

MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG) COFNODION Y GRŵP CYFEIRIO RHANDEILIAID (GCR)

Date and Time of Meeting:	Tuesday, 15 th November 2022 at 9.30 am
Venue:	Virtually via Microsoft Teams

Present:	<p>Mrs Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair)</p> <p>Mr Alan Thomas, Patient Representative (Carmarthenshire)</p> <p>Ms Angie Darlington, Director, West Wales Action for Mental Health</p> <p>Ms Emma Taylor, Natural Resources Wales</p> <p>Ms Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services</p> <p>Ms Kim Neyland, Regional Partnership Board</p> <p>Ms Llinos Evans, Carmarthenshire Public Services Board</p> <p>Mr Nick Hampshire, Chief Executive, ateb Group</p> <p>Mr Nigel Clark, Patient Representative, Education Programme for Patients</p> <p>Ms Sian Davies, Talking Health, Carmarthenshire</p>
In Attendance	<p>Mrs Alwena Hughes-Moakes, Director of Communications, HDdUHB (Lead Director)</p> <p>Ms Delyth Evans, Engagement Manager, HDdUHB</p> <p>Ms Gaynor Megicks, Engagement Officer, HDdUHB</p> <p>Ms Helen Morgan-Howard, Head of Engagement and Transformation Programme Office, HDdUHB</p> <p>Dr Jo McCarthy, Deputy Director of Public Health, HDdUHB</p> <p>Ms Liz Cartwright, Public and Patient Engagement Officer, HDdUHB</p> <p>Ms Mandy Davies, Assistant Director of Nursing & Quality Improvement, HDdUHB</p> <p>Ms Rebecca Griffiths, Head of Engagement, HDdUHB</p> <p>Ms Sally Hurman, Committee Services Officer, HDdUHB (minutes)</p> <p>For Item SRG(22)55</p> <p>Ms Annie Ashman, Speciality Registrar, Public Health</p> <p>For Item SRG(22)56</p> <p>Ms Rhian Bond, Assistant Director of Primary Care, HDdUHB</p> <p>For Item SRG(22)57</p> <p>Ms Marilize Preez, Improvement and Transformation Lead, HDdUHB</p> <p>For Item SRG(22)59</p> <p>Ms Eldeg Rosser, Head of Capital Planning, HDdUHB</p>

Agenda Item	WELCOME AND APOLOGIES/ CYFLWYNIADAU A YMDDIHEURIADAU	Action
SRG (22)49	Mrs Hazel Lloyd-Lubran welcomed all to the meeting.	

	<p>Mrs Lloyd-Lubran thanked Ms Gwyneth Ayres for her service to the Stakeholder Reference Group and welcomed Ms Llinos Evans as the new representative for Carmarthenshire Public Services Board.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Kenneth Jones, Carer Representative, Ceredigion • Ms Alison Harries, Carer Representative, Carmarthenshire • Ms Hayley Edwards, Armed Forces Covenant Representative • Ms Paula Martyn, Care Forum Wales • Ms Yasmin Todd, Pembrokeshire County Council • Mr Kelvin Barlow, Regional Partnership Manager, Carmarthenshire • Ms Nadine Farmer, Pembrokeshire County Council • Miss Maria Battle, HDdUHB Chair • Ms Leanda Wynn, Public and Patient Engagement Officer, HDdUHB • Mr Rob Blake, Head of Culture and Workforce Experience, HDdUHB • Ms Angharad Lloyd-Probert, Senior Project Manager, HDdUHB • Mrs Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB • Ms Kathryn Lambert, Arts in Health Co-ordinator, HDdUHB 	
SRG(22)50	<p>APPOINTMENT OF VICE-CHAIR / PENODI IS-GADEIRYDD</p> <p>Mrs Lloyd-Lubran stated that the search for a Vice-Chair continues. She hoped to update members further at the next meeting.</p>	HL-L/ SH
SRG(22)51	<p>DECLARATIONS OF INTEREST / DATGANIADAU O DDIDDORDEB</p> <p>There were no declarations of interest.</p>	
SRG(22)52	<p>MINUTES OF THE PREVIOUS MEETING HELD ON 19TH JULY 2022/ COFNODION Y CYFARFOD A GYNHALIWDYD AR 19TH GORFFENNAF 2022</p> <p>The minutes of the meeting held on 19th July 2022 were APPROVED as an accurate record.</p>	
SRG(22)53	<p>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING ON 19TH JULY 2022/ MATERION SY'N CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWDYD AR 19TH GORFFENNAF 2022</p> <p>An update was provided on the Table of Actions from the SRG meeting held on 19th July 2022, with confirmation received that all actions had been completed or are in progress.</p> <p>There were no matters arising.</p>	

