**Written Response by the Welsh Government to the report of the Health, Social Care and Sport Committee entitled Primary Care: Clusters**

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I am grateful to the Committee for its inquiry into primary care. Clusters are clearly an important element of the Welsh Government's policy agenda. There are, of course, a number of other important elements including, for example:

- the shift of focus in leadership and investment away from illness and hospitals towards primary care,
- recruitment and retention, and
- the national contractual frameworks for primary care.

I welcome the fact that the body of the report recognised a wide range of good work being undertaken by clusters and how they have developed since the national plan for a primary care service for Wales was published in 2014. This resonates with the positive comments made by the Organisation for Economic Co-operation and Development (OECD) 2016 review of health care systems in the UK and the interim report from the Parliamentary Review into health and social care.

I note that the recommendations do not recognise the progress made by clusters in a short time. For my part, I will continue to encourage clusters to evolve and mature as the right approach to planning accessible and sustainable local care.

I made clear in my evidence that we have been careful to avoid being overly prescriptive about how clusters should develop. We set out to ensure they have the flexibility to respond to local challenges and needs assessments, whilst providing a framework within which clusters and health boards operate.

The recommendations centre on areas of work we have already recognised as needed in our national plan for a primary care service in Wales. I explained in my evidence that action was underway or planned. The Committee's report will help inform that work.

**Detailed Responses to the report's recommendations are set out below:**

**Recommendation 1 - The Welsh Government should publish a refreshed model for primary care clusters which restates a clearly defined vision for them from the beginning of the new financial year.**

**Response: Accept in principle**

The Welsh Government's vision for primary care clusters, based on evidence from the King's Fund, is articulated in our national plan for a primary care service for Wales. Since the plan was published in 2014, I have and will continue to work with service planners and providers to develop a progressively deeper understanding of the benefits of collaboration at this local level. Through this collaboration all available resources, not just those in the NHS, can be used to plan and provide equity of access to high quality, sustainable care, as locally as possible, to meet identified need.

The Welsh Government's strategy, *Prosperity for All*, reinforces our commitment to cluster working.

We will further articulate our vision in our action plan for the NHS and social care, to be published next April. This will be informed by learning from practice to date, the Committee's report and the outcome of the Parliamentary Review of health and social care.

**Financial Implications** – There are no additional financial implications.

**Recommendation 2 - The Welsh Government should publish guidance for primary care clusters to accompany the refreshed model [Recommendation 1]. This should include good practice and should set out: a basic governance framework; example terms of reference; suggested core membership; quorum requirements for meetings; suggested decision making processes.**

**And**

**Recommendation 3 -The Welsh Government should set out its expectation that primary care clusters function in a more agile way rather than being constrained by health boards' decision making processes. The guidance [Recommendation 2] should set out a clear process for delegating decision making to clusters.**

**Response: Accept**

The national primary care plan requires health boards to agree a set of all Wales governance arrangements to support clusters to develop and mature. The timing of this work has been important. Firstly, we wanted to avoid overwhelming clusters in their early days of development. Secondly, we wanted the arrangements to be informed by learning, recognising that clusters are at different states of maturity.

Health board directors of primary, community and mental health have already begun preparatory work. They are holding a workshop in February 2018 to draw together proposed governance arrangements for optimally functioning clusters. These will draw on learning and good practice to date. Importantly, they will be enabling, not overly prescriptive, and designed to support each cluster's individual development journey. I will ask the national primary care board to agree the governance arrangements by June 2018.

**Financial Implications** – There are no additional financial implications.

**Recommendation 4 - The Welsh Government should set a timescale for the publication of primary care cluster plans to promote transparency and to enable scrutiny in a timely manner.**

**Response: Accept**
The national plan for a primary care service for Wales states clearly the Welsh Government's expectation that cluster level plans should underpin and drive health board plans. Cluster level plans are already published on the Welsh Government's

website. To aid further transparency, I will share my response to your recommendations with the chairs and vice chairs of health boards. In my covering letter, I will ask them to publish their clusters' plans, alongside health boards' plans, on their public facing websites by April each year. This will start with plans for the 3 year period of 2018-2021.

**Financial Implications** – There are no additional financial implications.

**Recommendation 5 - The Welsh Government should develop and action a national campaign aimed at patients which supports and promotes the primary care cluster model. Building on the 'Choose Well' campaign, it should be aimed specifically at changing attitudes and promoting the view that all primary care professionals have equal value in their areas of expertise.**

**Response: Accept**
The Welsh Government has recently allocated £0.21 million for 2017-18 to support local action, using a nationally agreed narrative, to raise public awareness of the benefits to changes. This, however, is only one part of changing public attitudes. The manner in which politicians, professional groups and the media refer to health and care professionals has a powerful impact on the public.

