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CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD

CARDIFF AND VALE OF GLAMORGAN REGIONAL PARTNERSHIP BOARD

22nd November 2024

14:00-16:00

MINUTES OF THE MEETING

ATTENDANCE

Charles 'Jan' Janczewski (Chair)	Chair, Cardiff and Vale University Health Board
Cllr Ashley Lister (Deputy Chair)	Cabinet member, Social Services, Children's Services, Cardiff Council
Cath Doman	Director of Health and Social Care Integration, Cardiff and Vale RPB
Lance Carver	Director of Social Services, Vale of Glamorgan Council
Chris Markall	Assistant Director of Finance, Cardiff and Vale UHB, RPB Finance Lead
Mike O'Brien	Unpaid Carers Representative, Cardiff and Vale RPB
Cllr Leonora Thomson	Cabinet Member for Adult Services and Public Health
Rachel Connor	Chief Executive, Glamorgan Voluntary Services
Lisa Trigg	Director of Improvement and Development, Social Care Wales
Sheila Hendrickson-Brown	Chief Executive Officer Cardiff Third Sector Council (C3SC)
Sarah Scire	Deputy Director of Business Development, Platform
Cllr Margaret Wilkinson	Cabinet Member for Housing and Building Services, Vale of Glamorgan Council
Elizabeth Jones	Director of Learning and Skills, Vale of Glamorgan Council
Cllr Eddie Williams	Cabinet member, Social Care and Health, Vale of Glamorgan Council
Helen White	Chief Executive, Taff Housing Association
Sam Austin (Deputy Chair)	Chief Executive, Llamau
Casey French	Policy Advisor, Care Forum Wales
Andrew Templeton	Chief Executive, YMCA Cardiff Group
Suzanne Rankin	Chief Executive, Cardiff and Vale UHB
Estelle Hitchon	Director of Partnerships and Engagement, Welsh Ambulance Services NHS Trust
Lauranne Cullen	Official Observer, Llais Cymru
Secretariat	
Meredith Gardiner	Head of Partnerships and Assurance, Cardiff and Vale RPB
Rebecca Al-Nashee	CAV RPB Partnership Team, Cardiff and Vale RPB

Guests	
Gareth Newell	Head of Performance and Partnerships, Cardiff Council (on behalf of Sarah McGill)
Sarah Tipping	Head of Strategic Partnerships and Engagement, Strategic Service Planning, CAV UHB (on behalf of Marie Davies)
Chris Ball	Ageing Well Programme Manager, Cardiff and Vale RPB
Anna Tee	Partnership Programme Manager, Cardiff and Vale RPB
Emma Lewis	Head of Planning, PCIC, Cardiff and Vale UHB
Diane Walker	Head of Integrated Discharge Service, Corporate, CAV UHB
Rachel Lee	Clinical Board Director, PCIC, CAV UHB
Mike Bond	Director of Workforce and Financial Improvement, Medicine, CAV UHB
Jim Wilcox	Capital Programme Manager, Cardiff and Vale RPB, Cardiff Council

APOLOGIES

Sarah McGill	Corporate Director, People and Communities, Cardiff Council
Claire Beynon	Executive Director of Public Health, Cardiff and Vale UHB
Marie Davies	Interim Director of Planning and Strategy, Cardiff and Vale University Health Board
Ceri Phillips	Vice Chair, Cardiff and Vale University Health Board
Cllr Lee Bridgeman	Cabinet Member for Housing and Communities, Cardiff Council
Cllr Lynda Thorne	Cabinet Member for Housing and Communities, Cardiff Council
Melanie Godfrey	Director of Education, Cardiff Council

Minute number	Minute	Lead
	1. WELCOME AND INTRODUCTIONS <u>Declaration of interests</u> Jan welcomed all to the meeting, noting apologies and welcoming the guests.	Jan (Chair)
285	2. Joint Area Plan Delivery: Priority Status Reports @Home: Integrated Community Care System Cath Doman introduced the item, which had been circulated previously as <i>Item 2.1</i> <u>Key points</u>	Cath Doman / Chris Ball / Emma Lewis

