

MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG) COFNODION Y GRŴP CYFEIRIO RHANDDEILIAID (GCR)

Date and Time of Meeting:	Friday 15 th October 2021 at 9.30 am
Venue:	Microsoft Teams

Present:	<p>Mrs Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair)</p> <p>Ms Alison Harries, Chief Executive, Career Trust Crossroads</p> <p>Ms Diana Davies, Corporate Manager Partnership and Performance, Ceredigion County Council</p> <p>Ms Emma Taylor, Natural Resources Wales</p> <p>Ms Gaynor Megicks, Engagement Officer, HDdUHB</p> <p>Mr Gruffudd Ifan, Policy and Engagement Advisor, Dyfed-Powys Police & Crime Commissioner's Office</p> <p>Ms Hayley Edwards, Armed Forces Representative</p> <p>Ms Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services</p> <p>Mr Ken Jones, Carer Representative (Carmarthenshire)</p> <p>Mr Martyn Palfreman, Head of Regional Collaboration, West Wales Care Partnership</p> <p>Mr Nick Hampshire, Chief Executive, Ateb Group</p> <p>Mrs Leanda Wynn, Hywel Dda Community Health Council</p> <p>Mr Nigel Clark, Patient Representative, Education Programme for Patients</p> <p>Ms Paula Martyn, Care Forum Wales</p> <p>Ms Samantha Nicholls, Carer Representative, Ceredigion</p> <p>Ms Sara Beck, Welsh Ambulance Service Trust</p> <p>Ms Sian Davies, Talking Health Representative</p> <p>Ms Yasmin Todd, Pembrokeshire County Council</p>
In Attendance	<p>Ms Alison Gittins, Head of Corporate & Partnership Governance, Hywel Dda University Health Board (HDdUHB)</p> <p>Ms Angharad Lloyd-Probert, Senior Project Manager, HDdUHB</p> <p>Mrs Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB</p> <p>Ms Carys Huntley, West Wales Care Partnership</p> <p>Ms Delyth Evans, Senior Engagement Officer, HDdUHB</p> <p>Ms Helen Morgan-Howard, Principal Project Manager</p> <p>Ms Stephani Kays, Community Outreach Development Manager</p> <p>Mrs Kirsty Walker, Committee Services Officer</p>

Agenda Item	WELCOME AND APOLOGIES/CYFLWYNIADAU A YMDDIHEURIADAU	Action
SRG (21)81	Mrs Hazel Lloyd-Lubran welcomed all to the meeting and it was noted that Ms Yasmin Todd would be deputising for Ms Hayley Edwards, and that Ms Carys Huntley would be accompanying Mr Martyn Palfreman for the SRG(21)89	

Update on the Regional Partnership Board Population Assessment and PSB Wellbeing Assessment

Apologies for absence were received from:

- Ms Angie Darlington, Director, West Wales Action for Mental Health
- Mrs Gwyneth Ayres, Corporate Policy and Partnerships Manager, Carmarthenshire County Council
- Mr Iwan Thomas, Independent Member
- Ms Liz Cartwright, Public and Patient Engagement Officer
- Ms Nadine Farmer, Pembrokeshire Youth Services, Pembrokeshire County Council
- Ms Ros Jervis, Director of Public Health, HDdUHB
- Ms Sara Prosser, Quality Improvement and Service Transformation Facilitator, HDdUHB
- Ms Hayley Edwards, Armed Forces Representative
- Mr Steve Moore, Chief Executive, HDdUHB
- Mr Terry Davies, West Wales Action for Mental Health

**SRG
(21)82**

DECLARATIONS OF INTEREST/DATGANIADAU O DDIDDORDEB

Ms Samantha Nicholls, Carer Representative – Ceredigion, declared an interest as an employee of Hywel Dda University Health Board (HDdUHB) working in the community.

**SRG
(21)83**

MINUTES OF THE PREVIOUS MEETING HELD ON 16TH JULY 2021/COFNODION Y CYFARFOD A GYNHALIWDYD AR 16 GORFFENNAF 2021

The minutes of the meeting held on 16th July 2021 were approved as an accurate record.

**SRG
(21)84**

MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING ON 16TH JULY 2021/MATERION SY'N CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWDYD AR 16 GORFFENNAF 2021

An update was provided on the Table of Actions from the meeting held on 16th July 2021.

