Strategic Programme for Primary Care

Update Summary ACD Readiness Checklist
Position reported as of 30 September 2022
Paper date: 26th October 2022

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Date:	26th October 2022
Purpose: Paper to summarise the Health Board returns on the Accelerated Cluster Development (ACD) Readiness Checklist as at 30th September 2022	

Overview

The Accelerated Cluster Development Readiness Checklist contains thirty actions for Health Boards with their Local Authority / Regional Partnership Board partners to deliver between 1st April 2022 and 31st March 2023 and sixteen actions for the Strategic Programme team / national partners.

An early '*check in*' on progress with delivery as at 31st May 2022 was captured from health boards across Wales and summarised in an earlier report discussed at the Strategic Programme Board on 5th August and shared with National Primary Care Board on 19th August. Feedback received from this exercise has been positive, with health boards noting it had been a useful exercise to see progress and to identify areas to continue to address and progress.

It was agreed that a follow up check in on progress as at 30th September would be collated for Strategic Programme Board / National Primary Care Board in November to provide continued assurance or early warning regarding progress / further support requirements.

This report covers the update position of the 30 health board level actions (Table 1) and the sixteen national level actions (Table 2).

Common themes/areas of concern

The majority of the actions contained in Table 1 are lifted from the letter from the Minister for Health and Social Services to NHS Chairs, Leaders of Local Authorities and RPB Chairs (dated 24 March) and from the NHS Wales Chief Executive to NHS and Local Authority Chief Executives (dated 30 March).

Whilst some of the action milestone dates for completion have slipped it is recognised that good progress is being made by all health boards and their partners across Wales to progress implementation of ACD during this transition year. There are no '*early warning*' concerns raised that need further escalation. A further progress check in with Directors of Primary Care will be undertaken at the February Strategic Programme Board meeting to *check in* and share learning across Wales*.*

To note:

From a Health Board perspective:

Some health boards are still progressing / finalising the governance route, assurance and adopting/adapting the model terms of reference for the Pan Cluster Planning Groups (links to action #4, 5, 6 and 9) with progress being observed across all health board areas following the May readiness check in.

There are a number of ongoing discussions across Wales to refine the governance between the newly established PCPGs and the RPBs. In addition work has been undertaken at a national level to better align the planning flow and there will be ongoing dialogue with health boards and clusters in regard to ensuring that the alignment works for them.

Health boards teams have progressed the development of action plans for, recruitment to, and supporting the leadership and OD requirements for the establishment of the various professional collaboratives in their health board area, linked to ongoing contract reform discussions and national leadership programme work led by HEIW/SPPC (links to action #7, 8, 9, 12, 13, 14, 15 and 17). Further clarity on relationships with Local Authority and Regional Partnership Board (RPB) roles and governance has been requested.

Recruitment into posts across Wales is varied (action #10) with some health boards manging to recruit, other still going through the process, and some looking into secondment opportunities to fill posts.

From a national perspective:

Good progress has been made on the national actions by the SPPC team. The ACD toolkit, cluster planning support portal, action learning group, peer review process and the *'Once for Wales'* Contract and Community Interest Company, self-directed learning offer (Gwella) have all been delivered.

Work progressing to commission the Leadership development offer for Cluster Leads who are members of the Pan Cluster Planning Groups. It is hoped that the contract will be awarded in December with the course commencing in late Q4.

Further work is required on the refresh of the Cluster Handbooks and to augment the all Wales communications plan and materials.

The 2023/24+ ACD planning guidance has been shared with stakeholders in final draft and is due to be released to the system alongside the NHS Planning Framework 2023/26 in late October. Work is ongoing to align the ACD/PCPG and RPB planning/partnership interface and revised codes of practice/guidance.

The 'check in' with Health Boards / national team will be repeated in February 2023 as we reach the end of the ACD transition year to help inform the continued work through 2023/24 to fully embed the ACD programme benefits across Wales.

