# Monmouthshire North Neighbourhood Care Network (NCN) Annual Report 2018-19 (Year 2 of 3)

**Our Network:**
We are a Network of **8 GP Practices**, 2 branch surgeries and **2 Integrated Health and Social Care teams**, working alongside the **Third Sector** to serve the populations of **Abergavenny, Monmouth, Usk**, & surrounding areas.

**Our focus:**
The concept of **Place Based Working** (PBW) focuses on the principle of community co-ordination and provides an opportunity for Adult Social Care and Health services to test preventative and **early intervention** methodologies. Evaluation of PBW in Monmouthshire offers positive evidence that further work should be considered to maximise people's individual contributions, and develop community spaces where people can **come together to develop friendships** and share experiences and support. The **Neighbourhood Care** (Cluster) **Network (NCN)** is driving the development of the three well-being centres in North Monmouthshire and is linked strategically to the Monmouthshire Integrated Services Partnership Board, Greater Gwent Regional Partnership Board and aligned with The Well-being of Future Generations (Wales), Health & Social Services Wellbeing (Wales) Acts. NCN work is also driven by the **Clinical Futures and Care Closer to Home** strategies with the aim of bringing the right services closer to people's homes.

**Our challenge:**
The NCN supports a population of 53,096 (ABUHB data), which has seen a **1.4% increase** on 2017/18 across a large predominantly rural area. The combined total population of North and South Monmouthshire at February 2019 was 100,397, residing across **850km$^2$**, compared with its neighbouring borough Torfaen, which has a similar total population of 95,895, but spread across **126km$^2$**. Working in partnership with Monmouthshire County Council (MCC) has provided access to new information, which suggests we can expect a further growth and shift in population especially along the border with England A substantial number of **new housing developments** have been approved and are in the process of being built. The removal of the Severn Bridge toll also has the potential to impact on the population level and therefore **increasing demand** on all Primary Care services, community based Integrated Teams and Third Sector. There is a perceived affluence, which can sometimes mask differences within and between communities. Wages in 2017/18 were some **10% below the UK average** and only marginally above the Wales average. Some 34% of our working population were commuting out of county to earn a living[1]. We face many challenges to the sustainability of our Health, Social Care and Third Sector services in terms of recruitment and retention of staff, care provision, tackling isolation and loneliness, and the impact of population shift and growth. By 2036, it is estimated that the number of people aged 85 and over will increase by **147%** (from around 13,000 in 2011 to 32,000 in 2036)[2].

*Sources: [1]The Well-Being of Future Generations (Wales) Act – Monmouthshire County Council Well-Being Assessment 2017/ [2]Monmouthshire SS&WBA Needs Assessment*

**Our Local Health, Social Care and Wellbeing Needs and Priorities:**

Agreement on objectives and action for the NCN was reached through a combination of analysis of individual GP Practice Development Plans, Annual Contract Reviews, Public Health Priorities, Quality Outcomes Framework (QOF) Data and NCN meetings. The need for a 3 year NCN development plan presented an opportunity for partners to build on progress already made and involved Primary Care, Integrated Health & Social Care teams, Public Health Wales, Medicines Management and Dietetics, along with the Third Sector. The work of the NCN is underpinned by the Social Services and Well-Being & Future Generations (Wales) Acts – Population Needs Assessment, Clinical Futures & Care Closer to Home strategies. This Annual Report provides a summary of progress made against agreed priorities in year 2 and compliments the year 1 (2017/ 18) report.

