

Cluster Plan 2024-2025

Cardiff North Cluster

Cardiff Pan Cluster Planning Group

<p>Cluster Executive Summary:</p> <p>Cardiff North Cluster serves a population of circa 104,117 people.</p> <p>The Cluster consist of; 10 GP Practices, 15 Pharmacies, 12 Optometrists, 13 Dental Practices, 3 District Nurse Teams, and a Community Resource Team of Allied Health Professionals.</p> <p>Key priority areas for the cluster remain as addressing lifestyle behaviours and their impact on health, improved management of chronic conditions, developing social prescribing, and ongoing improvements in the care of older people.</p> <p>Some of the challenges facing the Cluster include: the number of housing developments in the area as part of the Local Development Plan; an aging local population; accessibility of practice accommodation; and the potential for unknown long-term health impacts of Covid-19.</p>	<p>Key Cluster Actions 2024/25:</p> <ul style="list-style-type: none">• Continue implementation and further develop AWDPP project model for positive intervention for patients at risk of developing type 2 diabetes• Review 'WAST APP - Home Visit Service', due for renewal May 2024, further develop the model to integrate across MDT model and wider cluster• Continued development of MDT hub, including exploration of practice-based work for Cluster Pharmacists• Continued development of UPCC within cluster – expansion of service / utilising other health professionals to run clinics• Continued development of Social Prescribing – contract awarded to ACE, should see an increase in service provision• Workforce development and training to improve services across the cluster – including IP Training• Look to access other potential funding streams to support Cluster projects and initiatives – considering financial constraints (Q funding – one possibility)• Contract Reform across collaboratives will see changes to services – shared knowledge across collaboratives will help to keep the cluster and its population informed and support adaptation to new ways of working that benefit all collaboratives• Exploration of collaborative working with secondary care, engaging with specialities to improve processes and outcomes for patients – Heart Failure, Thyroid two potential areas of interest• Further establish new Cluster Structure, and ways of working, inline with ACD development.
<p>Health Needs Assessment Summary:</p> <p>The 2022 Regional Population Needs Assessment for Cardiff and the Vale highlighted the following priorities facing our population:</p> <ul style="list-style-type: none">• Growing and ageing population	<p>Finance and Workforce Profiles 2024/5:</p> <p>Financial allocation of £494k</p> <p>Cluster workforce profile:</p>

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<ul style="list-style-type: none"> • Ethnically diverse – especially in South Cardiff • 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 <p>In addition, local Cluster profiles were developed to provide further insights on the needs of the population, supplemented by the professional collaborative insights:</p> <ul style="list-style-type: none"> • Diabetes identified by several collaboratives as a key area of focus • Growing ageing population will remain an issue for years to come – increase in comorbidity, frailty, falls, etc = increase in demand for all collaborative services • IP training for AHPs 	<ul style="list-style-type: none"> • Cluster Pharmacists • Frailty Nursing Model • Respiratory Nurse Specialist – ends March 2024 	
<p>Key achievements/successes related to the 2023/4 Cluster Plan:</p> <ul style="list-style-type: none"> • Development and Expansion of the MDT Model: established MDT Hub that includes: Cluster Pharmacists, Frailty Nurses, Wellbeing Coordinator & established regular MDT meetings • Respiratory Nurse Specialist • Development of ACD model – new Cluster meeting format, collaborative leads identified within all collaboratives with the exception of GMS • UPCC centre established within cluster though not core cluster funding. 	<p>Key reflections / challenges related to the 2023/4 Cluster Plan:</p> <ul style="list-style-type: none"> • GMS sustainability ongoing concern • General financial situation within the NHS impeding implementation of new and innovative plans. • GMS collaborative lead needed • Estates continues to be a limitation • 	<p>Emerging alignment with PCPG Plan 2023/26 / PRB Area Plan 2023/2028</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"> • Children Services & Safeguarding (starting well) • High Risk Adults – Frailty (aging well) • Prevention – Immunisation, Chronic disease (starting well/living well) • Future Care Planning (aging well) • Social prescribing (living well)

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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 Pharmacists	Existing	Safe medicines management, and medicine reconciliation for patients recently discharged from hospital	Provides Additional Capacity Supports GMS Sustainability Keeps patients safe at home Integrated Working Improved referral pathways	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£167k	Cluster	Ongoing	
Cluster Frailty Nurses	Existing	Keeping patients safe at home, and supporting them to remain independent through holistic support	Keeps patients safe at home Reduced admission Improved referral pathways (MDT) Integrated Working Improved ACP for patients	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£130K	Cluster	Ongoing	
WAST APP – Home Visiting Service	Existing	Additional resource: acute home visit appointments for vulnerable and housebound patients	Provides Additional Capacity Supports GMS sustainability Reduces wait time for patients Integrated Working Keeps patients safe at home	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£85K	Cluster	Ongoing	
Expansion of FPoC MSK	Existing	Funding additional capacity within existing service model	Provides Additional Capacity Services Closer to Home	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£23k	Cluster	Ongoing	
AWDPP – diabetes brief intervention	Existing	Training of Health Care Assistants to carry out AWDPP Pre-Diabetes intervention	Improved Services Services Closer to Home Development of Staff Supports Diabetes Prevention	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales		Cluster	Ongoing	

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		within Practice Setting			Prevention & Well-being /				
Respiratory Nurse Specialist	Existing – ends March 2024	Additional support for complex respiratory patients	Improved Services Reduces waiting times Supports GMS Sustainability	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£58K +£5k 'non-pay costs'	Cluster	Ends – March 2024	
Garden Project	Existing – ends March 2024	Social Prescribing Garden Group	Improved health and wellbeing for patients through social prescribing Reduced isolation for patients Reduced demand on practices	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales Prevention & Well-being	£5k	Cluster	Ends March 2024	
CCAWS	Existing – ends May 2024	Greif Support for patients	Improved health and wellbeing for patients Services closer to home Improved referral pathways	A Healthier Wales / Population Health	Community Infrastructure – Primary Care Model for Wales	£27k	Cluster	Ends – May 2024	