

MINUTES OF THE STAKEHOLDER REFERENCE GROUP MEETING

DATE OF MEETING: 9:30 AM, Tuesday 16 July 2024
VENUE: Ystwyth Board Room/Microsoft Teams

PRESENT: Ms Chesca Ross, Third Sector (CAVO/CAVS/PAVS) (Vice-Chair)
 Mr Nigel Clarke, Patient Representative, Pembrokeshire (VC)
 Ms Sian Davies, Siarad Iechyd/Talking Health Representative
 Carmarthenshire
 Ms Kate Harrop, Public Services Board Representative Carmarthenshire (VC)
 Cllr Havard Hughes, One Voice Wales Carmarthenshire (VC)
 Mrs Jacky Jones, Independent Sector Representative (VC)
 Mr Tegryn Jones, Public Services Board Representative Pembrokeshire (VC)
 Cllr William Shaw, One Voice Wales Pembrokeshire
 Cllr Shan Williams, One Voice Wales Pembrokeshire (VC)

IN ATTENDANCE: Dr Neil Wooding, Chair, HDdUHB (VC)
 Mrs Alwena Hughes Moakes, Communications and Engagement Director
 Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (VC)
 Mr John Jenkins, Committee Services Officer (Secretariat)

MINUTES ITEM REF.

ACTION

SRG(24)36 WELCOME AND APOLOGIES

The Vice Chair of the Stakeholder Reference Group (SRG), Mrs Chesca Ross, welcomed everybody to the meeting. Ms Ross introduced Dr Neil Wooding, the new Chair of Hywel Dda University Health Board (HDdUHB) to the meeting.

Apologies for absence were received from: -

- Mr Jeremy Hockridge, Chair of SRG
- Mr Timothy Bray, Public Service Board Representative, Ceredigion
- Mr Nigel Clark, Patient Representative, Pembrokeshire
- Ms Mandy Dean,
- Ms Andrea Edwards, Mental Health Services Representative
- Ms Hayley Edwards, Armed Forces Representative
- Ms Llinos Evans, Public Service Board Representative,
Carmarthenshire
- Mr Craig Flannery, Mid and West Wales Fire and Rescue Service
Representative
- Ms Bronwen Jones, Welsh Ambulance Service Representative
- Cllr Anne McCreary, One Voice Wales Representative, Ceredigion
- Ms Geraldine Murphy, Citizens Advice Bureau Representative
- Cllr Michael Theodoulou, One Voice Wales Representative,
Carmarthenshire
- Ms Leanda Wynn, Llais

SRG(24)37 DECLARATION OF INTERESTS

There were no declarations of interest.

SRG(24)38 MINUTES FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 2 MAY 2024

The minutes of the SRG held on 2 May 2024 were reviewed and agreed as an accurate record of proceedings.

SRG(24)39 TABLE OF ACTIONS FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 2 MAY 2024

The table of actions from the SRG meeting held on 2 May 2024 was reviewed. It was highlighted that all actions were complete and there were no outstanding actions.

SRG(24)40 PUBLIC HEALTH: WORKING WITH OUR COMMUNITIES TO IMPROVE HEALTH AND WELLBEING

Dr Ardiana Gjini gave a presentation on the engagement between Public Health and the communities and representatives from across the Hywel Dda University Health Board (HDdUHB) area in relation to the Population Health and Wellbeing that the Health Board have responsibility for.

Dr Gjini highlighted five key programmes of work and the ways of the Health Board's working to improve the health of its population to deliver the Health Board's long-term strategic directives in addition to the Health Board's annual planning objectives, that included:-

- Public Service Board (PSB)/Regional Partnership Board (RPB)
- Community Development Outreach Team (CDOT)
- Health Improvement Strategic Plan
- Local Health Protection Service
- Social Model for Health and Wellbeing (SMfHWB)

Dr Gjini advised that the Health Board worked with the three PSBs and the RPB on its well-being objectives. The Health Board's CDOT works with communities within the Health Board's area that find it more difficult to engage with the Health Board's services.

