

# Cluster Plan 2024-2025

## Cardiff South East Cluster Cardiff Pan Cluster Planning Group

### Cluster Executive Summary:

The South East Cardiff Cluster falls within the Southern Arc of Cardiff and serves some of the most deprived areas of Cardiff and Vale UHB. The cluster includes eight practices who serve a total population of approximately 65,000. Half are predominantly student practices and half include highly diverse populations of varying ethnicity and language, in addition to homeless, asylum seeker and prison populations. The demography of Cardiff South East is complex and includes areas of the highest rates of unemployment, social deprivation, a high population of university students and one of the six UK immigration centres.

The cluster has made progress in working on the identified health priorities with engagement from all eight cluster practices and contributions from Health Board partners, Public Health Wales, Community Pharmacy, Third Sector organisations, supported by the South and East Cardiff Locality Team.

The cluster has continued to invest in staff to help manage the increased workload within GP practices, including 2.6 wte pharmacist posts. The cluster has continued to diversify by increasing its use of the third sector to support the wellbeing needs of its population, in particular asylum seekers.

The cluster has continued to maximise the use of additional UHB funding services including first point of contact physiotherapy and community provided mental health services as part of the GP practice extended multi-disciplinary team

### Health Needs Assessment Summary:

The 2022 Regional Population Needs Assessment for Cardiff and the Vale highlighted the following priorities facing our population:

- Growing and ageing population
- Ethnically diverse – especially in South Cardiff

### Key Cluster Actions 2024/25:

- 1) Continued evolution of Cluster MDT working and Proactive Discharge Management via Coordination Hub- with potential investment in nursing/paramedic and healthcare support worker resources (possible shared investment with other clusters in South and East Cardiff)
- 2) Continued engagement in efforts to increase uptake of childhood immunisations/screening- possible investment in capacity to follow up non responders
- 3) Reviewing third sector contract for support for Asylum Seekers- due for retender 2024
- 4) Consider additional work that could be done to support needs of Health Inclusion Groups at Primary Care Level
- 5) Considering options to develop UPCC (at cluster or Locality level)
- 6) Contribute to a review/evaluation of role of Cluster Employed Staff
- 7) Coordination of cluster wide event to help define cluster priorities and additional developments required in 2024/25
- 8) Continue to evolve the cluster, including development of infrastructure to support work of collaboratives and clusters
- 9) Continue to engage in developments associated with diabetes prevention/management- potential for additional investment case

### Finance and Workforce Profiles 2024/5:

Financial allocation of £328K

Cluster workforce profile:

- Cluster Pharmacist
- Cluster Project Support Officer

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- Increasing levels of chronic disease; impacted by Covid pandemic – 5 harms, long Covid and ‘syndemic’ effect
- Modifiable risk factors – of concern before pandemic, but again impacted by Covid, mostly in less favourable direction
- Wider determinants, social isolation – impact of Covid and Cost of living crisis
- Impact of Climate Change and Climate Emergency

In addition, local Cluster profiles were developed to provide further insights on the needs of the population, supplemented by the professional collaborative insights:

- We have a young population of working age in the cluster with 79% aged 15-65 years, the average for C&V being 67.4%.
- 15.8% people in Cardiff belonged to BAME ( avg 4.9% for Wales).
- Increasing numbers of arrivals of asylum seekers and refugees The potential cultural variation and health and wellbeing needs need to be reflected in future plans to ensure acceptability and accessibility of services to the vulnerable population.
- Looking at the older population specifically, the population aged 65 and over in Cardiff is expected to increase from an estimated 53815 in 2022 to 68216 by 2042 (27% increase).
- Inequality in the cluster is significant due to deprivation, for the ethnic minority groups, those living with chronic conditions and disability. These, along with lifestyle behaviours, can affect healthy life expectancy. It is estimated around 38.9% (25318 patients of 65010) of patients registered in Cardiff South East live in the 20% most deprived areas in Wales, as categorised by the Welsh Index of Multiple Deprivation (WIMD). Based on WIMD data, 4 of our practices are in the top 50 in Wales.
- Child poverty rates are high in our cluster, and in particular families with young or multiple children are more likely to be affected. The Community Connector project will be part of signposting families to support. These include: Free school meals, Food and fun SHEP, Free breakfast clubs, Cardiff Foodbank and Vale Foodbank.
- We have high teenage pregnancy rates within the cluster area as (based on data from 2013-17). We should aim to work with DOSH and schools to address this
- Data from 2016-18 shows a high rate of smokers (23.5%) and prevalence of drinking (17.5%) in the cluster. We should attempt to address this by possibly working on every contact counts (in every

