



BWRDD PARTNERIAETH RHANBARTHOL
GOGLEDD CYMRU
NORTH WALES
REGIONAL PARTNERSHIP BOARD

Minutes of the
North Wales Regional Partnership Board Meeting
14th July 2023
9:00am – 12:00 pm
via Zoom

Present:	Cllr Dilwyn Morgan (Chair), Alwyn Jones, Caroline Tudor-James; Catrin Roberts, Cllr Alun Roberts, Cllr Chris Jones, Cllr John Pritchard, Cllr Liz Roberts, Craig McLeod, Darren Murphy; Dylan Owen, Fôn Roberts, Jenny Williams, Mary Wimbury, Neil Ayling, Neil Rogers, Nick Lyons, Nicola Stubbins, Rhun ap Gareth, Roger Seddon, Sian E Tomos, Teresa Owen
Apologies:	Carol Shilabeer; Estelle Hitchon; Ffion Johnstone; Libby Ryan-Davies; Liz Grieve; Neil Ayling; Paul Kay
In Attendance:	Dylan Roberts, Chief Digital & Information Officer, BCUHB (agenda item 2) Natalie Pryor, RCT (agenda item 2) Joe Griffiths, RCT (agenda item 4) Jo Flannery, Acting Associate Director Primary Care (Strategy), (agenda item 5)

Item		Actions
1	Welcome, Introductions & Apologies The Chair welcomed members and guests to the meeting and thanked all that attended the face to face meeting. Caroline Tudor-James, CEO, Rainbow Foundation and Darren Murphy, St John Ambulance were welcomed as incoming 3rd sector representatives. Meinir Williams-Jones was thanked for her hard work as a 3 rd Sector Representative over the past couple of years.	

2.	North Wales Data, Digital and Technology Board (DDaT) Dylan Roberts provided an update on the progress of DDaT Board work programme to RPB members. Two workshops were held with health and care stakeholders in 2022 A working definition of DDaT was agreed. Partners provided their individual perspectives, context and challenges to ensure a shared understanding.	
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A shared vision was defined that DDaT is used well by people and practitioners to enable integrated, seamless services and improve health and wellbeing in North Wales.

Four priority areas of work were identified;
Getting the basics right,
Innovation,
Digital inclusion,
Integrated health and social care record

Four workshops held by DDaT with stakeholders. The outcomes of the first two workshops in 2022 were;

1. A working definition of Digital, Data and Technology was agreed.
2. A shared vision was defined that Digital Data and Technology is used well by people and practitioners to enable integrated, seamless services and improve health and wellbeing in North Wales.
3. Four priority areas of work were identified to achieve the vision: getting the basics right, innovation, digital inclusion and integrated health and care records.

The outcome of the second of two workshops in 2023 were;
Agreement to adopt Centre for Digital Public Services - Digital Service Standards for Wales by all regional partners. The standards provide a framework to ensure a consistent approach to delivering the vision and priorities of The Board.

Identified lead officers for each priority to scope and develop a programme proposal

Agreed a scoping and engagement plan. Including a communication plan and an online presence on the Regional Partnership Board website and inclusion in the Regional Innovation Coordination Hub Annual Report.

Digital Data and Technology is part of the 10 Year Capital Plan submission to Welsh Government to influence and direct the allocation of funding of the Health and Social Care Integration and Rebalancing Capital Fund.

To date, actions completed by the DDaT Actions completed to date are:

- Closed workshops
- Established Board
- Established two priority working groups
- Started priority scoping exercise

To happen in the next reporting period:

- Add commitment to digital projects to the strategic capital plan.
- Plan and undertake consultation and engagement workshops with workforce and people with lived experience

- Consider research, evidence and feedback to develop a DDaT plan for North Wales
- Active Directory Integration of Microsoft Teams across health and care organisations
- Establish additional priority working groups

MW focussed on technology into care homes. NW now has an opportunity that goes beyond only records. Use of technology during Pandemic highlighted the means and use of communications of loved ones etc. Wider opportunities ie rather than check on people during night, technological solutions among others could be used to improve care; it could possibly assist in retention and recruitment of staff. Any DDaT welcomed to assist in making carers workload conducive.

If funding could be accessed for commissioned providers to look at DDaT solutions would be positive and important steps forward.

Re. records, Registered Care providers in England & Scotland have access to NHS email addresses easing transfer information between eg. pharmacies securely and information transformation. CFW pushing in Wales for similar as it working well in both those Countries.

RS queried the diagram describes how the programme is going to work. In the presentation, the diagram suggest you have the workstreams which are separate programmes within the portfolio – given the resources available and staffing issues, it would be useful to set up a centre of excellence with the possibility of contributing to sorting out a common approach to problems faced. Provide standards, processes, management assurance and even training.