**We looked at the needs of our community:**

- 64.4% of people in North Monmouthshire were classified as living in a rural area, the highest of all 12 NCN areas;
- In Wales 59% of adults classified as overweight or obese, 53% overweight or obese in Monmouthshire with an overall figure across Gwent of 61%;
- Adverse weather planning to ensure access and business continuity across primary care/ community teams

**Our agreed priorities for 2018/19 were:**

- Tackling obesity, building community well-being and resilience;
- Medicines Management and GP Practice Based Pharmacist;
- Monitoring of flu up-take;
- Winter preparedness and Emergency planning;
- Delivery of Care Closer to Home & Clinical Futures;
- Access to services

**What we have achieved:**

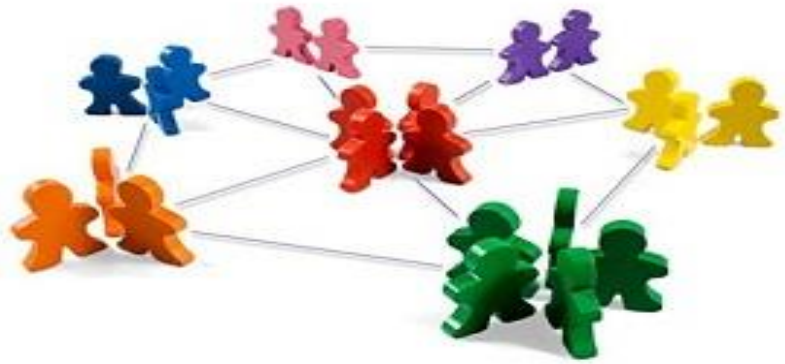
- Practice based Pharmacists providing expertise for high number of patients reliant on increasingly complex medications;
- Prescribing savings of £8,000;
- Secured funding to develop Integrated Well-Being Centres;
- Dementia Roadmap & new schemes, DEWIS Cymru funding;
- Remodelled GP Practice based dietician role;
- Improved links with Council planning/ housing team;
- Higher flu up-take than the Wales average in all three target groups
- Dedicated sustainability/workforce planning discussions, introduced Care Navigation

**Our plans for 2019-20:**

- Identify needs to underpin NCN level 3 to 5 year planning
- Work closely with housing colleagues to ensure local plans reflect the impact on services and workforce from the anticipated population growth;
- Continue to support the delivery of Clinical Futures, Care Closer to Home strategies;
- GP Practice resilience, sustainability & workforce development;
- Continue to build strong links with Secondary Care & Third Sector;
- On-going support for the development of Integrated Well-being Centres and 'Place-Based' approach;
- Continue to raise awareness of the work of the NCN

# Neighbourhood Care Network Annual Report 2018-19

## Monmouthshire North NCN (Year 2)



**Strategic Aim 1: To understand and highlight actions to meet the needs of the population served by the Cluster Network**

| Objective | For completion by:- | Outcome | Progress | RAG Rating |
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| **1.1 Healthy diet support and advice -** To provide advice and support to young people aged 11 years old (secondary school age) with a weight >91st centile (overweight) and any service user with a BMI of >30kg/$m^2$, where the primary requirement is weight management (revised) | **Years 2 & 3 revised**<br>NCN<br>Adult Weight Management Service | Raised awareness of healthy lifestyle choices<br><br>Delivery of Clinical Futures - Care Closer to Home | NCN funding agreed in 2017/18 to support 3 days (0.6wte) dedicated dietician time delivered from Nevill Hall Hospital and Monnow Vale H&SC Facility. Due to vacancy, the NCN reviewed the effectiveness of the service and agreed that despite some limited success, it had the potential to provide greater benefit to patients if operating out of the 8 GP Practices. A Service Level Agreement now provides the framework for the service with revised access criteria allowing access for 16 years and above.<br><br>**Next steps:**<br>Monitor progress under terms of the SLA | |
| **1.2 Integrated health, social care and well-being -** To support the on-going development of Integrated Health, Social Care and Well-Being Centres in Abergavenny, Monmouth and Usk | **Years 1, 2 & 3**<br>NCN<br>Information, Advice & Assistance teams<br>Public Health<br>Integrated Services Partnership Board<br>Greater Gwent Partnership Board<br>DEWIS Cymru | Delivery of Clinical Futures - Care Closer to Home<br><br>Delivery of ABUHB 3 year Integrated Plan 2017-20 | There are 3 centres in North Monmouthshire hosting Integrated Health and Social Care teams (IST). Centre development is aligned to and informed by the Public Health Integrated Well-Being Networks baseline review in 2017/18. Linked to ISPB & Greater Gwent Partnership Board priorities, modelling continues to build on the principles of Place Based Working with the new central Monmouthshire Usk Centre opening in August 2018. There are 5 centres in total across Monmouthshire with ISTs reaching across a vastly rural area of approximately 850$km^2$, providing local people with access to Information, Advice & Assistance.<br><br>A joint ABUHB/ Monmouthshire County Council (MCC) Partnership Estates Group was established to identify available asset and opportunities for integration or co-location of teams where possible.<br><br>**Next steps:** | |

