


























**MINUTES FROM  
NORTH WALES REGIONAL  
PARTNERSHIP BOARD MEETING  
8<sup>th</sup> December 2023**

<b>Present:</b>	Cllr Dilwyn Morgan (Chair), Adele Gittoes, Alwyn Jones, Ann Woods, Caroline Tudor-James; Cllr Alun Roberts, Cllr Chris Jones, Cllr John Pritchard, Cllr Liz Roberts, Dylan Owen, Elin Gwynedd, Estelle Hitchon, Ffion Johnstone, Fôn Roberts, Libby Ryan-Davies, Michelle Greene, Neil Ayling, Nicola Stubbins, Paul Kay, Rhun ap Gareth, Roger Seddon, Sian E Tomos; Siobhan Gothorp, Sue Last, Teresa Owen
<b>Apologies:</b>	Carol Shillabeer; Darren Murray; Dylan Owen; Cyng Elen Heaton; Helen Douglas, NWP; Jenny Williams; Karen Higgins; Liz Grieve
<b>In Attendance:</b>	Geoff Ryall-Harvey, LLAIS (agenda item 2) Llinos Howatson, RCT (agenda item 3) Sarah Bartlett, RCT (agenda item 4) Sharon Hinchcliffe (agenda item 5) Siobhan Gothorp, RCT (agenda items 6, 7, 8)

Item	
1	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>The Chair welcomed all to the meeting and introduced GM, Head of Regional Colalaboration to the members. As Sian Tomos' tenure was coming to an end, Sian was thanked for her support and hard work and Darren Murray was welcomed onto the Board.</p>
2.	<p><b>LLAIS Update – Geoff Ryall-Harvey</b></p> <p>GR-H presented to the Board and noted the Aims of LLAIS along with the 4 Key Functions in achieving the aims as: Visiting, Monitoring and Scrutiny; Service Change &amp; Consultations; Advocacy and Public Engagement.</p> <p>GR-H advised CHC staff transferring over plus more staff to help support an expanded remit across health and social care.</p> <p>Volunteering options for LLAIS:</p> <p><b>Community engagement volunteer</b> – joining a local LLAIS team to meet people online and face-to-face out and about in the community capturing their views and experiences of local health and social care services.</p> <p><b>Representation volunteer</b> - Attending meetings and events on behalf of LLAIS, putting forward LLAIS' viewpoint when required, make notes of the meeting and feeding back relevant information.</p> <p>LLAIS 2023/24 priorities were noted by GR-H.</p> <p>LLAIS asked Nationally to give regular presentation to the Health Board &amp; RPB. Not in a position to do so yet, this to be moved forward on a quarterly basis.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> MW advised that engagement held with LLAIS on National level re. social care and called for a separate conversation on a NW level outside of the RPB; GR-H convinced way forward for LLAIS is a strong partnership for third sector. MW advised some members are third sector with CIW registered, as well as private providers.</li> <li> MW added, that upon hearing from CFW members, caring for people struggling for care package reviews, advocacy etc and queried could LLAIS be signposted. – GR-H confirmed LLAIS do provide advocacy about complaint / concern and once dealt with, would not deal</li> </ul>




with again unless another different new complaint. Rapidly training staff to deal with social care procedures which are different. LLAIS to help individuals who needs a voice.