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	- The overarching ambition to reduce pressure on hospital capacity by keeping people stable in the community would require the ability to respond to people in crisis through the provision of more services at home. - The delivery plan would continue into next year. - The enhanced community care component of the system supported citizens as their health needs advanced. - The programme of work was intended to be used as a roadmap for the next 3 years. - The team were aiming to finalise the draft plan by December, for further discussion with the Health Board in January 2025. <u>The discussion focused on:</u> Impact on Third Sector: The Third sector was experiencing increased pressure due to costs, with plans to address this issue through the RPB in the coming months. Delivery Costs and Benefit Realisation: Concerns were raised about the lack of cost details associated with delivery and the necessity for clear KPIs and benefit realisation metrics. Service Planning: The robustness of service planning in shifting from state institutions to community-led delivery was questioned. Examples of Impact: There was an offer to provide examples of the National Insurance impact on the third sector outside the meeting. Financial Impact and Lobbying: A significant cost impact, including a projected £250k increase and the impact of a 5% Real Living Wage increase, was highlighted. - Lobbying efforts were ongoing for additional support from Welsh Government, as third-sector organisations delivering public sector contracts faced increased financial strain, potentially increasing demand on public services if these organisations struggle. ACTION: RPB Work on Third Sector Costs: Continue developing a project that addresses the pressures on the Third Sector, presenting the findings to the RPB within the next few months. KPI and Benefit Realisation Metrics: Identify and establish clear KPIs and benefit realisation metrics as part of the delivery process.	Meredith Gardiner
286	3. Llais update Lauranne Cullen introduced the item, which was presented verbally.	

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	<u>Key points</u> - Llais is a new independent statutory body, set up by Welsh Government. It replaced 7 Community Health Councils from 1st April 2023. - Llais focuses on three core areas of activity: engagement, representation and a complaints advocacy service. - NHS bodies and Local Authorities are required to share information with Llais when requested. <u>The discussion focused on:</u> Sharing Information: The importance of sharing information with RPB Leadership teams and WLGA Spokespeople to facilitate learning and collaboration across Wales. Rising Demand Session: A session was proposed on rising demand, including discussions on Mental Health (MH), Neurodivergence, and Urgent and Emergency Care (UEC) services for the RPB. Community Engagement: Highlighting the importance of engaging with communities and decision-makers, and the ongoing efforts to build those relationships. Collaboration with Llais: Utilising existing links with Llais for neurodiversity work and a willingness to explore further collaboration and share updates. Identifying Key Issues: Encouraging the identification of themes or issues that could benefit from consideration at the RPB and ensuring they receive adequate agenda time. ACTION: - To note the importance of involving Llais in future engagement for all RPB priority areas.	All
287	4. Care Action Committee 4.1 Winter Planning 4.2 50-day challenge Cath Doman introduced the item which had been circulated previously as <i>Items 4.1,4.2,4.3,4.4,4.5,4.6,4.7 and 4.8</i>	

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	<u>Key points</u> • There was a recognised need for a 7-day working pattern for clinical professionals, to ensure timely discharges. • E4 Ward Transition: E4 ward was becoming an IACU ward for elderly, frail patients ready for discharge, where more advanced plans for home transition were required. • Engagement with Local Authorities: Ongoing conversations with local authorities (LA's) were taking place. • Emphasis on Home Safety and Independence: There was a need for an end-to-end approach that prioritised keeping people safe and independent at home. <u>The discussion focused on:</u> • Progress on 50 Day Challenge: Recognition of being ahead in the 50-day challenge and alignment of plans with its requirements. • Support for Community Conversations: The need for partner support in community conversations was stressed, especially during high demand periods, due to the challenge of communicating the appropriate use of emergency services. • Children's Services Demand: A high demand in children's services, particularly for safeguarding referrals, and the need to build confidence in alternative services. • Case Study Approach: There was a suggestion to adopt a case study approach to illustrate issues and solutions. • 111 Direct Line in Emergency Units: A suggestion was made to place 111 direct line phones in emergency units to help patients reconsider their options before checking in. • Change in Community Perception: There was agreement on the need to change community perceptions and acknowledge the role of volunteers in making suggestions. • Out-of-Hours Mental Health Services: The Launch of an out-of-hours Mental Health Sanctuary service and the need for more public campaigns to raise awareness was discussed. <u>Decision</u> The RPB: • NOTED and CONSIDERED the winter preparedness plan • NOTED and CONSIDERED initial response to the Care Action Committee's '50 Day Integrated Care Winter Challenge' • NOTED the current position against the 3 key priorities • RATIFIED the Pathway of Care Delays action plan ACTION:	Cath Doman

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	To support delivery of the Care Action Committee Priorities.	
288	5. Report for Information - Vale of Glamorgan Council Reshaping Programme Update - Cabinet 10th October 2024 Lance Carver introduced the item which had been circulated previously as <i>Item 5</i> Key points • Public Feedback: The team had conducted a large-scale survey to gather public feedback. • Corporate Plan Redefinition: Efforts were underway to redefine the corporate plan, aiming to create strong communities with a bright future by balancing aspiration with practicality. • Funds and Community Control: The Vale hoped to save funds whilst improving services by giving communities greater control and autonomy over their services. • Workstreams and Asset Functions: Workstreams had been established to address various issues, including changing the functions of some assets. • Proactive Resource Allocation: The need to focus resources on addressing issues and complaints early, rather than reacting when it's too late, was emphasised. • 'Baby in Mind' Initiative: A program focused on working with families early to prevent situations where social services might need to plan to take a child away before birth. Decision The RPB: • NOTED the end of year forecast for 2024/25 as it stands at Q2 • NOTED the risks and APPROVED the proposed allocation of slippage to known pressures • NOTED the WG Q2 Finance Return • NOTED the financial risk for 2025/26 at both a partnership and individual organisation level, and approve the SLG's proposal to support a budgetary over commitment with the expectation that slippage and NROs support delivery to breakeven • APPROVED the proposed programme allocations for 2025/26	

