



Strategic Programme for Primary Care	
National Primary Care Board	
Title: SPPC Fund 2022-23 Accelerated Cluster Development Projects Benefits and Outputs	
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Purpose and summary of key issues/points: <p>The purpose of this paper is to highlight the benefits and outputs that are anticipated from the SPPC Fund 2022 investment into a suite of projects to support the implementation of the Accelerated Cluster Development programme across Wales.</p> <p>Seven projects, listed in table 1 below, are being progressed across six health boards.</p> <p>National Primary Care Board is asked to note the reported benefits and outputs for each project and anticipate an end of year report to reflect progress against the benefits and outputs in Spring 2023.</p>	

Strategic Programme Board (SPB) is asked to:					
Approve		Discuss		Note for information	X



Canolfan Datblygu ac Arloesi
Gofal Sylfaenol a Chymunedol
Datblygu Gofal Sylfaenol yng Nghymru

Primary and Community Care
Development and Innovation Hub
Developing Primary Care in Wales

Benefits and outputs of SPPC Fund 2022

Projects to support Accelerated Cluster Development

1. Background

The £3.8 million Strategic Programme for Primary Care Fund (SPPC Fund) commenced in April 2022 with agreement that the Fund is to be used in 2022/23 by health boards to support the **implementation of the Accelerated Cluster Development Programme** (ACD) and investment into primary care schemes to support **obesity prevention**, aligned with the Healthy Weight Healthy Wales Strategy. These two investment areas were agreed by the Directors of Primary Care Peer Group and endorsed by the National Primary Care Board; 17 proposals were signed off in February 2022.

2. Purpose

The purpose of this paper is to highlight the benefits and outputs that are anticipated from the SPPC Fund investment in the ACD projects. Seven projects are being developed to support the implementation of ACD across 6 health boards. A summary is listed in table 1 below. Details of the individual projects can be found on [Primary Care One](#).

Table 1: List of projects by health board

Health Board	Title of Scheme	Description of Scheme	Investment
Aneurin Bevan UHB	Accelerated Cluster Development Hub	The aim of this project is to strengthen planning and deliver through Clusters (NCNs) with investment in an Accelerated Cluster Development programme.	£987,797 (over 2 years)
Betsi Cadwaladr UHB	Embedding and Maturing Accelerated Clusters across North Wales	It is recognised that partners will require additional support and resources to help them move forward with the ACD agenda, and implement Pan Cluster Planning Groups, and ensure the appropriate governance, leadership and systems are in place to provide a platform for integrated place-based working.	£594,424
Betsi Cadwallader UHB	Developing a (Digital) Systems Approach to Population Health Management	This proposal seeks to work with partners across primary care, community health, social care and public health, to agree the types of population data that is needed to support effective Cluster planning. Where that data is not currently being collected, or is not collected within the appropriate timescales, mechanisms will be developed to support its collection.	£138,604

Health Board	Title of Scheme	Description of Scheme	Investment
Cardiff and Vale UHB	ACD Infrastructure	To enhance the planning and delivery capabilities of collaboratives as part of the ACD programme.	£350,000
Hywel Dda UHB	ACD Programme Support	The funding will be used to support Clinical Leadership and project management support to scoping, developing and implementing ACD within Hywel Dda. One session clinical lead time per week and full time 8a Manager support to deliver implementing the vision in Hywel Dda.	£71,000
Powys Teaching HB	Accelerated Cluster Model Development	To strengthen the Cluster model of working across North and Mid Powys, with the objective of delivering a strategically clear, robust, proactive, and cohesive Cluster delivery model.	£114,000
Swansea Bay UHB	ACD Development Programme	To implement Accelerated Cluster Development Programme across SBUHB.	£303,000

3. Projects components, anticipated benefits and outputs

The aims and objectives of each project described outputs rather than outcomes in relation to the investment to support the implementation of ACD. Few proposals cited individual or population health outcomes or benefits.

