



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

Notes of the meeting held on 05.12.22

Present:	Representative of:
Clare Budden	(Chair) Housing Association
Mike Parry (Cllr)	(Vice Chair) One Voice Wales
Fiona Evans	Conwy Voluntary Services Council
Gwilym Ellis Evans	Mantell Gwynedd Voluntary Services Council
Jackie Allen	NWCHC Chair / AVOW
Allen Bewley	Flintshire Local Voluntary Council
Robert Moore (Prof)	North Wales Regional Equality Network
Alun Roberts (Cllr)	Anglesey County Borough Council
Dilwyn Morgan (Cllr)	Gwynedd County Borough Council
Frank Bradfield (Cllr)	Conwy County Borough Council
John Pritchard (Cllr)	Wrexham County Borough Council
Trystan Pritchard	North Wales Hospices
In Attendance:	
Mark Polin	Chairman
Alan Morris	Assistant Director of Partnerships & Public Affairs
Sally Baxter	Assistant Director, Health Strategy
Adrian Drake Lee	NWCHC Vice Chair
Steve Williams	Locality Manager, WAST
Laura Jones	Corporate Governance Officer
Helene Belmans	Programme Manager – Well North Wales
Dylan Roberts	Chief Digital and Information Officer

Agenda item	Action
<p>S22/33 Welcome and apologies</p> <p>S22/33.1 Apologies were received from Helen Stevens-Jones, Hilary McGuill and Sian Purcell.</p> <p>S22/33.2 The Chair suggested that going forward it may be possible provide simultaneous translation at future meetings, this will be reviewed and confirmed outside of the meeting.</p>	HSJ/LJ
<p>S22/34 Declarations of Interest</p> <p>None were raised.</p>	

<p>S22/35 Draft notes of the meeting held on 05.09.22 and summary action plan</p> <p>S22/35.1 The minutes were agreed as an accurate record.</p> <p>S22/35.2 The Chair made reference to the meeting schedule going forward confirming that the Stakeholder Reference Group (SRG) will meet four times per year for no more than two hours at a time and will also have two workshop style sessions in between these meetings. The dates for the workshop sessions need to be revised and confirmation of alternate dates will be provided shortly. The quarterly meetings will also move to a Monday afternoon slot following feedback received from members of the SRG as to their preference in terms of the most convenient day / time for these meetings.</p>	LJ
<p>S22/36 Chairman's Introduction</p> <p>S22/36.1 The Chairman joined the meeting confirming that the aim of the conversation was to discuss the SRGs relationship with the Board. The Chairman is keen to ensure that all Groups and Committees that support the Board are engaged with the work and intended direction of the Board and are able to seek to resolve differences together. The Chairman also confirmed the need for people outside of the organisation including partners to be involved and provide feedback on what we do and propose to do as a Health Board. There is also a need to ensure we are engaging with politicians and Welsh Government (WG) as well as other forums with Local Authority partners. The Chairman was keen to ensure that the SRG feel fully engaged and are able to help shape the way we go forward as an organisation. The representatives for the SRG have contact with constituents and members of specific groups who are affected by services and are in the position of gaining views of how services feel on the ground which can feed in to how things are done in the Health Board. The Chairman has also received feedback from the SRG workshop and would like to ensure programmes of work are coming to the SRG in a timely manner which allows the Group to influence this work. The past attendance has been challenging and the Chairman commented on the good attendance at the meeting.</p> <p>S22/36.2 The Chair thanked the Chairman for the positive and strong messaging which links to the recent conversations of the SRG. The North Wales Hospices representative welcomed the change in approach adding that the Group would like to know how the Board would like to challenge/make use of the SRG. The Chairman confirmed the need to provide a continuing and honest appraisal of how it feels to be a stakeholder in the Health Board and whether that is recognised. The Health Board can only deal with issues they are aware of and the Chairman confirmed his intent to action issues which are raised. The Chairman asked members of the Group to provide feedback via the Chair of the SRG or directly to the Chairman. The Chair added that part of her role is to champion the voice of the Group honestly with the Board and this has been discussed with the Chairman as to how this is done more effectively. The Chair agreed to represent the voice of the SRG at the Board where relevant and also be more</p>	