#	Timescale	Action	Lead / Owner	Status	Commentary	Why is this important?
					Table 1 - ACD Programme Readiness Checklist Actions – Health Board Actions - to be delivered by April 2023	
1	April	**2022/2023 Cluster Annual Plans** published on Health Board websites (*option to hyperlink from PCOne*); Health Boards support delivery of the Cluster Plans over the next 12m as required	DPCCs and HB teams	Must do	*Completed by all Health Boards* Showing as completed by 7 out of 7 health boards	Plans have been in place for 10 years and should play a central role in informing the Health Board of critical local issues and priorities Plans assist local coordination between teams and services to ensure seamless care and the most efficient use of resources The clarity of existing plans is critical for briefing and engaging the new Professional Collaboratives and Pan Cluster Planning Groups: • To understand where the focus of current effort is placed • To contribute to effective solutions for current challenges
2	April	**2022/2023 Cluster Funding** proposals / initiatives commence; local monitoring in place	DPCCs, PC Teams, Clusters	Must do	*Completed by all Health Boards* Showing as completed by 7 out of 7 health boards (HBs).	Transparency and governance of the use of public money is essential. Spending plans have been in place for seven years but to inform new discussions there needs to be clarity of resource available to support new initiatives The aim of cluster working is to encourage and support collaboration of services around a local community and to test new solutions. This requires clear pathways to test, evaluate and mainstream where projects are successful, releasing resource for further innovation
3	April	Confirm the geographical boundary to inform the development of the **map of Pan Cluster Planning Groups** (PCPG) and associated Clusters for the Health Board / Regional Partnership Board region	DPCC, DoP with RPB Partners	*Must do*	*Completed by all Health Boards*	This provides clarity of planning and operational footprints. Leads need to understand the organisational architecture and local decision making systems

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		Table 1 - ACD Programme Readiness Checklist Actions – Health Board Actions - to be delivered by April 2023				
4	April	Agree the **governance route** within the health board for the **Pan Cluster Planning Group**	DPCC with DoPs and BS	*Must do*	**Showing as completed by 6 out of 7 HBs** 1 HBs – show this as ongoing /work in progress **SPPC Action:** Assurance required from 1/7. Progress check in with DPCCs at February Strategic Programme Board (SPB)	This ensures clarity of connection from the RPB to the Cluster footprint and is a key requirement to ensure the effectiveness of the partnership agenda between health boards, local authorities and third sector providers
5	April *(through Q1)*	Health Boards and their Local Authority partners establish **Pan Cluster Planning Groups**, **Terms of Reference** are adapted / adopted (*added to but not downgraded)* and PCPG governance is embedded into the local architecture	DPCC, DoP, DSS and RPBs	*Must do*	**2 out of 7 HBs show this as complete, with 5 show as ongoing/work in progress** **SPPC Action:** Action through Q3/4. Progress check in with DPCCs at February SPB	The aim of the PCPG is to deliver the principles of the Social Services & Well-being Act 2014 (the Act), The Wellbeing of Future Generations Act (2015) and A Healthier Wales The PCPG will: • Lead the development of an integrated plan which addresses the health, care and wellbeing needs of the whole population of [*County*] • Support the implementation at local level of the joint partnership agenda, including (but not limited to) ○ Cluster plans ○ Integrated *[County]* plan ○ Priorities determined by the RPB and the [County] Partnership Board (PSB) ○ Requirements of the individual organisational plans which involve partnership working • Bring together senior leaders from the NHS, Local Authority (to agree which

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#	Timescale	Action	Lead / Owner	Status	Commentary	Why is this important?
						departments) and key partners in the Third Sector The Cluster Survey highlighted the need for greater influence from Clusters into the wider health and social care system PCPGs also highlight opportunities from time limited to funding streams (such as winter pressures etc)
6	April-June	PCPG Assurance is part of the Health Boards existing Board Governance structure	BS, DPCC, DoP	Must do	**Showing as completed by 5 out of 7 HBs** 2 HBs show this as ongoing /work in progress **SPPC Action:** Action through Q3/4. Progress check in with DPCCs at February SPB	This ensures that Health Boards are supporting and enabling the business of the Board through the agreed local footprints, informed by the knowledge and experience of the workforce Effective governance structures and processes ensure that HBs understand the maturity of local partnership arrangements and that they put in place appropriate organisational development support PCPGs will be highlighting risks and opportunities from primary and community care services so that HB Governance systems are complete- taking a whole system view that reflects patient, public and workforce experience
7	April	Set out a **project plan** to begin establishing the **Professional Collaboratives** for the contractor professions: GMS, Optometric, Pharmacy, Dental	DPCC, DWOD, Prof Advisors	*Must do*	**3 out of 7 HB showing as completed** 4 HBs showing as ongoing /work in progress **SPPC Action:** Recognised work in progress linked to national	Clusters were established to support a collaborative approach between ALL local health and social care services serving a defined population The Cluster Survey highlighted that whilst GP practices were established at the core of this

