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**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

Notes of the North Wales Regional Partnership Board Meeting

**22<sup>nd</sup> June 2018**

**9:00 am – 12:30 pm**

**Unit 21, Optic, St Asaph**

Present:	Cllr Gareth Roberts (chair), Bethan Jones Edwards, Morwena Edwards, Neil Ayling, Alwyn Jones (on behalf of Caroline Turner), Nicola Stubbins, Cllr Joan Lowe, Cllr Llinos Medi Huws, Lyn Meadows, Dave Worrall, Cllr Christine Jones, Jenny Williams, Vin West, Mary Wimbury, Helen Douglas (on behalf of Richrd Debicki), Teresa Owen, Charlotte Walton, Wendy Jones, Helen MacArthur
Apologies:	Morag Olsen, Margaret Hanson, Richard Debicki, Cllr Bobby Feeley, Cllr Liz Roberts, Lynda Colwell, Andrew Long
In Attendance:	Richard Weigh and Lisa Jones – agenda items 4. Pooled Budgets Jane Sankey, Assistant Director of Nursing – agenda item 5. Provider Market/5 day in a room

Item		Actions
1.	Welcome, introductions and apologies	
2.	Notes and actions of last meetings  Minutes of meeting 18 <sup>th</sup> May were accepted as a true record.  Matters arising: ITJ has been invited back to update on the NWEAB Oct/Nov Learning Disability work stream - SB has met with HoCS, safeguarding and is currently sourcing a representative from within Education in relation to the LD Strategy development.	
3.	<u>A Healthier Wales – Our Plan for Health and Social Care</u>  BJE and GR recently attended the North Wales Leadership Board (NWLB). It was pleasing to note work on the Parliamentary Review was well received with interest and ambition raised by the Leaders and CEO's and particularly the view that the work should be on a par with the NWEAB. There are two pieces of work to be completed urgently;	

governance and how this interconnects with WG requirements and the RPB to create a Board more akin to the NWEAB, and the regional plan being a truly joint plan across health and social care and signed up to by all. Professor Keith Moultrie has agreed to assist with both pieces of work and a Task & Finish group has already been established to progress.

DW stated he was dismayed with the content of the paper which signified an increase in workload of this Board.

VW was also in agreement stating the document was primarily a health service document which created a lot of unnecessary work.

Cllr LIMH, who is a member of the NWLB thanked Cllr GR and BJE for attending the meeting. This piece of work is very important, but with the possible dialogue of amalgamating Local Authorities on the agenda once again, increasing the workload of the Part 9 Board at this time is not helpful, and suggests forwarding a letter to Alun Davies AM for further information on this issue.

JW felt the NWRPB need to decide whether this becomes the priority, the core of the review has already been established, which is to strive for integration. It is also important to listen to views expressed by the third sector and carers and feed to the NWLB. JW would prefer to see the Board taking a steer rather than wait to see what happens.

MW also agreed the PR did not give any information that was not already known and the Board needed to take a steer. MW was pleased to see a reference to the workforce with integration across all parts of delivery. The NWWB is already progressing with this work and maybe this could be included in the response. MW was disappointment to note the lack of recognition of independent providers within the report. This point was highlight during a report preview at a Care Home Steering Group meeting.

TO also welcomes the work on the PR which provides an opportunity to move together in a new direction, focussing work on clusters within communities and preventative work completed in partnership. The timeline is clear, but could prove a challenge with the biggest opportunity being digital connection.

NA felt the corporate support from the NWLB was appreciated and would also welcome the clarity in relation to the additional £100M and what this means for North Wales or whether this is double counting with other funding streams.

ME also welcomes the PR which includes so much information to be further developed. ME in her appointment of Associate Board Member on the BCUHB also senses a welcome to the report, providing an

	<p>opportunity to work in a different way. Clear direction on inclusive meetings and governance will be essential.</p> <p>GR confirmed continuing with the status quo is not acceptable, a closer working partnership has to be achieved and appeals for everyone to recognise this request. The PR provides NW with a huge opportunity to work collaboratively.</p> <p>TO acknowledged BCU are also committed to co-operate. The PR will pose a challenge to all, as partners are providing a service to the same population, and this should be seen as a new opportunity.</p> <p>LM affirmed the PR is seen foremost within the Health Board and forms the crux of the board moving forwards in the future.</p> <p>The RPB Task and Finish group will continue to proceed on developing the plan and the governance.</p>	
4.	<p><u>Pooled Budgets – Richard Weigh/Lisa Jones</u></p> <p>RW attended to provide a further update on the work being developed to establish pooled budgets across North Wales. This is a requirement of the SSWBAct, including a pooled budget for Care Home function. RW and NW finance colleagues in both LA's and the HB have worked on understanding the risks and challenges of pooled budget arrangements to develop a non-risk sharing model. Whilst not a formal pooled budget, as in S33, the created pooled budget is certainly informative and is only one step in the integration journey.</p> <p>An additional NWRPB meeting has been arranged on the request of the Minister, 5<sup>th</sup> July, where pooled budgets has been requested by the Minister to be on the agenda.</p> <p>RW informed the Board a non-risk pooled budgets was not out of step with other regions. The scope to be include in the informal pool has been agreed among partners i.e. the gross amount that each partners spend on commissioned residential and nursing care including FNC. The information is currently being consolidated in terms of a report across the region and will report quarterly once established. Each authority will be able to assess their expenditure position relative to their budget ahead of any formal pooling, highlighting any under or over spend relative to partner contribution and allow the region to explore how to deal with these in a formal pooled budget arrangement.</p> <p>Working towards sharing all information is currently being reviewed in relation to the new GDPR arrangements. The proposal is for each partner to submit all payment data on a monthly/quarterly basis to DCC, being the lead authority, to input into a comprehensive database for financial reporting. RW reported the system and data have already been tested and provided useful results on spend patterns and trends.</p>	

