



**MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG)**

<b>Date and Time of Meeting</b>	<b>Friday 16<sup>th</sup> July 2021</b> <b>9.30 am – 12.00 pm</b>	
<b>Venue</b>	<b>Meeting held via Microsoft Teams</b>	
<b>Attendees</b>	<p><b>SRG Members</b></p> <p>Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair)          Alan Thomas, Patient Representative, Atacisa a Fi – Ataxia and Me          Amanda Williams, Paramedic Project Manager, Welsh Ambulance Service Trust (WAST)          Emma Taylor, Natural Resources Wales          Gruff Ifan, Policy and Engagement Advisor, Dyfed-Powys Police &amp; Crime Commissioner’s Office          Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services          Mark Lewis, Executive Director for Customer, Ateb Group          Martyn Palfreman, Head of Regional Collaboration, West Wales Care Partnership          Nadine Farmer, Pembrokeshire Youth Services, Pembrokeshire County Council          Nigel Clark, Patient Representative, Education Programme for Patients          Samantha Nicholls, Carer Representative, Ceredigion          Sian Davies, Talking Health Representative</p> <p><b>In Attendance</b></p> <p>Alison Gittins, Head of Corporate &amp; Partnership Governance, Hywel Dda University Health Board (HDdUHB)          Angharad Lloyd-Probert, Senior Project Manager, HDdUHB          Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB          Delyth Evans, Senior Engagement Officer, HDdUHB          Eldeg Rosser, Head of Capital Planning, HDdUHB          Gaynor Megicks, Engagement Officer, HDdUHB          Helen Sullivan, Head of Partnerships, Diversity and Inclusion, HDdUHB          Helen Williams, Medical Directorate Support and Revalidation Manager, HDdUHB          Dr Philip Kloer, Medical Director/Deputy Chief Executive, HDdUHB (part)</p>	
<b>Agenda Item</b>	<b>Introduction and Apologies for Absence</b>	
<b>SRG (21) 68</b>	Ms Hazel Lloyd-Lubran welcomed all to the meeting and it was noted that this represented Ateb Group’s first meeting, and that further service user	

	<p>representatives are being sought to serve on the Stakeholder Reference Group (SRG) through Talking Health.</p> <p><b>Apologies for absence were received from:</b></p> <p>Alison Harries, Chief Executive, Career Trust Crossroads          Angie Darlington, Director, West Wales Action for Mental Health          Gwyneth Ayres, Corporate Policy and Partnerships Manager, Carmarthenshire County Council          Diana Davies, Corporate Manager Partnership and Performance, Ceredigion County Council          Hayley Edwards, Armed Forces Representative          Ken Jones, Carer Representative (Carmarthenshire)          Leanda Wyn, Hywel Dda Community Health Council          Maria Battle, Chair, HDdUHB          Nick Hampshire, Chief Executive, Ateb Group          Paula Martyn, Care Forum Wales          Ros Jervis, Director of Public Health, HDdUHB          Sara Prosser, Quality Improvement and Service Transformation Facilitator, HDdUHB          Steve Moore, Chief Executive, HDdUHB</p>					
<b>SRG (21) 69</b>	<p><b>Declaration of Interests</b></p> <p>No declarations of interest were made.</p>					
<b>SRG (21) 70</b>	<p><b>Appointment of Vice Chair</b></p> <p>Ms Alison Gittins updated Members that no self-expressions of interest in the role of Vice Chair had been received, therefore a request was circulated to Members following discussion at SRG on 16<sup>th</sup> April 2021 for nominations for Vice Chair. Three nominations were received, all of whom were either officer Members or Independent Members of the Health Board.</p> <p>Having discussed this with Joanne Wilson, Board Secretary, HDdUHB, as the Vice Chair would potentially need to act as an Associate Member of the Board in the SRG Chair's absence, it was felt this could lead to a conflict in roles.</p> <p>Reflecting on the recent refresh of the SRG membership and noting the number of current representative vacancies, a proposal was made that the nomination of Vice Chair be postponed at the current time, with a request for nominations to take place in 6 months time. Members agreed with this proposal with no objections made.</p> <table border="1" data-bbox="279 1675 1449 1825"> <thead> <tr> <th colspan="2"><b>ACTION</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td><b>To request nominations for Vice Chair in 6 months' time once new SRG Members are recruited and recently appointed Members have been in post for a period of time.</b></td> </tr> </tbody> </table>	<b>ACTION</b>		1	<b>To request nominations for Vice Chair in 6 months' time once new SRG Members are recruited and recently appointed Members have been in post for a period of time.</b>	
<b>ACTION</b>						
1	<b>To request nominations for Vice Chair in 6 months' time once new SRG Members are recruited and recently appointed Members have been in post for a period of time.</b>					
<b>SRG (21) 71</b>	<p><b>Minutes of the Previous Meeting held on 16<sup>th</sup> April 2021</b></p> <p>The minutes of the meeting held on 16<sup>th</sup> April 2021 were approved as an accurate record.</p>					
<b>SRG (21) 72</b>	<p><b>Matters Arising and Table of Actions from the meeting on 16<sup>th</sup> April 2021</b></p> <p>Members were advised that the Table of Actions were up to date, most actions</p>					

