

[County Name] Pan Cluster Planning group
{Neighborhood/Community}
Draft Terms of Reference

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1. Purpose

The [**County name**] Pan Cluster Planning Group (PCPG) is established as a sub-group of the [**insert name**] Health Board]

The aim of the PCPG is to deliver the principles of the Social Services & Well-being Act 2014 (the Act), The Wellbeing of Future Generations Act (2015), A Healthier Wales and the Primary Care Model for Wales Ensuring that there is increasing alignment and engagement between the Regional Partnership Board and Cluster arrangements bringing services together at a local level

It will therefore be required to develop and strengthen the relationship with the XXX Regional Partnership Board such that this enables and promotes an integrate response to the needs of the local population

The PCPG will

- Lead the development of an integrated plan which addresses the health, care and wellbeing needs of the whole population of [**County**]
- Support the implementation at local level of the joint partnership agenda, including (but not limited to)
 - Cluster plans
 - Integrated [**County**] plan
 - Priorities determined by the RPB and the [County] Partnership Board (PSB)
 - Requirements of the individual organisational plans which involve partnership working.
 - Integrated workforce planning to achieve the objectives of the PCPG
- Bring together senior leaders from the NHS, Local Authority (to agree which departments) and key partners in the Third Sector.

2. Function and aims

System Leadership: To provide integrated system leadership which enables collaboration between partner organisations across health and social care to identify and meet the needs of the local population.

Integrated Planning : To provide the detailed assessment of needs and operational plans which set common ambitions between partners for integrated service delivery, service developments and opportunities in the delivery of integrated community based care to the population of [**County**].and which responds to the needs identified needs assessment In doing so PCPG will:

- Understand population needs including key priorities, unwarranted variation of health and wellbeing outcomes
- Understand professional assessment of service pathway gaps, barriers and opportunities articulated by clusters/ professional collaboratives / Local Authorities

- Develop an aligned Integrated [**County**] Plan which builds upon the plans of the [**names of Clusters**] Cluster, and the individual organisational plans and priorities, supporting alignment across organisations. This whole system plan based on the planning model for the Region, which will have identified those services that require planning at a level beyond the PCPG footprint
- Develop an Integrated Workforce Plan which reflects both the local sustainability of services and the ambitions of the County
- Assess the level of maturity of integration across health, social care and partner organisations.

Commissioning: To be able to commission a suite of services from organisations that can deliver innovative, outcomes based services for the population based upon need and in line with the Integrated [County] Plan. In doing so, abide by the Commissioning Principles outlined in Appendix 2 and seek opportunities to align commissioning arrangements between organisations.

Partnership Agreements: To both manage and monitor all [County] Section 33/Part 9 agreements – seeking assurance from Joint Management Boards regarding the delivery of expected outcomes. To explore and exploit opportunities to engage health, social care and other partner agencies in partnership working and the design and delivery of collaborative work programmes.

Enable Delivery: To enable the delivery of services to realise the objectives outlined in the Integrated [County] Plan. This will include the development of an integrated quality and performance framework for the performance of local services, and agree action plans related to improving performance

Improvement Culture: To create a culture which motivates all partners at County and Collaborative level to use an innovative approach and intelligence to drive continuous improvements in the provision of integrated services. To highlight areas where additional support is needed to achieve the agreed agenda, including financial, workforce and where executive or member intervention is required to effect change.

Continuous Engagement: Develop, implement and monitor a plan for a consistent and targeted approach to public, user and carer engagement and using a co-productive approach to shape and inform planning and commissioning arrangements.

Sustainable Resources: To approve and monitor utilisation of specific delegated budgets (as defined in Appendix XXX). To work collaboratively to support the collective sustainable financial position for health and social care service providers in (xxxx County) in order to effectively deliver for the population and implement the [County] Integrated Plan.

Risk Management: To identify, monitor and seek assurance that actions are in place to mitigate risks to partnership working and the delivery of the priorities outlined in the [County] Integrated Plan.

3. Membership

The members of the PCPG will be

Organisation	Role	Named Representative
TBC	Executive Sponsor	
Local Authority	Director of Social Services	
Health Board	County / Locality Director	
	Director of Planning	
	Director of Primary and Community Care	
[County] Clusters	Cluster Leads	
Public Health Wales	Director of Public Health	
HB / LA	Senior Community Nurse	
	Senior AHP Lead	
	Integrated Team Leaders	
Third Sector	Chief Officer CVC	
Community Health Council	CHC Representative	
RPB Partnership Organisation	Head of Partnerships or equivalent	

In addition, the meeting will be attended by wider stakeholders:

Organisation	Role	Named Representative
In Attendance		
Local Authority	Head of Strategic Joint Commissioning Head of Adult Care Head of Children's Services Senior Strategic Commissioning Manager Housing Representative Education Representative	
Health Board	General Manager – DGH General Manager – Community Mental Health / Learning Disability Children's Services Head of Primary Care	

The membership of the PCPG, the Chair and Vice Chair will be reviewed annually, it is expected that the Chair will rotate every two years.

