upper Super Output Area (USOA) smoking prevalence data has provided information at a lower level than previous Welsh Health Survey (Local Authority area level data) - but smaller data levels – such as those at Community First area level is required
- Data relating to children and young people is only available for Cardiff and Vale of Glamorgan jointly for 11-16 year olds via the Health Behaviour of School Aged Children Survey
- Smoke Free Homes data is required following on from a pilot completed by Cardiff and Vale of Glamorgan Health Visitors
- SSW data relevant to local need – including 4 week quit rates pregnant women

Priority Area 2: Immunisation (Tier 1 WG target)

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Immunisation
LEAD OFFICERS: Nuala Mahon, Immunisation Co-ordinator (029 2033 6207)
 Dr Tom Porter, Consultant in Public Health Medicine (029 2033 6216)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- 95% uptake for all childhood immunisations, including teenage booster, with consequent increase in % of children with complete vaccinations at age 4
- Further successful roll out of flu vaccination for 2-16 year olds
- 90% uptake of 3 doses of Human papillomavirus (HPV) vaccine
- 75% uptake of seasonal flu vaccine in eligible patients, and 50% uptake among eligible staff
- Have an updated, agreed and tested pandemic flu plan in place for Cardiff and Vale at LRF, tactical and operational levels

STORY BEHIND THE PRIORITY AREA

- Immunisation is a key public health intervention, preventing significant morbidity and mortality from a number of serious illnesses. High uptake rates are required to achieve 'herd immunity'. Once herd immunity is achieved little disease circulates in the community, with the effect that unvaccinated individuals are also protected
- Uptake of primary immunisations at age 1 are now routinely around or above 95% for Cardiff and Vale, although small variations in recent quarters highlight the need to consolidate and maintain progress here. At age 2, uptake of primary immunisations has nearly reached 95% but more work is required to reach the target. Above age 5 and, most significantly, for teenage vaccinations, there is a noticeable drop-off in uptake, with uptake for the preschool booster of 89.9% and teenage booster uptake of 75.4%
- During 2013 a number of significant changes were introduced to the national immunisation schedule, most notably the beginning of a roll out of annual flu vaccination to all 2016 year olds. This roll out will be extended further in 2014 and is anticipated to be offered to all eligible children in 2015
- Robust Child Health systems are required to report detailed uptake figures in a timely way, which supports the targeting of interventions to improve uptake
- Seasonal flu vaccine uptake has improved significantly year-on-year among the eligible public and health professionals, but is still considerably below target for the under 65s in at risk groups, and health professionals (45.3% and 37.0% respectively, mid-season 2013/14)
- Although pandemic plans were in place and used in the 2009 H1N1 pandemic, it is essential these are updated following lessons learned from that event, and taking into account changes in organisational structure and recent (2013) updates to national guidance since the pandemic. The plans also need testing.

ACTIONS FOR 2014/15, 15/16 AND 16/17

- Deliver and performance manage the vaccination and immunisation local action plan, with a specific focus on:
 - improving Child Health systems to provide near real-time data on local uptake
 - consolidating and maintaining performance in primary immunisations (measured at 1 and 2 years), and bringing about a step change in uptake of MMR2 and preschool booster
 - further roll out of seasonal flu vaccine for 2-16 year olds, using the opportunity to review and consolidate provision of all teenage vaccinations
 - building on gains in staff flu vaccine uptake, and improve under 65 uptake
 - reduce inequity by carrying out and acting on the results of an immunisation needs assessment in BME communities in Cardiff
- Work with key local partner agencies, the Local Resilience Forum and UHB Clinical Boards to agree fully revised pandemic flu plans for Cardiff and Vale at an operational level, and test C&V and LRF plans at strategic, tactical and operational level
- Implement 'Making Every Contact Count' with staff across the wider partnership

PARTNERSHIP LINKS

- GPs
- Public Health Wales Vaccine Preventable Disease Programme
- Expert Patient Programme
- Cardiff and Vale of Glamorgan Councils, Education
- Third Sector and private businesses

COMMUNICATION PLAN

- Develop and implement a robust immunisations communication plan, encompassing all internal and external comms relating to immunisation, including increased use of social media

RESOURCE RISK

WHAT EVIDENCE/DATA IS NEEDED?

