

Integrated Medium Term Plan (IMTP)

2020 - 2023

Welcome to the Penderi Cluster IMTP 2020 – 2023

Section 1
Executive Summary

Welcome to the Penderi Cluster Plan 2020-2023 which highlights the Cluster vision and priorities and how we will achieve them over the next 3 years.

The Cluster has made great strides forward in tackling the 'prevention' agenda and has developed new and innovative ways of working that have reaped benefits in terms of supporting practice sustainability and addressing the Quadruple Aims outlined in Welsh Government's A Healthier Wales (2018).

The Cluster has come a long way over the past 6 years. We have taken an innovative, preventative approach to supporting children & families by developing and testing a new model of working in partnership with the Local Authority. The 'Primary Care Child and Family Wellbeing Service' takes a holistic approach to supporting children and families experiencing mental health issues and developmental delay in the family home. The model proved so successful in the Penderi that it has been rolled out to a further two clusters in Swansea. This 'upstream' approach has demonstrated improved wellbeing outcomes for children and their families..I am delighted to say that the project has won an NHS award in the 'Improving Health and Wellbeing 'category

Other innovative projects that have been supported within the Cluster include: the Penderi Young People's Project that supports 11-25 year olds with their emotional and mental health. Carers Helpdesks have been introduced working collaboratively with Swansea Carers Centre. The practices in the Penderi Cluster are piloting the West Glamorgan GP Carers accreditation scheme. We have adopted a co productive approach to health literacy and have recently consulted patients on how to improve communication links and understanding across the Cluster, a Health Literacy Action Plan is being developed to address the recommendations forwarded by patients. We are developing strong links with community pharmacists and have set up working groups to consider future service delivery working prudently in partnership to impact positively on sustainability, patient access and delivering care closer to home.

The Penderi Transformation programme is due to start in January 2020. Working towards the Quadruple Aims outlines in 'A Healthier Wales' a whole system approach will be developed to deliver care closer to home within the local community. Over the next 3 years, we will continue to strengthen our links with the local community and explore alternate methods of engagement to further develop a co productive approach to health and wellbeing. We will continue to enhance our Multi Disciplinary Team and develop valuable shared resources across the cluster. We will adopt a preventative, holistic approach through partnership, collaboration, use of local assets and co production. We look forward to developing new innovative projects and ways of working that will support the local community and enhance patient wellbeing across the Cluster .

Daniel Sartori



Dr Daniel Sartori
Penderi Cluster Lead
www.facebook.com/PenderiCluster/
www.pendericluster.co.uk

Our Priorities for 2020-2023

We are working closely with our partners and the local community to deliver services differently, providing sustainable, seamless services close to home with an emphasis on preventing illness and supporting people to manage their own health and wellbeing.

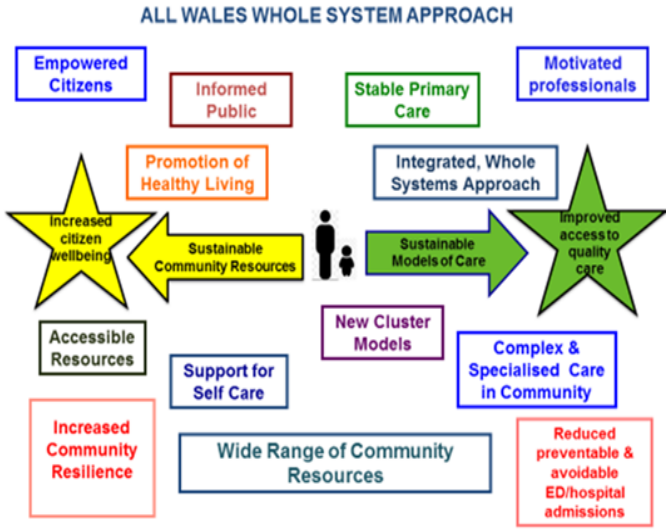
In 2018, the Penderi Cluster agreed a 'Vision' for the future. The Vision sets out how the Cluster sees its role in providing health, social care and wellbeing with and for the population of the Penderi Cluster area and its practices.

Our Vision

The Penderi Cluster aims to care for the unique health and wellbeing needs of patients and citizens in the most effective way possible.

In recognition of our particular population needs, we will work together to create an innovative culture of enabling long term change by taking a preventative approach to tackling ill health and its contributing factors'.

We will do this in the context of the Primary Care Model for Wales:



PLAN ON A PAGE

Strategic Overview

Over the next 3 years, we will continue to strengthen our links with the local community and explore alternate methods of engagement to further develop a co productive approach to health and wellbeing. We will continue to enhance our Multi Disciplinary Team and develop valuable shared resources across the cluster. We will adopt a preventative, holistic approach through partnership, collaboration, use of local assets and co production. Some of the Key issues for us to progress over the next 3 years include Diabetes, Mental Health and Sustainability. We look forward to developing new innovative projects and ways of working that will support the local community and enhance patient wellbeing across the Cluster.

Consideration has been given to the Primary Care Cluster Governance – A Good Practice Guide, in the development of this IMTP; our Cluster will be undertaking a maturity assessment and develop subsequent actions as a result to build on the work done to date. This will feed into the Health Board overarching Cluster Development Plan.

Dr Daniel Sartori, Cluster Lead

Vision

The Penderi Cluster aims to care for the unique health and wellbeing needs of patients and citizens in the most effective way possible.
In recognition of our particular population needs we will work together to create an innovative culture of enabling long term change by taking a preventative approach to tackling ill health and its contributing factors

What We Will Do

- Develop a comprehensive Cluster Training Programme to meet Cluster and Community needs
- Focus on Quality Improvement through QAIF,GP Carers Accreditation Scheme, cancer
- Development of a Cluster Workforce plan
- Develop and implement the Cluster Health Literacy Plan
- Continue to develop links with key partners including Social Housing, Community Groups, SCVS, Local Schools and the Local Authority
- Expand portfolio of social prescribing schemes
- Maximise use of community assets
- Participate in 'Penderry Regeneration' programme to ensure that health and wellbeing remains a focus and primary care sustainability factors are considered
- Enhance and develop shared resources including estates, MDT and collaborative working arrangements that meet patient needs
- Continue to strengthen links with community pharmacies to ensure patients are utilising services effectively
- Empower patients to take responsibility for their own health and wellbeing-develop a 'self care' culture
- Actively promote screening opportunities
- Reduce smoking rates
- Reduce antibiotic prescribing and use of prophylactics
- Increase flu vaccination uptake and develop a comprehensive approach to winter preparedness
- Co produce initiatives that impact positively on mental health
- Support children and families to improve wellbeing outcomes and reduce health inequalities
- Continue to support business case development for Primary Care Child and Family Wellbeing Service and Cluster Pharmacists
- Improve local knowledge and partnerships to improve services for vulnerable patients including victims of domestic abuse
- Undertake a rigorous programme of Quality Improvement in key nationally identified areas
- Delivery of care closer to home that meet community health and wellbeing needs such as the Primary Care Child and Family Wellbeing Service, Heart Failure etc
- Consider the Future Generation Act; the seven wellbeing goals and five ways of working.

Section 2

Cluster Profile:

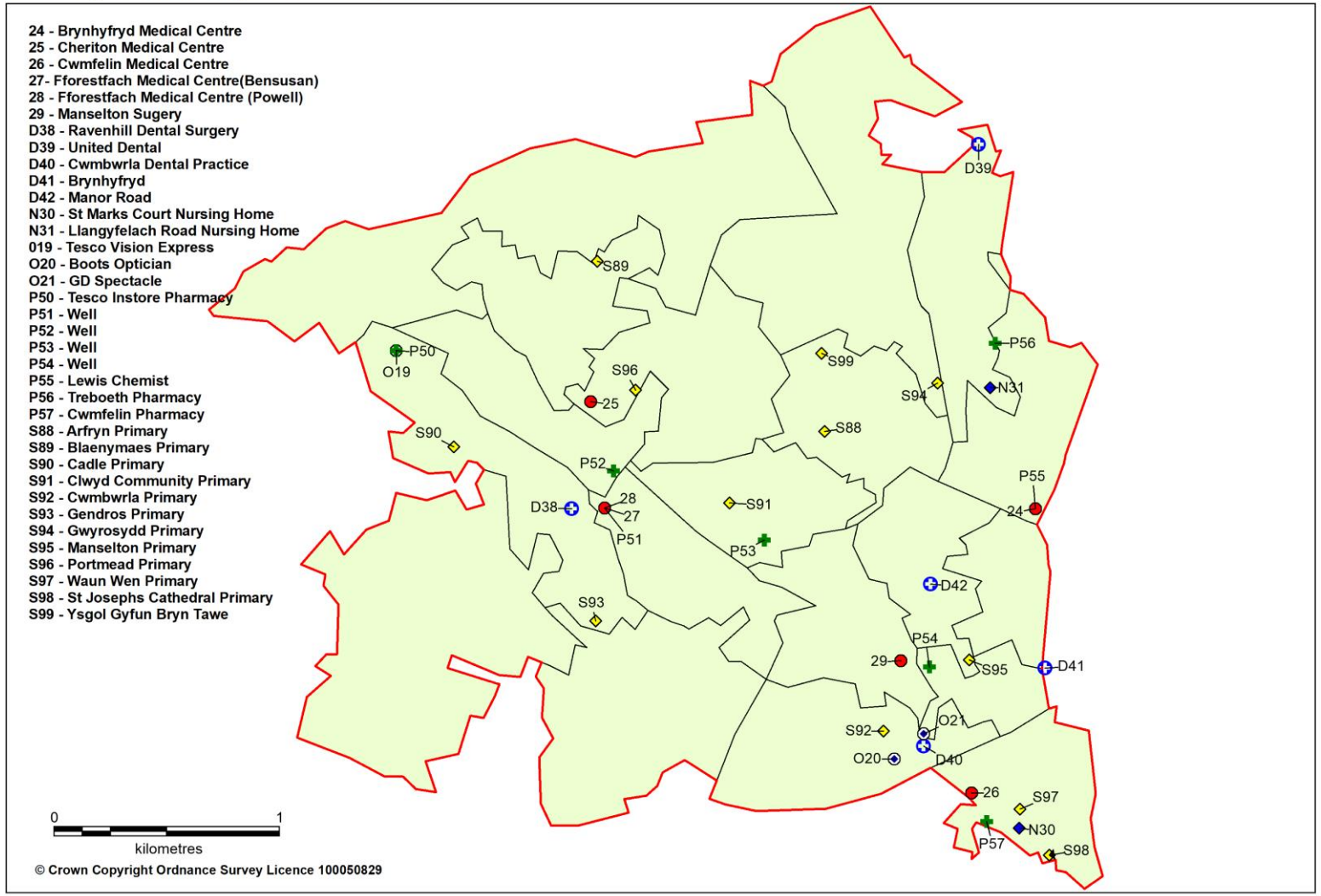
Members and Structure of Cluster

The Penderi Cluster is one of 8 Cluster networks in Swansea Bay University Health Board. The Cluster is made up of 6 general practices working together with partners from key Local Authority Departments such as Social Services and Poverty and Prevention, the Voluntary Sector, Community Pharmacies, Dentists and Optometrists and the wider Swansea Bay University Health Board in order to:

- *Prevent ill health enabling people to keep themselves well and independent for as long as possible.*
- *Develop the range and quality of services that are provided in the community.*
- *Ensure services provided by a wide range of health and social care professionals in the community are better co-ordinated to local needs.*
- *Improve communication and information sharing between different health, social care and voluntary sector professionals.*
- *Facilitate closer working between community based and hospital services, ensuring that patients receive a smooth and safe transition from hospital services to community based services and vice versa.*

Key links are frequently forged with other partners such as Social Housing, Health of Homeless and Vulnerable Groups Forum, Supporting People, South Wales Police, Fire Service, and Schools and Colleges.

Primary Community Services Penderi Cluster



NHS Informatics Service August 2019

Our Purpose and Values

The Swansea Bay University Health Board Clinical Services Plan sets out a list of key facets for the roles of Clusters:

- Delivery of primary, community and integrated services
- Planning and management of services best delivered at the Cluster level
- Delivery of Care Closer to Home where this is safe to do so and adds value to patient outcomes and experience
- Providing innovative alternatives to traditional outpatient or inpatient models of care
- Support whole populations to develop healthy lifestyles, through preventative programmes, self-care and out of hospital care
- Integrating primary and community based services between health, social and voluntary sectors, physical and mental health services, with our partners
- Promoting University Research and Undergraduate and Postgraduate Education in a vibrant community setting



Governance Arrangements

The Cluster members meet 5 times a year at formal Cluster Board meetings, to plan and review progress and strategic direction related to the Cluster IMTP and to routinely address: Cluster Plan and associated planning actions, Cluster Spending Plan, Risk Register Update, Sustainability and Finance. Declarations of interest are addressed as standing items. GP Practices are permanent members of the Cluster.

Welsh Government and Health Board allocated Cluster Funds are spent and allocated in accordance with Swansea Bay University Health Board's Standing Financial Instructions. Non-Welsh Government funds are administered on behalf of the Cluster by Swansea Council for Voluntary Service in accordance with agreed Cluster and funding body policies and procedures.

The Cluster reports progress through its own agreed communications programme to a range of stakeholders. Cluster business is also reported through the 5 Cluster Leads Forum (bi-monthly), the 8 Cluster Leads Forum (bi-monthly) and through the Cluster Development Team formally to the Primary Care and Community Services Delivery Unit Management Board on a regular basis. Where Clusters are closely aligned with respective organisations such as Community Interest Companies, reporting arrangements are set out by mutual agreement and available separately.

Demographic Profile

Swansea Wide: Headline Information

- Population 242,000. High concentrations of population in and immediately around the City Centre, the adjacent wards of Cwmbwrla and Uplands (6,800 people per square km, the highest density in the county) and also in Townhill and Penderi
- Population has steadily grown between 2001 and 2015. The main driver of population growth in Swansea has been migration. Recorded live births has steadily risen since 2001 and the number of deaths have fallen
- Life expectancy in Swansea is increasing: Average life expectancy for males is 78 (Wales 78.5) and 82.4 for females (Wales 82.3). This will impact significantly on the provision of health, social care and other public services in Swansea. Welsh Government's latest trend based population projections suggest that Swansea's population will grow by 9% (21,600 people) between 2014 and 2039
- 2011 census suggests that 14,326 people in Swansea were from a non white ethnic group: 6% of the total population and 20,368 (8.5%) of Swansea's population were non white British (above the Wales average 6.8%). Census data (2011) suggests the largest non white ethnic groups are: Chinese: 2,052 (0.9%), Bangladeshi: 1,944 (0.8%), Other Asian: 1,739 (0.7%), Black African 1,707 (0.7%), Arab: 1,694 (0.7%)
- Welsh Language: Proportion of people able to speak Welsh in Swansea decreased from 13.4% (28,938) in 2001 to 11.4% (26,332) in 2011. A fall of 9% despite an increase in population

Penderi Cluster Information

The Penderi Cluster is one of 5 Cluster networks in Swansea, geographically covering: Blaen y Maes, Portmead, Treboeth, Fforestfach, Ravenhill, Brynhyfryd, Manselton, Gendros, Penlan, Cwmdu and Waun Wen.

