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Carmarthenshire Foundations 4 Change Panel Day

**Mrs Linda Williams, County Director and Commissioner &
Commissioner**

Dr Michael Thomas, Consultant in Public Health

Dr Duncan Williams, GP Locality Lead

**Mrs Sarah Cameron, Community & Primary Care Nurse
Manager**

Ms Rhian Dawson, Interim Head of Integrated Services





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Foundations 4 Change

Aim

- To ensure that Hywel Dda University Health Board and the County of Carmarthenshire delivers world class health and the highest quality healthcare for its population by operating as a **world class health system**
- Delivering better health and well-being for the population of Hywel Dda University Health Board, **improving outcomes and reducing health inequalities**
- Delivering “**The right care, in the right place, at the right time....every time**”





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Foundations 4 Change

- Foundations 4 Change Board
- Outcome Measures
- Plans on a Page
- Mapped to IMTP
- Mapped to Welsh Government Performance Measures
- Carmarthenshire Single Integrated Plan





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Carmarthenshire Outcome Measures

- Health Inequalities
- Life Expectancy
- Immunisations
- Obesity
- Dependent Behaviours
- Frailty
- End of Life Care



Skolau Iechyd
Ynys Gwynedd
Ynys Môn
Ynys Iowen
Ynys Seion



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Calon
Iechyd Lleol
The Heart of
Local Health



Stonewall
Cymru
Ynys Gwynedd
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Healthier
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Health Inequalities

- Health inequalities defined as ‘systematic differences in health status between different socio-economic groups’
- Indicators – Rate difference between most and least deprived
- Age-standardised mortality (all causes), Males 1.5; Females 1.2





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Health Inequalities

Most deprived areas in Carmarthenshire:

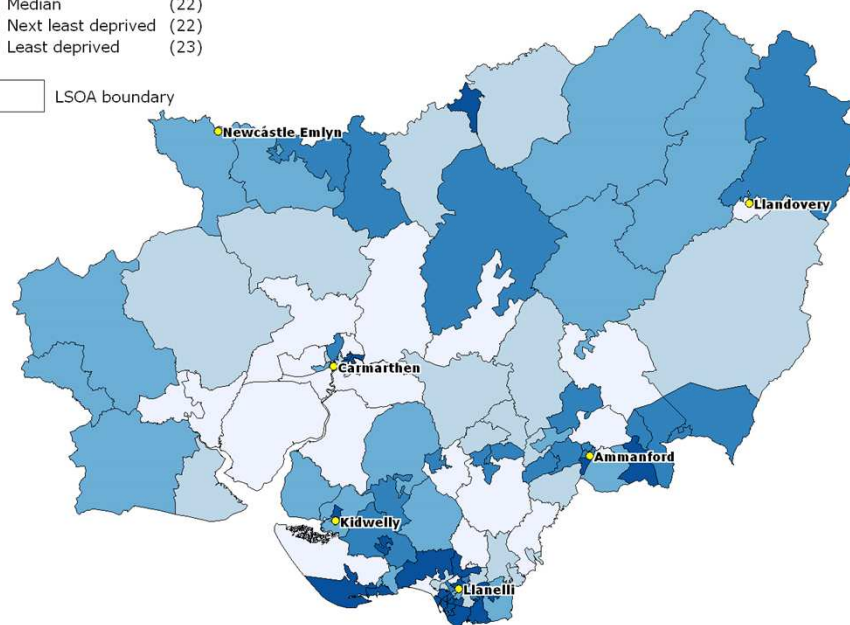
- Pantyffynnon
- Pembrey
- Burry Port
- Glanymor
- Morfa
- Pemberton
- Cwmbach

Local authority fifths of deprivation, Carmarthenshire

Lower Super Output Area

■ Most deprived	(23)
■ Next most deprived	(22)
■ Median	(22)
■ Next least deprived	(22)
■ Least deprived	(23)

□ LSOA boundary



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Health Inequalities

- Overall health is improving
- Pattern of improvement varies across communities
- Poor health follows distinct social gradients
- Disparities in terms of education, employment and income





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Health Inequalities

Targets:

- Smoking (respiratory disease and circulatory disease)
- Link to 10 pledges – Help 5,000 people to stop smoking or not to start smoking
- Community first clusters - focus
- Carmarthenshire Home Standard Impact Assessment
- Smoking Cessation within Primary and Secondary Care





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Carmarthenshire Actions

- Communities First have Targeted Action Plan covering physical activity, smoking cessation (early years) and healthy eating
- Make Every Contact Count
- 'Walk and Talk Carmarthenshire'
- Promote Breast Feeding
- Promote Immunisation and Vaccination Programme
- Smoking cessation
- Reduction in alcohol consumption
- GP practices to gain Bronze level Investors in Carers by April 2015
- GP practices to gain Silver level Investors in Carers Award by April 2016
- Education Programme for Patients
- Review patterns of referrals to rapid access TIA clinic
- Carmarthenshire Homes Standard Impact Assessment
- Enhance Care and Repair resource





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Life Expectancy

- Life Expectancy is the number of years a person can expect to live in a given population
- Important summary measure of population health as can be used to compare death rates within and between countries over time
- Indicators – Life Expectancy, Healthy Life Expectancy





