



## Minutes of the North Wales Regional Partnership Board Meeting

13th January 2023

9:00 am to 1:00 pm

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones, Ann Woods, Catrin Roberts, Cllr Dilwyn Morgan Cllr Elen Heaton, Cllr Christine Jones, Cllr Alun Roberts, Cllr Liz Roberts (attended from 9:40am), Cllr John Pritchard, Dave Hughes, Dylan Owen, Estelle Hitchon, Ffion Johnstone, Fon Roberts, Gill Harris, Dr Lowri Brown, Lucy Reid, Neil Ayling (attended until 10 am), Nicola Stubbins, Ricki Owen, Roger Seddon, Shan Lloyd Williams, Sian Tomos, Teresa Owen (attended until 10:30 am), Trudy Ellis
Apologies:	Dr Lowri Brown, Sam Parry, Alwyn Williams, Jenny Williams, Meinir Williams-Jones
In attendance:	Alyson Thomas, Interim CEO Llais – Your Voice in Health & Social Care (for agenda item 2) Anthony Jordan, attending in capacity of Chair of Legislation Workstream, Citizen Voice Body (for agenda item 2) Ben Eaton, Senior integrated Policy Manager, WG (for agenda item 2)

### 1 Welcome, introductions and apologies

The chair welcomed everyone to the meeting and apologies were noted as above.

The chair welcomed new members to the board, Mr Roger Seddon, Service User Representative and Michelle Greene, Integrated Health Community (IHC) Director, East

### 2 Citizen Voice Body

AT provide the Board with an update on the Citizen Voice Body (CVB).

AT informed Llais – the Citizen Voice Body for Health and Social Care, a new statutory national body, although independent of WG, the NHS and Local

Authorities, collaborates with them and others, to support the continuous improvement of person-centred services.

Llais replaces and will continue to build on from the work of the seven Community Health Councils (CHC), working locally, regionally, and nationally representing communities and providing valuable advocacy and community engagement services to empower and represent diverse communities to make every voice count.

In representing the interests of the public, the CVB will engage with NHS bodies and local authorities when they are developing, reviewing, or planning changes to their services in a range of engagement methods.

The CVB will work to develop effective relationships with public, independent, and voluntary sector organisations, across health and social care, in the interests of citizens and shared values.

This work will be led by its Board members, and a dedicated team of staff and diverse volunteer membership; working together to make a real difference for the people of Wales, informed by what matters to them, with 2 offices in the region at Wrexham and Bangor, providing a strong focus on outreach activities within the region.

From April 2023, the Citizen Voice Body (CVB) will represent the voices and opinions of the people of Wales in respect of health and social care services and will focus on 3 key activities:

- listen to the views of the public, in all parts of Wales, about health and social care services
- help ensure that people's lived experiences shape the design and improvement of services – influencing local, regional, and national plans and policy
- help build greater connections between health and social care services, individuals, and communities – promoting a truly representative citizen voice

Ahead of 1.4.2023, the NWRPB are asked to help raise awareness of the CVB role and services and to encourage people to volunteer. Llais will continue to work with NWRPB and involve the Board in the development of plans, priorities, and ways of working.

RS noted concern on 2 issues:

How the work would integrate with the ongoing work of the ACD development initiative, with community champions, engagement, and participation part of the ACD, and how will the volunteers integrate with the people who are already doing this work.

AT informed, in terms of collaborating with people, a key part of the role is understanding who is already working in the arena of H&SC and work with them to understand how to work together, understanding where people/organisations fit and how best to work together.

Who is providing the training for the local volunteers, will this be integrated with the training for the local champions and what skills will they have?

AT informed a fundamental aspect of volunteering is listening skills to encourage people to share their view and experiences to be able to make representations on their behalf. People will also be involved in diverse ways and will be expected to have a full range of skills which will be determined through a programme of core learning and a targeted learning programme through internal trainers and external providers.

RS enquired if the Llais boundaries would correspond with the boundaries of the NHS, and the 14 Clusters in particular.

