

## **WEST WALES REGIONAL PARTNERSHIP BOARD**

23 January 2023, 2.00PM

**Via Teams**

### **Minutes**

#### **Present:**

Anna Bird (AB), Hywel Dda University Health Board  
Audrey Somerton-Edwards (ASE), Ceredigion County Council  
Cllr Alun Williams (CllrAW), Ceredigion County Council  
Jason Bennett (JB), Pembrokeshire County Council  
Judith Hardisty (JH), Hywel Dda University Health Board (Chair)  
Estelle Hitchon (EH), Welsh Ambulance Service NHS Trust  
Cllr Tessa Hodgson (CllrTH), Pembrokeshire County Council  
Hilary Jones (HJ), Bro Myrddin Housing Association  
Hazel Lloyd-Lubran (HLL), Ceredigion Association of Voluntary Organisations (Vice Chair)  
Rhian Matthews (RM), Hywel Dda University Health Board  
Gareth Morgans (GM), Carmarthenshire County Council  
Jake Morgan (JM), Carmarthenshire County Council  
Malcolm Perrett (MP), Care Forum Wales  
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)  
Chris Harrison (CH), Pembrokeshire County Council  
Lee Davies (LD), Hywel Dda University Health Board  
Josh Summers (JS), West Wales Care Partnership  
Rebecca Jones (RJ), West Wales Care Partnership  
Samia Edmonds (SE), HSS – NHS Planning  
Shelley Davies (SD), HSS – Social Services & Integration

#### **Apologies**

Alan Thomas (AT), Service User Representative  
James Tyler (JT),  
Jen Green (JG), Pembrokeshire People First

Darren Mutter (DM), Pembrokeshire County Council  
Donna Pritchard (DP), Ceredigion County Council  
Jill Paterson (JP), Hywel Dda University Health Board  
Jonathan Morgan (JM), Carmarthenshire County Council  
Kevin Pett (KP), West Wales Care Partnership  
Steve Moore (SM), Hywel Dda University Health Board

## **1. Welcome/Apologies**

The Chair Judith Hardisty welcomed all attendees to the meeting. Apologies were extended to colleagues in Ceredigion where the meeting had originally planned to be convened in Aberaeron. However, it was taking up too much time in people's calendars for travel and the meeting had to be switched to virtual. It is hoped our next meeting in March 2023 will be in person, and the venue will be in Pembrokeshire. Colleagues from Welsh Government will be joining the meeting today, to present an item on the agenda and a welcome was given to them. Apologies were noted.

## **2. Minutes of meeting held on 24th October 2022**

The minutes were agreed.

### **2a. Matters Arising from meeting held 24 October 2022**

KB drew attention to page five of the bundle, which was a summary document of the priorities workshop that was held in October 2022. KB stated that we had a constructive and reflective discussion in smaller groups during the workshop. There were 6 priority areas that had been identified. He provided some highlights in relation to the priority areas for the RPB and the role of the RPB. 1. For governance leadership and sign-off, the view was that the RPB should have that clear responsibility in that that area. 2. With communication ensure how we better communicate about the work that we undertake and how we communicate that to the public and our partners. 3. The shift towards community prevention to reduce the pressures across the system, which is relevant to a number the agenda items today. 4. A move to having a more significant role in strategic planning rather than the reacting to plans that have already been developed. 5. Greater focus on outcomes and 6. All areas of Workforce need to be looked at as a priority. He hoped that would be helpful for the other agenda items today.

## **3. Action Log**

KB advised that he had circulated an updated action log shortly before the meeting, for information. He briefly updated the group on the actions for each item.

**ACTION:** KB to circulate a report on the First RPB Awards on 6<sup>th</sup> December in the Halliwell, highlighting the winners and runners up in each category.

#### **4. Welsh Government Update on Policy Developments**

SE, the WG Planning Director for Health and SD, the WG Head of Partnerships and Integration introduced themselves.

SD explained that she looks after the RPB's across Wales as well as the Regional Integration fund and the new integration and rebalancing capital fund that we have in place. She expressed that they were here as part of the ongoing discussion about how we can strengthen and streamline our planning landscape across health and social care. She shared that they are keen to see that the plans that are being developed are integrated, but they also equally want to avoid any gaps or duplication in those processes as well. She stated that this RPB was the first in Wales to invite them along to pursue the conversation. They were having planning conversations with NHS Directors about how we further integrate the NHS integrated medium term plans, the three-year statutory plans for NHS bodies with the underpinning PAN cluster plans for locality areas, as well as the RPB area plans. They recognise that there are lots of areas of commonality. They are looking to see how we integrate and align not just the processes, but the content and the ambition of those plans as well. They welcome the opportunity to engage with stakeholders about how we can go further and faster on that as well.