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289	6. Finance and Performance 6.1 Q2 Summary Performance Assurance Report 6.2 2024-25 Q2 Financial Report and 2025-26 Budget Planning Meredith Gardiner introduced the item which had been circulated previously as <i>Items 6.1 and 6.2</i> <u>Key points</u> <u>6.1</u> • Performance Reports: The SLG had reviewed the Q2 performance reports at their last meeting, noting a total allocation of £19 million for the full year. • RPB Agendas: Agendas for the RPB had been planned for the upcoming year, ensuring each priority area had the opportunity to discuss their work in detail regularly. • Progress on Learning Disabilities and Unpaid Carers: Progress on Learning Disabilities and Unpaid Carers was not yet at the desired level. An increase in pace was expected for LD following the completion of recruitment. UC was still recovering from a change in provider due to the liquidation of the previous third-sector provider last year, but the process was now coming to fruition. • Welsh Government Feedback: Welsh Government were satisfied with the progress made, allowing for lighter touch reports to be submitted. <u>6.2</u> • WCCIS Allocation: The RPB team were awaiting confirmation on the allocation of £190k for the WCCIS, with £100k allocated to the Vale Council and £90k to Cardiff and the UHB and Vale for the digital care region. The provision was proposed to be maintained from slippage while the RPB team continued to pursue confirmation. • Support for the Regional Information Sharing Site (RISS): There was continued support for the RISS due to its recognised benefits. A £50k pressure to sustain arrangements through the year-end could be managed from slippage, pending SLG endorsement. The future of the RISS remained under consideration by the SLG.	

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	• Use of Non-Recurrent Underspends: Remaining non-recurrent underspends could partially support pressures within third-sector Social Prescribing contracts as part of the @home programme and MDT cluster working. This approach addressed shortfalls with ACD ACE funding, which C&V UHB bears as a cost pressure from Welsh Government Planned Care funds that supported the spread and scale of the model in Cardiff North & East, alongside the RIF. The aim was to continue targeting third-sector support and social value from slippage, proposed for RPB endorsement. The discussion focused on: • Utilisation of Funding Reserves: Local authorities (LAs) could allocate funding to reserves, it was confirmed during the meeting that the Health Board was unable to do this. Therefore, efforts would be made to utilise slippage effectively. For example, contributing towards services impacted by inflation. If slippage couldn't be used, it would be redistributed back to partners. • Third Sector Funding Concerns: There were concerns regarding the underfunding of the third sector. It was suggested that details from various discussions should be captured and shared to ensure all colleagues are informed. Decision The RPB: • RATIFIED the Q2 performance reports for submission to WG. • NOTED (1:32) • NOTED the end of year forecast for 2024/25 as it stands at Q2 • NOTED the risks and approve the proposed allocation of slippage to known pressures • NOTED the WG Q2 Finance Return • NOTED the financial risk for 2025/26 at both a partnership and individual organisation level, and approve the SLG's proposal to support a budgetary over commitment with the expectation that slippage and NROs support delivery to breakeven • APPROVED the proposed programme allocations for 2025/26 ACTION: To support plans for management of financial risk in 2024-25 and 2025-26.	All partners
290	7. RPB board development proposal - deferred	
291	8.1 MINUTES OF THE LAST MEETING • No amendments identified and minutes of the last meeting were agreed by RPB.	Meredith Gardiner

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	8.2 ACTION LOG REVIEW All actions completed. No actions are outstanding.	
292	Any other business 9.1 Briefing: contract end - Regional Information Sharing Site (RISS) <u>Key points:</u> Pros and cons - Enhanced planning and decision making - Cross organisational intelligence - Streamlined business case development - Loss of integrated data access - Loss of analytical expertise and forecasting capabilities - Increased costs for data solutions - Increased reliance on manual processes Recommendation to Extend contract and re-evaluate requirements Next steps - Seek approval from the RPB on 22.11.24 to extend the contract to 30.06.25 - Commence detailed assessment of future requirements as a partnership - Regional Digital Board to develop a business case for consideration by partners by early Q1 25/26 <u>The discussion focused on:</u> - Support for the recommended option, which would allow for a more data driven approach to decision making, as well as providing a better understanding of the system for all partners. Decision: The RPB: APPROVED the recommended option to extend the RISS contract and re-evaluate requirements. APPROVED the proposed next steps.	
	Meeting close	Chair

DATES OF FUTURE MEETINGS

Dates of future RPB formal meetings:

14.02.25 14:00-17:00

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