Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Cluster Integrated Medium Term Plan (IMTP) Monitoring Report – Quarter 1
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rhian Bond, Assistant Director of Primary Care
SWYDDOG ADRODD: REPORTING OFFICER:	Julia Chambers, Business and Risk Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Integrated Medium Term Plan (IMTP) is the key planning document for Hywel Dda University Health Board (HDUHB) setting out the milestones and actions we are taking in the next one to three years in order to progress our strategy.

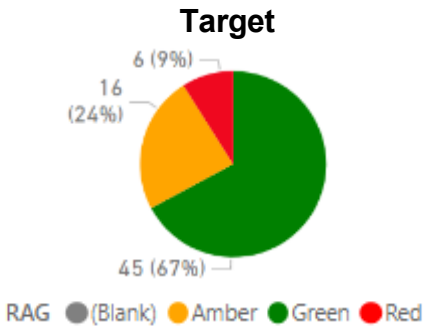
Each cluster has its own IMTP setting out the cluster vision, strategic overview and its priorities, based on the health needs of their population.

Cefndir / Background

Across the 7 clusters IMTP, 95 objectives were identified for quarterly monitoring. Progress is discussed at each Cluster Meeting and at the Locality Leads meeting.

Asesiad / Assessment

Across the 7 clusters, 67 objectives were identified from the IMTPs. Over two thirds (67%) of these objectives (45) are reporting on target (green) to achieve the outcomes identified.



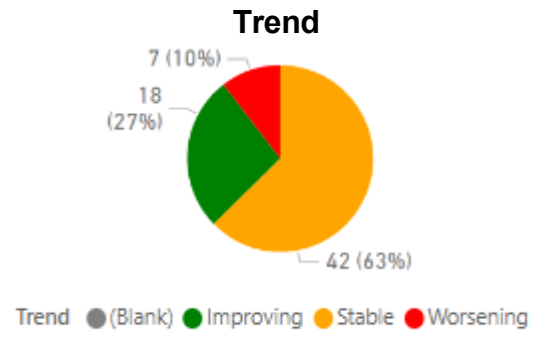
16 (24% of) objectives are of concern (amber) and have identified one or more of the following:

Amber	An amber indicator usually means one or more of the following: -Within 5% of target -A significant forecast overspend against the budget of more than 5% -Delays against critical milestones of more than 2 weeks -Problems with quality, but in the main expected benefits will be realised -Lack of resources which can be resolved by the lead / service -Dissatisfaction or resistance from stakeholders, but this can addressed by the lead / service

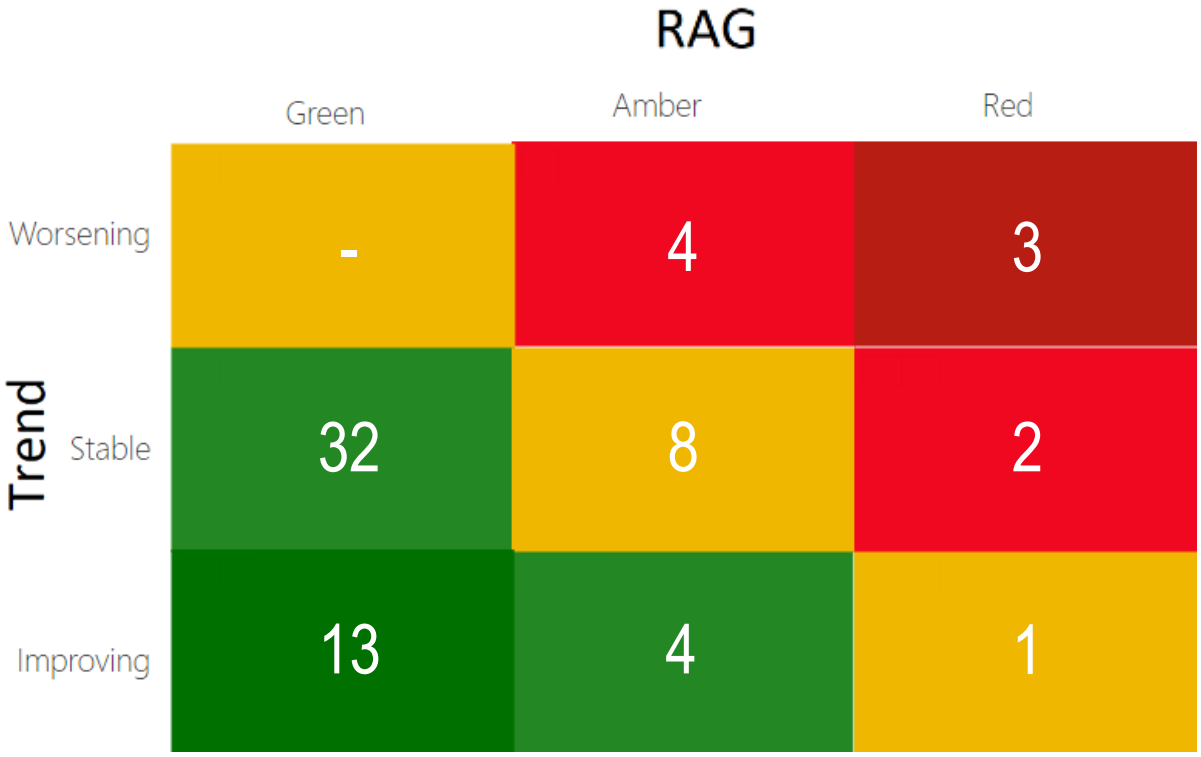
6 (9% of) objectives are of significant concern (red) and have identified one or more of the following:

