



Minutes of the
North Wales Regional Partnership Board Meeting
12th May 2023
9:30 am – 12:00 pm
via Zoom

Present:	Cllr Dilwyn Morgan (Chair), Alwyn Jones, Ann Woods, Catrin Roberts, Cllr Alun Roberts, Cllr John Pritchard, Dylan Owen, Estelle Hitchon, Ffion Johnstone, Fôn Roberts, Jenny Williams, Libby Ryan-Davies, Liz Grieve, Mary Wimbury, Meinir Williams-Jones, Michelle Greene, Neil Ayling, Roger Seddon, Sian E Tomos, Sue Murphy (in attendance for Ffion Johnston) Teresa Owen
Apologies:	Cyng Christine Jones; Cyng Elen Heaton; Cyng Liz Roberts; Dave Hughes; Dr Lowri Brown; Ffion Johnstone; Jane Trowman; Karen Higgins; Nicola Stubbins; Rhun ap Iarh.
In Attendance:	Joe Griffiths, RPB BST (agenda item 2) Neil Stevens, Sirius Partners (agenda item 2) Siobhan Gothorp RPB BST (agenda item 2) Sarah Bartlett, RPB BST (agenda item 3) Llinos Howatson, RPB BST (agenda item 5) Claire Waddicor-Evans (agenda item 6) Vicky Jones (agenda item 6)

Item		Actions
1	<p>Welcome, Introductions & Apologies</p> <p>The chair welcomed everyone to the meeting and apologies were noted as above.</p> <p>The Chair extended a warm welcome to the incoming Vice-Chair and advised the Members that the Vice-Chair would be Chairing the second half of the meeting as he was attending the funeral of the father of Gareth Roberts, past RPB Chair. It was agreed to send a letter from the NWRPB extending their condolences with Gareth and family.</p> <p>Ruth Whittingham was also thanked by the Chair for the years of dedication and service provided to the NWRPB and warmest wishes were extended to Ruth in her new role within the Workforce Team. A card and flowers to be sent to Ruth to thank her for her hard work over the years.</p>	<p>Letter from Chair</p> <p>CR & Chair to arrange flowers & card for RW</p>
2.	<p>Regional 10 Year Strategic Capital Plan (SCP)</p> <p>NS was welcomed to the meeting by The Chair.</p>	

JG introduced to the Board a brief snapshot into the 10year SCP. WG have released the Integrated Rebalancing Capital Fund (IRCF) - £180million over 3 years. Y1 already undertaken and funding split Y1 £50million; Y2 £60 million 3rd Year £70million. Part of the guidance re. funding is to develop a 10year SCP without undertaking 10 SCP, unable to apply for funding. Alongside the 10year SCP, there are prioritisation schemes that are required. JG advised that it's an all-Wales pot, meaning North Wales bidding against other regions. The final draft of the SCP needs to be with WG by end of July. It'll be a working document that'll be continually reviewed and amended as progression occurs.

NS presented the development of the 10 SCP. NS encouraged conversation from the presentation as it's evolving. Material is sought to refine the document.

Key points identified to date:

Greater scope for collaboration, largely due to the way WG has allocated funding. Excellent examples of collaborative schemes already in existence. Capacity and budget currently (capital and revenue) constrained. There are opportunities to develop N Wales wide projects to cover larger footprint, support repatriation to services closer to home. A strong need for new ways of thinking, for example use of digital technology, assistive technology etc.

All aware and committed to the main objectives ie keeping people safe and well as close to home as possible. Green Book approach new, requires support/training A general acceptance for the need for a new approach and the need to adopt a structured approach to prioritisation along with a general consensus of the benefits in greater collaboration to get the best value from the limited capital (and other) resources available. Availability of the right accommodation at the right time in the right location at the right cost seems to be an issue for most of the client groups

NS advised as to the background of the project as being:

To develop and implement a Strategic Capital Plan for North Wales, which comprised a 10-year view of the capital investment needs of North Wales infrastructure for the provision of primary and community healthcare in relation to the following groups:

- Children and young people.
- Older people.
- People with learning disabilities and autism.
- People with mental health problems.
- People with sensory impairments.
- Carers needing support.
- Women suffering violence and domestic abuse.
- As part of this plan North Wales will be bidding for the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) and other available funds in order to achieve investment needs.