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					Contract Reform. Progress check in with DPCCs at February SPB	approach, the engagement of other contractor services, nursing, AHP, social services and third sector is variable Professional Collaboratives are being introduced to increase workforce engagement. The GP collaborative supports GP practices to address issues specific to General Practice (including sustainability concerns) and similar arrangements apply for the other contractor professions, nursing and AHP Local authorities will consider how similar arrangements might support social care teams. This allows the Cluster to achieve the original aim of a multi-disciplinary forum for holistic needs assessment, collaborative discussions and innovative projects
8	May	Set out a **project plan** to begin establishing the comparable arrangements for **establishing Professional Collaboratives for other professions such as nursing, allied health professionals,** and potentially social services	DPCC, DWOD with DoN, DoTh and DSS	*Must do*	**Showing as completed by 4 out of 7 HBs** 3 HBs show this as ongoing /work in progress **SPPC Action:** Recognised work in progress linked to SPPC national/local AHP/Nursing workshops**.** Progress check in with DPCCs at February SPB	As above
9	April-June	Any **changes** that are needed to the Health Board **Scheme of Delegation / SFIs to allow PCPGs to have delegated authority to act** are actioned	BS, DPCC, DoP, DoF	Must do	**5 out of 7 HB show on track /work in progress. 1 HB as completed and 1** **HB notes this work as not yet started**	Ensuring that form follows function – ie that systems support and enable the shared purpose PCs and PCPGs will only be successful if they are able to deliver change - they need to be able

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					SPPC Action: Recognised work in progress linked to actions 4-6 above**.** Progress check in with DPCCs at December SPB	to respond to local challenges and make the most of local opportunities The decision making process should be transparent, rapid and easy to follow The Cluster Survey highlighted concerns about slow and opaque systems which limit innovation and discourage clinical engagement
10	April-June	Progress delivery of and appointments to any posts funded from the **Strategic Programme for Primary Care Fund 2022 (SPPC Fund) ACD investment plans**	DPCCs / HOPC	*Must do*	**6 HB show on track /work in progress** – some posts have been recruited to - others recruitment is ongoing or secondments being investigated. **1 HB notes as completed** **SPPC Action:** Assurance provided. Does not require follow up; further assurance via SPPC Fund monitoring	The ACD programme is necessarily ambitious - system backlog, increasing demand and public frustration require an active response Clinical leads need to focus on the clarity of needs assessment, prioritisation, colleague engagement and delivery of solutions They require managerial and technical expertise to deliver this programme of work
11	April-June	Consider the **current Cluster arrangements**, membership and governance to ensure it aligns with the **model Cluster Terms of Reference** for the ACD programme. Review transition year **Cluster Lead / Chair** arrangements / future **Professional Collaborative leads representation on the PCPG**	DPCCs, PCPG, and Cluster partners	To Consider	**5 HB show ongoing / work in progress** **1 HB nots as almost fully complete and 1 as completed** **SPPC Action:** Recognised work in progress linked to actions 4-6&9 above**.** Progress check in with DPCCs at **December** SPB	The Transition Year provides an opportunity to implement and test the ACD actions building on established arrangements and further strengthening the integrated, collaborative approach The ACD Action Learning Group supports this work and provides a forum, with the SPPC, to ensure that there is shared learning, rapid problem solving and effective implementation
12	May-June	Consider **leadership and professional development** needs of the **various Professional**	DWOD with DPCC, DoN, DoTh and DSS	To Consider	**5 out of 7 HB show on track /work in progress** 2 HB note action as completed	Clinical Leadership is a critical factor in system change but leads require a clear understanding

