

UNAPPROVED MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG) COFNODION HEB EU CYMERADWYO Y GRŴP CYFEIRIO RHANDDEILIAID (GCR)

Date and Time of Meeting:	Tuesday 16 January 2024, 09.30am
Venue:	MS Teams

Present:	<p>Mr Jeremy Hockridge, Patient Representative, Carmarthenshire (Chair)</p> <p>Ms Chesca Ross, Third Sector (CAVO/CAVS/PAVS) (Vice-Chair)</p> <p>Ms Sian Davies, Siarad Iechyd/Talking Health Representative (Carmarthenshire)</p> <p>Ms Andrea Edwards, West Wales Action for Mental Health</p> <p>Ms Eleri Jenkins, Group Director of Housing and Support, Barcud Cymru (part)</p> <p>Mr Geraint Thomas, Mid and West Wales Fire and Rescue Services</p> <p>Mr Tegryn Jones, Public Services Board (Pembrokeshire)</p> <p>Ms Geraldine Murphy, Citizens Advice</p> <p>Mr Sam Dentten, Llais/Citizens Voice Body</p> <p>Ms Gillian Perry, Natural Resources Wales</p> <p>Mr Tim Bray, Public Service Board (Ceredigion)</p> <p>Ms Alison Harries, Carer Representative (Carmarthenshire)</p>
In Attendance	<p>Mrs Alwena Hughes Moakes, Communications and Engagement Director, HDdUHB (Lead Director)</p> <p>Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (Part)</p> <p>Ms Delyth Evans, Engagement Manager, HDdUHB</p> <p>Ms Liz Cartwright, Engagement Manager HDdUHB</p> <p>Ms Karen Richardson, Committee Services Officer, HDdUHB</p> <p>For Item SRG(24)007</p> <p>Ms Anna Henchie, Principal Programme Manager, Transformation Programme Office, HDdUHB</p> <p>Ms Sarah Bolton, Head of Primary Care Transformation, Primary Care, HDdUHB</p> <p>Mr Ben Williams, Principal Public Health Practitioner, HDdUHB</p> <p>For Item SRG(24)008</p> <p>Ms Aileen Flynn, Service Transformation & Partnerships Manager, MH&LD Services</p> <p>For Item SRG(24)009</p> <p>Ms Kathryn Lambert, Arts in Health Coordinator</p> <p>Ms Louise O'Connor, Assistant Director</p>

Agenda Item	WELCOME AND APOLOGIES CYFLWYNIADAU A YMDDIHEURIADAU	Action
SRG(24)001	Mr Jeremy Hockridge experienced technical difficulties accessing the meeting and as a result, Ms Chesca Ross welcomed all to the meeting.	

	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Ms Leanda Wynn, Llais/Citizens Voice Body • Ms Lynne Richards, Public Services Board (Pembrokeshire) • Mr Craig Flannery, Mid and West Wales Fire and Rescue Services (MWWFS) • Mrs Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR) 	
SRG(24)002	<p>DECLARATIONS OF INTEREST DATGANIADAU O DDIDDORDEB</p> <p>There were no declarations of interest.</p>	
SRG(24)003	<p>MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2023/ COFNODION Y CYFARFOD A GYNHALIWDYD AR 14 TACHWEDD 2023</p> <p>RESOLVED that the minutes from the meeting held on 14 November 2023 be APPROVED as an accurate record.</p>	
SRG(24)004	<p>MATTERS ARISING AND TABLE OF ACTIONS FROM MEETING HELD 14 NOVEMBER 2023 /MATERION YN CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWDYD AR 14 TACHWEDD 2023</p> <p>An update was provided on the table of actions from the meeting held on 14 November 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:</p> <ul style="list-style-type: none"> • SRG(23)69: Transforming Urgent and Emergency Care: <i>To consider creating a glossary of terms.</i> Ms Hughes Moakes advised that a skeleton document had been produced which she would share. • SRG(23)77: Llais/Citizens Voice Body update: <i>To share the report of the Llais visit to South Pembrokeshire Hospital.</i> https://scanmail.trustwave.com/?c=261&d=n5Sc5ZoWSw3WuAygQYxruLkbuuvdyJ1ALdgNXzIKkg&u=https%3a%2f%2fwww%2ellaiswales%2eorg%2fnews-and-reports%2freports%2fllais-west-wales-south-pembrokeshire-hospital-visit-report • SRG(23)77: Llais/Citizens Voice Body update: <i>To share future Maternity visit reports .</i> https://scanmail.trustwave.com/?c=261&d=n5Sc5ZoWSw3WuAygQYxruLkbuuvdyJ1ALYleCGANIQ&u=https%3a%2f%2fwww%2ellaiswales%2eorg%2fnews-and-reports%2freports%2fllais-west-wales-maternity-services-report • SRG(23)77: Llais/Citizens Voice Body update: <i>To share the national and local programme of work when available in January 2024.</i> Mr Dentten outlined details of the Llais Programme of Work as follows: <ul style="list-style-type: none"> • A report on the impact of the RAAC in terms of people's care in South Pembrokeshire 	

