



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Notes of the North Wales Regional Partnership Board Meeting

11th October 2018

9:00 am – 1:30 pm

Optic, St Asaph

Present:	Cllr Gareth Roberts (chair), Bethan Jones Edwards, Jenny Williams, Morwena Edwards, Neil Ayling, Caroline Turner, Cllr Bobby Feeley, Cllr Joan Lowe, Cllr Llinos Medi Huws, Cllr Liz Roberts, John Gallanders (CEO of AVOW, attending in place of Wendy Jones), Mark Armstrong, (NWP, attending in place of Neil Armstrong), Andrew Long, Kevin Roberts, Teresa Owen, Jennie Lewis, Chris Stockport, Charlotte Walton, Sally Baxter, Marian Wyn Jones, Mary Wimbury
Apologies:	Nicola Stubbins, Dave Worrall, Wendy Jones, Vin West, Debbie Shaffer, Peter Williams, Neil Armstrong, Lynda Colwell
In Attendance:	Bethan Jones (BCUHB Area Director, Central) and Alison Cowell (BCU Child & Adolescent Health) for agenda item 3 Iwan Trefor Jones (Corporate Director, Gwynedd Council) for agenda item 4 Meinir Williams (Associate Director of USC), Steven Vaughan (Interim Director for Secondary Care) and Joanna Elis-Williams for agenda item 5 Dr Glyn Roberts (Programme Director, Well North Wales) for agenda item 6 Alison Johnstone (Dementia Lead for WAST) for agenda item 9 Stephen Townley and Jeanette Williams (North Wales Armed Forces Liaison Officers) for agenda item 10

Item		Actions
1.	<p><u>Welcome, introductions and apologies</u></p> <p>GR welcomed all to the meeting. Introductions were made, apologies noted as above, and a warm welcome was extended to new members who have joined the Board today.</p> <p>GR informed Board members today's meeting would be the last meeting for Vin West and Debbie Shaffer as their term as Carer and service user representatives ends. A special thanks is to be conveyed to both on behalf of the Board to acknowledge their contribution over the last two years.</p>	<p>Letter to be sent - BJE</p>

	<p>Noted e-mail correspondence received from Vin West thanking the Chair and members and Regional Collaboration Team for support during Carer Representative term on NWRPB.</p>	
<p>2.</p>	<p><u>Notes and actions of last meeting</u></p> <p>Minutes of meeting 7th September were accepted as a true record.</p> <p>Matters arising: Agenda item 6.5 and 6.6 – will be addressed through the LG in October Autism Champion details are being collated and will be circulated. SB confirmed ICF capital governance within BCU.</p> <p><u>July meeting outstanding actions:</u> AH to forward a relationship chart within BCU – agenda item 3 WJ still to provide number of panel members for each LA area – agenda item 5.</p>	<p>Place on LG agenda</p> <p>RW to chase RW to chase</p>
<p>3.</p>	<p><u>Update on work-stream: Children with Complex Needs due to Disability or Illness – Bethan Jones, Area Director</u></p> <p>BJ first of all apologised as the report does not reference the children’s service transformation bid proposal being submitted and also the MH modernisation funding, which BCU have been advised was unsuccessful.</p> <p>AC reported BCUHB, local authorities and third sector partners agreed the work-streams which are in progress, with regional groups and partnership working within each regional area. Strategic direction and management continues through the Children’s Transformation Group (ChTG) where all issues are escalated.</p> <p>Children with Complex Needs due to Disability or Illness is the over-arching priority objective of the work-stream for the NWRPB. Local task groups have been established to aid close working between Social Services and health and sustainable improvement continues to be a priority for the health board. Pathways are being developed with local CAMHS teams to improve consultation, assessments and therapy as required.</p> <p>There are many children needing complex care within BCU who are captured by this heading with neurological development needs. The All Wales Neuro pathway has been implemented in the health board to ensure children have a multi-disciplinary assessment with support and intervention. Their condition is not an illness but a life course needing wrap around support, which is not yet in place. Even though the number of weeks waiting has reduced significantly since the introduction of the pathway, demand continues to outstrip capacity and the question being asked is – why are so many children being referred, with demand increasing.</p> <p>The prevention work-stream has seen collaborative work across the region with NWP and IACC piloting the project before roll-out. It is clear</p>	

from experience the approach taken is predominantly changing the way NWP deal with young people to manage situations differently (ACE). There is an open invitation for everyone to take part in training with NWP on how to address young people who have experienced ACE's. BJ also reported the number of young people involved with NWP (S136) in 2018 has significantly reduced – even though, the reason for this reduction is not clear.