<p>proactive in shaping the SRG agendas to ensure items being presented are purposeful.</p> <p>S22/36.3 The North Wales Regional Equality Network representative highlighted the lack of participation in the Group and asked the Chairman to ensure all those with an interest in health including Local Authorities and GPs are all being encouraged to support the agenda of the Board. The Chairman confirmed that both the Chair and Vice Chair for the SRG have raised concerns regarding representation on the Group, the Chairman has written to the Local Authority Chief Executives and can return to the Chief Executives if needed. . The Chairman also referred to the restructure underway, which will move to one that provides more obvious links with acute sites as there has been a lack of coordination in the past. This change in structure provides greater collaboration for Primary, Community and Acute care. In terms of clinicians, Nick Lyons, Medical Director is working to develop the Clinical Services Strategy and the level of clinical engagement has improved with an expectation for clinicians to operate more efficiently. The Chair added that following the letter sent to the Local Authorities, we have some new representatives on the Group and the time of the meetings will move to Monday afternoons going forward following feedback from representatives.</p> <p>S22/36.4 The NWCHC Chair / AVOW representative confirmed that the Chair has transformed the SRG and requested that comments and additional information from challenges are reported back to the Group from the Board to provide a better two way conversation. The Chair agreed to add a standing agenda item to provide feedback from the Board in terms of the issues discussed, the next steps and any comments from the Board for the SRG to focus on. The Vice Chair queried whether the Board are dismissive of the historical suggestion that perhaps the organisation is too big. The Chairman confirmed the view that the organisation is not too big to be effective and some things that are necessary to move the organisation forward are in place. There is clear leadership, a culture focused on service improvement, clear accountability and engagement from clinicians. In terms of patient numbers, there is a lot to be delivered across the three hospital sites and if we break up the Health Board it will be difficult to sustain delivery and retain services. There is a need to move forward together to improve the organisation for patients and the population. The Chair thanked the Chairman for his attendance and support.</p>	<p>CB</p>
<p>S22/37 Update on Progress of Action Plan</p> <p>S22/37.1 The Chair provided an update against the actions following the workshop held in August 22. In relation to learning from other Health Board SRGs, the Chair has put a proposal forward to the Governance team to discuss this at the next meeting of the All Wales Deputy Board Secretary Group. The aim is to try and arrange for the SRGs from across Wales to meet and discuss good practice to bring back any shared learning.</p>	

S22/38 Inverse Care Law Programme

S22/38.1 The Well North Wales Programme Manager gave a presentation on the Inverse Care Law Programme. The presentation provided an overview of the work taking place across North Wales highlighting the inequalities in accessing health care and confirming that poverty has an impact on health and wellbeing. There is a need to address health inequality and enable a systems approach within communities. The aim of the presentation was to seek advice from the Group as to how the stakeholders can support the programme. The North Wales Hospices representative confirmed that this is an ambitious aim and queried how to gain the capacity to rise above the challenges. The Well North Wales Programme Manager confirmed that there is a need to gain funding to support the programme and allow staff to move away from their day jobs to focus on health inequality. In terms of emergency attendances, there is a greater volume of patients from deprived areas therefore addressing some key issues may release some pressure in the system.

S22/38.2 The NWCHC Chair / AVOW representative stated that the Health Board covers six counties therefore there may be a danger of increasing inequality unless all counties and clusters are involved in the programme and how is this risk going to be mitigated. The Well North Wales Programme Manager confirmed that the team are aware of this issue and are looking to take an innovative approach by testing the programme initially. The Wrexham County Borough Council representative queried what inequality looks like within the communities and also made reference to large rural areas where the elderly are struggling to gain access to all services. The Well North Wales Programme Manager stated that the programme is currently being tested in three areas, within Anglesey there is one cluster aligned to the Local Authority which is addressing social prescribing and geographical issues. In Denbighshire they are considering mortality and lack of access to third sector services and in North West Flintshire they are considering how inequality is being experienced on the ground. Partnership working is key to this programme.

S22/38.3 The Anglesey County Borough Council representative highlighted that inequality is highly complex and there is a need to adopt a multi-agency approach to tackle this issue and also made reference to a recent transport issue in Anglesey which affected the elderly population gaining access to services. The Well North Wales Programme Manager confirmed the need to get agencies and partners together to align their work. The Chair confirmed support for the programme and suggested members based in the geographical areas of the pilots work together to start to tackle some long standing health inequality issues. The Well North Wales Programme Manager confirmed that connecting with Group members outside of the meeting to discuss health inequality with partners would be advantageous. The Chair also queried the funding for the programme, the Well North Wales Programme Manager confirmed that a business case has been developed which includes clinical leadership, stakeholder engagement, evaluation and a cluster support package. The Chair requested the Group are kept informed as the programme