	<ul style="list-style-type: none"> • A survey on living healthy and happy in the community, which aims to be completed by mid February 2024. • A project on how people feel supported waiting for treatment, which will cover different aspects of the waiting experience and the Health Board's support team. • Next year's plan: A change in the planning process for the next year, which will involve more ongoing engagement and quarterly planning. 	
SRG(24)005	<p>SELF ASSESSMENT/ HUNAN ASESIAD</p> <p>Assisted by Mrs Alwena Hughes Moakes, Ms Ross introduced the SRG Self-Assessment discussion. Mrs Hughes Moakes indicated that members would be divided into two breakout rooms for a more focused discussion. She outlined the need to revisit how the group functions, considering new and existing members and aiming to gather honest feedback on the Group's experience. Mrs Hughes Moakes referenced the questions which had been shared in advance (see below) and emphasised the importance of open and honest views from both new and existing Members. She also emphasised the unique role of the Group in providing collective knowledge and expertise to shape the Health Board's activities; and explained that the breakout sessions would involve answering three questions and encouraged nominations for note-takers to provide feedback.</p> <p>Questions considered by new and existing members:</p> <p>Existing Members:</p> <ul style="list-style-type: none"> • <i>Have previous meetings enabled you to engage and advise on the Health Board's strategic direction and service changes, and feedback on the impact to the communities it serves?</i> • <i>What would you like to learn or know about the Health Board from SRG meetings?</i> • <i>How should we run these meetings in future?</i> <p>New Members:</p> <ul style="list-style-type: none"> • <i>How did you find the first meeting? Do you feel it enabled you to engage and advise on the Health Board's strategic direction and service changes, and feedback on the impact to the communities it serves?</i> • <i>What would you like to learn or know about the Health Board from SRG meetings?</i> • <i>How should we run these meetings in future?</i> <p>Ms Karen Richardson facilitated the transition to breakout rooms, explaining the process and addressing any potential technical issues, and participants were reminded not to leave the meeting in case of technical glitches.</p> <p>After a 15 minute discussion in the two breakout rooms, all members returned to the main meeting and Ms Charlotte Wilmshurst initiated</p>	

the discussion by seeking first impressions from new members regarding their first SRG meeting.

Ms Ross summarised the feedback, highlighting the following key points:

- Participants expressed challenges in processing extensive information.
- Request for clarity on the role of participants within meetings.
- Desire for face-to-face induction and a simplified explanation of the Group's purpose.
- Participants sought information on Health Board problems, priorities, and collaboration opportunities.
- Internal discussion on optimising attendance based on the agenda and issues.
- Call for early involvement in projects to avoid backtracking.
- Concerns about the density of papers; request for public circulation before meetings.

Ms Gillian Perry suggested leveraging existing Public Service Boards (PSBs) as a model for collaboration; and outlined the benefits of replicating discussions and priorities from PSBs within SRG.

Ms Wilmshurst acknowledged the valuable feedback; expressed anticipation of some issues raised; and assured the Group that feedback would be reviewed, and improvements implemented in time for the next meeting on 2 May 2024. She confirmed the Health Board's commitment to transitioning to a more interactive, two-way communication process, and assured the group that feedback would be considered for future meetings; and outcomes shared in advance.