Prevention work and striving to understand what happens to children who become mentally ill and in a state of distress is ongoing, when in effect MH pathway is the worse way of dealing with children who need a nurturing environment and supportive teachers to identify young people early and respond to their needs.

GR emphasised at this point the expectation from the board was to drive change in North Wales. If changes are not made board members will be criticised, therefore, when reports are presented, members need to be critical, to drive the work forward, so that future generations are better placed.

GR notes the first part of the report is worrying but notes an improvement in the second part. GR notes no mention of the word 'integration', which makes the report seem very health orientated.

CA stated children's services cannot be delivered in isolation, all priorities have been agreed in partnership events with the ChTB which is multi-agency with representation from social care, youth justice and education.

MWJ thanked both BJ and AC on the report and raised the following questions:

What is the expected impact of this work?

BJ responded stating CAMHS waiting lists have reduced considerably in the last three years. There are issues with waiting lists and number of children with neuro issues and not CAMHS making the new pathway demand significant. Further impact will be seen as BCU improve diagnosis, demand and demand management to input early trigger points.

The report refers to a shortage of psychologists and psychiatrists/therapists across Britain, what will be considered a new model?

Variances are seen across NW, with the least children waiting to be seen in the West and an increase in demand is seen further East. A new model would consist of a clinical lead and a clinical psychologist leading the unit. The MH measure states only particular professionals are able to work under the measure and a mix of skills would not be possible. BCU have to improve at managing risks and recruit newly qualified professionals.

The report notes to meet the requirements of the measure by March 2019 – how realistic is this and are we on the way to reach this target?

AC reported BCU are working hard to achieve this objective but uncertain if the new target across NW will be met by March 2019. BCU are more

likely to achieve the CAMHS target, which also depends on the capacity of the small teams.

NA welcomes the report on children which is a fundamental priority of the NWRPB and links in with the proposal on children as part of the Parliamentary Review.

TO reported as BCU lead for children she is looking forward to working with everyone on this programme; with the voice of the child being the centre of this piece of work.

CT agrees with both AC and BJ in terms of demand and capacity. IACC would need a significant increase in services and now recognises why preventative service is not strong enough. As an authority children should have been better supported in the past, and currently authorities are only now catching up with an increase in children with complex neuro disabilities and understand the reason for this. The IACC spends a significant amount on children's services - are we spending too much or is the reason due to under provision of services for different reasons. Another reason is funding always seems to spent on health and the acute sector and IACC as a small LA have been stripped of services to make savings, with very little savings left to be made. Local Authorities and health will have to collaborate more efficiently together in the future to sustain all services.

BJ noted the importance of the transformation fund and advised BCU has protected the children's budget to safeguard the children's agenda in line with the increases and demand in the service.

JW feels concerned regarding the figures quoted in the report, especially in the East, which articulates the insufficient amount of core funding and was also unclear on the proposal for MH funding and why this was not successful. Elements of this is now included in the transformation bid and cited insufficient work is being done in relation to transition.

BJ concurred the main issue is core funding and lack of practitioners. There is significant work to do to understand the nature of the demand and the recent appointed CAMHS worker has made a significant impact to the figures in the central area.

AC concurred by changing the environment of children with complex needs will lead to an improvement.

KR reported the NWFRS are looking to re-launch the 'Stay Wise' programme which is an educational resource of the emergency services mapped to the national curriculum, provides safety advice through the framework and would welcome further discussion at the ChTB.

Cllr LIMH enquired if the statement was correct on the current resources not adequate to meet the demand of neurodevelopment assessments stating IACC have funded students to complete the psychology course. Language choice is also very important within service delivery, which