The Health Improvement Strategic Plan is a three-year plan that is due to be presented to the Board on 25 July 2024 that identifies the key areas of priority for improving the health of the HDdUHB population.

The Local Health Protection Service brings together the Health Board's key strategic partners in the health protection sphere, namely the three Local Authorities within the HDdUHB area, Public Health Wales (PHW), Natural Resources Wales (NRW), Welsh Water and other agencies with a remit of health protection.

Dr Gjini advised that the key area was the SMfHWB to deliver a long-term shift of how public agencies deliver improvements of the health of individuals and their communities through a social model for health and well-being. This was highlighted as a key planning objective for the Health Board and a priority for the Public Health Directorate to deliver a more social means of improving the health of the population.

Dr Gjini advised that she had recently taken the strategic and Executive Lead for the programme and reviewed the public health governance within the Health Board to reinvigorate the work relating to the Social Model for Health Steering Group with members and representatives of the Health Board's communities, the Chairs of the three PSBs and representatives from the three Local Authorities within HDdUHB.

The principles that define the Social Model for Health was being defined with positive engagement being undertaken with the Deputy Commissioner from the Future Generations Commissioner for Wales office with responsibility for the health portfolio and a framework for action that will inform either a set of principles or a formal Charter on the SMfHWB. Dr Gjini confirmed that following the agreement of the principles at the next Steering Group meeting they will be presented to the Stakeholder Reference Group (SRG) to support the work undertaken with the Health Board's communities and with partner agencies.

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Dr Gjini advised that there was a proposal to hold a Social Model for Health summit as an engagement in Spring 2025 with an intention to support staff of both the Health Board and partner agencies such as the Local Authorities to support volunteering opportunities within local communities and to engage with the local communities.

Dr Gjini highlighted the engagement work being undertaken with communities as part of the '10k Conversations' programme, developed through a pilot scheme in partnership with PLANED, a voluntary sector organisation with experience in community engagement resulting in the development of a toolkit to capture the conversations and linked to the engagement work of HDdUHB and the RPB's Continuous Engagement Group. The '10k Conversations' would continue from 2024 onwards with the process of engaging with communities embedded within the Health Board and with PSBs.

Dr Gjini advised that the Public Health Directorate were represented in each of the three PSBs within the Health Board's area and the overall RPB for West Wales, with the Director of Public Health being the Lead of the Prevention Group on the RPB and advised that while the three PSBs for the three Local Authority areas work separately, work was being undertaken to identify common areas where all three PSBs can establish joint working such as poverty reduction and 'Shaping Places' as part of the Health Weight Healthy Wales initiative.

Dr Gjini highlighted the work of the Community Development Outreach Team that was a part of the Public Health Directorate with the sole focus being to identify communities that find it difficult to engage with the Health Board and to work with those communities to improve how the Health

Board does engage with them, how the Health Board delivers its services and programmes in relation to the hard-to-reach communities and shifting delivery towards a more preventative approach with specific work being undertaken relating to immunisation and vaccination.

Dr Gjini presented the 3-year Health Improvement and Wellbeing Strategic Plan to the Group and highlighted the six objectives: -

- Supporting children and young people to live healthy lives
- A smoke free Mid and West Wales
- Healthy Weight, taking a whole system approach
- Reducing the harm caused by drug and alcohol use
- Developing holistic approaches to supporting healthier lives
- Working in partnership to address the wider determinants of health and improve health equity

The Strategic Plan had been presented to the Health Board's Strategic Development And Operational Delivery Committee (SDODC) and is recommended to be approved by the Board on 25 July 2024.

