

# Public Document Pack



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Y Rhadyr  
Brynbuga  
NP15 1GA

County Hall  
Rhadyr  
Usk  
NP15 1GA

Monday, 21 November 2016

**Notice of meeting / Hysbysiad o gyfarfod:**

## **Adults Select Committee**

**Tuesday, 29th November, 2016 at 2.00 pm,  
Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA**

*Please note a pre meeting will be held 30 minutes before the start of the meeting for members of the committee.*

### **AGENDA**

<b>Item No</b>	<b>Item</b>	<b>Pages</b>
1.	Apologies for absence	
2.	Declarations of interest	
3.	To monitor the progress of the Aneurin Bevan University Health Board through consideration of a performance report on issues raised by the Adults Select Committee	1 - 18

**Paul Matthews**

**Chief Executive / Prif Weithredwr**

MONMOUTHSHIRE COUNTY COUNCIL  
CYNGOR SIR FYNWY

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillors:

P. Farley  
R. Harris  
R. Chapman  
R. Edwards  
M. Hickman  
P. Jones  
P. Jordan  
P. Watts  
A. Wintle  
D Hill  
D Hudson

## Public Information

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### Welsh Language

The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.

# Aims and Values of Monmouthshire County Council

## Sustainable and Resilient Communities

### Outcomes we are working towards

#### **Nobody Is Left Behind**

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

#### **People Are Confident, Capable and Involved**

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

#### **Our County Thrives**

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

### Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation
- Maintaining locally accessible services

### Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goals.

# Nodau a Gwerthoedd Cyngor Sir Fynwy

## Cymunedau Cynaliadwy a Chryf

### Canlyniadau y gweithiwn i'w cyflawni

#### Neb yn cael ei adael ar ôl

- Gall pobl hŷn fyw bywyd da
- Pobl â mynediad i dai addas a fforddiadwy
- Pobl â mynediad a symudedd da

#### Pobl yn hyderus, galluog ac yn cymryd rhan

- Camddefnyddio alcohol a chyffuriau ddim yn effeithio ar fywydau pobl
- Teuluoedd yn cael eu cefnogi
- Pobl yn teimlo'n ddiogel

#### Ein sir yn ffynnu

- Busnes a menter
- Pobl â mynediad i ddysgu ymarferol a hyblyg
- Pobl yn diogelu ac yn cyfoethogi'r amgylchedd

### Ein blaenoriaethau

- Ysgolion
- Diogelu pobl agored i niwed
- Cefnogi busnes a chreu swyddi
- Cynnal gwasanaethau sy'n hygyrch yn lleol

### Ein gwerthoedd

- **Bod yn agored:** anelwn fod yn agored ac onest i ddatblygu perthnasoedd ymddiriedus
- **Tegwch:** anelwn ddarparu dewis teg, cyfleoedd a phrofiadau a dod yn sefydliad a adeiladwyd ar barch un at y llall.
- **Hyblygrwydd:** anelwn fod yn hyblyg yn ein syniadau a'n gweithredoedd i ddod yn sefydliad effeithlon ac effeithiol.
- **Gwaith tîm:** anelwn gydweithio i rannu ein llwyddiannau a'n methiannau drwy adeiladu ar ein cryfderau a chefnogi ein gilydd i gyflawni ein nodau.

## **Briefing from Aneurin Bevan University Health Board to Monmouthshire County Council - November 2016**

### **Introduction:**

Aneurin Bevan University Health Board is pleased to provide this briefing to Monmouthshire County Council as part of our ongoing engagement with you. The following briefing highlights a number of key developments since we last met in December 2015. It also outlines information with regard to our current performance across a range of our services and Welsh Government targets and our current improvements plans. The briefing also includes updates on other areas of the Health Board's activities including our ongoing engagement with local communities and a series of service developments many of which are being taken forward in partnership.

### **Specialist and Critical Care Centre Approved!**



We are delighted that Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport has announced the approval for our Specialist and Critical Care Centre (SCCC) at Llanfrechfa Grange. The 462 bed purpose built hospital forms a key part of our Clinical Futures strategy, to modernise health services in Gwent. The SCCC will create a highly specialised environment to support the treatment of patients who need complex and acute emergency care in our region.

Current plans are that construction will start on site in 2018 with the hospital scheduled to open to patients during 2021. We would like to thank the council for their continuing support for the development and their ongoing support with changes to other services associated with the implementation of the Clinical Futures Strategy.

### **Integrated Medium Term Plan and Performance**

As you may be aware we have had our Integrated Medium Term Plan (3 Year Plan) approved by Welsh Government and we are actively working on implementing programmes to support the delivery of the plan.

There are 10 Service Change Plans included in the IMTP and these are summarised below:

SCP	Title	SCP	Title
1	Reducing Health Inequalities	6	Continuing Health Care
2	Prevention and Improving Population Health	7	Service Sustainability
3	Strengthening Primary Care and Community Services	8	Mental Health and Learning Disability
4	Integration – Bringing Care Closer to Home	9	Urgent and Emergency Care
5	Chronic Conditions Management	10	Planned Care

We have not provided progress reports on all of the ten areas, however, below is a report on our performance which covers a number of the Service Change Plans.