Mr Sam Dentten shared feedback from existing Members, indicating a mix of attendees with varying levels of familiarity with the Group. He referenced comments regarding well-run meetings but acknowledged challenges in processing information. He also highlighted the following:

- Concerns regarding difficulty in connecting discussions to patients or the public, especially when using NHS management language.
- Highlighted the need for more clarity on ongoing projects, citing examples of health centres in different planning stages.
- Discussed challenges faced by members, especially those with existing commitments, proposing better coordination among stakeholders.
- Mentioned broader discussions on the Group's focus, individual contributions, and the balance between group participation and specific project involvement.
- Suggested improved accessibility of relevant information for partners to share within their organisations.

Ms Wilmshurst thanked Mr Dentten for the feedback, expressing interest in increasing group involvement in planning agendas.

	<p>Mr Dentten suggested a clearer consideration of how time is utilised in meetings, and the need for better coordination among partners before group sessions.</p> <p>Ms Geraldine Murphy highlighted the need for third-sector representatives to have debriefing sessions outside formal meetings for better understanding and representation; and Ms Ross acknowledged the challenge and suggested exploring options for collaboration across counties to enhance communication.</p> <p>Ms Wilmshurst and Mrs Hughes Moakes committed to working on more innovative ideas for improving communication and coordination.</p> <p>Mr Geraint Thomas proposed a shift to an action learning set approach for more focused and professional discussions; and Mrs Hughes Moakes recognised the need to adapt and make the Group more conversational and less report-oriented.</p> <p>Ms Sian Davies suggested returning to in-person meetings for better cohesion and a group feeling, which was supported by Mrs Hughes Moakes, who mentioned past discussions on holding meetings in integrated care centres.</p> <p>Mr Jeremy Hockridge apologised for his technical difficulties.</p>	
	The Stakeholder Reference Group NOTED the update on the Self-Assessment.	

SRG(24)006	CONTINUOUS ENGAGEMENT PROGRAMME UPDATE/ DIWEDDARIAD RHAGLEN YMGYSYLLTU PARHAUS	
	<p>Mrs Hughes Moakes provided an update on the Continuous Engagement Programme, explaining that the report serves as a reflection on the activities undertaken during the intervals between Stakeholder Reference Group meetings. She advised that the report wouldn't be discussed line by line but encouraged questions and feedback.</p> <p>Mrs Hughes Moakes highlighted specific engagements, such as the Chemotherapy Day Unit and communications regarding Paediatrics services in Withybush and Glangwili Hospitals.</p> <p><i>Ms Wilmshurst left the meeting.</i></p>	
	The Stakeholder Reference Group NOTED the Continuous Engagement Programme Update.	

SRG(24)007	CLINICAL SERVICES PLAN/CYNLLUN GWASANAETHAU CLINIGOL	
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Ms Anna Henchie and Ms Sarah Bolton joined the meeting.

Mrs Hughes Moakes provided an overview of the Clinical Services Plan, focusing on various service areas and the engagement process with the community. She advised that opinions had been sought from community members who used services such as Stroke and Diagnostics over a five-year period. Mrs Hughes Moakes explained the delay in sharing findings due to collaboration with Opinion Research Services (ORS) for feedback collection; and referenced surveys for staff associated with Primary Care to gather their experiences. She also outlined the timeline, including the presentation of an Issues report to Board on 28 March 2024.

Mrs Hughes-Moakes then introduced Ms Anna Henchie and Ms Sarah Bolton who had prepared a verbal update on the Clinical Services Plan.

Ms Hughes Moakes shared the following information in the MS Teams Chat:

Aware that Anna is sharing the scope of the CSP with you, but as promised, here's the services in scope:

Dermatology

Ophthalmology

Urology

Emergency General

Surgery

Orthopaedics

Stroke

Critical Care

Endoscopy

Radiology

Primary Care

In addition to the urgent and emergency Paediatrics work we have been undertaking at Glangwili and Withybush

Ms Henchie shared two slides: the first outlining the pathways under focus and the second detailing the response rates from patients and the workforce. She described the early targeted engagement for patients, focusing on understanding what is good, challenging, and what could be done differently; and highlighted response rates above 15% for some pathways. Ms Henchie then highlighted the workforce engagement, emphasising the importance of understanding challenges and solutions from those delivering services. She also stressed the need to wait for final reports before sharing early findings.

