



CARDIFF AND VALE OF GLAMORGAN REGIONAL PARTNERSHIP BOARD
10.00am - 12.30pm, Tuesday 11th October 2016
Held in Committee Room 3, County Hall, Atlantic Wharf, Cardiff

Minutes of the Meeting

Attendance

Cllr Susan Elsmore (Chair)	Cabinet Member, Health, Housing and Wellbeing, City of Cardiff Council
Abigail Harris	Director of Planning and Strategy, Cardiff and Vale University Health Board
Adam Cairns	Chief Executive, Cardiff and Vale University Health Board
Andrew Templeton	Chief Executive, YMCA Cardiff
Bob Tooby	Head of Operations, Cardiff and Vale (WAST) (representing Estelle Hitchon)
James Livingstone	Carers' representative
Jeff Hawkins	Chief Executive, Age Connects Cardiff and Vice Chair Age Alliance Wales
Judith Hill	Head of Integrated Care, Cardiff and Vale University Health Board, Cardiff Council and Vale of Glamorgan Council
Malcolm Perrett	Vice Chair, Care Forum Wales
Marcus Longley	Vice Chair, Cardiff and Vale University Health Board
Maria Battle	Chair, Cardiff and Vale University Health Board
Cllr Neil Moore	Leader, Vale of Glamorgan Council
Paul Orders	Chief Executive, City of Cardiff Council
Phil Evans	Director of Social Services, Vale of Glamorgan Council
Rachel Connor	Chief Executive Officer, Glamorgan Voluntary Services
Rob Thomas	Managing Director, Vale of Glamorgan Council
Sheila Hendrickson-Brown	Chief Executive Officer, Cardiff Third Sector Council
Cllr Sue Lent	Cabinet Member, Early Years, Children and Families, City of Cardiff Council
Tony Young	Director of Social Services, City of Cardiff Council
Secretariat	
Rachel Jones	Assistant Director, Integrating Health and Social Care, Cardiff and Vale University Health Board, Cardiff Council and Vale of Glamorgan Council
Meredith Gardiner	Programme Manager, Health, Social Care and Well-being, Cardiff & Vale UHB
Rachel Armitage	Partnership Support Officer, Cardiff & Vale UHB

By invitation

Urvisha Perez	Performance Auditor, Wales Audit Office (Item 4.1)
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Apologies

Cllr Bronwen Brooks	Cabinet Member, Housing, Social Care and Health, Vale of Glamorgan Council
Cllr Stuart Egan	Older Person's Champion, Vale of Glamorgan Council

Estelle Hitchon	Director of Partnerships and Engagement, Wales Ambulance Service Trust
Dr Tom Porter	Consultant in Public Health (for item 8)

Minute Number	Minute	Action/Deadline
RPB 011	<p>1. WELCOME AND INTRODUCTIONS</p> <p>The Chair welcomed everyone to the meeting.</p>	
RPB 012	<p>2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING</p> <p>The minutes were APPROVED as a correct and accurate record. There were no matters arising. The Action Log status was APPROVED.</p>	
RPB 013	<p>3. PARTNERSHIP BUSINESS ITEMS/SSWB ACT</p> <p>Updated Partnership Governance Structure Abi Harris introduced the schematic of the updated Partnership Governance Structure, noting the relationship with the Public Services Boards and that the structure was designed to ensure that the Partnership will deliver on its agenda. The implementation tier will progress key work streams, noting that joint commissioning is key to provision of effective services to the Partnership’s populations. The work of the Partnership was recognised as a significant transformation programme providing a real opportunity to streamline services while providing greater consistency of provision and language across Wales. It was confirmed that there is a nominated lead for each work stream.</p> <p>It was noted that good progress was being made on the Partnership’s joint approach to meeting the requirements of the Future Generations Act and SSWB Act to carry out a Population Needs Assessment.</p> <p>It was confirmed that lead responsibilities for each work stream would be circulated so all Board Members were aware of responsibilities and supporting project delivery structures</p> <p>The RPB:</p> <ul style="list-style-type: none"> • APPROVED the updated Partnership Governance structure. <p>RPB Work Programme Rachel Jones confirmed that the work programme reflects the implementation programme described in the above schematic, prioritising part 9 of the Act as well as priorities identified locally. It was confirmed that there will be quarterly updates to the RPB which will form the basis of the Partnership Annual Report required by the Act.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> • Welsh Government (WG) work on the National Commissioning Board would inform the forward work programme of the RPB • The need to avoid duplication and ensure cohesion with third sector partners • Local Authorities additionally have responsibility for implementing other parts of the SSWBAct; regular updates will be brought to the RPB. 	<p>Secretariat – 28/10/16</p>