Dr Gjini advised that the Local Health Prevention Service had identified a number of areas to be prioritised for the current year such as elimination work to eliminate infectious diseases such as Hepatitis B and C, tuberculosis and HIV with a priority to improve and increase immunisation uptake rates focusing on the Measles, Mumps and Rubella (MMR) and the seasonal vaccinations in autumn and winter 2024/25 and being ready with key partners to be ready to scale up and infectious disease health protection response should an event occur and continuing to support those in vulnerable settings such as care homes.

In relation to governance, Dr Gjini advised that to ensure that HDdUHB delivers its public health priorities, the work of the Health Board and its partners will be overseen by a Population Health and Equity Strategic Oversight Group that oversees the work of its four sub-groups: -

- Social Model for Health and Wellbeing Group
- Health Protection Coordination and Oversight Group
- Population Health Management Group
- Health Improvement and Equity Oversight Group

Dr Gjini requested that SRG were asked to provide a representative to sit on the Population Health and Equity Strategic Oversight Group and its Health Improvement and Equity Oversight Group.

In response to a question from Ms Sian Davies regarding the proposal by Ceredigion County Council to relocate Lampeter Library into the Lampeter Wellbeing Centre, Dr Gjini advised that the proposals were currently under consultation by Ceredigion County Council and the Health Board were currently undertaking an active engagement with the community in Lampeter around the Social Model for Health.

**AHM/
CSO**

In response to a question from Mr Tegryn Jones regarding partnership working across the three PSBs, Dr Gjini believed that it was widely recognised that the PSBs and the RPBs frequently overlapped with their

responsibilities however they were all distinct in legislation and gave the example that the PSBs were a statutory body created by the Future Generations Act with the RPBs being regional on the footprint of the Health Boards in Wales, whereas the PSBs were on a Local Authority footprint and that some PSBs in Wales had merged and there was an strong feeling that they should continue to exist as separate bodies.

In response to a question from Mr Jones regarding any outstanding difficult-to-reach communities, Dr Gjini agreed with Mr Jones' assertion that it was the Health Board that was often the difficult-to-reach body and not the communities and believed that it was incumbent on the Health Board to ensure that its services and programmes were accessible to the communities that were in need of them.

In response to a question from Dr Neil Wooding regarding the existence of too many engagement forums being evidence that engagement is not necessarily working, and that more energy is being expended on maintaining multiple engagement forums than actual engagement with communities, Dr Gjini agreed and advised that she was a member of over a dozen engagement forums and partnership groups across the Health Board.

Decision: The Stakeholder Reference Group **NOTED** the Public Health: Working with our Communities to Improve Health and Wellbeing presentation.

SRG(24)41 ANNUAL REVIEW OF STAKEHOLDER REFERENCE GROUP MEMBERSHIP

Ms Charlotte Wilmshurst presented the Annual Review of Stakeholder Reference Group Membership and advised that in accordance with the Health Board Standing Orders and the SRG's Terms of Reference, the annual review of the membership of the SRG had been undertaken.

Ms Wilmshurst advised that the SRG Terms of Reference state that members of the SRG shall be appointed for a period specified by the Board, for no longer than three years in any one term. Those members can be reappointed however may not serve a total period of more than five years consecutively.

Ms Wilmshurst advised that twelve members had come to the end of their tenure on the Group and nominations for all except two of those vacancies have been confirmed.

Ms Wilmshurst advised that Chair and Vice Chair arrangements would be to be confirmed at the 5 November 2024 SRG meeting as the current Chair arrangements are only confirmed until January 2025.

There were no questions from the Group.

Decision: The Stakeholder Reference Group **NOTED** the progress being made to appoint/re-appoint representatives of member organisations to SRG.

SRG(24)42 MEETING THE NEW HEALTH BOARD CHAIR

Ms Ross introduced Dr Neil Wooding, the newly appointed Chair of the Health Board, to the meeting.

Dr Wooding believed that a biggest challenge currently facing the Health Board was the sustainability of the services that it provides and that how organisations work collectively across West Wales to meet the population's health needs through service provision and through promote better health within the population of West Wales.

