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

**Minutes of the  
North Wales Regional Partnership Board Meeting  
14th April 2023  
10:00 am – 12:00 pm  
via Zoom**

Present:	Cllr Dilwyn Morgan (Chair), Alwyn Jones, Ann Woods, Catrin Roberts, Cllr Christine Jones, Cllr Alun Roberts, Cllr John Pritchard, Dylan Owen, Ffion Johnstone, Fôn Roberts, Jenny Williams, Meinir Williams-Jones, Michelle Greene, Rhun ap Gareth, Roger Seddon, Rhian Morlle (in attendance for Nicola Stubbins), Sian E Tomos, Teresa Owen
Apologies:	Alwyn Williams; Dave Hughes; Dr Lowri Brown; Estelle Hitchon; Gill Harris; Karen Higgins; Liz Grieve; Nicola Stubbins.
In Attendance:	Steve Grayston, BCUHB (agenda item 3) Nesta McCluskey, BCUHB (agenda item 3) Carys Norgain; BCUHB (agenda item 3) Claire Waddicor-Evans, (agenda item 6)

Item		Actions
1	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>The chair welcomed everyone to the meeting and apologies were noted as above.</p> <p>The Chair reiterated a vote of thanks to MW and hopes to continue with the excellent work commenced by Mary in developing and strengthening the Board. The Chair was eager to remind members of the one important thing as a Board is a clear understanding of the purpose and its function.</p> <p>Moving forward, the need for us as Members to engage with the work of the Board; our partners and even more so to further engage with the people we represent. This could mean simplifying of reports, along with using uncomplicated language for all to understand. The Chair welcomed any Member to contact himself, either directly or via the Business Support Team with any further ideas / suggestions how to proceed.</p>	
2.	<p><b>Regional 10 Year Strategic Capital Plan (SCP)</b></p> <p>The Chair explained that the SCP presentation was currently not in a position to be shared with the Board – therefore it was decided to postpone until the May meeting.</p>	
3.	<p><b>Proposal for Allied Health Partnerships (AHP) WG Funding</b></p> <p>SG provided the background to AHP advising the Board that funding was released by Eluned Morgan, following a letter in February to the Health Boards to support</p>	

additional resource for AH professional in Wales. £5million worth of funding across Wales with the share in NW being circa £963K – roughly split 3 ways. Within the letter, the parameters stipulated that the money was to be spent primarily on preventative community based care for people to stay well and independent, and dovetail with existing schemes already in existence to link in with community resource teams, Home First, stay well at home initiatives framed around supporting Step Up Step Down care, preventing hospital admission, speeding up safe discharge, homebased support and rehab.

There are slightly different starting points in terms of where we were with our existing resources to the community teams due via the RIF funding, therefore slightly different proposals but all encompass community frailty space which is very much a key priority under Further Faster initiative.

The Governance for this, is that it needs to be endorsed by RPB, already been to Leadership Group and has to go to WG by 3<sup>rd</sup> May latest, earlier if all agreed.

SG in closing reiterated Governance group to RPB but the governance route initially via the pan clusters then RPB – but due to not having pan clusters meetings set up and in place route taken via LG and RPB. Mindful number of posts and recruitment arm therefore, aware that there will be slippage in this financial year – few slippage proposals as alluded in the Central. Looking at assigning someone to set up AHP Collaborative to sit below pan clusters. Funds have been assigned and other elements of slippage to be reviewed which will be continually reviewed throughout the year. Reporting mechanisms to WG will be via Director of Therapies and Health Science Gareth Evans, Executive Director. Update report on progress and outcomes to be fed back to the RPB later in the year as well as WG.

The Chair thanked SG; CN and NMCK for their informative and comprehensive and informative presentation.

RS voiced his concern as to the recurrent funding as per the Ministers letter. Two issues that will impact the success of the proposals. Referring back to the last 2 BCUHB meetings, 2 papers were tabled being the Annual Plan Development Paper and initial Financial Plan – these are relevant due to these proposals to align with existing community provision. The Financial Plans outlined details to be approved in June – outlined details of the savings targets within the AHP's and disinvestment figures. RS commented that the proposals are good and add to the offer given to our people, however, will the services delivery profile remain after we hear what the cuts are to be? Will funding be available to take on the good work that the AHP's are going to do?