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| | | | Planned NCN dedicated session to allow ISTs and GP Practices to focus on the work of the 3 centres, to identify strengths, resource opportunities and improved communication. | |
| **1.3 Public Engagement** (linked to 2.1) **-** To engage with local communities to promote Health Board and NCN priorities | **Years 2 and 3**<br>Partnerships<br>ABUHB engagement team<br>NCN | Delivery of Clinical Futures - Care Closer to Home<br><br>Delivery of ABUHB 3 year Integrated Plan 2017-20 | 'Community of Practice' engagement programme locally linked to Clinical Futures and Primary Care Communications Campaign.<br>'Talk Health' community based workshops held to share progress of Care Closer to Home and Clinical Futures strategies.<br>Choose Pharmacy minor ailments scheme rolled-out and promoted via network team – priority pathway as part of Care Navigation roll-out in 2019. NCN participation in local Engage 4 Change events.<br><br>**Next steps:**<br>NCN team developing ideas for raising awareness of the work of the NCN e.g. Care Closer to Home etc. with face to face contact planned at each of the well-being centres;<br>Engagement options being planned for 2019/20 with focus on high footfall areas and face to face approach | |
| **1.4 Welsh Language training** - GP Practice staff have access to Welsh Language training | **Years 2, 3**<br>ABUHB Welsh Language Unit<br>GP Practices | Compliance with the WG Strategic Framework for Welsh language Services in Health, Social Services and Social Care: More Than Just Words<br><br>Delivery of 2050 'A Million Welsh Speakers' | ABUHB Welsh Language Unit provides staff with advice and guidance on matters in relation to the use of the Welsh Language. Initial scoping meeting held with NCN Lead & Welsh Language team Pilot on hold but programme manager expected to meet with Monmouthshire GP Practice Managers in March 2019.<br><br>**Next steps:**<br>Outcome of meeting to inform if further action needed. | |

**Strategic Aim 2: To ensure the sustainability of core GP services and access arrangements that meet the reasonable needs of local patients including any agreed collaborative arrangements**

| Objective | For completion by:- | Outcome | Progress | RAG Rating |
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| **2.1 GP Practice resilience** - NCN management team works with GP Practices to identify sustainability concerns and opportunities for shared working | **Years 1, 2 & 3**<br>NCN<br>GP Practices<br>Monmouthshire Housing<br>Integrated Services Partnership Board | Delivery of Primary Care Plan for Wales | The NCN continues to work with GP Practices to identify and support existing and new initiatives aimed at maintaining a sustainable General Medical Service. This includes Annual Contract Reviews, NCN and GP Estates Prioritisation meetings, Improvement Grant applications, GP age profiling, actual and anticipated population growth, housing developments, workforce pressures and other potential issues.<br><br>On-going NCN commitment to supporting the Transformational agenda with additional roles in Primary Care (linked to 2.2). Additional NCN funding agreed to increase Practice Based Pharmacist time in 2018 and three Care Navigation workshops funded for GPs and reception staff. Promotion of the Community Pharmacy minor ailments and Choose Well schemes across the NCN.<br><br>**Next steps:**<br>Horizon scanning for new roles, roll-out of Care Navigation | |
| **2.2 Workforce -** Review impact of NCN funded initiatives i.e. Practice Based Pharmacist and Dietician, District Nursing (DN) Health Care Support Worker (HCSW) Phlebotomy clinic and DEWIS co-ordinator | **Years 1,2 & 3**<br>NCN<br>ABUHB<br>Welsh Government (WG) | Delivery of Clinical Futures - Prudent Healthcare - Care Closer to Home | GP Practice based Pharmacists continue to support Practice sustainability and have saved over 163 hours of GP time with 329 face to face contacts in 2018/19.<br><br>All 12 NCNs fund a District Nursing based Phlebotomy service delivered by Healthcare Support Workers. Welsh Audit Office (WAO) review of District Nursing in February 2015 indicated that 35% of referrals were for venepuncture, representing a significant demand on the service. To support delivery of the ABUHB Care Closer to Home & Clinical Futures strategies | |

