



**Betsi Cadwaladr University Health Board (BCUHB)
Stakeholder Reference Group (SRG)**

Notes of the meeting held on 07.03.22

Present:	Representative of:
Clare Budden	Housing Providers (Chair)
Mike Parry (Cllr)	One Voice Wales (Vice Chair)
Gwilym Ellis Evans	Mantell Gwynedd
Fiona Evans	Conwy Voluntary Services Council
Sherry Weedall	Denbighshire Voluntary Council Services
Clive Nadin	Care Forum Wales
Anne Woods	Flintshire Local Voluntary Council
Robert Moore	North Wales Regional Equality Network
Sian Purcell	Medrwn Mon Voluntary Services Council
Frank Bradfield (Cllr)	Conwy County Borough Council
In Attendance:	
Helen Stevens-Jones	Director of Partnerships, Communications & Engagement
Laura Jones	Corporate Governance Officer
Steve Williams	Locality Manager, WAST
Jo Flannery	Senior Health Planning Manager
John Gallanders	Independent Member (Observer)
Sally Baxter	Assistant Director for Health Strategy (part meeting)
Alyson Constantine	RTC Programme Director (part meeting)

Agenda item	Action
<p>S22/01 Welcome and apologies</p> <p>S22/01.1 Helen Stevens-Jones introduced herself as the new BCU Lead Director for the SRG. The Director of Partnerships, Communications and Engagement explained to the group that she has now been with the Health Board for three months, has previously worked and lived in Yorkshire for most of her career and has been involved in engagement and relationship building across the NHS. This role within BCU will bring together the communications, engagement, public affairs and charity teams and in terms of public affairs, this area sits closely within the SRG.</p> <p>S22/01.2 Apologies were received from Jo Whitehead, Jackie Allen, John Pritchard and Christine Marston.</p>	

<p>S22/02 Declarations of Interest</p> <p>None were raised.</p>	
<p>S22/03 Draft notes of the meeting held on 06.12.21 matters arising and summary action plan</p> <p>S22/03.1 The minutes were agreed as an accurate record and the actions were all noted as closed.</p>	
<p>S22/04 Draft Committee Annual Report</p> <p>S22/04.1 The Chair stated that the SRG Annual Report has been included for comment and approval. The North Wales (NW) Regional Equality Network representative queried who the SRG report to, the Chair confirmed that this group reports directly to the Board. The Vice Chair queried where the SRG features within the Board meetings and also made reference to the recent adverse reports which relate to the Holden Report, and Vascular and Mental Health Services suggesting the SRG could look at the actions and be more active. The Chair confirmed that feedback from the SRG goes to the Board four times per year via the Advisory Group Chair's Report which is completed following each meeting. The Chair also suggested putting in a request to the Board for the SRG to receive more exposure at this level and for the Vice Chair to attend any Board meetings that the Chair is unable to join to provide input on behalf of the SRG as an Advisory Group to the Board. The Chair agreed to discuss these proposals with the Board Chair, Mark Polin. The Committee Annual Report was approved.</p>	<p>CB</p>
<p>S22/05 Annual Review of Terms of Reference</p> <p>S22/05.1 The Chair made reference to the three key roles included in the document under the "purpose" section and queried whether the group are fulfilling its role fully. The NW Regional Equality Network made reference to the last point "feedback on the impact of the Local Health Board (LHB) operations on the communities it serves" stating that this item is pertinent as the group are representing stakeholders via the Board. The Chair highlighted that the SRG are often required to provide views on specific items such as strategies and there have been occasions where the timeline for feedback has been very short; and therefore not enabling full engagement. The Chair suggested that the key priorities for the group include monitoring the implementation of strategies, an understanding and review of performance data, and providing feedback on the quality of service delivery. There is a need to ensure the right items are included on the SRG agenda in a timely manner and the main areas of feedback are heard via the Board.</p> <p>S22/05.2 The Chair made reference to attendance at meetings as this is not consistent and queried whether the relevant stakeholders are being represented. The Flintshire Local Voluntary Council representative stated that reports coming to the SRG tend to reach the group once all the decision making has taken place and added that there seemed to be more</p>	

