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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Notes of the North Wales Regional Partnership Board Meeting

20th April 2018

9:30 am – 12:30 pm

Optic, St Asaph

Present:	Cllr Gareth Roberts (chair), Bethan Jones Edwards, Morwena Edwards, Neil Ayling, Alwyn Jones (on behalf of Caroline Turner), Cllr Joan Lowe, Cllr Christine Jones, Charlotte Walton, Vin West, Dave Worrall, Wendy Jones, Jenny Williams, Helen MacArthur, Margaret Hanson Mary Wimbury, Simon Roscoe (on behalf of Richard Debicki), Siobhan Adams (on behalf of Teresa Owen)
Apologies:	Richard Debicki, Caroline Turner, Teresa Owen, Rob Smith, Cllr Bobby Feeley, Cllr Liz Roberts, Cllr Llinos Medi Huws, Lynda Colwell, Debbie Shaffer
In Attendance:	Bethan E Jones, Ffion Johnstone (BCUHB)

Item		Actions
1.	Welcome, introductions and apologies Cllr Roberts welcomed all to the meeting, introductions were made and apologies received as above.	
2.	Notes and actions of last meetings. Minutes of meeting 22 nd March were accepted as a true record.	
3.	<u>PSB update for Conwy/Denbighshire</u> BJ (BCUHB) was in attendance to present the Conwy/Denbighshire PSB plan. BJ reported the well-being plan has recently been endorsed by the PSB Board. Various events and engagements have been held with a wide cross section of the community with input from stakeholders on the needs assessment and proposed potential solutions and action for the short, medium and long term. Feedback received on how the PSB well-being plan could make a difference focussed on the preventative agenda and early intervention, sharing of resources	

	<p>and expertise, enabling communities to work with BCU and empowering communities to become more resilient.</p> <p>The well-being plan focuses on three priority areas:</p> <ul style="list-style-type: none"> • People – supporting good mental health for all ages • Community – supporting community empowerment • Place – supporting environmental resilience <p>The next step will be to decide what actions to take to achieve the priorities. This will include setting up focus groups; people will be encouraged to get involved in decisions and their views listened to. A performance framework will be developed to indicate progress, and the work will be presented for scrutiny at each local authority committee.</p> <p>GR questioned if there may be duplication of work with so many different boards in existence and if the PSB had any feedback response to the recent letter sent by the chair of RPB re PSB/RPB.</p> <p>BJ confirmed the RPB and PSB work towards different legislation, therefore working in two different ways. The work of both boards will need to be observed and examined to consider how they evolve, and avenues of communication need to be maintained between the regional work of both boards and other NW boards.</p> <p>JL stated town and county councillors have representation at all meetings which forms strong links to local authorities.</p> <p>BJ stated people influence the work of the board which strive to empower people to take ownership to protect their future generation.</p> <p>DW was pleased to note the PSB propose examining cross border services and developing access to the cross-county services.</p> <p>WJ stated empowering communities to create resources is already being completed by existing organisations. WJ also indicated the pressure faced by town councils due to under-resourced difficulties faced by recruiting and retaining community clerks.</p> <p>ME enquired if feedback received on the Welsh language during the consultation stage was in relation to health and social care or on the Welsh language in general.</p> <p>NA emphasised resilience and the need to focus on the same language across all PSB's.</p> <p>Chair thanked BJ for her presentation.</p> <p><u>5 days in a room- Central update</u></p> <p>NS, JW and BJ provided an update on the 5 days in a room on behalf of the central area.</p>	<p>BJ to advise ME of the nature of feedback received</p>
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Information was gathered by visiting various health and social care work settings, with one day allocated to DCC, one day in CCBC and the third day assigned to other providers (Fire Service, GP leads, LA finance lead and RSL provider).

Patient stories, both positive and not so positive, were presented to demonstrate the challenges facing patients and staff from day to day.

The difficulties facing the delivery of services in nursing homes were discussed, especially around payments and financial issues. As a result a finance officer was invited to join the discussion.

Training requirements, choice issues and wider family issues, medication policy and housing issues were discussed to enable staff to work differently in the future.

Underlying key issues of health historical culture of long term acute care and decision making happening too early made it very difficult for changes, once the conversation had started. The lack of understanding community ethos and capacity made it difficult to understand what services and risks could be managed safely outside health. ICF has also assisted to understand what can be done outside BCUHB.

