

Developing the 2020-2023 Primary Care Cluster IMTPs

Primary Care IMTP Cluster Planning Template

1. Introduction

The Primary Care Model for Wales National Delivery Milestones for 2019/20 included a strategic planning delivery milestone that requires health boards to work with their local authority and service provider partners through primary care clusters to develop three year 'Primary Care Cluster IMTPs' for 2020-2023, by the end of September 2019, using a nationally agreed 'Primary Care IMTP Cluster Planning Template'.

A cluster planning template was introduced in 2014/15 via the Quality and Outcomes Framework Guidance for the GMS Contract prior to the publication of *A Healthier Wales*, the *Strategic Programme for Primary Care* and the Ministers endorsement of the *Primary Care Model for Wales*. A new primary care IMTP cluster plan template is therefore required to reflect this reinforced strategic direction.

Work is required to align cluster plans and the Health Board IMTP planning mechanisms. Current ways of working do not facilitate the cluster plans being core and central to Health Board planning, and in turn, into Regional Partnership Board planning. The new cluster plan template takes the form of a cluster level IMTP, triangulating population health and wellbeing needs assessment, planning of new services, workforce, and finances, not just those of the NHS. It sets out a requirement of Health Board corporate departments eg, planning, workforce, finance and informatics, to assist clusters in the development of these plans.

2. Background

The **2014/2015** Quality and Outcomes Framework Guidance for the GMS Contract in Wales introduced the 'GP Cluster Network Development Domain' (CND 002W) to strengthen GP cluster networks as active agents for change in local services in the delivery of *Setting the Direction* and *Delivering Local Health Care*.

As part of a three year development programme, the GP Cluster Network Development Domain (CND) set out how GP cluster networks would collaborate to understand local health needs and priorities; develop an agreed local action plan; work with partners to improve the coordination of care and the integration of health and social care; and work with local communities and networks to reduce health inequalities. GMS Contractors were required to participate in a cluster network meeting to discuss with peers the health needs and service development priorities for the population served by the GP Cluster Network, including relevant issues identified within Practice Development Plan that could be most effectively addressed as a GP cluster network action. The contractor was required to agree the contents of the GP Cluster Network Action Plan by the end of September 2014 (CND002), to deliver against shared local objectives and then participate in four GP cluster network meetings over the following six months to review the implementation and delivery of the GP cluster network action plan (CND003). The GP Cluster Network Action Plan was designed to be a dynamic plan that would be updated to reflect the agreed outcomes of each cluster network meeting.

It was expected that over the 3 year period (2014/15 to 2016/17) GP cluster networks would be supported by LHBs to mature and would have increasing autonomy and greater influence over local service improvement and delivery. It was also anticipated that cluster networks would increasingly manage local resources to allow greater flexibility and more rapid local decision making. It was acknowledged that this would require robust governance and accountability frameworks together with engagement and confidence from the clusters and their partners.

The QOF guidance for successive years **2015/16** and **2016/17** built on the foundation of the 2014/15 guidance. The three year cluster action plan template for **2017/18** remained in the same format as in the previous three years with a refreshed set of strategic aims in the body of the plan.

In 2018/19 there were minimal changes to QOF, other than simplification of the cluster domain. The Cluster Network Domain for 2018/19 consisted of one high level indicator (CND013W). The policy intent behind rationalisation of the cluster domain was to act as an enabler to clusters, giving them more control over their work and to enable them to shape their own programme to deliver local priorities. There was no prescribed cluster plan template annexed to the QOF guidance, it was expected that clusters would refresh their three year cluster action plan template that was introduced in 2017/18.

Cluster Action Plan template format 2014/15 to 2018/19

The template annexed in the QOF guidance since 2014/15 is based on a table with the following headings to capture the work plan within the cluster:

No	Objective	Key partners	For completion by: -	Outcome for patients	Progress to Date	RAG Rating
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Over the years, health boards and clusters have adapted this format to reflect their own cluster needs and maturity, including narrative on the cluster profile and needs assessment, cluster achievements in previous years, cluster vision and priorities going forward, etc. A new style and format for the cluster action plan template is required from April 2020 which should take the form of a cluster level IMTP, triangulating population health, planning of new services, workforce, activity and finance.

