

	A briefing for Assembly Members ahead of the plenary debate on the Health, Social Care and Sport Committee's report on community and district nursing services.
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Introduction

This briefing has been produced for Assembly Members in preparation for the plenary debate on the [Health, Social Care and Sport Committee's report on community and district nursing services](#) taking place on **Wednesday, 4th December 2019**.

Key points to consider:

- Multi-disciplinary teams working in communities, including district nurse-led community services, support patients and their families to manage their health and wellbeing; avoid unnecessary hospital admissions and GP appointments; enable early discharge; and help people to maintain their independence.
- The Welsh Government's (WG) long-term vision for health and social care, *A Healthier Wales*, emphasises the need to prevent illness and support people to manage their health and wellbeing outside of hospital settings. NHS Wales organisations support this vision, but we need to recognise that delivering this vision will place increased demand on community services.
- Community and district nursing services are an integral part of the primary care workforce. Their role is not just about integrating health and social care – it also carries a significant public health element around immunisations and supporting vulnerable people to manage chronic conditions in the community, which helps to ease demand on GP surgeries and other healthcare services.
- Recent WG figures show an increase in the number of whole-time equivalent (WTE) district nurses working in Wales. However, the number of these nurses with a district nursing specialist practice qualification is unclear.
- There is a need to develop a better understanding of the acuity, intensity and complexity of patients who receive community and district nursing services to provide an accurate All-Wales picture. The WG has acknowledged the challenges in this area and NHS Wales organisations have committed to address these challenges. In addition, the newly established Health Education and Improvement Wales (HEIW) has a key role to support the development of the future workforce through their joint workforce strategy with Social Care Wales.
- ICT infrastructure and technology is key to enable information to be shared across multi-disciplinary teams. The Malinko Software in Cwm Taf Morgannwg UHB is one example where ICT systems are leading to improvements. The WG has accepted the Committee's recommendation that this system be rolled-out across Wales, subject to successful evaluation of the Neighbourhood District Nursing pilots.

Nursing in the community

Around two-thirds of nurses in Wales work in the community in a variety of roles and settings, including clinics and health centres to residential accommodation and patients' own homes. Community nurses help meet the needs of elderly, disabled or vulnerable patients who may not be able to easily visit a hospital, as well as adults and young people living with complex conditions. Community nursing teams act as a valuable link between acute services and primary care and promote independent living.

Advances in digital technology that have supported people to live at home for longer, as well as the success of the NHS, has meant that Wales has an increasingly ageing population and an increasing number of people who live with co-morbidities. It is projected that the number of people aged 65 and over in Wales will increase by 232,000 (36.6%) between 2016 and 2041. These projections, alongside the changing nature of healthcare provision and the move to provide more care outside the traditional hospital setting, means the role community nurses play in supporting the physical and mental wellbeing of the population, particularly vulnerable groups, has become increasingly demanding.

NHS Wales organisations welcome the WG's vision for health and social care outlined in *A Healthier Wales* which emphasises the importance of shifting services into the community; supporting integration; and delivering the outcomes that really matter to people. That said, our members recognise the Committee's concern that this shift has resulted in greater expectations being placed on community nurses, and this extends to palliative care nurses, care home nurses and children's community nurses. To meet these demands, NHS Wales will need to deliver a multi-professional, multi-agency workforce that operates seamlessly across the health and social care system. The joint workforce strategy for health and social care in Wales, which is being developed HEIW and Social Care Wales, is a positive step in this direction.

Community nursing strategy

A community nursing strategy for Wales was first published in 2009, but this was superseded firstly by the WG's primary care plan, and then the introduction of *A Healthier Wales*. We support this approach as it emphasises the importance of collaborative working and recognising that effective delivery of providing care closer to peoples homes and in the community will depend on staff across the NHS, and the wider public sector, working together to provide seamless care.

Community and district nursing services are an integral part of the primary care multi-disciplinary workforce. Their role is not just about integrating health and social care – it also carries a significant public health element around immunisations and supporting vulnerable people to manage chronic conditions in the community, which helps to ease demand on GP surgeries and acute services. District nurses are a key part of the multi-disciplinary teams within primary care clusters, working in partnership with GPs and other professionals. NHS Wales is clear that community and district nurses are central to multi-disciplinary teams across Wales and are integral to the primary care cluster model.

