

**MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG)
COFNODION Y GRŴP CYFEIRIO RHANDDEILIAID (GCR)**

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| Date and Time of Meeting: | Friday 14 th January 2022 at 9.30 am |
| Venue: | Microsoft Teams |

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| Present: | <p>Mrs Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair)</p> <p>Ms Alwena Hughes-Moakes, Director of Communications, HDdUHB (Lead Director)</p> <p>Ms Emma Taylor, Natural Resources Wales</p> <p>Ms Hayley Edwards, Armed Forces Representative</p> <p>Ms Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services</p> <p>Mr Terry Davies, West Wales Action for Mental Health (WWAMH), deputising for Ms Angie Darlington, Director WWAMH</p> <p>Mr Alan Thomas, Patient Representative (Carmarthenshire)</p> <p>Mr Kelvin Barlow, Regional Partnership Manager</p> <p>Mr Nick Hampshire, Chief Executive, Ateb Group</p> <p>Ms Nadine Farmer, Pembrokeshire Youth Services, Pembrokeshire County Council</p> <p>Ms Paula Martyn, Care Forum Wales</p> <p>Ms Sian Davies, Talking Health Representative (Carmarthenshire)</p> <p>Cllr. Michael Theodoulou, Carmarthenshire Town Council</p> |
| In Attendance | <p>Ms Alison Gittins, Head of Corporate & Partnership Governance, Hywel Dda University Health Board (HDdUHB)</p> <p>Ms Angharad Lloyd-Probert, Senior Project Manager, HDdUHB</p> <p>Mrs Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB</p> <p>Ms Gaynor Megicks, Engagement Officer, HDdUHB</p> <p>Ms Delyth Evans, Senior Engagement Officer, HDdUHB</p> <p>Mrs Louise O'Connor, Assistant Director, Legal and Patient Support</p> <p>Ms Stepheni Kays, Community Outreach Development Manager</p> |

| Agenda Item | WELCOME AND APOLOGIES/CYFLWYNIADAU A YMDDIHEURIADAU | Action |
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| SRG (22)01 | <p>Mrs Hazel Lloyd-Lubran welcomed all to the meeting extending a particularly warm welcome to Ms Alwena Hughes-Moakes attending her first meeting as Lead Director for the Stakeholder Reference Group (SRG). Ms Hughes-Moakes informed Members of her role as the Health Board's newly appointed Director of Communications, having previously been Director of Communications at Aberystwyth University and more recently relocated back to Wales from Switzerland having worked for a number of years as a head of communications for an agricultural company. Ms Hughes-Moakes very much looked forward to working and engaging with SRG colleagues and partners.</p> | |

Mrs Lloyd-Lubran also extended a warm welcome to Mr Kelvin Barlow, Regional Partnership Manager for the Regional Partnership Board (RPB), as Mr Martyn Palfreman's replacement on the SRG.

Apologies for absence were received from:

- Ms Angie Darlington, Director, West Wales Action for Mental Health
- Ms Diana Davies, Corporate Manager Partnership and Performance, Ceredigion County Council (Ceredigion Public Services Board)
- Ms Ros Jervis, Director of Public Health, HDdUHB
- Mr Iwan Thomas, Independent Member, HDdUHB
- Mrs Gwyneth Ayres, Corporate Policy and Partnerships Manager, Carmarthenshire County Council (Carmarthenshire Public Services Board)
- Mr Ken Jones, Carer Representative, Ceredigion
- Ms Yasmin Todd, Pembrokeshire County Council
- Ms Alison Harries, Carer Representative, Carmarthenshire
- Mr Gruffudd Ifan, Policy and Engagement Advisor, Dyfed-Powys Police & Crime Commissioner's Office
- Mrs Leanda Wynn, Hywel Dda Community Health Council
- Mr Nigel Clark, Patient Representative, Education Programme for Patients
- Ms Samantha Nicholls, Carer Representative, Pembrokeshire
- Ms Sara Beck, Welsh Ambulance Service Trust

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| SRG (22)02 | DECLARATIONS OF INTEREST/DATGANIADAU O DDIDDORDEB | |
| | No declarations of interest were made. | |

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| SRG (22)03 | MINUTES OF THE PREVIOUS MEETING HELD ON 15TH OCTOBER 2021/COFNODION Y CYFARFOD A GYNHALIWYD AR 15 GORFFENNAF 2021 | |
| | The minutes of the meeting held on 15 th October 2021 were approved as an accurate record. | |