In terms of **SRG(21)70 Appointment of Vice Chair**, queries were raised on whether any restrictions are in place in regard to the sector/organisation from where the Vice-Chair is sourced. It was noted that the SRG Terms of Reference places no restriction other than a requirement that the Vice-Chair be appointed from a different sector/ organisation from that of the Chair.

**SRG
(21)85**

HYWEL DDA ANNUAL PLAN 2021/22 AND IMTP 2022/25/ CYNLLUN BLYNYDDOL HYWEL DDA 2021/22 AC CTCC 2022/25

Ms Angharad Lloyd-Probert provided Members with an update on HDdUHB's current Annual Plan following feedback received from Andrew Goodall, Welsh Government (WG) on 30th September 2021, highlighting the following:

- Workforce – the recruitment issues facing HDdUHB and the mitigating actions that will be taken to address the workforce challenges
- Financial – HDdUHB's deficit position and the assumptions that are being made around the income streams and any improvements planned in terms of savings.
- Recovery – the trajectory the organisation is starting to see in terms of achieving pre COVID-19 levels of activity. Whilst this had been anticipated around March 2022, this may be somewhat ambitious given the current position facing the Health Board.

Ms Lloyd-Probert advised that triangulation and alignment of workforce, finance and plans are a constant theme which HDdUHB aims to address through its Integrated Medium Term Plan (IMTP).

In terms of monitoring the current annual plan, this takes place on a quarterly basis, looking at key deliverables highlighted in the plan and the timeframe by which they are scheduled to be achieved. This then feeds into HDdUHB's Board Assurance Framework (BAF) in terms of the risks around the deliverables.

As far as lessons learnt are concerned, HDdUHB has received some feedback from the process of pulling the current plan together where the need has been recognised for a standard template to be completed in order to achieve a consistent approach across all teams on the way in which information is returned. The need for more focused meetings with key individuals has also been fed back as has the need for more engagement on the development of the plan at an early stage

In terms of the timeline for the IMTP, included within the presentation slides are the key dates by which action is to be achieved or information is to be collated. Executive Directors and their teams have been asked to provide wording for any new Planning Objectives (POs) proposed, updates on any plans on a page, and Gold Command instructions – with a view to potentially converting these into business as usual or to creating new POs.

During September/October 2021, the Planning Team met with all Executive Directors for a wholesale look in detail at all the POs, to feed into an Executive Seminar discussion. A planning template was subsequently developed and issued to all operational teams to complete. This includes tabs for detailed workforce and financial information and the actions to take forward. Part of the template also has an area for risks, RAG rated to identify any that cannot be delivered.

Feedback on the template has been mixed, recognising that, as with any new process introduced, certain teams may need more support than others, however this should serve to improve the planning process involved. Templates are due to be returned by 25th October 2021 in order for the Planning Team to

review these and then to produce a first cut of the plan i.e., a high level plan without much of the detail involved. The next deadline will be set to coincide with the 25th November 2021 Board meeting, although it is unlikely that it will be the IMTP itself that will be presented, and more likely a presentation outlining the current process and the key highlights and themes. This will provide a view on the financial ask, the workforce ask and the key deliverables involved. The plan will then be refined and a second cut produced in time for the Board Seminar on 17th December 2021. This will be underpinned by technical documents i.e. narrative plans providing more detail, given the challenge of achieving an IMTP in 30/40 pages.

The current IMTP submission date to WG is 31st January 2022, however Health Boards have not yet received the WG Planning Framework which is anticipated in November 2021. This framework will centre around the 8 Ministerial Priorities and there will be a need to demonstrate in HDdUHB's IMTP that these areas are being addressed.

In terms of next steps, following the IMTP's presentation to the 25th November 2021 Public Board meeting, engagement with stakeholders, including the SRG, CHC, etc will take place as the plan develops, recognising the importance of receiving feedback and comments.

Mrs Lloyd-Lubran sought to clarify the optimum timeframe for SRG involvement and Ms Lloyd-Probert suggested following Board discussion on 25th November 2021, when it is clear how comprehensively the planning templates have been completed; whilst the plan may not be a document as such at this stage, early sight of the themes will be available.

Mr Martyn Palfreman commented that, sensibly, WG has committed to an integrated planning framework, and queried whether there would be opportunity to align the timescales for HDdUHB's IMTP and the Regional Partnership Board (RPB) plan going forward. Ms Lloyd-Probert responded that this is a developing and evolving process, and that whilst timelines are tight, there should be an opportunity to work within the deadlines with as much flexibility as possible. Mrs Lloyd-Lubran acknowledged that any plan currently needs to be fluid given the need to respond and react to the ever changing environment involved.