Dr Wooding believed that health and maintaining good health was key to underpinning human contentment, satisfaction and happiness and that that endeavour was not a single issue that the Health Board could do alone however required collaboration and that the responsibility of the Health Board was to facilitate the drive for better health of the population to ensure that it occurs in the best possible manner and to be best possible effect.

Dr Wooding highlighted that the Health Board's budget is £1.2b a year and that, globally, there were 50-60 countries that provide for a population of five times the size of the population of HDdUHB yet spend less money on health than the Health Board's budget.

Dr Wooding believed that he could foresee future tensions in the manner in which the Health Board is received by the community that it serves and that many communities did not wish to see any change to the services that they receive from the Health Board despite the increasing challenge of providing services at the level of locality expected by the population. Dr Wooding believed that work was needed to be undertaken to education the population to understand that changes to the delivery of health services were necessary to use resources as efficiently as possible to deliver the healthcare that meets the needs of the population.

Dr Wooding suggested that there would have to be some difficult and challenging conversations to be had with communities in relation to the provision of health services and emphasised the challenge of delivering health services to a very rural population and that also that work was needed to be undertaken to ensure that communities understood the need and the rationale for the changes to be made. Dr Wooding believed that West Wales should be a showcase for the delivery of Primary Care services if services were planned intelligently and carefully for the environment in which they operate.

Dr Wooding advised that stakeholder engagement was intrinsic to the Health Board to ensure that communities were to be carried with the Health Board in making the changes to the model of service delivery necessary and that financial resources were finite and that for extra money to be allocated to health services in Wales, it results in money being diverted from education, transport or other public services or bodies such as Local Authorities that were also challenging for resources.

Dr Wooding believed that the quality was the highest priority when planning health service provision that a higher priority than proximity of services and that it was preferable to have significantly better services that may be a further distance from a patient than a substandard service closer to the patient. Dr Wooding advised that work needed to be undertaken with the patient population to understand the meaning of making better health choices in relation to quality and proximity.

Dr Wooding gave the example of the difficulties Dr Gjini highlighted in working with the RPBs and not just within Local Authority areas and believed that a better way of working for the benefit of the population was for all stakeholders to work collaboratively together and that there was a need to refresh and refocus on the needs of the wider patient population.

Dr Wooding believed that there were two main considerations of stakeholder engagement were voice and value and that by giving voice and recognising that the more the Health Board can encourage individuals to come forward to talk, engage, speak, and share their views and their ideas, the more there can be a mature conversation about how the Health Board can develop its approach to health in the future. Dr Wooding believed that stakeholder engagement was about bring value and not just to meet a statutory responsibility.

Dr Wooding believed that the challenge was about developing and delivering an organisation that was both financial sustainable and one that delivers quality services that addresses the issue of fragility around several of its services, especially Primary Care services.

Dr Wooding advised that the Health Board needed to develop a sense of what the health profile of West Wales was and what the health of the population and the health inequality that was experienced so that services could be planned in the long-term around the population's needs.

Dr Wooding expanded on the need to plan for the future service provision of health services in West Wales, based on emerging trends and technologies and not using an outdated template for service provision planning and gave the examples of 'hospital in the home', digital innovation, automated healthcare and genomic medicine as future considerations for health service planning where patients spend as minimal time in hospital as possible and where patients stay well and within their own communities although can have confidence that the health services they need are available should they require them.

In response to a question from Mr Tegryn Jones regarding preventative healthcare, Dr Wooding believed that it was in the field of preventative health care and self-care than the Health Board needed to make the most progress and that work was needed to assess to level of work undertaken on preventative healthcare to add to the existing work undertaken to build up the knowledge and expertise around the how the Health Board and stakeholders promote good health to their population and emphasised the need to overcome the challenges of disadvantaged communities, groups and individuals to make good health choices within their challenging economic situations.

In response to a question from Mr Jones on the level of public spending on health, Dr Wooding believed that the Health Board was an expensive organisation to run and emphasised the need for the Health Board to reduce its cost base.