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| SRG (22)04 | MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING ON 15TH OCTOBER 2021/MATERION SY'N CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWYD AR 15 GORFFENNAF 2021 | |
| | <p>An update was provided on the Table of Actions from the meeting held on 15th October 2021 with the following highlighted:</p> <ul style="list-style-type: none"> • SRG(21)86 Discussion on Best Approach to Reflect the Populations 'Lived Experience' of the Health Board – to share the Maternity Services Review with Members, once available. • SRG(21) Transformation Programme/Transformation Funding – Mr Kelvin Barlow undertook to cover his predecessor Mr Martyn Palfreman's actions, in future SRG reports. | |

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| | <p>In terms of expressions of interest for the role of Vice Chair on the SRG, it was agreed that a re-run of the self-nomination/nomination process would be undertaken to elicit these and if no expressions of interest were forthcoming, Mrs Lloyd-Lubran would look to nominate. Ms Alison Gittins undertook to provide Members with a list of the formal membership of the Group.</p> | <p>AG</p> |
| <p>SRG (22)05</p> | <p>DRAFT INTEGRATED MEDIUM TERM PLAN/ CYNLLUN TYMOR CANOLIG INTEGREDIG DRAFT PLANNING OBJECTIVES 2022-23/ AMCANION CYNLLUNIO DRAFFT 2022-23</p> <p>Ms Angharad Lloyd-Probert provided Members with an update on the progress of the Health Board’s Integrated Medium Term Plan (IMTP) identifying the priorities and actions required to develop HDdUHB’s services. Members noted that the document has been built from the previous year’s document and updated to reflect new priorities and responses to feedback from staff, patients and partners.</p> <p>In terms of the timeline for submission of the IMTP, publication of the Wales Planning Framework in December 2021 indicated the requirement to submit an approved plan to Welsh Government (WG) by 28th February 2022, however due to COVID-19 and the subsequent pressures on the health care system across Wales, the timeline for submission has been amended to 31st March 2022.</p> <p>Members were informed that if the Health Board cannot submit a financially approved and balanced plan, it will need to submit an Accountable Officer letter to WG by 28th February 2022.</p> <p>In terms of the timeline for producing the plan, the Health Board intends to have a 95% completed plan by mid February 2022 as this will need to be presented through HDdUHB’s various Committees and other stakeholders for review, feedback and comment, recognising that there may be minor amendments to be made up to the time of submission.</p> <p>In terms of the outline of the plan, Ms Lloyd-Probert shared the skeleton documentation on screen, explaining to Members how to navigate the document which is structured under the Health Board’s 6 Strategic Objectives (SOs) underneath which are the supporting Planning Objectives (POs). It was noted that the text boxes will be utilised to signpost to the relevant areas WG has identified are requirements within the plan.</p> <p>A foreword from HDdUHB’s Chief Executive Officer (CEO) is included, with bullet points to denote the various areas for highlighting e.g. the challenges currently faced, how the Health Board intends to recover from these challenges, etc.</p> | |

A table is also included that had been included in previous versions and had been well received, making clear all the WG priorities that are being addressed within each section of the plan and the key actions and the quarters in which these will be delivered.

A brief explanation is provided of the SOs, the POs and the Board Assurance Framework (BAF), and how the actions will be monitored within the plan to ensure there is assurance and governance built into the whole process. Also addressed within the plan will be the Health Board's ongoing response to COVID-19, the vaccination programme, Test, Trace, Protect and field hospitals, together with the POs that relate to the ongoing response.

WG feedback on earlier versions of the plan suggested the need to be more joined up through finance, planning and workforce processes. Work has therefore been undertaken to collate and triangulate more closely this information in key areas within the plan.

In terms of the structure of the plan:

- Section 1 is structured around SO1 with bullet points denoting the areas to be drawn upon; the POs and actions will sit below this.
- Section 2 – covered in this section are communications, engagement, Welsh Language, carers, clinical education, equalities, charities, the Regional Partnership Board (RPB) and other partnerships.
- Section 3 – this section covers quality and standards, Improving Together, regulatory, primary care plans, together with the POs related to this SO.
- Section 4 - covering Public Health and prevention, social prescribing, therapies, social care, transformation funding, regional working.
- Section 5 – covering the planned care agenda, unscheduled care, integrated locality planning (3 Counties), cluster planning, mental health, pharmacy, diagnostics, etc.
- Section 6 – covering resourcing, financial plan, Roadmap to Sustainability, digital plans including innovative ways of working.