All members must confirm their willingness to continue to participate in PCPG activity each year. It is highly desirable that continuity of membership is achieved to ensure that where necessary issues can be explored in depth. For this reason, each member is required to nominate an alternate to attend in their absence.

4. PCPG Accountabilities

The scope of the PCPG's accountabilities include the effective leadership of all adult and children's social care and health developments within individual partner organisation's core budgets and grant funding. The Board will seek assurance that all legal agreements/frameworks are effectively managed ensuring robust governance is in place and adhered to.

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

The PCPG may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. Members will need to ensure that they declare and manage any conflicts of interest in line with supporting guidance.

Through the leadership and oversight of key work streams, the PCPG members will:

- Identify agreed priority areas for improvement which require strengthened joint working to achieve better outcomes within available resources;
- Develop and deliver a locality commissioning plan;
- Promote and "live" a culture which actively removes, barriers, blockages and silos within organisations to ensure seamless services for the local population;
- Engage key stakeholders in communities, with specific reference to minority and marginalised groups.
- Support joint work and where required gaining appropriate authorisation within their own organisations for such.
- Ensure that local government, NHS and third sector officers are able to work jointly within statutory and organisational governance arrangements that provide a framework of clear accountability;
- Exercise oversight of the way in which resources are used, including relevant grants from Welsh Government;
- Develop its capacity and capability for providing effective governance.
- Authorise joint work and where required gaining appropriate authorisation within their own organisations for such.

5. Meetings

Meetings of the PCPG will take place every two months. Meetings will normally take place on **[day]** of the month to support full stakeholder and partnership engagement Decisions to stand down any meeting will be taken jointly by the Chair and Vice-Chair.

Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly. The PCPG may also establish sub groups that will be charged with developing specific projects.

The agenda will be set by the Chair and Vice Chair and any agenda items need to be submitted two weeks before the meeting.

Agenda and papers will be circulated by the Friday preceding the meeting.

Secretariat support for the meetings will be provided by **[insert]**. The minutes and actions will be taken for each meeting as one combined record of the meeting. The draft combined minutes and actions will be prepared and circulated to PCPG members in a timely manner following each meeting. The draft will be formally approved at the next meeting and subsequently made available to members.

6. Decision making

A meeting quorum will be XXX of members. Additional attendees will not contribute to the quorate.

Where a decision is required the group should try to reach a consensus through discussion. However, if required the group can reach agreement by voting. Each core organisation will hold one equal vote. If voting is tied, then the chair will have the deciding vote.

Additional attendees will not be entitled to vote. The chair will be responsible for ensuring any voting is undertaken appropriately.

7. Governance and reporting

The PCPG will report to the **[sub group of the Health Board TBC locally]**. Minutes of the meetings of the Board will be shared with the Regional Partnership Board through the Integrated Executive Group of the RPB, or alternative as agreed locally.

The PCPG will link to the Public Services Board (PSB) with regard to the Wellbeing Plan for **[County]** to ensure planning and delivery alignment.

The respective partner organisations will report internally through respective governance structures.

8. Review

The function, purpose, membership and governance of PCPG will be reviewed annually and the Terms of Reference altered accordingly.

There may be an identified need to undertake a review at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance.

9. Appendix 1: Key Terms and Definitions

[Whole system planning model and key definitions to be inserted as required]

10. Appendix 2: Commissioning Principles

1. Understanding the needs of users and communities by undertaking effective and comprehensive engagement;
2. Consulting potential and existing provider organisations, including those from the third sector, and local experts well in advance of commissioning new services, working with them to set priority outcomes for that service;
3. Putting outcomes for users at the heart of the strategic planning process;
4. Mapping the fullest possible range of providers with a view to understanding the contribution they could make to delivering those outcomes;
5. Investing in the development of the provider base,
6. Ensuring contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers
7. Ensuring long term contracts and risk sharing, wherever appropriate, as ways of achieving efficiency and effectiveness; and
8. Seeking feedback from service users, communities and providers in order to review the effectiveness of the commissioning process in meeting local needs.

11. Appendix 3: Governance Arrangements

[Organogram to be inserted as required]