were indicated as green; other outstanding actions are currently in hand.

**SRG (21)**  
**73**

### **Building a Healthier Future after COVID-19 Update**

Eldeg Rosser, Head of Capital Planning presented an update on 'Building a Healthier Future after COVID-19' reminding Members that 'A Healthier Mid and West Wales: Our Future Generations Living Well' Strategy had been approved by the Health Board (HB) in November 2018. Ms Rosser advised that an engagement exercise had been undertaken by the HB during the period 10<sup>th</sup> May to 21<sup>st</sup> June 2021, which enabled the population to inform and help shape future services and to provide feedback in relation to the HB's Strategy, including a request to nominate a proposal for a new site for an urgent and planned care hospital in the South of the Hywel Dda region.

Ms Rosser detailed the role of the HB and its commissioning responsibilities, and also the challenges the HB is currently experiencing such as the recruitment and retention of staff and the remoteness and rurality of some of its areas.

Ms Rosser informed Members how the strategy had been developed:

- A formal wide scale engagement exercise had been undertaken in the Summer of 2017.
- From that engagement exercise, four principles were developed to underpin the strategy namely: safe, sustainable, accessible and kind.
- The HB proposed 32 different options with a group established to develop evaluation criterion and evaluate the options.
- By early 2018, the original 32 options had been reduced to 3 options.
- An exercise was undertaken to plan the HB's consultation in conjunction with the Consultation Institute and became known as "Our Big NHS Change".
- Over a period of twelve weeks, 10 engagement sessions were undertaken per week.
- The HB established "Teulu Jones", a person-centred approach to transforming our services: when undertaking planning for new services or design changes to HB services, the HB consider the implications for members of the family Teulu Jones, trying to envisage the potential changes through the eyes of a member of the Teulu Jones family using a particular service. It is a 'change anchor,' to help the HB help design, test, and communicate potential changes to services in terms of what they may mean for Hywel Dda's patients and their families.

Subsequent Board approval of the recommendations included:

- The integration of health and social care to deliver an Integrated Community Model;
- Working with social care and other partners focusing on wellbeing, early intervention and helping build resilience to enable people to live well within their own communities;
- Developing a plan for existing Community Hospitals working with local communities, based on the provision of ambulatory care inclusive of outpatient services, diagnostics etc;
- A new urgent and planned care hospital in the South of the HB area;
- Acute medicine to continue at Prince Philip Hospital;
- Repurposing Glangwili General and Worthybush General Hospitals to

offer a range of services to support a social model for health and wellbeing designed in collaboration with the local population to meet their needs.

The work is informed by two documents:

- 'A Healthier Mid and West Wales: Our Future Generations Living Well', approved in November 2018, representing a 20 year HB vision that undertakes a whole system approach and shifts from a medical to a social model of health and care, and
- 'A Healthier Wales: Our Plan for Health and Social Care', approved in June 2018, representing a 10 year plan taking a whole system approach focusing on health, wellbeing and the prevention of illness.

Ms Rosser summarised for Members the shared vision, goals and long term outcomes the HB aims to achieve:

- Starting and Developing well;
- Living and Working well;
- Growing older well.

Ms Rosser provided Members with a background to the rationale for the HB Strategy which sets out the HB ambitions, explained the meaning of the social model of health and wellbeing, further described in the accompanying presentation, and updated Members on the HB's strategic objectives and planning objectives.

Ms Rosser also explained the requirement to submit a business case to Welsh Government (WG) and the process involved with it anticipated that the business case would be completed by Quarter 2/3 of 2021/22 and the Full Business Case by March 2024.

Ms Rosser informed Members of the five stages of land identification advising that the HB is currently between stage 1 and stage 2 of the timeline, with 7 land nominations having been received which will be evaluated against a variety of criteria including the need to:

- be between the zone of St Clears and Narberth;
- include a site of a minimum of 35 acres of reasonably developable land
- be a site where it is realistic that planning permission for a hospital site could be sought
- be able to support the transport infrastructure for a major hospital site.

