



CYDWEITHREDFA GWELLA GWASANAETHAU

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NORTH WALES SOCIAL CARE AND WELL-BEING

SERVICES IMPROVEMENT COLLABORATIVE

Notes of the North Wales Regional Partnership Board Meeting

22nd March 2018

9:00 am – 1:00 pm

Optic, St Asaph

Present: Cllr Gareth Roberts (chair), Bethan Jones Edwards, Morwena Edwards, Nicola Stubbins, Cllr Joan Lowe, Mary Wimbury, Cllr Christine Jones, Dave Worrall, Vin West, Linda Colwell, Wendy Jones, Ffion Johnstone (attending on behalf of Morag Olsen), Cllr Liz Roberts, Debbie Shaffer, Charlotte Walton, Jenny Williams, Craig MacLeod (on behalf of Neil Ayling)

Apologies: Morag Olsen, Margaret Hanson, Neil Ayling, Richard Debicki, Cllr Bobby Feeley, Cllr Llinos Medi Huws, Caroline Turner, Rob Smith, Teresa Owen, Ruth Simmons

In Attendance: Ann Woods – for agenda item no 4

Keith Moultrie for the workshop

Ffion Johnstone – agenda item 3

Item		Actions
1.	<u>Welcome, introductions and apologies</u> Cllr Roberts welcomed all to the meeting, introductions were made and apologies received as above.	
2.	<u>Notes and actions of last meeting – February 2018</u> Minutes of meeting 15 th February were agreed as a true record. Outstanding actions include: <ul style="list-style-type: none">• DW to provide an update on the provider event in each area following discussing with Chief Officers of the VSC's.• The final version of the workforce strategy will be available shortly.• ME is currently updating membership of the Commissioning Board.• No response has been received to the letters sent to PSB chairs.• Children with complex needs will be on the May agenda.• Older People with complex needs including dementia will be on the June/July agenda.• The service user and carer representative has been updated to include "Exception will be made for Carer/Individual sector reps who become vice-chair who will remain on the Board for an additional two years to take on the role of chair"	