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| | | | providing services at times & settings convenient for patients, a mobile HCSW service was funded to release DN time. Local data shows a significant drop in quarters 2 and 3 due to a vacant post. Of the 5,239 patient contacts between March 2018 and February 2019, 50.6% of those were by HCSWs. Quarter 4 data shows a vast improvement as a result of a successful recruitment exercise. (Source: District Nursing Dashboard)<br><br>DEWIS Cymru: NCN co-ordinator role funded to promote roll-out and development of the Directory Of Services, aimed at improving public and professional access to information – monitored vi NCN meetings and DEWIS project group.<br><br>(For Dietician see 1.1)<br><br>**Next steps:**<br>Continue to monitor effectiveness of roles and services via NCN. | |
| **2.3 Safeguarding Forum PILOT** - NCN funding support for the development of a GP led Safeguarding Group | **Years 2 and 3**<br>GP Practices<br>NCN | Delivery of Clinical Futures – Improving Quality and Safety of Patient Care | This GP led initiative was presented to the NCN aimed at building a network and cross-practice approach to increace expertise and knowledge in child and adult safeguarding. NCN funding was agreed and the forum developed in a relatively short period of time to include external agencies such as Monmouthshire County Council Safeguarding team, and legal professionals with an interest in safeguarding. The lead GP has since been enrolled as a Bevan Exemplar.<br><br>**Next steps:**<br>To explore potential for alternative funding streams | |

**Strategic Aim 3: Planned Care- to ensure that patient's needs are met through prudent care pathways, facilitating rapid, accurate diagnosis and management and minimising waste and harms. To highlight improvements for primary care/secondary care interface**

| Objective | For completion by:- | Outcome | Progress | RAG Rating |
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| **3.1 Paediatrics PILOT** - To improve links between Secondary Care Paediatric Consultant teams and GPs | **Year 2**<br>GP Practices<br>NCN | Delivery of Clinical Futures - Care Closer to Home | Implementation of a Consultant Paediatrician email advice line for GPs & community teams with reduced inappropriate referrals to secondary care and hospital appointments. Streamlined processes allow for the management of complex cases remotely, in partnership with GPs. | |
| **3.2 Improved access to diagnostics** (Adapted from Year 1 [3.1.1]) - To support Gastro-intestinal (GI) & General Surgery 'Yes/No' clinic model re Direct access to colonoscopy & gastroscopy | **Years 1, 2 & 3**<br>Practices<br>NCN Lead<br>ABUHB Divisions<br>NCN | Delivery of Clinical Futures – Improving Quality and Safety of Patient Care | NCN Lead and GI Surgical Directorate review of clinical model. Direct access colonoscopy established following successful pilot in North Monmouthshire. | |
| **3.3 Intrauterine Devices (IUDs) PILOT -** Maximise capacity and patient access for IUDs in GP Practices | **Year 2**<br>NCN<br>Practices<br>Secondary Care | Delivery of Clinical Futures - Care Closer to Home | Consultant in Sexual and Reproductive Health presented to the NCN in 2018. An IUD 'fitters forum' was held and attended by GPs from North and South Monmouthshire. Changes to the IUD enhanced service proposed for improving the inter-practice referral pathway. Information making it easier for GPs to become fitters was shared with support provided by the Sexual & Reproductive Health Consultant. | |