Ms Rosser further informed Members around the emerging design principles and advised that the HB engaged around the following areas:

- Impact of the COVID-19 pandemic including personal experiences, impact on health and social wellbeing and the socio economic impact.
- HB Strategy – The social model for health and wellbeing determinants of health.
- Programme Business Case – the site of the new hospital and considering what is important to the population
- Equalities – ensuring accessible and equitable services for all.

Ms Rosser summarised the key ambitions and provided a summary of HB

achievements prior to the start of the pandemic in March 2020 and a further update on achievements to August 2020.

Ms Rosser also explained to Members the rationale behind engaging with the population and the benefits of the population becoming involved in the engagement exercise.

Ms Delyth Evans, HDdUHB Engagement Manager presented an outline of the 'Building a Healthier Future after COVID-19' engagement exercise undertaken between the period 10<sup>th</sup> May - 21<sup>st</sup> June 2021, which sought to understand the impact of the pandemic in terms of the effect on the personal experiences of the population, and to ask for site nominations and what is important to people in considering the site for the new hospital in the south of the area.

Ms Evans advised that prior to the pandemic, the range of engagement methods would include face to face activities, however this had been impacted during the pandemic and an online questionnaire on the 'Have your Say' and 'Dweud Eich Dweud' engagement platforms had been the main method of receiving responses in addition to meeting with groups (mainly virtually).

Ms Evans advised that the HB sent out discussion documents and questionnaires via 1,700 emails, with a further 1,520 posted. The HB also engaged with several media platforms to issue press releases including the Western Mail, Wales Online, South Wales Argus and Llanelli Online news.

The HB also utilised social media tools and currently has 11,900 English and 816 Welsh speaking Twitter followers, and 57,000 English and 1,400 Welsh speaking Facebook followers.

Radio communications were also utilised across Carmarthenshire, Ceredigion and Pembrokeshire, with the engagement exercise advertised four times a day to an estimated 101,000 people in the region.

Internal communications had been informed via the closed staff Facebook page which has 5,800 members. In addition, global emails were distributed to an audience of circa 13,000 staff, a Team Brief article had been included in the May issue, and 15 meetings in relation to the engagement exercise were undertaken with a variety of groups.

Responses received in relation to the engagement exercise included:

- 44 paper questionnaires,
- 34 emails,
- 8 telephone calls,
- 5 letters and the communications were from a spread of County Councillors, Town and Community Councillors and the Community Health Council.

In terms of the spread of respondents from protected characteristic groups:

- Disability accounted for 20% of respondents,
- Race accounted for 4.2% of respondents,
- Sexual Orientation was split as Gay responses 3.4%, Bisexual responses 1.3%, Other responses 1.3%,

- Religion: Buddhist responses accounted for 2.1% of respondents and Muslim responses were 0.4%,
- Unpaid Carers accounted for 21% of respondents.

Ms Evans advised that a thematic analysis of feedback is currently being undertaken, with the HB committed to understanding the issues of importance to the population; it is anticipated that a draft report will be available in the first week of August 2021.

Questions were invited from Members.

Mr Alan Jones, Patient Representative fed back that there is a sense of survey overload, further commenting that the wording in the engagement documents pertaining to COVID-19 had led participants to understand that the exercise related to the pandemic. More care around the wording of future engagement opportunities would need to be considered as the population had not understood that feedback encompassed the new hospital proposals and two separate surveys may have been more appropriate.

Ms Lloyd-Lubran suggested this represented an opportunity to learn a valuable lesson around the consideration of wording and Ms Rosser assured Members of future opportunities to engage and consult with the HB regarding the new hospital.

Ms Lloyd Lubran also supported the comments around survey overload having received similar feedback and suggested that HB consideration should be given to the choice of language used, the adoption of shorter questions and access needs addressed.

Ms Emma Taylor, Natural Resource Wales commented that it is encouraging to see design principles being considered to gain maximum benefits from connecting with nature. Noting ongoing conversations with Pembrokeshire Public Services Board (PSB), Ms Taylor added that consideration should be given to climate change and building resilience in the future, with an exercise undertaken with partners to assist with this process.

Ms Rosser drew Members attention to recent WG policy relating to the NHS Decarbonisation Strategy, which is an agenda which needs tackling and would be scrutinised in the future by WG.

Ms Lloyd Lubran suggested the SRG is well placed to consider the challenges together and proposed a workshop be undertaken as part of stage 4 of the land identification timeline, for further discussion outside of the SRG meeting with relevant Heads of Department.

