

Strategic Programme for Primary Care Accelerated Cluster Development Background Briefing March 2022



1. Background

There has been a steady development of clusters over the past decade since their inception in the Welsh Government's "Setting the Direction" (2010). To support clusters to evolve, Welsh Government has allocated two tranches of recurrent funding totalling £20m. The focus on clusters in the General Medical Services contract and clusters' use of the initial £10m from 2015-16 created an environment where general practice sustainability improved substantially. This has been exceptionally important during the pandemic.

The second tranche of £10m to clusters from 2020-21 has seen the development of a wide range of innovative health and well-being services, often dealing with longstanding local service issues and include services such as access to local counselling, homelessness, care navigators, 'men's sheds' and local transport initiatives.

Some clusters have grown in maturity and influence into local service planning and delivery mechanisms. Others have been challenged in reaching their potential for a variety of reasons, including local service sustainability, leadership and support as well as the degree of commitment from across their constituent Health Board.

Given the above position the National Primary Care Board and Strategic Programme were keen to "stress test" the current views and thoughts on where cluster working was positioned at present, their success during the acute phase of the pandemic and what was needed to deliver upon the vision for clusters.

Over 730 survey responses were received in January 2021 and revealed a number of recurrent themes / barriers that are in play which are preventing cluster working to live up to its potential. This was reinforced through a number of key stakeholder engagement sessions in February and March 2021. At each session, there was an acknowledgement that the survey results were recognised and that to address the concerns and issues raised, there was a unique opportunity to take a bold and ambitious step forward. Unless there was such a quantum shift, then clusters would remain very much on the periphery of activity and their potential would not be realised.

The crucial point was the need to clearly define the purpose and the function of clusters. Linking this back to the original policy intent, there is a clear need to distinguish between the planning functions that clusters need to be central to / critically involved in and the delivery of services at a cluster level. Defining the extent of their planning and population needs assessment (PNA) function, which must be linked to the wider health and care system and involve a wide range of stakeholders is part of the solution which 'Accelerated Cluster Development' (ACD) is about. In terms of their delivery function, it is imperative to be very clear about what a cluster is expected to deliver in actual service terms.



2. Accelerated Cluster Development – what is it?

2.1 Planning functions within ACD

Professional Collaboratives

These are the mechanisms by which, GMS practices, Dental practices, Community Pharmacies, Optometry practices, Community Nurses, Allied Health Professions, Social Services and others come together within their profession specific groups across a cluster footprint to consider how they respond to Regional Population Needs Assessments [RPNAs], consider the quality of their service offer and look at how they respond to national strategy for their respective profession, designing local solutions based upon their detailed knowledge and expertise.

Clusters

These are the mechanisms by which representatives of the individual Professional Collaboratives come together to assess the wider health and wellbeing needs of their population (typically of between 25,000 and 100,000 people) and respond to RPNAs to produce a prioritised 3 year cluster plan. This plan also sets out how any funding allocated for decision at cluster level (such as the £20m from Welsh Government) should be invested.

This more multi professional, multi sector membership enables clusters to address many of the more complex and challenging issues which require a collaborative response. Inter-professional/sector dialogue also enables more efficient service delivery. By strengthening arrangements between Clusters and RPBs there is further opportunity to 'draw down' resources to support delivery of cluster level plans that complement RPB strategic priorities.

Pan Cluster Planning Groups [PCPGs]

These are the mechanisms by which representatives of clusters come together at county population footprint to collaborate with representatives of health board and local authority, public health experts, planners and representatives of those services for which Professional Collaboratives are not appropriate e.g. services which should only be planned at county, health board/regional or even national level.

PCPGs will provide the local footprint for the tactical delivery of RPB priorities. PCPGs agree a county population needs assessment and a plan on what services are needed, making prudent use of all funding, workforce, and other resources. PCPG assessment of needs and plans must **inform and be informed by** regional level assessments of need (which are a statutory function of RPBs). They should be viewed as a collective suite of interconnected needs assessments and plans. While further work is needed to finalise the relationship between cluster, local and regional planning arrangements, fig 1 is an example of how they can all be aligned.