Dylan Roberts responded re NHS email address with care homes, this is something the DDaT Board are currently investigating.

Many basic aspects could implement into care homes around potentially a 'portable' video type technology to connect families etc; already looked at following evidence rudimentary piece of work undertaken as part of the Innovation strand looking at examples of where remote video calls can be done from care homes to avoid ambulance called out. The need to set up an infrastructure at the hospital end to deal with such incidents.

Many ideas investigated to manage expectation.

Dylan Roberts agreed with all of RS comments – however, we have to recognise fact that we have NP & SB of the RCT providing excellent support around the programme – need to bear in mind only NP & SB have other roles to undertake. Linked in with NP & SB re using a consistent (not to the level of a fully resourced centre of excellence) and looking at what we can bring in terms of at least a common set of processes and documentation

and ways of working around project and portfolio management. Level of standardisation to be introduced.

If funds are secured, part of the business case will incorporate requirements to deliver the project too. Securing would ensure raising the level of excellence. Practical version undertaken currently with current resources.

CM welcomed the ambitious programme of work. The presentation in 4 key areas was easily understandable. Two areas of clarification required, importance of Digital Service Standards for Wales and all partners to adopt - a) are “all partners the 6 LA and Health” or does it include other regional partners eg; NW Police; b) timeframe to adopt and meet the standards – as underpinning the Programme.

Dylan Roberts responded stating that any of the projects, the starting point for any of the projects will be undertaking looking to apply the standards. Dylan Roberts reiterated the Standards to the members.

DO mooted moving forward, care, telecare, robotics is pivotal in the future of providing care in the community. The use of bi-lingualism here in NW is of importance – digital inclusion and innovative in health and social care in the community ie Fitbits; Alexa etc. currently not available in Welsh.









DO added the digitalisation of telephones and the concerns re telecare etc, individuals’ telephones would not work if the electricity supply is lost – how much co-working with telephone companies etc. that they ensure continuation.






Dylan Roberts responded adding that the Welsh language is critical and important and within the Digital Service Standards agreed to adopt, the Design Standards notes that the design services will be in both Welsh & English. Dylan Roberts acknowledged concern re capabilities of some technology to delivery Welsh medium provision.

Fortunately, now more and more technological innovation means items such as Alexa eg can accommodate use of the Welsh language.

Dylan Roberts confirmed that currently not looking at analogue switch off currently. For all sorts of reasons not just telecare, challenge about everything is going digital, we might have risks in terms of some systems; dependent systems etc. no longer working. As yet, not investigated here in North Wales. Could have a discussion at a later date in the “discussion to get the basics right”.

AJ mentioned WCBC have used WWCIS which has been highly problematic – should we seek the opinion across North Wales – possibly adopt an all Wales – or focus in North Wales alone initially.

	<p>Dylan Roberts agreed with AJ's comments and added that CR has been working with the WCCIS Team from DACW – unsure as yet to the recommendations and talking with teams currently and when we know the results, return and update with the options and what we think as a Digital group is the best way forward for us in North Wales.</p> <p>The Chair thanked Dylan Roberts for his report and looks forward to an update in the not too distant future.</p>	
3.	<p>Further, Faster (FF)</p> <p>CR advised members that since early June, no concrete update received. Letters sent to LA's & HB's but nothing firm re. funding. Unsure as to what's happening but keeping an eye on development and any updates will be brought to a future RPB.</p> <p>Dr NL added that FF high on BCU Agenda to support.</p>	
4.	<p>Strategic Capital Plan (SCP)</p> <p>Joe Griffiths advised that the SCP document progressing well and currently on track for submission of the draft to WG for the 31st July deadline.</p> <p>Prioritisation Process: Following workshops, the RCT considered feedback received and reflected within the roll out of the Stage 0 prioritisation form. The RCT along with Sirius Partners will be undertaking prioritisation assessments over July and August.</p> <p>Following the completion of the prioritisation assessments at the end of August, the RCT will provide each sub - regional area team with a document providing feedback on the outcome of the prioritisation process.</p> <p>RCT to submit endorsed capital Prioritisation to WG by 31st October deadline.</p>	
5.	<p>Accelerated Cluster Development (ACD)</p> <p>Jo Flannery presented to the board an update on the ACD.</p> <p>ACD provides the mechanism and the infrastructure to support integration 'at place'</p> <p>The primary care component of place-based care, and as such, it is key to:</p> <ul style="list-style-type: none">  Fully embedding the Primary Care Model for Wales  Providing 'care closer to home'  Organising primary care to support delivery of place-based care  Enabling a focus on population health and well-being <p>Achievements to date were shared with the members as well as current activity that:</p> <ul style="list-style-type: none">  All Pan-Cluster Planning Groups (PCPGs) have had their inaugural meetings – although some challenges with maintaining momentum and pace  Cluster maturity matrix shared with Cluster teams to support development  Maturity matrix for PCPGs being developed and will support development at strategic level (Further Faster)  Service Gap Analysis template developed and shared with Professional Collaboratives – results will feed into Cluster Plans 	

