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

## Minutes of the North Wales Regional Partnership Board Meeting

**12<sup>th</sup> November 2021**

**9:00 am – 12:00 pm**

**Via Zoom**

Present:	Mary Wimbury (Chair), Alwyn Jones, Bethan E Jones, Catrin Roberts, Chris Stockport, Cllr Cheryl Carlisle, Cllr Christine Jones, Cllr Bobby Feeley, Cllr Llinos Medi Huws, Cllr John Pritchard, Delyth Lloyd-Williams (attended until 11:30 am), Dr Lowri Brown, Ffion Johnstone, Fôn Roberts (attended until 11:30 am), Helen Corcoran, Jenny Williams, Jo Whitehead, John Gallanders, Meinir Williams-Jones, Morwena Edwards (attended until 10 am), Neil Ayling, Nicola Stubbins, Roma Hooper, Shan Lloyd Williams, Teresa Owen
Apologies:	Barry Argent, Estelle Hitchon, Lucy Reid, Paul Scott, Cllr Dafydd Meurig, Sam Parry
In Attendance:	Rob Griffiths, Alder Advice (for agenda item 2) Joy van Helvert, Alder Advice (for agenda item 2) Rachel Pierce-Jones, Regional Development Coordinator, RHSGC (for agenda item 5)

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 also gave thanks to BA, NWRPB Carer representative for his contribution over the last 8 months and wished him well in the future.</p>	Forward letter to BA - RW
2.	<p><u>Children &amp; Young People - NWD Strategy – Update Report</u> Rob Griffiths and Joy van Helvert (Alder Advice)</p> <p>Rob Griffiths and Jay van Helvert (Alder Advice) presented on the NWD Strategy Update Report for endorsement and approval. The NWD Strategy has been developed through a significant collaborative process over the last 5 months via a series of stakeholder workshops, quantitative data research, working with the regional team and Children's Service Managers and engaging with Children and Young People who have had contact with relevant services, to enable a systematic change in the provision of services for Children and Young People.</p> <p>The NWD Strategy not only entails a change in resource, but also a</p>	

significant emphasis on partnership working, creating systems as single entities with clear lines of accountability and governance focus, working together to deliver improved outcomes.

The NWD Strategy proposes a radical revision of existing arrangements, offering an ambitious model for collaboration that will improve mental health and well-being outcomes for children and young people up to 25 years. The strategy has implications for all agencies and partners that contribute to the health and well-being outcomes of children and young people, and will require each agency to interpret and align their own strategies and plans to this 'NWD Strategy'. The strategy proposes a regional approach based on a shared vision and an agreed set of common principles applied across the whole of North Wales, with the approach of Tight (principles across the region) – Loose (local flexibility to developed model) – Tight (accountability to regional structure for the performance of the system).

The hub model proposes a number of functional roles to strengthen ways of working, designed so that C&YP secure the correct support as quickly as possible – triage, delivered through a Multi-Disciplinary Team, each individual having a lead professional acting as a lead navigator.

In order to manage resources and to ensure flexibility within agencies working together, a resource panel will be established including managers across the system, housing and voluntary sector, to ensure resources across the system is optimised.

Alder have worked with around 70-80 young people who each had their own story and experiences to inform the strategy, confirming there is a compelling case for change. The focus of the model is prevention, getting in early and working with universal services to keep C&YP out of the system, the prevention of escalation of issues to give a more cost effective service model, whilst also recognising there will be challenges within this complex implementation plan along the way.

In constructing the model, Alder have been mindful of policy initiatives from WG and attempted to incorporate all policy initiatives with recommendation as a result of policy changes in the future.

RG informed it has been evident from best practice models, the best way of managing tension within funding individual packages of care is by having an alignment of a common budget, to fund the right care in the most cost effective way. This approach takes the tension around funding to a strategic level, where agencies contribute to the overall systemic pot.

FR thanked LA and BCU colleagues for the significant work undertaken in the last 5 months on this work-stream.

