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

## Minutes of the North Wales Regional Partnership Board Meeting

**10<sup>th</sup> December 2021**

**9:00 am – 12:00 am**

**Via M S Teams**

Present:	Mary Wimbury (Chair), Alwyn Jones, Catrin Roberts, Cllr Christine Jones, Cllr Bobby Feeley, Cllr John Pritchard, Cllr Dafydd Meurig, Delyth Lloyd-Williams, Estelle Hitchon, Ffion Johnstone, Fôn Roberts (attended until 10:00 am), Helen Corcoran, Jenny Williams, Jo Whitehead, Ann Woods (in attendance for John Gallanders), Lucy Reid, Morwena Edwards, Neil Ayling, Nicola Stubbins (attended until 10:45 am), Ricki Owen, Shan Lloyd Williams, Sian Tomos, Teresa Owen
Apologies:	Bethan E Jones, Chris Stockport, Cllr Cheryl Carlisle, Cllr Llinos Medi Huws Dr Lowri Brown, John Gallanders, Meinir Williams-Jones, Paul Scott, Roma Hooper, Sam Parry
In Attendance:	Jo Flannery, Regional Programme Manager, CSTP (for agenda item 2) Lynda Chandler, Performance Improvement Manager, NHS Wales Delivery Unit (for agenda item 2) Jenny Morgan, Operational Research Development Manager, NHS Wales Delivery Unit (for agenda item 2) Emrhys Pickup, Senior Analyst, NHS Wales Delivery Unit (for agenda item 2) Julie Townsend, Advanced Information Analyst, NHS Wales Delivery Unit (for agenda item 2) Debbie Lentle, Senior Analyst, NHS Wales Delivery Unit (for agenda item 2)

Item		Actions
1.	<p><u>Welcome, introductions and apologies</u> The chair extended a warm welcome to everyone. Introductions were made and apologies noted as above.</p> <p>The chair welcomed new NWRPB members; Sian Tomos, Third Sector representative and Ricki Owen, Service User representative.</p> <p>The chair also thanked RH, who is unable to attend her last meeting today, for her contribution over the last 2 years as the Third Sector representative and John Gallanders, who is retiring from AVOW in January as the CVC representative, and wished both well in the future.</p>	<p>Forward letters to RH and JG - RW</p>

	<p>The chair advised of 2 further vacant seats on the NWRPB and the Eol for these will be circulated in the New Year.</p>	
<p>2.</p>	<p><u>Right-sizing Community Services (Step-up and Step-down Care) 2021: Feedback on Findings and answering Key Commissioning Questions</u></p> <p>LC provided a brief summary to the background of the Right-sizing Project. The Delivery Unit (DU) undertook a complex Discharge Review across Wales in 2018 which identified missing opportunities to support timely discharge from hospital due to capacity constraints in community services. As a result, the 4 pathways across Wales were developed, tailored to the AHW and Futures Generation Act.</p> <p>Phase 1 - Right Sizing Community Services for Discharge Project using John Bolton's model was developed in 2019-2020 evidencing the need to understand local figures, place the right intermediate care in place and to continuously measure outcomes to determine if achieving the aim.</p> <p>Since the DU last presented to the NWRPB, phases 2 and 3 have been developed, refreshing the data for Community Services for discharge, and including step down care, supporting as much as possible in people's own environment, avoiding hospital admissions by Step Up wrap around services. The Step Up and Step Down data enables simulation modelling and evidence base to answer the following key commissioning questions.</p> <ol style="list-style-type: none"> <li>1. What additional/shifted capacity do we need to address our current system bottlenecks?        Although North Wales data has not provided to populate the JB model, it is possible to obtain the information concerning the delays being experienced currently by patients coming out of hospital, the evidence from the discharge data clearly state there is a sustained shortfall in capacity to meet demand, and making assumptions on how long patients are waiting we can draw conclusions how much additional capacity is needed for each part of the system.</li> <li>2. What additional/shifted capacity do we need to get to where 'reasonable' looks like?        Without having the data in place, it is impossible to tell what additional capacity is required. The model is already stating what should be doing in order to deliver reasonable.</li> <li>3. If we invest in more step-up care, could this reduce our demand for step-down care?        Yes, this would provide a large benefit to the individual, based on the insight from the experts; having additional complex cases into step up care would require consideration whether the proportion of those cases will go on to need hospitalisation might increase</li> </ol>	

4. Would we need to double-run our services for a period? If so, for how long?

By changing the Step-Up referrals, the model demonstrates an immediate effect on Step-Up occupancy. The knock on effect of Step-Down on intermediate care takes around 6 months or longer. Populating with NW data would confirm numbers exactly for our systems. However, it could take up to 4 years for Step-Down to reach a steady state of change due to longer pathways of home care placement and domiciliary support.

