





**PRIMARY CARE, COMMUNITY AND THERAPIES- R&S PLAN 22/23**

**YEAR 1 STATUS KEY:**

<b>FUNDED</b> – Monies identified and funding agreed, (e.g. investment approved by Health Board in 21/22, WG approved)	<b>Q1 METHOD STATUS KEY (FOR YEAR 1 DELIVERABLE SCHEMES - FUNDED/ COST NEUTRAL/ TIER 1):</b>
<b>Cost Neutral</b> – to be delivered from within existing resource	On track
<b>Tier 1 Priorities:</b> Schemes that have been identified for priority investment in year 1, subject to business case approval.	Monitoring
<b>Tier 2 Priorities:</b> Schemes where no funding has been allocated but will be considered for initial investment allocation subject to business case approval.	Off Track
<b>Tier 3 Priorities (T3):</b> Schemes where no funding has been allocated but will be considered for investment subject to business case approval if	Completed

<b>Q2 METHOD STATUS KEY (FOR YEAR 1 DELIVERABLE SCHEMES - FUNDED/ COST NEUTRAL/ TIER 1):</b>
On track
Monitoring
Off Track
Completed

<b>Q3 METHOD STATUS KEY (FOR YEAR 1 DELIVERABLE SCHEMES - FUNDED/ COST NEUTRAL/ TIER 1):</b>
On track
Monitoring
Off Track
Completed

For off track methods please detail in 'Q3 COMMENTS' column below the mitigating actions in place and the timescales to get actions back on track or proposed amended timescales to be approved

**Risk score:**

**Risk Trends:**

1 - 4  
LOW

5 - 8  
MODERATE

9 - 15  
Amber  
SIGNIFICANT

16 - 25  
HIGH

↑  
↓  
→

<b>Delivery timeline Key</b>	
	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

