



CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESANT **GOGLEDD CYMRU**

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

## **Minutes of the North Wales Regional Partnership Board Meeting**

**11th February 2022**

**9:00 am to 12:00 pm**

**Via Zoom**

Present:	Mary Wimbury (Chair), Alwyn Jones (attended until 11:15 am), Ann Woods, Catrin Roberts, Chris Stockport, Cllr Christine Jones, Cllr Bobby Feeley, Cllr Dafydd Meurig, Cllr John Pritchard, Delyth Lloyd-Williams, Ffion Johnstone (attended until 11:30 am), Fôn Roberts, Helen Corcoran, Iwan Davies (attended until 11:30 am), Jenny Williams, Jo Whitehead, Lucy Reid (attended until 11:10 am), Meinir Williams-Jones, Morwena Edwards, Neil Ayling (attended until 10:30 am), Nicola Stubbins, Rob Smith (attended until 10:10 am), Sam Parry (attended until 11:30 am), Shan Lloyd Williams, Sian Tomos, Teresa Owen, Trevor Hubbard (in attendance for Bethan E Jones)
Apologies:	Bethan E Jones, Cllr Cheryl Carlisle, Cllr Llinos Medi Huws, Dr Lowri Brown, Estelle Hitchon, Paul Scott, Ricki Owen
In attendance:	Gillian Paul, Workforce Development Manager, Gwynedd Council Christine Burns, Practitioner Manager North Wales Integrated Autism Service Wendy Thomas, National Professional Lead Autism WLGA Sioned Thomas, National Autism Development Officer- North and Mid-Wales Jodie Phillips, DEWIS Cymru Manager, Data Cymru

### **1 Welcome, introductions and apologies**

The chair extended a warm welcome to everyone and apologies were noted as above.

### **2 Social Care Wales Workforce Development Programme (SCWWDP)**

The board received an update from GP on the progress of the SCWWDP Grant.

The SCWWDP is a Welsh Government Grant managed through Social Care Wales, which focusses on supporting the ambition of the Health and Social Care Workforce Strategy, continued implementation of the Social Services and Well-Being (Wales) Act 2014 and Regulation and Inspection of Social Care (Wales) Act 2016.

The SCWWDP grant also links to the priorities of the Population Needs Assessment and priority areas of the Health & Social Care Workforce Strategy. The priorities include:

- Build a digitally ready workforce
- Excellent education and Learning
- Provision of qualifying and post qualifying social work training
- Leadership and succession
- Workforce shape and supply

The Action Plan has already been endorsed at the North Wales Workforce Board 26/01/22, and is presented to the Regional Partnership Board for information.

Comments from NWRPB members:

MW-J queried the actions against the priority 'Workforce Shape & Supply' to 'ensure volunteers and third sector partners have access to our training programme when appropriate' – questioning who determined what is appropriate, for the reason many Third Sector employees are unable to access the training at the moment.

GP noted this valid point and agreed to update the action plan. The reason for this is that a number of applications are being received from charities who are not directly involved with H&SC.

GP also agreed to include the Welsh language within the priority list

The NWRPB were in agreement to accept the SCWWDP Action Plan.

### **3 Integrated Autism Service – Regional and National update**

The Regional IAS Team

Cllr CJ informed the board of her role as the North Wales Autism Champion; to advocate for awareness raising around the issues faced by autistic people, parents and carers of autistic adults and children and to be interested and willing to learn about issues facing the autistic community.

NA, North Wales Autism Sponsor noted the IAS team have demonstrated resilience during the lockdown period, providing excellent support for people with Autism in North Wales.

CB provided an update on the Regional IAS. Highlights include:

- Covid-19 commanded innovative working, the work continued throughout by the use of on-line diagnostic assessments. This method of working however,

cannot be a long term option as staff need to undertake face to face/ hybrid work in order to observe behaviours to develop the right support.

- Staffing – a nearly full complement of staff, a good supportive team providing support across the whole region.
- No current waiting list for support from Link workers.
- Waiting list for diagnostic assessment are national and continue to be significant. It is anticipated face to face meetings, to be introduced in 2 assessment centres across North Wales, will address the waiting list.
- Excellent support has been provided in the community with major employers across the region becoming engaged to employ neuro- diverse employees.
- Information sharing - Information received from referrers continues to be a challenge. In order for the team to appropriately triage cases and to get individuals to the right support, the IAS' MDT requires assessment and other information to be shared at the early stages to prevent delays in support.
- Spectrum Star - The Spectrum Star tool is proving successful in supporting individuals to identify and work towards their outcomes, empowering them towards independence.

