**West Glamorgan Regional Partnership Board **

**14th November 2022, 1pm**

**Teams Video Call**

**Meeting Notes**

**Attendees**

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| **Name** | **Organisation** | **Initials** |
| Adele Rose Morgan | Citizen Representative | ARM |
| Andrew Jarrett | Neath Port Talbot County Borough Council | AJ |
| Bethan Hopkins | Audit Wales | BH |
| Brian Owens | Swansea Bay University Health Board | BO |
| Caritas Adere | Swansea Council | CA |
| Cllr Louise Gibbard | Swansea Council | LG |
| Cllr Sian Harris | Neath Port Talbot County Borough Council | SH |
| Cllr Steve Hunt | Neath Port Talbot County Borough Council | SH |
| Dave Howes | Swansea Council | DH |
| Emma Woollett | Swansea Bay University Health Board | EW |
| Jonathan Morris | Tai Tarian | JM |
| Karen Jones | Neath Port Talbot County Borough Council | KJ |
| Kelly Gillings | West Glamorgan | KG |
| Kelvin Jones | Service User/ Citizen Representative | KeJ |
| Malcolm Perret | Care Forum Wales and Home Care Association | MP |
| Mark Hackett | Swansea Bay University Health Board | MH |
| Martin Nicholls | Swansea Council | MN |
| Sian Harrop-Griffiths | Swansea Bay University Health Board | SHG |
| Steve Spill | Swansea Bay University Health Board | SS |
| **Co-opted Members** | | |
| Nicola Trotman | West Glamorgan | NT |
| **Presenters** | | |
| Julie Davies | Swansea Council | JD |
| **Observers** | | |
| Katie Kinevane | West Glamorgan | KK |
| Lucy Jones | West Glamorgan | LJ |
| Melanie Blake | West Glamorgan | MB |
| **Apologies** | | |
| Anne Newman | Carer Representative | AN |
| Cllr Jo Hale | Neath Port Talbot County Borough Council | JH |
| Cllr Steve Hunt | Neath Port Talbot County Borough Council | SH |
| Gaynor Richards | Neath Port Talbot Council for Voluntary Service | GR |
| Mark Wade | Swansea Council | MW |
| Martin Nicholls | Swansea Council | MN |
| Cllr Rob Stewart | Swansea Council | RS |
| Debbie Smith | Swansea Council | DS |
| Kelly Ahern | Barnardo’s | KA |
| Linda Whittaker | Tai Tarian | LW |