Red	A red indicator usually means one or more of the following: -Significantly off target -A significant forecast overspend against budget of more than 10% -Delays against critical milestones of more than 4 weeks. -Significant problems with quality and expected benefits won't be realised -Significant lack of resources which cannot be resolved by the lead / service -Dissatisfaction or resistance from stakeholders

27% of objectives (18) have an improving trend (green). 63% of objectives (42) are stable (amber). However, 10% of objectives (7) are deteriorating / worsening (red).



The trend and target (RAG) information will be used to plot objectives on a risk grid (see below). This is used to identify where focused performance conversations are needed. For example, those falling within the green areas are progressing well and no attention is needed. However, those that fall within the red areas should be discussed and assessed to identify what resources / interventions are needed, or indeed if projects should continue if there is no feasibility of achieving their outcomes.



Appendix A provides an overview of all cluster projects, including their aim, most recent update, RAG and Trend status.

Argymhelliad / Recommendation The Strategic Development and Operational Delivery Committee is asked to note the steps being taken to ensure progress of cluster IMTPs.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol:	Cluster Meetings Locality Leads

Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the IMTP 2022/25
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the IMTP 2022/25
Gweithlu: Workforce:	This is a key component in the delivery of the IMTP 2022/25
Risg: Risk:	Risks will be assessed as part of the ongoing monitoring of the cluster IMTPs.
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Name and Code	Aim	Commentary	RAG	Trend
Two T's				
Support Mental Health needs of our population (TT0001)	Provision of sustained equitable access to Mental Health Services in rural areas. Provision of MIND Active Monitoring Services to ensure the right support at the right time is available for someone with mild to moderate mental health needs in Primary Care Expand MIND Active Monitoring to 11-18 year olds.	Three Mental Health support projects commissioned through MIND are well established within the cluster. These are Community Outreach Clinics, MIND Active Monitoring for 11-18 year olds and MIND Active Monitoring for Adults		
Delivery of Mental Health services for young people's mental health across the cluster area with focus on young suicide prevention (TT0002)	Improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come into contact with people at risk of suicide and self-harm and professionals in Wales. Deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm. Provide information and support for those bereaved or affected by suicide and self-harm. Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action	Community Development Officer appointed and commenced in post on 25th April 2022 and has begun networking with local schools and Mental Health organisations. The CDO will also be hosting a stall at the Eistoddfod.		
Psychological Breathlessness Support (TT0003)	Improve the capacity of patients to manage symptoms of breathlessness by - Increasing knowledge of breathlessness physiology. - Reducing anxiety associated with breathlessness. - Using behavioural change approaches to enhance functioning and reduce risk of deconditioning.	The Psychology Breathlessness Project has been operational for 18 months, commencing on January 25th, 2021. The multimorbidity approach has meant that we have been able to offer psychological interventions to those who otherwise wouldn't have met criteria. Project originally due to finish in July 2022 as funding ceased, extended to the end of September to enable completion of exit strategy as no additional funding secured to continue.		
IRISi Pilot Domestic Violence and Abuse Training (TT0004)	To provide an evidence-based intervention that improves the general practice response to domestic abuse. Increase identifications and referrals of and for patients affected by DVA. Increase knowledge and awareness and challenge attitudes towards equality and domestic abuse, sexual violence and violence against women	Clinical Lead and Advocate Educator appointed and work has commened on planning a training programme with Practies. The three day training has been completed. PCSM identified as Lead to sit on the monthly steering Group with plan to commence the Operational Group in September. The Clinical Lead SLA and Franchise Agreement has yet to be agreed and signed by the Health Board.		

