Strategic Programme for Primary Care

Strategic Programme for Primary Care Fund 2022 (SPPC Fund)

Section 1 – Overview

Health Board	**Aneurin Bevan UHB**
SPPC Fund allocation	**£715,000.00**
Number of projects to be funded	2

Section 2 – Projects to be funded *Add further tables for any additional projects*

Project 1

SPPC Fund alignment 2022	ACD Programme ✓	Obesity	~~Other~~
Project title	***Accelerated Cluster Development Hub***		
Budget for this project	**Year 1 – £561,491** and **Year 2 - £426,306**		
Short project description	The aim of this project is to strengthen planning and deliver through clusters (NCNs) with investment in an accelerated cluster development programme.		
Key objectives of this project	***Objective 1:*** To provide project management support for the transition to the new governance structures required to implement the ACD programme aligned to the RPB including, • Workforce requirements to deliver functions within the revised ACD structure • Professional collaboratives to ensure engagement of independent contractors, community nursing and therapies workforce • Organisational development programme to support transition to the new governance structures • Communications and engagement plan for internal and external stakeholders ***Objective 2:*** To provide planning/commission support through Pan Cluster Planning Groups (PCPGs) including, • Population health management including needs assessment, population segmentation and risk stratification • Demand and capacity planning, service mapping and gap analysis • 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 • Service access equity audits and support for delivery of programmes to address the inverse care law ***Objective 3*:** To provide extra capacity and capability to NCNs to support local delivery of system/service change plans including,		

	• Delivery support for NCN including workforce planning, workforce development, quality improvement and service evaluation and business case development. • Distributed leadership within each NCN to drive system transformation and service change plans. • Support for new deliver models (e.g. CICs) including legal advice, business planning, corporate governance, etc.		
Start date	01/04/22	Expected End date	31/03/24
How will you monitor and evaluate this project?	A theory of change / logic model will be developed to support the programme design, planning, implementation and then the programme evaluation and strategic reporting to stakeholders. The theory of change / logic model will be used to monitor and evaluate how the investment in ACD structures and processes can be linked to short term outputs/outcomes in relation to access, continuity of care, integration and a focus on prevention and early intervention.		
Describe how this project differs to what is already in place locally or what has been tested elsewhere?	This project is unique within the Health Board and has been designed specifically to support implementation of the ACD programme aimed at driving reform and system/service change through clusters. The Gwent RPB has set up an Integrated Partnership Board in each local authority area and their role and functions will be strengthened through this project as they transition into PCPGs. The PCCS Division has a locality team which is responsible for operational management of community services, partnership working and support to NCNs. This project will significantly enhance the ability for locality teams and other directorates to drive change and delivery through NCNs.		

Project 2

SPPC Fund alignment 2022	ACD Programme	Obesity ✓	~~Other~~
Project title	**Weight management brief advice and self-directed support in primary care (Level 1)**		
Budget for this project	**Year 1 - £153,509** and **Year 2 - £288,694**		
Short project description	The aim of this project is to ensure systematic provision of brief advice, signposting and access to self-directed support for achieving or maintaining a healthy weight (step-down).		
Key objectives of this project	***Objective 1:*** To produce and maintain a central point of access and website for a range of Level 1 community weight management options and evidence based online or self-help materials ***Objective 2:*** To deliver a programme of brief advice training, practice based materials (based on the 5As framework) and incentives for signposting adults with a BMI 25-30 without co-morbidities to the central point of access for Level 1 weight management provision. ***Objective 3:*** To provide additional lifestyle support for people who require more intensive intervention or engagement to strengthen their motivation (behavioural intention), assistance with self-navigation or facilitated self-help for weight management. This may include people		

	identified most at risk through population segmentation (e.g. South Asian community) or those referred following roll out of the All Wales Diabetes Prevention Pathway. ***Objective 4:*** To provide project management and administrative support for each NCN entering the intervention phase of the All Wales Diabetes Prevention Pathway through stepped approach to implementation (at 6-month intervals) and to ensure integration with the development of the Level 1 weight management component of the AWWMP.		
Start date	01/04/22	Expected End date	31/03/24
How will you monitor and evaluate this project?	The All Wales Weight Management Pathway: Core Components (July 2021) identifies a minimum data set for commissioners and providers to assess the quality and outcomes of services provided and where appropriate to compare services delivering at each level. Process measures will be used to assess the scale and reach of the brief advice programme and digital analytics will be used to determine access and user behaviour in relation to the central point of access. The project evaluate the impact of more intensive intervention or engagement aimed at strengthen motivation (behavioural intention), self-navigation or facilitated self-help for weight management options. This will include people who are referred to Level 1 provision following phased implementation and step wedge approach to evaluation of the All Wales Diabetes Prevention Pathway.		
Describe how this project differs to what is already in place locally or what has been tested elsewhere?	The project is unique within primary and community services and builds on the existing MECC programme. Level 1 support should routinely be provided by primary care teams or other health and social care professionals involved in the long term care of patients in the community. There is already Health Board investment in multi-component commissioned weight management programmes (Level 2) and our specialist multi-disciplinary weight management service (Level 3). This project addressed a gap in the current pathway and will help to ensure that the weight of all patients is monitored and discussed in a sensitive and non-stigmatising manner with the goal of preventing significant weight gain in addition to supporting weight loss. This project also ensure that patients at Level 1 can be signposted to trusted source of support including local weight management opportunities and evidence-based resources.		