



# Neath Port Talbot Community Network News

Issue 6

April 2013

## New Locality Director For NPT Takes Up Post

Dear Colleagues,

Firstly on behalf of the locality I wish Hilary Dover well in her new position as Locality Director in Bridgend. The NPT locality has developed under her leadership and I look forward to continuing the work that has already begun to improve the care for our patients.

2013/14 will bring new challenges, with the focus on rebalancing hospital services. We have seen significant service changes over the past year. The planned integration of community services with Neath Port Talbot County Borough Council is an exciting development, which I have no doubt will improve the quality of care for patients.

Public consultation on Gellinudd hospital

continues and will end on the 7th of May when the outcomes will be shared with the Community Health Council prior to any changes being made. We have also started an engagement process on the transfer of the remaining ward at Cimla hospital to Neath Port Talbot hospital.



*Karl Murray  
Locality Director  
Neath Port Talbot*

Key to our success will be maintaining patient flows between hospital and community settings. I recognise we have capacity issues, but by working together there must be better outcomes for patients.

*Karl Murray*

## Message From Hilary Dover

Dear Colleagues,

A number of you will by now have heard that I have been asked to take a secondment to Bridgend to take the role of Locality Director there with effect from the 1<sup>st</sup> April 2013 for a 2 year period. To enable this to happen Karl



*Hilary Dover  
Locality Director  
Bridgend*

Murray has taken on the role of Locality Director in NPT. Fiona Reynolds has changed roles to become Head of Nursing and Operational Services to release Karl from his role and Claire Marchant from the Local Authority has joined the Locality Management Team to work across health and social care to strengthen the integration. Other roles

within the Locality remain unchanged.

The last year has seen a number of changes in NPT and it could be argued that NPT Hospital has in particular gone through a number of changes which other sites across Wales will be facing in this year. It is a credit to the staff that this move went so smoothly and that the model of care in NPT Hospital is now stabilising. Community Services have continued to develop and the consultation on the new model of the Community Resource Team will soon be fully operational....but more of that later on.

All that remains for me to say is how much I have enjoyed working with you in NPT Locality.

With very best wishes to you all.

*Hilary Dover*

## Inside this issue:

New Locality Director Takes up Post	1	Care and Repair Neath Port Talbot	6
Message from Hilary Dover	1	Journey from Client to Teacher	7
Support for Cancer Patients	2	Remodelling of Primary Mental Health Support Services	8
Afan Network Lead Leaves NPT for Pastures New	3	Pulmonary Rehabilitation - a Road to Self Empowerment	10
Domestic Abuse Guidance for Employers Launched	3	Our New Look Respiratory Team	11
Let's Knock the Spots of Measles	4	Partnership Working to Deliver Stronger Community Care	12
Changes to Mental Health Enhanced Services Announced	5	Afan Network Partnership Working	13
Community Links Befriending Project	5	Who do I call for information on health, wellbeing and support services?	14

## Support For Cancer Patients

*By Mary Morris (ABMU) and Ian Addison, Manager CISS*



Neath Port Talbot Locality has a Service Level Agreement (SLA) with Cancer Information Support Service (CISS), a charity based across South West Wales.

CISS has been offering information & support to cancer patients, their carers, families & friends since 1994. Services are provided by a small number of staff and 80 volunteers; all staff and volunteers offering counselling and support are trained, including one to Masters level.

Under the SLA, CISS offers face to face counselling and emotional support, carries out hospital and home visits and facilitates support groups. Services include Drop In Sessions in Y Rhosyn Palliative Day Care Centre in Neath Port Talbot Hospital and One to One Counselling Sessions in the Port Talbot Resource Centre every Tuesday. CISS also run a helpline which is open from 9am to 9pm, 365 days a year, to give help & support.

During 2011/12, CISS received 12,472 contacts; varying from brief queries to longer periods of

counselling which in some cases could last up to a year. They deliver in the region of 6,500 counselling and support sessions each year and aim to offer a session within 2 days of contact. 50% of referrals to the service come from health services.

CISS mainly offer services to adults and refer children and young people to other specialist services, but they have offered counselling to 14 year olds in some cases.

All services are offered free of charge. CISS can be contacted via their website - [www.cancerinformation.org.uk](http://www.cancerinformation.org.uk) or by telephoning 01639 642333



*A bi-monthly volunteer counsellor training session*

## Afan Network GP Lead Leaves NPT for Pastures New

*By Kryisia Groves, ABMU*

After more than a year in post as the Afan Community Network (ACN) GP Lead Sanjay is “throwing in the towel”, thankfully, not as a result of being our Network Lead but because of a new and exciting pathway he and his family have chosen to take.