-  Evaluation of current cluster funded projects commenced
-  Workshop to explore value and benefits of delivering primary care at scale through development of CICs / Federations
-  Reviewing offer to Cluster and Professional Collaborative Leads to ensure consistency
-  Cluster planning and funding principles agreed
-  Cluster planning timeline adjusted to ensure alignment with key partnership and Health Board planning dates

Further accelerating pace in North Wales was explained in the presentation together with the roles of the PCPG's and its purpose within the new Integrated Health & Care System.

RS noted his support of the ACD Programme however still many issues to resolve as explained to other members.

JF responded that his highlights that still work to be done ie, Practise Managers, Community Councils etc – operated at level of Engagement within the HB and LA's previously and now need to be out in the communities. Cluster working is possibly a way forward.

Investigating how to develop the Engagement Strategy – leads of ACD working to support the programme – JF invited RS to have conversation as well as conversation with LLAIS.

AW questioned re. presentation that all funding need approved by the PCPG's – what is meant by all? JF explained that it's Capital Programme / RIF / Cluster programme and should any funds through rebalancing Care – they are channelled via RPB sign off.

MW questioned how to engage with ACD engagement and registered providers. MW delighted Social Care not forgotten. Concerned about right level of engagement with registered providers who are providing those services whether at home or within home.

JF's response mooted the expectation from WG to set up Social Care collaboratives – however, not clarity to date on what or how it would look. JF the need for the right people to be sat around the table.










Cllr LR requested a discussion following your initial meeting. Various issues that come to the Board that I'm unsure of and want to know about it – and Primary Care close, therefore appreciate to meet with elected members as RS put it over eloquently. JF to meet with Cllr LR outside of the RPB as appreciated the support offered would be invaluable.

TO appreciates it being early days and things ripening and fortunate to attend Pan Cluster meeting which was worthwhile. Words that concerned in the presentation was that everyone needs to dovetail as partners clearly and the pan cluster will bring people together dependent upon location.

JF & RS to meet with JF outside of RPB

	<p>NS added that as being asked to Recommendations a Report that wasn't submitted she could not make a decision at current time. Clear moving in right direction and progress made.</p> <p>JF's presentation to be shared with RPB members and further discussion to be held at LG.</p> <p>CR suggested bringing back to the RPB in October with written report beforehand to be clear what recommendations are with next few weeks to have look and in depth discussion. Agreed good way forward.</p>	<p>EMY to share JF's presentation.</p>
<p>6.</p>	<p>Market Stability Report</p> <p>AJ presented the paper to the RPB members reiterating that the North Wales Market Stability Report (MSR) was published in November 2022, providing information about the availability of care and support across the region. This includes care homes, home care, children's homes, fostering, adoption, advocacy, and support for unpaid carers. The report assesses how well current provision meets people's needs and recommends ways to make sure enough support is available in future.</p> <p>The MSR Code of Practice requires local authorities to work with RPB partners to keep the report under regular review at least annually and to publish any significant changes as a revised report or an addendum.</p> <p>The Key priority findings were shared along with issues considered by the Population Needs Assessment and Market Stability Report Steering Group.</p> <p>Members asked if they accept a light touch review in 2023/24 and members to investigate priorities identified still relevant to their organisation along with aware of any signification changes to the availability of care and support in North Wales that should be considered as part of the 2023-24 review? A full update will be provided in 2024.</p> <p>DO agreed with having a light touch review along with the priorities. From a MSR a National understanding that if kept alive, modernised and regularly updated, there should not be the need to rewrite.</p> <p>MW agreed adding all priorities as still relevant one thing that has changed since Report written a number of care home closures perhaps this need including.</p> <p>TO agreed with priorities but feeling re. workforce care models still being investigated are we innovative enough re. words such as recruiting and retaining staff- do we need to look at in depth at the moment. Re. homes for children and young people with complex needs, again forward thinking needed.</p> <p>All agreed the three recommendation and Light Touch review.</p>	

