

## WEST WALES REGIONAL PARTNERSHIP BOARD

23 March 2022, 1.00PM

**Via Teams**

### Minutes

#### Present:

Judith Hardisty (JH), Hywel Dda University Health Board (Chair)  
Alan Thomas (AT), Service User Representative  
Jill Paterson (JP), Hywel Dda University Health Board  
Hazel Lloyd-lubran (HLL), Ceredigion Association of Voluntary Organisations (Vice Chair)  
Jake Morgan (JM), Carmarthenshire County Council  
Jonathan Morgan (JM), Carmarthenshire County Council  
Malcolm Perrett (MP), Care Forum Wales  
Donna Pritchard (DP), Ceredigion County Council  
Cllr Tessa Hodgson (CllrTH) Pembrokeshire County Council  
Cllr. Gareth John (CllrGJ), Hywel Dda University Health Board  
Cllr Alun Williams (CllrAW), Ceredigion County Council  
Jonathan Griffiths (JG), Pembrokeshire County Council  
Gareth Morgan (GM), 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)  
Kevin Pett (KP), West Wales Care Partnership  
Rebecca Jones (RJ), West Wales Care Partnership

#### Apologies

Estelle Hitchon (EH), Welsh Ambulance Service NHS Trust  
Anna Bird (AB), Hywel Dda University Health Board  
Cllr Jane Tremlett (CllrJT), Carmarthenshire County Council  
Maria Battle (MB), Hywel Dda University Health Board  
Steve Moore (SM), Hywel Dda University Health Board  
Cathryn Thomas (CT), Social Care Wales  
Hilary Jones (HJ), Bro Myrddin Housing Association

## **1. Chair's welcome**

The Chair Judith Hardisty welcomed all attendees to the meeting.

## **2. Apologies**

These were noted.

## **3. Minutes of meeting held on 20th January 2022 and actions**

There were no amendments to the minutes, and they were agreed as an accurate recording of the meeting.

Updates were provided by KB on the progress of actions that are on amber actions on the action table below.

## **4. Health and Social Care Regional Integration Fund**

KB provided a summary and shared a headline slide presentation with the group. He revisited the background to the funding and confirmed the allocation for the five-year fund that will deliver a programme of change from April 2022 to March 2027 and mention the match-funding required. He discussed the next steps to be taken, which are to review the programmes, finalise the documentation required by WG and the timetable listing when the documentation will be completed. The documentation will go to IEG for oversight prior to final submission. He asked the WWRPB to agree the process and welcomed discussion on timescales.

JH acknowledged that KB and team had been working closely with WG officials ensuring that they were aware and comfortable with the process at every stage. She did not want to underestimate the amount of work that had been put into this and thanked KB, the team, IEG and everybody that has been involved, especially considering the tight WG timescales.

CllrGJ and others agreed with JH and gave praise for pulling the superb paper together for the board despite all the pressures faced. He asked whether the commitments for match funding are in place or in development? He asked how many of the eighty-four projects, are in the embedding stage? CllrGJ went on to ask how many of the of the existing projects are being terminated and how many of the new models, linking in WG priorities and the funding that is available, do we have in place and how will we be able to morph that in the first year into the new five-year model? On the accommodation solution, HRA has a huge part to play, these are not islands, they are link into bigger programmes, he asked, are the dots beginning to join-up?

KB stated it is a complex piece of work which is not complete yet and that as a group, as we have been working through the details, we have been keen when looking at the governance arrangements that they do line-up. There are works like the unscheduled and emergency care programmes that are happening in parallel and they do overlap with our homes from hospital and complex care closer to home programmes. He said there is a risk of duplication, but that we have tried to ensure the key officers from

each partner agency are involved in developing that work and similarly across all the programmes and they are not being done in isolation.

Discussion that followed showed that the group thinks that during the transitional phase, as we start to implement programmes, we will see whether we have made the correct alignments and over the next six months we will be conducting evaluations and reviews with a view to ensuring that the following year we will be delivering against the priorities.

KB mentioned that in the beginning we did have more than one hundred projects, which has been whittled down to eighty-four and that we will probably be pulling some of those together after refinement and some projects will naturally align, so there will likely be less than the eighty-four.