JF explained the initial data run drew data from the HB and LA separately, and the inability to match cases across the system affected the validity of the results, raising serious concern as a result.

Despite a considerable amount of work by Grant Thornton on the data sharing agreement and the involvement from the DU team, concerns remained with the validity of the data following the 2<sup>nd</sup> data run, with data systems limited with recording and reporting information, providing acknowledgement from senior managers and officers working in Community Transformation that the right sizing tool would assist to help progress towards an evidence based commissioning culture, recognising further work was required with organisations.

JM explained, although BCU and LA wider data is not available, it is possible to see what looks reasonable within the whole system by taking the population and hospital admission data for the region when delivering services against the Step Down JB model and Step Up model created through the community of practice. The key issues for the region is more about challenges to overcome to have confidence in joint data to make comparisons and having the complete picture to aggregate across.

The Right-Sizing work has taught the region need to improve systems around recording and reporting data, inputting data correctly into a single system in a timely way will ensure confidence in numbers and the outcome of these. Investing in the use of the right-sizing modelling tools will inform, shape and develop future commissioned services.

JF informed, in the interim, there is an opportunity to undertake a one off project, to track admissions and discharges through each of the DGH over an agreed period of time to give a more accurate picture of flow, and asked this offer is given consideration as part of the development of a business case for investment.

Following a full discussion with NWRPB members, the following issues were noted:

- Concern to where the resources would come from to collect the data

*While recognising that internal staff would be required to assist with the collection of data, once data groundwork has been*

*completed this work could be seen a balance of support rather than additional resource*

- Issue of running two systems at the same time as the updated data is being gathered and being aware of the PNA and MSR as part of this work.
- Beneficial to understand the issues around collecting data.
- Partners were in agreement that the Right-Sizing work is a key partnership agenda. However, partners requested further time to consider the best way to progress this work;
- the most effective route being proposed at local level through the Area Integrated Service Boards (AISB) taking into account BCUHB footprint, with each sub-region at a different starting point, and engaging different approaches to this work.

*DU colleagues confirmed working at sub-regional level would be an option.*

- Partners noted being in support in principle, partners would benefit from local discussion at the AISB, LG and with internal colleagues before committing to this work.
- Approach the RPB who have utilised the Lightfoot organisation, who draw individual data and create a shared data set giving shared insight, to assist with this work. Lightfoot are used within the HB

*JF explained Lightfoot organisation have a similar approach to the Whole System Analysis for the CSTP, working around a huge range of factors influencing attendance, ED, systems flow and pressures.*

*However, owing to a significant cost element, feedback from colleagues in the HB and CSTP indicate a real opportunity to build an integrated Data Dashboard across the region to inform a whole systems and a rightsizing model rather than having numerous different programmes.*

*The DU actively encourage the model to be done at locality level, with the system being translatable and unique to accommodating different areas and different set ups, and there would be no reason why the system could not be adopted at a more granular level than LA areas either.*

- Comment regarding 4 years' payback. The region has already invested in Step Down facilities and understand the impact of this is difficult to measure, having a longer timeline might explain this. Proposal to utilise Lightfoot to engage in a broader piece of work on Step-Up facilities with a small number of target group.

The NWRPB are asked to consider progressing the Right-Sizing agenda, embedding the simulation modelling into core strategic planning, and for partners to commit to address issues around data recording and data quality as a way of enabling this work to happen.

There is an opportunity through the revenue and investment fund to develop an integrated programme of work which would add capacity with our own IMS teams to work through some of the issues to embed this work into core practice, as well as consider how it sits with other