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Life Expectancy

Life Expectancy

- Males = 76.7 yrs
- Females = 81.3 yrs

Healthy Life Expectancy

- Males = 62.1 yrs
- Females = 63.2 yrs



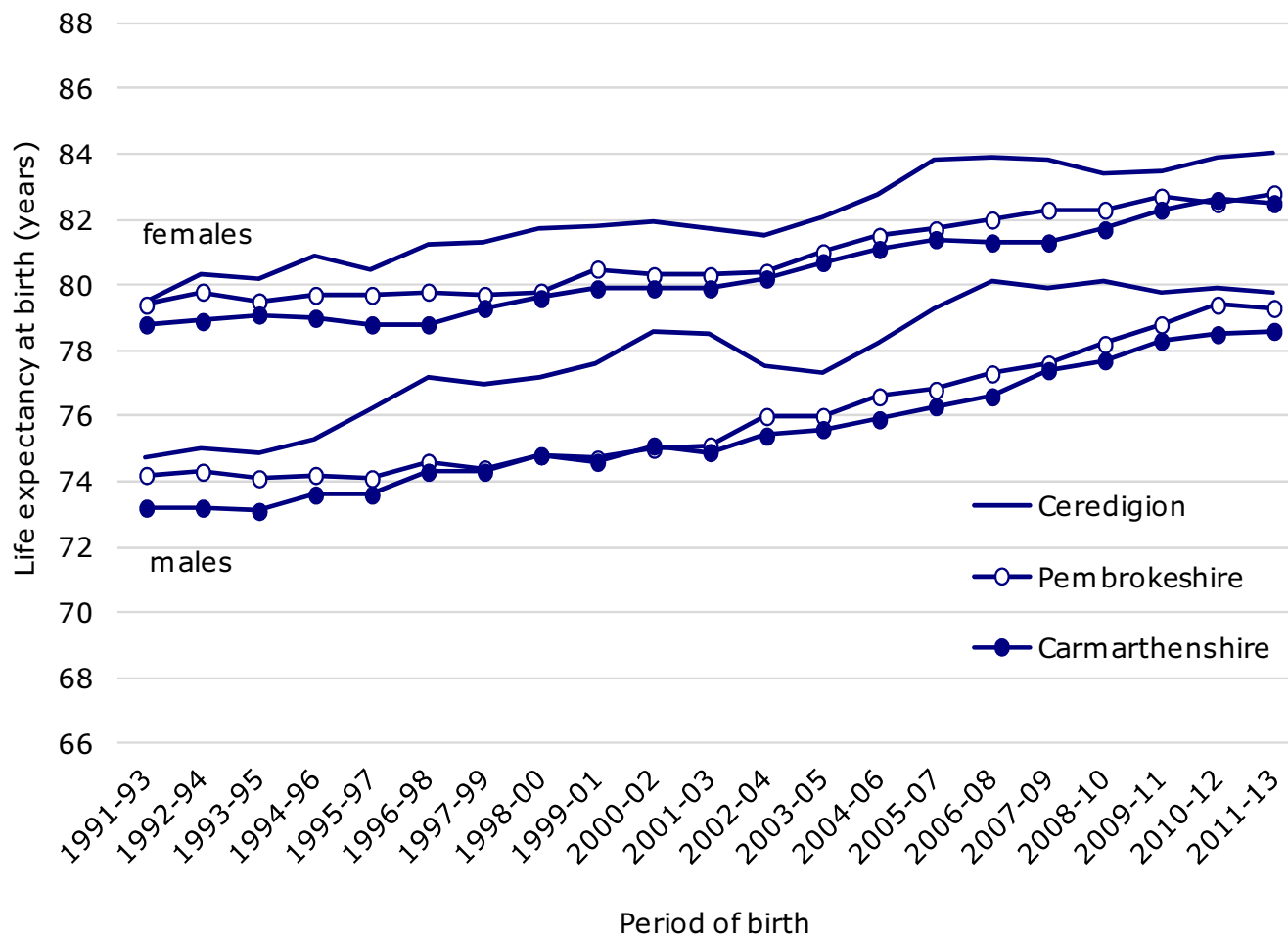


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Life expectancy at birth, local authorities within Hywel Dda University Health Board, 1991-2013

Produced by Public Health Wales Observatory, using StatsWales (WG) & ONS





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Life Expectancy

- Life expectancy at birth has reached highest level on record for both males and females
- Newborn baby boy can expect to live 77.7 years and a newborn baby girl 81.9 years
- Increase in life expectancy attributed to better survival in infancy and early childhood
- Females continue to live longer than males but gap has been closing



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Life Expectancy

Targets:

- Increase healthy life expectancy and reduce the gap between the most and least deprived
- Link to 10 Pledges - In 10 years time we will increase life expectancy by 3 years in all the areas with the lowest life expectancy
- Working with GP Practice Data to target our population





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Carmarthenshire Actions

While overall health is improving, the pattern of improvement varies across communities due to the wider socio economic determinants of health.