SRG(22)54	<p>INTEGRATED MEDIUM-TERM PLAN – STRATEGIC OBJECTIVE 2 – WORKING TOGETHER TO BE THE BEST WE CAN BE/ CYNLLUN TYMOR CANOLIG INTEGREDIG – AMCAN STRATEGOL 2 – CYDWEITHIO HYD EITHAF EIN GALLU I ROI O’N GORAU</p> <p>Mrs Lloyd-Lubran stated that as the Stakeholder Reference Group, there was much that members could do to support the Health Board to achieve Strategic Objective 2: ‘Working together to be the best we can be’. SRG members noted the Planning Objectives (PO) which align to Strategic Objective 2. Mrs Lloyd-Lubran added that the Integrated Care Fund (ICF) had transitioned into the Regional Integration Fund (RIF) programme which is split into six models of care:</p> <ol style="list-style-type: none"> 1: Community Based Care – Prevention and Community Co-ordination 2: Community Based Care – Complex Care Closer to Home 3: Promoting Good Emotional Health and Well-Being 4: Supporting Families to Stay Together Safely and Therapeutic Support for Care Experienced Children 5: Home from Hospital Services 6: Accommodation Based Solutions <p>Mrs Lloyd-Lubran undertook to build the carers’ strategy into the SRG workplan.</p> <p>Mrs Lloyd-Lubran suggested it would be very helpful for SRG to receive an update on the investment of charitable funds at an appropriate future meeting, to align with the Charitable Funds Committee’s (CFC) reporting cycle. Mrs Alwena Hughes-Moakes undertook to forward the link to Hywel Dda’s (HDd) Health Charities report, a video summary which was shared at the Annual General Meeting in July 2022.</p> <p>The Stakeholder Reference Group NOTED the HDdUHB’s actions in relation to Strategic Objective 2: Working together to be the best we can be.</p>	<p>HL-L/ SH</p> <p>HL-L/ SH</p> <p>AHM/ SH</p>
SRG(22)55	<p>COST OF LIVING IMPACT / EFFAITH COSTAU BYW</p> <p><i>Ms Annie Ashman joined the meeting.</i></p> <p>Dr Jo McCarthy introduced Ms Annie Ashman, who leads on POs for Strategic Objective 4: ‘The best health and wellbeing for our communities’, particularly around approaches to inequalities. Dr McCarthy stated that there would be a discussion at the Board meeting in March 2023 as to how the Health Board will move forward in terms of the approach to tackling equalities. She added that the cost of living crisis is significant and is likely to impact for quite some time. Staff turnover is already affected; 20.9% of respondents to a recent survey said they were thinking of leaving due to salary; the cost of fuel to get to work being part of the reason they were considering giving up their role. Dr McCarthy stated that a joint workforce and Public Health task and finish group has been set up and had met at the beginning of November 2022, their purpose being to map the work of the Public</p>	

Services Boards (PSB), reduce overlap and duplication and focus resources.