Ms Lloyd-Probert confirmed that the next iteration of the plan for sharing would contain further content but for now, this version sets out the skeleton framework identifying where the information will be placed.

In terms of an update on POs, Ms Lloyd-Probert advised that the plan hinges on the Health Board's SOs and POs. Some of these have been revised, some are unchanged and 25 are new. There are now 68 POs in total which will be presented to the January 2022 Public Board for ratification.

Comments on the presentation were invited from SRG Members.

In terms of Members input, Mrs Lloyd-Lubran suggested SRG's role would be most effective in considering progress against what has been set out in the IMTP in terms of SO 2 (working together) and SO 4 (communities and wellbeing). As a stakeholder group, the SRG would be particularly interested in these two SOs and enquired how progress is reported back to Board.

Mrs Lloyd-Probert responded that all 68 POs will be monitored through the BAF against the key actions set out in the plan and against the quarters identified for delivery/completion. Progress against these actions will be reported back to Board i.e. whether these are 'behind', 'on course' or 'complete', with explanations required for non-completion and a timeline for when it is anticipated that the action will be complete.

Mrs Lloyd-Lubran requested Members receive sight of the IMTP prior to its final submission, and suggested the SRG could pick out for a deeper dive those SOs and POs where the Group could add value or expertise

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Ms Jackie Dorrian commended the amount of work undertaken by the team involved, particularly given the current pressures on health and social care. In terms of communities and partnerships, Ms Dorrian enquired how information is fed in from the various communities and partnerships on what is being prepared and proposed, recognising that the different arrangements within each county can be complex and complicated and may require some time and thought to reflect on the mechanisms in place.

Mrs Lloyd-Probert acknowledged the validity of the question in terms of how the Health Board consults and works in partnership across its Counties, and accepting the criticism of the silo nature of previous County Plans. However, this has now been addressed through close working with the Health Board's 3 County Directors, the Health Board's Assistant Director - Strategic Partnerships, Diversity and Inclusion, Mrs Anna Bird, and the RPB's Regional Partnership Manager, Mr Kelvin Barlow, to achieve the development of more coherent plans as opposed to those developed in isolation.

Ms Dorrian emphasised the need to consider the plan from a 3rd sector perspective and to ensure that feedback from this sector is received. Members recognised that whilst this remains a Health Board document, progress cannot be made without the involvement of the 3rd sector.

Mrs Lloyd-Lubran suggested that this is why consideration needs to be given by the SRG on how this can be achieved for those the Group represents as this can be a very important link. Consideration also needs to be given to how the SRG can support the development and delivery of the IMTP going forward.

Mrs Anna Bird endorsed Mrs Lloyd-Lubran's proposal in terms of the SRG considering particularly relevant aspects of the IMTP, either by way of a deep dive or to receive further updates, and to select a discrete number of POs to potentially add to the SRG workplan.

Mrs Lloyd-Lubran suggested an SO could be selected for each SRG meeting, and as the IMTP develops, to consider some of the more challenging areas.

Mrs Bird suggested that a focus on the PO related to work on social values and how this could be promoted to gain more from, for example, procurement to

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| | <p>create more social value and to consider how work is taken forward with 3rd sector partners and commissioned through and with them.</p> <p>Mrs Lloyd-Lubran undertook to use this approach to set the SRG agenda and work programme going forward and to view the IMTP through this lens.</p> <p>Mrs Lloyd-Probert and team were thanked for their work on the IMTP, especially for finding the headspace to undertake this level of planning in these particularly challenging times.</p> <p>It was acknowledged that the IMTP submission at the end of March 2022 will not represent the final version and that there would be further opportunities for the SRG to shape this going forward.</p> | |
| | <p>The SRG NOTED the update on the Draft IMTP and the Draft Planning Objectives 2022/23.</p> | |