Name and Code	Aim	Commentary	RAG	Trend
To integrate the Community Cardiology model with Primary Care (TT0005)	Reduction in the number of patients with palpitations and AF managed in Secondary Care and corresponding increase in number of patients with palpitations managed in Primary Care. Increase in availability and provision of relevant cardiology diagnostics in Primary Care. Reduction in pathway waiting time (patient presentation, triage, assessment, diagnosis, treatment plan/discharge) for patients presenting with palpitations and AF. Reduction in number of patients with palpitations presenting/referred to A&E/Secondary Care General Medicine	Cardiology Nurse appointed and palpitation clinics have successfully commenced in each practice. Cardiology Nurse attends MDT with Secondary Care clinicians		
Chronic Disease Management Clinics (TT0007)	Increased number of clinics for Chronic Disease Management. Reduction in backlog of patients waiting to be seen. Improved patient care.	CDM catch-up clinics are being held in each practice. These are for a number of chronic diseases.		
Expand Multi-disciplinary team to support frail / elderly population (TT0008)	Enhance MDT team to increase capacity for the assessment and therapeutic intervention of individuals identified as being a cause for concern in regard to frailty and falls within the cluster	Frailty support worker employed who links into GP MDT's to facilitate relevant identification and management of individuals with regard to polypharmacy, medical review and oversight, social prescribing and referral onto other third sector parties. This is likely to reduce attendance at both GP practices within the cluster and reduce hospital admission due to falls and frailty. Multifactorial assessments are undertaken		
Increased training opportunities for Optometrists (TT0010)	Increase the number of optometrists in the Tywi Taf Cluster with higher qualifications. Improved sustainability and sharing the workload across practices	Three new training candidates identified and enrolled on course at Cardiff University		
To reduce the number and severity of outcome of falls within the 2T's locality (TT0016)	To reduce the number and severity of outcome of falls within the 2T's locality	Cluster to recruitment a clinical specialist band 7 Physiotherapist with specialism in falls and frailty to work alongside General Practice to enhance the MDT provision of falls and frailty assessments within the 2T's cluster.		

Name and Code	Aim	Commentary	RAG	Trend
Healthy hearts prevention project aimed at improving whole population cardiovascular health by working in partnership in the 2Ts locality (TT0017)	Healthy hearts prevention project aimed at improving whole population cardiovascular health by working in partnership in the 2Ts locality	This project will be a collaborative project encompassing primary care, community nursing, community pharmacy, dietetics, cardiology, Carmarthenshire County council and public health. The project will be delivered county wide through the use of Band 3 level staff to identify and case find via both practices and community venues coupled with a media campaign. We will aim to improve hypertension management, weight management, alcohol reduction, improved AF management and prophylaxis of primary risk factors of cardiovascular disease to reduce MI and stroke. The project will work alongside and complement the pre diabetes / lifestyle work		
Amman Gwendraeth				
My Surgery App (AG0001)	All 8 Practices to be signed-up with My Surgery App by October 2021	All Practices are engaged with the app, all are at different stages of training and implementation.		
Notes Summarising (AG0002)	To have cleared the backlog by March 2022.	Cluster funding for note summarising ended on 30th June 2022. Whilst funding was available for all 8 Practices, not all were able to take advantage of it due to capacity issues in Practice.		
Phlebotomy Service (AG0003)	To ensure patients within the cluster have timely access to phlebotomy services.	Practices are able to claim 6 hrs per week from Cluster funds to carry out a Phlebotomy service in Practice. Not all Practices have been able to consistently benefit from this due to capacity issues.		
Social Prescribing (AG0004)	To implement a social prescribing service across the Hywel Dda footprint. To develop a social prescribing framework for the Health Board. Produce a common set of outcomes, principles and standards that are equitable but allow for local ownership in how this project evolves. Build on the outcomes identified by ensuring an evaluation approach underpins the model.	There are two Social Prescribing posts within Amman Gwendraeth, one has been vacant since March 2022 following a resignation. The vacant post has been filled with the new candidate due to start on 30 August 2022.		

Name and Code	Aim	Commentary	RAG	Trend
Optometric Independent Prescribing (IP) & Glaucoma Certificate (AG0005)	To increase the number of Optometrists to gain Independent Prescriber status and therefore facilitate the management of patients with acute eye problems within the primary optometric care setting. To increase the number of Optometrists within the locality with advanced training to hold the Higher Glaucoma Certificate	Cluster funding was offered to Optometrists within the Cluster to undertake the IP qualification as well asa Higher Certificate in Glaucoma. 4 Optometrists have enrolled on the the IP course and one is undertaking the Glaucoma certificate. The Optometrists have passed their IP exams. The Optometrist understaking the Higher certificate in Glaucoma is still completing his hospital placement which is taking slightly longer than planned but once complete, the qualification can be awarded.		
Shadows Depression Support Group. (AG0006)	To make available low level mental health support for patients who want to self-refer, and decrease medicalisation of these concerns	Shadows Depression Support Group provides mental health support to all eight practices within the Cluster. Shadows is a voluntary organization, whose main aim is to bring people together on a regular basis in a safe and enabling environment to enhance their emotional and mental well-being. All Practices continue to be engaged with the service.		
Dermatology Non-pigmented Lesion Clinic / Diagnostic Uncertainty (AG0007)	To improve timely access to specialist diagnostic skills and minor surgery for patients presenting with dermatological disease	A GP Partner within the Cluster has a special interest in dermatology and as such, provides a dermatology service in which all Practices within the Amman Gwendraeth Cluster can refer into directly. All Practices continue to be engaged with the service. Following agreement to increase funding to increase service provision in April 2022, this has been put on hold until 2023/24 in line with other cluster financial commitments.		