The Health Board is endeavouring to support its workforce through the Hapi App which provides links to money saving experts, debt charities and to the Welsh charity food distribution organisation and, during 'Money Week', 7th-11th November 2022, provided QR codes linked to videos giving advice on finance, debt, savings and pensions. The 'Too Good to Waste' scheme is being discussed, with the possibility of providing free meals at 7.20 pm before the canteens at the various Hywel Dda University Health Board (HDdUHB) sites close at 7.30 pm. There is work being undertaken around period poverty. The Health Board is looking to introduce the Wagestream system, which will enable staff to take a proportion of salary earlier than the salary date; there are terms and conditions attached so as to safeguard against future financial difficulties. Based on feedback from the healthy schools and pre-schools teams, the Public Health team has written to Welsh Government (WG) to request that money which is currently ring fenced, can be used for speeding up the rollout of the free school meals programme, and that consideration be given to long-term policies around free school meals. The Public Health team has also asked that fuel and food poverty are considered side by side, in view of the fact that a lot of the help for people in terms of accessing food actually requires people to travel long distances, particularly in rural areas. The healthy schools and pre-schools teams are also working with schools around healthier food and food literacy; one of the healthy pre-school practitioners will work with families to increase food literacy and understanding of healthy nutrition. The healthy schools team is working to develop initiatives to help families save money and develop healthy food habits; they will also endeavour to recognise children who are displaying the signs and different behaviours of hunger and receive feedback from teachers and teaching assistants.

Dr McCarthy stated that the cost of living crisis will be embedded into the Health Board's plans; equalities will be discussed at the Board meeting in March 2023 and structures will be incorporated into the Health Equalities Advisory Group in order that discussions at that group can be shared formally. There is a great deal of work being undertaken across the three local authorities by third sector partners and charities. In addition to the mapping exercise referred to earlier, Ms Ashton is liaising with the leads of the other county areas so as to share information and experiences across and throughout Wales.

Dr McCarthy added that the Stakeholder Reference Group is an ideal forum to share advice, expertise and direction and any help in in this context the group and their networks can provide would be appreciated.

Ms Jackie Dorrian agreed wholeheartedly with the aims of the mapping exercise and encouraged closer partnership working to share intelligence and information via members' networking opportunities and support, to enable Dr McCarthy to achieve these objectives.

Ms Angie Darlington concurred and also encouraged those present to share knowledge and expertise, particularly the voluntary sector, which is a trusted environment for many local people and would enable direct

access to services and support for families. She added that it is very important that the messaging is right and in this context it is important to share thinking and initiatives and to find solutions for those most in need of help. Ms Darlington and Dr McCarthy undertook to pursue this conversation on messaging outside of the meeting.

**JMcC/
AD**

Mrs Lloyd-Lubran also agreed with the overall aim to draw the information together and understood that the messaging must be supportive rather than 'preaching'; she added that the cost of living crisis is not for the short-term and austerity over the longer term needs to be addressed; Carmarthenshire Association of Voluntary Services (CAVS) and Pembrokeshire Association of Voluntary Services (PAVS) are looking to co-ordinate responses and will now liaise with all three county Public Services Boards (PSB) and the Regional Partnership Board (RPB) to provide a co-ordinated overall response. Mrs Lloyd-Lubran suggested that the next SRG meeting should focus on Strategic Objective 4: 'The best health and wellbeing for our communities' and should take updates from Ms Ashman's work on equalities. She suggested a joint workshop/brainstorm between SRG and the Health Equalities Advisory Group and other interested parties to explore the cost of living crisis in greater depth and create an umbrella overview together, with a structured, co-ordinated response.

**HL-L/
SH**

Ms Emma Taylor also referred to other areas that linked with the cost of living crisis, of which it is important to raise awareness, for example, the climate crisis, links between local food chains and community growing with opportunities to work with local growers, suppliers and health organisations; decarbonisation. Mrs Lloyd-Lubran agreed and added topics that also aligned, for example food waste and encouraging re-use, the use of clothes banks, being good for the environment, not just cost of living, repair cafes and 'warm spaces' which are being set up in communities.

Mrs Alwena Hughes-Moakes indicated that she would welcome suggestions and feedback on any communications in order to ensure that messaging is positive and inclusive with regard to the cost of living crisis and the other issues identified. It was acknowledged that all organisations can give positive support for those in need and suggested the 'power of the crowd' would be stronger rather than individual messages.

Mrs Lloyd-Lubran suggested a joint meeting for key partners to explore the cost of living crisis in greater depth and the possibility of structured, co-ordinated actions, regionally. It is hoped that this meeting would take place before the Christmas period.