Ms Sian Davies welcomed the proposed co-ordination involved and suggested that to have documentation shared in 'real time' would be helpful. Mrs Lloyd-Lubran acknowledged the requirement for a two way process in place and for the opportunity for the SRG to share its views.

Mr Ken Jones suggested it would be useful to receive the Ministerial Priorities in full which Ms Lloyd-Probert undertook to share. Mr Jones commented that given recent challenges within social care, whilst proposals for a new hospital are very welcomed, there will also be a need for services to discharge patients into; there will also be a need for carers to have a voice. Ms Lloyd-Probert acknowledged that where people feel they have been heard, they will feel that they have been valued, and suggested one of the mechanisms for this could

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	be through SRG meetings or through SRG Members direct contact with herself, either via e-mail or a Teams call. Mr Jones enquired whether any face to face group meetings would be planned given some people may feel digitally excluded and Ms Lloyd-Probert responded that this would be dependent on the COVID-19 pandemic circumstances at the time. Mrs Lloyd-Lubran confirmed that the Health Board acknowledges the need for the support of wider organisations and also its communities.	
	SRG NOTED the update on HDdUHB's Annual Plan 2021/22 and IMTP 2022/25.	

SRG (21)86	DISCUSSION ON BEST APPROACH TO REFLECT THE POPULATIONS 'LIVED EXPERIENCE' OF THE HEALTH BOARD/TRAFODAETH AR Y DULL GORAU O ADLEWYRCHU 'PROFIAD BYW' POBLOGAETH Y BWRDD IECHYD	
	<p>Mrs Lloyd-Lubran reminded Members of discussion on patient stories/patient experiences at the previous SRG meeting and advised that following attendance at HDdUHB Public Board meetings as Chair of the SRG, she had been increasingly impressed at the papers presented on improving patient experience, most recently the Patient Experience Report presented to the September 2021 Board meeting and included within today's SRG agenda bundle. Mrs Lloyd-Lubran queried whether SRG Members have an appetite to learn more about this process or to receive these reports on a regular basis to provide an insight into the feedback received which might influence the SRG agenda moving forward. Mrs Lloyd-Lubran also enquired whether SRG Members are aware of any similar work on-going elsewhere.</p> <p>Ms Jackie Dorrian welcomed these patient experience type of reports which dovetail in with the work of the third sector within the health sector and the wealth of data gathering on-going. Mrs Anna Bird referred to the Community Development Outreach Team item later on in the agenda which includes outcomes of working with BAME members within the community. Mrs Lloyd-Lubran suggested that the Red Cross would also have useful insights to share and enquired whether the CHC gather any reports that the SRG could be sighted upon. It was noted that the Findings from the Maternity Services review would soon be available and could be shared with the SRG.</p>	KW
	It was agreed to present the next Improving Patient Experience Board report to the next SRG meeting, and to identify how the SRG can become engaged and support the work involved.	HLL/ KW

SRG (21)87	BUILDING A HEALTHIER FUTURE AFTER COVID-19 – UPDATE ON ENGAGEMENT/ADEILADU DYFODOL IACHACH AR OL COVID-19 – DIWEDDARIAD AR YMGYSYLLTU	
	Ms Helen Morgan-Howard introduced the Building a Healthier Future After COVID-19 Update, apologising that Ms Rebecca Griffiths, HDdUHB's newly appointed Head of Engagement, had been unable to join the discussion due	

to a clash of meetings, however members of the Health Board's Engagement Team are in attendance given their input to the work involved.

Members were informed that whilst only a relatively low number of responses had been received to the six week engagement exercise undertaken between May and June 2021, the extent and quality of the feedback had been rich in value.

A slide-show was presented, which was agreed to be shared with SRG Members, identifying that 2,438 people visited the Health Board's engagement platforms with 271 providing feedback in the form of 44 returned paper questionnaires, 34 email responses, 8 direct telephone calls, 5 letters and a great deal of social media feedback. 15 meetings in relation to the engagement exercise were also undertaken with a variety of groups.

Responses have been split into 6 themes, one of which being the impact of the COVID-19 pandemic on the population highlighting the following:

- challenges in accessing services particularly primary care, acknowledging that some have found virtual appointments better than others.
- the impact on waiting lists and delays in diagnosing certain conditions with worsening conditions as a result.
- the impact on mental health and wellbeing being a constant theme.
- the importance of having services closer to home, assisted to a certain degree by the COVID-19 pandemic with examples of pharmacists able to deliver certain services, as well as the third sector and volunteers, together with a real appetite for stronger communities going forward.