Name and Code	Aim	Commentary	RAG	Trend
Mental Health Practitioners (AG0008)	To support patients with skilled non-medical assessments with knowledge of the wider NHS and third sector mental health service landscape. To free up GP time	The project is universally very well received by Primary Care teams and patients and has improved sustainability of practices. Having a Mental Health Practitioner in Practice has automatically reduced the number of referrals to the mental health team and has also prevented GPs from having the gatekeeper role in respect if these patients. The project has a red RAG rating as the practices who currently 'host' the Practitioners are unable to continue to do so beyond the end of November which is when the current SLA expires. As such, they will need to give notice to the Practitioners by August unless the cluster has confirmation from the HB/County Team that these posts have value and would be willing to take these roles over. Both the Llanelli and 2Ts Clusters have shown interest inadopting this concept which will be taken to the Carmarthenshire PCPG on 21 July 2022.		
Jac Lewis Foundation (AG0009)	We want to provide patients and their families with a real and constructive opportunity to receive appropriate mental health help in a helpful timeframe. We wanted more help for children and their families	The Jac Lewis Foundation provides mental health support to both children and adults to all Practices within the Cluster. JLF provide and train specialist adolescent therapists and can deliver family and play therapy. They utilise the most suitable therapeutic inervention tailored to the patients needs including CBT, counselling, other psychotherapeutic approcahes, trauma focused work, group working and EMDR. All Practices continue to be engaged with the service with hugh numbers of referrals. Following a multi quite exercise earlier this year, JLF have now implemented a walking group within their service which isled and structured by counsellors/play therapists/family therapists as required.		

Name and Code	Aim	Commentary	RAG	Trend
IRISi Pilot Domestic Violence and Abuse Training (AG0010)	To provide an evidence-based intervention that improves the general practice response to domestic abuse. Increase identifications and referrals of and for patients affected by DVA.	Clinical Lead and Advocate Educator appointed and work has commened on planning a training programme with Practies. The three day training has been completed. PCSM identified as Lead to sit on the monthly steering Group with plan to commence the Operational Group in September.		
Lifestyle Clinic (AG0011)	To offer practical and evidence-based access to dietary and clinical advice and support to decrease disease burden from obesity	The Lifestyle Clinic combines the expertise of an MDT led by a Cluster GP and a holistic approach to weight loss to educate and support patients to make better lifestyle choices. The project has evidenced a decreased need for diabetes medication with an emphasis on sustaining health benefits. All Practices continue to be engaged with the service, referral numbers continue to increase. Dr Frater has almost finished writing her education course in lifestyle medicine and is looking for interested clinicians who want to learn more about this work; Dr Frater has already been asked by many clinicians to observe clinics or for further information. The Health Board submitted an Obesity Bid to the Strategic Programme Fund which was subsequently approved, based on this project to enable it to be scaled up Health Board wide.		
Chronic Disease Management (CDM) Clinics - (AG0012)	Increased number of clinics for Chronic Disease Management. Reduction in backlog of patients waiting to be seen. Improved patient care. Increased number of patients having had their annual review	Cluster funding for CDM clinic backlog ended on 30th June 2022.		
Generic Community Occupational Therapy / Physiotherapy Technician - (AG0013)	To bring basic generic tech skills into primary care to help patients to maintain independent living	The Generic Technician came into post on 30th May 2022. All Practices have been visited and dates for their MDT meetings have been incorporated into the work plan. Patients have started to be referred.		
Cluster pharmacist (AG0014)	Rapid clinically safe reconciliation of discharge medication. Improved governance for repeat prescribing for those patients as seen under the project. Fast access to pharmaceutical advice for General Practitioners. Improved cross sector working	One of the Cluster Pharmacist will be leaving post on 13 July 2022. The post has been advertised but with no applications received. Medicines Management have spoken to Recruitment who will be starting a Recruit Campaign for Pharmacists later this month.		