Mrs Lloyd-Lubran asked that if members have information they wish to share to forward to Ms Sally Hurman, Committee Services Officer, who will share with the group on their behalf.

SH

Ms Ashman left the meeting.

The Stakeholder Reference Group **NOTED** the ongoing work in relation to the cost of living crisis.

SRG(22)56

**CLUSTER PLANS: PROGRESS, PROCESS AND DEVELOPMENT/
CYNLLUNIAU CLWSTWR: CYNNYDD, PROSES A DATBLYGIAD**

Ms Rhian Bond joined the meeting.

Mrs Lloyd-Lubran welcomed Ms Rhian Bond to the meeting.

Ms Bond explained that the Cluster approach to health care has moved nationally into a phase of Accelerated Cluster Development (ACD), which links with Integrated Locality Planning (ILP) work currently being undertaken. Negotiations have concluded and Primary Care contractors across the Hywel Dda (HDd) region will work, under core contractual conditions, within HDdUHB Clusters:

- Community Pharmacies: Will be able to provide services, in addition to dispensing, going forward. Cluster working through professional collaboratives is already in place.
- Dental: Meetings have taken place with the local dental committee and a trial will commence shortly. Dental services are keen to join the cluster development programme and are working to provide improved access for patients
- Optometry: Ms Bond is leading implementation across Wales to develop clinical pathways to support the focus on eye health and treatment in primary care.
- Therapies and Community Nursing: Professional collaboratives have been identified.
- Health Sciences: It is hoped health sciences will join the professional collaborative clusters.

Governance arrangements are in place and Cluster meetings will commence. An ACD manager has been recruited and recruitment will take place for a clinical lead; both roles are funded to 31st March 2023 anticipating that funding will be extended. Initial conversations have taken place regarding the organisational development programme for existing staff and teams with wider contracted professions. A peer review will take place in December 2022, which will inform actions going forward.

The ILP model aims to bring together the seven Cluster Groups and the three Integrated Localities into Pan Cluster Groups with input from health professionals, third sector, voluntary and private organisations and contractors. Clear ambitions and outcomes for the local populations will be agreed and will align national and regional priorities which will be articulated in a co-owned integrated locality plan with a collective shared budget to support delivery of the plans and commissioning of services. ILPs will operate within a revised framework of governance, developed in conjunction with the national Accelerated Cluster Programme.

	<p>Mrs Lloyd-Lubran thanked Ms Bond for her presentation. She added that it would be beneficial to see alignment of key partners across the region and acknowledged the complexity of the journey.</p> <p>In response to a query from Ms Darlington regarding patients and citizen engagement, Ms Bond stated that the Pan Cluster Group will discuss how this should take place with collaboration and community engagement taking place probably at cluster level. The trial taking place in Amman Gwendraeth will provide a good deal of information to inform actions for other clusters going forward.</p> <p>In addition to the cluster work, Ms Bond appraised the meeting of a separate piece of work around the Pocket Medic, which provides educational videos for patients on, for example, hypertension, asthma and diabetes. Mrs Hughes-Moakes highlighted the needs of access to these tools for the non-digital population.</p> <p>Mr Nigel Clark is a volunteer facilitator and tutor with the Education Programmes for Patients (EPP), delivers self-management courses for patients and works with primary care providers. He would like to encourage GPs to participate in the EPP initiative and will enlist SRG's help and speak with Ms Bond to link in with the ACD, in order to promote the programme more widely. Mrs Lloyd-Lubran requested an update at a future SRG meeting.</p> <p><i>Ms Bond left the meeting.</i></p> <p>The Stakeholder Reference Group NOTED the ongoing work in relation to the Cluster plan development.</p>	<p>NC/RB</p> <p>SH</p>
<p>SRG(22)57</p>	<p>WAITING WELL/WAITING LISTS ACTIVITY IN HDdUHB/ AROS YN DDA/ RHESTRAU AROS BIPHDd</p> <p><i>Ms Helen Morgan-Howard and Ms Marilize Preez joined the meeting.</i></p> <p>Mrs Lloyd-Lubran welcomed Ms Helen Morgan-Howard and Ms Marilize Preez to the meeting.</p> <p>Ms Preez shared a presentation and stated that the Waiting List Support Service (WLSS) aligns to Planning Objective 1E: 'Personalised care for patients waiting', to support patients who are within the waiting list process and whose planned care has been delayed due to the pandemic. The aim is to keep patients updated with regard to their expected wait time through a single point of contact who can provide support, guidance and advice on self-management options during the process and can also, if required, escalate concerns should a patient's condition deteriorate.</p> <p>During the pandemic, a pilot programme was initiated for elective orthopaedic patients awaiting hip and knee replacements. Online resources were produced specific to the orthopaedic needs of patients on how to prepare and self-manage whilst waiting. The WLSS is now fully established for both clinical and non-clinical patients. Call handlers</p>	