The Cluster area consists of 19 LSOA's and is the most deprived Cluster Network in Swansea. Penderi has the smallest land area but the highest population density of the other 'Community areas' in Swansea. (3,478 people per square kilometre). The patient population is 38,318 (ranging from 2,135 patients registered to a single-handed practice to 8,731 patients in the largest practice).

- The Cluster has slightly higher percentages of its population aged under 16 (21.1%. Swansea: 17.1%). Lower proportions aged 16-24 (11.4%. Swansea 14.1%).
- There are high percentages of adults with no qualifications (35.6%. Swansea 25.8%) and fewer with higher level qualifications (14.1%. Swansea 25.8%).
- There are high proportions of lone parents (16.7%. Swansea 11.7%) and higher proportions of terraced and semi detached properties, lower levels of home ownership and a higher percentage of social rented households especially council properties (24.4% . Swansea 12.7%).
- The area has a higher proportion of people with a long term health problem or disability (26.3%. Swansea 23.3%).
- 13.5 % of people are economically inactive due to being long term sick or disabled. 11.2% are retired, 7.7% are unemployed, 48.4% are employed or self employed. The largest industries are: Wholesale/retail/motor repair (22.3%); human health/social work (14.8%); construction (8.2%); manufacturing (8.2%); accommodation/food service (7.9%); education (7.0%). There are significant variations of industry of employment between men and women (2011 Census Vig Nomisweb)
- The estimated average net household income is £22,100 (18% below the Swansea Median). Major employers in the area include Swansea Council (schools and depots), First Cymru and Cwmdu Industrial Estate part of Swansea West Industrial Estate
- With regard to ethnicity, 93.6% are white. Mixed/multiple ethnic groups: 1.1%, Asian/Asian British: 2.7%, Black/African/Carribean/Black British: 1.7% and other 0.9%. National identity is primarily Welsh (72.9%).

The Welsh Health Impact Assessment Unit (WHIASU) provides a framework for understanding different population groups. Based on information reviewed to date the following groups were noted:

- Children living in poverty
- Children living with adults who have an alcohol or drug addiction
- Older adults
- People of traveller descent (unclear whether Roma or Irish and 2011 census shows very low figures of both)
- Polish community (potentially could extend to those from EU Countries)
- Those with chronic diseases
- The unemployed
- Those with low education qualifications

A regeneration is planned within the Penderi and adjacent area. This is a long term plan which will take over a decade to complete. The regeneration focus area is around existing communities in Penplas, Portmead and Blaenymaes with the development focus primarily located to the land west of Llangefelach Road with circa 1,850 new homes proposed. A multi agency sub group has been set up which focuses on the Health and Wellbeing needs of the population to feed into the overall master plan. The work has begun and is ongoing.

Key Community Assets

There are 6 GP Practices, 5 Dentists, 3 Opticians, 8 Community Pharmacies, 2 Care Homes, 6 Community Centres, 2 Libraries and 12 schools in the area (11 Primary Schools and 1 Secondary School, Ysgol Bryntawe that provides Welsh medium education).

Major employers in the Cluster: City and County of Swansea (schools and depots), First Cymru, Cwmdu Industrial Estate (part of Swansea West Industrial Estate).

The population health and wellbeing profile that has been compiled as part of the 'Penderry Regeneration Programme' has identified positive community assets. Considering the Blaenymaes drop in centre this includes current activities of: Fair Share: pop in support; computer and phone access; community washing machine; community shop; Men's Shed and community events with proposals to extend these activities.

Other key assets within the Penderi area are:

- Community Farm
- Parks and Green spaces
- Blaenymaes MUGA
- Penlan Leisure Centre
- Ravenhill, Cwmbwrla, Cwm Level Park (Brynhyfryd), Manselton and hHafod Parks
- Third sector/external partner links/involvement
- Penderi Providers Group
- Support and Community initiatives developed by Pobl

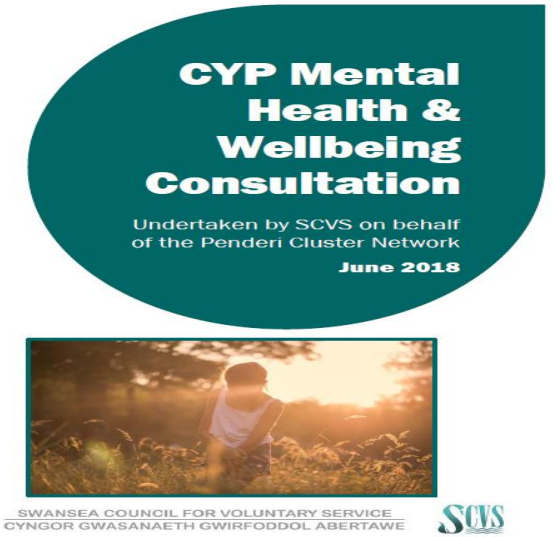
Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis: Penderi Cluster

Strengths	Weaknesses
• Investment in innovative projects-open to new initiatives • Adopts a preventative 'upstream' approach linked to community needs • Mature and valued Cluster PLTS programme • Strong links with the third sector and other external partners • Development of social prescribing initiatives • Active Community engagement and consultation to inform cluster developments • Successful in attracting external funding for projects • Award winning initiatives (Primary Care Child and Family Wellbeing Service won NHS Award for 'Improving Wellbeing')	• Cluster has the highest levels of deprivation across Swansea yet the lowest level of Cluster Funds (WG) • Staff working at full capacity • Difficulty regarding recruitment and retention of GPs • Lack of/Increasing cost of locums • Consistency in ensuring that the Cluster message is relayed back to GP's within the practice and that their thoughts are fed into the Cluster
Opportunities	**Threats**
• Transformation agenda and funding will compliment Cluster Development • Social prescribing initiatives to be further expanded • Links to be further developed with third sector organisations, external partners and the local community • Develop cross cluster working to identify and utilize mutually beneficial links • Supporting key cluster issues: Mental health/substance misuse/domestic violence/complex needs/high rates of teen pregnancy • Cluster development team to bid for additional funds • To further develop MDT across the cluster, supporting sustainability • To support staff/GP resilience via PLTS • Regeneration of the Penderi area • Digitalisation/Modernisation-Infrastructure improvements • Cluster IMTP development-Collaborative approach to Cluster work • Seeking areas of collaboration between GP practices and our Partners. • Identifying the learning needs of practice staff and arranging appropriate education. • Social Enterprise/legalised entity	• Proposed increase in housing stock as part of Penderi Regeneration. An additional 1,850 additional homes are proposed • Demand greater than capacity • Potential list closures could impact negatively on other practices • GP retirement and recruitment issues • Staff shortages in other areas • Staff morale and wellbeing • Cluster work programmes dependent on continuation of Welsh Government and other funding • Contractual changes with commissioned services • Capacity to deliver both the Transformation and Cluster agendas over the next 2 years • Swansea Bay University Health Board Organisational Changes

Section 3

Key Achievements from 2018-21 Plan

- CYP Mental Health Consultation undertaken by SCVS shared with Cluster. Recommendations factored into cluster action plan.
- Mental health awareness raised across the Cluster by PLTS session delivered by CAHMS and LPMHSS
- SCVS commissioned to engage with patients on Health Literacy and how it can be improved in Penderi. Report shared with Cluster in March 2019
- Successful ICF bid resulted in Funds awarded for the 'Penderi Young People's Project' started in July 2019.
- Comprehensive Network PLTS sessions organised pertinent to the needs of the Network and covering a range of areas both Clinical and Community based services
- Network involved in social prescribing initiatives and the further development of Carers Helpdesks and CAB services across all practices
- Network supported pre diabetic patients in undertaking lifestyle changes to benefit their health and wellbeing
- Network SLA for vulnerable/refuge patients continues to develop. Service effectively embedded into network portfolio





Penderi Primary Care Child and Family Wellbeing Service

- SCVS commissioned to link with Refuge Service users and Women's Aid to get feedback on service and how it can be further improved.
- Successful and Innovative 'Primary Care Child and Family Wellbeing Service has been implemented in partnership with the Local Authority. All participating families have reported positive improvements. Evaluation of the Penderi Pilot has been commissioned from Swansea University and links further developed with 1000 Lives Team
- Primary Care Child and Family Wellbeing Service won an NHS Award in the 'Improving Wellbeing' category and has been nominated for a 'Cluster Innovation' Award
- Access leaflet has been reviewed and distributed to practices for use with patients giving advice on alternative sources of help and advice that can be accessed
- Access leaflet has been produced in other languages and shared with practices
- Practices have continued to promote screening services via on screen info and websites in collaboration with Public Health Wales
- Practices have hosted weekly smoking cessation clinics and continued to promote 'stop smoking' messages and initiatives

- Flu vaccinations have been successfully delivered to housebound and care home patients across the network. Fluenz Parties have been hosted across all Penderi Practices.
- Increased rates of 2/3 year olds vaccinated
- Secondary care links further developed. Working links established with Paediatrics. Paediatric consultant attended PLTS sessions to discuss working links with Cluster and key health issues affecting children including endocrine emergencies
- New Cluster Pharmacist successfully recruited
- Cluster investment committed to Cluster Development Time
- Social Prescribing initiatives have continued across the Cluster viz: Carers Helpdesks, CAB and Asylum Seeker Support
- Links have been developed with Local Area Coordinators to further enhance community support and reduce isolation
- Links with the 'Penderry Regeneration Board' have led to discussions on key population health and wellbeing needs to be considered in the Regeneration programme going forward
- Links with Community Groups have begun. Opportunity for increased co production moving forward
- Practice skills enhanced through use of Blue Stream Training Package
- QR Boards purchased to provide patients with relevant up to date information



Section 4

Health and Wellbeing Needs Assessment

Information has been collated on a wide range of health needs within the Penderi Cluster area in order to develop the priorities for this plan. Agreement on the objectives and actions within the plan has been reached through a combination of analysis of practice profile data, a review of Public Health Priorities, disease register data, audit reports and a series of Cluster meetings.

Penderi: Relevant Health Data

Obesity	Screening
Obesity rate: 10%, (second highest in Swansea) Swansea average is 9%	Bowel Screening (2017-18): 51.7% (Second lowest in Swansea). Target 60% Breast Screening (2017-18):70% (Second lowest in Swansea). Target 70% Cervical Screening (2017-18): 73.8% (Second lowest in Swansea) Target 80% AAA Screening (2017-18): 75.6% (Second lowest in Swansea). Target 80%
Smoking /Lung Cancer	**Mental Health and Complex Needs**
23.0% of smokers across the Cluster population. (This is the second highest in Swansea next to the City Cluster at 23.6%). Welsh Government have set a target of 16% by 2020. The Cluster has the highest rate of lung cancer in Swansea at 86.6 % per 100,000 (Lung Cancer profile 2015)	Of those seeking mental health support, 35% first faced mental health challenges under the age of 11 (Penderi Children and Young People Mental Health Consultation 2018) The cluster prevalence is 1.1% for those registered as having a mental health condition. (Second highest in Swansea) High instances of reported domestic abuse 'hotspots'. 1931 Recorded incidents within1000m of GP practice in Cluster (2017/18). Cluster has the most recorded incidents of domestic violence per female aged 15+ Adults drinking above the Welsh average 40.1% (Welsh average is 19.0%)
COPD	**Accident and Emergency Attendances**
The prevalence of COPD in the Cluster is 2.5% (Joint highest in Swansea with the City Cluster)	The number of emergency department attendances is above the Swansea Bay University Health Board Average (between August 1st 2018 and July 31st 2019, 11,360 Penderi Patients attended A&E☹148.78 per 1,000 patients. The Swansea Bay University Health Board average is 141 per 1,000), Please see data sets below on Emergency admissions/attendances and OOHs)
Influenza Vaccination	**Teenage Pregnancies**
Uptake of 66.6% in those 65 years and older, 49.9% in those under 65 years at clinical risk and 45.6% for 2 & 3 year olds. (Influenza Vaccine Online Reporting April 2019)	The cluster has a significantly higher rate of teenage pregnancies: 33.5% (Wales average 20.9%). Trend reportedly increasing over time.
Childhood Vaccination	
The Cluster has a performance of 83.4% for childhood vaccinations up to age 4. (Welsh Government Target (95%))	
Diabetes	**Education/Self Care/Health Literacy**
Diabetes Rate: 6.2% (second highest in Swansea)	With regard to Health Literacy, patients have fed back that there are issues with regard to understanding information related to Medicines and Self Care. Patients have flagged the use of jargon and the need to make communication clearer with regard to health and wellbeing. A Health Literacy action plan is being devised to address these issues.

The data set below is for the time frame 1/08/2018 – 31/07/2019.