- Regular practice-level and neighbourhood-level immunisation uptake data
- Regular school-level immunisation uptake data

Priority Area 3: Alcohol

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Alcohol
LEAD OFFICER: Conrad Eydmann (Tel: 029 2033 6221)
PARTNERSHIP LEADS: Cheryl Williams, Dave Holland

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Percentage of adults drinking over the recommended levels
- Percentage of adults binge drinking
- Rate of alcohol specific hospital admissions per 100,000

PROCESS INDICATORS

- Number of people trained in brief interventions
- Number of alcohol related Emergency Unit attendances (0-21 years)

STORY BEHIND THE PRIORITY AREA

Alcohol misuse is a major preventable cause of premature mortality, and the estimated annual NHS cost of dealing with alcohol in Wales is between £70-85 million. Alcohol related mortality shows a clear connection with health inequalities, in that whilst alcohol consumption is highest in the least deprived groups, alcohol attributable mortality rates are three times higher in the most deprived groups. In Cardiff and Vale of Glamorgan adult self reported consumption above the guidelines has decreased from 46% in 2010/11 to 44% in 2011/12. The rate of alcohol specific hospital admissions has increased from 314.35 per 100,000 in 10/11 to 398 in 2011/12. In 2009 12% of schoolchildren aged between ages 11-16 reported drinking one or more alcoholic drinks at least weekly. The 2011 Director of Public Health Report focused on alcohol to raise the profile of alcohol and the Area Planning Board has set up a separate Alcohol Group to focus on delivery of actions to address key alcohol issues. Around 800 staff from the UHB and other local organisations have now been trained to deliver brief interventions on alcohol. An additional 1wte trainer has been funded for Cardiff and the Vale of Glamorgan for April 2013-March 2014; this has increased the number of professionals trained. From April 2014 the brief intervention training will be incorporated into the Universal Services (tier 1) Substance Misuse package. An Alcohol Treatment Centre (ATC) has been set up to relieve the pressure on the Welsh Ambulance Service Trust and the Emergency Unit (EU). Over 250 referrals were received in the first three months of operation, with only 33 onward referrals to the EU. Continuity funding for the ATC has been secured.

ACTIONS FOR 2014/15, 15/16 AND 16/17

Implement the [Alcohol Action Plan](#) in partnership with Cardiff and Vale local authorities, police, the University Health Board and third sector, to include:

- Provide alcohol education and training for teachers and youth workers in Cardiff and the Vale of Glamorgan.
- Further develop, deliver and evaluate effectiveness of Alcohol Treatment Centre
- Deliver Alcohol Brief Interventions training
- Deliver alcohol awareness campaigns for UHB and partner organisations
- Implement 'Making Every Contact Count' with staff across the wider partnership
- Support workplaces to take best practice approach to raising awareness on alcohol use
- Implement a partnership plan to raise student awareness and understanding of alcohol issues
- Work with Alcohol Licensing Committees to influence licensing decisions, including use of 'last drink data'
- Work with the EU to improve quality and consistency of alcohol data
- Deliver under-age sales test purchases, including test purchases to assess compliance of retailers with own 'Think 21' and '25' policies

PARTNERSHIP LINKS

- Cardiff and Vale of Glamorgan local authorities
- Cardiff University
- Cardiff and Vale of Glamorgan Substance Misuse Area Planning Board
- Public Health Wales
- Supporting Services Users Task Group
- Cardiff Neighbourhood Management Teams
- Communities First teams

COMMUNICATION PLAN

- Delivery of alcohol education and training is included in communication plan for Universal Services
- Red Button substance misuse website for young people

RESOURCE RISKS

WHAT EVIDENCE/DATA IS NEEDED?

- Percentage of adults drinking over the recommended levels at ward or upper super output area level.
- Percentage of young people who drink any alcoholic drink weekly at ward or upper super output area level.
- Last drink data
- Percentage of positive tests in underage test purchasing data
- Rate of alcohol-related violence data

Priority Area 4: Physical Activity

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Physical Activity
LEAD OFFICER: Susan Toner (029 2033 6224)
PARTNERSHIP LEADS: Martin Hamilton, Dave Knevett

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- % of adults who achieve the recommended level of 30 minutes or more of moderate intensity physical activity on 5 or more days a week
- % of children who achieve the recommended levels of exercise for an hour every day of the week

