

## WEST WALES REGIONAL PARTNERSHIP BOARD

16 May 2022, 2.30PM

### Via Teams

### Minutes

#### Present:

Jonathan Griffiths (JG), Pembrokeshire County Council  
Su Gordon-Graham (SGG), Attain (Part)  
Judith Hardisty (JH), Hywel Dda University Health Board (Chair)  
Estelle Hitchon (EH), Welsh Ambulance Service NHS Trust  
Cllr Tessa Hodgson (CllrTH) Pembrokeshire County Council  
Sian Howys (SH), Ceredigion County Council  
Hilary Jones (HJ), Bro Myrddin Housing Association  
Hazel Lloyd-lubran (HLL), Ceredigion Association of Voluntary Organisations (Vice Chair)  
Elaine Lorton (EL), Hywel Dda University Health Board  
Gareth Morgan (GM), Carmarthenshire County Council  
Jake Morgan (JM), Carmarthenshire County Council  
Jonathan Morgan (JM), Carmarthenshire County Council  
Malcolm Perrett (MP), Care Forum Wales  
Alan Thomas (AT), Service User Representative  
Cathryn Thomas (CT), Social Care Wales  
Cllr Jane Tremlett (CllrJT), Carmarthenshire County Council

#### Also in attendance:

Kelvin Barlow (KB), West Wales Care Partnership  
Kim Neyland (KN), West Wales Care Partnership  
Michael McClymont (MM), West Wales Care Partnership (Minutes)  
Sharon Breakwell (SB), West Wales Care Partnership

#### Apologies

Donna Pritchard (DP), Ceredigion County Council  
Cllr Alun Williams (CllrAW), Ceredigion County Council  
Anna Bird (AB), Hywel Dda University Health Board  
Jill Paterson (JP), Hywel Dda University Health Board  
Steve Moore (SM), Hywel Dda University Health Board  
Cllr. Gareth John (CllrGJ), Hywel Dda University Health Board

## 1. Chair's welcome

The Chair Judith Hardisty welcomed all attendees to the meeting. Apologies were noted.

## 2. Minutes of meeting held on 23rd March 2022 and actions

The minutes were agreed as an accurate recording of the meeting.

KB provided updates on the progress of actions that are on amber actions on the action table below.

**ACTION:** The discussions with Older People's Commissioner's Office action to be removed from the action log but we will want to address how we engage with the Older People's Commissioner in the future. Update Action Log dates to say 2022 instead of 2021.

## 3. Accelerated Cluster development

EL provided a presentation on the Accelerated Cluster Development Programme which includes the Pan Cluster Planning Group component. JH thanked EL for her presentation and welcomed discussion or questions on the presentation. **ACTION:** EL to share her presentation with KB for distribution to the group.

JM thought the presentation was interesting and thanked EL for taking the group clearly through the government intent. He understands what the role of the clusters are in the planning and delivery of care, and that there are coherent arguments for the delivery of all the models, but his concern was that it paints a confusing picture from an LA perspective about the direction of travel in how the Health Board is structuring itself with some elements being proposed to be centralised, with other elements sitting at county level and some at a cluster level.

JM added that it is not a criticism about the paper delivered today but realises there is a lot of work to be done as a region, not advocating for any model, but stated that if he does not understand the direction of travel for planning and delivery of services in the health board, how would the public understand it or how would other groups like voluntary organisations engage in it. He said that being able to articulate this is important and maybe this is the opportunity to create some definitions as a region as it will help to remove needless tensions in the planning of services because of lack of clarity. EL responded by saying this is about addressing place-based planning and delivery that meets our population needs and is done collectively and collaboratively. She acknowledged that the level at which we deliver services is challenging and a lot needs to be done in the foundation year. She went on to add that the National Team has giving us the toolkit and guidance and we can interpret, define, and implement using local ability.

JG mentioned that the outcomes are very ambitious and wide ranging which gives the scale of the challenge. He asked how do we align the political governance across the local Authorities into this process? He said we have the potential to shift how we operate over time. He encouraged the group to hold on to the fact that we are making good progress in terms of bringing our processes together, which puts us in a good

place to deliver against those ambitious outcomes. He asked the board members to stay positive notwithstanding the challenges that are faced.