3. Primary Care IMTP Cluster Plan Template 2020/23.

A Healthier Wales: our Plan for Health and Social Care, sets a clear ambition to bring health and social care services together for the benefit of service users. This is not a new vision, but is now supported by clear expectations, milestones and design principles to establish new models of care in every part of Wales. The overall aim is to provide services that are designed and delivered around the needs and preferences of individuals, with greater emphasis on sustaining a healthy population and preventing ill health. The Primary Care Model for Wales supports the delivery of the vision in *A Healthier Wales*.

To achieve this ambition, Wales must continue to break down the barriers that prevent health and social care services and their wider partners from operating across the whole system, delivering seamless care to the people of Wales. Good planning arrangements are critical to bring together multiple providers and allow the system to be pre-emptive and anticipatory, ensuring that the right level of care is provided at the right time, from the right source and in the right setting. The next year will see many of the early actions from *A Healthier Wales* set strong foundations to support the integrated planning system across our cluster networks.

As we enter the sixth cluster network planning cycle, cluster plans must continue to demonstrate a maturity towards a truly integrated planning approach. This approach must link population need to quality, service models, capacity requirements, workforce development and capital and financial planning, set within the context of the Health Boards IMTP, the Regional Partnership Boards Areas Plans, and Welsh Government planning priorities as set out in its annual planning guidance.

3.1 Structure of the Primary Care IMTP Cluster Plan

Whilst the primary care IMTP cluster plan needs to be owned locally by the cluster, there must be sufficient consistency in presentation and content across the clusters within a Health Board area and across the 64 clusters in Wales to allow Health Boards and Welsh Government to have a clear picture across regions / Wales and to be able to inform plans at pan-cluster, health board / RPB level. Part of that consistency can be gained through a mandatory template as utilised in previous years through the QOF framework.

The detail of how the cluster plan is crafted under a series of broad headings is a matter for the individual cluster, as long as it is possible to draw out the following from each cluster plan.

- The current maturity and governance arrangements in place across the cluster
- The key developments/actions the cluster is planning to take and the rationale for these i.e grounded in population needs assessment
- Why those are important to the cluster and how they link to overall strategic direction
- What those developments/actions will achieve
- When those benefits will be realised, including improvement trajectories where relevant
- Key risks and dependencies and how they will be managed, for example recruitment; evaluation plans
- Signposting to other documents where further assurance is required (e.g. health board IMTPs, clinical strategies, RPB Area Plans; Transformation Fund bids etc)

The primary care cluster IMTP plans should be shaped and informed by population needs assessments, the long-term strategy, partnerships plans, earlier rolling IMTPs and previous cluster plans to set out the actions for the next three years in the clusters pursuit of its strategic goals.

Set out below is the list of ten headings that provides an indication of areas that primary care cluster IMTP should cover. Further detail on each section is included in Appendix I.

Primary Care IMTP Cluster Planning template headings:

1. Executive Summary and 'plan on a page'
2. Introduction to the 2020-2023 plan: *Overview of the cluster, cluster assets profile*
3. Key achievements from the 2017-2020 three year cluster plan
4. Cluster population area health and wellbeing needs assessment and evidence of what the population says it wants/needs
5. Cluster Workforce profile
6. Cluster Financial Profile
7. Gaps to address and cluster priorities for 2020-2023 – key work streams and enablers, communication and engagement mechanism
8. Planned Cluster Actions and intended measurable outputs and outcomes 2020-2023
9. Strategic alignment with the health board IMTP, RPB area plan and transformation plan/bids; and the national Strategic Programme for Primary Care.
10. Health Board actions and those of other cluster partners to support cluster working and maturity.

3.2 Requirements of the Health Board

The true test of any cluster plan lies in its implementation and the resulting improvements in outcomes, service delivery and patient/service user experience. It is critical that the primary care cluster IMTP plans are evidence driven by knowledge, innovation, evaluation, and use of data. Health Board corporate departments will be required to assist clusters in the development of these plans especially in relation to chapters 5 & 6, 8-10: needs assessment, workforce and financial profiles and planned cluster action templates. Effective governance, assurance and performance management arrangements are critical to monitoring progress and providing early indications if performance varies from plan.