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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th March 2020	Agenda Item	3.4
Report Title	Update On Key External Partnerships		
Report Author	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships Aileen Flynn, Head of Strategic Partnerships		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an overview of the recent key external partnerships which the Health Board is a statutory member of.		
Key Issues	The following report sets out some of the key issues discussed at recent key external partnerships meetings and in particular, the implications for the Health Board. It should be noted that due to the timings of meetings some of the minutes discussed are from some time ago.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the key external partnerships which Swansea Bay UHB works as a part of; • NOTE the issues discussed in these external partnerships and the implications for the Health Board; • NOTE the minutes of the recent partnership meetings which have taken place. 		

UPDATE ON KEY EXTERNAL PARTNERSHIPS

1. INTRODUCTION

Swansea Bay UHB is a statutory partner in a range of external partnerships, including those listed below:

- West Glamorgan Regional Partnership Board & its supporting Integrated, Adults and Children & Young People's Transformation Boards
- Swansea Public Services Board
- Neath Port Talbot Public Services Board
- Supporting People Regional Collaborative Committee
- West Glamorgan Substance Misuse Area Planning Board
- Neath Port Talbot Youth Justice and Early Intervention Services Management Board
- Swansea Youth Justice Management Board
- Neath Port Talbot Community Safety Partnership
- Swansea Community Safety Partnership

This report provides an overview of the key issues from the most recently approved minutes from each of these external partnerships.

It should be noted that no reportable minutes are yet available for the following meetings: West Glamorgan Integrated, Adults and Children & Young People's Transformation Boards, Neath Port Talbot Youth Justice & Early Intervention Service, Neath Port Talbot Community Safety Partnership, Swansea Public Services Board and Supporting People Regional Collaborative Committee.

2. KEY ISSUES

The following sections set out some of the key issues discussed at the external partnership groups which have taken place, and in particular, the implications for the Health Board. It should be noted that due to the timings of meetings some of the minutes will appear to be quite old.

2.1 Swansea Community Safety Partnership

The most recent meeting of the Swansea Community Safety Partnership took place on 17th January 2020. Minutes attached at **Appendix 1**. The main considerations for the Health Board are summarised as follows:

- **Office of Police & Crime Commissioner:** The Home Office National Crime Prevention has £20M funding pot available. The fund will support operations/projects which address the following:
 - Acquisitive crime
 - Situational intervention/prevention
 - Local focussed on crime hot spots

A bid will be prepared following a meeting to be held in Manchester on 23rd January. 2 new Public Health Data Analyst posts have been seconded to the new Serious Violent Crime Prevention Team.

- **Swansea High Street:** Latest figures show that there are currently 16 active County Lines operating in Swansea. A paper is being prepared for the Leader to take to Welsh Government highlighting some of the challenges in relation to Swansea High Street, particularly relating to

the difficulty in being able to access substance misuse services, waiting times and outreach work.

- **Substance Misuse:** Barod have been commissioned to deliver a 5 week on site drug identification pilot in partnership with a specialist pharmacist. This will allow people to have their drugs identified immediately, which will enable immediate harm reduction information to be provided. Dyfodol are piloting a rapid access prescribing service for 30 people regionally across NPT and Swansea.
- **Role, Priorities and Governance of the Safer Swansea Partnership Steering Group for the future:** Discussion took place on effectiveness of the steering group. All agreed that the group needed to ensure that priorities were relevant, current and aligned to the Police & Crime Commissioner delivery plan objectives. In line with this it was agreed that partners need to develop action plans for each identified crime 'hotspot' to address risks and challenges.

2.2 West Glamorgan Area Planning Board

The most recent meeting of the West Glamorgan Area Planning Board took place on 16th December 2019. Minutes attached at Appendix 2.

- **Matters Arising: Cluster of Above Hip Amputations** - Members agreed that a protocol and processes should be developed between Public Health Wales and partners to ensure information is shared appropriately. Public Health Wales were actioned to provide a formal response in relation to how information sharing between agencies should be handled for the next meeting.
- **Dual Diagnosis Strategy:** A draft Dual Diagnosis Strategy was presented to the Board. This is the first phase of the engagement on the Strategy, which so far has been developed by the Health Board with internal contributions. Wider engagement is planned within the action plan arising from this, with a 6 week consultation period with partner organisations beginning in December. Members noted that further information and input was required on aspects such as trauma/psychological input for lower level service users and requirements for a substance misuse specialist and an emotional well-being specialist to be built into the model. A multi-agency Task & Finish Group will be established after the initial consultation period to consider feedback and recommendations for Phase 2 of the consultation period. The Health Board are to provide an update on the progress of the implementation plan at the next meeting.
- **Commissioning, Finance and Performance Sub-group Committee: An update on spend and projected slippage was provided, with points to note as follows:**
 - The Phase Project hasn't moved as quickly as anticipated, with only a proposed £11k spend.
 - Barod capital applications bid did not meet the criteria, and has been reallocated to revenue funding.

Proposals for slippage were discussed with a deadline for receipt of funding applications set for 6th January. Proposals will be considered by the Commissioning, Finance & Performance Group. Members discussed the need for a Clinical Governance Framework, noting that Cwm Taf Morgannwg Area Planning Board is having a consultation to undertake a review, which is an available option. Health Board colleagues noted that any Clinical Governance Framework would need to be approved via the Health Board Senior Management Team and that the Health Board would not be able to complete this by 31st March.

- **Performance and Contract Monitoring:** A new contract monitoring arrangement has been put in place. The 1st round for Quarter 2 has been carried out, with most of the information received. Contract monitoring meetings having taken place with providers. The main concern/issues highlighted is the way that data is reported on the PARIS system. The detail of

the reports will be discussed at the next Commissioning, Finance & Performance sub-group to ensure WG funds are being spent correctly and meeting service user needs. An issue was raised with the supervised consumption project. The Health Board suggested that this needs to be addressed corporately and requested that a high level Health Board monitoring meeting be held on top of the current service meetings commencing from April.