	<p>does not come through in the report as children are able to communicate better in their chosen language.</p> <p>JL added any work that can be done to improve MH services for children would be welcome.</p>	
<p>4.</p>	<p><u>Update on the North Wales Economic Ambition Board (NWEAB) – Iwan Trefor Jones</u></p> <p>The Board received an update from ITJ on the North Wales Growth Bid. The NWEAB are currently driving the Proposition Document which:</p> <ul style="list-style-type: none"> • includes the rationale for investment, vision and aims, 9 strategic programmes, 16 potential core projects and governance arrangements for the Growth Deal. • acts as a vehicle to leverage funding from both UK and Wales Governments for £170M each, a total of £340M over a 15 year period. • has been consulted and fully engaged in both public and private sector across North Wales and all partners have approved. • will seek the endorsement of each Council and relevant Governing Bodies of each partner. <p>ITJ also advised discussions are underway with UK and Wales Government to seek devolution to WG with a representation from the NWEAB and WG is supportive of all projects and further discussions will be arranged to discuss the funding arrangements.</p> <p>ITJ gave an update on specific projects relevance to the NWRPB: <u>Digital</u> - a high priority project with £30M being allocated to North Wales for fibre penetration work. <u>Skills Project</u> – apprentice brokerage continue to be developed to provide training that highlights clearly the skills requirements for the future economy of the region. <u>Transport</u> - costing £80M, will address the barriers to provide infrastructure from communities to work.</p> <p>ITJ stressed the foundation economies are crucial to achieve a scalable growth in North Wales. There is a lot of support for digital and gave an example of the EAB working closely with community enterprises (solar and tidal) across North Wales who face barriers accessing the national grid, and it is hoped this will be a catalyst for other community enterprises to take on board.</p> <p>TO thanked for the update and noted the evident growth seen since the last update, but remains concerned on the gap between rural/urban and young/older people.</p> <p>ITJ pointed out North Wales have 16 potential core projects, unlike Cardiff which have 1 or 2 larger projects. WG have recognised the development in North Wales will be different to that in Cardiff and by submitting 16 smaller projects across the region, this reaches our objectives of inclusive growth and sustainability.</p>	<p>ITJ to forward copy to BJE</p>

	<p>BF also welcomes the core projects to North Wales that do not have, at the moment any cost implications, but pointed out in time there will be costs allocated to all partners, and with the recent budget announcement how long and what costs implications will each partner face.</p> <p>ITJ confirmed this was a very important point and work is already being undertaken to identify costs. The majority of the expenditure on projects will be done within the first eight years. The Board are still waiting for confirmation from WG and UK Government on the level of funding, and will formulate a funding strategy to meet the borrowing costs i.e. how the funding will be split and formula to be used to service the borrowing.</p> <p>ITJ also reported NWEAB are in discussion with both UK and Wales Government in relation to the NNDR (non-domestic rates) to make a claim to retain the NNDR to service the borrowing costs, and are also looking at other alternative ways i.e. rental of infrastructure etc. ITJ however confirmed there will be, no doubt, some kind of impact for all partners in the region.</p> <p>ME commented on the difficulty to recruit and retain staff within social care and questioned if further work could be done with these groups.</p> <p>ITJ stressed everyone want the best future and all sectors are receiving the appropriate amount of support, this is why collaboration is important and everyone are aware of the risks, especially with other huge projects taking place in North Wales – Wylfa Newydd.</p> <p>MW also commented on the recruitment and retention issue with childcare being one structure to enable people to go out to work. If this is not provided the repercussion will prevent people giving into the economy.</p> <p>ITJ again stressed the important objective is to retain people in North Wales, to provide appealing job opportunities, good standard of living and opportunities.</p> <p>MWJ enquired on the timeline to take the proposition document through each partners governance.</p> <p>ITJ is hopeful to receive each partner and HEI's agreement by the end of October. A WG statement is expected on the 29.10.2018 and a Head of Terms signing can proceed forward to the 5 case business models, used by the Treasury's Green Book methodology and anticipates the project will progress to delivery mode by April 2019.</p>	
<p>5.</p>	<p><u>Review of Draft Winter Planning Toolkit – Meinir Williams/Stephen Vaughan and Joanna Elis-Williams</u></p> <p>MW and BCU colleagues are today seeking NWRPB endorsement of the Integrated Winter Delivery Self-Assessment Toolkit (submitted in draft form to WG on 14.09.2018).</p>	

MW reported WG are trying to move towards an assurance based model on winter planning. BCU have an overarching Unscheduled Care (USC) improvement programme which includes MH, area teams and partners (NWP, WAST) and are changing the methodology to take a more integrated approach, focussed around delivery with principles, including reducing clinical risks for patients in relation to the unscheduled care by breaking the delivery down to 90 days.

