



**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL**  
**STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 June 2023
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	A Healthier Mid and West Wales (PBC) Update
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Lee Davies, Director of Strategy and Planning
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Eldeg Rosser, Head of Capital Planning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

This report provides an update to the report presented to the Strategic Development and Operational Committee on the 27 April, 2023 on the work underway in support of the 'A Healthier Mid and West Wales' Programme.

**Cefndir / Background**

As previously reported, a meeting was held in October 2022 with Welsh Government (WG) to discuss the next steps regarding our Programme Business Case (PBC) for a Healthier Mid and West Wales.

Following the meeting with Welsh Government, the following four key areas of work have been progressed:

- Clinical Strategy Review - to align with the governance of other major schemes across NHS Wales, WG is commissioning an independent review of our clinical strategy as this needs to be satisfactorily concluded before the Programme Business Case can be formally endorsed.
- Strategic Outline Case - to ensure a consistent approach for all major capital schemes across Wales, WG has requested that a Strategic Outline Case (SOC) be prepared. WG has agreed that a single Strategic Outline Case (SOC) will be acceptable to cover the new urgent and planned care hospital build, Glangwili Hospital and Withybush Hospital.
- Technical and commercial work in support of Land Selection Process - surveys and other planning and commercial activities.
- Land Consultation - on 4 August 2022, the Hywel Dda Board agreed to undertake a public consultation to gather views from the public, staff and stakeholders on the three shortlisted

sites for the new urgent and planned care hospital. A public consultation was launched on 23 February 2023 and closed on the 19 May 2023.

### **Clinical Strategy Review**

Due to procurement challenges, there has been a delay to the start of the clinical strategy review. Welsh Government are finalising the procurement arrangements and the UHB is currently liaising with WG to establish the next steps in this process. An internal Steering Group has been established to support the preparation for the review. The group is chaired by the Medical Director/Deputy Chief Executive and has multi-disciplinary clinical representation.

Due to the procurement delay the timeline for undertaking this review will impact upon the timing of the PBC endorsement by WG. There is a risk this might jeopardise Health Board plans to take the Strategic Outline Case to September 2023 Board.

### **Producing the Strategic Outline Case (SOC)**

Work is progressing on the SOC production, with a range of meetings held to inform the content of the five case model and appendices. A draft SOC will be available by the end of June 2023; however a final version will need to reflect the output from the Clinical Strategy Review and will be completed in line with revised timeline for this work.

### **Technical and Commercial Work in support of Land Selection Process**

A draft Planning Partnership Agreement has been agreed with Carmarthenshire County Council. This is a single agreement covering all the sites which sets out how the Council and Health Board will interact during the planning process and the charging methodology for services utilised. Technical work is continuing on all three sites, with topographical surveys currently underway.

Engagement and commercial negotiations with landowners and their agents are continuing. The UHB is in discussion with Welsh Government colleagues on the timing of any decision to reduce the number of shortlisted sites from the current three to either a shortlist of two or a preferred site.

### **Land consultation**

The consultation is currently in the evaluation stage, with the notes taken from meetings, engagement activities and messages received throughout the consultation being sent over to ORS for evaluation.

We are still expecting to receive a final report by early August 2023 to support the work around the final quality assurance stage. This is to ensure that the findings are presented in a way which is representative of those who took part, without aggregating the feedback into groups which may produce a consultation risk.

Work is ongoing around the planning for the conscientious consideration of the consultation findings, as well as the development of a feedback plan and supporting the revision of the Equality and Health Impact Assessment (EHIA) and action plan.

### **Hywel Dda Community Health Council's Recommendations**

The Community Health Council (CHC) was closely involved in the service change process surrounding Hywel Dda University Health Board's 'Transforming Clinical Services' Programme and the corresponding public consultation called 'Our Big NHS Change'. The CHC set out recommendations, following public consultation, to provide a balanced commentary on the issues and themes that were identified during the consultation.

Appendix 1 outlines to what extent these recommendations have been implemented to date by the UHB, following on from presentations given to the Service Planning Committee in February 2021, July 2021, and December 2021. These recommendations formed part of the CHC's Legacy Statement in their transition to Llais.