The AHP Report is required by 3<sup>rd</sup> May, however, BCUHB decisions are not due until June which is a major factor in how we appraise these projects. Additionally, the Minister's letter talked about relationship between RPB's and Pan-cluster planning groups – RS was concerned about our current relationship with pan-cluster groups, noting that nothing has been seen since the October 2022 Health Board meeting on the progress of the Cluster planning tool. RS queried where they're at as we're asked to liaise directly with the pan-clusters, and as we're to be a channel for proposals to go through, we need to know much more about planning groups are doing their work.

SG advised that the Pan-cluster groups are not currently set up and as such there is no relationship in place and that it is in progress, but taken longer than anticipated. It was also noted that BCUHB is not the only Health Board in that situation currently. It will happen and those relationships will develop.

SG responded to the question re. finance by advising each year, the scenario is strange when new investment received *ie* given new money and some taken way – in order to make costs efficiency savings and cost improvement plans. He confirmed, it's an annual process. With this money, we know it's recurrent and that it has to be spent in specific areas and as we have to demonstrate outcomes and improvement by reporting and evidence to be provided, the funds cannot be taken away.

AR queried whether it was a decision to recruit new staff or internal recruitment. If internal movement, raised concern that this would create a void and vacancies within other departments of the service. AR asked CN if within the West, with the 1<sup>st</sup> Project - how would the new recruits dovetail with the Social Services to secure the proposal without the carers in the community to be a success it deserves.

SG responded: inevitably where new posts there is an element of sudden internal interest. Eluned Morgan outlined in the letter was to further develop the undergraduate programme for OT; physiotherapy on a post graduate programme. People can be bought in as graduates to backfill space as in past. These posts are generally over recruited each year to off-set recruitment challenges. Working hard to attract people outside of North Wales – parallel working with Workforce colleague on a wider recruitment campaign for therapists hoping to attract new individuals.

CN added that we do need to work closely with Social Work Teams in Local for these proposals to succeed. DO and CN were due to meet to discuss the paper and proposal. Re working together many individuals from various agencies look after patients in the community and main focus of this is the CRT. CN confirmed the staff work closely together in supporting and caring for patients on a daily basis. CN believe the three post s in the document will bring everyone together from community services, HB and LA's as well as third sector. The more complex the patient or client, more number of carers are required, therefore it's vital to bring everything together.

NMcK added throughout the development of the proposals empty vacancies were looked at so as not to cause further issues in creating roles that cannot be filled. Hence why Speech Therapy wasn't added into one of the proposals, as more than aware that it'd be pulling internal candidates from services currently stretched. When developing the proposals provided today, many more ideas were thought of initially, however recruitment was one of the main factors to ensure the continuation of services currently in place.

DW welcomed the ideas and investment and on behalf of GCC delighted that this is going to happen and that funds allocated from WG. At the recent LG meeting DO explained that no discussion had been had by any officer of the LA from the SS to date, therefore, I could not support and will abstain without discussions taking place with the CRT and LA Social Service Team.