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| <p>SRG (22)06</p> | <p>PRESENTATION ON IMPROVING PATIENT EXPERIENCE/CYFLWYNIAD AR WELLA PROFIAD CLEIFION</p> | |
| | <p>Mrs Lloyd-Lubran reminded Members of discussion on improving patient experience at the previous SRG meeting, with the recognition that work on this is enhancing and adapting all the time. Mrs Louise O'Connor shared with Members the progress made in the two years since the presentation made to the SRG on the Improving Experience Charter (IEC).</p> <p>Mrs O'Connor explained that in developing the IEC, the Health Board wanted to develop the strategy that spoke best to our patients and set out what mattered most when accessing healthcare. This created a number of 'always events' (pledges) which have been built in to the Improving Together work to understand what matters most to our patients through the BAF.</p> <p>In terms of how the Health Board receive feedback, the Patient Care Team capture data such as complaints, compliments, patient and staff stories, the 'Friends & Family Test', etc. However, there are other teams working in the field of engagement that also receive in valuable feedback, and work will take place over the next few months to gather this together in order to triangulate the information.</p> <p>One of the most powerful methods utilised remains the patient and staff stories, which are often relayed at Board, Committees and other meetings. The Friends and Family Test is also being refreshed to reach out to those surveyed by text, etc to establish whether, post their intervention, patients would recommend the service received to their family and friends. This test has now been expanded to a variety of new areas, mainly acute and other hospital care, with an acknowledgement of the need to expand into other health care settings. Observation work also takes place at ward level, and there are other initiatives such as the 'Big Thank You', operating alongside this.</p> | |

The complaints and concern agenda also brings with it a wealth of feedback, admittedly mainly negative, however all are gathered and triangulated to feed into service areas and at Board and Committee level. Ward and clinic surveys are also regularly undertaken and fed back in real time to address any issues involved.

In terms of compliments, previously there has only been the ability to report on formal compliments received by the Chief Executive and Chair, however the team has been working more recently with service areas to pick these up direct from where they are received, and to pick up on the sentiments behind them in order to feed these into the Health Board values.

Mrs O'Connor explained in more detail the Family & Friends Test, where around 34,000 people are surveyed every few weeks for their feedback. The team involved is currently looking to improve the reporting system recognising its current weaknesses. Whilst overall experience scores have been fluctuating, despite the current challenges most feedback received is very positive, and where there are interactions with staff, these received the most positive feedback. This information can be analysed at a low granular level in order that each service has access to it, listen to the sentiments involved, and use these to improve services. Much of the recent feedback has been on the impact of COVID-19 and how this has affected patient areas particularly in terms of restrictive visiting and appointments and delays.

Mrs O'Connor shared some typical comments and confirmed that each area is provided with their own feedback. A positive example of utilising this feedback has been the Family Liaison Service (FLO). Whilst this remains a temporary arrangement, it is hoped to be able to extend the service given the positive feedback received particularly from families who could not see their relatives in hospital during COVID-19, by making use of FLOs to sit and talk with patients and really listen to them to address their loneliness.

It was acknowledged that reaching out to those who are routinely hard to reach is one of the biggest challenges, and this links to the work of Ms Stepheni Keys in the Community Development Outreach Team (CDOT).

Ms Keys reminded Members of discussion at the previous SRG meeting where the work of the CDOT, established to support ethnic groups, had been presented. Whilst funding for the team had been due to end in March 2022, due to the positive feedback received, funding will now be in place beyond this date.

Ms Keys recapped for Members the purpose behind the CDOT's establishment i.e. to be a trusted source of information in terms of carrying messages, supporting the Health Board's vaccination teams given the poor uptake amongst the ethnic community, and in terms of correcting any misinformation and to address health inequalities. Members were pleased to note that take up has increased over the past few months, and the team has shared 41 different health messages in a language that ethnic groups can understand, engaged with 639 people, and helped individuals who could not travel to the Mass Vaccination Centres for a variety of reasons. Use has also been made of the

interpretation app secured by the Health Board which has been downloaded 55 times. Language line over the telephone has also been utilised to support 64 individuals on a 1 on 1 basis, and the Health Board's own services have been translated into 17 languages demonstrating the diversity of the areas represented.

Ms Keys shared a number of case studies where the CDOT had supported not only members of our community who are from an ethnic minority but also our service colleagues, especially those unaware of the existence of the various apps in use. Guidelines for interpretation have also been pulled together to make the apps more accessible. Members acknowledged that language can be a barrier and where this is the case, more often than not members of the public choose to use word of mouth sources rather than the HDdUHB website, making it even more important that the Health Board gets its messages across in a way that can be understood by all. Members also recognised that loneliness is a significant issue, especially with refugees, and can have a significant impact on health. Trust therefore needs to be built between the Health Board and the ethnic communities it serves.