have scripts and online resources are available for every specialty across the Health Board. The WLSS also supports people on the waiting list for paediatric assessment and also long COVID-19. The service is being rolled out in a phased plan with the aim to have the general surgery and gastro/colorectal units fully functioning by the end of November 2022.

Currently, the Health Board has over 10,000 patients at stage four stage who have been contacted.

The WLSS works closely with the pre-habilitation service, specifically, orthopaedics and prostate cancer, to ensure a seamless offer of support and signposting and is developing strong links with services such as EPP and other third sector organisations.

An initiative is currently being piloted whereby patients are contacted at the moment of listing with support being provided. An evaluation and impact assessment is being undertaken to gain feedback of experience.

The orthopaedic re-habilitation service was developed in addition to the WLSS and provides a service to hip and knee replacement patients pre-surgery. The service is funded by the Welsh Government (WG) outpatient transformation and care planned fund and is funded until June 2023. The tiered approach is virtual, although the option for face to face meetings is available, providing equity of access across the Health Board. Tier 1 is an eight weeks, online, self-directed personal health programme; Tier 2 provides live, one hour group consultations over a 12 weeks period facilitating discussions on many topics regarding preparation for surgery and includes an exercise component. Tier 3 is for patients who are not suitable for group consultations and require one to one support for more complex needs. Patients are monitored via an App, they are provided with scales, a blood pressure monitor, a heart rate and saturation monitor. Patients who are not digitally able, are supported by Delta well-being who provide instruction as to how to use digital tablets; currently, 18 patients who had never used technology before, are now accessing online support. Monitoring results are collated digitally. The WLSS team meet weekly and review the risk register, these meetings feed into the Waiting Well Steering Group meetings and an oversight group has been established to provide strategic direction and governance.

Mrs Lloyd-Lubran thanked Ms Preez for her presentation and noted the connection and signposting to third sector groups and access to online services. She added that the previous discussion regarding the mapping exercise to be undertaken with regard to the cost of living crisis could incorporate WLSS in terms of signposting to other agencies that can provide support and guidance; for example, for patients unable to work, where they can obtain advice on income support.

Ms Preez left the meeting.

The Stakeholder Reference Group **NOTED** the ongoing work in relation to the Waiting List Support Service.