STORY BEHIND THE PRIORITY AREA

Physical activity is vital in achieving and maintaining a healthy weight, reduces the risk of chronic diseases, has a positive impact on mental health and enables rehabilitation from surgery and medical conditions. 52% of adults (UHB area) are overweight or obese (Welsh Health Survey 2011+2012). 25% of adults in Cardiff and 29% in the Vale of Glamorgan (UHB 26%, Welsh average 29% for 2011+2012) participate in the recommended levels of physical activity that benefit health. Physical activity rates at Upper Super Output Area level show a variation of from 21.6% to 38.5% across the UHB area. Changes in population physical activity levels have been demonstrated by the numbers of people choosing walking and cycling as a method of travel and increased participation in walking as a leisure activity. The Vale of Glamorgan was ranked equal second in Wales for participation by children in sport in the School Sports Survey. Increasing levels of physical activity requires a partnership approach to implement and deliver Creating An Active Wales Action Plans (active children and young people, active adults, active environments and sport for all) and to influence the Local Development Plans that map out changes to the built and natural environment over the next 10 years.

ACTIONS FOR 2014/15

- Lead the delivery and monitoring of the [Vale of Glamorgan Food and Physical Activity Framework](#) and Cardiff Physical Activity Action Plan, including supporting the National Exercise Referral Service.
- Ensure Local Development Plans incorporate actions based on healthy urban planning principles including health impact assessments of relevant new developments, support for active travel and the implementation of 20 mph schemes
- Increase the delivery of physical activity across the social gradient through Locality and Neighbourhood Management Teams, Community First clusters & community partners
- Encourage and support walking and cycling through activities such as the Walking Festivals, Sustrans Smarter Journeys and Bike It initiatives
- Implement UHB Sustainable Travel Plans
- Develop and deliver specific interventions across the UHB e.g. 'Use the Stairs' poster campaign
- Improve mechanisms to enable primary care referrals of sedentary patients into a wider range of physical activity methods e.g. walking
- Implement 'Making Every Contact Count' with staff across the wider partnership

ACTIONS FOR 2015/16 AND 2016/17

- Continue as above
- Engage with developers of large housing sites to undertake health impact assessments of plans and agree actions to mitigate potential negative impacts

PARTNERSHIP LINKS

- Cardiff and Vale of Glamorgan Councils
- Voluntary Sector
- Cardiff Neighbourhood Management Teams
- Range of Partnership Groups
- Communities First

COMMUNICATION PLAN

- Consolidate and ensure consistent information on physical activity across a number of local websites
- Promotion of physical activity opportunities and good practice through community and health networks and local media

RESOURCE RISKS

WHAT EVIDENCE /DATA IS NEEDED?

- Participation in physical activity rates for children at ward or upper super output area level requested (data development agenda as part of the Results Based Accountability methodology)

Priority Area 5: Food

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Food
LEAD OFFICER: Eryl Powell (029 2033 6222)
PARTNERSHIP LEADS: Alan Billinghamurst, Bethan Jones, Karen Trigg, Sue Eakers, Carole Tyley

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- % of adults reported being obese or overweight
- % of 4/5 year olds obese or overweight
- % of adults who eat at least five portions of fruit and vegetables a day
- % of food businesses which are "Broadly Compliant" with food law and participate in the National Food Hygiene Rating Scheme

STORY BEHIND THE PRIORITY AREA

A poor diet is one of the major causes of ill-health and premature death (Food Standards Agency, 2003). Excess intake contributes to obesity, cardiovascular diseases, diabetes, cancer and dental caries. Low incomes and area deprivations are barriers to purchasing fresh and unfamiliar foods and five per cent of people on low incomes report skipping food for a whole day (Marmot, 2010). Key areas of progress include: Cardiff Food Council secured three year funding to work towards becoming a Sustainable Food City, launch of Cardiff Food Charter, all schools compliant with Appetite for Life food and nutrient standards, Dietetics community food work delivered in areas of deprivation, Healthy Options award implementation. However, only 34% of adults in Cardiff and the Vale of Glamorgan eat five portions of fruit and vegetables a day and more than half (52%) of the Cardiff and Vale of Glamorgan population is overweight or obese (Public Health Wales, 2013). The challenge is to increase the scale and reach of the work to achieve an increase in the proportion of the population eating 5-a-day and see a reduction in overweight and obesity levels. Between 2007 and 2010 low-income households cut the amount of food they buy by 11%, while food prices increased by 12% in real terms. In 2010 the poorest 10% of the population bought 25% less fruit and 15% less vegetables. Evidence suggests that when food prices go up and household incomes go down, people on low to middle incomes buy less healthy food and more unhealthy food. With respect to food safety, cases of food borne illness have remained relatively stable since 2005, though increasing in recent years. This increase is largely due to a substantial increase in the number of cases of Campylobacter infection, which has occurred in all UK countries. Food borne infections continue to present a serious risk to health.

