



BWRDD PARTNERIAETH
RHANBARTHOL
CAERDYDD A'R FRO
CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD

CARDIFF AND VALE OF GLAMORGAN REGIONAL PARTNERSHIP BOARD

Committee Room 3, County Hall, Cardiff

27th November 2023

09:00-12:00

MINUTES OF THE MEETING

ATTENDANCE

Cllr Edward Williams Chair	Cabinet member, Social Care and Health, Vale of Glamorgan Council
Abigail Harris	Director of Planning and Strategy, Cardiff and Vale University Health Board
Cath Doman	Director of Health and Social Care Integration, Cardiff and Vale RPB
Charles Janczewski Deputy Chair	Chair, Cardiff and Vale University Health Board
Helen White	Chief Executive, Taff Housing Association
Cllr Lynda Thorne	Cabinet Member for Housing and Communities, Cardiff Council
Sam Austin Deputy Chair	Deputy Chief Executive and Director of Operational Services, Llamau
Sarah McGill	Corporate Director, People and Communities, Cardiff Council
Cllr Ashley Lister	Cabinet member, Social Services, Children's Services, Cardiff Council
Cllr Norma Mackie	Cabinet member, Social Services, Adults Services, Cardiff Council
Melanie Godfrey	Director of Education, Cardiff Council
Sarah Scire	Deputy Director of Business Development, Platform
Andrew Templeton	Chief Executive, YMCA Cardiff Group
Bobbie-Jo Haarhoff	Unpaid Carers Representative
Mike O'Brien	Unpaid Carers Representative
Estelle Hitchon	Director of Partnerships and Engagement, Welsh Ambulance Services NHS Trust
Lance Carver	Director of Social Services, Vale of Glamorgan Council
Secretariat/Facilitators	
Rebecca Al-Nashee	CAV RPB Partnership Team, Cardiff and Vale RPB
Meredith Gardiner	Head of Partnerships and Assurance, Cardiff and Vale RPB
Alison Law	Joint Commissioning Project Manager, Cardiff and Vale Regional Partnership Board
Chris Ball	Ageing Well Programme Manager, Cardiff and Vale Regional Partnership Board
Eve Williams	Starting Well Programme Manager, Cardiff and Vale Regional Partnership Board
Guests	
Lisa Dunsford	Director of Operations, Primary, Community and Intermediate Care, Cardiff and Vale UHB

Dan Crossland	Director of Operations, Mental Health Clinical Board, Cardiff and Vale UHB
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Dermot Nolan	Associate Service Group Director for MH and LD, Mental Health and LD Delivery Unit, Swansea Bay UHB
Jane Thomas	Director - Adults, Housing and Communities, Cardiff Council
Lisa Dunsford	Director of Operations, Primary, Community and Intermediate Care, Cardiff and Vale UHB
Dr Sian Griffiths	Consultant, Public Health Medicine, Cardiff and Vale UHB
Dr Tom Porter	Consultant, Public Health Medicine, Cardiff and Vale UHB

APOLOGIES

Paula Ham	Director of Learning and Skills, Vale of Glamorgan Council
Suzanne Rankin	Chief Executive, Cardiff and Vale UHB
Sheila Hendrickson-Brown	Chief Executive Officer, Cardiff Third Sector Council (C3SC)
Rachel Connor	Chief Executive, Glamorgan Voluntary Services
Paul Bostock	Chief Operating Officer, Corporate Management, Cardiff and Vale UHB
Malcolm Perrett	Policy Advisor, Care Forum Wales
Lynne Aston	Assistant Director of Finance, Cardiff and Vale UHB
Cllr Margaret Wilkinson	Cabinet member for Housing and Building Services
Sarah McCarty	Director of Improvement and Development, Social Care Wales

Minute number	Minute	Lead
303	<p>1. WELCOME AND INTRODUCTIONS</p> <p><u>Declaration of interests</u></p> <p>Cllr Williams welcomed all to the meeting and noted the apologies, there were no declarations of interest.</p>	Cllr Eddie Williams
304	<p>2. Living well deep dive</p> <p>Part 1: Learning disabilities</p> <p>Jane Thomas, Lisa Dunsford, Lance Carver and Dermot Nolan introduced the item which had been circulated previously as <i>Items 2.1-2.4</i></p> <p>They explained that the Joint Commissioning Strategy for Learning Disability Services had been in place since 2019 and that there was a plan to extend the strategy for an additional three years. Meetings with stakeholders had already taken place where the approach had been agreed and the existing priorities had been confirmed as still valid. The team were aiming to refresh the delivery plans to focus on the approach going forward as a partnership. They explained the challenges ahead and proposed direction of travel.</p>	

