













**MINUTES FROM  
NORTH WALES REGIONAL  
PARTNERSHIP BOARD MEETING  
10<sup>th</sup> May 2024**

<b>Present:</b>	Cllr Dilwyn Morgan (Chair), Alwyn Jones (AJ), Gethin Morgan (GM), Mary Wimbury (MW), Ann Woods (AW), Carys Norgain (CN), Cllr Elen Heaton (EH), Teresa Owen (TO), Michelle Greene (MG), Roger Seddon (RS), Dr Jane Moore (JM), Caroline Tudor-James (CT-J), Ann Lloyd (AL), Fon Roberts (FR), Rhun ap Gareth (RhG), Neil Ayling (NA), Steve Grayston (SGr), Alun Roberts (AR), Marian Parry-Hughes (MP-H), Carys Norgain (CN), Geoff Ryall-Harvey (GR-H), LLAIS, Marian Parry-Hughes (MPH) Sophie Hughes (SH), Catrin Gilkes (CG) – translation, Adele Baguley (AB) – minute taker.
<b>Apologies:</b>	Karen Higgins, Craig Macleod, Cllr Chris Jones, Cllr John Pritchard, Cllr Liz Roberts, Dylan Owen – Marian Parry-Hughes deputising, Estelle Hitchon, Ffion Johnstone – Carys Norgain deputising, Jenny Williams, Liz Grieve, Nicola Stubbins- Ann Lloyd deputising, Sue Last, Simon Jones, Libby Ryan Davies, Helen Douglas, Gareth Williams, Eluned Yaxley
<b>In Attendance:</b>	Brian Laing (BL) Public Health Wales, Lindsey Duckett (LD) RCT (agenda item 2) Siobhan Gothorp (SG) RCT (agenda item 3) Joseph Griffiths (JG) RCT (agenda item 4) Deborah Job (DJ) Regional Lead North Wales Suicide and Self-harm Prevention Forum (agenda item 5) Chris Stockport (CS) BCUHB (agenda item 6) Sharon Hinchcliffe (SH) RCT (agenda item 7) Sarah Bartlett (SB) RCT (agenda item 8 & 9)

Item	
1	<b>Welcome, Introductions &amp; Apologies</b> The chair welcomed all to the meeting and apologies were noted as above.
2.	<p><b>North Wales Social Prescribing Report - Brian Laing</b></p> <p>Dr Jane Moore introduced herself to members as the acting Executive Director of Public Health for BCUHB. She highlighted that when managing people with a long-term health condition the traditional medical model doesn't work. There is a need to build on the social psychological behaviour change model, where different agencies are working in partnership with very different types of intervention. This is the start of the journey to build a collaborative approach to new ways of keeping people healthy.</p> <p>BL then took members through the highlights of the report which gives background and context, a brief overview of social prescribing and outlines 5 recommendations which the board were asked to support.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> RS enquired whether comments and recommendations from discussion at this meeting will be taken into account given the report has already been through the Health Boards governance. BL responded that the purpose of the Health Board governance process was to give approval for the report to be presented at the RPB today. It is the responsibility of the RPB to lead on the implementation of Social Prescribing so it is therefore within the remit of the RPB to change anything in the report.</li> <li> RS would have liked to see more coverage of the use of community assets and opportunities at the next stage where community champions take over community enterprises; Funding streams will have their own evaluation system and a Health Impact Assessment could provide a potential solution.</li> <li> In respect of recommendation 3, RS strongly rejects the concept of Local Action Groups as he feels this structure is already in place in the 'Clusters'. Imposing a new structure could stifle local</li> </ul>

initiative and entrepreneurship. In respect of recommendation 4, North Wales has the advantage of legacy connections from historic EU funding which could be utilised as knowledge sharing platforms for accessing funding. RS feels that if the governance imposed is too rigid, it will deter people from taking part and Social Prescribing is an area where entrepreneurs thrive.

-  BL fully agrees that communities need to be empowered but those systems also need to be developed. The statutory bodies have the opportunity to bring people to the table and then ultimately, the communities themselves have the decision power. There is a risk that more affluent communities will get disproportionate access and this was raised with WG and is something to be mindful of. BL noted that the Clusters may work in some areas so they can take it forward but they might not work in other areas so they would need to find what would work for them.
-  In terms of funding, there are those who know how to access funding but others may not and the feeling is that a strategic approach would support those who might otherwise miss out.
-  The Chair noted the importance of flexibility in the implementation of the recommendations.
-  NA gave thanks for a great report and welcomes the direction of travel. Pleased to hear the flexibility of local groups as there is no capacity to create another one. It is not about reinventing the wheel but being flexible and working with what we have got.
-  AW gave thanks to all and commented that social prescribing is happening everyday with social workers and health workers having what matters conversations. All have that commitment to make sure that people have access. Its co-ordinating that which is happening organically.
-  TO gave thanks to BL and JM. Mental health and wellbeing resilience is very important along with early intervention. Agrees that organic and more formal work happens across the region. It is important to ensure there is consistency in the offer - not that it is the same but that there is an offer available to people wherever they live that is not postcode lottery but suitable for different people and different needs.
-  GM commented that it is great to see the intention and desire. It shows the complexity of bringing everyone together, remembering that we have the partnership. The challenge that we would ask, is whether the timetable given at the end is achievable?
-  BL feels that it is. JM commented that it is important to be clear about where we are and what we think a good offer looks like. We are going to be challenged financially over the next few years. We already have some great work happening so we need to start to join that up into the framework so that we can maximise it and demonstrate the immediate impact to individuals and the broader impact. What we are putting in place within the next 9 to 12 months will be a starting point that will evolve over time and we think that it is realistic.
-  The Chair thanked all partners for their contribution to the discussions and asked for a show of hands to approve the report and recommendations.