### Risks

The current Programme risks are recorded, managed and reviewed on the Programme Risk Register. At a recent Programme Group there was a discussion around whether the risk around the delay associated with PBC endorsement and the review of the clinical model should also be recorded elsewhere in the organisational risk hierarchy. A meeting has been organised with the Risk Team and Medical Director to discuss this further.

### Update for September 2023 Board

The current workplan anticipates that an update to the Board will be available for September, 2023 on the:

- Clinical Strategy Review
- Development of the Strategic Outline Case (SOC) for the new Urgent and Planned Care Hospital, Glangwili and Withybush Hospitals
- Land selection process - technical work
- Land selection process - outcome of the public consultation.

### Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- **NOTE** the update on the Clinical Strategy Review
- **NOTE** the progress being made on the Strategic Outline Case (SOC)
- **NOTE** the public consultation has closed and the continuing technical work and commercial discussions in support of the land selection process.
- **NOTE** the update provided to the CHC on the 18 recommendations in Appendix 1
- **NOTE** that there is to be a discussion around risk recording associated with PBC endorsement

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Effective 4. Efficient
Galluogwyr Ansawdd:	5. Whole systems perspective

Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termiau: Glossary of Terms:	Contained in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Consultation Institute Welsh Government

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	The PBC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Implicit within the PBC. This is an integral part of the PBC case for change
<b>Gweithlu:</b> <b>Workforce:</b>	Implicit within the PBC. This is an integral part of the PBC case for change and is the subject of Workforce Appendix in support of the PBC.
<b>Risg:</b> <b>Risk:</b>	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
<b>Cyfreithiol:</b> <b>Legal:</b>	Implicit within the PBC

<b>Enw Da: Reputational:</b>	Implicit within the PBC
<b>Gyfrinachedd: Privacy:</b>	Implicit within the PBC
<b>Cydraddoldeb: Equality:</b>	There is an Equality & Health Impact Assessment which will remain 'live' through the duration of the programme.

# Community Health Council Executive Committee 13<sup>th</sup> February 2023

Dr Helen Morgan-Howard, Head of Engagement and Transformation Programme Office  
Dr Daniel Warm, Head of Planning



# Meeting the CHCs recommendations

## Hywel Dda Community Health Council's Commentary on the 'Transforming Clinical Services' Consultation September 2018


The Community Health Council (CHC) was closely involved in the service change process surrounding Hywel Dda University Health Board's 'Transforming Clinical Services' Programme and the corresponding public consultation called 'Our Big NHS Change'. The above document sets out how the CHC met its duties as the statutory patient voice in relation to this service change. It also sets out recommendations, following public consultation, to provide a balanced commentary on the issues and themes that were identified during the consultation.

The following slides outline to what extent these recommendations have been implemented to date, following on from presentations given to the Service Planning Committee in February 2021, July 2021, and December 2021.



## Context / on-going work underpinning our approach

- **Clinical Services Review** – The terms of reference for the clinical review has now been agreed with WG, who will now undertake the procurement of the review team. It is currently anticipated that this review will be undertaken during April 2023.
- **Land consultation** - on 4<sup>th</sup> August 2022, the Board agreed to undertake a public consultation to gather views from the public, staff and stakeholders on the three shortlisted sites for the new urgent and planned care hospital. A public consultation is planned to commence 23<sup>rd</sup> February for 12 weeks.
- **Land selection process** - Ongoing discussions are being held with the owners of the nominated shortlisted sites to ensure that they are aware of the land acquisition process and the scope of any technical activities required on the land
- **Strategic Outline Case (SOC)** – WG have requested that a Strategic Outline Case (SOC) be prepared to cover the new urgent and planned care hospital build, Glangwili Hospital and Withybush Hospital. The scope of the SOC has been agreed and work has commenced on the preparation of this document

