

STAKEHOLDER REFERENCE GROUP/GRWP CYFEIRIO RHANDDEILIAID
15th OCTOBER 2021/15 HYDREF 2021
TABLE OF ACTIONS/ TABLE GWEITHREDOEDD

MINUTE REFERENCE	ACTION	LEAD	BY	PROGRESS
SRG (21)85	Hywel Dda Annual Plan 2021/22 and IMTP 2022/25 To share the Ministerial priorities in full with Members.	ALP	November 2021	Attached at Appendix 1
SRG (21)86	Discussion on Best Approach to Reflect the Populations 'Lived Experience' of the Health Board To share findings from the Maternity Services Review with Members when available.	LW/KW	January 2021	Maternity Services Review will be shared with Members, once available
	To present the November 2021 Improving Patient Experience Board report to the next SRG meeting	HLL/KW	December 2021	Complete. Included on agenda for the January 2022 SRG agenda
SRG (21)87	Building A Healthier Future After Covid-19 – Update on Engagement To share with Members the slide show presented by Helen Morgan-Howard at the October 2021 SRG meeting.	HMH/KW	November 2021	Attached at Appendix 2
	To clarify the decision-making and engagement process on the proposed site for the new hospital following the workshop on 22/11/2021.	HMH	November 2021	Next steps following Longlist to Shortlist workshop in October 2021 The workshop recommended that 5 of the 11 longlist of nominated sites be included on an

				<p>initial shortlist for further review. This recommendation was subsequently approved by the Programme Group and by the Health Board in November 2021. Two of these sites are subject to some additional technical evaluation to ensure they remain robust options for the shortlist. The longlist to shortlist workshop group, which met in October 2021, will be reconvened if there is a need to re-evaluate the status of either or both of these sites.</p> <p>The next step is to technically assess each shortlisted site against a range of technical criteria and to prepare suitable reports of the findings. This information will be circulated to and reviewed by a Shortlist Appraisal Group culminating in a workshop to identify a preferred site. This recommendation will be formalised and presented to the Board for approval with the target for this being July 2022.</p>
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				The Shortlist Appraisal Group is intended to be established in February and is likely to include 52% public representation.
SRG (21)88	Transformation Programme /Transformation Funding (ICF) To share with Members the figures for discharges and admission avoidance for Carmarthenshire.	MP	November 2021	Update to be provided at SRG meeting on 14 th January 2022
	To share with Members at the next SRG meeting further information on the evaluation of the Continuous Engagement Framework on completion of the investigation conducted by the Consultants engaged.	MP	December 2021	Further information included in the RPB Population Assessment, Market Stability Report and PSB Wellbeing Assessment Update to the SRG meeting on 14th January 2022
	To provide a more detailed update on the programme of activity over the next 5 years once clarity is received on WG funding for RPBs.	MP	December 2021	A more detailed update included in the Transformation Programme/Transformation Funding (ICF) Update to the SRG meeting on 14th January 2022
SRG (21)89	Update on the Regional Partnership Board Population Assessment and PSB Wellbeing Assessment To share the link in the SRG Teams chat to the Population Assessment surveys to provide an opportunity for all Members to respond.	AB	November 2021	Link below: snap template (researchfeedback.net)

SRG (21)90	Draft Regional Dementia Strategy To give consideration to presenting the draft Regional Dementia Strategy at the next SRG meeting prior to its formal adoption in January 2022.	HLL/KW	November 2021	Regional Dementia Strategy now being presented to the January 2022 Public Board
	To share Attain Consultants contact details with Members through the SRG Team chat to raise any questions and comments for incorporating direct.	MP	November 2021	Complete. Contact details below: su.gordon-graham@Attain.co.uk
SRG (21)91	Community Development Outreach Team (CDOT) To share the CDOT brochure on the SRG Teams chat.	SK	November 2021	Complete. Attached at Appendix 3
	To Invite Ms Stepheni Kays to the next SRG meeting for the planned discussion on improving patient experience.	KW/SK	December 2021	Complete. Item included on the agenda for the SRG meeting on 14th January 2022
SRG (21)96	SRG Annual Workplan To consider the agenda for the next SRG meeting in light of the Annual Workplan.	HLL/KW/AG	November 2021	Complete. Agenda setting meeting held 17.11.2021
SRG (21)97	Any Other Business To request appropriate HDdUHB colleagues to share the latest information on the proposed introduction of an appointment system to attend at A&E via a Phone First scheme.	KW	January 2022	Request made. Consideration to be given for a future agenda item.

