

**CARDIFF AND VALE OF GLAMORGAN REGIONAL PARTNERSHIP BOARD**

**Via Teams**

**25th October 2022**

**14:00-16:00**

**MINUTES OF THE MEETING**

**ATTENDANCE**

|  |  |
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| Cllr Edward Williams | 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 (Interim Chair) | Deputy 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 |
| Lynne Aston | Assistant Director of Finance, Head of Finance PCIC Clinical Board, Cardiff and Vale UHB |
| Sam Austin | Deputy Chief Executive and Director of Operational Services, Llamau  |
| Sarah McGill | Corporate Director, People and Communities, Cardiff Council |
| Meredith Gardiner | Head of Partnerships and Assurance, Cardiff and Vale RPB |
| Sheila Hendrickson-Brown | Chief Executive, Cardiff Third Sector Council |
| Cllr Ashley Lister | Cabinet member, Social Services, Children’s Services, Cardiff Council |
| Cllr Norma Mackie | Cabinet member, Social Services, Adults Services, Cardiff Council |
| Sarah McCarty | Social Care Wales |
| Melanie Godfrey | Director of Education, Cardiff Council |
| Rachel Connor | Chief Executive, Glamorgan Voluntary Services |
| Suzanne Rankin | Chief Executive, Cardiff and Vale UHB  |
| Andrew Templeton | Chief Executive, YMCA Cardiff Group |
| Malcolm Perrett | Policy Advisor, Care Forum Wales |
| Sarah Scire | Deputy Director of Business Development, Platfform |
| Paula Ham | Director of Learning and Skills, Vale of Glamorgan Council |
| **Secretariat** |
| Olivia Headley-Grant Rebecca Al-Nashee | CAV RPB Partnership Team, Cardiff and Vale RPB |
| **Guests** |
| Lisa Dunsford | Director of Operations, Primary, Community and Intermediate Care, Cardiff and Vale UHB |
| Eve Williams | Starting Well Programme Lead, CAV RPB Team |
| Rose Whittle | Directorate Manager, Community and Child Health, Cardiff and Vale UHB |
| Daniel Jones |  Information Governance Manager, Cardiff and Vale UHB |
| Rachel Harries |  , Audit Wales |
| Mike O’Brien | Unpaid Carers Representative for the RPB |
| Jane Reid | Associate Consultant, Attain, Cardiff and Vale CYP Emotional Wellbeing |
| Zuhair Mateen | Financial Management Trainee, Finance, Cardiff and Vale UHB |
| Natasha James | Operational Manager, Safeguarding and Service Outcomes, Vale of Glamorgan Council |
| Jennifer Horton | Improvement and Development Manager, CAV RPB Team |
| Bobbie-Jo Haarhoff | Unpaid Carers Representative for the RPB |

**APOLOGIES**

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| Fiona Kinghorn | Executive Director of Public Health, Cardiff and Vale UHB |
| Suzanne Wood | Consultant, Public Health Medicine, Public Health Wales |

| **Minute number** | **Minute** | **Lead** |
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| 276 | **1. WELCOME AND INTRODUCTIONS****Declaration of interests**Cllr Williams explained that Audit Wales would be observing the Board as part of their Unscheduled Care project.Cllr Williams welcomed all to the meeting, including the two newest members of the RPB: Mike O’Brien and Bobbie-Jo Haarhoff, who had recently been selected to provide representation for unpaid carers at the RPB.  | Cllr Eddie Williams |
| 277 | **2. SYSTEM PRESSURES AND WINTER PREPAREDNESS**­­Abi Harris introduced the item which had been circulated previously as ***Items 2.1, 2.2, 2.3, 2.4 and 2.6.******Item 2.5 is to follow.*****Key points*** The items being presented are to ensure that the RPB is fully aware of the exceptional pressures facing the health and care system as a whole.

