





Cluster Plans: Progress, Process and Development

including ACD and Integrated Localities

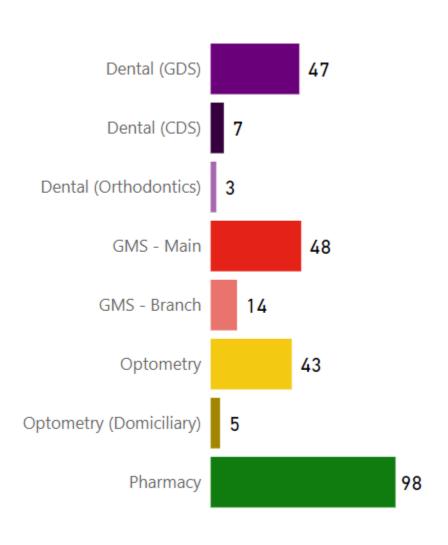
Stakeholder Reference Group

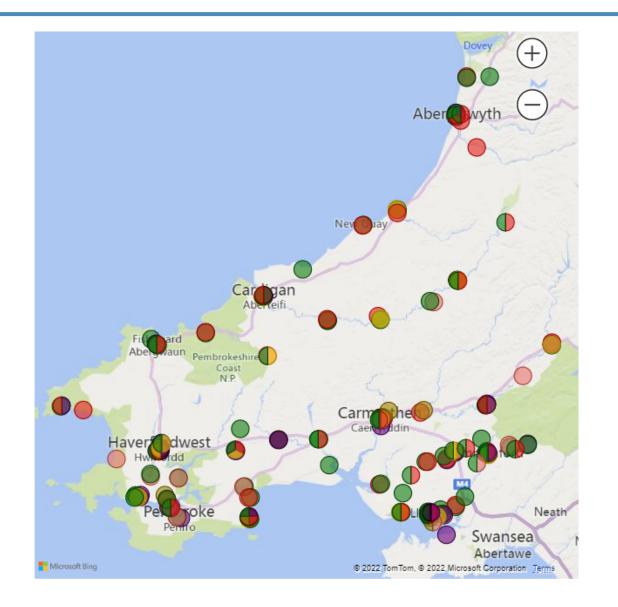
15 November 2022



Primary Care Contractors





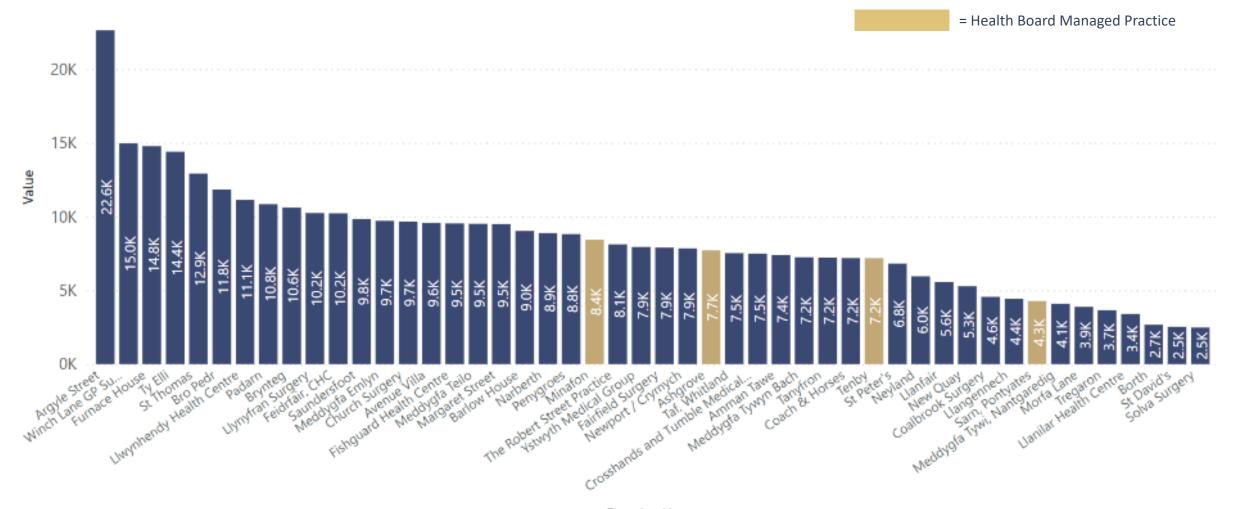




Registered Population by GP Practice









Contract Reform



Unprecedented time with all four contractor professions going through national negotiations at the same time

Key priorities GMS

- Unified Contract negotiations concluded and now into implementation phase
- Move of Clusters to core contractual arrangements

Key Priorities Community Pharmacy

- Move away from items dispensed to a more service focussed approach
- Greater focus on scope and range of service provision
- Cluster working through professional collaboratives (already in place)

Key Priorities for General Dental Services

- Move to contract reform (80% of practices in Hywel Dda have taken this option)
- Improved access for patients
- Cluster working through professional collaboratives (due to be in place by March 2023)

Key Priorities for Optometry Services

- Establishment of the first Wales NHS contract for Optometric services
- Ongoing development of clinical pathways to support focus on eye health and treatment in Primary Care



Delivery Challenges



- Sustainability of General Medical Services including the management of Health Board Managed Practices
- Supporting contractors through reset and recovery recognising the impact the pandemic has had on working practices, volume of work and patient expectations
- National commitment to access in GMS
- Delivery of Accelerated Cluster Development, Cluster Collaboratives and Professional Collaboratives to meet national expectations
- Workforce pressures across Primary Care leading to wider sustainability pressures
- Urgent and Emergency Care
- Care Closer to Home
- Clinical pathways





Where are we now (nationally)?