In terms of the feedback received, the need was agreed for a better balance between virtual and face to face appointments, better choices for patients dependent on their circumstances, better communication on when things get back to normal, and on an individual level, better communications between primary care and secondary care, for example the impact on mental health and demand for these services in the future, including services for Long COVID-19. Concerns were raised regarding the deterioration of existing health conditions, and cases becoming more complex when patients are on long waiting lists leading to an extra strain on services going forward. Suggestions were also made to separate COVID-19 and non-COVID-19 cases in order that business could resume as normal as early as possible.

Concerns were also raised regarding accessing hospital services in Llanelli which has the highest density of population and also Pembrokeshire and Aberystwyth, together with the impact on tourism and transport.

The survey also invited peoples' views on the Health Board's Strategy, to test whether it remained relevant or whether it needed to change. Some feedback suggested the Health Board had not listened in terms of the preferred site of the new hospital, etc. Also, the Strategy did not state which services would be delivered from where, therefore there was some frustration at not being able to comment on this. There was however a recognition of a need for more improved working between health, social care and the 3rd sector, more of an

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emphasis on hubs and integrated centres to enable all care and information to be delivered in one place. There was also a general positivity towards more services delivered in the community, together with a recognition of the need to build on what worked well during the COVID-19 pandemic. Prevention and early intervention were seen as priorities, and there were also concerns regarding existing and future mental health services and wider support for wellbeing.

The survey also asked about the social model for wellbeing and whether this is still relevant. In terms of feedback, there was some focus on self-management, highlighting the importance of support groups, social prescribing, access to green spaces, the importance of healthy eating and access to healthy food, and embedding healthy habits in children. Impact of poverty was also identified as a theme given its impact on the ability to access health services etc.

Ms Delyth Evans informed Members that the proposed site nominations engendered a good deal of feedback, including issues raised regarding the road infrastructure, travel time distances and the needs of the more densely populated areas particularly those further East or West from the proposed location.

The survey also asked about the 5 most important things the Health Board should consider in terms of site location. In terms of feedback, themes included how people were going to get to the proposed location (public transport, road infrastructure, plentiful parking), what services would be available, the importance of attracting and retaining staff (including affordable housing), the cost of the development and its affordability, future proofing the development to enable it to develop, the impact on the environment, the importance of green spaces in the hospital and the sustainability, and the impact on the local community as it is developed.

Questions were also asked in the survey about socio-economic and equality issues, with feedback received including the impact on those with protected characteristics, and other recurring themes including rurality, poverty and mental health. In terms of consultation events going forward, some feedback favoured face to face meetings whilst others more digital, necessitating less need to travel.

Mrs Lloyd-Lubran took as a positive the references to green spaces and environmental impacts, as well as the consideration given to the availability of affordable housing including the rental market before commitment is made to purchase.

Ms Dorrian queried whether food in hospitals had been raised as an issue informing Members of the work on-going with food networks currently and the need to link in with this. Ms Dorrian also welcomed the comments of the 3rd sector and volunteers and agreed that keeping things community based needs to be the focus, recognising that communities know how to look after themselves and each other as evidenced by the COVID-19 pandemic.

	<p>Mrs Lloyd-Lubran noted the far reaching and broad baseline of evidence which would be extremely useful for the development of the 5 year wellbeing plans for PSBs and the plans of the RPB, with certain themes to build on and address over the coming years. Mrs Lloyd-Lubran also welcomed prevention as a significant priority for the Health Board which is a vital area of work to keep high on the agenda and an area where we can do better, together with an asset-based approach.</p> <p>Mr Jones commended the feeling of proactivity in the work involved and the focus on getting in early to understand the challenges, recognising the learning to be taken from the COVID-19 pandemic.</p> <p>Mrs Lloyd-Lubran queried whether there is any intention to re-run this process and it was understood that there will be opportunities elsewhere through other engagement exercises.</p> <p>Mrs Bird acknowledged the concerns regarding survey overload whilst recognising the necessity of continuous engagement. One of the benefits of working collaboratively is to share and pool the feedback received as this may link to areas where the Health Board is not directly responsible for impacting upon.</p> <p>Ms Morgan-Howard acknowledged the need to understand the engagement that is taking place and when, and to co-ordinate the feedback involved, recognising that all feedback is relevant and the more it is used the more valued contributors will feel.</p> <p>Ms Emma Taylor queried when a decision would be made on the proposed site of the new hospital and the next opportunity to engage. Ms Morgan-Howard informed Members of a forthcoming workshop to take place with the CHC and other stakeholders to review the technical hurdles for the site and that after having taken advice from the Consultation Institute, further engagement would follow. Ms Morgan-Howard undertook to clarify this following the workshop scheduled for 22nd October 2021 to consider the long list of options involved to achieve a preferred shortlist.</p>	<p>HMH</p>
	<p>SRG NOTED the Building a Healthier Future After COVID-19 - Update on Engagement Report</p>	

