

North Cluster Plan 2025-2026

North Powys Cluster PCPG Powys RPB (Regional Partnership Board) Executive Group

Cluster Executive Summary:

Continuing to build on the foundations of previous years, partnership working continued to be a key focus throughout 2024/25, with greater engagement and collaboration between independent contractors, PAVO, Community Services and wider health board representation bringing greater benefits to the North Cluster population.

As the Cluster matures, there continues to be the need to work more collaboratively, to be able to meet the wider continued demands on services. We recognise that to influence real change for the planning and design of services, a Pan Powys Cluster approach working collaboratively with the South and Mid Clusters, will facilitate and support the development of longer-term sustainable service solutions. This will be a key focus for the cluster for 25/26.

The development of innovative Frailty services has continued to be a priority across the Cluster during 2024/25, seeing the initial stages of planning, service design and recruitment commenced to deliver a Cluster Advanced Frailty Nurse service, which will become an essential point of contact, between health professionals, patients and families.

We have also seen the implementation of Frailty Allied Health Professionals, supporting our frail patients at home, and completing Geriatric Assessments, whilst providing valuable input to our Virtual Wards. The Community Dental service have also developed a Dental Frailty nurse service to support those patients who may be housebound, which will be implemented in 2025/26.

2025/26 will see each of these pilot services fully implemented and working collaboratively with General Practice, District and Specialist nurse teams, Community Pharmacy and the wider health and care services to support some of our most vulnerable patients to continue living at home and reduce admissions to hospital.

Innovation and sustainability of services continues to be a priority for the Cluster, building on the success of previous pilots, we have continued to see several new pilot service innovation developments being considered. These have included a Community Pharmacy led Health check service proposal, which will proactively provide screening for Atrial Fibrillation and checking of blood pressures, a Winter Resilience Acute Triage service, to support access and the sustained delivery of General Medical Services over the winter.

2024/25 has seen some longer-term pilot projects reaching maturity, these have included the Health Promotions Facilitator, dedicated Pharmacy Professional within General Practices, along with a Third sector adult face to face assessment and treatment service delivered in a General Practice.

Key Cluster Outline priorities and actions 2025/26:

Improving Access to Primary & Community Services

- **MSK FCP pilot** – improving access, outcomes, and capacity across the system.
- **Allied Health Professionals** – supporting frail patients, Medicines Management dietician services, and supporting Diabetic Retinopathy clinics with podiatry foot screening.
- **Digital & Patient Access** – providing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management and continue promotion of NHS Wales App.
- **Improving provision and access** to services provided within the Community, increasing education of 3rd sector services and community groups via PAVO Community Connector Service, Pharmacy Common Ailment scheme, Optometry and Dental services.
- **Vulnerable & disadvantaged groups** – proactively identifying groups across Cluster, scoping the services provided, and pathways for access.

Pathways of Care, essential services, and business continuity

- **Building collaborative service development relationship with Cluster & collaborative members, Commissioners and Secondary Care providers** – to improve pathways of care across cluster providers & services.
- **Supporting the development & design of in-county services** – Diagnostics, Cardiology, Dermatology, Transgender services.
- **Review of the provision of services** which are essential to Cluster providers in meeting the needs of the population supporting a 'Sustainable Model of Care' for Powys patients including Care Homes, Virtual Wards, Respiratory, Cardiology, Cancer, Obesity, Diabetes prevention, Falls Prevention, Frailty, Transgender, Refugees, Anticipatory Care planning.
- Increasing use of **Consultant Connect services** across all Collaboratives to support clinical decision making and pathway development.
- Supporting the implementation of the **All-Wales Social Prescribing Framework** through building on existing Powys provision and digital solutions to support the health and wellbeing of patients. (PAVO Community Connectors is the funded social prescribing services covering all of Powys).

Urgent & Emergency Care

- **Frailty Services & virtual wards** – supporting the mapping & reviewing of current service provision and programme work, improving care across the cluster to those with most vulnerable needs, learning from existing services and pilots, identifying solutions– including Virtual Wards, Dental,

North Cluster Plan 2025-2026

The learnings from each of these pilots are being shared with PtHB service leads to help inform and support the future development of services across the Cluster.

Building on the success of previous pilots, 2024/25 has seen the introduction of a new digital technology platform within General Practices to support the day-to-day delivery of services for patients, providing more timely access and signposting to services, whilst delivering efficiencies to 'back office' functions and supporting new ways of working.

After the successful implementation and piloting of the Musculoskeletal First Contact Practitioner Service into one of the Cluster practices, 2024/25 has seen this service expand into the remaining 6 practices creating greater access to this important service for patients. 2025/26 will see the service fully adopted by all practices.

2024/25 has also seen the Cluster support the development of a Pan Powys targeted childhood obesity intervention programme for children and young people, providing a series of nutrition and healthy eating education sessions including cooking skills and overcoming obesogenic barriers.

As in previous years, there continues to be many priorities and challenges across the Cluster, and wider health and social care organisations, the Cluster will continue to work collaboratively with all partners and patients to improve the health, care of our rural local communities, with the sustainability of services and innovative service developments continuing to a key priority for 2025/26 and beyond.

Dr Waseem Aslam – North Cluster Lead

Optometry, Community Pharmacy, Community services, and the development of Powys wide Comprehensive Geriatric Assessments, and Anticipatory Care planning tools.