Recommendation	Update	Next steps
1. For all services we expect the Health Board to ensure that no service change can take place which would lead to care that was less safe or of a lesser quality than existing services.	<p>Hywel Dda University Health Board continues to comply with legislative requirements around service changes, as well as strive to meet the needs of service users.</p> <p>A specific piece of clinical appraisal work was undertaken in relation to the land for the new Urgent and Planned Care hospital, asking clinicians to consider whether the proposed siting of the hospital in the west, middle or east of the zone could impact on the Health Board's ability to provide safe, sustainable, accessible and sustainable services. The outputs of the clinical appraisal were reported to Board during the summer of 2022.</p>	<p>Our plan for 2023/24 and beyond is aligned to the delivery of A Healthier Mid and West Wales. This includes a review of our Planning Objectives which sit under our 6 Strategic Objectives:</p> 
2. We expect the Health Board to assure the public that no final decisions on removing specific services will be made until a fuller case is developed	<p>Mechanisms for discussing planned service changes with the CHC will need to be reviewed when the new 'Citizen's Voice' body is established, and when the new body's responsibilities in relation to service changes are confirmed.</p>	
3. We expect the Health Board to engage and where necessary consult further with the public on specific changes as a clearer picture of how new services would run emerges	<p>The Health Board has sought advice and support from the Consultation Institute over the past 12 months in relation to temporary and future service changes to acute and emergency paediatric services in the South of the Health Board area. The Health Board has kept the CHC informed throughout this process, and will be launching a formal consultation around the future of these services in early summer of 2023.</p>	

Recommendation	Update	Next steps
<p>4. We expect the Health Board to ensure that plans are in place that put GP practices in a better long-term position as systemic change is developed</p>	<ul style="list-style-type: none"> <li>Asthma interface service is being rolled-out (PO 5Q)</li> <li>PO 5T in place looking at opportunities to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need.</li> <li>The HB is working through the implementation of contract reforms in line with national guidance and timescales (PO 3I)</li> <li>ILP Groups are producing County-wide Integrated Locality Plan based on Cluster feedback and in response to information on priorities and development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>PO 5T opportunities to be implemented and tested</li> <li>The next 3 slides provide an overview of our approach to Primary Care / Accelerated Cluster Design/ Clusters</li> <li>A revised Planning Objective for 2023/34 will focus on GP sustainability and access</li> </ul>

# Strategic Programme: overview of key areas

## Transformation and Vision for Clusters

- Aligns to Executive Objectives for development of Integrated Localities
- Accelerated Cluster Design (ACD) implementation is in train and Board Seminar undertaken
- First Health Board to participate in the Peer Review programme
- Governance arrangements for ACD being developed and confirmed
- Cluster Collaborations will remain (x7) with professional collaborations feeding in and up to Pan Cluster Planning Groups
- Discussions ongoing to progress development of professional collaboratives for Health Sciences, Therapies, Community and Primary Care Nursing, Mental Health, Dental and Community Dental Services
- Standardised agendas , TOR etc implemented and in use
- ACD checklist submitted with current position (October 2022): 13 actions complete; 3 partially complete; 14 in progress / ongoing

## Prevention and Wellbeing

- Strategic Programme for Primary Care (SPPC) fund being used to support scale up and roll out of a health lifestyle project initiated by the Amman Gwendraeth Cluster
- Only Health Board to have submitted a plan for a weight management programme in Community Pharmacy under the SPPC programme
- Pre-Diabetes being rolled out to each Cluster in the Health Board
- Discussions to progress the develop hypertension monitoring in Community Pharmacies has started with Community Pharmacy Wales