JoW informed being familiar with the international model relating to integrated children and young people's mental health and well-being services when working in a vast country with rurality and variations with delivery models. BCUHB is drawn to the strategic challenge

raised, looking at ways of thinking creatively and employing resources collectively for the North Wales population. The pandemic has already demonstrated all partners working collaboratively without the immediate day to day financial limitations, with respectable conclusions. The strategy is well worth exploring collectively, ensuring best value in the system.

Discussion followed with RPB members noting the following comments:

- RPB members welcome the strategy, believing it important the strategy is structured via the voice of C&YP, to involve all C&YP including those from hard to reach communities and offenders from the outset.  
*A detailed engagement process with C&YP was completed, although aware processes can only be improved, uncertain if adequately engagement with the travelling community. The consistent message from C&YP throughout the engagement was to ensure C&YP continue to be involved in the governance and to hold professionals and agencies to account*
- RPB also enquired how offending was considered in relation to MH and well-being, as part of the strategy  
*The link between MH and offending is important and RG confirmed colleagues from NWP attended the workshops. It will be essential that the strategy takes a multi-agency partnership approach, to include Housing, NWP and colleagues within the criminal justice system to respond as one system*
- RPB members also noted professionals should not be identified as a barrier, with professional boundaries taken into consideration, and partners committed to working together on this innovative strategy.  
*Management of professional boundaries will create successful outcomes for C&YP, working on developing a multi-disciplinary system as part of the implementation of the strategy will ensure professional boundaries are used in the interest of the C&YP*
- Education colleagues to be involved as soon as possible  
*C&YP have already advised schools need to be at the forefront to the solution, as children spend a significant amount of time and feel safe within the school environment. Two workshops are planned; Primary and Early Year and Secondary/Tertiary education, and these will start next week*
- Commitment to low level needs, and movement from low to complex. Low level needs, is one of the least resourced services, yet this level is where a significant number of cases can be prevented from being escalated  
*Excellent feedback has been received from school nurses in the first round of workshops in relation to the pathway for low level needs. Time spent on the low level end of care is key, treating in a timely manner will avoid issues amplifying.*
- The strategy includes C&YP from 0 – 25 age, and includes the older YP which also fall into adult services. The strategy is

	<p>welcome to assist with transition issues to eliminate the issues between Children MH and Adult MH services  <i>Transition can be a difficult time with YP bounced between services. The NWD Strategy transition process informed by research in Solihull, with the decision on transition is only taken in the best interest of the YP</i></p> <p>RG thanked colleagues for their contribution to the strategy and believed this to be an opportunity, not only create a NWD Strategy for North Wales, but a world class exemplar.</p> <p>Cllr LIMH noted being uncertain how partners are to sign up to the NWD Strategy commitment, is endorsing the strategy through the NWRPB sufficient</p> <p>The chair thanked RG for the comprehensive overview of the NWD Strategy. It is evident from the discussion that the NWRPB are committed to sign up to the NWD Strategy and the NWRPB were in agreement to note the recommendations on the following:</p> <ul style="list-style-type: none"> <li>● To note and approve the main points of the strategy</li> <li>● To agree next steps as set out in this report</li> </ul> <p>The NWD final strategy will be presented to a future NWRPB, and the strategy will require to be taken through the governance process of NWRPB partners in due course.</p>	
<p>3.</p>	<p><u>A Healthier Wales - WG TP Quarter 2 claims:</u>  <u>Community Services TP – Chris Stockport</u></p> <p>CS noted Quarter 2 has been a productive period on a number of key work areas, despite the very significant pressures being faced by all partners and key individuals as the impact of Covid continues to hit all parts of the system.</p> <ul style="list-style-type: none"> <li>● Despite this, a number of key work programmes have been completed:</li> <li>● Locality pen profiles have been completed for each of the 14 integrated health and social care localities/ clusters, and have been shared with local teams and Clusters</li> <li>● The work with Skills for Health in the Central Area has also been concluded, with the report being taken through local and regional governance</li> <li>● The Best Practice Guidance for virtual consultations has been signed off and endorsed by regional IG leads</li> <li>● The D2RA model in Marleyfield House in Flintshire became operational in September</li> </ul> <p>Other notable achievements this Quarter are:</p> <ul style="list-style-type: none"> <li>● Micro-care enterprises have been successfully deployed in Wrexham when a care provider withdrew from the market</li> <li>● Work to develop micro-care enterprises in Denbighshire is also starting to gather momentum</li> <li>● Work started to consider the role of place-based pooled budgets for helping to manage pressures in domiciliary care, in Wrexham</li> <li>● CRT 'plans on a page' are being drafted in Gwynedd to support the ongoing development of CRT working</li> </ul>	