AT noted Llais has a regional set up to follow the RPB footprint so that staff working in a region will operate locally and regionally but within that footprint so that we can facilitate making representation to decision makers who are in the same place.

AR asked how Llais proposed to engage with everyone across north Wales, foreseeing difficulties in the way of engagement as a result of changes from a regional to a national body, taking into account the geography and linguistic differences within the area.

AT informed the importance of not losing the strengths of the existing CHC movement and Llais decided early on the seven existing regions of CHC would stay in place, and the existing staff including North Wales in Wrexham and Bangor would remain in North Wales, already having their knowledge of the communities in North Wales, the volunteers living in north Wales will come across to the CVB also.

AJ provided an update on the CVB draft CoP on Access to premises & draft Statutory Guidance on Representations.

In order to support Llais to carry out its function to capture people's experience of H&SC, it will be able to request to enter premises at which health or social services are delivered to seek views about health and social care, it will also be able to make formal representations to local authorities and NHS bodies about health and social care.

The Statutory Guidance on Representations is currently out to consultation, closing 6.3.2023, when comments received will be considered and changes made to the document as appropriate and published by 1.4.2023.

There will be a focused consultation on the CoP on Access revised version specifically with the CVB, with the final version issued by 1.7.2023.

AJ informed the intent for both pieces is to monitor how they work in the first year and then potentially revise.

NWRPB discussion focussed on the following points:

WAST are currently engaging with CVB in the same way as engaging with the CHC previously, with the intention of engage and ultimately consult on the WAST service, realising the responsibility of CVB is different to that of the previous CHC, and AJ gave assurance on this and to work with AT on the way forward.

There is hardly any reference to the linguistic rights or promoting permission to work through the medium of their native tongue and is there is a reason for this and what steps will be taken to promote this matter.

AJ confirmed Llais are subject to the Welsh Language Standards, and fundamental as a people's voice body that the VCB are established as a bilingual organisation. Llais will extend the Welsh Language capabilities through recruitment activity to enable a fully bilingual service. AJ agreed to address this within the draft CoP document.

The chair thanked Llais and WG colleagues for their overview on the CVB, confirming RPB members will respond to the consultation as appropriate.

### **3 ICF Evaluation**

The board received a presentation from CR on the ICF evaluation, focusing on two reports; A National Evaluation Report commissioned by Welsh Government and undertaken by OB3 Research, and a desktop review of Integrated Care Fund schemes conducted by the Regional Collaboration Team.

CR focussed on the key message and lessons learned from the two reports.

National Evaluation Report commissioned by Welsh Government and undertaken by OB3 Research

There were 120 projects in North Wales funded through the ICF, and the average funding from the ICF for the last three years of the programme was in the region of £20M p.a.

The National Evaluation included a small number of specific projects from North Wales; Children with learning disabilities and complex needs project, and key messages from the evaluation included:

- Many projects would be unsustainable without the continuation of funding. The short-term nature of the funding caused a number of uncertainties, relating to recruiting and retaining staff and difficult to plan long term and for sustainable change.
- Although there is a genuine effort to operate at a regional level, there was a high number of schemes developed, which indicated that schemes were not operating on a regional basis.
- Citizen engagement was identified as effectively used by many of the case study projects to inform provision.

- Key delivery enablers identified; effective collaborating arrangements; a strong delivery team; adopting a flexible and adaptable delivery model and provision which enhanced the knowledge of other practitioners.
- A small number of key barriers were identified; COVID-19 pandemic, the impact of annual funding and the implications upon staff recruitment and retention.
- Some schemes believing the ICF reporting to be disproportionate to the amount of spend and the value gained.
- The monitoring was overly focused on outputs, rather than outcomes and lessons learned
- Limited sharing of effective practice and experiences between similar ICF projects, proactively looking at how to upscale those on a regional and national basis.

#### Desktop Review of ICF carried out by the Regional Team

The RIICH team conducted an in-depth evaluation of 7 projects which put forward in Autumn / Winter 2020 and a desk top review of 86 the remaining projects from the National Evaluation Programme.