Name and Code	Aim	Commentary	RAG	Trend
Persistent Pain Service (AG0015)	Bring specialist pain services knowledge and MDT working into primary care for timely case management and clinician support and learning	Physiotherapist is in post and has been undergoing induction with the HB Pain Service. Currently working towards implementing the Pain Management Programme which will be rolled out early in the autumn. The Referral process is currently being developed with the GP Cluster Lead and in the meantime, the Physio is seeing Amman Gwendreath patients who are currently on the secondary care Pain Service waiting list.		
Healthy hearts prevention project aimed at improving whole population cardiovascular health by working in partnership in the AG locality (AG0016)	Healthy hearts prevention project aimed at improving whole population cardiovascular health by working in partnership in the AG locality	Cluster to employ two HCSWs - JD currently going through job matching.		
Llanelli				
My Surgery App (LL0002)	All 7 Practices to be signed-up with My Surgery App by August 2021	Six out of the seven Practices signed up to My Surgery App and are using it to engage with patients. Further work required this year to ensure this digital communication package is utilised to its full potential and linked in with Practice and Cluster websites.		
IRISi Pilot Domestic Violence and Abuse Training (LL0004)	To provide an evidence-based intervention that improves the general practice response to domestic abuse. Increase identifications and referrals of and for patients affected by DVA.	Clinical Lead and Advocate Educator appointed and work has commened on planning a training programme with Practies. The three day training has been completed. PCSM identified as Lead to sit on the monthly steering Group with plan to commence the Operational Group in September. The Clinical Lead SLA and Franchise Agreement has yet to be agreed and signed by the Health Board.		

Name and Code	Aim	Commentary	RAG	Trend
Physiotherapy MSK project (LL0005)	Work as an independent practitioner, accepting patients without prior contact or referral from their GP Offer a triage and treatment service for patients who present in the GP practice with a range of complex and common MSK conditions. Manage MSK referrals, including complex conditions that can be most appropriately managed within the surgery Work with GPs and other colleagues to develop and improve referral patters, including reducing pressures on secondary care services (including orthopaedics, rheumatology and pain	Two Physiotherapists are engaging well with all seven Practices in the Cluster. The current demand is manageable.		
Mind Llanelli (LL0006)	Continued to provide an equitable service throughout the cluster Keep access and waiting times to a minimum	Adult counselling and well-being work is ongoing and supported by all seven Practices. Demand for the service is continually monitored to prevent significant waiting times for patients or inappropriate referrals.		
Family Wellbeing Service provided by Connecting Youth, Children and Adults (CYCA) (LL0007)	Continued to provide an equitable service throughout the cluster Keep access and waiting times to a minimum	Children and Family Social Prescribing, counselling and well-being work is ongoing and supported by all seven Practices. Demand for the service is continually monitored to prevent significant waiting time for patients or inappropriate referrals.		
Community Pharmacy Mental Health and Wellbeing Project (LL0008)	The Community Pharmacy Mental Health and Wellbeing Project will be a service offered to all adults in the Llanelli Cluster who have been newly prescribed a Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant by their GP. Community Pharmacy dispensers and technicians will deliver the service when patients attend the Pharmacy to collect their medication. The project will specifically offer a Mental Health check providing an opportunity for a supportive conversation, medication advice and signposting to other Cluster services.	Uptake to the service has been slow and changes made to the service spec following consultation with local Community Pharmacy representives. CPW have agreed and support the changes. Meetings have commenced with the Deputy Chief Pharmaceutical Officer for Welsh Government who are keen to discuss the project with regards to progressing to Hywel Dda Health Board wide and eventually All Wales. This project is currently in the Bevan Commision programme.		
Healthy hearts prevention project aimed at improving whole population cardiovascular health by working in partnership in the Llanelli locality (LL0017)	Healthy hearts prevention project aimed at improving whole population cardiovascular health by working in partnership in the Llanelli locality	Cluster to employ two HCSWs - JD currently going through job matching.		
North Ceredigion				

