

Cardiff and Vale Local Public Health plan 2016/17-2018/19

This version: 12 August 2016. Updates to previous 1 Apr 2016 version shown in red. These are to reflect the final 2016/17 NHS Wales Outcomes Framework, released in Welsh Health Circular (2016) 023, which differed from the 2016/17 Outcomes Framework published in the NHS Wales Planning Framework. The rest of the content will be updated for the 2017/18-2019/20 refresh of the plan

1. About this plan

This plan is a supplement to the Cardiff and Vale University Health Board (UHB) 3 year Integrated Medium Term Plan (IMTP) 2016/17-2018/19, and provides detail on how the local Public Health team works in conjunction with the rest of the University Health Board, partner organisations and stakeholders, to improve and protect the health and well-being of the local population.

A detailed needs profile for Cardiff and Vale (C&V) is given in the Appendix of the [main IMTP document](#).

2. 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.

What are we here for/ Function	Using evidence based knowledge to implement cross-system action in order to improve the health and well-being of current and future populations of 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 (Healthy schools, School nursing)	Vale Partnerships	Cardiff Partnerships and Neighbourhood Partnership Teams	Healthy workplaces	Families	Healthcare settings, including GP Clusters	Electronic and social media
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 Food Cardiff Making Every Contact Count						
Key team roles	Leadership and Advocacy	Training	Partnership Working	Evidence Based Practice	Policy Development	Health Improvement Delivery	Statutory Function Delivery
Examples of success	Development, agreement and successful implementation of UHB Optimising Outcomes policy Launch of Community Pharmacy Level 3 Enhanced Scheme for Smoking Cessation All children's enclosed playgrounds in Cardiff and Vale of Glamorgan are 'smoke free' 85% of Friday and Saturday city centre alcohol-related EU attendances diverted to Alcohol Treatment Centre over a 3 month period Successful introduction of significant changes to the routine immunisation schedule Annual increases in rates of flu vaccination in eligible staff Over 300 people trained in Making Every Contact Count across the public and third sectors Over 1200 people trained in Alcohol Brief Interventions across the public and third sectors Over 1,600 people becoming Dementia Friends in Cardiff and Vale Award-winning Food Cardiff programme Introduction of Cardiff and Vale UHB healthy retail and hospital restaurant criteria 10 responses on large housing developments collated and submitted to the relevant Local Authority						

Further information on the team and our work is available on the internet at www.cardiffandvaleuhb.wales.nhs.uk/Promoting-Health

3. Public health priority areas

The cards at the end of this plan summarise the context, outcomes, and actions being carried out in nine key areas (see below). The rationale for choosing these topics is detailed in the Prevention chapter of the [main Cardiff and Vale IMTP for 2016/17-2018/19](#).

		Detailed information (page number)
First order priorities	Tobacco	10
	Immunisation	13
	Obesity (including food and physical activity)	16
Second order priorities	Alcohol	19
	Sexual health	21
	Falls prevention	23
	Health at work	25
	Health protection	27
	Healthcare public health	29

Reducing inequalities and promoting equity of access is an additional cross-cutting first order priority which runs through all aspects of our work.

The public health team also hosts a partnership development manager jointly funded by the Police, Cardiff Council and the UHB, addressing issues of human and sexual exploitation in Cardiff.

The team works in partnership with internal and external stakeholders, in the public and third sectors. The main partnership links for each area of work are listed on the relevant card. Close working with primary and community care colleagues through GP clusters is a key aspect in targeting interventions for our priorities.

The UHB, local Public Health team, and partners work closely with Public Health Wales (PHW), as described in the [main IMTP](#), sections 5.3, Collaboration with our NHS Partners, and section 8.1.5, Working with our partners.

4. Implications of Wellbeing of Future Generations Act and Social Services and Wellbeing Act

The impact and opportunities presented by the Wellbeing of Future Generations Act (2015) and the Social Services and Wellbeing Act (2014) are described in the Prevention section of the main IMTP.

Figure. Wellbeing goals in Wellbeing of Future Generations Act 2015



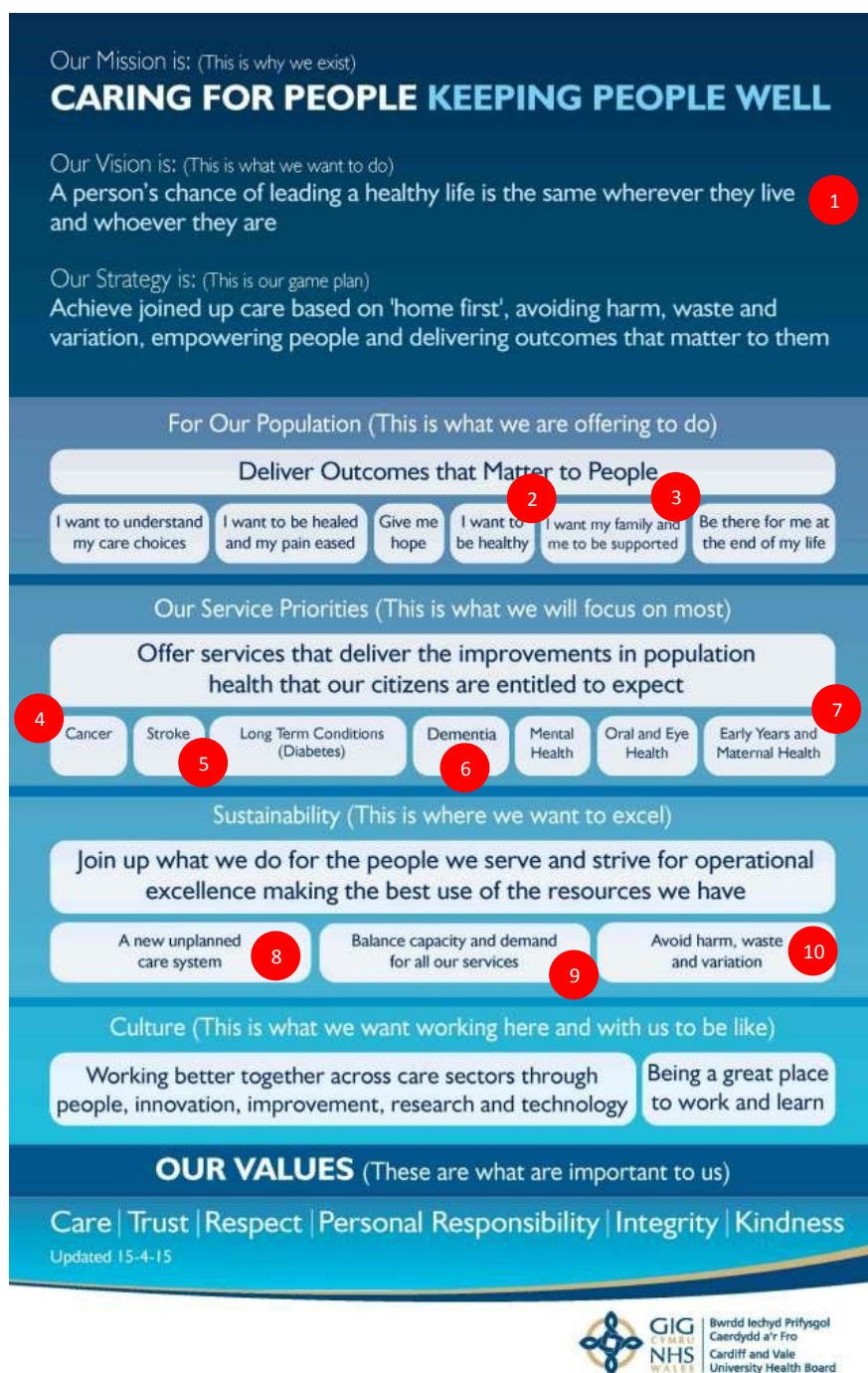
In 2016/17 we will use **obesity** (including food and physical activity) as a ‘pathfinder’ topic, committing fully to changing the way we approach this topic, considering it from the perspective of future generations and what actions we need to take now to safeguard their wellbeing. This is likely to shift our focus further ‘upstream’ and change the balance in decision-making between short-term and long-term impacts of policy decisions. Based on lessons learned with obesity during 2016/17, and where our focus provides the most ‘added value’, we will then introduce this new approach across all our prevention topic areas from 2017/18.

The cards for the other topics given here set out potential opportunities presented by the Wellbeing of Future Generations Act, which will be scoped during 2016/17, for implementation from 2017/18 onwards based on lessons learned from obesity.

5. Supporting the overarching UHB organisational priorities

The priorities for public health in Cardiff and Vale support the UHB Mission and Vision, as mapped below.