There is some variation in the approaches being taken by the different projects and health boards, but a small number of key themes have emerged:

- Building **capacity and capability** to support implementation of ACD through recruitment to specialist and non-specialist support roles.
- Putting foundations in place to support the **architecture of ACD** locally and the relationship between new and existing structures.
- **Engagement** and **partnership** working.
- Better use of data to support planning and address population health.
- **Leadership, workforce and OD** support.

Details of each project and their individual anticipated benefits and outcomes reported in the health board proposals are presented in appendix 1.

The **benefits and outputs** anticipated from the 7 projects overall are primarily at system level.

System benefits include:

- **Local architecture** designed to support local structures and process to enable **effective planning and delivery of services** to meet the needs of the local population.

- **Strengthened data collection, analysis and interpretation** to support workforce planning and population health needs assessment and management.
- **Increased capacity and capability** through investment in new roles and leadership support to new and existing roles to enable the transition required for ACD during 2022-2023.
- **Multi-disciplinary partnership working and engagement** with a particular emphasis on independent contractors.

Potential population health outcomes include:

- Enable a **focus on prevention and early intervention** (through investment in structures and processes)
- Services informed by **population health data aimed to address population health and care needs/demand.**

4. Next steps

The SPPC team has met with health board colleagues leading each of the ACD projects on an individual health board basis to explore the project proposals, potential benefits and outputs / outcomes.

An ACD Readiness Checklist has been developed together with the establishment of an Action Learning Group. Progress will be monitored using the ACD Readiness Checklist tool and the Action Learning Group will facilitate peer support, sharing of learning and overcoming challenges, and support with measuring outcomes and evaluation.

An end of year one report will be produced to capture progress within each project against the identified benefits / outputs where applicable.

APPENDIX 1

ANEURIN BEVAN UHB	
Accelerated Cluster Development Hub	
Budget: Year 1 - £561,491 and Year 2 - £426,306	
Expected end date: 31 March 2024	
Project components	
<ul style="list-style-type: none"> - Project management support for the transition to the new governance structures required to implement the ACD programme aligned to the RPB. - Planning/commission support through Pan Cluster Planning Groups. - Extra capacity and capability to existing NCNs structures to support local delivery of system/service change plans. 	
Anticipated benefits and outputs of project	
<ul style="list-style-type: none"> • Workforce requirements to deliver functions within the revised ACD structure identified and being addressed. • Professional collaboratives established and maturing to ensure engagement of independent contractors, community nursing and therapies workforce. • Organisational development programme in place to support transition to the new governance structures. • Internal and external stakeholders feel engaged and communicated with effectively. • Population health management including needs assessment, population segmentation and risk stratification integral to planning. • Demand and capacity planning, service mapping and gap analysis undertaken. • Transformation/service change plans based on agreed models of care such as Place Based Care or Graduated Care (including IT and digital solutions). • Contracting for pan cluster commissioned services underway. • Equitable service access to address the Inverse Care Law. • Structures, capacity and capability in place to support workforce planning, workforce development, quality improvement and service evaluation and business case development. • Distributed leadership within each NCN (cluster) to drive system transformation and service change plans. • New delivery models supported and in place where appropriate (e.g. CICs) including legal advice, business planning, corporate governance, etc. • Benefits realised in relation to access, continuity of care, integration and a focus on prevention and early intervention. 	

BETSI CADWALADR UHB
Embedding and Maturing Accelerated Clusters across North Wales
Budget: £840,000
Expected end date: 31 March 2023
Project components
<ul style="list-style-type: none"> - Project management, administration and planning support through the investment in 9 new posts for the transition to implement the ACD programme. - Establishment of a Capacity Building and Development Fund. - Enhancing partnership working.
Anticipated benefits and outputs of project
<ul style="list-style-type: none"> • Establishment of 6 PCPGs across North Wales. • Recruitment to 9 new posts • Model of HB employees working across HB/LA boundaries to enhance partnership working. • Transition from cluster working to integrated place-based working. • Population need and spend analysed and determined. • Services developed, commissioned and delivered to meet population need. • Enhanced equitable involvement of all 4 primary care contractor leads. • PCPGs supported with operational delivery and training, inducing facilitated sessions, • A joint understanding of alternative models of integrated delivery, including CICs explored and developed. • Place-based roadmap and associated toolkits developed and being used. • Place-based budgets within their respective areas/ localities established and understood by system leaders.