<p>representatives present when the meetings took place face to face. The Chair confirmed that going forward there is a need to shape the agendas and be explicit as to why items are coming to the group, what the group would like to cover as part of the agenda item and what is the suggested outcome following discussion. The Chair also suggested that the group are not implementing the terms of reference very efficiently for example focussing on items in a representative role and ensuring feedback is discussed at Board level.</p> <p>S22/05.3 The Chair queried whether there are any groups which should form part of the SRG that are not currently represented. The NW Regional Equality Network representative made reference to engagement with the NW Regional Equality Network who are being encouraged to be involved in areas of work however, as with a lot of organisations who work on small budgets they don't have the capacity to attend meetings. The Chair confirmed it is our responsibility to engage with those organisations and ensure their views are heard at the SRG. The Chair and the Director of Partnerships, Communications & Engagement agreed to make contact with those not attending to see whether any support is required. The terms of reference were approved.</p>	<p>CB / HSJ</p>
<p>S22/06 Annual Review of Cycle of Business (including priorities for the year ahead)</p> <p>S22/06.1 The Director of Partnerships, Communications & Engagement confirmed that there is a need to keep the group connected and also suggested sharing information in between meetings. The Third Sector is included on the agenda and is key to this group in terms of co-creation. The Regional Treatment Centre project is an important piece of work for the people of North Wales and the SRG will be able to shape this going forward into the development of the business case.</p> <p>S22/06.2 The Chair asked the group what they would like to see included as part of the cycle of business. The Vice Chair raised concerns in relation to the inequality of ambulance services due to the size of the Health Board, certain areas gain better service due to geography and this needs to be addressed. The Chair suggested this is an issue of rurality and queried whether this may be a broader issue, the Vice Chair suggested this is the case as there are also difficulties with GP access and hospital appointments. The Chair suggested a possible focussed item on access to services in rural areas. The Mantell Gwynedd representative agreed with the concerns raised suggesting all services are struggling in South Gwynedd for example minor injuries, out of hours and also long ambulance waits. The Chair suggested there is a need to review service access and provision in rural areas; this could possibly be a theme for an item on the SRG agenda.</p> <p>S22/06.3 The Denbighshire Voluntary Council Services representative highlighted issues with patients and carers in rural areas as carers are travelling long distances to drop off belongings for patients and then sent home with no engagement or reassurance which is having a negative impact on patients and their health. The Conwy County Borough Council</p>	

representative highlighted issues with GP appointments stating that people are losing confidence in the system. The Chair suggested the group receive regular performance information to see the impact of the strategies the group are being asked to give views on.

S22/06.4 The Welsh Ambulance Service NHS Trust (WAST) representative gave an update on the current situation confirming that since November, WAST have been supported by the military. The team are currently putting out an extra twelve ambulances per day, both day and night. One military staff member and one clinical staff member are staffing these vehicles however the benefits may not be seen due to the delays outside Emergency Departments (EDs). For example, WAST lost 101 hours outside Ysbyty Gwynedd last month, the team are trying to do all they can but face the same issues. In terms of care closer to home, the team are trying to take the hospital to the patient by dealing with issues using advanced paramedic colleagues in people's homes. The WAST representative provided assurance that the team are working with Health Board colleagues every day to assist in reducing the backlog outside EDs and getting ambulances back into the community as quickly as possible. The Chair suggested a need for the group to consider performance and improvement in relation to EDs and also the aim of bringing hospitals closer to home.

Sally Baxter joined the meeting

S22/06.5 The Medrwn Mon Voluntary Services Council representative stated that the issue of people not being able to access GPs locally may be due to GPs not reopening as they were before Covid or changing their ways of working and this may be putting pressure on EDs. The Chair suggested the need to understand how GP services are operating in certain parts of the region and what form of access is available as services are changing post pandemic. The NW Regional Equality Network representative reported back from the Flintshire 50 plus group highlighting that the main concern being raised by older people is around GP services, the mechanics of making an appointment and the quality of services being provided. The group suggested an update on primary care services focusing on access to and quality of GP services could be helpful and the Chair suggested this could be the theme for a future agenda. The Chair also highlighted that in addition to the group discussing services for older people it may also be useful to address mental health issues for younger people.

S22/06.6 The Chair suggested it would be useful for the SRG to address the following areas of concern which include the root cause of ED issues including:

- People being ready to go home but unable to due to lack of home care and community nursing services etc.
- Ambulance services including rurality issues and GP services
- How the Health Board is addressing mental health issues for younger people.