**Introduction**Abi presented the item and highlighted some of the key areas affecting system pressures this year, which included an early flu season, trying to catch up on the back log of planned care, and a greater demand of services in comparison to pre-pandemic demand.Lance Carver picked up on Abi’s points and explained that the Social-Work workforce, Children’s Services and Health Boards are struggling to recruit currently; and that the Regional Integration Fund has been developed through putting all of the information gathered from those organisations together in order to gain a wider insight into the issues.Sarah McGill noted that Cardiff and the Vale have both had very different experiences and felt that there is a need to outline what those differences are. She stated that there is still a high demand for domiciliary care, but that Cardiff has done better with the demand this year than last year. Sarah went on to explain that Cardiff has issues around assessments, and that they’ve had recruitment difficulties for adult carers. Sarah said that a “Trusted Assessor approach” is needed, and that Cardiff Cares Academy has made a positive impact, bringing in 90 new employees; Which shows the need for a long-term approach. She also said that the Dementia care market needs to be developed further. **Discussion** * Rachel Connor gave her opinions from a Third Sector perspective, stating that some community and activity centres are facing bills rising from 9k to 40k annually, meaning that those centres will have to decide if and how they will remain open. She also said that further knock-on impacts are to come.
* Mike O’Brien asked whether we might see a similar situation to last year, when some patients were discharged by Health Boards before care packages were put in place, leaving family members to take care of them.
* Abi Harris answered Mike by saying that with regards to “discharge to assess”, there is a definite need to ensure that relatives are able to support the patient and are also supported themselves. Assessments need to happen within twenty-four to forty-eight hours so that the wait for the care package to start isn’t too long.
* Cllr Lynda Thorne asked about the strain on G.P Surgeries.
* Abi Harris explained that Primary Care is under a lot of pressure, and that there is currently a need to explain the difference between **NHS 111** and **CAV 24/7** to the general public. She said that these services need a boost in order to convince people to use them over going to A&E where appropriate. Abi explained that an Urgent Primary Care centre in the Vale has had positive feedback, the centre is for patients who cannot get an appointment with their G.P., but their issue may be urgent. There are currently plans to look into establishing something similar in Cardiff.
* Abi went on to explain that something else that could be a possibility, is looking at how we might have a home response team for falls victims. Mentioning the **Regional Integration Fund** case studies, Abi asked whether we could proactively contact people who are at risk of falls before an accident happens.
* Estelle Hitchon provided her perspective from a Welsh Ambulance Service point of view, explaining that based on the current model being used, patients who are shaken from a fall won’t be prioritised. This means that those patients often end up with further injuries and pressure sores, leading to hospital stays. She asks to be included in any other discussions regarding this. She finalises by explaining that NHS 111 is now available across Wales, and that there is a need to make people aware through mediums such a television and radio advertising.
* Cllr Williams says that issues such as the Flu and Covid-19 are not within our control, and that we don’t have enough capacity to handle everything.
* Suzanne Rankin joined the conversation to ask what work we need to do to mobilise a response which we will be confident will meet the challenge, if we aren’t assured that we have a robust plan.

**DECISION**The RPB:* **APPROVED** the proposed approach.
* **NOTED** the information and challenges shared.

**ACTION:**1. RPB Team to collate the risks and opportunities on behalf of the Partnership. (including shared communications, opportunities to work in partnership to understand and respond to helping people re-build and maintain their independence).
 | Abi HarrisLance Carver Sarah McGill  |
| 278 | **3.1 WORKFORCE****3.2 MARKET RISKS MITIGATIONS**Lance Carver introduced the two items which had been circulated previously as ***Items 3.1.1, 3.1.2, 3.2.1 and 3.2.2*****Key points*** Current risks across the partnership and emerging plans.
* Workforce charter.
* Current position to set out immediate issues across partners.
* MSR major messages/emerging actions required

