



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

6 December 2019

9:00 am to 11:30 am

Optic, St Asaph

Present:	Teresa Owen (chair), Alwyn Jones, Bethan Jones Edwards, Morwena Edwards, Bethan E Jones, Clare Budden, Dave Worrall, Estelle Hitchon, Ffion Johnstone, Helen Corcoran, Jennie Lewis (JLe), Jenny Williams, John Gladston, Kevin Roberts, Llinos Medi Huws (in attendance until 11:00 am), Lynda Colwell, Mark Wilkinson (MWil), Neil Ayling, Peter Williams, Rob Smith, Shan Lloyd Williams
Apologies:	Charlotte Walton, Chris Stockport, Cllr Bobby Feeley, Cllr Christine Jones, Cllr Joan Lowe (JLo), Cllr Louise Emery, Cllr Dafydd Meurig, Judith Greenhalgh, Mary Wimbury (MWim), Nicola Stubbins, Wendy Jones, Lesley Singleton, Catherine Elaine Jones
In attendance:	Jason Killens, CEO WAST (for agenda item 3) James Houston, WAST Planning (for agenda item 3)

1 Welcome, introductions and apologies

The chair extended a warm welcome to everyone to the last meeting of 2019, informing all the meetings in 2020 will be bi-monthly.

The chair thanked DW for taking on the role of chairing at the November meeting.

The chair noted due to the number of apologies received for today's meeting the board is not quorate and any decisions, if required, will be done via e-mail.

2 Notes and actions of last meetings

Minutes of the meeting 8th November were accepted as a true record and all actions were noted as completed.

Cllr LIMH pointed out in the Welsh set of notes that 'nodiadau' should be changed to 'cofnodion'.

DW confirmed a meeting will be arranged with JG to discuss the Mountain Rescue future agenda item.

Actions

- RW to update Welsh version of the minutes.

3 Welsh Ambulance Service Trust (WAST) Long Term Strategy

The board received an update from Jason Killens, James Houston and Estelle Hitchon on the Welsh Ambulance Service NHS Trust (WAST) Long Term Strategic Framework.

JK reported WAST make contact with over 1 million patients annually through various services provided; All Wales 999 service, non-emergency transport service, planned activity discharges, 111 service and NHS Direct Wales.

Historically WAST existed as a provider of transport. However now the type of service and delivery of care is shifting to individual patient needs and system of delivering care in services, avoiding Emergency Department unless necessary. In order to develop WAST's long term strategic framework WAST undertook an intensive period of engagement with over 450 patients, staff and external stakeholders.

Following the consultation an internal steering group was established. This group endorsed the strategic framework in May 2019 and continues to engage on the progress of the strategy.

The strategy includes 3 goals:

1. Helping patients and staff to stay healthy
2. Helping patients more easily access our services at the right time
3. Providing the right care in the right place, wherever and whenever it is needed

To enable the transformation within the service WAST will ensure:

- The design and infrastructure of the organisation are at the forefront of innovation and technology
- A whole system partnership and engagement
- Staff to be the best that they can be
- Providing the best care possible, outcomes and experience to our patients

WAST propose to educate the public to make informed choice of services which are easily accessible. The emergency service will transition from NHS Direct to 111. New virtual technology will be utilised and integrated into services to provide the right response at the right time.

WAST also propose to further engage and work with health partners to utilise primary care, in the home or in the community. To enable this Advance Paramedic Practitioners posts will be developed to enhance clinical skills of the workforce and joint multidisciplinary teams i.e. a paramedic and a physiotherapist to attend to a patient who had fallen.

Benefits include:

- Improved clinical care and patient experience
- People to make informed choices about their health care needs
- Improved employee health, well-being and job satisfaction
- A highly skilled agile workforce for the future – will career opportunities across Health and Social Care
- Whole agenda supporting Unscheduled and Scheduled care agenda.

RS pointed out the WAST long term strategy supports and links closely to the CCTH/CST TP and a conversation will be required on how this fits with AHW and who will be responsible for progressing.

KR thanked WAST for the informative presentation, and challenged WAST to become more flexible and collaborate with other organisations i.e. NWP, NWFRS, Care & Repair and a host of other organisations in order to deliver Wales wide service for patients care at the right time.