Ms Nadine Farmer, Pembrokeshire Youth Services fed back on the overload of consultations involving young people, with the HB's engagement exercise coming at a time when schools were undertaking assessments, and queried whether a mapping of consultations could be undertaken to avoid clashes in the future

Ms Lloyd Lubran noted the imperative that the HB considers how it engages



across the region ensuring every contact counts, and how it gathers views, maps them and develops these into a framework.

Ms Lloyd Lubran queried whether a workshop focusing on sustainability and encouraging young people's input would fit into the current curriculum and Ms Farmer responded that the curriculum is currently being planned and that this would be a good time to engage with young people.

Ms Jackie Dorrian, Health and Wellbeing Officer stressed the need for older people to be consulted with too, with consideration to be given to how the HB and partners capture and gather all the information together.

Ms Lloyd Lubran noted the data presented indicated a lower level of male responses, which should provoke consideration of how the HB engages with this group moving forward.

Ms Lloyd Lubran queried whether an analysis exercise had been undertaken to establish if the number of people responding had been less, equal or greater than it would have been prior to the pandemic. Ms Evans was content that the information received through the current engagement exercise provided good quality information and feedback that would prove valuable to the HB.

Ms Lloyd Lubran noted there had been a demand for the easy read version of the information downloaded suggesting the population does not want large volumes of information, only the salient points.

**Ms Lloyd Lubran conveyed the SRG's thanks to Ms Eldeg Rosser and Ms Delyth Evans and requested any further questions from Members to be directed to them.**

ACTION	
2	To direct any queries or comments in relation to Building a Healthier Future after COVID-19 Update to Ms Eldeg Rosser or Ms Delyth Evans.

**SRG (21)  
74**

**Recovery Plan**

Ms Angharad Lloyd-Probert, HDdUHB Senior Project Manager reminded Members that a previous overview of the Recovery Plan had been provided at the SRG meeting on 16<sup>th</sup> April 2021, and that the draft annual recovery plan has now been presented to WG with the following feedback received:

- Better triangulation of activity around Workforce, Finance and Organisational plans is required.
- Clarity around Ministerial priorities is needed.
- Planned Care needs to indicate how Emergency Care will be supported.
- Clearer timelines are needed.  
Tangible deliverables need further clarity.

Ms Lloyd-Probert highlighted areas of the annual recovery plan commended by WG including:

- Strong strategic intent of the plan,
- Mental Health & Learning Disability plans,

- Primary Care plans,
- Decarbonisation plans.

Further comments included the fact that the plan at 100 pages was considered too long given the original remit requested a maximum of 30-40 pages. The HB will now revisit the annual recovery plan, the minimum data set and produce a summary document.

Ms Evans advised that since the plan's compilation in March 2021, several sections have been updated including:

- Primary Care and the Urgent Emergency Care plan;
- Workforce plan;
- Regional planning i.e. A Regional Collaboration for Health (ARCH);
- The Discovery Report;
- Updated governance structure to cover off the risks identified.

In terms of timelines, Ms Lloyd-Probert confirmed that the summary document and annual plan had been submitted on 30<sup>th</sup> June 2021 and the Integrated Medium Term Plan (IMTP) will be submitted by September 2021, with the HB to develop the planning cycle over the coming weeks.

Ms Lloyd-Probert highlighting the next steps for the HB:

- Ensuring financial sustainability;
- Focusing on MH & LD challenges;
- Focusing on Children and Young Peoples Services challenges.

The HB is currently awaiting WG guidance on developing the IMTP and has recently received advice regarding the 8 Ministerial priorities.

Noting a previous action from the meeting held on 16<sup>th</sup> April 2021, Members were advised that the telephone number for the Single Point of Contact (SPoC) is not yet widely available as the model is currently in the testing phase; once further information becomes available, Members will be updated.

Ms Lloyd Lubran offered the SRG's thanks to Ms Lloyd-Probert, suggesting that a summary document is the ideal method of communicating the key points, and stressing the imperative that Emergency Care is used in a responsible way moving forward.

Ms Lloyd-Probert suggested it would be prudent that the Engagement Team continues to be involved with the SRG to provide ongoing updates and to enable dissemination of information to take place.