Emergency Admissions

Cluster	No of Admissions	R (1k) all ages
City	2,727.00	26.68
Neath	2,709.00	23.99
BayHealth	2,319.00	15.56
Afan	2,315.00	22.70
Cwmtawe	2,138.00	25.09
Llwchwr	1,883.00	19.72
Penderi	1,870.00	24.49
U Valleys	1,337.00	21.21
Average	**2,162**	**22.43**

Emergency Attendances

Cluster	No of Admissions	R (1k) all ages
Afan	19,657.00	192.77
Neath	18,084.00	160.12
City	14,920.00	145.96
BayHealth	13,299.00	89.22
Cwmtawe	12,965.00	152.14
Penderi	11,360.00	148.78
Llwchwr	10,065.00	105.42
U Valleys	8,417.00	133.50
Average	**13,596**	**141.00**

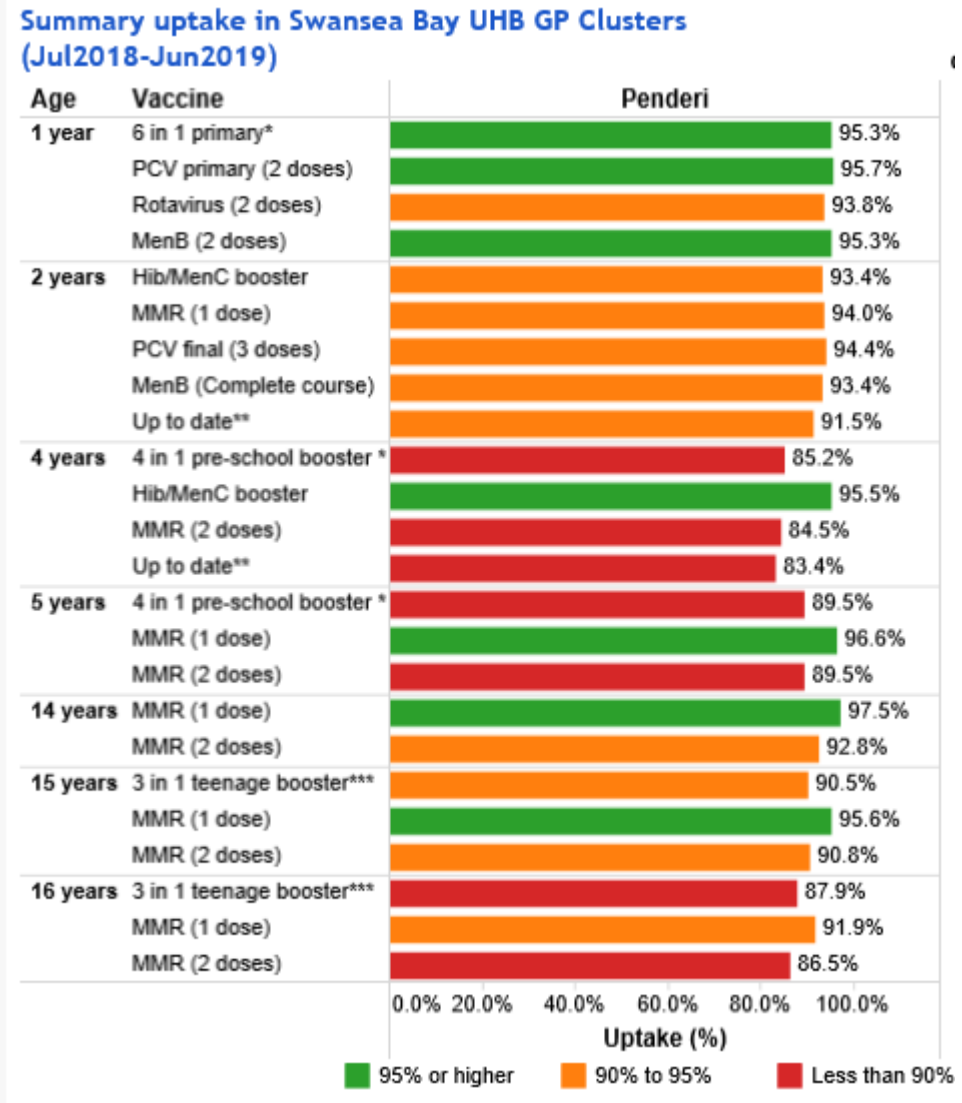
Out Of Hours Contact

Cluster	No of Admissions	R (1k) all ages
Afan	8,644.00	84.77
Neath	8,242.00	72.98
City	7,706.00	75.38
BayHealth	6,782.00	45.5
Cwmtawe	6,620.00	77.68
Llwchwr	6,326.00	69.83
Penderi	6,316.00	82.72
U Valleys	3,781.00	59.97
Average	**6,802**	**71.1**

Influenza Vaccinations

Penderi	Influenza immunisation uptake (%) 2017/18 and 2018/19					
	Patients 65y and over		Patients under 65y at risk		Children aged 2 & 3 years	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
Penderi	61.5%	66.6%	43%	49.9%	30.3%	45.6%
Swansea	67.4	67.2	46.5	43.0	47.4	46.6
Wales	68.8	68.2	48.5	44.0	50.2	49.3

Childhood Immunisations



Primary Care Measures -2A (ABMU Reference Point)

Description of Primary Care Measure	Category	Target (if available)	All Wales Average (Year)	ABMU Average (Year)
Bowel Screening	2A	60%	53.4% (2016/17)	53.2% (2016/17)
AAA Screening	2A	80%	80.8% (2016/17)	81.9% (2016/17)
Seasonal Influenza Immunisation in at risk groups	2A	55%	48.5% (2017/18)	46.7% (2017/18)
Overweight and Obesity in 4-5 year olds	2A		**26.2%** (2015/16)	**25.5%** (2015/16)
Breastfeeding Prevalence at 10 days	2A		**33.8%** (2016)	**31.3%** (2016)
Uptake of Scheduled Childhood Vaccinations at age 4	2A	95%	**85.2%** (2016/17)	**86.9%** (2016/17)
Smoking Cessation	2A		**20.4%** (2017/18)	**19.7%** (2017/18)
LARC	2A		N/A	N/A
Childhood Immunisation at age 16	2A	95%	**89.2%** (2016/17)	**87.5%** (2016/17)
Adults who accessed dental services at least once every 2 years	2A		**51.5%** (2016/17)	**58.0%** (2016/17)
Recording of Alcohol Intake	2A		**76.4%** (2017/18)	**76.6%** (2017/18)
Antibiotic Prescribing	2A		N/A	N/A
People with Dementia prescribed antipsychotic medication	2A		**1.8%** (2017/18)	**2.3%** (2017/18)
People with Diabetes who have received all 8 key care processes	2A		**45.2%** (2016/17)	**52.5%** (2016/17)

No. emergency admissions for ambulatory care sensitive conditions	2A		N/A	N/A
Diabetes lower extremity amputation and diagnosis code of diabetes	2A		N/A	N/A
Circulatory Disease Mortality Rate per 100 000 population <75 years • All Heart Disease • MI • Heart Failure • CVA (all ages)	2A		(2014-2016) **62.3** **18.3** **1.1** **70.6**	(2014-2016) **65.9** **20.5** **0.0** **70.5**
Percentage >65 years with dementia/memory impairment	2A		**2.95%** (2017/18)	**3.08%** (2017/18)
Children (0–17 years) who accessed dental services at least once a year	2A		**59.5%** (2016/17)	**68.8%** (2016/17)

Enhanced Services

The Penderi Cluster Network offers a number of enhanced services as detailed below:

Local Enhanced Services	Number of Practices	Directed Enhanced Services	Number of Practices	National Enhanced Services	Number of Practices
Depoprovera	6	Childhood Imms	6	Drug Misuse	1
Nexplanon	5	5 Years Boosters	6		
IUCD	5	Asylum Seekers	6		
Gonadorelins	6	Care Homes	5		
Hep B	3	Flu	6		
INR	4	Learning Difficulties	6		
Measles Outbreak	6	Minor Surgery	6		
Sexual Health	1	Warfarin (all)	3		
Shared Care (All drugs)	5	Diabetes Type 2	5		
Syrian Refugee	5				
Wound Care	3				
Complex Wound (SLA)	1				
DOACS	6				

Community Pharmacy Enhanced Service Provision

Cluster	Address	Postcode	Contractor Ref	CAS	Seasnl Flu	Smokng L2	Smokng L3	MAR	Pall Care	Just In Case	EMS	Med Mgt	Suprvsd Consumptn	Syringe Needle	THNS	BBV	TB
Penderi				**7**	**6**	**6**	**5**	**6**	**3**	**4**	**4**	**1**	**7**	**2**	**0**	**1**	**0**
Lewis Chemist	Brynhyfryd Primary Care Centre	SA5 9EA	605398A	✓	×	✓	×	✓	×	✓	×	×	✓	×	×	×	×
Boots UK Limited	Unit 5	SA1 7BP	605819F	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	×	×	×	×
Tesco Instore Pharmacy	Tesco Superstore	SA5 4BA	605870J	✓	✓	×	✓	×	✓	×	✓	×	✓	✓	×	×	×
Treboeth Pharmacy	697 Llangyfelach Road	SA5 9EL	605465B	✓	✓	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	×
Well	72 Manselton Road	SA5 8PG	605854H	✓	✓	✓	✓	✓	×	×	×	×	✓	×	×	×	×
Well	24 Conway Road	SA5 7BG	605854J	✓	✓	✓	✓	✓	×	✓	✓	×	✓	×	×	×	×
Well	118 Ravenhill Road	SA5 5AA	605855D	✓	✓	✓	✓	✓	×	✓	×	×	✓	×	×	×	×

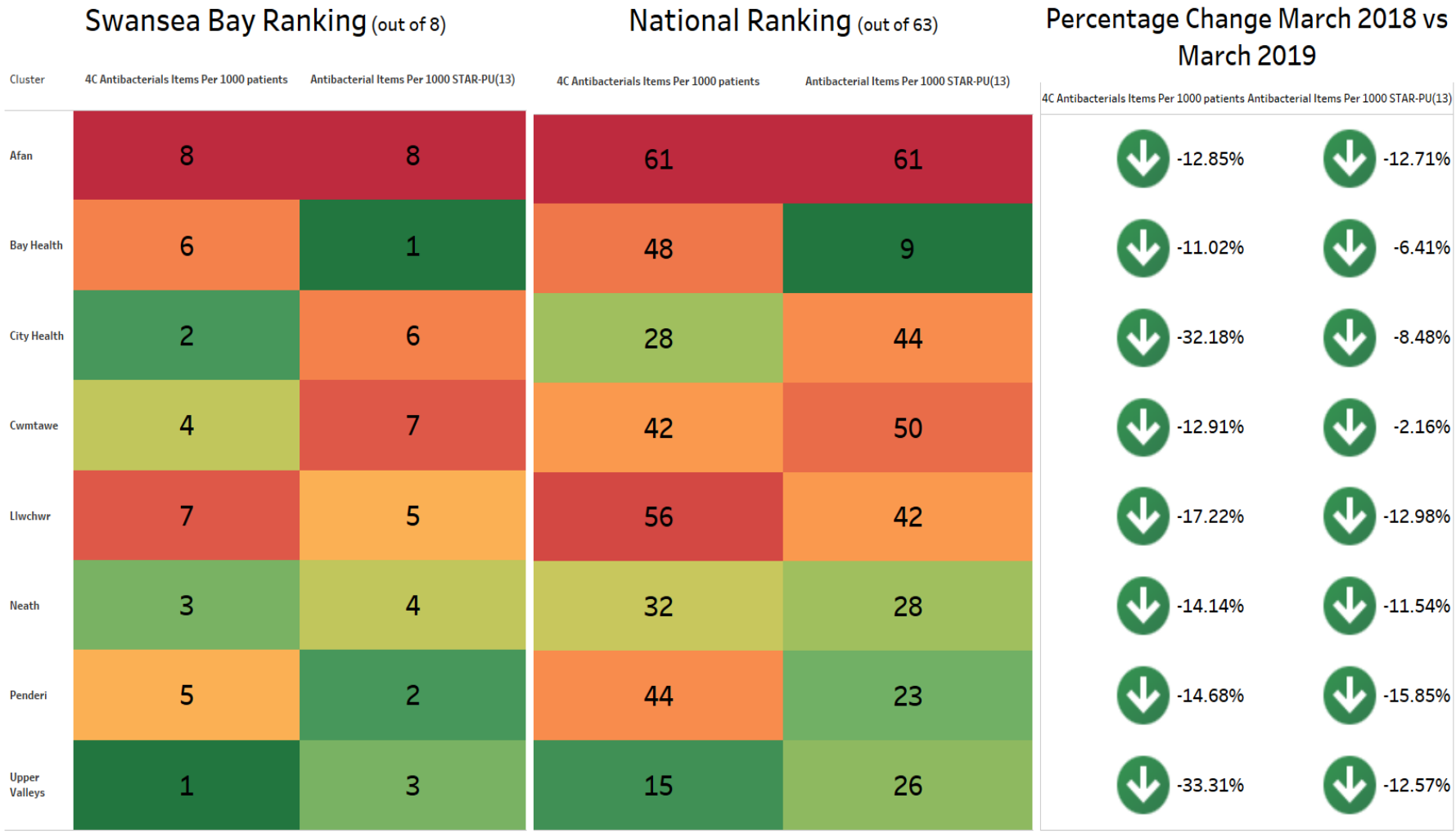
Antibiotic Prescribing

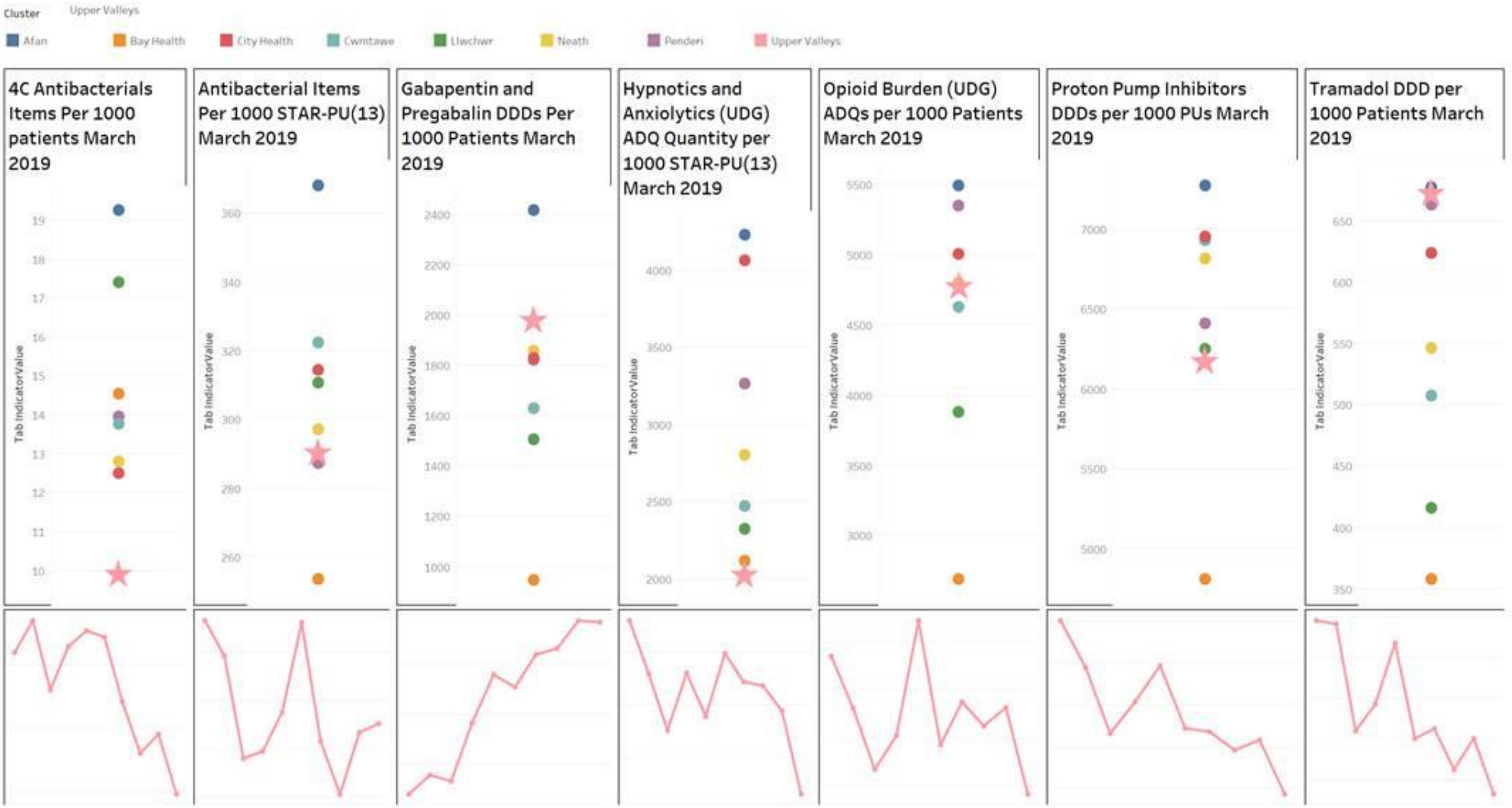
In January 2019 the UK 5 year AMR National Action Plan 2019-2024 was published, which underpins the UK AMR Strategy 20 year vision. Building on achievements seen in 2018/19 improvement goals are set for Heath Care Acquired Infection and Antimicrobial Resistance, which will be reported at a National level. The Primary Care goals in relation to prescribing are:

All prescribers should document indications for all antimicrobial prescriptions; it is expected that an appropriate read code will be entered whenever antimicrobials are prescribed. Primary Care clusters should ensure urgent dental cases are seen by dental services rather than by GMS. Wales Quality Improvement: Antimicrobial Stewardship – Supporting measures to improve UTI prevention, multidisciplinary diagnosis and management of UTI, making use of 'UTI 9' standards. Materials are available to support GPs and clusters to review MDT diagnosis and management of adults with UTI. Further information on numerous resources, audits, leaflets etc available here

To continue to reduce overall antimicrobial consumption by 25% from baseline year of 2013 by 2024. Nationally a 12% reduction has been seen between 2013 to 2017. From the graphs and data, all based on National Prescribing Indicators, it can be seen that Swansea Bay clusters have made good improvements over the last year. However when reviewing the 8 clusters within the context of the 63 Welsh clusters then it can be seen that significant improvements are still required in the fight against overall antimicrobial use and '4C' antibacterials.

With regard to antibiotic prescribing Penderi is ranked 5th out of 8 Clusters for 4c Antibacterial items per 1000 patients (national ranking 44 out of 63 a reduction of -14.68%) and 2nd for antibacterial items per 1000 STARPU (13) (National ranking 23 out of 63 a reduction of -15.85%)


Swansea Bay Ranking (out of 8)
National Ranking (out of 63)
Percentage Change March 2018 vs March 2019
Cluster
4C Antibacterials Items Per 1000 patients
Antibacterial Items Per 1000 STAR-PU(13)
4C Antibacterials Items Per 1000 patients
Antibacterial Items Per 1000 STAR-PU(13)
4C Antibacterials Items Per 1000 patients
Antibacterial Items Per 1000 STAR-PU(13)
Afan 8 8 61 61 -12.85% -12.71%
Bay Health 6 1 48 9 -11.02% -6.41%
City Health 2 6 28 44 -32.18% -8.48%
Cwmtawe 4 7 42 50 -12.91% -2.16%
Llwchwr 7 5 56 42 -17.22% -12.98%
Neath 3 4 32 28 -14.14% -11.54%
Penderi 5 2 44 23 -14.68% -15.85%
Upper Valleys 1 3 15 26 -33.31% -12.57%


Cluster
Upper Valleys
Afan
Bay Health
City Health
Cwmtawe
Llwchwr
Neath
Penderi
Upper Valleys
4C Antibacterials Items Per 1000 patients March 2019
Antibacterial Items Per 1000 STAR-PU(13) March 2019
Gabapentin and Pregabalin DDDs Per 1000 Patients March 2019
Hypnotics and Anxiolytics (UDG) ADQ Quantity per 1000 STAR-PU(13) March 2019
Opioid Burden (UDG) ADQs per 1000 Patients March 2019
Proton Pump Inhibitors DDDs per 1000 PUs March 2019
Tramadol DDD per 1000 Patients March 2019
Tab IndicatorValue

Penderi has some of the poorest health outcomes and highest levels of **deprivation** in Swansea, for example:

- The rate of premature death from non communicable diseases (599.9 per 100,000) is the highest in Swansea and nearly double the Welsh average (317.7 per 100,000) Public Health Observatory
- The number of children living in poverty is double the average for Wales 48% (Wales 24%)

Healthy Life Expectancy in Penderi

A wide range of indicators are needed to understand Health and Wellbeing. **Healthy life expectancy** is a National Indicator for Wales in the Context of the Wellbeing of Future Generations Act (Welsh Government 2015)

Penderi	**Male**		**Female**	
Life expectancy	72.0	2nd lowest in Swansea 7th lowest in Wales	78.5	Lowest in Swansea
Healthy Life Expectancy	50.4	2nd lowest in Swansea 9th lowest in Wales	52.8	2nd lowest in Swansea 18th lowest in Wales
Swansea Inequality HLE	22.3		22.0	
Penderi Difference between Life Expectancy and Healthy Life Expectancy (ie: years lived with a disability or a disease) ONS 2011	21.6		25.7	

HAPPEN Data (Health and Attainment of Pupils in a Primary Education Network)

Established in April 2015 by Swansea University, HAPPEN is a network of health, education and research professionals aimed at improving the health, wellbeing and attainment of Primary School children (www.happen-wales.co.uk). Through HAPPEN, data is collected on the wellbeing of children aged 9-11 and fed back to schools. Schools are then given information on health and wellbeing initiatives that can help in addressing identified needs. Data is collected on body mass index, fitness, nutrition, physical activity, sleep, wellbeing, concentration and children's recommendations on improving health in their area. Blaenymaes and Portmead schools, (two of the Primary Schools within the Cluster) have participated areas of interest are shown below:

	Blaenymaes %	Portmead %	Swansea %
Sedentary Screen time for 2 hours or more a day	41%	37%	31%
5 Portions of Fruit and Veg a day	17%	16%	27%
At least 3 take aways a week	17%	21%	18%
Physically active for 1 hr or more a day	24%	14%	24%
Had at least 9 hours of sleep	65%	47%	78%
Happy with family	96%	93%	94%
Happy with Life as a whole	94%	81%	91%

Adverse Childhood Experiences (ACE's)

Public Health Wales have identified that 47% of adults in Wales have experienced at least 1 adverse childhood experience and 14% have experienced more. Within the Penderi Cluster 28% of parents who have engaged with support from the ' Primary Care Children and Young People's Wellbeing Service' report to have experienced 4 or more ACE'S 14% above the national average. This puts them at 5 times more likely to experience low mental wellbeing a an adult, 4 times more likely to develop type 2 diabetes, 3 times more likely to develop respiratory disease, 2 times more likely to have visited a GP 6 or more times over the past 12 months, 3 times more likely to have attended A&E and 3 times more likely to have stayed overnight at a hospital.

The **Children and Young People Mental Health** Consultation undertaken in 2018 outlined a recommendation that a Children and Young People Mental Health Service is attached to GP Surgeries and that young people be given a language for mental health support to help them to know what to say when discussing these issues.

Health Literacy; patients have fed back that there are issues with regard to understanding information related to Medicines and Self Care. Patients have flagged the use of jargon and the need to make communication clearer with regard to health and wellbeing.

Feedback was also sought on the **Women's Refuge 'Enhanced' service** provided in the Cluster. Service users were unanimously positive about the service provided. Suggestions made for improving the service have been taken on board to ensure that the quality of service delivery continues to improve.

The Population Health and Wellbeing Profile compiled by 'Urban Habitats' and part of the Health and Wellbeing aspect of the **Penderi Regeneration Programme** states that 'the multiple communities within Penderi cannot be simply described, they are diverse and in some domains of wellbeing thrive whilst facing very significant challenges in other domains'. A site visit and surveys undertaken locally by Pobl suggest a strong sense of community and significant resilience demonstrated by some within the community. Responses from some individuals included 'all in all a very nice place to live, good community-children are safe, I wouldn't be where I am if I hadn't taken the opportunities offered in the community' (Pobl Survey).

In a school survey (n=208) by Pobl it was noted that:

- Children generally don't spend much time outdoors in their community
- Low level of independent mobility due to parental permission and fear for their own safety stops them roaming farther than their own street
- Children play mainly at home and socialising is primarily done via online gaming

Adults surveyed by Pobl (n=150) mostly like living in the area (77%) although this may not be correlated to the environment as many emphasised community spirit and family as positive reasons to be in the area.

Adults highlighted some things they would change about the area including the following which respondents thought would make the area safer or reduce crime:

- Activities for children and young people
- Rubbish fly tipping and cleanliness
- Issues with drugs

Data from Safer Swansea Partnership July 2019

Recorded Crime
34% of violent crime was 'domestic' related
49% of violent crime was Night Time Economy (6pm to 6am)
30% of violent crime occurred in Eastside and Morriston Sector

Domestic Abuse
The following 'Police Beats' recorded the highest rates of domestic abuse during July 2019:

- Townhill/Mayhill (53)
- Penlan (47)
- Clydach/Glais (44)

Detailed below are the number of Multi Agency Risk Assessment Conferences (MARAC) cases within both Penderi and Cwmtawe, which between them have over half of the total cases discussed within their areas. The MARAC is a fortnightly meeting where professionals meet to share information on high risk cases of domestic abuse. Information about the risks faced by those victims, the actions needed to ensure safety and the resources available locally are discussed and used to create a risk management plan involving all agencies. The MARAC is part of a co ordinate community response to domestic abuse, incorporating representatives from statutory, community and voluntary agencies working with victims, children and alleged perpetrators

MARAC Cases Month (2019)	Penderi	Cwmtawe	Total Discussed
April	15	15	55
May	18	16	64
June	20	15	61
July	24	23	101
August	18	17	68
September	14	15	55
TOTAL	109	101	404

Substance Misuse
Recorded Drug Crime Breakdown (Last 3 Months)
Swansea Area - 1/04/2019 – 30/06/2019
Hotspot – **City** [134]
Penlan [23]
Morriston [21]

231 offences [74 Trafficking, 157 Possession]
Cannabis [112]

Cocaine [32]
Heroin [25]
Amphetamine [11]
Crack [8]
Methadone [2]
MDMA [1]
Other Class A [24]
Other Class B [6]
Other Class C [5]
Class Unspecified [3]

Community Cohesion

Sector Name	Racial	Religion	Sexual Orientation	Transgender	Disability	Grand Total
City	63	2	19	10	5	99
East Side and Morriston	55	0	10	0	8	73
Gorseinon and Penlan	47	4	10	0	4	65
Gower and Townhill	50	2	5	0	4	61
Grand Total	215	8	44	10	21	298

The top 3 beats with the highest level of reported hate crime are Marina, Townhill/Mayhill and Blaenymaes.

The table below shows the July crime figures reported to the 'Safer Swansea Panel' and shows the recorded crime within Swansea for the period July 2018-July 2019

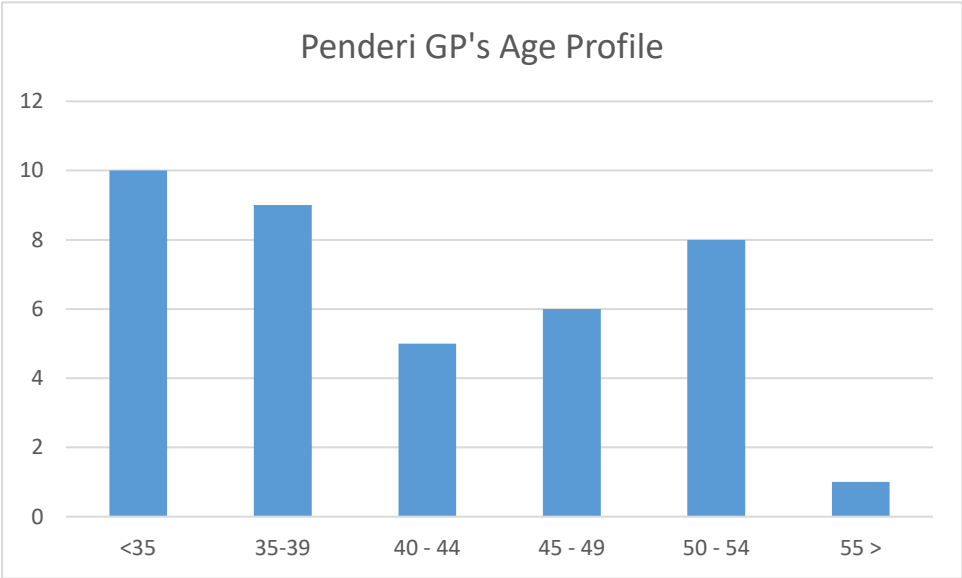
Recorded Crime July 2018 - June 2019	City	East Side and Morriston	Gorseinon and Penlan	Gower and Townhill	Grand Total	%
Stalking and Harassment	355	866	658	511	**2390**	
Of which Domestic	97	274	223	187	**781**	33%
Of which Night Time Economy (NTE)	148	315	245	217	**925**	39%
Violence without injury	657	610	509	417	**2193**	
Of which Domestic	140	271	204	173	**788**	40%
Of which Night Time Economy (NTE)	405	306	256	194	**1161**	53%
Violence with injury	706	569	535	375	**2185**	
Of which Domestic	144	229	220	162	**755**	35%
Of which Night Time Economy (NTE)	465	280	279	208	**1232**	56%
Homicide	1	1	1	1	**4**	
Of which Domestic	0	1	0	1	**2**	50%
Of which Night Time Economy (NTE)	1	1	0	1	**3**	75%
Grand Total	**1719**	**2046**	**1703**	**1304**	**6772**	
Of which Domestic	381	775	647	523	2326	34%
Of which Night Time Economy (NTE	1019	902	780	620	3321	49%
% Domestic	22%	38%	38%	40%	34%	
% Night Time Economy (NTE)	59%	44%	46%	47%	49%	

