Well-being and Independent Living

This means:

- Providing information and support for people to take responsibility for their own health and that of their families
- Targeting interventions where individuals and families have the most to gain
- Delivering more services closer to home
- Building and strengthening the Care Sector

Why is this a priority for the partners?

- ✓ There is a strong evidence base as well as a social responsibility to direct our focus on the prevention of ill health, reduce health inequity and accommodate most people's preference to stay active and independent within their own community;
- ✓ A focus on early years has the potential to bring benefits to the individual and reduced demand on services over the full life course;
- ✓ In order to support residents with more complex needs, we need to maintain and then strengthen the care sector for both care home and domiciliary service⁵ provision, both of which are currently fragile;
- Life expectancy is increasing whereas an increase in healthy life expectancy is not assured. The consequence is that more people are likely to require support in the management of chronic conditions and/or increasing dependency as a result of frailty or dementia for example;
- ✓ There are significant challenges in meeting current and projected workforce demands in both health and social care; and
- ✓ The Social Services and Well-being Act reinforces the need to support residents to maintain good health and reduce reliance on services.

What is the evidence behind this story?

- Influencing the development of children to maximise their health, social and educational development is most effective when done as early as possible.
- People born in the most deprived areas of Flintshire are, on average, likely to die 7 years earlier than people born in the most affluent areas of the county.
- Life expectancy is predicted to continue to improve, and the population of those aged 65 years is expected to grow from 31,000 in 2015 to 46,100 by 2039.
- The number of people aged 65 years and over who need to be looked after in a care home is expected to almost double by 2035 with the number requiring specialist nursing care expecting to show a significant increase.
- The number of Flintshire residents living with dementia will rise by about 1,350 (66%) by 2030.
- In order for Flintshire to meet the need for care home beds by 2030, a further 554 residential care beds and 304 nursing care beds will be required.

What are we committed to doing?

- ✓ Provide information and support for people to take responsibility for their own health and that of their families and communities
- ✓ Target work and interventions where individuals and families have the most to gain
- ✓ Deliver more health and social care services closer to home
- ✓ Build and strengthen the care sector

What specific actions will we take to support these commitments?

- ✓ Explore and make best use of opportunities to promote mental health and well-being
- Ensure links with other PSB priority work areas to maximise promotion of health and well-being opportunities, e.g. Get Flintshire Moving (Resilient Communities), combat substance misuse (Community Safety)
- ✓ Introduce the Community Resource Team and multi-agency, co-located Single Point of Access
- \checkmark Implement agreed Public Health priorities, with a focus on those with the most to gain
- ✓ Ensure that the health needs of Looked After Children⁶ are assessed and met, including through the provision of key health promotion materials being made available to foster carers and residential care staff
- \checkmark Fully implement the Early Help Hub⁷ to support children, young people and their families

⁶ Looked After Children are children under the care of the Local Authority

⁷ The Early Help Hub is a multiagency project led by the North Wales Police which aims to improve the 'journey' for families at greater risk of worsening problems with an emphasis on information, advice & assistance

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- ✓ Develop and implement an "Ageing Well in Flintshire" Plan which will not only support people to age well but also help develop communities for the benefit of people of all ages
- ✓ Develop robust pathways for care home residents requiring hospital admission to help them return home with minimum delay
- ✓ Ensure that the County's approach to regeneration supports and promotes work within the Care Sector
- Increase current in house provision of bed based capacity for short term care and to support Discharge to Assess⁸ in a community setting through the use of pooled budgets
- Promote and protect the health of our workforce by encouraging them to access opportunities to improve and maintain health (e.g. national screening programmes, Making Every Contact Count (MECC), flu vaccination)

Where should we see an impact?

- ✓ Indicators of health and well-being in the population improved
- ✓ Indicators of health inequalities improved
- \checkmark Levels of care home bed and domiciliary support sustained and increased
- ✓ Number of community based or led activities to promote healthy living and "ageing well" increased
- ✓ Number of people supported outside of the acute hospital setting increased
- ✓ Level of information, assistance and support offered through the Single Point of Access and Early Help Hub increased
- ✓ Opportunities for people to move more and reduce sedentary behaviour increased

Links with other priorities:

- Resilient Communities enabling and inspiring communities to become confident, cohesive and forward thinking
- ✓ Environment developing greater access opportunities to the green infrastructure
- Economy and Skills developing skills for employment opportunities, reducing worklessness and the impact of social reform
- ✓ Community Safety tackling drugs and alcohol / reducing re-offending

⁸ Discharge to Assess takes place when the person is medically fit to leave hospital and requires an assessment to determine the level of support they will need at home.