HLL – Hazel Lloyd-Lubran
AB – Anna Bird
KW – Kirsty Walker

ALP – Angharad Lloyd-Probert
SK – Stepheni Kays

HMH – Helen Morgan-Howard
LW – Leanda Wynn

MP – Martyn Palfreman
AG – Alison Gittins

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Chief Executives
Local Health Boards and Trusts

Our Ref: AG/SSE/SB

9 July 2021

Dear Colleagues

Ministerial Priorities for NHS Wales

Following the Senedd elections in May, the new Government has published its Programme for Government (<https://gov.wales/programme-for-government-2021-to-2026.html>). This set out an ambitious work programme for the next five years. To complement and contribute to its delivery, the Minister for Health and Social Care is keen that I communicate her priorities for NHS Wales to you at the earliest opportunity to help guide organisations' planning and delivery, as discussed with Chairs and Chief Executives on 17 June.

The eight Ministerial priorities set out below build upon those reflected in the NHS Planning Framework for 2021-22 and which have framed recent submissions. The priorities also recognise that we are still in the midst of a pandemic response, as we continue the reactivation of services and recovery in tandem.

Overall, the priorities focus on improving population health and reducing health inequalities, with a concerted shift to wellness, outcomes and ensuring equity of access. This direction acknowledges and reconfirms that *A Healthier Wales* remains the ambition for Wales, supported by implementation of the *National Clinical Framework* and framed by the Well-being of Future Generations Act.

NHS Wales has achieved remarkable things over the last 16 months; keeping our population safe and adapting rapidly to respond to a novel virus. Having already responded in the most difficult of circumstances provides confidence that the NHS can continue to build upon the new ways of working introduced. We must not 'snap back' to where we were pre-Covid, but rather we must continue to build upon the best parts of our system, improve outcomes, introduce different services where required and continue to value the efforts of our most valuable asset, our workforce.

The Minister's eight priorities are as follows:



BUDDSODDWYR | INVESTORS
MEWN POBL | IN PEOPLE

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 0300 0251182
Andrew.Goodall@gov.wales

Gwefan • website: www.wales.gov.uk

1. **Covid-19 Response:** We are still in a public health emergency. We need to recognise, despite some evidence of progress, that we remain in response mode to coronavirus. This becomes more visible seeing our own community numbers increase and experience over the border and the growth of delta variant including in Wales. It is important for confidence that the NHS with Welsh Government and other partners keep ahead of arrangements including:
 - a. Continued progress on vaccinations, from second doses to booster and flu arrangements;
 - b. NHS influence and data feeding into government choices and actions;
 - c. Continuing to contribute and discharge an effective Wales TTP system;
 - d. Responding to expectations for long covid, whilst we continue to learn about the diagnosis and treatment;
 - e. Ongoing safe environments for patients and staff in healthcare settings – recognising this changes based on local community prevalence;
 - f. An understanding of broader harms and showing how the NHS is building these into plans.
2. **NHS Recovery:** Recovery across all part of the system and pathways is critical and a key Programme for Government commitment, but also recognising that this is core business for the NHS.
 - a. There needs to be a clear plan for waiting lists and times – progress within the gift of health organisations from core allocations, as well as clarity on what proposals need national/ Welsh Government support whether for service models or facilities.
 - b. This is an opportunity to do different things. The Minister is committed to ensure that we do radical things, be innovative and show we are transforming the system from this difficult experience.
 - c. To work on service change options early, showing better access and outcomes for patients.
 - d. Continuing to address NHS pressures, dealing with high volumes of patients and a return of services, whilst continuing to operate safely in a Covid environment.
 - e. Resilience in planning and contingency planning for future threats and demands. Examples include new variants and winter pressures.
 - f. Collaboration with other NHS organisations to progress regional solutions in earnest.
3. **Working alongside social care:** The NHS is already working positively and strongly towards the aim of delivering seamless care.
 - a. Building upon relationships with Regional Partnership Boards to plan and deliver effective integrated services in response to population need.
 - b. Understanding any fragilities in the local social care and care home sector and working with partners to identify any contingencies which may be required.
 - c. Continuing to engage in discussions about the recovery and future of social care following the consultation on the white paper *Rebalancing Care and Support*;
4. **A Healthier Wales:** *A Healthier Wales* stands as the strategy for health and care. The Minister expects this to ensure momentum and change.