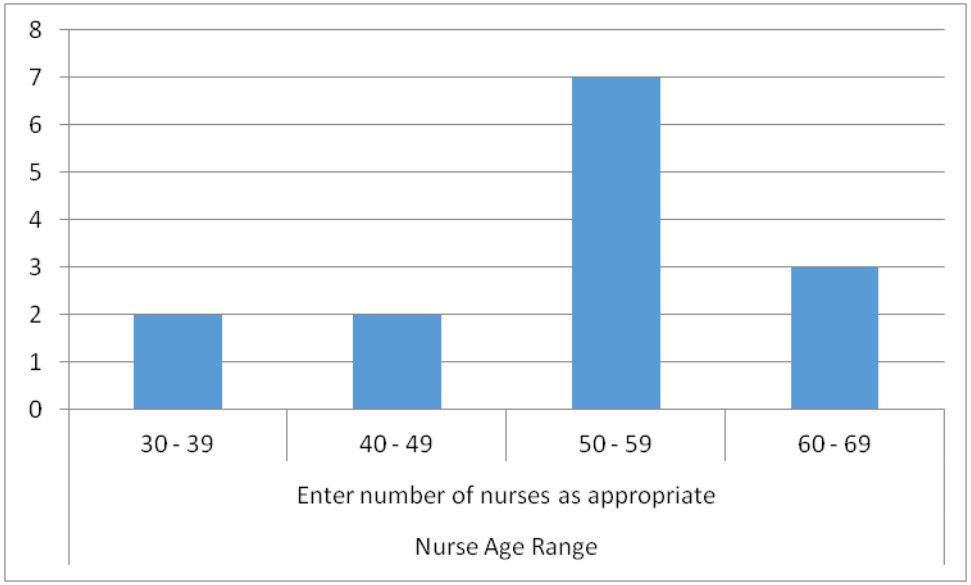
Healthy Cities

Swansea Council have agreed to apply for re designation for Phase 7 of the World Health Organisation's 'Healthy Cities' and cluster examples will be used from across Swansea Bay University Health Board in the case study submission to showcase work at an international level

Section 5

Cluster Workforce Profile





Across our 6 practices, the Cluster has:

DOCTORS

Head Count	Whole Time Equivalent	GP / Patient Ratio
33	21.9	1,751

NURSES – *Nurses employed directly by the Practice*

Head Count	Whole Time Equivalent	Nurse / Patient Ratio
14	9.1	4,220

DIRECT PATIENT CARE – *Health Care Assistants, chiropodists, therapists, etc*.

Head Count	Whole Time Equivalent	DPC / Patient Ratio
10	5.5	7,009

ADMINISTRATIVE STAFF – *Practice Managers, receptionists, secretaries, etc.*

Head Count	Whole Time Equivalent	Admin / Patient Ratio
54	40.1	956.7

Community Health and Social Care Teams

Community Health and Social Care Teams					
Role	**Bay**	**City**	**Penderi**	**Llwchwr**	**Cwmtawe**
	West Hub	**Central Hub**		**North Hub**	
District Nurse	22.3	36		15.3	11.4
HCSW	9.4	8.9		5.4	3.1
OOH Nursing Team	N/A	10.2		N/A	
Physiotherapy/OT	7.6	13.2		9.7 (P) / 8 (OT)	
Single Point Of Access	3.6	7.5		1	
Palliative Care (HCSW)	8.6	N/A		N/A	
Palliative Care Nurses	1.4	N/A		N/A	
CHC inc NB Team (HCSW)	31.5	N/A		N/A	
CHC Nurses inc NB Team	5.6	N/A		N/A	
Administration	4.4	3.29		3.1	
Swansea Council (Social Workers, Homecare, OTs)	31.5	36		41.1	
Issues reported for Swansea Bay University Health Board Escalation is reviewed on weekly basis in order to identity sickness absence, SL or leave to identify capacity within the Hubs and resources available for district nursing and mobilise staff in order to provide equitable service for all service users across Swansea. Vacancies within the Hubs are fast moving and recur frequently.					
Acute Clinical Outreach Service					
3 x GPs – Working on a sessional basis, one day each a week covering all Swansea Clusters, Monday, Wednesday and Friday.					
School Nursing					
School Nursing Service – 41 members of staff					
Looked After Children Service – 11 members of staff					
Audiology					
Role	**Bay**	**City**	**Penderi**	**Llwchwr**	**Cwmtawe**
Audiologist/Clinical Scientist - Band 8A					0.5
Audiologist/ Clinical Scientist - Band 7					0.7
Associate Audiologist					0.7
Audiology services are available across Swansea from Singleton Hospital. A Transformation Programme is underway to deliver community based services and is being trialled in the Cwmtawe Cluster.					

Occupational Therapy					
	Bay	**City**	**Penderi**	**Llwchwr**	**Cwmtawe**
				0.1 wte	1 wte
Current OT provision in the community is primarily provided through the Integrated Community Health and Social Care teams. Access to OT provision is through the Community Resource Team, and GP access for outpatient services e.g. fibromyalgia. There is also capacity within Mental Health Services. Cluster based OT provision is currently being provided as two pilots in Llwchwr and Cwmtawe with a focus on mental health and Frailty respectively. A robust evaluation is being undertaken in relation to assessing benefits and feasibility of the pilots					

Local Area Coordinators					
Role	**Bay**	**City**	**Penderi**	**Llwchwr**	**Cwmtawe**
Local Area Coordinator	4	2	2	2	2

Health Visitors

Within the Penderi Cluster there are 4 Whole Time Equivalent (WTE) and 0.8 WTE. The Health Visitor Service also has the equivalent of 0.8 WTE Health Care Support Workers carrying out administrative duties.

Health Visitors work across the Cluster as follows 2x WTE Fforestfach Medical Group; 2x 0.8 WTE Cwmfelin Medical Centre (who also cover Manselton and Cheriton Surgeries) and 2 WTE based at Brynhyfryd Medical Centre. The Perinatal Specialist Health Visitor also sits in the Penderi Cluster and has two groups running in the Integrated Children's Centre she is based in Brynhyfryd Medical Centre. The Health Visitors at Fforestfach host a Student Health Visitor and support a local playgroup in the area with wellbeing advice.

There are 8 Flying Start Health Visitors in the Penderi area. (7.4 WTE) who are based at 3 Primary Schools that have Flying Start Childcare for 2-3 year olds. The Health Visitors are supported by 2 (1.56 WTE) Community Nursery Nurses. The schools are The Children's Centre Clwyd Primary, Portmead Primary and Blaenymaes primary schools. Flying Start catchment areas are geographical and postcode allocated rather than by GP practice.

The Cluster has strengthened our multi-disciplinary team with a **Clinical Pharmacist** now in place for the fourth year, undertaking medication, polypharmacy and new patient reviews; along with any medication related queries from all staff in primary care.

Pharmacy:

Independent Prescribers

All Clusters have worked collaboratively with Health Education Wales (HEIW) and Swansea University to increase the number of Independent Prescribers working within the Swansea Bay University Health Board footprint.

Independent Prescribers will be able to provide an enhanced Common Ailment Service enabling independent prescribers to diagnose, assess and manage acute conditions within the Pharmacy. This will relieve pressure on GP Practices and increase accessibility for patients seeking condition specific appointments

Dental:

Contract Reform

The General Dental Service Contract Reform programme has been rolled out to every cluster across Swansea Bay University Health Board. The dental reform programme was established based on learning from the Welsh Dental Pilots (2011-2015) and dental prototype practices in Swansea. The current General Dental Service (GDS) model is based on Units of Dental Activity (UDAs). a proxy for counting dental treatments. The system does little to encourage utilisation of skill- mix and delivery of risk and need- based preventative dental care. Patient outcomes are also not monitored. Many people who need and want to access dental services cannot access dental services while many apparently 'healthy' patients attend every 6 months.

The programme is a positive change to the way dental services are currently provided, moving away from dental practices trying to achieve annual targets and replacing this with a service focused on preventative care and active engagement with patients to look after and improve their oral health. The objectives of the dental reform programme are to reduce oral health inequities, delivering improved patient experience and outcomes by implementation of Prudent Healthcare Principles, evidence based prevention and development of a culture of continuous improvement are key in ensuring NHS dental Services are sustainable

Other Workforce Developments

In September 2016 the 'Primary Care Early Years Worker' Post was funded out of Cluster Funds and has now become the '**Primary Care Child and Family Wellbeing Service'** that has been rolled out to an additional 2 Clusters. This post provides the Cluster with 3 days a week.

Penderi Young People's Project: The Cluster successfully applied for ICF funding following the Children and Young People's Mental Health Consultation in 2018 and have appointed a worker to support young people aged 11-25 with mental health issues.

Training Needs

Additional Training Needs within the cluster have been identified as:

- IRIS (Identification and Referral to Improve Safety)- Programme based within General Practice that provides training and referral support where domestic Violence and Abuse have been identified
- Cluster Development Team- Leadership /Project Management and Bid Writing Training
- ACE's (Adverse Childhood Experiences)- Important to raise awareness of impact and ongoing issues
- Complex Needs Training- Dual Diagnosis/Vulnerable Patients
- Cultural Awareness Training related to Asylum Seekers and Refugees
- Health Literacy Training- Following on from Health Literacy Consutation undertaken in 2019. There is a need to progress this cluster wide and raise awareness of what actions can be taken
- Ensuring Mandatory Training Sessions are all up to date eg: Safeguarding
- Diabetes National Enhanced Service- More 'in depth' training related to injection Therapy

Wider Support from Other Partners

Our Cluster has a consistent and long approach to involvement of partners, through both informing the priorities of the Cluster as well as delivering action against those to improve the health and wellbeing of the population and in turn reducing impact on primary and secondary care health services.

For our Cluster, these have included: Local Area Co-ordination, very close working with the Swansea Council for Voluntary Services, Children's Services in Swansea Council, Poverty and Prevention, National Exercise Referral Scheme, a range of Third Sector providers such as Citizens' Advice Bureau, Swansea Carers Centre, Regional (West Glamorgan) Carers Partnership, multi-agency input via the Health of Homeless and Vulnerable Groups, EYST (Ethnic Youth Support Team), Weight Watchers and Local Schools.

Section 6

Cluster Financial Profile

The Penderi Cluster has a financial allocation from the Welsh Government of £119,942. In addition, Clusters have access to other funding streams such as the Health Board delivered PMS+ scheme. In addition the Health Board have secured significant additional resource for use in the Penderi Cluster, over £1 million to undertake an 18 month Transformation Programme.

Penderi Cluster Funding 2019-20	
• Welsh Government Allocation	£119,942
• **Prescribing Management Savings + (PMS+) Monies**	**£11,498**
• **External Funding (ICF Funding (Penderi Young People's Project)**	**£34,455**
Grand Total: £165,894	
PLANNED SPEND	
Project	**Spend allocated**
Clinical Pharmacist	£64,578
Pharmacist Flu Vac Training	£132
Pre diabetes Readjustment 18-19	£89
Refuge Service	£2,500
Cluster Development Time	£12,000
Early Years Worker	£25,000
Flu Vac Housebound Patients	£1,000
Patient Engagement Work	£1,000
PLTS Contribution	£750
ViPC	£11,700
Penderi Young People's Project (ICF Funds)	**£34,455**
Total spend	**£153,204**
Planned Spend Remaining	**£12,690**

Remaining funds will be allocated in accordance with the Cluster IMTP following discussion and agreement

Welsh Government Allocation per theme

Older People = £5,224,000

Learning Difficulties/Mental health /Complex Needs /Carers = £ 2,590,000

Edge of Care = £1,942,000

People with Dementia = £1,175,000

As part of that, Cluster based projects:

- Penderi Young People's Wellbeing Project (PYPWP) – £34,455
- SCVS Swansea North Dementia and Carer Project - £38,593

Transformation Funding (Whole System)

The Penderi Cluster Network has been allocated £1.155 million to implement the transformation agenda. This work commences in January 2020.

Section 7

Our Cluster Three Year Action Plan

- Agreement on the objectives and actions within the plan has been reached through a combination of analysis of individual Practice Development Plans, a review of Public Health Priorities, QOF Data, audit Reports and a series of Cluster meetings
- The development of the plan has presented an opportunity for the Cluster to build on the progress made in 2017-19 and has involved partners from Public Health Wales, other Health Board Teams and Directorates, the Third Sector and Social Services
- In addition, as stated earlier, from January 2020 the Penderi Cluster is pleased to become part of the national Transformation Programme for an 18 month period. Actions agreed through the programme will become part of the Cluster Action Plan through regular updates
- Between 2020-2023,the Penderi Cluster will continue to explore areas for development and will focus on the following priorities:

Prevention, Wellbeing and Self Care

Our three year focus:

Cluster members will work co productively with partners and the local community to promote health literacy and self care among its population; assessing improvements on an annual basis. The Cluster will focus on obesity, screening, COPD, smoking reduction, increasing flu vaccinations, improved services for carers and better mental health outcomes

No 1	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
1.1	Develop and implement the Health Literacy Action Plan based on recommendations from the Cluster Health Literacy Consultation (March 2019)	PHW SCVS, Other orgs. TBC	March 2020 and ongoing	Most Cluster teams trained	TBC	Cluster has co produced a report on Health Literacy in partnership with SCVS. Training session delivered to Cluster by PHW and SCVS Cluster developing a Health Literacy Action Plan based on recommendations in report and feedback from GPs. Training needs to be further expanded to front line staff.
1.2	To reduce rates of childhood obesity by working in partnership to promote opportunities for physical activity and healthy nutrition within the Cluster	Cluster Lead Cluster Dev Team BSM	March 2020 and ongoing	Reduced rates of childhood obesity, increased opportunities for physical activities across the cluster, increased wellbeing and happiness levels	Time	Made links with HAPPEN - data linked to fitness levels in local schools. Cluster Lead is meeting with the Head of Townhill School SCVS is undertaking a consultation with parents locally to determine baseline attitudes to child health, nutrition and fitness Cluster Dev Manager (ST) currently making links to map opportunities to increase physical activities across the Cluster
1.3	To contribute to the obesity pathway delivery review • Completion of baseline survey by practices	Practices Swansea Bay PH Team	March 2020	Obesity pathway delivery review completed Greater understanding of level 2 provision in Primary Care, in order to improve and deliver a	Staff time	Obesity Pathway Delivery Review commenced in Swansea Bay March 2019. Level 2 insight with primary care to commence September 2019.