**Ms Lloyd Lubran requested that updates on the IMTP be made available in the future to SRG Members.**

Mr Martyn Palfreman noted that as WG is developing guidance on the IMTP, there is a need for the work of the Regional Partnership Board (RPB) to be presented formally to enable a whole system approach. **Given the potential for a framework to be in place to articulate a whole system approach; a conversation outside of the SRG meeting may be prudent to avoid silo planning.**



Ms Lloyd Lubran reiterated the purpose of the SRG and the imperative that partners input is received; it is also important that information is disseminated to Members for them to be sighted on HB plans and operational activity and to gain an appreciation of the challenges the HB is encountering and to enable the further dissemination of information where appropriate.

Ms Sian Davies, Talking Health Representative raised an issue in regard to a GP practice in Lampeter that is affected as it crosses two counties. Previously, Social Services staff had been based at the practice to trouble shoot issues however these staff have now been withdrawn. It is therefore imperative that the HB understands how these boundary issues affect the population and commence the integration of counties Ms Lloyd Lubran acknowledged the remark as timely, as it is important that inconsistencies due to border considerations are eliminated to achieve equitable services across the region. Given the strong HB links with the County Director, it was suggested such matters could be raised as a concern in terms of future planning. Ms Lloyd Lubran also suggested these are examples of issues that could be captured on the platform 'Have your say', with SRG Members needing to consider how issues such as this are fed into the system to facilitate change.

**Ms Lloyd Lubran requested a forthcoming agenda item for the next meeting for SRG Members to consider the best approach for managing real life experiences.**

ACTION	
4	To provide IMTP updates to SRG Members once available.
5	To instigate a discussion outside of the SRG meeting around a framework to articulate a whole system approach to the IMTP to avoid silo planning.
6	To add to the SRG agenda on 15 <sup>th</sup> October 2021 an approach to reflect the populations lived experiences of HB services.

**SRG (21)  
75**

**Transformation Programme /Transformation Funding (ICF)**

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 16<sup>th</sup> April 2021, advising that the quarterly evaluation report compiled by Independent Evaluators had been submitted to WG in addition WG quarterly returns. **Mr Palfreman undertook to share the information with Members imminently.**

MP informed Members that the three Heathier West Wales programmes have made significant progress, and provided an update on the Connect programme relating to the provision of proactive technology enabled care aimed at preventing health and social care interventions.

Mr Palfreman advised that 2,263 clients are now signed up for the programme, which is almost halfway to the target of 5,000 minimum clients registering. Of this number, 1,388 fall into the prevent cohort meaning that they have the connect service only; other registrants have the connect and care support.

Mr Palfreman also advised that in the last quarter, the 24/7 welfare service had gone live in all counties, previously this had only been available in

Carmarthenshire due to the rurality of Ceredigion and Pembrokeshire making it a challenge to launch the service.

Mr Palfreman updated Members that the Regional Team at Delta Wellbeing, Llanelli are achieving their target turnaround times, noting that in the first two months, of the 450 call outs received, only 27 had been escalated to the Emergency Services.

Mr Palfreman also updated Members in relation to Programme 3 Fast track consistent integration, with it noted that county programmes are well integrated into their specific county structures although an exercise is being undertaken to align structures with the Discharge to Recover and Assess (D2RA) methodology in all areas. Mr Palfreman assured Members that there are effective quick rapid response structures in all three regions.

Mr Palfreman highlighted the risk of maintaining a continuous staffing model due to the uncertainty of the future funding of the programme, meaning the maintenance of staffing levels is a challenge, however a mitigation is in place to identify other sources of funding should an exit strategy be required

Mr Palfreman drew Members attention to the metrics that have been included on pages 3 & 4 of the report with the most salient being:

- 312 discharges had been facilitated, representing 18% of discharges,
- 886 hospital admissions had been avoided, representing 52% of admissions,
- 89% of referrals had been responded to within two hours.

**Amanda Williams, Paramedic Project Manager, Welsh Ambulance Service Trust (WAST) requested the report be forwarded for dissemination.**

Mr Palfreman also updated Members regarding Programme 7 Creating connections for all relating to preventative capacity, advising that the kindness initiative had grown, extending to the workplace where a model of kindness is being exhibited and a badge scheme and eLearning modules also made available.

Mr Palfreman also advised that a Social Return on Investment (SROI) workshop had been held on 5<sup>th</sup> July 2021 with Bangor University investigating the qualitative assessment of Programme 7.

In terms of the Integrated Care Fund, Mr Palfreman advised that £11 million has been injected into the region, with £5 million set aside for capital. Mr Palfreman further advised that a fund of £1.2 million has been set aside for a comprehensive programme of support for People living with Dementia. An exercise has been undertaken with Consultants in collaboration with partners regarding a Regional Dementia Strategy which will be brought to the HB in the coming weeks; those with advanced dementia are assisted strategically in the draft. Mr Palfreman assured Members that the current pattern of investment is being reappraised to ensure that maximum benefit is available to those in need and their families.