Both counties have invested in well-being services and outcome focussed training to enable the workforce to progress to a different way of working and to make a difference to people's lives at an earlier stage i.e. staff to be aware of all services available in the community via re-ablement intervention.

Snapshots of the projects delivered included positive outcomes which focussed on loneliness and isolation. Highlighted examples of collaboration could be seen within leisure.

DTOC proved challenging within secondary care with a deterioration in M H seen alongside longer stays in hospital. A reduction has been seen in DTOC as a result of an O T appointment leading the discharge team from a re-ablement perspective.

Leads have now been identified for each of the resource teams who will further develop the team. Each team will be made up of a different skill set. The lead will manage the project and aim to, through integration, reduce duplication enabling staff to become proactive.

Achievements to date include a reduction in DTOC in terms of number of beds and number of days, an increase in care home bed availability and the appointment of a housing officer to deal with housing issues, following a successful pilot.

NS stressed as a partnership the approach continues to focus on MH and OP, with a change in culture. The biggest asset is the whole Health and Social Care community and important to continue investment. Further work is required on the approach and how this will be managed, partnership governance and the goal of working together.

	<p>MW acknowledged the update and feedback on this positive piece of work. However, the independent provision will continue to require support to sustain the changes and recognise the pressures of what will be needed as commissioners: work with HB assessors, Inspectorate, ongoing re-registration. CHC payments remain a huge concern and is an unacceptable situation.</p> <p>MW also asked the HB to keep in mind the difficulties facing the workforce, particularly in Domiciliary Care with recruitment and retention as a result of enhanced terms of employment within health.</p> <p>DW noted there is still a reluctance from males to access service with a considerable lower proportion accessing activity compared to females.</p> <p>WJ felt the methodology used by the West region by involving the third sector/independent sector at the beginning of the process gave a better overview of the whole situation.</p>	
<p>4.</p>	<p>Workshop on the Parliamentary Review</p> <p><u>Group Work – Group 1 - Sections 1 - 4 (Morwena Edwards)</u></p> <ol style="list-style-type: none"> 1. One seamless system for Wales <ul style="list-style-type: none"> • Know where we want to be • As a region further work required on articulating the vision for staff and the population – in a way that can be applied by all. Not sure if this is regional or national piece of work – discuss with WG. • Leaders to do more local work on the front line - evidence. 2. The Quadruple Aim for all <ul style="list-style-type: none"> • Whole workforce principle needs to be adopted by the region – let’s talk about the elephant in the room. • Checking our system and ensuring we have a system based on trusting staff and others at all levels / valuing everyone regardless of role or organisation 3. Bold new models of seamless care – national priorities, local delivery <ul style="list-style-type: none"> • Make this the norm in localities - have examples in localities across NW– (local but regional oversight). • Understand system conditions or barriers getting in the way – sometimes perceived or historical (local but share regional) • A risk averse culture and defensible decision making - support staff and build confidence to make decisions on the front line. (how can we do this, is there an intervention we do regionally?) 4. Put the people in control <ul style="list-style-type: none"> • Public health messages – self care • What matters need to be revisited, especially in health (understanding what’s getting in the way from individual perspective). • Over-reliance on pathways/specialisms, ‘get people through’ • Explore technology/digital innovations as a region. 	

Group Work – Group 2 - Sections 3-6 (Bethan Jones)

3. Bold new models of seamless care
 - National priorities, local delivery. CRT is the building block for this and widely defined – assets, from Care Homes sector, extra care, housing, budgets – look at how budgets are distributed. Barriers to become more flexible - share assets and resources. Good local work ongoing - housing 3rd sector, regeneration. Avenue to highlight this and take next step.
4. Put the People in control
 - Piloting in North Wales – extend to health. System is difficult to navigate. People to be the centre of system. Whole system theory to go through to unpick – challenging. Cultural change – bids need to be around development. Ensure right system is adopted for the future.
5. Great place to work
 - Long term strategy for the workforce, work with education, young people and encourage them to work with the system.
 - Ensure a broader understanding of the needs of the workforce - growth strategy, Wylfa, Airbus etc, STEM students. Create a culture to recruit and retain staff.
6. Health & Care System that is Always Learning
 - Working and reflecting – need to bring this together - visual academy.
 - Learn from past pressures to improve and develop the system.
 - Integrate regionally – presently better at it locally.
 - Grow our own, encourage people to take responsibility and enable them to work across the system – leadership academy, journey for future leaders to understand the system.