PLEASE ADD / REVISE DETAIL AND NARRATIVE FOR QUARTELY MILESTONES AS REQUIRED

GOAL	METHOD	STATUS	METHOD DELIVERY STATUS AT Q1	Q1 DELIVERY COMMENTS / MITIGATING ACTIONS	METHOD DELIVERY STATUS AT Q2 1st July 22 - 30th Sept 22	Q2 DELIVERY COMMENTS / MITIGATING ACTIONS/ REVISED DELIVERY DATES	METHOD DELIVERY STATUS AT Q3 1st Oct 22 - 31st Dec 22	Q3 DELIVERY COMMENTS / MITIGATING ACTIONS/ REVISED DELIVERY DATES	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION	RISKS TO DELIVERY - CURRENT RISK SCORE	RISKS TO DELIVERY - TREND	MILESTONES/ DELIVERY TIMELINES			
													Q1	Q2	Q3	Q4
To maximise opportunities to roll out prevention and wellbeing initiatives in primary care clinical and non-clinical settings as a key component towards the transformation of the SBUHB health and care system.	Delivering programmes of patient activation and coproduction within Podiatry and Orthotics for sustainable change and to improve population skills and confidence to self manage their health	COST NEUTRAL	On track		Project not due for delivery until Q3. PCTG focused on GMDs in published R&S plan for Q1 & Q1		On track						Review data from 21/22 and review plan and product	Review data from 21/22 and review plan and product	Implement any amendments from original plan	Implement any amendments from original plan
	Subject to successful Business Case, delivery of pre-diabetes programme within all clusters.	FUNDED	On track	Implementation of phase 1 of service commenced. Outcomes and evaluation towards further development of service Dietitian and 3 HCSW recruited to. Other HCSW post out to advert. Accommodation for clinics secured. Training for HCSW booked	On track	City & upper valleys cluster started clinics (AWDPP funded clusters) Penderi cluster started clinics (SPCC funded) Bay HCSW appointed & starting in Oct 22 Out to advert for remaining 4 HCSW (for Llwchwr & 3 x business case funded clusters) Privacy notice agreed Joint controller agreement still to be agreed - with legal team Estimated launch of early 2023 for BC clusters 9Neath, Afan, Cwm Tawe	Off Track	Clinic delivery established in 10/12 practices in Stage 1 clusters (AWDPP funded) and delivered n rollign basis across clusters . Stage 2 implemetaion in progress (SPCC funded clusters) and completion expected during Q4 . Additional 4 HCSW appointed with expected start date end Jan 2023 . Programme evaluation commenced in conjunction with national programme lead . Implementation of stage 3 delayed	Unexpected staff absence from beginning of Q4 and potential delays in recruitment to HCSW and additional programme staff will impact roll out into remaining clusters. Lack of engagement from clusters	Redeployment of staff to maintain delivery in AWDPP funded clusters Engagement underway to facilitate start date in SPCC clusters	12	↑	Implementation of phase 1 of service commenced. Outcomes and evaluation towards further development of service	Implementation of phase 2 of service commenced. Outcomes and evaluation towards further development of service	Implementation of phase 3 of service commenced. Outcomes and evaluation towards further development of service	Complete implementation of stage 1 of programme and begin implementation of stage 2. 2023-24 Q1 full service delivery
To ensure that as far as possible primary care is consistent on a 24/7 and geographic basis as there is a recognition that primary and community care services across Wales vary depending on the time of day and location.	Review and implement new urgent care pathways and single point of access model within Dental Services	FUNDED	On track		On track	Single Point of Access (SPA) team have been relocated into suitable accommodation. Dental Operations Manager due to commence in post in Q2 to implement final stage of SPA.	On track						Single Point of Access model implemented. Evaluating outcomes of new urgent care pathways (2 pathways currently being piloted)	Implementation of new urgent care pathways (depending on outcome of pilot)	On-going review of pathway	On-going review of pathway
	Improve Oral Health for older people living in care as part of Frailty reduction measures by establishing GaB as core service and use its principles to establish rolling programme for similar services at hospital sites; Review domiciliary contracts & Transformation Funded Therapist Programme model	FUNDED	On track		WG funded GaB Programme continues to progress in care homes. Training is provided to ward staff in Singleton Hospital on a monthly basis by the GaB Team - this element is not currently funded by the programme but is a gesture of 'good will'. GDS Domiciliary review has been undertaken and a model proposed to the LDC for GDP contractors and a Dental Therapist led transformation programme. Funding has been applied for to support establishing a hospital based rolling programme, this would follow the core GaB principles - no confirmed outcome of bid currently. There is a meeting planned on 10th October to discuss the plans with the four domiciliary contractors.	On track		On track						Develop and agree model	roll out of model	evaluation
Large scale change to support and manage the implementation of National Contract Reform across ALL x4 Contractor elements. Significant impact on PCT.		FUNDED	On track	One HB Protected Learning Time Session in planning for Sep 2022. First quarter check completed on 22-23 Additional Capacity Funding: claims submitted by 41% of practices in qtr 1. 100% of Community Pharmacies have signed up to the clinical consultation framework. 88% of dental practices have signed up for contract variation. Optometry CR roll-out not yet commenced by WG.	On track	HB PLTS Sep deferred due to Adastrra to Nov 2022. First cluster PLTS proceeding for 12 Oct 2022. Additional Capacity Funding claims paid in quarter 1 (just over £25,000). Significant resource requirements at Q4/ end from GMS PCT, which also includes evidence validation of Access Q2 submissions. Roll out of Quick Start & Bridging Contraception training service in community pharmacy that will form a part of the CCPS in November 2022. Awaiting WG finalised documents on Optometry Contract Reform, expected implementation in Q3.	On track						First phase implementation in line with national regulatory framework.	Second phase implementation in line with national regulatory framework including Quality and Outcomes Framework	Preparation and understanding of further contract changes for 2023/2024	Preparation and understanding of further contract changes for 2023/2024
	Develop and strengthen the Primary Care and Sustainability Team; continued use of the GMS Merger Framework	FUNDED TBC	On track	First tranche of 4 practices of 14 to be offered RCGP bespoke package of support. This represents 29% of practices in total. National sustainability framework distributed to 100% of practices for completion.	On track	RCGP liaison continues to plan roll out, informed by risk status identified in National Sustainability Framework (within limitations of this tool). One MOU returned, three awaited. Recruitment to x2 band 6 Primary care development managers underway.	On track						Recruitment of workforce	Commence programme of sustainability visits	Support continued transformation of services and training development	
To accelerate the implementation of the full primary care model at cluster level key links will be made with transformation programmes, both at national and local level so that any learning is shared quickly across primary care and further informs the vision for clusters.	Implementation of the National 'Accelerated Cluster Development' (ACD) Programme. This will be a significant piece of work to be completed and coordinated on a National and HB basis which will see change to how Cluster based planning and delivery is undertaken in line with commissioning frameworks.	FUNDED TBC	On track	Vision for SBUHB signed off . Initial ACD implementation plan in place. Identify legacy issues. Implementing communications plan.	On track		On track						Vision for SBUHB signed off . Initial ACD implementation plan in place. Identify legacy issues. Implementing communications plan.	Commenced shadow running. Planning/ Commissioning Group's met. Identified and established four contract collaborations in line with contract reform .	Embedding Planning/ Commissioning Group's and four-sets of collaboratives. Development of 2022/23 plan.	Agreement of 2022/2023 plan
	Service group to support the delivery of Cluster IMTPs	COST NEUTRAL	On track	Cluster IMTPs - completed x8. Local Cluster Collaboratives now in place and will be monitoring implementation. Q1 reports to be presented to Clusters in September LCC meetings	On track		On track						Implement monitoring system of cluster IMTP delivery – completing an exception report for each cluster meeting / Support for project delivery including HR and procurement advice and support.	Implement monitoring system of cluster IMTP delivery – completing an exception report for each cluster meeting / Support for project delivery including HR and procurement advice and support.	Commence planning for 23/24 cluster IMTP taking into account new ACD structure.	Finalise preparation of 23/24 Cluster IMTP