Sanjay says, “I was sort of reluctantly manipulated to accept the post of GP Lead for ACN by Farida Patel (Practice Manager Lead, ACN) and Hilary Dover. When I accepted the post I was anxious as I had no experience whatsoever of management and with all the bad press about NHS managers, budget cuts, etc, it was not an enviable position to be in. I remember well my first meeting for the Network (a handful of GPs and managers), I did not have a clue what was

expected of me; but as the months progressed, with more meetings under my belt and a regular team behind me, I became clearer about the role.

The QPIs have helped get engagement (money always talks!) and Workplace, the virtual workspace where ACN members conduct their Network business, set up by Kryisia Groves, has helped to bring some debate into the mix. The diabetic clinics have



*been successful and appreciated, and hopefully are here to stay. These are signs that things are progressing, but I have nevertheless decided to move on to work in Australia as a GP in Wollongong (NSW). I have my own reasons for leaving the UK —*

*and please note ACN was not one of them! So, if any GP from Afan is up for the challenge, fancies doing something different from being a clinical GP, would like to work with the wonderful and innovative Afan Network Team (Kryisia Groves, Farida Patel & Sam Davies), and would like to network with the other GP Leads in trying to make a difference, then this is the opportunity to do so; make yourself known to Kryisia ([Kryisia.groves@wales.nhs.uk](mailto:Kryisia.groves@wales.nhs.uk)) and for more details of the role, contact Andy*

*Muir, Clinical Director ([Andrew.Muir@wales.nhs.uk](mailto:Andrew.Muir@wales.nhs.uk)) I wish you all the best and shall be following the Network from Oz...”*

On behalf of the ACN and NPT Locality we thank Sanjay for his time and effort in establishing and progressing the Network and the activities we have undertaken to date. It’s been a pleasure working with you!



*Kryisia Groves Planning Lead and Sanjay Chalissery outgoing GP lead for Afan Network*

## Domestic Abuse Guidance for Employers launched

New guidance has recently been launched to help employers manage and support employees affected by domestic abuse. The guidance has been developed by the Equality and Human Rights Commission and the Chartered Institute of Personnel and Development and outlines how employers should respond if an employee is affected by domestic abuse.

The guidance is designed to enable employers to develop a domestic abuse workplace policy and provides tips for managers on how to manage and support an employee experiencing domestic abuse. These small steps can include giving an employee time off to consult a lawyer, diverting telephone calls or providing a safe car park space.

For more information about the guidance visit <http://www.equalityhumanrights.com/news/2013/april/new-guidance-launched-to-help-employers-support-staff-experiencing-domestic-abuse/>



*By Sam Davies (ABMU)*

Cases of measles reported to Public Health Wales have now reached over 800. The outbreak shows no signs of going away with large numbers of cases reported daily.

The epicentre of the outbreak continues to be the Swansea area but there are growing cases

wide range of Health Board staff including local GPs and Practice Nurses. The Locality would like to express a big thank you to all those involved in the planning and running of the clinics. The response to the drop-in clinics has been excellent and the success would not have been possible without the support of those involved.

Following on from the clinics, an ABMU school programme has commenced. 5 schools in Swansea and Neath Port Talbot with the highest number of pupils at risk of catching measles, have received a visit. A further 10 schools will be visited week commencing 22/04/13 and over 2700 pupils will have been targeted. More schools will follow in the weeks ahead.

**Notification of Measles: ABMU by LHB/LA of residence by month: Week ending: Sun 21 April 2013 – Source: Regional Notification Data CoSurv**

LA	Nov	Dec	Jan	Feb	Mar	Apr
Bridgend	0	1	1	1	12	15
Neath Port Talbot	5	9	4	6	43	85
Swansea	10	27	34	59	183	151
<b>Total</b>	<b>15</b>	<b>37</b>	<b>39</b>	<b>66</b>	<b>238</b>	<b>251</b>

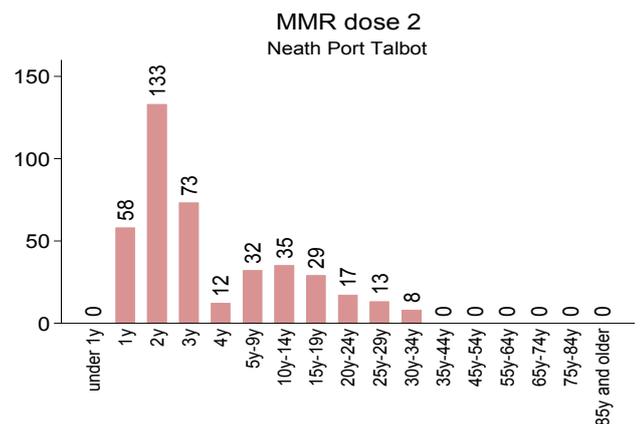
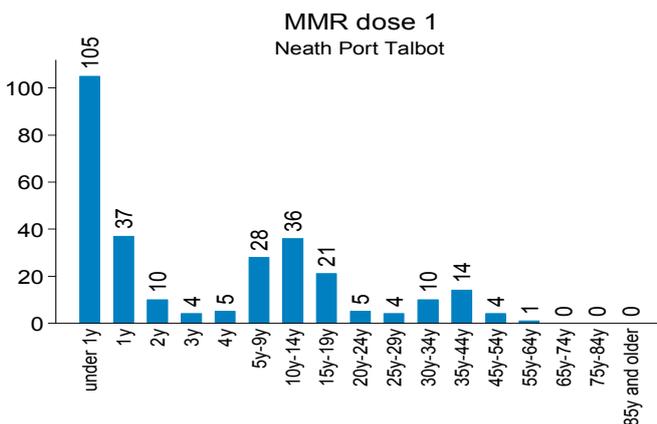
in Neath Port Talbot and Bridgend. Since November there have been 171 cases confirmed in Neath Port Talbot and 128 of those have been confirmed since March.