**Strategic Aim 4: To provide high quality, consistent care for patients presenting with urgent care needs and to support the continuous development of services to improve patient experience, coordination of care and the effectiveness of risk management. To address winter preparedness and emergency planning**

| Objective | For completion by:- | Outcome | Progress | RAG Rating |
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| **4.1 Winter preparedness and emergency planning** - Undertake business continuity and adverse weather planning reviews<br><br>*To support methods for increasing flu immunisation up-take across the age range* | **Years 1,2 & 3**<br>Practices<br>NCN<br>Community Teams<br>NCN partners | Delivery of ABUHB Integrated Winter Plan 2018/19 | **Business continuity/planning:**<br>Monmouthshire Borough team development of 2018/19 Winter Plan informed by dedicated NCN and Annual Contract Review discussions, and supported by the Monmouthshire County Council/ Integrated Services Teams Winter Pressures Plan. Range of cross-practice working options considered including: GP Extended Hours Offer, triaging of patients and dispensing if appropriate governance/ permissions are in place.<br><br>2019-20: Up-take of new clinical system providing an opportunity for patients to be seen by other Practices if agreed across the NCN.<br><br>Improved links and information sharing between community pharmacy team and NCNs - adverse weather action plan in place.<br><br>**Flu monitoring (North):**<br>Dedicated discussion held at NCN meetings. Year-end position shows higher up-take achieved than the All Wales average across the three cohorts:<br>>65 years: **74%** (2nd highest in Gwent – Wales: 68.2%)<br><65 years: **51.3%** (2nd highest in Gwent - Wales: 43.8%)<br>2-3 year olds: **56.4%** (3rd highest in Gwent – Wales: 43.9%) | |
| **4.2 'Medical Model'** (adapted from Year 1) **-** Local planning includes access to clinical support and admission avoidance | **Years 1,2 & 3**<br>NCN Lead<br>ABUHB | Delivery of Clinical Futures - Care Closer to Home | Planning forms part of the Clinical Futures and Care Closer to Home strategies including potential focus for developing a Community Frailty Unit and in-hours Urgent Primary Care Hub. | |

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| | Integrated Services Partnership Board | | To be informed by the on-going Chepstow Hospital community bed pilot accepting direct admissions and carrying out multi-disciplinary assessments.<br><br>**Next steps:**<br>Progress monitored via ISPB action plan | |
| **4.3 General Surgery PILOT** - GP Practices participate in emergency 'hot clinics' trial | **Year 2**<br>Practices<br>Secondary Care - General Surgery | Delivery of Clinical Futures | Hot clinic implemented permanently out of Nevill Hall Hospital following a successful pilot with plans to roll-out to Royal Gwent Hospital in South Gwent. Patients benefit from shorter waiting times for the general surgical team and can access investigations/ diagnostic tests initiated much sooner, with the potential for same day diagnosis. | |

**Strategic Aim 5: Deliver consistent, effective systems of Clinical Governance and Information Governance. To include actions arising out of peer review Quality and Outcomes Framework (when undertaken)**

| Objective | For completion by:- | Outcome | Progress | RAG Rating |
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| **5.1** All Wales Clinical Governance Practice Self-Assessment Toolkit (CGPSAT) | **Years 1,2 & 3**<br>Practices<br>NCN | Delivery of Clinical Futures – Improving Quality and Safety of Patient Care | Practices access toolkit via GPOne website | |

**Strategic Aim 6: Other Locality issues**

| Objective | For completion by:- | Outcome | Progress | RAG Rating |
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| **6.1 Prescribing** - GP Practices are supported to identify financial efficiencies for reinvestment with performance benchmarking across Practices and NCNs | **Years 1,2 & 3**<br>Prescribing Advisors<br>Practices<br>NCN | Delivery of Clinical Futures – Improving Quality and Safety of Patient Care | GP Practices worked together to achieve Clinical Effectiveness Prescribing Programme (CEPP) savings of £8,317, made available to the NCN and invested in new dermatology scoping equipment.<br><br>**Next steps:**<br>Continue to monitor effectiveness of roles and performance against other NCNs | |