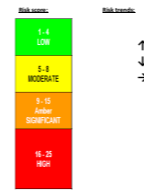




**MENTAL HEALTH AND LEARNING DISABILITIES  
R&S PLAN 22/23**

Method Key	Q1 METHOD STATUS KEY FOR YEAR 1 DELIVERABLE SCHEMES / FUNDING CODE / MILESTONE / TB 11	Q2 METHOD STATUS KEY FOR YEAR 1 DELIVERABLE SCHEMES / FUNDING CODE / MILESTONE / TB 11	Q3 METHOD STATUS KEY FOR YEAR 1 DELIVERABLE SCHEMES / FUNDING CODE / MILESTONE / TB 11
Completed - Review finalised and funding agreed. In-governance agreement for health Board in 21/22, W16 or W17/18 forward	On track	On track	On track
On track - Review with delivery team confirmed from delivery meeting	Monitoring	Monitoring	Monitoring
Top 1 Priorities - Delivery team has been identified for delivery commitment to year 1. Funding to be confirmed for delivery team	Off track	Off track	Off track
Top 2 Priorities - Delivery team has been identified for delivery commitment to year 1. Funding to be confirmed for delivery team	Completed	Completed	Completed
Top 3 Priorities - Delivery team has been identified for delivery commitment to year 1. Funding to be confirmed for delivery team	Completed	Completed	Completed

For off track methods please detail in 'Q3 COMMENTS' column below the mitigating actions to place and the timescale to get actions back on track or proposed alternative timescale to be approved



Deliverable Area	Planning task / action	Implementation or Delivery task / action	Consultation task / action (staff or public)