We have also included a link to the Integrated Medium Term Plan six monthly report that is in our Board papers for November:

<http://www.wales.nhs.uk/sitesplus/documents/866/3%205%20Integrated%20Performance%20Report%20Nov%2016%20-%20FINAL%20%282%29.pdf>

## Our Performance

- Access to Primary care is continuing to improve with 95% of GP practices offering early evening appointments. The Health Board is currently meeting all the Primary Care Access and medicines management measures.
- Stroke care performance has improved significantly over the last year, following the implementation of the acute stroke pathway with the establishment of the Hyper Acute Stroke Unit at the Royal Gwent Hospital. The Health Board is measured against four national targets and performance against all four measures continues to be maintained above the all Wales and UK national averages. Performance against three of these measures (12 hour, 24 hour and 72 hour care) has ranged between 95% and 100% over the last four months across all measures. While performance against the 4 hour target (direct admission to a stroke unit) dropped in September to 58.6%, performance has ranged between 73% and 88% over the previous four months, compared to an average of 30% over the same period last year. A more detailed update is provided later in the report.

- The Health Board continues to show consistent improvement against the range of patient safety and quality indicators including reducing rates of C-Difficile and MRSA/MSSA infections across the community. The crude mortality rate in hospitals is continuing to improve and is currently the second lowest in Wales.
- Elective referral to treatment (RTT) waiting times are reducing, with 37% less patients (1300 patients) waiting over 36 weeks for treatment in September 2016 than twelve months ago. Currently around 88% of our elective patients are treated within 26 weeks of referral which is the second best performance in Wales. At the end of September there were 2,233 RTT patients waiting over 36 weeks for treatment. There have been significant challenges in Orthopaedics and Ophthalmology and the Health Board has successfully commissioned external capacity from an NHS Elective Treatment Centre in Bristol to help to reduce the backlog in these specialties. By the end of the year the Health Board is aiming to reduce the number of patients waiting over 36 weeks to 1,200 patients, all in the Orthopaedic specialty. The Health Board is currently outside the improvement profile it set itself at the start of the year. However plans are in place to recover this position and meet the agreed end of year target.
- Less patients are waiting in hospital beds as a result of delayed discharge in September than at any time over the last few years, with Delayed Transfers of Care (DTOCs) in Mental Health reduced by 39% in the first half of the year and other DTOCS down by 19% in comparison to the same period last year.
- Waiting times in our Emergency Departments are longer than they should be, with 7% more patients waiting over 4 hours for treatment than over the same period last year. Current performance (82.1%) is just below the Wales average. Almost 1400 more patients waited longer than 12 hours for treatment in our Emergency Departments in the first six months of this year than in the first half of last year. This performance is not where would want it to be and plans are in place to ensure that the performance improves over the second half of the year.
- Despite good progress in reducing waiting times for some diagnostic tests such as echo-cardiography, flexi cystoscopy, CT scans and vascular ultrasound, waiting times for endoscopies, MRI and ultrasound are growing, with almost 5,500 patients waiting over 8 weeks for diagnostic tests in September. A number of plans are in place to reduce the number of patients waiting including:

**MRI** – A mobile MRI scanner has been operational at Nevill Hall Hospital from October and the Peripheral MRI scanner will become operational

from mid-November following a staff induction period. We anticipate that MRI service will be able to manage waiting times to 8 weeks at year end through these additional measures despite losing the Nevill Hall Hospital MRI capacity due to replacement of the scanner towards the end of the year.

**Ultrasound** – Additional locum sonographer capacity has been in place and an additional locum sonographer has started in November. Two radiographers who have recently qualified through a Health Board sponsored training programme will also start to scan patients from November. A new consultant appointment will also provide some additional ultrasound capacity.

**Endoscopy** – An internal capacity plan has been developed which is reliant on nursing staff support on weekends. The sustainability of this option over the next five months is reliant on nursing staff agreeing to support high volumes of activity through additional hours. A further option is currently being explored with the commissioning team, namely the provision of a staffed mobile unit with support from our consultants.

- Cancer treatment waiting times are not currently meeting the national targets with just under 85% of patients with urgent suspected cancer receiving treatment within two months at the end of September 2017. Plans are in place to reduce cancer waiting times in Breast, Dermatology and Gastroenterology although consultant capacity in Dermatology and Gastroenterology remain significant risks in the short term with locum solutions being pursued.
- Waiting times for patients waiting to access local primary care mental health services for assessment is currently above the national average at 76.3%. The waiting time for receiving an intervention within 28 days of the assessment is too long, with just under 60% meeting the standard. Since June, significant progress has been made in undertaking detailed demand and capacity work, improving information recording and reporting systems and in recruitment into the service. The initial focus has been to improve the assessment process and this has resulted in sustained improvement against this target to date.

The improvement in waiting times in Emergency Departments, diagnostic services, cancer and elective treatment remain high priorities for the Health Board and plans are in place to continue to improve these over the second half of the year.