<p>The Chair suggested a lot of these issues dove tail in to what the Health Board are currently discussing. The Chair and the Director of Partnerships, Communications & Engagement agreed to scope out a timetable for the year ahead confirming what the group would like from each item so officers are aware before they join the meeting.</p>	
<p>S22/07 Third Sector Update</p> <p>S22/07.1 The Assistant Director for Health Strategy thanked the group for the opportunity to join the meeting. The Senior Health Planning Manager presented the item stating this is an exciting piece of work to review and commission services with the sector. Ongoing engagement has taken place through various forms however there is further work to do to promote and strengthen the sector. The programme is moving towards a place based approach and there is a need to identify opportunities to work jointly with Local Authority partners. This will take the form of a co-designed approach, Dialogue has commenced with the sector and this will inform how we move forward. Work has also started on a full and robust review of the third sector and there are opportunities for integrated commissioning. The programme will start with carer services and dementia patients. There will be a strong focus on the outcomes for the people of North Wales and a framework with a refreshed set of principles and a continued commitment to work with the sector.</p> <p>S22/07.2 The Chair thanked the Senior Health Planning Manager for the update stating that this is an area we can work on collaboratively, and consult more broadly. The Vice Chair made reference to the robust BCU contracts register for third sector services and queried whether this has been available previously. The Senior Health Planning Manager confirmed that this is currently commissioned by areas and the programme has recognised the value of having a centrally held contracts register. The Assistant Director for Health Strategy added that there have previously been different initiatives and different funding streams however this programme will bring these together. The Chair queried how this will work in terms of engagement; the Senior Health Planning Manager confirmed that the intent is to include the County Voluntary Councils (CVCs) as part of the over arching steering group and also include representatives from different areas which will provide a good opportunity for these representatives to influence and engage the work going forward.</p> <p>S22/07.3 The Conwy County Borough Council representative queried whether BCU is engaging with social services to try and get people out of hospital beds. The Assistant Director for Health Strategy confirmed that partners are working together to try and address the problem. The Independent Member John Gallanders confirmed that he has joined the Board with a remit for third sector and stated it is vital to have a representative on the third sector group to be involved in developments going forward. The Independent Member reported back on a conversation with the Chief Executive in relation to the provision for children and the need to ensure young people are embedded in developments going forward. Beyond the review of contracts, there is also a</p>	

<p>need for clarity on contract monitoring and compliance as it is crucial BCU starts to develop relationships in a more transparent way. Bringing individual organisations together to form partnerships needs investment and time to gain a level of maturity. The Senior Health Planning Manager confirmed that this will be an outcomes focussed approach to commissioning looking at how to deliver the key outcomes and utilise monitoring information going forward. The team are planning to involve those who use the sector services in the monitoring of contracts to ensure they have a voice.</p> <p>S22/07.4 The NW Regional Equality Network representative confirmed that the smaller minority groups do not have the resources to become involved with the Health Board and local authorities. The Senior Health Planning Manager confirmed that the commissioning contracts form part of a larger piece of work and following feedback from the sector as a whole, it is easier to commission from the Health Board and there is a need to ensure we have that provision available. The Chair asked what will the SRG be able to do to engage in this piece of work. The Senior Health Planning Manager confirmed it would be useful to come back to the SRG as this programme progresses through the development of the model to sense check and gain feedback from the group. The Director of Partnerships, Communications & Engagement confirmed this is the right forum to bring the strategy back to and suggested further work can be done via email in between meetings.</p> <p><i>Alyson Constantine joined the meeting</i></p>	
<p>S22/08 Update on Regional Treatment Centres</p> <p>S22/08.1 The RTC Programme Director gave a verbal update confirming that eighteen months ago, conversations started regarding how the organisation can improve how it delivers planned care. Due to Covid, planned care has been disrupted from an unscheduled care perspective and patients admitted via an emergency route often end up in planned care beds which can result in planned care cancellations. This led to the ambition to develop the diagnostic treatment centres, now known as the regional treatment centres, to enable planned care to be uncoupled from unscheduled care. A strategic outline case for the regional treatment centres was approved last May and is based on a number of pieces of work relating to demand and capacity. The aim is to establish two centres and very early discussions with partners, taking into account public, patient and carer feedback from the recent Living Healthier Staying Well engagement, it has been suggested that there could be one in the West/Centre and one in the East/Centre. The team are working with Welsh Government who are supporting the progress of these centres. Feedback also has shaped thinking that the centres should be co-located on NHS sites. They will be wholly owned and staffed by the health service.</p> <p>S22/08.2 The RTC Programme Director confirmed that the additional capacity will be utilised to increase and improve turnaround times for diagnostics, day cases and ambulatory care. It would allow patients to have a procedure and return home on the same day. It will include beds for orthopaedic patients having hip and knee operations who require an overnight stay. The scope for</p>	