	<p>CN responded to reiterate that a meeting had hoped to have been had between Môn and Gwynedd, however, due to leave it had not been possible. Bethan and Ffion to contact FR &amp; DO to take discussion further w/c 17/4.</p> <p>LR was in agreement with DO re discussion within Social Care that haven't taken place. Agreed that although an exciting project, erring on side of caution and would want the RPB to keep a close eye on this from a Governance perspective.</p> <p>MW stated that it is an opportunity to support the social care sector and this proposal highlights that re example of the projects supporting nursing homes imported from Bridgend. Also, not aware of any engagement or consultation with the sector as to whether they would find it useful and best way moving forward? All aware, that the care sector is under immense pressure, wider engagement about AHP Funding and how the sector could be engaged and what biggest priority would be.</p> <p>RS added re West proposal for enhanced provision for nursing homes regarding swallowing and medication management. As carers who deal with dysphagia as well as its effect on the person looking after patients – could training be considered or the service extended to these individuals as it's a relatively small cohort and a debilitating condition. Aware that it's reliant on IT to provide and support. Concern raised between external interface from outside BCUHB and service provision and IT provision in BCUHB and if adequate checks being undertaken for such facility to be made available.</p> <p>SG responded that his comments would be taken on board. There is a dietetic service and it would link in with care homes.</p> <p>SG reiterated the time scales that the first discussions were held during the 1<sup>st</sup> week in March, therefore possibly why lack of discussion and offered his apologies for lack of engagement and communication. Re. the West comments, it was decided to progress out of the meeting prior to submission in May.</p> <p>It was recommended that as many had stated their concerned as to the lack of engagement, CR to pick up with SG; CN; and NMCK together with putting something in place with all LA's revisit proposals. Thereafter an email with final proposal for final agreement for approval before May 3<sup>rd</sup>.</p> <p>All in agreement that this was best way to proceed at this moment in time.</p>	<p><b>CR to meet with SG: CN &amp; NMCK</b></p> <p><b>CR to email final proposal for agreement</b></p>
4.	<p><b>NWRPB Update</b></p> <p>CR updated the members on the outcomes of discussions that have taken place at the RPB over the past few months and the appointment of the Vice-Chair. It was agreed in February to have two Vice-chairs – one would be deferred until September which would be the Health Board representative. Following a Ballot for the 2<sup>nd</sup> Vice-Chair (<i>non-statutory Sector</i>) Estelle Hitchins has been appointed. EH not in attendance today, but will commence role as of April 2023. The Chair congratulated EH on her nomination as Vice-Chair and noted that he's forward to working with EH.</p> <p>The name of the RPB and Statement of Purpose (SoP) have been deliberated and discussed for several months. Following a Ballot, the preferred name would be</p>	

	<p>The North Wales Regional Partnership Board and preferred SoP is: Working Together to Ensure the Health and Wellbeing of People of All Ages in North Wales. CR requesting the Board agree changes to those two changes following the Ballots. The Chair reiterated his delight at to the SoP as it encompasses why the Board and its members exist.</p> <p>CR updated and presented the paper on the Carer representative seats on the RPB. Currently two seats allocated to carers and in past years, it is a challenge to both recruit and/or retain carer reps. CR proposes to change criteria to make it easier for carers and hopefully enable more cares to be able to come forward. CR proposed amending the criteria as follows:  “Currently a Carer supporting individuals in contact with health and social care services provided in North Wales or has been a Carer in the past 3 years. Currently a Carer for a person who has used health and/or social services provided in North Wales or has been a Carer in the past 3 years.”</p> <p>It is also proposed that the role can be shared between 2 individuals to share one seat – therefore the potential could mean that the RPB would have the view of 4 carers representatives for the meetings but they would only have 2 seats and votes.</p> <p>MW suggested that we need to change advertising material to reflect the changes together with stating that previously it was noted that a carer rep could not reapply for three years. MW understood why it was introduced initially, with the possibility of new wording, it might be appropriate to waive the non-reapplication which could allow individuals acting as a ‘mentor’ if have sat on the Board previously.</p> <p>Following MW’s comments and suggestions, the Proposal was accepted.</p>	
5.	<p><b>Further Faster – WG requirement</b></p> <p>CR presented and updated the Board on the Further Faster (FF), whose mission is to provide integrated community of care service for Wales.</p> <p>The key message from FF factor is that WG aren’t intending on creating a new organisation or service, but build on what’s established. Concentrating on sharing the learning and best practise happening across the regions and Wales, together with accelerating development in communications on current plans and schemes in the region.</p> <p>CR described the proposition of Further Faster elaborating that Further means the description and establishing a comprehensive community of care model across Wales. Further also means creating new interventions to enable people to maintain relationships and continue to contribute to their local community as the age. By building and strengthening their community support this would refrain from statutory/non-statutory support on some occasions.</p> <p>The ‘Faster’ element focuses on current provision and accelerated development and implement / upscale across the region. It will also mean a far more effective system of learning for embedding best practise.</p> <p>CR advised that the 1<sup>st</sup> quarter of 2023 was spent engaging with partners across the Regions explaining the vision and concept and how it will be achieved. WG are</p>	

now at Phase 2 whereby investigating what Further Faster will look like and what schemes need to be included within. Working through the Short / Medium / Long term objectives from the proposal.

It was touched upon that a formal update will be received within next few week allowing the commencement of the mapping out process advising what is expected of us. However, as we're working to a tight timetable we're yet to see exactly what is required of us.

