

Clusters - Addressing the Challenges Action Plan (November 2019 Refresh)						
Issue	National Action	Lead	Timescale	Local	Lead	Timescale
1. Sustainability						
1.1 Sustainability of practices a key issue to whether clusters can function fully.	Assess existing data and identify consistent approach to assessing position and visual presentation.	Zoe Wallace - through HoPC .	For discussion on 1 November 2019	Compendium of Health Board support to be pulled together identifying the following: how this is communicated to practices, feedback loop from practices of effectiveness and the highest impact actions.	DPCCs - through HoPC	End Feb 2020
	From the compendium of Health Board, identify national guidance on high impact actions for sustainability	Zoe Wallace - through HoPC .	End April 2020	Health Boards to use compendium to inform local actions.	DPCCs - through HoPC	Reporting via scheduled action plan review.
1.2 Wider MDT, both workforce and OD requirements - roles, functions, recruitment, delegation, competency frameworks, clinical supervision, career structure, indemnity.	Actions being progressed in the Workforce Work stream.	Sian Millar - through Workforce Work stream	As per workforce workstream PID	To be reported in the Workforce & OD Highlight report at the Strategic Programme Board. Establish processes to ensure SP outputs have local implementation.	DPCCs	Reporting via scheduled action plan review.
	Testing and refresh of the Cluster Governance Good Practice Guide Workforce sections.	Zoe Wallace	As per workforce workstream timelines.	Use within local discussions and in cluster IMTP planning.	DPCCs	Reporting via scheduled action plan review.
1.3 Alternative commissioning models developed to support new ways of working.	National development of APMS contract template for HB use.	Alex Slade	TBC once legal advice received	Implementation of new contracting arrangements in line with local need and GMS Contract reform 2019/20.	DPCCs	Reporting via scheduled action plan review.
	WG paper on options for contracting for Enhanced Services produced.	National Clinical Lead	TBC once postholder starts			
	FAQ/Good Practice Guide for alternative models of organisations forms contained within Cluster Governance Framework	Zoe Wallace	TBC - subject to the above			
2. Collaborative Leadership						
2.1 Link with WOD Directors	Through lead WOD (on NPCB and co-lead to Workforce Work stream), work with WOD Director peer group to assess what is required at Health Board level.	Hazel Robinson (Sian Millar & Sue Morgan)	End of March 2020	Work with Health Board WOD Director to assess what is required locally.	DPCCs	End of January 2019
2.2 Hub re development programmes	Continuation of Leadership and skills programme ensuring they reflect the requirements identified by Health Board DPCCs and WOD Directors. Note: change management. has already been identified for inclusion. Specifically, the implementation of an e-learning toolkit.	Zoe Wallace	End of March 2020	Ensure cluster leads and aspiring cluster leads have a PDP and ensure appropriate back-fill where required to support development opportunities.	DPCCs	end of December 2019
2.3 Consistent messaging to clusters from Health Boards	Action progressed under action 7.2					
2.4 Cross Health Board Cluster Leads Forum	Continue to support to ensure maximum effectiveness and impact	Zoe Wallace	Continuous engagement - reporting via scheduled action plan review	Support cluster leads to engage with the forum and attend forum events ensuring appropriate back-fill where required to support development opportunities (linked ot PDP action point 2.2 above).	DPCCs	See action point 2.2
2.5 Social Care involvement	Explore with Health Boards, Cluster Leads, RPB coordinators, and Social Care what is required to be built into leadership development.	Sue Morgan & Zoe Wallace	Continuous engagement - reporting via scheduled action plan review	Local engagement to mirror national action.	DPCC	Continuous engagement - reporting via scheduled action plan review
3. Cluster lead and support team capacity						
3.1 Benchmark across Wales	A baseline to be pulled together of current capacity.	Sue Morgan	COMPLETED - work being progressed via 'business as usual' work programme	Learning from all Wales position, assess gaps and plans to address	DPCCs	mid October 2019
3.2 Consider wider partner involvement	Starting with the independent contractors identify current capacity and identify opportunities.	Sue Morgan	COMPLETED - conclusion that further action is required.	Learning from all Wales position, assess gaps and plans to address	DPCCs	mid October 2019
4. HB protocols and procedures						