- **External HSR Review Update:** The workshop held on 12th November was well attended. Most organisations were represented and priorities/areas of need discussed. Initial discussions took place around low threshold prescribing and dual diagnosis/low threshold prescribing appeared to be the main areas of priority identified.
- **Harm Reduction Sub-Committee:** Numbers are increasing dramatically, more vulnerable people are being picked up. The Outreach service has created a bottleneck where more people are being brought into service but cannot move into prescribing. This may be due to the lack of Low Threshold Prescribing Services for stable clients in the Health Board's Community Drug & Alcohol Team to be moved on to. It was noted that there is insufficient capacity in low prescribing services, individuals are being held in secondary care service longer than required, resulting in a lack of flow through the system. The maintenance of certain individuals in services can be up to 7 years. It was suggested that in the short-term, capacity could be increased in the system, funded with unallocated money. It was agreed that any proposals to deal with this issue need to be submitted alongside other underspend proposals by 6th January.

2.3 Neath Port Talbot Public Services Board

The most recent meeting of the Neath Port Talbot Public Services Board took place on 18th September 2019. Minutes attached at Appendix 3.

- **Violence Against Women Domestic Abuse & Sexual Violence Complex Cases:** It was highlighted that previously the VAWDASV Leadership Group were tasked with establishing a Task and Finish Group to look at evaluating the current support available and what improvements could be made to better support this cohort of people. Due to the volume of cases and the multiple complexities, the Leadership Group felt that this would need to be considered by wider partner agencies. A decision was made to escalate these concerns to the Community Safety Partnership Board and to notify the Public Services Board, with further agreement that the group would with the assistance of Public Health Wales prepare a brief for the work set out in the paper.
- **Board Membership:** Board Members agreed the updated Terms of Reference for the NPT PSB with the following amendment. That Abertawe Bro Morgannwg University Health Board be amended to read Swansea Bay University Health Board. The Board considered the request from Coastal Housing Group to attend NPT PSB. It was agreed that due to the importance of the role of housing in the work of the PSB, an invitation should be extended to the larger Housing Associations in NPT. Board Members agreed to consider requests received from agencies on an individual basis, ensuring they link into the agenda of the PSB.

3. RECOMMENDATIONS

The Health Board is asked to:

- **NOTE** the key external partnerships which Swansea Bay UHB works as a part of;
- **NOTE** the issues discussed in these external partnerships;
- **NOTE** the minutes of the recent partnership meetings which have taken place.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
The report highlights the current partnership arrangements with Local Authorities and other partners. These arrangements have been developed to improve outcomes for patients and mitigate any quality and safety risks.		
Financial Implications		
The recommendations made are not associated with any financial implications. Members of the Committee are not being asked to consider or approve any financial assumptions.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications associated with this report or the plans outlined within it. The Health Board is fulfilling the statutory requirements placed on it to participate in the partnerships outlined in this paper.		
Staffing Implications		
There are no staffing implications associated with this report or the plans outlined within it.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The actions outlined in the report support the five ways of working outlined in the Act. Swansea Bay UHB is working collaboratively with partner organisations to identify improved ways of working to support the longer term strategic vision of the organisations involved.		
Report History	This Board considered a previous Partnership Report Update on 31 st January 2020.	
Appendices	Appendix 1 Swansea Community Safety Partnership Minutes Appendix 2 West Glamorgan Area Planning Board Minutes Appendix 3 Neath Port Talbot Public Services Board	



Safer Swansea Partnership Steering Group

17th January 2020

Attendees	Organisation
Paul Thomas (PT)	Swansea Council
William Cheung (WC)	Mid & West Wales Fire Rescue Service
Jane Harries (JH)	Swansea Council
Deanne Martin (DH)	National Probation Service
Declan Cahill (DC)	South Wales Police
Gavin Evans (GE)	Swansea Council
Daniel Jones (DJ)	OPCC
Matthew Rafferty (MR)	WB Area Planning Board
Nicola Edwards	SBUHB

Apologies

Adam Hill (AH)	Swansea Council
Gareth Morgan (GM)	South Wales Police
Cllr. Alyson Pugh	Swansea Council
Lisa Wells (LW)	Swansea Council
Megan Stevens (MS)	Swansea Council
Karen Gronert	SBUHB
Leanne Ahern (LA)	Swansea Council
Damian Rees (DR)	Damian Rees
Karly Richards (KR)	Swansea Council
Matthew Taylor (MT)	HMP Swansea

The Group agreed actions from last meeting held on 18th October 2019.

Office of Police & Crime Commissioner

- 20/21 Community Safety grants for each local authority in process of being finalised.
- Ensure that CSP priorities align with PCC delivery plan objectives
- £20M Home Office National Crime Prevention fund available. Bid will be prepared after attending a meeting in Manchester on 23rd January. Fund will look at supporting operations/projects addressing;
 - Acquisitive crime
 - Situational intervention/prevention
 - Local focussed on crime hot spots
- Serious Violence Bill mentioned in the Queens speech
- 2 new Public Health posts seconded to the new Serious Violent Crime Prevention Team. Key focus on data analysts
- CSP's no longer have data analysts so need to consider requirement for one and how this would be funded

Action: Consider data analyst role for Swansea or the wider region to work with the SV Crime Prevention team and SWP.

Performance and Local Police and Crime Statistics

- New format being used to provide statistical information. Heat maps will indicate areas experiencing high levels of crime and ASB
- Currently 16 active County Lines operating in Swansea



2019-301

Performance Report 5

Action: Enable partners to be able to contribute data/statistics to inform SWP information, especially for an area identified as experiencing higher levels of crime and ASB – this links to the action above regarding data analysts.

Swansea High Street

- Critical Incident Group meeting held on 19th December.
- Progress is being made on addressing some of the significant challenges and risks associated with the high street

- Paper prepared for the Leader to take to WG highlighting some of the challenges particularly relating to the difficulty in being able to access substance misuse services, waiting times and outreach work.
- Possibility of using some currently boarded up shops at the top of the high street in Dyfatty as a community hub, enterprise and a safe space for outreach work.