Figure. UHB 'Strategy map' (2015) annotated with links to public health priorities (in red)



UHB priority and supporting public health action

1. A person's chance of leading a healthy life is the same wherever they live and whoever they are
 - Addressing inequalities
2. I want to be healthy
 - Tobacco, food, physical activity, alcohol programmes
 - Immunisation
 - Falls prevention
 - Making Every Contact Count
3. I want my family and me to be supported
 - Dementia
4. Cancer
 - Immunisation (HPV)
5. Cancer, stroke, long term conditions (diabetes) and dementia
 - Tobacco, food, physical activity, alcohol programmes
 - Diabetes programme
6. Dementia
 - Dementia programme
7. Early years and maternal health
 - Tobacco, food, alcohol
 - Immunisation
8. Unplanned care
 - Reduce inequalities in unplanned care
 - Health protection on-call and outbreak management
9. Balance capacity and demand
 - Prudent healthcare
 - Optimising outcomes policy
10. Avoid harm, waste and variation
 - Prudent healthcare
 - Specialist public health advice to Clinical Boards

5. Supporting the NHS Wales Outcomes Framework for 2016/17

Please note this section was revised 11 August 2016 to reflect the final NHS Wales Outcomes Framework published in Welsh Health Circular (2016) 023 at the end of March 2016.

Outcome Indicators

Public health will lead delivery against the following Outcome Indicators:

- Percentage of adults (aged 16+) who reported being a current smoker (either daily or occasionally)
- Percentage of children in reception year (aged 4/5) who are a healthy weight

Public health action will contribute, together with co-ordinated action by public and third sector partners, to improved performance against the following Outcome Indicators:

- Percentage of adults (aged 16+) who reported that they have a limiting health problem or disability
- Percentage of adults (aged 16+) who reported their general health as being very good or good
- Avoidable mortality (preventable and amenable) European standardised rate per 100,000 of the population
- The average number of decayed, missing or filled teeth in children aged 5 years
- Crude rates of new certifications for people classified as severely sight impaired or sight impaired due to diabetic eye disease in those aged 12+ per 100,000 population
- The age standardised rate of deaths from intentional self harm (aged 10+) and from intentional self harm or injury/poisoning of undetermined intent (aged 15+) per 100,000 males, and per 100,000 females, aged 10+

Performance Indicators

Public health will lead delivery against the following Performance Indicators:

- Uptake of influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, health care workers
- The percentage of adult smokers making a quit attempt via smoking cessation services
- The percentage of those smokers who are CO-validated as quit at 4 weeks
- The percentage of pregnant women who are smokers at 36-38 weeks
- Percentage of children who received the following scheduled vaccinations at age 4: 4 in 1 preschool booster, Hib/MenC booster, MMR2
- Percentage of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care

Public health action will contribute, together with co-ordinated action by public and third sector partners, to improved performance against the following Performance Indicators:

- Percentage of the population in Wales who are registered with dementia with their GP practice
- Evidence of public engagement events/opportunities offered locally by Health Boards and Trusts
- Percentage of GP practice teams that have completed mental health DES in dementia care or other directed training
- Qualitative report providing evidence of implementation of the Welsh language guidance as defined in More Than Just Words
- Rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population

6. Finance

The Cardiff and Vale public health team includes staff who are funded by Public Health Wales, by the University Health Board, and through a variety of joint funding arrangements with other partner organisations. The annual staff (pay) budget for 2015/16 was as follows:

Source of funding	Pay (£ per annum)
Public Health Wales	848,000
Cardiff and Vale UHB	455,000
Other	240,500

The 16/17 pay budget will increase due to pressures from increased pension contributions, incremental drift and nationally agreed pay increases for some staff.

The non-pay budgets are as follows:

Source of funding	Non-pay (£ per annum)
Public Health Wales	22,000
Cardiff and Vale UHB	52,000

Current local public health team staff resources will be realigned, where required, to prioritise the work programmes set out in this plan.

7. Resource requirements for 2016/17

The following are currently listed as priority programmes for consideration of funding by the UHB in 16-17, in conjunction with specific Clinical Boards. Funding has not yet been confirmed.

Clinical Board	Scheme	Description	Est. revenue cost 16-17 £
CD&T	Pregnancy Obesity Service	Develop an integrated midwifery and dietetic service that can effectively support implementation of the Antenatal Care Pathway for pregnant women with a Body Mass Index (BMI) >30kg/m2.	£128,575
CD&T	Children's Obesity Service	To develop and deliver a dietetic led service that supports children and young people who are obese (greater than 98th centime) with a family based, multi component lifestyle weight management programme.	£170,321
CD&T	Diabetes	Prevention bundles – MECC, Implementation of the Diabetic foot care bundle led for CD&T from Podiatry, POCT – support at home users	£10,000
Children & Women	The Health of the Child (workstream 1 - Primary/Secondary Care Interface)	To support increased range and volume of immunisations in WG schedule, development of business case for Immunisation Team to cover a range of new vaccinations, logistics, CH2000 and cultural workers	£53,000
Children & Women	Maternal Health - Flu	Maintain high levelles of uptake of flu vaccine among pregnant women following 2015/16 pilot programme	£10,000
Medicine	Dementia - GP Diagnosis Clinics	Pilot GP-led Dementia Diagnosis Clinics	£45,000

8. Equality impact assessment (EqIA)

In order to recognise and mitigate any adverse impacts of this plan on the equality of individuals with protected characteristics, the impact of planned actions has been assessed and documented as part of the planning process under the 'Addressing inequalities' section on each card in Section 9. If any adverse impacts are identified, actions to mitigate these are described.

Impacts have been assessed following the UHB guidance document on Equality Impact Assessment, which gives the following definitions and examples:

- Negative impact, e.g.
 - Fails to promote equality
 - Disadvantages one or more equalities groups or sub-groups within them, e.g. there are barriers to them enjoying its benefits
 - The policy unlawfully discriminates

- Positive impact, e.g.
 - Eliminates discrimination
 - Promotes equality
 - Promotes good relations between different groups
 - Ensures information about, and access to services

- None
 - No positive or negative impact has been identified

Since the majority of our actions and services are already available to all, regardless of protected characteristic, our plans do not change this and in these cases no impact has been identified on equality (signified by '0' in the tables). In some cases where we know there are existing inequities in health or access to services we are carrying out targeted work with the aim of addressing this, and in these cases a positive impact is identified (signified by '+' in the tables).

As part of the development of this plan a draft will be circulated among partner organisations and published on the Cardiff and Vale UHB website between January 2016 and March 2016, with comments and feedback sought on the proposals.

The equality impact assessment for this plan will be updated annually as part of the planning process. Comments from individuals or organisations relating to the impact on equalities of any current or potential actions are welcome, using the contact details given at www.cardiffandvaleuhb.wales.nhs.uk/Promoting-Health.

**9. Priority work areas for Cardiff and Vale
Public Health 2016/17-2018/19**

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

First order priority

Tobacco

Lead officer: Trina Nealon (tel: 029 2033 6225)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- % of smokers making a quit attempt via smoking cessation services and the CO validated rate
- % of adult population who 'smoke daily or occasionally'
- % of pregnant women who are smokers at 36-38 weeks (data source and availability tbc)
- % of non-smoking adults' exposure to passive smoke indoors

WHAT ARE WE TRYING TO ACHIEVE?

A reduction in the number of people using tobacco in Cardiff and Vale

STORY BEHIND THE PRIORITY AREA

Prevalence: Welsh Health Survey (WHS) data shows that smoking prevalence has reduced to 20% (2013 & 2014) from 21% (2012 & 2013) for Cardiff and Vale of Glamorgan. Cardiff has seen the most reduction from 23% (2012 & 2013) to 21% (2013 & 2014) The Vale of Glamorgan remains at 18%. Welsh Government (WG) has set a target for Wales of 20% by 2016 and 16% by 2020. Cardiff and Vale of Glamorgan are 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 'point of sale' ban in December 2012. Welsh Government has banned smoking in cars carrying children under 18 and included e-cigarettes within current age restrictions on purchasing tobacco (October 2015) - meaning e-cigarettes cannot be purchased by anyone under the age of 18 years old – in line with tobacco products. Plain packaging for tobacco products continues to be progressed within UK Government and the WG Public Health White Paper is considering legislation on banning smoking in public places (outside).