ACTIONS FOR 2014/15, 15/16 AND 16/17

- Lead the delivery and monitoring of
 - the Vale of Glamorgan Food and Physical Activity Action Plan 2014-15
 - the Cardiff Food and Health Action Plan
 - the Cardiff Sustainable Food Action Plan to work towards Cardiff becoming a Sustainable Food City
 - the Cardiff and Vale Healthy Weight Framework and Over-arching Action Plan (2013-2016)
- Lead the development and delivery of both the Cardiff and Vale of Glamorgan Food Law Enforcement Service Plans 2014/15
- Promote the availability of the Healthy Options Award to food businesses in C&V
- Evaluate options for alternative strategies for securing improvements in the food safety performance of food businesses
- Improve the food environment in local areas across the social gradient via
 - Focused activity in areas of deprivation, working with Locality and Neighbourhood/Area Management Teams
 - Ensuring Appetite for Life food and nutritional standards compliance in schools
 - Implementation of the food element of the Healthy Schools Programme and Healthy and Sustainable Preschool Scheme
 - Developing and delivering specific interventions across the UHB as part of the Corporate Health Standard and Healthy Options Award
 - Implementation of the Cardiff Sustainable Food City Programme.
- Implement 'Making Every Contact Count' with staff across the wider partnership

PARTNERSHIP LINKS

- Cardiff Food Council
- Cardiff Healthy Living Programme Board
- Vale of Glamorgan Food and Physical Activity Steering Group
- Cardiff Council and Vale of Glamorgan Council
- Third sector and private sector
- Cardiff Neighbourhood Management Teams

COMMUNICATION PLAN

- Deliver Food Cardiff Communications and Engagement Plan

RESOURCE RISKS

- Additional resource required to impact on population indicators of 5-a-day and overweight and obesity.
- Maintain resource within Local Authority for delivery of food safety and communicable disease service response in appropriate and timely manner
- Capacity for Healthy Options award delivery in the Vale of Glamorgan

WHAT EVIDENCE/DATA IS NEEDED?

- Percentage of adults and children eating at least 5 portions of fruit and vegetables a day at ward or upper super output area level

Priority Area 6: Sexual Health

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Sexual Health
LEAD OFFICER: Cheryl Williams (029 2033 6223)
PARTNERSHIP LEADS: Marion Lyons
 Karen Trigg
 Andy Borsden

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Reduce the teenage conception rate in Cardiff and Vale
 - Target of 7.8 conceptions per 1,000 females aged 13-15
 - Target of 40.1 conceptions per 1,000 females aged under 18

STORY BEHIND THE PRIORITY AREA

Teenage pregnancy is often associated with poor health and social outcomes for both mother and child (WAG 2010). There is a close link between social economic deprivation and high rates of teenage pregnancy. Areas of high deprivation in Cardiff and Vale have disproportionately higher rates of teenage pregnancy (PHW Observatory, 2012). Vulnerable young people, such as homeless or Looked After Children, are at high risk of becoming teenage parents (NICE 2007). Pregnancy rates in Cardiff in 2011 were 8.6 per 1,000 girls aged 13-15 years, in the Vale 4.5 per 1,000 (Wales 6.1 per 1,000) (Welsh Government, 2013).

Progress on delivery 2012-13: 85 C-Card assessment points operating, 12 settings received Sex and Relationships Education lessons. Empower to Choose intervention rolled out across Cardiff & Vale (from April 2012): over an 18 month period, 49% of the 158 young women under 18 attending end of pregnancy services received Long-acting reversible contraception (LARC) following pregnancy (April 2012-September 2013).

ACTIONS FOR 2014/15, 15/16 AND 16/17

- Deliver the [Sexual Health and Wellbeing Action Plan for Wales, 2010-2015](#) locally
- Focus activity to address teenage pregnancy and prevent STIs, particularly in areas of high deprivation, working with neighbourhood management / local areas teams:
 - deliver the Condom (C) Card Scheme for young people in Cardiff and Vale;
 - provide Sex and Relationships Education (SRE) training for practitioners that work with young people;
 - provide SRE delivery support to schools and youth organisations. (Funding gained for the above for 2013-2017)
- Target work with vulnerable young people, including provision of 1 to 1 support, and improving access to LARC for looked after children.
- Ensure all end of pregnancy services have access to LARC at point of service

PARTNERSHIP LINKS

- Cardiff and Vale Sexual Health Advisory Planning Group
- Cardiff Council
- Vale of Glamorgan Council
- Voluntary Sector

COMMUNICATION PLAN

RESOURCE RISKS

WHAT EVIDENCE/DATA IS NEEDED?