	• Participation in qualitative reviews	Cluster Leads Cluster Devt Managers		consistent, coherent patient centred obesity pathway		
1.4	make full use of the assets available within the local community eg: City Farm/ Blaen y Maes Drop in Centre/ Men's Sheds Initiative to promote social prescribing initiatives patients could be referred to in the local community	Cluster Dev Team SCVS BSM	March 2020 and Ongoing	Increased opportunities for patients to participate in non medical opportunities that will increase their wellbeing	Time Funds	Links have been made with the City Farm. Potential to refer patients to outdoor 'green space' activities
1.5	Practices to actively promote screening opportunities to patients by providing: - Up to date, easily accessible information - Promotion on practice web site and TV screens - Focus on self care	Practice Managers GPs PHW	Ongoing	Screening widely promoted and information visible across all practices. This will result in improved screening uptake across all practices	Promotional materials from PHW/Screening Service	PHW attended PLTS session and Practice Managers meeting to promote screening resources. All practices now promoting screening opportunities.
1.6	Patients to actively be encouraged to attend 'Help Me Quit'/Stop Smoking Clinics. Service to be promoted at key points in the year for maximum effect eg: January/New Year	Practice Managers GPs PHW	Ongoing	To reduce the number of smokers in the Cluster from 23.0% to 22% by September 2020 resulting in better health outcomes and wellbeing for patients	Help Me Quit Clinics run by PHW Promotional materials from PHW	'Help Me Quit' Service is available in some practices across the network. Cluster Development Manager (ST) is coordinating data and stats. Cluster to keep 'watching brief' on new initiatives/schemes related to smoking
1.7	Improve community care of patients with COPD by ensuring patients with COPD have a flu/ Pneumococcal vaccination and creating self management educational programmes with patients	Cluster Pulmonary Rehab Team	March 2023	Improve identification of patients with COPD using Spirometry Optimise treatments in the community with appropriate inhalers/referrals to Pulmonary Rehabilitation Undertaking annual reviews of patients diagnosed with COPD	Funding Venue	Primary Care target framework awaited. Whole systems approach business plan being created with Health Board. Prevalence of COPD in the Cluster is 2.5% (Joint highest in Swansea with the City Cluster). Pulmonary Rehabilitation Service has delivered training to GPs at PLTS. .

1.8	To ensure effective planning is in place for the winter season across the Cluster to ensure continual increase in uptake of flu vacs and advanced promotion of self care	Cluster Dev Manager (KM)	Sept/Oct 2019 and ongoing	Increase in uptake of flu vaccination.High levels of 'target' group patients immunised against flu. Patients 'health literate' with regard to myths surrounding flu vaccinations and actively seeing immunisation	Time Cluster Funds £1000 available to support campaign	Uptake of 66.6% in those 65 years and older, 49.9% in those under 65 years at clinical risk and 45.6% for 2 & 3 year olds. (Influenza Vaccine Online Reporting April 2019) Cluster Dev Manager (KM) currently developing flu plan for 2019. -Practices to host flu parties as 'mop ups' -MECC approach to be adopted -Cluster Pharmacist trained in flu vaccinations. To deliver vacs opportunistically
1.9	To continue to improve access to mental health services - Monitor outcomes of Penderi Young People's Project (Supporting 11-25 year olds with mental health issues)	SCVS PYPP Steering Group	Ongoing. Project due to end June 2020	Young people have easier and faster access to support and local initiatives that can help improve mental health outcomes	External Funds Awarded ICF £34,455 for 1 year	Successful bid submitted for ICF funds following Penderi CYP consultation in 2018. Project began in June 2019. .
	- Continue to support children and families through the Primary Care Child and Family Wellbeing Service	GPs PM's PCCFWS	Ongoing	Families receiving holistic support, in their own homes focussing on mental health and child development resulting in increased wellbeing outcomes	Cluster Funds currently provided £25,000 PA. This will end in March 2020	Project has been successful in improving wellbeing outcomes for children and families and reducing number of GP appointments. An independent evaluation has been undertaken by Swansea University demonstrating clear savings as a result of the project External funding sources to be sought for next year's delivery with effect from April 2020 PRAMS service currently working out of Brynhyfryd Surgery. There are gaps in service provision with regard to peri natal/antenatal midwives. Cluster to consider how this can be improved.
	- To support new mothers to promote positive Mental Health	GPs PMs PRAMS	Ongoing	New mothers supported effectively and holistically with mental health issues		SBUHB Mental Health Directorate have secured funding for a Social

	- Roll out Social Prescribing staff to each Cluster	SBUHB MH	TBC	Community resilience and wellbeing outcomes improved across the Cluster. Less need to access 'Higher Tier' services. Increased sustainability of practices	External Funding	Prescriber to be allocated to each Cluster Awaiting further details
1.10	Practices to participate in Carers GP Accreditation Scheme Pilot	Practice Managers Swansea Carers Centre	March 2020	Carers effectively supported across the Cluster- Quality service delivered to carers	Practice Manager input/Time	Carers Helpdesks have successfully operated across the 6 Practices in the Cluster. Practices have effectively supported Carers . All practices currently engaged in pilot.

Timely, Equitable Access, and Service Sustainability

Our three year focus:

To work collaboratively with partners to develop easily accessible shared resources to meet the needs of patients and to ensure patients know how and when to access the services

No 2	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
	Access to In-Hours GMS Services Standards: improved access to services delivered closer to home Inform cluster population of wider communication/access options available.	All Practices	March 2021	Achieving Access Standards and measures (Group 1 and Group 2)	Funding Telephone infrastructure Signposting materials Communication and Engagement	All Practices offer good in-hours access, however practice access position will be reviewed to reflect the new GMS contract reform

2.1	**Develop MDT and collaborative working arrangements to meet patient needs.** Cluster to allow time to discuss and consider sustainability of practices moving forward	GPs Practice Managers Transformation Team	Ongoing	Cluster to agree best use of shared resources to ensure sustainability of all network practices. Robust plans in place across the Cluster to meet sustainability needs	Transformation Funds Cluster Time	Sustainability is a standing agenda item at Cluster Meetings and now forms a key component of future cluster strategy being developed at all Cluster meetings. Transformation roll out begins in January 2020. To consider development of Community Interest Company learning lessons from neighbouring Clusters.
2.2	To further develop links with the **Community Pharmacies** and ensure that patients are making full use of the services available to support Health and Wellbeing eg: Choose Well/Common Ailments Scheme	Cluster Lead Cluster Dev Team Community Pharmacies	March 2020 and ongoing	Increased use of Community Pharmacies as first port of call for common ailments. Easy, timely access to advice and support when needed. GP appointments avoided	Time	Cwmfelin Community Pharmacist regularly attends Cluster Meetings and has linked with Cluster Development Manager to develop ideas that Community Pharmacies could implement to reduce the pressure on practices. Cluster Lead has attended an initial Community Pharmacy meeting. These meetings are set to continue. Progress to be fed back into Cluster Meetings
2.3	To ensure patients are accessing Cluster Services that meet their needs eg: **Social Prescribing** initiatives to alleviate pressure on core services and adopt an 'upstream' approach Current areas of interest for project development include: Domestic Violence/Complex Needs Reducing Teen Pregnancy Community Health Champions/ Volunteers/'Wellness Warriors' /Cultural Awareness Training: Asylum Seekers and Refugees	GPs Practice Managers Cluster Dev Team SCVS BSM POBL	December 2019 and ongoing	Preventative approach strengthened by further development of social prescribing network across the Cluster. This will result in increased levels of wellbeing across the Cluster	Funds? Time	SCVS is holding meetings to allow Penderi Social Prescribing initiatives to meet and discuss the service offered and cross refer patients as appropriate. eg: PYPP/PCCFWS/LAC's Cluster Pharmacist to develop referrals to social prescribing for patients seen Discussions underway with Domestic Violence Hub, Safer Swansea and SCVS regarding enhancing support for victims of domestic violence across the Cluster. Discussions underway with POBL regarding Volunteer involvement Teen Pregnancy- Presentation delivered at PM meeting. Ideas discussed at IMTP Workshop to be progressed.

2.4	Ensure information on appropriate access to health services is produced and shared in different formats and varying media for patients. Information to be co produced and patient feedback sought linking with Cluster Health Literacy Action plan	Practice Managers Cluster Dev Team	March 2020	Patients accessing appropriate services according to health and wellbeing need. Reduced pressure on GP practices	Time Production of leaflets-costs	Access leaflets already developed - to be reviewed and updated. Cluster Website to ensure that access information is clearly displayed

Rebalancing Care Closer To Home

Our three year focus:

To progress the 'whole system approach' delivering community based, cluster designed services and empower the Penderi community to co produce new and innovative 'doorstep' services that meet the needs of the local population

No 3	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
3.1	To progress the whole system approach and collaboratively design the transfer of services to the community	Cluster Lead GPs Cluster Dev Team Practice Managers	Ongoing	Doorstep services provided that are easily accessible and meet patient needs	Time Funds	Warfrin Clinics NOAC Clinics X Pert Diabetic Sessions Care Home DES Flu vacs for Housebound patients are all taking place within the Cluster area. Services are delivered close to home. Ideas to be explored further include: Consultant Clinics to be held locally/Diabetic Specialist Nurse as a shared resource Transformation agenda beginning in the Cluster in January 2020
3.2	Encourage practices to sign up to the Diabetes National Enhanced Services	Cluster Lead GPs	October 2019	Improved outcomes for patients with Diabetes.	Time	X Pert Diabetes Sessions taking place in Fforestfach Medical Centre Cluster has participated in Pre Diabetes initiative and key staff have received training in Food Wise sessions.

3.3	Improve community care of patients with heart failure by ensuring patients with heart failure have a flu vaccination and creating self management educational programmes with patients.	Cluster Community heart failure team	March 2023	Improve identification of patients with heart failure. Optimise treatments in the community to maximal tolerated doses. Undertaking 6 monthly reviews of patients diagnosed with chronic heart failure	Funding Venue	Primary care target framework awaited. Whole systems approach business plan being created with Health Board.
3.4	Increased Social Prescribing Opportunities offered within the Cluster.(See 2.3)					

Implementing the Primary Care Model For Wales

Our three year focus:

To progress the 'whole system approach' through a collaborative approach ensuring that services are delivered seamlessly and patients see the most appropriate health/social care professional to meet their needs

No 4	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
4.1	Patients will be empowered to take ownership of their own health and wellbeing needs by adopting a co productive approach to Health and Wellbeing	Cluster Lead GP's Cluster Dev Team Practice Managers	Ongoing	Services will be developed collaboratively across the Cluster with patient involvement. Patients will know which service to access and how to access it resulting in an informed and resilient community.	Time Transformation Funds	See 2.5 with regard to development of patient information related to access and Cluster Website development
4.2	A comprehensive staff training programme will be undertaken for all practice staff focussing on : -Co production - MECC - Health Literacy - IRIS - Completion of Mandatory Training - Complex Needs - ACE's	Cluster Lead GPs Cluster Dev Team Practice Managers	Ongoing Phased approach over 3 Years	All staff trained and fully briefed resulting in an informed workforce	Time Transformation Funds	Health Literacy training took place on September 4th 2019 for GPs- Need to extend to wider practice teams.

	(See 6 Workforce Development)					

Digital, data and technology developments

Our three year focus:

To improve the cluster digital infrastructure developing opportunities to maximise collaborative cluster work and make evidence based cluster decisions with robust data sets

No 5	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
5.1	Infrastructure to be put in place to facilitate collaborative working between practices eg: Vision 360, Vision Anywhere	Cluster Lead GP's Cluster Dev Team Practice Managers	March 2021	Improved appointment system for patients. Patients able to access appointments delivered by MDT across the Cluster as appropriate	Appropriate Software	Vision 360 rollout earmarked for practices in 2019/20
5.2	Keep a 'watching brief' on Clusters piloting 'on line' triage with a view to adopting if appropriate.	Cluster Lead Practice Managers	March 2020	Feedback sourced on the effectiveness of the systems. Cluster able to make an informed decision going forward	Time	Neighbouring Cluster (Cwmtawe) is planning on implementing 'on line' appointment system involving on line triage.
5.3	Continue to ensure that coding is accurate to ensure accurate data	Practice Managers	March 2020	Accurate data sets that are easily accessible	Cluster funds £11,700 pa	The Cluster has invested in VIPC to assist with ensuring data sets are

	sets relating to disease registers and other information					accurate and help with specific training needs related to the systems and coding. ViPC gives advice and guidance to practices on systems and data related queries
5.4	Further develop communication and engagement via the Cluster Website and Facebook sites	Cluster Dev Manager	Ongoing	Cluster Website and Face Book sites up to date, accurate and receiving regular hits	Time	Sites have been developed and shared with Cluster. Feedback from site users to be sought.
5.5	To further promote use of 'My Health on Line'	PM's GPs	Ongoing	Increased use of MHOL resulting in easy access to repeat Meds. for all practices		MHOL being used. Need to further promote and monitor uptake.