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 and Vale Communities First areas and has been included within all the GP Cluster Development Plans. Agreed actions include increasing smoking cessation support, improved referral mechanisms, training of GP based staff, and data collection. Of the 18 community based venues for Stop Smoking Wales's Smoking Cessation Groups, only 3 are outside deprivation areas. A Level 3 Enhanced Service for Community Pharmacies within deprived areas has been implemented by the health board with 15 Community Pharmacies participating in Communities First areas. Data sharing and availability has been improved via the work of a dedicated Tobacco Control Group

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 Local Medical Committee (LMC) with increased provision of cessation clinics – particularly in deprived areas. Accessing data from GP Practices continues to be a priority and data has been received to inform the Tier 1 target. Hospital based smoking cessation support is also available to patients and a systematised ward based electronic referral system (on admission) has been agreed to be progressed which will record smoking status of all patients and refer those consenting to smoking cessation support. Pre-operative and maternity patients have been prioritised

Prevention: The 'Children and Young People's Smoking Prevention Programme' continues to be a priority for Cardiff and Vale of Glamorgan. ASSIST has been implemented in 10 secondary schools via Families First funding. All enclosed children's outdoor playgrounds are smoke-free. A research project commissioned by the health board to Cardiff Metropolitan University - using funding from the Wellbeing Activity Grant 2015-2016, has commenced into behavioural insights of young people and smoking. Years 7 and 9 are being targeted as part of the research, with 15 of the 26 secondary level schools across Cardiff and Vale of Glamorgan agreeing to take part to date. A smoke free policy covering all UHB premises and grounds came into force in October 2013 and 2 No Smoking Enforcement Officers are directly funded by the health board to enforce the No Smoking Policy. Data shows that over 400 smokers are being approached each month on the University Hospital of Wales (UHW) site and smokers fall into 3 groups – visitors, patients and staff with visitors being the highest group of smokers – over 70% of all smokers approached. A 'Leadership Challenge' to all Clinical Health Boards and staff to include an Action Plan on how to promote the No Smoking Policy within these 3 groups has been drafted (December 2015)

ACTIONS FOR 2016/17-2018/19

- Implement the wider partnership **Cardiff and Vale Tobacco Control Action Plan** which includes actions relating to environmental tobacco work such as 'Smoke Free Beaches', 'Smoke Free Parks', recruitment of No Smoking Enforcement Officer and Smoke Free Homes and support to national campaigns such as Stoptober (October) and No Smoking Day (March)
- 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, Tobacco Control Delivery and Recovery Plan 2015-2017 and the 'Leadership Challenge Action Plan 2015-2016
- Implement actions to inform data reporting for Tier 1 indicator to include (1) implementation of a Pharmacy Level 3 Enhanced Scheme (Smoking Cessation) (2) Implementation of a GP Practice based software package to routinely collect data on smoking status and cessation (3) provision of additional cessation groups at GP Practices (4) Implementation of an electronic referral and recording programme at ward based Clinical Workstations, for all patients on admission to hospital
- Implementation of the Behavioural Insights Research Programme into Young People and Smoking 2015-2016 and recommend actions for 2016-2017 based on the outcomes of the research
- Implement tobacco related actions as part of Cardiff and Vale Health and Wellbeing Board
- Implement 'Making Every Contact Count' with staff across the wider partnership

ADDRESSING INEQUALITIES

- Targeting smoking cessation support in areas of deprivation – increasing SSW Smoking Cessation Clinics in GP Practices, provision of mobile unit and implementation of Pharmacy Level 3 Smoking Cessation Enhanced Scheme

Equality impact assessment (EqIA)		Key: + Positive impact, - Negative impact, 0=no impact			
Age	+	Caring responsibilities	0	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	+
Race	+	Religion, belief or non-belief	0	Gender	+
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (*where required*)

Age

Smoking prevalence is highest in adults aged 25-44 therefore smoking cessation programmes are targeted at this age range. Similarly, children and young people are targeted in terms of preventing the uptake of smoking (eg., ASSIST, Smoke Free Playgrounds) or the protection against second-hand smoke (eg., Smoke Free Homes)

Race

Smoking prevalence is highest in areas of higher deprivation which also has higher numbers of ethnic groups. Smoking cessation support, smoking prevention and smoke-free environment programmes have been targeted at these populations.

Pregnant or recent birth

Smoking in pregnancy is a key priority for public health in Wales. A specific, targeted programme has been implemented where all pregnant women who smoke are referred (using an agreed Patient Pathway) to smoking cessation services at booking. Pregnant women who smoke who live in areas of high deprivation (Flying Start areas) are referred to smoking cessation as part of an additional, targeted programme

PARTNERSHIP LINKS

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

PERFORMANCE TRAJECTORIES FOR 2016/17-2018/19

% of smokers making a quit attempt via smoking cessation services

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4
2016-2017	4.00%	4.25%	4.50%	4.50%
2017-2018	4.50%	5.50%	5.00%	5.00%

Smoking prevalence trajectory for Cardiff based on Welsh Health Survey data

Measure	Year*			
	2011/12	2012/13	2013/14	2014/15
Target percentage of adults 'smoking daily' or 'occasionally'	21.00%	21.00%	20.00%	19.00%
Target number of adults 'smoking daily' or 'occasionally'	59,297	60,035	57,836	55,581
Number of new adults required to meet target	-	-	2,891	5,850

*Year refers to Welsh Health Survey year, which is generally reported 1.5 years after the time under study, so 14/15 figures will be available in Sep 2016

RESOURCE RISKS AND REQUIREMENTS

Priorities (key dependencies)

- Continuation of additional UHB Smoking Cessation Counsellor Post (currently supporting pre-operative smoking cessation/OOP) at a cost of £26,000 per year (0.5 WTE)
- Continuation of (additional) UHB No Smoking Enforcement Officer post (0.5 WTE post 6 month contract currently)
- Resources to implement No Smoking Policy enforcement, equipment (such as signage), CO monitors to support Tier 1 target, communication campaign
- Pharmacy Level 3 Smoking Cessation resource costed as £66,000 in professional fees, £218,000 NRT for one year

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	Strengthen links through Employers Network and direct with large private employers re No Smoking Policy development
A resilient Wales	Increase emphasis on 'smoke free environments', to include 'smoke free homes' and smoke free open places
A healthier Wales	Already covered in current plans
A more equal Wales	Further increase in focus on inequity, review equity and access of smoking cessation clinics and availability of Nicotine Replacement Therapy and smoking cessation provision to at risk groups such as mental health patients and prisoners
A Wales of cohesive communities	Continue targeting of tobacco control programmes in partnership with Communities First and community groups
A Wales of vibrant culture and thriving Welsh language	Explore tobacco control opportunities in public venues, events and programmes in Cardiff and Vale of Glamorgan
A globally responsible Wales	Linking research of Behavioural Insights with young people and smoking with international studies

<p>LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19 <i>First order priority</i></p> <p>Immunisation</p> <p>Lead officers: Dr Tom Porter (tel: 029 2033 6201) Nuala Mahon – immunisation co-ordinator (tel: 029 2033 6207)</p>	<p>HEADLINE PERFORMANCE INDICATORS OR TARGETS</p> <ul style="list-style-type: none"> • 95% uptake for all childhood immunisations, focusing in particular on uptake among under 4s, with consequent increase in % of children with complete vaccinations at age 4 (WG target) • 75% uptake of seasonal flu vaccine in eligible patients, and 50% uptake among eligible staff (WG target) • 90% uptake of 2 doses of Human papillomavirus (HPV) vaccine (revised schedule)
<p>WHAT ARE WE TRYING TO ACHIEVE? An increase in immunisation uptake in Cardiff and Vale</p>	
<p>STORY BEHIND THE PRIORITY AREA</p> <ul style="list-style-type: none"> • 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' for many vaccines. Once herd immunity is achieved little disease circulates in the community, with the effect that unvaccinated individuals are also protected • Significant improvements have been made in uptake for under 1s in the last year, with rates recovering to above 95%. A postcard reminder for parents of children missing their immunisations has contributed to this increase. However, uptake of other preschool vaccines remains below the target and is a top priority in Cardiff and Vale. Above age 5 and, most significantly, for teenage vaccinations, there is a noticeable drop-off in uptake which is also seen across Wales and the UK • The immunisation schedule has changed significantly recently and more changes are planned. Notably in 16-17 an additional primary school year (Year 3) will be added to the nasal flu spray programme, with further expansion planned incrementally beyond this until all primary years are included. A recently announced programme of HPV vaccination for men who have sex with men (MSM) is likely to be implemented in 16-17 although the details of this have not yet been confirmed by WG • Robust Child Health systems are required to report detailed uptake figures in a timely way, which supports the targeting of interventions to improve uptake. A lot of work has occurred over the last 2 years to ensure a sustainable model of Child Health staffing and it is important this is maintained • A qualitative and quantitative study undertaken in 2014 on the link between ethnicity and immunisation uptake in Cardiff revealed uptake to be lower among Black ethnic groups and a community development programme was begun in 2015 in South Cardiff in response to these findings • Practice-level immunisation profiles were developed and introduced in 2015, with quarterly updates for practices • Seasonal flu vaccine uptake has a trend of improvement year-on-year among eligible health professionals, although not yet reaching the 50% target, but is still considerably below target for the under 65s in at risk groups • A number of outbreaks of seasonal flu in institutional environments including nursing homes and a special school in 2014 highlight the need to ensure proactive coverage of flu vaccination among staff and clients in these settings 	
<p>ACTIONS FOR 2016/17-2018/19</p> <ul style="list-style-type: none"> • Deliver and performance manage the Cardiff and Vale immunisation action plan and season flu action plan, with a specific focus on: <ul style="list-style-type: none"> • Infant immunisations – focus in particular age 3y4m-4y <ul style="list-style-type: none"> ○ Introduce new postcard reminder for non-responders ○ Single branded communications strategy, posters, postcard summary, website ○ Support Flying Start initiatives to raise uptake ○ Training, awareness raising and provision of materials (e.g. proforma to accompany discharge) of missing immunisations in opportunistic secondary care environments e.g. paediatric A&E, paediatric outpatients ○ Agree consistent and transparent escalation protocol with practices (e.g. email, cluster involvement, practice visit, formal notification, PCIC liaison team) for outlier immunisation uptake 	<p>ADDRESSING INEQUALITIES</p> <ul style="list-style-type: none"> • Carry out recommendations following South Cardiff community development work in 2015, to improve immunisation rates among black communities in Cardiff • Work with GP Clusters to provide timely localised data and support to share practice and improve uptake in their area • Work with schools to highlight low uptake and offer appropriate support