	<p>The RPB:</p> <ul style="list-style-type: none"> • AGREED the work programme. <p>Communications Rachel Jones outlined the plans for a website and newsletter to enable the sharing of information across the Partnership and promote the good work being done in the Region.</p> <p>All Board Members were asked to provide any case studies or links to partnership working which could be promoted via the website or newsletter.</p> <p>Feedback on Meeting with the Minister for Social Services and Public Health on 29 September Cllr Elsmore reported that the Chairs of all Regional Partnership Boards had recently met with the Minister for Social Services and Public Health. The Minister recognised that the effective utilisation of the Intermediate Care Fund (ICF) represents a key challenge for Partnership working across Wales and it was noted that engagement with carers and the third sector was improving. The Minister had indicated that the priority is direct delivery mechanisms and prevention. It was confirmed that the ICF would be recurrent, continuing to be held by Health Boards with distribution jointly agreed across the Partnership.</p> <p>A Statement by the Welsh Government: Update on Local Government Reform from Mark Drakeford AM, Cabinet Secretary for Finance and Local Government was tabled, noting the indication that Regional Partnership Boards would take on greater responsibilities in the future.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • Welsh Local Government Association had discussed with WG that any arrangements established by regions which were collaborating would be strongly supported. Where collaboration was not taking place, there may be intervention from WG. • The Cabinet Secretary had written to all the Health Board Chairs in Wales; it was confirmed that any response would be as a collective regional response <p>Development Session It was confirmed that the RPB would hold a development session from 9 am – 11 am on Wednesday 21 December, venue to be confirmed.</p> <p>The purpose of the facilitated session would be to look at ways of working as a Partnership and to confirm ambition for future integration. The secretariat will discuss separately with Board Members but if anyone has suggestions for issues/topics they would like to see covered, then to notify the secretariat.</p>	<p>All – ongoing</p> <p>All to provide suggestions to Secretariat</p>
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RPB 014	<p>PATIENT FLOW</p> <p>Review of Delayed Transfers of Care – Wales Audit Office Review</p> <p>Urvisha Perez presented the findings from the Report on the recent Wales Audit Office (WAO) Review of Delayed Transfers of Care (DToC). She outlined the methodology utilised and highlighted that comparison had been made with results of a previous review. WAO findings indicated a positive picture, recognising that a lot of work is under way to prevent hospital admission and to help people remain at home for longer. The whole system and integrated approach was welcomed. It was recommended that the Partnership should explore ways in which to mainstream some of the posts which had been appointed via ICF.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • The benefit of the maturing relationships in developing a collective solution • The increase in volume of patients presenting at the UHB acutely unwell with complex disease, most of whom are over 65 years old and noting that the improvement in call-handling by WAST colleagues had resulted in minor cases being signposted appropriately • UHB performance when measured in terms of acute medical care and DToCs • The urgent need to confirm a joint model of patient flow which would release capacity in health and social care • The recruitment challenges experienced by Nursing Home providers, the significant lack of capacity in domiciliary care, the need for appropriate funding and the need to attract appropriate staff to this sector • The need to ensure that the UHB works closely with the third sector to optimise the available capacity • The human and financial consequences of the inability to calibrate the system in the way that serves people best, noting the need to devise new approaches to manage the scale of the task, on the background of increasing pressures • The need to ensure appropriate performance analysis, noting WG’s scrutiny of the challenges • The benefits of moving towards joint budgets, planning and teams, noting the additional requirement to develop a more dynamic and informed approach to the rest of the commissioning cycle • The need for radical change to the business model to meet the expected demand increase of 26% by 2020. It was noted that a pilot study is under way to locate paramedics with GPs, aiming to prevent admissions • The significant investment received was welcomed, noting the need for a disciplined approach to the development and measurement of change and preventative strategies, and withdrawing ineffective services • The need to articulate the work that has been done, supported by robust data • WG support and understanding of the challenges faced by statutory providers, and its recommendation that pooled budget arrangements are implemented as soon as possible • The benefit of joint commissioning alongside pooled budgets to meet 	
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the challenges of providing social care and commission new services which meet people's needs, in accordance with the Act

- The success of integration can lead to greater pressures on domiciliary care
- The need to streamline the decision-making process to meet individual needs as early as possible.
- The Day of Care Audit had demonstrated that 23% of inpatients in UHW and 43% of patients in UHL did not meet the criteria for remaining in hospital. This highlighted that there remained significant challenges in relation to managing delayed transfers of care going forward and which were not necessarily reflected in the WAO report.