## **Delayed Transfers of Care**



We saw a marked reduction in the number of delayed transfers of care (DTOCs) and bed days lost across all five local authority areas from June 2016 to September 2016. In this period, the Health Board as a provider subsequently reported 30% fewer delays compared with the same period the previous year. Performance in all local authorities deteriorated in October 2016, with Monmouthshire also reporting its highest number of DTOCs (13) since January 2016 (figure 1).

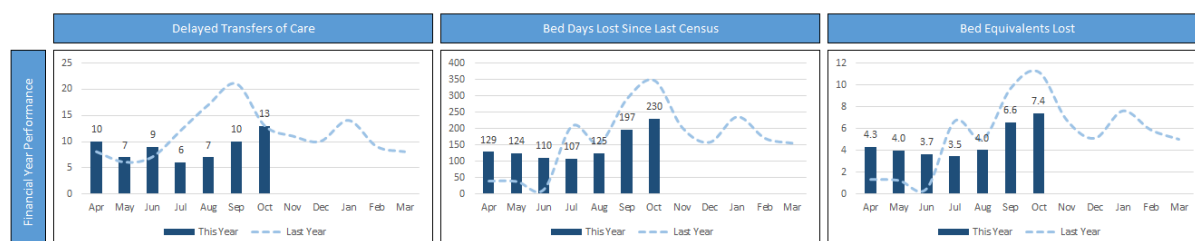


Figure 1 - Monmouthshire Delayed Transfers of Care

However, it is encouraging to note that performance in Monmouthshire over the past 11 months continues to compare favourably with the rest of Wales when weighted by the population over 75 years of age (figure 2).

		Population ≥ 75*	Accumulated DTOCs	Monthly DTOCs per 10,000 pop.			Population ≥ 75*	Accumulated bed days lost	Monthly bed days lost per 10,000 pop.
Delayed Transfers of Care (Dec15 - Oct16)	Pembrokeshire	13,540	74	5.0	Bed Days Lost (Dec15 - Oct16)	Pembrokeshire	13,540	1,126	76
	<b>Blaenau Gwent</b>	<b>5,760</b>	<b>50</b>	<b>7.9</b>		<b>Blaenau Gwent</b>	<b>5,760</b>	<b>609</b>	<b>96</b>
	Merthyr Tydfil	4,810	43	8.1		<b>Monmouthshire</b>	<b>9,950</b>	<b>1,745</b>	<b>159</b>
	<b>Monmouthshire</b>	<b>9,950</b>	<b>103</b>	<b>9.4</b>		Merthyr Tydfil	4,810	957	181
	Carmarthenshire	19,060	229	10.9		Ceredigion	7,900	1,803	207
	Ceredigion	7,900	99	11.4		Carmarthenshire	19,060	4,964	237
	Bridgend	12,360	159	11.7		Conwy	14,970	3,924	238
	Conwy	14,970	236	14.3		<b>Newport</b>	<b>11,840</b>	<b>3,326</b>	<b>255</b>
	Swansea	21,800	349	14.6		Bridgend	12,360	3,492	257
	Flintshire	13,290	231	15.8		<b>Caerphilly</b>	<b>14,110</b>	<b>4,404</b>	<b>284</b>
	<b>Caerphilly</b>	<b>14,110</b>	<b>246</b>	<b>15.8</b>		Flintshire	13,290	4,576	313
	<b>Newport</b>	<b>11,840</b>	<b>219</b>	<b>16.8</b>		Wrexham	11,350	4,164	334
	Rhondda Cynon Taf	19,230	399	18.9		Powys	15,520	5,879	344
	Neath Port Talbot	12,570	267	19.3		Rhondda Cynon Taf	19,230	7,586	359
	Gwynedd	12,610	278	20.0		Gwynedd	12,610	5,066	365
	Powys	15,520	345	20.2		Isle of Anglesey	7,820	3,337	388
Wrexham	11,350	264	21.1	Swansea	21,800	9,430	393		
Cardiff	23,640	571	22.0	Neath Port Talbot	12,570	6,438	466		
Isle of Anglesey	7,820	193	22.4	Denbighshire	9,790	5,025	467		
Denbighshire	9,790	271	25.2	<b>Torfaen</b>	<b>8,170</b>	<b>4,851</b>	<b>540</b>		
Vale of Glamorgan	11,780	334	25.8	Cardiff	23,640	14,575	560		
<b>Torfaen</b>	<b>8,170</b>	<b>232</b>	<b>25.8</b>	Vale of Glamorgan	11,780	8,685	670		

\* population based on 2015 population estimated provided by Institute of Public Care

Figure 2 - Local Authority DTOC Benchmarking

The Health Board and Local Authorities in Gwent have been working closely in recent years in order to reduce the number of patients delayed in hospital.

- Development of a web-based 'complex list' which enables in-month monitoring of potential or actual DTOCs and the ability to escalate challenging cases for senior support in a timely and effective manner.
- Regular communication between health and social care colleagues, both at an operation and strategic level.
- Use of step down bed capacity in residential and nursing homes to provide an interim placement.