- a. This provides permissions and a clear mandate for the NHS to use existing actions contained in the Workforce Strategy and the National Clinical Framework to make rapid progress.
 - b. Local implementation of quality statements and the new Quality and Safety Framework (when published).
 - c. A relentless focus on improving health outcomes and reducing inequalities (see priority 8 below);
 - d. The opportunity to develop more appropriate system and clinical measures that track towards A Healthier Wales.
- 5. **NHS finance and managing within resources:** We have had two exceptional years of extra funding due to Covid, but we must still demonstrate strong financial control. This in turn will assist the Government level discussions and intentions to support the NHS.
 - a. Clarity of financial planning for this year and more importantly, for subsequent years, including clarity on longer term assumptions for sustainable services and workforce planning. This will be particularly important as we reactivate the statutory requirement for 3-year, financially balanced IMTPs.
 - b. Tracking financial performance at national and organisational level.
 - c. A desire to see use of NHS funding and resources to support cross-government priorities which have an impact on the wider determinants of health.
 - d. Application of prudent health care and value based healthcare to services and at system level.
- 6. **Mental health and emotional well-being:** The protection of mental health, both in clinical and broader society terms, is a clear priority for the Minister.
 - a. Raising expectations for change away from traditional and institutionally based services. This includes evidence of shifting services away from a medical model.
 - b. Focusing on models that meet the needs of children and young people.
 - c. Workforce well-being and welfare, with an emphasis on staff support and resilience. How we care for our own staff further to the pandemic experience will be a reflection of how we wish to support the wider population.
- 7. **Supporting the health and care workforce:** Recognising efforts made across all staff groups and professions over the last 16 months and understanding the needs of the workforce into the future.
 - a. Robust workforce planning, informed by demand projections and service planning.
 - b. Continuing to recognise staff efforts.
 - c. Engaging the workforce, as well as wider stakeholders, in service change and transformation.
 - d. Encouraging local innovation and implementation of national programmes.
- 8. **Population health, notably through the lens of pandemic experience and health inequity, is fundamental:** This overarching priority and ultimate aspiration of *A Healthier Wales* is that Wales is a population health based system.

- a. Short-term decisions must be made in the context of making a future difference to our population health.
- b. The specific needs and impacts upon deprived populations, those with co-morbidities or learning disabilities, vulnerable groups and Black, Asian and Minority Ethnic communities must be understood and grounded in lived experiences.
- c. Evidencing a shift to prevention and wellness.

These priorities should be read in the context of wider Welsh Government commitments, particularly in relation to climate change, social partnerships and the foundational economy. I recognise that delivery across these eight areas will be challenging, but they also bring opportunity – opportunity as enablers to steer NHS organisations towards the ambition of *A Healthier Wales* and your own local longer-term clinical strategies.

I acknowledge the recent submission of your Annual Plans for 2021-22. These new priorities will guide in-year delivery, particularly in relation to the ongoing Covid response and recovery. The priorities will inform any in-year funding decisions and allocations. The priorities will also form the basis of the next NHS Planning Framework, which will be issued in the autumn.

The Minister will continue to discuss her expectations against her priorities through her contacts with you and your organisations. In the meantime, I would propose that we have an early discussion at the NHS Wales Leadership Board on 27 July.

Yours sincerely



Dr Andrew Goodall CBE

cc. Chairs of NHS Organisations
NHS Directors of Planning

Building a Healthier Future

Engagement Feedback

Engagement Responses

- **2438** people visited the **Online Engagement Platforms**
- **271** people responded by completing **questionnaires**
- **24** meetings took place to discuss topics raised by the engagement, with a combined attendance of over **347** people
- The majority of these meetings were virtual apart from one socially-distanced meeting with a youth group.
- In addition **34 email responses; 8 telephones calls and 5 letters** were received.