-  GR-H advised NHS Wales launching new app to replace My Health On-Line, Ynys Mon third sector services providing training for people to use the app. Much need in terms of access to repeat prescriptions etc.
-  RS questioned the patient engagement aim – biggest issue coming up, nothing happening following engagement – will / how do LLAIS audit. RS noted the Duty of Candour specific issues or methods could be used – is this a major role for LLAIS, monitoring what happens where lessons are learnt? GR-H confirmed LLAIS not regulator but playing a role in service improvement. A continuing link with BCUHB asking difficult questions, aware of reports and follow up. GR-H want to develop same relationship with Social Care Wales; Social Services and the inclusion in discussions. Looking at hosting safe space – re. vascular services changes, spoke with 600/700 people and the CHC report that triggered a review from Royal College of Surgeons Vascular Society. Where significant issues or trends that could other patients at risk, LLAIS contact Medical Director, Director of Public Health, Chief Exec and Chair of BCUHB to make aware of issues. New team at BCUHB needs support to ensure changes – and LLAIS willing participants to assist. GR-H added, all need to work together but difficult conversations have been and will be had.
-  Cllr LR questioned LLAIS' plan to support people in A&E departments for long periods of time. GR-H added 12/18/24hr waits no longer unusual in A&E Departments, reason people wait long times is that beds not available in main hospitals. Discharging problems delays, as members aware re. social care, care homes – not something can be done quickly. Working with consultants at Bangor A&E; newly built A&E Depts constructed to host 6hour waits, looking at charging phone facilities; A&E Departments patients possible blue tooth bleeper; cushions, blankets, hot foods / drinks when waiting for certain times. These are sticking plasters until main issue solved. Report from HCIW from Bangor A&E was excellent, but waiting environment not what it should be. Patients needs to be informed where they are on the list and why the wait.
-  TO added to what has been said by GR-H – in various conversations and not easy ones sometimes, BCUHB want to listen to the Patient voice, and as one who has sat in A&E Departments for 7 hours, excellent care and obstacles seen and felt. More to be done. Through working together, we can better the situation. TO feels under the leadership of AG & Carol Shillabeer we can progress and working with LLAIS can better patient facilities.
-  DO raised two points, when in passing GR-H mentioned that the Social Care was the issues in releasing beds with the Health Board, there are problems across Wales and UK, it's a whole system approach not just Social Care creating the challenges. Secondly, daughter attended A&E in Manchester; waited 2 hours; assessed and called back for an appointment for 11am the following morning – so it does happen elsewhere. DO asked where the Welsh language fits in ie Mwy na Geiriau? GR-H agreed it is a whole system problem, both Health & Social Care have their parts to play as well as many others. Interested to hear the experience in Manchester – LLAIS have been suggesting similar scenario. Re. Mwy na Geiriau; LLAIS made three appointments recently, two being Welsh essential. LLAIS Safe Space events always translated. Meetings all translated – both offices in Bangor and Wreccsam, all conversations in Welsh. People can have their advocacy service in Welsh from very first phone call all the way through the process. BCUHB co-operate too with responses in Welsh. LLAIS nationally has been notified that it's covered by Welsh National.
-  AG reassured DO and others, from BCUHB perspective, CS prior to employment in BCUHB led a piece of work with the Care Action Commissioner across Wales around building community capacity and challenges; recognise challenges in community for health and social care to stop our people escalating in the first place. BCUHB are fully aware and met with GR-H since being in post, and LLAIS too – fully aware that the issues and problems re. capacity are system wide and solutions are system wide.
-  The Chair closed the discussion by thanking GR-H with quarterly updates.