Workforce Development; including skill mix, capacity, capability, training needs, and leadership

Our three year focus:

To embrace the Transformation Agenda and review and strengthen the cluster workforce through evolving service models creating a motivated, engaged and sustainable workforce

No 6	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
6.1	Develop Leadership/Bid Writing /Business Case Development and Project Management Skills of Cluster Development/Leadership Team	Cluster Lead Cluster Dev Team	March 2020 and ongoing	Informed and Trained Cluster Leadership. Effective bids submitted resulting in increased revenue for the Cluster to develop Cluster projects and initiatives	Cluster Funds to support Bid Writing Training	Cluster Development Manager at Cwmfelin currently attending Confident Leaders Course Bid Writing Session attended in May 2019 run by SCVS Business Case Development Training to be held in October 2019 for Cluster Development Team
6.2	Roll out IRIS training across practices to ensure Safeguarding	Cluster Dev Team SBUHB	March 2020 and ongoing	GPs aware of how to improve the health responses to victims and increased confidence to	Time	IRIS is shortly to be rolled out across the Health Board. Pilot practices currently being sourced

	processes and referral mechanisms are robust			ask questions and report appropriately. Statutory requirements of VAWDASV (Wales) 2015 met across the Cluster		
6.3	Training on ACE's to be delivered across all practices ensuring that staff have an understanding of the impact of ACE's on children	GP's Practice Managers PHW	March 2021	Staff aware of the impact of ACE's on life chances, health outcomes and Health inequalities and able to develop further initiatives to help improve outcomes for children and young people.	Time	The Cluster has a high percentage of children, young people and Lone parents. PCCFWS is offering support to families and collecting data on levels of ACE's across the Cluster. (See Page 13). Within Penderi 28% of parents engaging with PCCFWS report to have experienced 4 or more ACE's, 14% above the national average.
6.4.	To ensure that all practices receive training on Complex Needs/Dual Diagnosis to ensure needs of Vulnerable Groups are met	Homelessness Nurse/ CDAT	March 2021	Staff aware of best support /referral routes for patients with complex needs	Time	HHAVGAP Group- working on an action plan to support Vulnerable Groups across the Health Board. Cluster developments are routinely reported at HHAVGAP
6.5	Network PLTS sessions to continue providing a mix of relevant Clinical and Social Care topics. Training on the following topics to be rolled out to all Cluster Staff including front line : Health Literacy MECC Co production	PHW SBUHB	March 2021	Increased staff awareness, increased services that are co produced. Patients adopting 'self care' behaviours	Time	Health Literacy-See 1.1 MECC- PHW to be approached regarding training session Co Production-SCVS currently working on report focussing on best engagement routes with local community. Once report complete SCVS to deliver a training session on co production
6.6	As part of the Diabetes NES. Training to take place on 'injection therapy'	GP's	March 2021	Better outcomes for patients. GPs able to support diabetic patients more effectively	Time	Cluster Lead to canvass opinion on Diabetes NES
6.7	To develop a formal training programme for practice nurses	GPs PMs Cluster Dev Team	March 2021	Practice Nurses able to access relevant and timely training programme that meets patient needs	Time. Funding TBC	Training for practice nurses is currently 'ad hoc'. There is a need to strengthen and formalise training across the Cluster resulting in sharing of good practice among practice nurses and better patient outcomes
6.8	Develop a Cluster Workforce Strategy with a focus on future sustainability	Cluster Lead GPs PM's	March 2020	Awareness of areas of risk and development of actions to mitigate risk. Strategic planning in place to meet future demand, address		3 Practices in the Cluster are Training Practices-possibility of improving recruitment via GP Training route.

		Cluster Dev Managers		sustainability at a cluster level and maintain access to patients		Cluster aware of age profile of Staff. Need to further discuss issue as part of Cluster sustainability discussions.

Estates developments

Our three year focus:

To maximise the use and development of all available estates/estates activities within the Cluster to deliver Cluster programmes and services and to improve population health and wellbeing

No 7	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
7.1	The Cluster will map with Health Board, Local Authority and other partners the availability of estates on a cluster basis for the delivery of services	Cluster Dev. Support Manager	May 2020	Clear understanding of available estates. Clear understanding of relevant organisational estates strategies impacting on the Cluster The Cluster able to influence estates strategies More prudent use of estates for better patient access to services at lower cost to providers	Cluster Lead for Estates Capacity to map and collate information Capacity to attend high level estates meetings and individual schemes project meetings	Information is disparate, held in silos and not considered at Cluster level other than by exception
7.2	The Cluster will work closely with partners including Social Housing providers in the development of estates strategies, development plans for the benefit of population health.	Cluster Lead PHW Cluster Dev. Support Manager	Opportunistically	Social Housing providers invited to relevant Cluster Forums. New developments better informed by the Health and Wellbeing agenda and local health and Care needs.	Capacity to scope out providers and attend respective forums	Occasional involvement not widely tested
7.3	To maintain a link with the Penderi Regeneration Board and contribute to discussions on health and wellbeing with regard to the built environment	Cluster Lead	Feedback to be brought to Cluster	Patient and Cluster voices are heard in the 'Penderry Regeneration' discussions and health and wellbeing concerns are	Time	Cluster Development Manager currently sits on 'Penderry Regeneration Board'. Information is being shared as appropriate relating to Health and

	moving forward including Practice capacity issues	Cluster Dev Manager BSM	meetings following Board meetings as appropriate	taken into account to ensure best outcomes for practices and patients		Wellbeing and Urban developments within the area
7.4.	To ensure that Cluster Development Team are aware of Capital Funding opportunities and improvement grants that can be accessed and the Cluster have prioritised capital expenditure moving forward	Cluster Lead Cluster Dev Team	Opportunistically	Cluster Development Team are aware of Funding Opportunities and actively bidding for funds to support cluster developments	Time	
7.5	As part of development of MDT Practices to ensure that rooms are appropriate for delivery of services eg: MCAS/ Physio / CAMHS	PMs MDT's	As Appropriate	Services effectively delivered in appropriate, accessible venues that are 'fit for purpose'	Dependant on individual MDT	

Communications, Engagement and Co-production

Our three year focus:

To actively engage the community in the design of cluster health and wellbeing services that meet their needs and support self care initiatives and maximise opportunities to ensure that Cluster achievements and aims are effectively communicated

No 8	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
8.1	To work with SCVS to undertake work on preferred/optimum communication routes/sources/methods within the Penderi Community	SCVS	July 2020	Community engagement will be embedded into work developments. Community actively engaged in co production of services	Cluster Funds for report and initial baseline to be determined £500	SCVS currently working with POBL to research and develop engagement pathways.
8.2	To consult parents to determine a baseline with regard to views on child health and fitness?	SCVS	Nov 2020	Cluster will have a full picture of parental views related to child health/nutrition/fitness and what actions the Cluster could take that would make a difference	Cluster Funds for report and baseline to be determined £500	SCVS currently developing consultation to roll out to parents
8.3	To feed into Penderi Regeneration Board as appropriate. See 7.3					
8.4	Annual assessment undertaken of the role that co production played in the development and implementation of services and programmes within	Cluster Dev Team SCVS	Jan 2020	Report produced and shared with Cluster	Time	Cluster has already co produced initiatives eg: Penderi Young People's Project.

	the Cluster: lessons learned to be fed back to Cluster Board	BSM				
8.5	To develop closer links with key Community Groups and enhance opportunities to co produce initiatives and to maximise community resources to impact positively on health and wellbeing across the Penderi area - Consider further avenues for patient involvement eg: Patient Reps.	Cluster Dev Team SCVS BSM	March 2020 and ongoing	Community actively engaged in Cluster Development and playing an active role in community wellbeing, promoting resilience and self care. (Wellness Warriors) Feedback routinely sought through a variety of ways eg: electronically/Focus Groups/Questionnaires.		SCVS are currently working on determining engagement opportunities within the Cluster by linking with POBL. BSM has been invited to attend Penderi Providers Forum. LAC's are engaged within the practices and feedback to Cluster and Practice Managers on a regular basis. POBL have developed a Wellbeing Project which aims to engage the community and develop 'Wellness Warriors' to promote resilience and wellbeing outcome awaited
8.6	Further develop communication and engagement via the Cluster Website and Facebook sites (See 5.4)					

Improving Quality, Value and Patient Safety

Our three year focus:

To deliver high quality cluster services sharing data and lessons learned with a focus on review and continual improvement

No 9	What action will be taken	Who	When	What will success look like? What will the outcome be for patients?	Resource required	Current position
9.1	Quality Assurance and Improvement Framework Consider the requirements under QAIF with a focus on patient safety and identified work streams from the basket of priority areas: a. Patient Safety Programme- Reducing medicines related harm through a multi-faceted	Practices Cluster	October 1st 2019- September 30th 2020	Improved outcomes for relevant groups	Funded through GMS QAIF	Previouis Quality Improvement Work undertaken. Cluster discussions commenced on choosing priority areas for year 1

	intervention for the Cluster population b. Reducing stroke risk through improved management of Atrial Fibrilation for the cluster population c. Ceilings of care/Advanced Care plans d. Urinary Tract infection to multi disciplinary Antimicrobial Stewardship 2019/20 Undertake demand and capacity tool at cluster level. Produce workforce development plan at cluster level. Select two additional QI project and a mandatory patient safety project. Undertake QI training as per QAIF guidance. To map current and discuss future enhanced service provision at individual cluster level to ensure universal services available to patients			Improved access to services across the Cluster		
9.2	Cluster Pharmacist to continue work : On reducing antibiotic prescribing across all practices with a focus on prophylactics	Cluster Pharmacist	March 2020	Reduction in prophylactic prescribing levels resulting in better outcomes for patients and cost savings, long term stewardship of antibiotics	Cluster Funds- Cluster Pharmacist	With regard to antibiotic prescribing Penderi is ranked 5th out of 8 Clusters for 4c Antibacterial items per 1000 patients (national ranking 44 out of 63 a reduction of -14.68%) and 2nd for antibacterial items per 1000 STARPU (13) (National ranking 23 out of 63 a reduction of -15.85%)
9.3	To continue to maximise use of Blue Stream Training Package across the Cluster ensuring that mandatory issues have been covered eg: Safeguarding	Cluster Dev Team Practice Managers /Front Line Staff	Ongoing	All Practice Staff will be trained in Mandatory Elements eg: Safeguarding	Blue Stream Training Package	

9.4	Ensure that GP/Staff Appraisals are undertaken on a regular basis and are up to date	GPs PMs	Ongoing	Appraisals up to date. Individual training needs and targets identified and monitored	Time	Appraisals are undertaken routinely. Quality check to be undertaken to check for omissions.
9.5	Work together with partners to ensure that delays in diagnosis are minimised and that all patients, and their carers, have appropriate support and advice through treatment and beyond. We recognise the importance of involving the MDT in supporting people affected by cancer, and integrating cancer care into holistic chronic disease management in Primary Care. As clinical pathways are shared through the Single Cancer Pathway programme we will review local experience to inform implementation. Practices will work to embedding anticipatory care planning as routine practice	Practices	Ongoing	integrating cancer care into holistic chronic disease management in Primary Care. Ensuring that the multidisciplinary primary care team has the necessary skills and knowledge to support the SCP and detection and diagnosis of cancer. Improved end of life experience	Time/ workforce	Issues around cancer diagnosis rates

Communications and Engagement

The matrix below demonstrates how Cluster related issues and developments are shared and communicated with the Cluster, its partner organisations and the wider community:

Communications Matrix	Cluster Meetings	Cluster Spend Plan	Cluster IMTP	Grant Scheme Updates	Newsletter	Media Releases
Cluster Lead	✓	✓	✓	✓		✓
Cluster GPs	✓	✓	✓	✓		✓
Cluster Practice Staff / Employees	✓	✓	✓	✓		✓
Patients/Citizens			✓			✓
Penderi Providers Forum			✓			✓
Local Schools			✓			✓
Swansea Council for Voluntary Services	✓	✓	✓	✓		✓
Service Providers – Grant Schemes			✓			✓
Non GMS Contractors	✓		✓	✓		✓
Primary Care Team	✓	✓	✓	✓		✓
Health & Social Care TeamTeam	✓	✓	✓	✓		✓
Public Health Team	✓		✓	✓		✓
Local Medical Committee	✓		✓	✓		✓
South Wales Police						
Welsh Ambulance Service Trust			✓			✓
Community Health Council	✓					✓
Paediatrics	✓		✓			✓
Citizens Advice Bureau						✓
Welsh Government	✓	✓	✓	✓		✓
Local AMs / MPs						✓
Media						✓
Chairman / Executive Team		✓	✓	✓		✓
Out Of Hours						✓
SBUHB Patient Feedback Team						✓
Shared Services Partnership						✓
Mental Health and Learning Difficulties Corporate Strategy	✓		✓			✓
NWIS						✓

Section 8
Strategic Alignment

Strategic Background

'A Healthier Wales' was published by Welsh Government in June 2018 and set out a clear long term strategy and future vision for Health and Social Care in Wales that everyone in Wales **'should have longer, healthier and happier lives, able to remain active and independent in their own homes for as long as possible.'** The strategy describes a **whole system approach to health and social care,** in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives, a "wellness system" which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

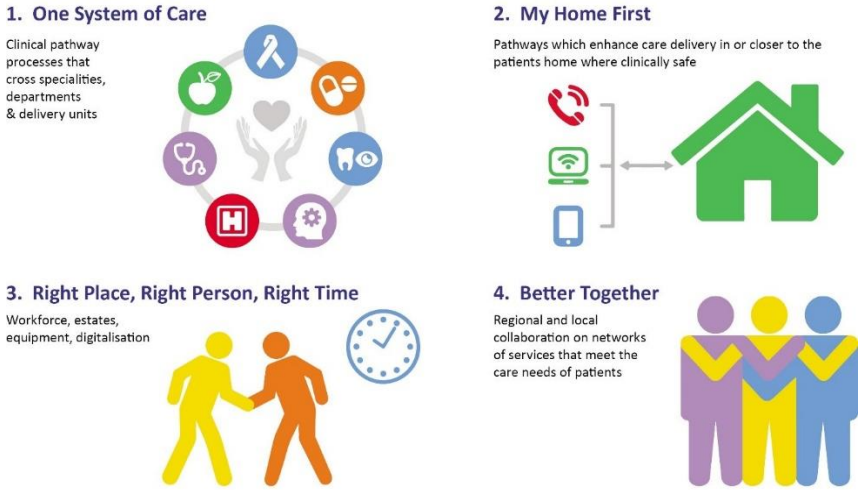
This future ambition is underpinned by the ongoing philosophy of prudent healthcare alongside a quadruple aim and ten design principles

Quadruple Aim:

- ✓ *Improved population health and wellbeing*
- ✓ *better quality and more accessible health and social care services*
- ✓ *higher value health and social care*
- ✓ *a motivated and sustainable health and social care workforce*

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In addition, there are a number of Health Board interrelated supporting strategies, specifically within Swansea Bay University Health Board, the **Primary and Community Strategy 2017 – 2022**. The overarching Health Board framework, the **Clinical Services Plan** is central to the organisation's ambition to provide Better Health and Better Care to enable Better Lives for all our communities. The key principles are:

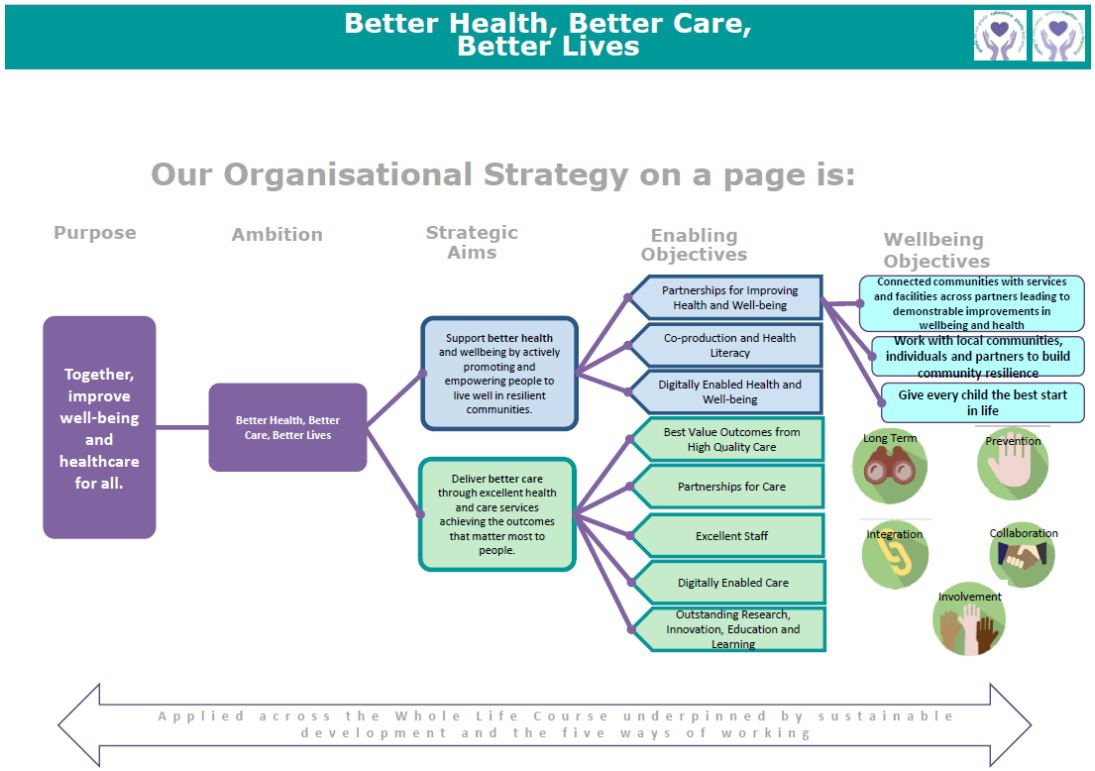


The Primary Care response to 'A Healthier Wales' is outlined in the **Strategic Programme for Primary Care,** published in November 2018. Specifically, the whole systems approach to health and social care. This programme of work focuses on 'Clusters remaining at the heart of this model'. The document outlines the six key work streams:

I. *Prevention and wellbeing*
II. *24/7 Model*
III. *Data & Digital Technology*
IV. *Workforce & Organisational Development*
V. *Communication, Engagement*
VI. *Transformation Programme and the Vision for Clusters*

Throughout this document there are key messages:

- Get better at measuring what really matters to people
- Greater emphasis on wellbeing
- Health and Social Care will work together
- Work as a single system, everyone working together
- Invest in new technologies
- Shift services out of hospitals into the community
- Implement the Primary Care Model for Wales



The Health Board Organisational Strategy is set out below in summary:

There are a number of key regional, partnership and organisational strategies and priorities including:

Swansea Wellbeing Plan:

- Early Years: To ensure that children have the best start in life to be the best they can be
- Live Well, Age Well: To make Swansea a great place to live and age well
- Working with Nature: To improve health, enhance biodiversity and reduce our carbon footprint

- Strong Communities:Live well, age well, to make Swansea a great place to live and age well

Neath Port Talbot Wellbeing Plan:

- Children in their Early Years, especially those at risk of Adverse Childhood Experiences
- Safe, confident and resilient communities, focussing on vulnerable people
- Ageing Well
- Wellbeing through work and in the Workplace

(Green Infrastructure and Digital Inclusion runs through all areas)

The West Glamorgan Regional Partnership now focuses on three areas of 'transformation', all with associated projects and work streams being delivered in the context of the Social Services and Wellbeing (Wales) Act 2014.

- **The Adult's Transformation Board** (the key priorities of which include Older Adults, the Commissioning for Complex Needs Programme, Dementia, the Mental Health Strategic Framework, the Learning Disability Strategic Framework).
- **The Children and Young Adults' Transformation Board** (key priorities of which include the Multi Agency Placement Support Service, Children with Complex Needs and the Regional Strategic Development Plan).
- **The Integrated Transformation Board** (the key priorities of which include Carers, Digital Transformation, Transformation in Networks and the Welsh Community Care Information System).

Transformation (Clusters – A Whole System Approach) - a programme which aims to test out the components set out in 'A Healthier Wales', and provide learning to be shared across Wales, using the individual clusters in our region as a basis for delivery at local level, thus making significant progress toward achieving the future vision as laid out. The overarching vision of the programme is **to achieve a transformed, sustainable, model of cluster led integrated health and social care,** across all eight cluster populations in the West Glamorgan Partnership area**,** with the main aims of:

- Improving health and wellbeing across the age spectrum, including a key focus on **facilitating self-care and building community resilience,** and with targeted population groups dependent on cluster demographics.

- Coordinating services **to maximise wellbeing, independence and care closer to home** including flexibility to coproduce, design and implement services in partnership with the community.

- **Testing out the vision and aims described with 'A Healthier Wales'** and implement components of the overall model, demonstrating proof of concept and an ability to evaluate and redesign.

In addition the Clusters: A Whole System Approach Programme must be viewed in the context and as part of a wider health and social care regional transformation process and it will dovetail to both 'Our Neighbourhood Approach' and the 'Hospital to Home' Programmes, embedding the prevention and early intervention agenda, improving community resilience to achieve a much greater focus on self-care, the integration of health and social care systems and at a local level the delivery of care closer to home.

The cluster will work under the context of the delivery of the strategic programme of work for primary care, developed following the publication of A Healthier Wales, increasing pace and scale and addressing new priority areas. Our Cluster will take a whole system approach to health and social care, (a 'wellness' system), which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health and inequality. This will further enable us to work closely with partners, shifting the focus to a social model of care, ensuring timely access to primary care services when required and working seamlessly across the whole system.

Section 9
Health Board and Cluster actions to support Cluster Working and Maturity

The Health Board Cluster Development Team supported by other departments, together with Cluster members will act as partners to continue to develop and provide /access wide ranging support to Clusters.

This may include:

- building on external relationships with the Primary Care Hub for delivery of national programmes such as Confident Leaders, Governance Frameworks, Compendium of MDT Roles and Primary Care Health Needs Assessment Tool, Councils for Voluntary Services, Public Health Wales, Local Authorities and internally with pertinent Health Board functions and delivery units
- provision of general guidance for cluster development
- performance management, financial reporting, general cross cluster reporting
- development of cluster IMTPs
- developing internal cluster training
- acting as key links for national Transformation Programmes
- provide capacity to support key stages of the Transformation programme where required
- development of business cases
- identification of and flagging new funding or research opportunities
- providing Clinical Leadership for Cluster Development
- providing opportunity for common discussion points through clearly set out governance arrangements such as the Cluster 8 Leads Meeting
- accessing strategic documentation/programmes to support articulation of Cluster strategy development

Welsh Language

Through the 6 Welsh language duties placed on independent primary care contractors (including our general practice, community pharmacy, dental, and optometry services), our Cluster will aim to deliver improved access to services and improved healthcare outcomes, including wherever possible to deliver the 'Active Offer'

1. Where the contractor provides services, or any part of a service, under the contract through the medium of Welsh, it must notify the Local Health Board in writing.

2. The contractor must make available to its patients and members of the public a Welsh language version of any document or form provided to it by the Local Health Board.

3. Where the contractor displays a new sign or notice in connection with services, or any part of a service, provided under the contract, the text on the sign or notice must be in English and in Welsh, and the contractor may utilise the translation service offered by the Local Health Board for this purpose.

4. Where the contractor provides services, or any part of a service, under the contract through the medium of Welsh, it must encourage its staff to wear a badge to convey that they are able to speak Welsh.

5. The contractor must encourage and assist its staff to utilise information and/or attend training courses or events provided by the Local Health Board, so that it can develop:

(a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and

(b) an understanding of how the Welsh language can be used when delivering services, or any part of a service, under the contract.

6. When delivering services, or any part of a service, under the contract, the contractor is encouraged to:

(a) establish the language preference of a patient; and

(b) record any language preference expressed by or on behalf of a patient

What is the 'Active Offer'?

The duties placed on independent primary care contractors came into force on 30th May 2019.

The Welsh Language Standards are set out in Regulations approved by the National Assembly and bodies subject to the Regulations are issued with compliance notices from the Welsh Language Commissioner. Compliance with the standards is monitored by the Welsh Language Commissioner and complaints in relation to bodies not meeting the standards set in their compliance notices are investigated by the Commissioner.

The duties placed on independent primary care contractors are included within the National Health Services (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019. The duties sit within the primary care contracts/terms of service of independent primary care contractors. The contracts are managed and monitored by Local Health Boards and complaints on not meeting the duties would be investigated by the relevant health board.

The duties apply to the Primary Care Sector in Wales which includes general practice, community pharmacy, dental, and optometry services.

A key component of More than just words is the concept of the 'Active Offer'. The 'Active Offer' simply means providing a service in Welsh without someone having to ask for it. It places the responsibility of asking the question on you, the service provider, not the service user. Offering services in Welsh without the need for the end user to request them is an intrinsic part of a good service.

The Clinical Services Plan sets out a number of ambitions (below), which have been translated into Whole System Plans. The Cluster IMTPs have considered the Clinical Services Plan priorities, and in addition have mapped out below the actions within those Whole System plans which the Cluster Plan is supporting to address:

Population Health

Planned Care

Older People

Unscheduled care

Maternity, Children & Young people

Mental Health & Learning Disabilities

Cancer

UNSCHEDULED CARE
ACTION
Actively promote to all staff and patients at higher risk from influenza
Adopt a tobacco control approach to smokefree health board premises
Training staff to deliver very brief interventions to begin to tackle unhealthy behaviours – expanding the MECC approach
Adopting approaches that develop health literacy
Taking action aimed at obesity
Implement the Neighbourhood Model
Implement risk stratification approaches to cohorts of vulnerable people to remain at home with the appropriate levels of care and support, implemented through the Cluster Transformation Model
Implement new pathways for Respiratory Health through the New Cluster Model
Implement new pathways for Heart Failure through the New Cluster Model
Implement new pathways for Diabetes through the New Cluster Model
Work closely with WAST to ensure appropriate triage preventing hospital admission
Ensure best practice in caring for patients with dementia across all settings by implementing the actions of the All Wales Dementia Plan
Improve diagnostic access within the community to prevent admission within existing resources
Continue multi-agency approach to manage frequent attenders

Continue remodelling of multi disciplinary primary care out of hour services
Continue to maximise use of 111
Improve choice for patient and care at end of life

	PLANNED CARE
Ref	ACTION
PLAN_1_1	Actively promote to all staff and patients at higher risk from influenza
PLAN_1_2	Adopt a tobacco control approach to smokefree health board premises
PLAN_1_3	Training staff to deliver very brief interventions to begin to tackle unhealthy behaviours – expanding the MECC approach
PLAN_1_4	Adopting approaches that develop health literacy
PLAN_1_5	Taking action aimed at obesity
PLAN_1_6	Implement the Neighbourhood Model
PLAN_2_2	Implement Multi Disciplinary Cluster triage model
PLAN_2_4	Ensure all clusters are operating a multi disciplinary team model
PLAN_3_1	Explore within resources the potential for clinical interface using digital solutions and access to timely specialist advice (telephone, telemed, email advice)
PLAN_4_22	Implement digital technology, telemed, telephone and self care approaches.
PLAN_5_1	Examples could include •telemed •SOS •email and phone advice •rapid access clinics

	MENTAL HEALTH / LEARNING DISABILITIES
REF	ACTION
MHLD_3_3	Development of cluster based Primary Mental Health care
MHLD_7_2	Development of Perinatal Mental health Network

	STROKE
REF	ACTION
STK_1_1	Actively promote to all staff and patients at higher risk from influenza
STK_1_2	Adopt a tobacco control approach to smokefree health board premises
STK_1_3	Training staff to deliver very brief interventions to begin to tackle unhealthy behaviours – expanding the MECC approach
STK_1_4	Adopting approaches that develop health literacy
STK_1_5	Taking action aimed at obesity
STK_1_6	Implement the Neighbourhood Model

	CHILDREN
Ref	ACTION
CHI_1_1	Public Health campaigns
CHI_1_3	MECC - Midwives and health visitors
CHI_1_4	Alcohol substance misuse services
CHI_1_5	Smoking cessation services - Help me Quit Programme
CHI_1_6	Healthy eating/Physical activity (NERS)
CHI_1_7	programme
CHI_1_8	Robust Sexual Health services
CHI_2_8	Promotion of healthy eating and increasing physical activity for children and young people to encourage a healthy weight and reduce obesity.
CHI_2_9	Early identification of speech, language & communication development and any other developmental delays
CHI_2_10	Access to services at a universal and targeted level
CHI_2_11	Family Resilience Assessment Instrument Tool
CHI_2_12	Perinatal Mental Health Services
CHI_2_13	Domestic Abuse identification and support
CHI_2_14	Monitoring of child's growth and development - Childhood Measurement Programme
CHI_3_2	Facilitate School Health Nursing Service staff to work in partnership with multi-disciplinary and multi-agency colleagues to ensure the best possible outcomes for children and young people in whatever setting they receive their education including EOTAS pupils and pupils who are electively home educated.
CHI_3_4	Implement the Healthy Child Wales programme inc Phase 2 when required

CHI_4_1	We will ensure that arrangements are in place to consider the impact on children and young people living in an environment where they are exposed to mental illness
CHI_4_2	We will ensure that arrangements are in place to consider the impact on children and young people living in an environment where they are exposed to substance misuse.
CHI_4_3	Ensure advocacy service available and actively offered for children
CHI_5_1	Joint working with LA to review arrangements for children and young people with complex conditions
CHI_5_4	Psychological and counselling support for both the child and the family.
CHI_5_5	Develop jointly funded posts with partner agencies and ensure appropriate evaluation.
CHI_6_5	Improve accessibility to CAMHS and specialist advice and support
CHI_6_6	Developing sustainable and accessible universal services to support children and young people with emotional health and wellbeing

	CANCER
REF	ACTION
CAN_1_1	Help me quit campaign
CAN_1_2	Smoking cessation services widely available
CAN_1_8	Digital Forums /groups/support/coaching
CAN_1_10	Focus on early years healthy behaviours
CAN_2_1	Awareness Campaigns - National
CAN_2_2	Understand screening processes/management
CAN_2_12	Improved communication between Primary & Secondary Care