**Introduction**Lance Carver explained that the Charter was born from discussions that lead to united opinions on the importance of working together. A Task and Finish group has been set up from discussions with Social Care Wales.**WORKFORCE****Discussion** * Sarah McGill said that she supports the work, and that the Charter will be helpful in establishing key themes. She also felt that the key to this will be the actions that we will implement to address specific issues. Sarah emphasised that we will continue attempts to recruit Social Workers, but that the focus is very much on ensuring that there is a route for people who are thinking about a career in Social Work, such as at an OT assistant level. She agreed that there is a need to be as specific as possible about the key risks over the winter period and that this will help in that regard because it allows us a framework within which we can we can set those actions.
* Malcolm Perrett expressed that the point LC made about the movement of the Workforce between Local Authorities, Third Sector and the Health Board is a significant disruption for all. He said that the only way that we are going to be able to address this is by making sure that we have fairly level Terms and Conditions for job roles within the organisations.
* Lance Carver agreed with Malcolm, noting that the Independent Sector representatives on the Workforce Board were in agreement with that idea. He explained that the Task and Finish sub-group has started to pull some of the information together. He explains that the details will be the challenging part of this task, as some posts will have large band breadths where people can start at one scale point and progress, whereas others will have one fixed point. Some have a high level of responsibility, others have less responsibility and it doesn't necessarily match the current pay grades. So, transitioning from the current arrangement once we fully understand it, to a new arrangement is going to be complicated and will need to be carefully planned.
* Sam Austin told Lance that she thought the Charter was a great piece of work, and asked to highlight ***Item 3.1.2*** to the RPB, explaining that the report very much links in with the current discussion with regards to housing Support Workers. She agreed with the Charters recommendations, and agreed that Malcom’s point should be picked up regarding parity of pay. Giving an example from Llamau’s perspective, she explained that Llamau has lost a large number of staff to local authorities, both in Cardiff and the Vale for very similar roles, that are paying a lot more. Sam felt that we can do a lot in the Charter and with Terms and Conditions, but due to the current cost of living crisis, people are going to go with the higher paid roles, regardless of the training and well-being that is provided. She said that Llamau has also lost staff to Support Worker Assistant roles, so people are going into Social Work, which is great, but also a huge detriment to other areas.
	+ Sam went on to say that while she is glad to see that there is talk of the Real Living Wage; in terms of Commissioning around the Third Sector and Independent Sector, most of the time the actual income that is available is not enough to pay the real living wage alongside everything else.
* Charles Janczewski supported the principles. He felt that it’s important that we develop some form of regional workforce that allows people not just to earn a fair living wage, but progress their careers in different environments, learn different skills and have different experiences. He also said that there is importance in putting the Charter through individual organizations, not just agreeing in principle at RPB level, but making sure that each organization has full buy in from their respective boards. He didn’t feel that this would be difficult to achieve, but that it would reinforce the principles behind the Regional Workforce and how we deploy that going forward.
	+ On the previous section of the discussion, he thought there were some positive signals about benefits that are happening, but that his concern was the pace at which they're able to happen and felt that having a Regional Workforce platform would in future allow us to have more pace about what we do and to react to emergency situations more readily.
* Lance Carver responded to explain why the Charter wasn’t put forward in that process originally. He explained that it was because it was born out of people who were working on the frontline or immediate managers of those services. He was concerned that if it had been taken it through those processes it would have “had the edges knocked off” and it wouldn't be as real to them. He said that at this stage he is more than happy for it to get further endorsement.
* Charles Janczewski responded to say that he fully supports the initiative, but that we need to reinforce it now through individual organizations and get a full force of momentum behind it.
* Cllr Williams said that it would add further publicity to the needs for stakeholder partnership working, which most organisations are looking to do.

**Decision**The RPB:* **NOTED** the Workforce Charter.
* **APPROVED** the recommendations.

**Action**1. Be as specific as possible about the key risks over the winter period.
2. Have fairly level Terms and Conditions for job roles within the organisations.
3. Task and Finish sub-group to continue to pull information together on job roles, terms and conditions, pay scales, bands, progression within roles etc.
4. Continue towards transition to a new arrangement for more level job descriptions, terms and conditions, pay scales, bands etc.
5. Look into developing a Regional Workforce that allows people to earn a fair living wage, progress their careers in different environments and learn different skills.
6. Put the Workforce Charter through individual organizations, ensuring that each organization has full buy in from their respective boards.