TO agreed to meet with the IAS team outside of the NWRPB to discuss and support the work undertaken to ensure the correct links exist between integrated teams and MH teams.

NWRPB members were asked to consider a request for an Autism Co-Champion to cover the West region – volunteer names are welcome by the next meeting.

NA reported the IAS Strategic Board have followed the lead on co-productive approach, a colleague with lived experiences has agreed to co-chair the IAS Strategic Board with NA in future. The co-chair also has a role within Autism UK and has been involved with the Strategic Board since its' inception.

The NWRPB were in agreement to note the progress of the delivery of the Integrated Autism Service; noted the issues raised and the “next steps” and “key risks and issues” in relation to the IAS and to consider the impact of the Code of Practice on the Delivery of Autism Services and the requirements on the Board itself.

The National Autism Team

WT provided an update on the National IAS team:

- Funded by WG and hosted by the WLGA, with PHW, the team works in close partnership with WG, LA and HB local Autism leads, key stakeholders and advisory groups, working across all ages and all aspects of people's lives

- The national website includes accessible and helpful resources for individuals with autism, parents and carers. All resources are free to download and hard copies are available: Sioned.Thomas@wlgga.gov.uk
- The national team are responsible for raising awareness, development of the IAS, all training requirements, co-production and partnership working, as the voice of the autistic community informs all the work

## Code of Practice

The Welsh Government Code of Practice on the delivery of Autism Services is now published, implemented from September 2021. The code provide clarity to local health boards, NHS trusts, local authorities and Regional Partnership Boards about their responsibilities and services they are required to provide to support autistic people in their day to day lives.

The CoP includes:

- Major workforce and training implications
- Robust integrated neuro development services across Wales
- A consistent approach to data sets and reporting
- Clear responsibilities for the NWRPB:
  - To nominate NWRPB Autism Champions,
  - to establish a Regional Planning Group for Autism
  - to create a Regional Implementation Plan.

DL-W noted regarding accessing health services of good examples to share of innovative ways of offering individuals with disabilities the opportunity to take up Covid injections. It is essential some of the most vulnerable individuals in society are offered and administered vaccinations from appropriately skilled nurses/care workers, or risk being left out.

NWRPB members' discussion noted:

- Work to address this issue is currently being discussed at the WG/PHW vaccination group and WT agreed to enquire on the update and share a good practice guide from West Wales and forward to DL-W
- Pet Therapy proposed as an option for consideration, link to an animal assisted intervention project in Southampton attached: [www.solentgold.co.uk](http://www.solentgold.co.uk)

The following useful links were also provided:

<https://www.autismwales.org/>

<https://autismwales.org/en/about-us/exploring-employment-event/>  
<https://autismwales.org/en/resources/videos/>

The NWRPB were in agreement to note:

1. The NAT continue to work in partnership with the collaborative to achieve the best outcome for autistic people in North Wales.
2. The NAT and IAS continue to report to the NWRPB on a regular basis
3. The NAT will report on progress on workforce development in line with the duties of the code of practice
4. The NAT will report on progress on training developed and delivered as outline in the code of practice

#### *Actions*

- FJ and TO agreed to take the vaccination point raised back to the HB internal group
- Welcome volunteer Autism Co-Champion name

## **4 AHW Transformation Programmes Quarter 3 2021-2022 reports:**

### Learning Disability Transformation Programme

Quarter 3 report displays a small predicted underspend, however, colleagues are confident this will be spent by end of year.

Highlights include:

- Employment work-stream - with interns gaining employment following work experience at main hospital sites
- Regional Accommodation – good progress made to prioritise a number of citizens to move back closer to home
- Health & Wellbeing – 14 Health Check Champions have received training in order to increase the uptake of annual health checks and health screening within the LD community

Stakeholders have had the opportunity to reflect on the key achievements and to express their views on the regional LD priorities for the next 5 years. On the basis of feedback, it was recommended that the programme receives proportionate investment to continue to make progress and meet future challenges, with the regional approach maintained.