WAST are already working closely with BCU and improvements have been seen in ED turnaround. A tailored service around falls has commenced in South Wales to be rolled out across Wales. JK accepted the challenge and agreed to have a further discussion with NWFRS in the near future.

DW enquired on issues re fallers in their own homes and the public use of 'Manga' – an inflatable cushion used for lifting.

EH informed:

- WG have funded and provided a 'manga', and training on the equipment, in all care homes across Wales.
- WG funded 'falls service', developed last winter in South Wales will be rolled out nationally to respond to non-injured patients who ring 999.
- An active conversation is ongoing how partners collaborate with other services across the public sector respond to non-injury falls.

NA informed of a number of cases in North Wales of patients waiting prolonged times for an Ambulance, resulting in their illness advancing into a serious condition.

CEO acknowledged the waiting times issue needs to be resolved. However, good progress has been seen recently, with BCU leading across Wales. The response times continue to be longer than the target but WAST are working with commissioners and BCU on the requirements over the next 5 years, the required resources and a considerable investment and efficiencies are being delivered by WAST and the rest of the system.

ME notes WAST performance and the whole system is lower in rural than urban areas and suggested giving more attention for discussions to be held within the integrated systems in Gwynedd and Anglesey.

ME also raised the issue of recruiting paramedics, with the University of Swansea being the only University in Wales providing paramedic courses and queried WAST's intention of exploring courses within North Wales in Bangor and Glyndŵr Universities, also promoting the recruitment of Welsh speakers. ME also referenced 'More Than Just Words' is not noted within WAST's Long Term Strategy.

CEO confirmed WAST recruit paramedics mainly from the University of Swansea. However, work will start in January 2020 to strengthen links with all Universities in Wales, and North Wales Universities will be explored for post graduate Advanced Paramedic courses.

EH noted that Health Education Improvement Wales (HEIW) commission members of the future workforce, and the focus should be on how to encourage more local young people to consider WAST as a career, not just as a job. Further work will be required in collaboration on the Welsh Language standards.

ME suggested a representative from WAST attended the MTJW Forum.

TO thanked WAST for their presentation and RPB members for the useful discussion that followed.

4 Welsh Language on-line trainingtem 4

ME, chair of the 'More Than Just Words' (MTJW) forum, reminded everyone of the commitment Local Authorities and the Health Board have taken on the Welsh Language Policy (WLP).

Furthermore, a request has been received from the MTJW forum for RPB members to complete the 'Work Welsh' 10 hour training to attain level 1.

The training will involve:

- Face to face conversations with service users and those you care for

- Learning job titles in the social care sector in Welsh
- Learn what some service user groups are in Welsh
- Discuss some conditions specifically relating to social care
- Develop further conversation skills

The chair considered this a fair challenge and asked for comments around the table.

KR questioned the requirement to reach level 1 as a comparator to level 1 within NWFRS and NWP, who are also committed to the WLP.

ME would assume being able to introduce oneself, colleagues, and a definition will be circulated to RPB members.

ME was pleased to learn of Welsh already being offered in the workplace and suggested RPB members to introduce themselves in Welsh around the table in future.

JLe informed when attending national WG meetings in her capacity of carer representative, translation services are rarely available at these events.

RPB members were in agreement for non-Welsh RPB members to undertake the 10 hour Welsh on-line learning to attain level one, taking into account flexibility with the timescale, owing to work priorities.

The link to the training:

<https://dysgucymraeg.cymru/cymraeg-gwaith/cyrsiau-cymraeg-gwaith/croeso-sector-gofal/>

Actions

- ME to provide a definition of Work Welsh L1.
- Non-Welsh RPB members to undertake the 10 hour Welsh on-line learning.

5 A Healthier Wales – CCTH/CST update

The board received an update from AJ on the activities to date on the Community Services Team Transformation Programme.

North Wales Local Authorities and BCUHB have worked closely for a number of years to develop services in the community, funded historically by ICF. The CST Transformation Programme funding has enabled this work to be enhanced further, with similar objectives to WAST, aiming to transfer fewer people into hospital, providing early help and support for people to be provided within their own homes. The work will be supported via GP clusters and social care arrangements, Community Resource Teams, providing support on 'what matters'

to individuals. These localities, once fully developed will work locally within agreed regional design principles.

