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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Notes of the North Wales Regional Partnership Board Meeting

07th September 2018

9:00 am – 12:30 pm

Boardroom, OpTIC, St Asaph

Present:	Cllr Gareth Roberts (chair), Neill Anderson, Neil Ayling, Sally Baxter, Lynda Colwell, Kate Devonport (on behalf of Jenny Williams), Morwena Edwards, Cllr Bobby Feeley, John Gallandes (on behalf of Wendy Jones), Phil Gilroy (on behalf of Nicola Stubbins), Cllr Christine Jones, Bethan Jones Edwards, Jennie Lewis, Cllr Joan Lowe, Helen Macarthur, Claire Sullivan (on behalf of Dave Worrall), Caroline Turner, Jo Ward, Vin West, Peter Williams, Mary Wimbury, Marian Wyn Jones
Apologies:	Wendy Jones, Llinos Medi Huws, Teresa Owen, Cllr Liz Roberts, Nicola Stubbins, Jenny Williams, Dave Worrall, Charlotte Walton
In Attendance:	Colin Everett (CEO – FCC / Regional CEO on behalf of Judith Greenhalgh), Keith Moultrie (Director – Institute of Public Care, Oxford Brooks University), Sara Harvey (National Strategic Lead for Autism), Lesley Singleton (Director of Partnerships, Mental Health & Learning Disability Division, BCUHB, on behalf of Jill Timmins), Jo Taylor (ASD Lead, FCC), Christine Burns (NW IAS Service Practitioner Manager)

Item		Actions
1.	<p>Welcome, introductions, and apologies</p> <p>GR welcomed all to the meeting. Introductions were made and apologies were noted as above. GR also welcomed JL and PW to their first meeting as the new Carer representatives; they will be shadowing VW for two meetings. GR also welcomed MWJ, Vice Chair of BCUHB, to the meeting.</p>	
2.	<p>A Healthier Wales / Governance Review</p> <p>The board received an update from KM on the governance review requested by the North Wales Leadership Board (NWLB), in which he outlined the context and potential ways forward, sought advice on areas to develop further, and discussed the subsequent report.</p> <p>In terms of the requisite activities, the first step (review current arrangements, policy, and legislative requirements) has been completed, and the second step (interviews to develop and test future options) is currently in progress.</p> <p>KM emphasised joint services and community-based services as significant areas for development, alongside the need to achieve a</p>	

foundation of local innovation and focus on the RPB as a key element in taking A Healthier Wales forward. The RPB needs to ensure the development of locally-focused, integrated health and social care services, and the transformation fund will enable the delivery of this programme.

The main question of this exercise, KM explained was: What about the current regional arrangements need to be adjusted? The NWLB and Economic Ambitions Board (EAB), the NWRPB and RPB Leadership Group (LG), the four Public Service Boards (PSBs), and the regional health and care action plan and clusters were all examined in this context. Due to the complicated governance of the region, as well as the need to influence local integration, there is no clear-cut solution to the governance at the moment.

GR stressed that A Healthier Wales is not a vague proposal for something that may happen one day. Rather, it is a definitive plan which will happen imminently and will hopefully bring about positive change.

KM gave an overview the roles of the NWLB, the EAB, and the RPB. He also noted that the Welsh Government (WG) is currently out to consultation on Part 9 Guidance until October 2018, which is part of an effort to 'tidy up' the requirements for RPBs. He encouraged the board to take careful note of requirements of the consultation and highlighted the role of the regional team in delivering the RPB's goals.

The 14 clusters in NW need to be as well-coordinated and organised as possible to deliver not just health but also social care and well-being services as efficiently as possible. KM suggested that this may be a good time to look more closely at the current activity within the clusters and to drive change to integrated models of service.

The key themes that have come from the interviews so far are:

- The NWLB doesn't explore the health / social care / well-being agenda regularly enough.
- The RPB is a valuable board but needs to develop greater clarity about its role.
- The links between the RPB and PSBs are often unclear.
- The regional programme and action plan needs to change in order to meet the A Healthier Wales requirements.
- The governance arrangements on localities and clusters may need to change.