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<p>way of life i.e. primary care, pharmacists, schools, community venues like shops etc) for smoking and alcohol and identifying harmful and hazardous drinking behaviours</p> <ul style="list-style-type: none"> <li>• Drug and substance misuse rates are also high in the cluster. While Cardiff will be working on this as a whole, we need to find ways of making people aware of the services they can access.</li> <li>• Higher rates of deprivation is usually associated with higher rates of obesity, lower healthy eating and physical activity in the cluster. There are interventions which people can be signposted to for healthy lifestyle behaviours. We need to make every contact count and address these issues and signpost accordingly.</li> <li>• Our cluster has some of the highest rates of deaths from cardiovascular disease under 75s (in every consecutive year from 2015-17). Conversely, we have some of the lowest prevalence rates for AF, heart failure and hypertension likely due to under detection. The low rates of AF prevalence is also possibly reflected in the high rates of emergency stroke admissions in the cluster.</li> <li>• Of particular concern is the very low uptake of all screening initiatives (in particular bowel screening and cervical screening) as well as the low uptake of childhood immunisation.</li> </ul>	
<p><b>Key achievements/successes related to the 2023/4 Cluster Plan:</b></p> <ul style="list-style-type: none"> <li>• The cluster has developed and embedded working relationships with the third sector in order to better support the wellbeing needs of our population through use of community assets and promotion of selfcare/patient empowerment</li> <li>• Ongoing investment in roles such as cluster pharmacists, Primary care liaison workers and First point of contact physiotherapy services has continued to provide benefits for both patient care and management of GP workload.</li> </ul>	<p><b>Key reflections / challenges related to the 2023/4 Cluster Plan:</b></p> <ul style="list-style-type: none"> <li>• Changes of cluster way of working and collaboration with different collaborative teams</li> <li>• Worsening sustainability issues within all teams including GMS, optometry, dental and pharmacies</li> <li>• Staffing changes (eg pharmacist posts)</li> </ul>
<p><b>Emerging alignment with PCPG Plan 2023/26 / PRB Area Plan 2023/2028</b></p> <p>The revised cluster structure will provide the ability to ensure that ongoing cluster plans influence and align with those of the PCPG and Regional Partnership Board.</p> <p>A number of Cluster developed/delivered schemes already demonstrate alignment to the life stages of the RPB Area Plan; Starting Well, Living Well, Ageing Well.</p> <p>Through 2023/24 the common priorities identified for the Cardiff region include;</p> <ul style="list-style-type: none"> <li>• Children Services &amp; Safeguarding (starting well)</li> <li>• High Risk Adults – Frailty (aging well)</li> <li>• Prevention – Immunisation, Chronic disease (starting well/living well)</li> <li>• Future Care Planning (aging well)</li> <li>• Social prescribing (living well)</li> </ul>	

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<ul style="list-style-type: none"><li>• Although evolution and the maturity of the cluster has been affected by staffing gaps, there has been considerable improvement in engagement by cluster practices and an increased willingness to collaborate and make decisions</li><li>• Continued engagement in Cluster MDT meetings -Continuation and expansion of this will continue.</li></ul>		
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List activities or projects planned to commence during 2024/5, as well as those planned/ initiated earlier (if ongoing)

Activity/ project title	New or existing activity	Brief activity/ project description	Results/ benefits expected	Strategic alignment: Ministerial priorities	Strategic alignment: SPPC key programme priorities	Activity/ project budget	Funding source(s)	Current status	Comments
Provide a consist activity or project title, one per unique activity	Is this a new activity for 24/35 or part of a previous cluster plan?	Simple and to the point - no need to go into specific objectives	Brief list of main results or benefits anticipated from this activity or project	Does this fit any of the ministerial priorities?	Does this fit any of the SPPC key priorities?	What money has been allocated to this project or activity? Insert total – to include staff, equipment etc. costs	What is the source of this funding? I.e. transformation funding, cluster funding etc.	What is the current status – short description only	Comments you feel may be relevant here – for example barriers to success, workforce issues etc.
Cluster Pharmacist	Existing	To provide additional capacity to meet medication needs of patients	<ul style="list-style-type: none"> <li>Enables GP to focus on GP time to spend on patients with complex medical needs.</li> <li>Annual medication reviews carried out in a timely manner</li> </ul>	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£142k	Cluster	Ongoing	
Cluster Project Support Officer	Existing	To support the Cluster in delivery of projects	Delivery of projects as per cluster plan		Community Infrastructure – Primary Care Model for Wales	£22k	Cluster	Ongoing	
Pre-Diabetes Pathway	Existing	To provide proactive interventions to support reversal of pre-diabetes	Monitoring of short- and medium-term benefits	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£18k	Cluster	Ongoing	
Expansion of FPoC MSK	Existing	To provide additional capacity to existing service model	Increased access to FPoC MSK services closer to home	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£38K	Cluster	Ongoing	
Health Inequalities: Asylum seeker support	Existing	To introduce Asylum seeker worker	To improve equity in access	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£42k	Cluster	Ongoing	Reviewing contract to assess patients outside of SE cluster attend
Paramedic	New	To introduce visits to housebound patients for acute care	To improve access to care for patients with either a long-term or short-term disability	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£58k	Cluster	Not submitted	Still working through model

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Wound Care Nurse & HCA	New	Wound care nurse supported by HCA based in SEWeCC to manage complex wounds, i.e., those are defined as an open sore or injury that is persistent for more than three months and not healing	To monitor and treat complex wounds to prevent infection, encouraging more timely healing, avoiding them becoming a chronic wound.	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	Band 7 (0.5wte) £29k	Cluster	Not submitted	Still working through model
HCA	New	Supporting wound care Nurse in the management of patients with complex wounds as above	To support the Wound Care Nurse as above.	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	Band 3 (0.5wte) £12.5k	Cluster	Not submitted	Still working through model
Community Matron (Frailty)	New	Ensuring effective communication spanning the GP practice and relevant parties to support patients to remain independent and as well as possible at home using specialist nursing, leadership and judgement skills to support GP Practices in patient management	To supporting identified patients to self-manage long term conditions and providing case coordination and Cross Organisational Working-working as part of the evolving MDT model at Cluster/Locality Level•	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£22.5k-£25.5k	Cluster	Approved for 18/12	£44398 - £50806/2 as proposal covers 2 clusters, SE and C&S
Defibrillator Community Initiative	New	Increase number of defibrillators in the community aligned with the national campaign by Save a Life Cymru - NHS Wales Executive,	To improve cardiac arrest survival in Wales, promote CPR and defibrillation	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£32k	Cluster	Proposal submitted 29/02/23	