Reducing the gap between the most and least deprived in relation to increasing health and disability life expectancy will therefore be reliant on focused work outlined in the following Outcome Measure submissions:

- Health Inequalities Plan on a Page
- Obesity and Overweight Plan on a Page
- Dependent Behaviour / Smoking Plan on a Page
- Dependent Behaviour / Alcohol Plans on a Page
- Frailty Plan on a Page





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Immunisations

Indicators:

- % of children aged 2 who complete immunisation for Measles, Mumps and Rubella (MMR) 92.3%
- % of children aged 5 who complete immunisation for MMR (first and second doses) 92.6%
- % of children aged 1 who complete 5 in 1 immunisation 96.7%
- % of children aged 5 who complete 4 in 1 immunisation 91.1%
- % of girls aged 12 to 13 years who complete HPV vaccine 89.1%

Target: 95%





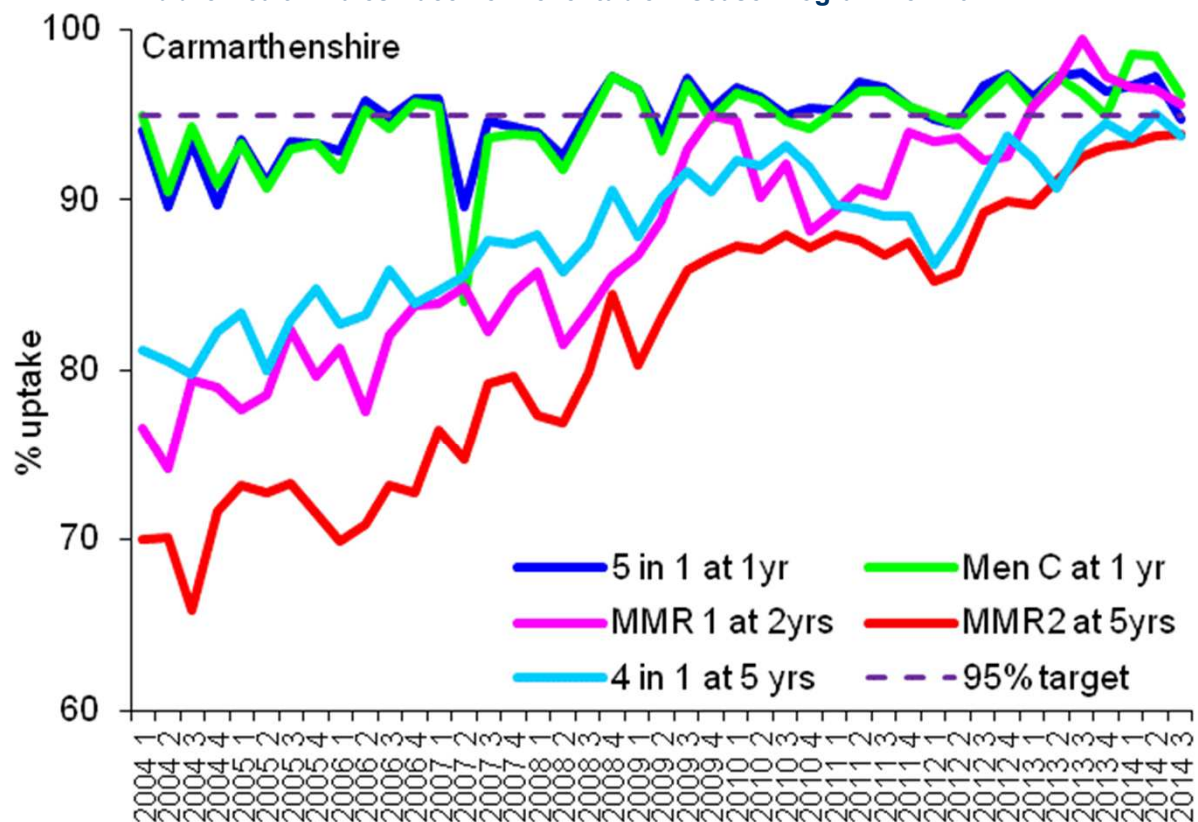
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Carmarthenshire LA trends in routine childhood immunisations 2004 - 2014 Quarter 3