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| **Ref** | **Item** | **Action / Decision** |
| **1** | **Welcome, Introductions and Apologies** |  |
| 1.1 | EW welcomed the meeting and introductions, and apologies were noted. |  |
| **2** | **Declarations of interest** |  |
| 2.1 | No declarations of interest. |  |
| **3** | **Approval off minutes and notes: Full Regional Partnership Board 05/10/2022** |  |
| **3.1** | Minutes approved by the Regional Partnership Board. |  |
| **4** | **Matters Arising and Action Log** | |
| 4.1 | There were no matters arising and the action log was noted to be in progress |  |
| **5** | **Audit Wales** |  |
| 5.1  5.2  5.3 | EW Introduced Bethan Hopkins from Audit Wales and noted that she is in attendance in today’s Regional Partnership Board as an observer. BH confirmed she is undertaking the review of Unscheduled Care which is split into 3 parts. First part is discharge and patient flow out of hospital and transition into social care. Second part is around prevention and access to the front door and the third part is around the national picture.  BH noted the project brief and confirmed she would circulate it after the meeting to ensure the members have sight of this document. Noted that this focus until spring 2023 is part 1 and this work includes interviews, focus groups of social workers and reviewing multiple documents as well as observing meetings of the Regional Partnership boards.  This work is being carried out across the whole of Wales by local groups which consist of health auditors and local government auditors. BH invited the membership to get in touch via email to discussion anything that is felt to be relevant to this audit. |  |
| **6** | **Poem written by young person (The Language I Live In)** |  |
| 6.1  6.2  6.3  6.4  6.5  6.6  6.7  6.8  6.9 | JD introduced and read out a poem which was created in 2019 from a Big Chat Event that was organised to consult with Care Experienced Children & Young People on the language used by workers and other professionals when referring to care experienced CYP  EW thanked JD for reading the poem, noting it was important to focus on a patient story at the beginning of every RPB meeting to keep the discussions person centred.  SH noted how powerful the poem and the child’s voice and words were and noted it would be useful to hear more from our young people about how the services are delivered to support them best.  EW agreed and reminded the Regional Partnership Board members to share any stories or communications with the partners and noted that this does form part of the ongoing engagement work.  KeJ questioned how are we going to implement changes to enable us to ensure that terminology and language is not going to be a barrier to the way that people are supported to live independent lives and asked how will this be monitored  EW noted that the element of Coproduction will be the main driving force behind this change that has been requested.  ARM noted that the human rights specifically around learning disabled children and people and the language around this element needs more than just coproduction. ARM confirmed that Welsh Government have produced a list of language and she will send this through when it has been received and also noted that Disability Wales have been conducting training around the social model of disability and stated that it would be good to have that here.  KG noted language barriers are included in the coproduced West Glamorgan Regional Partnership training plan that is in progress, to ensure that information is clear to everyone. She suggested that KeJ and ARM to still highlight areas of wording that require amending to ensure that this focus is not lost. EW noted it would be good to circulate the training plan to the membership of the Regional Partnership Board  EW questioned if there is a specific piece of work around engaging with younger children. KG confirmed there is a specific piece of work that JD is leading on to hear the child/young person’s voice directly. | **Action:** Welsh Government list of Language to be circulated when received.  **Review:** Jan 23  **Action:** Circulate the Training Plan when agreed with the Coproduction Group  **Review:** Jan 23 |
| **7** | **Children and Young People Programme presentation, including Welsh Government Eliminate Agenda** |  |
| 7.1  7.2  7.3  7.4  7.5  7.6  7.7  7.8  7.9  7.10  7.11  7.12  7.13 | JD delivered the Children and Young People Programme presentation.  EW noted that it is very good to see the work on NEST developing and asked whether a case study could be brought back to a future Regional Partnership Board.  AJ commented the recovery of the Children and Young People programme has provided some assurance after the COVID pandemic. AJ referenced the WG’s Eliminate profit agenda, adding this needs to be handled very carefully given it has the potential to drive out private providers from Wales, which if not managed carefully would result in the need to place more children across the border into England, which conflicts with the vision and aims to ensure children’s needs are met closer to home.  Questioned if heads of children’s services across Wales are negotiating with Welsh Government around the Eliminate agenda? JD confirmed discussions were taking place in All Wales Heads of Children’s Services meeting with Alistair Davey in attendance. JD also noted a comprehensive consultation response was submitted around the Eliminate agenda, which provided feedback on definitions including the importance of defining investment and surplus as opposed to profit and what this may mean in relation to what the market could look like.  JD raised concerns that as a local authority we are potentially going to be compromised on our sufficiency duty as we are not allowed to commission any provider other than those who fit the model within the remit of not-for-profit.  