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		Collaborative Leads and Cluster Leads			**SPPC Action:** Recognised work in progress. Progress check in with DPCCs at **December Strategic Programme Board (SPB)**	of the organisational structures and systems and agreed SMART objectives Health Boards must have a clear understanding of their expectations for PCPGs, Clusters and PCs which are articulated to their clinical and managerial leadership HEIW is providing a comprehensive programme of leadership development which can support this work
13	May-June	Consider the **Organisational Development** needs to optimise **Pan Cluster Planning Group working**	DWOD, DoP, DPCC, RPBs and PCPGs	To Consider	**6 HB show on track /work in progress** 1 HB notes it as completed **SPPC Action:** Recognised work in progress. Progress check in with DPCCs at **December Strategic Programme Board (SPB)**	As above
14	May-June	Engage with the SPPC commissioned PCC **Leadership engagement exploratory workshops** for Professional Collaboratives, Pharmacy, Dental, Optometry, Nursing and AHPs	Primary Care Teams including Nursing and Therapy Leads	To Consider	**5 out of 7 HB show on track / work in progress** 2 HB shows as completed **SPPC Action:** Recognised work in progress. Progress check in with DPCCs at February SPB	As above
15	June onwards	Engage with the Strategic Programme for Primary Care on the **leadership and OD programmes** for Cluster Leads,	DWOD, DoP, DPCC, RPBs and PCPGs, Cluster / Colab Leads	*Must Do*	**4 out of 7 HB show on track /work in progress – 2 HB note as completed**	As above

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#	Timescale	Action	Lead / Owner	Status	Commentary	Why is this important?
		Professional Collaboratives & Leads PCPG members			**1 HB notes it will review this action in Q3** **SPPC Action:** Work with HEIW to finalise Leadership & OD offer. Progress check in with DPCCs at February SPB	
16	June	Confirm and prepare **one Cluster footprint per Health Board** to be part of the **Cluster peer review** process being drawn up for 2022-2023	DPCCs / DoPs / RPBs	*Must Do*	*Completed by all Health Boards* **All HBs have agreed their Cluster** **SPPC Action**: continue with date arrangements update timeline for delivering final report.	Peer Review provides an opportunity to reflect on the experience of delivering the Cluster approach. This will highlight successes but also clarify challenges and barriers that wider systems can and should address The Transition Year Peer Review cycle will inform the development of an annual process to ensure that this adds value
17	April-Sept (March '23)	Supported by Health Boards, **individual Professional Collaboratives are established** in each Cluster footprint for **General Practice, Pharmacy, Optometry, Nursing, Allied Health Professionals** (AHPs) and potentially **social services** and these are represented on the Cluster / PCPG Subject to contract reform, **Dental Professional Collaboratives** are expected to be established by March 23	DPCC, DoPs, WoD, DoTHs, DoNs, and PCPGs, Cluster / Collaborative Leads	*Must Do*	**5 out of 7 HB show on track /work in progress, 1 HB notes as completed** **1 HB notes it will review this action in Q3** **SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at February SPB following Nursing/AHP workshops reports published	As above
18	April-Sept	Update skills and knowledge on the '**Once for Wales' contract** for PCPGs to use with **Community**	RPBs, PCPGs, HB Exec Teams	*Must Do*	**6 out of 7 HB note this is as in progress**	One of the challenges highlighted in the Cluster Survey was the ability to employ staff at Cluster