The project timeframe was shared from beginning in February 2023 with the ground work meetings from workshops with key stakeholders' engagement; consolidation information out there; validating statements and recommendations etc investigation of council plans; capital strategies; with first submission first draft of NWRPB SCP to RCT by 17/07 with final version to WG by 31/7.

NS advised as to the Stakeholder Engagement that have taken place – one being a successful face to face workshop at Rhyl Rugby Club and on-going opportunities to engage.

Regional & National Context was briefly touched upon – framing SCP in context of the PNA 2022 and MSR 2022 and all relevant national Strategies that apply. NS advised members of the numbers and intelligence of where service requirements are.

From the MSR many common themes ie recruitment in Health and Social Care, not just compliant to Wales, but a global issue. Cost of living is an issue to affect everyone; Direct payments etc – all to be addressed with the SCP.

Awareness of many legislations and national policies for integrated care and support together with a vision and associated requirements to be had on the direct implications for Capital Plans and investment. The methodology is to bring all to one place.

NS stated that the thought process is that all will be in agreement with areas covered correctly from Learning Disability to Dementia services.

Awareness of other sources of capital funding – ie level of capital expenditure within Local Authorities with forecast capital spend in 2022/23 amounting to approximately £420m. Of this total about two-fifths is spent on housing and social services (on average approximately £28m per authority).

Cap-ex at BCUH for the three years to 2021/22 amounts to £108.899m and comprises:

- 2019/20 £25.714m.
- 2020/21 £35.587m.
- 2021/22 £47.598m.

However, most of cap ex is dedicated towards the provision of secondary care.

Together with Capital Funding being sourced within the RBP SCP to include £180m made available through the IRCF for the whole of Wales for the years 2022/23 through to 2024/25. On a pro-rata population basis, the Region could expect to be able to access £45m. This, combined with established funding availability within the amounts outlined below represents a material increase in capital funding provision. Additionally, there is the HCF funding of £14.2m pa to 2025/26 which should also be factored in.

Opportunities to work more collaboratively across the region in order to maximise funding allocation. Between LA's and other sectors (e.g. third sector, housing associations, private sector, etc.); between LA's and neighbouring / adjoining LA's. Collaboration between LA's and BCUHB and vice-versa. The scope for collaboration for integrated working here is an opportunity to be exploited more fully in the light new funding arrangements within the community care sector. BCUHB can bring a lot of expertise, shared resource and capacity to the table here.

North Wales regional collaborations. There appear to be opportunities in this area which need to be explored, e.g. repatriation of profits / placements, specialised services, etc. NW regional collaboration allows repatriation of people back into Wales from across the border or from South Wales to North Wales and needs to be considered. All of the above opportunities need to be more fully explored.

General Areas of Opportunity

Digital service transformation and modernising services through its wider implementation is one area of opportunity.

Systemic challenges across the region - looking at a 10year plan is helpful. The ask is bigger than the sum available, however, hopeful that by setting out what's needed over 10 years, it will help influence WG allocation of funds. If collectively as RPB's we can present with WG the demands – it can only assist with the forming of future capital plans.

Hubs we've discovered have slightly different account of what a hub is / can deliver. Need to be mindful of the language used.

Non-discretionary funding is where we need to spend money to meet legal compliance ie somethings are not optional as stated by Law. This may reduce funding available for discretionary spend.

An important part is revenue spend associated with Capital investment which cannot and should not forget.

BCUHB facing many challenges currently one being the organisation currently in special measures.

The Health Board manages over a capital asset infrastructure which has the following many challenges such as:

ageing hospital infrastructure which is expensive to maintain together with the retention of a large maintenance backlog.

Risk- based approach to investment has absorbed considerable routine capital expenditure.

The need to retain major buildings whose future use and funding has not been fully determined / resolved e.g. The Royal Alexandra Hospital. The need to clarify concept of "community hubs" in the context of existing community hospitals and proposed integrated development; along with affordability of potential schemes (ie Bangor hub) that is larger than the sum available from the current funding round, with a significant revenue.

NS also covered many priority workshop themes that were highlighted namely from a BCUBH perspective that the primary care infrastructure needs improvement to meet new service delivery models.

