**West Glamorgan Regional Partnership Board **

**20th April 2022**

**Teams Video Call**

**Meeting Notes**

**Attendees**

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| --- | --- | --- |
| **Name** | **Organisation** | **Initials** |
| Andrew Jarrett | NPT CBC | AJ |
| Cllr Edward Latham | NPT CBC | EL |
| Cllr Elliot King | Swansea Council | EK |
| Cllr Peter Richards | NPT CBC | PR |
| Dave Howes | Swansea Council | DH |
| Emma Woollett | SBU HB | EW |
| Gaynor Richards | NPT CVS | GR |
| Kelvin Jones | Service User/ Citizen Representative | KeJ |
| Linda Whittaker | Tai Tarian | LW |
| Mark Hackett | SBU HB | MH |
| Malcolm Perrett | Care Forum Wales | MP |
| Pamela Milford | Swansea Council | PM |
| Siân Harrop-Griffiths | SBU HB | SHG |
| Steve Spill | SBU HB | SS |
| **Co-opted Members** | | |
| Phil Roberts | Swansea Council | PR |
| Karen Jones | NPT CBC | KJ |
| Kelly Gillings | West Glamorgan | KG |
| Nicola Trotman | West Glamorgan | NT |
| **Presenters** | | |
| Karen Gronert | SBU HB | KGr |
| **Observers** | | |
| Lucy Jones | West Glamorgan | LJ |
| **Apologies** | | |
| Adele Rose Morgan | Citizen Representative | ARM |
| Anne Newman | Carer Representative | AN |
| Cllr Edward Latham | NPT CBC | EL |
| Cllr Rob Stewart | Swansea Council | RS |
| Debbie Smith | Swansea Council | DS |
| Joanne Abbott-Davies | SBU HB | JAD |
| Kate Kinsman | West Glamorgan | KK |
| Mark Wade | Swansea Council | MW |
| Sian Harrop-Griffiths | SBU HB | SHG |

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| **Ref** | **Item** | **Action / Decision** |
| **1** | **Welcome, Introductions and Apologies** |  |
| 1.1 | EW opened the meeting and apologies were noted. |  |
| **2** | **Declarations of interest** |  |
| 2.1 | No declarations of interest were made |  |
| **3** | **Approval off minutes and notes: Full Regional Partnership Board 08/03/22** |  |
| **3.1** | EW noted the updates submitted have been included in the minutes.  Minutes approved by the Regional Partnership Board. |  |
| **4** | **Matters Arising and Action Log** | |
| 4.1 | EW noted the 2 open actions around governance: scrutiny panel and opening the Board to the public. It was highlighted this work will be aligned to the national work around governance arrangements for Regional Partnership Boards.  Actions will remain on the action log and updates will be provided as available. |  |
| **5** | **Digital Story: Discharge to assess and recover from hospital to a care home digital story** |  |
| 5.1  5.2  5.3  5.4  5.5  5.6  5.7  5.8  5.9  5.10  5.11  5.12 | Two digital stories were presented to demonstrate partnership working around the ‘Discharge to recover and assess model.’  KGr noted that the 2 stories illustrate the West Glamorgan approach that we are trying to adopt as business as usual, using Pathway 4 of the Home First model. This is entirely consistent with the national drive to support people to have proportionate assessments in a hospital setting and longer-term assessments at home.  KGr noted that the first digital story focused on supporting a lady to return from hospital to the care home she had lived in for many years, with a package of support that supplemented the care home provision, allowing them to accommodate her new nursing needs. In the past, the increased nursing needs required by this lady would have necessitated a move to a new nursing home, something that her family were very keen to avoid. KGr noted the differences between the old approach and this new one, which is more catered to meet people’s needs and wishes.  KGr noted that this lady was in her 90’s and within a matter of days the assessments had been completed and discussions with the lady, her family and the care home had taken place and the teams had followed up with the lady when she returned home to check that she was settled and a chance to reflect if there were any issues or concerns that needed to be followed up.  The second digital story described how the same Pathway 4 was used to support an elderly gentleman on discharge from hospital following a fall in his garden. The gentleman had no local family and was becoming increasingly frail, and his children were concerned. He was rapidly assessed as needing a residential placement and he was able to be discharged swiftly to a care home, working in conjunction with the gentlemen, his family, and the care home, to ensure this home met his needs and wants. The two weeks’ funding from Pathway 4 gave the gentleman and his family time make a decision on his permanent move, and the review undertaken 2 weeks after he arrived noted that he was happy with the move and had clearly thrived on the care, company, stimulation, and regular medications that the care home provided.  Our aspiration is to return people swiftly to their own homes once their medical condition has been managed and where people are on the cusp of needing a placement. KGr added that early engagement and the teams pulling through these individuals and taking some of this responsibility is supporting this vision.  