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		Interest Companies (CiCs) if formed			1 **HB notes it will review this action in Q3** **SPPC Action:** confirm date for follow up CIC legal/procurement workshop	level. CICs offer a solution and allow access to a wider range of funding sources
19	April-Sept	Develop proposals to ensure that there is **good and effective stakeholder, public and patient engagement in Clusters and PCPGs**	RPBs, PCPGs, HB Exec Teams	To Consider	**6 out of 7 HB note this as in progress** **1 HBs note as not yet started** **SPPC Action:** Recognised work in progress. Progress check in with DPCCs at February SPB	Clusters are the local footprint for health and social care services. Stakeholder, public and patient engagement should be a core aspect of all service development approaches. This is particularly important to ensure that proposed solutions are deliverable within the local context
20	July-Sept	**Professional Collaboratives** (where established) begin to **respond to published population needs assessments** (such as RPNAs published in April 2022) and **identify their service gaps and developments** in response to Welsh Government planning guidance	Professional Collaboratives	*Must Do*	**5 out of 7 HB note this as in progress** **1 HBs note as not yet started** **1 HB notes as completed** **SPPC Action:** Recognised work in progress. Progress check in with DPCCs at **December** Programme Board (SPB)	Professional Collaborative members bring a wealth of knowledge about the experience of their patients and their carers as well as experience of the effectiveness of local health and care systems. Professional teams also gather intelligence about the local population through clinical audit and quality improvement activities. This rich information informs the understanding of population need. RPBs should also ensure that the RPNA and other relevant sources of information are accessible for Clusters to ensure that needs assessments and plans at every level are comprehensive
21	Aug-Dec	Identified Cluster, with Health Board and RPB partners **participates in the PCMW / ACD Peer Review** pilot	DPCC, DoP, RPB, Cluster	Work in progress	**All HB note this as in progress** **SPPC Action:** Recognised work in progress. Dates in progress of being arranged	Plans have been in place for 10 years and should play a central role in informing the Health Board of critical local issues and priorities Plans assist local coordination between teams and services to ensure seamless care and the most efficient use of resources

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						The clarity of existing plans is critical for briefing and engaging the new Professional Collaboratives and Pan Cluster Planning Groups: • To understand where the focus of current effort is placed To contribute to effective solutions for current challenges
22	Sept - Nov	**Clusters** begin to use the Professional Collaboratives' (where established) responses to **update the Cluster Plan to address identified needs assessments and service gaps**	Clusters	Work in progress	**6 out of 7 HB note this as in progress** **1 HBs note as not yet started** **SPPC Action:** Recognised work in progress. Progress check in with DPCCs at February SPB	Transparency and governance of the use of public money is essential. Spending plans have been in place for seven years but to inform new discussions there needs to be clarity of resource available to support new initiatives The aim of cluster working is to encourage and support collaboration of services around a local community and to test new solutions. This requires clear pathways to test, evaluate and mainstream where projects are successful, releasing resource for further innovation
23	December	**Pan Cluster Planning Groups** use the Cluster responses to **produce a prioritised countywide response to the RPNA and a 3 year plan for 2023-26.** These plans also identify those services which are most effectively delivered on a Cluster footprint	PCPGs	Work in progress	**5 out of 7 HB note this as in progress** **1 HBs note as not yet started** **SPPC Action:** Recognised work in progress. Progress check in with DPCCs at February SPB	This provides clarity of planning and operational footprints. Leads need to understand the organisational architecture and local decision making systems
24	Jan 2023	Health Boards **use Pan Cluster Planning Group response to Regional Population Needs Assessments [RPNAs] & 3 year**	DoPs	Work in progress	**6 out of 7 HB note this as in progress** **1 HBs note as not yet started**	This ensures clarity of connection from the RPB to the Cluster footprint and is a key requirement to ensure the effectiveness of the partnership agenda between health boards, local authorities and third sector providers

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		plans to **inform their 2023-26 IMTPs**			**SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at February SPB	

25	Jan - March	**RPBs** use **Pan Cluster Planning Group responses to the RPNAs and 3 year plans** to inform their next **Area Plans assessments & plans**	RPBs	Work in progress	**5 out of 7 HB note this as in progress** **2 HBs note as not yet started** **SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at February SPB	The aim of the PCPG is to deliver the principles of the Social Services & Well-being Act 2014 (the Act), The Wellbeing of Future Generations Act (2015) and A Healthier Wales
						The PCPG will:
						• Lead the development of an integrated plan which addresses the health, care and wellbeing needs of the whole population of [*County*]
						• Support the implementation at local level of the joint partnership agenda, including (but not limited to)
						  o Cluster plans
						  o Integrated *[County]* plan
						  o Priorities determined by the RPB and the [County] Partnership Board (PSB)
						  o Requirements of the individual organisational plans which involve partnership working
						• Bring together senior leaders from the NHS, Local Authority (to agree which departments) and key partners in the Third Sector
						The Cluster Survey highlighted the need for greater influence from Clusters into the wider health and social care system
						
						PCPGs also highlight opportunities from time limited to funding streams (such as winter pressures etc.)