Name and Code	Aim	Commentary	RAG	Trend
To provide counselling services for children ages 13-17 & 18-30yrs (NC0001)	To provide counselling services for children and adults when they need it.	Area 43 is operational with plans for procurement to begin a new procurement process so there is service continuity in the North of Ceredigion. The plan for this service is to be procured across the whole of Ceredigion.		
My Surgery App (NC0002)	All 7 Practices to actively signpost their patients and staff to use this app	My Surgery app is now operational amongst all practice's with a high level overview provided by the app developers. This project is self-funded by practice's but the health board/cluster has it's own login for cluster projects. These have now been added to the app.		
To provide online registration process for new registrants via Campus Dr (NC0003)	To reduce footfall into the surgery for registrations of new patients onto the Practice list. Practices to encourage use of the electronic registration form for all patients	Campus Doctor is now being used by surgeries with less students due to its ease for patients in registering for practice. This project is being evaluated with a view to mainstreaming with board at the end of the project for all Hywel Dda residents.		
Continue to deliver Physiotherapy in General Practice (NC0005)	To continue to provide triage and treatment service for patients who present in the GP practice with a range of complex and common MSK conditions. To understand the impact, demands and constraints of service provision	The cluster had struggled to recruit a part time (0.5 WTE) post with another 0.5 WTE post in place. A resignation has now been received from the 0.5 WTE post and despite the service not being operational. We have been able to go out to advert for a 1.0 WTE which we expect will help the recruitment situation.		
Set up and deliver Community Catheter Clinics (NC0006)	To set up the clinics in Aberaeron and Aberystwyth to serve the whole cluster population. To provide timely checks and intervention	The problems around recruitment are still prevalent with this project. Despite the project running with bank staff, there is not the permanent member of staff that we had expected with the project. These concerns have been raised with community nursing.		
To provide one stop health checks at Gorwelion (NC0008)	To support and work with the mental teams to ensure those with severe mental health needs are able to access physical health checks regularly and with staff they know	The project has now commenced with clinics seeing patients due to the deliver of a number of items. These items were previously not ordered but the clinic now has the items needed to run the service. As the clinics are new, data is in its infancy and more substantial updates will be provided throughout the quarters.		
Haul Arts for wellbeing Artpacks & creative writing (NC0009)	To support those with mental health issues through a social prescribing intervention	The project has received funding and is now able to commence the arts project in conjunction with the arts council of Wales. The cluster has indicated that the project is to focus on patients who are isolated within communities and the project has commenced.		

Name and Code	Aim	Commentary	RAG	Trend
Psychology in Primary Care – Cardio-vascular (NC0010)	To support individuals to make healthy lifestyle choices through the bio-psycho-social model	The service has only a few months left and is seeing patients with a mixed range of cardio-vascular conditions. As the service has limited time, the team are winding patients down and also working with primary care to launch a new project (subject to panel) for cancer patients.		
QI Methodology to develop remote diabetes reviews (NC0011)	To provide appropriate support to individuals with diabetes	This project has ceased due to the retirement of the Doctor on the project. Whilst there is an intention to run a diabetes project in the future, this would be different to what was running and will require a new bid form and process.		
Expert Patient Programe (EPP (NC0012)	To support individuals with chronic or life limiting conditions	The project has now ceased and a detailed evaluation document is being drafted. This shows from early indication that numbers from Ceredigion are lower than other clusters. Patients will still be able to access EPP courses which will continue to run across Hywel Dda.		
Open Eyes initiative in Optometry (NC0013)	To support our optometrists to deliver the Open Eyes initiative	The rollout will be in the summer, initially with acute conditions and community IP optoms (of which we have one practice in North Ceredigion, i.e. us in Aberystwyth). Other routine referrals etc should be rolled out later.		
Singing for lung health (Skylarks) (NC0014)	To support individuals with lung conditions & breathlessness	This project has recently been agreed for another year by the panel. As part of the extension, the project will open up to those with other respiratory problems, not just focussing on long covid. These sessions will remain online with some in person given patients a choice on how to access the service.		
Psychology in Primary Care - Chronic pain management (NC0015)	To support individuals with chronic pain to manage their pain through a bio-psycho-social model	The service is running at full capacity with a clear need across the cluster for this position. A bid form has been sent into panel for an expansion of the team to include a wider multi-disciplinary approach		
South Ceredigion				

Name and Code	Aim	Commentary	RAG	Trend
Physiotherapy in General Practice (SC0003)	Work as an independent practitioner, accepting patients without prior contact or referral from their GP. Offer a triage and treatment service for patients who present in the GP practice with a range of complex and common MSK conditions. Manage MSK referrals, including complex conditions that can be most appropriately managed within the surgery. Work with GPs and other colleagues to develop and improve referral patterns, including reducing pressures on secondary care services (including orthopaedics, rheumatology and pain clinics) and linked community services.	The newly appointed Physiotherapist is engaging well with all five Practices in the Cluster. We are awaiting an evaluation report from the service - Practices feel that demand would suggest recruiting an additional post-holder - it will be interesting to see whether referral data and appointment data supports this.		
Cluster based Screening Administrator (SC0004)	Predicted 30% uptake increase following implementation	The South Ceredigion Cluster has had no substantive PCSM or Cluster Lead for Q1 of 2022/23 which has contributed to the non-commencement of this project. A Cluster Lead has been successfully appointed and starts in post on 1st August 2022. Arrangements will be made for the newly appointed Cluster Lead to meet with colleagues from Public Health to discuss progressing this project.		
Stress CVD Psychology Project (SC0008)	this project continues to deliver intervention for cardiovascular risk factors at a primary care level to prevent the escalation of cardiovascular disease and cardiac events including MI and stroke. Uptake has been slow but we are working closely together to improve on this	This project only has a few months remaining and continually sees low patient referral numbers despite trying to engage with practices in the Cluster. Those patients who have been referred have provided positive feedback regarding the service.		
Area 43 Online Counselling Service for 16 – 25 year olds (SC0009)	Area 43 provide an ongoing service which is supported by all five practices	This project will come to an end later this year in South Ceredigion and we are currently in discussion with the North Ceredigion Cluster around procuring the project County-wide.		
Frailty Team (SC0010)	Frailty Team continue to accept referrals from all 5 practices via regular practice based MDT meetings. Both B7 Frailty Nurses now permanent staff members	The Frailty team, which consists of 2 full-time B7 nurses, continues to engage with all 5 practices in the Cluster and demand has never been greater. Patients continue to be referred via Practice-based MDT meetings.		
North Pembrokeshire				