The overarching approach is consistent with government assurance approach from WG five winter plan priorities:

1. Engagement with organisations and partners to deliver timely and high quality access to services.
2. Focus on better management of demand in the community.
3. Enhancing operational grips and hospital management to mitigate peaks in pressure and manage risk effectively.
4. Focus on significant opportunities to enable people to return home.
5. Support patient to return home from acute hospital sites to the home for assessment.

The required timetable did not enable the template to be reviewed by the NWRPB prior to submission, which was submitted to WG with an addendum noting the health board were unable to offer full assurance to NHS Wales that all the measures included in the Winter Resilience Planning Tool have been addressed. MW emphasised an assured position is a difficult place to secure and BCU continue to strive to increase levels of reassurance.

The launch of the 90 day USC on 10.10.18 and was very well attended. A multi-agency USC will continue to work alongside implementing the 90 day improvement plans of which the internal principles are consistent. The launch incorporated a message of a whole community methodology change and improvement not only over winter but the vehicle for transformation and improvement. SV pointed out the process in place for peak times, Christmas, height of winter would be done through an escalating system process.

The USC monitoring tool will be split into 3 work-streams:

1. Demand management – what needs to happen so that patients receive value every day of their stay
2. Flow Management – data analysis completed to discover concerns
3. Discharge Management – how to facilitate timely discharge to support complex issues – preparing communities

The objective of the USC 90 day plan are being developed together with NWP, WAST and Primary Care, by bringing all organisations intelligence into one place to support NWP and GP out of hours and will be the first step into planned episodes of care at the first contact, rather than conveying patients to hospitals. MW is aware discussion should happen prior to submission and will ensure the template is circulated earlier in future.

<p>GR raised concern hearing the health board have submitted an addendum to WG currently unable to offer full assurance that all measures had been addressed.</p> <p>MW is also concerned in relation to assurance, but acknowledged BCU have been open and honest with WG. The 90 day plan is an assessment tool and this is where we are up to and MW would be happy to review the plan for all to understand what the tasks are within the plan, where we hope the plan will take us through at the end of the 90 days. MW also reported feedback received from WG illustrates identical scenarios in other regions of Wales.</p> <p>MWimbury enquired if MH was covered in the plan. MW confirmed yes in elements, but agreed this could be stronger and work will be done next week on cross referencing and adding value to the plan. There are planned changes to the hub created in Ysbyty Glan Clwyd with changes to the site managing teams to a demand and control structure to escalate information and understand where everyone are.</p> <p>MWimbury noted making an enquiry regarding pressure on the sector yesterday, to focus on care home/domiciliary care sector to keep people out of hospital and was disappointed to hear an advert on the radio this morning of domiciliary care staff vacancies with hourly pay much higher than care home workers and enquired how are providers expected to retain and replace staff. MWimbury is also frustrated re CHC payments and questioned how and when will this issue be solved, or the provider sector will not be there to provide crucial support.</p> <p>MW recognises the frustration from a provider perspective but is not involved with contractual arrangements and promised to discuss with BCU colleagues (Reena Cartmell and Gill Harris). ChW, as the lead director engaging on behalf of NW SS Directors on USC said she was unable to sign the toolkit template on behalf of all directors without having a prior opportunity to discuss.</p> <p>MW agreed the template required partnership input, which was unfortunately impossible at the expected pace and would welcome any suggestions to improve the mechanism to engage with partners.</p> <p>JW indicated there is clear governance and the matter should be directed through the Leadership Group in future.</p> <p>ChW pointed out various work has already been completed which could be integrated into the template to give impetus and focus.</p> <p>JL observed integrated working in partnership requires a specific regard to unpaid carers, who are heavily relied upon.</p> <p>MW concurred that this information will be picked up on the 'What Matters' conversation when individuals with caring responsibilities will be identified. MW recognised outstanding work on Carers to progressed and</p>	<p>MW to contact M Wimbury</p>
--	--------------------------------