LA's raised the recognition of the need for investment in more specialist nursing and MH provision along with extra care housing and supported living schemes being progressed in a number of areas. The repatriation as seen as essential area for prioritisation. Some authorities have no children home provision; together with rebalancing an independent sector vs public sector services.

RSL's committed to working in partnership; they are experts in providing right accommodation at the right place at quality to meet demands however funding streams don't marry behaviours.

Along with general observations being the need to evaluate options in respect of North Wales-wide schemes and the opportunities these may provide was highlighted in most workshops; in addition to the working relationships between partners could be strengthened to the mutual benefit of the region as a whole. To this end a working collaborative framework would be beneficial.

Unique local requirements were covered from findings within the PNA / MSR themes eg population changes are increasing care needs, complexity of needs and

support needs for carers along with differences across the geography in terms of levels of health need / relative levels of deprivation and well-being (e.g. Wrexham v Ynys Mon)

Several unique local requirements were covered around geography and culture were including; transport challenges that vary across North Wales; the Welsh language provisions within areas; repatriation of 'out of area' cases issues among many others.

A structured approach to prioritization was presented covering that given the demand for capital will exceed the capital available by a significant margin, a structured and transparent approach to prioritisation will be required, along with a robust approach to governance; together with an evaluation tool that has been developed to be showcased at a workshop on 8th June.

Looking ahead, NS advised the next steps feedback greatly welcomed. NS wanted it noted that members and representatives to communicate with key members within their own organisations. Further information could be asked for should blockages arise. Governance to be developed – with multiple organisations, different financial structures and decision making processes – how will joint governance working look like. Investigate process for ongoing reviews and update of the SCP.

Development of the 10year SCP; strategic Context; Existing Health and Social Care Infrastructure together with Strategic Priorities for Investment in progress and on track.

The Chair thanked NS for the concise and straightforward presentation information and providing us with a complete overview.

MW responded to the presentation by stating that

- a discussion has been held with NS and JG prior – and wanted the Board to be made aware, firstly MW had not realised until the conversation had with NS & JG that digital infrastructure can be included in Capital spend. Developments that are happening elsewhere in the UK are beginning to demonstrate, ie monitoring equipment for reduction staff time together with making things better for those receiving care both at home or in care homes. MW seeking thoughts on how we take this forward.
- MW's second point being the area of capital developments in terms of care homes and care sector and those will have ongoing revenue costs as well. MW's concern is how to ensure a balanced and level playing field with existing providers in terms of those revenue costs ie staffing. Will it undermine existing provision?
- EH queried the possibility of receiving the slides. In terms of MW's comments, the focus of capital funding, whatever pot it comes from in the future is going to be at a premium, therefore a compelling case for care in North Wales –having an integrated approach to get to where we need to get to. North Wales needs to demonstrate we can work cross boundary / cross organisation we are all serving the same population with the same needs. Remote monitoring is something WAST currently investigating – remote triage through video eg. to see if ambulance needs deploying or different clinician or referral elsewhere.

	<ul style="list-style-type: none"> • RS enquired re. developing future governance is key to the whole programme. The delivery of the project requires a good standard of project management. Any thoughts in the strategy towards a common project management model. • NA added importance we all input into prioritisation process and get the 10 year right for North Wales. Capital investment is hugely important and the benefits of that in FCC can be seen and the challenges when not achieved. Ref MWs comments re balance right, agree we all need to work in partnership, in FCC we believe we need a publically led provision and often the case due to other sectors being strained and fragile. • NS addressed the points made re digital use by staff is an opportunity ie another client are introducing real time asset tracking on person /device – wherever it goes ie bed / mattresses etc – save nurses’ time in chasing and more time given to care. Also, using same technology by using tag on ambulance equipment ie defib, trolley from ambulance into hospital – to ensure that knowledge of the device, saving time, service become more effective. • In response to RS’s comment re an approach to project management – a design of similar work undertaken by Powys University Health Board on project management in the past – NS and team have experience in the area and recognises a common approach to project management. • NS highlighted the future process required and pathway to be undertaken to encourage all where there are workshops – attend or send team members; if people can’t or won’t engage with the work, we’re giving all the opportunity to do so at this stage and will present back adding that we’re listening to what’s been told and new recommendations / structures that can add value. <p>JG in a closing statement added that the slide deck will be shared for comments and review. WG to be approached for extension. Feedback by Weds 17th May. Submission to WG 19th May.</p> <p>Re. 5 case model, Government funding available regionally has had not as robust an application process; not as complex. 5 stages will go through context of the scheme; why it’s needed; look at strategic policy; affordability etc. We will look at things will be delivered / evaluated – being key to the investment and funding available and approach that WG are taking.</p>	<p>Slide deck to be shared – JG/EMY</p> <p>Review / comments by 17/5– ALL</p>
3.	<p>RIC Hub Q4 2022-23 update report & RIC Hub Annual Report (to include an update on the PNA)</p> <p>JW introduced the three reports before the members. The developments undertaken by the Regional Innovation Coordination Hub (RIC Hub) along with plans moving forward. SB and the Team have worked hard and as a relatively new service in North Wales – the work undertaken on behalf of the RPB is invaluable.</p> <p>SB added that three reports requested by WG reflective of last year and forwarding looking for the next year. A summary was provided of the key points from all of them as there’s an overlap between the three.</p>	