In the discussion that followed others agreed that we need to strip out some of the jargon, unravel some of the acronym's and get down to the essence of what we are trying to do collaboratively at all levels so that sense can be made of it. Getting the narrative right will make it easier to explain to our population.

HLL asked the group to practically think about the connection between the accelerated cluster development and the RPB, the reporting mechanism, being a practical connection between this and other decision-making bodies. She believed the timing is good to think some of that through and thought it would be a missed opportunity if we do not align investment opportunities and there will be many third sector groups that will want to be involved in this process. Her biggest concern about the cluster development framework outcomes is that they are all about systems, rather than about people and that person centred approach that we should all be committed to delivering. EL answered saying that when you look at the outcome's framework for the primary care model for Wales you have some more people centred outcomes there. The Pan Cluster planning groups will be the place that brings together the plan and the ambition across the system and defines what services need to be commissioned.

KB referred to some of the work that is being undertaken to try and align the governance beneath RPB, not just the accelerated cluster development but the unscheduled and emergency care work as well as the Regional Integration Fund. He said we are trying to make what is complex and a policy level, simple to understand and communicate and to avoid the duplication. He believes the clearer we can be at a board level about what our priorities are, it will help to steer the work his team is doing rather the other way around.

EL says there is a risk as clearly articulated by everyone, that we try and tick all the many boxes and it takes us away from really understanding what we need to do in partnership for our population and understanding and working with our population. She believes we will be successful here if we take the spirit of this, which should be articulating that we come together with and around our population to best understand their needs and wishes.

#### **4. Dementia Strategy**

SGG introduced herself and provided a short presentation firstly around the context of being appointed to work with partners and people living with dementia, and their carers to develop a dementia strategy for the region and a service model pathway of care.

Secondly, she provided a detailed look at the process of preparing the report and the challenges faced by Covid-19. Alongside this work, they carried out a review of the ICF dementia projects and created a priority matrix and provided a steer to colleagues about what projects should be funded over the last 12 months.

They aligned the model to the priorities for dementia, moving from prevention, planning and education up through to specialist Dementia care and support. They looked at the recommendations, identifying several issues and creating a pathway of care, looking at good practice, and they created a framework of priorities, and aligned it to the government dementia care pathway standards to see how they could be interwoven. They created a framework of priorities as well as a Structured programme of delivery. They wanted to move beyond the strategy and looked at the idea of implementing some of the changes.

JH asked whether a separate amount had been set aside for dementia in the RIF. KB clarified there is a specific allocation for national priorities within the RIF, this includes a separate allocation that has been ringfenced for Dementia. KN added that there may be some additional funding from WG available for dementia services this year as well.

SGG and team were thanked for the production and the RPB were asked to approve the strategy. HLL asked if the RPB could see the strategy and the investment proposal together, just to make sure the money is being spent where the priorities have been identified, and to make that comparison.

KB mentioned that that Dementia steering group has appointed a programme manager to oversee the dementia action plan and associated work. Monica Bason-Flaquer starts in the post on 23<sup>rd</sup> May 2022. Having a dedicated resource will make a big difference where we can move from the planning stage to the implementation of the strategy.

JH asked the RPB if they were happy to approve the strategy and it was agreed.

## **5. RIF: Update**

KB provided a summary report to RPB.

This confirmed that at the last RPB meeting it was agreed that further refinement work was required on the Regional Integration Fund (RIF) proposal overview that was presented at that time.

IEG was asked to undertake a further refinement of costs, do some work to ensure that duplication was avoided, prioritise some of our projects for inclusion, calculate an acceptable level of commitment that we would be prepared to recommend in year one and to give assurance to partners that they were receiving funding proportionate to the needs of their population.

He reported that the work has now been completed through the IEG and local groups, and they have set out what the programme summaries look like at a county and regional versus county split.

A breakdown was provided in the report showing how the projects are split by embedding or new model funds. KB explained that the costs were in line with WG guidance.

He advised that there are some final deliberations to some programmes and that an overview has been presented to WG, keeping WG officials up to date. The group is seeking to finalise the submission this week.

JH shared that there was a meeting with all the RPB Chairs and Regional Leads with the Minister for Health where they were required to present the position with the RIF, and they were given seven minutes each for presentations. It was hard to get an overview as WG had not provided a standard template, and all the presentations that were given, were quite varied.