The NHS is also looking at international best practice and innovation. In 2017 funding was allocated over the years 2018/19 - 2019/20 to fund a pilot for a Welsh Neighbourhood District Nursing Model based on the Buurtzorg model from the Netherlands. The Buurtzorg model involves small teams of nursing staff who provide a range of personal, social and clinical care to people in their own homes within a particular geographic area. Emphasis is on one or two staff working with each individual and their informal carers to access resources, information and support structures in to help people be more independent. In Wales, the pilot is taking place in three settings: urban in Aneurin Bevan University Health Board; rural in Powys Teaching Health Board; and the valleys in Cwm Taf University Morgannwg Health Board. While there have been challenges in implementing a Buurtzorg-like model in these areas, there has been a range of positive outcomes for patients from the pilot areas. For example, nurses are saving approximately 14 miles per day in travel distances. This not only brings about financial savings, but is also having a positive effect on staff wellbeing. Emphasis now is on scaling-up the projects that have been shown to deliver improved outcomes.

Data on community nursing services

Increased demand on the community and district nursing workforce means that having an accurate all-Wales picture of what this workforce looks like is key to designing and delivering future workforce strategies.

WG figures show a marked increase in the number of district nurses from 2017 to 2018. Figures published for 2018 show that there were 989 whole-time equivalent district nurses in Wales - an increase from 827 district nurses in 2017. That said, NHS Wales organisations recognise that there are specific challenges around coding (as in, not every nurse that works in the community is a district nurse). Health Boards also recognise that outcome data on people receiving care is not available, which makes it difficult to judge which model of care is most effective from the patient perspective.

NHS Wales organisations recognise these challenges and are working towards including further information around the emerging service needs of their populations in their Integrated Medium-Term Plans (IMTPs). Health Boards and Trusts also recognise that an in-depth understanding of the patient population and the specific needs of those patients is essential to develop robust plans to ensure the future workforce is sufficient in number and skills to meet those needs. HEIW will have a key role to play in developing future workforce plans.

Workforce

Key to the future delivery of healthcare in community settings is a sustainable supply of nursing staff. The WG has a role in strategically co-ordinating this at a national level and the establishment of HEIW in October 2018 is a positive step towards bringing together different strands of the NHS Wales workforce so that there is national oversight of workforce planning across the health and social care system.

It is well-documented that the community and district nursing sector experiences particularly acute workforce challenges. The emphasis on shifting care out of hospitals

and into community settings means the whole system needs to think innovatively to meet projected levels of demand. Work is ongoing between Health Boards and HEIW to address some of the challenges around the current ageing community and district nursing workforce. Moreover, the recently established Strategic Programme for Primary Care includes a workstream for workforce and organisational development. This workstream is developing a national tool for clusters to use in planning the workforce they need, including community nurses, to meet the assessed needs of their cluster population.

ICT infrastructure and technology

NHS Wales organisations recognise that the ability to share patient data between different component teams is key to delivering integrated, multi-disciplinary care. Under *A Healthier Wales*, the WG has committed to further roll-out of the Welsh Community Care Information System (WCCIS), which acts as a single system and a shared electronic record of care to allow quicker and easier access to relevant patient information for a wide range of health and care professionals. The system also shows clearly the current position of the patient on their treatment pathway and what their last point of contact with the service was. The system is currently live in 13 organisations – Powys Teaching Health Board and 12 Local Authorities – and NHS Wales is working towards full roll-out by April 2021.

It is acknowledged that there remain significant challenges in this space, particularly around the lack of standardisation of data and different information systems in operation in different geographical regions. We also recognise that the Committee has heard first-hand evidence from community and district nurses reporting challenges with using various ICT platforms. Our members are taking steps to address this challenge, for example in Cwm Taf Morgannwg UHB's they purchased Malinko Software as part of the Neighbourhood Nursing pilot. The system at Cwm Taf Morgannwg UHB is led by the organisation's Senior Nurse, which is already bringing about a range of benefits for the nursing workforce by making more effective use of nurse's time, reducing travelling distances, and improving nurse's wellbeing. Our members welcome the WG's commitment to consider full roll-out of the Malinko software subject to a successful evaluation of the Cwm Taf Morgannwg UHB project, but we would emphasise that national roll-out would likely carry monetary implications for NHS Wales organisations.