EW thanked KGr for presenting the digital stories and noted that this is a major area of work over the next year, particularly through the new Regional Integrated Fund approach. These stories demonstrated that this work is reliant on partnership working.  DH added that these stories reinforce the chair’s vision that we better understand the patient/lived experience of our services to ensure that our work is patient/people led. He added that hearing directly from families would add more depth to this. He also thanked the staff involved in these digital stories and KGr and other leads of this programme.  KG noted that the Delivery Unit nationally has recognised some of this work, and these 2 case studies are now being used as examples of best practice across Wales.  AJ thanked the team and added that it was heartening that we were creating a bespoke package based on the needs of the person rather than a generic pathway, so that each person could move on with their best interests being taken on board. This is what makes the difference.  KeJ commended the fact that we were putting a person at the centre of our actions, rather than the system. He questioned how we ensure that this philosophy is embedded with all patients, as general practice? How do we monitor this systemic change? KGr agreed and noted when the proposals for the pathways were created the need for data and trajectories has highlighted. This work is in progress.  EW noted this significant priority for the RPB (Regional Partnership Board) requires detailed business cases to set out a clear framework for evaluating success: considering both the impact on system pressures and return on investment and the impact on patients and their families. This will be essential to embed this change as a permanent solution/business as usual process. |  |
| **6** | **Population Needs Assessment** |  |
| 6.1  6.2  6.3  6.4  6.5  6.6  6.7  6.8  6.9  6.10  6.11  6.12  6.13  6.14  6.15  6.16  6.17  6.18  6.19  6.20  6.21  6.22  6.23  6.24  6.25  6.26  6.27  6.28  6.29  6.30  6.31  6.32  6.33 | EW noted the significant amount of work that KG and the West Glamorgan team have undertaken to produce the Population Needs Assessment along with the Emergency pressures and other business as usual work and provided her thanks. She added that this work is extremely important as it will set out the gaps across the region that need to be addressed as a partnership.  KG presented and provided an overview of the Population Needs Assessment noting:   * This is to be produced every 5 years * Public Service Boards are also required to produce a Wellbeing Assessment every 5 years * Health Board Assessment was to be undertaken within the same timetable * Market Stability Reports must also be produced by the RPB, (across a similar period – by June 2022) – and the Population Needs Assessment must inform this report.   KG explained the process conducted to produce this assessment, adding a pragmatic approach was taken due to the pressures across the system. Chapters were developed via Task and Finish groups including the introductory chapter. She noted that that some of the programme boards linked to the population cohorts developed chapters themselves, noting the example of the Carer’s Partnership Board who wrote the Carer’s chapter.  All chapters have been approved by the relevant programme boards and then the Transformation Board before being brought to the Regional Partnership Board today.  KG highlighted the continued work, noting:   * Data collection will now be iterative and coordinated via West Glamorgan – this will be incrementally updated to support the population with updated information for gaps in our services and the change in the demographic. * A lesson learnt report on data gaps will be pulled together via West Glamorgan to identify ways to collect this information to inform the future Population Needs assessment. * This shared data is being utilised to inform the Market Stability Reports.   KG presented some of the key findings and noted that these have been noted in the cover paper:  Older Adults (Home First):   * Support Older Adults in their own home for longer – noting the increasing demographics (Dementia). This demographic need to be mapped to identify what specific actions need to be taken. * Assistive Technology/Technology and Digital – identified a lot more work needed in this area but noted the issues around capacity and the need to ensure inclusivity (ensuring no one is left behind due to their lack of digital literacy etc) * Community Transport – this item has been raised again through the Population Needs assessment as expected with a focus on more rural areas * Demand for Services in Welsh – more investigation work needs to take place to establish the services that are not currently being delivered/available in Welsh. * More preventative services for over 65’s (including Community and Social Participation) – a participation and community engagement programme has been created which aligns with the models of care that were announced via Welsh Government in the Regional Integrated Funds. * Self-Managed and Person-Centred Care, including Advanced and Future Care Planning – a lot of this work is around the preventative measures but some of this is around the person-centred care, which is also aligned with the recordings that were shared at the start of today’s meeting. * Ageism – This is a key message that came through, as in the Older Adults chapters it was highlighted that they are aimed at over 65’s. However, lots of over 65’s do not place themselves as an older adult. Therefore, some work is needed around moving away from placing age restrictions for services.   