Violence against women, domestic abuse and sexual violence (VAWDASV)

- Meeting scheduled for the 20th January to discuss the 'Ask Angela' scheme.
- SWP and OPCC raised concerns about the scheme. Issues around the provision of training for officers and premises staff. Other schemes operating in South Wales – Club Crew with drink awareness

Action: SWP will raise concerns at the meeting

- Meeting took place to discuss Swansea Council developing a Safe Leave policy for victims of domestic abuse to be able to have paid time off in times of crisis – good meeting and will be taken forward for further discussions

Substance Misuse

- Barod has been commissioned to deliver a 5 week on site drug identification pilot in partnership with a specialist pharmacist. This will allow people to have their drugs identified immediately and allow us to provide immediate harm reduction information.
- Dyfodol has been commissioned to deliver a rapid access prescribing service for 30 people regionally across NPT and Swansea.
- A more robust process in place to review and report fatal and non-fatal overdoses across the region. We have seen an increase in notifications as a result of this.

Evening and Night time Economy

A. PURPLE FLAG

- Following the successful renewal of Swansea's Purple Flag, further **awards** are to be announced at the ATCM Summer School event held in June in Cardiff. The nominations are in the category of Wellbeing and Outstanding Contribution to the ENTE.
- A paper (attached) setting out measures to **raise the profile of Swansea's Purple Flag** has been prepared and sent to Police colleagues. Feedback on the

suggested measures is invited from the SSP Steering Group. Please respond to Lisa Wells on lisa.wells@swansea.gov.uk



Report - Raising the
Awareness of the Purp

B. POTENTIAL NEW PROJECTS

Several new initiatives are under consideration:

- Following on from the Diverted Giving scheme, a dignity token concept involving businesses selling and accepting £1 tokens that can be exchanged by the homeless / beggars for food, drink (non-alcoholic) or clothing. A similar scheme is running in Bristol called Billy Chips see <http://billychip.com/>
- Following on from the Christmas 'Buddy' scheme where people were encouraged to carry a contact card, festival style wrist bands will replace the cards. The plan is to launch the scheme as part of the 6 Nations programme and Varsity event.
- A **Safer Students** initiative (Police led) is being developed for both universities, the key messages associated with which are to be agreed however a focus will be on the ENTE.
- The implementation of a Swansea **Ask Angela** scheme is under consideration. A productive meeting with key partners was held recently and further research is required particularly in terms of accountability, reporting and the level of Police involvement in other areas.

C. ENTE REGENERATION

- Since the last SSP meeting, additional funding has been secured to deliver an enhanced physical regeneration scheme for **Reimagining Wind Street**. A Client Team has been formed to develop and deliver the scheme and a draft programme has been devised.
- A Feasibility Study on **Castle Square** is starting to take shape with a focus on greening, improved use as an events space and the addition of a commercial premises with designated outdoor seating. Various options to deliver these aspirations are being considered.
- Works to both sides of Oystermouth Road are now well underway regarding delivery of the **Digital Arena** and the overnight removal of the pedestrian bridge will happen shortly.

D. OPERATIONAL MATTERS

- A protocol for the **management of the rise and fall bollards** managing access into Wind Street when the road is closed is at an advanced stag

- Despite best efforts to promote it, due to reducing use, the continuation of the **Drop Off Point** on The Strand is under review.

Action: It is proposed that a report setting out the pros and cons of the Ask Angela scheme be presented at the next SSP Steering group meeting for a decision.

Hate Crime and Community Tension monitoring

- A new tension monitoring process being developed and trialled in Bridgend

Action: Details on pilot and outcomes to be presented at the next meeting

Role, Priorities and Governance of the Safer Swansea Partnership Steering Group for the future

- Discussion took place on effectiveness of the steering group.
- All who attended agreed that the SSPSG needed to ensure that the priorities were relevant, current and aligned to the PCC delivery plan objectives.
- The Wales Violence Prevention Unit will be publishing identified crime 'hotspots' and there will be a number in Swansea
- Partners agreed to use these 'hotspots' to inform action plans to address risk and challenges under the current strategic objective of Stronger Communities.

Action: Wales Violence Prevention Unit to publish identified crime 'hotspots'

Action: Partners to develop action plans for each identified crime 'hotspot' to address risk and challenges

Items raised for referral to other Boards or other Regional arrangements

- None

Domestic Homicide Review update

- Currently 2 DHR's being undertaken.

Date of next meeting: 30th April 2020 10.00hrs in Committee Room 2 Civic Centre

Minutes of meeting

APB

16th December 2019

Conference room 3/4 The Quays, Briton Ferry

Present

Karen Jones – NPTCBC – Chair
Julia Jenkins – NPTCBC
Erica Barrett – NPTCBC
Matthew Rafferty – NPTCBC
Nicola Headon - NPTCBC
Joanna Maal – SWP
Judith Tomlinson – PHW
Becky Hancock – WCADA
Gareth Bartley – SBUHB
Dermot Nolan – SBUHB
Neil Harding – Probation
Jamie Harris – Barod
Jane Whitmore – CCOS
Joanne Abbott-Davies – SBUHB
David Howes – CCOS
Rhian Lovell – Probation
Michael Curtis – WG
Tracey Breheny – WG
Owen Venables – WG
Amanda Thomas – WG
Angharad Metcalfe - SWP

Apologies

Amanda Lewis - Probation
Eirion Evans - Probation
Mydrian Harries – MAWWF
Sandra Husbands – SBUHB
Karen Ozzati – WCADA
Keri Warren – CCOS
Carly Jones – PSALT
Kelly Gillings – CCOS
David Roberts – SBUHB
Matthew Bennett – DWP
Chele Howard – NPTCBC
Emily Dibdin – SBUHB
Anne Thomas – PHW
Eirian Evans - Probation
Nicola Trotman - CCOS
Peter Curran – SWP
Mark Brace – SWP
Alex Williams - CCOS
Josie Smith – SBUHB
Aileen Flynn - SBUHB
Deanne Martin - Probation

Agenda Item 1: Welcome, introductions and apologies

The Chair welcomed everyone to the meeting and introductions were made.

Agenda Item 2: Declarations of interest

None noted.

Agenda Item 3: Minutes of the last meeting and matters arising not on agenda

Minutes were agreed as a true record.

