



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

8th March 2019

9:00 am – 12:30 pm

Optic, St Asaph

Present:	Cllr Gareth Roberts (chair), Bethan E Jones, Alwyn Jones, Francine Salem (attending for Charlotte Walton), Chris Stockport, Cllr Joan Lowe m(JLo), Cllr Liz Roberts, Ffion Johnstone, Jennie Lewis (JLe), Jenny Williams, Kevin Roberts, Liz Hughes (attending for Estelle Hitchon), Cllr Dylan Rees (attending for Cllr Llinos Medi Huws), Marian Wyn Jones, Mark Wilkinson (MWil), Mary Wimbury (MWim), Morwena Edwards, Jane Davies (attending for Neil Ayling), Neill Anderson, Peter Williams, Rob Smith, Wendy Jones
Apologies:	Bethan Jones Edwards, Nicola Stubbins, Charlotte Walton, Neil Ayling, Dave Worrall, Lynda Colwell, Teresa Owen, Judith Greenhalgh, Cllr Bobby Feeley, Estelle Hitchon, Cllr Christine Jones, Clare Budden, Shan Lloyd Williams, Richard Weigh, Llinos Medi Huws
In Attendance:	Jason Lintern, WG Head of Hubs & Academies Sarah Bartlett, Regional Project Manager, Regional Collaboration Team Lynne Grundy, BCUHB Associate Director Research and Innovation John Williams, Commissioning and Procurement Officer, Regional Collaboration Team

Item		Actions
1.	<p><u>Welcome, introductions and apologies</u></p> <p>A warm welcome was extended to all. Introductions were made and apologies noted as above.</p> <p>As the Chairs' term of office is ending today, GR took the opportunity to thank the board for their co-operation, commitment and achievements over the last four years, two years as chair and previous vice-chairing role. GR wished the board well in the work taking place across North Wales on the transformation proposals, being a huge and exciting opportunity for the region.</p>	

	<p>ME thanked GR, on behalf of all RPB members, for his significant contribution to the RPB. Under the leadership of GR the Board has progressed partnership working and honest and open discussions have helped to shape Health & Social Care in North Wales. ME also noted not only is GR stepping down as NWRPB chair, he is also stepping down from his role on the Cabinet at Gwynedd Council, and therefore would no longer be a member of the RPB, and therefore wished him all the best in the future.</p> <p>The Board also extend their condolences to Bethan Jones Edwards in her recent bereavement.</p>	
<p>2.</p>	<p><u>Notes and actions of last meeting</u></p> <p>Minutes of meeting 8th February were accepted as true record.</p> <p>Outstanding actions from February meeting:</p> <ul style="list-style-type: none"> • Partners to advise when the LD Strategy has been through their processes. • Each partners to forward details of their ASD champion. • BJE to contact WG re Carer feedback. <p>Completed actions:</p> <ul style="list-style-type: none"> • MWil to provide an update on BCUHB Three Year Plan – on today’s agenda. • NWRPB annual report will be forwarded to the RLB once completed. • Vision/strategy to be progressed at the next workshop in April • Develop a NWRPB proposal for Research, Innovation and Improvement – on today’s agenda. • Responses re regional response on the Consultation on the Code of Practice for the delivery of Autism Service – Agenda April/May • Consultation to be forwarded to NWRPB members – completed • Strengthen governance within ICF Partnership Agreement – DCC Legal Services notified and progressing. • ICF finance process – completed, agreed at ICF meeting 15.2.19 • Housing have been included on the easy-read version of AHW. 	<p>All</p> <p>All BJE</p>
<p>3.</p>	<p><u>Research, Innovation and Improvement Hubs Network</u></p> <p>The board received an update from Jason Lintern, Head of Hubs & Academies, WG on the Regional Research, Innovation (R,I&I) and Improvement Co-ordination Hub for North Wales.</p> <p>One of the ten national design principles within the ‘A Healthier Wales: our Plan for Health & Social Care’ is to drive change and transformation using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.</p>	