- Recruitment of administrative Patient Flow Co-ordinators to supplement the existing resource of Discharge Liaison Nurses, allowing DLNs opportunity to case manage particularly complex cases.
- Implementation of Overnight Nursing Team to prevent admission and facilitate earlier discharge from hospital where overnight calls required.

## Finance

The Health Board reported a deficit of £11.5m after seven months (October) and is forecasting a deficit for the 2016/17 financial year of £16.7m. Whilst this is an improvement over the last couple of months, it is still higher than the original plan submitted to Welsh Government, which identified an initial deficit of £12.8m.

The Health Board has incurred increased medical workforce costs in order to:

1. support sustainable services on more than one hospital site, and
2. reduce waiting times for patients waiting for diagnostic and elective treatments.

Savings plans of around £18m are expected to be delivered this year, which includes continuing to avoid the use of “off-contract” nursing agency during 2016/17. There has also been further investment in out of hospital services – including primary care, community and social care services – through specific primary care funding and use of the Intermediate Care Fund.

The Health Board continues to look at measures to reduce its forecast deficit further whilst continuing to implement plans to meet key performance targets and deliver high quality, safe care.”

## Capital Programme

In **2016-2017** the Health Board has received its recurrent Discretionary Capital allocation of £7.2m from Welsh Government but the position is assisted by also receiving a 50% non-recurrent uplift amounting to £3.6m. The allocation is mainly used to address the highest areas of priority and need identified within the Health Board including:

- Replacement equipment – clinical and non-clinical
- Statutory Compliance and Fire Safety
- Patient Environment and Control of Infection
- Informatics
- Service development, reconfiguration and sustainability

The Health Board has also received funding in 2016-2017 from the All Wales Capital Programme for the following projects:

- Cardiology Catheter Lab replacement Royal Gwent Hospital £1.8m
- Extension to Minor Injuries Unit Royal Gwent Hospital - £2.9m
- Neonatal Unit at Royal Gwent Hospital – £2.1m
- High value imaging replacement equipment including MRI at Nevill Hall Hospital and Mammography at both Nevill Hall Hospital and Royal Gwent Hospital - £2.65m
- Laundry equipment for Green Vale Laundry at Llanfrechfa Grange - £102k.
- Decontamination - Endoscopy Royal Gwent hospital - £0.379k
- Pharmacy Projects - £1.1m

In addition to the National Programmes listed above a number of potential projects may attract All Wales Capital or possibly require funding from the Discretionary Capital Programme. The larger schemes or proposals which have already been discussed with Welsh Government and for which cases are being developed currently are listed below:

- 2<sup>nd</sup> Cardiology Catheter Lab at the Royal Gwent Hospital
- Unified Breast Care Service
- Mental Health Specialist Services Accommodation – including potential repatriation of Continuing Health Care placements
- Aseptic Suite redevelopment at Royal Gwent Hospital

A number of further major projects are also under consideration namely:

- 4<sup>th</sup> MRI
- Children's Assessment Unit and Outpatients at the Royal Gwent Hospital
- Car parking provision at Royal Gwent and Nevill Hall Hospitals
- Potential Primary Care developments
- Centralised Decontamination Unit, Royal Gwent Hospital
- A&E Department, Nevill Hall Hospital

## **Chepstow and Monnow Vale Update In 2015/2016**



### **Chepstow Hospital**

- We saw 2,802 Outpatients
- 9.55% of outpatients did not attend
- We admitted 291 In patients with an average length of stay of 40.5 days



### **Monnow Vale Health and Social Care Facility**

- We saw 235 Outpatients
- 3.69% of outpatients did not attend
- We admitted 193 In patients with an average length of stay of 36.8 days

### **Stroke Services**

In January 2016 we implemented the final stages of our new stroke pathway designed through the Stroke Services Re-design Programme. We are now seeing the benefits of service re-design realised in better care, not only for more than nine hundred people a year that have a stroke, but also for similar numbers who are initially suspected of having a stroke and are then diagnosed with another condition.

We can say with confidence that the quality of care has improved, as measured against the clinical standards recommended by the Royal College