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	<p>Key points made were:</p> <ul style="list-style-type: none"> • That people with learning disabilities are four times more likely to die of a preventative disease • There is a need to improve information about services or people with learning disabilities and their families • There is a need to use our collective assets across the partnership to improve care and support <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Charles “Jan” Janczewski noted that there was an opportunity to break the traditional model of delivery by agreeing what we should be doing together. He queried why we still commission services from Swansea Bay and noted the opportunity of extending the recently launched My Health Passport to partner organisations. • Abi Harris noted that Cardiff and Vale UHB Chief Executives had met with Swansea Bay Health Board colleagues and agreed two posts to be hosted in Cardiff and Vale. She also mentioned a need to ensure that annual health checks and health services for people with Learning Disabilities were as effective as possible and felt that this should be one of the priorities. • Cath Doman, Jane Thomas and Lisa Dunsford agreed that the objectives needed to be tied down more clearly and suggested sharpening into five priorities. • Sarah McGill stressed the need for data in order to make decisions to scale the gap in services and asked what the numbers were. • Estelle Hitchon asked whether as a partnership, we were working on the standardisation of language in order to make 999 services easier for people to navigate. • Lisa Dunsford, Bobbie-Jo Haarhoff, Jane Thomas and Dermot Nolan agreed that gaining insight from people with lived experience and how people access mainstream services was flagged as a priority. • Dermot Nolan explained that Chief Executives had decided that commissioning from Swansea Bay allowed a better voice in terms of Learning Disabilities, due to critical mass. He noted plans to modernise services across three Health Boards to deal with high-complexity cases. • Lance Carver felt that the strategy would be effective in ensuring the same direction of travel for the partnership. He noted that Learning Disabilities didn’t have a model formed by population need due to the pan-regional approach and that the partnership needed to acknowledge that what had been done so far had not made a significant impact. 	

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	<ul style="list-style-type: none"> • Helen White wanted to ensure that the opportunities the housing and third sectors could bring for people with Learning Disabilities were included • Abi Harris asked why the strategy wasn't being extended by five years to align to the next Area Plan, Jan Janczewski picked up on this and suggested refreshing the strategy rather than extending. • Cath Doman and Eddie Williams explained that extending the strategy by three years allowed for an opportunity to focus on what we were delivering this year through annual joint delivery plans • Bobbie-Jo Haarhoff said that a piece of work already completed by the RPB around advocacy needed to be brought into the delivery plans. • Lance Carver explained that the production of the strategy took a long time and required significant engagement with service users and families, which meant that it would be easier to extend than refresh. He told the RPB that Advocacy representatives had agreed that the strategy was fit for purpose as priorities had not changed since the pandemic. • A focus on annual delivery plans within the context of the strategy was agreed. <p><u>Decision</u> The RPB:</p> <ul style="list-style-type: none"> • AGREED to extend the Joint Commissioning Strategy for Learning Disabilities for a further three years. • AGREED to develop detailed partnership annual delivery plans <p>Part 2: Mental health Dan Crossland introduced the item which had been circulated previously as Items 2.5-2.7, setting out the current context of the work which included successes and challenges.</p> <p>He talked the RPB through the detail of the papers; highlighting the crisis sanctuary (crisis café) approach, the Cardiff and Vale Mental Health pathway, a rise in the provision for Eating Disorders, recruitment retention issues and an exponential increase in ADHD referrals and associated complaints regarding access to services.</p> <p>Dan informed the RPB that Cardiff and Vale was the leading Health Board in Wales for co-production and lived experience. He then talked through a series of emerging questions.</p>	