Ms Henchie indicated that the Primary Care pathway in the Clinical Services Plan is a step toward developing a broader Primary Care and Community Strategy. She clarified the focus on external workforce (contractors in community pharmacies, general practice, dental, and optometry); and outlined the challenges experienced in

	<p>obtaining responses from the workforce. Ms Henchie then presented the rates of return for General Medical Service colleagues, referencing challenges in Community Dental engagement. She emphasised the need for innovative ways to engage external workforce and ensure comprehensive feedback.</p> <p>Ms Henchie agreed to share the slides when the minutes were distributed.</p> <p><i>Ms Anna Henchie and Ms Sarah Bolton left the meeting.</i></p>	AH
	The Stakeholder Reference Group NOTED the verbal Clinical Services Plan update.	

SRG(24)008	<p>DEEP DIVE 4C: MENTAL HEALTH RECOVERY PLAN/ ARCHWILIAD DWFN 4C: CYNLLUN ADFER IECHYD MEDDWL</p> <p><i>Ms Aileen Flynn joined the meeting.</i></p> <p>Ms Aileen Flynn presented the Deep Dive 4C: Mental Health Recovery Plan, advising that the presentation covered the Mental Health and Learning Disability service, Planning Objectives, and Ministerial Priorities. She highlighted the following:</p> <ul style="list-style-type: none"> • Challenges faced in the past year regarding performance in Child and Adolescent Mental Health Services (CAMHS). • Health Board efforts to increase referral rates and address staffing issues. • Initiatives undertaken, including demand capacity work, implementation of KOOTH, and collaboration with Local Authorities (LAs). • The refurbishment of the Pro Martin building into a 24/7 Crisis Hub. • The success of the Crisis Hub in preventing unnecessary hospital visits and facilitating quicker step-downs. <p>Ms Flynn emphasised the importance of 111, Option 2, a Ministerial Priority funded by Welsh Government, and referenced the growth of the service since its launch, with plans for a national advertising campaign. She also shared data regarding call types, emphasising the ability to triage and intervene over the phone.</p> <p>Ms Flynn outlined plans for local radio advertisements to increase awareness, highlighting the service's availability even on holidays, with an example of calls received on Christmas Day. She emphasised the need to maintain the positive trajectories in service delivery and expressed gratitude for the support and collaboration with Welsh Government and Local Authorities.</p> <p>Ms Flynn acknowledged the significant progress made in the Adult Mental Health service during the year and highlighted the success of the Co-Occurring Substance Misuse Framework, developed in consultation with the Area Planning Board and Crisis teams. She also highlighted the positive response from other Health Boards seeking to adopt the framework.</p>	
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Ms Flynn described the embedding of Co-Occurring Nurse roles within each Local Authority area and outlined the repurposing of some vacant posts to accommodate these roles, indicating a positive outcome for the team. She addressed ongoing efforts in modernising services, including redevelopment of service specifications for Community Mental Health Centres and Crisis Resolution Home Treatment Teams. She also referenced positive feedback received during the engagement phase for the new service specifications.

Alluding to the Integrated Psychological Therapy Service (IPTs) Ms Flynn outlined challenges relating to Do Not Attend (DNA) rates for IPTs appointments. She advised that the Health Board had introduced a text messaging service to reduce DNA rates, with a successful pilot indicating an 80% reduction.

Ms Flynn also indicated that the introduction of group interventions for IPTs services had had a positive impact on waiting lists; and emphasised the recurring theme of demand and capacity reviews across all services. She highlighted ongoing efforts in reviewing caseloads, job planning, and waiting lists to ensure sustainability.

Ms Flynn then provided an update on the introduction of Well-Being Practitioners linked to GP clusters, referencing the successful recruitment of seven practitioners, and emphasising their connection to 111 and their 45-minute face-to-face interventions. She acknowledged substantial funding from Welsh Government for this initiative.