Matters arising were addressed as follows:

- KJ has written to PHW and received information. Members agreed that protocol and processes should be developed between PHW and partners to ensure information is shared appropriately.
- JAD confirmed that PHW should confirm cases to Dermot Nolan. In the last meeting, Keith Reid took an action away to speak to Shaun regarding this.

Action 1: by the next APB meeting. JT to liaise with Keith Reid to provide a formal response in relation to how information sharing between agencies should be handled.

- A HSR workshop was held in November. The Action is now complete.
- MR has been working with JH regarding HRG community impact on NEX. The Action has been carried forward to the next APB meeting.

Action 2: Report to be brought to next APB meeting on the impact of needle litter on communities.

- EB has met with partners and a monitoring framework has been established for each project. The CFP group will continue to receive monitoring reports for all projects on a quarterly basis.
- Low threshold prescribing was a priority area identified at the HSR workshop.

Action 3: LTPS to be discussed as an agenda item at next APB meeting.

- There is an appetite amongst GP's to engage and a decision is needed on progression from the HSR review. Primary Care capacity is now different. Partners are required to ensure they are delivering the service. KJ met with Emily and colleague, Anjula to discuss primary care's commitment to engaging. There is a need for a shared service around low threshold prescribing.
- Secondary care services have a role to play in delivering an effective low threshold service.
- The serious review form from the Health Board was provided to the APB team by Shelley Horwood, the Quality and Safety Manager.
- Josie Smith was invited to this meeting but was unable to attend.

Action 4: NH to invite Josie to attend next APB meeting.

KJ suggested moving around the items on the agenda to cover the Dual Diagnosis Strategy and Finance as JAD had to leave early.

Agenda Item 4: Emerging Issues

b. Dual Diagnosis Strategy

The HB agreed to look at the existing Dual Diagnosis Strategy and what needs to happen to take things forward to develop a new Co-occurring Strategy for the region. JAD provided the following update on the draft document provided to members:

- The Task and finish group reviewed the old strategy and why it has not impacted on the DD agenda and issues.
- This is the first phase of the work which has only had HB input. The HB is keen to get everyone else involved.
- A 6 week consultation period has been opened today.
- The second phase is to make it a multi-agency document going forward.

- DD should be a pillar of commissioning of services alongside primary care.
- The refresh is based on changes in policy and the HB structure.
- Using the HSR review to evidence need.
- The old strategy is based on outdated framework but there are still similar issues now.
- Key issues are:
 - Engagement of stakeholders
 - Performance management and data
 - Covering the requirements of the Co-occurring Framework in relation to pathways and protocols
 - Clear up the ambiguity over where those with mental health and substance misuse diagnosis sit within the HB
 - There is a need to look at where those with lower level MH needs sit as this service is not funded in current services

The following comments were made by members:

- DH agreed that the lower level issues need to be at the forefront of the strategy and there needs to be trauma/psychological input for lower level service users. People with mental health issues should be supported by continuing to support their emotional wellbeing. Continued work is required with adults and work done with children and CAMHS. There is a requirement for a substance misuse specialist to be built into the model and for the less serious end of the spectrum, an emotional wellbeing specialist. Pilot 2 to test out principles.
- TB stated this is the number one priority within the new SM strategy. The MH delivery plan consultation is finished and the consensus is that the issue needs to be de-medicalised. Practical consideration needs to be given now as to how the DD strategy will be implemented. There will be funding to pilot some projects.
- BH informed Board that WCADA held a co-occurring conference in November where service users were asked to provide comment on the current system and to give their views on what could improve the situation.

Action 5: BH to circulate minutes from the conference.

- KJ deems the model will need to be changed in-line with the strategy and findings from the HSR review and will form part of the overall SM model.
- GB feels a new approach and changes in policy and guidance is required. The HSR report has been heavily leaned upon and issues around interventions have been identified. The previous strategy had extensive objectives on consultation/engagement, which has now been trimmed back and refreshed. Strategic objectives are an over-riding view and commitment to implementation. There are similar issues now, but the key issues are service user engagement and performance management, ensuing clear pathways. Issues have been identified with people who don't have a serious mental health issue that can be addressed in a substance misuse environment. Resources are required to implement this, with links into serious mental health services. A 6 week period is required to look at wider engagement, which is to be further refined.
- JAD informed the Board that the West Glamorgan Adult Strategic Framework has now been signed off. If an individual is not considered to be in the severe spectrum, there could be an issue. Greater clarity of responsibility of clinicians is required, which could be helpful in trying to resolve this. TB suggested instead of bringing in Counsellors for

children with a mental health issue, that teachers should be equipped. JAD stated it's a multiagency piece of work that needs to go out to the APB for comments.

Action 6: GB is required to work with partners to develop an Implementation Plan as part of the work of the Task and Finish Group.

MC has looked at models elsewhere, including cultural barriers, sharing risk etc. A discussion is needed with the Royal College of Psychiatry. Joint clinics out of traditional settings may be useful.

Cases of suicide of people with mental health problems have recently taken place who are not in services. A vulnerable group that could have fatal outcomes.

These are different cohorts of people and a decision is required how we deal with level of complexity.

Action 7: Organisations to nominate a person to attend Task and Finish group.

The Group received the paper as a working draft and agreed that the next step will be implementation.

Action 8: NH to send out draft strategy to APB contacts asking them to comment on the paper by 31st January. Comments and nominations to be sent to GB and JAD.

Action 9: GB and JAD to provide an update on progress of the implementation plan at the next APB meeting.

Agenda Item 5:

a. Commissioning, Finance and Performance Sub-group Committee

Financial Report

JJ ran through the Financial Report to include an update on the sums that remain unallocated and projected slippage. Some proposals for the unallocated sum were provided:

- The Phase Project hasn't moved as quickly as anticipated, with only a proposed £11k spend.
- Barod capital applications bid didn't meet criteria, which is to be moved over to revenue funding.
- Provision of training packages were raised at the last meeting, with training for the wider workforce.
- HR fund – MR & JH to drive forward the HR work plan.
- Clinical Governance framework – OV stated that Cwm Taf APB is having a consultation to undertake a review, which is an available option.