Source: Public Health Wales quarterly COVER reports, correct as at December 2014

Public Health Wales Vaccine Preventable Disease Programme - 2014



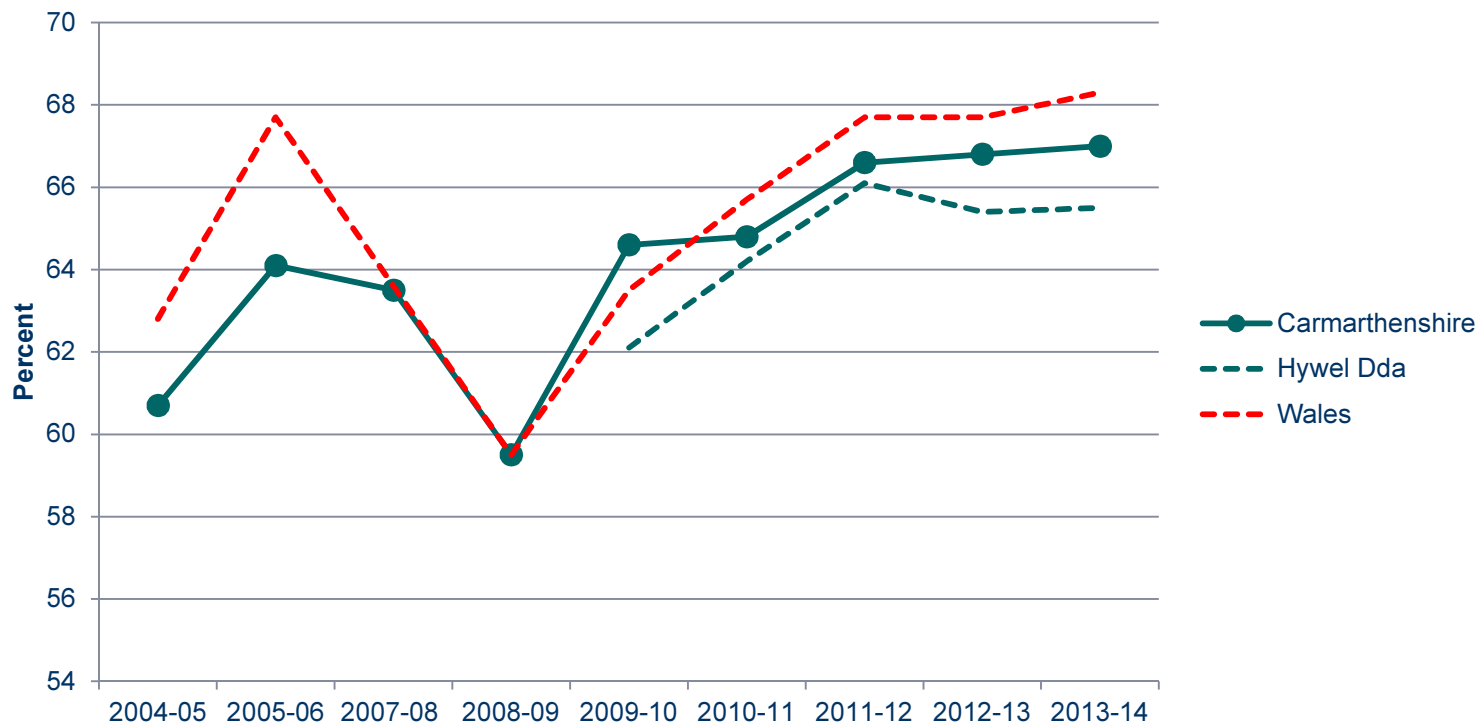


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Trends in uptake of influenza immunisation in patients aged 65 years and over

Source: PHW Vaccine Preventable Disease Programme



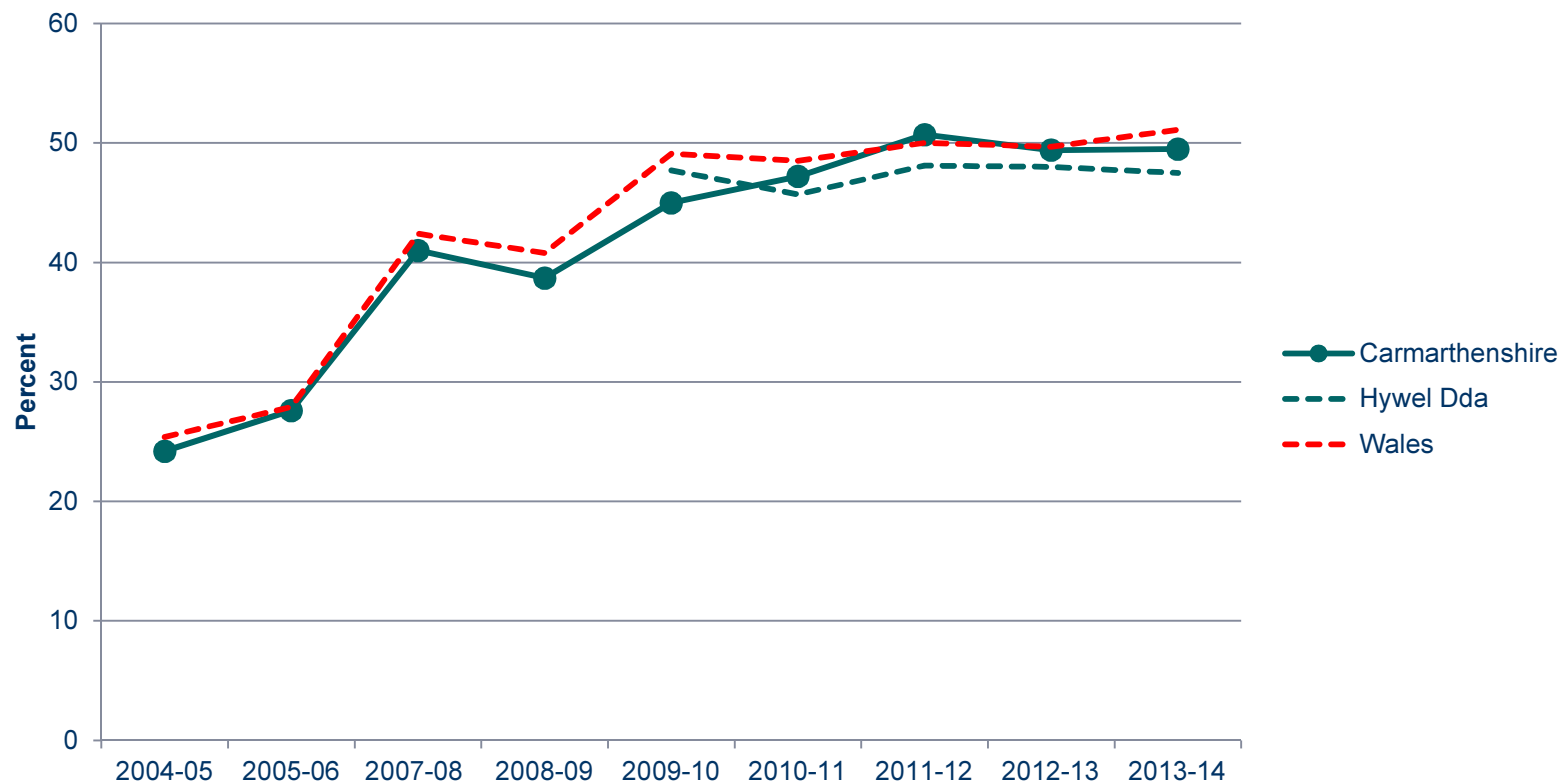


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Trends in uptake of influenza immunisation in patients under the age of 65 years in an 'at risk' group