CR mentioned currently awaiting WG to present to the RPB as to the areas of the scheme they will expect us to have in North Wales – the AHP being a key scheme that will fall within FF. Other communications around Trusted Assessors eg. however, all rests on seeing exactly what WG are expecting from us; along with service workforce specification to support.

Once received, CR believes we need to assess the specifications and decide how on what it is we want to do and what we need to implement across the Region.

Key consideration is what we've already got in place – for example, Cardiff & Vale might have a scheme in place which is on the FF work programme and that we do not. This could also be vice versa. We might tick boxes for 30% of schemes already so need to consider the other schemes and see what we need to do. It is not discounting what's already in place, we need to consider and build on it and decide what the priorities are for North Wales.

Again, we need to look as to our own resources whether be financial or people based, take into account recruitment pressure- what can and cannot be recruited to, to see what is a realistic achievement for FF.

In preparation, a mapping of existing work undertaken under other national programmes such as Strategic Programme for Primary Care, the Urgent and Emergency Care Programme, and the Regional Integration Fund/ RPBs has been done and will begin to support the community capacity.

The idea being to bring it altogether to bring a full picture of what's being done and once WG proposal comes to hand; we'll be able undertake the assessment where the gaps are from what WG are expecting v's what's already in place. This will also help around shared learning – understand what is being done in West that could be adapted or upscaled for the East or across the Region eg.

Once assessment complete and come up with what we think our priorities need be across North Wales, and what realistically can be achieved I think the timescales, CR proposes that we would come back to the RPB and take the members through that full proposal.

It seems up in the air, bearing in mind, the timescales, however, CR believes we cannot not do any more re FF without having the WG proposal in place. Therefore, all the work currently ongoing around the increase in Community Capacity should carry on whether under a National programme or local decision.

FR commented that CR's presentation was concise and well explained. FR shared CR's concerns and sadly did not recognise that the name did not reflect the good work currently happening. FR voiced concern for projects etc funded by RIF what would happen in future and possibly too much pressure on new project, however as CR stated that current projects successful, but dependent injection of funding to

	<p>secure their future. North Wales as a region need to be strong in our decision that we want to manage rather than WG expect us to.</p> <p>TO thanked CR for the presentation and the valid points in building on the assets in North Wales and that the mapping work is a wise way of progressing and appreciated the challenges to undertake the exercise.</p> <p>TO questioned the ‘Stronger’ meaning in name Forwards, Fasters, Stronger – CR commented that FFS was an earlier version of the proposal and since changed to FF.</p> <p>MW questioned the fact that of creating a network of community across North Wales providing Health Social care and support and 3<sup>rd</sup> sector working with the statutory sector but no mention of providers not falling into either 3<sup>rd</sup> or voluntary sector. As the vast majority of provision in care homes / domiciliary care provision is in the private sector in North Wales and Wales as a whole, those registered providers also have a contribution to make and to be part of this Agenda. Disappointed they were not included. CR responded that the 1<sup>st</sup> slides of her presentation were in an introduction to FF directly from WG, therefore CR used their wording, however, the later point – we can continue working as we work and absolutely the private sector partners are pivotal. CR apologised that it should have been mentioned, but working with all our partners across North Wales.</p> <p>AW suggested making a link with Building a Health Wales meetings. The terminology in presentation links with programme. Is there possibility of a collaboration/direct link between work undertaken there and the proposal.</p> <p>RS thanked CR that the presentation has now developed from the document circulated earlier in the year. With reference to service specification and pan-cluster planning groups arose as key players in FF and similar to AHP presentation the pan-cluster relations becoming increasingly important.</p> <p>RPB agreed to move forward with the work and not wait for the WG to decipher which way we move forward. The Chair thanks CR and Team for the mammoth task to ensure its correct and glad that we’re on the front footing and mapping work paramount to its success. FF will remain a regular Agenda item on the RPB.</p>	
6	<p><b>Code of Autism Progress Report</b></p> <p>CR provided the RPB with an update on the implementation of the Autism Code of Practise and outlined next steps.</p> <p>The Code was developed in response to feedback from those living with Autism, their families, carers etc. seeking clarity around the services they should be expecting to be available across Wales. It also refers to the Legal frameworks that are already in place and requires that the relevant bodies work in accordance to that Code when arranging or delivering services for Autistic people.</p> <p>Appendix 1 of the report highlights full list of 40 standards continued within the Code of Practise.</p> <p>In North Wales, the Population Needs Assessment was published in April 2022, and information within regarding Autistic people showed us that there are 6,160 people over the age of 18 living with Autism. The feedback received was that services need to be more person centred, staff to receive further specialist training and that waiting times for assessment needs to be reduced. Regarding children &amp;</p>	