- Conception rates per 1,000 13-15 year olds at ward or upper super output level
- Conception rates per 1,000 16-18 year olds at ward or upper super output level

Priority Area 7: Accidents and Injuries

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Falls Prevention in Older People
LEAD OFFICER: Amanda Ryan (Tel: 029 2055 6015)
LEAD (EXERCISE COMPONENT) Cheryl Williams, Alison Lloyd

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Reduce the harm from injurious falls in people aged 65+ in Cardiff and the Vale below the current estimated number of 4,000 per annum

STORY BEHIND THE PRIORITY AREA

Falls are a major cause of disability, a major reason for admission to hospital or a residential care setting, and the leading cause of mortality resulting from injury in people aged 75 and over in the UK. Depression, fear of falling and social withdrawal are common effects of repeated falls. Approximately half of all fallers who fracture their hips are never functional walkers again. The UHB Falls and Bone Health programme is now incorporated into the Wyn Campaign, and has joined with the 1,000 Lives+ Falls Collaborative, adopting the Collaborative's care bundle approach. Progress to date includes:

- The establishment of a Fracture Liaison Service to identify and treat osteoporosis following a first fracture, thus potentially reducing the risk of further fractures by half
- 82% of patients aged 65+ attending Emergency Unit being screened for falls risk
- Multi-disciplinary approach to falls management being taken through Community Resource Teams in Cardiff and the Vale
- 27 staff from UHB physiotherapy, Cardiff Council Leisure Services and Extend tutors are now trained and accredited to deliver the evidence based Otago strength and balance exercise programme, including the 3 Falls technicians based with the Community Resource Teams (CRTs)
- Revision of in-patient falls risk and interventions tools agreed and for publication in the generic assessment booklet

ACTIONS FOR 2014/15

In-patient falls:

- Implement UHB significant injury assessment and flat lifting procedures, including training on use of Hoverjacks through e-learning programme and DVD
- Support Clinical Board audits of falls and use of falls tools and procedures.

Community falls

- Continue to work with Welsh Ambulance Service NHS Trust to improve alternative pathways for patients who fall at home and who do not require conveyance to the Emergency Unit
- Sustain improved compliance with the numbers of those aged 65+ screened for falls risk in Unscheduled Care through support and education
- Sustain improved accuracy of data entry by administrative and clerical staff on falls
- Improve compliance with Unscheduled Care/Primary Care pathway through audit and training
- Increase use of GP Falls pathway and exercise decision-making tool

ACTIONS FOR 2015/16 AND 2016/17

- Continue as above

PARTNERSHIP LINKS

- Cardiff and Vale of Glamorgan Councils
- Third Sector
- Falls Collaborative, Public Health Wales
- Welsh Ambulance Service NHS Trust

COMMUNICATION PLAN

- Regular information cascade through Wyn newsletters and through networking opportunities in both Cardiff and Vale of Glamorgan

RESOURCE RISKS

- Limited capacity to increase the potential of both Cardiff and Vale exercise referral programmes to include referral for falls
- Delivery of falls prevention exercise classes in the community dependent on resource available to provide them

WHAT EVIDENCE/DATA IS NEEDED?

More accurate data on falls as Patient Episode Database for Wales (PEDW) data does not correspond with expectations. An extrapolated estimate by Public Health Wales suggests between 1,400-5,500 serious injuries from falls could be expected in the UHB each year. UHB data for 2009/10 identified 4000 falls related attendances at Emergency Unit.