#### Key Messages from the desk top review included:

- No agreed outcome or evaluation framework and a lack of consistent data.
- The impact of the Covid-19 pandemic had a significant effect on projects with many objectives curtailed and projects and services redesigned to meet urgent need.
- Except for region wide social prescribing data, there was limited comparable data for projects funded across the region and limited systems, denoting projects could not be assessed at a system wide level.

The following changes were noted as a result of the ICF Evaluation.

#### The RIF is now:

- One main funding stream – clearer and easier to administer
- A 5-year fund, allowing long term planning to be more innovative
- Dedicated infrastructure costs
- One financial report mechanism, an easier process for partners to feed into and report back to WG
- Introduction of match funding and tapering with the aim to support long term sustainability of projects and schemes
- Financial support to transfer to core services with ability to make a real difference across the sector
- Introduction of Community of Practice forums – reps feeding in learning with WG to consider and implement within own areas.
- Strengthen internal evaluation team to include resources to support the collation of case studies

Changes in progress include:

- How we share good practice and upscale schemes to a regional and national level
- Outcome focussed performance monitoring framework – working with WG to create a simple framework to feed into an all-Wales framework to have comparable data, to compare outcomes on a national basis

Discussion points highlighted:

The critical issue will be to report on the difference the outcomes have made to patients and service users and asked if the approach to include case studies will be based on identifying clear outcomes at the outset and linked through the project to demonstrate how the changes have taken place.

CR agreed, to see the real difference being made it is vital to develop the outcomes at the project outset and monitor them at every stage of the programme together with the case study element. If at any point it is clear the project is not delivering then partners will ascertain the reason and revise the outcomes. Colleagues are continuously learn through the entire process.

Proposed an enhanced approach to the use of non-recurrent funding, rather than applying to pump prime existing services, investing in new programmes which have outcomes for patients.

It was noted the ICF agreement laid out strict guidelines to build the evaluation which was not fulfilled to the end of the exercise, and proposed when discussing monitoring, control is also discussed, and controlling how the project is run centrally, as a parallel process going on known as knowledge capitalisation, a process by which at the beginning of a process you identify how you are going to harvest and feed into further programmes, and build up an archive of knowledge which can be used for future projects.

The significant work undertaken by the regional team on the ICF evaluation was acknowledged.

CR thanked the RPB for the interesting points made today and noted being reassurance to see everyone considering this work for an outcomes-based framework in place to demonstrate the differences the schemes are making which will then be used to shape the programme. The process to capture and share the knowledge in terms of developing, delivering, and monitoring will be explored by the regional team.

#### **4 Vice-chair**

CR presented a report on the process for nominating and appointing a Vice Chair of the NWRPB.

In accordance with the terms of reference (ToR) for the RPB, the term of office for the chair is a 2-year period and the current Chair's term comes to an end 31.3.2023. At that point, the current Vice-chair takes on the role for the next 2 years from 1.4.23, hence a new vice-chair is required in readiness for April.

As the chair rotates from different sectors, (Non-Statutory, Health Board, Statutory) for this rotation the vice-chair will be required from the Health Board.

The NWRPB are requested to support the attached draft process of electing a vice-chair.

The Regional Partnership Board are also asked to consider the potential of having 2 Vice-Chairs in post. This would allow for presentation from all sectors and increase resilience at leadership level at all times.

If the NWRPB were in agreement to support two vice-chairs, the report on the process of electing a vice-chair would be updated to reflect this, with the second vice-chair required from the statutory sector. The planning of how this would work in practice would also be considered by the regional team and reported back to a future NWRPB meeting.

NWRPB members noted their approval to the proposal of two vice-chairs; agreeing the proposal would strengthen the RPB voice especially at national meetings, give resilience to the board, provide a lengthier period to settle into the role and an opportunity to those who might not otherwise volunteer.

The NWRB approved the process for appointing a vice-chair and to incorporate the second vice-chair, and CR agreed to present a further report to a future NWRPB on the logistics.