VW raised the role of individual people and the Citizens' Panel (CP), pointing out that the panel does not meet face-to-face. The desired goal is to create equality between the citizens who need support and the professionals who provide it and ensure citizen involvement.

CE pointed out that there are many more regional working arrangements than there was time for in the presentation. However,

rather than presenting a challenge, in many ways NW is actually a simpler, not a more difficult region than others, because the culture of partnership working is strong. No specialisms across the various groups can mean that there's more room for opportunity.

SB concurred that there is still good partnership working happening at a local level across NW, although there is possibly some disconnect between those levels and that of the RPB and other boards.

MWJ confirmed that the Health Board has recently appointed a new post of Director of Primary and Community Services, who will be a key member of the RPB and a key part of driving through the changes required.

MW noted that it is the role of the RPB to report to the NWLB but that, due to the fact that a regional CEO no longer serves as chair, some of that connection had been lost. The board should build on keeping closer links with regional CEOs and directors. CE added that Denbighshire CEO Judith Greenhalgh will become a standing member of the board to enable continuity. GR confirmed, however, that he and BJE have attended CEO and NWLB meetings in order to provide updates from this Board.

KM then described some possible ways forward for the NWLB, RPB, PSBs, and clusters / localities, which were discussed further.

A discussion occurred around health membership on the board. SB said that BCUHB's CEO had written to the RPB Chair asking to increase health membership (4 potential members were suggested: the Directors of Public Health, the Director of Primary and Community Services, the Director of Planning and Performance, and the Vice Chair). It is important that there is a strong link with work in the local areas, as well as a link with the corporate side of BCUHB.

MWJ added that BCUHB sees this Board as driving transformation: the transformation agenda is set here, with BCUHB working alongside local partners to deliver it. BF agreed with bringing more people from health to the board and added that there had always been a disconnect between the three area directors and that they could also be considered for a role on the board.

Members also emphasised the need for resources in health to deliver children's services, unpaid family and friends who provide care, and young / young adult carers.

KM agreed that workforce / 'careforce' was one of biggest issues that came up in interviews and that will need to be addressed imminently, as it is an economic as well as a health social care issue.

GR said that service deliver will have to be very different in the future. There is no need to be precious in regard to who does what; instead, the board needs to decide what needs to be done, and who

needs to do it. If someone needs to be on the board, they should be, even if this means that others don't attend. The partners know best who needs to be present to make decisions.

NA added that the best success up to now has been at an area level and that the board should build on that foundation and also support the Regional Collaboration Team and their important work.

KM concluded that the Board was in the right territory and that, by building on previous successes, it could build a solid and sensible plan focused on the idea of 'develop regionally, deliver locally'. KM will complete his report to the NWLB and will share with the RPB.

A Healthier Wales – North Wales Plan

GR thanked BJE and her team for their work on developing the North Wales plan, as well as others who have given time over the summer to work on it.

BJE noted that the highlight report details the work of the task and finish group, and thanked members of the board who sat on the group. The group met on a weekly basis to address a number of actions. The Board previously received an update in June, and the meeting of the CEOs received an update in August; a meeting of the LG was also held in August to share and update. The plan was developed and amended according to feedback. The hope is that all key points have been picked up in the final draft. The board was encouraged to give opinions.

ME thanked BJE for her work in bringing the document together over the summer, as well as KM for his useful feedback. The document is meant to serve as a cohesive plan to cover the specific sectors. It is also based on what has been learnt from the population needs assessment development. Most of the transformation is focused on:

- Moving into a model of locality-based services.
- Specific attention is given to C&YP and supporting families / learning disabilities / mental health.
- The importance of developing the workforce and supporting carers.
- Working with the EAB and the importance of digital innovation.