Priority Area 8: Health at Work

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Health and Wellbeing at Work
LEAD OFFICER: Suzanne Wood (Tel: 029 2033 6201)
PARTNERSHIP LEADS: Sarah Morley, Dave Holland, Alun Billinghamurst, Bethan Jones, Bev Warburton, Christine Lloyd and Dave Knevett

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Achievement of Platinum CHS by UHB (2014/15)
- Increased participation in the Award schemes (Corporate Health Standards, workplace health awards)
- Increased participation in Workboost

STORY BEHIND THE PRIORITY AREA

- Many people spend a large proportion of their time in a workplace setting and employers play a key role in contributing to the health of their employees and in turn the health of their organisation
- The Corporate Health Standard (CHS) is a national mark of quality for health and well-being in the workplace, awarded by Welsh Government. Cardiff Council is addressing some of the CHS criteria, but is not actively pursuing a specific level at this time. Vale of Glamorgan Council is currently Gold. Smaller workplaces can also obtain the small workplace health award (SWHA)
- As a Practising Public Health Organisation and an employer of 14,500 staff, the UHB recognises its potential to influence the health behaviour of this large section of the local community. Outcomes and delivery are through a Practising Public Health Organisation Action Plan
- Workboost provides support and advice on Health and Safety and health and well-being issues
- A further 10 organisations have signed up for the CHS and 20 for the SWHA in 2012. There have also been 13 Workboost interventions carried out in 2012
- Both Cardiff and the Vale of Glamorgan Councils are responsible for ensuring that local businesses which fall within their remit, manage the health and safety of their workforce. They enforce health and safety legislation and provide these businesses with advice and guidance to ensure workplaces are safe and healthy

ACTIONS FOR 2014/15

- Implement the UHB [Practising Public Health Organisation Action Plan](#)
- Deliver work programmes that support the Gold Corporate Health Standard with particular focus on: tobacco, alcohol, nutrition and physical activity; and achieve Platinum.
- Implement work programmes in support of the (*Working Differently, Working Together*) Staff Health and Wellbeing Charter.
- Deliver a Cardiff and Vale of Glamorgan Employers Network that engages major employers from all public sector partners, the Third sector and the private sector.
- Deliver Health and Safety at Work Enforcement Plans for 2014/15 which details the priority interventions for securing improved standards within private businesses
- Encourage uptake of flu vaccination among UHB staff and eligible under 65s working for local employers

ACTIONS FOR 2015/16 AND 2016/17

- Continue as above

PARTNERSHIP LINKS

- Cardiff Council
- Vale of Glamorgan Council
- Stop Smoking Wales, Workplace Health Team, Public Health Wales
- Third sector; private sector

COMMUNICATION PLAN

- Information cascade through the Business Forum and newsletters

RESOURCE RISKS

- Maintain resource within Local Authorities for delivery of health and safety service response in an appropriate and timely manner

WHAT EVIDENCE/DATA IS NEEDED?

- Corporate Health Standard accreditation
- Numbers participating in the Award schemes
- Numbers participating in Workboost

Priority Area 9: Health Protection

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA:

Health Protection

LEAD OFFICERS:

COMMUNITY

LOCAL AUTHORITY

Dr Gwen Lowe (Tel: 029 2040 2478)

Bethan Jones, Cardiff (Tel 029 2087 1127)

Alun Billingham, Vale of Glamorgan (Tel: 01446 709 707)

BBV PLAN

ENVIRONMENTAL PUBLIC HEALTH

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HEADLINE PERFORMANCE INDICATORS OR TARGETS

- No circulating measles in Cardiff and the Vale
- All declared outbreaks evaluated against WHO evaluation template at their conclusion for outbreaks and environmental incidents
- Meet national TB Cohort review numerical outcome targets for TB case management and contact investigation
- Enhanced identification of patients with chronic viral hepatitis (B and C)
- Increase in numbers of patients treated for chronic viral hepatitis (B and C)
- Increase in vaccination rates of at risk groups susceptible to hepatitis B

STORY BEHIND THE PRIORITY AREA

- Food borne infections continue to present a serious risk to health. The Pennington Inquiry, following the South East Wales *E. coli* 0157 outbreak, highlighted local government weaknesses in food procurement, food safety management systems and food hygiene enforcement services. Action plans are in place to deliver improvements
- TB remains an important cause of morbidity in Cardiff. Control depends on early detection, the completion of effective supervised treatment and the identification and screening of all close contacts. The TB Cohort review has been demonstrated to improve contact screening and TB treatment completion rates elsewhere
- Chronic viral hepatitis is an important cause of liver disease. Early identification and treatment can reduce the long term risk of liver disease in these patients and reduce the burden of liver disease in Wales
- It is estimated that 14% of the burden of disease in the UK is attributable to environmental stressors and impacts are believed to disproportionately affect the more vulnerable and deprived, therefore actions to address the most common public health impacts associated with exposures play a key role in protecting and improving health