Decision: The Stakeholder Reference Group **RECEIVED** the presentation from Dr Neil Wooding, Chair of HDdUHB.

SRG(24)43 CURRENT AND FUTURE PLANNED CONSULTATIONS AND ENGAGEMENT UPDATES

Mrs Alwena Hughes Moakes presented an overview of the programme of current and planned future consultations and engagement events that the Health Board were undertaking to provide the Group with a summary of consultations and engagements that have been undertaken and an insight into planned future consultations and engagements and how members of the SRG can share their views and influence the decision-making process.

Mrs Hughes Moakes advised that the engagement relating to the Clinical Service Plan was on-going with a series of workshops planned for staff and stakeholders to develop a set of potential options that will support and improve nine identified service areas over the coming years with an update report being presented to the Board in November 2024.

Mrs Hughes Moakes advised that the workshops have been attended by staff in both clinical and managerial positions and also members of the community with the options for progress being presented to Board in November 2024 for a decision that will undergo consultation in 2025.

Mrs Hughes Moakes highlighted the public engagement process relating to the St. David's Surgery in North Pembrokeshire following the resignation of the surgery's General Medical Services contract as a result of the decision to resign the contract with the Health Board that was made by the single-handed GP Partner.

Mrs Hughes Moakes advised that over 500 people had attended a drop-in event in St. David's City Hall that attracted 1,072 responses during the engagement period reflecting the concern and anxiety within the community ahead of a decision on the future of the service that will be made at the Board on 25 July 2024.

Mrs Hughes Moakes highlighted the engagement undertaken relating to the Public Art Task and Finish Group at the Bronglais Hospital (BGH) Chemotherapy Day Unit (CDU) and work undertaken with the community and the production of participatory print-making workshops to support individuals who have used the CDU to create the artwork for the facility.

Mrs Hughes Moakes provided an update on the Phlebotomy Services in the Llanelli area following the relocation of the service from the Antioch Centre in Llanelli to the Mass Vaccination Centre in the Dafen area of the town and the engagement relating to the move. Mrs Hughes Moakes advised that concerns had been raised by those who accessed the service by public transport had been addressed by making appointments available

at Prince Philip Hospital (PPH) that was more accessible by public transport links. Mrs Hughes Moakes reported a favourable take-up of the service at the Dafen site with PPH providing mitigation for those accessing the service by public transport and has resulted in a significant reduction in waiting times for blood tests through increased capacity available at the Dafen site.

Mrs Hughes Moakes highlighted the Pembrokeshire Keep Well Events that had been organised by the HDdUHB Proactive and Planned Care Team in association with the Local Authority and the Pembrokeshire Association for Voluntary Services (PAVS) with the aim of the "Keeping Well in Pembrokeshire" roadshow being to provide information, advice and support for Pembrokeshire residents by showcasing primary and community services to the community as part of the health prevention agenda.

Mrs Hughes Moakes advised that planned future engagement events included work around: -

- Clinical Service Plan
- Primary Care Strategy
- The Pentre Awel Development in Llanelli
- Section 136 – Mental Health Services
- Continuous Engagement with the Community

Future planned engagement events relating to the Clinical Service Plan are on-going with the report being presented to Board in November 2024 with consultation in 2025.

In relation to the Primary Care Strategy and the strategic plan relating to the overall strategy contained within *A Healthier Mid and West Wales* (AHMWW), there is planned engagement with staff and members of the community in September 2024 to understand how the Health Board can deliver the ambition contained within AHMWW with the vision of care closer to home, how the Health Board can empower individuals to take better care of themselves and the future of Primary Care.

Mrs Hughes Moakes advised that the Health Board would be engaging with the community later in 2024 around the potential movement of services into the new Pentre Awel Development in South Llanelli and advised that the aforementioned Phlebotomy Services' move to Dafen was temporary pending a move to Pentre Awel in 2025 and the potential relocation of physiotherapy, podiatry and other services with engagement with the community planned and to explore any potential mitigations that may need to be undertaken such as public transport to support individuals to access the services.

