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

## Notes of the North Wales Regional Partnership Board Meeting

10 January 2020

9:00 am to 12:30 pm

Optic, St Asaph

Present:	Mary Wimbury (MWim) (chair), Bethan Jones Edwards (attended until 11:30am), Alwyn Jones (attended until 11:30am), Morwena Edwards, Bethan E Jones, Charlotte Walton, Chris Stockport, Clare Budden, Cllr Bobby Feeley (attended until 12pm), Cllr Joan Lowe (JLo), Cllr Dafydd Meurig, Jennie Lewis (JLe), Jenny Williams, John Gladston, Kevin Roberts, Lynda Colwell, Marian Wyn Jones, Mark Wilkinson (MWil), Craig Macleod (in attendance for Neil Ayling), Nicola Stubbins, Peter Williams, Shan Lloyd Williams, Wendy Jones, Cllr Louise Emery, Catherine Elaine Jones
Apologies:	Teresa Owen, Estelle Hitchon, Ffion Johnstone, Helen Corcoran, Lesley Singleton, Cllr Llinos Medi Huws, Neil Ayling, Roma Hooper, Judith Greenhalgh, Cllr Christine Jones, Rob Smith
In attendance:	Dr Glynne Roberts, Programme Director of Well North Wales (for agenda item 3) Siobhan Adams, Consultant in Public Health, BCUHB (for agenda item 3) John Day, BCUHB Consultant Clinical Scientist / Head of Service, Audiology (for agenda item 9) Ramona Murray, CCBC (for agenda item 9) Sarah Thomas, Community Support Manager, Centre of Sign Sight Sound (for agenda item 9) Kathryn Whitfield, Programme Manager, LD Transformation Programme (for agenda item 5) Llinos Edwards, BCUHB Service Improvement Programme Manager, Mental Health and Learning Disabilities Division (for agenda item 5)

### 1 Welcome, introductions and apologies

Mary Wimbury, Vice Chair, Chaired the meeting.

The Chair extended a warm welcome to everyone and apologies were noted as above.

## **2 Notes and actions of last meetings**

Minutes of the meeting 6th December were accepted as a true record. BJE highlighted the table of actions in relation to the WAO ICF report was attached in the pack. Some of the actions remain 'amber' as they are continuing to be monitored throughout the duration of the ICF funding.

Further update on actions from the last meeting to be circulated.

## **3 Update on the Winter Plan**

The board received a brief update from CS on the Winter Plan. CS thanked the RPB and officers who had brought together a regional plan in a short timescale for submission to WG. We are the only region to combine the use of the BCUHB funding allocation and RPB funding allocation into one regional health and social care plan.

The report references a number of themes. Due to WG reporting timelines, precise information and data on performance and delivery of the plan was not available for the meeting today. This will be available once collated for WG reporting.

JW highlighted the scrutiny matter, noting the difficulty in linking the plan to the effectiveness, due to the overall pressures.

CS agreed, and one of the difficulties is how we can agree on the tangible outcomes arriving from this. The pressures will increase scrutiny with public concern. This winter has delivered a different data set all the way through the system. There is a sizable challenge to investigate what this investment is doing.

SLW and CB expressed disappointment to the lack of funds to the third sector, considering the key part taken on by the third sector in getting people discharged from hospital. LC confirmed that the third sector 'Hospital to Home' scheme has delivered across NW and as a regional board we have seen the benefits of the scheme by getting people discharged quickly and having the support at home.

CS confirmed all 75 schemes are up and running but with varied maturity. Focus has been on the schemes that appear to have the biggest returns.

MWim raised the matter that some care home beds have been block purchased by the Health Board but they are yet to have been utilised. CS will discuss this further with MWim outside of the meeting.

A further Winter Plan report is to be shared with the RPB before the end of the programme.

#### **4 Building a Healthier Wales (BAHW)**

The board received an update from Siobhan Adams and Glynne Roberts who presented the Building a Healthier Wales plan on behalf of Teresa Owen.

CB noted it was encouraging to see elements around housing, linked to homelessness and the quality of housing in the private sector included in the plan, as improving the housing stock will ultimately improve family health.

SA explained the discussion that had taken place on the 2019/20 plan. WG wanted to have the plan for 2019/20 and 20/21 submitted to them by 31 December 2019. A letter is also required to be submitted to WG by the Health Board in the next week to confirm that the plan has been endorsed by the RPB. SA recommended that there is a need to set up an ongoing process with partners to maintain oversight of delivery of these plans.