ACTIONS FOR 2014/15

- Provide appropriate and timely responses to infectious disease notifications, identify any linked cases/outbreaks and audit/evaluate this response
- Publish results of national *Salmonella* case comparison study
- Deliver enhanced surveillance for *Campylobacter* (including thorough and timely investigation) to identify clusters of illness associated with food businesses
- Maintain the capacity of the TB unit to deliver screening and control activities
- Implement and embed TB cohort review process into TB service activity
- Deliver the hand hygiene action plan ([hand hygiene action plan](#))
- Implement the Cardiff and Vale blood borne viral hepatitis action plan
- Implement action plans developed in response to the recommendation of the Pennington Inquiry into the South Wales *E. Coli* 0157 outbreak, including positioned statement on progress
- Deliver the Environmental Public Health work plan for 2012-15 and beyond
- Publish results of national project for effective management of *Cryptosporidium* in swimming pools

ACTIONS FOR 2015/16 AND 2016/17

- Continue actions above

WHAT EVIDENCE/DATA IS NEEDED?

- Collection of data relating to management of patients with chronic viral hepatitis (most appropriately administered through a clinical management system)
- Develop and implement a robust environmental surveillance programme (e.g. asthma, injuries)

PARTNERSHIP LINKS

- Communicable disease: Cardiff and Vale of Glamorgan Councils; NHS including GPs; Public Health Wales; third sector; private sector; local communities; offender health including Prisons, Education
- Environment: Public Health Wales, Health Protection Wales, Local Authorities, Natural Resources Wales, Food Standards Agency

COMMUNICATION PLAN

- Preparation of reports for public health incidents of note
- Communication in outbreaks in accordance with the Communicable Disease Plan for Wales
- Develop and extend communication methods to actively case find communicable disease
- Communicate risk of chronic viral hepatitis to at risk groups and those that care for them
- Encourage professionals to test at risk individuals and refer positive individuals for assessment and/or treatment
- Develop systematic approach to disseminating infection control advice – UHB and partners
- Engage with communities and key partners to communicate risks around acute and chronic environmental hazard exposures
- Provide 6-monthly environmental public health protection activity reports

RESOURCE RISKS

- Maintain resource in local authorities for delivery of communicable disease response in appropriate and timely manner
- Maintain capacity within TB unit
- Manage costs associated with new therapies for Hepatitis C

Priority Area 10: Commissioning Evidence-based Services

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Commissioning evidence-based services

LEAD OFFICER(S):

IPFR/INNU Dr Sharon Hopkins (Tel: 029 2074 8886)

Commissioning Dr Tom Porter (Tel: 029 2033 6216)

Prioritisation Fiona Kinghorn (Tel: 029 2033 6219)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Management of individual patient funding requests in line with policy criteria
- Treatments of limited clinical effectiveness implemented and activity in line with policy
- Evidence of use of prioritisation criteria within the UHB
- Development of care pathway specifications for key clinical pathways, led by UHB Clinical Boards

STORY BEHIND THE PRIORITY AREA

- The evidence base for clinical interventions is important in ensuring the quality and safety of services. Where there is evidence of limited / no effectiveness for an intervention its use should be minimised in line with clear criteria, explained in a policy (Interventions Not Normally Undertaken – INNU). Routes for exemption to the policy should be in place and clearly communicated
- Planning clinical services should be underpinned by an understanding of clinical need, the evidence base, anticipated outcomes and estimated financial impact. In 2012/13 implementation of the UHB Planning and Commissioning framework began, with the aim of ensuring a common comprehensive approach to care planning, design, procurement and monitoring across the organisation. The approach is being further developed as part of Organising for Excellence and is now being aligned with the NHS Wales Planning Framework (WG, 2013), including systematic identification of needs by all Clinical Boards, with clear actions undertaken in response to those needs
- A prioritisation panel has been set up within the UHB, in line with the *All Wales Prioritisation Framework*, and the process of submitting proposals has been actively used. Further work is required to embed the prioritisation approach in the UHB planning system

ACTIONS FOR 2014/15, 15/16 AND 16/17

- Secure the commissioning system within the UHB, working with UHB Planning, Finance, HR and Clinical Boards to further improve routine planning and robustness of three year integrated plans
- Embed the prioritisation criteria throughout the UHB
- Secure INNU implementation and monitoring

PARTNERSHIP LINKS

- Welsh Government, Welsh Health Specialised Services Committee
- Community Health Councils
- Cardiff and the Vale of Glamorgan Local Authorities
- Third Sector

COMMUNICATION PLAN

- Provide e-pages and patient leaflets (where appropriate) for the public and healthcare professionals on IPFR; Top-Up Medicines; Treatment Abroad; Individual Patient Commissioning; Prioritisation
- Develop and implement stakeholder engagement action to participate in the commissioning process

RESOURCE RISKS

WHAT EVIDENCE/DATA IS NEEDED?