young people, the PNA identified gaps in services including services for children at the high end of the spectrum; respite care for children over the age of 11; after school facilities with specially trained staff and service for Autistic children with anxiety and communication challenges.

The Regional Team is supporting on the implementation of the Code and the role being to provide support for Local Authorities and health Board in pulling together an overarching assessment of where partners are currently. Looking at reviewing the extent duties under the code of practise are being met across North Wales and if necessary, to work with partners to develop any recommendations for improvement. Working with partners to investigate and revisit any gaps on data in North Wales. Building on and assist in the sharing of the good practises in our Region.

National evaluation that's happening was included within the Report. 'People and Work' have been commissioned to undertake a full evaluation of the Code of Practise that commenced January 2023 and will run through until March 2025 due to being in two stages.

Current challenges for the implementation of Code of Practise, not specifically to North Wales following feedback from WG is that the Codes are ambiguous and subjected in terms of how or what compliance looks like with it being that each partner interpreting differently. WG hope that through the evaluation work, this could offer the clarity or recommendations might be that we need in depth guidance to support some of the Codes.

Within the Code of Practise, an Autism Champion for North Wales is required. Cllr Christine Jones previously undertook this role but since resigned due to pressures of work. CR thanks CJ for the excellent work influencing Autism work across North Wales. The Champion needs to be a member of the RPB, CR proposed to contact all members for volunteers for the Autism Champion role. CR reiterated that support package would be put in place to explain requirements, how to achieve the role etc.

CR raised the point that Code of Practise requires that we have a North Wales Board or group to oversee the implementation of the work. Currently the Integrated Autism Service steering group covers the Adults element together with the RPB Children's Sub-Group covering the children and young people elements. A piece of work to be undertaken to review current arrangements investigating if sufficient in meeting the needs of the Code of Practise. Currently no action needed apart from highlighting that the RPB is comfortable that the existing arrangements robust to meet the Code of Practise.

CJ stated as appointed Deputy Leader hence having to resign from role. The commitment / training / attendance at conferences was greater than anticipated. Through sitting on the IAS group, CJ was educated as to vast amount of work being done within our communities and suggested that Member with knowledge of Autism would be beneficial. The Chair thanked CJ for her hard work.

AJ commented that the work is vitally important however, he was concerned as to the acknowledgment of diagnosis; support and assessment together with support services – could we consider establishing networks in place for people with Autism their carers families etc. with others living with Autism, carers etc. As we're looking at strengthening earlier diagnosis and support would this open the doors