EXPLAN AND / REVIEW DETAIL AND NARRATIVE FOR QUARTERLY MILESTONES AS REQUIRED

GOAL	METHOD	OUTCOMES	STATUS	METHOD DELIVERY STATUS AT Q1	Q1 DELIVERY COMMENTS / MITIGATING ACTIONS	METHOD DELIVERY STATUS AT Q2	Q2 DELIVERY COMMENTS / MITIGATING ACTIONS / REVISED DELIVERY DATES	METHOD DELIVERY STATUS AT Q3	Q3 DELIVERY COMMENTS / MITIGATING ACTIONS / REVISED DELIVERY DATES	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION	RISKS TO DELIVERY - CURRENT RISK SCORE	RISKS TO DELIVERY - TRENDS	MILESTONS / DELIVERY TIMELINES				
														Q1	Q2	Q3	Q4	
Improve Mental Health Crisis in Mental Health Services. Develop a 24/7 initial access, response and triage system to provide early and proportionate responses to prevent escalation of mental health crisis.	Expand the current 111 pilot of direct out of hours GP advice on weekends to a seven day out of hours service.	Provide access to mental health support as early as possible. Ensure that mental health crisis pathways to a lead with physical health care.	PLANNED	Completed	111 went live from April 2022	Completed		Completed										
			PLANNED	On track	111 Phase 2 due to go live 1st August 2022. This was delayed by W16.	Completed		Completed										
Improved management of the demands of the CIC expenditure	Expansion of CIC commissioning team for MFT and ID services to 11 W16 across bands 1-6b	Recruitment of additional staff for expansion. Re-assess capacity for case management, referral reviews, cost avoidance/hauling. Reduction in costs by the expansion of 6-8 CIC cases.	PLANNED	On track	CIC Pilot due to be completed end of financial year 2022. Initial Phase 1 report has been completed. Meeting with CEO 12.07.22 to discuss plans.	On track		Off track	Timescale has changed in relation to the outcome of the CIC work. CEO has met with local authorities to agree a new forward. This has yet to be agreed and discussions continue. CEO will follow up letter to LA, awaiting response.	Agreement needed on way forward between HB & LA	Work continues to review remaining current cases to ensure right-sizing	10						
			PLANNED	On track	111 Phase 2 due to go live 1st August 2022. This was delayed by W16.	Completed		Completed										
Reduce dependence on ID hospital based services within our own estates and within the private sector.	Redesign current ID Model of care covering specialist treatment services. Expand community learning disability community provision. Collaboration via the joint ID commissioning group, with the three health boards, SHHH, DASH and TCMHSD to ensure consistency of approach and approval from all areas.	Agreement from the three health boards on the revised model of services. Re-structure program started from the private sector placements. Joint ID funding to demonstrate change to the three health boards. Cost avoidance/hauling. Reduction in cost avoidance/hauling. Reduction in cost avoidance/hauling. Reduction in cost avoidance/hauling.	PLANNED	Monitoring	Planning and developing business case. Expansion of out of hours, IDIST approval. SOP being reviewed with CTRM and IDV. Continue to work with LA and H&A.	Monitoring		Monitoring	1 Year pilot running service model or service ID services provided to CTRM and IDV. Awaiting feedback and confirmation of agreement. Regular joint meetings between 3 Health Boards to oversee change programme. New meetings to be held by CEO of CTRM. Review of workforce plans to identify opportunities for new roles and different ways of working. Ongoing engagement with 3 Community Health Councils on learning disability services generally and change plans specifically. Inclusion of short term prototype of Programme management skills in investment plan for use of existing resources. Workforce - Limited availability of registered and non-registered staff in 6b sector posts.			8						
			PLANNED	Monitoring	Adult Inpatient Re-approach report being completed. See meeting end of August 2023. Completed. Audited as part of the 18 adult process regarding our engagement work. Proceeding with CIC external appointments (Supply chain partner, HR project manager, HR Cost advisor, Health Care Planner).	Monitoring		Monitoring										
Increase emphasis on enhanced community care and its reliance on specialist mental health specialist beds across the health Board.	Review current inpatient bed provision and under utilisation of bed capacity over a number of years. Complete Public Engagement on proposed changes to the inpatient model of services. Monitor the benefits of the investment placed into community services to enhance the care provision in that part of the service and the ongoing benefits to the inpatient demand.	Continue to support and review the enhanced community model and the continued reduction in demand for inpatient specialist beds. Continue to monitor bed utilisation, updates through Board. A reduction in the number of specialist inpatient beds.	PLANNED	Monitoring	CIC SIC Meeting to be held 12.07.22. Update report submitted. Monitoring. Continue to monitor bed utilisation, updates through Board.	On track		On track	Awaiting response in relation to capital bid. Work starting on SIC application in advance.	Capital funding required. Not securing funding would result in a further deterioration of Tames Hospital Site.								
			PLANNED	Monitoring	Adult Inpatient Re-approach report being completed. See meeting end of August 2023. Completed. Audited as part of the 18 adult process regarding our engagement work. Proceeding with CIC external appointments (Supply chain partner, HR project manager, HR Cost advisor, Health Care Planner).	Monitoring		Monitoring										