The aim of the RIC Hub is to coordinate health and social research innovation and improvement activity in North Wales together with providing information to assist work of the RPB. Team funded by WG.

- In the last year, the RIC Hub focused on supporting evaluation of the Regional Integration Fund projects and assist setting up performance measures and plans to evaluate, in particular story collection and identifying case studies of working taking place.
- Smaller scale evaluation of new ideas by supporting an evaluation of the community capitalist micro care projects also undertaken. The use of the RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities) devices have been used which offers digital reminiscence therapy in the fields of nursing and healthcare.

Once evaluated, we use the evaluation to promote good ideas and try and share good practise across the Region. The RIC Hub have supported the work of the new Digital Data and Technology Board(DDT), by hosting workshops and developing the work programme therein. Mapping projects already taking place across North Wales in DDT also undertaken. Report to be provided at future RPB meeting.

- Working closely with the Developing Evidence Enriched Practice (DEEP) based in Swansea and Bangor University to improve ways we collect, talk about and use research evidence including story telling methods, collecting evidence and method called Community of Enquiry where we reflect on evidence we've gathered to support the work of the RPB to develop the Children's Sub-Group.
- Supported regional programmes with search to identify research evidence about topics working on eg digital inclusion; children who do not attend school; young carers of adults with mental health issues. We produce search on request but began publishing blog posts on some to a wider audience to find the research ad findings on these topics.

The RIC Hub looks at data to coincide with the PNA; as the 2021 Census data began being published the production of reports about initial results for North Wales including demography and equalities data and producing more topic reports as the information becomes available.

Working closely with other RIC Hubs (all based within the other RPB's) as well as three national leads; sharing of ideas; promotions via Twitter account, mailing lists sharing information about Research and innovation in Health & Social Care.

The next 2 years' plan, will build on the successful focus on children and young people pilot – work undertaken with the RPB Children's Sub-Group pulling together an evidence pack about specific topic, meetings following to discuss the information gathered. Next topic is Early Years.

Continue support work of DDT Board undertaking mapping work and helping shape work programmes.

Share findings from evaluations already completed and use the same approach to rapidly asses more projects – so that we can promote successful models. Exploring ways to store collection to learn from what works and improve H&S Care services.