SRG(22)58	CONTINUOUS ENGAGEMENT – PUBLIC, PATIENT AND STAFF ENGAGEMENT GROUP UPDATE/ YMGYSYLLTU PARHAUS – Y WYBODAETH DDIWEDDARAF AM GRŴP YMGYSYLLTU Â'R CYHOEDD, CLEIFION A STAFF	
	<p>Ms Rebecca Griffiths thanked Mrs Lloyd-Lubran for the opportunity to update on the drive to continuously engage with stakeholders, for which a continuous engagement plan has been developed, shared previously with SRG. As part of the commitment to that plan, an Experience and Engagement Group (EEG) had been established, chaired by Ms Louise O'Connor in the Legal and Patient Support team, and supported by the engagement team. The EEG ensures that the voices of staff, stakeholders, patients, carers and citizens are heard as and when the Health Board is developing and/or changing services, which in turn informs the work of the Health Board. In respect of governance arrangements, EEG provides assurance and advice to the Listening and Learning Sub-Committee, ensuring engagement activity across the Health Board is shared and aligned and is not duplicated. The EEG also allows triangulated feedback from the public, patients and staff and enables collaboration on engagement activities which informs and supports the Health Board in the development of appropriate guidance, policies, procedures, strategies and programmes of work, improving services, better meeting the needs and impacting positively on the health and wellbeing of individuals and communities.</p> <p>Mrs Lloyd-Lubran thanked Ms Griffiths for her presentation and referred to comments in the meeting Chat regarding representation for mental health in the engagement process. She also requested that Continuous Engagement updates be included for future SRG meetings.</p>	HL-L/ SH
	The Stakeholder Reference Group NOTED the establishment of the Experience and Engagement Group and the ongoing work in relation to the Continuous Engagement – Public, Patient and Staff Engagement Group.	
SRG(22)59	NEW URGENT AND PLANNED CARE HOSPITAL PROJECT UPDATE/ DIWEDDARIAD AR BROSIECT YSBYTY GOFAL BRYN WEDI EI GYNLLUNIO NEWYDD	
	<p><i>Ms Eldeg Rosser joined the meeting</i></p> <p>Mrs Lloyd-Lubran welcomed Ms Rosser to the meeting.</p> <p>Ms Rosser shared the presentation and stated that on 26th May 2002 the Programme Business Case (PBC) was well received by WG's Infrastructure Investment Board. At the Public Board meeting held on</p>	

4th August 2022, having considered the evidence of the land appraisal workstreams, the Board agreed to reduce the shortlist from five to three sites. Following receipt of formal feedback on the PBC from WG at the end of August 2002, a jointly commissioned independent review of the clinical model was set up, for which Terms of Reference are being prepared. The Health Board has been asked to prepare a Strategic Outline Case (SOC), the scope of which is being developed for agreement by WG. Ms Rosser added that the process followed by the four land appraisal workstreams: technical, clinical, economic/financial and workforce, was quality assured by the Consultation Institute who had awarded best practice certification for the work undertaken, commenting that the assurance process followed was open and transparent. Further work is ongoing to develop options to purchase with landowners and technical support has been commissioned to progress work on access, highways, drainage together with a high level traffic impact assessment. The Health Board is looking to appoint a planning consultant and design champion to ensure the new urgent and planned care hospital is open and accessible to all.

Ms Helen Morgan-Howard stated that the three shortlisted sites will go out to consultation, the purpose of which is to enable the Board to make an informed, formal decision on the site selected for the new urgent and planned care hospital, which will progress to the Outline Business Case (OBC) stage of the strategic development programme. The consultation will be undertaken with staff, statutory stakeholders, wider stakeholders and targeted groups impacted and/or affected by the proposal.

It was noted that the service models and vision for services are set out in the 2018 Health and Care Strategy “A Healthier Mid and West Wales – Our Future Generations Living Well”:

- A new urgent and planned care hospital centrally located somewhere between Narberth and St. Clears;
- Bronglais General Hospital, will continue to provide acute hospital services for mid Wales;
- Prince Philip Hospital, Llanelli, with acute medicine will be retained;
- Glangwili Hospital in Carmarthen and Withybush Hospital in Haverfordwest will be repurposed to offer a range of community services to support the social model for health and well-being.

Although this is not included in the scope of the consultation, the Health Board places importance on the views of the local population and is keen to engage.

In terms of next steps, Ms Rosser stated that the process is currently at the pre-consultation phase and it is hoped that formal consultation will commence at the end of January 2023. It is also hoped that the review of the clinical model will conclude in early 2023. Work will commence on the SOC as soon as the scope has been confirmed, negotiations will continue with regard land acquisition and work on the technical evaluation of the three shortlisted sites also continues. Plans and business cases for the community infrastructure will continue to be developed. Following the clinical model review, the PBC will be updated

and submitted for endorsement by WG, at which point the SOC can be submitted to Board in July 2023 for approval.

Mrs Lloyd-Lubran thanked Ms Rosser and Ms Morgan-Howard for their presentation, adding that with fewer sites, clearer messaging would be easier.