Clinical Governance Framework will need to be passed via the HB senior management structure and HB would struggle to get work completed by 31st March.

Growing concerns have been identified in NEX.

- Nasal Naloxone has been agreed.
- NEWID website design, provision of a one stop shop for people to look at what NEWID is, providing harm reduction in one place. MR has been liaising with 3 providers. A cost has been estimated in getting up and running.

KJ is looking to allocate funds going forward in the commissioning process. The HIW inspection has shown a need for improved public information for services and upskilling of the workforce, which would be a good use of public funds. KJ welcomed any suggestions, to spend by 31st March 2020.

The following suggestions were made:

- JJ suggested money be spent on projects around dual diagnosis.
- AM enquired if Police had a call out where a person isn't eligible for the mental health service, if there is an alternative service to refer them to e.g. existing people in Dyfodol.
- JAD suggested hand held computers/ipads be provided which would make a massive operational difference. DN suggested as substance misuse services will be going over to WCCIS, an app could be put on ipads.
- KJ suggested funds be used for delivery of training.

Action 10: KJ requested that proposals be put forward to the commissioning team by midday on 6th January. Proposals to go before the CFP group, who will make recommendations to allocate the slippage and underspend.

Performance and Contract Monitoring Update

- EB advised the Board that there is a new contract monitoring arrangement. The 1st round for quarter 2 has been carried out and most of the information received. Currently awaiting financial information from the HB. Staffing and non-staffing costs in service descriptors is required. Money will be claimed quarterly.
- JAD stated that the health board wouldn't be providing this level of detail as the APB had already agreed the funding profile.
- Contract monitoring meetings have taken place with providers. The main concern/issues highlighted is the PARIS system and the way data has been reported.
- Initial work will be completed by the next meeting to ensure the correct information is being received. Detail is to be discussed at the CFP sub-group to ensure WG funds correctly are being spent correctly and meeting service user needs. The first round has entailed developing more detail.
- The HB is keen to have a high level contract monitoring meeting to provide clarity on process and understand issues.
- An issue has been identified with the supervised consumption project.
- The HB will approach this corporately and requested that a high level HB monitoring meeting be held on top of the current service meetings commencing from April.

Action 11: EB to organise these meetings with DN, JAD, KR and RB.

HSR Review – update

The workshop on 12th November was well attended. Most organisations were represented and priorities/areas of need discussed. Initial discussions took place around low threshold prescribing, subsequently dual diagnosis/low threshold prescribing appeared to be the main areas.

An opportunity to verify proposals was provided and a need to translate into a process of change, embarking on the communication process and keeping people informed. Primary Care was identified as an area of priority.

Action 12: KJ asked JJ to come forward with a plan of the next steps for the Board to agree.

Capital Estates Strategy

OV advised that 18 or 19 bids had been received across all APB's. One query remains, which is to be sent to TB for approval.

KJ returned to the rest of Item 4.

Agenda Item 4: Emerging Issues

a. Revised SMAF Guidance

OV has discussed Revised SMAF Guidance with the APB team:

- New SMAF Guidance has been issued.
- This was previously on an annual basis, although WG are trying to change to a 2 year plan.
- During the past few years, the money has been allocated late in the year.
- There is a table at the back of the revised SMAF Guidance and a draft is to be issued in January.
- The APB can sign off expenditure plans in March. Allocation letters to be sent out in April.
- The projected outcome is required on revised project plans and how it links to WG delivery plan.
- Submission of structures.
- A Risk management document can be used if required.
- Better planning is required with HB's (finances/expenditure). Information is not being received until late in the year. The potential effect on 3rd sector providers should be considered.

Funding will be the same as previous years, although the 2nd year expenditure plan will change. WG are trying to reduce time for projects to be agreed and money allocated. There is a 10% indicative amount for next year and the Local Authority won't be able to make up deficit.

The financial impact of inflationary pressures was conveyed by KJ. Cases are increasing but not workers.

Protecting the substance misuse action fund will be a challenge. 2.4 million last year was received from Healthier Wales. Any other increases will possibly be with mental health.

The APB are facing extensive pressures. There is a need to exemplify the general uplift from base budget.

c. Additional Resources – Complex Needs and Housing – situation with bid

JJ informed the Board that the bid was not supported by the panel. JJ met with OV, Michael and Carl Spiller to bring elements of the bid forward. The main issues outlined were as follows:

- The bid appears to be development heavy and the project is not ready to go.
- Another workshop is proposed in January.
- WG is to send successful bids to JJ.
- JJ is required to work with partners.
- OV and MC are to be involved in the workshop.

The following statements were made:

- If the bid is not supported, individuals are at risk of disengaging.
- The key is getting the correct people from Housing around the table.
- Housing First Initiative has had good outcomes (a homeless type access service for substance misuse etc.)

KJ requested for people to engage to move forward with a proposal.

d. Update on Sanctuary project

- A tender process is to go out in the next few weeks and should be established by March 2021. However the location has not yet been confirmed.
- People in crisis need a place where they can be supported.
- The Sanctuary service project is well established in Cambridge.
- There are links between the PSB and APB. Formal representation is required when working with mental health in RPB.
- Clarity is required around the service model and cohorts of people accessing service. Provision of sufficient membership crossover and a night service is required for vulnerable people.

Action 13: JJ to speak to commissioning lead for RPB to ascertain joint commissioning priorities.

Agenda Item 5b: Service Provider Forum

JJ stated that a draft work plan based around the recommendations made for services in the HIW inspection report has been circulated to members of the forum. The next meeting is in February where members will look in more detail at the proposed actions in the plan.

Agenda Item 5c: Harm Reduction Sub-Committee

JH provided an update:

- A review of AADAS is required to change the model for provision of easier access to service.
- Numbers are increasing dramatically, more vulnerable people are being picked up.
- The Outreach service has created a bottleneck where more people are being brought into service but cannot move into prescribing, This may be due to the lack of LTPS for stable clients in CDAT to be moved on to.
- Certain individuals do not always require or are not ready for treatment, which can be challenging. Issues of mental health/physical health/severe infections have been identified.
- Availability of substances e.g. heroin/crack cocaine and purity has increased dramatically.
- The amount of referrals has doubled in the last 6 months. There have been 250 referrals into service.
- NEX has gone out on to the street, which has highlighted people on and off a script.
- Caseloads have quadrupled.
- Problems with ongoing support and needs have been identified.
- Swansea has been identified as a hotspot for needle litter.
- Linking with Environmental Health, A & E etc.