<p>A regional Hub will be instrumental to drive the alignment of R,I&I in pursuit of higher quality and value, and will support to streamline services.</p> <p>The regional Hub will strengthen RPB's role in the region with all activity driven by the board, focussed on supporting local innovation and partnerships which drive towards new models of care.</p> <p>The work of the Hub for the first six months will take stock of current regional activity; identifying best opportunities to progress, offer advice, make decisions through evaluation and engage with a range of partners, Universities, SCW, LA's and also take opportunities of WG and UK government funding and drive this in the region. The work also aims to reduce duplication, replication and waste, bringing hubs together as a collective to share experiences, knowledge and the national picture.</p> <p>All Hubs will need to ensure they are driving towards a positive outcome. Hubs are not responsible for undertaking actual research, but rather to engage with the research, challenge, and translate this to a better value service.</p> <p>JL also noted funding will be available for either two or three years with the sustainability of the service thereafter a matter for the region. The Hub will have a strong governance process, reporting to the NWRPB but also to Health Board CEO's, and to Social Services within LAs.</p> <p>BJ asked if WG were prepared to assist with the RI&I evaluation to ensure the region is making the right investment. JL clarified the transformation evaluation is being managed separately by Rachel Jones, WG. The hub should decide what is working well. This should not add an extra layer of evaluation, and the Hub would also have oversight of the transformation projects.</p> <p>MWim enquired how the RI&I Hub links into the WG economic strategy. JL replied there is an economic link throughout with industry and engagement contributing to the economy, building on the work of the Universities, including work of the Health Economics Unit at Bangor.</p> <p><u>Regional Proposal</u></p> <p>Sarah Bartlett and Lynne Grundy provided the Board with an overview of the regional RI&I Hub Proposal.</p> <p>A North Wales proposal has been developed by the NWRPB, based around the RPB's four priorities, each project will be evaluated to identify gaps, discover what works well, what improvements are needed and where hubs could add value.</p> <p>A SWOT analysis undertaken identified the strengths, weaknesses, opportunities and threats for the R,I&I infrastructure and the impact within health and social care in North Wales. The report notes the difference it will make to support local innovation and partnerships.</p>	<p>JLintern to confirm funding period.</p>
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FfJ informed the Board of the Bangor Healthy Economics section, she felt this was a huge asset and part of BCUHB and asked how we could involve this unit into the work of the hub.

LG confirmed huge opportunities to work with partners. Scoping the work already happening, the gaps and future work.

JW pointed out R,I&I has not yet been discussed by the Leadership Group and raised concern on the model being too bureaucratic and suggested that maybe one of the Universities could provide delivery with the North Wales Workforce Board involved in the governance.

MWil confirmed being in agreement and supportive of the proposal, but noted the following conditions:

- Programme leads to be recorded
- Change language within the measure of success from 'could' to 'would'
- Include specific performance measures to measure change in practice
- Include planning for the future – designing the hub based on a sustainability model

ME thanked SB and LG for this comprehensive proposal, which was created in a very short space of time. ME stated that she was supportive of the proposal and felt that on reflection there had probably been a gap in relation to how the RPB had received intelligence and steer about what was working well, what needed to be scaled up, and what research could be used to inform service improvement. Funding for two years, should allow sufficient time for the NWRPB to assess the added value of the hub to the region. ME suggested the proposal is taken to the Leadership Group for discussion to understand the reporting mechanism and governance structure, and that if there is agreement in principle to the proposal that it is then sent to WG for their consideration.

RS emphasised the need to be clear on the aims in relation to 'A Healthier Wales' and that the focus is on the parts of the system which are in the interface/integration.

JLIntern confirmed that the R,I&I guidance is due out next week which will help to provide a focus and steer.

JLe welcomed clarity on outcomes for people who receive care and support and how this will be measured.

WJ noted lack of input from the third sector and suggested the third sector are included in the sustainability of the model as a potential 'critical friend' role, stating also a lot of research has already been completed by national third sector organisations.

Cllr JLo raised concern in relation to leadership capacity, staff resources and the transformation bids also requiring to be delivered and sustainable, in a timeframe of two years.