GR informed there are houses in NW not fit for purpose. With the emphasis on prevention, the region requires an understanding of that mechanism. Often when it comes to funding and filling posts you lose a lot of time.

The chair stressed the NWRPB required to endorse the plan today.

Cllr BF pointed out this funding is a small amount in terms of the overall budget. The RPB will need to find a way to look at this in proper partnership with all RPB members, Cllr BF felt what had been presented did not make it feel as if this has been a partnership approach to drafting a plan.

CB agreed with the above.

BEJ referred back to CB comments regarding housing, although £1.3 m wouldn't solve the housing issues, suggested it would be more appropriate to fund only 1 regional initiative rather than a number of smaller projects/schemes. BEJ also felt that what hasn't been presented today is the evidence of what initiatives would bring about the best outcomes for the region based on our population needs assessment findings.

JW suggested it has to be something that is a gap e.g. homelessness. Not obesity or tobacco which are core Public Health functions. JW would also endorse one theme going forward.

Cllr DM concurred with focusing on one or 2 areas, commenting that the funding appears to be a huge amount, but when broken down to areas or a large number of schemes, is this really going to make a difference? Cllr DM added, in relation to homelessness, it is not obvious how BCU have worked with the local authorities; there is work going on in the LA - are we duplicating or working together? There are already plans/schemes ready to go which only require funding.

SA reiterated the pressure they have been under to submit something to WG. The funding allocation for 20/21 isn't set in stone and more conversations will need to happen to agree these. With the funding for this year (19/20) we need to be confident that we can spend it.

KR stressed the importance of considering what each RPB partner can bring to support this plan. His organisation has not been involved in any discussions but have something to offer around prevention and intervention services.

The chair agreed with Cllr BF and enquired what consultation has been had with RPB partners. SA responded that a lot of this work is already going on, funding to add on rather than setting up new schemes has been the approach for this year's funding allocation. SA clarified engagement has taken place with LA's and the list scoped has come from those discussions. i.e. Flintshire requested funds for homelessness; Wrexham - Dynamic Disability Centre and Denbighshire Rhyl's Town centre.

NS raised that in terms of in year spend we don't want to create anything new due to the short timeframe of the fund.

BJ suggested it shouldn't be about the fair share, given the size of the sum of money, it's an opportunity to focus on what might be a real issue for us in NW. We've got into that pattern of fair shares for NW but that approach for smaller funding allocations will not enable us to target key areas.

Recognising the discussion around the room, MWim asked whether it would be possible for the RPB to endorse the plan for 2019/20 but hold urgent further discussions on the use of the funding for 2020/21.

SA remained concerned about the letter that needs submitting by the Health Board to confirm that RPB has approved the plans and was concerned that we would lose the funding. BJE offered to have a conversation with SA early Monday morning to draft the letter that needs to go to WG, to reflect the discussion today but to confirm that we do require the funding. Also discuss how best we can re-group to have further discussions on the use of next year's funding allocation.

NS added this board is about that health and social care. There are corporate colleagues in my authority; it might be that a broader meeting should bring in other people from all organisations.

Cllr DM agreed that one programme will make a bigger difference than lots of little ones.

SA put forward that the guidance was quite clear about what it should be spent on and she felt that she and her colleagues had what was being asked of them.

The chair asked if everyone was happy to endorse the use of the funding for 2019/20 and BJE will agree with SA on Monday how best to initiate a further discussion on the 20/21 funding.

SA again raised concern about how this would be communicated back to WG.

BJE explained we can draft a letter in a way that gives assurance that the funding is all needed. BJE to assist with drafting a letter.

The chair concluded that BJE and SA will start discussions on Monday re convening a further discussion on 2020/21 plans and agreeing an appropriate letter.

The chair thanked SA and GR for attending.

#### *Actions*

- BJE and SA to discuss BAHW 2020/21 plans further

## **5 A Healthier Wales**

### Learning Disabilities Transformation Programme

The board received an update from KW on the LD transformation programme. A comprehensive report was included in the meeting pack. Key points to raise with the Board include:

- Considerable work has taken place to ensure stakeholders have been fully informed on the priorities of the transformation programme.
- The bidding applications for the pilot of transformational activities has been hugely oversubscribed. The panel recommended approving the majority of the projects and prioritising according to the score. A small number of projects were rejected as they did not meet the funding criteria.
- The programme website to be completed by the end of January.
- DCC legal team are currently developing legal agreements to underpin sub regional and integrated planning relating to ordinary residence.
- Discussions are ongoing with other transformation programmes and on the development of IT resources pathways and work streams.