- Fatafs/DRD's have been picked up, on top of Outreach.
- Proposing consultation with staff to have a change in job description, to change how they are working and engaging across the whole of Swansea.

The Outreach project needs to be looked at further to ensure we have the capacity required and further risk is not being created.

Concern was raised with regard to more risk being created due to the way the service is being delivered.

A suggestion was raised that perhaps the predicted underspend could be used to address the capacity issue. The Outreach project was put forward with a purpose to reduce DRD's.

There is insufficient capacity in low prescribing services, individuals are being held in secondary care service longer than required, resulting in a lack of flow through the system.

The maintenance of certain individuals in services can be up to 7 years and they need to remain somewhere within substance misuse services.

Dyfodol have a bottleneck, by not being able to move people on and have now reached capacity. The ability to sustain and move people on is a big concern. A paper has been produced which possibly needs to be shared before the next meeting, outlining the cost of medication, providing amount of case numbers, with some measures put in place to address this. Concerns have been raised regarding sustainability and how we are able to deliver in the future with PCC funding.

Services will be recommissioned in the long-term to increase flow. It was suggested that in the short-term, capacity could be increased in the system, funded with unallocated money. Discussions are required on risk, vulnerability, priority and if anything can be carried out in the short term to move people on, not leaving it to providers to try and work out. KJ suggested a possibility of buying additional services from elsewhere in the system. If insufficient capacity to meet needs are presented, there is a need for a mechanism to ration services we have got. A panel of people is required to make that decision.

Action 14: Proposals to deal with this issue to be sent to JJ by 6th Jan to go before the CFP Sub Group.

The feedback around the complex needs bid is required to address fundamental issues within the existing system. Prescribing is an issue discussed on numerous occasions. A discussion is required if a blockage is being created in the system.

Tier 4 Panel

WG have made more money available for people with complex needs to access residential rehab.

Fatal and Non-Fatal Overdose Panel

CT has input Quarter 2 on report - January to December (to mirror the ONS report timeframe) and gave an update on DRD's/non-fatafs:

- 15 DRD cases have been reported this year.
- Cases are increasing, as last year only 8 were reported.
- There has been increased reporting from emergency rooms and direct from services, not only via Police.

Assurances to Board regarding non-fatal overdoses are required, ensuring we have done everything we can for those individuals and gives an opportunity to prevent DRD's. KJ stressed importance of correct reporting and queried DRD figures with CT. KJ recommended a profile of individuals and location is required.

Action 15: Members of Board who feel they can contribute, to meet with CT to discuss processes/types of information and profiles of deaths.

JM requested involvement in this. Certain cases not necessarily dying directly through drugs, but through drug related issues.

CT stated January – December 2018 there were 8 cases:

- 6 drug related.
- One not DRD.
- One gave an open verdict.
- This year, already notification of 5 DRD's.

The problem could be also due to prescription drugs, not only substance misuse, which are a different cohort of people.

This may be an issue for the panel to look at.

CIG has a strategy to bear down on this problem and understanding is required why this is only having a partial impact. It will give the Board an opportunity to decide if a change in strategy is required.

Fatals were not being reviewed as in depth as they should have and were reliant on information in meetings. There is now a form, where services are to create a timeline. If more than one service is involved, CT is to create a larger timeline to see if there is anything we could have missed.

There is a need to review individual cases to see if any lessons can be learnt and to identify trends/patterns to try and identify a wider problem to be given attention to. Assurances have been received from CIG that reporting mechanisms are appropriate. Some agencies have informed the Board they are fully compliant, some partially compliant, although there still appears to be problems with one or two agencies. Assurance to Board is required to ensure accurate reporting mechanisms, particularly with non-fatal notifications.

CT has been liaising with Police to have access to Niche to enable CT to retrieve information. CT is also being notified of cases where Police have been present, to be less reliant upon agencies.

Information regarding non-fatal notifications had not been brought to the table on this occasion.

Action 16: CT to collate information on non-fatals to bring to the next APB meeting.

Due to an increase in communication, more information is now being received on stimulant overdoses, non-fatal and other drugs e.g. ketamine, ecstasy and cocaine has been reported. Individuals who do not necessarily come into contact with services, but possibly need a form of intervention e.g. support/information.

Notification has been received of overdoses received from hospital of two 17 year olds last week. Previously, under 18's has not been reported on.

Agenda Item 6: Matters to report to linked partnerships

A discussion is to take place in the Safeguarding Board in January and the outcome is to be looked at. A report is to be produced for joint PSB's in January, based on Highlight reports, information shared at the next APB meeting, with risks and issues evaluated. Individuals who attend the joint meeting are to assist in presenting the report.

A review of CIG will take place in the meeting in January.

A discussion took place in the CFP group that the current position with regards to service delivery across boundaries, would be supported until the end of the financial year. Cwmtaf are to make alternative arrangements to be followed up in the New year.

JJ spoke to Keri last week, who confirmed they wish to keep services as they are for another year. KJ confirmed a letter would be required from Cwmtaf in January with a formal request to be considered.

Agenda Item 7: Matters to report from linked partnerships

None.

Agenda Item 8: A.O.B.

Concern were expressed regarding data migration from PARIS.

The Commissioning team are not being provided with access to data in relation to fatal and non-fatal overdoses which needs to be resolved. KJ has a meeting with Data Protection Officers to enquire what the barriers are, which if necessary will need to be escalated. There may be a lack of understanding on the remit of the team.

Action 17: KJ to report back on the situation at next APB meeting.

The new MH triage in police HQ has been extended until the end of March next year.

A report will be generated due to it being an action in CIG. An opportunity will be provided at the next joint PSB meeting to enquire how wider partners are engaged with the model.