BETSI CADWALADR UHB
Developing a (digital) systems approach to population health management
Budget: £138,604
Expected end date: 31 March 2023
Project components
<ul style="list-style-type: none"> - Capacity and capability building through new specialist posts. - Partnership working across primary care, community health, social care and public health, to agree the types of population data that is needed to support effective Cluster planning.
Anticipated benefits and outputs of project
<ul style="list-style-type: none"> • Recruitment to 2 new posts. • Agreed metrics. • Mechanisms to collect data in place. • Development of an integrated Needs Assessment Data Dashboard. • Refreshed cluster/ locality pen profiles.

CARDIFF AND VALE UHB
ACD Infrastructure
Budget: £350,000
Expected end date: 31 March 2023
Project components
<ul style="list-style-type: none"> - Establishment and / or strengthening of professional collaboratives. - Developing the capacity and capability of the professional collaboratives. - Data analyst and digital officer support for local project and cluster developments.
Anticipated benefits and outputs of project
<ul style="list-style-type: none"> • Professional collaborative leads in place (optometry and dental) • Leadership development opportunities for collaborative / collaborative leads in place. • Framework for collaboratives to function / meet developed. • Consistency between professional collaborative lead roles in place. • Roles in place to support the development of robust bids/proposals (informed by data) based on population need/demand. (Data and information analysts' roles) • Recruitment of a Digital Support Officer to support cluster development focusing on the use of new technologies and software, maximising existing systems and the development and evaluation of projects • Evaluation and exit planning strategies built into projects.

HYWEL DDA UHB
ACD Programme Support
Budget: £71,000
Expected end date: 31 March 2023
Project components
<ul style="list-style-type: none"> - Clinical leadership and project management support for implementation of the ACD programme during the transition year.
Anticipated benefits and outcomes of project
<ul style="list-style-type: none"> - Clinical lead providing one session per week - Project Manager (8a) recruited - The form and function of ACD and the relationship with Integrated Localities scoped. - Plans in place and being implemented to support and roll out ACD. - Contractor professions across the health board educated and informed about the ACD programme.

POWYS THB
Accelerated Cluster Model Development
Budget: £114,000
Expected end date: 31 March 2023
Project components
<ul style="list-style-type: none"> - Focus on North and Mid Powys. - Cluster delivery model being tested - Focus on engagement and collaborative working - Views from cluster members, health board and a wider perspective in shaping the vision. Review of existing models
Anticipated benefits and outcomes of project
<ul style="list-style-type: none"> • Current vision, alignment, delivery and opportunities for the collaborative cluster model understood. • A common purpose and vision across Cluster member organisations, supporting engagement and collaborative working agreed • Delivery model for all clusters across Powys reviewed and way forward. • Set of recommendations developed to set the direction for 23/24 and beyond.

SWANSEA BAY UHB
ACD development programme
Budget: £303,000
Expected end date: 31 March 2023?
Project components
<ul style="list-style-type: none"> - Delivering ACD via structured Project Management approach - Implementation of a new governance structure aligned to HB and RPB and in line with National ACD programme - Engagement and communication - Increase in capacity through adequate workforce provision to support implementation - Programme of workforce and OD development
Anticipated benefits and outputs of project
<ul style="list-style-type: none"> • Primary care at the heart of local planning and commissioning. • Health board and RPB structures aligned. • Professional collaboratives, with leads in post, across four contractor professions and potentially nursing and AHP established. • Pan cluster planning groups established and regional Cluster IMTP (2023/24) being delivered via the newly established PCPG(s). • Local cluster structure refined to implement ACD model. • Ongoing engagement of primary care and effective communications (laid out in a communications plan) to support ACD implementation. • Workforce in place to deliver functions within revised ACD structure. • Workforce and OD programme to support transition delivered. • New cluster level delivery models explored and where appropriate developed (eg potentially via CIC). • Strengthened voice of primary care within planning and commissioning processes.