- Continue BME community development work
- Teenage immunisations
 - Scope and, if viable, implement schools-based immunisation team to deliver scheduled and catch up imms
 - Design and introduce regular one page schools immunisation profiles to engage schools and key local stakeholders in uptake
- Training
 - Further roll out elearning
 - Seek Wales review of UK national immunisation minimum standards
- New programmes / programme extensions
 - Extend school flu programme to Year 3
 - Plan and introduce MSM HPV programme once details known from WG
- Seasonal flu
 - Continue focus on under 65s at risk (including pregnant women) and staff vaccination, the latter through support to CBs to fully implement Staff seasonal flu vaccination policy agreed in 2015
- Continue to implement 'Making Every Contact Count' with staff across the wider partnership, which includes immunisation messages

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	0	Caring responsibilities	+	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	+
Race	+	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (where required) Positive action is being taken to reduce inequalities associated with access to childhood immunisations for some ethnic minority groups; and proactive work undertaken to promote influenza vaccination to carers and pregnant women. Although HPV vaccination is currently only available for females and not males, because the primary intention of the programme is to reduce the risk of cervical cancer, this is not something which is applicable to males. Immunisation programmes are recommended nationally by the Joint Committee on Vaccination and Immunisation (JCVI) who regularly review whether HPV vaccination should be extended to males.

PARTNERSHIP LINKS

- GPs, GP clusters, community pharmacies
- Public Health Wales Vaccine Preventable Disease Programme
- Cardiff Long Term Conditions Alliance
- City of Cardiff and Vale of Glamorgan Councils, Education, Healthy Schools schemes
- Third Sector and private businesses

PERFORMANCE TRAJECTORIES FOR 2016/17-2018/19

Indicator	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
5 in 1 (age 1)	>95.0%	>95.0%	>95.0%	>95.0%
% up-to-date (age 4)	84.0%	84.3%	85.0%	85.5%
Seasonal flu (staff)	-	-	-	50.0%
Seasonal flu (under 65s)	-	-	-	50.0%
Seasonal flu (over 65s)	-	-	-	70.0%

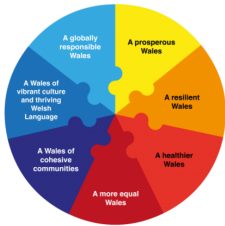
Note: the childhood immunisation indicators above are subject to a significant lag between immunisation due date and inclusion in the indicator, so any changes in uptake will also show a significant lag. Using enhanced COVER reporting, provided by PHW Vaccine Preventable Disease Programme, will give an earlier indication in trends in uptake

RESOURCE RISKS AND REQUIREMENTS

- Priorities (key dependencies)
 - Sustainable staffing levels within Child Health Records Department
 - Funding streams made available to the UHB by Welsh Government to support flu vaccination and HPV programmes in schools are made fully available to operational teams, in particular while performance is below target levels, to enable recruitment of staff
 - Introduction of schools-based immunisation team as school programmes extend, if found viable on scoping
 - Provision of regular COVER reports by PHW Vaccine Preventable Disease Programme
- Internal (UHB)
 - Dedicated communications support, data analysis, admin time, and small non-pay budget for postcard reminders and SMS pilot
 - £2k top-up for central Child Health reminders for parents of 2 and 3 year olds for flu vaccine nasal spray
 - £10k for dedicated midwifery support for flu vaccination of pregnant women

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	Strengthen links through Employers Network and direct with large private employers re flu vaccination
A resilient Wales	Increase emphasis on private employer resilience through full vaccination of staff, including seasonal flu and MMR where appropriate
A healthier Wales	Already covered in current plans
A more equal Wales	Further increase in focus on inequity, review equity of teenage vaccines and school coverage, and look at uptake of flu vaccine <65s by gender
A Wales of cohesive communities	Continue and expand BME engagement programme, consider Traveller community engagement and needs
A Wales of vibrant culture and thriving Welsh language	Scope opportunities for adult flu vaccination awareness raising in context of rugby, football Consider Welsh language Twitter conversation about immunisation
A globally responsible Wales	Scope working with African communities in Cardiff and Wales4Africa to engage communities with vaccination practice in origin countries Focus on reducing vaccine wastage

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

First order priority

Obesity

Lead officers: Dr Suzanne Wood – obesity (tel: 029 2033 6201)
Sue Toner – physical activity (tel: 029 2033 6224)
Rhianon Urquhart – food (tel: 029 2033 6222)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- **Increase** percentage of reception class children (aged 4/5) **who are a healthy weight**
- Decrease percentage of adults reported being overweight or obese
- Decrease gap between most and least deprived fifths for overweight and obesity in children (aged 4/5) and adults

WHAT ARE WE TRYING TO ACHIEVE?

A reduction in the number of people who are overweight and obese in Cardiff and Vale, by improving diet and nutrition and increasing levels of physical activity

STORY BEHIND THE PRIORITY AREA

Obesity is a risk factor for many illnesses, reducing quality of life and life expectancy. Obesity-related illnesses include: type 2 diabetes, heart disease, stroke, osteoarthritis, sleep apnoea and some cancers. Obesity cost the Welsh NHS some £73 million in 2008/9, and if overweight was included, £86 million. Our dietary habits, exercise levels and how sedentary we are influence our weight and therefore health. The All Wales Obesity Pathway addresses the different levels of complex conditions and disability associated with obesity.

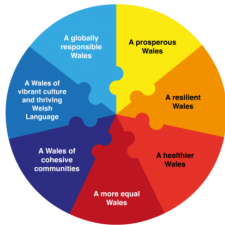
There is a social gradient for obesity, in that the more deprived you are the more likely you are to be obese in childhood and adulthood. Evidence shows that those living in the most deprived areas have the poorest lifestyles as low incomes and a lack of facilities are barriers to consuming fresh and healthier foods and taking regular exercise. In 2010, the poorest 10% of the population bought 25% less fruit and 15% less vegetables than in 2007. When food prices go up and household incomes go down, people on low to middle incomes buy less healthy food and more unhealthy food. Sedentary behaviour and levels of television viewing are higher in lower socio-economic groups. Having a healthier environment has a major role to play in reducing obesity levels, such as providing open green space and reducing the density of hot food takeaways.

Currently, overweight and obesity reported levels in adults are 54% across Cardiff and Vale; obesity alone stands at 20%. In Cardiff and Vale reception year children, overweight and obesity is 22.1% and obesity 9.3%. Eating five fruit and vegetables a day is a proxy measure for eating well. Across Cardiff and Vale, only 34% of adults report eating five-a-day. For children and young people, the recommendation is to be physically active (moderate to vigorous intensity) for at least 60 minutes and up to several hours a day. Across Cardiff and Vale, schools deliver 96 minutes of physical education a week, although the target is 120 minutes. Adults should aim to undertake at least 150 minutes of moderate intensity exercise a week, in bouts of 10 minutes or more. Cardiff and Vale levels are 27% doing at least 30 minutes of at least moderate intensity physical activity on 5 or more days the previous week, whilst those who are completely sedentary was 35%. Addressing the obesity issue requires a partnership approach across the UHB, both local authorities and the Third sector.

For example, to underpin some of the actions highlighted in the action areas, City of Cardiff and Vale of Glamorgan Councils, through their Shared Regulatory Service (SRS), will be undertaking a programme of targeted inspections/visits to premises undertaking commercial activities that have a significant impact upon vulnerable people, e.g. Care Homes, food establishments in schools and hospitals.