<p>SRG (21)88</p>	<p>TRANSFORMATION PROGRAMME /TRANSFORMATION FUNDING (ICF)/ DIWEDDARIAD RHAGLEN DRAWSNEWID/CULLID TRAWSNEWID (ICF)</p> <p>Mr Martyn Palfreman, Head of Regional Collaboration, provided Members with an update on the Transformation Programme since the previous presentation made to the SRG on 16th July 2021, providing highlights from the 3 programmes involved:</p> <p>Programme 1: Connect – delivered in partnership with Delta Wellbeing, with the aim of keeping vulnerable people connected and outside formal long-term</p>	
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care, is now fully operational in each of the 3 Counties. Over 3,500 clients have been signed up which is above the 1,000 target, with just over half in the category not in formal care.

Members noted that in Quarter 2, 804 of the 3,500 clients had some form of rapid response support provided to them with just over half resulting in ambulance avoidance which is positive news. Complementary bespoke local pathways provide targeted additional support to users, including the self-management of long-term conditions, proactive falls prevention programmes and supporting digital connections through the 3rd sector. A case study was shared with Members, highlighting the benefits of the programme for those wishing to remain independent at home, together with a link to the website containing further case studies

Programme 3: Fast Tracked Consistent Integration – with the aim of providing those with immediate medical intervention at home which previously would have meant a hospital provision. Members noted the variety of local delivery arrangements within an agreed regional model with Ceredigion moving forward with integrated health and social care workers; Pembrokeshire undertaking a detailed review of intermediate care services to inform the ongoing model and also introducing an enhanced local bridging service which commenced in September 2021; and Carmarthenshire leading on the development of an Advanced Nurse Practitioner staffing model with a view to rolling this out across HDdUHB. Carmarthenshire is also involved in the National Intermediate Care Benchmarking exercise.

In terms of impact, Mr Palfreman informed Members of the large number of discharges and admission avoidance that had been facilitated across Ceredigion and Pembrokeshire as a result of the programme, and undertook to share the Carmarthenshire figures which had recently been received.

MP

Programme 7: Creating Connections For All – Mr Palfreman advised Members of the positive results emanating from this programme, which involved initiating and launching community resilience and capacity. Members noted the large increase in visits to Connect platforms, with 'Kindness in the Workplace' launched and a schools programme being developed in conjunction with Public Health Wales. Members also noted the work on-going with academic colleagues in regard to the social return on investment in order to measure longer term impacts.

Mr Palfreman advised that consultants have been commissioned to work on a Continuous Engagement Framework to consider how all intelligence can be more effectively brought together to help shape a whole range of health and social care services provision going forward. Members noted this is not only about formal engagement and consultation but about everyday conversations which are then conveyed to those responsible for planning and delivering services to produce a draft framework to test out in a variety of settings.

In terms of evaluation, Mr Palfreman anticipated being in a position to provide more information on this at the next SRG meeting. The consultants involved

MP

are currently undertaking some specific, qualitative investigation with those benefiting from these conversations to understand their impact and to be triangulated with the quantitative data, recognising the compelling nature of real life stories.

In terms of the future, in August 2021, the Minister for Health & Social Services confirmed that funding for RPBs would continue over a 5 year period with simplified arrangements in one place supporting both transformation and the embedding of successful models. In order to draw down this funding, partners have to be willing to match-fund the sums available. This gives WG a degree of ownership although it has raised a number of issues from partners given core budgets are exceedingly stretched at the moment, however it is recognised that this adds to and increases WG investment. Consideration is being given to current schemes already funded to determine those where a case be made for their continued funding, and where evidence is not available, these may have to cease or be mainstreamed. Once more details are received from WG and once the funding is known, a robust, evidence-based programme of activity over the next 5 years will be developed linking in to HDdUHB's IMTP and the Local Authorities equivalent plans. As the timeframe for this takes the process up to February 2022, a more detailed update to the SRG could be presented in January 2022.