	<p>The RIC Hub will continue to support innovation and promote what works; involved in the new NW Innovation Network as well hosting a collection of good ideas on our website where people can share pieces of work / research etc. Continue working on data / intelligence for the RPB and RPB Children’s Sub-Group including improving systems, continue to work on the Census 2021; analysis and production of regular topic reports.</p> <p>Continue to improve evidence by promoting support available from our specialist librarian. Working closely with SCW and DEEP programme for use of evidence in Social care.</p> <p>The RIC Hub team is to support the work of the RPB and wider programmes with research and information.</p> <p>The Chair thanked SB for her concise and efficient report. Understandable and storytelling of people is a way to understand information and their experiences in a simple way as opposed to data and statistics etc.</p> <p>The Chair questioned from consistency perspective across the region, who are the community navigators – SB added many community navigator projects across the region and the story relating to ‘Graham’ means that many agencies could be involved and come under the umbrella of Community Navigators.</p> <ul style="list-style-type: none"> • TO voiced her positive thoughts of the theme of storytelling. A question raised re sharing of the information via the 7 RIC Hubs and how the three National Leads work. SB responded three National Leads based at Public Health; Felindre and Wales Ambulance to promote within their organisation. All hubs meet regularly to share information and each HUB produce an Annual Report. SB offered to pull together a list of the AR and share for further information about National happenings. • ST questioned if the Hub collects research similar to a ‘library’ as an access point for all, such as funds where evaluations have been made, interesting research that sometimes get mislaid. SB confirmed the RIC Hub have set up an engagement database on the website – whereby sharing pieces of research / engagement activity. <p>The Board approved unanimously the Reports for submission to WG.</p>	<p>SB to share other Wales RIC Hub Annual Report</p> <p>ST to share report with SB</p>
4.	<p>North Wales Regional Commissioning Board (RCB) Update AJ thanked LIH for putting the report together.</p> <p>The RCB supports and underpins the development and practice of strategic commissioning across Social Services and Health in both Adults and Children’s services in North Wales identifying best practice and providing a consistent strategic approach across the region.</p> <p>Children and Young People Placement Commissioning - Local authorities are in the process of updating their Placement Strategies within the context of WG’s programme to eliminate profit from Childrens social care.</p> <p>The Workforce Board are working on the workforce implications seeking to recruit residential care staff.</p>	

Awaiting outcome of WGs consultation on proposals relating to the eliminating agenda, and sustaining a stable and sufficient residential market within this period is a live risk that we would suggest is included on the risk register for the NWSCB.

Operating Without Registration - insufficient placement capacity is demanding a number of LA's set up immediate bespoke arrangements to support children where no registered placement can be sourced. This is a national issue, and a Task and Finish Group has been established through WG address.

Continually receiving referrals under the National Transfer Scheme for unaccompanied asylum-seeking children. Whilst referrals have slowed over the winter, we anticipate an increase in cases as we move through the Spring.

4Cs Board Work Programme has identified the priority need for improved sufficiency and the right profile of provision to meet demand.

Amendments to the printable tender responses page for local authorities
New regional role for RPBS to access regional data.

Re. the new price amendment on CCSR for 2023/24 - negotiations on-going with some providers who are requesting uplifts that exceed those anticipated. Once these have been received and agreed, 4C's will update and share with all local authorities.

The 2023/24 Fees Group consisted of representatives from Finance and Commissioning colleagues from all six North Wales Local Authorities and the BCUHB. Care Forum Wales did not feel able to contribute to the 2023/24 fee setting process.

At the request of Directors and Section 151 officers the Fees Group has agreed a single recommendation for the 2023/24 fee rate.

The Regional Care Fees group recommendation was signed off by the Regional Commissioning Board in November 2022 in preparation for the LA's 2023/2024 budget setting process.

Moving forward the Regional Fees Group have begun discussions about the fee setting for 2024/2025 and to understand the appetite for a regional fee practise.

The final version of the North Wales Pre Placement Agreement was signed off by the Regional Commissioning Board in April, with an implementation date planned for 1 September 2023. Work is now underway in planning and organising the roll out of the agreement and ensuring that providers have the opportunity to review and consider the document.

The RCB signed off the final version of the The North Wales Escalating Concerns Process titled Quality Services: Delivering what Matters, for commissioned care and support services for children, young people, and adults in April 2023.

Work is progressing well with a group of partners across all LA's and BCUHB contributing and moving the renewal of the North Wales Domiciliary Care Agreement (effective from 1st April 2025) project forward.