ACTIONS FOR 2016/17-2018/19

In 2016/17 we will use obesity (including food and physical activity) as a 'pathfinder' topic, considering it from the perspective of future generations and what actions we need to take now to safeguard their wellbeing



Wellbeing goal	Actions 2016/17-2018/19
A prosperous Wales	Promote the availability of Healthy Options awards to food businesses in Cardiff and the Vale Encourage active travel arrangements and 'healthy' workplace design, to benefit staff and increase attractiveness of working in Cardiff and Vale Work with local authority planners to encourage low carbon, easy and accessible active travel arrangements for tourists and visitors to area
A resilient Wales	Support ACE Communities First team and other areas to develop community cafe(s) to offer opportunities for local training, volunteering and healthy food Increase number of people trained in Making Every Contact Count within communities and organisations, to increase social capital around healthy diet and physical activity
A healthier Wales	Delivery of Food and Physical Activity Action Plans Support the primary care teams and Clusters to deliver actions that address the food and physical activity needs of their populations Through the Cardiff and Vale Health and Wellbeing Board, begin to develop a network of organisations, groups and individuals who contribute to building health-supporting local environments Implement and monitor hospital restaurant and retail outlet food standard policies, and use experience to spread good practice to public sector partners Support the implementation of healthy workplace food environments through Corporate Health Standard and Employers' Network Continue to work with schools on food and physical activity through the Healthy Schools and Healthy and Sustainable Preschool schemes, and School Holiday Enrichment Programme Improve access and uptake of maternity overweight and obesity support, and breastfeeding support Work with local retailers and suppliers to encourage availability of healthy affordable food Continue to encourage healthy environments through implementation of Local Development Plans
A more equal Wales	Expand the reach and engagement of the Food Cardiff programme. Expand the School Holiday Enrichment Programme (SHEP) Improve access to green spaces, active travel options, low traffic and pollution areas, especially in more deprived areas Work with local authority planners on density of hot food takeaways in deprived areas and near schools Improve access to support and treatment services for nutrition, physical activity and obesity Share and help spread best practice on food poverty (School Holiday Enrichment Programme) through representation on the Wales Food Poverty Alliance
A Wales of cohesive communities	Increase use of social movement approach for obesity, using best practice and local examples such as Food Cardiff Continue to work with and focus within Communities First areas, and areas of deprivation outside Communities First areas Work with local communities to maximise existing assets around food and physical activity, e.g. opportunities for community growing, community social exercise events (e.g. fun runs, regular park runs etc.)
A Wales of vibrant culture and thriving Welsh language	Work with local authority planners to place active travel such as walking and cycling at the heart of transport and planning strategy, for example promoting increase in easily walkable areas of Cardiff and Vale, increase ease and safety of cycling, fully integrated active transport for commuting and tourism
A globally responsible Wales	Encourage direct alignment of national and local planning and transport policies to address the obesogenic environment and reduce air pollution Encourage active travel, connectivity across and between communities, food growing spaces, access to open spaces

ADDRESSING INEQUALITIES

- Actions to increase participation in physical activity and healthy food initiatives across the social gradient is supported through: Locality and Neighbourhood Partnership Teams, Communities First Clusters and community partners.
- Food Cardiff in particular supports the food poverty agenda

PARTNERSHIP LINKS

- Cardiff and Vale of Glamorgan Local Authorities
- Third sector
- Cardiff Neighbourhood Partnership Teams
- Primary care
- Communities First
- Food Cardiff Council
- Private sector

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	0	Caring responsibilities	+	Disability	+

Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	+
Race	0	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language			
Comments and mitigation actions (where required)					
PERFORMANCE TRAJECTORY FOR 2016/17-2018/19					
% of population overweight or obese					
Year	2016/17	2017/18	2018/19		
Adult	54%	54%	54%		
Children	21.0%	20%	18.9%		
RESOURCE RISKS AND REQUIREMENTS					
Priority (key dependency)					
<ul style="list-style-type: none"> Expansion of maternal and childhood obesity initiatives 					
Internal (UHB)					
<ul style="list-style-type: none"> Resources to implement actions within primary care Capacity for Healthy Options Award delivery 					
Partner					
<ul style="list-style-type: none"> Budgetary constraints across local authority areas Curriculum pressures within schools Reduction in uptake of Free School meals Impact of welfare reform changes 					

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

Second order priority

Alcohol

Lead officer: Cheryl Williams (tel: 029 2033 6223)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

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

WHAT ARE WE TRYING TO ACHIEVE?

A reduction in the number of people drinking over the recommended levels in Cardiff and Vale

STORY BEHIND THE PRIORITY AREA

Prevalence: 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. Welsh Health Survey data illustrates that in Cardiff and the Vale of Glamorgan adult self reported consumption above the guidelines has remained at 44% in 2013/14 with the same figure in 2012/13. Approximately a quarter of adults binge drink (6 or more units for women, 8 or more for men, measured on the heaviest drinking day in previous week). The rate of alcohol specific hospital admissions has decreased slightly from 398 in 2011/12 to 327 per 100,000 people in 2012/13 (latest available figures).

Legislation: Legislation can play a fundamental role in helping to reduce consumption levels. The WG is considering legislation to introduce a minimum unit price of 50p, which is an approach with a strong evidence base which would have an impact on reducing harm amongst the most hazardous and harmful drinkers. Cardiff Council has reissued its Statement of Licensing policy. The Licensing policy is a strategic tool that provides an opportunity to manage health, crime and social problems in the City where alcohol is a contributing factor. While much of the day to day work of the Licensing service consists of processing and determining applications for licenses the current policy is an attempt to move the licensing function away from being a reactive, application-driven process, to one that is forward-looking, policy-led and able to reflect aspirations for the City

Socio-economic status: 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. Alcohol consumption is highlighted as a key area for improvement within Cardiff and Vale Communities First areas and has been included within all the GP Cluster Development Plans. Agreed actions include increasing awareness of alcohol and its harms, improved referral mechanisms, training of GP based staff and appropriate professionals in Alcohol Brief Interventions

Prevention: The Cardiff and Vale Area Planning Board has an Alcohol Group to focus on delivery of actions to address key alcohol issues. Around 1,500 staff from the UHB and other local organisations have now been trained to deliver brief interventions on alcohol. From April 2014 the brief intervention training has been incorporated into the Universal Services (tier 1) Substance Misuse package, for which PHW is the lead provider. A number of local trainers are now able to deliver the course, with a focus in this year on training primary care staff. The Alcohol Treatment Centre (ATC) continues to relieve the pressure on the Welsh Ambulance Service Trust and the Emergency Unit (EU). 934 patients were seen in the ATC during 2014/15 (an increase from 736 in 2013/14). Continuity funding for the ATC has been secured for a further year.

ACTIONS FOR 2016/17-2018/19

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 as part of the Universal Services package
- Continue to deliver and evaluate effectiveness of Alcohol Treatment Centre
- Deliver Alcohol Brief Interventions training across Cardiff and Vale
- Deliver alcohol awareness campaigns for UHB and partner organisations
- Implement 'Making Every Contact Count' with staff across the wider partnership
- Work with universities to raise student awareness and understanding of alcohol issues
- Work with GP clusters and Neighbourhood Management partnerships to support implementation of alcohol actions
- To act as a Responsible Authority under the Licensing Act 2003, work with Alcohol Licensing teams and make representations to applications where relevant, which may include the use of 'last drink data'

ADDRESSING INEQUALITIES

- Targeting alcohol education work in schools and with organisations supporting young people in areas of high deprivation
- Targeting promotion of alcohol brief intervention training to primary care staff based in areas of high deprivation

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	+	Caring responsibilities	0	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	0
Race	0	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (where required)

Age

The Switched On service target work on alcohol specifically at young people aged under 25 years, through education in schools, youth settings and training for professionals working with this age group. The work ensures that young people have access to appropriate services and information about what those services provide.

- Deliver under age sales test purchases, including test purchases to assess compliance of retailers with own "Think 21 & 25" policies (City of Cardiff and Vale of Glamorgan Councils)

PARTNERSHIP LINKS

- Cardiff and Vale of Glamorgan local authorities
- Cardiff and Vale UHB
- Cardiff and Vale of Glamorgan Substance Misuse Area Planning Board
- Public Health Wales Alcohol Team
- ASFA Carduf - Supporting Services Users Task Group
- Cardiff Neighbourhood Partnership Teams
- Cardiff & Vale Communities First teams
- 3rd sector organisations, including NewLink Wales

PERFORMANCE TRAJECTORIES FOR 2016/17-2018/19

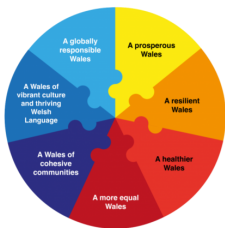
Continuous improvement in headline indicators. Trajectory to be confirmed.