# Cluster Projects

- **Set up and deliver of Community Catheter Clinics in North Ceredigion (NC0006)** –The cluster procured a bladder scanner for trials without a catheter. Patients are identified by the Community Nursing Team and invited to a clinic. Measures indicate that **patients are usually being seen within 1 week of discharge** and satisfaction rates are high. More work is underway to establish the number of patients we can support in future to receive this care in the community.
- **Establishment of a Lifestyle Clinic in Amman Gwendraeth, led by a Cluster GP providing a holistic approach to weight loss, and to educate and support patients to make better lifestyle choices (AG0011)** - The project has evidenced a **decreased need for diabetes medication** with an emphasis on sustaining health benefits. The GP Lead is writing an education course in lifestyle medicine and is looking to share learning with other clinicians; The GP Lead has already been asked by many clinicians to observe clinics or for further information. The Health Board submitted an Obesity Bid to the Strategic Programme Fund based on this project, which was subsequently approved, to enable it to be scaled up Health Board wide.
- **A Physiotherapy project in Llanelli offering a triage and treat service for patients presenting in GP practices with a range of complex and common MSK conditions (LL0005)** – The cluster has established a Physiotherapy suite and recruited 2 physiotherapists to support patients, without them having prior contact or referral from their GP. As at quarter 2 only 3 patient have been referred to secondary care by the physios, indicating that **over 99% of cases can be dealt with in Primary Care**.
- **Mental health support / drop-in centres in rural areas of Tywi / Taf (TT0001)** – Mental Health support projects currently commissioned through MIND are well established within the cluster, this project has established 4 community outreach clinics to ensure equality of access to rural areas. From April to July 2022, **205 clients have received support**, with **96% of these patients reporting an improvement in their anxiety levels**, **87% reported an improvement in their mental health**, **92% said the service had reduced their social isolation** and **60% of patients have been supported by the service to learn a new skill**.
- **Identify and safely manage at risk asthma and COPD patients in South Pembrokeshire (SP0003)** – The Cluster Pharmacist has received **over 3,500 referrals** to this service and **put in place over 3,000 COPD patient management plans**. We are now looking to extend our support to all children in Pembrokeshire Primary School. To educate children, their parents and teachers about asthma and empower and enable them to better self manage their condition.



# Strategic Programme: overview of key areas

## Data and Digital

- Use of E-Consult throughout the pandemic
- Looking at potential use of Health Hubs

## Workforce and OD

- HEIW Primary and Community Workforce Academy development in train with appointments all being made by 31 December 2022
- Ongoing development of the GP-PA Development Programme
- Pharmacy development and Primary Care nursing development posts in place and supported as part of the wider Primary Care sustainability plan
- Development of PAs as part of the MDT in Managed Practices
- Looking at development of hybrid posts across Managed Practices and the Out of Hours service

## Communications and Engagement

- Cluster Communications Lead
- Engaged Pocket Medic to develop patient education videos on hypertension and asthma as well as a series of videos on how, when and who to access in Primary Care

Recommendation	Update	Next steps
5. We expect the Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning	This recommendation is being progressed by including transport and access as requirements within the <b>vision and mandate for the Programme Business Case for the new hospital</b> . The vision has already been shared at Public Board on 28 <sup>th</sup> January 2021; the Mandate will be signed by the Chair on behalf of the Board once approved. Further reassurance can be gained from the inclusion of ‘Access to services addressed through Travel and Transport’ in Planning Objective 5E (linked to the Programme Business Case). These requirements will also apply to individual projects following approval of the Programme Business Case. Travel, transport and the necessary infrastructure to support the new hospital configuration will take into account the learning from the pandemic.	<p>Feedback from our engagement exercise during early summer 2021 (including people’s priorities for the location of the new hospital and land nomination) was fed into the New Urgent &amp; Planned Care Hospital long list appraisal workshop. Transport –Accessibility was a criteria for the assessment of the 5 land sites evaluated by the Board in August 2022. Transport was the highest weighted criteria as determined by in the 1<sup>st</sup> Public Workshop in May 2022. Each site was then scored against the criteria in the 2<sup>nd</sup> Public Workshop in June 2022.</p> <p>The UHB have recruited a Transport Development Manager to specifically work on the development of a Transport Strategy and transport issues associated with the implementation of AHMWW. Initial meetings have been held with Transport for Wales and some third sector transport providers. Work will continue on transport strategy development over the coming months.</p>