Management response to the WAO Audit Report

The management response was tabled in response to the WAO recommendations in the report

The RPB:

- **APPROVED** the management response, **NOTING** that the matters above would be deferred to the Strategic Leadership group.

Presentation on current position

Judith Hill presented "Home First – the story so far..." highlighting the increase in demand arising from estimates of frailty in Cardiff and the Vale of Glamorgan and the increase in frailty and dementia combined with age in the context of the major regional challenges faced by the Partnership. Citizen stories demonstrated the benefit of joint working, particularly with the third sector, and the benefit of ICF funded capability. Data demonstrated an overall improvement in patient flow, noting the related increased cost of domiciliary care, anticipated demand increase, higher levels of need and the vulnerability of current services.

The following points were discussed:

- The need for patients to be assessed in an environment more similar to the home where risk is managed differently
- The expected growth in the over 65 years population
- The expected increase in prevalence of co-morbidities, noting that dementia is currently the critical factor in DToCs
- The need to work together to prevent unnecessary admissions, noting that the demand for 2016/17 has already exceeded that of 2015/16
- The need to consider the nursing element of care
- The lack of care home capacity on a background of increased numbers of people being assessed as needing care home support
- The need for analysis of expenditure on increasing costs of nursing and domiciliary care to enable better market control and more intelligent development of service models
- The importance of future commissioning arrangements in meeting need and addressing capacity issues
- The need to identify areas where additional resource could transform performance
- The need for robust GP out of hours and social care links
- The complexity of informal carers' situations and the need for additional support for them at times when circumstances change, together with the requirement for improved assessment and decision-

	<p>making to inform appropriate long term decisions</p> <ul style="list-style-type: none"> • The provision of nurse-led services to work in the community with support workers and families to avoid admission • Reasons for failure of discharges are currently under analysis to inform a management plan aiming to prevent readmissions • The level of support and challenge offered by the Integrated Discharge Service (IDS) supporting ward staff to prevent readmission or breakdown of package, noting the challenge of recruiting to the IDS posts. <p>The RPB:</p> <p>NOTED the presentation and asked for updates as part of future meetings, including progress made in relation to commissioning.</p>	
RPB 015	<p>JOINT COMMISSIONING AND POOLED BUDGETS</p> <p>Workshop Feedback and Joint Commissioning Project Board</p> <p>Rachel Jones confirmed that Part 9 of the SSWB Act requires the establishment of pooled budgets for care accommodation. The first stage of the work is to review the current position and develop a coherent narrative. Specific requirements have been set out in the Project Brief provided to members, the information from which will enable the development of a wider stakeholder group to collaboratively identify what work can be done differently.</p> <p>It was highlighted that WG had indicated that pooling arrangements could be devised flexibly providing the model is fit for purpose for this Region, with a clear rationale and accelerated progress. It was noted that pilot work on developing a model agreement for pooled budgets is under way in the Gwent Region, and this learning will be shared with other regions to avoid duplication of effort.</p> <p>The RPB:</p> <ul style="list-style-type: none"> • NOTED the update. 	
RPB 016	<p>INTERMEDIATE CARE FUND</p> <p>Update Position Memorandum of Understanding Performance Dashboard Financial Forecast</p> <p>Rachel Jones provided an update highlighting the challenges associated with the lack of clarity around funding, which has in turn led to delays in recruitment, and confirming that the statutory partners had supported proceeding at risk to enable work to progress.</p> <p>It was confirmed that in-year collaborative reallocation of slippage will be prioritised for discussion at the Strategic Leadership Group in November 2016 to ensure there is full expenditure by end of March 2017. Assurance was given that service performance will be reviewed and maximum impact for investment will guide the budget profile for 2017/18 given there is currently an over commitment.</p> <p>The RPB:</p>	