	<p>tools such as the whole systems analysis work taken by the central Area CSTP, and the Lightfoot work undertaken by the HB.</p> <p>The NWRPB were in agreement that the decision to progress the Right-Sizing work could not be decided today. Although NWRPB members expressed an interest in developing this further, local discussions are required in AISB's and the LG on how this might happen. It was agreed that a verbal update would be provided at the next meeting and the progress made.</p> <p>The chair thanked Lynda, Jennifer and Jo for presenting an update position to the NWRPB, and accepting there is enthusiasm for this piece of work, further work is required on exactly how this will take place, how much it will cost and what resources are required to deliver it.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li><b>1. Right-Sizing model to be discussed further at each AISB Meeting, the LG meeting and with internal colleagues.</b></li> <li><b>2. Verbal update to be provided on the progress made on the right-sizing proposal</b></li> </ol>	
<p>3.</p>	<p><u>NWRPB Children sub-group update (verbal update) – Catrin Roberts</u> CR reported positive progress has been seen, with 3 pre-meets already held proving useful and productive. Discussions have taken place on formally setting up a robust Children's sub-group of the NWRPB. A significant piece of work undertaken has been to consider the Terms of Reference, discussing clear governance and reporting structures, membership, and reviewing the mapping of all children's meetings across the region.</p> <p>Partners have explored how the work on the PNA will influence the work of the Children's sub-group in the future, and the mapping work will be re-visited once the groups priorities have been finalised.</p> <p>The membership of the group requires further discussion with the potential to establish a wider engagement group, which will be key in shaping and influencing the operational work from the CYP sub-group. This element of the ToR is currently being worked through to ensure appropriate membership.</p> <p>The first formal meeting is due to take place in January 2022.</p>	
<p>4.</p>	<p><u>Carers 2021-22 Mid-year report - Ffion Johnstone</u> The board received a mid-year update from FJ on the LHB Carers Partnership Funding 2021/22.</p> <p>The report details the utilisation of the WG annual carers grant funding for 2021/22 (£213k), allocated to BCUHB to enhance the lives of carers in line with the following national priorities:</p> <ol style="list-style-type: none"> <li>1. Supporting life alongside caring</li> </ol>	

	<p>2. Identifying and recognising Carers 3. Providing information, advice and assistance</p> <p>The 2021-2022 funding allocation is on track to be fully spent and to date has been utilised to:</p> <ul style="list-style-type: none"> <li>• Supporting GP practices to develop Carer Awareness and ways of working to support carers <ul style="list-style-type: none"> <li>– GP &amp; Hospital Facilitation Service contract has been commissioned to Carers Outreach and NEWCIS. The partnership is in the process of developing a tiered Investors in Carers service accredited scheme</li> <li>– Intense communication with surgeries on legislation update, training and education to raise awareness of carers within the surgeries and pharmacy settings</li> <li>– Identify carers at the earliest opportunity and work with agencies to support carers</li> </ul> </li> <li>• Support for carers in relation to the discharge planning for cared for person/s from the three main hospital sites and some community hospitals</li> </ul> <p>The NWRPB Carer representative noted an excellent report, reassured that both Carers Outreach and NEWCIS are working together, and clear to see carers ability and willingness to step forward is considered when looking at hospital discharge arrangements.</p> <p>The NWRPB acknowledged the work completed on the mid-year report and were in agreement to the recommendation that RPB agree for the report to be submitted to Welsh Government.</p>	
<p>5.</p>	<p><u>Recovery work update BCU – Jo Whitehead/Nicola Stubbins (verbal update)</u></p> <p>It was noted that the North Wales RPB's focus has become less strategic and more reactive during the pandemic. As a response to this, the chair, vice-chair and the Head of Regional Collaboration have arranged to meet in January to discuss re-focusing the NWRPB work programme, and will engage with RPB members in due course.</p> <p>NS advised, whilst being mindful of the significant work involving Covid, the Regional Co-ordination Group (RCG) have acknowledged the region is not in a phase of recovery and as a result have agreed to cease reporting on the H&amp;SC priorities. The RCG continue to meet; the group has been re-named to the North Wales Winter Pressures Strategic Response Group (NWWPSRG), focussing on winter pressure within H&amp;SC. Due to the seniority of members, the group is able to highlight and raise issues directly with WG. The NWWPSRG does not replicate the work of the NWRPB.</p> <p><u>BCU Update</u></p> <p>JoW raised significant concern with the new Covid variant Omicron. Early indication denotes a tenacious variant, with BCUHB working to</p>	<p>Delete recovery from the NWRPB agenda-RW</p>