CS noted that he was not aware of the risk highlighted in the report in relation to GP's on Anglesey and KW is to discuss the matter further with CS.

JLe congratulated the team on their efforts and their approach to co-production.

The NWRPB were in agreement to endorse the Learning Disabilities Transformation Programme report, particularly in relation to the allocation of grants.

#### T4MH Transformation Programme

The board received an update from LIE on the T4MH Transformation Programme. Key points include:

- Regional elements of the programme are on target.
- Already seeing ICAN hubs establishing and opening. The next phase will be to fully establish these hubs and the components.
- Future priority will be to consider the sustainability of ICAN.
- Ongoing work in developing ICAN to be community resources including third sectors so there is work going forward in shaping that.
- The business manager post for the East region is vacant and will be going out to advert in the next week.
- The midpoint evaluation report will be submitted to WG.

The board commended the good work completed to date on the T4MH transformation. However, noted the importance of focusing on the third sector to ensure future sustainability and to avoid any gaps in the service.

LIE will build into next quarters' report information from citizens that have used the service to demonstrate its' effectiveness.

PW noted that a hub is opening soon in Llandudno without a MH practitioner.

LE explained that this will come on board later on and that pathways are being created to allow for practitioner support within this Hub.

## **6 BCUHB 3 Year Plan**

The board received a presentation from MWil on the BCUHB 3 year Plan.

The following points were highlighted:

- Collaboration with partners will be essential. This presentation forms the beginning of the engagement progress.
- Acknowledging BCU's present difficulties and continuing financial pressure.

- Challenges faced in accessing Unscheduled Care all year round, and not only during winter
- Key targets - 4 hour waiting time in A&E and 36 weeks for planned treatment.
- Local integrated planning to reflect a more integrated basis with a focus on the clusters.
- WG expectation is that BCU will develop a clinical health strategy.
- How to include the RPB in the planning process. When the Health board have the a more mature plan MWil would like to attend meetings of the partners that would be useful .

AJ raised the matter of no reference to the 4 transformation programmes in the presentation and BJE also pointed out that previous strategy's agreed by the RPB need to be referenced as BCU has a key role in delivering these also.

CB invited MWil to attend the 2025 again.

MWil confirmed BCU have come out of special measures for certain areas; there is an overall general aspiration to recover and that BCU MH service is close to coming out of special measures, subject to its ability to provide evidence of improvement to WG

JLe raised concern that the LD transformation project gets lost in the grand scheme because of the umbrella of MH. Discussions are required to ensure LD health is prioritised in an appropriate way.

Cllr BF enquired if sufficient work has been completed on informing the general public they need to take responsibility for their own health and whether or not there should there be more flexibility in primary care.

It was also highlighted that the plan does not mention the importance of Carers.

People need to understand they don't always need to see their GP.

MJ advised many individuals attend GP surgeries for support and individuals require to be guided to the most appropriate service, which is not always a GP or a nurse.

MWil confirmed there is always room for improvement to encourage the general public to make healthier choices. Out of hours' services were never in special measures for the general primary care services. He also acknowledged that there has been a reduction of GP's across the UK since 2015.

CS recognises the issues being raised and the issue of people taking ownership of their own health and the issue of social rather than medicalising everything. It

is hoped that the community transformation programme will assist in addressing some of these issues for us as a region.

MWim raised the matter of Continuing Health Care and its funding. This was raised some three years ago as part of the 3 days in a room exercise and promises have been made to resolve the matter. Despite extensive conversations with the Health Board the issue is not resolved and MWim has been informed that nothing will change during this financial year despite promises to the contrary.

CS explained an officer has been employed by BCU to work specifically on this agenda and a number of challenges are currently being worked through.

MWim noted the above comment. However, having spent the last year assuring providers that the funding would be addressed this year, this has not been the case. MWim asked that CHC is put on the March RPB agenda for a full discussion.

#### *Actions*

- Agenda March – RW

## **7 Regional Digital Board – Verbal Update**

The board received an update from BEJ on the Regional Digital work stream.