In her presentation, SE mentioned what's most important, is an understanding of what the geographical or organisational narrative looks like. They recognise that organisations and their partner plans are required to develop a number of plans, but those plans don't sit in isolation of each other, but particularly that they come together under the umbrella of the well-being of Future Generations Act. Looking at how those geographical areas or organisations can set out their story with ambition and destination is for improving the outcomes of its population and reducing inequalities as well. SE said there's an opportunity to look at how our joint actions, efforts and resources can be deployed. To achieve that SE says that her responsibilities are specifically around the NHS integrated medium term plans. The Minister issues guidance every year which sets out her priorities and when we look at those priorities for the coming three-year period, it's clear that there is a relationship there with the area plans across each of those priority areas. In some shape or form, whether that's delayed to transfers of care, whether it's primary and community care, or whether it's mental health and well-being as well. She said what they're trying to do is streamline that landscape to make sure that robust and aligned plans can be developed to deliver our common ambitions.

SD updated the group on the work that they've been doing under the rebalancing care and support programme, which was about strengthening regional working. She mentioned that they've been undertaking a review of the part 9 guidance under the Social Services and Wellbeing Act which provides the guiding principles for RPBs.

She noted the landscape had moved a lot since the guidance was written. This had been an opportunity to build from their learning and their experiences to redraft that guidance and set out more clearly what they want the RPB's to be.

One of the key things that they've done is strengthen the message about where the duty to cooperate lies, because RPB's are not a legal entity in their own right. She explained the consultation on the rebalancing white paper, where they asked the question about whether they need to give the RPB's a legal status, to give them more teeth, but the statutory partners overwhelmingly said no. She mentioned that it is important that we understand that the duty to cooperate legally sits on local authorities and health boards, and that we need to probably be looking more closely at the accountability mechanisms around that for those partners. She said the RPB is the vehicle through which they exercise that duty. The RPB is the place where they come together with wider Partners to cooperate and look at how they can plan and deliver services across the health and social care landscape in that region.

It was felt that further discussion is needed about how to address the chronic shortage of staff, which affects the ability to deliver a robust service. JH thanked SE & SD for their presence and presentation in the meeting.

## **5. Current System Pressures and changing the Paradigm**

RM said she could talk about system pressure but knows that everyone in the virtual room is aware that there are pressures across every part of the health and social care system and third sector. The pressures are all linked to workforce deficits and a demand that has not been seen before.

RM shared a presentation that JM and herself presented to a round table with the NHS Confederation's and Social Care Wales and spoke about what they have been doing in Carmarthenshire to start changing the paradigm, hoping that it will stimulate a bit of discussion, and showed how the approach taken also links into the presentation we just heard from WG.

RD's presentation showed the difference the 'home first' approach had made, but went on to say despite the good outcomes, barriers always continue to exist, which is a result of our organisations not being designed to manage the numbers or complexities that are presenting within our frail population today.

She added, the care approach for older adults has got to be asset based and focused on what matters. She stated that their community capacity has not grown relative to the population growth from the last decades, and they continue to focus on the challenges associated with providing an acute hospital care service. They are recruiting currently into an integrated workforce, with one job description as part of the model.

She suggested a coordinated approach for older people's health and care system in Carmarthenshire and across West Wales is required. This needs to promote an asset based and preventative approach. The quality statement that is being developed nationally, that will outline best practice and frailty standards, will form part of this work, and they are due to conclude on that quality statement by the end of March 2023.

She stated that in Carmarthenshire Delta Wellbeing provides the digital infrastructure to manage the virtual ward and provide proactive management of that complex

population. The challenge for our organisations is to consider what we are going to do and sign up to in relation to progressing integration, and the governance and budgetary arrangements that underpin this. This is the stance in Carmarthenshire and RM welcomes the discussion in terms of the regional opportunities for West Wales around that approach.

JH thanked RM and asked if there were any questions or points for discussion for a way to move this forward.

In the discussion that followed ASE welcomed that RM had acknowledged those difficult conversations around residential care and funding because they add to the complexity of what we are doing, and she thought it was nice to see that acknowledged it.