Mr Palfreman confirmed that all stakeholders participate in the Regional Dementia

Strategy including patients, carers and families. It is anticipated that the strategy will be available to groups imminently, recognising the imperative that it is directed through the correct channels with the right people involved in its development.

**Mr Palfreman undertook to present the draft Regional Dementia Strategy to the SRG meeting on 15<sup>th</sup> October 2021.**

Referring to earlier discussion on the national pot of money awarded totalling £2 million to support schemes to provide safe accommodation for children with complex, high end emotional and behavioural needs which are currently being housed outside of the region and even the country, Mr Palfreman informed Members that the West Wales Regional Partnership Board has been awarded £708,220 of the £2 million pot of funding available, with it noted that the region is one of three Partnership areas to receive this funding.

Mr Palfreman also informed Members of £2.45 million that has been approved in principle to purchase a regional children's observation and assessment unit and three medium term 2-3 bed homes within each county to further support service delivery.

Mr Palfreman updated Members on the continuous engagement work that is currently being undertaken and the imminent appointment of External consultants to support the development of a continuous engagement framework to underpin the development of health, social care and wellbeing services in West Wales.

**Mr Palfreman undertook to share updates with the SRG around the continuous engagement exercise.**

Ms Jackie Dorrian stressed the imperative that a focus remains on transformational change and the Integrated Care Fund and expressed thanks for the funding received into care homes through ICF assistance, which had helped the extremely vulnerable with digital IT equipment to maintain contact with their loved ones at a difficult time.

Noting the agreement in place on how funding is divided, Ms Amanda Williams raised concerns that the complexity of an All Wales service such as WAST is not understood. Whilst WAST support the ongoing work, WAST is keen to instil consistency of services across the regions.

Ms Lloyd Lubran acknowledged the frustrations of service disparity across the region and stressed the imperative that consistency should be considered when planning services.

Mr Palfreman suggested that some variations reflected the community needs while other variations represent a regional decision to do things differently and required challenge at the point of consideration for equity.

Mr Palfreman confirmed that the proposals submitted needed Ministerial decision, with the decision anticipated over the coming weeks.

**ACTION**

	7	To share the Transformation Programme/Transformation Funding Update with Amanda Williams, WAST.			
	8	To present the Regional Dementia Strategy to the SRG on 15 <sup>th</sup> October 2021 for information and discussion.			
	9	To provide ongoing updates on the continuous engagement framework exercise.			
<b>SRG (21) 76</b>	<b>Update on the Regional Partnership Board Population Assessment and PSB Wellbeing Assessment</b>				
<p>Mr Palfreman informed Members that the Population Assessment is a 5 year key task to provide strong evidence of what is required, with the most recent one being undertaken in 2017.</p> <p>Mr Palfreman summarised the legislative requirements in relation to the Population Assessment and provided an overview of the market stability report.</p> <p>Mr Palfreman explained that the PSBs are required to complete a Wellbeing Assessment on a five yearly basis to investigate the wider community and wellbeing needs. This provides the PSBs with the opportunity to work with the population and ensures a joined up response.</p> <p>Mr Palfreman highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Wellbeing of Future Generations (Wales) Act 2015 (WFG Act) requires each PSB to prepare and publish an Assessment of the state of economic, social, environmental, and cultural well-being in its area no later than a year before it publishes its Local Wellbeing Plan. The Act identifies seven wellbeing goals which provide the vision and ambitions for the Wales We Want for today and in the future, and recognises the importance of collaboration between bodies in achieving them.</li> <li>• The Assessment of Local Wellbeing will provide the evidence base to set the objectives in the 5 year Local Wellbeing Plan. PSBs are required to set these objectives in a way that accords with the sustainable development principle, i.e., acting in a manner which seeks to “ensure the needs of the present are met without compromising the ability of future generations to meet their own needs.”</li> <li>• In the context of the current expected timescales of local government elections, the assessments must be published by March 2022.</li> </ul> <p>Mr Palfreman advised that a wellbeing survey would be disseminated over the coming weeks.</p> <p>Ms Lloyd Lubran noted that the PSBs are looking at the wellbeing process in August/September 2021 and that links to this would be shared to encourage contributions.</p>					
<b>ACTION</b>					
<table border="1"> <tr> <td data-bbox="268 1883 363 1957">10</td> <td data-bbox="363 1883 1453 1957">To share with SRG Members links to the PSB wellbeing process once available.</td> </tr> </table>				10	To share with SRG Members links to the PSB wellbeing process once available.
10	To share with SRG Members links to the PSB wellbeing process once available.				
<b>SRG (21) 77</b>	<b>Role and Remit of HDdUHB Ethics Panel</b>				
Dr Philip Kloer joined the meeting.					