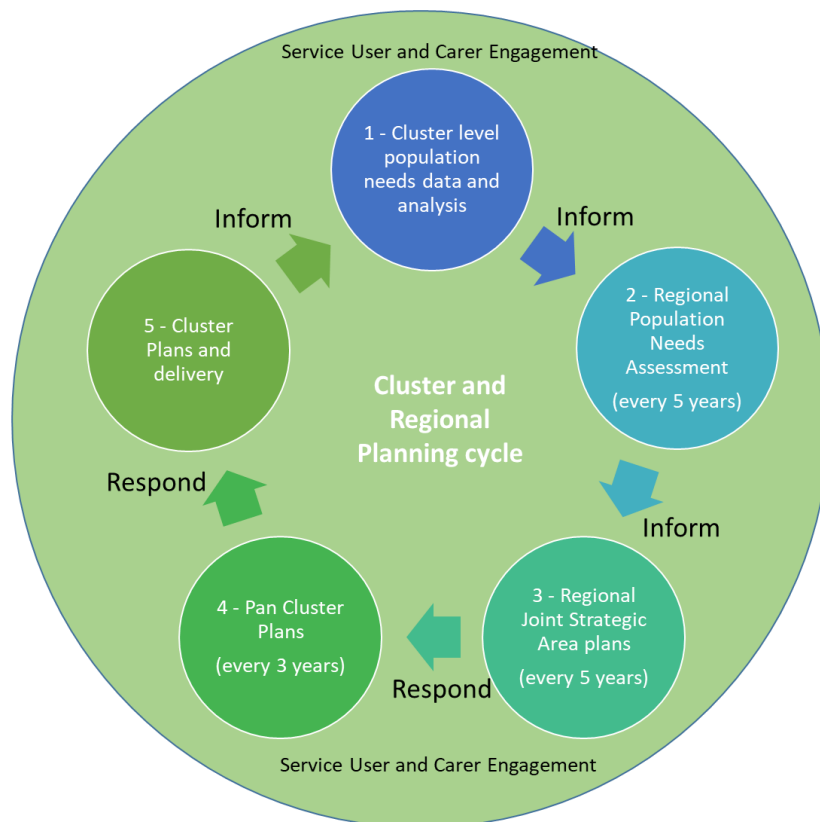


Fig 1

The Pan Cluster Planning Group also acts as the governance mechanism for endorsing clusters' plans for the £20m and any other funding and budgets delegated to cluster level.

Service user/patient and carer engagement and voice are key principles that should inform assessment of need and planning across cluster, local and regional arrangements.

2.2 The Delivery Function within ACD

Cluster Delivery Vehicles

These are the mechanisms for the delivery of those services which the Pan Cluster Planning Group decides are best delivered for particular needs or across the whole cluster population. Cluster delivery vehicles might take the form of community interest companies, social enterprises or federations and provide entities that allow greater flexibility in areas such as recruitment which will enable collaborative working. These delivery vehicles could also provide a much more flexible approach to pooling of resources between partners to support integrated service delivery within the community.