Mrs Hughes-Moakes acknowledged Mr Alan Thomas' comment regarding clear communication to the general public to avoid possible confusion and also feedback from the local community. Ms Hughes-Moakes emphasised that this is a complex issue; the Health Board is communicating with several different audiences and endeavours to communicate clearly for each. Feedback from the local population is crucial and Members were advised that a summary of the consultation is available in Welsh and English and also in different languages and different formats and there will also be an 'easy read' version.

Ms Dorrian enquired whether the new urgent and planned care hospital development would go ahead, acknowledging the immense amount of work that has already been undertaken, work that is planned, together with the associated costs and highlighting similar proposed developments in other areas of Wales which are under consideration by WG. Ms Dorrian was also mindful of the possible impacts of and on climate change, biodiversity and decarbonisation. Ms Hughes-Moakes responded that WG feedback had so far been positive; however, acknowledged that this was not a guarantee of final approval or permission to proceed, therefore the Health Board is progressing at a pace in line with WG's expectations. Ms Rosser added that biodiversity and climate change are key to the development programme and that the Health Board is considering the natural environment and sustainability to ensure the eco system and the 'green agenda' are incorporated into the structure and the development.

In terms of the transition from current hospital units to the arrangements when the new hospital is functioning, Ms Darlington commented that the local population will be concerned about transition plans and referred particularly to women's health and mental health services.

Mrs Lloyd-Lubran agreed that it was important to be prepared for such questions and Ms Rosser stated that the PBC addresses these issues; the local population will be an integral part of the communications process. She added that the Health Board is sensitive to the needs of the local population.

In response to a query from Mr Thomas, Ms Rosser confirmed that the geography, geology and topography will be investigated in depth as part of the technical assessment of each site, together with existing infrastructure services such as transport links, roads and accessibility and biophilic design. Ms Rosser also confirmed that an equality in health impact assessment on service provision was undertaken as part of the PBC and is being updated to reflect current developments. Ms Rosser undertook to share this document.

ER

	<p>Mrs Lloyd-Lubran suggested that documents or surveys are shared to SRG members through Ms Hurman.</p> <p>Mrs Lloyd-Lubran thanked Ms Rosser and Ms Morgan-Howard for their important and very useful presentation.</p> <p><i>Ms Rosser and Ms Morgan-Howard left the meeting.</i></p>	SH
	The Stakeholder Reference Group NOTED the ongoing work and timescales in relation to the new urgent and planned care hospital development.	

SRG(22)60	REGIONAL AREA PLAN / CYNLLYN ARDAL RHANBARTHOL	
	<p>Ms Kim Neyland stated that the market stability report and population needs assessment are in the final stages of scrutiny and endorsement by local authorities and the regional area plan will be presented to the Health Board for final scrutiny and sign-off. Next steps involve the development of an area plan, working with local offices and local authorities with regard to their wellbeing plans in order to find synergies and shared priorities and identify opportunities to take work forward together whilst avoiding duplication. These priorities will be established across a number of different organisations and functions, including the Healthier County Boards, and will be amalgamed into the area plan structure addressing market stability, systems and pressures around frailty and emotional health and wellbeing. Plans will be developed through engagement activities and in conjunction with the Healthier County Boards, steered by and in consultation with the Integrated Executive Group which sits under the Regional Partnership Board.</p> <p>Mrs Lloyd-Lubran thanked Ms Neyland for her update and requested that a further update is brought to a future meeting.</p>	HL-L/ SH
	The Stakeholder Reference Group NOTED the ongoing work in relation to the Regional Area Plan.	