<p>the centres will also include other areas such as radiology, and other specialties such as dermatology. The centres will include approximately 90 out patient rooms, 30 theatres and 20 suites suitable for a range of procedures. This will be a large scale project and will provide opportunities for our staff as well as encourage new staff to come and work in a modern world class facility with up to date technology. The facilities will also be an enabler to look at how we can improve pathways, along with patient experience and productivity of our services. In terms of timescale, the project is currently going through the approval process, the construction facilities are due to be commissioned over the next 18-24 months with the aim of the centres being up and running by 2025. An engagement plan is in development to ensure we are checking back with the public, patients, carers and partners on the proposals. In the meantime there are plans in place to deal with the current backlog of patients waiting and address the gap in demand capacity.</p> <p>S22/08.3 The Mantell Gwynedd representative queried whether the locations have been confirmed as East and West. The RTC Programme Director confirmed that the broad locations have been agreed but no decision has been made to date on the exact locations. The Chair asked the RTC Programme Director to provide a short narrative for the group of what has been covered during the update on the regional treatment centres, the RTC Programme Director agreed to provide this. The Chair welcomed new initiatives for access to services and confirmed it is useful to keep the group engaged as the programme develops, the RTC Programme Director agreed to return when convenient to provide regular updates to the group.</p>	AC
<p>S22/09 Meeting arrangements for 2022-23</p> <p>S22/09.1 The Chair suggested alternating the meetings of the group between face to face and online. The Chair recognised the commitment to attend in person however noted the value of getting people together in person. The Chair suggested Conwy Business Centre as a venue and agreed to scope the possibility of this for the next meeting in June.</p>	
<p>S22/10 Advisory Group Chair's Report to the Board</p> <p>S22/10.1 The Chair gave a summary in relation to each of the main areas discussed. It was suggested that two way feedback would be useful for the group and would become a standard item on the agenda to allow the Chair or Vice Chair to provide feedback from the Board. The Chair agreed to speak to the Chairman regarding attendance from the Chair or Vice Chair at the Board meetings to allow maximum attendance. This would also allow the representative to provide feedback from the SRG to the Board in relation to specific areas. The group had a range of discussions relating to the cycle of business and agreed a broad range of areas to consider which include:</p> <ul style="list-style-type: none"> • GP practice access • Emergency Department access • Getting people out of hospital • Mental health issues for younger people • Performance reporting. 	

<p>The group welcomed the third sector update highlighting a query in relation to how the work draws from the broadest range of smaller organisations and not just the organisations which the Health Board regularly engage with. The group also welcomed an update on the regional treatment centres, the progress to date and plans for the future. The Chair suggested the next meeting would take place in person and then every other meeting. The Vice Chair raised concerns in relation to attendance, in particular from Anglesey and Gwynedd, the Director of Partnerships, Communications & Engagement agreed to make contact. The Chair thanked the group for their attendance and engagement.</p>	HSJ
<p>S22/11 Date of next meeting</p> <p>Monday 6th June 2022</p>	

Attendance Register

Name	Organisation Represented	28.6.21	20.9.21	6.12.21	07.3.22
Clare Budden	Shadow Housing Providers (Chair)	✓	✓	✓	✓
Mike Parry (Cllr)	One Voice Wales (Vice Chair)	✓	✓	✓	✓
Fiona Evans	Conwy Voluntary Services Council	✓	✓	✓	✓
Gwilym Ellis Evans	Mantell Gwynedd	✓	✓	✓	✓
Jackie Allen	AVOW Wrexham Third Sector	✓	x	✓	x
Sherry Weedall	Denbighshire Voluntary Services Council			✓	✓
Sian Purcell	Medrwn Mon Voluntary Services Council	✓	✓	x	✓
Ann Woods / Kate Newman	Flintshire Voluntary Services Council	✓KN	✓KN	✓KN	✓
Robert Moore (Prof)	North Wales Regional Equality Network	✓	✓	x	✓
Christine Marston	Denbighshire County Council	✓	x	✓	x
Hilary McGuill (Cllr)	Flintshire County Council	✓	x	✓	x
Llinos Medi Huws (Cllr)	Anglesey County Council	✓	x	x	x
Dafydd Meurig (Cllr)	Gwynedd County Council	x	x	x	x
Frank Bradfield (Cllr)	Conwy County Council			✓	✓
John Pritchard (Cllr)	Wrexham County Council			✓	x
Trystan Pritchard	North Wales Hospices	✓	✓	x	x
Clive Nadin	Care Forum Wales			x	✓
Llinos Roberts / Catrin Curig-Jones	Carer's Outreach Service, BCUHB West Area	✓LR			
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	x	✓SW	✓MT	✓SW
Jackie Allen / Andy Burgen	NWCHC Chair / NWCHC Vice Chair	✓JA	x	✓	x
Helen Stevens-Jones / Clive Caseley	Interim Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓ CC	✓ CC	✓ CC	✓ HSJ

Mrs Sally Baxter	Assistant Director Health Strategy, BCUHB	✓	✓	✓	✓
Mrs Katie Sargent	Assistant Director – Communications, BCUHB	✓	x	x	x