Recommendation	Update	Next steps
<p>6. We expect the Health Board to prioritise the development of community services given the strategic importance of this change to making further hospital changes</p>	<ul style="list-style-type: none"> <li>• PO 5H is in-place: Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference.</li> <li>• PO 4Q is in place and is looking at the rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds</li> <li>• Continued development of a single point of contact (PO 1B)</li> <li>• Work continues on the development of our Social Model for Health and Wellbeing</li> <li>• Conversations With a Purpose (CWaP) participants have been contacted to inform of progress to date and inform continuous engagement</li> <li>• Triangulation report is being drafted</li> <li>• Aberystwyth University and Hywel Dda have met to begin the production of the published paper, with the potential to expand the number of papers to recognise the five key themes and their specific angle of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Further work to clarify the community model will take place over the next year, as we establish the service model to support the OBC.</li> <li>• Revised Integrated Locality Plans are currently being drafted as part of the Health Board Plan for 2023/24</li> <li>• Funding to progress the Cross Hands Project to Full Business Case has been approved by WG from the Integration and Rebalancing Capital Fund (IRCF)</li> <li>• The UHB has appointed Business Case writers to develop the SOC/OBC's for Fishguard, Aberystwyth and Llandovery Health and Wellbeing Centres</li> <li>• Application for IRCF Funding to progress the SOC/OBC for Fishguard has been prepared and is being considered by the WWCP for submission to WG</li> </ul>



Recommendation	Update	Next steps
7. We expect the Health Board to demonstrate how it will achieve better integration with social care, the third sector and carers, working with them to help develop more detailed plans	<ul style="list-style-type: none"> <li>• Work on POs 4Q and 5H noted previously are in partnerships with Local Authorities including Social Care</li> <li>• The Health Board has expanded its staff networks and recently launched a RespectAbility network to support neuro-diverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks: Enfys, BAME, Staff Carers, Armed Forces, Menopause Café</li> <li>• Specialist and targeted diversity and inclusion training continues to be offered to staff.</li> <li>• EQIA paperwork has been updated to reflect the new Armed Forces Covenant duty.</li> <li>• 2023 Diversity Calendar has been published to promote national celebrations and events. February is LGBTQ+ History month.</li> <li>• With respect to Armed Forces work has continued on mapping the priority treatment pathway with involvement of Medical Records and Waiting List teams; The Health Board continues to work with regional partners to increase understanding of patient pathways and has been commended for its work to promote this.</li> </ul>	

Recommendation	Update	Next steps
8. We expect the Health Board to show how it will monitor quality and safety experience of people's care comprehensively as care moves away from traditional hospital settings and into the community	<p>There are mechanisms already in existence for monitoring and assurance around patient quality and safety, including the <b>Quality, Safety and Experience Assurance Committee</b>.</p> <p>The HB has committed to the development of a <b>Quality Management System</b>. <b>Value-Based Health Care (VBHC)</b> is a fundamental shift in the way that healthcare services are funded, moving away from costing services based on activity levels to paying for outcomes. It encourages us to focus on meeting the goals of our patients and to help manage expectations throughout their care or treatment. We seek to improve how patients are involved in decision making using the best evidence to hand and also avoid any unnecessary variation in care and become more creative about knowing where the resources we have are best spent for improved patient outcomes.</p> <p>Patient Reported Outcome Measure (PROM) collection is live in 17 areas</p> <ul style="list-style-type: none"> <li>• Patient Reported Experience Measure (PREM) collection is live in 6 areas</li> <li>• Resource utilisation has been completed in 7 areas</li> </ul>	


Recommendation	Update	Next steps
9. We expect the Health Board to demonstrate a clearer picture of how community services would work for the public, including the possible early development of a community hub to help achieve this	<p>Following the outcomes of the consultation and the recommendations of Board and CHC, developments that have been in place for some time have come to fruition, which demonstrate the <b>Health Board's approach and ambition for community hubs</b>.</p> <p>Key examples of this include the capital project new builds at <b>Cardigan and Aberaeron</b>.</p>	<ul style="list-style-type: none"> <li>Funding to progress the Cross Hands Project to Full Business Case has been approved by WG from the Integration and Rebalancing Capital Fund (IRCF)</li> <li>The UHB has appointed Business Case writers to develop the SOC/OBC's for Fishguard, Aberystwyth and Llandovery Health and Wellbeing Centres</li> <li>Application for IRCF Funding to progress the SOC/OBC for Fishguard has been prepared and is being considered by the WWCP for submission to WG</li> <li>The UHB is working with Carmarthenshire CC on both Pentre Awel development in Llanelli and Carmarthen Hwb</li> <li>UHB is working with Ceredigion CC on the reissue of a tender for the Cylch Caron scheme</li> </ul>