## Together 4 Mental Health TP

Quarter 3 claim is lower than predicted due to reduced project management costs, however, this will be addressed during the last quarter.

Highlights include:

- New ICAN Webpage launched to promote the various service offers. ICAN Webpage improvements include more signposting for additional support, with over 22,000 views since it's relaunch in September 2021
- Funding has been secured to establish the ICAN Unscheduled Care Offer, a 'Sanctuary' type service and has been advertised through Sell 2 Wales. 1 tender has been received. This will form part of the all age crisis pathway.

Work is ongoing to understand the next tranche of funding and to ensure the service is sustainable, which part will be embedded etc.

## Community Services TP

Excellent progress reported, with significant amount of work undertaken to mainstream services.

Highlights include:

- Information Sharing Agreement (ISA) - a huge amount of work completed on developing information sharing between CRT's and MDT's with a prototype being piloted in West CRT's
- Discharge to Assess focussed service has been operating for the full quarter and already showing excellent work and demonstrating good outcomes
- Community Catalyst work – supporting micro enterprises to provide support in the domiciliary care environment

CLr BF enquired if the ISA has resulted in improved links with GP's surgeries and if staff shortage within the CRT's during the pandemic has now been addressed.

CS confirmed GP's are all involved with the IAS, those at the forefront are progressing and fully engaged.

CS confirmed the recent issue of staff shortage within CRT's has been addressed. However, the issue will continue to some degree, due to the nature of CRT's and the staffing requirements.

## Children & Young People TP

The work on the Children's work-stream has continued to progress with discussion of the work that will transfer to the RIF work-stream. The new RPB Children's sub-group is currently being established and discussion of which aspects of the work will transfer over to this group.

RIIC Hub – Morwena Edwards

Work on the RICC Hub has continued and is progressing well.

The NWRPB are asked to be aware:

- The RIIC team are integral to a host of other work within the regional team, which is not always highlighted.
- The RIIC provide support to all transformation programmes, has been central to the work on the PNA and is currently working on the MSR.
- Changes within the RIIC governance: the HB Research and Innovation Partnership has recently been stood down due to changes within BCU and a smaller group are observing the work.
- WG have recently announced RIIC funding will continue for another 12 months

The NWRPB were in agreement to endorse Quarter 3 2021-22 reports:

1. Learning Disability Transformation Programme
2. Together 4 Mental Health Transformation Programme
3. Community Services Transformation Programme
4. Children & Young People Transformation programme
5. Research, Innovation and Information Hub

## **5 BCUHB and Strategic Co-ordination Group (SCG) update**

NS informed of recent discussion at the SCG meeting, where it was agreed to retain the SCG, even though the region has returned to pre-Omicron level. The region is fortunate of having mechanisms already in place to stand meetings up and down, as required.

It was also informed a National Risk Summit has been arranged 15.2.22 and NW CEO's, BCU Executive Directors and LA SS Directors have been invited. The meeting will discuss a system wide response to a system wide challenge; 25% WAST capacity across Wales has been occupied recently waiting to hand

patients from WAST to ED. The region remains in challenging times, to the point of risk and the outcome of this meeting will determine the next steps for the SCG.

## **6 DEWIS Cymru**

JP presented DEWIS Cymru, one of the many projects managed by the Local Government Data Unit, Wales.

DEWIS Cymru is a project created as a single, clear and reliable point of access that can be used by members of the public, as well as care service professionals across Wales, to help support people achieve their well-being goals. DEWIS does not prioritise services based on sector or nature of service provision and allows people to access information and make their own choices.

DEWIS includes a resource directory and over 200 national information pages, to help people focus on their current issue, and find practical sources of help and support. DEWIS supports people with visual impairments and hidden disabilities, is bilingual with the website information accessible in over 70 different languages.

The chair thanked JP for her informative presentation and the NWRPB are delighted DEWIS is proving such a useful information point to everyone.