Over the past three weekends community drop in vaccination clinics have been held in 4 locations, including Neath Port Talbot Hospital. These were extremely successful with 4300 vaccinations given during the sessions and over 1300 of those vaccinations were at NPTH. The drop-in clinics have been supported by a

General Practice continue to support the Health Board in its efforts to control the outbreak and in the seven day period ending 16/04/2013 there were 2,455 first doses of MMR given to patients and 2,664 second doses of MMR to patients at non-routine ages across ABMU.

The graphs below outline the vaccines given to non-routine ages in the last 7 days ending 16/04/2013 in Neath Port Talbot practices.

Measles is a highly infectious....*more on page 5*



## Let's Knock the Spots of Measles...

continued from page 4

viral illness caught through direct contact with an infected person or through the air via droplets from coughs or sneezes. Symptoms include fever, cold-like symptoms, fatigue, conjunctivitis and a distinctive red-brown rash which starts around 4 days after the cold like symptoms. The best way to protect against measles is

through 2 MMR vaccinations. All staff, patients and service users should be encouraged to check their own and their children's vaccination status. Those born after 1970 who have not had measles or 2 vaccinations should get vaccinated.

## Changes to the Mental Health Enhanced Service announced

*By Sarah Griffiths, ABMU*

In previous years, the Mental Health Directed Enhanced Service (DES) has enabled practices to be reimbursed for producing an annual Practice Mental Illness Report for patients on their mental health register, providing valuable additional and new information to strengthen and maintain the lines of communication between practices and their local mental health teams. Last year, we were notified that following the implementation of the Mental Health Measure, the enhanced Care Programme Approach classification, which had been introduced previously across Wales for all cases with a serious mental illness and/or complex enduring needs, had been removed. This prompted concern about the target population and more generally the fitness for purpose of the DES as a whole. Following a review, a new Directed Enhanced Service has been developed which continues to recognise the role of General Practice to ensure that the physical health needs of people with mental illness are

recognised and better met in terms of both prevention and addressing physical problems that may arise.

The aim of this new DES is to engage the whole practice team including clinical, managerial and administrative staff to develop a clear and shared understanding of the experience of patients with mental health issues, the links to physical health, the needs of young people and the elderly, and the management of self harm and threatened suicide. Practices delivering the DES will be required to run an annual, practice based, mental health education study session of a minimum of 2 hours in length, selected from a pre-set list of topics. This should aim to include the entire practice team in order to achieve some of the key objectives outlined in the Mental Health Strategy "Together for Mental Health." The Health Board is working through the specification and what this means for practices and will issue the specification, once any issues identified have been clarified.

## Community Links Befriending Project

*By Helen Williams, Health Social Care and Wellbeing Facilitator, NPTCVS*



The Community Links project aims to reduce the sense of isolation experienced by

older people and in doing so, improve their emotional health and wellbeing. The Community Links project can offer support to people over 65 who would welcome



some company – whether it's someone to call to the house for a cup of tea and a chat, or help others to pick up the links

in the community they once had.

There is an open referral system – people can refer themselves, or be referred by family, friends, GPs or Social Services. *More on page 11*





Care & Repair Neath Port Talbot  
Gofal a Thrawio Castell-Nedd Port Talbot



*By Mary Morris  
(ABMU) and Carol  
Williams, Projects  
Officer, Care and  
Repair*

Care & Repair Neath Port Talbot celebrated its tenth Anniversary in 2011. Their focus has always been as a client-centered, problem-led service and not solely on building or repair work. This holistic approach has been a key factor in the success of the Agency.

They deliver a diverse range of services, with funding not only from Welsh Government, but from other sources such as housing associations, local government, and charitable donations. Neath Port Talbot Locality has a Service Level Agreement to provide the Core Service.

The Agency has developed because of local need and opportunity, stakeholder requirements, and the skills and resources available. The Agency was originally set up to support people aged 60 and over who were home owners or private tenants with practical advice on all housing related matters. This is still the focus of the movement.