It is also difficult to predict demand as every child is unique and it is our responsibility to make sure we recognise their uniqueness. And we need to think about their needs as that child, not to try and fit them into the only provision available or the only thing we can commission.  We recognise that there are areas that need further development, for example around working together to Transform Complex Care for Children and Young people, working together as a system. Not quite there yet in terms of understanding what this means, adding it is not only about the resourcing of it but the package of support and what the system could look like.  Another area for more work is around Transition, ensuring we are transforming transition for a wider range of CYP. This work needs to start much sooner in a child’s journey and join services up much earlier to help recognise their range of needs and do this as a system, rather than fitting the child/their needs into a pre-existing box. The system needs to work for the child, rather than the child having to fit into the system.  KJ noted thanks for the update adding that it is important to have time to focus on children and young people as sometimes this can get drowned out by other conversations around services for other cohorts of people. Adding that very similar points around the Eliminate agenda have been made in chief executives' group in Wales to Welsh Government and the risks involved in removing profit from care. Although the rationale of the policy’s intent are clear, we do need to be careful that harm is not caused to the child or young person who already rely on those placements.  It was noted that in Wales there has been an increase of placements that haven’t been commissioned from within Wales. This has placed additional demand and pressure on the local safeguarding services, wider services to educate these young people including services to support them and questioned if these conversations had been held in the Heads of Children Services meetings with Welsh Government?  JD responded, at a local level consideration has been made to this area, given the pressure is felt as a system and as an all-Wales Heads group these conversations have also taken place given the enormous pressures it adds into the system. Noted it would be useful for further conversations to take place at a regional level.  DH noted the need to work towards joint solutions for children and young people, as we do with other population cohorts. Noting it feels like we are at the beginning of an integrated collaborative approach and the big measure of success will be to see more joint solutions developed. Current work is great, but these tend to be more singular rather than a joined-up approach.  EW agreed with DH’s points and noted the need to review this in future and provide robust evidence of collaborative working to help base future around the areas we have made to work as a joint system. | **Action:** Children and Young People case study to be brought back to a future RPB.  **Deadline:** March 2023 |
| **8** | **Winter Plan (Live Document)** |  |
| 8.1  8.2  8.3  8.4  8.5  8.6  8.7  8.8  8.9  8.10  8.11  8.12  8.13  8.14  8.15  8.16  8.17  8.18  8.19  8.20  8.21  8.22  8.23 | KG delivered the presentation on the Winter Plan which pulls together the key elements of the paper attached.  IR noted thanks to KG for coordinating this work between all the partners. Adding there is good alignment to the 6 goals and strong partnership engagement. However, highlighted the risk that the winter plan does not provide assurance that we will be able to manage through this winter. Noting a wider discussion is need from all partners to review all actions to help mitigate this risk. Adding the workforce risk is significantly high, and the risk list outweighs the mitigation list within the document.  A discussion around the Winter Plan was held. AJ noting the whole system has been under some sort of crisis management for a long period and therefore, winter is not the only pressure in the system. AJ provided a further update on actions :   * Reconvened a Regional Integrated Escalation Framework review meeting on a weekly basis - in response to several areas being presented as red RAG status. Noting the staffing and service provision and solutions are constantly being reviewed and considered by all partners including 3rd Sector and Health board colleagues. Adding that the work around the recruitment of frontline carers is continuing and noted the challenges of the private sector recruitment drives and the impacts this is having on the social care recruitment currently. * Reviewing how we can change the provision of services, to better manage the shortfalls. For example, reviewing how to use therapies staff in different ways to support current challenges. * How to use outcome based and outcome focussed work with our domiciliary care agencies to gain more packages of care in a better more resourceful way.   SH agreed with AJ’s comments and added that announcements due on the 17/11/22 may cause some further issues around the pressures that all partners face due to possible further budget pressures and future financial implications and questioned if there was any additional funding for this plan? KG noted there was no additional funding for the Winter Pressures.  MH questioned, if the bed equivalent numbers are real? And are they net additional? And requested some assurance around this. Secondly, what work is ongoing around workforce issues as a region including all partners? Adding that Pathways 4 and 3 are seeing more people being put through these pathways compared to Pathway 2.  MH added we need to address the current vacancies issues, either locally or together. A discussion needs to be held around how to get more discharges out and what can be done around Pathway 2, noting it is not sustainable for people to keep going into Pathway 4 due to the longer-term continuing care costs. Adding that AJ and DH are committed to this and are currently working on different ways to address this.  