MP

Mr Jones welcomed the news regarding the health and social care worker model and conveyed thanks to Ms Paula Martyn, the previous SRG Chair, Mr Palfreman and the CHC for their work in getting this initiative off the ground with its roots in the funding made available from WG within a Llanelli Residential Home.

Ms Dorrian commended the informative presentation and queried the process for match-funding, acknowledging this can be challenging for 3rd sector organisations as funding diminishes. Mr Palfreman responded that it is anticipated that the match would be less than 50%, and significantly less in some quarters. For transformation innovations i.e. testing the concept, etc, 90% of WG funding is likely to be received. For the embedding of successful models once the concept has been tested, there is likely to be a 30% match required from organisations although this has not been formalised as yet by WG. However, there will be ways we can ensure this is as equitable and as manageable as possible whilst acknowledging that sustainable funding is a real issue. The issue of match funding for the 3rd sector has been raised as a particular concern, recognising the need to work together to see how the risk can be shared with statutory partners in order that it does not disadvantage the 3rd sector. There will be a clear expectation and a target set on how much of this goes into the social value sector to increase the opportunities and value that the 3rd sector can bring.

Mrs Lloyd-Lubran acknowledged the need to change our approach, recognising it is not unsurmountable for the 3rd sector to share the commitment and to think about it differently and consider cost savings in regard to core funding to support this agenda. There is also a need also to meet our partners halfway and consider how we use existing capacity differently.

	Ms Dorrian acknowledged the need to re-think our sector and create social value for ourselves, aligned to what our citizens want.	
	SRG NOTED the update on the Transformation Programme/Transformation Funding	

SRG (21)89	UPDATE ON THE REGIONAL PARTNERSHIP BOARD POPULATION ASSESSMENT AND PSB WELLBEING ASSESSMENT/DIWEDDARIAD AR ASESIAID POBLOGAETH Y BWRDD PARTNERIAETH RHANBARTHOL AC ASESIAID LLESIANT Y BGC	
	<p>Mr Palfreman introduced Ms Carys Huntley to SRG Members who, with funding from WG, is drawing together work from the 3 PSBs in order that these are properly aligned in terms of the wellbeing assessments undertaken.</p> <p>Mr Palfreman shared with Members the Population Assessment, Market Stability Report and Wellbeing Assessment Update, demonstrating the significant progress that has been made since the previous SRG meeting.</p> <p>In terms of the Population Assessment, Members were informed that the R&D Unit within HDdUHB had been engaged to lead on the work of the population assessment since July 2021, gathering comprehensive datasets from the various population groups involved. These datasets have been refreshed for the latest period to provide a comprehensive baseline of need both currently and over the next 5 years, to identify the current level of service provision and where it may be falling short in order to direct future work. A medium term view is being taken, given the pressures of Brexit and the recent COVID-19 pandemic, in the hope that these pressures will be transitional, other than for long COVID-19 and subsequent mental health issues. In-depth dialogue is ongoing with the professionals involved with these population groups, and with the groups themselves i.e. the MH Partnership Board which represents a very positive example of where citizens and service users views can balance those of the professionals involved to provide rich data and are often aligned. Bespoke surveys are also being undertaken with a number of the population groups.</p> <p>Over November and December 2021, draft reports will be shared back through the professional groups involved, with the draft population assessment to be ready for sign off by the RPB in January 2022 with the aim of getting this assessment through statutory partners' governance structures between January and March 2022. There will then be a move to the planning stage as an Area Plan will have to be produced for the RPB building on the evidence base; work therefore does not stop in March 2022 but almost starts then.</p> <p>In terms of Market Stability, Members noted this is a new requirement brought in this year in an amendment to the legislation involved. Work is being undertaken by the Institute of Public Care in liaison with partners, commissioners and providers, looking at stability across the whole market including carers support, recognising that a number of providers have been affected by the COVID-19 pandemic, many of whom are small and local as</p>	