	<p>improve the service which recognises unpaid Carers are fundamental to the service.</p> <p>MWJ also concurred this important point and mentioned that the RPB's Carer's work had been reported to the BCU partnerships meeting yesterday. . MWJ also noted the extensive changes seen to date already compared to last year and the work done at pace from MW who is relatively new to the role.</p> <p>TO confirmed the commitment from the Executives Team to priorities the staffing and recruitment and the importance of being transparent; there is a long way to go and the important matter is that we all work together.</p> <p>SB thanked MW, SV and JE-W and the noted the issue with timings and acknowledges the links with the Leadership Group.</p> <p>SV concurred he is happy to engage with the wider agenda, maybe create a role that sits outside of the area team that will assist to facilitate discussions internally and advise what could be done differently.</p> <p>ME commented on the positive launch event noting the main point being co-operation from all partners. Important point is to reflect back and trust the communication put in place. ME also noted the trust within the West sub-regional structure and the requirement to be honest with each other regarding risks, trust staff and behave mature when things don't go as planned.</p> <p>ChS supports SV observation regarding the communication aspect which is fair to say happened at pace.</p> <p>GR suggested a 'What Matters' conversation is arranged between NWRPB members to move forward and MWimbury also requested the independent sector to be included in the discussion. MWJ will speak to BCUHB colleagues and come back to the NWRPB with a proposal.</p>	
<p>6.</p>	<p><u>Social Prescribing - Dr Glyn Roberts</u></p> <p>Glyn Roberts attended to update on Social Prescribing and specifically in relation to a letter received from Aneurin Bevan UHB requesting an overview of Social Prescribing in North Wales – linking people to wellbeing, care and support and requesting the completion of a template by Monday 15.10.2018.</p> <p>Glyn Roberts provided a North Wales Social prescribing update and discussed issues: Some areas have not undertaken this work within the boundaries of their own counties with the third sector looking at county wide programme - the natural focus of this review has been across more than one county.</p> <p>Also development how social prescribing links into different short/long term programmes with development of CRT to creating a single focus and encompassing into whole authority.</p>	

	<p>Example of good work includes taking ownership, working across the county's regional aspect without affecting any of the local work, sharing good practice across local authority and creating momentum. It is hopeful through the development of the All Wales Research Network a framework of common outcomes will be developed.</p> <p>GR noted this area of work has not received sufficient attention, which would of made a huge difference.</p> <p>Glyn R advised over £1m has been spent on social prescribing across North Wales, with lots of work yet to be completed. A great deal of work has started on community level and rolled out. A regional overview is not necessary to support community projects to ensure the best value for money.</p> <p>JG raised concern to the lack of funding in place for non-statutory provision and to the longevity and no real certainly on long term funding.</p> <p>The Social Prescribing document will be circulated for response to the agreement and any feedback will need to be returned to BJE by Monday 15.10.2018 by noon.</p>	<p>Template to be circulated to NWRPB for response to the agreement and any feedback by Monday</p>
7.	<p><u>Update on the Parliamentary Review</u></p> <p><u>Integrated Early Intervention/Intensive Support for Children & Young People – Neil Ayling</u> Further work has been completed on this proposal with actions updated from the recent Leadership Group meeting. The proposal has now been completed and the NWRPB were in agreement to forward the proposal to WG.</p> <p><u>Community Transformation – Sally Baxter</u> SB reported discussions are ongoing with comments still outstanding and is requesting additional time to fully complete the proposal. There are a few concerns in relation to the size of the proposal particularly re-profiling staff enhancement. SB thanked everyone who had assisted with the proposal.</p> <p>ME raised concern as the previous version of the proposal has already been endorsed by the LG. ME suggests sufficient additional time is given to finalise the proposal before it is presented again to the LG, to ensure everyone are fully signed up to the final copy of the proposal.</p> <p><u>North Wales Region Governance Review – Final Report</u> This item has been deferred to the November NWRPB meeting</p> <p><u>Consultation – amendments to partnership regulations under Part 9 of the SSWBA</u> As a result of boundary changes within Bridgend CC, WG have taken the opportunity to revise aspects of the Partnership Regulations, and seek RPB members views specifically to:</p>	<p>Forward proposal to WG.</p> <p>Place on November agenda</p> <p>Proposal to be on LG agenda.</p> <p>Place on Nov agenda.</p>