Partnerships are one of the keys to a successful Care & Repair Agency. Over the years they have developed strong local strategic partnerships, with local Social Services and Housing Departments, the Fire Service, the Safer Neath Port Talbot Partnership and with some services including younger disabled people (although the clear focus remains to provide services for older people).

Casework has been at the heart of each Care & Repair agency since the earliest days and it remains one of the unique parts of the service. Clients will often build a relationship with their caseworker based on trust and confidence. This is particularly important as, for some individuals using Care & Repair services, this could be their first and only contact with

social welfare support agencies. Caseworkers will visit clients in their own home, discuss any issues they have, discuss the services of the Agency, consider the client's financial situation and work history. They will carry out a Healthy Home Check, a Security Survey, a Fire Safety Audit, and a Falls Assessment. This discussion will enable the Caseworker to give accurate advice on welfare benefit entitlements as well as funding sources available, for any home improvements required, after that is, taking into account the clients concerns and the clients preferred options. A complete picture of choices and solutions for the Client can then be made available.

The basic premise of Care & Repair is that information is gathered by the Caseworker and used in an holistic approach to assess the home situation as a whole, before tailoring the services needed by the individual. It is the unique relationship between Client and Caseworker which has built the reputation of Care & Repair Neath Port Talbot. The focus is not only on advice but on practical assistance and solutions.

2011 – 2012 saw Care & Repair Neath Port Talbot support over 5,000 older people with referrals being received from a multitude of sources; Social Services, Fire Service, Police, Age Cymru, Age Concern, hospital departments, the Red Cross and doctors surgeries, but in the main from clients themselves who perhaps received a talk at their local community group by the Case Working Team or through a neighbour who has had support from Care and Repair in the past.

More information can be found on the Care & Repair website -[www.careandrepairnpt.com](http://www.careandrepairnpt.com)  
Referrals can be made by contacting [enquiries@nptcarerepair.co.uk](mailto:enquiries@nptcarerepair.co.uk) or 01792 321122

## Journey from Client to Teacher

### A NPT National referral Scheme (NERS) success story

*By Claire Jones, NERS Coordinator and Krysia Groves (ABMU)*

The [National Exercise Referral Scheme](#) (NERS) is a Welsh Government funded scheme developed to standardise exercise referral opportunities across all Local Authorities and Local Health Boards in Wales. The Scheme targets clients who have a chronic disease or are at risk of developing chronic disease.

The scheme aims to:-

- Offer referral to high quality and appropriate exercise across Wales;
- Increase the long term adherence in physical activity of clients;
- Improve physical and mental health of clients;
- Determine the effectiveness of interventions in increasing activity levels and improving health.

Mr. Roderick Hughes' first encounter with NPT NERS was on 11<sup>th</sup> June 2009 having been referred by his GP at the Skewen Medical Centre. He consequently started his exercise sessions the following week. During his time with NERS, 66 year old Mr. Hughes, participated in 30 sessions of varied activities alongside other members of the scheme. Activities included gym based exercise, outdoor walking and class based circuit sessions.

At his first consultation Mr. Hughes was quiet but quite hopeful of success on the scheme. From the reserved client he initially was, he gradually became a morale-boosting leader within his class, gaining more confidence with

each week he attended.

His knowledge of health and fitness grew tremendously, as did his sense of physical, psychological and social wellness – made evident in the pre and post course physical, emotional and wellbeing scores. In addition, Mr. Hughes



*Roderick Hughes working out*

improved his nutrition intake, increased his physical fitness levels, reduced his visits to his GP as well as his prescribed medication, to the point where he no longer required Duloxetine, (which is approved for use in treating adults with depression, neuropathic pain, generalized anxiety disorder, fibromyalgia, or chronic musculoskeletal pain); a de-

cision he made himself after consulting his physician.

Physiologically Mr. Hughes' adaptations to exercise included a reduction in blood pressure from 126/83mmol/Hg to 115/72mmol/Hg; a 2kg loss in body weight supported by a 2cm reduction in waist measurement.

At his 18 week consultation Mr. Hughes confided that he regarded his involvement with NERS a complete success, a view ...more on page 8

### Farewell to Louise Stokes

Louise, our Primary Care Manager and Neath Community Network link, is leaving us on 30<sup>th</sup> April after over eleven years dedicated NHS service in Carmarthenshire, Swansea and Neath Port Talbot. An accountant by background, Louise is looking forward to an extended break and, as she tells us - being far too young to retire! - hopes to explore new opportunities in a few months time. She will be much envied as well as missed. Arrangements to cover her duties will be put in place shortly and publicised in next month's newsletter....