## **7 Future Funding update and sustainability planning**

CR presented on the new 5-year Revenue Investment Fund (April 2022 – March 2027):

Regional Integration Fund (RIF) - £32.4M

Housing Care Fund (HCF) - £14.2M

Integrated Health and Social Care Centres and Community Hubs Fund (HSCC&CHF)

The focus of the funding is similarly to the ICF and Transformation Programmes. The RIF is a key lever to drive change and transformation across health and social care. The aim by the end of the five-year programme, the region will have established and mainstreamed at least six new national models of integrated care, that will enable the citizens of Wales, where ever they live, to be assured of an effective and seamless service experience.

All activity funded by the RIF must directly support development and delivery of the six national models of integrated care which are;

- Community Based Care – Prevention and Community Coordination
- Community Based Care - Complex Care Closer to Home

- Promoting Good Emotional Health and Wellbeing
- Supporting Families to Stay Together Safely and Therapeutic Support for Care Experienced Children
- Home from Hospital
- Accommodation Based Solutions (focussed more on HCF than the RIF)

Regional Partnership Boards will have some flexibility to determine which projects and services align to which model of care but essentially all projects will need to meet at least one out of each section (Population Groups; Enablers) to be viable, underpinned by the principles of the SSWBA (2014).

The RIF has 4 models within the funding architecture:

1. National projects – 100% WG funded – Dementia Action Plan, Integrated Autism Service and Carers Funding
2. Acceleration projects – 90% WG funded for maximum of 2 years. Match funding/resources of 10% required. This revenue funding is to test new models of care and should account for 30% of the total revenue spend.
3. Embedding projects – 70% WG funded for maximum of 3 years. Match funding/ resources of 30% required. Expectation that this should account for 70% of the total revenue spend.
4. Core projects – mainstreaming projects, 50% WG funded for maximum of 5 years. Match funding/ resources of 50% required.

In addition, under this guidance the RIF can fund up to £750,000 (75% intervention rate) towards the core services of the RPB infrastructure with statutory partners needing to match this by investing £250,000 (25% intervention rate.) This match-funding is expected to be monetary only.

Other elements to the fund include:

- RPBs will be expected to invest a minimum of 20% of the RIF into social value in 2022/23
- Work with the Third Sector, recognising their different funding position, and encourage third sectors to consider other means of match resources to bring them on board to access the funding
- Invest a minimum of 5% of the RIF into direct support for unpaid carers in 2022/23. This is in addition to the regional carer's fund.
- Match-funding for the embedding and acceleration stages could include staff time, volunteer time, facilities and buildings.

WG have announced further 12 months funding £250K for the RIIC. Although the funding has been kept separate, WG have incorporated RIIC aims and objectives to support the development of the new RIF.

## 2 Capital funds:

The Housing Care Fund, replaces the previous ICF capital to support accommodation based solutions model of care - £14.2M (an increase of 50% – 4 years)

The Integrated Health and Social Care Centres and Community Hubs Fund (HSCC&CHF – 3 years) has been announced by WG. The final detail of the HSCC & CHF are yet to be received.

## Questions:

Cllr BR questioned 5% being a rather small amount to support unpaid carers, compared to the excellent work carried out by carers across the region.

CR confirmed 5% of the £32.4M is the minimum amount WG expected the region to contribute, and this will be determined by the AISB's. The regional carers fund of £213k is in addition, and this sum is ring-fenced.

CR informed a number of options regarding the most appropriate way of allocating the funding were presented for consideration to the LG end of January. The proposal endorsed by the LG and presented to the NWRPB today is to -

Top slice funding for both national and regional priorities to be managed by Programme Boards / RPB Sub-Groups with allocation of the remainder split across the 3 sub-regions based on the unitary authority services formula i.e. a % split across the regions.

This method was felt the most appropriate way of allocating the funding. The benefit of this decision allows the region to focus on appropriately funding the national priorities (Dementia, IAS and Regional Carers); and regional priorities (LD, Children's work-stream - Children's sub-group and No Wrong Door, Mental Health). This approach would also provide substantial funding for each of the areas to develop their own programmes meet local needs, taking into account the PNA.

TO noted the following points:

- To consider links with PSB given the new focus on promoting good emotional health and wellbeing.
- Leadership Group governance and proposed the ToR/ membership is reviewed and consideration given to PHW becoming a member.

CR reassured discussions are ongoing with PSB's across the region to understand priorities, identify work overlaps and identify areas of collaboration, to maximise all funding streams.