<p>3.</p>	<p><b>Market Stability Report Update</b></p> <p>AJ presented the MSR Paper that was included within the meeting pack which highlighted priorities identified within the 2022 report as follows:</p> <ul style="list-style-type: none"> <li> Recruitment and retention of staff.</li> <li> Work together to commission for flexibility.</li> <li> Recognise the care sector's importance for keeping people well in their own homes.</li> <li> Work with care homes to provide low level residential care and carer breaks (respite).</li> <li> Micro-commissioning and direct payments.</li> <li> Increase support for unpaid carers.</li> <li> Increase specialist care home placements in care homes for older people, adults with mental health needs, learning disability and people with dementia.</li> <li> Increase emergency and longer-term accommodation for children and young people with complex needs.</li> </ul> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> MW understood decision to take light touch review – concerns raised joining up saying here what's being done in other places – and having whole sector view on how we move forward and work in partnership. LIH reviewing Care Fees for 2024, MW unsure that all joined up. Reporting on recruitment currently done in-house and not by independent providers and MW feels that it's a gap in the MSR. Could be bought together with what AG mentioned, we are moving into Winter period, saw issues with Morriston Hospital and from sectors' perspective, pressures with capacity and reasons with capacity; people feel not being engaged with to use capacity.</li> <li> CT-J noted that the MSR doesn't feel and seem to highlight the scale of social care issues. Additionally, CT-J queried what reporting from community catalysts has been undertaken.</li> <li> SL questioned recruitment and retention of staff with changes on the horizon as many care homes supported by carers coming in from other countries, if unallowed to bring spouses / families in future, the impact on the sector will be monumental. SL believes it should be and could it be written in within the recruitment and retention of staff. AJ agreed and is vital in moving forward and in the compilation of the 2024 Full review.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> AJ added LIH noted MW's and comments will be reflected and weaved into MSR moving forward and recruitment covered by all sectors in the report.</li> <li> AJ &amp; LIH to meet with CT-J to justify the points raised with the belief to consider all with the full review in 2024. Minutiae and micro carers both positive and negative thoughts could also be considered within the review. AJ &amp; LIH to confirm with CT-J what's necessary within MSR moving forward and will highlight past documentation.</li> <li> All members agreed with the changes in the Light Touch Report and the Chair thanked AJ for all the work.</li> </ul>
<p>4.</p>	<p><b>RIC Hub Q1 &amp; Q2 2022-23 update report</b></p> <p>SB presented further the Q1 &amp; 2 as per the meeting pack which highlighted work completed since April 2023:</p> <p>Population Needs Assessment Updates.</p> <p>Published area profiles for primary care clusters, determinants of mental health in children and young people and the prevalence of dementia in North Wales.</p> <p>Research support for regional work.</p> <p>Market Stability Report review.</p> <p>Focus on disability and illness for the Children's RBP.</p> <p>Improving access to evidence.</p> <p>Various events attended.</p> <p>Information sharing.</p>

Looking ahead, planned highlights include:  
 Dementia story collection and survey analysis.  
 Design regional dementia measures dashboard.  
 Digital innovation workstream event for Spring 2023 to bring together innovative social care digital suppliers and social care practitioners.  
 Coordinating WCCIS replacement regional response.  
 Focus on neurodevelopment (Children’s RPB).  
 Present population needs assessment findings at Conwy and Denbighshire Primary Care Cluster meetings.  
 Collating evidence for the Covid inquiry.  
 RIF evaluation support.  
 Develop webpages for new North Wales Dementia Friendly Communities Scheme ready for launch on 1 January 2024.  
 Plan radical approaches workshop for the RPB in February 2024.

**KEY POINTS RAISED:**

-  RS observed the ‘getting things right’ as what currently working on, following Ministers’ comment on getting health literacy correct, any plans of different ways of improving health literacy or institutional health literacy; SB responded by adding resources on website on finding quality health information online that specialist librarians have put together. As a RPB website, we’re going to improve this moving forward and explain who delivers what, how etc with additional narrative. Hugely complex system, with lots of over-complicated diagrams – if we can improve, it will be considered.
-  TO thanked SB after viewing the RPB website the additional information and work is of quality and of value. Shared with external partners currently supporting and all positive responses from their perspective. The Dementia work indeed, is to be praised.
-  The Chair thanked SB and Team for all the work undertaken.

5. **NWRPB Children’s sub-group 6 monthly update**

FR & SH presented the paper within the Meeting Pack with key highlights being that the over the summer months the Board undertook a governance review, which has resulted in a slimmed down version of the meeting structure.  
 The governance review was a reflective phase for partners, allowing them to review their priorities as part of the right door implementation. As such, each area, whilst having a common theme also now has a slightly different focus for their next stage in delivery. In all three areas there is a particular focus on providing support for those who are neuro-diverse (ND) and are either on the waiting list for a diagnosis or have a diagnosis.  
 The East area has agreed to focus on those children and young people who are transitioning between primary school and secondary.  
 Central have a focus on 0-7 years and held their second workshop on 29th November.  
 The different focus will enable us to identify the challenges and opportunities faced by these two cohorts and share good practice across the region.  
 In the West, Gwynedd and Anglesey are working on different cohorts, prioritising ND too.

- Anglesey’s focus is early intervention and prevention and is rolling out Teulu Mon to deliver a Multi-Disciplinary Team (MDT) approach based around the 5 secondary schools and primary schools in each catchment areas.
- Gwynedd is focusing on the complex cases and have established a Multi- Disciplinary Team to support the children and young people with an aim to prevent them entering care, where possible.