*Lindsay Davies, Head of Primary Care and Planning*

## Journey from Client to Teacher...

continued from page 7

with which the NERS Team is happy to concur. Now in March 2013 Mr. Hughes is a regular attendee of gym sessions, circuit and Pilates classes, as well as a valued member of the Nordic walking group offered by the NERS staff. His body weight is correct for his height and he has no requirement for prescribed medications. In addition Mr. Hughes has qualified as a walk leader and is currently establishing his own walking group. To date he has inspired over 50 members to join and enjoy the benefits Neath Port Talbot outdoors has to offer. He shares his own success and encourages others to persevere and stay motivated by regularly attending client education events to talk about his own experiences, which he does with a vigour and a passion, proving a real inspiration

for many people. His enthusiasm and drive are to undertake a LIFT (Low Intensity Fitness Trainer) qualification which is funded by Age Cymru - this will allow him to run his own classes throughout the locality as a recognised exit route for NERS participants.

### How to access NERS:-

A GP or health professional can refer patients to NERS where the Team will take the responsibility of ensuring that all clients who join the scheme are instructed in exercise activities that are safe and effective, and based on individual need; progress is made at a rate that suits. The current waiting list is no more than 4 weeks.

More details of NPT NERS please contact Claire Jones: [c.m.jones1@neath-porttalbot.gov.uk](mailto:c.m.jones1@neath-porttalbot.gov.uk) or Lisa Jones: [l.jones9@npt.gov.uk](mailto:l.jones9@npt.gov.uk)

## Remodelling of Primary Mental Health Support Services

*By Lynne Hopkins, Mental Health Support Worker and Karen Francis, Integrated Team Leader NPT LPMHSS*

On October 1<sup>st</sup> 2013, Part 1 of the Mental Health (Wales) Measure 2010 came into force and with it the creation of Local Primary Mental Health Support Services (LPMHSS).

The LPMHSS in Neath Port Talbot is made up of mental health nurses, a social worker, an occupational therapist, a community development worker and a support worker. The service is aimed at people with mild to moderate common mental health disorders and of all ages. The five functions of the service are:

1. Primary care mental health assessments for individuals who have been assessed by a GP, and for whom the GP considers a more detailed assessment is required;
2. Short-term interventions (i.e. treatment), either individually or through group work, if the initial assessment has identified this as appropriate. Such interventions may include counselling, a range of psychological interventions including cognitive behavioural therapy, solution-focused therapy, online support, stress management, bibliotherapy and education;
3. Onward referral and the co-ordination of

next steps with secondary mental health services, where this is felt to be appropriate for an individual;

4. The provision of support and advice to GPs and other primary care providers (such as practice nurses) to enable them to safely manage and care for people with mental health problems;
5. The provision of information and advice to individuals and their carers about interventions and care, including the options available to them, as well as 'signposting' to other sources of support (such as that provided by Third Sector Organisations), and helping them to access these services.

In Neath Port Talbot we have an assessor assigned to every GP practice and we endeavour to carry out assessments within, or as near as possible to, the primary care practice. In the provision of therapy, both individual and group, we have had to be more centralised and tend to offer sessions either in Tonna Resource Centre, the Forge Centre or Pontardawe Health Centre.

Short term interventions can be very effective but some people feel they need additional support to continue with the progress they have made. With this in mind we have set up two

## Remodelling of Primary Mental Health Support Services...continued from page 8

Support Groups in the area - and are in the process of developing more. The groups are held fortnightly on a Tuesday between 1.30 and 3pm, in Cysgodfa Main Hall in Tonna and in the group room in Pontardawe Health Centre. There is also a Croeserw group but this is currently on hold due to change of venue.

The function of the support groups is to bring those with common mental health issues together. The groups are proving helpful to those who attend and some of the attendees have been sufficiently enthused to meet outside of the groups. As an example, four members of one particular group of 15 have set up a photography group and meet weekly at a pre arranged venue.

Members have also arranged a coffee afternoon at a local café. Each group has bonded well, welcomes new members and is ready to help individuals with current difficulties; they feel comfortable in bringing topics for discussion within the group. Group members have said the following:

*"I came to the support group to help me overcome social phobia and agoraphobia and because I have little social contacts it helps me to remember how to interact with people, men and women...to help set the stage to return to work and to re-build confidence. It also gets me out of the house so helps with my depression."* (Dorothy)

*"The group has helped me in lots of ways. I now, for the first time, have friends and being with people who have the same problems and going through the same things is a great help, and I don't feel so alone. We now have started a camera group; we go to quiet places and take pictures. We don't have fancy cameras but the peaceful walks with good company are great as I would have never gone alone. We also meet weekly independently of the group in the local golf range where we can chat and help*



Some photographs taken by members of one of the support groups

*each other with any problems. These groups are very important to people who have nowhere else to turn"* (Anthea)

*"The group gets me out of the house and I can talk to other people"* (Les)

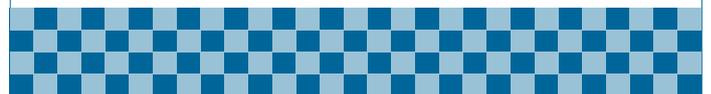
*"It is lovely to be able to share my problems with people who understand what I'm going through"* (Sam)