- **Point of Care Testing** – supporting the development of POCT models across the Cluster.
- **Planning and modelling for Winter** to meet increasing system demand across all Primary & Community services – including the role of MIU's and Minor illness services. Improving awareness of services and pathways of care across Cluster members and services, through education and communication campaigns.

Mental Health and Wellbeing

- Exploring the provision of Mental Health services in young people.
- Continued Cluster adoption and promotion of the National '111 press 2' service.
- Increasing awareness of 3rd sector Mental Health provision among patients through Powys Mental Health Information Service. (Commissioned PTHB project).

Workforce & Wellbeing

- Working in partnership with the **Primary and Community Care Academy** for the provision of education, training, and development of the workforce, enabling portfolio careers, facilitating stronger links with universities, and expanding opportunities for greater rural placements and enabling development of alternative recruitment models.
- Supporting development, skills, and knowledge of professionals, both clinical and non-clinical to support the delivery of agreed Cluster priority projects.

Key achievements/successes related to the 2024/25 Cluster Plan:

- Following a successful pilot of Musculoskeletal (MSK) First Contact Practitioner Service within 1 practice, this has been successfully extending to all practices within North.
- Initial stages of planning, service design and recruitment commenced to begin to implement a Cluster Advanced Frailty Nurse service.
- Supported a Pan Powys approach to the development and piloting of a CYP Childhood obesity programme, providing a series of nutrition and health eating education sessions, including cooking skills weight and nutritional skills course.
- Introduction of a new digital technology platform to support GP practices in their delivery of day-to-day services.
- Delivery of a Health Promotion community role.

Collaboration across Cluster based service to develop an integrated Frailty services across the North.

Key reflections / challenges related to the 2024/25 Cluster Plan:

- 2024/25 has continued to see engagement with the wider health board, services, programme teams and the RPB.
- Cluster has recognised to meet wider service demands, to affect and influence real change for the development and planning of services, a Pan Powys approach working collaboratively with the Mid and South Clusters to share priorities, ideas and learnings will be beneficial.
- Capacity, resources and service challenges across the Cluster has resulted in some delays to development and implement of areas of the plan, 2025/26 will see improved monitoring & quarterly project reporting implemented.

Emerging alignment with PCPG Plan RPB Area Plan 2023/2028

Health and Social care organisations across Powys have a shared vision of creating sustainable services that meet the needs of the population, which highlight the importance for people to 'Start Well', 'Live well' and 'Age Well' through a focus on wellbeing, early help, and support, the big four challenges and joined up care.

There is continued emerging service development alignment with RPB Executive Group and Area Plan priorities, through the following key areas:

North Cluster Plan 2025-2026

Early help and prevention models of care – improving access to Primary Care, through First contact Practitioner services, Frailty service provision, Diabetes Prevention, General Practice Dermatology services.

Integrated Joined up Care – which includes provision of care closer to home, the development of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.

Workforce Futures - collaborating with Health and Care Academies for the provision of education, training, and development of the workforce, enabling alternative recruitment models and portfolio careers, facilitating stronger links with universities and expanding opportunities for greater rural placements.

Transforming in partnership – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional approach to the provision of frailty services

North Cluster Plan 2025-2026

Project Title	New or Existing Project	Brief Project Description	Results/ benefits expected by end March 2026	Strategic Alignment: Ministerial Priorities	Project End Date
Frailty Dental Nurse Educator	New (2024/25)	Introduction of a Frailty Dental Nurse to support provision of care to Frail patient	To support the dental assessment of severely frail patients, supporting provision of care through Virtual Wards Provide education and coordinate onward referrals for any aspect of dental health.	Population Health	March 2027
Frailty Practitioner Service	Existing (2024/25)	Introduction of North Frailty Practitioner Coordination Service	To support the coordination and delivery of services and care to the most severely frail	Population Health	March 2027
AHP Frailty Professionals	Existing (2023/24)	Multiprotection AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2027
Pre-Reg Optometrist	New (2024/25)	Development of a new Optometry recruitment model for Powys & BCU cluster	Strengthening and attracting a new work force to Powys	Supporting the health and care workforce	Sept 2026
CYP L2 weight Management	New (2024/25)	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health through improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025
MSK FCP Scaling provision	Existing (2022/23)	Continued development of an MSK-FCP service across all practices in partnership with PtHB, scaling up of pilot to all North Practices	Improved patient outcomes and recovery timescales reduced referrals to other NHS departments, improved patient satisfaction more capacity and value created across the system	Joined up Care / Transforming in partnership	January 2027
Secondary Care Collaboration	Existing (Re-occurring)	Building productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through facilitating Cluster and Collaborative lead attendance at quarterly Commissioning/provider meetings	Improved pathways of care for patients, improved partnership working with specialist providers	Joined up Care / Transforming in partnership	Re-Occurring Project
Digital & Patient Access	New (2025/26)	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	March 2026
Virtual Ward Reporting Improvements	New (2024/25)	Develop a Pan Powys digital method of recording and reporting virtual ward activity	Improved data capture and consistency of reporting across Powys, supporting development of a standard service	Joined up Care / Transforming in partnership	April 2025
Community Pharmacy Project	New (2025/26)	Development of a Community Pharmacy Health Check service	To provide proactive health screening within Community Pharmacies	Population health	March 2026