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	<p><u>Discussion</u></p> <ul style="list-style-type: none"> • Dermot Nolan explained that West Glamorgan was three years into development of Mental Health services and that looking to extend further proved valuable. He noted difficulties in relation to securing the right type of accommodation that was discreet and accessible, but with a tie to hospital-based services. • In response to a query from Abi Harris regarding the type of buildings that were required for crisis sanctuaries, Dan Crossland explained the requirements: <ul style="list-style-type: none"> ○ Not a ‘health’ building ○ Close to the community and discreet ○ Kitchen and washing facilities ○ Nor clinical ○ 5pm - 3am availability • Sarah Scire noted the need to ensure that services such as NHS 111 were aware of the sanctuary and that as a partnership we were signposting people to the service. • Mike O’Brien suggested a conversation outside of the meeting to help Dan’s team connect with carers within the region. Dan welcomed the suggestion. <p>Part 3: Population health opportunities</p> <p>Tom Porter and Sian Griffiths introduced the item, which was presented verbally. Tom explained that the impact on services during the pandemic was still being felt, Sian then talked the RPB through objectives and challenges regarding prevention and equity. Key headlines included:</p> <ul style="list-style-type: none"> • Increased prevalence of anxiety • Reduction in people reporting they are in good health – translating to increased demand • Increased deaths from diabetes and liver disease <p>Sian advocated the principle of proportionate universalism – which recognises the need to do more where there is increased deprivation to get equivalent outcomes to those in less deprived groups.</p> <p>There is the opportunity to have an impact if we act jointly and at scale, in particular around diabetes, where the epidemiology is alarming and for Type 2 where there are modifiable risk factors. Primary prevention has the greatest impact on diabetes and also impacts on cardio vascular disease.</p>	

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	<p>Discussion</p> <ul style="list-style-type: none"> • Abi Harris suggested a further, sharp-focus conversation to look at the impact on services due to people living for longer with ill health, targeting intervention and the approaches that different organisations could take to focus on primary and secondary intervention. • Cllr Ash Lister said that regarding people who were of working age, there was an opportunity for economic development teams within Cardiff and Vale to reach out to the private sector. He also felt that the health passport would be of benefit to employers and staff. He noted that more conversations needed to be had with charity partners and that health services needed to be more culturally accessible to ensure people are engaging with their own health care. • Tom Porter agreed that employers would be a key stakeholder. • Sian Griffiths emphasised the need to make use of current resources by reaching the population through Cardiff and Vale colleagues. • Estelle Hitchon felt the widening gap in people living in abject poverty and not accessing referral points for healthcare was concerning, saying that staff needed to be educated and supported to live better and healthier lives. • Sam Austin mentioned that Cardiff and Vale Third Sector organisations were supporting people living in poverty but that things needed to be done differently to support healthy living. She advocated for consistency of messaging across organisations and cross pollination of knowledge. • Tom Porter suggested a conversation between Health Service and Social Sector colleagues to discuss housing issues and gain knowledge of other agencies and organisations. • Sian Griffiths said that scaling up the model without funding would be challenging but possible. • Andrew Templeton suggested a need to find better ways to align as a lot of communications resources were not being utilised. • Helen White was concerned that a lot of work was falling on frontline housing colleagues. • Cath Doman queried the scale of opportunities regarding people with diabetes. • Abi Harris and Cllr Norma Mackie stressed the need for employers to invest in the health of their employees. • Melanie Godfrey said that her team could assist in providing curriculum pieces to schools that could be used in teaching to help get messaging out to children and parents. • Bobbie-Jo Haarhoff mentioned the Welsh Government's anti-racism action plan and the sense of wellbeing that can be achieved through mutual respect and avoidance of 	

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	<p>discrimination, which could help people to speak up and coproduce at no extra costs to organisations.</p> <ul style="list-style-type: none"> • Tom Porter agreed with Bobbie-Jo, saying that more work needed to be done with communities. • Sian Griffiths confirmed to Dan Crossland that the item had been connected to trauma and childhood experience work, Dan Crossland explained that there was a whole strategy around this as it had a critical impact on the long-term health of the population. <p>In summary, there is a significant opportunity to be had through the action of wider partners including education, housing and employers.</p> <p>Not all of the solutions are within the gift of the RPB and there is a need to bring in the PSBs into a multi-partner endeavour that could be articulated as our ‘north star’.</p>	
305	<p>3. Priorities for collective action: identifying the ‘North Stars’ for partnership working in Cardiff and the Vale of Glamorgan</p> <p>Cath Doman and Sian Griffiths introduced the item which had been circulated previously as Item 3, setting out the full details referenced within the paper. The purpose was to conclude the work undertaken for the partnership by the King’s Fund by proposing clear actions.</p> <p>They presented a set of proposals for ‘north stars’ to the RPB, which were based on the Starting Well, Living Well, Ageing Well framework and the strategic enablers.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Bobbie-Jo Haarhoff suggested a few north stars from each section of the framework, rather than three individual objectives. She felt that legislation was a vital starting point to protect our most vulnerable citizens. • Sam Austin requested a north star for each end of Starting Well transitions. • Jan Janczewski supported multiple north stars within Starting Well, as he believed there was opportunity for greater influence. • Cllr Norma Mackie and Cllr Ash Lister agreed. • Estelle Hitchon felt that equity gaps would require high prioritisation and would take away from other services, but would be the best focus in order to make the biggest impact. • Sarah McGill emphasised the need for better understanding of what each partner organisation does in order to make the most effective decisions 	