**KEY ACTION POINTS:**




-  The report and recommendations were approved.

3.

**RIF 2023/24 Year End Report – Siobhan Gothorp**

SG took members through the highlights of the report which was included in the meeting pack and asked members to endorse the report and approve submission to Welsh Government.

**KEY POINTS RAISED:**

-  The Chair commented on the scope of the work that is being undertaken, the real difference it makes to people and how important it is to share that across the region.
-  MW enquired whether further information is available regarding the detail of the support that has been given to registered care providers, in particular how many local authority and independent providers have been supported.
-  SG confirmed that there are detailed reports on each of the regional schemes which can be shared if required. Within those schemes there are approximately 78 case studies that are just waiting for consent levels to be confirmed prior to being shared. A group has also been developed to meet quarterly and share 'good news stories' from the region.

- TO commented that it would be nice to understand how things change over time so that we can understand the outcome and how that builds year to year.
- SG highlighted that two new evaluation models are being piloted: 'Most Significant Change' and 'Ripple Effect Mapping' to see whether they are what is needed to understand longer term impact. Hoping to bring this back to the RPB at the end of the year.
- JM commented that adding to the outcome measures - does this make a material difference to the outcomes for our population? Adding some of the health economics, widening this out so that we get things like social return on investment (SRI).
- SG highlighted that Welsh Government have commissioned a national piece of evaluation work and SRI is in the agenda. We will feed that back as we get more information.
- The Chair thanked all partners for their contribution to the discussions and asked for a show of hands to approve the report and recommendations.

**KEY ACTION POINTS:**

- The report and recommendations were approved.
- SG to share detailed reports of the existing schemes with MW.












4.
















**Strategic Capital Prioritisation – Joe Griffiths**



JG took partners through the highlights of the report which formed part of the meeting pack.

**KEY POINTS RAISED:**

- MW commented that the report doesn't really give information regarding the schemes so it is difficult to take a view on the endorsement of the 3 additional schemes. It would be helpful to have more information regarding what the schemes are. CT-J concurred as it is difficult to know why some schemes were approved and others not.
- MPH noted that two schemes in Gwynedd have been rejected which will obviously affect individuals in Gwynedd. She enquired whether the knock-on effect of that has been assessed by the panel and discussions had with the local authority?
- JG- we do understand there are effects to the decisions that are made. Feedback is given and there is an opportunity for partners to ask questions.
- AJ enquired whether given it's a 10-year plan, is it acceptable to have agreement that it will be built even if it is not built by the end of the 10 years?
- GM reminded partners that it can be a long process from having the RPB endorse the schemes to be added to the prioritisation list, developing, and submitting a business case and being given funding approval by Welsh Government. From stage 0 to a business case being submitted can take two years so there is a demand on the 10-year plan for that funding to be developed to get to construction.
- TO queried how partners can get updates here on the schemes so that agencies can understand where we are? Also wants to understand in terms of the governance- has the report gone to the link people that you are working with?
- SG commented that there is a quarterly capital report that comes to the RPB which contains the detail of all of the schemes. Everything at the RPB comes through the Regional Capital Fund Board on which partners sit. The report being discussed today is regarding the decisions of the most recent prioritisation panel (which are held on a quarterly basis). SG suggested that the detail contained within this report could be added to the quarterly capital report so that we have one report that contains everything.
- JG suggested that we may need to look at the best process to take this forward as 3 months of waiting for a decision could delay the process quite considerably.
- TO sated that it would be helpful to have a process diagram of where this goes for approval. SG commented that this can be put in the appendices of the reports for all to see.
- BL made the observation that the cost of the schemes that have been prioritised amounts to more than the capital investment giving a significant risk to partners that the funding won't be approved by WG.

	<ul style="list-style-type: none"> <li> JG clarified that the purpose of the 10-year plan is to demonstrate to WG what the demand is. The ICRF is an all-Wales pot, the HCF is more in our control. There are different criteria for both and there has been slippage in both pots. Capital projects take time, so it is about getting things in the plan and then working with our partners to determine what is deliverable within our constraints. Knowing where projects currently sit within that development of business case to construction or completion will be useful because that will allow partners to make decisions in their organisations on what projects to take forward and progress quicker than others because the deliverability is more manageable.</li> <li> The Chair thanked all partners for their contribution to the discussions and asked for a show of hands to approve the report and recommendations.</li> </ul> <p><b>KEY ACTION POINTS</b></p> <ul style="list-style-type: none"> <li> The report and recommendations were approved.</li> </ul>
5.	<p><b>Suicide and Self-harm Prevention – North Wales Regional Forum Presentation and update</b></p> <p>DJ introduced herself as the North Wales Regional Lead for Suicide and Self-harm Prevention. She talked partners through a presentation which will be shared with members following the meeting. DJ is keen to make links with the RPB and bring awareness of the work of the North Wales Suicide and Self-harm Prevention Forum.</p> <p>The national Wales Suicide and Self-harm Prevention Strategy is currently out for consultation until the 11 June 2024. Members were invited to attend an online workshop being held on the Thursday 16 May 2024 (10 – 12), details to be shared with partners following the meeting.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> The chair gave thanks to DJ for her presentation and is glad the link has now been made to the RPB.</li> <li> MPH queried the age range of the suicide rate statistics displayed? They are all age.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> EMY to share the details of the S&amp;SH prevention strategy workshop with partners on behalf of DJ</li> </ul>
6	<p><b>The Integrated Three-Year Plan for BCUHB: 2024 to 2027</b></p> <p>CS introduced himself and gave recognition to the fact that the Health Board is on a journey as an organisation and this includes planning. He acknowledged that the Health Board has historically done a lot of reactive planning on services with this plan looking further ahead and more strategically. CS gave partners an overview of the plan which was shared within the meeting pack.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> MW commented on the service of registered providers which is important in terms of people staying out of hospital and people leaving. Providers are currently still waiting to know how much they are going to be paid by the Health Board over a month into the new financial year. They have had to recognise the real living wage increase but this has not been recognised by the Health Board. It is very hard to build relationships when this is the situation.</li> <li> CS acknowledges the point and will take this back so that this can be addressed.</li> <li> RS enquired whether any work is being done regarding cross border cluster operations for example Denbighshire/Flintshire. CS will pick this up with RS outside of the meeting to better understand any concerns as it isn't something he is hearing much about.</li> <li> The Chair thanked CS for the report and sends a strong message from the RPB that partners are all with you on this journey.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> CS to address the issue of registered providers not being informed of financial contributions from the Health Board.</li> </ul>

	<p> CS to pick up discussions with RS outside of the meeting over cross border cluster operations.</p>
7	<p><b>Neurodivergence Plans 2024/25 –Sharon Hinchcliffe</b> SH gave an overview of the background of the NDIP programme funding plan for North Wales. The plan was contained within the meeting pack. Partners were asked to note and agree the recommendations.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> FR stressed the importance of C&amp;YP getting the commitment outlined in the plans given the long waiting lists for assessments. There are several constraints to improving waiting times and hundreds of children waiting.</li> <li> TO noted that the issues to be addressed include service provision for adults – how will this work? Happy to pick this up outside of the meeting. SH clarified that The Right Door strategy straddles 0-25 and a lot of children are supported into early adulthood.</li> <li> The Chair thanked all partners for their contribution to the discussions and asked for a show of hands to approve the report and recommendations.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> The report and recommendations were approved.</li> </ul>
8	<p><b>Digital Data and Technology (DDaT) Highlight Report – Sarah Bartlett</b> SB took members through the highlights of the report which was shared as part of the meeting pack.</p> <p><b>KEY POINTS RAISED:</b></p> <ul style="list-style-type: none"> <li> The Chair thanked SB for the report and commented on the importance of the work being undertaken. He asked members to consider the recommendations and the discussion point.</li> <li> Members agreed with the recommendations and on an update being received after summer 2025 on the proposed innovation showcase event.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> The report and recommendations were approved.</li> <li> An update on the innovation showcase will be added to the forward workplan for September / October 2025.</li> </ul>
9	<p><b>RIC Hub 2023/24 Annual Report – Sarah Bartlett</b> SB took members through the highlights of the report which was shared as part of the meeting pack.</p> <ul style="list-style-type: none"> <li> The Chair gave thanks to SB for an excellent report and asked for a show of hands for approval of the report to be submitted to WG.</li> </ul> <p><b>KEY ACTION POINTS:</b></p> <ul style="list-style-type: none"> <li> The annual report was approved for submission to WG.</li> </ul>
10	<p><b>Minutes and actions of last meeting – April 2024</b></p> <ul style="list-style-type: none"> <li> The minutes as distributed were approved by members and all action points undertaken.</li> <li> GM suggested moving the minutes and actions to the beginning of the meeting and introducing an action log to allow for a clearer understanding of their status.</li> <li> All members were happy to agree to GM suggestion.</li> </ul>
11	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li> The Chair announced that it is MW’s last meeting with the RPB as she is moving on to a special advisor post in WG. He gave thanks to her on behalf of all partners for all of the work she has undertaken for the Board. We wish her well in the future.</li> </ul>

	<p> If partners would like to suggest any items for the agenda please get in touch with the Chair, GM or a member of the RPB support team.</p> <p> The Chair gave thanks to everyone for their contribution to the meeting today.</p>
	<p><b>Dates of next meetings:</b> Friday 14<sup>th</sup> June 2024 – online via Zoom</p>