JB believed it's about how we level this up across the region and get our reach on the same level playing field. He added there's a bit of catching up to do in Pembrokeshire, compared to what is going on in Carmarthenshire. JM thought JB made an important point which provided another opportunity to say that the regional vision is when we can benchmark ourselves across Carmarthen to Ceredigion and Pembrokeshire.

Each individual county has got its different challenges and different infrastructure but at least if we set out our plan to make sure that we we're all at the same understanding about what that means, then we can benchmark and set our plans to implement it, hopefully to get equity of outcomes for the whole population across the area and not just in separate counties. She understands that the further, faster together document isn't expecting an all-Wales approach and that it does allow the autonomy for each local area to be able to determine how it may do that.

SD from WG says, it's about finding that balance. She hears loud and clear that each locality is different, and that people's needs aren't fundamentally different, but the way in which they have those needs met and how they are supported is what matters to them. She said in meeting those needs, it's making sure that those standards go far enough because the Minister is very clear about having good practise and good evidence needed to make sure those things are being replicated, without micromanaging exactly what that looks like on the ground.

SD thought it was interesting sitting in and hearing this because our region is not alone. Every RPB struggles with this she said. SD ended by saying the right leadership, behaviours and models around collaboration mean giving ground. Sometimes it means stop doing something that you've been wedded to because you designed it, because what's over there is a bit better.

JM thought that SD provided a helpful answer, because it's one of the challenges that we have got stuck on as a network, in pursuing a standard model as an outcome in itself, which been a historical challenge. He believes there is no organisation in the Western world that's as centralised as the NHS, and he believes there can be some strengths around setting national standards, but certainly thinks it can also be an inhibitor of innovation, because a lot of what you see internationally in healthcare, is localized innovation, to meet local population needs, along with a much better

integration of prevention and acute services that than we traditionally do not have here in this country.

JM said in Carmarthenshire, they are rapidly shifting to what they are convinced works, and it's a combination of a number of things. He is confident they've got a strong evidence base in terms of outcomes. Outcomes, related to reducing dependence in social care and improving and preventing longer hospital stays.

One of the features that they are confident on now, is that when they look at the profile and the complexity of the population, who end up with extended stays in hospital, it is those aged 75+, highly complex individuals, and their profile of bed options, doesn't meet their needs. JM said that gets in the way of where they need to be, and the default inevitably becomes an acute hospital, which is the most expensive and arguably the least good for many of them.

He is hoping that they're going to be able to bring forward a more radical model of what the bed profile looks like. He mentioned a pilot, but didn't have the exact data to hand, in Ty Pili Pala, he thinks something like 80% of the patients went home or have gone home without a care need or with a reduced care need. They are seeing a significant a reduction in the amount of care home care that that are having to buy in those areas. He is certain that if you work something out that's reasonably evidence based that will make a difference, at least in time for next winter, that's the goal they are heading toward.

JH brought the conversation to an end and thanked RM for leading on it. She stated that we will need to come back to this.

**Action:** For the IEG to advise the RPB on how we take this forward.

## **6. West Wales Advocacy Strategy**

CH provided some context and background around the strategy, stating it had been developed with the Advocacy West Wales Network, which is a group of collaborative advocacy providers across the region, along with people who use advocacy services.

She mentioned that it had been a while in its development because it had been started before COVID but had to be suspended because it wasn't practical to get the user voice/opinion during the COVID period.

The aim of the strategy is to shape our future commissioning arrangements and to ensure we have good quality advocacy services provided across the region. There will be a steering group to ensure we continue to focus on the implementation reporting to the regional commissioning group, which is the subgroup of this RPB. CH was willing to take any questions after her presentation of the item.

JH sated it was a good piece of work, that made sense and she thanked the team for all the work that had gone into producing it. HLL also thanked the team for producing the paper and she had a comment about commissioning that is linked to commissioning and procurement across the board, and not just advocacy services.

HLL believes we need to think about how we phase some of the recommissioning of our services, particularly in this area of work where we are offering support to very vulnerable people. When we go wholesale and look at recommissioning all services, it feels disruptive, and will probably feel disruptive for people in receipt of that support because there is a great deal of uncertainty, and insecurity for staff and volunteers involved in delivering those services. HLL asked if we need to give a little thought into phasing or considering the timing of those recommissioning cycles, so we are not displacing all those services at one once.