- Formation of professional collaboratives included in the GMS and Community Pharmacy contracts
- Optometry contract negotiations have included development of professional collaboratives but detail not completed
- Aspiration for dental collaboratives articulated through contract reform process
- Professional collaboratives for Therapies and Community Nursing identified as part of the work of the Strategic Programme





Where are we now (locally)?

- GP collaboratives meeting with agreed TOR and nominated leads
- Pharmacy collaboratives meeting with agreed TOR and nominated leads
- Majority of former Clusters had Optometry representation; work ongoing to support development of collaborative
- Initial discussion with LDC on development of collaboratives
- Cluster collaboratives have agreed TOR
- Pan Cluster Planning via "Healthier" County led meetings
- Agreement of process to sign off Cluster initiatives



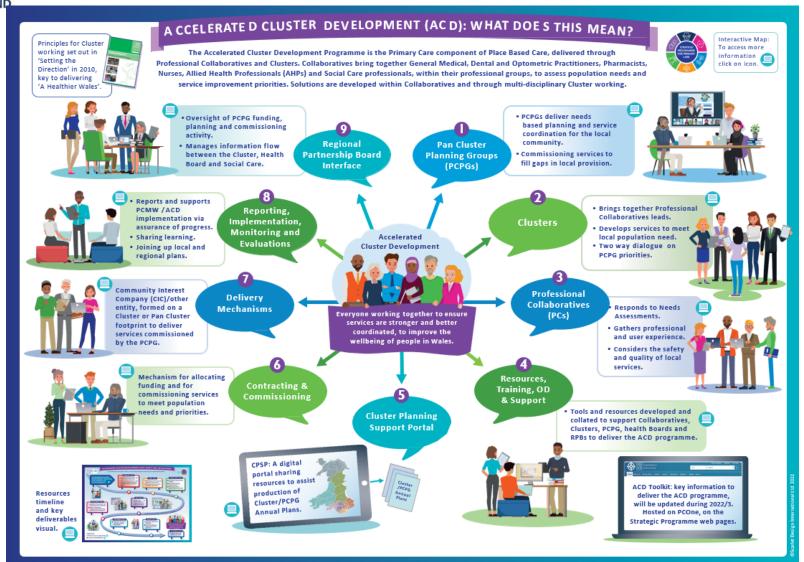


What next?

- Discussions started with Community and Primary Care nursing and Health Sciences regarding collaborative establishment
- Discussions arranged with the Community Dental Service and Mental Health to consider collaborative development
- ACD Manager in place through SPPC Fund until 31 March 2022
- Clinical Lead Job Description to support implementation developed
- Discussions on the OD programme to support ACD have commenced
- Participation in the national Peer Review programme, December 2022

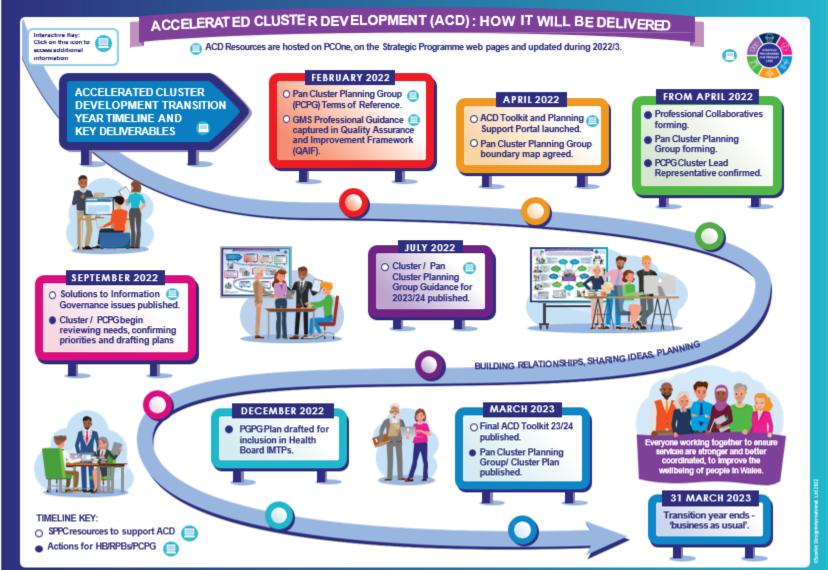












30 point ACD Checklist submitted in April 2022

- 5 actions complete
- 3 partially complete
- 22 in progress / ongoing

Checklist review October 2022

- 13 actions complete
- 3 partially complete
- 16 in progress / ongoing

Risks / challenges:

- National expectation around CIC
- Collaborative development some challenges with specific groups
- Public & stakeholder engagement sufficient capacity to engage
- Peer review process onerous



Key components



Our People & Communities

Place-based
Starting well
Living well
Aging well
Social model for health 8
wellbeing

Professional groups

Inter & intra-professional dialogue & co-operation improve patient care & experience
Professional experience to inform priority setting & columning

Our 7 Clusters

Support & enable collaborative service planning & delivery Understanding of local needs Setting of local priorities Propose effective local solutions & dynamic problem-solving approach

Our 3 Integrated Localities

PHW & planners on a County population footprint Deliver aims of SSWBA, WFGA & AHW.

County population needs assessments & integrated plans

Our Regional Plan

& planning principles

Consistency of outcomes,
principles & standards

Sustainable use of resources

Single mechanism for
pathway redesign and
consideration of resource
use







Professional Collaboratives



Clusters



Pan Cluster Planning Groups



IMTP / Regional Area Plan



Key elements of the PO



Develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme

Aligned Regional Shared business principles & Consistent Integrated priorities & Locality Plan – standards community partners, work delivered Whole system support & model programme locally governance