Ms Lloyd Lubran welcomed Dr Kloer to the meeting, together with Ms Helen Sullivan, Head of Partnership, Diversity and Inclusion and Ms Helen Williams, Medical Directorate Support and Revalidation Manager.

Dr Kloer provided an overview of his remit as Medical Director and Deputy Chief Executive, with the lead for Research and Development, Innovation and Ethics and the responsibility for the Ethics Panel.

Dr Kloer introduced Ms Helen Williams, Medical Directorate Support and Revalidation Manager who supports the Ethics Panel which was established when the need for a forum where complex issues could be taken for suitable advice was acknowledged at the start of the pandemic. Following a review and an understanding of existing models in place in Swansea Bay University Health Board and the Cardiff region, HDdUHB adapted its existing Terms of Reference to reflect those in place in other Health Boards. The Panel's purpose became particularly important when it was identified that issues were arising from the pandemic and the HB needed to consider how individuals could seek timely ethical advice.

Dr Kloer updated Members on the variety of issues that have been presented to the Ethics Panel for consideration, such as balancing COVID-19 and non COVID-19 demand, utilisation of ITU beds at points where there is a shortage, whether GPs always attend care homes in person to provide advice or whether other means be adopted in certain circumstances.

Members were advised that the Ethics Panel is multi professional and includes Doctors, Legal representatives, Safeguarding advisors, the Lead Chaplin, a moral Philosopher and a lay person.

Dr Kloer detailed the expedient process in place through which a clinical network is contacted to consider a particular ethical issue and requested to respond with advice and comments within a 24-48 hour timeframe (whilst noting it is not obligatory to respond). The panel then considers the responses and views of the network.

Dr Kloer advised Members that moving forward the Ethics Panel would cover broader topics than just only relating to the pandemic. Dr Kloer also advised that the surge of questions experienced though the first and second wave of the pandemic had slowed down, allowing time for the Ethics Panel to consider the following questions:

- Are all stakeholders that should be on the Committee invited to it?
- Are protected characteristic representatives included in the membership?
- Would different representation be required dependent on the query that required an answer?

Dr Kloer invited views of SRG Members in relation to the questions posed.

Ms Lloyd Lubran recognised the challenge in one representative acting as a representative for all and reminded Members of previous discussion held at SRG regarding fielding a member according to the subject matter and their area of knowledge and expertise, acknowledging that a representative may not

have capacity to respond to the query within the 48 hour timeline.

Ms Lloyd Lubran suggested that SRG members are e-mailed at the same time as the clinical network to contribute their thoughts and views, recognising that a 'token' SRG Member would not be feasible.

Noting this as an initial action, it was suggested that a template be shared with SRG members for an opportunity to respond on whether this would be suitable, followed by a trial period to take place with Members having the ability to opt out of the mailing list should they so wish.

**Ms Lloyd Lubran welcomed any thoughts or observations from SRG Members on this point.**

Mr Nigel Clark, in his role as Tutor for the Education Programme for Patients (EPP), took the opportunity to update Members regarding the EPP, a self-management service and peer support network for educating patients with chronic illness and how they can manage those conditions. Mr Clark confirmed it is a suitable service for those patients trying to manage chronic conditions and unsure where to turn, and can provide both support and reassurance.

Ms Lloyd Lubran thanked Dr Philip Kloer, Ms Helen Sullivan and Ms Helen Williams for their contribution

ACTION	
11	To communicate thoughts or observations regarding the Ethics Panel and SRG Member integration process to Ms Lloyd Lubran.

**SRG (21)  
78**

**Recommendation to the Board**

Ms Lloyd Lubran summarised the salient points discussed at SRG on 16<sup>th</sup> July 2021, including the perception of a feeling of survey overload and the wider misconception within the population that the survey related to COVID-19 due to confusion in its wording.

In discussing the Recovery Strategy, consideration should be given as to how the SRG can help communicate its summary and key ambitions.

Ms Dorrian suggested discussion regarding the population affected by cross border challenges should also be highlighted to the Board.

Ms Amanda Williams requested that comments around the consistency of service provision across counties be relayed to the Board.

