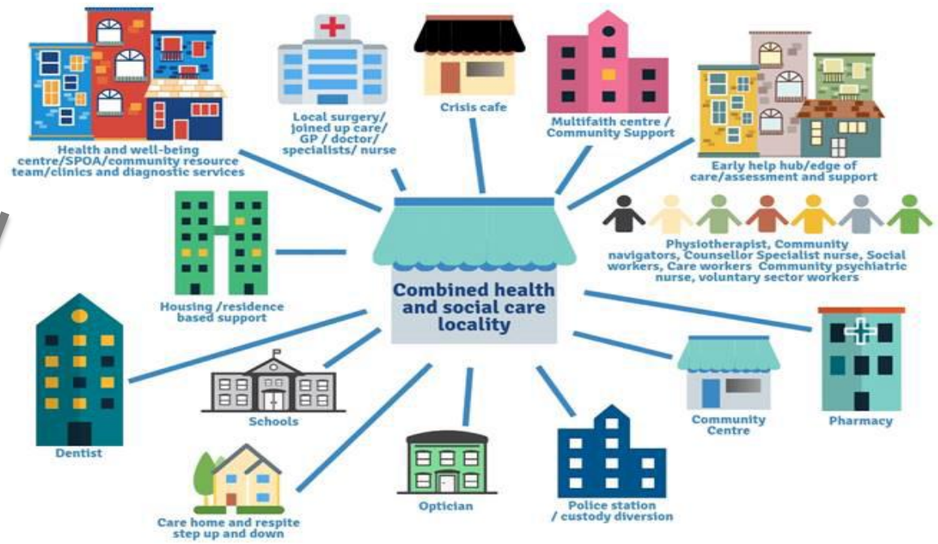
North Wales Community Services Transformation Bid on a Page

These elements are to be brought together to develop combined health and social care localities based on the geographies of Primary Care Clusters

Local population needs assessments identify local needs

Scale up services that are achieving good outcomes

Reviewing and developing CRTs – away from a team to a service response



- Establish a fully integrated cluster model with dedicated management board, staff and pooled budget arrangements
- Develop learning from the Frome compassionate communities model within our localities
- Develop collaboration with CotE clinicians so that older people in the community are supported appropriately in their homes

To support this work, proposals submitted to develop 3 specific priority areas

Outcomes

Navigation:

- Linking people to the right community support
- Provision of information, advice and assistance
- Linking into local area co-ordination models
- Enable self-management, reducing need over time for service and hospital intervention
- Roll out of DEWIS Cymru
- Individuals are involved and independent

Co-ordination:

- Seamless co-ordination of care between partners
- Care co-ordinator development
- Single documentation and integrated assessment
- Outcome focussed 'what matters' conversations

Managed Care and Support:

- Ready access to care provision
- Agreed governance for allocation of resources
- Commissioned step up/ down beds
- Ease of transfer of care from hospital
- Ethos of 'own bed instead', 'care closer to home'

Crisis Response:

- Comprehensive services through alignment and extension of hours supported, including overnight access to rapid care
- Effective co-ordination with other agencies outside of the CRT's

1 Workforce

Development of a sustainable workforce model to meet the community transformation agenda, to include work around:

- Skills development across the whole health and social care community system, exploring skill mixes and the new roles required to deliver on this model
- Joint training frameworks and carer structure/ progression opportunities
- Joint workforce planning, asset mapping, recruitment and promotional activity
- extend working hours
- explore opportunities for further roles hosted by the third and independent sectors
- programme of culture change and risk management
- Build links with FE colleagues and Universities
- Use of community development roles

2 Digital

Technology is recognised as a critical enabler of both good communication and information sharing across the whole health and social care sector.

Requirement to promote bilingual solutions.

Need to increase the pace of work to create a comprehensive standard corpus of terminology to support technology.

As a region we need to increase our use of telecare, telehealth, apps and other digital solutions to enable people to remain at home as well as ensure specialist advice can be provided without the need for a visit to an acute hospital site.

Proposal to establish dedicated capacity to work alongside the integrated locality development programme to support identification of a model of digitally enabled care, support and well-being.

3 Developing Community Networks

A key element of our integrated service model is the contribution of the third sector in supporting well-being services, promoting inclusion and participation and co-ordinating social prescription.

We will develop establish a Community of Practice for social prescribing, that will link to the All wales Social Prescribing Research Network, and the educational programmes being developed by Wrexham Glyndwr University.

Each cluster to develop its own approach based on community assets. Current service development need to be scaled up and linked into the integrated approach we are developing.

Establish a flexible fund to support the further development of community-based assets as required in cluster areas, to develop the range of activities available for people, linking in social prescribing as required.