	<p>opposed to multi-national organisations. Evidence is being gathered through both users and providers and Mr Palfreman emphasised the importance that providers share their challenges and how, by working together, these can be addressed, together with any opportunities. Given the expertise of the Institute of Public Care, it is anticipated that a useful document will be produced.</p> <p>In terms of the Well-Being Assessments, these are to be presented to the PSBs in late November/early December 2021, and there is a keen appetite in terms of sharing data, intelligence and approaches between the RPB and the 3 PSBs. Key to this work was the launch of an online survey across the region around the 7 areas of Wellbeing within the Future Generations Act, and one of these is Healthier Wales which will feed into the population assessment work. A reasonable return in responses was achieved to the survey, with a good spread of responses across the 3 Counties. Some of the responses around young people is however being supplemented as this group was more poorly represented.</p> <p>Mrs Lloyd-Lubran commented on the wealth of information to consider and digest within the draft documentation over the coming months, and Mrs Bird undertook to share the link in the SRG Teams chat to the Population Assessment surveys to provide an opportunity for all Members to respond.</p> <p>Mrs Lloyd-Lubran suggested this could be an area of focus at the next SRG meeting or that an extra-ordinary meeting/session could be convened to discuss the documentation together once revised timelines are available.</p>	AB
	SRG NOTED the Regional Partnership Board Population Assessment and PSB Wellbeing Assessment	

SRG (21)90	<p>DRAFT REGIONAL DEMENTIA STRATEGY/DRAFFT - STRATEGAETH DEMENTIA RANBARTHOL</p> <p>Mr Palfreman provided Members with a comprehensive slide deck, identifying the numbers of those in the population who currently have dementia and those predicted to, which suggests an unmet need across Hywel Dda of 2,400 patients.</p> <p>Members were informed that the West Wales Care Partnership (WWCP) appointed Attain Consultants to undertake the development of a regional dementia strategy and service model pathway of care, recognising the positive work they had already undertaken in the region. ICF funding was secured which enabled increased specialist capacity and, looking forward, the aim is to ensure that the right services are in place to support those living with dementia. This aligns with the general care pathways in place, and places a focus on prevention and support for those needing care. The commitment to a co-produced approach, recognising this is everyone's business, was emphasised.</p> <p>Mr Palfreman explained that the 'wheels' in the presentation slides, depict the services that need to be in place for each of the stages of those living with</p>	
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	<p>dementia with the amount of support and expertise growing to match the requirements needed to achieve an enhanced quality of life.</p> <p>Members noted that the draft Dementia Strategy had been presented to the respective Local Authority and Health Board in July 2021, and that Attain Consultants are engaging with a wide variety of people involved in providing services and users of services to gain a baseline of what is available and what may need to change.</p> <p>Attain has been commissioned until December 2021, with the strategy due for formal adoption in January 2022 and it was suggested that it may be appropriate to be reconsidered by the SRG at its next meeting.</p> <p>Mr Palfreman undertook to share Attain Consultants contact details with Members through the SRG Team chat to raise any questions and comments for incorporating direct.</p> <p>Mrs Lloyd-Lubran informed Members that this represented Mr Palfreman's last SRG meeting before moving on from the RPB and paid tribute to all that he has achieved for the region in the time he has been in post. Mr Palfreman conveyed his thanks to the colleagues he has worked with during his time at the RPB, commenting on the privilege it has been to be part of the work involved.</p>	<p>HLL/ KW MP</p>
	SRG NOTED the draft Dementia Strategy.	

SRG (21)91	COMMUNITY DEVELOPMENT OUTREACH TEAM/TÎM ALLGYMORTH DATBLYGU CYMUNEDOL	
	<p>Ms Stepheni Kays shared a presentation on the Community Development Outreach Team (CDOT), established in response to the disproportionate adverse impact of COVID-19 on the BAME population and the need for equity of services.</p> <p>Ms Kays informed Members of the background to the CDOT, recognising that COVID-19 affected everyone in different ways but especially those of ethnic minority. The Minister established a Wales BAME COVID-19 Health Advisory Group, and one of the sub-groups created – the Socio-economic Sub-Group - highlighted the racial and health inequalities in Wales and suggested areas to work upon.</p> <p>Members noted the legal framework in place governing this area of work, together with the statutory and moral duties to foster good relations with communities and work in teams to address these.</p> <p>Members further noted that the CDOT is made up of a team of 5 spread across the 3 Counties of Hywel Dda with the aim of engaging with ethnic minority communities and to understand their lived experiences. Whilst the team is currently time-limited in terms of funding until the end of March 2022, the Health</p>	

Board is keen for its work to be mainstreamed whilst recognising the challenges in evidencing outcomes within the time-frame involved.