RESOURCE RISKS AND REQUIREMENTS

- Priorities (key dependencies)
 - Continuation of Area Planning Board (APB) Substance Misuse Action funding beyond current date of March 2017. This funding supports the delivery of ABI training and the alcohol awareness campaigns
 - Long term funding for Alcohol Treatment Centre (current funding secure until 2016/17)
- Internal (UHB)
 - Resources to support training of practitioners in Alcohol Brief Interventions, and delivery of alcohol awareness campaigns, such as unit/calorie measure wheels and unit measure beakers
 - Resources to implement actions within primary care, including time to undertake ABI training

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	Strengthen links through Employers Network and direct with large private employers re alcohol and its potential impact on workforce and productivity
A resilient Wales	Increase emphasis on private employer resilience re alcohol
A healthier Wales	Already covered in current plans
A more equal Wales	Further increase in focus on inequity, review equity of provision of substance misuse education in schools, and delivery of alcohol brief intervention training in areas of high deprivation
A Wales of cohesive communities	Consider needs of minority ethnic groups around alcohol
A Wales of vibrant culture and thriving Welsh language	Take opportunities for promoting safe alcohol consumption at events in Cardiff and Vale eg Mardis Gras. Work with a Welsh language school to develop peer education sessions around alcohol awareness.
A globally responsible Wales	

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

Second order priority

Sexual health

Lead officer: tbc (tel: 029 2033 6231)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Reduce the teenage conception rate in Cardiff and the Vale of Glamorgan

WHAT ARE WE TRYING TO ACHIEVE?

Reduce teenage pregnancy rates and rates of sexually transmitted infections in Cardiff and Vale

STORY BEHIND THE PRIORITY AREA

- Teenage pregnancy is often associated with poor health and social outcomes for both mother and child (Welsh Government, 2010). There is a close link between socio-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). Conception rates among Under 16s in Cardiff (2011/13) were 6.7 per 1,000 girls aged 13-15 years, and Vale of Glamorgan, 5.1 per 1,000 (Wales 5.7 per 1,000. Office for National Statistics, 2015). Conception rates among Under 18s were 34.9 per 1000 for Cardiff, 25.5 per 1,000 for Vale of Glamorgan (Wales, 30.8 per 1000, 2011/13. Office for National Statistics, 2015).
- The Condom (C) card scheme is operating across Cardiff and Vale at 60+ assessment points. A Sex and Relationships Education (SRE) project is underway ensuring Primary and Secondary school settings are receiving SRE delivery, offering support in 20 settings alongside training and information for staff to deliver the topic appropriately. The Empower to Choose intervention has been rolled out across Cardiff and Vale since April 2012, 48.8% of the 258 young women under 18 attending end of pregnancy services received Long-acting reversible contraception (LARC) following pregnancy (April 2012-September 2014).

ACTIONS FOR 2016/17-2018/19

- 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 C-Card Scheme for young people in Cardiff and Vale;
 - provide SRE delivery support to schools and youth organisations.
- Target work with vulnerable young people, including provision of 1 to 1 support, and improving access to LARC for vulnerable young people including looked after children.
- Ensure all end of pregnancy services have access to LARC at point of service (Empower to Choose intervention).

ADDRESSING INEQUALITIES

- Education for young people on sexual health (SRE Project, Families First funded)
- Provision of C-card Scheme in areas of high teenage pregnancies
- Sexual Health Outreach Team (SHOT, Cardiff) offering 1 to 1 advice, information and support for vulnerable young people (age 13-25 years)

Equality impact assessment (EqIA)		Key: + Positive impact, - Negative impact, 0=no impact			
Age	+	Caring responsibilities	0	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	+
Race	0	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (*where required*)

The projects identified have a positive impact on age, with improved access to sexual health services/education among the age group 11-25 years old. There is information about and access to the c-card scheme. Also, for under 18 year olds attending end of pregnancy services, there is a positive impact on the education and access to contraception information/services.

PARTNERSHIP LINKS

- Sexual Health Outreach Team (SHOT)
- C-Card Scheme, Cardiff and Vale of Glamorgan
- Cardiff and Vale Sexual Health Group (and task groups).

PERFORMANCE TRAJECTORY FOR 2016/17-2018/19

Target to reduce teenage conception rate to 30 per 1000 (Cardiff and Vale UHB) among Under 18s.

RESOURCE RISKS AND REQUIREMENTS

- Partners
 - Continuation of the SRE Project beyond Families First funding (Cardiff, funding until March 2017)
 - Changes to the C-card scheme locations, subject to youth centre closures (Cardiff and the Vale of Glamorgan).

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	Continue to work in areas of high deprivation to reduce the number of teenage pregnancies with the aim of improving the social outcomes of young people.
A resilient Wales	Expand the number of C Card points in the community to increase the number of free condoms given out by community organisations. Continue to train and support teaching staff to deliver appropriate and effective SRE in primary and secondary schools across Cardiff. Promote the use of SRE toolkits in primary and secondary schools to increase capacity to deliver SRE.
A healthier Wales	Promote safe sex to young people with the aim of reducing STI's and unplanned pregnancies. Work with the Department of Sexual Health, YMCA and educational settings to promote the young persons clinic and break down barriers that stop young people attending for testing and treatment. Continue to deliver the C Card scheme and increase the number of condoms given out to young people. Promote LARC and other forms of contraception to young people..
A more equal Wales	Ensure that young people from areas of high deprivation are receiving accurate information on safe sex and contraception and know how to access free contraception, condoms and sexual health services.
A Wales of cohesive communities	Work with communities First and voluntary and statutory organisations to promote sexual health services in all appropriate settings sharing best practice.
A Wales of vibrant culture and thriving Welsh language	Ensure that sexual health information and literature is available in Welsh.
A globally responsible Wales	Make young people aware of the importance of healthy sexual practice and disseminate health messages globally.

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

Second order priority

Falls prevention

Lead officer: Cheryl Williams (tel: 029 2033 6223)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Emergency admission for hip fractures (age-standardised) for people aged 65+ (per 100,000)
- % adults aged 65+ with no active days per week

WHAT ARE WE TRYING TO ACHIEVE?

A reduction in the number of older people experiencing falls in Cardiff and Vale

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. Hip fractures are the most common serious injury relating to falls in older people. Approximately half of all fallers who fracture their hip are never functional walkers again. The UHB Falls and Bone Health programme has joined with the 1,000 Lives+ Falls Collaborative, adopting the Collaborative's care bundle approach. In 2013/14 there were 566 per 100,000 emergency admissions for hip fractures amongst people aged 65+ in Cardiff and the Vale of Glamorgan. 58% of people aged 65+ reported having no active days in a week (2009-2012 Welsh Health Survey data). The rates of admission for falls varies by socio-economic group, with people living in deprived areas more likely to be admitted following a fall.

Progress to date includes:

- Multi-disciplinary approach to falls management being taken through Community Resource Teams in Cardiff and the Vale
- Staff from UHB physiotherapy, Cardiff Council Leisure Services and Extend tutors are 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)
- An exercise continuum of community based falls prevention activities becoming established, with 10 Otago based courses offered in community facilities and leisure centres, Balanced Lives programme established in Cardiff and the Vale, third sector organisations offering exercise classes specifically for older people, and the National Exercise Referral Scheme offering a falls specific element in their Cardiff and Vale programmes.

ACTIONS FOR 2016/17-2018/19

Community falls prevention interventions

- Sustain improved compliance with the numbers of those aged 65+ screened for falls risk in Unscheduled Care through support and education
- Increase use of GP Falls pathway and exercise decision-making tool through GP cluster plans
- Continue to identify opportunities to develop the continuum of falls prevention focused exercise opportunities in community settings

ADDRESSING INEQUALITIES

- Target falls prevention activities within areas of high deprivation, where increased risk is evident

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	+	Caring responsibilities	0	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	0
Race	0	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (where required)

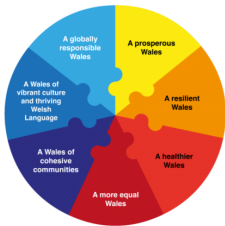
Age

Falls prevention work is primarily targeted at people aged 50+, as the risk of falling increases as people age. Work is focused on increasing levels of physical activity through offering a range of community based exercise classes specifically aimed at increasing strength and balance for older people. Specific information and signposting is in place to ensure people can access these opportunities.

	<p>PARTNERSHIP LINKS</p> <ul style="list-style-type: none"> • Cardiff and Vale local authorities • 3rd sector, including Age Cymru, Age Connects, Care and Repair Cymru • Public Health Wales • Neighbourhood Partnership Teams in Cardiff • Cardiff and Vale UHB
<p>PERFORMANCE TRAJECTORY FOR 2016/17-2018/19</p> <p>Continuous improvement in headline indicators. Trajectory to be confirmed.</p>	<p>RESOURCE RISKS AND REQUIREMENTS</p> <ul style="list-style-type: none"> • Partners <ul style="list-style-type: none"> ○ increasing number of exercise opportunities (including strength and balance activities) is dependent on availability of funding • Internal (UHB) <ul style="list-style-type: none"> ○ Links need to be strengthened between UHB partners and referrals to community based exercise classes as a tool to prevent falls

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	Strengthen links through Employers Network and direct with large private employers re promotion of physical activity and the importance of staying active throughout working age to avoid falls in the future
A resilient Wales	Increase emphasis on private employer resilience physical activity as population ages
A healthier Wales	Already covered in current plans
A more equal Wales	Further increase in focus on inequity, review equity of falls prevention interventions, look at areas of high morbidity rates due to falls and target work specifically
A Wales of cohesive communities	Consider needs around falls prevention and physical activity for older people the BME communities.
A Wales of vibrant culture and thriving Welsh language	Ensure falls prevention information is available in the Welsh language
A globally responsible Wales	Scope whether by improving individuals' strength and balance, they can feel more confident about walking and therefore less reliant on using cars for short trips

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

Second order priority

Health at work

Lead officers: Dr Suzanne Wood (tel: 029 2033 6201)
Josef Prygodzicz (tel: 029 2033 6206)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Number of employers participating in the Award schemes (Corporate Health Standard, Small Workplace Health Awards)
- Number of employers participating in Workboost

WHAT ARE WE TRYING TO ACHIEVE?