	<p>double the number of vaccines, currently around 30K a week, between now and the end of January. As a result, BCUHB are considering pausing certain treatments to focus on Covid work. JoW acknowledged partnership working to achieve this goal and recognised the heroic efforts of staff and volunteers.</p> <p>The following were discussed:</p> <ul style="list-style-type: none"> <li>• That the NWWPSRG ToR are circulated to the NWRPB.</li> <li>• An update was requested on the NWRPB CEO H&amp;SC lead</li> <li>• Concern noted for the backlog of people waiting for treatment, other than Covid, and escalation of MH issues due to isolation</li> </ul> <p>NS informed CCBC CEO has agreed to lead on H&amp;SC, and is also charged with the additional role of chairing the NWWPSRG. It was agreed the NWRPB will forward an invitation letter to ID to join the NWRPB. NWRPB members NS, ME, JoW and TO, who also attend the NWWPSRG agreed to update the RPB on the progress of the group.</p> <p>In response to the harm from Covid discussion, which impacts all aspects of care, the HB are exploring how to reduce waiting times and have an agreement with external providers in order for patients to have an opportunity to be treated. BCUHB have already signed off some additional resources to support longer waiting times re MH services particularly focussing on children.</p>	<p>ToR circulated – RW</p> <p>Write to Iwan Davies inviting to attend the NWRPB</p>
<p>6.</p>	<p><u>ICF Quarter 2 report – Neil Ayling</u></p> <p>NA provided an outline of the 2021/22 Q2 position of the ICF funding streams. Highlights of the 6 funding programmes currently managed via ICF include:</p> <ul style="list-style-type: none"> <li>• Revenue Investment Plan (RIP) - Revenue – To date spend is almost 43% of allocation. In the first 6 months of the year £2.36m was spent directly supporting carers and £1.08m investment went to 3rd sector projects. A review of the status of the projects shows that 95 of the 125 have a green BRAG status with 1 red and 24 amber (the 1 red project has struggled to recruit and the 24 amber projects have struggled with staffing challenges), with 5 projects still pending an updated position. There are no concerns with the slippage, which will be utilise within other projects in the region.</li> <li>• Capital Investment Plan (CIP) - Capital – there are 18 main capital schemes and 18 discretionary capital schemes in progress. Spend claimed at Q2 was very low - only £809k (which is 8.6% of the £9.1m allocation.) It is reassuring to note that WG have allowed flexibility around programme management schemes from 2018, and this is continuing into 2022-23 on a case by case basis, with 5 requests for programme management to date</li> <li>• Integrated Autism Service (IAS) - Integrated Autism Service (IAS) - The IAS funding for 2021/22 is £652,000 and spend at Q2 is £516,030 (79%). Partners are currently developing their implementation plans for the Code of Practice. These will be pulled together in a regional plan and submitted as required to Welsh Government.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Therapeutic Intervention Pilot (TIP) - Therapeutic Intervention Pilot (TIP) - The TIP funding for 2021/22 is £200,000 and spend at Q2 is £88,749 (43.7%). Some of the funding has been utilised towards the NWD Strategy.</li> <li>• Memory Assessment Service (MAS) - Memory Assessment Service (MAS) - New recurrent funding of £678,000 was approved in August 2021 to improve memory assessment services.</li> <li>• Safe accommodation for children with complex, high end emotional and behavioural needs (SACCN) - Safe accommodation for children with complex needs - Pump priming funding of £435,328 was confirmed at the end of May 2021. WG have made an additional £14,672 available and the plan is currently being reviewed to incorporate the additional funding.</li> </ul> <p>MW noted a matter discussion at the NWRLB meeting with Ministers yesterday concerning double funding of ICF funding to develop new services in place alongside old services. WG have been explicit this is unacceptable to fund core services within LA's and this is something the RPB need to be aware of as the new funding guidance becomes available.</p> <p>ICF has been a significant support to partner agencies, with an expectation to invest in developmental and innovative services, at times when resources are constraint, it is important to fund the most critical services first. The ICF Operational Group, including officers from partner agencies, has always been mindful and considerate of every decision taken to get the balance right.</p> <p>The NWRPB were in agreement to note the Q2 2021/22 position of the ICF funding streams and agree the Q2 2021/22 report for the ICF funding streams.</p>	
7.	<p><u>Minutes and actions of last meeting – November 2021</u> The minutes of meeting 9.10.2021 were agreed as a correct record with all actions completed.</p> <p>Actions completed:</p> <ul style="list-style-type: none"> <li>• Letter has been forwarded to BA - completed</li> <li>• Ch&amp;YP TP and Staywise Project - <i>HC informed taking the request to the All Wales Strategic Board and will feedback to the NWRPB</i></li> <li>• Forward volunteer names to NS – <i>no further names have been received although the NWFRS have identified another lead from a different region, which would work in partnership with the NWP offer</i></li> <li>• Future Funding - RPB to write to WG on the flexibility of the fund -</li> <li>• <i>Completed</i></li> </ul>	
8.	<p><u>Any other business</u> CR informed the NWRPB of a recent constructive meeting with the Deputy Minister for Mental Health &amp; Wellbeing, to discuss the progress with implementation of the NEST framework in the region and supporting dementia care and support, including the MAS</p>	

	service.	
<b>9.</b>	The following documents were included for information: <ol style="list-style-type: none"><li>1. Final Winter Plan 2021/22</li><li>2. North Wales response to the Children's Commissioner for Wales letter 20.10.2021</li><li>3. Letter to Shelley Davies, WG</li><li>4. Recovery Priority update reports to RCG (November)</li><li>5. WCCIS Progress Report April – September 2021</li></ol>	