

## MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **13:30, Thursday 13 February 2025**  
 Venue: **Microsoft Teams Meeting/ Tudor House Meeting Room,  
 Tudor House, St. David's Park, Carmarthen SA31 3HB**

Present:	Chesca Ross Alwena Hughes Moakes	Third Sector CAVO/CAVS/PAVS <i>Vice Chair</i> Hywel Dda UHB - Communications and Engagement Director
	Nichola Couceiro Ardiana Gjini	Hywel Dda UHB - Head of Engagement Hywel Dda UHB - Executive Director of Public Health
	Rhonwen Jones Tegryn Jones Cllr Anne McCreary Cllr Shan Williams Jacky Jones Mandy Dean Leanda Wynn Cllr Harvard Hughes Clare James Rhodri Evans	Welsh Ambulance Service NHS Trust Public Service Board – Pembrokeshire Un Llais Cymru/One Voice Wales (Ceredigion) Un Llais – Pembrokeshire Independent Sector Carer Representative – Ceredigion Llais Citizen's voice Un Llais – Carmarthenshire Head of Corporate Governance Hywel Dda UHB - Independent Member
In Attendance:	Tracy Walmsley  Anna Bird Carolyn Williams  Trina Nealon Rhian Bond  Ruth Poynting	(Hywel Dda UHB - Assistant Director of People Planning) (Hywel Dda UHB – Strategic Partnerships) (Hywel Dda UHB - Head of Digital Innovation & Transformation) (Hywel Dda UHB - Principal Public Health Officer) (Hywel Dda UHB - Assistant Director of Primary Care) Hywel Dda UHB - Committee Services Officer <i>Secretariat</i>
Apologies:	Jeremy Hockridge Geraint Thomas Gabiella Walsh Nigel Clark Linda Parton Iwan Thomas Kate Harrop Linda Jones Andrea Edwards	Patient Representative – Carmarthenshire Fire and Rescue Siarad Iechyd – Ceredigion Patient Representative - Pembrokeshire Siarad Iechyd – Carmarthenshire Hywel Dda UHB - Independent Board Member Public Service Board – Carmarthenshire West Wales Care Partnership Mental Health

Alison Harries	Carer Representative – Carmarthenshire
Eleri Jenkins	Housing Association
Gillian Perry	Natural Resources Wales
Hayley Edwards	Armed Forces
Suzanne Gainard	Citizens Advice
Tim Tilbrook	Siarad Iechyd – Pembrokeshire
Timothy Bray	Public service – Ceredigion

<b>Minutes Item Ref.</b>	<b>Action</b>
--------------------------	---------------

**SRG(24)62 Welcome and Apologies**

Ms Chesca Ross welcomed everyone present at the meeting and apologies were noted as above.

**SRG(24)63 Declaration of Interests**

There were no declarations of interest.

**SRG(24)64 Minutes of Stakeholder Reference Group Meeting on 5 November 2024**

The minutes of the Stakeholder Reference Group meeting were discussed and APPROVED as an accurate record.

**Decision:** The Stakeholder Reference Group APPROVED the minutes of the meeting held on 5 November 2024.

**SRG(24)65 Table of Actions**

Following the presentation of the Social Model for Health and Wellbeing (SMfHW) action SRG (24)40 will be closed.

**Decision:** The Stakeholder Reference Group NOTED the Table of Actions.

**SRG(24)66 Workforce Update**

Ms Tracey Walmsley and Ms Anna Bird introduced themselves and shared a video showcasing an overview of the work undertaken by the Workforce and Organisational Development Directorate in 2024.

This included work on:

- Diversity and Inclusion, including improved Equality Impact Assessments (EqIAs);
- Partnerships for Vulnerable Groups such as patients with sensory loss and increased membership of the British Sign Language (BSL) club.
- Working with carers both within the Health Board and those involved in hospital discharges.
- Maintaining processes such as responding to Freedom of Information requests with the Workforce Business Support Team.
- Leadership Development.
- Research, Innovation and Improvement, including research into patient discharges.

- The 'Speak Up' agenda, encouraging staff to make their voices heard.
- Mandatory training compliance and the launch of a fully digital Higher Award and Study Leave Process.
- The 'Grow Your Own Team' process which includes the delivery of four new diplomas and a newly developed band 2-4 development programme.
- Facilitating Objective Structured Clinical Examination for internationally educated nurses.
- The Apprenticeship Academy.
- School Engagement and Work Experience.
- Engagement with and recognition of volunteers within the Health Board.
- Support for the Legal and Risk teams.
- Recruitment, including the reduction of Agency staff.
- Job Evaluation.
- Engagement on Psychological Wellbeing.
- Occupational Health and improved vaccination uptake.
- Improvements to roster management.
- Partnerships with Trade Union colleagues.