Mark Lewis has now taken over the role, looking at triage etc. There is a lack of clarity around who reports where. Triage has been very effective in reducing numbers, but currently public service response to the issue is being looked at. It is clear there is a big cohort of people who don't meet the target for mental health treatment and it is now known what to do with those individuals. WG are aware of situation and are researching issue.

An urgent access review for the mental health demand across public services is required.

The issues are substance misuse, relationship breakdowns and complexity of individuals.

The Police and Crime Commissioner has had a complete restructure, AM's role is part of that, which signposts the link between mental health and substance misuse.

Action 18: AM to bring back to next APB meeting what the work is identifying and how APB can feed in.

A Nasal Naloxone spray pilot is to be introduced. Work is also ongoing with Best Practice across other Police forces with regard to potential diversionary programmes for possession, regardless of history. A meeting is taking place at the end of January, highlighting the implications of referring individuals which is creating more of a bottleneck. JM updated the Board on the partnership

meeting with WG and the presentation from Dr Amira Gurkis, the Pharmacist working out of Swansea University. She is looking at drug testing/sampling in significant detail and is to visit Barod to see how they work.

Action 19: Amira to be invited to next APB meeting to explain her work and benefits found.

KJ asked members to respond to NH regarding available meeting dates for 2020.

KJ suggested developing a session outside usual meetings to discuss the commissioning process.

Summary of Actions from Meeting			Update
1.	By next meeting. JT to liaise with Keith Reid to provide a formal response in relation to how information sharing between agencies should be handled.	J.T.	
2.	Report to be brought on the impact of needle litter on communities to APB meeting in February.	M.R.	
3.	LTPS to be discussed as an agenda item at the next APB meeting in February.	All	
4.	NH to invite Josie to attend the APB in in February.	N.H.	
5.	BH to circulate minutes from the conference.	B.H.	
6.	GB is required to work with partners to develop an Implementation Plan as part of the work of the Task and Finish Group		
7.	Organisations to nominate a person to attend Task and Finish group	All	
8.	NH to send out draft strategy to APB contacts asking them to comment on the paper by 31st January. Comments and nominations to be sent to GB and JAD	N.H.	
9.	GB and JAD to provide an update on progress of the implementation plan at the next APB meeting.	All	
10.	KJ requested proposals to support be put forward to commissioning team by midday on 6 th January, to go before the CFP group who will make recommendations to allocate the slippage and underspend.	All	

11.	EB to organise Contract Monitoring meetings with DN, JAD, KR and RB.	E.B.	
12.	KJ asked JJ to come forward with a plan of the next steps for the Board to agree.	J.J.	
13.	JJ to speak to commissioning lead for RPB to ascertain joint commissioning priorities.	J.J.	
14.	Proposals to deal with this issue be sent to JJ by 6 th Jan to go before the CFP Sub Group.	All	
15.	Members of Board who feel they can contribute, to meet with CT to discuss processes/types of information and profiles of deaths.	All	
16.	CT collate information on non-fatals to bring to next APB.	C.T.	
17.	KJ to bring a report back on data situation to next meeting.	K.J.	
18.	AM to bring back to next APB what the work is identifying and how APB can feed in.	A.M.	
19.	Amira to be invited to the meeting to explain her work and benefits found.	N.H.	

Agenda Item 3

PUBLIC SERVICES BOARD

(Baglan Innovation Centre)

Members Present:

18 September 2019

Neath Port Talbot County Borough Council:

Cllr.R.G.Jones, K.Jones, A.Evans, V.Dale and J.Woodman-Ralph

Swansea Bay University Health Board:

E.Woolett, S.Harrop-Griffiths and S.Husband

NPT CVS:

G.Richards

Police and Crime Commissioners Office:

M. Brace

One Voice Wales

T.Jones

NPTC Group of Colleges

M.Dacey

Tai Tarian:

L.Whittaker

National Probation Service (South Wales):

A.Lewis

Natural Resources Wales:

D.Herbert

Mid and West Wales Fire and Rescue Service:

J.Curtis, A.Richmond-Jones

Apologies:

R.Thomas

1. **WELCOME, INTRODUCTIONS AND APOLOGIES**

Cllr. R.G.Jones welcomed all to the meeting.

Apologies were received from the Vice Chair, R.Thomas, Mid and West Wales Fire and Rescue Service.

2. **MINUTES OF THE MEETING HELD ON THE 1 MAY 2019**

RESOLVED That the Minutes of the 1 May 2019, be approved with the following amendment.
Abertawe Bro Morgannwg University Health Board should read Swansea Bay University Health Board.

3. **VAWDASV COMPLEX CASES**

Discussion took place on the escalating numbers of high risk domestic abuse, who were further impacted by additional complex needs as detailed in the circulated report.

It was highlighted that previously the VAWDASV Leadership Group were tasked with undertaking a Task and Finish Group to look at evaluating the current support and what improvements could be made to better support this cohort of people. Due to the volume of cases and the multiple complexities, the Leadership Group felt that this would need to be considered by wider partner agencies. A decision was made to escalate these concerns to the Community Safety Partnership Board and to notify the Public Services Board.

It was agreed that it would be useful to define complexity and associated cohorts and then to investigate effective approaches to working with such groups.

- RESOLVED:**
1. That Karen Jones with the assistance of Public Health Wales prepare a brief for the work set out in the paper.
 2. That Swansea PSB be invited to participate in the work.

4. **PSB WORK PLAN**

The PSB reviewed progress against the work previously agreed for this financial year. It was agreed that it would be timely to review the priorities within the Wellbeing Plan and to consider whether the existing activities remained appropriate. Board Members agreed that the Lead Officer Group would undertake this review and report back to the Board with recommendations.

It was also agreed that an invitation would be forwarded to the Future Generations Commissioner for Wales to visit Neath Port Talbot Public Services Board (PSB) in the new year. Board Members could showcase the achievements but also raise some of the challenges that were being encountered in trying to implement the legislation.

- RESOLVED:**
1. That the Lead Officer Group conduct a review of current priorities and activities.
 2. PSB Officer to arrange for the Future Generations Commissioner for Wales to visit NPTPSB in the new year.