	<ul style="list-style-type: none"> <li>• Work to implement a care and health hub via SharePoint in Gwynedd has also commenced</li> <li>• Both Anglesey and Gwynedd are leading on the CRT prototype for the region – whilst national issues with the implementation of WCCIS has created delays, process mapping is now complete and both projects are on target for completion by the end of March</li> <li>• IPC have started work in earnest to interview key stakeholders as part of the independent evaluation</li> </ul> <p><u>Children &amp; Young People TP – Nicola Stubbins</u> NS noted the significant progress made on the programme with tangible outcomes seen for Children &amp; Young People who have benefitted from the programme to date.</p> <p>NS noted one element within the overall programme, Staywise Cymru, taken on board initially from the NWFRS representative of the NWRPB. The CYP TP agreed to support the project, which involved translating the whole of the UK project to be available for the children of Wales. However, NWFRS have indicated they no longer have the capacity to lead on this piece of work and NS is enquiring whether any other RPB members have capacity to undertake this work.</p> <p>HC informed being involved in a similar All Wales project, not wanting to duplicate or lose the funding, will discuss internally. HC also informed NWP are also involved with Dangerpoint and will consider this option also.</p> <p>NS confirmed the project is fully funded and would welcome names of RPB members to undertake the project.</p> <p><u>T4MH – Amanda Lonsdale</u> TO noted the following highlights:</p> <ul style="list-style-type: none"> <li>• Continuing to fund the work within 12 ICAN community hubs with a programme of training now underway</li> <li>• ICAN Primary Care Recruitment, aligned to GP practices across the whole of North Wales commenced</li> <li>• Engagement and Communications Plan implemented to support promotion and awareness of the ICAN Offer</li> <li>• New ICAN Webpage launched to promote the various service offers</li> <li>• Funding has been secured to establish the ICAN Unscheduled Care Offer, as an alternative to ED and will form part of the all age crisis pathway</li> <li>• Performance of all ICAN Service offers has been pulled into one performance dashboard, with increase in reporting against patient reported experiences and patient outcomes seen</li> <li>• Significant work undertaken on the ICAN Primary Care pilot in the West, with the roll out of Occupational Therapists working in GP Surgeries and working closely with ICAN Hub partners</li> <li>• It is anticipated that the majority of the allocated budget will be invoiced and paid by the end of December 2021</li> <li>• ICAN website link: <a href="https://bcuhb.nhs.wales/health-advice/mental-health-hub/i-can/">https://bcuhb.nhs.wales/health-advice/mental-health-hub/i-can/</a></li> </ul>	<p>HC to feedback to the NWRPB</p> <p>Forward volunteer names to NS</p>
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### Learning Disability – Neil Ayling

NA reported on the 5 key areas of work:

- Employment – 5 citizens with LD have agreed to be part of a file which will promote and show people working in a range of occupations and businesses across north Wales
- Community & Cultural Change - Work has started on the creation of an 'Alternative Delivery Model' whereby citizens with a learning disability are at the heart of all decision-making.
- Regional Accommodation – work ongoing on Out of County or Out of Area placements
- Technology – Working in partnership with Digital Community Wales, over 40 pre-loaded Tablets have been distributed to citizens with a learning disability across the region
- Health & Wellbeing – 14 citizens with learning disabilities have been recruited in the role of Health Check champions

NA also confirmed the LD TP financial forecast is on track.

### RIIC Hub – Catrin Roberts

CR highlighted some of the actions completed in quarter 2.