	<p>to other – we need to ensure we can do so, together with implementing support to all possibly support via third sector? Support services might not be the correct pathway at certain times – the need for someone to listen and offer informal support might be what’s called for. We need to consider early on in development of support networks.</p> <p>NA thanked CJ for her contribution as Autism Champion. NA reminded the Board of a suggestion that was raised in the past of possibly sharing the role ie East / Central / West? This could be the way forward now making it more attractive as the role is challenging. NA agreed with AJ’s comments together with CR’s in that a practical and pragmatic way forward is needed.</p> <p>MW-J noted that we need to accept the challenge as there are no firm and adequate arrangements for children and young people living with Autism and we need to revisit the Population Needs together with the recent Children’s Commissioners Report regarding neurodiversity and we do not lose focus as a Region. With all the information we have – the RPB CSG could possibly take forward a piece of work, and a reminder the transition age is vital, not only from services perspective but what support is available.</p> <p>CR noted the valid points raised and will feedback together with looking the Autism Champion role and if the expectations are realistic. The points of not losing focus on children and the support available will be fed back to the Team for noting.</p>	
7	<p><b>iCan update</b></p> <p>CW-E presented to the Board.</p> <p>The iCAN programme is a range of services that have evolved organically over a number of years to meet a number of mental health challenges,</p> <p>iCan’s aim was to reduce acute admissions around early intervention and prevention; community provision support for improved self-management; improve referred management and triaging; interventions within A&amp;E; improve efficiencies within in-patient and community service and reducing the average length of stay within in-patient services.</p> <p>The delivery was based on four key schemes as follows:</p> <p>iCan Unscheduled Care ceased in 2020 due to the pandemic. It provided non-clinical support for patients with low level social and mental health challenges. The service recruited over 200 volunteers and delivered over 500 interventions. The Social Return on Investment (SROI) concluded a return of £4.24 for every £1 invested.</p> <p>iCan Community Hub and Community Connectors: 8 hubs currently deliver a range of early intervention and prevention interventions to support people with low level mental health needs to self-manage their conditions in a community setting. All Hubs are delivered by third sector organisation commissioned by BCUHB.</p> <p>Jointly funded via Regional Integration Funds and BCUHB core funding.</p> <p>iCAN Primary Care service was establish in 2022 in response to the anticipated upsurge in mental health referrals and address the number of inappropriate referrals to CMHT and funded by WG</p> <p>iCAN Work provided intensive, specialist, and person-centred support to help people with mental health needs enter and sustain employment. Led by BCUHB in</p>	

partnership with the Department of Work and Pensions and Welsh Government, and delivered across the six counties of North Wales by third sector providers Adferiad and RCS. Service ended 31<sup>st</sup> March 2023 due to DWP ceasing funding. A report on the first phase is available and next report on phase 2 due in July 2023. CW-E shared a snapshot of data from across the Hubs – 1272 people were supported in the iCan hubs in February 2023, 11% increase compared to January 2516 interventions delivered in the iCan hubs in February 2023, 6% increase compared to January.

Self-referrals declined since April 2022.

GP surgeries and mental health team referrals stabilised since April 2022.

Looking ahead CW-E and JJ meeting with iCan hubs and connectors to understand the service together with iCan Primary Care to learn of its impact. Work with providers to understand any gaps in data provision, specifically around evidencing outcomes and benefits.

RPB partners to confirm and identify reporting requirements together with implementing longer term planning in relation to the future funding of the services to make the services sustainable for the population of North Wales.

ST advised that GISDA have been involved with iCan in Gwynedd from its conception, and speaking on behalf of the whole sector across North Wales, everyone's concerned that contracts not received and concern for the misleading information about further funding for the hubs. It's concerning for both organisation and individuals alike.

A second point being relating to who iCan support, as a valuable service that has evolved quickly, and indeed an innovative one for the Health Board to attempt, it now needs to be built on. A shift in referrals coming via GP's are greater that can be managed with the Team. ST mentioned there quite well be a gap in those needing access to Tier 2 services. A suggestion would be for staff employed by iCan be they support or key workers, not with medical or clinical background, staff have adequate training needed to undertake the role whilst not replacing the problems within mental health service in North Wales; but being complimentary to and preventative.

CW-E stated that a meeting being held with GISDA 17/4 advising of a 12month extension on contracts.

In response to ST's point re. referrals being higher than what hubs are trained to support – CW-E noted that this a common thread in conversations currently with hubs. Taking all comments from partners in meetings and developing an issue/concerns log to seek mitigations.

TO added that good work is being done by the Team and agreed with ST's comment, a need for build and review the framework currently in existence. The nature of the people who need greater support and needs is something to consider in future. TO reiterated the 111 Press 2 service that commenced in February 2023 as a pilot and is now fully operational 24/7 – a consideration would be how it can be fitted into iCan and an update report will be presented to the RPB once data and information received re. numbers; referral types etc.

AR commented on a concern from the Senedd surrounding the ease of children and young people during transition from one service to another more so over to adult service and concerns raised that it's not a simple transition – any evidence available in North Wales to this end.