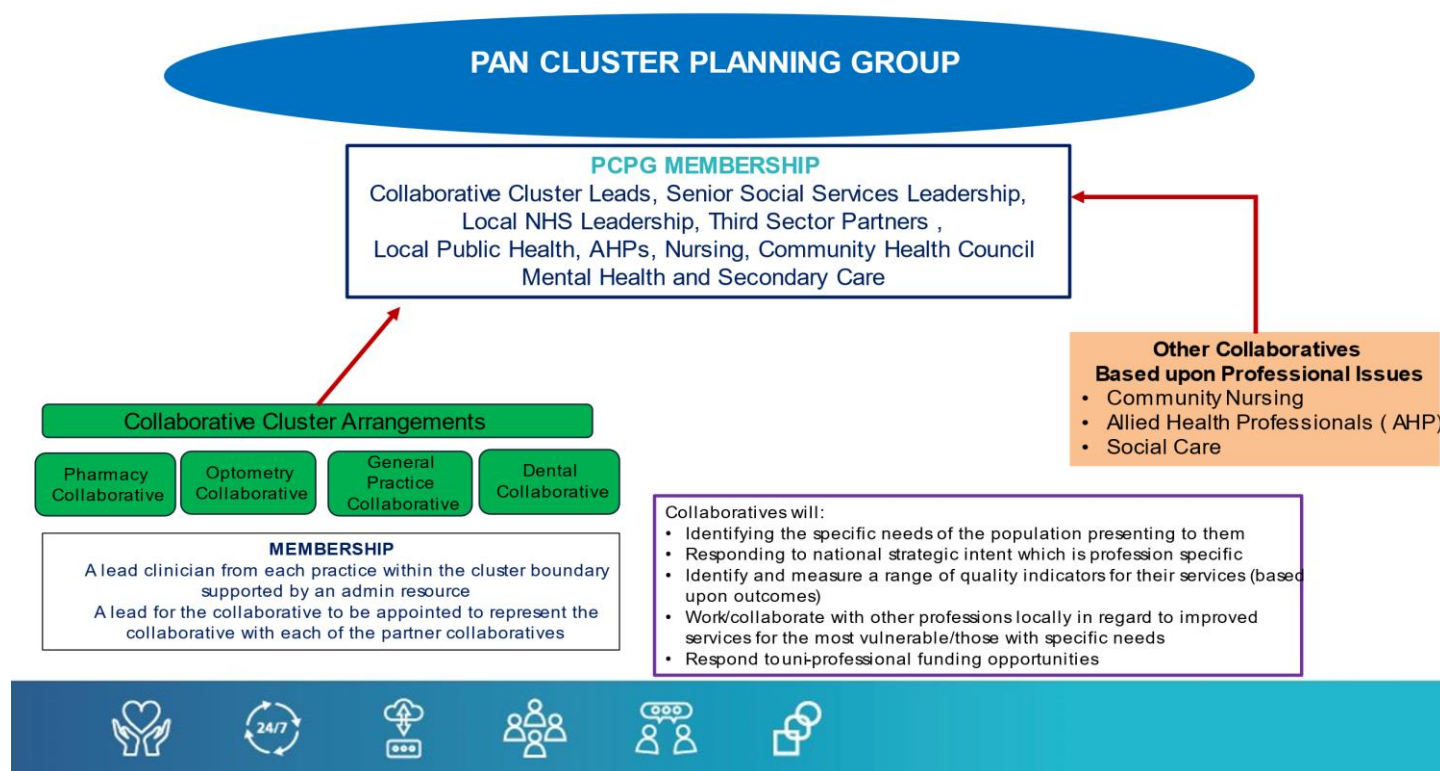
2.3 ACD within the wider planning system

As ACD is implemented, it will enable the local workforce to be fully engaged and members have an equal voice within a cluster footprint and can meaningfully contribute the specific attributes and skills of their profession into the debate about priorities, especially for the needs of vulnerable and marginalised individuals in the community.

ACD is not about additional bureaucracy, it is about reinforcing and improving a suite of mechanisms and infrastructure that are already, in most cases, in place. It is fundamentally about



a clear line of sight from the local front line health and care services through to the RPB in terms of understanding the needs of the local population and being able to translate such knowledge into meaningful strategic priorities at an RPB / County and Cluster level. In return this could translate into investment at a local level to deliver integrated, preventative models of care that support regional strategic priorities. This approach is designed to accelerate the wider implementation of successful projects.



3. Accelerated Cluster Development -The Work Programme

The following work will be run by the Strategic Programme for Primary Care and made readily available to HBs / LAs / RPBs and Clusters

- Finalise guidance on PCPG and ToRs
- Develop the instructions and guidance for RPBs to work with PCPGs
- Conclude the guidance for HBs and LAs and Clusters on what is needed next / milestones
- Establish and agree the transitional (foundation) arrangements for 22/23
- Publish the new / refreshed ACD Toolkit
- Conclude the Once for Wales contract for PCPGs to use with CiCs
- Produce a draft menu of potential cluster services
- Publish the communications plan and materials
- Finalise and begin delivering Leadership and OD programmes for Cluster Leads, Collaboratives & PCPGs
- Working with WG colleagues develop the planning framework for PCPG/Clusters 2023/4
- Launch the Cluster Planning Support Portal and associated planning tools
- Launch the peer review assessment process for 22/23



The following work will need to be run by the HBs / LAs / RPBs with support from the Strategic Programme for Primary Care.

- Create the Map of PCPGs and Associated Clusters for their area
- Agree the Governance Route within the HB for the PCPG
- Embed the requirements for RPBs to work with PCPGs
- Set out a health board project plan to begin establishing the Professional Collaboratives for the contractor professions and comparable arrangements for community nursing, allied health professionals and potentially social care.
- Appoint to the posts funded through SPPC Fund and develop a local roadmap
- Update skills and knowledge on the Once for Wales contract for PCPGs to use with CiCs
- Augment the All Wales Communications Plan and Materials for local use
- Engage with the SPPC on the Leadership and OD programmes for Cluster Leads, Professional Collaboratives & PCPGs
- Prepare one cluster footprint per HB to be part of the Peer review assessment process for 22/23