A coproduction workshop was held in October with a series of creative and participatory exercises; and finally, in November a joint Storytelling event attended by RPB and Childrens group members to explore “**From being moved to moving - putting stories into action**” which introduced participants to dialogue-learning methods that provide an engaging and practical way to achieve this.

Looking ahead at the next 6 months, the key areas of work in The Right Door Implementation that will be taken forward with partners are:



- Exploring how other areas have shared data across local authorities and health board in relation to ND waiting lists.
- Put evaluation frameworks into place to baseline the measurements of success for the delivery of the right door.
- Develop the options of a single access arrangement to provide a coherent regional approach.
- Improve communications to ensure they are effective and clear for all.

Implement the revised governance structure from January 2024 and explore ways of taking Coproduction and Storytelling further, developing follow on steps and actions from the recent workshops.

**KEY POINTS RAISED:**

-  The Chair agreed that the November Storytelling event was wonderful and the video that was seen was powerful and will be shared at the January meeting.
-  Cllr LR questioned about schools who want to become trauma informed schools and difference to teaching staff when undertaking this work, how much liaison with work being done and schools trying to achieve this 'diploma'. FR responded that it is a piece of work that's been happening for many years regionally, and some elements have been at the discretion of schools should they wish to have the training. FR felt that the 'diploma' offered to schools is of a higher level and when our children on the edge of care have ie foster care; youth clubs etc the intervention is not. Up to the individual LA should they wish to undertake the 'Diploma' and FR happy to share experience on Anglesey.
-  TO welcomes the themes / focus – all learning from one another and evaluation. TO questions how the Children's RPB keeps an overview on other challenges in NW whilst the focus is on the Well-Being; ND etc ie obesity; physical activity; vaping which can be a catalyst to the conditions. FR responded by adding it's a challenge and a work programme falls under the sub-Group and Partnership Friday meetings held with Officers from BCUHB and LA's and discussions happen. Quality discussions held to ascertain pressures and flexibility to move the work programme. Should we feel the need to provide more insight into one area, the scope is there to be done. ND is an important element and having the approval from the partners, we have progressed this piece of work. FR welcomed any ideas on pieces of work to be covered moving forward.
-  The Chair thanked all for the piece of work and hearing about the work of the Children's workstream is invaluable.

**KEY ACTION POINTS:**

-  Video from November storytelling event to be shared at the January 2024 RPB
-  Trauma Informed Schools to be discussed in detail at RPB in 2024.

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**Regional Autism Code of Practice Work - Progress Report**

SG presented highlights from The Code of Practice on the Delivery of Autism Services as main information provided within meeting pack.

The Code of Practise on the Delivery of Autism Services has been developed in response to feedback from autistic people and their families and/or carers, seeking clarity on the services they should expect to be available in Wales.

SG shone a spotlight on who The Code was written for *ie.* for autistic people, including those with other co-existing conditions; providers of social care and health support for autistic people and their families and/or carers; practitioners in social care and health who work with autistic people and their families and/or carers and many others as noted within the report.  
service providers and practitioners providing services for autistic people with co-existing conditions.





SG advised that The Code of Practice (CoP) is prepared under section 145 of the SSWBW Act and sections 1 and 2 of the NHS (Wales) Act 2006. The CoP gives rules and advice about the best ways of working when providing services for autistic people.

Guidance currently published in the Autistic Spectrum Disorder Strategic Action Plan 2016 is available that supports the implementation of Welsh Government's autism policy priorities.

The North Wales Compliance with the Autism CoP was discussed in detail.

SG advised TO taken over role as Autism Champion.

**KEY POINTS RAISED:**

-  The Chair thanked SG for all the work undertaken in the production of the concise and detailed report.
-  TO offered to undertake the Autism Champion role and feels that she has big shoes to fill in following Cllr CJ who previously undertook the role. The Autism Team within BCUHB have been accommodating with providing information and TO will ensure the connection is in place and no problems in future. Hopefully Cllr CJ can educate about her experience. The Chair thanked TO for undertaking the role and thanked Cllr CJ for her work in the past.
-  NA responded to TO for her kind and commitment and advised of the small part the Integrated Autism Service Board plays but highly important.
-  Cllr CJ thanked TO for her kind words, and recognises the excellent work done by the Team and IASB. Cllr CJ certain that TO's dedication to anything undertaken is done to the best of her ability and looks forward to meeting in the new year.