	<p>The Market Stability Report was published in November 2022, after considerable work was undertaken throughout the summer of 2022. There have been some lessons learnt from producing this report and the MSR and Population Needs Assessment working group have started meeting again.</p> <p>Forward Work Plan 2023/2024 A forward work plan which will feed into the Regional Partnership Board’s forward work plan currently being scoped, ensuring that the commissioning work is linking with other forward work plans.</p> <ul style="list-style-type: none"> • MW responded that as CFW is specifically mentioned in the Report, the Board should be made aware that CFW wrote in 2022 to each LA, BCUHB & RCB why CFW withdrawing from fee setting process. Reason being due to being encourage to encourage provides which we did, to put significant amount of effort to sharing their costs, remembering still in pandemic mode and stretched. MW had discussion with David Soley, Chair of Fees Group re. next years’ process and discussions on-going and hopeful for a resolution that’s sustainable. • CFW mentioned under preplacement agreement, advice from responses on the preplacement agreement – the PPA now agreed by the RCB. CFW could not support and outstanding queries not responded to. • MW eager that a resolution on the way to work in partnership and make things work for people of North Wales who need registered care is reached. <p>The Chair echoed that Partnership work is the way forward and respond to strengthen relationship between all partners.</p> <ul style="list-style-type: none"> • LG questioned the consideration or formal impact assessment on self-funders in all care cases in terms. AJ not aware the consideration of specific exercise on self-funded. It is an area probably worth considering and noting number of self-funders in wales are reducing due to the threshold lifted and also reduces pressure. The scope for such consideration as it could be wide and need to be careful – LIH & AJ to feed to David Soley. <p>FR wanted to draw to the Board’s attention to a meeting held with the National Transfer Scheme co-ordination Team and the staggering outcome was with the improving weather means rather than receiving one at a time, we will have two. The Chair requested an update as to the developments. Possibly set up a monitoring Board. FR added information and evidence regionally and will update the RPB.</p>	<p>LIH to progress with DS</p> <p>FR to update on situation July 2023</p>
5.	<p>Step Into Work Update</p> <p>LIH provided an overview of the regional programme funded by the Regional Foundation Economy for 2 years and have recruited a Step into Work mentor. Working initially with BCUHB Step into Work adult volunteer programme, it was decided to tailor the programme to Social Care predominately. Taster to Care is the new name and process more streamlined.</p> <p>LIH explained how participants undertake a welcome session; video shown from WeCare campaign; some e-learning modules undertaken specifically to Social Care</p>	

	<p>Wales induction framework. Once completed, with pre-employment checks ie DBS, references; undertake a 4week placement.</p> <p>Step into Work mentor has gained contacts from arranging and attending events; DWP colleagues; JobCentres, linking into LA with employability Workstream. Recruitment happening through jobs fairs, recruitment events; local job centres ‘speed recruitment’; newsletter ie DVSC etc.; tapping into Charitable sector.</p> <p>To date, circa 27 care providers signed up to the programme.</p> <p>From Taster to Care session up until the end of March 2023, 5 participants potentially went through placement with 4 finishing and securing work in the area of social care. Welcome sessions held in April and currently 7 participants going through clearance prior to starting journey into social care.</p> <p>Numbers are increasing as programme embedding.</p> <p>A risk is people are not engaging following on from the welcome session, the risk thereafter is they drop off, no interest or relevant documentation.</p> <p>WeCare is a campaign and a programme trying to entice individuals into the care sector. Mared, Regional WeCare coordinator participates on the Welcome Sessions and works alongside Rebecca, TtC Mentor to promote campaign and now programme as part of her workload. Step Into Work BCUHB programme, even though similar, a placement provided and ready to work on the bank within the health sector. Currently that luxury not in place for social care as yet, continue to work with their programme providers for individuals who want social care sector care as opposed to health.</p> <ul style="list-style-type: none"> • MW questioned about the similarities between work Social Care Wales undertaking through the WeCare programme and Taster to Care. Any learning from that programme and any differences? LIH responded by advising of the similarities to both programme, but no hands on work placement in the role. Mentor links with Job Coaches, referring to staff for hands on care. • AW to link LIH & FLVC staff as a programme started in 2020 within FLVC re supporting / volunteering into health and social care sector. <p>The Report was accepted by the Board.</p>	<p>AW to link up with LIH</p>
6	<p>BCUHB Update</p> <p>Carol Shilabeer is the interim Chief Executive and has an appetite to work with the RPB as well as having extensive knowledge of RPB’s and has Chaired and the Powys RPB in the past.</p> <p>TO advised that the Chair and Welsh Government representative will be present at the NWRPB meeting in June to update the members.</p> <p>The preparation of governance papers well underway.</p> <p>Independent Board members held a workshop with WG; Executive Directors and Independent Advisors which assisted in moving forward prior to the June update.</p> <p>Re. the work with Air Ambulance Services; engagement work currently undertaken and on-going. Big piece of work to review the base / site of Air Ambulance. Events</p>	