	<ul style="list-style-type: none"> • Clarify requirements for RPB to establish Pooled funds in relation to care homes • Housing representative on RPB • RPB to produce regional commissioning strategies and • Clarify date of RPB annual reports <p>Due to time constraints it was agreed the consultation will be circulated in word format and members are to forward comments to BJE by Monday 22.10.2018 who will collate a RPB response. It was also agreed no further comments would be provided for Question 1 or 2 (pooled budgets) as this has already been actioned by the North Wales Leadership Board.</p>	<p>Forward comments to BJE by 22.10.2018</p>
<p>8.</p>	<p><u>ICF Written Agreement – Neil Ayling</u></p> <p>A revised ICF guidance was issues in April 2018 and reported to the RPB setting out the additional WG requirements. One of the changes was to review the written agreement and sign off as an RPB The agreement has now been reviewed by DCC legal department against the guidance noting the updated reporting arrangements and deadlines. An updated schedule has been agreed to enable assurance to be provided to WG that reporting timescales will be met.</p> <p>NA reported WG have also requested assurance for current arrangements to be in place for Third Sector representatives to be included and engaged in developing the Revenue Investment Plan and overall use of ICF funding. Members of Voluntary Services are currently invited to attend ICF sub-regional meetings to participate and feed into the Plan. NA asked that Director colleagues and BCUHB Area Directors ensure that this is the case.</p> <p>NWRPB members note the content of the report and are in agreement to endorse the following:</p> <ul style="list-style-type: none"> • That the NWRPB notes that there has been a mid-term review of the effectiveness of the North Wales ICF written agreement 2017-2020 in accordance with the requirements of the agreement itself and having had regard to updated Guidance issued by Welsh Government in April 2018. • That the NWRPB notes that all Partners are content with the current operation of the Agreement and have agreed and implemented updated reporting arrangements for the current financial year as set out in an updated Schedule 2 of the Agreement, to enable assurances to be provided to Welsh Government that reporting timescales will be met. • That the NWRPB notes the current arrangements in place for engagement of third sector representatives in developing the Revenue Investment Plan and overall use of ICF funding. <p><u>Dementia Investment Plan</u></p> <p>NA reported WG had already endorsed over half of the projects, additional information was provided to WG for the remainder of the projects and yesterday a further update was received that all projects par 2 have now been approved.</p>	<p>Chair of NWRPB to write to WG to confirm sanctions</p>

	<p>Principles of the Dementia Bid are identical to ICF work-streams with quarterly reporting, occurring at the same dates as other work-streams, but with different reporting templates. The first Dementia progress report to be submitted by 31st January 2019.</p>	
<p>9.</p>	<p><u>WAST Dementia Guide – Andrew Long & Alison Johnstone</u></p> <p>Alison Johnstone, Dementia Lead within WAST, attended to present the WAST Dementia Guide. The Dementia Communication Guide produced in 2018 initially aimed at staff and volunteers has been very well received and is now widely used. The booklet summarises how to communicate with people living with dementia.</p> <p>AJ gave an overview of WAST 3 year Dementia Action Plan. This is the emergency services commitment to dementia in partnership with NWP and NWFRS and consists of three strands; involvement, partnership and training, which looks at the service being provided from an emergency point of view with the vision by 2020 of being an organisation that responds to both clinical and emotional needs of people living with dementia, their carers and families; being more dementia aware with a skilled and effective workforce.</p> <p>AJ welcomes partners to make contact to discuss further any regional or local plans.</p> <p>LR said there are so many people work within dementia it is refreshing to see partnership working rather than individuals working in silos.</p> <p>BF drew attention to the recent DCC library launch of ‘reading with dementia’. There are currently 17 books available for reading with people with dementia which has proven to be a worthwhile scheme.</p> <p>JW was pleased to see the partnership approach, especially the references to language and also referred to the recently launched Herbert Protocol, a national scheme being introduced locally providing valuable information for those who search for missing vulnerable people.</p> <p>SB advised BCU have various dementia plans which need to be merged and would welcome WAST involvement in the process.</p> <p>JG added Wrexham CBC are promoting Wrexham as a dementia friendly town. AJ advised this is already linked into WAST.</p> <p>MW also concurred all documents were an excellent resource. AJ informed all documents are available on the WAST website.</p>	<p>SB to contact AJ.</p>
<p>10.</p>	<p><u>North Wales Armed Forces Update – Cllr Liz Roberts (North Wales Armed Forces Champion), Stephen Townley and Jeanette Williams (NW Armed Forces Liaison Officers)</u></p> <p>ST and JW presented a comprehensive update on the Armed Forces Covenant, which is not statutory but more of a commitment. All six NW</p>	