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**Regional Dementia Work Programme – Progress Report**

SG took the members through the paper that was included within the meeting pack which updated on the regional dementia programme activities, achievements, outcomes and challenges that were faced during the period April 2023 - September 2023.




SG advised of the Progress Reports and noted that the 31 actions in the North Wales RPB Dementia Strategy were shared with a RAG rating indicating progress to date against each action. In summary, of the 31 actions:






2 are complete; 13 are in progress and on track; 9 are in progress and not on track; 7 have not yet started.





The strategy actions have been mapped to the All-Wales Standards and are now progressed via the All-Wales Standards Task Groups. A table was shared showing how the actions map to the standards.

SG reflected on true partnership working and integration work together towards the success of the Dementia workstream. A full complement of attendees at all meetings to ensure.

**KEY POINTS RAISED:**

-  The Chair thanked all for hard work and all partnership work is inspirational in ensuring the success of the delivery of the Dementia workstream.
-  CT-J advised that the Rainbow Foundation work with those living with dementia and looking at end of life for Dementia clients in the new year and questioned how all local organisations having large reach with Dementia support feeds into the report. SG responded adding working closely with WCBC who've championed work of Rainbow Foundation. In 2024, mapping exercise to be taken to see who's out there to engage further in going forward. Stage 2 is looking at the dementia landscape and pulling everyone in and their voice be heard at regional meetings.
-  As a Carer of husband living with Dementia, SL recognised the difference that have been made around access to Memory clinics since commencement of work here in North Wales. SL

	<p>questioned GP awareness still lacking in some areas so welcome the champions within GP surgeries, key in getting GPs on board. SL's husband at terminal stage and the situation good and bad, once in A&amp;E, evident that work around Dementia been positive as allowed to accompany husband throughout. The Chair thanked SL for sharing her experience and reiterated the power of stories to impact decisions.</p> <ul style="list-style-type: none"> <li> RS questioned re progress of Task Groups especially Dementia Connector, after corralling effort service of delivery experts, does it have to have a national take – can Regional based connectors be based? SG responded we were awaiting quite a significant funding coming from WG – so in our interest to wait – sadly that funding yet to materialise, so look at progressing work on regional basis.</li> <li> CT-J agree with RS re. concern at dementia connectors as across all areas, Navigators, social prescribers etc. and case studies pre-diagnosis can be provided from families, carers, bereavement support workers – building on what's there as with the local work already happening. SG – frustration in NW is many dementia community connectors called different things in different areas! Some have dementia specific titles, others not. Other regions don't appear to have and difficulty with any work with WG funding, WG – have appointed Improvement Cymru to lead on this work and very rigid in their approach. They want to define a 'job description' of what a dementia connector looks like. Awaiting this to map out existing posts – where else can we spend this money. Re. GP awareness we've just done approved funding for 2 part time posts primary care GP awareness rising of the pathway and information sharing and list shared with the post holders with highlighted 'problem' GPs in the area.</li> </ul>
8	<p><b>Q2 Capital Update</b></p> <p>SG orated and highlighted the concise and detailed update on the 2023/24 Regional HCF and IRCF Capital programmes at Q2 for noting by the RPB was included with the meeting pack for members. SG also presented for RPB members to note the current spend forecast for the 2032/24 Regional HCF and IRCF Capital programmes at Q2. Meeting was held with RPB Members and WG talking through where up to to-date as well as 10 years Strategic Capital Plan and WG mooted that NW have good grip on Capital and quick off the mark.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> TO mentioned that the meeting with WG was the same day as the Public Board meeting and Senior Executives of BCUHB couldn't attend, but BCU Estates staff had attended. TO delighted that money coming to NW which is appreciated. TO questioned what projects agreed by WG to date and could it be shared.</li> <li> The Chair thanked SG and JG for the concise report.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> EMY to forward the 10year SCP prioritisation list to be forwarded to TO.</li> </ul>
9	<p><b>BCUHB Update</b></p> <p>TO provided an update in the absence of CS &amp; DE. Appointments that have happened since September, CS now Chief Executive following her being in an 'Interim' capacity. TO delighted at the news. Other appointments agreed including Gareth Williams as Vice Chair of the Board; Dr Caroline Turner and Urtha Felda also as Board members. Background information on the three appointees named can be found on the BCU website <a href="#">HERE</a></p> <p>Special measure: work programme progressing. Since September 1<sup>st</sup> in cycle 3 of the Special measure – Stabilisation phase and hopefully looking to move onto to the Standardisation phase – the work progressing and certain an update can be put on the RPB agenda in future meeting.</p>