BEJ informed the North Wales Integrated Services Digital Transformation Board now oversees the provision of all the digital activities required to support Integrated services across the region.

The first meeting was held on 9.1.2020 where it was agreed that several pieces of work will be progressed. A specification of work around digital horizon scanning to support the transformation programmes will be available in March. Work on IT infrastructure to enable integrated working is being progressed and the Board will also oversee WCCIS implementation.

A scheduling solution for CRTs is being piloted in the central area (Colwyn Bay and Rhyl). This project aims to identify individuals to reduce duplication, and to understand and manage scheduling visits for the district nurse resource.

#### *Pacesetters*

BEJ informed funding has been secured to pilot a pathfinder project to seek to assess how the GP systems can be configured to support a CRT.

#### *Performance Management and Business Intelligence*

BEJ reported on good attendance at the ‘right-sizing ‘so what?’ workshop led by the national Delivery Unit . The event highlighted significant challenges in having



standard data sets across organisations. The LA and BCU data submitted was very different.

#### Information Governance

Clarity is needed here; information governance is often put up as a reason why we can't do things but it should be why we can. The Terms of Reference are pending review and approval.

#### Organisational projects

WCBC have now gone live with WCCIS.

BEJ informed that the NWEAB Growth Team have highlighted digital transformation across all work-streams with funding available.

KR raised concern that in the early stages of linking two systems together the focus tends to be on those systems only, which can have a detrimental impact on other systems.

The importance of systems being available bilingually was also highlighted and linguistic issues (resources and expertise) in future should be included as part of the planning stage.

## **8 Progress in implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act**

The board received an update from JW on the 'Progress in implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act'.

JW explained the law changed in 2015 and gave most partners a broader responsibility, regarding training and ensuring a whole organisation response, which has proved challenging.

The reports suggests the region is not meeting the requirements of the Law.

#### Key Findings:

- Predominately, despite legislation, the report suggests significant gaps, a fragmented services which is difficult to navigate.
- Re-visiting the Population Needs Assessment would be beneficial.

The report also highlights progress with a recommendation that discusses complex short term funding; traditionally there's been a heavy focus on Women's Aid. The response is about rescuing victims and the region has progressed significantly, and it's not always about moving perpetrators.

This recommendation has been taken forward in other programmes.

WJ explained that, having recently worked with an award winning group of people, the biggest barrier was the criminal justice system itself.

Cllr BF agreed, stating there is an issue with looked after children, and suggested taking action via a letter, as its hard enough already without the right level of contribution from the justice system.

JG agreed, highlighting the prosecution of children who are actually victims. It's about vulnerable people in society.

SLW expressed disappointment that all examples within the report were from South Wales, with a great deal of work also being undertaken in North Wales.

The chair concluded that the RPB would write to the Minister, Welsh Audit Office and the Equality Human Rights Officer noting the above issues i.e. highlighting the issue of a gap in the justice system.

#### *Actions*

- Letter from RPB chair to the Minister, WAO and EHRO

## **9 Hearing Loss National Strategy**

The board received an informative update from John Day on the Hearing Loss National Strategy.

The chair was in support of the sector being more involved with this work.

BF enquired on the connection between dementia and hearing loss?

JD informed of work ongoing between the two work streams and current research has identified a connection between advanced hearing loss and dementia.

MJ enquired how it would be possible to change the perception of hearing loss.

JD informed progress is being made and continuing improvements in technology is assisting with acceptance. The sooner an individual is diagnosed the better (regarding hearing aids and dementia).

CS noted the excellent work JD has accomplished within primary care. The work is world leading and has been well received by primary care colleagues and by those using the services.

#### *Actions*

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## **10 AOB**

WJ flagged that there is a difference of opinion across the partners as to the term social value organisations and asked whether there was a regional or national definition of this.

BJE informed the definition can be found in part 2, section 16 of the Social Services and Wellbeing Act which refers specifically to social enterprises, cooperatives, user led services and the 3rd sector. This is also defined in the ICF guidance.

RPB Learning Event – 12.02.2020

The chair reminded everyone of the re-scheduled RPB Learning Event 12.02.2020. Additional names are to be forwarded to RW.

BJE and TO are already attending.

ICF report – provided for information only.

Reports on Research, Innovation & Improvements Hub – for information only. A full report will be provided to the RPB in March 2020.

Actions

- Additional names for the RPB Learning Event to be forwarded to RW
- RIIH – March agenda - RW