	<p>JLintern noted being aware of LA's being stretched with resources. This will be a challenge for Health & Social Care and the dedication of senior staff will ensure the success of this work.</p> <p>GR pointed out it is impractical for the Hub Manager to report to three different managers, as stated within the proposal.</p> <p>JLintern reported North Wales' proposal is the first proposal seen and acknowledged colleagues work which as a good starting point.</p> <p>The RPB were in agreement to endorse the R,I&I proposal on the condition that the outstanding issues are addressed:</p> <ol style="list-style-type: none"> 1. State programme leads. 2. Change language within the measure of success from 'could' to 'would' 3. Include specific performance measures to measure change in practice 4. Include planning for the future – design the hub based on a sustainability model 5. Change reporting structure of the Hub Manager 	<p>Agenda LG in March</p> <p>Agenda NWRPB April</p>
<p>4.</p>	<p><u>A Healthier Wales</u></p> <p><u>Community /Cluster Service Transformation – Chris Stockport</u></p> <ul style="list-style-type: none"> • CS confirmed the CST proposal has now received Ministerial approval and the grant letter is awaited from WG. • Work has started, at risk, and the advert for Programme Manager is expected out next week. • Discussion have been held on the approach i.e. regional framework and sub-regional deployment and delivery. • A meeting to discuss governance arrangements has been arranged 2.4.19 and will also discuss CCTH and CST overlaps to avoid duplication and repetition. • Once the Programme Manager is in post the framework will progress with a wider expectations of who needs to be involved. <p><u>Children's Services Transformation – Bethan Jones</u></p> <ul style="list-style-type: none"> • BJ confirmed the Children's proposal has now receive Ministerial approval and the grant letter is awaited from WG. • The Children's Transformation Group has been reconstituted to a Partnership Group. • The North Wales Heads of Children's are now members of the group and the first meeting has been held to set up the terms of reference. • At this meeting, having consistent terms of reference for all boards/groups who sit below the RPB within the transformation programme was also discussed and felt to be helpful. Children's Transformation Board had used the T4MH Board as the template, and suggested that this may be helpful for the other two transformation boards. 	<p>CS and NS to consider adopting same TofR</p>

	<ul style="list-style-type: none"> • Work has already started on the consideration to the structure and appointments to be made. <p><u>Learning Disability Transformation Project update – Sarah Bartlett</u></p> <ul style="list-style-type: none"> • Project Governance – Learning Disability Project Board has been established including representatives from health and social care, children and adults’ services, housing and carers’ representatives in place. • The Project Manager will start in post 11.03.2019 and recruitment is underway for the 8 Development & Planning Officers. The interviews will include participation from the regional participation group and the team is due to be in place by April 2019. • The evaluation procurement is currently out to tender and due to be in place by May 2019. • Project networks have been updated on communication including recruitment and tendering opportunities and the project is working with the regional participation group and self-advocacy groups to plan involvement in the project and evaluation. <p><u>Together for Mental Health in North Wales – Marian Wyn Jones</u></p> <ul style="list-style-type: none"> • MWJ reported three business managers have recently been appointed to support the work of the regional LIT’s. • The interview process included LIT representatives and a panel from Caniad. • A discussion paper has been produced and will be discussed in the T4MH board this afternoon for consideration, main points being the preventative work and promoting H & SC • The evaluation brief is currently being completed and will be out to tender on “Sell to Wales’ website by the end of March, with a contract due to be in place by the end of May 2019. <p>MWil commented on all the above reports which have a regional framework and sub-regional delivery and enquired how the reporting structure will be feedback in the future and suggested a common format.</p>	All leads to consider
5.	<p><u>BCUHB 3 Year Plan</u></p> <p>The board received an update from MWil on the BCUHB 3 Year Plan.</p> <p>MWil and BCUHB have welcomed the opportunity to engage with partners on the development of the Three Year Plan and reported meeting CEO’s of all CVC’s, and attending meetings in DCC, IACC, GC and WCBC.</p> <p>The feedback received :</p> <ul style="list-style-type: none"> • Partners welcome the opportunity to engage • Further work required to understand respective roles • Improve sharing of data • Concern on specific services - OOH, CAMHS, Children and SMS • How BCU organise MH and LD 	

- Using different terms, articulating to ensure public are clear on the terms used in the plan.
- Opportunity to work together to signpost the public to various service offer
- Sharing of plans with BCUHB

The BCUHB Three Year Plan will be presented to the BCU Board 28.3.19 and will confirm work programme and key deliverables for 2019/2020.