**3.2 MARKET RISKS MITIGATIONS****Introduction** Lance Carver noted that the Market Stability Report came to the previous RPB meeting and explained that the discussion is now heading more towards what we are going to do with it and how we will begin to take it forward. Lance explained that there are key elements of service delivery that we haven't got sufficiency for at the moment, and that to let people know that the regional Commissioning Board will be developing a plan with regard to all of those elements. For example, where there is currently a need for more EMI nursing beds, a plan will be set out about how and where those are developed going forward. He said that the current focus is on Domiciliary Care in the Vale of Glamorgan but that for regional partners, things like developing more children's placements will be equally important to them, and that the two things will happen together.He explained that the work of the Regional Commissioning Board also looks at fee increases and uses. He noted that care providers are struggling to recruit and retain staff and that's something we need to support them to do, also recognizing that we're moving into possibly one of the most challenging financial sets of circumstances ever.**Decision**The RPB:* **NOTED** the immediate issues across partners.
* **NOTED** the emerging actions required.
* **APPROVED** the recommendations.

**Action**1. Begin the process of taking the Market Stability Report forward.
2. Begin developing a plan with regards to insufficiency in service areas.
3. Support Care providers in recruiting and retaining staff.
 | Lance Carver |
| 279 | **4. REGIONAL INTEGRATION FUND – 6 MONTHS ON**Meredith Gardiner introduced the item, which is a verbal update.**Key points*** Summary of RIF programme delivery and risks.
* Deep dive – emPOWER programme and implementation of NEST.

**Introduction**Meredith explained that she wanted to provide a high overview of the £19 million worth of regional integration fund that the RPB is looking after this year. And that the slide being shown is an overview of how that fund is broken down.She also provided an emerging overview of the position against each element of the funding stream as it's currently being developed. She said that we are in the process of pulling together our half yearly report, and that the SLG will be receiving a full detailed report over the next couple of weeks. Rose Whittle introduced the second part of the item, which has been previously circulated as ***items 4.1 and 4.2.*****Introduction*** Rose Whittle explained that the emPOWER programme is endeavouring to support children and young people with their emotional and mental health and working to improve that, but also working with them.

She began by saying that they are trying to design a service that meets the needs of children, young people and families and carers.Rose moved through the slides provided in the pack, explaining the key elements.* An animated video was then shown, which explains the No Wrong Door approach.
* Jane Reid took over to talk the RPB through the practicalities of what they are doing differently to make sure that we have the No Wrong Door Approach in action. She reminded the RPB that what they are aiming to do is what the children, young people and families have asked them to do, which is to it much easier for them to get help when they need it. Jane then talked through the slides.
* Rose noted to the RPB that they have been working with GP’s. She explained that there is a need for clarity when GP’s are referring into a system and we're doing something that they're not expecting with the referral. She said that they need to be very comfortable with that, and so that that piece of work is ongoing.
* Eve Williams took over for the next slide, which detailed the NEST project,

from framework to action, explaining that NEST is a framework that is being used as the foundation for the emPOWER programme.* Eve handed over to Deborah Driffield, who told the RPB that there are three subsections which were set up as a direct response to the significant number of young people that were presenting at hospital in psychological distress. The three work streams are short, medium and long term. The long-term plan is that we have a multidisciplinary wrap around team that moves with the child.

**Discussion*** Abi Harris expressed concern that we don’t have Mental Health beds for 18-year olds in the Health Boards, but that on a small number of occasions that are becoming an increasingly common occurrence, there have been 16 to 18-year olds admitted to adult Mental Health units. She said that this is not an environment that has been designed for children and young people, and that they are therefore being cared for as an adult. The unit is designed for adults and so it is just adding to the mix of young people who are not being cared for in the right environment. Abi felt that this approach is not giving the children and young people what they need in terms of the holistic approach to care, for example, in terms of their educational needs. She also mentioned that it can be very disruptive to the unit because they often have to close a large number of other beds to enable the space for the young person to be created.

Abi expressed that ideally, she would like all of our services go up to the age of 25, rather than dropping off at 18. She stressed the need for a well structured and thought out transition plan to be in place for young people who are moving through the services.* Ashley Lister made the point that CAMH is not always the most appropriate service for a young person, and that’s why it is important that we all go back to our organisations and highlight that as professionals. He explained that this is because there will still be GP’s, Teachers, Police Officers and Social Workers who will say that a young person needs to go to CAMH’s, when that is not the most appropriate service. Ashley said that it's about hammering home the message that it’s about getting in the right place at the right time so that young people have the support that they actually need.