Work is on-going to support the COVID-19 response should further outbreaks of the pandemic be experienced, and also to improve the vaccination uptake amongst ethnic groups. The team is also exploring different approaches to addressing ethnic inequalities

In terms of how the team has engaged over the past 6 months within COVID-19 restrictions, work has been undertaken in conjunction with the 3rd sector, the 3 Local Authorities and community groups. Team members have attended various vaccination clinics, undertaken 1 on 1 engagement, visited factories, and joined the Facebook and community WhatsApp pages of various groups to publicise the team's work. The team is also looking to link in with local neighbourhood police teams, and to link in with schools in order to share literature for ethnic families to explain the services offered by the Health Board and also Public Health Wales.

In terms of outcomes achieved so far, since June 2021, the team has engaged with 179 people of ethnic background, directly supported 48 through signposting or referral for specific health issues, with messaging having been translated into 13 different languages demonstrating the diverse population involved. Ms Kays undertook to share the CDOT brochure on the SRG Teams chat.

Ms Kays shared two case studies with Members where, with the Team's support, a more positive outcome for the individuals involved had been achieved than would otherwise have been the case without the Team's involvement.

In summary, the benefit of the Team's conversations has been to engage in and to understand better conversations about health and wellbeing for those involved, all of which resonates with much of the discussion at today's SRG meeting.

Mrs Lloyd-Lubran commented the important work undertaken with learning for all, suggesting that the translation of the material into 13 different languages speaks for itself.

Given the number of SRG Members that had necessarily had to leave the meeting prior to Ms Kays presentation, it was suggested that Ms Kays could be invited to the next SRG meeting for the planned discussion on patient experiences.

SK

KW/
SK

SRG

RECOMMENDATION TO THE BOARD/ARGYNHELLIAD I'R BWRDD

(21)92	<p>Ms Lloyd Lubran summarised the salient points discussed at the SRG meeting on 15th October 2021, including:</p> <ul style="list-style-type: none"> • The need to utilise the far reaching and broad baseline of evidence gathered from the survey undertaken as part of Building a Healthier Future After COVID-19 to inform and align the various plans of the Health Board, the RPB, the PSBs and other partners, acknowledging the similar themes to build on and address over the coming years for the benefit of all. • The importance of building upon what has been heard, and to do it better together around the continuous engagement framework, to ensure that day to day conversations shape and inform our work going forward. 	
SRG (21)93	SRG UPDATE REPORT TO MAY 2021 PUBLIC BOARD/ADRODDIAD DIWEDDARU SRG I FWRDD CYHEDDUS MAI 2021	
	Mrs Lloyd-Lubran advised that the SRG Update Report to the May 2021 Public Board has been included with the papers for the SRG meeting on 15 th October 2021 for information.	
SRG (21)94	SEPTEMBER 2021 COVID-19 BOARD REPORT/ADRODDIAD Y BWRDD COVID-19 GORFFENNAF 2021	
	Mrs Lloyd-Lubran advised that the September 2021 COVID-19 Board Report has been included with the papers for the SRG meeting on 15 th October 2021 for information.	
SRG (21)95	SEPTEMBER 2021 BOARD REPORT - OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD'S ANNUAL PLAN 2021/22 / ADRODDIAD Y BWRDD MEDI 2021 - DIWEDDARIAD GWEITHREDOL AC ADRODDIAD CYNNYDD AR GYNLLUN BLYNYDDOL Y BWRDD IECHYD 2021/22	
	Mrs Lloyd-Lubran advised that the September 2021 Board Report – Operational Update and Progress Report on the Health Board's Annual Plan 2021/22 has been included with the papers for the SRG meeting on 15 th October 2021 for information.	
SRG (21)96	SRG ANNUAL WORKPLAN/ CYNLLUN GWAITH BLYNYDDOL SRG	
	Members received the SRG Annual Workplan and it was agreed that Mrs Lloyd-Lubran, Mrs Kirsty Walker and Ms Gittins would meet to consider the next SRG agenda in light of this.	HLL/ KW/ AG
SRG (21)97	ANY OTHER BUSINESS/UNRHYS FUSNES ARALL	
	Ms Davies raised an issue regarding a proposal to introduce an appointment system to attend at A&E via a Phone First scheme and it was agreed to look	

	into this before the next SRG meeting. Ms Paula Martyn understood that this had already been introduced elsewhere as a pilot and it was agreed to request appropriate HDdUHB colleagues to share the latest information.	KW
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SRG (21)98	DATE, TIME AND VENUE OF NEXT MEETING/DYDDIAD AC AMSER Y CYFARFOD NESAF	
	9.30 – 12 noon, Friday 14 th January 2022 via MS Teams.	