Impact of the pandemic

People were asked about their perceptions about the impact on health and wellbeing, access to services and personal experiences of using services

- Participants cited difficulties accessing services, particularly some primary care services. Some found the new methods of accessing services, e.g. online or by phone, challenging while others found this more convenient
- A significant number of respondents were concerned about the impact of the pandemic on waiting lists and a delay in diagnosing certain conditions due to their inability or reluctance to see a doctor

Impact of the pandemic (continued)

- The impact on the mental health of staff, patients and the wider public of all ages became a recurrent theme throughout the questionnaire responses. Concerns ranged from the impact of isolation and loneliness exacerbated by lockdown to the difficulty in accessing mental health services and support
- Many felt that the pandemic highlighted the importance for more services at a local level, either in the community or local hospitals
- Community support delivered by the third sector and volunteers was mentioned positively by some with the hope that these initiatives could be made more sustainable



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Impact of the pandemic: issues to consider for the future

Balance between virtual and face to face

- Better balance between virtual and face-to-face, depending on people's needs
- Choices for patients depending on their circumstances
- Catering for patients' needs and preferences

Better communication with public and patients

- More information needed around when things are going to get 'back to normal'
- Better patient communication needed around appointments, operations, what next
- Communication about waiting lists needed, especially for individual patients
- Information needed about what services are available and where
- Better communications between professionals such as GPs and secondary care
- Sharing what the Health Board's 'new normal' is in the context of the pandemic
- Better general communication needed about our strategy and plans

Long term impact on mental health and wellbeing

- Concerns about increased future demand and ongoing access to services

Long COVID

- Many concerns raised about the impact of long COVID on individuals
- Services required to help support patients e.g. therapies

Deterioration of existing health conditions

- People talking about being in pain, and conditions deteriorating or becoming more complex while on waiting list
- People not having conditions diagnosed as soon as before – extra strain on patients and NHS services

Learn from what worked well

- Learn from what worked well during the pandemic – e.g, the efficiencies from virtual appointments and changes to how some services were delivered
- Separating COVID and non-COVID patients so that routine services continue

Concerns about accessing services, particularly hospital services

- Llanelli – concerns about the highest population and access to services
- Pembrokeshire – concerns about tourism, industry, traffic, future of WGH
- Increased value of local hospitals / services during pandemic
- Ceredigion – distance to new hospital



Strategy

People were asked what they felt was needed to be considered since the time the strategy was approved in 2018.

- Many stated that the Health Board had not listened to, or had ignored, their concerns regarding access to services and the proposed location of the new hospital
- Some expressed frustration at the lack of detail in the strategy and a few felt they did not have enough detail to give an informed response
- Many commented favourably on the integration of services, improved partnership working between health, social care and the third sector and the intention to develop integrated care centres or 'hubs'
- There appeared to be general positivity toward more services delivered in the community, nearer to where people live, as well as appreciation for volunteer-led community support initiatives
- Prevention and early intervention was identified as a priority for the Health Board, especially around education, healthy eating and exercise programmes
- Concern about existing and future mental health services and wider support also featured in this section

Social Model of Health and Wellbeing, and the wider determinants of health

- Participants focused on the need for support to self-manage conditions. Many highlighted the importance of community activities and support groups.
- A few people mentioned social prescribing as a way of accessing non-medical support. Access to green spaces for physical exercise and mental health benefits also featured.
- The importance of healthy eating and access to affordable, fresh food was raised, as well as embedding good healthy habits in children through education to help prevent health problems in later life.
- Many respondents discussed the impact of poverty on people's ability to maintain a healthy lifestyle and access services

Programme Business Case for new hospital: site nominations

- The request for site nominations prompted detailed responses regarding potential locations within the defined zone
- Considerable strength of feeling around the development of the new hospital and its proposed location
- Plenty of sites suggested outside the defined zone, with the majority expressing support for retaining and improving existing hospitals
- Many arguments against the proposed zone centred around issues such as road infrastructure, poor public transport, distance and travel times for rural populations, and the needs of the more densely populated areas
- Carmarthenshire and Pembrokeshire comments opposed to the hospital being located either further east or west depending on where the respondent lived. Some Llanelli residents asked why they should travel further west, when Morriston was only a short distance from them. Several Pembrokeshire responses felt it was unfair that Carmarthenshire might end up with three hospitals and none in the far west
- Although there were fewer participants from Ceredigion or mid Wales, there was similar strength of feeling from their responses about the distance