A healthy and supportive working environment for staff in Cardiff and Vale UHB

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, and is currently considering re-engaging with the award after initially achieving Silver in 2002. 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 Health Wellbeing Action Plan. The Health Board itself currently has the Platinum Corporate Health Standard.
- The Cardiff and Vale Local Public Health Team coordinates and facilitates the Cardiff and Vale Employers Network which engages with organisations across the area and supports them to implement evidence based workplace initiatives through a series of health themed forums.
- Workboost provides support and advice on Health and Safety and health and well-being issues
- Between the time period of January 2015 to December 2015, twelve organisations in Cardiff and Vale were assessed and awarded the CHS.
- A further seventeen organisations were assessed for SWHA during the time period.
- 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 2016/17-2018/19

- Continue to 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 2016/17 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
- Implementation of UHB Hospital Restaurant and Retail Catering Outlets Food Standards across all UHB provided restaurants, cafes and trolley services
- 100% compliance with the UHB Healthy Retail Policy by all retail outlets providing food or drink items at University Hospital Llandough
- Develop green gym initiatives on hospital sites
- Evaluate staff weight management pilots

ADDRESSING INEQUALITIES

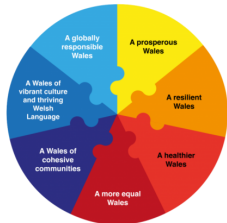
- By utilising an inclusive approach to supporting workplaces from all sectors, and across all professions in Cardiff and Vale (including manual, industrial and office based professions) we are ensuring that all organisations have the opportunity to receive support in working towards promoting and protecting the health and wellbeing of their staff

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	0	Caring responsibilities	0	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	0
Race	0	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language	0		
Comments and mitigation actions (where required)					

	<p>PARTNERSHIP LINKS</p> <ul style="list-style-type: none"> • Cardiff Council • Vale of Glamorgan Council • Stop Smoking Wales, Workplace Health Team, Public Health Wales • Third sector; private sector
<p>PERFORMANCE TRAJECTORY FOR 2016/17-2018/19 Continuous improvement in headline indicators</p>	<p>RESOURCE RISKS AND REQUIREMENTS</p> <ul style="list-style-type: none"> • Partners <ul style="list-style-type: none"> ○ No current resources available to expand upon and further develop the Employers Network ○ Maintain resource within Local Authorities for delivery of health and safety service response in an appropriate and timely manner

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	Utilise links through the Employers Network and employee health and wellbeing award schemes to ensure health improvement activities are embedded in workplaces to work towards reducing staff absenteeism, and create a healthy, prosperous workforce
A resilient Wales	Build on current work with the Employers Network and employee health and wellbeing award schemes to continue to work towards creating healthy working environments that are resilient to illness
A healthier Wales	To share existing best practice within Cardiff and the Vale of Glamorgan to ensure organisations are supported to promote and protect the health and wellbeing of their employees
A more equal Wales	Ensure membership of the Employers Network along with ongoing workplace health support is available to all organisations who wish to access it
A Wales of cohesive communities	Continue to expand on the reach of the Employers Network and workplace health and wellbeing award schemes to ensure support of organisations of all sectors and within all communities of Cardiff and Vale of Glamorgan
A Wales of vibrant culture and thriving Welsh language	Ensure that all workplace health support to organisations in Cardiff and the Vale of Glamorgan, values, respects and promotes all cultures and provides bilingual information for people wishing to access it in Welsh
A globally responsible Wales	Ensure that workplaces in Cardiff and the Vale of Glamorgan, through the Employers Network have the opportunity to access information on the most up to date and evidenced based information from across the globe, and in turn, contributes to the evidence base of effective and responsible workplace health activities

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

Second order priority

Health protection

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HEADLINE PERFORMANCE INDICATORS OR TARGETS

- No circulating measles in Cardiff and the Vale
- All declared outbreaks evaluated against World Health Organisation (WHO) evaluation template at their conclusion for outbreaks and environmental incidents
- Achieve national target of 85% TB treatment completion rate
- 3,000 teenagers swabbed for meningococcal carriage study
- Ensure flu vaccination offered to all children in risk groups in special schools
- 85% uptake of TB screening invitations in higher education

WHAT ARE WE TRYING TO ACHIEVE?

A reduction in the incidence and impact of infectious diseases and environmental hazards in Cardiff and Vale

STORY BEHIND THE PRIORITY AREA

- Infectious disease emergencies cause mortality, morbidity and great anxiety to the public. Preventative evidence-based activities are key in reducing the risk
- 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 remain in place to deliver improvements. The Shared Regulatory Service will apply some of the successful action plans established at Cardiff into the Vale of Glamorgan processes to identify and deliver any appropriate improvements
- Tuberculosis (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 and new entrants from high prevalence countries.
- 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. In addition to responding to acute incidents, proactive research is needed to understand relationships between environmental hazards, health outcomes and other factors so effective action can be taken to reduce associated health burdens
- There is a health protection on-call rota out of hours covering Wales which is staffed by Specialty Registrars and Consultants, including those from the Cardiff and Vale local Public Health team, in addition to specialist support from Public Health Wales health protection leads. The team also contributes to co-ordinating any LHB actions which may be required as a result of an outbreak or event during work hours

ACTIONS FOR 2016/17-2018/19

- Deliver the National Food Hygiene Rating Scheme and implement alternative strategies for securing improvements in the food safety performance of local businesses
- Lead the development and delivery of the Cardiff and Vale of Glamorgan Food Law enforcement service plans 2016/17
- Ensure that multiagency preparedness plans are in place to mitigate risk from imported Ebola Virus Disease infection
- Swab 3,000 teenagers for the meningococcal carriage study to contribute to the evidence base for prevention of meningococcal disease
- Facilitate preventative activities in vulnerable group settings including infection prevention and control interventions in care homes, and improving flu vaccination uptake in special schools
- Offer mass TB screening sessions to those at risk in higher education establishments
- Audit measles control activities to ensure that cases are not missed
- Provide appropriate and timely responses to infectious disease notifications, identify any linked cases/outbreaks and audit/evaluate this response
- Deliver enhanced surveillance for *Campylobacter* to identify clusters of illness associated with food

ADDRESSING INEQUALITIES

- Tuberculosis is more prevalent among more deprived communities in Cardiff and Vale so targeting this will help reduce inequalities
- Environmental stressors and impacts disproportionately affect more vulnerable and deprived communities (see above)

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	0	Caring responsibilities	0	Disability	0
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	0
Race	0	Religion, belief or non-belief	0	Gender	0
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (where required)

<p>businesses in accordance with the best practice guide endorsed by the Directors of Public Protection in Wales</p> <ul style="list-style-type: none"> • Maintain the capacity of the TB unit to deliver screening and control activities and facilitate TB screening of asylum seekers through the Cardiff Health Access Practice. • Provide appropriate and timely responses to environmental incidents, identify any associated exposed populations and health impacts and audit/evaluate the response • Deliver the Environmental Public Health Team work plan for 2014/15 to 2016/17 • Participate in the delivery of a National Infection Prevention and Control Project for Childcare settings (0-5years) • Participate in the health protection on-call rota 	<p>PARTNERSHIP LINKS</p> <ul style="list-style-type: none"> • Communicable disease <ul style="list-style-type: none"> ○ City of Cardiff and Vale of Glamorgan Councils ○ NHS including GPs, Public Health Wales ○ Third and private sectors ○ Local communities ○ Offender health including Prisons ○ Education • Environment <ul style="list-style-type: none"> ○ Public Health Wales ○ Local Authorities ○ Natural Resources Wales ○ Food Standards Agency
<p>PERFORMANCE TRAJECTORY FOR 2016/17-2018/19</p> <ul style="list-style-type: none"> • Please contact relevant lead for specific trajectories 	<p>RESOURCE RISKS AND REQUIREMENTS</p> <ul style="list-style-type: none"> • Internal (UHB) <ul style="list-style-type: none"> ○ Maintain capacity within TB unit • Partners / Welsh Government <ul style="list-style-type: none"> ○ Maintain resource in local authorities for delivery of communicable disease response in appropriate and timely manner; and resource for food safety function ○ Provide ongoing support for the Environmental Public Health network in Wales

LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19

Second order priority

Healthcare public health

Lead officers: Dr Sian Griffiths, Fiona Kinghorn, Dr Tom Porter, Dr Suzanne Wood (tel: 029 2033 6201)

HEADLINE PERFORMANCE INDICATORS OR TARGETS

- Dementia - as per the Monitoring and Evaluation Framework
- Optimising outcomes policy implemented
- 'Making Every Contact Count' embedded within UHB Clinical Services
- 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
- Diabetes indicators (performance and outcome), drawn from the WG Diabetes Delivery Plan for consistency, stabilising
- Completion of population needs assessment for Social Services and Wellbeing Act

WHAT ARE WE TRYING TO ACHIEVE?