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	<p>and have greater impact by using what we have collectively in our respective armouries.</p> <ul style="list-style-type: none"> • Abi Harris agreed that it would be best to have multiple objectives within each north star, suggesting possible aims around data and diabetes. • Cllr Ash Lister stated a need to tailor north stars more towards communities, such as children’s services. • Bobbie-Jo Haarhoff reminded RPB colleagues that the Cardiff and Vale Unpaid Carers population could bring value and impact to the discussions around north stars, suggesting an increased resource that could impact through a citizen engagement process. • Eddie Williams stated that the SLG (Strategic Leadership Group) would continue to work on the objectives and come back with proposals at a future date. • Bobbi-Jo noted concerns about the use of unregulated accommodation for children under 18. CD noted that all organisations have to operate within the legislative framework and carefully manage the risks when temporary arrangements have to be made outside of those in exceptional circumstances. <p><u>Decision</u> The RPB:</p> <ul style="list-style-type: none"> • AGREED the north stars and enablers that the RPB will champion. • AGREED to delegate to SLG to confirm North Star leads and to receive and consider detailed proposals setting out the approach to delivery at a future RPB. <p>ACTION:</p> <ul style="list-style-type: none"> • Confirm north star leads and set out detailed proposals regarding the approach to delivery at the next SLG, for RPB consideration at a future meeting. • Sian Griffiths and Cath Doman to work with colleagues to sharpen the proposed north star and bring to SLG for consideration. 	<p>Cath Doman and Sian Griffiths</p>

306	<p>4. System financial sustainability</p> <p>4.1 Organisational financial positions and approach</p> <p>Cllr Williams invited Sarah McGill, Abi Harris and Lance Carver to provide the current position on the financial sustainability challenge for each organisation.</p> <p>They detailed the deficit financial position for this year and explained some of the causes for the current position. Abi informed the RPB that even with savings being made, the Health Board would still be facing a deficit position next financial year. Sarah McGill and Lance Carver informed RPB colleagues of the challenges being faced by Cardiff and Vale Councils who cannot legally enter into a deficit position.</p>	
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	<p>For the Councils, the position is hugely challenging and there is significant pressures in education and children’s services. Demand is not abating and the anticipated peak has not been passed, as anticipated.</p> <p>Homelessness is being experienced to the level like nothing before.</p> <p>Lance noted a similarly pressurized situation, with Looked After Children and placements in an overspend position.</p> <p>The settlement for LAs will be announced on 20.12.23, The assumption is that there will be a huge gap for next year.</p> <p>It is however critical not to lose the strategic direction of moving towards a preventative, closer to home, locality-based approach.</p> <p>Estelle Hitchon spoke from a Welsh Ambulance Service perspective, saying that they were currently forecasting a fragile break even position.</p> <p>Sam Austin said that a report had shown housing providers across Wales were unsure if they’d survive winter and were handing back support contracts, which would cause more people to go to other organisations for support, as well as emergency units. Sam also stated that the Third Sector didn’t receive full funding for services commissioned under HSG (Housing Support Grant), and operated under a 20% deficit. She felt that the Statutory Sector needed to recognise that the Third Sector was subsidising services. Helen White agreed with Sam.</p> <p>4.2 Regional Integration Fund position 23/24</p> <p>Cath Doman introduced the item which was circulated previously as items 4.2 and 4.3 and set out the full details referenced within the associated papers, including the SLG (Strategic Leadership Group) proposal relating to the RIF (Regional Integration Fund) tapering model.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> • All RPB colleagues agreed that the tapering approach was currently unaffordable, and were in full support of a letter to Welsh Government explaining that it was not possible to implement currently. • Jan Janczewski suggested asking for an extension to the tapering request until financial stability could be achieved. • Abi Harris said that joined-up data was needed to evidence what works and is most effective, as she felt that organisations wouldn’t be able to make a scale of change that would stop demand. 	