Source: PHW Vaccine Preventable Disease Programme





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Carmarthenshire Actions

- Flu champions identified across all community services
- Health and social care organisations to work collaboratively in promoting uptake of flu vaccination
- Continue to promote flu vaccinations and uptake in pharmacies through Targeted Action Plan
- Encourage and support GP practices to hold additional sessions to increase uptake
- Promote uptake through Women and Children's Services
- Negotiate with community based Chronic Conditions Nurses to undertake training and immunise patients on their caseloads during Winter 2015
- Promote staff uptake





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Overweight and Obesity

- Percentage of adults overweight or obese increased from 54% to 61%
- Overweight and obesity can add to the burden of chronic conditions and shorten life and healthy life expectancy
- Overweight and obese children likely to become overweight and obese adults, adding to burden of chronic conditions and shortening life and healthy life expectancy
- Increase proportion of adults/children at a healthy body weight (10 pledges)
- Increase proportion of adults/children meeting national guidelines for healthy eating
- Increase in the proportion of adults and children meeting national guidelines for physical activity
- Increase access to healthier choices/options are available
- Develop a motivated and well-trained workforce to support weight management
- Service monitoring and evaluation

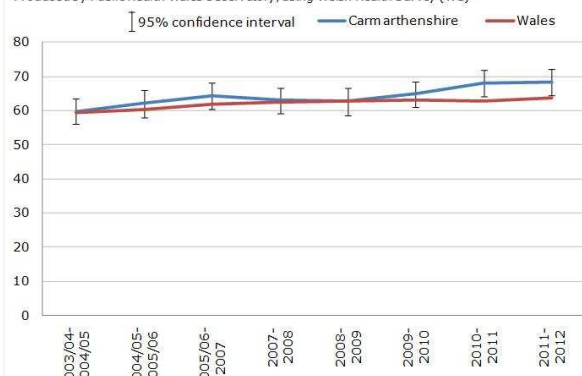


Overweight / obesity by sex: Carmarthenshire, BMI 25+

Overweight or obese (BMI 25+): males

Age-standardised percentage of adults reporting to be overweight or obese, males, Carmarthenshire and Wales

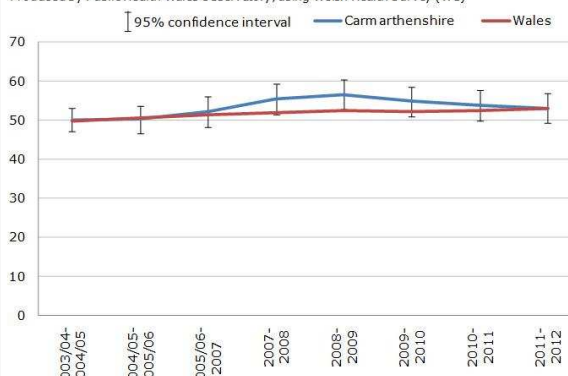
Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



Overweight or obese (BMI 25+): females

Age-standardised percentage of adults reporting to be overweight or obese, females, Carmarthenshire and Wales

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)

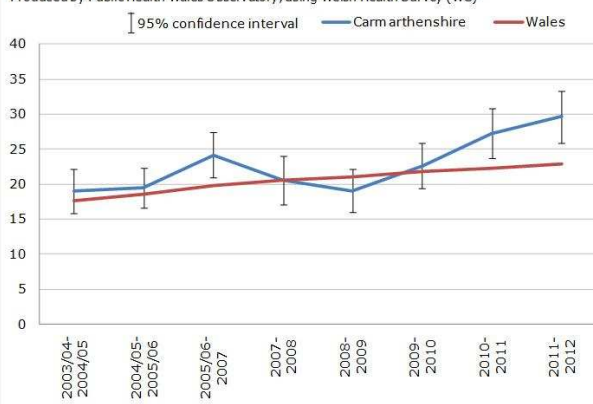


Obesity by sex: Carmarthenshire, BMI 30+

Obese (BMI 30+): males

Age-standardised percentage of adults reporting to be obese, males, Carmarthenshire and Wales

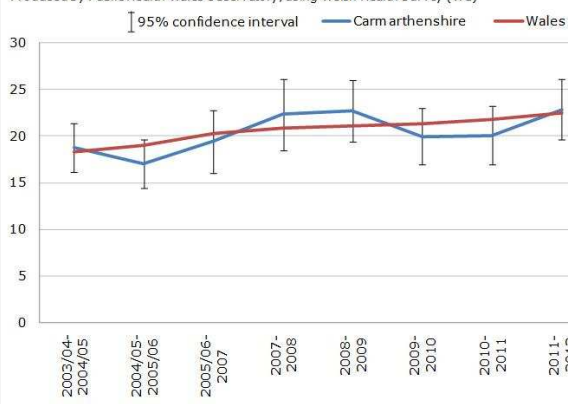
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Obese (BMI 30+): females