Healthcare pathways which start with prevention, focus on outcomes, reflect the best available evidence, and make optimal use of resources

STORY BEHIND THE PRIORITY AREA

Dementia

- Dementia is a largely progressive illness, for which timely detection, and support for the person with dementia and their carers, can create the best possible outcome. Across Cardiff and the Vale of Glamorgan there are over 5,000 people with dementia, due to increase to over 8,000 by 2030. In order for people to prevent, delay and cope better with dementia, a multi-agency Cardiff and Vale Dementia 3 Year Plan was launched in July 2014. The Plan is overseen by the Dementia Taskforce and the Taskforce has six sub-groups responsible for the delivery of all the actions within it. The actions have been mapped against the National Dementia Action Plan and a gap analysis performed. There are four strategic themes:
 - Making structural changes to economic, cultural and environmental conditions
 - Improving infrastructure and access to services for all
 - Strengthening communities
 - Strengthening individuals
- The Dementia Taskforce meets quarterly to ensure that the actions are on track and that mitigations are put in place where there are risks to the actions not being delivered.

Optimising Outcomes Policy

- The UHB 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 elective surgical care pathways, in both primary and secondary care, in order to optimise operative outcomes for patients.

Making Every Contact Count

- The 'Making Every Contact Count' approach aims to support all staff in the UHB (and partner organisations) to be able to routinely, confidently and sensitively discuss any of our priority lifestyle factors (smoking, alcohol, physical activity, food and immunisation) with the people they meet, in order to appropriately signpost or refer them for further help and support. This will support the development of a culture where prevention is a routine element of the services offered by Cardiff and Vale UHB and so contribute to 'Keeping people well'

Diabetes

- Diabetes is a key priority identified by the UHB. 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. The integrated diabetes community model, where most patients with Type 2 diabetes are managed by GPs in the community with support from identified consultants, is in place. The model aims to improve the care of patients and reduce unnecessary referrals to secondary care. Work is underway to identify ways to strengthen and sustain the model in future.

Planning and commissioning

- 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 the **Interventions Not Normally Undertaken (INNU) policy**. Routes for exemption to the policy should be in place and clearly communicated

- Prioritisation criteria and mechanisms have been used in various ways in the UHB. There is a need for ongoing emphasis to embed prioritisation criteria in the UHB planning and commissioning system
- Public health provides information on major health needs and trends for the UHB IMTP and Clinical Board IMTPs, and provides information on current and future needs to help develop the organisation's Clinical Services Strategy ('Shaping our future wellbeing'), and will be involved with leading the Cardiff and Vale population needs assessment for the Social Services & Wellbeing Act, on behalf of the UHB and two Local Authorities, in addition to inputting to the wellbeing assessment for the Wellbeing of Future Generations Act

ACTIONS FOR 2016/17-2018/19

- Dementia
 - Delivery of the Cardiff and Vale Dementia 3 Year Plan
 - Evaluation of the Cardiff and Vale Dementia 3 Year Plan
 - Review of actions for 2017/18 and beyond.
- Optimising Outcomes Policy
 - Continue work to support implementation of OOP by clinicians across the UHB. Collect process data to monitor implementation and outcome data in those who have completed the pathway in order to evaluate impact.
- Making Every Contact Count
 - Further embed 'Making Every Contact Count' within the UHB and develop it as a recognised brand, with a suite of training resources and a network of Clinical Champions.
- Diabetes
 - Deliver priority actions within the local diabetes delivery plan
- Planning and commissioning
 - Embed the prioritisation criteria throughout the UHB
 - Update INNU policy statements for key interventions where evidence/guidance has changed and continue to implement monitoring system
 - Contribute to the all Wales approach to Prudent healthcare through a focused approach to elements of the diabetes delivery plan
 - Implement OOP across the UHB and collect process data to monitor implementation
 - Update and develop needs profile for Cardiff and Vale for the IMTP, and provide input to individual Clinical Boards
 - Provide public health specialist input to the development of UHB organisational strategies including Clinical Services Strategy ('Shaping our future wellbeing')
 - Co-ordinate production of Cardiff and Vale population needs assessment for Social Services and Wellbeing Act
 - Input to wellbeing assessment for Wellbeing of Future Generations Act

ADDRESSING INEQUALITIES

- It is recognised that there is a social gradient with dementia, as the preventable causes of dementia such as tobacco, poor diet, excessive alcohol consumption and lack of exercise all contribute to this. In the action plan this is addressed through the 'Making Every Contact Count' initiative.
- OOP aims to ensure lifestyle support is offered systematically and based on need

Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None			
Age	+	Caring responsibilities	+	Disability	+
Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	0
Race	+	Religion, belief or non-belief	+	Gender	+
Sexual orientation	0	Welsh language	0		

Comments and mitigation actions (where required)

The majority of actions in this priority area will have no impact (positive or negative) on equality. An EqIA of the Dementia 3 Year Plan found positive impacts on equality in the areas indicated above. Furthermore, equity of access to services is a key component of healthcare public health work in Cardiff and Vale, with a predominant focus on equity of access by deprivation and geographic residence. In Cardiff these coincide with BME populations so this will also contribute to a positive impact on the race protected characteristic.

A review of the impacts of specific INNU and prioritisation proposals on the population, including equality considerations, will be included as part of the routine development and decision making process for proposals.

PARTNERSHIP LINKS

- Cardiff and Vale UHB
- GPs
- Cardiff and Vale of Glamorgan local authorities
- Third sector
- Carer representatives
- Cardiff University/Swansea University/NWIS
- Welsh Government, Welsh Health Specialised Services Committee
- Community Health Councils
- Diabetes UK Cymru

PERFORMANCE TRAJECTORY FOR 2016/17-2018/19

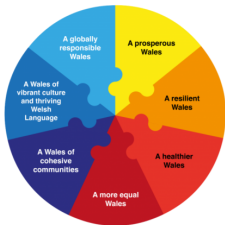
- Dementia - as per the Monitoring and Evaluation Framework.
- OOP - rising trend in pre-operative smoking cessation and OOP weight management referrals. Quit rates and Percentage Weight loss data for OOP clients equivalent to usual care.

RESOURCE RISKS AND REQUIREMENTS

- Internal (UHB)
 - Lack of programme management support for diabetes and dementia programmes
 - Failure to support programme
 - Work will be progressed within existing resource where possible; however the Dementia Service Development and Finance Sub-group will review the resource risks and requirements going forward.

WELLBEING OF FUTURE GENERATIONS ACT

Potential opportunities to scope during 2016/17, for implementation 17/18 onwards if viable



Wellbeing goal	Potential opportunities
A prosperous Wales	
A resilient Wales	Decrease frailty through dementia prevention initiatives
A healthier Wales	A greater push on the prevention actions for dementia. Significant shift to prevention through provisions in Social Services and Wellbeing Act
A more equal Wales	
A Wales of cohesive communities	Roll out of dementia supportive communities
A Wales of vibrant culture and thriving Welsh language	
A globally responsible Wales	NHS leadership on adverse effects of climate change on health and need for multiagency response

9. Abbreviations

A&E	Accident and emergency
ATC	Alcohol treatment centre
C&V	Cardiff and Vale
CHS	Corporate Health Standard
CO	Carbon monoxide
COVER	Coverage of vaccination evaluated rapidly (quarterly immunisation statistics)
CRT	Community resource team
EqIA	Equality impact assessment
EU	Emergency Unit (Accident and emergency)
GP	General practitioner
HPV	Human papillomavirus
IMTP	Integrated medium term plan
LARC	Long-acting reversible contraception
LMC	Local Medical Committee
MMR	Measles mumps rubella (vaccine)
NICE	National Institute for Health and Care Excellence
OOP	Optimising Outcomes Policy
PH	Public health
PHW	Public Health Wales (NHS Trust)
SHOT	Sexual health outreach team
SMS	Short message service (text messages)
SRE	Sex and relationships education
SSW	Stop Smoking Wales
SWHA	Small workplace health award
TB	Tuberculosis
UHB	(Cardiff and Vale) University Health Board
WG	Welsh Government
WHC	Welsh Health Circular
WHS	Welsh Health Survey