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26	Jan – March 2023	**2023/2024+ Cluster Funding investment plans** are agreed with stakeholders and endorsed by the PCPG	PCPGs, Cluster / Collaborative Leads	Work in progress	**5 out of 7 HB note this as in progress** **2 HBs note as not yet started** **SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at **December Programme Board (SPB)**	This ensures that Health Boards are supporting and enabling the business of the Board through the agreed local footprints, informed by the knowledge and experience of the workforce

Effective governance structures and processes ensure that HBs understand the maturity of local partnership arrangements and that they put in place appropriate organisational development support

PCPGs will be highlighting risks and opportunities from primary and community care services so that HB Governance systems are complete- taking a whole system view that reflects patient, public and workforce experience |
| 27 | April 2023 | **RPBs publish their 5 year Joint Area** Plan which should be informed by pan Cluster responses | RPBs | Work in progress | **5 out of 7 HB note this as in progress** **2 HBs note as not yet started** **SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at **December Programme Board (SPB)** | Clusters were established to support a collaborative approach between ALL local health and social care services serving a defined population

The Cluster Survey highlighted that whilst GP practices were established at the core of this approach, the engagement of other contractor services, nursing, AHP, social services and third sector is variable

Professional Collaboratives are being introduced to increase workforce engagement. The GP collaborative supports GP practices to address issues specific to General Practice (including sustainability concerns) and similar |

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						arrangements apply for the other contractor professions, nursing and AHP Local authorities will consider how similar arrangements might support social care teams. This allows the Cluster to achieve the original aim of a multi-disciplinary forum for holistic needs assessment, collaborative discussions and innovative projects
28	2022/2024	As PCPG plans **identify those services which are best delivered for the Cluster population footprint,** Clusters will respond by **establishing a range of Cluster delivery vehicles**	PCPGs, Clusters and Contractors	Work in progress	**5 out of 7 HB note this as in progress 2 HBs note as not yet started** **SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at February SPB	As above
29	2022/2024	Health, Social Care and wider partnership funding opportunities (e.g. Regional Investment Fund RIF) considered to support implementation of Cluster plans	PCPGs, Clusters, HB Execs, DSS	Work in progress	**5 out of 7 HB note this as in progress 2 HBs note as not yet started** **SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at February SPB	Ensuring that form follows function – i.e. that systems support and enable the shared purpose PCs and PCPGs will only be successful if they are able to deliver change - they need to be able to respond to local challenges and make the most of local opportunities The decision making process should be transparent, rapid and easy to follow The Cluster Survey highlighted concerns about slow and opaque systems which limit innovation and discourage clinical engagement
30	April 2023	ACD Programme transition year ends; ACD programme closes and PCPG / Cluster / Professional Collaborative working	All Partners	Must Do	**4 out of 7 HB note this as in progress 3 HBs note as not yet started**	The ACD programme is necessarily ambitious - system backlog, increasing demand and public frustration require an active response

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		mainstreamed across health and social care planning and delivery landscape			**SPPC Action:** Recognised work in progress**.** Progress check in with DPCCs at February SPB	Clinical leads need to focus on the clarity of needs assessment, prioritisation, colleague engagement and delivery of solutions They require managerial and technical expertise to deliver this programme of work

Table 2: SPPC response to the national actions in the ACD Readiness Checklist as at 27th October 2022						
#	Timescale	Action	Lead / Owner	Status	Commentary	Why is this important?
A	April	**ACD Toolkit** and **Cluster Planning Support Portal** launched	SPPC Team & PC Hub	Must Do	**Complete** Toolkit and Portal launched.	The Toolkit provides a practical guide for all aspects of the ACD programme – easily accessible in a single portal Step by step guidance for those new to roles and more detailed content to support the business of Cluster working Provides a range of resources to avoid duplication of effort and support consistency
B	2022/2023	ACD Toolkit and Cluster Planning Support Portal periodically updated	SPPC Team & PC Hub	Must Do	**Ongoing** Further information updated within the toolkit as the material is developed. Cluster Planning Support Portal views currently being sought to aid refinement of the portal in late summer. Project management toolkit launched to support Clusters in their roles.	The toolkit is updated to reflect real experience, adapting resources where needed and sharing examples of good practice. As the resources support the delivery of the programme it is vital that they cover current issues
C	April 2022/2023	**ACD Action Learning Group** established – monthly sharing and learning across Wales	SPPC Team	Must Do	**Complete** Monthly meetings being held to share and learn across Wales.	The peer network is driving forward a challenging and important agenda. The transition year has a focus on implementation and learning from the introduction of new structures that emerged as recommendations