	<p>happened in Bangor, Dolgellau, Pwllheli, Tywyn, Colwyn Bay and Wreccsam with virtual sessions held too. Further information to follow in future.</p> <p>The difficult decision to close Ysbyty Tywyn temporarily due to staffing issues only. It has a knock on effect on inpatients – patients in the beds are the concern. Outpatients remains open. Steps being taken to encourage services in the Meirionydd and Dolegllau areas – with staff in Tywyn not enough capacity for. TO reiterated that is it a temporary closure only. Excellent work engaging with partners, Councillors in the area etc. and a recruitment drive happening with long term work with linking in with the Nursing School in Aberystwyth University. Interim measures to assist Ysbyty Tywyn being investigated in a meeting during May.</p> <p>BCUHB currently working on a Quality Strategy, currently have one in place, but out of date during the pandemic and that took precedence. Work happening in 4 stages: preparation – May/June; engagement – June/July; refining – Sept/October; Approval – November/December. The Chief Medical Officer and Senior Nurse to develop the work along with Chief Therapy Officer.</p> <p>Work undertaken and moving forward on improving access to mothers and baby services - Perinatal Mental Health. BCUHB have worked with NHS England – to provide 2 beds for patients at the Countess of Chester for pregnant mothers with intense mental health needs. Acknowledge not in Wales, but the model of work, 2 beds are all we need, and mothers currently have to travel to Manchester, Birmingham, Nottingham or Swansea.</p> <p>As a Gwynedd Cabinet member, the Chair voiced his thoughts as the ethos of the RPB is partnership working and wanted to acknowledge Gwynedd CC staff co-operating with BCUHB in the Tywyn area to ensure that the most vulnerable in society obtain services; and wanted Board members to be aware of the excellent co-working happening in the local community. TO added her thanks to third sector representatives too for their support in encouraging volunteers for their involvement.</p> <p>EH took over Chairing the 2nd half of the meeting</p>	
7	<p>T4MH Strategy</p> <p>VJ presented to the Board the finalised version of the North Wales Together for Mental Health Partnership Board to cover the interim period for agreement.</p> <p>The North Wales Together for Mental Health Interim Strategy has been produced following four co-production workshops held from September 2022 to February 2023, each attracting an average of 65 people from across the region.</p> <p>Representatives from partners and stakeholders from across the system including health and social care, public, private, third sector and of course our people with lived experiences, families and carers were present – identifying key areas and challenges that participants identified as important and these have informed and shaped the vision, values, principles and strategic priorities set out.</p> <p>The priority objectives were presented with each strategic priority having a set of delivery objectives that will be used to facilitate the development of a robust co-produced delivery plan for this interim strategy.</p>	

	<p>Progress includes the Draft Strategy along with the Delivery Governance Framework Option being approved by the North Wales Together for Mental Health Partnership Board on 21/4/23. Communication and Engagement Plan being co-produced and the Equalities Impact Assessment has been drafted and being reviewed by the BCUHB EqIA Stakeholder Group.</p> <p>VJ thanked all for involvement in the process to date. A collective effort.</p> <p>The strategy will only start to deliver its vision and priorities once it's being implemented and being translated into practical operational activity. Key initial critical success factors have been set out within the strategy informed by feedback from the last RPB.</p> <p>There will be a range of critical success factors that will facilitate the successful delivery of this strategy.</p> <p>Two options of Delivery Governance Framework which is fit for purpose were presented to workshops – and the Option undertaken was presented to the RPB together with the next steps of the Interim strategy with the launch of the strategy on the 1st June along with implementation of Delivery Governance Framework at the same time.</p> <p>RS congratulated and commented on the use of critical success factors used in partnership working.</p> <p>TO added a vote of thanks to the whole team, partners and all for their role in bringing the Interim Strategy into being. Progression is needed prior to the National Strategy coming into force.</p> <p>ST wanted an understanding of the work once the 10year National Strategy comes into force and with such good work in North Wales, it should not be lost. VJ responded adding that WG received methodology used, looking at learning how it's been produced and the co-production aspect. Principles starting to come through which are mirrored within the Interim Strategy and an opportunity to influence National Strategy. Consultation due November 2023, and continued discussion to showcase what's been achieved.</p> <p>The Board approved the North Wales Together for Mental Health Interim Strategy and CWE & VJ thanked for their hard work by the Chair.</p>	
8	<p>RPB Annual Report 2022/23</p> <p>CR update and advised the Board that as of Part 9 of the Act that all RPB's prepare, publish and present an Annual Report by the end of June.</p> <p>The purpose being noting work undertaken and developments. It's also an opportunity to reflect how the Board have responded to the principles of the Act.</p> <p>The NWRPB 2022/23 Annual report close to completion and CR to disseminate with members for comments/suggestions and should any wish to discuss further to contact CR.</p>	<p>CR to share Annual Report for</p>