Highlights include:

- Completed redesign of the collection of good ideas and launched the engagement database
- Set up a regional engagement forum to coordinate engagement on the population needs assessment, well-being assessment and other regional projects.
- Started a mapping project of research, innovation and improvement activity with Swansea University
- Continued to support the transformation programme and ICF with research and evaluation e.g. literature searches and surveys to support the development of children's emotional health and well-being resource.
- Continued to develop networks and promote North Wales projects e.g. supporting projects to present at the Rural Health and Care Wales Project
- Significant work has been undertaken in exploring applying for the NIHR Health Determinants Research Collaborative funding opportunity. Change of route now and working with one individual LA to apply via individual route rather than on a regional basis
- Continued to support the Population Needs Assessment work

Work will continue on the above projects in the next quarter, particularly the PNA.

A sustainability plan has been submitted to Welsh Government. The preferred option is that Welsh Government continue to fund the hub, which is being considered as part of their new Innovation Programme for H&SC. Ministerial approval is awaited for an additional 4 years funding for the hub. In the meantime, in case the funding is not forthcoming from WG, other options are being explored to develop the RIIC Hub to support the wider fund, this may be a hybrid model, including other sources of grant funding.

The NWRPB were in agreement to endorse all 4 Transformation programmes and the RIIC Hub Quarter 2 2021-2022 reports.

<p>4.</p>	<p><u>Building a Healthier Wales update – Teresa Owen</u> The board received an update report from TO on the BAHW, noting the progress to date (April – October 2021).</p> <p>TO reported, in 2021/22, an allocation of £1.301m was made to the HB by WG to support the delivery of BAHW, focusing on the BAHW themes:</p> <ul style="list-style-type: none"> <li>• Wider determinants</li> <li>• Ensuring the best start in Life</li> <li>• Enabling healthy behaviours</li> <li>• Reducing the burden of disease</li> <li>• Enabling transformational change</li> </ul> <p>The programme areas selected, which focused on the wider determinants of health that could be delivered at scale included:</p> <ul style="list-style-type: none"> <li>• Starting Right</li> <li>• Stronger Together</li> <li>• Enabling</li> </ul> <p>The above programmes would achieve improvements in population health and realise return on investment. A detailed list of work completed in this reporting period (April – October 2021) which focused on the wider determinants, above, was included in the report.</p> <p>Work planned for next reporting period (November 21 – March 22) will continue on the projects in accordance with the individual project plans. Participatory funding is being explored through the BAHNW Partner Network Group should there be any underspend.</p> <p>The NWRPB were asked to note the key risks and issues,</p> <ul style="list-style-type: none"> <li>• No financial allocation confirmed for continuation of BAHW projects post 21/22. The current indication is that there will be provision of funds to support obesity and smoking cessation related activity.</li> <li>• Recruitment to Psychologist post (Tier 3 Children’s Obesity Service).</li> </ul> <p>The NWRPB were in agreement to:</p> <ul style="list-style-type: none"> <li>• Note the progress</li> <li>• Note the intention for RPB reporting to occur alongside WG mid-year / year end reporting. Due to WG mid-year reporting templates not yet being circulated to Health Boards, this interim brief has been produced.</li> <li>• Future reporting period will reflect year end for WG reporting period October 21- March 22) and will utilise the WG reporting format for consistency on receipt.</li> </ul>	
<p>5.</p>	<p><u>Regional Housing Support Collaborative Group (RHSCG) – Rachel Pierce-Jones</u> RP-J attended to provide an update on the progress of the RHSCG from April 2021, including the RHSCG Annual Statement to WG summarising the work completed in 2020-21 and outlining the groups objectives for the 2021-22.</p> <p>The RHSCG linkage to the RPB in the HSG guidance states:</p>	

“RPBs provide the mechanism through which collaborative working, between Health, Social Care and Housing can be developed. They are therefore the right mechanism for RHSCGs to build a close working relationship with so that services can be jointly commissioned, designed or focused to optimise the complementary purposes of supported Housing, Health and Social Care”.

“RHSCGs will be expected to work alongside RPBs as closely as possible and should establish relationships with the Housing Representatives on RPBs”.