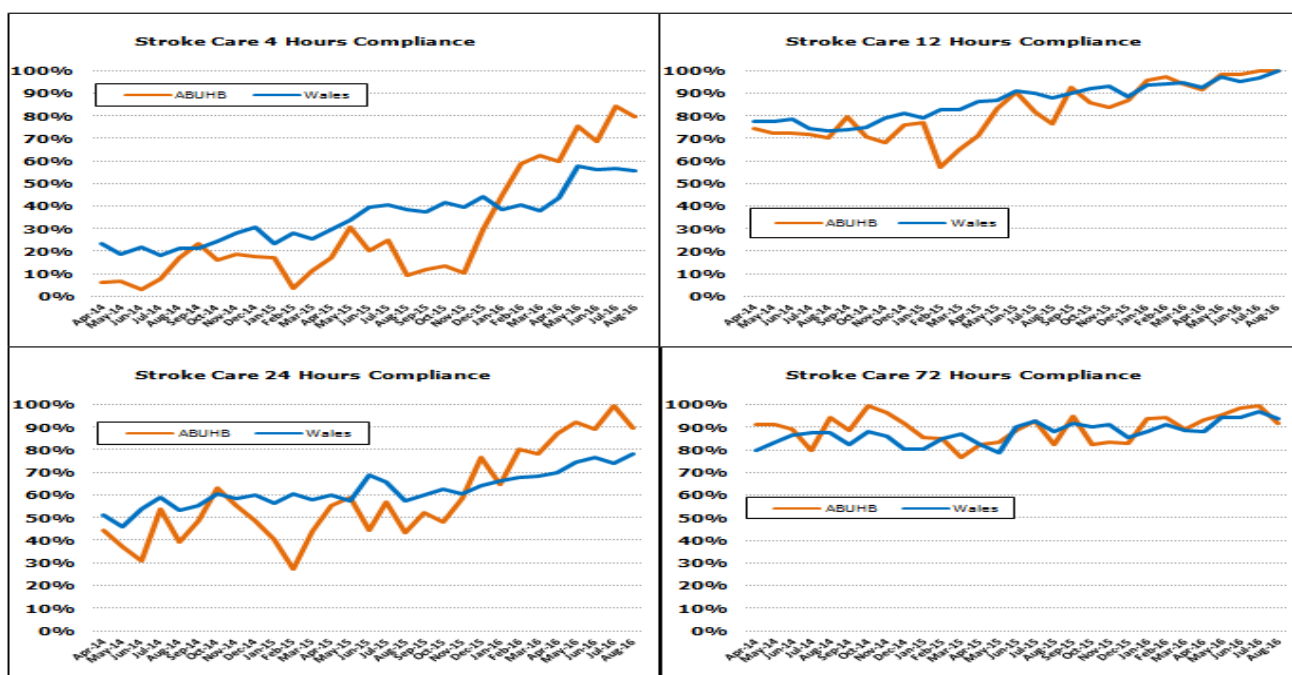
of Physicians Sentinel Stroke National Audit Programme (SSNAP) and the Welsh Government's Quality Improvement Measures for Stroke.

Our performance has improved significantly against these measures since re-design and this is supported by the positive conversations with our staff and the patients who have experienced the new service.

At the recent Therapies and Health Sciences Conference a stroke patient and his wife gave a moving and emotional account of the difference that the new service had made following a severe stroke and the difficult steps towards recovery and re-ablement into the community.

## Welsh Government Quality Improvement Measures for Stroke

The graphs below demonstrate steady improvement in performance against the Quality Improvement Measures as a direct result of the stroke pathway re-design.



In July 2016, just 6 months after the pathway changes, the Health Board achieved 85% compliance for the 4 hour measure and 100% for the 12 hour, 24 hour and 72 hour measures. Whilst this performance has reduced during subsequent months, the reasons for this have been identified and action taken to bring performance back in line with the excellent achievements of our staff in previous months.

## SSNAP Performance

The latest SSNAP quarterly report data for April – July 2016 demonstrates significant improvement, with the Royal Gwent Hospital (RGH) achieving a score of 79% (top end of Band B) for the first time. Prior to the service redesign the Health Board routinely achieved a Band D. The latest results are the highest achieved by the Health Board and demonstrate that RGH is not only the biggest stroke admitting unit in Wales but also the best performing unit in Wales for stroke care.

## **Summary of what we have achieved over the past year:**

- Implemented in January 2016, the stroke service was completely re-designed to deliver the agreed stroke pathway
- A hyper-acute stroke unit is now operational at the Royal Gwent Hospital with a team of Medical, Nursing, Therapies and Health Care Support Worker staff providing specialist stroke care 7 days a week
- 100% of eligible stroke patients are receiving thrombolysis treatment
- In July 2016 Thrombolysis Door-to-Needle times were within 30 minutes for 60% of eligible patients
- Performance improved from 20% to 85% against the 4 Hour Stroke Quality Improvement Measures in July 2016
- Achieved 100% against 12 Hour, 24 Hour and 72 Hour Stroke Quality Improvement Measures in July 2016
- A fully established Community Neurorehabilitation Service (CNRS) is in place providing Early Supported Discharge and rehabilitation at home for 36% of stroke patients
- Stroke patients at ABUHB now receive faster diagnosis and treatment with more stroke patients having timely access to a hyper-acute stroke ward within 4 hours. Patients now receive stroke care in dedicated stroke rehabilitation units and have better access to therapeutic care to support improved outcomes
- Fewer beds are now used for stroke care, but more patients are receiving care in suitable specialist stroke care facilities with appropriate staffing
- More patients who are found to have had a Transient Ischaemic Attack (TIA) and not a stroke are now discharged directly home with appropriate treatment and advice to return to a specialist TIA clinic

- The Health Board is leading an all-Wales research project to implement and validate a Patient Reported Outcome Measure (PROM) as part of the International Collaboration in Health Outcome Measurement (ICHOM) Stroke Standard Set

## **Byw Nawr**

The Health Board has been designated as a Beacon site for Byw Nawr. This was launched by Professor Hywel Francis, National Lead for Byw Nawr on 26 February, 2016 in St David's Foundation Hospice Care. At the launch Councillor Peter Farley spoke of the discussions that had taken place in the Monmouthshire Health and Social Care Committee and subsequently.