	<p>GR enquired on the sum of money on work completed to date and if this was amalgamated what are the financial obligations of administering the system.</p> <p>RW responded the information gathered so far is different for each partner but the cost based on data pool based on £130M annually and the costs to administer a system of this magnitude would be huge. It would be very unusual to pool one individual system of this scale. Further definitive costings will be prepared as additional information is provided and formally creating a pool of this size would have an effect on the services delivery across the region.</p> <p>CW enquired to the reason Continuing Health Care (CHC) was not included in the information.</p> <p>LIMH stated we can comprehend the volume of administration work involved when comparing IACC annual budget of around £126M and the number of staff working for the authority to administer.</p> <p>NS stated the new additional work involved the whole governance support, and we could potentially be looking at establishing a new group accountable to the NWRPB.</p> <p>NA reported other services that would benefit from pooling of funds would include Children's and CAMHS.</p> <p>ME welcomes this piece of work, and agrees CHC is required to be part of the pooled budget for the benefit of t NW. Gwynedd has already seen value by experimenting locally with pooled funds within clusters in the community.</p> <p>TO is in agreement to explore these ideas and would welcome being part of the discussion to progress from a BCU perspective and look at all the opportunities to fathom a way for a pooled budget or not.</p> <p>MW stated if CHC data is not included as part of the standardisation of data across the CH agenda, there will be a big portion of missing data. This a big barrier to nursing approach across the area.</p> <p>Board members were once again of the opinion if pooling of funds added value to a service, then we should proceed, but thus far WG have not provided solid evidence this is the case, and the evidence so far is that NW people will be worse off in relation to the funds required to administer the system.</p>	<p>RW to provide a more detailed response re CHC position.</p>
<p>5.</p>	<p><u>Market / 5 day in a Room Programme Update – Rob Smith/ Neil Ayling/Charlotte Walton</u></p> <p>Jane Sankey attended in RS absence and presented together with NA and CW on the provider Market update for the East.</p>	

NA highlight the work completed and noted 5 key priorities for the area and 3 key themes that emerged from two workshops held in the region, attended by a cross sector of organisations. Both workshops demonstrated an understanding of each organisation's perspectives.

The successes include:

Support Care Closer to Home to avoid transferring people to hospital. Focus across H & SC on the resources required to create a robust support services for admission avoidance, and taking measured risks to support early discharge home.

Through a mapping exercise of all support at home services it was discovered a number of teams provided identical services, albeit small teams that were unable to provide out of hours service. H & SC and partner colleagues looked at amalgamating all teams together under the Community Resource Team. This service created a single point of contact with one set of criteria for referral into the service avoiding duplication of assessment of individual needs.

A mix of multi-disciplinary skills within multi-disciplinary teams with third sector support provide regular visits to ED and admission areas to pull patients through.

The first IV Services Centre in Wales was created based at the Ivy Suite in the Maelor Hospital, providing a range of IV services on a drop in/drop out basis. The service also includes a blood transfusion service either in-house or at home. This service has saved the region 2.2M in bed days since opening.

Further development of the 24/7 resource to support around the clock needs - the ICF fund, winter pressure fund and primary care fund have been utilised to develop the out of hours service to meet patient need and a new H & SC post has been created to cover both counties to provide service to patients and families. There has however, been challenges to recruit staff for this post.

Use of Assisted Technology:

- Telecare button for urgent response
- Telehealth – information recorded on a laptop for nurse to check against parameters set. AMP's monitor, avoiding a visit to the GP. The WAST service is also included and this has seen a reduction in hospital admission.
- Tele-Medicine – skype call with GP, avoiding trip to the surgery.

The clinical assessment unit and clinical hub work on the same themes to prevent hospital admissions looking to discuss over the telephone alternative options, providing a wrap-around care for the patient.