Recommendation	Update	Next steps
10. We expect the Health Board to develop workforce plans that illustrate how the changes would be supported by enough appropriately qualified staff to ensure services would be sustainable and of high quality	<ul style="list-style-type: none"> <li>The Health Board has a number of Planning Objectives in place to support the development of staff; improve recruitment and retention; and to support their education</li> <li>The Health Board has a <b>‘Grow your Own’ apprenticeship programme</b> in place, with examples of apprenticeships across the HB including nursing, healthcare support, therapies as well as admin and corporate functions such as patient experience.</li> <li>The Apprenticeship Academy has onboarded 88 apprentices in 2022/2023, of which 76 were on the Healthcare Apprenticeship Programme.</li> <li>Coaching Capacity Growth progress includes an increase of 6 qualified coaches taking the total number of coaches in the network to 21, a further 49 are in training</li> </ul>	<ul style="list-style-type: none"> <li>HEIW Clinical Leadership Programme continues during 2023 with x3 participants from Hywel Dda</li> <li>LEAP senior leadership development programme approved at exec level has been launched and will commence in March 2023</li> </ul>
11. We expect the Health Board to make a clear commitment to continue a co-productive approach and build flexibility into its planning	<p>The HB has committed to a <b>continuous engagement</b> approach. As we work to develop services involvement from patients and key stakeholders will be key to this approach.</p> <p>Examples of this engagement include:</p> <ul style="list-style-type: none"> <li>Bronglais Chemotherapy Day Unit (CDU) project</li> <li>Paediatrics engagement</li> <li>Land appraisal</li> <li>Fishguard Integrated Health and Wellbeing Centre public drop-in, Phoenix Centre, Goodwick</li> <li>Neyland and Johnston GP Practice GMS contract resignation</li> <li>Solva Surgery GMS contract resignation</li> </ul>	<p>A new Engagement and Experience Group established. This will be used as a mechanism to ensure the voices of staff, stakeholders, patients, carers and citizens are listened to when designing, developing, reviewing or changing services, whilst informing the work of the HDdUHB at all times.</p>

Recommendation	Update	Next steps
<p>12. We expect the Health Board to give due consideration to the alternative proposal put forward and note the concerns of people in relation to Prince Philip and Amman Valley Hospitals</p>	<p><b>Amman Valley Hospital</b></p> <ul style="list-style-type: none"> <li>We recognize the importance of the hospital to the local community and the opportunities to use it differently e.g. same day care, minor injuries. We started doing some community asset mapping work with the community but this was put on hold due to the pandemic.</li> <li>We met the League of Friends in September and discussed how we could review the aspirations discussed for AVH prior to the pandemic. A follow up meeting was agreed early in January however was stood down at late notice due to the extreme weather conditions at the time. We are working with the League of Friends to reschedule a meeting for March</li> </ul> <p><b>Prince Philip Hospital</b></p> <ul style="list-style-type: none"> <li>Consideration is currently being given to delivering some services on a regional basis. Work on the Programme Business Case for the new hospital will review / take into consideration the services delivered across our whole network of hospitals.</li> </ul> <p><b>Engaging with communities</b></p> <ul style="list-style-type: none"> <li>We worked with Community Development Officers and Locality Teams across Carmarthenshire to better understand what communities valued and what they needed more support in achieving.</li> <li>Preliminary work took place at The HWB, Ammanford and Amman Valley Hospital. Further events took place at Tumble and Glanamman and work was undertaken with representative community groups in Llanelli including Llanelli Community Partnership and Street Buddies. This was supplemented with the Community Development Officers working with individuals in their communities to share their views either through an electronic survey or by posting responses back to the HB. A report was developed to inform the next steps of work but unfortunately the COVID Pandemic meant this work has not progressed any further.</li> </ul>	<p>PPH – A new modular Day Surgery Unit which includes 2 laminar flow theatres was opened on 5<sup>th</sup> Dec 2022</p>