In addition to linking with the RPB, the RHSCG priorities include the following:

- Regional LGBTQ+ training/units of support
- Regional Hoarding Project
- Explore regional provision for male survivors of domestic abuse
- Mental Health bespoke Housing Training delivered across the region –by Hafan Cymru
- Psychological Informed Environment embedment pilot
- Rapid Rehousing – supported by All Wales ACE to embed provision. Risk noted due to future funding
- Post Covid-19 pandemic emerging issues – significant work in progress with housing staff, providers and service users regarding the emerging issues from the pandemic. Evidence confirm staff fatigue, increase workload and recruitment issues
- Regional Homelessness Strategy group

LAs are currently working on a 4-year Housing Strategy. The strategy will be available April 2022 and will contain a huge amount of data to inform future work.

The RPB acknowledged the comprehensive report, demonstrating the importance of the LA Housing Teams and how the grant weaves into the commissioning arrangement of the RPB, with £41M allocated to this area to prevent homelessness, ultimately reducing the demand on services across H&SC.

JGal enquired on the WG homeless funding, due to end April 2022. This funding removed homeless individuals into temporary accommodation over the pandemic, and the potential impact of ceasing to fund may have a huge impact on services.

RP-J confirmed the number of rough-sleepers is escalating, with LA turning individuals away due to a lack of housing stock. It is also recognised partners are doing their utmost to assist in the crisis, with challenges due to the numbers presenting, and the shortage of provision in general.

RPB colleagues reiterated LA’s are struggling to solve the worsening homeless situation, although long term schemes are underway, these challenges cannot be solved overnight. The shortage of housing stock, reduced availability of rentals, increase in rental cost has also exacerbated the homeless situation.

RP-J, although noting there is no ‘quick fix’ for the housing and homeless issues, offered to return to the NWRPB to provide a further

	<p>update on the Rapid Rehousing Programme and the LA Housing Strategy.</p>	
<p>6.</p>	<p><u>Future Funding update and sustainability planning - Catrin Roberts</u>  CR informed the NWRPB of the proposed 5-year revenue investment fund to build on the work and learning of the ICF and TPs to date. The new fund will run from April 2022 to March 2027 and focus on integrated delivery of health and social care services across Wales.</p> <p>In conjunction with RPB leads weekly workshops have been held with WG to co-produce the funding model, including governance and delivery arrangements. CR highlighted the workshops have not been involved in determining the amount of funding to each region.</p> <p>One fund is proposed which includes AHW, MH, Dementia, Engagement, IAS, ICF revenue, performance and evaluation and TP's. The RIIC Hub and WCCIS are separate but closely aligned.</p> <p>The proposed funding structure is split into the following areas:</p> <ul style="list-style-type: none"> <li>• Regional Support Fund – to support the RPB function, with clear WG expectation – 100% WG funding</li> <li>• National Projects – ring fenced projects, Dementia and IAS projects and 100% WG funded</li> <li>• Programme and Delivery Staffing – staffing to support the Acceleration and Embedding Phases - 100 % WG funded</li> <li>• Acceleration Phase – Project maximum time in this phase is 2 years and could include project already in existence for over 3 years. WG 90% funding / 10% Partner match funding</li> <li>• Embedding Phase – a large number of projects would fall into this phase Maximum amount of time allowed in this phase is 3 years and funding is WG 70%funding / 30% Partner match funding</li> <li>• Transfer to Core Services – fully evidence, fully operational and scaled projects delivering against all objectives fall into this stage – funding WG 50% / 50% Partners</li> <li>• Capital – subject to separate discussion at the moment.</li> </ul> <p>Please note all of the above is subject to WG agreement.</p> <p>Match Funding – WG are currently in discussion over the definitions of match resources, other than £'s – i.e. resources, staffing, building, training etc.</p> <p>The projects which fall into the Embedding or Acceleration phase would need to evidence that the investment is delivering against one of the priorities within the each of the thematic priorities, enablers and population groups.</p> <p>The options for consideration document has been submitted to Ministers, and WG are currently writing the guidelines document to be circulated end of November/early December.</p> <p>CR informed the group have requested WG to consider a transitional year, in order to give some flexibility to work with partners within the first 12 months to allocate existing projects into the new programme,</p>	