Mrs Hughes Moakes advised that there was on-going engagement planned with key partners, the police and mental health providers relating to Section 136 – Mental Health Services with engagement being undertaken across all three counties within HDdUHB around the location of services to be undertaken in September and October 2024.

Mrs Hughes Moakes also highlighted the work undertaken by the Community Development Outreach Team and the proactive approach to engaging with hard-to-reach groups and individuals within the community. Mrs Hughes Moakes also confirmed the HDdUHB's attendance at the Pembrokeshire Show.

In response to a question from Mr Jones about the potential to roll-out the Arts in Health works undertaken at BGH to other parts of the Health Board, Mrs Hughes Moakes advised that the Health Board had recently become the first Health Board in Wales to produce and sign a Arts in Health Charter to commit to supporting the physical and mental health benefits of promoting arts within a health care setting.

In response to a question from Mr Jones regarding health impact assessments, Mrs Hughes Moakes advised that the Health Board have been consulted by Welsh Government (WG) and agreed to share a copy of the information that had been provided to the Health Board.

AHM

Decision: The Stakeholder Reference Group **REVIEWED** and **NOTED** the Current and Future Planned Consultation and Engagement Update

SRG(24)44 INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)

The Integrated Performance Assurance Report (IPAR) Overview as of 31 May 2024 was presented to the Group.

There were no questions from the Group.

Decision: The Stakeholder Reference Group **NOTED** the Integrated Performance Assurance Report (IPAR) Overview.

SRG(24)45 STAKEHOLDER REFERENCE GROUP UPDATE TO BOARD

The Stakeholder Reference Group Update to Board arising from the meeting on the 2 May 2024 was presented to the Group.

There were no questions from the Group.

Decision: The Stakeholder Reference Group **NOTED** the Update to Board arising from the 2 May 2024 meeting.

SRG(24)46 STAKEHOLDER REFERENCE GROUP WORK PLAN 2024-25

The current Stakeholder Reference Group Work Plan for 2024-25 was presented to the Group.

There were no questions from the Group.

Decision: The Stakeholder Reference Group **NOTED** the Stakeholder Reference Group Work Plan for 2024-25.

SRG(24)47 REFLECTIVE SESSION

Ms Ross led the SRG Reflective Session and asked the Group: -

- How informative was today's session on learning?
- What are you going to take back to your organisations from today?
- What would you like to learn about at the next meeting?
- What would you like us to share with Board afterwards?

Ms Ross provided a summary of previous feedback from Members that there was a need to make information provided to the Group more accessible given that reports were considered to be 'information dense' and that the Group felt reports should be more informative and more easily digested by Members.

In response to a question from Ms Ross on how the information given in the reflective session was recorded, Ms Wilmshurst advised that the feedback was recorded in the minutes and used as part of an on-going development of the Group as part of a process that had been adopted for all Board Committees and Groups within the Health Board.

Ms Davies believed that there were benefits of attending the Group meetings in-person as opposed to virtual attendance and commended the presentation given at the meeting by Dr Wooding.

In response to a question from Ms Davies and Mr Jones regarding attendance at the Group meetings and the appropriateness of sharing Group papers, Ms Wilmshurst advised that she would discuss with Mrs Hughes Moakes on how attendance at SRG meetings could be promoted and improved. Ms Wilmshurst further advised that all of the Group's papers were in the public domain, were also available on the Health Board's public internet site and it was encouraged for Members of the Group to share the Group paperwork with their respective organisations.

**CW/
AHM**

SRG(24)48 ANY OTHER BUSINESS

There was no other business to be transacted. Ms Ross thanked all attendees for their time and feedback.

SRG(24)49 DATE OF NEXT MEETING

Tuesday 5 November 2024; 09:30 - 12:00