GR noted the lack of reference to the Welsh language in the plan.

AJ concurred noting Welshness includes influences and culture, not only speaking the language.

MWil confirmed BCU recognised the importance of the Welsh Language and the Welsh Language standards and regular report on progress do take place, which is included in the plan. MWil confirmed the need to consider the wider cultural aspect further as part of planning function.

ME pointed out, in her role as SS Director representative on WG Welsh Language Board, that BCUHB are recognised as being one of the best Health Boards in promoting the Welsh language and that this is something for us to be proud of as a region. She felt that there was an opportunity therefore for the health board to take the good work further within the plan.

MWil reported on a BCU sub-committee chaired by MWJ, which considered a survey of public perception of BCUHB, tracking public attitude and perception of primary services. The survey has not considered how BCUHB is viewed as a Welsh organisation.

MWJ suggested a report is developed for the NWRPB detailing work completed and future challenges of the Welsh language.

ME offered to bring back a report from the North Wales Mwy Na Geiriau Forum for information for a future meeting of the NWRPB.

KR believed unscheduled care within the plan was missing the prevention elements as a result of reducing demand.

MWil noted there are prevention elements within the healthy improvement structure of the plan, with additional work to be completed on this area.

LR asked MWil to expand on the Orthopaedic capital programme and also enquired in her role of North Wales Armed Forces Champion, if veterans in England receive superior treatment to Welsh veterans.

MWil responded the Board are challenged on planned hospital services, with orthopaedic being one of the biggest challenges. The orthopaedic plan, a whole pathway plan is effective, but not delivered consistently across North Wales – and includes weight management and healthy lifestyle to lessen the demand, CCTH elements and community assessment service to prevent hospital referrals. The five sites across the region plan to be reduced to three sites to enable a more efficient service delivery.

ME

	<p>MWJ noted Welsh veterans should receive an identical service to other veterans.</p> <p>JLe enquired on further information within the new service model for MH and LD, in relation to developing a single service overarching this group of individuals i.e. two services working together under one model.</p> <p>MWil replied explaining work on both these work-streams is being progressed as part of the transformation bid.</p> <p>MWJ also explained work on MH is reflected in the strategy being delivered and suggested JL has sight of the strategy in the first instance.</p> <p>ME enquired if there was a role for RPB's to offer some degree of scrutiny or check on the priorities identified by BCUHB in relation to the capital plan. Should the RPB be giving an opinion on the areas prioritised and how this reflected the needs of the populations?</p> <p>MWil reported the Estates strategy will be presented to BCU Board in March for approval of capital investment for next 10 years. The strategy includes the priorities and all schemes will need to be approved, supported by their own business case. MWil believed that LA have exactly the same dilemma with funding considerations across the North and South of their counties, and reported that more funding is spent in the West of the region than in the East on a ratio per person per head.</p> <p>BJ concurred discussions are arranged locally and local authorities are involved in terms of clarification in relation to estates.</p> <p>MWil also noted CCTH informs how the strategy is taking into account the fragility of the private and care home sector market, how it fits in with the wider local and national work, NWWB strategy and the economic strategy. When huge schemes are being developed, this makes it very difficult for small providers, and this will be taken into consideration and taken into account as part of this work.</p> <p>GR thanked MWil for this presentation.</p>	<p>MWJ to share T4MH strategy with JLe</p>
<p>6.</p>	<p><u>Citizens Panel Contract Extension</u></p> <p>The board received an update form JW on the proposal submitted by the CVSC for delivering the Citizens Panel (CP) in 2019-20 and the options for taking the proposal forward.</p> <p>The current CVSC contract (held by DCC since 2017), has operated for 2 years with an option to extend for a 3rd year on identical terms. The CP, a virtual panel, is made up of representation from across the region, however the representation is not proportional, with the greater proportion coming from Conwy. A discussion was had with CVSC on the scope of increasing this representation across the region, ensuring panel members reflected local demographics, and improved level of Management Information.</p>	