Ms Walmsley introduced the People Regeneration Framework and informed the group that the six areas identified under the framework have received updated names, changing from 'Buy, Build, Borrow, Bind, Bounce and Boost' to 'Resource and Replenish, Redevelop and Reskill, Reposition and Renew, Retain and Reward, Resolve and Revive, and Rediscover and Reinvent.'

Population projections for the next 15 years show a decrease in the number of school leavers across Wales, meaning significant work will be needed to fill vacancies with a smaller number of people available to work over the next 20 to 30 years.

Work is ongoing to address this challenge, including recruitment of Internationally Educated Nurses and research into how technology can support the workforce.

The Workforce team have worked with a number of services covering 75 individual areas and are in the process of collating these into group plans based on the electoral staff system. A Primary Care Workforce planner has been appointed to support this work.

There are approximately 100 vacancies in the acute Medical Workforce and 247 trainees in the Health Board. Different models are being explored for Acute and Primary Care.

Mr Tegryn Jones noted that recruitment challenges are being faced across Public Sector Organisations. Ms Walmsley agreed and added that the Health Board is keen to explore joint public planning.

**Decision:** The Stakeholder Reference Group NOTED the Workforce Update.

Ms Ross introduced Ms Nichola Couceiro as the new Head of Engagement for HDdUHB.

Ms Couceiro shared a presentation and informed the group of the following engagement activities that have taken place over the last quarter.

A decision was taken at a Public Board meeting in September 2024 to temporarily reduce the available hours of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) meaning that the unit is no longer a 24/7 service and is instead available from 08:00 to 20:00, seven days a week. This came into effect in November 2024 for a six month period. During this time the Health Board has worked with staff and members of the local community to develop options for the future of the service. As part of the options development process several stakeholders, local community members, and partner organisations are being engaged. Further review and a decision on whether the closure will continue will take place at the Public Board meeting on 27 March 2025.

At a Public Board meeting in January a proposed timeline for public consultation was agreed for the Clinical Services Plan (CSP). This will commence at the end of May 2025 for a 12 week period. As part of the consultation process the Health Board will engage with members of the public, staff, Health Board partners and other stakeholders across the three counties.

Ms Alwena Hughes Moakes added that the CEO and Chair of the Health Board attended a public meeting for 'Protect Bronglais Services' which engaged the local community around the Stroke services that can be delivered in the future as part of the CSP.

The Bronglais Cancer Treatment Day Unit (CDU) has been commissioned to deliver a new unit for anti-cancer therapy in Aberystwyth. Fundraising activity has taken place, and a survey was sent out to capture feedback from the public, staff and stakeholders. While responses to the survey were limited, the answers indicated that the project was looking good but taking longer than expected. The official opening of the unit, including an open day for members of the public, is planned to take place on 10 May 2025.

A Communication and Engagement Sub Group has been set up for the Fishguard Health and Wellbeing Centre project with a stakeholder map and an Engagement Plan.

Pembrokeshire Association of Voluntary Services (PAVS) has employed a team of consultants to carry out engagement with the area served by the integrated health and wellbeing hub in Fishguard.

HDdUHB was also represented at the 'Keep Well' event in Goodwick in November 2024 where there was a good discussion with local communities and partners.

Engagement has continued with various groups and individuals across the country including Veteran drop ins, homeless and vulnerably housed drop

ins, smoking cessation referrals, and engagement events in Mosques in Milford Haven and Aberystwyth.

Future planned engagement includes:

- Further engagement around PPH MIU
- Consultation for the CSP
- Pentre Awel – particularly engagement with patients
- Carmarthen Hwb
- The Bandi appeal

Ms Rhonwen Jones noted that it would be beneficial to have WAST representation for any PPH MIU engagement.

In response to a query from Ms Mandy Dean, Ms Couceiro stated that the format for the open day for the Bronglais Cancer Treatment Day Unit is still being developed.

**Decision:** The Stakeholder Reference Group NOTED the Current and Future Planned Consultation and Engagement Update.

## **SRG(24)68 Digital Contact from Hywel Dda - Hybrid Print and Post Update**

Ms Carolyn Williams shared a presentation on the Hybrid Print and Post service that is being rolled out to services across HDdUHB. The aim of this service is to lessen the environmental impact of communications by providing digital correspondence to patients. To maintain accessibility patients are being provided with the option to still receive physical correspondence if preferred.

An additional benefit to providing digital correspondence is being able to overcome challenges with postal delays as the team are working towards making letters and appointments viewable online within 24 hours of issue.

Since the last update to SRG in May the service has been gradually rolled out to a small number of services starting with General Surgery.