#### *Actions*

- Amendments to ToR as to how 2 vice-chairs would work in practice- CR

## **5 RPB vision update**

Following the discussion at the November NWRPB and circulation of draft vision documents, the comments received have been incorporated into an updated vision document, and together with the 'Name of the Service' document, will be circulate to NWRPB members with a voting process.

The ToR will also be updated to incorporate the changes to the vision and included on the February RPB agenda for discussion and sign off.

The purpose of this work is to ensure the ToR is fit for purpose; with input from all members welcome to see a more focused agenda which meet the aims of the NWRPB. Once approved, the document will be used to raise the profile of the NWRPB across North Wales.

## 6 BCUHB update

The board received a verbal update from GH:

- BCUHB Operating Model, recent appointments in post January:
  - Michelle Greene, IHC Director, East
  - Karen Higgins, Director of Primary Care
  - Steve Webster, Interim Finance Director
- Unprecedented pressures currently impacted by the pandemic/flu producing significant pressure within ED and critical care units. BCU in discussions with teams to previous ways of working during the Covid pandemic to surge critical care and respiratory capacity. Continue to promote covid and flu vaccinations, to mitigate the extremely significant pressures for everyone involved in the H&SC sector.
- Notification received from the CMO and Deputy CMO regarding tolerance and risk for medically fit for discharging patients, clinicians are being supported with decisions within this pressure area and all partners' support was acknowledged.
- BCU Consultant Nurse in Dementia is co-leading and working in partnership on a study based on families who are presented with family member dementia diagnosis.
- 111 +2 service is due to go live this month in conjunction with colleagues, 7 days a week capacity is dependent on recruitment.
- Acknowledged the support from partners to the recent and ongoing industrial action to mitigate the risks.

MW reported attending a recent WG meeting with RPB leads and chairs to discuss the current discharge pressures and acknowledged the significant pressures for everyone within the system. MW believes there is further work that partners can do to collaborate on the current delays to discharge patients out of hospital and proposed to establish a discussion with key partners to a cultural approach where all partners agree on a way of working to tackle difficult conversations with families to avoid having to take enhanced risks.

NWRPB members were in agreement to establish a group to discuss this issue further outside of the RPB, with key colleagues and report back to the February RPB.

### *Actions*

- Arrange meeting with key colleagues to discuss discharge agenda-RW
- Discharge update in Feb – RW

## 7 NWRPB – Draft Forward Work Planner (FWP) 2022-23

CR presented an updated NWRPB Forward Work Planner 2022-23.

Members are reminded the February NWRPB will be a virtual meeting and the March NWRPB will meet in person at Conwy Business Centre.



The NWRPB FWP also provided RPB members with an opportunity to shape the agenda by presenting relevant items for discussion. Suggestions to be forwarded to Catrin Roberts/Ruth Whittingham.

Cllr LR referred to the National Exercise Referral Scheme (NERS) Project within the 'Building a Healthier Wales' (BAHW) Programme, and specifically to the significant reduction in referrals by GP's, due to the current pressure in BCU, and CR agreed to pick this up outside of the NWRPB.

#### *Actions*

- Send out e-mail reminder for March NWRPB
- CR and Cllr LR to discuss outside NWRPB

## **8 Minutes and actions of last meeting – December 2022**

The minutes of meeting 9.12.2022 were agreed as an accurate record of the meeting.

Action: LG meeting notes to be included in future meeting packs.

## **9 Any Other Business**

Nothing to report

## **10 For Information:**

NWRPB partners are reminded of the NWRPB training sessions on the following dates:

- 17.01.2023 – 3:00 – 4:30 pm
- 31.01.2023 – 9:00 – 10:30 am

A letter from WG letter was also included in relation to partnership working, integration and building community capacity, and WG colleagues will attend the NWRPB in February to present further.

## **11 Dates of next meetings:**

Friday 10th February 2023 – virtual over Zoom

Friday 10th March 2023 – meeting in person at the Conwy Business Centre.