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Table 2: SPPC response to the national actions in the ACD Readiness Checklist as at 27th October 2022						
						from the Cluster Survey. This leadership group is leading the change within health boards and working at the national level to share experience and ideas This work is supported by the SPPC and a range of partners including HEIW to ensure that the enabling national programmes are fully aligned with the needs of the service
D	2022/2023	**Cluster Development Support Officer Network** continues to meet quarterly for peer engagement and shared learning across Wales	PC Hub	Must Do	**Ongoing** September meeting received ACD update/ and presentation on available toolkits to support their work and HEIW demo on the Gwella platform	Cluster Support Officers work closely with Cluster Leads in the day-to-day implementation of the Cluster agenda. The readiness checklist provides a useful summary and timeline for actions. Each Cluster area is unique and the Network provides the opportunity to share experience, check out concerns and propose ideas. The SPPC works closely with the group and identifies issues that can be actioned on a 'Once for Wales' basis
E	May-June	**PCMW / Cluster transition year Peer Review** process published	SPPC Team & PC Hub	Must Do	**Complete** PCMW/ACD Monitoring and Evaluation Plan and the Cluster Peer Review process published. Peer Review briefing packs to be sent out to health boards early July. Dates in progress, light touch email shared reiterating the process to HB and teams.	Peer review allows those who best understand local systems, and the current pressures, to identify barriers and enablers and to share good practise. Peer review has benefits to clusters, regional partnership boards (Health Boards and Local Authorities) (RPBs) and the Strategic Programme for Primary Care (SPPC), highlighting structures and systems that are working effectively and identifying risks that remain unaddressed. Cluster peer review during the transition year is an opportunity to test out a new process and

Table 2: SPPC response to the national actions in the ACD Readiness Checklist as at 27th October 2022						
#	Timescale	Action	Lead / Owner	Status	Commentary	Why is this important?
						provide intelligence to inform a regular peer review process.
F	April-June	The Strategic Programme for Primary Care [SPPC] establishes a **Leadership and OD Programme** to support the Professional Collaboratives and Cluster Leads.	SPPC Team and HEIW	*Must Do*	**Ongoing** Working with HEIW the scope and content of the programme has been agreed; universal offer for each professional collaborative to be hosted on separate Gwella Platforms (paper to WOD 5th July); launched September: Release note – Launch of Gwella Port A bespoke leadership development course and action learning set for the Pan Cluster Planning Groups Cluster Leads to be commissioned Q3 to commence Q4	Leaders at all levels face the challenge of supporting current approaches and developing new ways of working to meet the needs of the population and improve the experience of the workforce more effectively. The Leadership Programme will offer core skills and more advanced learning opportunities with support for individuals to build their career path.
G	April - September	Work with WG, Senior NHS Executives, LA partners as required to **revise codes of practice, guidance/authority of the RPBs**. The revised RPB governance, accountability, along with **improved integrated planning arrangements** will make **clear reference to the role of PCPGs and Clusters**	SPPC Team, NHS Executives, WG Colleagues and LA partners	Must Do	**Ongoing** Linked to the Welsh Government Rebalancing Care and Support Strengthening Regional Partnership Boards programme of work Overview of Programme- final.ppt	A shared sense of purpose across the whole health and care system is essential to achieve the aims of A Healthier Wales. A 'line of sight' between strategic planning and delivery within real communities ensures that all of our efforts are directed towards those shared aims.
H	April - September	**'Once for Wales' Contract and Community Interest Company briefing sessions**	SPPC Team; NHSWSSP, PCC	Must Do	**Ongoing** CiC chapter published in the ACD Toolkit (chapter 5) – including case study and interviews.	New delivery models offer solutions to practical challenges such as the employment of staff at Cluster level. A small number of Community Interest Companies have been established and

