

## Our aims are to:-

- Improve the health and wellbeing of the local population
- Improve and Support sustainability of our GP practices.
- Support people to stay well, lead healthier lifestyles and live independently
- Expand on our CRT unit support within the community. Working collaboratively.
- Specifically work with our Carers on community based projects
- Reduce health inequalities
- Deliver the Clinical Futures Strategy in primary and community care.
- Care closer to home
- Provide more easily accessible “place based” health and social care or Provide more joined up services in community settings
- Ensure that services have the flexibility to meet individual needs
- Improve access to specialist expertise
- Provide a positive experience for patients and carers
- Ensure a supportive working environment and career development opportunities for our staff



Aneurin Bevan University Health Board

**Delivering Care Closer to Home**

**North Torfaen Borough**

## Neighbourhood Care Plan – 2019/20



### What are we doing?

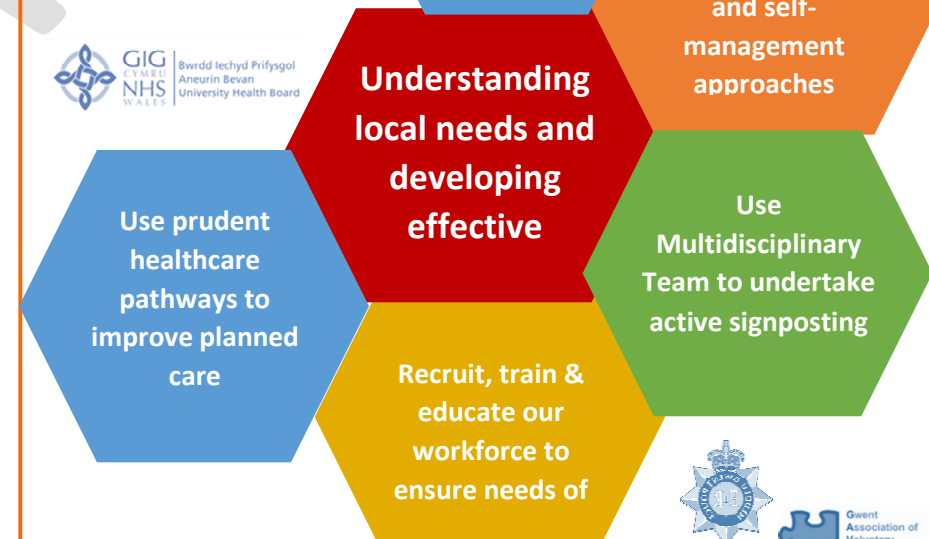
- Regularly reviewing local needs to identify priorities and develop effective solutions
- Developing primary care teams using the **Primary Care Model for Wales** built around traditional GP, District Nurse and Health Visitor roles
- Introducing new primary care roles to provide easier access to local services. Current examples include Social prescribers, practice based pharmacists, Direct Access physiotherapists, academy pharmacists/nurses.
- Raising awareness of the care and advice already available through local services using Care Navigations and QR boards, such as community pharmacies and voluntary sector teams: Care Navigation will be supporting the following services within Torfaen-
  - Social Prescribers, Community Connectors, British Red Cross connectors, Minor Injuries, Emergency Eye Care, Direct Access Physiotherapy and Pharmacy.
- **Increasing access to specialist roles in the community including Diabetic Specialist Nurse, Respiratory specialist nurses, and Palliative Care services.**
- Working to increase uptake of preventative services to keep citizens well including influenza immunization / childhood immunization / smoking cessation services / weight management services / exercise schemes
- Improving effective working relationships between GP's and CRT
- Supporting community based admissions.
- Upskilling staff to support more services i.e. Respiratory
- Work with our Carers to support the community
- Collaborating with PCC to support with sustainability.

### How are we delivering change?



### “Enablers”

- Technology
- Skilled Workforce
- Partnership Working
- Financial Resource
- Fit for Purpose Estate



Gwent Association of Voluntary Organisations

### How will we know if we have made a difference?

We review health and wellbeing outcomes regularly and we learn from feedback from patients, carers and staff.