Work completed in this reporting period includes:

- Supporting changes in local areas, working with practitioners, hospital and partners i.e. the initial stages regarding the mapping work against supporting people.
- Sub-regional project teams are active in the Central, West and East areas with work ongoing specific to those areas.
- Work completed on design principles and on the outcomes, KPI's and the baseline data.
- Tackling the issue of a sustainable service for the future; the current pattern and future requirement in relation to services, resources and funding support.
- Locality Leadership Teams (LLT) will provide local governance and strategic management of resources with different models being considered across the region.
- Locality Pacesetters will involve looking at lessons learned prior to consideration of rollout.
- Working with IPC on the independent assessment and theories of change across North Wales, looking at the models that will best implement change.
- Publicising both the Transformation Programme and the Community Services Programme, making all staff aware of the culture changes that admittance to hospital is not the default option.
- It is also noted WG have communicated to RPB's their decision to extend the programme period until March 2021, with the cut-off for activity to be 28th February 2021.

PW enquired how the programme dovetailed with other Transformation Programmes taking place regarding the community hubs and primary care.

AJ confirmed all Transformation Programme Project Managers are employed through the Regional Collaboration Team, with each programme sighted on each other's work and is part and parcel of the same discussion.

EH agreed public palatability of change is difficult, and would be happy to discuss outside RPB how to work collectively to deliver the local message.

HC offered to assist with figures to populate the 'crime' section of the 'Framework for Locality Health & Social Care Needs Assessment.

MW enquired if the LLT's were new and how they relate and link in to partnership working, cluster work and avoided duplication.

AJ informed the LLT are pace setters testing concepts in detail with lessons learned cascaded throughout the region in order to support further development. It is not the intention to create another layer. Project boards have been established across each of the Pace Setters, to explore all opportunities before implementation.

BJE advised that the CST TP have agreed to engage in IPOPS as a complimentary initiatives to support the collation of outcomes and performance data, and a commitment from BCU acute services is essential to get the best outcome from the model.

JLe asked for clarity if the carer comments within the report referred to non-paid carers, and if this work has been completed working with 'carers' or with 'services who provide care'.

JLe also referred to the section on 'Approach to Co-production' advising these are steps taken to acknowledge co-production, not actual co-production, which is working together as equal partnership with all stakeholders, involving carers and all organisations in the actual development of the plan.

FJ agreed to place this item for discussion at the next NWCOG meeting.

TO agreed to arrange a separate conversation with BJE and AJ on the risks and assessment within the report.

Actions

- Co-production on NWCOG agenda – FJ.
- TO/BJE/AJ to discuss CST risks & assessment.

6 WAO – ICF

The board received an update from NA on the WAO ICF report for NWRPB, which notes the key findings and areas to consider. The report applies historically to the audit that took place during 2018.

The report provides examples of identified notable practice across Wales which RPB's could learn from i.e. the development of a performance dashboard in the Cardiff and Vale RPB; responsibilities set out in a Memorandum of Understanding from the Greater Gwent.

NA took the opportunity to thank ICF colleagues, AISB's and the Regional ICF Co-ordinating Group for their regular discussions to maximise the ICF funding, which also saw an increase in the Social Value element.

TO suggested developing an action plan citing all key findings identified and the action taken to resolve, so that all RPB members are aware of the work undertaken.

BJE confirmed all actions are being implemented through the ICF officers group and the local AISB's. Progress has been seen throughout the year and work carried out will be discussed at the next ICF officers lead meeting.

Outcomes for service users identified from the report includes developing exit strategies for all ICF projects and opportunities explored to learn from good practice in other regions. Mature conversations will be required as many projects are still very reliant on ICF funding with many projects now considered part of the authority's core services, and critical to sustain the day to day services of social care.

A further discussion will be required on RPB membership. The audit notes the difficulties in decision making, due to the size of the board. TO agreed, and this discussion will be held once the updated guidelines and expectations have been received from WG.

NA agreed for the action plan to be created and agreed on the risks around the exit strategy. All partners have however used ICF to progress and support services under severe pressure. A loss of ICF funding would be a significant issue for all partners.

JLe raised concern regarding the outcomes for service users section and despite positive examples there is little evidence of the fund improving outcomes for service users and enquired how the outcomes for service users are measured.

BJE informed WG have provided a framework for reporting and collating outputs, however there is nothing in place for capturing longer term outcomes apart from case studies.