*"It is interesting to share sentiments with people and be able to express freely many anxieties which would be difficult in other circumstances"* (Steve)

To meet the fourth and fifth function of the LPMHSS we are:

- ◆ Rolling out monthly Advice and Information drop in clinics in GP practices across the patch. These are managed by the Community Development Worker, providing advice, signposting and information on a range of mental health and wellbeing services;
- ◆ Delivering three monthly clinics at Pontardawe, Port Talbot and Cymmer, where many links have been made between the third sector and the LPMHSS;
- ◆ Hosting established Post-natal Support Groups - 1 in Port Talbot which at present is being relocated, 1 in Dulais valley, also 1 in Gwaun Cae Gurwen, providing support to new mothers who feel anxious or have difficulties with their feelings of motherhood.

We are constantly looking to improve and develop services. On our agenda at the moment is to work around provision of an activity scheme, which could prove beneficial to those who, due to their condition, are unable to access support for their physical wellbeing. Details of this are still being worked through.



## Pulmonary Rehabilitation - A Road to Self Empowerment

**By Cath Harper, Specialist Respiratory Physiotherapist**

For people with chronic obstructive pulmonary disease (COPD) it's more important than ever to get some exercise; however, the shortness of breath that comes with exertion can make it tempting to do less, rather than more activity. This inactivity leads to an increase in muscle wastage and weakness, which leads to further shortness of breath and inactivity – a vicious circle. Pulmonary rehabilitation is designed to help people cope with breathlessness and feel stronger and fitter. It also helps build confidence and the ability to cope with debilitating respiratory disease.

Pulmonary Rehabilitation is a multi disciplinary approach and an important form of treatment for patients suffering with Chronic Lung Conditions. It aims to increase exercise capacity and provides information on self management of disease symptoms with the overall objective of improving patients' quality of life. The Pulmonary Rehabilitation Service in NPT was initiated by the COPD Team in July 2004. The team, comprising of physiotherapists, specialist nurses, with additional support from Occupational Therapy and clerical staff, is currently completing the course for the 35<sup>th</sup> group. Eleven programmes have run at the Port Talbot Resource Centre, Baglan since the team's move from Cimla in 2010 and 74 patients have successfully completed a rehabilitation programme at this venue. Each course is run over 8 weeks and includes pre and post assessment and a 6 week structured programme of twice weekly exercise, education, goal setting and relaxation sessions. Education sessions include advice on dealing with breathlessness and sputum clearance, inhaler technique, anxiety management, healthy eating and coping with an exacerbation of COPD.

The Pulmonary Rehabilitation Service also has close links with the local Breathe Easy Group and the National Exercise Referral Scheme and patients are encouraged to attend both these support networks on completion of the course. Up to the present date, 26 patients have elected to be

referred onto the NERS scheme.

In post course assessment, each individual's progress is evaluated by repeating the shuttle walk exercise test and using quality of life questionnaires. These are compared with the results of the same assessment tools used at pre assessment. At the Port Talbot Resource Centre there is provision for 8 patients per group due to the size and content of the exercise facility. This small group atmosphere is ready-made for building friendships and for developing a supportive network where participants are more likely to motivate and become a source of encouragement for each other.

In order to provide treatment for more patients in the locality and, also to help reduce the waiting list, the team is currently delivering a back to back Pulmonary Rehabilitation Programme. This involves 2 groups of 8 patients who exercise separately at different times, but come together to participate in the education and relaxation sessions. The team are thus able to potentially double the number of people on the course to 16, whilst still ensuring the programme is delivered safely and with the most effective and efficient use of staff



*Patients with Chris Burrows, COPD Specialist Nurse and Cath Harper, Physiotherapist*

time as possible.

Patients regularly provide feedback that highlights the positive outcomes for those who have undertaken the Pulmonary Rehabilitation Programme:-

- *“The most remarkable training programme I have been on. It's practical, its benefits are immediately obvious and I am sure it will stand me in good stead in the years ahead.”*
- *“The course is a life enhancer and I don't want it to end.”*
- *“Exhilarating and informative.”*
- *“The lectures and education which these clinics offered, as well as the exercise, have been a tremendous help because I understand my condition much better and have a lot more confidence now.”*

## Our New Look Respiratory Team

***By Sister Christine Burrows, Clinical Nurse Specialist, Community Resource Team***

We have decided to complement Respiratory Services by engaging with Primary, Community and Secondary Care Colleagues.

The team aims to develop a multitude of knowledge, coming together to create a multi skilled respiratory workforce who have community and secondary care experience, working together across secondary, primary and community care in order to provide an effective Respiratory Service for patients with respiratory disease in Neath Port Talbot Locality.