	The Chair thanked all for their work.	
7.	<p>2023/24 RIF Programme</p> <p>CR presented key points from The North Wales 2023/24 RIF programme comprising of 36 overarching regional schemes which sit under the 6 national models of care.</p> <p>The funding available from Welsh Government in 2023/24 remains at the same level as in 2022/23 with the 2 exceptions:</p> <ul style="list-style-type: none"> • £12,764 increase in Integrated Autism Service (IAS) funding • £116,687 decrease in carers short breaks funding coming to the RPB* <p>*Short break funding for the region remained the same as 2022/23 at £404,565 but only £287,878 has come directly to the RPB this year. The remainder is held by Carers Trust Wales for 3rd sector partners to apply directly to them as part of the ‘Amser’ 3rd sector grants scheme.</p> <p>There are 140 partner ‘elements’ within the 36 schemes which collectively combine to deliver each regional scheme.</p> <p>The total investment (excluding infrastructure and programme management costs) is £56,727,432. This includes £26,992,279 of partner match funding.</p> <ul style="list-style-type: none"> • £5,201,888 (16%) is programmed for schemes which directly support unpaid carers • £4,142,433 (13%) is programmed for social value schemes <ul style="list-style-type: none"> • £32,787,322 RIF monies direct to RPB in 2023/24 • £32,891,245 RIF monies direct to RPB in 2022/23 • £103,923 reduction in funding coming to RPB since 2022/23 <p>A temporary relaxation of the tapering requirements as part of the RIF (until 2024/25) has been agreed by WG. They have also agreed to relaxing the match funding expectation for 3 of the models of care for the same period. However, for those models of care that are primarily about building community capacity, they are keen to see that statutory partners continue to move resources to invest into this space and so match funding will continue to be required for the following models of care.</p> <p>Match funding figure this year is £26,992,279 compared to £13,595,919 last year. This is due to a better understanding of match funding and in some cases a re-assessment of partner investment in schemes.</p> <p>MW raised a point re. nurse discussion at a recent meeting advising of cuts to services. CR to discuss outside of RPB directly.</p>	<p>CR & MW to meet</p>

	<p>TO asked for financial information re. individual programmes. CR advised that not too much information provided and will forward all necessary financial information will be disseminated.</p> <p>NL added that RIF is a needed vehicle in delivery of services.</p> <p>ST questioned the possibility of having the information broken down locally as well as regionally to recognise gaps – CR to share Central, East and West.</p> <p>The RPB approve the RIF Programme for 2023/24.</p>	<p>Financial information to be sent to RPB members</p> <p>CR to share RIF information</p>
8.	<p>NWRPB Annual Report 2022/23</p> <p>CR advised members that the proposed Annual Report showcases and highlights in depth some of the work happening in North Wales to WG. A Final Version will be sent to RPB members for approval by Board and presented to WG.</p>	<p>CR/EMY to share Annual Report</p>
9.	<p>BCUHB Update</p> <p>DrNL apologised on behalf of Carol Shilabeer who was away on leave. DrNL updated the members on the BCUHB priorities are to continue to lead and deliver health care in North Wales on a day to day basis.</p> <ul style="list-style-type: none">  85/90% care is delivered outside of hospital and in the community.  The building blocks embedded for an excellent health and social Care are here in North Wales with the integration as illustrated.  Innovative work that team are undertaking at BCUHB.  No complacency however as the HB still in Special Measures.  Complexity of delivering services in a high inflation environment with health being at the sharp end is challenging.  Special Measure plan: phase one of 90 days stabilisation ½ way through with emphasis being on Board effectiveness (appointing new Independent Members and Chair) Committee structures; ways committee manages business to face the challenges. Huge progress being already, with more to come. Care of patients also a priority ie Vascular & Mental Health services. External reviews noted that real progress being made. Improvement work taking place over recent week / months and year, beginning to bear fruit.  Winter planning – huge pressures on health system with LA recognising where close partnership working as highlighted by Coroner and Media recently. Necessity to do something different in Winter 2023. Due to tourism, under huge pressures prior to Winter.  Recovery period – still catching up post-Covid. Many patients still awaiting appointments and HB unhappy with situation.  Outpatients appointments within BCUHB possibly leading in Wales. <p>RS commented on the Special Measure in that he'd looked at the St Asaph Board Meeting on YouTube, modifications to the performance plan / response plan discussed and approved – when RPB presented by the HB</p>	

	<p>Chair in June it was gratifying to see review of procurement, this now being modified ie procurement in favour of a general review of contract management. RS questioned whether that a good thing re. collaboration with the HB?</p> <p>DrNL responded re. procurement still there but wording changed. Re. Financial Governance the whole contract process from procurement / contract being investigated. RS's comments to be taken back and assured that procurement remains on the Agenda.</p> <p>The Chair thanked DrNL for his update and recognised that the face to face meeting with the new Chair, Dyfed Edwards is that we as partners' and a Board are supportive to move the HB out of Special Measures and not here to criticize but support.</p>	
10	<p>Minutes and actions of last meeting – June 2023 All agreed a true account and actions completed.</p>	
11	<p>Any Other Business</p>	
12	<p>Dates of next meetings: Friday 9th September, 2023 – Zoom</p>	