Age-standardised percentage of adults reporting to be obese, females, Carmarthenshire and Wales

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)





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Carmarthenshire Actions

- Implementation of the All Wales Obesity Pathway
- Carmarthenshire Communities First Plan
- National Exercise Referral Scheme
- iLocal database
- Health Challenge Carmarthenshire
- Iechyd Hywel Health
- Third Sector Broker support
- 'Walk and Talk Carmarthenshire'
- 'Nordic Walking'
- 'Walking our Way to Health'
- Healthy Schools Scheme and 5x60 programme





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Dependent Behaviour - Alcohol

- Alcohol is a major preventable cause of death and illness with approximately 1,000 deaths being attributable to alcohol per year in Wales.
- Problem use of alcohol can cause serious social, psychological and health problems, affecting work, social and personal relationships.
- Health risks associated with heavy drinking include liver disease, alcohol-related anaemia and nutritional disease, chronic calcifying pancreatitis, heart muscle damage, alcoholic dementia and psychiatric disorders.
- LHB 10 Pledges: Help prevent or stop 7,500 people drinking to excess.



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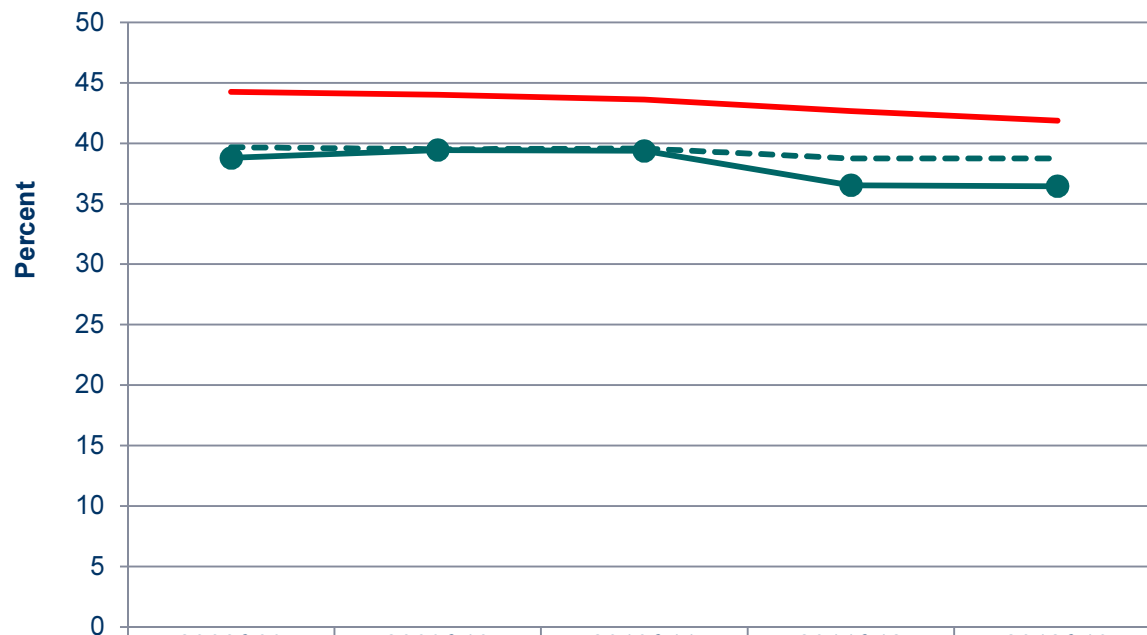


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Percent of adults who report drinking above guidelines on at least one day in the past week (Age-standardised)

Source: Welsh Health Survey (2014)



	2008&09	2009&10	2010&11	2011&12	2012&13
—●— Carmarthenshire	39	39	39	37	36
- - - Hywel Dda	40	40	40	39	39
— Wales	44	44	44	43	42





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Percent of adults who report binge drinking on at least one day in the past week (Age-standardised)

Source: Welsh Health Survey (2014)



	2008&09	2009&10	2010&11	2011&12	2012&13
—●— Carmarthenshire	23	23	23	23	23
- - - Hywel Dda	23	23	23	23	24
— Wales	27	27	27	27	26





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Carmarthenshire Actions

- Carmarthenshire Healthy Schools Scheme
- Iechyd Da Youth Programme
- Enhance collaborative working between community health and social care services, Welsh Ambulance Services NHS Trust and the 'Front Door' of Hospital (Emergency Department)
- Enhance opportunities for signposting, diagnosis and treatment through appointment of alcohol liaison nurse
- Pathway for alcohol and drug abuse
- Make Every Contact Count
- Further develop the Street Pastor role





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Dependent Behaviour - Smoking

- Tobacco use imposes a significant financial and emotional burden on individuals and society as nearly 50% of all long-term smokers die in their middle age and many smokers will suffer poor health and associated loss of quality of life.
- Significant burden of illness due to smoking has a major cost for the NHS with 20% of all admissions and bed days in Wales attributable to smoking related diseases.
- Smoking has considerable cost to economy through working days lost as a result of ill-health and increases in benefit payment.
- Prevalence current smokers (%) 19%