Mrs O'Connor thanked Ms Keys for her presentation recognising the importance of how all these various strands of information are joined together. In terms of how patient experience is measured and fed back through the BAF, the Health Board has used the Improving Experience Charter to develop a number of patient measures to form part of the framework, and all current methods of capturing feedback will be used to achieve an integrated charter for all.

Mrs O'Connor acknowledged the work still to do, with the Health Board only part way through its journey and its strong commitment to doing more. The next challenge will be to implement new systems to enhance the feedback and the ways in which it is received i.e. by developing additional surveys, utilising easy read versions of documents, and considering how best to engage with patients with dementia and learning disabilities. Mrs O'Connor advised Members that she would be happy to share this work as it evolves.

Mrs Lloyd-Lubran thanked both Mrs O'Connor and Ms Keys for their very insightful presentations and updates, and was pleased to note that funding had been secured to continue the work of the CDOT with much to learn from this initiative. System navigation is an issue for a number of population groups and can inform the way we all work. We also do not always appreciate the diversity we have in our region of Wales, and 17 different languages within Hywel Dda speaks for itself.

Mrs Lloyd-Lubran referred to the Vaccine Equity Group (VEG) that both she and Ms Keys currently serve on, representing a group of stakeholders working together in behalf of those who might face barriers in accessing vaccination. Mrs Bird suggested this links back to one of the POs regarding inequalities in health and that the SRG could consider what else could be done and what actions could be taken forward together under the IMTP Planning Objective agenda item going forward and build this into the SRG work plan.

Recognising it is often a few weeks after an appointment when patients reflect on their experiences, Mrs O'Connor suggested the Health Board would be looking at this time period to issue surveys and also would be considering other means of access to complete these, for example using QR codes. Members recognised the importance of completing questionnaires at a time that suits the individual as opposed to the current more prescribed process. Members also acknowledged that COVID-19 had necessarily interrupted this process and that the Health Board looked forward to picking back up on this work.

Acknowledging the challenging nature of the work during COVID-19, Mrs Dorrian enquired how patient feedback gets fed in to inform other organisations, including the third sector, to ensure this is useful and meaningful to all and avoids individuals being asked to respond several times. Mrs Lloyd-Lubran wished to add to this by enquiring how best to reach those in the middle ground i.e. the average viewpoints, as these are just as valid as those at the extreme of good and bad. It was agreed that different ways of gathering feedback could be considered to look at ways services could change i.e. volunteers could be FLOs going forward, and a need to consider how to create opportunities for other partner organisations to link in to this. It was noted that this forms part of the continuous engagement work the Health Board has been trying to undertake regionally in terms of making every contact count. It was suggested this could form the basis of a topic for a future SRG meeting, not only the patient voice but the voice of all.

Mrs O'Connor informed Members that these discussions had commenced prior to the COVID-19 pandemic and one of the new groups being established will consider how feedback in conjunction with others that are engaging in the process can be facilitated, with the SRG one of the more appropriate places to have this conversation and an element of the IMTP that could be focused upon.

SRG Members relayed a number of individual experiences reinforcing the need to ensure the right help is in place at the right time and to signpost these services most effectively; the experiences relayed also reinforced the importance of supporting carers.

Mrs O'Connor confirmed that addressing poor experiences would remain the Health Board's focus and apologised for not doing better particularly in regard to those examples where services are in place to support individuals but need better signposting.

On behalf of the SRG, Mrs Lloyd-Lubran thanked Mrs O'Connor and Ms Keys for their presentations.

The SRG **NOTED** the Improving Patient Experience Presentation.

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**TRANSFORMATION PROGRAMME /TRANSFORMATION FUNDING (ICF)/
DIWEDDARIAD RHAGLEN DRAWSNEWID/CULLID TRAWSNEWID (ICF)**

Mr Kelvin Barlow provided Members with an update on the Transformation Programme since the previous presentation made to the SRG on 15th October 2021.

Mr Barlow provided Members with a background to his role as Regional Programme Manager for the Regional Partnership Board, representing a 12 month temporary role commencing from the end of November 2021, and picking up on part of Mr Martyn Palfreman's previous role.