4.1 Shared understanding of the vision for cluster working	Nationally agreed vision and principles of cluster working in line with <i>A Healthier Wales</i>	Sue Morgan	As per the comms & engagement PID	To be reported via the Highlight Report at the Strategic Programme Board. Locally published vision for the future of clusters agreed with all local partners	DPCCs	As per comms & engagement workstream reporting
4.2 Information governance	National data sharing agreement template for local adaptation	Lisa Dunsford as Data & Digital Technology workstream lead	As per data & digital technology PID	To be reported via the Highlight Report at the Strategic Programme Board. Local implementation of data sharing agreement.	DPCCs	As per data & digital technology workstream reporting
5. Year on year cluster funding						
5.1 Flexibility for clusters to plan/spend over a three year period	Welsh Government position statement required.	Cathy White	For discussion on 1 November 2019	DPCC and DoP to provide position statement on the local use of the £40m Primary Care fund and ensure cluster IMTP feeds into Health Board IMTP.	DPCC	End of December 2019
5.2 Transparency of funding opportunities for clusters	'Road map' or briefing sheet of all the national funding streams available to clusters should be developed and published on PCone (eg £40m PC Fund funding streams, ICF, TF etc).	Sue Morgan	COMPLETED 	Use national roadmap to inform planning discussions locally.	DPCCs working with DoPs, DoFs and RPB Coordinators	End of January 2020 (IMTP timescales)
6. Mainstreaming of projects evidenced as successful						
6.1 Welsh Government to formalise reporting on mainstreaming / shift from secondary care to primary care	Formal requirement by Welsh Government for each Health Board to report centrally on which cluster projects should be mainstreamed and the plans to mainstream via JET and other WG/HB meetings and report on those local projects not mainstreamed / stopped and the reasons why.	Cathy White	Completed - WG response to WAO report	Local plans to demonstrate mainstreaming and a statement of the projects that have ceased / continued via grant funding and the reasons why.	DPCCs working with DoP & DoFs	Continuous - reporting via scheduled action plan review
	Formal reporting, as above, regarding the shift from secondary care to primary care.	Cathy White	As above	Local reporting of the shift from secondary care to primary care.	DPCCs working with DoP & DoFs	Continuous reporting via scheduled action plan review
7. Ability to influence Health Board and RPB Planning						
7.1 Cluster plans that reflect that reflect 'A Healthier Wales'	Revised cluster IMTP template that is consistent with Health Board IMTP templates to support alignment	Sue Morgan & Zoe Wallace	COMPLETED	DPCCs working with DoPs and other corporate departments	DPCCs/DoP	COMPLETED
	Test out support requirements for the cluster IMTP with Cluster Leads Forum	Sue Morgan & Zoe Wallace	COMPLETED			
7.2 Clear links to HB IMTPs	Expectation set out in national IMTP guidance	Sue Morgan & Cathy White working with Samia Saeed	COMPLETED	Strengthen locality / cluster based planning an influence on HB planning process, resource and workforce allocation.	DPCCs/DoP	COMPLETED
New Action 7.2.1 Clear links to HB IMTPs	Learning from cluster IMTP process to inform wider IMTP process going forward	Sue Morgan, Zoe Wallace & Cathy White working with Samia Saeed	End of March 2020			
7.3 Clear links to RPB and PSBs	Awareness raising with RPB and PSBs of the Primary Care Model for Wales and the Strategic Programme	Sue Morgan	Continuous engagement - reporting via scheduled action plan review	Strengthen primary care leadership within joint partnership arrangements at RPB and PSB levels.	DPCCs working with partnership leads	Continuous reporting via scheduled action plan review
8. Ability for clusters to employ directly						
8.1 Clarity on options of employment	To be address through workforce workstream focussing on MDT working (see point 1.2)	Sian Millar - through Workforce Work stream	As per workforce workstream timelines.	Consideration at local level of options, with clarity on the way forward locally.	DPCCs	Continuous reporting via scheduled action plan review
9. Evaluation						
9.1 Evaluation of Primary Care Model for Wales and the Transformation Programme	Robust evaluation processes must be in place to underpin primary care and community transformation processes.	Zoe Wallace (Hub evaluation) & Rachel Jones (Transformation Programme)	End of January 2020	Health Boards to reflect on their position against the national evaluations. Actions in place to learn from national evaluation.	DPCCs	2020/21 workplan