### Who we are

Dr Martin Ebejer	Consultant Physician
Dr David Vardill	Consultant Respiratory Physician
Sister Christine Burrows	Clinical Nurse Specialist / Team Lead
Cath Harper	Specialist Respiratory Physiotherapist
Sister Katrina Davies	Clinical Nurse Specialist
Sister Rose Lever	Clinical Nurse Specialist
Sister Hannah Howard	Clinical Nurse Specialist / Oxygen
Chris West	Occupational Therapist (pulmonary rehab)
Andrianna James	Health Care Support Worker
Joanna Mort	Clerical Officer

### Our Aims

The aims of the Respiratory Team are-

- ◆ Admission Avoidance
- ◆ Self Management and Health Promotion
- ◆ Specialist advice, support and interventions
- ◆ Access specific knowledge and expertise
  - ◆ Specialist Clinics
  - ◆ Educational Session
  - ◆ Support in the Community
  - ◆ New Innovation

The remit of the Respiratory Specialist Team is clinical and consultative, encompassing educa-

tion, support, organisation of care, and the application of research. This allows the respiratory nurses and physiotherapists to give increased autonomy and expertise in the subject area and knowledge that care is optimal. Benefits to ABMU will be fewer hospital admissions, potential reduced costs and in-patient bed days, as well as reduced waiting lists allowing more physician time for patient care.

The main contact number for the team is 01639 683047

## Community Links Befriending Project...

**continued from page 5**

Volunteer Befrienders will offer support and companionship based on what each individual wishes to do, either in the home or the community.

If you are someone who gets on with people, has some time to spare and is interested in supporting older people in our community then

volunteering in the Community Links Project could be for you.

If you are interested in becoming a Volunteer Befriender or would like to refer yourself or someone else to the project please contact Neath Port Talbot CVS on 01639 631387 or [info@nptcvs.org.uk](mailto:info@nptcvs.org.uk).

## Partnership Working to Deliver Stronger Community Care

*By Emma Gray, Neath Port Talbot County Borough Council*

Neath Port Talbot County Borough Council (NPTCBC) and Abertawe Bro Morgannwg University Health Board (ABMU) are working together to deliver a stronger community-based social care and health service.

NPTCBC and ABMU are jointly delivering a range of intermediate care services in Neath Port Talbot to help prevent episodes of unscheduled care and support those who are discharged from hospital.

The Council and the Health Board are creating a Community Resource Team (CRT) by integrating a range of services currently being provided by both organisations and the third sector.

The new service will ensure people's needs are put at the centre of the service by jointly delivering a range of provisions to enable older or disabled people to stay at home and remain independent with support, or to return home after a stay in hospital.

In addition to the provision of equipment in the home which is already provided on a joint basis, packages of care are tailored to a person's specific needs rather than their age or disability.

Access to these services will be via a single point of access: Community Services Gateway, where a core group of multi-disciplinary professionals will migrate service users to the right pathway, at the right time to meet their needs.

Continued assessments will be carried out over a longer period and support will reduce over time where the level of independence demonstrated that this was appropriate.

The Council and Health Board took the move to fully integrate the intermediate care services being provided separately by both organisations following a successful pilot scheme in 2011.

Head of Community Care and Housing Service Claire Marchant said: *"The Authority secured European Social Fund money to pilot a new intake model in a small area of the county borough. The aim of the pilot service was to promote independence by supporting people to stay in their homes through a wide range of services which widen personal choice and control."*

*Service users involved in the pilot benefited from a more efficient streamlined service whereby residents receive the right service, by the right professional, at the right time."*

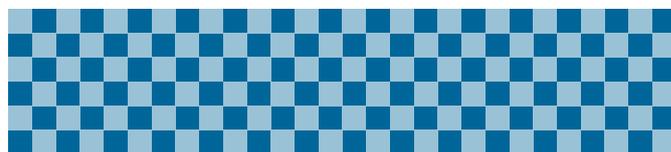
The creation of the CRT follows on from the successful integration of ABMU's Community Integrated Intermediate Care Service (CIIS) and NPTCBC's Homecare Enablement Assessment Team (HEAT). Both services provided those who needed it with a reablement provision; however, they had very different assessment, access and referral criteria.

The new unified service has enabled both bodies to close the gaps that existed between them and ensure that citizens who need reablement are able to receive it as quick as possible.

Andy Griffiths, Integrated Community Service Manager, said: *"These are exciting times for both the Local Authority and Health Board."*

*"This new service model will remove as much bureaucracy as possible and therefore speed up response times and increase staff capacity to provide services for the benefit of residents in Neath Port Talbot."*

The new service model is fully consistent with the Welsh Government's Primary and Community Services Strategic Delivery Programme the Local Health Board's own Framework and the Local Authority's Transforming Adult Social Care programme.