HLL added that we need to consider a 'RIF Plus' programme of works. This is important as RIF will not be the only programme to receive funding over the next five years to transform health and social care services, and we need to look at all the funding and look at the direction of travel we want to set ourselves, to focus on issues and challenges rather than be funding led.

Organisations will ask for evidence and that the demonstration of outcomes that will allow us to make the transformational changes we need to give organisations the confidence to build in that match funding going forward in line with the strategy and in line with our PNA. It will be challenging but provides a real opportunity to have robust conversations to see we are committing, to think and work more creatively and to show a degree of flexibility as we move forward.

In answer to HLL's question about other regional submissions to WG, KB stated that WG feedback on those submissions has been limited so far with some commentary relating to the presentation of proposals rather than the content. Some feedback has reflected that projects must strictly adhere to RIF guidance or risk not being funded. JH believes if projects we have agreed as being appropriate for this region are rejected by WG, considering the amount of work and effort put in, we should push-back and ask why.

CllrGJ asked, if the biggest challenge we face is around workforce, why do we not have a specific programme on workforce and why was it not a headline programme within the RPB? The response from KB stated that there are workforce related projects within the RIF. WG guidelines classify workforce as an enabler. JG said the workforce board has got itself into a cohesive position with a lot of the strategic work centred on integration and collaboration with joint workforce planning, joint recruitment and joint training along with joint apprenticeship. That workforce board work, and the paper for later today, emphasises how we are enabling over time to influence projects.

The chair thanked KB for the presentation and the board for their comments. Everyone is on board with the process that KB has outlined.

**ACTION:** When this is signed off by IEG to go to WG, that a timescale be set-out for the various stages so that we do not allow this interim year to drift on and we need to start thinking beyond RIF. KB said the timescales had been revised and that we are

aiming for the 11<sup>th</sup> April 2022 for the work to have been completed for sign-off and then for the submission to be made to WG.

## **5. Population Assessment: Update**

KN mentioned that enclosed in the distributed paper is a summary of the whole population assessment report. That report is currently going through the political process. It has received sign-off in Ceredigion on 3<sup>rd</sup> March 2022. It is being presented to Hywel Dda UHB Health Board on 31<sup>st</sup> March 2022 for sign-off. Then it goes through the process in Carmarthenshire on 13<sup>th</sup> July 2022 and then in Pembrokeshire on 14<sup>th</sup> July 2022. It will be published on the web portal following being fully signed-off, which will include the data and findings and we are working with Data Cymru to ensure the information is being uploaded now to ensure it will be ready for publication. The Market Stability Report is going through the process at the same time and follows the same timescales as the PNA. KN added that one of the things that came out of the report that influences some the earlier discussion in this meeting, is around population. One of the key data sets discussed at length was the predicted increase in the over 85 population by 2030, and that is impacting on our ability to recruit because our working age population is shrinking as our older population is increasing, which is also related to inward migration. That kind of information will influence discussions and aid in the development of the RIF and our programme of work.

KB added that we have a completed PNA document but are working with a partner organisation to turn that into a public facing and usable document because the current document is very technical and lengthy.

HLL stated that she could not find details in the document on the number of responses made by partner organisations and the wider public to the PNA surveys. KN did not have the figures available to hand but suggested that we are working from a low baseline and suggested that we look at different ways of engaging with our population in the future. ACTION: MM to circulate responses to the surveys once collated.

The key findings of the report and the approach to publication were endorsed by the group.

## **6. Market Stability Report: Update**

KP stated that in addition to the PNA & MSR, we also did some work recently on the accommodation needs, looking at learning disabilities, mental health, and dual diagnosis. KP mentioned that we have a lot of information that needs to be turned into something that is not hypothetical and theoretical but into something we can work with. The proposal is that work will be undertaken through the Commissioning Programme Group, as the main governance body, looking at and planning what our next steps are going to be. JM is chairing the Commissioning Programme Group, and several high-level analyses have been undertaken so far and they are trying to thematically address some of the common themes. KP spoke about the rebalancing agenda for WG, where there's acknowledgement and recognition that there is a need

to intervene more directly to rebalance the market, with a redress to public sector. A framework is in place, and we will be having more in-depth discussions with the relevant service leads.