KJ thanked KG and the West Glamorgan team for their efforts in this work to date. While she agreed the need for preventative type services, she questioned why the detail of the report specifically states third sector. While this is clearly important, there is also a clear role for universal services, and KJ questioned if this needed to be reflected in the introductory chapter? There are elements of work under the Public Services Boards about keeping people well and avoiding the need to receive care and support services. KG noted that this would be updated in the introductory chapter and added that there is a bit more work to do around the conclusions of the chapters to ensure that we are clear in what actions are needed going forward.  SS questioned what a Market Stability Report is and what is contains? KG noted that this is a report about the Domiciliary Care markets and Care Home markets and understanding what we have currently and if this is suitable for the current and future regional demand. This will support our strategy going forward as a planning tool and set a statement of what we will address for our area and region.  EW noted that the rest of the presentation should be delivered and then hold a debate at the end for the recommendations.  KG presented the Children and Young People:   * Communication – this is a key factor for Children and Young people that came through. KG noted that within the RPB it is known that there is work to do with regards to engaging with Children and Young People and ensuring they are part of the process mapping.   + Improve Communication and Engagement with Children and Young People   + Directly engage with Children and Young People with caring experience   + Ensure every child has access to independent advocacy   + Work with stakeholders, schools and Children and Young People to ensure the ambition of the whole-school approach to emotional and mental well-being * Progress the development of national standards – as provided by Welsh Government. Along with the continuation of implementing the principles of the Together for Children and Young People, No Wrong Door and NYST/NEST whole-system model * Loneliness and Isolation amongst Children and Young People – this came through very strongly in the chapters, especially through COVID and it was noted multiple times that loneliness and isolation does not only exist with adults * Bullying/Cyber Bullying/Social Media – this is a strong content coming through and this needs to be worked through of who is responsible for this area of work noting some of it will clearly sit within the Regional Partnership infrastructure but noted the need for wider mechanisms (with a focus on schools) * Improve data gathering including cohorts around BAME (Black and Minority Ethnic), LGBT (Lesbian Gay Bisexual Transgender), travellers, and young carers. To fully identify the needs of these populations' characteristics. * Improve transition arrangements aligned between statutory partners to improve child to adulthood experience. It was noted that West Glamorgan has developed a Transition Policy and the Children and Young People Multi Agency Pathway Complex Case Panel board has started to meet. * Provide suitable living accommodation linked with fostering/adoption, special guardianship orders and looked after children – also children who are leaving care.   Carers who need support: KG noted that a lot of this information has come from the strategy that has already been developed and endorsed by the RPB   * Carer wellbeing – this is still paramount * Communication – consistent and accessible communication is needed across the region. * Co-production – carers must be involved in co-designing services that meet their needs. This has been a strong theme throughout. * Training – more training to become representatives of people who have caring and support needs for people who provide care. * The Carers Strategy themes provides the framework for the needs of carers: * Balancing priorities – how someone can balance their caring priorities whilst having a whole life themselves. * Supporting each other * Information and advice * Identified and recognised * Dignity and Respect * Support services   Mental Health:   * The need for improved data to inform future PNA (Population Needs Assessment) development. KG noted that the data available within Mental Health services is not consistent and difficult to obtain. * Greater emphasis on prevention and wellbeing * Addressing mental health inequalities and taking a regional approach to the prevention of poor mental health * Continued implementation of national and regional priorities – these are already commenced with delivery through our framework locally and nationally. * Young people and suicide – preventative measures required * Develop our regional strategic approach to mental health – the framework adopted by West Glamorgan is around 5 years old and therefore needs to be revisited to ensure learning from COVID and how mental health was affected by and during the pandemic. * Supporting the co-production of mental health services in partnership with service users and carers * Mapping all services provided across the partnership   Learning Disabilities: KG noted this is a new board that pulled this chapter together adding that they are currently working on their strategy.   * Development of a range of accommodation options in the region – with children and young people coming through transition, we need to have more on offer and different to what has historically been delivered. * Development of a whole systems approach for learning disability processes across the region – noting that this should be age blind. The system should cover prevention through to a person in an acute period in hospital. * Enabling coproduction to be embedded – a third party has been sourced to support Coproduction and wider engagement with people with learning disabilities. * Facilitation of engagement events * Increasing the opportunities for people with a learning disability – this included education and employability. * Ensuring we reduce health inequalities * Supporting recovery from COVID-19 for people with a learning disability with practical pieces of work   Autism: KG noted we have a Regional Autism Strategy Group and added the code of practice for autism outlines some of the work that we need to undertake around this cohort. She noted that some of this chapter links into the Learning Disability chapter and other chapters.   * Availability of preventative services * Access to mental health and wellbeing services * Low rates of employment and vocation * Impact from COVID for people with autism * Transition to adulthood is complex process * Considerable number of adults with autism who are still cared for at home by their older carers – future planning needs to be actioned with the individuals and their families to coordinate the structured caring/support plans. * Ensure a common understanding and consistency of data * Engagement with people with autism and their carers to inform future developments for autism services * Better sharing of information between the partnerships * Additional Learning Needs and Education Tribunal (Wales) Act 2018 * Welsh Code of Practice on the Delivery of Autism Services.   KG noted the next chapters do not currently have programme boards that are specifically dedicated to these cohorts of our population. Some of the cohorts in these chapters may fit within one or more programmes, for example, some people with LD and older people with dementia may have sensory impairment.  Sensory Impairment:   * Data – this is minimal * Communications * Engagement * Co-production * Specific Service gaps: * Awareness of technology * Access to transport * Access to services in health and appointments * Increase in Rehabilitation Officers for the Visually Impaired * Closer involvement by all partners on sensory impairment. * Further exploration on children affected by sensory impairment, including rehabilitation services. * Data and further analysis required on those with dual sensory impairment   Health and Physical Disability:   * Data needs to be captured consistently and standardised * Engagement * Communications * There is a need to focus on employment opportunities * To support independent living, future planned housing, and accommodation * Housing well designed, good value appropriately located and energy efficient. * Early support through aids and adaptations, handyperson schemes and telecare are fundamental.   VAWDASV:   * Primary/community-based prevention and early intervention * Survivor engagement * Focus on holding perpetrators of VAWDASV to account * Further engagement at a senior leadership level * Complex need provision. * Work with colleagues across Education to keep the VAWDASV profile high and further embed the Whole School Approach   High level risks: KG noted that the capacity of the staff across the region to finalise the Market Stability Reports is difficult currently, especially given the short deadlines that we are working with. She also highlighted that this work needs to be taken to cabinet and Council after the Regional Partnership Board. The national census is due to be released sometime in Summer 2022 and this may affect our assessments.  Next steps: KG noted that this needs to be submitted to Welsh Government, shared with our partners and published on the West Glamorgan website. We also need to have Easy Read version and one translated into Welsh.  The key task is to focus on the gaps that have been identified and ensure that lessons learnt during this development are implemented so that the population needs assessment is continually improved. The interdependencies need to be considered especially for the last 3 chapters to ensure all content is covered sufficiently.  