	<p>Winter Planning – many challenges in the A&amp;E departments and in the communities; the Winter Plan has been discussed at the Health Board meeting and papers are made public should anyone have an interest. In the past worked closely with RPB to assist with Winter pressures, but all aware that no funding – hard work undertaken to ensure that we have the strong contingent in place.</p> <p>Financial situation – CS would be happy to discuss further the health board financial situation – clearer picture of where BCUHB is and where the challenges are within the Health Board and the Health Board across Wales. Uncertain as to the budget for 2024/25 yet, however no doubt advised prior to Christmas as per usual. Lots of work undertaken in this area and difficult for all. CS leading on this piece of work Chairing a EDG Group on performance and finance.</p> <p>Quality – Care quality continues to be a priority in the Health Board and developing across the HB under CS’s leadership. A legislation now in operation on the Duty of Quality moving BCUHB forward. A Round Table meeting was held recently to discuss quality with members of HB; WG; NHS Executives and a vital conversation was had.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> The Chair thanked TO for the concise update and advised Members for information, he met with CS who was delighted as to the commitment to supporting the work of the NWRPB and partnership working. The only way that the BCUHB can reshape is through working with other partners. BCUHB cannot do it alone which also sits within the vision of the RPB. The Chair of BCUHB also noted the very same message. The RPB Chair added, the need for all to be supportive of the work moving.</li> </ul>
10	<p><b>Financial Situation / Budgetary Information - ALL</b></p> <p>The Chair opened discussions by stating that all are facing challenges not seen previously. No partner is alone in facing difficult decisions and the work of the RPB will be vital and more important than ever before.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> RS commented on the strategy on what the RPB has a huge impact on any budget discussions. Rebalancing Care consultation came to an end and covered in statement from Minister last week. Omitted from Report is what’s happening with Section 9 of the Rebalancing Care. RS understands Minister to have another consultation to report at end of year which will advise as what the roles will be. This no doubt will have an impact on budgetary issues.</li> <li> AW advised about a paper that WCVA has compiled on impact to third sector and included an extract re inflationary pressures, lack of public giving etc.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> To keep as an on-going Agenda item as situation develops and obligations upon release of budgetary information.</li> </ul>
11	<p><b>Minutes and actions of last meeting – October 2023</b></p> <p>The minutes as distributed were approved by members.</p>
	<p><b>Any Other Business</b></p> <p>Proposal for an Annual RPBs Wales Event / Conference: idea for sharing of experience, knowledge and information. Whether face to face or on-line. Theme based, burning issues, workshops, short sessions from each RPB etc. Suggest The Chair take forward to the Chairs meeting and seek appetite. With setting up of steering group from each RPB representative. Cllr LR seconded RS’ suggestion it’s all about partnership work and learning from one another. With the situation as is, no one has the answer. Cllr LR agreed to having a themed workshop as a direction as to what will be discussed.</p>

**KEY ACTION POINTS**

 The Chair to discuss with GM how take forward and progress.

GM thanked everyone for their presentations', and all involved with the discussions. Good to see the obvious need for partnership work. GM also advised members of a letter received from Health Care Inspectorate Wales and CIW advising of the need for the Self-Assessment exercise of the RPB. A process we'll need to undertake over the coming weeks', and months.

The Chair thanked all for their attendance and wished all a Merry Christmas.

**Dates of next meetings:**

Friday 12<sup>th</sup> January 2024 - Zoom