3.	<p><u>Gwynedd & Mon PSB update</u></p> <p>FJ was in attendance to present the Gwynedd/Mon PSB update with ME. FJ reported the plan was discussed within 28 events in Gwynedd communities in 2016. Outcomes from the meetings included:</p> <ul style="list-style-type: none"> • Concern raised in relation to young people leaving the area • Welsh language declining • Lack of work for young people <p>Nine main points from the well-being assessment included:</p> <ul style="list-style-type: none"> • The need to maintain a healthy community spirit • The importance of protecting the natural environment • Understanding the effect of demographic changes • Protecting and promoting the Welsh language • Promoting the use of natural resources to improve health and well-being in the long-term • Improving transport links to enable access to services and facilities • The need for good quality jobs and affordable homes for local people • The effect of poverty on well-being • Ensuring an opportunity for every child to succeed <p>Two objectives from the well-being plan includes:</p> <ul style="list-style-type: none"> • Communities which thrive and are prosperous in the long-term • Residents who are healthy and independent with a good quality of life <p>In order to increase the statutory members of the board it was agreed to extend membership to Bangor University, Cartrefi Cymunedol Gwynedd, Coleg Llandrillo Glynnllifon and the Third Sector.</p> <p>The governance structure of the Board is presently being assessed with a view of creating separate groups for adults, children and an integrated health group which will feed into the board. This option will be considered further at the next board meeting.</p> <p>The well-being plan is out for consultation until the end of March 2018.</p> <p>MW noted the lack of reference to independent providers, especially in the older people sector.</p> <p>FJ confirmed this group will be invited to feed into later discussions.</p> <p>VW was concerned the update did not tackle the lack of community transport and an accessible housing register.</p> <p>FJ confirmed community transport and housing were discussed as part of the assessment and noted the need to address issues in rural areas.</p> <p>CJ added transport was not only a rural issue, with transport services also witnessing cuts in urban areas, consequently having a knock-on effect on wellbeing.</p> <p>FJ will ensure this is strengthened in the plan.</p> <p>JL stated although there has been a good uptake on concessionary travel the usage has declined due to the lack of services available.</p>	
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<p>DS noted the assessment did not take into account the view of people who are hard to reach, who do not participate in the community, and to be aware of this group of people.</p> <p><u>5 days in a room WEST update</u></p> <p>FJ and ME provided an update on the 5 days in a room from the West region, including how working together has made a difference to individuals.</p> <p>In order to change the mindset and the way of thinking the Third Sector, Independent Sector, Cymorth Llaw and Mantell Gwynedd were invited to assist with the process. Local authority staff assisted to map the current service and process by studying case files, interviewing and visiting providers.</p> <p>The outcome revealed the what matters conversation was not being effectively undertaken or understood by staff on wards and in other healthcare settings, and needed to be completed at the appropriate time. One main concern raised was people were asked to repeat their story to different people. The system did not focus on the patient.</p> <p>It was identified important value steps needed to be taken with patient care:</p> <ul style="list-style-type: none"> • Ask, listen and understand what matters • Provide information and discuss options • Put into action and support choice of individual • Review effectiveness of outcome <p>Family members were included and involved during all discussions and the individual's wishes were respected.</p> <p>DS enquired how independent advocacy fitted into the model. FJ explained to avoid people repeating their story patients were assigned to a key worker at the beginning of their assessment. A signed consent form will enable the information to be shared across the team. If the same person, in the future has a different health issue their health story/history will be on file - this process is currently being set up.</p> <p>Integrated community resource teams were established in the West region to trial alternative models of providing enhanced services to keep patients in the community and at home. This integration work demonstrates how joint working makes sense to share assets and avoid duplication.</p> <p>The future intention will be handing over the funds from pooled budget to the integrated teams across the region who will be responsible for all decisions on community expenditure. This will be administered through GC and the CHC budget will also be incorporated.</p> <p>The scheme will be similar to the scheme operating in Bethesda where home care workers are given responsibility to use a specific number of hours in the best possible way with individuals who need care in their homes. This model has proved beneficial for both individual and staff</p>	
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	<p>having more flexibility, using their skills to become more generic workers rather than being task orientated.</p> <p>MW also reported a similar successful project and positive outcomes from staff.</p> <p>DS added the what matters is not seen as everyone's remit across all services and enquired how medics will be engaged into the conversation.</p> <p>JW felt it would benefit other regions to aim for a model that works and suggested a 'lessons learned' presentation on the process adopted in the West. ME confirmed it may be timely now to share and assist other regions with their what matters journey.</p> <p>DW enquired how third sector representatives are integrated in the co-located teams.</p> <p>FJ confirmed the third sectors representation as part of the co-located teams have been out to tender and there are currently different models running in each area. Care & Repair, Age Cymru and Mantell Gwynedd provide assistance in different regions and GP practices are testing these models.</p> <p>The board thanked ME and FJ on the work undertaken and progress made in their region.</p>	
4.	<p><u>Social Value Forum report</u></p> <p>Ann Woods, chair SVF attended to present the report in collaboration with BJE.</p> <p>Progress made was noted and the following recommendations are required from the RPB:</p> <ul style="list-style-type: none"> • SV chairs write to each LA CEO to seek information on their respective Social Value activities including strategy. • To endorse the Social Value definitions, revised Terms of Reference and Work Programme. • To line work and aims at strategic level and as part of the Commissioning plans. • SVF members would be pleased to accept any specific areas of work as requested to lead by the RPB across the region. • Ensure link between SVF and the Citizens Panel. • LA and HB colleagues are asked to actively contribute to the SV forums who will report to the NWSVFSG. <p>MW was disappointed to note the report reads as though providers outside the third sector do not and cannot contribute to SVF.</p> <p>BJE confirmed the third sector are represented in the forum. The intention is for these sectors to be included in the local groups.</p> <p>VW felt disappointed there was no mention of equality and inclusion in the Terms of Reference.</p> <p>AW confirmed she would take these points on board.</p>	

	The Board were in agreement to endorse all above 7 recommendations within the report.	
5.	<p><u>Letter from Colin Everett and Neil ailing to Chair of NWRPB</u></p> <p>A letter to the chair of NWRPB from FCC CEO and Director of SS, NA was included in the meeting pack requesting the support of the RPB to sustain an element of ICF funding within FCC.</p> <p>The chair was not comfortable agreeing to this request and was unable to offer suggestions of other avenues to pursue.</p> <p>When funding is allocated to the 3 areas, local authorities and health decide on the priorities in their areas. Local partners may be willing to approve expenditure on a plan which has been prioritised as a way forward, but there is an element of risk. It is however beneficial to have the conversation here as it affects us all.</p> <p>DW noted this is a dilemma for all members of the Board who are not familiar how decisions are made in relation to ICF funding.</p> <p>WJ was in agreement and her understanding of ICF was to fund innovative project. WJ believed this would be best placed in the third or independent sector. WJ has challenged this issue regularly for the third sector.</p> <p>MW stated her agreement with accountability and the engagement process of ICF. Prior to the RPB a group existed to solely discuss ICF. MW agrees with the FCC letter, there are variations on the priorities. It is very difficult for organisations to obtain ICF money through local authorities if they are outside the statutory sector.</p> <p>JW stated ICF is no longer a grant to be spend on project work. ICF has changed significantly to become core revenue for LA's and the HB. The board would be quite vulnerable accepting/agreeing to FCC request.</p> <p>NS explained the ICF fund initially came into being to assist the care system. As a result of changes some of the valued projects continue to be funded at-risk and have now become part of the overall system and their long term sustainability will continue. Eventually the projects will transfer to become LA core funded, but due to core funding being reduced year on year, the services, at the moment, continue to be funded from ICF.</p> <p>NS also informed members the third sector are included in financial discussions in DCC (DVSC).</p> <p>As RPB members and having an oversight of how ICF is spent NS was not sure if this was the correct meeting to discuss this matter. It was suggested FCC together with East health colleagues discuss the way forward on this issue.</p> <p>For information, ICF is currently being audited by Audit Wales and numerous one to one and group meetings are being held across the area.</p>	LG agenda item –3 rd sector in ICF discussions