	<p>At a recent Directors' meeting the following options were considered:</p> <p>Option 1 – extend the contract by 12 months, increase activity and during the period proposals for continuing CP to be explored.</p> <p>Option 2 – extend current contract with increased funding, based on increasing staff costs and from current 0.6FTE to either 1 FTE, 1.5 FTE or 2 FTE with costings provided.</p> <p>Option 3 – Partners to provide resources to support the delivery of the regional CP from April 2019</p> <p>Option 4 – Dissolve contract asap with a break in service to allow for a procurement exercise for be completed.</p> <p>Another option to devolve power to a more localised level was also suggested as an option to consider.</p> <p>Directors were in agreement to recommend to the RPB to extend the existing contract for a period of six-months whilst the RPB undertakes a review of the needs and demands of the service in the longer term.</p> <p>The report is being presented to the NWRPB to discuss the recommendation by the Director's.</p> <p>The original Citizens Panel was set up by WJ. The panel required to be meaningful, where people could talk in whichever form of media they choose, including sign language. The panel was never meant to be a board where people met face to face; with over 230 people listed this would be impossible, and WJ has a passion to keep the virtual format. The panel is extremely successful, as seen with the responses received to the population needs assessment. WJ left the meeting at this point.</p> <p>ME thanked the CP for all their work completed to date. However, she felt that the CP needs to reflect the whole region and perhaps we needed to consider how this could be best achieved.</p> <p>The board were in agreement to endorse the Directors recommendation to extend the existing contract for a period of six-months whilst the RPB undertakes a review of the needs and demands of the service in the longer term.</p>	<p>Report to NWRPB in June</p>
<p>7.</p>	<p><u>Carer Remuneration</u></p> <p>JLe recently raised the matter of honoraria payments for members of the RPB who are not paid by any other body to attend. The commitment on the RPB is voluntary, this matter has been raised and discussed previously.</p> <p>JLe questioned whether RPB members believes it is appropriate to make honoraria payment to carers and citizen representatives in recognition to their contribution.</p>	

	<p>JLe noted 3 factors for bringing this issue for discussion:</p> <ol style="list-style-type: none"> 1. The lack of monetary recognition may be due to difficulties in recruiting citizen representation on to the NWRPB 2. JLe agreed to her role based on 1 day a month in order to be properly prepared for the RPB meeting, but this has demanded more than 1 day. 3. JLe also noted being invited to attend other various meetings in her carer capacity, and attends to make a difference as collaboration requires organisations to engage with people who have 'lived experiences'. <p>GR noted the response received from WG is very clear in stating that there is no expectation on Boards to make payments to carer representatives beyond the reimbursement of expenses. However, it is important that carer representatives feel supported in being able to make valuable contribution to the work of regional partnership boards, and would not expect carer representative to be financially disadvantaged by attending a regional board meeting.</p> <p>JLe notes awaiting clarification from Chris Stevens on this issue and whether such payments are nevertheless permissible.</p> <p>WJ stated being totally in agreement with the proposal, and North Wales should set a precedence on this issue.</p> <p>PW noted being happy to attend as Carer representative noting his other voluntary role with Caniad have a structure in place of time-banking and depending to the number of hours completed are rewarded with various activities.</p> <p>JW notes not agreeing to this request demonstrates inequality, and endorses the need to commit to a payment model.</p> <p>Cllr JLo enquired if other Regional Partnership Board in Wales have addressed this matter and their resolution to the issue.</p> <p>GR asked if progressing, who would fund the remuneration.</p> <p>Members were in agreement to endorse the request in principle to a honorarium payment to be made, and the following considerations:</p> <ul style="list-style-type: none"> • Enquire if other RPB's in Wales have addressed this issue. • The Leadership Group will further discuss how to take this matter forward. • Report back to the NWRPB in May 	<p>Agenda RPB May</p> <p>BJE NS -March</p>
<p>8.</p>	<p>Any Other Business Nothing to report</p>	