MW-J noted the following point:

- The importance of a robust transition phase, with knowledge learned and staff posts continuing to the next phase.

CR clarified there is a piece of work in progress on assessing which of the existing projects fit within the principles of the new RIF and which would come to an end in March. The assessment will create a draft programme of work which potentially could be funded from the RIF. It will be absolutely crucial where programmes are not entirely established/embedded into core services, those programmes are amalgamated into the new RIF funding and embedded in the system and crucial not to lose any of the learning from the ICF and transformation.

- If match-funding is already in place for existing projects transferring to the RIF, how much pressure would this put for new project to find 25% match-funding

The projects transferring over will all need to find match-funding. However, because all projects are not transferring over, and with additional monies coming into the region, this will mean there will be unallocated funding across the region. The AISB will then be able to look at new programmes to fund going forward.

Jo Whitehead queried the following points:

- The return on investment and outcomes; the return on patient experience, quality improvement, not only income, and proposed a commitment to monitor outcomes for new sources of funding.

CR informed WG have also stipulated that the region will need to demonstrate specific outcomes in terms of what the funding has achieved. It is important the correct outcomes are being measured, and the region will be working with WG towards one set of outcomes that will be meaningful for WG and the region to simplify reporting. However, there will still need for local outcomes as well.

A considerable amount of work requires to be done nationally and locally on outcomes and supporting the funding via the regular reporting to the NWRPB. However, true outcomes do not appear in a 12 - 24 month period. The true outcomes within the funding will be 10 – 20 or more years, making real changes across the region.

- The NWRPB are being asked to agree to funding principles without understanding the risks that might be inherent in agreeing to apportion the resources. It is difficult at this point in time to confirm if this is the right decision without having an overview of some principles and a commitment to understanding the principles from a regional and sub-regional point of view and which existing schemes would continue.

CR clarified the request at this time is to confirm the allocation of funding across the region. A subsequent programme of work will provide an update in

March/April on the detail on which projects are progressing/ending, and this work cannot be completed without knowing the allocation.

Due to RPB members having IT issues and not fully partaking in all funding discussion, and being unable to agree to the recommendations, it was agreed CR would meet outside of the meeting to discuss the RIF.

- Is there a requirement, from a governance point of view, for each partner to take this decision through their political process.

NS explained LG members have been given delegated responsibility for operational decisions, in consultation with their hosting partners, and this has worked well in the past. This is a new way of funding regional arrangements, the NWRPB have previously received regular reports from the ICF and Transformation Programmes, as a region the NWRPB need to be committed to moving forward, as the ICF in particular within LA has become part of core funding.

#### Governance Structure

WG are keen the region is able to provide a programme and subsequent governance structures based on the 6 models of care. It is believed the existing established governance structure in place for the Transformation Programmes – Community Services Board, Children & Young People Board, Learning Disabilities Board, Together 4 Mental Health Board, the Dementia Steering Group, IAS Steering Group, ICF and ICF Capital meetings, will correspond to the models of care.

Therefore, it is proposed that the current governance structure is retained (other than the Community Services Board) due to all boards being well established and having already built relationships with Third Sector and client groups, subject to review and modify all existing board structure, and AISB's and match the models of care to each of the structures.

The NWRPB were in agreement to approve the governance process and further development will be presented at the March NWRPB.

The NWRPB were in agreement to note the timescales of the 2022/27 RIF revenue funding

The NWRPB were in agreement to note the value of the 2022/27 RIF revenue funding – CR and JoW to discuss separately outside the NWRPB.

The NWRPB were in agreement to note the value of and timescales of the 2022/26 HCF capital funding

The NWRPB were in agreement to agree the mechanism for allocation of the RIF funding stream subject to a discussion between CR and JoW outside the NWRPB due to connectivity issues.

The NWRPB were in agreement to approve the development of 6 regional models of care programmes for the RIF.

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

The minutes of meeting 14.1.2022 were agreed as a correct record with all actions completed.

## **9 Any Other Business**

Nothing to report

## **10 The following documents were provided for Information:**

- Letter from the Children, Young People and Education Committee – ‘Working with the third sector to provide mental health support services for children and young people’, and response
- Letter from WG - NWRPB Winter Protection Plan