MH added, that although there are no extra monies for this item, each partner has put in more money into the plan to support with this issue.  DH noted the issue around the extra funding and the work that is ongoing via the organisations to review what financial pressures mean in year as well as next and future years, to their own organisations and how any further funding can be sourced. Noting that the things included within the Winter Plan incorporate all the previous years’ learning and contingency plans are in place to try and avoid a catastrophic failure.  Also added, in relation to the questions MH raised, increasingly we are becoming more reliant on bed-based solutions that are unaffordable. This does not support the model that we as partners signed up to; it is also not the best solution for the patients concerned. However, this is being utilised due to the absence of finding sufficient workforce capacity for home-based solutions.  Noted in terms of the questions around bed equivalents and the added capacity, there is currently a lot of debate ongoing around this area. The work in the Delivery Unit and the work feeding into the Minister’s task (adding the baseline that we are measuring against in June) as this is the steer received from Welsh Government.  DH agreed with IR that the winter plan does not provide absolute assurance to avoid catastrophic failure across the system but added the situation from previous years is similar in the sense that although we may not avoid these fears all possible actions and contingency plans are being reviewed and implemented where and when possible.  MP agreed with MH’s points of people being discharged into bed in care homes instead of being moved back into the community, and asked whether we could look at moving resource from the health board to the community?  EW noted we are attempting to do this to some extent and DH noted that we are endeavouring to do this through the section 33 agreement for Home First, where we are committed to investing significant sums of money into the service model that we collectively believe is the right model for our population. Noting that the current issue around the workforce is not a simple/straightforward item to resolve and discussions are ongoing to challenge Welsh Government around what is needed to help stabilise the workforce. Noted that the overall strategic aim is to transfer more funding from health into the community although currently not enough funding in the system to do this.  MH noted in principle the health board has no issue with moving money around and noted the ongoing discussion with AJ and DH around what sustainable alternatives could be delivered to meet people’s needs rather than keeping them in institutional care. Agreed with DH’s point around the money but added that if the totality of the spend is identified, this may provide a different way of finding the most appropriate way of using this resource to better benefit both the patient and the more long-term financial position  KeJ raised the issue of retaining and attracting staff and noted he had a discussion with an agency nurse who explained the difficulties on working in the COVID ward in Singleton and dealing with relatives and the aftermath of COVID. She couldn’t cope with the pressures and had to become an agency nurse. Questioned if we know the reasoning behind staff leaving the system? Are we finding out the narrative/context of why people are leaving the roles within health and social care?  MH noted that we have a good handle on this via exit interviews and we talk to staff within existing jobs. Adding that we have staff in A&E from agencies as we have 30-50 people a day who should be admitted into wards, but we can’t admit them. A common theme within the nursing and therapist staff is they get demotivated and lose moral if they are unable to deliver the care that they have been trained to do and this then causes stress to those individuals. Noting that other junior roles are experiencing financial challenges and the agencies do have higher rates of pay which we have limited control over.  MH added that there is a lot of support for COVID, and occupational health departments can help refer staff members to a long COVID programme straight away. Adding if a referral is made via a GP there is a 3 month wait, noting many young people’s symptoms from long COVID get better over time (around 3 months) and this is the reason for the wait. Also noted the Pension Cap is also causing some staffing challenges.  KJ questioned if any assessment of the proposed industrial actions has been made to date to identify the potential impact of these planned actions across winter?  KG noted this is an important factor that will be actioned to cross check the winter plan and any impact the planned strike action may have and any other mitigations that needs to be included as this will impact on services and workforce  ARM questioned what support groups are available within the organisations for staff? Provided a brief story to highlight the impact on unpaid carers of the discharge adding it is important to see these real lived-in experiences.  EW thanked ARM for sharing her story with the Regional Partnership board.  KG noted the follow actions to be undertaken by KG and West Glamorgan Colleagues:   * In relation to vacancies and workforce issues, meetings have been held with workforce leads from the partner organisations who ensure vacancies are being filled * Noted that these graphs are out of date by some weeks and KG will update this performance element in the winter plan. * KG noted the progress reporting to the Delivery Unit for 1000 beds initiative and noted that Transformation Boards would receive progress updates. A paper will be brought back to the Regional Partnership Board (25/01/23) explaining how we have managed to support the system through winter and to note when that capacity was added. * Agreed the need to review this situation in relation to the industrial action alongside the Winter Plan and include any updates to the challenges and any further mitigations.   