Comments and questions from the board included:

- A request for more language around children's issues and a specific mention of young carers alongside citizens.
- VW asked whether it would be possible to increase advocacy services if the funding bid is successful.
- CE confirmed that the CEOs were on board and supportive.
- CT queried who would manage the fund if the bid was successful. GR said the LG would discuss this.
- JG asked how this plan fits into budget planning of partners and whether it was realistic to deliver within a two-year grant

	<p>funding stream. BJE clarified that there is no guarantee of money for any region; funding will be allocated depending on the strength of plans.</p> <p>GR went through the items in section 6, 'Recommendations', of the highlight report:</p> <ul style="list-style-type: none"> • 6.1 That the NWRPB endorses “The North Wales Response to A Healthier Wales”. <ul style="list-style-type: none"> ○ Agreed by the Board. • 6.2 That the proposal is submitted to Welsh Government by the Chair of the NWRPB. <ul style="list-style-type: none"> ○ Agreed by the Board. • 6.3 That each partner takes the proposal through their governance/political processes as appropriate. <ul style="list-style-type: none"> ○ Agreed by the Board. • 6.4 That the current Task and Finish group is closed down as it is achieved what it was required to do. <ul style="list-style-type: none"> ○ Agreed by the Board. • 6.5 That NWRPB agree who would meet with WG should they wish to have further dialogue about the NW proposal <ul style="list-style-type: none"> ○ To be agreed by the LG and brought back to the RPB. • 6.6 That strategic leads are agreed and full business case/robust delivery plans are developed for this programme. This should also include stopping any work streams that exist but do not contribute to the delivery of this programme. Reporting requirements for the NWRPB and WG will need to be agreed so that there is assurance of delivery of this programme. This may be best achieved through the creation of a new task and finish group of relevant partners from the RPB and partners. <ul style="list-style-type: none"> ○ To be agreed by the LG and brought back to the RPB. • 6.7 That arrangements are put in place for receipt of any grant awarded to the region, which would include responsibility for reporting to Welsh Government as per grant conditions laid by Welsh Government. <ul style="list-style-type: none"> ○ Agreed by the Board. 	<p>Recommendations 6.5 and 6.6 to be addressed through the LG.</p>
<p>3.</p>	<p>Flintshire PSB priorities</p> <p>CE and NA gave a presentation on the FCC PSB priorities.</p> <p>CE provided a brief context of the PSB and its role and function, particularly in delivering the local well-being plan.</p> <p>The Flintshire PSB priorities are:</p> <ul style="list-style-type: none"> • Community safety • Resilient communities • Environment • Economy and skills • Healthy and independent living 	

	<p>NA described in-depth the work around ‘healthy and independent living’, the approach taken, and the key deliverables.</p> <p>CE described the PSB partnership structure and emphasised flexible approach that the board has taken.</p> <p>GR was pleased that the health section of the well-being plan showed examples of the PSB and RPB working together. MWJ added that it was heartening to hear about partnership working happening in the PSBs and congratulated all on the work achieved.</p>	
<p>4.</p>	<p>Notes and actions from last two meetings – July 2018</p> <p>Two sets of notes were reviewed:</p> <p>The extraordinary meeting on 5 July with Minister Huw Irranca Davies and WG colleagues, followed by a presentation on the Dementia Plan: No actions arose from this meeting and the notes were agreed as a true record by the board. VW noted that the Minister had agreed to meeting with him regarding language used, discussed under agenda item 2.</p> <p>The regular meeting on 13 July: BJE confirmed the definition agreed in the National Commissioning Board was shared with AH. The action for TO was completed through the task and finish group. BJE has also met with CW to look at workforce matters relating to A Healthier Wales that have come out of the PR response, and the NW Workforce Board will take those up.</p> <p>Matters arising: AH has not forwarded a relationship chart – BJE to follow-up. WJ still to provide number of panel members for each LA area.</p>	
<p>5.</p>	<p>Autism spectrum disorders national developments (including North Wales Integrated Autism Service update)</p> <p>Introductions were made by NA and SH, as well as SH’s colleagues who were present for this item.</p> <p>SH provided a brief explanation of Autism Spectrum Disorders (ASDs) and introduced the ASD Strategic Action Plan (SAP), which was first produced in 2008. The refreshed version of this plan has led to the creation of the Integrated Autism Service (IAS), which has a small team to support its development. SH also mentioned that the Autism Wales bill was tabled in July within WG.</p> <p>A consultation in 2015 surveyed over 1000 individuals affected by autism, as well as professionals and parents / carers. Themes that emerged included: support for emotional / behavioural issues, support for ASD-specific issues and skills, and access to services within the community, with a key focus around adult diagnosis as well.</p>	