#	Timescale	Action	Lead / Owner	Status	Commentary	Why is this important?
		held for Health Boards and RPB partners			Health Board awareness and information workshops held in August/September & October - well attended session with a further session being arranged to focus on legal/procurement in November/ December	offer Health Boards the opportunity to commission specific services to meet local needs. This approach also allows a greater degree of autonomy for the local participants which can allow more rapid problem solving and a greater sense of local ownership.
I	April - September	Augment the **all Wales communications plan** and materials for local use	SPPC Team and WG colleagues	***Must Do***	**Ongoing** Range of communications tools included in the ACD toolkit. National slide deck / video narrative currently being updated for release in November.	The Transition Year has an extremely busy programme of work which requires an active communications strategy to keep all stakeholders informed and engaged.
J	June – March	**ACD Regional Hacks** commence	SPPC Team	Must Do	**Regional hack arranged 23rd** November to focus on national specification for an Inclusion Service	Hack Days have a positive track record for rapidly developing digital solutions to practical challenges. This dynamic problem-solving approach could be supported for a wider range of issues if members of the Action Learning Group determine that this will add value.
K	April - December	Embed the **requirements for Regional Partnership Boards to work with PCPGs** (*though updated planning and funding guidance*)	SPPC Team and WG colleagues	***Must Do***	**Linked to G above**: Linked to the Welsh Government Rebalancing Care and Support Strengthening Regional Partnership Boards programme of work	A shared sense of purpose across the whole health and care system is essential to achieve the aims of A Healthier Wales. A 'line of sight' between strategic planning and delivery within real communities ensures that all of our efforts are directed towards those shared aims.
L	June	**Cluster Handbooks** are refreshed and uploaded onto PCOne	PH Hub	Must Do	**Rescheduled – Handbooks to be published late Q4 / early Q4.** Handbook refresh work commenced; handbook 1 complete and sent for translation; work ongoing on book 2 & 3.	The handbooks provide practice advice, ideas and tips to help working with clusters.
M	July	Cluster / Pan Cluster Planning Group **Planning Guidance for 2023/24 published**	SPPC Team WG colleagues	Must Do	**Ongoing** To be published in late October alongside national NHS Planning Framework. Early drafts and final	The links between different levels within the system need to be clear to ensure that each part is contributing to the shared aim of more effectively meeting the needs of communities

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					documents shared with DPCC Peer Group.	and making it easier for the workforce to deliver the high standards of care to which they aspire.
N	September	Solutions to **Information Governance** issues published		Must Do	**Ongoing** Paper commissioned by SPC with YMA -received in draft 30th Sept and final 27th Oct; next steps to be discussed at Transformation work steam in November.	Clarity in the management of Information Governance is an example of a Once for Wales solution that ensures consistency and the best systems to support care.
O	Sept – March 2023	**PCMW / Cluster transition year Peer review** commences; reflective report and future peer review guidance produced	SPPC Team, Clusters, RPBs	Must Do	**Ongoing** Chair confirmed and peer reviews in the process of being arranged – timeline likely to slip on production of final report to Q1 of 2023'24	The Peer Review cycle in 2022/23 will inform the evaluation of Cluster working and provide recommendations for an established programme of Peer Review from 2023 onwards
P	December	**Learning** from the SPPC commissioned **Professional Collaborative Optometry pilot** shared across Wales	SPPC Team	Must Do	**Ongoing** to be reported in Q3	Professional Collaboratives provide an opportunity for strengthened peer support, local collaboration and increased influence for professional groups. The pilot project allows us to test this approach, to learn from that experience and adapt as needed.
Q	December	**Strategic Programme for Primary Care Fund 2022** ACD investment interim report produced	SPPC Team	Must Do	Mid year update summary report produced and shared via SPPC governance route to DPCC.	The Interim Report will summarise how investment has been used, highlight what has worked well and share that knowledge across the system to inform local approaches.

Table 2: SPPC response to the national actions in the ACD Readiness Checklist as at 27th October 2022