Group Work – Group 3 - Sections 5-8 (Alwyn Jones)

5. A Great Place to Work
 - Discussed having a Workforce Strategy that works across sector- recognise good current work re Community Workforce Strategy.
 - Be clear as to what the offer is to the 3rd Sector.
 - Seamless training across the sectors Make more Training ones which all can access i.e. across health, social care and voluntary sector. Enriches the training
6. Health & Care System that is Always Learning
 - Learn & share about the benefits of the work we do. Art Therapy, Dementia Café. Positive Outcomes.
 - Consistent approach to the gathering of people’s stories. Patients, Service Users and People
 - Recognise that there is an element of risk to what we do, and that there is an element of managed risk in how we learn
 - Avoid Risk Aversion
7. Harness Innovation & Technology and Infrastructure
 - Increased awareness of Potential of Technology
 - Harness the potential of people having devices Apps, telephones

- Promote use of current Telehealth equipment, Spread the messages more globally. Need to change the narrative and provide positive messages in the system

8. Align System design to achieve better results

- Sharing of data across sectors- Are presently very risk averse as a result of data protection. Info Sharing is core to this.
- Systems that support feedback across sectors- co-ordination. Example from Safeguarding provided – but acknowledge there is significantly more than this.

Group Work – Group 4 - Sections 7 - 10 (Siobhan Adams)

7. Harness innovation, and accelerate technology and infrastructure developments

- Some authorities in region gone live – shared health/social care agenda. Can learn and share good practice. Teething issues.
- Still a long way to go at early stages.
- Potential for increasing efficiency of services by increasing automation in homes and community. Recognising some human elements will always be needed.
- Can learn from industry. Potential of amazon echo type technology.
- Real time record keeping.
- Value of real time diagnostics - at home. Not bringing people into hospital for diagnostics/testing where investment is required.
- Telehealth/technology in management of chronic diseases – keeping people at home during exacerbation.
- Difficulties of short term projects and pilots and scaling up and embedding in core business when shown to be successful.
- How can we use the innovation grant.

Role of RPB

- We need to do some work to understand what our collective priorities are for infrastructure investment.
- May need to work in collaboration with private sector to understand ‘art of possible’.
- Marketing and communication.
- Self-care individual responsibility.

8. Align system design to achieve results

- Common set of outcomes – single framework agreed across agencies.
- Measuring right things – what gets measured gets done.
- We need to align our response to how we address vulnerability in communities.
- Move away from process targets
- How do we successfully make a case for change
- Share challenges

CLlr GR thanks everyone for their response. It is heartening to note nobody mentioned the word ‘barrier’ which indicates a positive note for the future.

	<p>How do we proceed: Further communication is expected in June from WG re £50M transformation fund. Suggestion made for a Task and Finish group to be created to look at some good examples and key priorities.</p> <p>Following further discussion on who would be responsible of taking this action it was decided that a Task and Finish Group would be created with representation from LG and other partners to progress.</p>	<p>BJE/RW to arrange.</p>
<p>5.</p>	<p>Agree key messages</p> <p>Presentation on Conwy/Denbighshire PSB Plan Central 5 day in a room update Workshop and next steps</p>	
<p>6.</p>	<p>Any other business</p> <p><u>Individual and Carer Representatives EOI</u> The Individual and Carer representative EOI will be sent out shortly to recruit an additional Individual and Carer representative to join the Board as soon as possible and further representatives to join the Board in November 2018. Current members can re-apply.</p> <p>Cllr JL stated she would be available if a panel member was required.</p> <p><u>RPB response to the Parliamentary Review</u> A response letter (copy included in the meeting pack) in relation to a letter received from WG 11.04.2018 was forwarded to WG 19.04.2018. The timescale given to respond to this request was very tight, and as a result not all Board members had an opportunity to feedback, even though the response was a collective response from the RPB.</p> <p>NS clarified SS Directors attended a meeting 16.04.2018 with Albert Heaney together with the Minister Huw Irranca-Davies where an opportunity was taken to discuss the letter and appropriate of request.</p> <p>Clarity was received that the Minister was currently looking for recognised examples of good practice. There will be a further opportunity for all board members to feed into the response on future decisions.</p> <p>The chair took this opportunity to thank BJE and team for pulling together the response at such short notice.</p>	
	<p>Date of the next meeting: Friday 18th May at 9.00 am</p>	