	<p>consider match-funding, to be fully operational by April 2023.</p> <p>The next step is working through and mapping all TP and ICF projects against the funding structure, identifying costs of match funding for all schemes to the region, and what this is likely to look like for each partner. This update will be provided to the LG end of November and separate meeting held with partners to discuss the proposition and repercussions.</p> <p>Once the final guidance has been published, the region will need to consider how to implemented within North Wales, decide on the priorities and options, depending on the amount of funding from WG.</p> <p>Unfortunately, there is no definite information to share today, discussions are progressing, and NWRPB members will be informed as soon as the guidance/funding update has been received.</p> <p>LLMH informed, considering the risks, being uncertain if IACC would be in a position to provide funding in April 2022, re timeframe for LA's setting of budget and emphasized the uncertainty of committing to a long term fund when LA's finance budgets are set on an annual basis.</p> <p>Cllr BF enquired on the cost implications of setting up of the entire system, noting concern within the resource of taking this forward due to the core funding of social care being under-resourced and the recruitment crisis and the lack of parity within HB and LA in terms of status, salaries and T&amp;C.</p> <p>JW believed having flexibility within the first 12 months to allow for pervious significant changes, discussion on allocating projects to the correct phase being critical to the new 5-year fund, and proposed the NWRPB also takes part to influence this discussion. The funding being crucial to the continuation of LA services, which have become embedded services, providing duties across H&amp;SC.</p> <p>The chair thanked CR for the update and NWRPB agreed to forward a letter to WG concerning the arrangements around the transitional year from 1.4.2022.</p>	<p>RPB to write to WG on the flexibility of the fund - CR</p>
<p>7.</p>	<p><u>NWRPB Winter Plan Report – Catrin Roberts</u></p> <p>CR informed the NWRPB agreed in 20-21 to progress the 2021-22 Winter Plan on the basis of previous requirements, by collating one BCU/LA Winter Plan based on the current pressures in the system, in order to have a draft in place earlier for WG and in advance of the winter pressure.</p> <p>A regional high level costed plan, an amalgamation of schemes submitted by the Health Board and the 6 Local Authorities, was collated prior to the announcement of WG Winter Plan funding totaling £4.785M.</p> <p>At the recent LG meeting BCUHB confirmed to committing their allocation of the 2021-22 winter funding to be directed towards the investment of supporting the critical pressure within health and social care services in North Wales. The high level plan was subsequently</p>	

	<p>stripped of BCUHB schemes totals £2.6M, and following WG announcement of £2.213M funding to the region, colleagues have been requested to revisit their plans within the allocation of £2.2M and return by 19.11.2021.</p> <p>The NWRPB is being requested today to agree the proposed Winter Plan. The final version will be circulated to RPB members, for endorsement prior to the WG deadline of 25.11.2021.</p> <p>JoW acknowledged the work undertaken on collating the winter plan and emphasized the solution to the crisis being via partnership working and appealed to LAs to utilize the funding to support the current crisis in the care system.</p> <p>NA, although noted the need to priorities individuals waiting for discharge, and acknowledged BCU's offer re winter funding, the funding would contribute limited support towards the domiciliary and care sector, being a significant shortfall on the required funds to deal with the solution of the current domiciliary care crisis.</p> <p>MW on behalf of independent providers, reiterated the pressures in the system for everyone.</p> <p>JG informed WG have announced additional funding to the Third Sector of £4m directed towards local schemes via CVC's. No clarity has been provided around how the national projects have been identified. JGal believed having the third Sector embedded in the regional plan would have been more effective.</p> <p>The NWRPB were in agreement to note the draft plan presented at today's NWRPB and that the final Winter Plan is approved by the NWRPB via e-mail circulation before submitting to WG by the deadline of 25.11.2021.</p>	
8.	<p><u>Recovery update (verbal update)</u> – Nicola Stubbins</p> <p>NS informed the region continues to have a formal recovery process and governance in place through the Regional Coordination Group (RCG). Health &amp; Social Care was approved as one of the priorities when transitioning from SCG to RCG and the 6 key areas agreed:</p> <ol style="list-style-type: none"> <li>1. Workforce</li> <li>2. Sustainability / Market Stability/Residential and Domiciliary care, Population Needs Assessment and Market Position Statements</li> <li>3. Children - focusing on the well-being and resilience of Children &amp; Young People</li> <li>4. Mental Health – all age</li> <li>5. Expand the use of digital technology / digital platforms</li> <li>6. Long Covid – including impact on people receiving care and support, unpaid carers and the workforce</li> </ol> <p>The recovery agenda has continued on the LG agenda under the umbrella of the RPB in providing monthly updates to the RCG on the key areas above. The RCG's primary role is to escalate issues and to ensure discussions are happening in the right forum, and to avoid duplication of work. Following discussion at the recent RCG, it has been decided that the monthly reporting will cease to the RCG in future, and the reporting governance will sit under the RPB.</p>	