Discussions had previously taken place with Veronica Snow the National Programme Lead for End of Life Care and Byw Nawr regarding the benefits of Local Authorities engaging with this campaign.

In order to engage with Local Authority Members a seminar was held on 7<sup>th</sup> June, 2016, to explain in detail to Members the background to the development of Byw Nawr and the importance of us all having what is known as the Big Conversation with our loved ones. This was well received by all present and personal experiences were shared.

Byw Nawr – Live Well in Monmouthshire was then endorsed by Monmouthshire County Council on 28th July 2016.

The Health Board has recently employed two Nurse Facilitators for Advanced Care Planning, who have been funded by Macmillan Cancer Support. These two nurses are promoting Byw Nawr and the Big Conversation and are working with the Health Board's Community Engagement Team to promote this.

They have held the first Byw Nawr Cafe in Ysbyty Ystrad Fawr to test out the concept in a hospital setting. This proved to be extremely positive and at one time there were three members of the same family discussing how they were going to go home and have the Big Conversation with their respective families. It was also interesting that they met a young woman in her 20s who had recently lost a friend from a sudden death. This prompted the young woman to have the Big Conversation with her family and make her end of life wishes known.

The enthusiasm and learning from this event has enabled the Health Board to start planning Byw Nawr Cafes in a community setting. We have developed a local display for our future work and will be working closely with our local partners to progress events to encourage the Big Conversation.

Discussions are also taking place at a National level with the Head of Offender Management Services at Welsh Government regarding the inclusion of people in the secure estate being encouraged to have the Big Conversation. This is especially relevant for HMP Usk, where there are an increasing number of older prisoners.

On 29<sup>th</sup> November 2016 there is to be an event in the Senned, where National Organisations are able to demonstrate the breadth of work taking place across Wales. The Health Board will have a stand explaining our work to date and showing a video which is being used to engage with people at our events.

## **Engagement and Consultation**

- **Centralisation of Breast Services**

As you will be aware we have spent a number of months over the summer engaging people in early discussion on an emerging proposal to unify breast services in Gwent. Two road shows were held in each of the areas of Gwent and in South Powys, and this work has been recognised as good practice by Aneurin Bevan Community Health Council. The Health Board will receive the outcome of the engagement and a recommendation to centralise services when they meet on Wednesday 23<sup>rd</sup> November. A commitment has been given to provide ongoing dialogue through the creation of a stakeholder group and regular briefings.

- **Older Adult mental Health Engagement**

During June and early July we also held a number of listening and engagement events across Gwent in respect of developing and improving Older Adult Mental Health Services. Work is now underway to analyse the feedback from the events and questionnaires and a proposal will be made to the Board in late November with plans to start a formal consultation early in the New Year.

- **GP Out of Hours Service**

In response to ongoing medical recruitment difficulties the Health Board has piloted a six week change in service at the base in Nevill Hall Hospital from Monday 10<sup>th</sup> October to Sunday 20<sup>th</sup> November. The changes were needed to ensure we continue to provide a high quality service for the population when we have high demand times in the system.

The main thrust of the pilot is to incentivise GPs to book shifts in a pre planned way on the weekends where we have the highest demand and we have previously struggled to fill shifts.



The service currently deals with approximately 100,000 contacts a year, around 2000 a week the majority of which are on a Saturday and Sunday. Since January this year, a range of ongoing discussions and engagement processes have been undertaken with all the staff in the Out of Hours Team (GPs, Nurses, Drivers, Call Handlers, Receptionists), A&E Clinical Directors, Welsh Ambulance Service Trust the Community Health Council and the Executive Team on essential changes needed to ensure that the service is delivering urgent care, when the demand is at its greatest.

A detailed demand and capacity modelling process has been undertaken which shows that the service demand overnight in the week is very low whilst the demand on a weekend is extremely high. The balance of covering all 3 bases (St Woolos, Ysbyty Ystrad Fawr and Nevill Hall) overnight at low demand times has had to be weighed with trying to enable the workforce to be redistributed to the high demand times when the pressures for all services are at the highest.

As a result of this analysis it was agreed to close the Nevill Hall base overnight Monday to Thursday from Midnight to 8.00 a.m. for the six week period from 10th October to 20<sup>th</sup> November. The patients have been offered an alternative base appointment in line with clinical assessment and transport if necessary in line with patient safety. They will also be offered a home visit in line with clinical assessment and need by a GP or nurse.

An evaluation of the pilot is currently taking place and further discussions will take place with the Community Health Council and Stakeholders to agree next steps.