Ms Lloyd Lubran noted that the HB is undertaking an exercise in relation to patient experience stories and **SRG will consider discussing how groups engage at a future meeting.**

Anna Bird, Assistant Director, Strategic Partnerships, Diversity and Inclusion highlighted the work of the Community Outreach Team and the exercise to bridge accessibility of services for the disadvantaged and those finding difficulty in accessing services, suggesting that this be presented to a future SRG meeting for discussion.



	<table border="1"> <tr> <th colspan="2" data-bbox="280 208 1444 246"><b>ACTION</b></th> </tr> <tr> <td data-bbox="280 246 360 846">12</td> <td data-bbox="360 246 1444 846"> <p>To recommend to the Board the following:</p> <ul style="list-style-type: none"> <li>• SRG feedback received regarding potential survey overload and the imperative that wording in any engagement exercise be clear;</li> <li>• How SRG Members can assist with the communication of the Recovery Strategy and its ambitions in a succinct manner;</li> <li>• How SRG Members can contribute to the Regional Dementia Strategy;</li> <li>• Cross boundary challenges experienced by the population and some services;</li> <li>• Regional working and the infrastructure to support it;</li> <li>• How patient experience stories can be communicated and followed up on;</li> <li>• The work being undertaken by the Community Outreach Team regarding bridging accessibility of services for the disadvantaged.</li> </ul> </td> </tr> </table>	<b>ACTION</b>		12	<p>To recommend to the Board the following:</p> <ul style="list-style-type: none"> <li>• SRG feedback received regarding potential survey overload and the imperative that wording in any engagement exercise be clear;</li> <li>• How SRG Members can assist with the communication of the Recovery Strategy and its ambitions in a succinct manner;</li> <li>• How SRG Members can contribute to the Regional Dementia Strategy;</li> <li>• Cross boundary challenges experienced by the population and some services;</li> <li>• Regional working and the infrastructure to support it;</li> <li>• How patient experience stories can be communicated and followed up on;</li> <li>• The work being undertaken by the Community Outreach Team regarding bridging accessibility of services for the disadvantaged.</li> </ul>			
<b>ACTION</b>								
12	<p>To recommend to the Board the following:</p> <ul style="list-style-type: none"> <li>• SRG feedback received regarding potential survey overload and the imperative that wording in any engagement exercise be clear;</li> <li>• How SRG Members can assist with the communication of the Recovery Strategy and its ambitions in a succinct manner;</li> <li>• How SRG Members can contribute to the Regional Dementia Strategy;</li> <li>• Cross boundary challenges experienced by the population and some services;</li> <li>• Regional working and the infrastructure to support it;</li> <li>• How patient experience stories can be communicated and followed up on;</li> <li>• The work being undertaken by the Community Outreach Team regarding bridging accessibility of services for the disadvantaged.</li> </ul>							
<b>SRG (21) 79</b>	<p><b>May 2021 COVID-19 Board Report</b></p> <p>Ms Lloyd Lubran advised the May 2021 HDdUHB COVID-19 Update Board Report is included with papers for the SRG Meeting on 16<sup>th</sup> July 2021 for information.</p>							
<b>SRG (21) 80</b>	<p><b>Any Other Business</b></p> <p>It was noted that Nicola O’Sullivan, Assistant Director of Engagement has now left her post at HDdUHB. Ms Gittins advised that a Director of Communications vacancy has recently been advertised, and it is anticipated that this post-holder will represent the Health Board at SRG meetings on commencement of the appointee.</p> <p>Ms Amanda Williams advised that Rob Jeffrey, Ambulance Operations Manager, Welsh Ambulance Service Trust is imminently retiring and that a redeployment exercise is currently being undertaken as part of a WAST review, therefore going forward her attendance at SRG may cease. Ms Williams undertook to update the SRG once WAST representation is known.</p> <table border="1"> <tr> <th colspan="2" data-bbox="280 1491 1444 1529"><b>ACTION</b></th> </tr> <tr> <td data-bbox="280 1529 360 1603">14</td> <td data-bbox="360 1529 1444 1603">To invite the newly appointed Director of Communications to future SRG meetings.</td> </tr> <tr> <td data-bbox="280 1603 360 1641">15</td> <td data-bbox="360 1603 1444 1641">To advise on WAST representation at SRG meetings going forward.</td> </tr> </table>	<b>ACTION</b>		14	To invite the newly appointed Director of Communications to future SRG meetings.	15	To advise on WAST representation at SRG meetings going forward.	
<b>ACTION</b>								
14	To invite the newly appointed Director of Communications to future SRG meetings.							
15	To advise on WAST representation at SRG meetings going forward.							
	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Friday 15 October at 9.30 am- 12.00 pm via MS Teams.</p>							