Name and Code	Aim	Commentary	RAG	Trend
Cluster pharmacist (NP0001)	Rapid clinically safe reconciliation of discharge medication. - Improved governance for repeat prescribing for those patients as seen under the project. Fast access to pharmaceutical advice for General Practitioners. Improved cross sector working	Project ongoing and started the Bevan Exemplar		
Improved Multi Disciplinary Team working through employment of Care Co-ordinators (NP0003)	To improve lines of communication between the community hubs (Intermediate Care Team and Integrated Community Team) and General Practice and support the continued development of joint Community and Primary Care models of working. To understand ways of working in both General Practice and the Community; bringing together these, to promote a new level of understanding and share purpose in all of the multi-disciplinary roles across Primary and Community Care. Care Co-ordinators will be encouraged to form a strong relationship with their counterparts in the Intermediate Care Hub to improve and enhance the patient journey and to bring professionals together to speed up the responses to patient need.	Whilst the Cluster remains at a deficit of 3 Care Co-ordinators, the work that is ongoing with the exisiting Co-ordinator has been well received by 7/8 practices and MDT working is improving in these practices. 1 practice has withdrawn from the project and we are exploring ways to maintain MDT working in the affected Integrated Community Network. We are currently looking at the current model of working with the County Team, compaare to the South Pembrokeshire s Cluster Model of working for CRT/MDT working.		
Provision of a Dietetic Led IBS Service in Primary Care (NP0004)	It is proposed that the specialist Dietitian will work across the cluster to agree an alternative dietetic led pathway for the management of newly diagnosed patients with IBS. This will include the delivery of group sessions as well as specialist dietetic clinics delivered in line with evidence based guidance and practice. The Dietitian will work within a governance framework and will be supported by the Dietetic service. Outcomes will be evaluated and reported through the cluster and Healthier Pembrokeshire Operational forum. Timely access to support for patients. Improved patient outcomes and quality of life. Reduction in number of GP appointments in relation to IBS. - Reduction in demand on Gastroenterology. Reduction in cost due to changes in investigation and prescribing	The project is due to finish in July 2022 due to not being able to recruit to the Dietican post. The project has been seen as having postive outcomes and conversation where had to this being a core service.		

Name and Code	Aim	Commentary	RAG	Trend
Improve access to low level mental health services (NP0006)	Continued to provide an equitable service throughout the cluster. Keep access and waiting times to a minimum. Improve access to services for the population. Extend the current project to enable access for patients with low level mental health needs or with underlying non-medical needs to deal with a range of issues such as housing, welfare benefits and debt	RIF funding has been agreed for the partners for Journey project Nov 2022 to contuine this approach of working for addtional 2 to 5 years.		
Physiotherapy in General Practice (NP0007)	Work as an independent practitioner, accepting patients without prior contact or referral from their GP. Offer a triage and treatment service for patients who present in the GP practice with a range of complex and common MSK conditions. Manage MSK referrals, including complex conditions that can be most appropriately managed within the surgery Work with GPs and other colleagues to develop and improve referral patters, including to reduce pressures on secondary care services (including orthopaedics, rheumatology and pain clinics) and linked community services.	Practcies are using the service and patients are being seen. We are currently having to go out to recrtuiment due to M/L and a new post due to a Physio leaving the role. We will havea break in service for a 2mths.		
Bowel Screening (NP0008)	Predicted 30% uptake increase following implementation	This work is on going for completion by the one practcie within the Cluster		
eye care services (NP0010)	To increase the number of Optometrists to gain Independent Prescriber status and therefore facilitate the management of patients with acute eye problems within the primary optometric care setting. To increase the number of Optometrists within the locality with advanced training to hold the Higher Glaucoma Certificate	Started the courses and attending unviersity.		
Increase access to defibrillators within the Community (NP0011)	Each Primary Care Optometry Practice within the North Pembrokeshire Cluster will be equipped with an Automated External Defibrillator with up to 4 people from each practice attending hands-on basic life support / CPR training event which includes use of AED's.	The Defibs have been order.		
South Pembrokeshire				