CH responded that it was a pertinent point, but that sometimes we are governed by procurement and standing orders, which drive timescales and aren't ideal. They endeavour to strike a balance with this work via the commissioning group. . We went out to tender for the independent professional advocacy service, but it was a very good outcome because it was a collaborative advocacy provider that won the contract, and it also brought together other groups, including Age Cymru Dyfed, Carmarthenshire People First, Dewis Centre for Independent Living and Carers Trust Crossroads West Wales. CH believes we have a strong anchor across the region, with a single source of access with a single provider, driving up quality to a standard.

CH mentioned that there is a regional collaborative agreement that ties the commissioners together, and by having that co-produced services specification, it allowed this to be tested in Ceredigion. They have worked through several challenges, which has taken time, but the end result is more positive because it will make the service more equitable across the region. They will continue to look at and refine their learning as they go through the implementation plan.

JH called for the strategy to be approved, and it was. The board looks forward to updates as the implementation takes place.

## **7. West Wales RPB Annual Report**

JS provided an overview summary of the annual report, which he says focusses on the fantastic work that has been undertaken across the region and it is a great way for colleagues to reflect on achievements of the last year that align to our planned objectives. The approach taken was similar to formats taken in previous years as per guidance from WG. The report provides an update on the activities relating to the priority population groups.

However, unlike with previous annual reports they have been grouped slightly differently this time around, by looking at the groupings based on our high level aims within our area plan like 'Starting well', 'Living well' and 'Ageing Well', with the population groups being mentioned in each of those areas. In his summary he touched on the work being done by the Research Innovation Coordination Hub (RIC), the Regional Workforce Board undertakings and the Continuous Engagement & co production developments.

He asked KB whether he had anything else to add. KB thanked JS for helping to coordinate compilation of the report. He also wanted to note that due to other demands this year, that the annual report production was later than he had anticipated

it to be, but we have a document he is happy to recommend to the RPB. JH liked the grouping in the report and felt it made reading the document easier.

HLL thanked JS for his work. She added that she was reflecting on comments SD from WG, made in her earlier presentation about wanting a forward reflection as well in our annual report and she is wondering whether it is worth looking at our calendar of upcoming meetings to make sure we give enough advance space as an RPB to discuss what those future areas of work should be factored into our calendar of meetings.

KB agreed and mentioned that we are developing an RPB calendar and now that WG expectations are becoming clearer, we can table our works so that we are thinking about things early enough in the cycle, to allow for adequate discussion, with stakeholder groups, as well as the RPB.

WG expectation will be that it a delivery plan that will be expected from us, so the annual report and delivery plan will be combined, which will provide for a more practical document. JS asked for other comments on the plan.

**ACTION:** JH stated that she understands the document needs to be published but suggests that the board have until the end of January to read through the report and provide feedback to JS by the end of the month so that changes may be considered.

## **8. All Wales Public Service Graduate Programme**

RJ gave a summary about the WG All Wales Public Service Graduate Programme that JS is part of. She mentioned that JS is the third graduate we have had placed with us, and that had been with us for 11 months and will be completing his placement in three weeks before moving to Coleg Sir Gâr, where he will complete another 11-month placement. The role has been project based and the emphasis of the programme was creating future leaders, with a strengths-based performance framework being utilised. She then introduced JS to the group.

JS talked through his presentation, that summarised his experiences with the partnership, including his reflections and highlights on his works-based learning projects. He touched on his professional, academic and personal achievements while in the role. He also spoke about his observations and the challenges he sees the RPB facing in the future. JS provided some insight into the master's degree qualification on leadership and governance and how he has applied the learning to his time here and how he will apply it to his future role. He ended on sharing his how his skills and confidence had developed over the past months and mentioned how those skills are proving to be valuable. He ended his presentation by sharing his aspirations and how he looked forward to gaining new experiences. He thanked the RPB team for being so welcoming and supportive, and said the knowledge and guidance has helped him extremely and he'll take the experiences into the next placement and beyond. He is excited to see where the opportunities will take him beyond the programme. Some comments were offered by members in the chat function of Teams. Members of the RPB offered thanks to JS, for his contribution which had been invaluable to the team



and the RPB. He was wished good luck for the next chapter of his adventure in public sector work.

## **9. Any Other Business**

Nothing raised.

## **10. Date and venue of next meeting**

13 March 2023, 2:00PM – County Hall, Pembrokeshire CC. JH looking forward to seeing individuals in person.