**Financial Implications** – There are no additional financial implications.

**Recommendation 6 - The Welsh Government's guidance [Recommendation 2] should set out practical ways and examples of how primary care clusters and secondary care staff should engage with each other in order to deliver on the existing expectations for clusters to have an impact on secondary and unscheduled care.**

**Response: Accept**
The governance arrangements being developed for cluster working, referred to in the response to recommendations 2 and 3, will articulate how cluster working can enable collaboration between people working in primary and secondary care. This will include examples of good practice of integrated working in both planned and unscheduled care, with the care delivered as locally as possible.

**Financial Implications** – There are no additional financial implications.

**Recommendation 7 - The Welsh Government's guidance [Recommendation 2] should clarify its expectations for clusters both with regard to their impact on local health inequalities and also the extent to which they should be taking forward preventative work. It should also include good practice examples.**

**Response: Accept in principle**
The Welsh Government's national plan for a primary care service for Wales already sets out clear and specific actions at cluster level to tackle inequalities in health outcomes and plan and deliver more preventative care and support.

Examples of action include the service models being tested by Aneurin Bevan and Cwm Taf University Health Boards to tackle the inverse care law. This involves

increasing the volume and intensity of services for people living in more deprived cluster areas to identify those with an increased risk of cardiovascular disease and support them to manage that risk.

Other important examples of developing preventative care are the various social prescribing models for more systematically signposting people to the wide range of local non-clinical wellbeing services provided by the third sector.

The governance arrangements for cluster working, referred to in the response to recommendations 2 and 3 will reinforce the opportunities at cluster level. We will explore what more might be needed in the context of the outcome of the Parliamentary Review of health and social care and our action plan for the NHS and social care, to be published next April.

**Financial Implications** – There are no additional financial implications.

**Recommendation 8 - As a matter of urgency the Welsh Government must work with relevant stakeholders to resolve the problems relating to the employment status of cluster staff, indemnity, pension, and funding issues. This should include exploring the potential for primary care clusters to have their own legal status.**

**Response: Accept**
Health board directors of primary, community and mental health have already identified examples from across Wales of innovative solutions to address issues such as indemnity and employment status which arise out of cluster level service provision. To share these systematically across Wales, these will be published on the new Primary Care One website, which was launched on 16 November.

The issue of legal status and optimal cluster working will be considered as part of the governance arrangements being drawn together and referred to in the response to recommendations 2 and 3.

**Financial Implications** – There are no additional financial implications.

**Recommendation 9 - The Welsh Government should set out a framework to establish professional parameters for clinical staff which reflect new and developing roles and responsibilities. It should also set out its expectations regarding clinical supervision arrangements within primary care clusters.**

**Response: Accept**
Clinical supervision arrangements within primary care clusters is being addressed as part of the work set out in my response to recommendation 8.

We have identified the issue of new roles and responsibilities as matters for consideration by Health Education Improvement Wales from April 2018.

**Financial Implications** – There are no additional financial implications.

**Recommendation 10 - The Welsh Government should put in place a national lead to co-ordinate training and development needs within clusters. It should also set out its expectations as to how training needs will be identified systematically at a local level.**

**Response: Reject**
The national plan for a primary care service for Wales requires health boards to support their clusters to identify and plan how to address their individual development needs.

Nationally, health board directors of primary, community and mental health have and will continue to work with Public Health Wales' primary care hub and the *1000Lives* Team to provide a coordinated programme of training and organisational development support for clusters. Examples of this support include the Confident Leaders Programme for cluster leads and a series of events to share learning and good practice. The *1000Lives* Team also provides support at a local level tailored to need.

**Recommendation 11 - The Welsh Government should ensure that cluster development money is allocated to individual clusters on a three year rather than a one year basis.**

**Response: Reject**
The Welsh Government has allocated the £10 million from the national primary care fund for clusters to determine how to invest on a recurrent basis. Clusters have invested in a mix of both recurrent and non-recurrent ways. As the planning function of clusters matures, clusters will increasingly be better able to realise the opportunities of taking decisions on the use of this funding through their rolling 3 year plans.

Where clusters have invested in testing innovative solutions, the annual refresh of the 3 year plans provide the mechanism for decisions on what should stop and what should be scaled up and mainstreamed through health board level 3 year plans, using health boards' core discretionary funding. This in turn releases funding from the £10 million for clusters to reinvest.

**Recommendation 12 - The Welsh Government should undertake a review to identify current primary care funding streams in order to work towards rationalising and maximising the impact of the total available funding.**

**Response: Reject**
Through the annual health board allocation letter, recurrent funding streams for primary care contracted services are already clearly identified in the form of ring fenced funding, or separately identified funding, to ensure minimum levels of spend by health boards (except prescribing). The allocation for Hospital, Community Health Services and Prescribing also funds wider community health services and primary care prescribing costs. The following is a link to the allocation letter for 2017-18 - http://gov.wales/docs/dhss/publications/161221whc055en.pdf

The allocation letter also sets out for example the recurrent funding to health boards from the national primary care fund, including the allocation to health boards of £10million for primary care clusters – Table 6. Included in Table B1 are the ring fenced allocations for the Integrated Care Fund and the funding to support the national delivery plans.