JM added that a regional approach can take many different forms as commissioning is complex as is the pattern of service provision and availability. The needs in the existing baseline of provision are very different between agencies, and the challenges we face both in region and sub region. He went on to say that the documents we now have will underpin and paint a picture of a kind of baseline of services. He believes the way forward is to map out the tangible elements and put our energy into where collaboration will add value to our existing position and delivery of services to our communities. JP agreed and added that we may need to change the service model going forwards and some of that will require new investment over and above what we may currently have in this region. All commended the work that had gone into making the report and think it will be an essential point of reference.

## **7. Workforce Board: Update**

RJ provided an update regarding recruitment. She has engaged with Aneurin Bevan Health Board recently about a six-month project that they had undertaken around the delivery of roadshows via a bus. They recognised there were areas of the region where they had low recruitment rates, and they went to the people using the bus and had exceptional outcomes from it. RJ mentioned that Aneurin Bevan hired a bus from Newport Transport, and she clarified it is something that she wishes to take forward for this region and is taking it to the Workforce Board on the 18<sup>th</sup> of April 2022 and welcomed questions on any items from the paper. It was suggested that RJ link in with AT about transportation for the roadshow bus.

JH suggested that RJ seek further advice from Hywel Dda Health Board in terms of the vaccine mandate. She asked if there were timescales against all the initiatives outlined in the report. RJ clarified there is a programme of works and all actions have timescales.

## **8. Business for next RPB meeting: Review Terms of Reference**

KB stated that the ToR needs to be reviewed on an annual basis and this is an item for our next meeting beyond the local elections. We need to look at some vacancies that we currently have with our citizen representation on the board and that will be done in advance of the next meeting. We also need to have an Autism Champion and we will be amending the ToR to reflect that and seek nominations from members to fill that role too.

## **9. Intermediate Care Fund – Revenue & Capital (ICF): Update**

KN provided a short update on the ICF report included in the papers. The primary aim of the update today is to note the Capital Expenditure report and the programme management of the capital expenditure because the revenue side of things will not be reconciled until April 2022. She will send that around for scrutiny by written process

once it is complete rather than wait until the next meeting. As the capital funding was not fully spent this year, we are submitting a request to WG to programme manage the balance into Carmarthenshire CC, and then that money will not be lost from the programme, and it will be spent early in the new financial year because the schemes it involves are all progressing. The other note is that WG has sent a notification that the National Evaluation Report is due by the end of the month, and it will be completed and brought to the next meeting. The report was noted and the agreed that the funds be carried forward and held by Carmarthenshire CC.

**10. Date of next meeting 16th May 2022 2pm**

There may be a likelihood that we could meet face-to-face at the next meeting, and that will be explored allowing the facility for those who wish to have remote access, allowing a blended approach.

**11. Any Other Business (Agreed in advance)**

A request was sent in, asking us to circulate a survey to RPB members in relation to a piece of work our former colleague, Martyn Palfreman, is undertaking in his new role. It is in relation to Covid Recovery and the role of RPB's and with the board's agreement KB will circulate the Survey Monkey link. It was agreed.

**WEST WALES RPB: ACTIONS January 2021**

ID	Action	Lead	Timescale	Progress	Status
03/21/3	Bring updated manifesto to RPB for sign-off	KB	July 2021	Look at it after the local election, May 2022	
07/21/1	Progress discussions with Older People's Commissioner's Office re attendance at October meeting	KB	Sep 2021	Deferred to January 2022 meeting – no further progress made Remove from action list and bring back later	
07/21/2	Circulate ORS Evaluation Report on HWW programme	KB	Aug 2021	Complete	
07/21/3	Share mapping of funded projects at next meeting	KB	Oct 2021	To be circulated	
07/21/4	Identify senior HDUHB representative for ICF Capital Group	EL	Aug 2021	Complete	

ID	Action	Lead	Timescale	Progress	Status
07/21/5	Draft principles and process paper for regional partnership review	KB	Sep 2021	Paper drafted for initial consideration by IEG	
07/21/6	Provide updates on successor funding proposals	KB	From Aug 2021	On agenda	
07/21/7	System pressures - plans and updates to be provided to RPB members	IEG	From Aug 2021	On agenda	
03/22/1	At RIF projects sign-off by IEG, that a timescale be set-out for the various stages	IEG	For next RPB		
03/22/2	Circulate responses to the PNA surveys once collated.	MM	For next RPB		