Recommendation	Update	Next steps
<p>13. We believe the Health Board should give due consideration to Lampeter as a community hub venue and that the strategic future of Bronglais hospital needs to be set out in a detailed plan which shows Ceredigion people (whole catchment area of mid Wales) and those in neighbouring counties (Powys and Gwynedd) how the hospital will develop in coming years</p>	<p>Bronglais Strategy</p> <ul style="list-style-type: none"> <li>COVID has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years.</li> <li>A post COVID review of the Strategy has commenced with a view to an update paper being prepared, followed by a revised implementation plan</li> </ul> <p>Mid Wales</p> <ul style="list-style-type: none"> <li>Following a post COVID-19 review the Mid Wales Joint Committee has agreed to its new future arrangements which include the following key changes: <ul style="list-style-type: none"> <li>MWJC meeting frequency to be reduced to bi-annually with one annual meeting and one annual conference.</li> <li>Establishment of a Mid Wales Social Care group to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales.</li> <li>Public and patient involvement and engagement to be undertaken through existing mechanisms for Mid Wales organisations including Health Board and Local Authorities.</li> </ul> </li> <li>The priority areas for joint working across Mid Wales are based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational plans in order to support the Welsh Government's expectation for Health Boards to work together across organisational boundaries, to plan and deliver on a regional basis.</li> </ul>	<ul style="list-style-type: none"> <li>discussions commenced with neighbouring Commissioning Health Boards re next steps of Commissioning with HDdUHB for BGH</li> </ul>



Recommendation	Update	Next steps
<p>14. Given the concerns we heard from people in Pembrokeshire feel that the Health Board needs to carefully consider healthcare equity across all areas as it looks at developing draft plans further, linking with Conclusion 1 around maintaining safety and quality through service change</p>	<p>Pembrokeshire developed and implemented a county wide COVID response plan, built around:</p> 	<p>As a UHB as we are developing service proposals we will take into account the equalities, equities and socio-economic impacts as part of this work</p> <p>The Programme Business Case includes the</p> <ul style="list-style-type: none"> <li>• repurposing of Withybush</li> <li>• Fishguard Integrated Health and Wellbeing Centre</li> <li>• Neyland Integrated Health and Wellbeing Centre</li> <li>• South Pembrokeshire Hub</li> <li>• Tenby Integrated Health and Wellbeing Campus</li> <li>• Haverfordwest Health and Wellbeing Centre</li> <li>• Narbeth Integrated Health and Wellbeing Centre</li> <li>• Pembroke Dock Integrated Health and Wellbeing Centre</li> </ul>

Recommendation	Update	Next steps
15. We think that the Health Board should consider developing a community hub in the north west of Pembrokeshire	<ul style="list-style-type: none"> <li>The importance of Fishguard is recognised.</li> <li>The need to develop a physical hub in this area is still recognised, aligned to the Programme Business Case for a new hospital.</li> <li>Fishguard, Solva and St Davids surgeries hold regular multi-disciplinary team meetings to facilitate integrated care with Health, social care and community connectors. We also hold multi-agency team meetings in Fishguard to engage public and third sector colleagues co-ordinate a response to shared challenges.</li> </ul>	<ul style="list-style-type: none"> <li>The UHB has appointed Business Case writers to develop the SOC/OBC's for Fishguard Integrated Health and Wellbeing Centre</li> <li>Application for IRCF Funding to progress the SOC/OBC for Fishguard has been prepared and is being considered by the WWCP for submission to WG</li> </ul>
16. We believe that the Health Board needs to show how delivering such large scale change will not impact on its day-to-day ability to manage current and future problems that may arise	<ul style="list-style-type: none"> <li>Since March 2020, the focus of the Health Board and partners has been on responding to the pandemic: the increased demand for services, and safeguarding patients, staff, and the wider public. However, work on the Programme Business Case for the new hospital is now underway, as well as work to progress important elements of the strategy, including the 'shift left' and the social model for health.</li> <li>The engagement work undertaken following the first wave of the pandemic found that some of the ambitions in our strategy had been realized: for example, a shift to digital ways of working. Our Chief Executive has emphasized the need to learn as much as we can from the pandemic, partly in order to accelerate the delivery of our ambitions, articulated in the strategy</li> </ul>	The UHB has undertaken an assessment of the resources that might be required to implement the next stages of AHMWW. The Board had underwritten the appointment of 13WTE to work on the Programme. Resources schedules have been submitted to WG to seek funding for the additional resources to develop the SOC and undertake some of the pathway work required in preparation for the OBC.