**Recommendation 13 - The Welsh Government should work with health boards and cluster leads to establish clear decision making processes for quickly evaluating and scaling up successful models and ceasing funding for less successful initiatives.**

**Response: Reject**

A decision-making process already exists for testing new and innovative ways of organising and delivering primary care and identifying what represents good practice for rolling out across Wales and what should be stopped. This is the national pacesetter programme, which was established in 2015-16 using £3.8 million of the national primary care fund. The model of clinically led triage and multi-professional primary care, planned and delivered through clusters is probably the most significant and widely accepted good practice which has emerged from the national programme.

The Welsh Government has provided funding for an external critical appraisal of the national pacesetter programme which is due to report in February 2018.

Decisions on scaling up good practice identified through the national programme along with positive results from local initiatives already exists in the form of the 3 year rolling plans which clusters and health boards produce each year.

I accept the pace and scale of adopting and adapting good practice needs to increase. I will ask health boards to review their planning processes to ensure evaluation of successful local initiatives is systematic and proportionate. Unsuccessful initiatives must be stopped. Successful ones must be scaled up, funded from health boards' core discretionary resources. This should release funding at cluster level to invest in new innovative approaches.

I will be monitoring tangible results from health boards in scaling up the model of primary care which has emerged from the pacesetter programme. I will ask the national primary care board to agree key milestones to drive the implementation of the model across Wales at its meeting in December 2017. All health boards will use these to inform their plans for 2018-21.

Systematically sharing learning and good practice is important. The new Primary Care One website was launched on the 16 November. It provides a repository of international, national and local examples of good practice and learning to inform cluster and health board level plans.

**Recommendation 14 - The Welsh Government should work with health boards to undertake a review of the primary care estate with a specific reference to the**

**physical capacity for multi-disciplinary working and the capital funding requirements to support the new models of care.**

**Response: Accept in principle**
Each individual health board has a responsibility to commission services and award contracts to GP contractors and ensure that the facilities for providing such services are fit for purpose. While the Welsh Government is able to influence and support this in a range of ways, the ultimate responsibility to manage, identify and prioritise investment is the responsibility of health boards, working through the clusters.

The Welsh Government's national plan for a primary care service for Wales clearly identifies the need for creative and flexible facilities to deliver integrated, multi professional care close to people's homes.

The Welsh Government has been working closely with health board directors of primary, community and mental health and we have recently agreed an initial pipeline of 19 primary and community care projects across Wales to be delivered by 2021. These projects look to invest in a new generation of health and integrated care centres which are a key commitment in *Taking Wales Forward* and a cornerstone in *Prosperity for All.*

**Financial Implications** – There are no additional financial implications.

**Recommendation 15 - This Committee has already included scrutiny of the ICT Infrastructure supporting the NHS within its forward work programme. The interim report of the Parliamentary Review of Health and Social Care set out the need for better exchange of data within NHS Wales and to other service providers; a key element of which will be the need to better link health and social care ICT. These are key issues to underpin cluster working and Welsh Government must set out a plan in response to the final Parliamentary Review report.**

**Response: Accept**
The Welsh Government's national primary care plan for Wales and our Informed Health and Care - A digital strategy for health and care in Wales both clearly identify IT infrastructure as a critical enabler in delivering optimal multi-professional integrated health and social care. Health board directors of primary, community and mental health have put in place a national primary care IT and information board to drive this agenda.

Key action to improve the exchange of data between NHS Wales and other providers includes:

- The development of a single directory of services, which will underpin the new 111 telephones and website and local authority information, advice and assistance service for the public and professionals to enable effective signposting to quality assured health advice and guidance.
- The creation of the primary care clinical portal, which provides a dashboard of key clinical information - providing data at practice, cluster, and health board level.

- The roll-out of the Welsh Community Care Information System – a common system for health and social care which further enables safe and effective sharing of patient/client information. There are currently nine live Authorities – these are Bridgend, Ceredigion, Blaenau Gwent, Merthyr Tydfil, Gwynedd, Isle of Anglesey and Torfaen County Councils, as well as both Powys teaching Health Board and County Council.

**Financial Implications** – There are no additional financial implications.

**Recommendation 16 - Evidencing whether primary care clusters are an effective model and deliver value for money is crucial. As a matter of urgency, the Welsh Government must ensure there is a much clearer and more robust mechanism for evaluating cluster work. Despite the clear challenges, there must be attention given to how evaluation mechanisms can begin to measure the impact of cluster work on patient outcomes.**

**Response: Reject**
Our national plan for a primary care service for Wales is underpinned by existing evidence from the King's Fund that assessing population need and planning and delivering care to meet that need is most effective when done at a very local level of between 25,000 and 100,000 population. The OECD 2016 review of UK health systems and the interim report from the Parliamentary Review of health and social care provide further evidence of the value of cluster working.

To measure the impact of local collaboration on the health and wellbeing outcomes of their populations, clusters can use the results of evaluation of their local initiatives and the new nationally agreed set of quality and delivery measures for primary care. I expect this information to provide a reliable indication of the value of clusters. Sharing this information will help inform and justify future plans at cluster and health board level across Wales.

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