	<p>The recently opened Flintshire Health &amp; Well-being centre has brought care staff together into a single building that includes: GPs and Community Service i.e. district nurses, health visitors, outpatient service and dental services and has been a huge success in the area.</p> <p>Partner priorities in 2018-19 will include:</p> <ul style="list-style-type: none"> <li>• Further develop the discharge to assess model, focusing and targeting ICF capital.</li> <li>• Social prescribing - a pilot project is based in Wrexham through community agents exploring what support is still available in communities for prevention and early intervention.</li> <li>• SPOA – re-locate SPOA in Flintshire and further develop SPOA in Wrexham.</li> <li>• Further developed the impact of the Flintshire Early Help Hub.</li> </ul> <p>Three workshops have been held recently to change staff culture in their attitude to risk and disempowering staff to make decisions. It was pleasing to note commitment has been evident from staff in all service areas with new staff also on board.</p> <p>HM enquired if the changes had changed the perception of the patient. CW agreed this is the case especially when people are open and honest on the risks of an extended stay in hospital.</p> <p>TO welcomed the presentation from the East, stating the Ivy Suite was a similar model to the Suite in Denbigh Infirmary, with all PSB's in North Wales having their own different effective models of services.</p> <p>DW enquired how the financial element was calculated. JS responded the costings are made looking at the patient and their treatment plan and based estimate on the nights in a hospital bed.</p> <p>MW enquired on the care provider aspect, focussing on care home and work going forward on domiciliary care. Care Home professionals and domiciliary care workers need to be trusted to visit people in homes.</p> <p>JS confirmed domiciliary care workers were included in 'My clinic' interventions as the patient may be known to them to best ascertain their needs.</p> <p>ME welcomed the presentation and was particularly interested in the out of hours service and anticipates all 4 PSB's working together to respond to future challenges. ME also reported a meeting is being arranged with Prof John Parkinson of Bangor University in relation to the change of culture and responding to risk. The Psychology unit are interested in co-working and have a lot of expertise in this field.</p>	
6.	<u>ACE (Adverse Childhood Experience) – Helen Douglas</u>	

HD attended to provide a further detailed presentation following a brief update at the last meeting.

NWP now have a dedicated team working on ACE with 3 co-ordinators providing support across the region working with LA's to understand the existing provision and how the programme fits in with each area plans.

It was reported children who suffer abuse are more likely to be involved in violence, misuse of drugs and alcohol as adults. Evidence has seen families are not getting right support and are being signposted to safeguarding services. ACE is a cradle to grave project looking at the pathways and the ACE hub will provide training and understanding to transform policing vulnerability to a multi-agency, ACE informed approach of early intervention and root cause prevention.

The next steps will be to determine the governance responsibilities for the project. HD reported the project is working closely with the PSB's, will feed into the National Programme Board and a local board will be established.

TO welcomed the ACE project from HB perspective and the opportunity to work together. As a rural area there are opportunities to move forward with the Safer Communities Board.

Gwynedd Corporate Parenting Board review children who are under the responsibility of the authority. ME enquired on the work being achieved with these children who experience difficult childhood, and if this forms part of the ACE project.

The ACE hub anticipates working closely with LA's; education, health visitors etc, to provide an opportunity to adopt and train teachers. Children need one trusted person in their lives to build resilience, all partners have a role to play in ACE, focussing on work with children and families.

ME suggested mapping the governance arrangements. The PSB's are not accountable to the SCB and there seems to be a link missing here. PSB need to think further in their relationship with this Board. The governance of ACE needs to sit on the correct Board, FJ chairs the Integration Board across GC and YM and ME suggests ACE should be part of this Board.

ACE has been presented to the NW CEO's who felt the need to sit in a single board. Suggestion made for the ACE project to be invited back to report to the NWRPB on a regular basis.

Cllr JL noted Fostering Service is one key area where children are taken into care and suggested ACE filter down to this level to gather information/experiences.

	TO noted the SCB has to move onwards, and ACE has an interim home until another governance Board has been confirmed.	
7.	<p><u>RPB Annual Report – Bethan Jones Edwards</u></p> <p>A final draft report has been circulated with the pack. Feedback from Board members has been sought on numerous occasions. The guidance from WG specified maximum of 20 of pages returned to WG by the end of June.</p> <p>DW enquired if there was an avenue to discuss the content of the Annual Report with WG.</p> <p>There will be an opportunity for Board members to raise any issues at the next meeting on 5<sup>th</sup> July, when the Minister will be in attendance.</p> <p>Board members were in agreement to endorse the Annual Report.</p>	
8.	Any Other Business – nothing to report	
	<p><u>Agree 5 key messages for Communication Update</u></p> <p>PSB – best practice to be shared and how different areas work. Shared as a citizen.</p> <p>ACE initiative</p> <p>Pooled Budgets – progressing as a journey</p>	
	<p><b>Date of next meeting:</b> Friday 13<sup>th</sup> July 9:00 am</p> <p>Please note there is also an extra meeting arranged for Thursday 5<sup>th</sup> July at 9:00 am when the Minister Huw Irranca- Davies will be in attendance.</p>	