As part of this roll out the team are monitoring the service and picking up areas for improvement and working with the suppliers to implement these improvements.

The Print and Post service is intended to go live with further Outpatient services over the coming weeks with a view to expand to Therapies by the end of March.

Work over the next year will be focused on incorporating other areas such as Radiology and Pathology, including work with NHS apps to create a consistent service.

Ms Williams shared a demonstration of the process of accessing the Hybrid Print and Post service which includes a text message that includes a link to access the service through a browser.

The landing page shows a simple tiled layout which clearly indicates when correspondence has been received.

Information is clearly shown and includes options to add key dates to calendars.

The letters received follow the format of physical letters and are kept on the service for two years.

Accessibility options include being able to change the language between Welsh and English, contact preferences and additional communication needs such as high contrast text.

The service includes a messaging section that can communicate notifications such as road closures and clinical needs such as the need for face masks in some circumstances. Work is ongoing with Emergency Planning services to incorporate this.

Work is ongoing internally to manage postal services such as raising awareness of when to use first or second class mailing services. This is having a positive impact as there has been a reduction in the amount of first class mail being used unnecessarily.

Of the patients that have been offered the Print and Post service 55% are engaging with digital letters. It is hoped that this number will increase with more knowledge of the service.

Other opportunities for the digital service are being explored. There is an option of facilitating questionnaires and surveys which some teams are keen to engage with.

In response to a query from Mr Tegryn Jones, Ms Williams informed the group that as different departments use different digital systems and manage these locally it does take some time to integrate across the different systems.

Additionally, the actual communications are managed by each department and the amount of correspondence is dependent on the individual service. However, there is ongoing work to challenge what correspondence is needed.

Ms Williams explained that the Print and Post service is web based and there is no need to download an application.

**Decision:** The Stakeholder Reference Group NOTED the Digital Contact from Hywel Dda Update.

#### **SRG(24)69 Social Model for Health and Wellbeing (SMfHWB)**

Ms Ardiana Gjini introduced the SMfHWB which is a model that engages with other partners and communities to drive a social model for health.

Ms Trina Nealon shared a presentation and noted the following:

This work is ongoing under the long term strategy and in line with the Annual Plan under Planning Objective 10 – Population Health including support and collaboration with Public Services Boards (PSBs) and the Regional Partnership Board (RPB).

A systematic review took place in 2022 by Aberystwyth University which started the conversation around how people can be encouraged to improve their own health and wellbeing. As a result, six principles were formulated under the SMfHWB and have since gone through the Health Board's governance processes.

The steering group for this work was refreshed in 2024 to create more focus and to revise the membership.

Work is taking place with the Health Board's Engagement team who have implemented consultation around how the Principles of the SMfHWP can be embedded in organisations and communities.

The SMfHWP promotes prevention, early identification of disease, and timely intervention, and highlights outside impacts on health such as environmental and biological factors.

The Six Principles of a SMfHWP were shared as follows:

- A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.
- Leaders will be bold and brave and will strategically commit to supporting a shift towards a SMfHWP.
- Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.
- Meaningful collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience, reducing health inequalities and improving health equity.
- A more preventative approach, including earlier identifications and intervention, will be taken to support people to maintain and improve their health and wellbeing.
- A culture of testing and learning will be encouraged, enabled, supported and celebrated.

The purpose of these principles is to become a charter.

The future plans were shared which include the formation of a 'Community of Practice, the creation of a framework to aid in the tracking of progress, the creation of a communication strategy, and forming links with the Social Innovation Institute to embed the principles into new programmes.

The SMfHWP principles are being added to staff induction and new e-learning modules will be created.

A Summit event has been scheduled for 20 March 2025 to celebrate work that has already taken place on the model and to commit to further working.

Ms Gjini emphasised that the development of the principles has included multi stakeholder engagement across all 3 local authorities and has included Elected representatives and Councillors, Public Service Boards, the Regional Partnership Board and the Ceredigion voluntary organisation among others. Following this engagement, work is now able to take place to embed the principles.

Ms Gjini and Ms Nealon explained that the Maturity matrix has been created to monitor outcomes. Some outcomes will be longer term such as the potential for people to live longer.

Work is ongoing to strengthen voluntary schemes for each of the public services and has included looking at schemes in other sectors.

Ms Dean highlighted that Care has a large impact on public health and commented that it would be beneficial to link with unpaid carers in the community. Ms Rhian Bond offered to maintain contact with Ms Dean around communication of the needs of unpaid carers.

**Decision:** The Stakeholder Reference Group NOTED that Social Model for Health and Wellbeing.

## **SRG(24)70 Primary Care Plan**

Ms Bond shared a presentation on the Primary Care Plan and provided context around primary care in Wales.