Ms Flynn highlighted efforts in clinical pathway development for the Older Adult Mental Health service, particularly in Dementia and Well-Being pathways. In referencing collaborative work with Memory Assessment services and development of new service specifications, she outlined successful collaboration with Local Authority colleagues. Ms Flynn described ongoing work in individual commissioned placements, which is a costlier area within Mental Health; and advised the establishment of a steering group to oversee national work, aligning with NHS savings goals. She also outlined joint funding processes and successful pilots with colleagues from different regions.

Ms Flynn emphasised the progress made in developing the Co-Occurring Substance Misuse Pathway, and the establishment of a Complex Needs Strategic Board through the Area Partnership Board (APB) for oversight. The Group noted the creation of working groups, including one for Alcohol-Related Brain Damage (ARBD).

Ms Flynn indicated that the recruitment of Complex Needs Caseworkers was funded by Welsh Government and outlined plans for additional posts in the coming year, focusing on Advanced Nurse Practitioners and Prescribers. She highlighted the importance of

addressing control drug and licensing issues through regular monitoring and feedback.

Ms Flynn also addressed challenges in improving trajectories for Autism Spectrum Disorder (ASD), with a significant increase in demand; shared insights from a recent report by the Delivery Unit and ongoing efforts to review and implement action plans; and referenced additional funding from Welsh Government and collaboration with private providers for assessments.

In response to a question from Ms Shan Davies regarding early intervention and prevention in schools, Ms Flynn introduced the School In REACH programme funded by Welsh Government. The programme focuses on empowering school staff to identify and support mental health issues in students, and signposts a process that, should a teacher identify that a child is in crisis, can fast-track the child into the Specialist Child and Adolescent Mental Health service (SCAMHS).

Mr Tegryn Jones indicated that, from his experience as a Chair of Governors at a local school, teachers feel they are being asked to undertake roles with no training or preparation. He enquired whether schools had links with third sector organisations and/or specialist groups such as agriculture.

Mr Ben Williams enquired about the return on investment and value-based healthcare in evaluating services. Ms Flynn indicated that value-based healthcare questions were included in the procurement process for new contracts awarded from July 2023. She emphasised the absence of financial weighting for any service awarded and that in the future, value based healthcare would form part of the quarterly contract monitoring to enable measurement of outcomes.

Ms Flynn provided an overview of the transformation in Learning Disability (LD) services, highlighting an eight week engagement with stakeholders; and referenced the upcoming implementation of a new model for Learning Disability services in 2024. She highlighted the integration of LD inpatient beds within adult inpatient services and positive feedback received.

Ms Flynn also acknowledged the recruitment challenges in Psychology and the efforts to address them. A new lead external to the Health Board has been recruited to guide the team and explore skill mix jobs for hard-to-recruit areas.

Ms Aileen Flynn left the meeting.

The Stakeholder Reference Group **NOTED** the Mental Health and Learning Disability Directorate's progress against its planning objective as presented, including the associated risks, issues and considerations for each service area as highlighted.