Those RPB's that have submitted investment proposals to WG have had very detailed feedback, questioning things that have or have not been included. She believed the approach taken by KB to keep the WG links on side in all deliberations at each stage, will hopefully mean there will be no surprises when the proposals are submitted, as feedback has been regularly provided.

**Action:** KB to provide information when final submission is made and provide any details of feedback from WG.

## **6. Intermediate Care Fund (ICF) end of year/programme: Update**

KN provided an update on the year end revenue spend and stated even though it was the end of ICF, Dementia funding would essentially continue for this year and fall under the RIF.

In reporting on Capital Funding, she mentioned that a number of programmes completed this year. There were also a number that have been in development over several years and did not complete because of the pandemic. They have programme managed most of that funding across.

Out of the programmes were completed, there was a request from the minister, to visit some of those programmes. KM will provide details at a later date on that will have the potential for a visit.

JH asked whether the 2021/22 Capital allocation underspend that is carried over, will be added on top the new capital allocation for 2022/23. KN clarified that would be the case.

KN noted the Winter Pressures allocation was also fully spent and that the outcomes aligned with what was expected. The evaluation report completed by Old Bell3 is now complete and has been published.

EL asked whether some of those outcomes had already been shared, or whether they need to be built into our planning for the year ahead. KM stated that the outcomes reporting is included in the report. In addition to that, each of the projects should do its own monitoring, evaluation, and review of the services to understand the impact that has been had for that service. She added that the information collected by the services have not been included in the returns to WG as there was no mechanism to include the information in the reports.

KB shared that in addition to the HCF Capital, which replaces ICF, the Housing with Care Fund, that there is also a national allocation of a rebalancing Capital Fund which we have put some pathfinder projects forward for. There is an expectation from WG that we will develop a ten-year capital strategy. This plan will bring together all of the capital funds. This will be presented as a future paper for the board to discuss.

HLL suggested that we develop an outcomes framework that works for us in West Wales that we are committed to, that has a way of measuring impact that we are aligned to and helps us understand whether our investment is helping us meet our outcomes. KN was thanked for managing the ICF funding over the years.

## **7. Date of next meeting - 18th July 2022 2pm**

JH would like to see if we could facilitate having the next meeting being face-to-face with the option of being able to dial in for those who cannot attend in person.

**Action:** KB and team to look for a suitable venue to facilitate that.

## **8. Any Other Business**

JG mentioned that they had the pleasure on Friday of taking some awards for the Mid and West Wales Safeguarding Board, that were initiated around safeguarding practices during the Covid-19 response. It was a celebration of practitioners and front-line staff. He wanted the RPB to consider celebrating front-line delivery and was wondering if we could look at an annual RPB award ceremony of front-line staff achievement, to be a sector wide RPB sponsorship. It would provide a showcase of good delivery in the region, and we could invite a minister or a deputy minister to be present. He believes it is good to celebrate this especially as we have workforce challenges, and we should celebrate positive outcomes. JH thinks it is a good idea and was general support for that idea.

**ACTION:** KB and IEG to take forward.

HLL shared that they have been successful in Ceredigion in drawing-down a significant amount of money from the National Lottery to support a 'Mind our Futures' project. It will be starting very soon working with young people, and young people influencing and developing activities and services to help develop other young people, particularly around mental health. The National Lottery want to see young people influence strategy and change service delivery. She will be looking to undertake some of the work with the Children's Board. HLL also believes we need to look at how that work can influence the RPB and help with the NEST programme. Area 43 will be leading on that project in Ceredigion, and it is a five-year project, with the first year being about developing the scheme.

## **WEST WALES RPB: ACTIONS**

ID	Action	Lead	Timescale	Progress	Status
03/22/3	Bring updated manifesto to RPB for sign-off	KB	July 2022	Manifesto and ToR to be revisited at RPB workshop in the Autumn	
07/22/3	Share mapping of funded projects at next meeting	KB	July 2022	KB to share detailed RIF proposals at July RPB	
05/22/1	EL to share her Accelerated Cluster Development presentation with KB	EL			
05/22/3	KB and team to look for a suitable venue to facilitate next RPB as an in person meeting	KB			
05/22/4	KB and IEG to explore the idea of WWRPB awards	KB			