	<ul style="list-style-type: none"> • NOTED the update. 	
The Chair recommended reordering of the agenda.		
RPB 017	<p>POPULATION NEEDS ASSESSMENT AND AREA PLANNING</p> <p>Progress and Findings to date Rachel Jones provided an update on behalf of Tom Porter, and summarised the methodology. It was confirmed that the Population Needs Assessment (PNA) was under way and would inform the work of the Partnership alongside the Needs Assessment for the Future Generations Act. It was highlighted that professional workshops will be held in November 2016 to test findings from the significant amount of data available. It was confirmed that a report would be drafted for the RPB to review at its January 2017 meeting ahead of formal decision making by partners in February/March 2017.</p> <p>Consultation on Area Plans Rachel Jones confirmed that a WG consultation has been undertaken on the development of Area Plans in response to the PNA. The plans will need to set out what services will be delivered across the region and how they are delivered. These Plans will link with the locality/BIG2 work under way to identify resources, assets and services available across the region. It was highlighted that area plans will be developed by March 2018.</p> <p>The RPB:</p> <ul style="list-style-type: none"> • NOTED the update. 	
RPB 018	<p>LOCALITY WORKING</p> <p>Abi Harris provided an update on locality working, highlighting that there are 3 key work streams, named BIG (Bold Improvement Goals) 1, 2 and 3. Work to reorganise the way we use our medical beds by grouping patients based on their need will enable the right staff to deliver the right care and reduce the numbers in hospital who do not meet the criteria. BIG 1 will also link with the locality working in BIG 2 whereby stronger links will be formed with GP clusters and community based resources to encourage people to remain independent at home for longer and minimise the need for escalation into acute services.</p> <p>The RPB:</p> <ul style="list-style-type: none"> • NOTED the update. 	
RPB 019	<p>UPDATE ON HEART (HEALTH ENTERPRISE ALLIANCE FOR REGIONAL TRANSFORMATION)</p> <p>Abi Harris provided an update on the HEART collaboration of the UHB with the two local authorities and Cardiff University, aiming to change the approach to the shared agenda by combining expertise and resources and relocating services appropriately. Research will be undertaken jointly with Cardiff University to evidence which work can most improve services; collaboration is also under way with Cardiff Metropolitan University. It was noted that the Health and Social Care Research Unit at Swansea University is also collating information on existing research programmes and will fund new research.</p> <p>The RPB:</p>	

	<ul style="list-style-type: none">• NOTED the update.	
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<p>RPB 020</p>	<p>WELSH COMMUNITY CARE INFORMATION SOLUTION (WCCIS)</p> <p>Phil Evans provided an update on progress with development of the WCCIS, noting the challenges brought by scale and the number of collaborators across Wales. It was confirmed that WG has made funding available to support the project, and that the Cardiff and Vale region has committed to adopt WCCIS from Autumn 2017, albeit it may be in a phased approach due to the different positions that the 2 local authorities and UHB are currently.</p> <p>There was discussion on the phased implementation approach and the need to ensure that the product is fit for purpose, with appropriate data migration.</p> <p>The RPB:</p> <ul style="list-style-type: none"> • NOTED the update. 	
<p>RPB 021</p>	<p>ANY OTHER BUSINESS</p> <ul style="list-style-type: none"> • James Livingstone reported that 25 November 2016 has been identified as Carers’ Rights Day and that the Carers’ Trust will hold a Young Carers awareness day on 26 January 2017. • Rob Thomas emphasised that the work under way via the Future Generations Act, BIG, HEART and DToC demonstrates the extent to which preventative work is essential when devising area plans • Sheila Hendrickson-Brown urged that work of the RPB fully encompasses the findings of the PNA • Rachel Connor commented that it is essential to ensure that the third sector is fully involved in commissioning for services for preventative work and for accelerating discharge from hospital. 	
<p>RPB 022</p>	<p>DATES OF FUTURE MEETINGS</p> <p><u>RPB Meetings</u></p> <ul style="list-style-type: none"> • Thursday 12 January 2017 9.30 am – 12.00 pm, Oriel Room, Memo Arts Centre, Gladstone Road, Barry, CF62 8NA • Tuesday 21 March 2017 10 am – 12.30 pm, Committee Room 3, County Hall, CF10 4UW <p><u>Development Session</u></p> <ul style="list-style-type: none"> • Tuesday 24th January 2017 9 am – 12.30pm - Life Sciences Hub Wales, 3 Assembly Square, Cardiff Bay, CF10 4PL 	