## Afan Network Partnership Working

**Sarah Mainwaring and Louise Gregory, NSA Afan**

Within the Afan Community Network are the 3 wards of Sandfields East, West and Aberavon. These were granted Communities First status, indicating the high levels of social disadvantage and deprivation that the community experiences. The 3 wards have been divided into 12 Lower Super Output Areas (LSOA's) in the Welsh Index of Multiple Deprivation (WIMD) 2008:-

- 11 of the 12 have Communities First status;
- 8 of the 12 are in the top 10% most deprived LSOA's in Wales.
- The area of benefit has a total population of 18,728 (2001 Census) which encompasses 7,982 households:
- 24.8% of the population is over 60 years of age;
- 32.8% have a life-limiting long term illness
- 54.4% have no qualifications.

According to the NOMIS official labour market statistics there were 3,990 DWP Benefit claimants in this area in August 2009.

The New Sandfields and Aberavon Afan Development Centre is a Multi-Agency facility housed in the Sandfields Estate (<http://www.nsasr.co.uk/about-us.html>) The centre works in partnership with a number of organisations to both facilitate and deliver Adult Community Learning activities in an accessible, informal environment. Organisations such as NPT College, Swansea University's Department of Adult Continuing Education (DACE) and NPT Life Long Service (LLL) deliver their courses from the Development Centre, making education accessible to the local community.



01639 893694 / info@nsastridesalliance.co.uk

**FREE CHILD CARE**

**FREE TRAVEL**

**Build Confidence & Self Esteem**

**FREE** learning using Agored Cymru and City & Guilds accreditation/qualifications in:



Hair & Beauty



Construction  
Female DIY



Business Admin  
ICT



Literacy & Numeracy

**NSA Afan STRIDES** is a project delivering OCN qualifications to unemployed or economically inactive people from Neath Port Talbot with an aim of getting people into employment or further learning.

### Prescription for Health:

NSA STRIDES Alliance is a bridge to job opportunities and further learning. We engage with individuals who require a first step engagement soft entry approach to develop confidence and motivation and aim to create a transitional mindset in individuals, to enable them to progress into economic activity resulting in further learning or employment. We encourage self esteem by developing confidence and interaction in our workshops while also offering qualifications in any of the workshops above. We also support residents of Neath and Port Talbot to gain pre-employment skills enabling them to actively seek work independently.

NSA STRIDES Alliance also delivers Financial Literacy to develop and put into practice an understanding of good financial practice especially with the changes in benefits and the introduction of Universal Credit.

# Alcohol Brief Interventions



Free Training provided by  
(only a 2 hour course)



IGIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales

## What is a Alcohol Brief Intervention?

"A short, **evidence-based**, structured conversation about alcohol consumption with a client to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to **reduce** their consumption"

## Why Come on the Training?

**Understanding**... the scope of the alcohol problem and how brief interventions work

**Knowledge**... of alcohol definitions and the tools & techniques of brief interventions  
**Skill**... To deliver and succeed

and importantly to increase **Confidence**

## What does a Alcohol Brief Intervention do?

-significantly reduce the alcohol drinking levels of people who have been identified as drinking **Hazardous** and **Harmful** amounts

- Provide a valuable framework to facilitate referral of cases of alcohol dependence to specialised services

## Who can Access the Training?

Anyone who can put a 'tick' in all 3 'Good to Go' boxes!

Availability of teachable moments when people are ready and able to engage with ABL

Regular contact with people with an alcohol problem

Practical opportunity to deliver ABL



For more Info, please contact **Craig Jones** > [craig.jones@wales.nhs.uk](mailto:craig.jones@wales.nhs.uk)

## Editor's Note

We hope that you find the articles in this issue interesting. We are grateful for all the contributions received for publication from our partners in health, other public sector organisations and the voluntary sector.

Please feel free to send in articles which you think will be of interest to the networks.

We would also value your views about the newsletter. If you have any comments or suggestions for improvement or would like to submit an article, please contact us at:

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Neath  
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01792326500

[Marie.amanoritsewor@wales.nhs.uk](mailto:Marie.amanoritsewor@wales.nhs.uk)

## Who do I call for information on health, wellbeing and support services?

The NHS Direct Wales health, wellbeing and support directory provides a comprehensive database of voluntary and statutory services in Neath Port Talbot and across Wales. The directory is available to anyone, so it could be used, for example, to signpost patients to support groups and by the public to find out about services in the community.



To access the directory visit [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk), call 0845 46 47, use textphone 0845 606 4647 or RNID typetalk 1 8001 0845 4647.

For further information on the directory, please contact Helen Williams, Health, Social Care and Wellbeing Facilitator at Neath Port Talbot CVS on 01639 631246 or [helenw@nptcvs.org.uk](mailto:helenw@nptcvs.org.uk)

## Did you know....

That most people (77%) in Swansea, Neath Port Talbot and Bridgend are non-smokers?

Want to join them? We can help! If you are thinking of quitting smoking and would like a little help, please call **Stop Smoking Wales** on 0800 085 2219 or visit

[www.stopsmokingwales.com](http://www.stopsmokingwales.com)