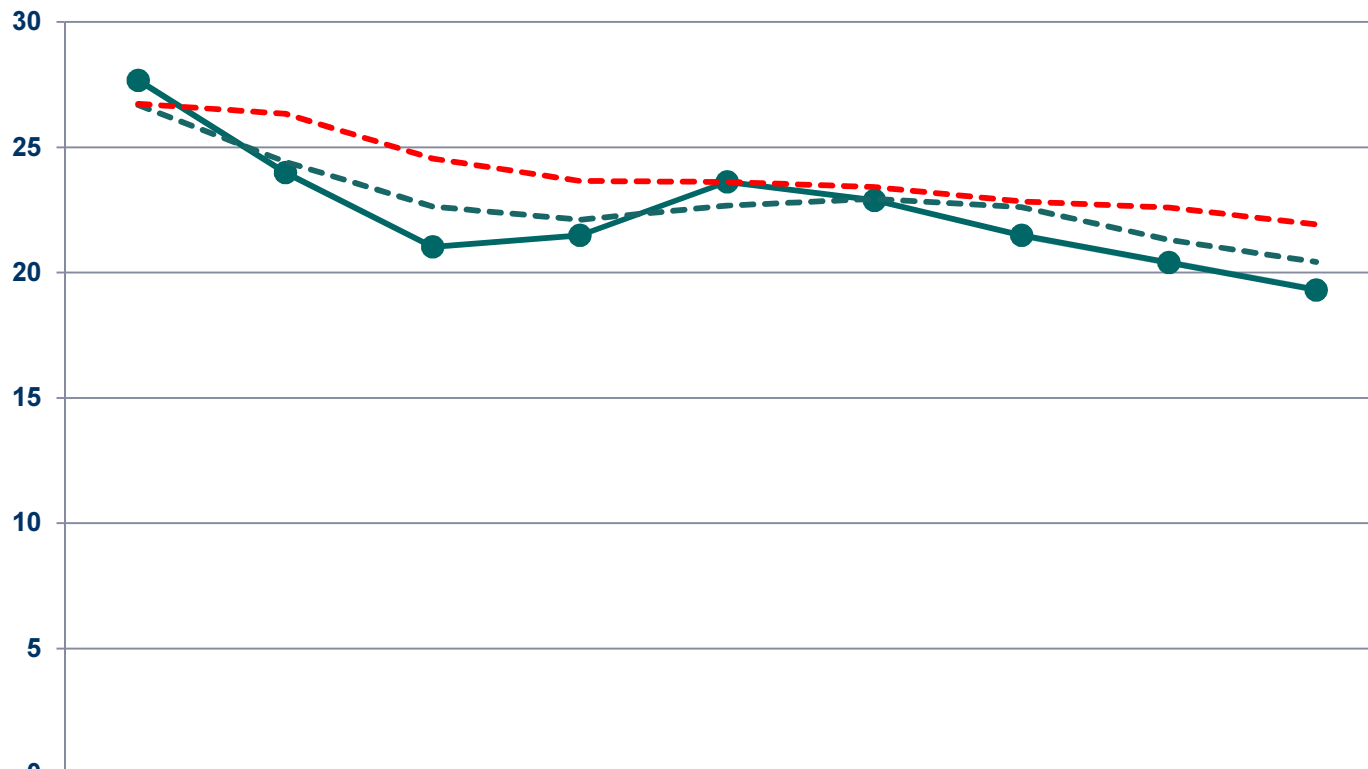


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Adults who report being a current smoker, age-standardised (2003-13)

Source: Welsh Health Survey (2014)



	2003/04 & 2004/05	2004/05 & 2005/06	2005/06-2007	2007&08	2008&09	2009&10	2010&11	2011&12	2012&13
—●— Carmarthenshire	28	24	21	21	24	23	21	20	19
- - - Hywel Dda	27	24	23	22	23	23	23	21	20
- - - Wales	27	26	25	24	24	23	23	23	22





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Carmarthenshire Actions

- Continue to promote smoking cessation services and referral pathways across primary care and community services and Make Every Contact Count
- Presentations at GP Cluster Meetings
- Stoptober
- No Smoking Day
- No Smoking Signs for all Carmarthenshire Local Authority playgrounds





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SMOKING CESSATION PATHWAY FOR CARMARTHENSHIRE

VERY BRIEF ADVICE

“30 SECONDS TO SAVE A LIFE”

ASK

- Ask and record smoking status at every opportunity.
- Are you a smoker?
- Do you still smoke?

ADVISE

- Advise the best way to quit is through a combination of specialist behavioural support and medication.
- Are they motivated to quit?
- If the patient is an ex-smoker provide encouragement.

ACT

- Act on patients responses by referring to a smoking cessation service / offering pharmacotherapy (see Pathway).
- The smoking status of those who are not ready to quit should be recored and reviewed with the patient at least once per year.