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	<p><u>Decision</u> The RPB:</p> <ul style="list-style-type: none"> • NOTED the Q2 performance reports which had been approved by SLG and submitted to Welsh Government • NOTED and SUPPORTED the joint approach financial risk mitigation as set out in section 4.1 • ENDORSED a flexible approach to maximising the impact of the funding available to partners through the RIF, as set out in section 4.5. • ENDORSED notifying Welsh Government of CVRPB’s position as set out in the paper. <p>ACTION:</p> <ul style="list-style-type: none"> • Inform Welsh Government of Cardiff and Vale Regional Partnership Board’s current position regarding the tapering model. 	Cath Doman
307	<p>5. Winter: readiness and risks</p> <p>Lance Carver, Sarah McGill and Estelle Hitchon introduced the item which had been circulated previously as Item 5. They told the RPB that this was in a stronger position, with domiciliary care and social work assessment waits, in a good position in the Vale and hospital discharge working really well as a partnership piece of work.</p> <p>Sarah and Estelle noted the challenging financial position and a need to put more focus on clinical colleagues dealing with emergency calls from the frontline to avoid unnecessary ambulance journeys.</p> <p>Abi Harris noted the progress made in <i>Safe@Home</i> and the improved position this year compared to last in terms of bed provision going into winter. She also flagged that the Health Board had moved into business continuity mode for a period of thirty-six hours the week prior due to system pressures, and that staff vaccinations were not currently at the desired level.</p> <p>She reiterated the need to promote general wellbeing and vaccinations for staff and said that data was being tracked to provide an expected position for the next yearly quarter.</p> <p>A tough winter was anticipated and the Health Board was trying to keep planned activity moving to avoid further backlogs putting pressure on the system.</p>	

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	Respiratory illness in children is an issue, due potentially to reduced resilience. CVUHB provide the only Paediatric Intensive Care beds in Wales, so if doesn't take much for them to become overwhelmed.	
308	<p>6. RPB Chair succession</p> <p>Cath Doman introduced the item which had been circulated previously as <i>Item 6</i>, noting that Cllr Williams' tenure as Chair of the RPB ended in March '24.</p> <p>She also noted that the RPB Chair rotation currently only went through statutory bodies every two years, and asked for approval from the RPB to include the Third Sector within the rotation.</p> <p>Decision The RPB:</p> <ul style="list-style-type: none"> • APPROVED the inclusion of the Third Sector in the rotation of RPB Chairs. • AGREED to receive the updated RPB Terms of Reference at the next meeting of the RPB. • NOTED that the next rotation will be from the Vale of Glamorgan (incumbent Chair) to Cardiff and Vale University Health Board from April '24 (actual RPB date will be 13th May). <p>ACTION: Cath Doman to update the RPB Terms of Reference</p>	Cath Doman
309	<p>7.1 MINUTES OF THE LAST MEETING</p> <ul style="list-style-type: none"> • No amendments identified and minutes of the last meeting were agreed by RPB. <p>7.2 ACTION LOG REVIEW</p> <ul style="list-style-type: none"> • All actions completed. No actions are outstanding. 	
310	<p>8. ITEMS FOR NOTING</p> <p>8.1 Vale Pan Cluster Planning Group minutes 8.2 Cardiff Integrated Delivery Partnership minutes 8.3 Regional Commissioning Board minutes 8.4 PSB minutes - Cardiff 8.5 PSB minutes – Vale 8.6 Strategic Leadership Group minutes</p>	

Minute number	Minute	Lead
	<ul style="list-style-type: none"> All items NOTED by the RPB. 	
	Meeting close	Chair

DATES OF FUTURE MEETINGS

Dates of future RPB formal meetings:

22/01/24 09:00-12:00
15/03/24 9.30-12.30
13/05/24 9.30-12.30
22/07/24 9.30-12.30
23/09/24 9.30-12.30
25/11/24 9.30-12.30
27/01/25 9.30-12.30