KG noted the recommendations are to note the next steps and the position of the Market Stability Report, noting concern around the deadline for the Market Stability Report.  The RPB was asked to decide between the following options:   * Option 1: Regional partnership board to approve the Population Needs Assessment chapters (as included in the papers for today’s meeting) * Option 2: Delay submission to Welsh Government and further develop the conclusion section (what are the gaps and what do we need to plan for)?   EW thanked KG and the West Glamorgan team for this significant piece of work. She noted that the wealth of information of the needs of our population needs to be sufficiently well articulated to have a clear understanding of what and where the work fits into the relevant programmes and boards. She suggested that the final chapter is reviewed to ensure the gaps and what we need to plan for are clearly articulated, before the PNA is published on the website and submitted given that this will inform the area plans for the next few years.  DH thanked KG for the presentation and noted that this has been challenge for the Transformation Boards to go through each chapter and this presentation clearly shows the overview. He supported a pause in this work to enable the clarity to be worked through and suggested that the Transformation Boards have the delegated authority to the approve the final submission of the PNA chapters, with it then being brought back to the Regional Partnership Board for information in June.  KJ questioned if there is still a requirement for an area plan? KG confirmed that the areas plan needs to be published by next March (2023). KJ agreed to the additional work being undertaken.  KJ noted the need to review the governance in order to be clear in determining Regional Partnership Board business and what does not fit within the Regional Partnership Board and would fall under the remit of PSBs. Therefore, she would like to see the final version. KJ agreed to continue to chair the Coordination board and to review RPB and PSB priorities to ensure we are not muddling up the governance. She was pleased to see the chapters on disability as Older People and Hospital discharges has taken priority in the West Glamorgan partnership in the past, and she noted the need to have a discussion around the agenda for the disability needs within our region and the unpaid carers.  KJ was surprised by how little detail there was on Substance Misuse. She noted that although this sits within the APB (Area Planning Board), there is a significant challenge for health services and Social Care support services, so she requested more work to be done on this part of the submission. A substantial piece of work looking at our system and support around Substance misuse is being developed outside the Regional Partnership Board, and this needs to be referenced within the submission.  KJ added that the importance of health inequalities and the key affected cohorts needs to be stressed within the submission, particularly given the adverse impact of the pandemic on health inequalities.  EW agreed with KJ’s point regarding the governance and noted there are 2 planned Regional Partnership Board in June and proposed that the Population Needs Assessment goes to the Transformation boards for finalising and then is brought back to Regional Partnership Board for completeness, for endorsement.  KeJ endorsed the thanks to the West Glamorgan Team for their work on this submission to date. He was pleased to see that there is a lot of reference to qualitative data, including coproduction being highlighted in numerous places throughout the Population Needs Assessment. He added his desire for every partner to see systemic change via co design followed by evaluation and monitoring. KeJ highlighted his motivation as a citizen representative, noting the inverse care law and how individuals suffering health inequalities or communities having the greatest need for health resources tend to be the ones with the least access to these services. This has been a driving force behind the need to listen to the service users and to our communities to support them in how services can be shaped. One concern is how the voices of citizen are and carer representatives are captured in the work of filling in the gaps?  KG agreed and noted that the points raised have been noted and would be actioned.  EW requested agreement from the Regional Partnership Board to ask the Transformation Boards to oversee work on the final chapter and for the PNA to be brought back to the Regional Partnership Board for final approval before submitting to Welsh Government.  SS questioned how does this timetable fitted with the ministerial letter around the need to publish the Population Needs Assessment in April 22? Would we publish what we have currently on the website now and submit it formally to Welsh Government when it has been refined? KG noted that this was a small risk, given that the Minister has confirmed she did not envisage any remedial action being taken against any RPB that incurs a delay by a relatively short period of no more than two months.  DH noted his agreement to the proposal for the Population Needs Assessment submission. He commented that the timescales for the Market Stability Report would be very difficult to meet, especially if, as NT has highlighted in recent weeks, it needs to go to Full Council. | **Action:** Amend introductory chapter to reference universal services  **Due: May 22**  **Action:** Review the MH PNA chapter and add in reference to substance misuse –  **Due: May 22**  **Decision:** Transformation Boards to oversee the final chapter before bringing back to RPB for approval prior to submission to WG in June  **Due: June 2022** |