SRG(22)61	PUBLIC SERVICES BOARDS WELLBEING PLANS ACROSS WALES/ CYNLLUNIAU LLES GWASANAETHAU CYHOEDDUS LEDLED CYMRU	
	<p>The meeting received the draft summary of the wellbeing plans for the PSBs across the HDdUHB area.</p> <p>Dr McCarthy stated that consultations will be live in all three counties by 5th December 2022, and undertook to share links and PSB wellbeing plans with SRG members. Mrs Lloyd-Lubran requested that SRG members share the links as widely as possible throughout their networks and encourage people across the region to respond to the consultation on the PSB wellbeing plans, as these will inform the work of the programme across the region over the next five years.</p>	JMcC/ SH

	<p>Dr McCarthy was encouraged that the draft county plans align in terms of topics and acknowledge specific area needs. All areas must focus on poverty and the cost of living crisis as well as on climate change, reducing inequalities and also supporting growth of the economy and the workforce. As all areas were aligned, progress would be easier and more straightforward.</p> <p>Ms Dorrian expressed concern with regard to aligning the work of the RIF and the wellbeing plans which should envelop businesses and also align with the public services work that RIF currently funds.</p> <p>Mrs Lloyd-Lubran added that it is not only the RIF funding stream, it is also the RIF transition funding stream. Ms Neyland clarified that the Integrated Executive Group, supported by the RPB, had agreed that RIF investment would cover the first year transitional period in order to be able to continue to provide services already in place. The intention was to review RIF funding at the end of this first year in the knowledge that the wellbeing plans were in development. The next four years will see the transition of all projects from the development stage to embedding into mainstream funding, with a focus on supporting current delivery to ensure continuity of service provision for models of care.</p> <p>The Stakeholder Reference Group NOTED the information and timelines for the draft plans and consultations in respect of Public Services Boards' wellbeing plans.</p>	
SRG(22)62	<p>RECOMMENDATION TO THE BOARD/ARGYMHELLIAD I'R BWRDD</p> <p>Mrs Lloyd-Lubran summarised the salient points discussed at the SRG meeting to include:</p> <ul style="list-style-type: none"> • Cost of living workshop. • Work around mapping of services in connection with the cost of living crisis and involvement of third sector and other agencies to ensure a collective approach to a structured solution. 	
SRG(22)63	<p>SRG UPDATE REPORT TO PUBLIC BOARD/ADRODDIAD DIWEDDARU SRG I FWRDD CYHEDDUS</p> <p>Mrs Lloyd-Lubran advised that the SRG Update Report to the Public Board has been included with the papers for the SRG meeting on 15th November 2022 for information.</p>	
SRG(22)64	<p>OPERATIONAL AND ANNUAL PLAN UPDATE/DDIWEDDARIAD AR Y CYNLLUN GWEITHREDOL A BLYNYDDOL</p> <p>Mrs Lloyd-Lubran advised that the Operational and Annual Plan Update has been included with the papers for the SRG meeting on 15th November 2022 for information.</p>	
SRG(22)65	<p>SRG ANNUAL WORKPLAN 2022-23/CYNLLUN GWAITH BLYNYDDOL SRG 2022-23</p>	

	<p>Members received the SRG Annual Workplan 2022/23 for information. The Workplan will be updated to include for future meetings:</p> <ul style="list-style-type: none"> • Strategic Objective 4: 'The best health and wellbeing for our communities' (January 2023) • Arts in Health (January 2023) • Carers' Strategy • Charitable funds investment (to align with the CFC reporting cycle) • Cluster Plans Update • Continuous Engagement Update • Regional Area Plan 	
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SRG(22)66	ANY OTHER BUSINESS / UNRHYW FUSNES ARALL	
	<p>Arts in Health A link to the Arts in Health survey will be shared when it is live. The Arts in Health team will be invited to update SRG with regard to survey outcomes at the next meeting.</p>	SH
	<p>Community Health Council Survey: People's Experience of Local NHS Care Information will be shared on behalf of Leanda Wynn, with regard to an online survey.</p>	SH
	<p>SRG Hybrid Meeting Mrs Lloyd-Lubran undertook to give consideration to the date for a hybrid SRG meeting, ie, in person at a location and via Teams, at some point during the next calendar year.</p> <p>Mrs Lloyd-Lubran thanked attendees for an excellent meeting and thanked them for their valued input. She wished all a very happy Christmas.</p>	HL-L

SRG(22)67	DATE, TIME AND VENUE OF NEXT MEETING/ DYDDIAD AC AMSER Y CYFARFOD NESAF	
	<p>Tuesday, 17th January 2023 9.30 am – 12.00 midday MS Teams</p>	