## **Engaging Communities**

We are continuing to engage with the public and our communities. Since September 2015, our Engagement Team have engaged with 9844 people in our local communities in over 95 locations. For example, the One Stop Shops that exist across most areas of Gwent, fulfil a wide range of citizen functions (ie. rent payments, rubbish bag collection etc). This means that visiting these centres provides opportunity for conversations with many people from all walks of life and local communities.

The 'Talk Health' brand is becoming well known and recognised within the Health Board's activities, and by both Aneurin Bevan and Powys Community Health Councils. The approach is entirely consistent with the NHS Guidance on service change in Wales and is resulting in the development of strong resources to be used across the organisation to enable continuous dialogue and engagement regarding service development and redesign.

## **Monmouthshire**

A 'Choose Well' campaign was launched in the summer of 2015, to help people understand how they can make the best use of their local NHS in Monmouthshire. 2000 leaflets were distributed to households and a number of posters given to local shops and other public premises to display in their windows. Dr Brian Harries, North Monmouthshire NCN lead and GP from Dixton Road Surgery supported the initiative.

The campaign highlighted the fact that many illnesses such as sore throats, recent onset coughs, colds, hangovers or minor cuts and abrasions can be treated at home by using over the counter medicine, drinking plenty of fluids and having plenty of rest. Information provided in the campaign ranged from self care, to the most serious cases where it can be necessary to use emergency services.

The profile of the campaign was also raised by the Health Board's engagement team during a range of events held in the area during 2015/2016. The team have visited Monmouthshire Local Authority area 14 times in the past 13 months, they have had contact with 903 people and the majority of the discussions were around choosing the appropriate service:

- 25/09/2015 – Abergavenny Market – 113 citizens
- 28/10/2015 – Monmouth Town Centre (Shire Hall ) – 48 citizens
- 01/12/2015 – Chepstow Tesco – 127 citizens
- 22/01/2016 – Abergavenny Hub/One Stop Shop, in Abergavenny Market – 106 citizens
- 09/02/2016 – Caldicot One Stop Shop – 113 citizens
- 15/03/2016 – Bridge Community Centre, Drybridge House – 47 citizens
- 21/03/2016 – Monmouth Town Council – 25 citizens
- 11/04/2016 – Trellech Town Council – 50 citizens
- 22/04/2016 – Abergavenny Hub/One Stop Shop, in Abergavenny Market – 79 citizens
- 26/05/2016 – Abergavenny Hub/One Stop Shop, in Abergavenny Market – 106 citizens
- 06/07/2016 – Chepstow Leisure Centre – 74 citizens
- 01/08/2016 – 05/08/2016 – national Eisteddfod in Abergavenny – Approximately 300 citizens
- 10/10/2016 – Grosmont Town Council – 15 citizens
- 16/11/2016 – Chepstow Library – Numbers TBC
- 16/11/2016 – Chepstow Community Hospital – Numbers TBC

It is acknowledged that more engagement needs to take place with local residents to highlight the services available and the engagement team will continue to visit Monmouthshire on a regular basis over the coming months and promote the 'Choose Well' message and the services available.

## Community Pharmacy Enhanced Services

The Health Board commissions a number of Enhanced Services during the year to improve health outcomes, access to services locally and ensure equity.

The following provides a summary of the current Enhanced Services commission with Monmouthshire:

<b>Local Enhanced Services</b>	<b>Monmouthshire</b>
<b>Supervised Administration of Medicines</b>	13
<b>Waste Reduction Service</b>	8
<b>Medicines Administration Record Service</b>	11
<b>Smoking Cessation Services-Level 2</b>	8
<b>Smoking Cessation Services-Level 3</b>	7
<b>Smoking Reward Scheme</b>	2
<b>Palliative Care Out of Hours Rota Service</b>	2
<b>Out of Hours Rota Service</b>	8
<b>Out of Hours Emergency Supply of prescribed medication</b>	1
<b>Just in Case Scheme</b>	9
<b>Emergency Hormonal Contraception</b>	11
<b>Flu Vaccination Scheme</b>	9

## Neighbourhood Care Network (NCN) Update

Monmouthshire North & South NCNs have adopted childhood obesity and obesity in pregnant women as a priority for 2016/17. The NCN Management Team met with Public Health colleagues and devised an action plan to take this forward in 2016/17. Initiatives being considered by the NCNs in relation to this include further partnership working with the National Exercise Referral Scheme (NERS), to run antenatal exercise classes and a junior GP referral scheme for children who are overweight or obese. The NCNs are also considering a proposal from Monmouthshire Housing Association to potentially support the *Go Green for Health* initiative, which promotes a range of well-being activities e.g. walking football and rugby.

## Service Developments

Over the last few months the Health Board has taken forward in partnership a number of new developments and introduced some new services:

- **Glaucoma Ophthalmic Diagnostic and Treatment Centres (ODTCs)**

Following on from the success of the development of the three high street centres in Newport and Torfaen last year, the Health Board has successfully secured additional funding from Welsh Government for a further three centres. Three additional centres will be established in Blaenau Gwent, Caerphilly and Monmouth.