- All Wales consistency on the evidence base and coding of treatments of limited clinical effectiveness (work underway with Public Health Wales)
- A systematic approach to the monitoring of treatment outcomes

Priority Area 11: Evidence-based Care Pathways

LOCAL PUBLIC HEALTH PLAN 2014/15-2016/17

PRIORITY AREA: Evidence-based pathways

LEAD OFFICER(S):

Mental health strategy Dr Suzanne Wood (Tel: 029 2033 6220)

Orthopaedics Dr Sian Griffiths (Tel: 029 2033 6218)

Diabetes Helen Howson (Tel: 029 2037 9741)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Dementia intelligent targets (drivers 1, 3 and 4) met: to improve memory assessment services, to improve community care, increase support to care givers
- Diabetes indicators (performance and outcome), drawn from the WG Diabetes Action Plan for consistency, stabilising
- Systematic collection of orthopaedic patient reported outcomes implemented locally
- Evidence of orthopaedic surveillance system development
- Optimising outcomes policy implemented

STORY BEHIND THE PRIORITY AREA

- Dementia is a key priority for the UHB due to the high needs related to the ageing population and potential increased length of stay. Through the Dementia Steering Group, the needs of people with dementia will be addressed in the community context. Our communities and all our services must become 'dementia friendly'
- Through working with the National Orthopaedic Innovation and Delivery Board during 2012 and 2013, progress has been made in ensuring optimal conservative management is delivered (including lifestyle support), consistent intervention thresholds are applied and outcome data is collected, in orthopaedic services across Wales. Work to implement systematic outcome collection locally and develop a national surveillance system for orthopaedic pathways is continuing.
- Diabetes is a key priority identified by the Health Board. Its projected increased trends and wide ranging impact upon both patients and services reinforces the need to ensure that action is being taken to address prevention and the provision of high quality and timely care. A community model has recently been introduced which will help ensure that patients with Type 2 diabetes are managed by GPs in the community with support from identified consultants. This builds on the pilot Diabetes Virtual ward work undertaken as part of the Chronic Conditions Management Demonstrator and aims to improve the care of patients and reduce unnecessary referrals to secondary care
- Following a test phase, the UHB has adopted an Optimising Outcomes Policy (OOP) from 1st December 2013. The aim of the policy is to ensure that the lifestyle risk factors of smoking and obesity are systematically addressed as part of all surgical care pathways, in both primary and secondary care, in order to optimise operative outcomes for patients.

ACTIONS FOR 2014/15

- Launch and deliver the Dementia 3 Year Plan
- Work with local orthopaedic services and academic partners to implement a systematic approach to collection of patient reported outcomes and continue development of a system for orthopaedic pathway surveillance
- Develop and deliver a Diabetes Action Plan, which is consistent with the WG plan to ensure delivery of the agreed outcomes, and includes a Diabetes Quality Pathway
- Identify and test opportunities to support telehealth for use with diabetics
- Implement OOP across the UHB and collect process data to monitor implementation

ACTIONS FOR 2015/16 AND 2016/17

- Orthopaedic outcome collection and surveillance – continue implementation and development
- Roll out lessons from implementation to other key pathways, as appropriate
- Continue to Deliver the Dementia 3 Year Plan
- OOP data collection and analysis to include outcomes in those who have completed the pathway in order to evaluate impact.

WHAT EVIDENCE/DATA IS NEEDED?

- A systematic approach to the monitoring of treatment outcomes
- Locality data needed to ensure local ownership and effective actions to address the indicators
- Further data is needed on patient experience and on referral and uptake of structured education

PARTNERSHIP LINKS

- Welsh Government
- Cardiff and the Vale of Glamorgan Local Authorities
- Third Sector
- Alzheimer's Society
- UHB Surgical, Specialist Services, Dental and PCIC Clinical Boards; GPs
- Cardiff University/Swansea University/NWIS
- Diabetes Cymru

COMMUNICATION PLAN

RESOURCE RISKS

- Dementia: Memory team at maximum capacity, therefore there is potential for waiting time targets to slip