EW noted the need to keep the graphs and trajectories updated within the Winter Plan to demonstrate the work and how the partners are working well together. Adding the good challenge from MP around the possible transfer of substantive resource from health board into community care and this will need to be worked through effectively. Adding that the question is how to continue the work and difficult discussions particularly around the planned industrials actions and the budget announcements on 17/11/22. EW thanked the board for the useful discussion and noted an update would be provided in January 2023. | **Action:** Clarify the post June elements within the Winter Plan against the actions reported to the DU progress report.  **Deadline:** Jan 23  **Action:** Review the planned industrial actions and cross reference this against the winter plan and include any further mitigations  **Deadline**: 25/01/23  **Action:** Update the Winter Plan and bring a paper back to the RPB 25/01/23  **Deadline:** 25/01/23 |
| **9** | **West Glamorgan Action Plan Progress Report** |  |
| 9.1  9.2  9.3  9.4  9.5  9.6  9.7  9.8  9.9  9.10 | KG noted 2 points for clarification and the actions undertaken to resolve these issues.  Under Transforming Complex Care, an item was previously highlighted as red RAG status, however, this situation has now been resolved following a discussion in Transformation Board 3 where the issue was addressed, and this item is now reporting as amber RAG status.  Regional Housing Partnership, KG noted the options were being considered to determine the strategic approach going forward, noting this meeting is due to be scheduled.  SHG noted it is helpful to have an update at each Regional Partnership Board, adding that it is also helpful to have the dates of expected milestones to help provide clarity. KG noted that some of the actions have dates but added that milestones and dates will be provided against all actions for presentation at the January Regional Partnership board.  DH reminded the Regional Partnership Board that resources across the region including the core team had been focussed on the emergency work to help stabilise the Health and Social Care system during the pandemic.  SS asked about the Accelerated Cluster Development for Primary Care and the PAN Cluster Planning Group.  KG noted that although this is not one of the lines in the progress report currently, this will need to be identified going forward. Adding regular meetings with Sharon Miller are still taking place following her presentation to the Regional Partnership Board around how the links will be made from the PAN Cluster Planning Group to Regional Partnership Board. Adding there are regular meetings between SM and KG throughout this transitional year to consider how governance arrangements are managed including any specific actions. Adding there is a key piece of work is ongoing around mental health where we can demonstrate how we are interconnecting.  KG noted that there are a number of key pieces of work that are not included in the plan, such as development of the area plan, PNA, range of Welsh Government requests, reporting and monitoring requirements, all of which the core team manages. Going forward it would be useful for RPB to have visibility of the scope of this work.  EW added this is an important note and suggested the need for a Regional Partnership Board plan that incorporates these elements Added that other areas have some difficulties with the PAN Cluster Planning groups due to the number of groups, whereas West Glamorgan only have one.  AJ noted how important it is to be looking into digital solutions around the data gathering and sharing and therefore, is really pleased to see this takes a prominent place in the plan and well done for the work on this area to date. |  |
| **10** | **Welsh Government Minister Leadership Forum Paper** |  |
| 10.1  10.2  10.3  10.4 | EW noted the national conversations that have taken place, adding that it was noted that this paper was sent to the minsters on behalf of all the leads and chairs across Wales, noting that AJ, DH, KG, and SHG have all been involved in this paper with their comments being fed into the document.  Adding that chairs continue to push for a two-way conversation in order to respond to the ministerial requirements and priorities given the issues that we are facing. Noted that this is on the agenda for information.  KG noted that the tone of the letter was not well received but a recent meeting with EW’s equivalents has been held which has clarified the reason for the letter and ongoing work is taking place between KG and Welsh Government officials to better understand the purpose of the meeting.  EW noted the conversations are carrying on and the chair’s view was that the 2-way conversations need to continue as they are very constructive and the purpose of this is to ensure that we can deliver as Regional Partnership Boards on what the minsters wants us to deliver on and there is a commitment to this. |  |

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| **11** | **AOB** |  |
| 11.1  11.2 | KG highlighted the many items due to be presented at the Regional Partnership Board in January, including items on the forward look schedule, adding that this will need careful planning from KG and EW to ensure all items get the attention they are require.  EW added that some of the actions on the log, some of the more strategic questions around providing assurance may slip in order to make the agenda timely for the much-needed discussions. |  |

*The meeting closed at 3pm*

**Date of Next Meeting:** 25th January 2023, 9am