5. **CABINET SCRUTINY: VISION & OBJECTIVES**

Information was received on the request made by Neath Port Talbot County Borough Council's Cabinet Scrutiny Committee to attend a meeting on the 25th September 2019. The request was made under the Committees responsibility to scrutinise the work of the NPTPSB. As a result lead officers for Safe and Resilient Communities would be attending that meeting to give elected members further information on progress. Board Members noted that due to the retirement of the lead officers for Wellbeing in the Workplace the Committee would be asked to defer scrutiny of that item to a future date.

Board Members noted the response to the Cabinet Scrutiny Committee by the Chairperson of NPTPSB in answer to their query as to why transport was not a priority contained within the Wellbeing Plan. It had been explained that the vision of the PSB was intended to cover a 30 year period and transport infrastructure was being considered in other forums.

RESOLVED That the actions be noted.

6. **BOARD MEMBERSHIP**

Board Members agreed the updated Terms of Reference for the NPT

PSB with the following amendment. That Abertawe Bro Morgannwg University Health Board be amended to read Swansea Bay University Health Board.

The Board considered the request from Coastal Housing Group to attend NPT PSB. It was agreed that due to the importance of the role of housing in the work of the PSB, an invitation should be extended to the larger Housing Associations in NPT. Board Members agreed to consider requests received from agencies on an individual basis, ensuring they link into the agenda of the PSB.

RESOLVED

1. That the Terms of Reference be approved subject to the change of name from Abertawe Bro Morgnwg University Health Board to Swansea Bay University Health Board.
2. That an invitation be forwarded to Coastal Housing Group and Pobl to attend NPT PSB.

7. **PEOPLE'S PLATFORM**

Information was received on the Our Future Wales – The People's Platform as detailed in the circulated report. It was explained that the Future Generations Commissioner was seeking ideas and opinions across Wales to form the first Future Generations Report.

RESOLVED

1. That Board Members forward feedback on the request from the Future Generations Commissioner to the PSB Officer for a response to be submitted on behalf of NPTPSB.
2. That, in addition Board Members forward responses to the Future Generations Commissioner on behalf of their individual organisations.

8. **CRITICAL INCIDENT GROUP UPDATE**

Board Members received an update on the progress of the Critical Incident Group as detailed in the circulated report.

It was highlighted that the additional posts in the Regional Commissioning Team had been appointed. As a result work was progressing to ensure that robust reporting arrangements and incident response arrangements were in place.

Also, Assistant Chief Executive and Chief Digital Officer, Neath Port Talbot County Borough Council had met with Welsh Government officials to raise concern about the increasing links

that County Lines were developing with students in Universities in Wales.

The Board noted that a joint PSB was scheduled for January 2020 where the outcomes of the Critical Incident Group would be scrutinised.

RESOLVED That the report be noted.

9. **WELL-BEING OBJECTIVES UPDATE**

Board Members received an update on the Wellbeing Objectives as detailed in the circulated reports.

Priority 1 – Support Children in their early years, especially those at risk of adverse childhood experiences

No decision required.

Prioriry 2 - Building Safe and Resilient Communities

RESOLVED: All partners confirmed their ongoing commitment to the program.

Priority 3 – Ageing Well

Noted.

Priority 4 – Wellbeing in the Workplace

Noted

Priority 5 – Value our green infrastructure and the contribution it makes to our well-being

RESOLVED: 1. That partners note the funding opportunity under the ENRaW project. Also, to agree areas for funding to be used to enhance communities.

2. All partners confirmed their commitment to support the core group.

Priority 6 – Tackling Digital Exclusion

RESOLVED:

1. Tai Tarian confirmed that Paul Phillips would be the contact for the group and Swansea Bay Health Board confirmed that Matt John would be the contact for the Health Board.

10. **ARMED FORCES COVENANT**

An overview was received in regard to the Armed Forces Covenant which NPT PSB had previously signed up to as detailed in the circulated report.

Partners were thanked for their positive commitment to the Covenant and a request made to support further areas. Presently, a scheme was being developed to guarantee job interviews to veterans. If any partner organisation was able to support veterans in this scheme please contact the Regional Armed Forces Covenant Liaison Officer.

In addition, a Festival of Remembrance has been organised for the 1st and 2nd of November 2019 which would include a service and military displays in Port Talbot. Board Members were asked to forward any other details of events being held that their organisation were aware of to the Regional Armed Forces Covenant Liaison Officer to include in the communication plans.

RESOLVED: That the update be noted.

11. **NRW AREA STATEMENT**

Board Members received a presentation on the Natural Resources Wales Area Statement.

It was highlighted that Welsh Government would align grant funding to the four themes contained in the Natural Resources Wales Area Statement which are:

- Health Inequalities
- Rural Land Management □ Declining Biodiversity □ Changing Climate.

Workshops were planned to develop the themes further with the first of 4 engagements events planned for the 9 October 2019 in the Princess Royal Theatre, Port Talbot.

RESOLVED: That the Presentation be noted.

12. **TRANSPORT FEASIBILITY STUDY**

Board Members received a presentation from the Partnership Transport Sub-group. It was identified that the sub-group was set up to get a clear picture of the pressures on services and the transport needs in communities. Transport had been a priority for the Local Service Board which was the predecessor of the NPT Public Services Board.

A Feasibility Study was undertaken supported by Neath Port Talbot County Borough Council using Rural Development Programme funds. The study explored alternative transport models and provided options for the development of an effective and efficient transport system building on existing services.

Pilot projects were undertaken in the Amman Valley looking at electric vehicle community transport and in the Afan Valley a community bus scheme. Business Cases developed and were being considered by Welsh Government.

RESOLVED: That the presentation be noted.

13. **ITEMS FOR INFORMATION**

- Joint Ministerial Letter
- PSB Regional Grant Update

- Foundational Economy Brief □ HMPSS Update

14. **AGENCY UPDATES**

National Probation Service

An update was given that the Community Rehabilitation contracts were being returned in house to the National Probation Service as from the 1 December 2019. A new structure was being developed and would be out for consultation shortly.

CHAIRPERSON