KEY MESSAGES:

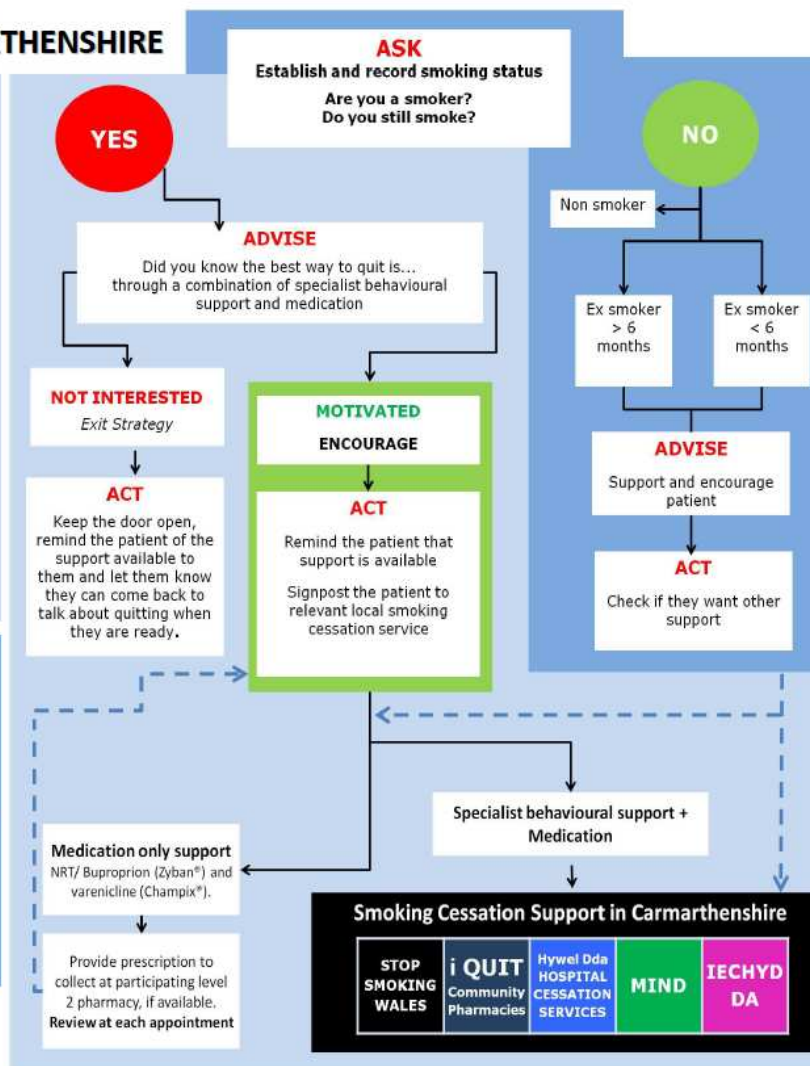
- Stopping smoking is the single most important thing you can do to benefit your health.
- Smokers expect to be asked about smoking and it shows clinicians concern about their overall health.
- If clinicians do not mention smoking at every consultation patients are given the impression that their smoking behaviour is not affecting their health and so are less likely to make a quit attempt.
- Smokers are four times more likely to succeed using a smoking cessation service (such as *STOP SMOKING WALES*, the *Community Pharmacy iQUIT* scheme or the *Hospital Smoking Cessation Service*) than if they try to quit alone.
- The benefits of quitting start straight away and it is never too late to stop.



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Frailty

Frailty is an accumulation of deficit over time that results in reduced physiological and functional reserve which predisposes an individual to decreased independence and which could result in a long term loss of independence

- Major challenge to Health and Social Care provision
- 65% of all hospital admissions





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Carmarthenshire Actions

- Collaborative working between primary care and community services to sustain and develop care pathways in falls prevention, dementia and end of life according to evidence base
- Enhance current WAST faller pathway
- County wide access to geriatrician led CGA in hospital setting (e.g. SCRAMS) or community
- Atrial Fibrillation clinic/TIA clinic/GPwSI/TOCALs
- Development of education programmes
- Dementia Friendly Communities/Review Clinics





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Palliative and End of Life Care

- Ensure appropriate care provided in terms of support to individuals in their place of choice. Provide palliative/end of life care that follows national agreed guidelines (National Council for Palliative Care, the Strategic Palliative Care Board Wales and NICE Guidelines).
- Health Board committed to improving the quality of care provided by all service providers for patients who are approaching the end of their life. A key policy commitment of the Health Board is to bring care closer to home.
- Well planned palliative and end of life care will reduce inappropriate admissions to hospital.





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Carmarthenshire Actions

- Implement Together for Health – End of Life Care Delivery Plan
- Embed MDT working with GP practices/WAST
- Design and Pilot Palliative and End of Life Care Core Curriculum Training
- Produce Palliative and End of Life Resource File for each GP Practice
- Establish Anticipatory Grief Service.
- Evaluate use of Just in Case Boxes
- Increase percentage of patients on Palliative Care Register
- Increase of prognostic indicator usage
- Workshop to produce Palliative and End of Life Care Strategy for Hywel Dda and Partners





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Key Achievements and Challenges 2014/2015

Achievements

- Contribute to IMTP 'Closer to Home' Chapter
- County and Locality Integrated Operational Plans
- Cluster Plans
- Stakeholder Engagement Events in Each Locality
- Introduced New Service Models
- Partnership Engagement in Strategy Development
- Iechyd Hywel Health – NHS Wales Award Finalist
- Best of Health Awards – Winners





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Key Achievements and Challenges 2014/2015

Challenges

- Unscheduled Care Activity
- Financial Challenges
- Organisational Change





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Key Aspirations

- Service Redesign
- Workforce Redesign
- Enhanced Integration
- Investment in Care Closer to Home
- Community Information System
- Improve Population Health and Well-Being
- Improve Staff Morale
- Delivery of F4C Plans on a Page





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Diolch yn fawr
Thank you

