



MINUTES FROM
NORTH WALES REGIONAL
PARTNERSHIP BOARD MEETING
12th January 2024

Present:	Cllr Dilwyn Morgan (Chair) (DM), Alwyn Jones (AJ), Caroline Tudor-James (CTJ); Cllr Alun Roberts (AR), Cllr Elen Heaton (EH), Cllr John Pritchard (JP), Cllr Liz Roberts(LR), Craig Macleod (CM), Darren Murray (DM), Dylan Owen (DO), Estelle Hitchon (EsH), Ffion Johnstone (FfJ), Fôn Roberts (FR), Gethin Morgan (GM), Jenny Williams (JW), Katherine Hussey (KH), Liz Grieve (LG), Mary Wimbury (MW), Michelle Greene (MG), Paul Kay (PK), Roger Seddon (RS), Steve Grayston (SG), Sue Last (SL), Teresa Owen (TO)
Apologies:	Adele Gittoes; Ann Woods – Katherine Hussey deputising; Carol Shillabeer; Cllr Chris Jones; Karen Higgins; Libby Ryan-Davies – Steve Grayston deputising; Mel Evans; Neil Ayling – Craig McLeod deputising; Nicola Stubbins, Rhun ap Gareth
In Attendance:	Vicky Jones (VJ), Betsi Cadwaladr Health Board (agenda item 2) Kathryn Whitfield (KW), North Wales Learning Disability Board (agenda item 3) Kim Killow (KK), North Wales Learning Disability Board (agenda item 3) Shell Williams (SW), North Wales Learning Disability Board (agenda item 3) Sharon Hinchcliffe (SH), RCT (agenda item 4) Dyfed Edwards (DE), Chair, Betsi Cadwaladr University Health Board (agenda item 6)

Item	
1	Welcome, Introductions & Apologies
2.	<p>Together For Mental Health (T4MH) Update – Vicky Jones VJ recapped following on from presenting the T4MH Interim Strategy to the RPB in April 2023 providing an overview on the coproduction methodology applied; vision reached etc at that time. Then in September 2023 – an updated on the strengthened arrangement re. MH was presented to the Board and discussion of engagement and governance Strategies; together with update on the iCan programme of work was provided to the RPB.</p> <p>VJ presented the Update advising that the final approval of the Strategy by BCUHB now in hand but still awaiting final communication and engagement plan sign off with the view to go live imminently. It was noted that the National Strategy is still being awaited and likely to be delayed, but BCU in position to go live once the Comms & Engagement Plan agreed.</p> <p>The members were advised that the BCUHB Vice Chair taking up Chair of T4MH Board on the 19/1/23 and that there is a clear forward work programme and reporting to the RPB in place.</p> <p>Re iCan VJ advised the development of iCAN data sets and data dashboard with plans for a deep dive on key areas eg referral patterns; refreshed communication & engagement plan ready for 24/25; pathway review and development; currently awaiting RIF funding.</p> <p>The iCAN Hub Activity Headlines August to September 2023 snapshot was shared with the members.</p> <p>KEY POINTS RAISED:</p>

- DM questioned if referrals received were increasing. VJ responded, increased referrals are being seen, we can monitor trends more effectively with data trends, demand does appear to be increasing. If we can support at earliest possible point, possible demand in rest of system.
- JW queried if BCUHB are prepared ie iCan hubs etc geared up in the need to support more individuals due to the Right Care Right Person initiative recently launched. Anticipating demand increase in partner organisations because of the initiative. VJ answered by agreeing that likelihood to see increased demand. As a division, working with NW Police as T&F Group members to ensure support and commission services ready eg 111 press 2, stood up to be taking increased calls, 'Directory of services' across region produced and shared with NW Police. Once initiative 1st phase has commenced, greater understanding of what means of demand, need to work quickly to ensure demand can be met what services are best to meet the presenting need at the time.
- LG asked re. the iCan dashboard re. referrals into hubs and presumably into wider mental health service if figures drilled down to see who's referring in and where referred to thereafter for assurance that enough of a link between various housing providers in region and the service. VJ noted currently not available as data still in development. Currently working on pathways work to understand where being referred and in future where support needs to be to meet that need. VJ added would welcome conversation with LA housing reps to progress – LG agreed positive way forward.
- RS asked if foreseeing challenges and issues arising within the 8 iCan community hubs because of working with third sector given anticipated financial issues and challenges this year – possibility some third sector partners having to cut back on participation in hubs. VJ advised that iCan hubs are RIF funded largely and hopefully to remain at same level for next year. Always one eye on funding in terms on what is manageable if funds decreased. Never any guarantee.
- SL said it was good to see positive outcomes, however, queried the monitoring of the 20% who didn't fit into the programme, what happens to them and would using that information assist in the development of services. VJ responded by adding whilst it is important to look at positives, the need to look, learn and review equally vital. VJ added, the monthly review recorded was a snapshot, hence the need to come back to present to the RPB longer term data and looking at trends over a certain period. Continual reviewing and if services are incorrect, what services are right to meet those needs. iCan is not about ending a relationship of those who needs support but navigating and signposting to the right service at the right time.
- TO added to all that VJ has said. The T4MH work is continually developing, but one model does not suit all the people eg 111 press 2, Silver Cloud are other models which suit others. Conversations across Wales & UK nods towards the need for a toolkit of all models appealing to different people at differing times of need. TO added, that in January Mental Health needs are heightened and key pressure on services. TO aware that VJ working with partners on the work and thanked VJ for her work.
- SG, questioned the Occupational Therapy (OT) posts and whether data of activity included or needs to be included alongside because serving similar management of demand. VJ responded not included in what presented today adding that data sets re. OT activity is available with positive things coming through. VJ to come back to further meeting to share further data with inclusion and overview of all iCan services.

KEY ACTION POINTS:

- EMY to share VJ presentation to RPB members.
- VJ to meet and discuss further iCan data information with LG & other LA Head of Housing.
- VJ to attend future RPB to share comprehensive data.

3. **Learning Disabilities (LD) Update – Kathryn Whitfield & Shell Williams**
 KK; KK & SW advised members that the programme follows the 2018-23 Learning Disability Strategy. The LD Partnership Group, Service Managers in health and Social Services feel that this strategy to

date has been successful in driving LD improvement across health and Social Care and now eager for a refresh and updating, considering National Strategies developed over past 5years.





An overview on the LD workstreams Employment to accommodation; Community and Culture; Children; Technology and Health was provided and KW advised, all within a £944k budget.

3yr evaluation and research based approach in real time to improve model.

Impact, difference made – 10 people in paid employed – how has it improved health & well-being, reduction on day services. not moving from cared service, but enabling greater independence. Return on investment. Heads up for financial data. Looking at self outcomes

Return on investment this approach using regional integration fund – intention ove time as embedded in region, what it looks like, supportive employment, looking at other sources

KEY POINTS RAISED:

-  AR queried how important the voices of services users when preparing services – KW/SW added in a fortunate position to be working closely with Partnership Group who advise as what direction to follow who in turn work closely with North Wales Flyers. The Partnership Group NW Flyers and SW to get the voice of people with LD to shape services.
-  AJ added the need to actively ensure as increasing work opportunities arise, that individual stories are heard as evidence of change to justify the project moving forward. Concepts be recognised however stories have a bigger impact. KW agreed with AJ adding that tender currently out includes evaluation from outset. From LD disability smaller cohort of individuals in the service, clarity needed to articulate the information. Positive work undertaken in Conwy & Denbighshire to date with numbers of people have been / are being diverted to supported employment rather than services.
-  KK added, 3 tier, 3yr evaluation happening at present that is 1) based approach, in real time to improve model. 2) Impact and the difference made – 10 people in paid employment and improvement in health & well-being offsetting reduction on day services. Enabling the need for greater independence. And the final tier of evaluation being a Return on investment. KK advised that requesting LA financial data in time.
-  The Chair thanked, KK; KW and SW for the presentation and presentation will be shared to read in greater detail.

KEY ACTION POINTS:

-  EMY to share LD presentation with the Members.

4.

RPB Storytelling Event update / de-brief – Sharon Hinchcliffe

In addition to the papers included within the Meeting Pack, SH shared with members a powerful video used at the RPB Storytelling event from Georgie Steele – a storyteller and parent of children with complex needs.

The findings from the event were

- Ethics of storytelling and responsible practice – e.g., safeguarding, voice, advocacy, consent, permissions etc.
- Application of storytelling techniques and practices – e.g., ‘how to’, applying techniques in different contexts.
- Working with stories in evaluation/research – e.g., stories as data, analysis techniques etc.
- Using stories to create change – e.g., differences in opinion and perspective, what if no-one listens, how to create spaces that are receptive to listening to stories etc.

The core areas identified from the next steps that people identified that they could take to progress a storytelling agenda in the system were:

1. Share learning with colleagues.
2. Accessing further training.



3. Implement techniques within immediate team/service.
4. Begin formally capturing stories being shared in teams.

SH advised that RPB & CRPB members were invited to a Foundations in Storytelling workshop in Conwy Business Centre on 22nd February as next step. The appetite to look at approach and understand how we can implement in North Wales has been acknowledged.

Further exploration how we do this and continue to update how we're moving forward.

The Chair thanked SH for the update and agreed it is the way forward and that the event had a profound impact. One story is much more impactful than a 200page report!

KEY POINTS RAISED:

-  RS added the storytelling event was indeed worthwhile and attended the breakout session on looking at stories being used to create change of policy and system levels – a robust discussion was had. RS added that auditing lessons learnt from stories and narratives would be valuable if addressed at workshop in February as next steps as it would be good practise to know that from stories something happens.
-  EH added the story re. Post Office as documented on TV had impact.

5. **Development of Board into 2024: Review & Refresh**

GM firstly thanked everyone and for those of already met with for the welcome received – it is becoming apparent with welcome and discussions how important partnership working is across the region and importance with care and work undertaken to our users.





One key theme reoccurring from discussions held to date is how many are new in the roles / responsibilities they have ie over the past 12/18 months. When individuals undertake a new role and responsibilities – it is apparent how ready people are to look at arrangements to ensure unification in respect of direction of traffic.


GM proposed to the RPB to undertake a piece of work over the forthcoming quarter to Review and Refresh re procedures to ensure a unified direction of travel, all aware of responsibilities and strong governance arrangements.

GM questioned if timely for the RPB to undertake such a piece of work and suggested and move agenda forward through Leadership Group.

The Chair agreed it was timely and a way of moving the RPB forward to the challenges facing all.

KEY POINTS RAISED:

-  DO added he fully supported GM's proposal.
-  EH voiced her thoughts at it becoming an annual undertaking. Reality of financial landscape and clarity of outcomes and funding through RIF etc the need to collaborate more in future more than ever. EH supported GM's Review & Refresh process – not just in 2024, but an annual basis to ensure we're all on same page how we move forward.
-  FR agreed with timely recommendation and unsure if had opportunity since Covid to undertake such piece of work. The need to also revisit WG's requirements for the Board – and the need to require without funding etc. The Role and purpose of Agenda and running of meetings – effective ways of meeting eg using podcasts rather than sitting in 'formal' meetings and in virtual way of working.
-  TO also agreed and added that life is so very different since Covid. Agreeing with EH with results and what we want to achieve as partners and opportunity to revisit. Only comment is that not all siting on LG and the strength of RPB when discussing and delving into the changes

	<p>and where we're all working together, the opportunity as a Board to have an input in the review and the work GM discussed.</p> <p> RS voiced that it's good for any organisation to look at itself and seeing how it'll evolve. One caveat in re. Rebalancing Care Consultation in 2023, due to be published, with an exception of pausing Impact consultation results re Section 9 partnerships – RS contacted Transformation Team to enquire and was advised that further consultation about putting results into effect that will not be available until Summer 2024. Concerned what we're doing / where we're going bear in mind that there might be changes.</p> <p>GM in closing noted that the in response to TO's comments – under consideration is that there will be a work programme put to the LG and the work undertaken in an inclusive a way as possible, bringing all partners comments to the work itself.</p>
6	<p>BCUHB Update</p> <p>The Chair thanked DE for his attendance and time given to support the work of the RPB.</p> <p>DE advised that new BCUHB Vice-Chair installed and will ask him to attend from time to time.</p> <p>Continued to be in Special Measures and making progress.</p> <p>A clear and definite programme from WG and the need to meet various targets. The information is public can see found on the BCUHB website.</p> <p>DE added that many appointments have happened – stability is given by having the appointment of a permanent CEO in Carol Shillabeer for the first time in many years; this sends to staff and partners and public a message the fact that we want to move from uncertainty to a place of 'normality'. Currently undertaking many permanent appointments and currently looking at recruiting Director of Governance; Director of HR / Workforce.</p> <p>Gareth Williams appointed as Vice-Chair of BCUHB; currently a recruitment process for more independent members. March 1st will see WG confirm BCUHB Chair; Vice-Chair and hopefully a full complement of independent members. This will create a stable environment to undertake the work.</p> <p>Two important developments for updating taking BCUHB in a new direction:</p> <ol style="list-style-type: none"> 1) A new item on the BCUHB is looking at patient experiences from a new perspective. Historically the Board encouraged people to complete questionnaire which now not fit for purpose. DE advised people encouraged to contact with the Health Board at any opportunity. Experiences of patients in transparent and open medium that will raise specific themes and learn to ensure progress made. 2) Over the coming months; a series of engagement meetings across the Region. Visiting various locations inviting people in to talk and share thoughts / experiences and hopes for North Wales's health service. An opportunity to listen and learn and this discussion will advise what's required in future and an opportunity to share direction of travel and reaching out to the public as not done so in the past. <p>Theses two pieces of work will show the need to get closer with the public and the want to listen and engage with all.</p> <p>TO added currently awaiting latest industrial action – no doubt will be a knock-on effect on hospital services; major planning work undertaken. If patient appointment changes needed etc, they'll be notified.</p> <p>Winter Pressures remain on the system. A challenging time has been had across the health and social care sector. Continue to work on work plan to ensure highest care possible, but aware of challenges in the system.</p>

TO reminded of winter / covid vaccinations – drop-in vaccination centres open across the region.





BCUHB Financial situation clearer since December – currently planning for 2024/25 aware and changes to be made. Focus on HB still on 2023/24. Every level of HB expenditure being spent carefully.

The Health Minister updated pre-Christmas on progress and work undertaken by BCUHB. A £200k fine was received by HSE following the death of a patient in Hergest April 2021. Determined to continue the work on safety for patients in all services.

TO added re media focus on various inquests of historic events and aware a review happening of processes. Importance of stories and learning from stories, inquests opportunity to learn.

FfJ thanked all partners for assistance and constant contact for hospital flow and working together for the benefit of the service user. The individual is central to all.

KEY POINTS RAISED:

-  CllrLR added the approach being presented within the HB is a positive one. Eluded members to a public meeting in Betws y Coed re. the GP practise – an opportunity for the HB to meet with public and all present impressed and grateful for the attendance of the HB Chair, CEO and Llais.
-  RS congratulated the Board and added the response to the inquest review to include patient and family carer experience to be addressed and appointed a committee and involvement of Llais.
-  SL questioned if a consultation was undertaken on the change of Continuing Health Care outsourcing to Liaison Care. All reviews now taking place online. SL added as all done online, no room for nuance for sick patients as it's all score related and not seeing patient. SL added it's a hard process to undertake – many people won't be able to follow the process through. SL why did this process come about and what is being done to look at it and review. DE thanked SL for raising the comment and both to discuss outside of the meeting. DE to make enquiries and obtain details to respond accordingly. TO to provide contact details.
-  DE to share the digital information response with EMY to disseminate with members.



7

Financial Situation / Budgetary Information - ALL

DE requested prior to departure, re. financial discussion, to note that information is shared between one another and if any decisions undertaken by BCUHB, whatever the decision, important to share with partners and request partners reciprocate.


FR advised of a pilot scheme set up by WG around Early Years transformation / integration grant that was due to be in place until March 2025 will now cease March 2024. Directors asked WG to not proceed and a discussion re. the impact across the region and we cannot function as Board if grants are taken without prior knowledge / discussion. A request from the Board would be more effective and have a greater impact.

KEY POINTS RAISED:

-  EH added a collaborative letter tabled re. tapering issues provided.
-  GM following discussions the demand and demographics changing over the next 5, 10 15 years; looking at arranging following the November meeting – a face to face meeting for Radical Thinking. Look at different ways of modelling work patterns.

KEY ACTION POINTS:

-  GM to meet with FR prior to the RPB Chairs & Minister meeting to be fully briefed.

8	<p>Minutes and actions of last meeting – December 2023</p> <p>The minutes as distributed were approved by members and all Action points undertaken.</p>
9	<p>Any Other Business</p> <p>KEY ACTION POINTS</p> <p> RS advised re. the Launch of Welsh Government Consultation on 'Considering draft regulations to mandate the use of Health Impact Assessments (HIA)' – reminded assessment of likely of long/short term on mental health in Wales. The measurement both positive and negative impact. Methods of HIA undertaken well worth reading in the report. RS added Wales pioneers in HIA and powerful tool to engage with local communities in structured way.</p>
	<p>Dates of next meetings:</p> <p>Friday 9th February 2024 – Face to Face</p>