The NW IAS team have an administrative base in Greenfield, but the team will be located within the 6 LA areas and are primarily focused on post-assessment and diagnosis support. There are two psychologists, supported by clinical health colleagues, and a team of eight support workers (one in each LA area and two specialists), as well as one administrator. Funding is provided through ICF and amounts to £651,000 per year for four years. This represents a significant investment from WG.

The IAS has had a successful roll-out in NW. NA said that it had been a pleasure to work with national team during this process and that it has shown the power of partnership working across NW to establish the service in a short period of time. GR also thanked the team for their hard work.

SH presented the recommendations of the report to the RPB:

- National and regional update and progress of NW IAS be noted
- Consider and agree a regional Autism Champion drawn from the RPB

Questions and comments from the board included:

- PS asked about the referral process. The team had lived-experience advisors who worked with them on this issue. Self-referral is possible, either through a phone call or filling in a form. Drop-ins are being established and held locally. Carers can also refer into the service.
- ME queried if there were any difficulties ensuring the team and services can address Welsh language service requirements. Around half of the team are Welsh speakers.
- PG raised the issue of duplication with local services. The team confirmed they were talking to local teams to make sure services weren't being duplicated.
- VW emphasised the importance of raising awareness publically and helping to grow an understanding of the concept of an autism 'spectrum'. He also enquired if the service provides an advocate role. The team said they are not formal advocates, as this is not an expertise they possess.
- CE asked about the understanding around longer-term funding continuity. SH explained that the current emphasis is around diagnosis, but that should hopefully shift depending on future funding streams. The team obviously want to ensure continuity of services.

A discussion was held around appointing an autism champion to the board. NA said that it would be difficult to appoint one person to represent the whole region (although, as a potential nomination, he suggested Cllr Christine Jones of Flintshire). ME suggested that, if champions already exist in each LA, they could work together and network to represent the region. It is important for the local voice to feed to the regional level.

BJE to seek the names of Autism Champions from the 6 LAs.

<p>6.</p>	<p>ICF – Capital</p> <p>NA presented the regional ICF Capital plan, which members of the Board were asked to endorse for submission to WG.</p> <p>SB asked whether these plans have been agreed by the BCUHB Capital plan department and suggested that they would need to agree these plans before submission to WG. BJE explained the process for developing the plans; they are developed locally in partnership between social care and health colleagues and agreed for inclusion in the regional plan. All plans will have been signed off by Area Directors and Directors / Heads of Service in the LAs. NA stressed the urgency to get the plan agreed by the Capital department of BCUHB as the date for submission had passed.</p> <p>GR confirmed that the board was happy to endorse the regional plan.</p>	
<p>7.</p>	<p>AOB</p> <p>CT suggested that further discussion on the WG consultation on Part 9 of the Act would be useful.</p> <p>NA raised that the consultation notes that a housing representative will be needed to sit on the RPB in the future. Claire Budden, now CEO of Pennaf Housing Association was suggested to be approached as a rep. ME wondered whether the Housing Associations would be able to agree their membership between them or whether two members would be more appropriate. Any process for inviting expressions of interest would need to be developed if this route needed to be taken.</p>	<p>BJE to add to October agenda.</p>
<p style="text-align: center;">Date of next meeting:</p> <p style="text-align: center;">11 October 2018 9:30-12:30 OpTIC Glyndwr, St Asaph</p>		