| **7** | **Final Transformation Fund Evaluation Report - CWSA (Cluster Whole Systems Approach) and ONA (Our Neighbourhood Approach)** |  |
| 7.1  7.2  7.3  7.4  7.5 | NT presented the final cover report with the final evaluation report for the CWSA and ONA by the independent evaluator RSM and provided some background on these programmes and the funding.  NT noted that it was not possible to use this report to inform the Regional Integrated Fund investment process because this report was only provided once we were finalising our Regional Integrated Fund business cases. She reminded board members that procurement of independent evaluators was part of the grant requirement. RSM were procured via a tender process to produce a mid-point report, a final report and then a follow up report. Due to the pandemic, there was a suspension of performance reporting and evaluation activity. The final evaluation report is due to be submitted to Welsh Government in April 22.  DH noted that this had been considered for the first time at Transformation Board yesterday (19/04/22), noting some disappointment with the quality of the evaluation that has been produced. He stated that Transformation Board members had agreed not to send it back to RSM given the timings, but that the third sector had been very disappointed that information they had collected and provided to RSM had not been included. NT confirmed that this request had already been sent to RSM following the Transformation Board yesterday.  EW requested the Regional Partnership Board approved the report for submission with the caveat of requesting RSM to include the information provided by the Third Sector. She commented that the disappointment expressed around the quality of this report reinforced the need for us to undertake quantitative evaluations within our existing structures going forward.  KG highlighted that other regions have experienced similar issues with other providers of the evaluation report. | **Action:** Request RSM to include the information provided by the Third Sector.  **Due:** April 2022  **Decision:** RPB approved report with the third sector information caveat. |
| **8** | **Accelerated Cluster Development** |  |
| 8.1  8.2 | EW noted the attached letters from the minister around the Accelerated Cluster Development for information. She noted that this work is going on at pace and that the Regional Partnership Board needs to be more involved. She requested that something is brought to the Regional Partnership Board around this in early June.  KG noted a piece of work is ongoing with Sharon Miller, Andy Griffiths, and the health board about how the Regional Partnership Board would strategically align with the accelerated cluster development and pan Wales work that is ongoing. She confirmed that Sharon Miller and Brian Owens are scheduled to attend the Health and Social Interface meeting on 09/05/22 with their proposals set to go to Transformation Boards and then to the Regional Partnership Board in June 22. |  |
| **9** | **AOB** |  |
| 9.1  9.2  9.3  9.4 | KG noted that Annual Declarations of Interest are due, and MC would be circulating these later today.  KG noted that the feedback regarding the Regional Investment plan is looking positive from informal feedback (currently awaiting the formal letter to be received with feedback from Welsh Government). Informal feedback was that Welsh Government can see how this lends itself to the models of care moving forward and they can see how parts of this have already been embedded within our system.  EW raised the question of membership. The local elections mean that 6 council members will be stepping down from the Regional Partnership Board. EW asked that thanks for their contribution to the Regional Partnership Board are formally recorded and confirmed that she would be writing to them individually.  EW also highlighted that Gaynor Richards and Adele Rose Morgan had also reached the end of their terms. She asked for formal thanks to be recorded for the significant contribution each has made and confirmed that she would be writing to each. Other members will be reaching the end of their terms later in the year. | **Action:** MC to circulate and collect the Annual Declarations of Interests.  **Action:** EW to write to members of the RPB to thank them for their term of office |

*The meeting closed at 3.05pm*

**Date of Next Meeting:**

6th June 2022

1.00 – 3.00pm