	<p>Once all comments received, the final version to be presented to the June RPB meeting to approval to be sent to WG by end of June.</p>	<p>comments – ALL</p>
<p>9</p>	<p>Welsh Community Care Information System (WCCIS) Q4 CR advised that WCCIS is an all wales system for Health & System care to enable H&SC staff to deliver a more joint up system using one system and shared electronic record.</p> <p>Only 4 North Wales LA using WCCIS currently – also, being used within some part of BCUHB. The WG allocation of grants in North Wales is £320,000 split between 6 LA’s & BCUHB.</p> <p>A requirement by WG is to produce a report on every grant received and the Q4/Year End monitoring report was presented in the meeting pack demonstrating the spending of the funds.</p> <p>RS queried the funding allocations, DCC received £20k and no monies spent, therefore is that £20k handed back to WG as being expended. CR explained and advised that DCC is one of the LA currently not on WCCIS as they have their own system in place. The original allocation was to support some work to see whether DCC wanted to go on WCCIS – subsequently decided not to so for justifiable reasons. Therefore, an underspend and now back with WG.</p> <p>TO requested to know what plans are there moving forward. This was originally a development to be rolled out across Wales – the report showcases where we’re at currently. CR responded that a National review of WCCIS circa 12/18 months ago, when 2022/23 fund providing originally gave for 6 months to allow consideration of outcomes of the review and decide how to move forward. Subsequently funding was extended for the whole 2022/23. This years’ allocation only provided for Q1 initially, and hopefully extend to Q2. Reasoning being Options paper to be considered by Ministers on the future of WCCIS.</p> <p>Options being completely new system altogether; new version of WCCIS; or potentially write own system. The future of WCCIS undecided as yet. The hope is by June, feedback from Ministers will be received from Options paper on National future of WCCIS and consideration for a regional response thereafter.</p> <p>AJ added that the likelihood of change to not happen until circa 2025/2026/2027 regardless of outcomes.</p>	
<p>10</p>	<p>Regional Area Plan – Delivery Plan CR briefly presented and advised that it’s required of every RPB to have a Regional Area Plan for 5 years. The North Wales Plan agreed in March 2023, since forwarded to WG and published on the NWRPB website. To support the plan, we need to develop an Annual Delivery Plan which will provide what we’re to undertake over the next year. Whilst the Regional Area Plan itself rather Strategical, the Delivery Plan leans towards being Operational.</p> <p>A draft version was discussed in March 2032, and comments thereafter now appear in the Plan. CR clarified that under the Accelerated Cluster Development heading, PCPG this stands Pan Cluster Planning Group.</p>	

	<p>CR mentioned that the RPB will be updated very quarter on progress to date on the Plan.</p> <p>All members agreed the Delivery Plan.</p>	
11	<p>Minutes and actions of last meeting – April 2023</p> <p>NA reminded the need for an RPB to act as Regional Autism Champion. All agreed a true account and actions completed.</p>	
12	<p>Any Other Business</p> <p>RS raised the question following January RPB re presentation from LLAIS advising of their role. Since the inception in April, it would be good to learn more re relationships with RPB as the consultation documents shared mentioned specific collaboration point via RPB and LLAIS. CR confirmed LLAIS meeting with LG end of June for one discussion for the region and will attend RPB meeting potentially in July.</p>	
	<p>Dates of next meetings:</p> <p>Friday 9th June, 2023 – location to be advised</p>	