We have also introduced additional nurse led clinics to help see patients more quickly. Since April, the service has provided an additional 1097 appointments in the community and this has resulted in a significant reduction in follow up appointments for Glaucoma in our hospitals.

- **Age Related Macular Degeneration (wet AMD) ODTCS**

Our new centre at Specsavers, Friars Walk Newport opened its doors to the first patients on the 5<sup>th</sup> September 2016. All new patients with suspected wet AMD will be referred to the new centre, where Specsavers accredited optometrists will undertake a number of assessments including an OCT scan. This element of the pathway will be delivered within 48 hours of referral and allow a consultant ophthalmologist, via virtual review, to prioritise patients who require urgent access to the Hospital Rapid Access Clinic for final diagnosis and first treatment. All follow up assessments and intravitreal therapy will be undertaken at the optometry centre, by the Health Board's consultants, nurse practitioners and medical photographers. An official opening of the centre is planned for early January 2017.

- **Primary Care Operational Support Team**

The Primary Care Operational Support Team (PCOST) became fully operational in early 2016. The team is currently working with a number of practices where sustainability issues have been identified; supporting the practices with recruitment and development where appropriate. A Service Level Agreement has been developed to support and underpin the work of the team to ensure that individually tailored packages of support are developed to meet specific practice needs, with a clear exit strategy agreed from the outset.

Recruitment into the team continues, as work with practices is informing the need for considering skill mix; an experienced practice manager has been appointed into the team along with a receptionist/repeat prescribing clerk. Recruitment for additional GP time and Nurse Practitioners continues to progress.

- **Overnight Nursing Service**

The service was implemented in February 2016, early benefits have been extremely positive with admission avoidance being demonstrated. The team has continued to develop professionally and clinically with members of the team commencing nurse prescribing and clinical patient assessment courses to further enhance the service. The plan is for additional staff to commence independent prescribing in April 2017.

## **Falls Response Service**

The Falls Response Service (FRS) is a new service that has been set up in collaboration with the Health Board and the Welsh Ambulance Service NHS Trust (WAST). The service has been operating on a trial period from the 17<sup>th</sup> October 2016 until the 31<sup>st</sup> March 2017 and covers Pan Gwent. The FRS is a fully integrated service providing an urgent response to patients who have fallen and will operate from 08.00-20.00hrs seven days a week. The FRS will consist of both a Paramedic and a Therapist from the Community Resource Teams (CRT). Through providing a timely response followed by a full medical and social assessment at the point of need, patients can be successfully signposted to the most appropriate alternative care pathway. This will ultimately reduce unnecessary admissions to Accident and Emergency through collaborative, coordinated service delivery.

The information below highlights the scheme performance for the period 17<sup>th</sup> October 2016 to 17<sup>th</sup> November 2016 inclusive:

- 96 patient contacts made
- **78%** treated at home by FRS (15% of which were Monmouthshire residents )
- **12 %** of Patients admitted to Accident and Emergency Department. (The normal conveyance rate to A and E departments within the Aneurin Bevan University Health Board by WAST is currently around **68%** for all incidents)

Data collection is in its infancy, however, highlights the positive impact the service has had on hospital avoidance and preventable avoidable admission to Accident and Emergency Departments. More qualitative analysis of the data indicates increased collaboration between health and social care and increased collaboration between primary and secondary care, Data continues to be collected around the patient experience.

## **Public Health**

The local Public Health Team have been busy preparing for New Year Resolutions and have launched their Help 2 Quit campaign with social media, radio and poster promotion of all the good reasons to quit smoking. Helplines and pop up shops in busy areas are on offer as well as referral to our local 'stop smoking' trained pharmacists in Gwent. Pop up shops will be operating at the following locations:

- Risca Library
- **Caldicot Market**
- Tredegar Library
- Llanfrechfa Grange
- Kingsway Shopping Centre, Newport
- Cwmbran Shopping Centre
- Ebbw Vale Market
- Brynmawr Library
- Abertillery Library
- Abertillery Market
- **Monmouth Market**
- Ebbw Vale Library
- Ysbyty Ystrad Fawr
- Boots Pharmacy, Cwmbran
- Headquarters, St Cadocs Hospital

The team are also busily promoting immunisation against influenza. Our early uptake rates for those over 65 years and those under 65 with chronic conditions are very encouraging. Our Primary Care Team Midwives and School Nurses have all been busy ensuring that in addition to the above groups, expecting mums and primary school children in certain years are immunised. We have also been working with our Hospital Infection Control Team and Occupational Health Service on ensuring our staff are protected.

Our Needs Assessment work with Public Service Board partners continues both for the wellbeing assessments of localities through the Gwent Strategic Needs Assessment Group work, which will inform the wellbeing objectives of Public Service Boards in response to the Wellbeing of Future Generations Act, and for vulnerable groups needing social care (in response to the Social Services and Wellbeing Act).

**Thank you for taking the time to read this briefing, we will be pleased to answer any questions at the meeting.**