Ashley went on to further build on Abi’s point regarding transition, saying that he is reassured that the conversation is happening, as young people don’t become adults overnight at the age of 18. He stressed the importance of ensuring that young people up to 25 are being offered as much support as they need.* Sam Austin endorsed Ashley and Abi’s comments, saying that the people that they support who are 18 and end up as inpatients end up having a really poor experience and discharge, as the adult services are just not set up for them.

Sam then asked a question with regards to the No Wrong Door Approach, questioning whether the approach has resulted in an increase in waiting times.* Rose Whittle responded to Sam, saying that there is a waiting list, but that they are making significant progress in improving that and managing to get young people to the right place. Rose explained that they have been doing a lot of transformation within the Health Board, and that they are reorganising themselves behind their single point of access to have an assessment team and an intervention team. She said that the focus at the moment is on getting the waiting lists down in order to improve the flow of the service. Rose said that they now have clinical professionals at the front door triaging, having conversations with GP's and having conversations with other professionals. She explained that a lot of the calls that come in through the single point of access, are seeking advice for working with a young person, and that the referral rate is quite low. She felt that this is due to being able to provide professional advice and consultation, as well as giving reassurance.
* Suzanne Rankin said that we need to work out a means by which we can clearly articulate whose responsibilities are where, as there are young people presenting who don’t fit the current landscape. Suzanne felt that there is something for us to do alongside and supporting this work around influencing policy, possibly legislation and some of the definitions, whether that be age-related or whether that be describing the sort of challenge that the young person is.
* Eve Williams responded, saying that this is certainly something that they will look at and provide a response to.
* Rose Whittle responded to Suzanne’s comments, noting that as there is no one place for young people to go, they have been working hard across the piece to ensure that they align but also to try to understand what young people are presenting with. She explained a previous conversation about whether the young people are suffering with their mental health, and if not, whose scope is it to deal with them. She said that they have moved to a position where they are talking about emotional distress and trauma, and how they work on that together.

**Decision**The RPB* **NOTED** the progress made.
* **NOTED** the continuing work to be done.

**Action:**1. Continue working with GP’s to ensure that they are comfortable with referrals they make potentially being re-directed to other services.
2. Continue working towards the long-term plan of having a multidisciplinary wrap around team that moves with children.
	1. Develop a well-structured transition plan to be in place for young people who are moving through the services.
3. Look at the possibility for young people’s services to have a later cut off point.
4. Reiterate within our organisations that CAMH’s is not always an appropriate answer for young people.
5. Look into and provide a response regarding a means by which we can clearly articulate whose responsibilities are where, such as influencing policy, legislation and some of the definitions.
6. Continue working through waiting lists.
 | Meredith GardinerRose Whittle |
| 280 | **5. UNPAID CARERS CHARTER** Natasha James introduced the item which had been circulated previously as ***items 5.1.5.2,5.3 and 5.4*****Key points*** For approval, the RPB is being asked to formally adopt the Charter today.
* The Charter has been developed to highlight the critical role that unpaid carers play in supporting the work of social care and the NHS.

**Introduction*** Natasha James explained that the Unpaid Carers team wanted to create a piece of work that would demonstrate our commitment to carers across the region and would highlight our commitment to services, enabling carers to have more of a tangible, impactful document than a strategy. Natasha continues to explain the background behind the Charter, she explains that the Population Needs Assessment identified that we have approximately 51,000 unpaid carers across Cardiff and the Vale.

**Discussion*** Cllr Mackie commented that the Charter is excellent and that it was put to cabinet in Cardiff and they were very happy to support it.

 **Decision**The RPB* + **NOTED** the Unpaid Carers Charter.
	+ **APPROVED** the Unpaid Carers Charter.
 | Natasha James |
| 281 | **6. RPB GOVERNANCE REFRESH PROPOSAL** Cath Doman introduced the item, which is ***to follow.*****Key points*** A brief overview of the work so far to modernise and simplify the governance that supports partnership working.