	<p>LA's have signed the covenant and are committed to preventing veterans and their families facing disadvantage either whilst serving or after completing their service. The covenant is not just about the individual, but around the whole family and the integration back into the community, which in most cases can be very difficult for veterans.</p> <p>JW reported NWFLO's continue to work in partnership with the CITB and arranged 'Forces in Construction' events, bringing together major 'forces friendly' employers, to provide real opportunities for armed forces veterans.</p> <p>KR concurred armed forces veterans do face barriers to a different way of working which may be an issue to find alternative employment and retaining employment will also be a key challenge.</p> <p>MA pointed out older veterans might not be aware of all of the services available to them as this may not of been available at the time of their retirement.</p> <p>With an estimate number of 51,000 veterans living in North Wales with Armed Forces community estimated in the region of 125,000 the aim is to make the referrals process as streamlined as possible, and by asking the question "have you or a member of your family ever served in the Armed Forces" at assessment, additional support can be offered, as well as take some of the pressure from health.</p> <p>NWFLO's have been invited to attend the Local Health Board sub health group, with a positive impact already made with training of general practice clusters to inform practitioners of the services provided by NWAFF.</p> <p>JW pointed out the imminent launch of the Armed Forces website will make a huge difference to the co-ordination of signposting provision and address digital inclusion. Initial registration will be linked to Veterans Gateway to build a picture of queries coming in from North Wales.</p> <p>Both NWFLO's posts are funded by the MoD until September 2019. LR enquired on the likelihood of funding post 2019, but this will be a discussion for another time.</p> <p>JW concluded the NWLO's realise their role is short term and envisages another 3 years work to implement phase 2 to achieve autonomous referrals from authority to the third sector and vice versa. This area of work have already been identified and some work has already started.</p>	
<p>11.</p>	<p><u>Any Other Business</u></p> <p><u>DToC Seminar, Cardiff – 07.11.2018</u></p> <p>WG have advised the venue will be the Angel Hotel 10:30 am – 3:30 pm. Letter received from WG re seminar on Delayed Transfer of Care 07.11.2018 circulated to NWRPB members. Request made for 10 Regional Partnership Board representatives to attend and also to deliver</p>	

<p>a 15 minute presentation. CW, who has been linking in on DToC on behalf of Local Authorities has agreed to attend and present with Ffion Johnstone (BCUHB). Other officers who have agreed to attend are Morwena Edwards (GC) and Alwyn Jones (IACC). Additional representatives will be required to attend from Health.</p> <p><u>Letters from BCUHB CEO</u> Letters received from BCUHB CEO in relation to increasing Health Board representatives at the NWRPB. Confirmation received the following names will represent BCUHB on the NWRPB membership: Marian Wyn Jones – Vice Chair BCUHB Teresa Owen – Executive Director of Public Health Chris Stockport – Exec Director of Primary and Community Services Mark Wilkinson – Exec Director of Planning and Performance Bethan Jones, Area Director, Central Ffion Johnstone, Area Director, West Rob Smith, Area Director, East.</p> <p><u>Housing representatives on the NWRPB</u> A letter has been received from Clare Budden (CB), CEO Pennaf Limited accepting the recent invitation to join the NWRPB. CB will also advise in due course details of the second representative following discussions with other Associations operating across the region.</p> <p><u>All Wales Dementia Allied Health Practitioner Consultant Post</u> Letter received from Senior Medical Officer Liz Davies, WG, seeking expression of interest through the Regional Partnership Board for hosting arrangement of the above Consultant post, who will give advice and support to health boards and local authorities to enable the delivery of the person centred care and drive forward service improvements.</p> <p>TO agreed to discuss and enquire regarding options within BCU and report back.</p> <p><u>Budgets</u> NA raised concern about the recent Local Authority draft budget announcement and suggested forwarding a letter from the NWRPB to Mark Drakeford AM, with regional feedback. BF seconded this suggestion stating the budget allocated is not beneficial to partnership working SB concurred BCU also aspire social care to prosper and to be aware BCU are also part of the NWRPB.</p> <p><u>Pooled Budgets</u> NWRPB are currently discussing the matter of pooled budgets for care homes. The WG Consultation on Part 9 of the Act closes end of October – RPB members agreed to respond to the consultation on all questions except to Question 1 and 2 which relates to pooled budget by Monday 22.10.2018.</p>	<p>SB to send BCU names forward to BJE</p> <p>Include on circulation list and forward calendar invitations.</p> <p>TO to update at RPB Nov</p> <p>Feedback on the Part 9 consultation to BJE by 22.10.18</p>
<p>Date of the next meeting: Thursday 15th November 2018</p>	

	<p>9:00 am – 12:30 pm</p> <p>BCU colleagues requested apologies be noted for health colleagues who will be attending the National Primary Care event in Cardiff.</p>	
--	--	--