<p>SRG(24)009</p>	<p>ARTS AND HEALTH CHARTER/ SIARTER Y CELFYDDYDAU AC IECHYD</p> <p><i>Ms Kathryn Lambert and Ms Louise O'Connor joined the meeting.</i></p> <p>Ms Kathryn Lambert introduced the Arts and Health Charter indicating that it had been developed in partnership with staff, the public, patients and colleagues across the Health Board. The Charter had also received contributions from the HDdUHB Arts and Health Steering Group. Ms Lambert highlighted the public promise to integrate arts into Health Board activities. She emphasised the importance of creativity at the heart of health and well-being; and referenced the Arts Council of Wales' excitement about the groundbreaking nature of the charter.</p> <p>Ms Lambert outlined the definition of arts and health, the development process, and the principles and pledges within the charter. She also highlighted the focus on reducing health inequalities and supporting vulnerable populations. The Group noted that the arts and health principles are shaped around the Health Board's strategic objectives and considered the cross-cutting impact on patients, staff, and communities. Ms Lambert emphasised the importance of the Social Model of Health and Well-Being and alignment with the vision of A Healthier Mid and West Wales (AHMWW) programme.</p> <p>Ms Lambert shared details of a communication plan, including outreach to communities and collaboration with various teams within the Health Board. She outlined options for engagement with arts and health activities in the community.</p> <p>In response to an enquiry regarding the practical implementation of the charter, engagement strategies, and potential challenges, Ms Lambert provided detailed responses, addressing concerns and elaborating on specific aspects of the charter.</p> <p>Mr T Jones commended the excellent presentation of the Arts and Health Charter and raised the possibility of a similar charter for the natural environment, considering his role in a National Park authority. He referenced two galleries in Pembrokeshire showing the national collection in partnership with national organisations, offering to share details of his contacts at both organisations.</p> <p>Ms Lambert acknowledged the focus on the local nature of the Charter and expressed hope that it might inspire or be replicated in other areas. She referenced ongoing conversations with national partners and being a bridge between Health and the Arts Sector, welcoming the suggestion for additional contacts and expressing openness to collaboration.</p> <p>Ms Geraldine Murphy highlighted the positive impact of the charter and its joyful yet serious nature, recognising the challenging environment the Hywel Dda population often experiences. Ms Lambert thanked Ms Murphy for her comments, acknowledged the</p>	
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	serious nature of the work and expressed gratitude for the positive reception.	
	The Stakeholder Reference Group NOTES the draft Arts and Health Charter.	

SRG(24)010	PUBLIC SERVICES BOARD'S WELLBEING PLANS ACROSS WALES/ CYNLLUNIAU LLES BWRDD GWASANAETHAU CYHOEDDUS LEDLED CYMRU	
	DEFERRED/ WEDI'U GOHIRIO	

SRG(24)011	INTEGRATED PERFORMANCE ASSURANCE REPORT/ ADRODDIAD SICRWYDD PERFFORMIAD INTEGREDIG	
	Members received the Integrated Performance Assurance Month 8 2023-24 Report to members.	
	The Stakeholder Reference Group NOTED the report from the IPAR – Month 8 2023/2024.	

SRG(24)012	DEEP DIVE 4A: PLANNED CARE AND CANCER RECOVERY/ ARCHWILIAD DWFN 4A: GOFAL CYNLLUNIEDIG AC ADFER CANCER	
	Members received the Deep Dive 4a: Planned Care and Cancer Recovery to members for information.	
	The Stakeholder Reference Group NOTED from plans in place to deliver the Planning Objective 4a in relation to Single Cancer Pathway Recovery, and noted progress achieved in recent months to reduce the volume of patients in the 62+ Day backlog.	

SRG(24)013	DEEP DIVE 7C: SOCIAL MODEL FOR HEALTH AND WELLBEING/ ARCHWILIAD DWFN 7C: MODEL CYMDEITHASOL AR GYFER IECHYD A LLES	
	Members received the Deep Dive 7c: Social Model for Health and Wellbeing to members for information.	
	The Stakeholder Reference Group NOTED the Deep Dive 7c: Social Model for Health and Wellbeing.	

SRG(24)014	OPERATIONAL UPDATE/ DIWEDDARIAD GWEITHREDOL	
	Members received the Operational Update to members for information.	
	The Stakeholder Reference Group NOTED the Operational update.	

SRG(24)015	SRG UPDATE REPORT TO PUBLIC BOARD/ ADRODDIAD DIWEDDARU SRG I'R BWRDD CYHOEDDUS	
	Members received the SRG update report to Board.	
	The Stakeholder Reference Group NOTED the update and appointment of Mr Hockridge as Chair.	

SRG(24)016	SRG ANNUAL WORK PLAN 2023-24/ CYNLLUN GWAITH BLYNYDDOL SRG 2023-24	
	Members received the SRG Annual Workplan 2023/24 for information. The Workplan will be updated to include relevant planning objectives.	

SRG(24)017	ANY OTHER BUSINESS/ UNRHYW FUSNES ARALL	
	<ul style="list-style-type: none"> Ms Hughes Moakes thanked all attendees for their time and feedback. 	

SRG(24)018	DATE AND TIME OF NEXT MEETING/ DYDDIAD AC AMSER Y CYFARFOD NESAF	
	Thursday 2 May 2024, 9.30am – 12.00pm	