	<p>MW stated her frustration with ICF funding and being advised to contact local authorities to seek funding from their ICF pot, when the opportunities do not exist.</p> <p>The board were in agreement for this matter to be decided locally.</p>	
6.	<p><u>ICF</u></p> <p>NS reminded members of the discussion at the last Board when the quarter 3 claim was not signed due to anomalies, mainly around governance.</p> <p>The report presented today included a more rationalised approach, covering accountability and governance of ICF.</p> <p>NS also reported a further recent meeting has been held with S151 officers who have suggested a more streamlined approach to the monitoring and financial control to ICF across the region. The new proposal will be trialled over two quarters to ensure a robust process and any concerns will be brought back to the board for a more formal recommendation.</p> <p>The Board were in agreement to endorse the updated suggestion from NS.</p>	
7.	<p><u>Parliamentary Review / Vision workshop</u></p> <p>Keith Moultrie attended as an independent facilitator to lead the RPB workshop and to give a presentation on the Parliamentary Review.</p> <p>The key stages of the Parliamentary Review include:</p> <ul style="list-style-type: none"> • Baseline and comparison Jan – June 2017 • Key areas for change July 17 – Jan 2018 • Long term plan for H & SC Jan – April 2018 with final document due late April 18. <p>The PR panel's outcome of 10 key points gives a clear steer to WG. The outcomes will have huge implications to GP clusters across Wales, focusing on the care system and concentrating on the architecture that underpins healthcare. The PR will engage to change the pattern of behaviour in health, social care and well-being at a national, regional and local level.</p> <p>Up until now emphasis to develop GP clusters has often been oblivious to the wider social care in the local area. When looking at locality developments in other countries it proved crucial for local partners to work with communities to build the right care and support provision for the local populations. The needs of the population will vary in different areas and resources must be designed locally to meet those needs.</p>	

	<p>As part of the Transformation Programme each RPB across Wales will be required to develop and implement a locality model in at least two new localities.</p> <p>GR stated he believed the North Wales model was working towards the priorities outlined. It would assist the region to have WG support.</p> <p>MW stated there are too many pressures from too many directions. Straight forward principles are required from WG. If RPB are asked to report on outcomes, once 'What Matters' is in everyone's mind then we can justify what we do.</p> <p>VW added the citizen is missing in this work and the lack of shared power, as stated in the 2014 Act.</p> <p>Changes are needed in relation to</p> <ul style="list-style-type: none"> • The citizen. • The workforce – improving retention and wellbeing. • Training - additional funding invested into training. • Carers - to expand the support to carers and recognise the vital support provided by the third sector. <p>There are a whole series of questions, challenges and recommendations on offer to focus on regional partnership working.</p> <p>MW does not see this as one workforce recruiting from the independent sector.</p> <p>NS noted the workforce needed to be streamlined with all workers being recognised. Primary care always lose out to acute. There are huge changes ahead with the requirement of registration of all domiciliary care staff. The sector has already seen staff leave the sector due to this obligation.</p> <p>GR stated we work on all three levels to deliver. WG messages need to be relayed to local people so that they understand and become part of the changes and improvements to be made within health and social care</p> <p>The RPB should have a very clear and strong voice for future implementation.</p> <p>The proposed changes will happen over a number of years. The system is at the moment living with the end of the 'one size fits all' structure and starting its' journey towards the 'what matters' conversation.</p> <p>Based on the presentation provided on the PR and outline of the current vision, priorities and guiding principles of the RPB KM led a workshop session to look at the short, medium and longer term vision for the NWRPB. A report will be produced from the workshop and shared for further discussions.</p>	
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8.	<p>3 Key Messages</p> <ul style="list-style-type: none"> • Social Value Forum development and update • 5 days in a room and PSB presentation 	
9.	<p><u>Any Other Business</u></p> <p><u>Carers Partnership Agreement – 1 year term of grant</u></p> <p>NS reported confirmation has been received of grant monies for the next financial year for the Carers Partnership Agreement. The initial pooled budget signed agreement requires the agreement of partners and RPB for the requirement of variation.</p> <p>The Board were in agreement to extend the Carers Partnership Agreement for a further 12 months.</p>	<p>Write to Partners for their agreement - BJE</p>