

Add Cluster Name

Cluster Meetings Terms of Reference

1. Introduction.

Coordination of services to most effectively meet the needs of local communities is the key principle of Cluster working. A cluster brings together all health and social care services and support across a defined geographical area, typically serving a population between 25,000 and 100,000. There is a shared ambition to achieve the best outcomes for individuals and communities which is achieved through a focus on prevention, early intervention and personalised, coordinated care.

Our community is served by a combination of employed health and social care staff, contractor teams (GP, Community Pharmacy, Optometry and Dentist) and third sector services. It is critical that our organisational structures are designed to facilitate effective professional engagement and collaborative working.

Each of our independent contractor groups has a focus on a specific aspect of service provision. **Professional Collaboratives** provide a structure to support contractor teams to connect with their peers to review the quality and safety of local services, share experience and good practice for their area of expertise and to advocate for service improvement.

Each Contractor Collaborative is represented at the **Cluster** –building upon existing arrangements for the coordination of local services.

Similar arrangements are being developed to formalise the engagement of nursing and allied health professionals and their representation at the Cluster meetings.

The Cluster

The Accelerated Cluster Development programme builds upon existing local arrangements for community focussed care planning and delivery and reports to the county level Pan Cluster Planning Group.

The Cluster is the most local level of service planning and coordination and is responsible for:-

- Planning of services best delivered at the cluster level.
- Integrating primary and community based services between health, social and voluntary sectors, physical and mental health services, with partners
- Providing innovative and effective alternative to traditional outpatients or inpatients models of care.

- Understanding and responding to the full spectrum of health and social care needs of the population served by the Cluster with a particular focus on the needs of vulnerable groups
- Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate

2. Cluster Membership

2.1 Cluster Meetings will be chaired by a Lead representative agreed by the group. The Lead is responsible for ensuring appropriate arrangements are in place for chairing of the meeting in their absence.

2.2 The core membership of the Cluster shall comprise of representation from all local services contributing to health and social care within the cluster area and shall include:

- Cluster Lead (Chair)
- General Practice Collaborative Lead.
- Community Pharmacy Collaborative Lead
- Dental Collaborative Lead
- Optometry Collaborative Lead
- Community Nursing Collaborative Lead
- Allied Health Professional Collaborative Lead
- Third Sector representative
- Mental Health Services representative
- Medicines Management Representation
- Primary, Community & Therapies Services Senior Manager
- Cluster Development Manager

In attendance

- Head of Primary Care
- Finance
- Workforce and OD
- Cluster Support Manager
- Public Health Wales

Other members may be included as required.

Patient representation will not form part of core membership, but Clusters will secure public engagement to inform the planning and development of local plans and services. This may be through the establishment of Patient Engagement / Participation Forums but will be locally determined.

3. Quorum and Decision Making

3.1 Quorum

3.1.1. There is a total of **xx** members. A quorum shall consist of no less than a third (**xx** representatives) of its members are present and must include for decision making the following:

- Cluster Lead or nominated deputy
- 50% of the representative members

3.1.2 Any senior officer or clinician of the Health Board or partner organisation may be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

3.2 Decision Making

3.2.1 It is expected that Cluster members will reach consensus on decisions through discussion informed by relevant local data and intelligence.

3.2.2 There can only be a decision when the meeting is quorate, members not at the meeting should ensure attendance by nominated deputy or views shared with the cluster lead prior to the meeting. A proxy vote may be given.

3.2.3 Where plans and investment have been agreed as part of the Cluster IMTP these decision may require ratification only.

3.2.4 When a consensus decision is not reached will the following voting scheme will be utilised

- For decisions where there is NO financial implication, a majority vote (50% + 1) will secure the decision. (xx representatives)
- For decisions where there is a financial implication, no less than 75% of members will secure a decision (xx representatives). All financial decisions however must be in line with 3.3 below and in conjunction with an authorised signatory at the Plan Cluster Planning Group.

3.2.5 All significant decisions relating to Cluster priorities and funding will be documented and a fair and democratic approach to decision making will be undertaken.