	<p>CW-E responded by saying that this was not but will pick up and ensure we address.</p> <p>TO added that the transition area can be challenging for children/young people/families and sometime staff. Currently work undertaken across North Wales over the past 2 years whereby a meeting of Adult and Children Teams to discuss the care pathway – however there is more that can be done in future investigating the academic, research perspectives etc.</p> <p>The Chair thanked CW-E for the presentation.</p>	
8	<p><b>BCUHB update</b></p> <p>TO advised that Gill Harris sent her apologies and at the previous RPB meeting, BCUHB only just received the Special Measures. The work is now moving at a pace and an update presented at the public area of the Health Board meeting – the new Chair has been in post for quite a while and during the Board meeting three new independent members were met. A presentation was delivered by Olivia Shorrocks and Jeremy Griffiths, two members of WG who are working with BCUHB to move the work forward.</p> <p>8 special measure Domains;</p> <ul style="list-style-type: none"> <li>• Governance and board effectiveness – led by BCUHB CE together with independent members assisting with the work;</li> <li>• Workforce and organisational development – Director of Workforce to take forward, however this role now vacant;</li> <li>• Finance and audit – Director of Finance will progress with representation from WG advising independently;</li> <li>• Compassionate leadership and culture – Chair eager for work to be taken forward and CE to undertake the work;</li> <li>• Clinical governance, patient experience and safety – to be taken forward by the Director of Nursing;</li> <li>• Operational delivery – awaiting final decision on who’s taking the workstream forward;</li> <li>• Planning and service transformation – Director of Transformation and Planning together with an independent representation alongside;</li> <li>• Mental Health – TO to take forward with investigative work currently being done to appoint independent consultant and assist in moving forward.</li> </ul> <p>A strategic review to be undertaken re. the work of the Air Ambulance in North Wales. Currently, a flight agreement has been reached for services to remain in both Caernarfon and Welshpool until 2026 – a vital and positive outcome for BCUHB and in the best interest for all partners with the RPB.</p> <p>TO advised of the review recognised by Healthier Wales in 2018. WG commenced the National Commissions Functions review running alongside with the commencement of NHS Executive. It came into force April 1<sup>st</sup>, it’s key functions is ensuring health and care systems are fit for purpose in future. The review undertaken by an Independent Chair; whereby Terms of Reference have been agreed currently looking at functions; weaknesses, gaps together with investigating a stronger system in future, and as partners, as more is learnt, the need to share with RPB members.</p>	

	<p>TO noted the Waiting Times specifically in Orthopaedic, with attention being focused in this area and with the special measures in place, hopefully this will gain momentum.</p> <p>TO advised that the CHC's have disbanded March 31, 2023 and LLAIS – the Citizen Voice Body has commenced across Wales. BCUHB Board grateful to CHC's for their support in enabling the voice of the patient and look forward to working with LLAIS and build a relationship similar to that of CHC's.</p> <p>TO ended by noting that commencement of the Children's Charter on 26th of April. "Build it Right", a recipe book on the Children's Charter showcases excellent partnership working across Wales with Health, many LA's departments, third sector and more importantly, over 2000 children being involved. The Children's Commissioner to be present at the launch.</p> <p>MW questioned fees payable to the Care Sector – as guarantee funded nursing care guidance from WG states that fees are set by April 1<sup>st</sup>, to date no fees for funding nursing care or continuing health care. Care providers currently providing care without knowing how much fees are being paid. All aware the pressure the sector is under, setting own budgets, outgoing, inflationary pressures, staff wages is significant component. WG increase to be honoured No indication on timing or engagement. It has been raised at Commissioning Board.</p> <p>TO to feedback and to contact MW direct.</p> <p>AR suggested the possibility of having the Chair / WG representative to provide their aspect of undertakings at BCUHB at an RPB meeting in future.</p> <p>TO to feedback RPB comments to Chair and CE and update accordingly.</p>	
9	<p><b>NWRPB – Draft Forward Work Planner 2023-24</b></p> <p>CR updated that items discussed at previous meeting welcomed for the work plan and added.</p> <p>All actions within the minutes related to items that needed to be put on the forward work plan – therefore completed.</p>	
9.	<p><b>Minutes and actions of last meeting – March 2023</b></p> <p>All agreed a true account.</p>	
10.	<p><b>Any Other Business</b></p> <p>For information: February 2023 - Leadership Group Minutes &amp; January 2023 NWRPB Children's sub-group minutes attached.</p>	
	<p><b>Dates of next meetings:</b></p> <p>Friday 12<sup>th</sup> May 2023</p>	