Mr Barlow reminded Members of the Transformation Fund (TF) and its purpose, and that the future now centres around the Health & Social Care Regional Integration Fund (RIF), a 5 year fund to deliver a programme of change from April 2022 up to the end of March 2027, to replace and build on the previous Integrated Care Fund (ICF) and TF with the aim of delivering on WG's aspirations for health and social care services.

Mr Barlow informed Members that detailed guidance had been received from WG just before Christmas 2021, however this remains draft with the final guidance due to be published this month on how the funding is to be managed with monies now coming into the Health Board from WG as opposed to Local Authorities, albeit with decision making shared across both.

Members noted the following confirmation of funding for West Wales:

- Regional Infrastructure Fund - to support the RPB and others to deliver on this programme of work.
- National Priorities Fund - WG priorities and existing programmes of work that will continue with 100% funding allocated.
- New Model Development Fund – to develop and test new models of care and scaled up programmes of work.
- National Embedding Fund – for models of care that are known to work and where we would want to continue with their delivery.

It was noted that whilst funding is broadly similar to what has previously been received, funding will come directly to the Health Board and there will be an expectation of match funding in certain cases.

In terms of the funding architecture, it is expected that over the five years of the funding cycle, there will be a move to mainstreaming the funding and funding will be shared between partners and WG with the aspiration to transform the way health and social care services are delivered in West Wales.

In terms of match funding, Mr Barlow explained this essentially means looking at where models of care are being delivered, and how statutory and 3rd Sector partners can match fund in order to create added value. Whilst this may represent an initial challenge, work has already started on the modelling for this with finance colleagues in both the Health Board and Local Authorities.

There is also an expectation from WG for a 20% contribution from the RIF to the Social Value Sector, and an indication of a 5% allocation of budget to carers which is a very much welcomed initiative in West Wales.

In terms of future programmes, the expectation is that all activity funded by the RIF must directly support development and delivery of the six national models for integrated care, with a further expectation that West Wales would replicate these titles:

- Community based care – *prevention and community coordination*
- Community based care – *complex care closer to home*
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

Members acknowledged that the challenge will be in ensuring these programmes are in place from April 2022. Members were updated on the ongoing work to re-evaluate TF and ICF projects with a Steering Group to be established with key people from key partnerships including the 3rd Sector, Finance and Workforce to develop these programmes over the next few weeks. Whilst recognising this will be a busy and challenging period ahead, good foundations are already in place to build on positive relationships with partners; good programmes are also already in place with certain elements of re-design already built in. There will also be proposals for new investment too

Whilst WG expectation is that everything is to be in place from April 2022, in reality there is likely to be a year of transition ahead while programmes are put in train overseen by the RPB and the Integrated Executive Group (IEG).

Ms Dorrian thanked Mr Barlow for the insight into the changes in how funding is to be received. Ms Dorrian provided feedback to Members from 3rd sector organisations who are unsure what is to happen next, with the challenges for them to keep their current staff and with some of them having to enter into consultation with them over the next few weeks, or face the prospect of losing key members of staff who have worked on these projects for a number of years. Whilst acknowledging that the Health Board is under pressure, so too are these organisations, therefore it is pleasing to hear that plans are moving on.

The SRG **NOTED** the update on the Transformation Programme / Transformation Funding (ICF).

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UPDATE ON THE REGIONAL PARTNERSHIP BOARD POPULATION ASSESSMENT AND PSBs WELLBEING ASSESSMENT/DIWEDDARIAD AR ASESIAID POBLOGAETH Y BWRDD PARTNERIAETH RHANBARTHOL AC ASESIAID LLESIAINT Y BGC

Mr Barlow provided an update on the RPB Population Assessment and PSBs Well-being Assessment where there are 3 documents in production across West Wales:

- RPB Population Needs Assessment – a requirement of the Social Services and Well-being (Wales) Act 2014
- PSBs Well-being Assessment – a requirement of the Well-being of Future Generations (Wales) Act 2015
- A regional Market Stability Report – a requirement of an amended regulation under the Social Services and Well-being (Wales) Act 2014

Members acknowledged this represented an interesting juncture to produce a Market Stability Report, identifying the resilience of our care sector both residential and other regulated services, given recent challenges. Members also agreed each are very important documents that will guide our services and our planning around services for healthcare and support in the future

Mrs Bird also reflected that these represent important pieces of work from a Health Board perspective with our partners, and that these assessments will inform our Area Plan the PSBs Well Being Plans and our objectives over the next few years. Mrs Bird confirmed that the Health Board has been working very closely with Mr Barlow and the PSBs lead officers, providing Public Health resource into the assessments.