Recommendation	Update	Next steps
17. We expect the Health Board to be mindful of the importance of cross border issues as it develops its plans, for its own residents and those living in other health board areas who could be affected	<p><b>Swansea Bay /ARCH</b></p> <p>We have established an executive led ‘Regional Commissioning Group’, and we will support each other with our major change programme business cases ‘A Healthier Mid and West Wales’ &amp; ‘Changing for the Future Engagement &amp; Recovery and Sustainability Plan’. In addition to the transformational priorities below we will prioritise the following:</p> <ul style="list-style-type: none"> <li>• Priority 1 NHS Service Transformation:</li> <li>• Priority 2 Workforce, Education, &amp; Skills:</li> <li>• Priority 3 Research, Enterprise, &amp; Innovation</li> </ul> <p>We will deliver executive led actions to realise the potential from joint working and achieving economies of scale for capital, workforce and digital projects.</p> <p><b>Mid Wales Joint Committee (MWJC)</b></p> <p>Following a post COVID-19 review the MWJC has agreed to its new future arrangements which include the following key changes:</p> <ul style="list-style-type: none"> <li>• MWJC meeting frequency to be reduced to bi-annually with one annual meeting and one annual conference.</li> <li>• Establishment of a Mid Wales Social Care group to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales.</li> <li>• Public and patient involvement and engagement to be undertaken through existing mechanisms for Mid Wales organisations including Health Board and Local Authorities.</li> <li>• The priority areas for joint working across Mid Wales are based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational plans in order to support the Welsh Government’s expectation for Health Boards to work together across organisational boundaries, to plan and deliver on a regional basis.</li> </ul>	<p>To strengthen our relationship with Swansea Bay we have introduced a number of new Groups to develop joint plans, these include:</p> <ul style="list-style-type: none"> <li>• Reset and Recovery Group</li> <li>• Commissioning Group</li> <li>• Operational / Service Development Group</li> <li>• Strategic Development Group</li> </ul>

Recommendation	Update	Next steps
18. We expect the Health Board to show clear linkages with the “Transforming Mental Health” implementation and ensure that Transforming Clinical Services adds value to this process	<ul style="list-style-type: none"> <li>• A paper on Transforming Mental Health (TMH) was presented to Board in July 2022</li> <li>• Aspects of the strategy aligned to TMH have been accelerated at pace during the Pandemic, in order to provide extended and more efficient Mental Health services.</li> <li>• We have developed a service model which provides access to a continuum of services over a 24-hour period. More efficient ways of working have been introduced in our Community Mental Health Centres (CMHCs), which is enabling us to meet routine appointment times of 28 days, alongside new community focussed service models which support recovery and resilience.</li> <li>• An independent review has been undertaken into the changes delivered in Adult MH services in Ceredigion over the past couple of years.</li> <li>• This is to ensure that the intended TMH outcomes are being delivered and to understand the staff experience of these organisational changes.</li> </ul>	<ul style="list-style-type: none"> <li>• The service is currently preparing a Management Response to the review report.</li> </ul>

Question: What should be the mechanism to report against the recommendations moving forward as the CHC transitions to the new Citizens Voice body?

# Diolch

# Any Questions?