DW stated as a Third Sector employee and being involved in ICF projects, the stark message provided is that many Third Sector organisations are not confident for sustainability outside of ICF funding, and the time taken to apply for funding is a barrier to many organisations.

BJE informed WG are proposing a tender process for a national ICF evaluation in the near future.

TO advised there will be an opportunity at the rescheduled WG RPB self-assessment workshop 12.02.2020, to discuss ICF post March 2021.

Actions

- BJE/SG to create a plan of actions completed for March RPB.
- WAO ICF report for NWRPB to be discussed in detail at the ICF officers meeting.
- RPB membership for future RPB agenda.

7 Building A Healthier Wales

The board received an update from TO on the additional funding (£1.3M) made directly to BCUHB specifically on Prevention and Early Years transformation work across Health & Social Care in North Wales. WG have recently stipulated additional requirements to link this work with PSB's.

There is a tight deadline for the submission of plans to WG by 31.12.2019 and pressure to spend by the end of the financial year.

TO confirmed work is progressing, with Public Health consultants evidencing what makes a difference and what provides value in the system.

CB noted the importance of maximising the opportunity for all RPB members to have an opportunity for future funding suggestions to ensure the funding is spent as dynamic as possible, and noted the importance of including housing and fuel poverty.

EH suggested having projects for future funding 'ready to go', to be resourced immediately as a solution to WG funding applications with short turnaround deadlines; whether this is ICF slippage or other funding, and maybe this is a piece of work that could be completed in the spring.

TO confirmed the suggestions received far exceed the amount of funding allocated and will be prioritised in the order of greatest preventative outcome.

Actions

- Final plan to be brought to future RPB meeting.

8 RPB Medium/long Term Strategy

The paper included in the meeting pack on the RPB medium/long term strategy is the collation of the work from the RPB long term vision workshop held with Keith Moultrie September 2019. While collating the notes from the facilitated workshop it became difficult to draw out any specific and tangible concepts over and above the work that is already being delivered. Consequently, the document reads more as a focus and priority document than a strategy, and a request is being made for further feedback from RPB members for specific comments that should be considered, taking into account the priorities of the RPB as stated in the statutory guidance, AHW and ICF. Once these final comments have been received the final documents will be presented to the NWRLB, who originally commissioned this piece of work.

Suggestions made included:

- Strengthen influences – giving WG information regarding barriers i.e. temporary funding.
- Localities and regions advising of barriers specific to their areas
- WG to use the RPB to see what is and isn't working
- JLe suggested changing the wording of 'coproduction' within the document which reads as putting an onus on people to get involved rather than drawing people in.
- More emphasis on education - re-visit once WG guidance has been circulated
- More emphasis on Housing
- Expand on the culture

Actions

- Additional feedback to be forwarded to BJE by 06.01.2020.

9 Mid Wales Joint Committee (MWJC) – Social and Green Solutions in Health priority

The board received an update from ME on the objectives of the Mid Wales Joint Committee. Gwynedd Council and BCUHB are members of the committee as South Meirionnydd is located within the catchment of the region.

The MWJC intend to hold a workshop in Mid Wales, where members of NWRPB are welcome to attend. The workshop will involve discussions on how to sustain work in a rural area.

ME agreed to share the date of workshop once advised.

Actions

- Date of workshop to be circulated - ME

10 Letter form WG 18.11.2019 - Feedback Report from the Regional Partnership Board Self-Assessment Workshop

Following the RPB Self-Assessment workshop 02.10.2019, WG have circulated a feedback report which captured the discussion of the day. The Task & Finish

Group has since met to discuss the next steps regarding the piloting of a self-assessment tool and are inviting expressions of interest from two RPB's to participate in the Pilot March/April 2020.

Following a full discussion the NWRPB members were in agreement not to take part in the pilot, due to the lack of capacity and the volume of work already undertaken by the NWRPB.

Actions

- This decision to be brought to the attention of elected members for agreement as meeting is not quorate.

11 For information

TO advised RPB members of the documents 'for information' at the end of the meeting pack;

1. PHW - Winter pressure and
2. Health & Housing – Housing Policy & AHW – ICF Capital Programme.

TO concluded the meeting by thanking DW for his contribution and support to the NWRPB over the years, as DW's role within the Red Cross finishes at the end of 2019, and wished DW well for the future.