**Introduction** Cath explained to the RPB that there is a wide-ranging review of partnership governance arrangements across the whole region going on at the moment, that we are trying to bring to a fairly rapid close and conclusion. She goes on to say that the brief was to simplify and modernize those governance arrangements for our partnerships, so that we have governance that's fit for purpose in a post COVID world. Cath goes on to further detail the item.**Discussion*** Sarah McGill contributed, saying that the fact that we're able to recognize the work that we do in Partnership across the piece and fit it into Starting Well, Living Well and Ageing Well is a very sensible way of constructing our involvement. Sarah also felt however, that having the arrangements that we set up were sort of old necessity and somewhat limiting. She felt that they didn't consider the really complex partnership landscape in which we all operate and which many of us experience on a daily basis.
* Sarah went on to explain that from the position of the Regional Safeguarding Board, we have to ensure that we really do have the widest picture of what is going on across the region, and that we are careful about what we establish, given that everybody's time is so constrained.
* Sarah lastly commented that she welcomes the opportunity to consider how the various elements of our Partnership fit together.
* Lance Carver commented that there are probably a variety of elements that cover all segments of the Partnership.
* Cath Doman responded to say that she agrees with Lance, and that those areas of work need to be cognizant of the different demands coming from different parts of the Partnership.

**Decision**The RPB:* **NOTED** the proposal.
* **APPROVED** the recommendations.
* **APPROVED** the proposal.

**Action:**1. Continue to bring the review of partnership governance arrangements across the region towards a conclusion.
2. Create a conversation to help clarify all areas of the Partnership and their purposes.
3. Ensure that all pieces of work that cover multiple segments of the Partnership meet the needs of each area involved.
 | Cath Doman |
| 282 | **7. JOINT AREA PLAN DEVELOPMENT**Meredith Gardiner introduced the item, which is being presented verbally.**Key points*** proposed approach to developing the Joint Area Plan over the next few months.
* Seeking thoughts and opinions.

**Introduction*** Meredith firstly told the RPB that there are two Area Plan workshops that are coming up over the next couple of months. She then reminded the RPB that at the previous meeting, Cath gave an overview of the requirements for every Regional Partnership Board to develop its next Area Plan. She explained that the Area Plan is essentially the To Do List that we have as a region for the next five years.
	+ Meredith went on to explain the item in three stages. She said that right now they are building together a local perspective of the achievements against the previous Area Plan and creating a list of the priorities that we think we want to be taking forward. She said that they are very mindful that what they are trying to do is not to come up with a list of things that need to be done, but to look to the items that are going to make the biggest impact for citizens across Cardiff and the Vale of Glamorgan. She explained that between now and the end of November, they are going to be looking back at what has been done so far and where thing’s need to be moved forward.
	+ Meredith told the RPB that there will be a range of other stakeholders at the November Area Plan workshop, who will be able to provide a variety of different viewpoints. She also detailed the December Area Plan workshop, explaining that this is currently just for RPB and SLG members. This will provide the opportunity for members to look at all of the work that we've gathered across the baseline assessment and to sit that against some of the national drivers that we see emerging. This includes the National Models of Care that the Welsh Government are requiring all RPB's to consider. and to begin development of a short list of key outcome focused priorities that will make the biggest difference to our communities. We will then aim to meet again in February 2023 to look at how we deliver the plan, considering factors such as; What is the best mechanism to make these aims happen in as few meetings as possible, how does the RPB work alongside the Public Service Boards, the emerging Pan Cluster Planning Groups and some of the other organisational delivery planning processes that are already in place, How do we make sure if these are our shared priorities, who's best placed to deliver them and how will we make all of that work together.

**Decision**The RPB:* **NOTED** the progress and development of the Joint Area Plan.

**Action:**1. Continue working towards development of the next Area Plan.
 | Meredith Gardiner |
| 283 | **8.1 MINUTES OF THE LAST MEETING*** No amendments identified and minutes of the last meeting were agreed by RPB.

**8.2 ACTION LOG REVIEW*** All actions completed. No actions are outstanding.
 | Meredith Gardiner  |
|  | **Meeting close** | Chair |

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| **DATES OF FUTURE MEETINGS**

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| **Dates of future RPB formal meetings:**27.01.23 11am – 1pm25.04.23 2pm – 4pm  |

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