ABUHB, Primary Care & Community Division

Delivering Care Closer to Home

Newport East Neighbourhood Care Network Plan – 2019/20 to 2021/22

What are our aims?

Community Well-being

To improve outcomes from population health programmes by delivered at scale and integrating the existing network of well-being support in local communities

Accessible & Sustainable Care

To improve access and stability of core primary core and community service, using the 80/20 principle, with new approaches for the hard to reach groups

Extended & Urgent Care

To extend the provision of direct access services and integrate 24/7 urgent care provision

Multi-disciplinary Working & Intermediate Care

To improve person centred goal setting and care planning for those with complex needs to help maintain independent and prevent hospital admissions for those with ambulatory care sensitive conditions

What are we doing?

- We are committed to giving every child the best start and will support our Public Health Nursing Team to implement the **Healthy Child Wales Programme**
- We are promoting uptake of **Immunisation** and **Screening** programmes to ensure we are preventing infectious disease and detecting disease at an early stage
- We are playing a lead role in **Integrated Well-being Networks** by bringing together community assets and connecting people through link workers (e.g. Community Connectors), digital media (e.g. Dewis) and community health champions
- We are reversing the inverse care law by engaging with the **Living Well, Living Longer Programme** on cardiovascular disease and cancer prevention
- We are working with Age Cymru on the **Newport Older Person's Pathway** to enable older people to remain socially connected and independent at home
- We are helping to address the social determinants of health through links to the **Neighbourhood Hub** in Newport East where people can get help for their immediate problems and to achieve future aspirations
- We are transforming care through a **Compassionate Communities** approach by identifying those with more complex needs, improving MDT working and linking patients to community assets within our Integrated Well-being Networks
- We are supporting **Extended Roles** and **Skill Mix** in general practice (e.g. ANPs, therapists) to ensure people see the right professional to meet their needs
- We are funding **Practice Based Pharmacists** to get the most value and outcome from medicines and to improve safety and quality of patient care
- We are promoting and funding **Directly Accessible** service including Choose Pharmacy, Welsh Eye Care Service, Direct Access Physiotherapy, Mental Health – Road to Well-being and Information Advice and Assistance.
- We are introducing **Care Navigation** to give people greater choice and allow more effective signposting at the first point of contact with primary care
- We are developing **Integrated Community Teams** including district nurses, physiotherapists, occupational therapists and social care professionals
- We are using funding for a new approach to **Neighbourhood Nursing** through self-managed teams who promote continuity and patient centred holistic care
- We are opening a **Community Frailty Unit** which will provide ambulatory care and step up beds to avoid unnecessary admission to an acute hospital bed
- We are setting up an **Urgent Care Hub** to improve same day access alongside NHS 111 and Primary Care Out-Of-Hours with integrated pathways to the wider emergency and urgent care system including the minor injuries unit and acute ambulatory assessment unit at the Royal Gwent Hospital.
- We are exploring future opportunities to improve **Home Visiting**, provide clinical support the **Care Homes** and commissioning of **Domiciliary Care**

How are we delivering change?

- **Creating an integrated place based model of care through the Transformation Fund**
- **Incentivising GP Collaboration to achieve the benefits of working at scale**
- **Building a new Health & Well-being Centre to support new models of care**
- **Understanding local population needs and designing effective solutions**
- **Workforce planning and engaging with the Training Academy to meet workforce opportunities and challenges**
- **Creating a system of Graduated Care and redesigning our Community Resource Team**
- **Working together to design an Integrated Urgent Care System with Primary Care Out-of-Hours, Emergency and Acute Medicine**

Key enablers

Engaged public & patients
Joint planning
Skilled & competent workforce
High functioning teams
IQT expertise
Seamless pathways
Technology
Fit for purpose premises
Business intelligence & data

Our Values & Principles

Person centeredness
Focussing on what matters
Continuity of care
Strength based conversations
Making every contact count
Compassion for patients & staff
Personal responsibility
Passion for improvement

How will we know if we have made a difference?

- From our **Improvement Cycles** through structure, process and outcomes measures
- Through **Patient Reported Outcome Measures** (PROMs) and **Patient Reported Experience Measures** (PREMs)
- Through **Patients Stories** across home-to-home care pathways
- By seeing a reduction in **Unwarranted Variation** in routinely collected data such as the National Primary Care Measures

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