<p>9.</p>	<p><u>BCUHB - Recovery work update – Jo Whitehead</u> JoW reported on continued significant pressure within the Emergency Department, Primary Care access for urgent medical advice and Unscheduled Care.</p> <p>Covid Booster Programme – BCUHB offering the Pfizer and Moderna booster vaccination. Both vaccines have constraints in terms of being difficult to manager in large quantities. WG have agreed to provide smaller pack size to enable progress within local provision.</p> <p>Winter Pressure – LAs support required to tackle the number of patients waiting for discharge, to allow capacity for BCUHB to keep up with numbers, and able to provide a safe environment to those who present at ED.</p> <p>Recruitment - additional staff recruited for all three main hospital sites, to support with the increase in the system.</p> <p>Unplanned Care - waiting times continuing due to a number of reasons e.g. requirements of PPE, decontamination between each patient and less space to work. BCUHB are working with an external provider to secure additional capacity for Cataracts and continue to work internally requesting staff to work additional shifts evenings and weekends to reduce waiting times.</p> <p>Work on capital estates includes:</p> <ul style="list-style-type: none"> <li>• Outstanding business case with WG and the Alexandra Hospital redevelopment</li> <li>• Redevelopment of the MH site at YGC</li> <li>• Working on business case to improve estate in YM and YG</li> <li>• Working with housing partners on the re-provision of staff residential facilities, with strong links to the regeneration agenda and recruitment</li> </ul> <p>MW commended the recruitment to reduce the backlog, however, noted concern if recruiting to the detriment of the independent sector, who are struggling to recruit and retain, to posts where terms and conditions are not comparable with BCUHB.</p>	
<p>10.</p>	<p><u>Notes and actions of last meeting – October 2021</u> The minutes of meeting 9.10.2021 were agreed as a correct record with all actions completed:</p> <ul style="list-style-type: none"> <li>• CR to advise update of children NWRPB sub-group membership - <i>The action for a Housing and Third Sector representative has been taken up by the Children’s sub-group.</i></li> <li>• RCG Sept reports to be circulated – <i>Completed</i></li> <li>• Letter to WG re pressures to be circulated - <i>Completed</i></li> </ul> <p>The following outstanding actions have also been completed from the 10.9.2021 RPB:</p> <ul style="list-style-type: none"> <li>• Update on the Winter Plan – the Winter Plan report will be presented at the November NWRPB - <i>Completed</i></li> <li>• Notes of workshop 7.9.2021 – Pressures within Domiciliary Care – notes to be circulated following the meeting - <i>Completed</i></li> <li>• Care &amp; Repair and Hospital to Home discussion – SLW to contact</li> </ul>	

	<p>NS for a discussion – <i>Completed</i></p> <p>Actions not yet completed:</p> <ul style="list-style-type: none"> <li>• JW to update on social work student tracking – <i>this work is ongoing and will be circulated once completed</i></li> </ul>	
<b>11.</b>	<p><u>Any other business</u></p> <p>NS informed RPB members of the forthcoming ADSS Conference 17-18 November, colleagues from the wider partnership are welcome to attend.</p>	
	<p>The following documents were provided for Information:</p> <ol style="list-style-type: none"> <li>1. Recovery Priority update reports to RCG (October)</li> <li>2. Information on Postgraduate courses in Preventative Health &amp; Health Equity</li> <li>3. Children’s event 30.11.2021 – <i>names to be forwarded to RW asap</i></li> </ol>	