Name and Code	Aim	Commentary	RAG	Trend
MSK PHYSIOTHERAPY (SP0002)	Work as an independent practitioner, accepting patients without prior contact or referral from their GP. To support one IP Training with the MSK Physio Offer a triage and treatment service for patients who present in the GP practice with a range of complex and common MSK conditions. Manage MSK referrals, including complex conditions that can be most appropriately managed within the surgery Work with GPs and other colleagues to develop and improve referral patters, including to reduce pressures on secondary care services (including orthopedics and rheumatology and pain clinics) and linked community services	B7 Physio to sit along side the exsiting team 2x MSK 8a Physio's as part of the vision of the orginal project. This will give us addtional flexabilty across the loclaity to support the patient need and demand. We have allocated addtional session's on the model of the patient population list size within practcies.		
Cluster Pharmacist Respiratory IP (SP0003)	Identify and safely manage according to National guidelines at risk asthma and COPD patients in the South Pembrokeshire cluster Reduce the workload on Primary and Secondary Care during the current crisis through optimal maintenance treatment and equipping the patients with the tools via asthma action or COPD management plan to manage a worsening condition themselves whenever possible. Building relationships with Secondary Care Level, Community Pharmacy/EPP	The project is due to end on the 31st August 2022 and we are currently in the process of the evulation of the project. We then will be starting the journey of the Schools Respiratory Asthma Project across the whole of South and North Pembrokeshire Locality with 52 Primary Schools.		
Cluster Youth Resilience Project Children aged 8 to 18 years of age (SP0004)	ExamThe service would be a resilience based therapeutic service for children and young people. The service will be systemic and would support extended family members to help the child recover from emotional distress, ”A Family Wellbeing Service” “Early intervention and prevention for children and young people in improving resilience and wellbeing: 85% by March 2022 The focus of the support will be the child, but the support offered will need to be mirrored in the home environment to ensure the child receives reinforced messages to improve wellbeing. The service would need to provide individualised package of support focussing on the stress triggers that impact on the child’s wellbeing. Collection of data and case stories	We currently have a delay service due to staff members leaving the fixed term posts and we are currently out to recruitment so we are still meeting some of the objectives with support from a Youth Worker and a 1 day a week post. GP's are currently aware of this and and other stakeholders.		

Name and Code	Aim	Commentary	RAG	Trend
Cluster South Pembrokeshire Integrated Community Team Building Capacity (SP0009)	Identify Patients with long-term conditions who attend the GP practice or engage with multiple organisations frequently to proactively develop a care plan to mitigate unwarranted access demand across the system, or those who fail to engage with the Practice entirely to proactively develop a care plan to mitigate acute/emergency access demand across the system. Diabetes, COPD, Cardiac Referral via the CRT/MDT To build on the existing integrated teams with new or additional roles to enhance multi-professional approaches to care stratification, co-ordination and delivery. To specifically support identified population health needs to increase “Time spent at home” particularly for those people not actively reviewed within the existing MDTs:	The team have really moulded as a MDT team and working across all 5 practcies and linking in with all the 5 CRT'/MDT meetings. We are seeing some very impacting outcomes and join up working. Building relationships with all stakeholders and external teams members. We are in the process of a 12mth evualtion. The team meet weekly as there own CRT and we meet as a project group monthly.		
MIND/CAB Partners for the Journey. (SP0010)	Extend the current project to enable access for patients with low level mental health needs or with underlying non-medical needs to deal with a range of issues such as housing, welfare benefits and debt	The project has met all the outcomes and more. Mind and CAB have completed a report of the jounery so far and we shall cease funding fromt he cluster in Nov 22 and this will then be funded by RIF funding for addtional 2 years. We are in conversation's with the Local Authority to discussing funding for addtional roles Outreach Work to link in with the Rural Communities and Food Banks in local communities venues.		
Cluster Pembrokeshire Referral Review Project: (SP0011)	Undertake a referral audit for 4 weeks to identify opportunities for primary care led referral management	Due to Start in Sept 2022 - 1st phase in the procurement porcess of a multi quote		
Championing Learning Disabilities: (SP0012)	To upskill cluster staff in learning disability (LD) awareness, and to develop meaningful engagement with the LD community in the area. LD Champions in each practice Education sessions Open day Event	The project is currently out as a multi quote hoping to start in July/August 2022		

Name and Code	Aim	Commentary	RAG	Trend
Independent Prescribing Primary Care Optometrist (SP0013)	To increase the number of Optometrists to gain Independent Prescriber status and therefore facilitate the management of patients with acute eye problems within the primary optometric care setting. To increase the number of Optometrists within the locality with advanced training to hold the Higher Glaucoma Certificate	Optometrist has starting the jounery at univeristy. The 2nd Optomisterist that we have funded previously has nearly finish the course and has just needs to complete his hours worked under a Consultant which has proven diffcult during the COVID.