Programme Business Case: key priorities for location

- How will people get there?
 - Public transport to proposed site
 - Road infrastructure for proposed site
 - Parking
- People's access to services
- Which services are available?
- Attracting and retaining staff
- Future proofing
- Impact on environment
- Impact on local community

Understanding socio-economic impacts and equalities

- We asked people whether they had suitable and accessible services without disadvantage or discrimination, and about the effects of poverty or reduced income on wellbeing or access to services
- There were some recurring themes in their responses such as rurality, difficulties accessing transport, poverty, mental health
- Practical considerations, for example medical sites that were not wheelchair accessible or information in inaccessible formats, were also raised
- The issue of virtual consultations featured strongly with many older people expressing a preference for face to face rather than online or telephone conversations
- Others expressed a preference for the digital format as it meant not having to travel for appointments

Key messages

- Considerable strength of feeling around the development of the new hospital and its proposed location
- Appetite for more detail about which services will be delivered at each of the hospitals
- Interest in continuing to engage with us; although relatively small number of people completed surveys, most people asked to be kept involved
- Some themes came up throughout the survey, regardless of the question. These include: impact of poverty (on transport, food, housing), need for better balance between virtual and face-to-face services, and impact of pandemic on mental health and wellbeing, waiting lists, and existing health conditions



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Aydych chi o gefndir Du,
Asiaidd neu Leiafrifoedd
Ethnig?

Ydych chi am helpu i newid
gwasanaethau iechyd er
gwell?

Yna mae'r Tîm Allgymorth
Datblygu Cymunedol
eisiau clywed gennych chi!



CEFNDIR

Rydym yn dîm sydd wedi
ein lleoli yn y Bwrdd Iechyd
sy'n darparu cefnogaeth i
gymunedau Du, Asiaidd a
Lleiafrifoedd Ethnig.

Rydym am fynd i'r afael ag
anghydraddoldebau
iechyd, gwella tegwch a
chryfhau lleisiau
cymunedau Du, Asiaidd a
Lleiafrifoedd Ethnig.

Mae hyn er mwyn i ni ddeall
sut y gallwn wella
mynediad at ofal iechyd a
darparu gwasanaethau
gofal iechyd.

CYMRYD RHAN

Mae angen i ni glywed eich
straeon, beth aeth yn dda,
beth na wnaeth, a beth sy'n
bwysig i chi a'ch iechyd a'ch
llesiant.

Gallwch ddewis rhannu eich
stori yn ddienw.

Gallwn drefnu
gwasanaethau dehongli os
oes angen.

Trwy gasgliad o straeon,
rydym yn gofyn beth allwn
ei wneud fel Bwrdd Iechyd i
effeithio ar newid go iawn.



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Hywel Dda
University Health Board

Am fwy o wybodaeth neu i gymryd rhan,
cysylltwch â'r Rheolwr Allgymorth
Datblygu Cymunedol trwy e-bostio:

inclusion.hdd@wales.nhs.uk
neu 01554 899053

Are you from a Black, Asian or Minority Ethnic background?

Do you want to help shape health and care services that support your wellbeing?

**Then the
Community Development
Outreach Team
wants to hear from you!**



BACKGROUND

We are a team based in the Health Board providing support to Black, Asian and Minority Ethnic communities.

We want to address health inequalities, improve equity and strengthen the voices of Black, Asian and Minority Ethnic communities.

This is so we can understand how we can improve access to healthcare and the delivery of healthcare services.

GETTING INVOLVED

We need to hear your stories, what went well, what didn't, and what is important to you and your health and wellbeing.

You can choose to share your story anonymously.

We can arrange interpretation services if required.

Through a collection of stories, we are asking what we can do as a Health Board to affect real change.



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Hywel Dda
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**For more information or to get involved,
contact the Community Development
Outreach Manager:**

inclusion.hdd@wales.nhs.uk
or 01554 899053