Members noted that 2 of the PSBs assessments are currently out for consultation, with Carmarthenshire's consultation closing on 20th January 2022 and Ceredigion's on 28th January 2022, however Pembrokeshire's has been delayed due to translation but will be issued imminently. The Health Board's intention will be to present these to its Strategic Development & Operational Delivery Committee (SDODC) and then on to Board. It was further noted that the opportunity is offered for individuals to comment on these consultations as citizens in their own right.

In terms of the RPB Population Assessment, Mr Barlow advised that the document would consist of 11 chapters, sub-divided into specific population groups such as Dementia, Mental Health, Autism, etc, and will go into more detail on the likely demand from these population groups given the particular demographics of our area compared to elsewhere.

Both the RPB Population Assessment and the Market Stability Report are being co-ordinated by Mr Barlow's team and are approaching a final draft with the aim of getting them to the point where they can go through formal Health Board and Local Authority processes to achieve sign off. It is WG's expectation that the RPB Population Assessment will be complete before April 2022 and the Market Stability Report by June 2022.

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| | <p>These documents will inform the Areas Plans of each County as well as the West Wales Area Plan and should all knit together with other partner organisations plans to ensure investment goes to those areas of our population where we have identified it is needed to meet demand.</p> <p>Mrs Lloyd-Lubran reminded Members of earlier discussion on the need to consider a shortlist of actions for the SRG to tackle in a partnership approach and whilst acknowledging there are currently 68 Planning Objectives and therefore a challenge to select where best to support, it is through the partnership work where the SRG can best influence and will provide the Group with a workplan going forward.</p> | |
| | The SRG NOTED the Regional Partnership Board Population Assessment and PSBs Wellbeing Assessment. | |

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| SRG (22)09 | RECOMMENDATION TO THE BOARD/ARGYNHELLIAD I'R BWRDD | |
| | <p>Ms Lloyd Lubran summarised the salient points discussed at the SRG meeting on 14th January 2022, including:</p> <ul style="list-style-type: none"> • The IMTP and how the SRG can help with its development and delivery. • Engagement – patient and people experience with not only the patient voice but the voice for all to form the basis of a topic for a future SRG meeting. | |

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| SRG (22)10 | SRG UPDATE REPORT TO NOVEMBER 2021 PUBLIC BOARD/ADRODDIAD DIWEDDARU SRG I FWRDD CYHEDDUS TACHWEDD 2021 | |
| | Mrs Lloyd-Lubran advised that the SRG Update Report to the November 2021 Public Board has been included with the papers for the SRG meeting on 14 th January 2022 for information. | |

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| SRG (22)11 | NOVEMBER 2021 BOARD REPORT - OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD'S ANNUAL PLAN 2021/22 / ADRODDIAD Y BWRDD TACHWEDD 2021 - DIWEDDARIAD GWEITHREDOL AC ADRODDIAD CYNNYDD AR GYNLLUN BLYNYDDOL Y BWRDD IECHYD 2021/22 | |
| | Mrs Lloyd-Lubran advised that the November 2021 Board Report – Operational Update and Progress Report on the Health Board's Annual Plan 2021/22 has been included with the papers for the SRG meeting on 14 th January 2022 for information. | |

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| SRG (22)12 | SRG ANNUAL WORKPLAN/ CYNLLUN GWAITH BLYNYDDOL SRG | |
| | Members received the SRG Annual Workplan for information. | |

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| SRG (22)13 | ANY OTHER BUSINESS/UNRHYS FUSNES ARALL | |
| | Ms Dorian raised an issue regarding the general accessibility of current vaccination centres which may not be an issue for much longer however should be considered going forward together with a consideration of disability access. Mrs Lloyd-Lubran undertook to raise this at the VEG and to establish whether there is an intention to produce some form of learning report, both positive and negative, to inform future vaccination and screening programmes | HLI |

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| SRG (22)13 | DATE, TIME AND VENUE OF NEXT MEETING/DYDDIAD AC AMSER Y CYFARFOD NESAF | |
| | 9.30 – 12 noon, Thursday 6 th May 2022 via MS Teams. | |