3.2.6 The Cluster Lead may agree to decisions being taken outside of core cluster meetings i.e. remotely. These decisions must still be in line with 3.2.1 to 3.2.6. Ratification of decision will be required at next meeting.

3.2.7 Declarations of interest should be openly recorded by all members and considered when decisions are made. Individual members may be asked to abstain from particular decisions where appropriate.

3.2.8 At times of urgent need, the Cluster delegates authority to the Cluster Lead to make decisions for and on behalf of the group. This decision making will need to be in conjunction with an authorised signatory from the PCPG if there are financial implications. Such action will be communicated to the full membership at the earliest opportunity.

3.3 Finance

3.3.1 Cluster budgets are determined by Welsh Government and delegated via Health Boards. The Health Board will delegate these budgets to the Cluster via the Pan Cluster Planning Groups

3.3.2 The Health Board and its partners may delegate additional resources to PCPGs and Clusters to achieve agreed outcomes.

3.3.3 A financial log must be completed at the end of every meeting that will outline all financial decisions. .

3.3.4 The Chair of the Cluster will review financial performance, identify and act on any areas of financial concern, and report to the PCPG

3.3.5 The Cluster will be required to produce annual spending plans, taking account of the Financial Guide and must represent the priorities within the Cluster IMTP.

4. Responsibilities of individual group members

The responsibilities of the **Cluster Lead**:

- bringing the wide range of Cluster members together to maintain a comprehensive and current assessment of the needs of the population served
- agreement of local priorities and development of service improvement proposals
- coordinating the work programme of the Cluster to translate national strategic direction into action.
- supporting the development and delivery of effective governance and stewardship of cluster resources in line with Standing Financial Instructions using appropriate and prudent use of public money.
- Reflect upon and where necessary support changes to improve local Cluster arrangements to ensure best outcomes for the public and to improve workforce experience

The responsibilities of the **Health Board managerial lead**:-

- advising on national and local strategic direction and Welsh Government guidance
- Ensure appropriate attendance from relevant health board staff (workforce and OD, Finance, Comms etc)
- Identify opportunities to mainstream successful innovation and ensure that business processes are designed to encourage and support frontline innovation
- Reflect upon and where necessary support changes to improve local Cluster arrangements to ensure best outcomes for the public and to improve workforce experience

The responsibilities of the **individual members of the Cluster** include:

- Representing peer group experience and articulating proposed solutions
- Attending regular Cluster meetings and actively participating in the development of the cluster work programme
- Support the delivery of agreed service improvement actions
- Being an advocate for the Cluster priorities and plans
- Reflect upon and where necessary support changes to improve local Cluster arrangements to ensure best outcomes for the public and to improve workforce experience

5. Business / Meeting Arrangements

5.1 The Cluster Lead shall determine the regular meeting arrangements with additional interim meetings as required in order to make timely decisions. If additional interim meetings are required a minimum of a week's notice will be given. Alternatively, the Cluster Lead may decide that a decision can be made virtually, however in this instance all decisions must be in line with 3.2 and ratified at the next Cluster meeting.

5.2 A quorum is outlined in section 3 above. If the meeting is not Quorate it may go ahead but no decisions can be made.

5.3 The Health Board will support the administration of and secretarial support to the meeting.

5.4 The Cluster Development Manager will liaise with the Cluster Lead and the membership of the group to set each agenda.

5.5 The agenda and papers for meetings will be distributed a minimum of 5 days in advance of the meetings.

5.6 The minutes / action log will be circulated to members within 7 days to check the accuracy.

5.7 Minutes to be approved at next meeting.

6. Reporting and Assurance Arrangements

6.1 The Chair of the Cluster will represent the group at the Pan Cluster Planning Group

6.2 The PCPG will receive and approve costed improvement plans

6.3 The Cluster will provide the PCPG with regular programme updates on delivery against objectives and the associated financial profile

7. Review

7.1 These terms or reference and operating arrangements shall be reviewed by the Pan Cluster Planning Group on an annual basis.

Date Agreed:

Date of Review: