



















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

Present:	Cllr Dilwyn Morgan (Chair), Alwyn Jones (AJ), Andrea Hughes (AH), Ann Woods (AW), Carys Norgain (CN), Cllr Elen Heaton (EH), Cllr John Pritchard (JP), Dr Jane Moore (JM), Darren Murray (DM), Dylan Owen (DO), Elin Gwynedd (EG), Estelle Hitchon (EH), Fon Roberts (FR), Gethin Morgan (GM), Janet Bellis (JB), Jenny Williams (JW), Liz Grieve (LG), Mary Wimbury (MW), Nicola Stubbins (NS), Rhun ap Gareth (RhG), Roger Seddon (RS), Steve Grayston (SG), Sue Last (SL).
Apologies:	Carol Shillabeer – Dr Jane Moore deputising; Caroline Tudor-James; Cllr Alun Roberts, Cllr Chris Jones; Cllr Liz Roberts; Dyfed Edwards – Elin Gwynedd deputising, Ffion Johnstone – Carys Norgain deputising; Libby Ryan-Davies – Steve Grayston deputising, Michelle Greene – Andrea Hughes deputising; Neil Ayling – Janet Bellis deputising, Paul Kay, Teresa Owen.
In Attendance:	Llinos Howatson (LIH), RCT (agenda items 4 and 5) Ruth Whittingham (RW), RCT (agenda items 4 and 5) Paul Flanagan (PF), Grwp Llandrillo Menai – GLIM (agenda item 5) Geoff Ryall-Harvey (GR-H), LLAIS

Item	
1	Welcome, Introductions & Apologies
2.	<p>RIF Q3 Update – Gethin Morgan</p> <p>In Siobhan Gothorp’s absence, GM highlighted key aspects from the papers attached to the meeting pack. RIF funding is currently supporting 35 schemes / services across the 6 national Models of Care.</p> <ul style="list-style-type: none">  Total investment (excl. infrastructure and programme management costs) is £57,169,751.  Welsh Government funding is £29,705,054 and partners invest £27,464,697 from core funding.  £5,413,163 is invested in schemes and services which directly support unpaid carers. This equates to 17% and exceeds the WG government target of 5%  £5,671,244 is invested in social value schemes and services. This equates to 20% and achieves the WG government target of 20%  Spend against Welsh Government funding in the first nine months of the year is £19,974,536 across all schemes which is 67% of the £29,705,054 full year funding allocation. <p>Looking ahead, a proposal for a quarterly communication to celebrate success and share good news stories related to schemes and services funded by RIF currently investigated. Partners will be asked to identify schemes and put forward information for consideration as part of the existing RIF quarterly reporting process. A small RIF comms group will consider submissions and work with partner and RPB comms team to develop quarterly simultaneous good news comms messages. Quality assurance of the regional comms message will be through the Leadership Group.</p> <p>KEY POINTS RAISED:</p> <ul style="list-style-type: none">  AJ felt “Actual spend to date” column rather misleading as partnership funding not inclusive. GM noted changes can be done moving forward in quarterly reporting.  GR-H agreed the need to highlight the excellent work supported by RIF.  RS questioned Table 1 summary of spend, partner match resources, given challenges faced by 3rd sector in future, would the teams be able to give a risk assessment in separate report to the Board for an idea of pressures to ensure funding for 3rd sector. Emerging trends would

	<p>come to the forefront. GM advised members, the Regional Team covering RIF sit quarterly to ensure take stock that all moving forward as expected. The risks that fall out from the discussions can be brought to your attention and the mitigation measures in place to overcome them.</p> <ul style="list-style-type: none">  EH reassuring to see the performance measures and a clearly laid out document – following on from RS’s point on partner contribution, it does evidence ensuring performance measures. Opportunity now to secure further funding from RIF or elsewhere as constituent bodies have no ability to continue funding and good projects will cease to exist as no provision put in place.  The Chair noted a national discussion noting concern re. lack of partnership funding. WG aware.  The Chair thanked all the Team in producing an informative document. <p>KEY ACTION POINTS:</p> <ul style="list-style-type: none">  Partnership funding to be added to the Spend to Date column moving forward.  Risks and mitigation measures on RIF to be reported to RPB in future.
3.	<p>RIF 2024/25 Funding – Gethin Morgan</p> <p>On behalf of Siobhan Gothorp and in addition to the paper included within meeting pack GM advised members of the RIF funding level and Welsh Government (WG) priorities for 2024/25 (year 3 of the 5-year programme).</p> <p>The funding available from Welsh Government in 2024/25 remains at the same level as in 2023/24 with £32,787,322 RIF monies paid directly to NWRPB.</p> <p>Confirmation of RIF to continue with the same expectancy as 2023/24 with increase of 21% in funding available in respect of Neurodivergence.</p> <p>KEY ACTION POINTS:</p> <ul style="list-style-type: none">  JW shared long term concerns– no cuts moving forward, but as suggested by RS and EH previously, concerned that the funding is vital to continue services. JW suggested a letter from RPB thanking but concerned at what will occur in 2 years’ time. The Chair added, concerns voiced regularly Chairs of RPB meetings with Ministers as to what security there is long term.  LG noted re. relaxation of tapering requirements, WG eager to see statutory partners continue to move resources to invest – picking up on last comments – wondering if there’s a need as a Board to be methodical in response as all partners experiencing pressure. How much has the Board looked at what might be possible – even if nothing is possible. Evidence needed to back up all comments. Overview of external funding if not available, why not would be useful piece of work.  SG added BCUHB having conversations but no details around disinvesting to reinvest. Locating money from elsewhere need to clearly articulate consequence e.g., stopping services. On balance of risk outcomes a well-informed position paper required to move into such a space.
4.	<p>North Wales Regional Workforce Strategy – Jenny Williams</p> <p>JW updated members on the background being that the Regional Workforce Board leads on behalf of the Regional Partnership Board on any strategic matters related to workforce planning, transformation, and sustainability.</p> <p>As an integrated Board, the Regional Workforce Board (NWWB) will take forward joint planning and development of the social care and community health workforce, maintaining strategic oversight on the delivery of the regional workforce strategy.</p>

The regional workforce strategy has recently been reviewed and refreshed. The three main priorities were agreed from a stakeholder workshop held in June 2023 where new partners were invited to attend, and provided an opportunity to discuss what partners thought the priorities should be for the region moving forward. The work on the strategy has been undertaken within the context of the national strategy developed jointly between Social Care Wales (SCW) and Health Education in Wales (HEIW).








The strategy sets out the strategic commitment as a North Wales Regional Workforce Partnership for the social care and community health sector, confirming priorities over the next 24 months, until 2026.

The strategy was developed by the NWWB and is the commitment to having a joined-up approach to the workforce challenges and opportunity across the sector.

JW added as the Regional Workforce Board is currently an integrated Board with BCUHB, however representation and engagement has been inconsistent and needs addressing.

The Chair thanked JW and asked for the thanks of the RPB

KEY POINTS RAISED:

-  The Chair asked BCU to consider taking the responsibilities seriously.
-  AH acknowledged her lack of participation as a member of the NWWB. AH to take back comments and encourage other HB team to do the same.
-  AH agreed that one action plan rather than two needed. Also, the need to acknowledge the pay difference between health and social care provision. JW added Board attendance being one area, but missing areas around strategy and concerned not holistic picture been considered.
-  JW added re. T&C's and Pay; recognition concerning development from Agenda for Change – showing colleagues health care worker being part of pay structure within NHS T&C's. Good in one way but will further increase gap between social care and health. Social care front line workers must be registered and expectation of meeting standards and workforce training for registration.
-  RS queried point no2 specific pieces of work for the Board to consider will there be a piece of work for generic training to link all different types of Project management ie Prince 2 etc when collaborative working as a cornerstone of work in future. JW agreed that it fits in Point 2. Those skills alongside digital, development of innovation and change, transformation. More of expectation as part of the day job.
-  JM added Partnership Board is considered highly within BCU and will report back comments made. As Director of Health, knowledge of inequalities – more could be done across Social Care and health in getting those into work. Are we doing enough working with those communities finding challenging getting into training and workforce opportunities. JW agreed that a valid point made and will cover all areas of inequality. Antiracism Wales priority as significant action plan going forward. Research done, disproportionate statistics of individuals from ethnic minority backgrounds coming through across both settings. JW would welcome PHW value to the Board.
-  MW noted as member of workforce board, want to contribute on behalf of Registered Social Care providers, 3rd Discussion point – how does the CRPB support economic value of social care. Aware, social care employs significant proportion of workforce in North Wales, but never seen as part of economic agenda. Findings economic value from social care is much greater if you pay workforce better. Synergy with strategy. MW understands what AH saying re. pay and conditions differences – given majority of social care in North Wales is commissioned by LA's and BCUHB, rates of fees set determine the wages that can be paid. Still awaiting BCUHB decision on what payments will be received. Work was taking place across North Wales looking at Care Fees going forward which broke down as not sufficiently

	<p>in time for 2024/25 care fees. A few LA's using different toolkits without any consultations with the sector. JW responded by adding MW's contribution valuable at the Board.</p> <ul style="list-style-type: none"> SL questioned employment of incoming individuals from Africa/India/Caribbean into social care – unsure where they fit in. Issues with language, training / good accommodation etc. – JW added that her query fits into the Workforce Strategy. A lot of talk and discussion re. overseas recruitment for certain part of sector, NHS recruited overseas for many years. Re. Social care – doesn't flow as neatly re. qualifications. Conundrum whereby overseas employees add value, but the need to ensure the service needs are met ie Welsh Language – being a priority theme across the strategy. <p>KEY ACTION POINTS</p> <ul style="list-style-type: none"> The Regional Workforce Board Strategy was approved unanimously.
5.	<p>Presentation on Stabilising Social Care Workforce in North Wales – Paul Flanagan, GLIM</p> <p>PF provided an indepth and interesting presentation regarding social care workforce literature identifying current and predicted future continuing increases in population social care needs and associated critical social care workforce recruitment and retention challenges. Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) worked together in 2020 to produce a workforce strategy for a healthier Wales and this is examined in relation to proposed ways forward and progress made particularly in relation to social care.</p> <p>The need to not only address current recruitment challenge but to significantly grow the social care workforce to meet current and future needs through high quality education and training pathways, and to retain that workforce is undisputed. The top-level commitment to creating more seamless health and social care services is also undisputed but is far from the reality of progress currently; wider political and economic pressures mean that the step change investment and transformation that is needed remains a vision for the future.</p> <p>The report looked at the GLIM existing social care development capacity through a detailed analysis of its FE health and social care pathway, its separate health and social care apprenticeship and work-based learning pathway and thirdly, the college's foundation degree and BA 'top up' in health and social care. The evidence indicates that there is a large untapped potential progression pipeline for learners from FE health and social care into the social care workforce; such a pipeline could significantly address the social care sector recruitment challenges whilst acknowledging that some employees will after a time, progress to healthcare and clinical roles; but as long as the continuous flow of quality recruitment is maintained this may work effectively for both health, and social care sectors. Recommendations are made to work with SCW and social care employers to develop this workforce progression pipeline.</p> <p>KEY POINTS RAISED:</p> <ul style="list-style-type: none"> RS queried figures on wastage (people dropping out of courses) on learning landscape, and if so, why did they drop out. Success data for 2023/24 was 86% for their programmes. Various reasons for dropping out, some personal – a good number dropping out from health and social care courses move into employment in a different sector. NS similarly to RS, numbers drop out from course during the course, more importantly how many go on into career in social care after completion of course – clarity on what roles in social care entail – WeCare Wales campaign assists in this promotion. PF responded noting that most students when asked about progressing, have had exposure to the sector. High quality placement the broader their understanding becomes. Work needed to do is to provide rich and various experience in the sector. Opportunities to accept that young people will not have lifelong career – will stay in sector on part-time basis during study and HE studies; individual will work part time for 7/8 years on journey and available on holiday / weekends. MW repeating conversation at Workforce Board issues because people do not move into social care is qualifications not necessarily map over to registration. This is a national issue

and frustration when social care course undertaken and must register to work. PF agreed with MW's comments. Level 3 students – 2 years study – college 3 days a week, substantial study qualification not recognised. Employers become aware that the FE qualifications do not allow for registration and devalues students.

The Chair thanked PF for his presentation.

6

Survey & Radical Thinking Workshop Update – Gethin Morgan

GM provided an update on both the RPB Members' Survey and Radical Thinking Workshop as per the meeting pack.

A survey was sent to RPB members in February 2024 and 36% of board members responded.

There were mixed views on board membership, with some happy with the current membership, some suggesting it needs reviewing and some suggestions of additional representatives needed.

Most participants said the board works strategically, but some felt we needed fewer priorities and to spend more time discussing the bigger picture and ways to solve 'wicked' problems. Part of the challenge in having a strategic focus is finding the balance with the operational work required to plan and oversee grant funding and work programmes.

Following the survey, on Friday 8th March, 32 board members participated in a 'Radical Thinking' workshop, held at Parc Eirias, Colwyn Bay. The workshop was facilitated by Co-production Lab Wales.

During the workshop RPB members were invited to collectively explore:

1. How they would define 'Radical Thinking'.
2. The guiding principles which would enable them to apply radical thinking to positive effect across their work as a Regional Partnership Board.
3. The kinds of 'radical interventions' which could make a positive difference, with respect to the different priority groups supported by the RPB.

For members, 'radical thinking' was best characterised by five key features:

- **Disruption:** embracing change and challenging the status quo.
- **Innovation:** adopting new ways of thinking and working.
- **Risk-taking:** taking action with a positive attitude towards failure.
- **Passion:** a clear vision, mission and desire to make a difference.
- **Impact:** delivering lasting and sustainable changes.

It was acknowledged that being 'radical' is not an end in and of itself and can lead to both positive and negative consequences.

In considering a set of guiding principles for the RPB: not only be radical but purposefully radical to deliver enhanced and positive impacts, key themes included:

- **Community involvement:** listening to and working with those the RPBs decisions impact upon.
- **Collaboration:** with partners working closely together, underpinned by relationship of trust.
- **Adaptability:** responding to challenges and opportunities in real time.
- **Accountability:** with monitoring and reporting systems that encourage positive behaviours.
- **Shared culture:** across organisations, embedding radical practices.

	<p>Specific guiding principles suggested included that:</p> <ul style="list-style-type: none"> ▪ We will be open minded. ▪ We will empower our citizens and our workforce. ▪ We will share information and resources. ▪ We will ask ‘what can I/we do for you?’ ▪ We will reduce the burden of bureaucracy. ▪ We will learn from our experience. ▪ We will ask people what their dreams are. ▪ We will start small and try things. ▪ We will give permission and tools to workstreams to do things differently. ▪ We will reframe problems. ▪ We will collectively develop a shared culture (not happening yet) ▪ We will develop relationships at all levels to improve how we work with the public. ▪ We will break down barriers. <p>When considering the kinds of radical interventions, the RPB could deliver, again through group reflections a set of clear cross-cutting themes emerged, across all priority groups, including:</p> <ul style="list-style-type: none"> ▪ Gathering stories: from those with lived experience to inform service design and delivery. ▪ Convening conversations: to connect all partners a shared stake in collective challenges. ▪ Allocating resources: exploring new ways to do more with available finances and resources. ▪ Providing accountability: with the ‘right people around the table’, permissioned to act. ▪ Taking collective action: with RPB taking shared responsibly. <p>The guiding principles and radical interventions put forward at the workshop will be use to shape the RPB Review and Refresh.</p> <p>The work undertaken so far, Terms of Reference will be loosed and output from workshop to investigate if we can work in a different way – and update Governance Structure and purpose and review how do we work with the PSB’s and PCPS’s etc.</p> <p>KEY POINTS RAISED:</p> <ul style="list-style-type: none"> 🌈 RS commented on the fifth recommendation being review links with PSB’s but with PCPG’s – more interplay needed with PCPG’s moving forward. Clarification on the ‘auspices’ meaning still required. GM responded that it one recommendation noted. 🌈 GR-H responded adding RS complete a Llais Volunteer Form – a seat can be found on the ACC local group. 🌈 SG noted the differentiation – Clusters feed into the PCPG’s and some only just formed. SG involved with Conwy & Denbighshire PCPG – not yet into strategic priorities. Broad priority on Diabetes for the PCPG’s. Information needs filtering out and communication in and out as it should be. 🌈 JM added developmental desire to have more links with Primary Care in partnership space is important. Models needed in shift to early intervention. Wider range of organisations, not just medical but social and wellbeing models. BCUHB supportive of priority for the RPB.
7	<p>BCUHB Update – Dr Jane Moore</p> <p>Key update, since last RPB, one year marked from Special Measures – progress is made in looking back.</p>

A substantive Chair and CEO, complete Health Board with appointment of 4 independent and Trade Union reps to the Board.




Aware of the need to work transparently, with partners, public around understanding the journey. As part of the 1-year anniversary, briefings were undertaken held with staff, partners and public.

A 1-year report was released in March 2024 on actions undertaken as a Board in Special Measures.

Now looking forward from Special Measures to a well-functioning Health Board. One key element worked on, is Health Boards' three-year plan. Integrated Plan talking about stance about thinking of operational over next three years. Move beyond challenges that led BCUHB into special measures. Delivery for the population of North Wales; the most effective deliverable services and understand achieving what's wanted priority too in moving forward.

Key areas worked on – big areas of development, Royal Alexandra, Rhyl considering a revised Business Plan with options agreed by Board and now with WG for consideration.


KEY POINTS RAISED:

-  MW advised of concerning reports from care homes re. discharges from hospitals into care homes whereby agreed by care home, family that individual ready for discharge, but now DFT needs to be done prior to discharge – taking longer due to capacity / staff shortages. Well-being recovery and care home placement offered to someone; or empty bed without payment not good for people of other system wanting to get into hospital. JM to meet with MW to understand examples further.
-  JW wanted clarification on improvement plan Integrated Plan? Integrated with Partners – and asked how it was formulated. JM confirmed it is. Thinking within plan about how BCU works with partners. Working in progress document – how to move forward in a partnership space. JW asked if it could be engaged with RPB members. JM added all forums need to be engaged with to have a shared understanding of what wanting to be achieved by partners.
-  NS following on from JW's point, presentation many months ago on Action Plan and conversation at that time re. Mental Health services – question posed by Cllr EH around were actions HB improvement or partnership working. A meeting with TO held and very little change since. Focus on actions at that time, purely HB – a commitment to working in partnership once HB had undertaken actions to talk about how those actions progress forward in an integrated way with partners, but nothing been seen in 12month. JM to take comment back and reiterated the want and need for partnership working.

GR-H updated members on the Wales Air Ambulance (WAA) proposals to close Caernarfon and Welshpool base and old NW Police helicopter base in Denbighshire become the new WAA base. The overall scheme from Emergency Ambulance Service to address regard of unmet need, certain areas not getting coverage by WAA. Campaigning in north Wales and Powys to oppose changes. Both BCUHB / Powys HB supportive of campaigns. Decision to be made shortly.

GR-H added re. Prevention of future deaths the reaction to the Minister's statement and implications for North Wales. Feedback from Llais North Wales volunteers and responding to and conducting media interviews. Of the 27 prevention of future deaths reports issued to Betsi Cadwaladr University Health Board since January 2023, all but three relate to deaths that occurred before the escalation to special measures.

Reaction to the Minister's statement and implications for North Wales. Feedback from Llais North Wales volunteers and responding to and conducting media interviews. Of the 27 prevention of future deaths reports issued to Betsi Cadwaladr University Health Board since January 2023, all but three relate to deaths that occurred before the escalation to special measures.

	<p>RS GR-H and other Llais representatives meeting with Governance leads at BCUHB. Many relate to mental health deaths.</p> <p>GR-H advised on the Royal College Psychiatrists Review of Mental Health Services. A meeting was held between representatives of WG, the RCP, WGDU and many others. BCUHB have been unable to demonstrate that they have implemented the recommendations. Accordingly, BCUHB invited the Royal College of Psychiatrists to undertake a review. This was completed early this year. When we heard about the plan in early Summer2023 Llais lobbied for the Tawelfan Families to be involved.</p> <p>This work ended with the pandemic and no further work was undertaken. Llais also offered to provide experiences from more recent and current patients. Unfortunately, this offer was not taken up. At recent meetings, the WG Advisor on Engagement, Cath Broderick, has been present. Cath has been appointed under the special measures arrangements to advise on engagement issues. It was recognised that the failure to involve patients and carers last year was not good and there is a commitment to involve them in the process of implementing the RCPsych findings. An extensive engagement programme with former and current service users to be undertaken. It also presents a great opportunity to influence change and the shape of the service going forward. BCUHB is keen for Llais North Wales to take a lead in advising and facilitating.</p> <p>Mental Health is a Regional Priority for Llais, and will be focussed on the opportunity of working with BCUHB and patients to progress this priority</p> <p>RS thanked GR-H for setting up meeting re. future deaths. RS interested from a lesson learnt from Section 28 reports.</p>
8	<p>Minutes and actions of last meeting – January 2023</p> <p>The minutes as distributed were approved by members and all Action points undertaken.</p>
9	<p>Any Other Business</p> <p> EH mentioned that WAST currently undertaking a 2024 Reputation Audit. Members were asked to complete a survey so as part of WAST development of the strategy and sought the views of all as the national ambulance service of Wales. A 15/20-minute survey on the progress WAST have made and the services provided, the way WAST works, and opportunities in the future. - EMY to share survey with members on behalf of EH</p>
	<p>Dates of next meetings:</p> <p>Friday 10th May 2024 – face to face</p>