Every year around £1.3bn is invested in the commissioning of contracted Primary Care Services across General Medical Services, Pharmacies, Dental practices and Optometrist services.

The Activity overview shared provides a snapshot of community care across Wales over the past year. There were 2.4 million calls to GP practices in 2024 and 5.9 million prescriptions issued while 40k common ailments consultations took place in community pharmacies. This is in stark contrast to the level of activity experienced in acute medical care which included 95k emergency department attendances and 14.5k admissions.

The Primary Care Model for Wales defines what workforce is needed in Primary Care in Wales and is now much broader than what has it has been before due to additional advanced practitioner roles.

A review of this model has started nationally, and the work already suggests that continued support for multidisciplinary working is needed.

A Primary Care and Community Services issues report has been developed to support this review. This has included public and workforce engagement to shape options for further strategic development.

Despite 7 cluster base events and 2 online engagement sessions there has been quite limited engagement however the feedback that has been received suggests that people want to know how to look after themselves and what tools are out there to help them achieve better health.

Conversation has also taken place at Public Board meetings and other committees and Executive Team meetings. The ideas developed at these meetings are being taken away and reviewed before a paper is presented to the Public Board in May 2025. Subject to approval at this meeting public engagement will be aligned with wider Clinical Services Plan work during the Autumn of 2025.

The Planning Development group for Primary Care has been refreshed. This group reports to a Mid and West Wales Working group.

A series of videos was created late 2024 around people looking after themselves and accessing Primary Care services which are available on the HDdUHB website.

Mr Tegryn Jones shared concerns around the difficulties of getting appointments with General Practices (GPs). Ms Bond welcomed hearing concerns as GPs are contractually obliged to provide appointments and noted that Primary Care services all use different systems which makes them difficult to monitor.

Additionally, pharmacies are evolving to provide additional services and there is no data to demonstrate who accesses a pharmacy first before going on to see a doctor.

Ms Shan Williams shared concern around the inconsistency around the numbers of GPs per practice. Ms Bond stated that as GPs are independent contractors, they control their own workforce. However, HDdUHB supports the GP fellow programme which provides opportunities to young doctors and it is hoped that this is support recruitment in this area.

There is currently not a central process for managing cases of patients not turning up to appointments and it is important that services cannot be restricted. However, Ms Bond highlighted the importance of awareness that many appointments are kept and are successful in providing care.

**Decision:** The Stakeholder Reference Group NOTED the Primary Care Plan Update.

#### **SRG(24)71 Integrated Performance Assurance Report (IPAR)**

Ms Ross noted the report has been made available for information.

**Decision:** The Stakeholder Reference Group NOTED the Integrated Performance Assurance Report (IPAR).

#### **SRG(24)72 Board Update Report**

Ms Ross noted that the update report has been made available for information and was shared with the Public Board in November 2024.

**Decision:** The Stakeholder Reference Group NOTED the Board Update Report.

#### **SRG(24)73 Stakeholder Reference Group Work Plan 2024-25**

Ms Ross informed the group that the workplan is available for information and additional topics of discussion are discussed as part of the Reflective session below.

**Decision:** The Stakeholder Reference Group NOTED the Stakeholder Reference Group Work Plan.

#### **SRG(24)74 Reflective Session**

The group discussed what topics would be beneficial for future meetings.

Ms Hughes-Moakes suggested that the group may like to look at the CSP in more detail as the Health Board is preparing for a live launch, and that as discussion will take place around PPH MIU in the Public Board meeting in March it would be good to discuss the topic following that session.

Mr Jones suggested discussing the plans for a new hospital and queried whether more attendance can be encouraged for future SRG meetings. Ms Hughes-Moakes agreed it would be useful to look into what can be done to encourage people to attend these meetings.

Ms Shan Williams shared a case of a patient who received confused correspondence around the healthcare they received and were not offered physiotherapy after undertaking surgery at a private hospital.

Ms Hughes-Moakes acknowledged that there have been some gaps in communication. It is hoped that the work on the Hybrid Print and Post service will help streamline some communications.

Ms Hughes-Moakes suggested it could be beneficial to hear from the Waiting List Support Service in a future meeting.

### **SRG(24)75 Any Other Business**

Ms Leanda Wynn shared the following update from Llais:

The service is moving into its second year since moving from the Community Health Council and monitors the health section of Social Care as part of the service.

Llais undertook visits to Emergency Departments at the end of 2024 and the report has now been finalised and will be shared with SRG members. Work is taking place around monitoring waiting times for treatment and around mental health and young people. Visits are also taking place in Care Homes.

CSO

Ms Wynn encouraged the group to engage with and share the information around these areas of work when they become available and are shared through the network.