Consultant inpatient provision business case	Following approval of the SIC by W16 and W17, the outline business case for the scheme. Plan the next stage of the public engagement of the proposed provision of service. Review the benefits of the investment placed into community services to enhance the care provision in that part of the service and the ongoing benefits to the inpatient demand.	Complete the public engagement process. Plan the next stage of the public engagement of the proposed provision of service. Review the benefits of the investment placed into community services to enhance the care provision in that part of the service and the ongoing benefits to the inpatient demand.	PLANNED	Monitoring	Adult Inpatient Re-approach report being completed. See meeting end of August 2023. Completed. Audited as part of the 18 adult process regarding our engagement work. Proceeding with CIC external appointments (Supply chain partner, HR project manager, HR Cost advisor, Health Care Planner).	Monitoring		Monitoring	Proceeding with CIC external appointments (Supply chain partner, HR project manager, HR Cost advisor, Health Care Planner).	Timescale could slip by 3-6 months, due to Thomas Project being ahead in terms of capital projects.								
			PLANNED	Monitoring	Adult Inpatient Re-approach report being completed. See meeting end of August 2023. Completed. Audited as part of the 18 adult process regarding our engagement work. Proceeding with CIC external appointments (Supply chain partner, HR project manager, HR Cost advisor, Health Care Planner).	Monitoring		Monitoring										
Improve access to psychological therapies by increasing the psychological therapy resources within the current service	Expand the MFT link workers within the GP Cluster by increasing the staffing resource within the current MFTSIC services.	To meet the predicted demand on the range of MFT services and to ensure the HB continues to meet the national 28 week target and any lower waiting times depend on the anticipated demand.	PLANNED	On track	MFTSIC received. New posts on track.	On track		On track	All posts recruited to.									
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Expand the Eating Disorder services by increasing the staffing resource within the current service	Improve access to eating disorder specialist assessment and clinical advice at the point of entry into MFT services. Pathways developed to offer assessment and treatment for all people with an eating disorder within the weeks of receipt of referral, or one week if urgent. Eating disorder patients to be offered NICE concordant psychological treatment services, by developing a robust risk management (including attention to both physical and psychological risks) and management plan for all eating disorder patients.	Improve access to eating disorder specialist assessment and clinical advice at the point of entry into MFT services. Pathways developed to offer assessment and treatment for all people with an eating disorder within the weeks of receipt of referral, or one week if urgent. Eating disorder patients to be offered NICE concordant psychological treatment services, by developing a robust risk management (including attention to both physical and psychological risks) and management plan for all eating disorder patients.	PLANNED	On track	MFTSIC received. New posts on track.	On track		On track	Recruitment ongoing. In advert stage for Consultant and Psychologist.		Need to re-evaluate if no applicants, or look at alternative workforce solutions.							
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Continue to moderate mental health services to meet future demands and needs.	Expand the MFT link workers within the GP Cluster by increasing the staffing resource within the current MFTSIC services.	To meet the predicted demand on the range of MFT services and to ensure the HB continues to meet the national 28 week target and any lower waiting times depend on the anticipated demand.	PLANNED	On track	MFTSIC received. New posts on track.	On track		On track	All posts recruited to.									
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Expand the Eating Disorder services by increasing the staffing resource within the current service	Improve access to eating disorder specialist assessment and clinical advice at the point of entry into MFT services. Pathways developed to offer assessment and treatment for all people with an eating disorder within the weeks of receipt of referral, or one week if urgent. Eating disorder patients to be offered NICE concordant psychological treatment services, by developing a robust risk management (including attention to both physical and psychological risks) and management plan for all eating disorder patients.	Improve access to eating disorder specialist assessment and clinical advice at the point of entry into MFT services. Pathways developed to offer assessment and treatment for all people with an eating disorder within the weeks of receipt of referral, or one week if urgent. Eating disorder patients to be offered NICE concordant psychological treatment services, by developing a robust risk management (including attention to both physical and psychological risks) and management plan for all eating disorder patients.	PLANNED	On track	MFTSIC received. New posts on track.	On track		On track	Recruitment ongoing. In advert stage for Consultant and Psychologist.		Need to re-evaluate if no applicants, or look at alternative workforce solutions.							
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