<p>progresses and thanked the Well North Wales Programme Manager for joining the meeting.</p>	
<p>S22/39 Digital, Data & Technology</p> <p>S22/39.1 The Chief Digital and Information Officer gave a presentation on Digital, Data and Technology stating that digital is trying to enable and influence models of care, for the future. There is a need to focus on Mental Health and wellbeing as well as the outcomes for patients in relation to increased demand otherwise the system will not be able to cope. The Health Board have a digital strategy but this needs to take a place based approach rather than an organisational approach. There is also a need to establish a common set of goals across North Wales with the aim of getting more people online and digitally literate, and to provide connectivity in all areas; however it was recognised that this will be difficult to achieve. There is a need to move forward with the North Wales Digital Health Strategy and manage expectations as there is work to do in terms of delivering the basic capabilities across the organisation which may take some time.</p> <p>S22/39.2 The NWCHC Chair / AVOW representative highlighted that digital exclusion will have an impact on inequality. There are members of the public who do not want to use digital, they want to be seen by a doctor. There is a need for robust consultation and engagement with the public to address what people want and combine this with equality. The Chief Digital and Information Officer confirmed that the digital approach will focus on digital inclusion not just technology to ensure the population are not being excluded socially. There are areas where neighbourhood networks have been set up to support people to connect and access services, it is important to address the day to day issues. The Chair was keen to see the North Wales strategy engaging with partners and queried what needs to be considered. The NWCHC Chair / AVOW representative suggested that the focus needs to be on communication and engagement working with the sectors and Welsh Government to provide the infrastructure before we drive forward. The Chair made reference to the North Wales growth deal and the digital plans, the Chief Digital and Information Officer agreed to connect with them, confirming that there is a need for connectivity throughout the area however this is an economic decision for internet providers.</p> <p>S22/39.3 The Vice Chair queried whether we have the infrastructure in place to fully embrace this digitalisation strategy, the Chief Digital and Information Officer confirmed that the infrastructure is in place across the Health Board including Primary Care and the majority of GPs. The North Wales Regional Equality Network representative highlighted an issue with accessing services, the Chief Digital and Information Officer confirmed that customer contact is an issue with patients unable to get through to services. The Chair confirmed the need to understand that the basics within the Health Board need to be improved (ie phone service) before we can develop the use of new technologies/new ways to access services. There is a need to address digital exclusion more broadly and going forward there is a need to break the</p>	

barriers to access services more easily. It was suggested that this item comes back to the Group twice a year to see how the journey is progressing.	
<p>S22/40 For Information</p> <p>S22/40.1 Nothing raised.</p>	
<p>S22/41 Meeting Review</p> <p>S22/41.1 The Chair asked the Group to provide feedback to ensure the meetings are working well. The North Wales Hospices representative confirmed that the changes made since the workshop including compressing the agenda has helped the meetings and allowed an opportunity for the Group to feedback to presenters. It was encouraging to hear the comments from the Chairman and the challenge he provided back to the Group. The Wrexham County Borough Council made the Group aware of the Rainbow Foundation in the Wrexham area confirming that it would be helpful to get those groups together to provide feedback to the Chief Digital and Information Officer. The NWCHC Chair / AVOW representative commented how the workshop had been proactive and commended the Chair for taking this Group forward. The Flintshire Local Voluntary Council representative made reference to a transport issue stating that the care and compassion model is missing and there is a need to reach out to those who feel isolated.</p>	
<p>S22/42 Advisory Group Chair's Report to the Board</p> <p>S22/42.1 The Chair confirmed that the Group had covered two main items today regarding the inverse care law programme and the digital, data & technology item. Strong views have been raised in relation to health inequality and the work of the inverse care law programme may prove difficult in the current climate. The key priority for the programme is to get partners working together more effectively to tackle some long standing health inequality issues. In relation to the digital item, there is a need to support the Health Board in getting the basics right for example the issues around current technology. The discussion linked back to health inequality and recognised that digital exclusion needs to be addressed. Going forward, the agenda will include a standing item on feedback from the Board which will address the impact of the comments from the Group. The Group have also had the opportunity for a discussion with the Chairman and expressed a desire to engage more effectively going forward. The Chair also made reference to the SRG workshop sessions which will be taking place next year and asked the Group to highlight any topics they would wish to be included.</p>	
<p>S22/43 Any Other Business</p> <p>No issues were raised.</p>	
<p>S22/44 Date of next meeting</p> <p>Monday 6th March 2023</p>	

Attendance Register

Name	Organisation Represented	07.3.22	06.6.22	05.9.22	5.12.22
Clare Budden	Shadow Housing Providers (Chair)	✓	x	✓	✓
Mike Parry (Cllr)	One Voice Wales (Vice Chair)	✓	✓	✓	✓
Fiona Evans	Conwy Voluntary Services Council	✓	✓	✓WJ	✓
Gwilym Ellis Evans	Mantell Gwynedd	✓	✓	x	✓
Jackie Allen	AVOW Wrexham Third Sector	x	x	✓	✓
Sherry Weedall	Denbighshire Voluntary Services Council	✓	✓	✓	x
Sian Purcell	Medrwn Mon Voluntary Services Council	✓	x	x	x
Allen Bewley	Flintshire Local Voluntary Council	✓	✓	✓	✓
Robert Moore (Prof)	North Wales Regional Equality Network	✓	✓	✓	✓
Christine Marston (Cllr)	Denbighshire County Council	x	x	x	x
Hilary McGuill (Cllr)	Flintshire County Council	x	x	✓	x
Alun Roberts (Cllr)	Anglesey County Council	x	x	x	✓
Dilwyn Morgan (Cllr)	Gwynedd County Council	x	x	x	✓
Frank Bradfield (Cllr)	Conwy County Council	✓	✓	✓	✓
John Pritchard (Cllr)	Wrexham County Council	x	x	x	✓
Trystan Pritchard	North Wales Hospices	x	x	✓	✓
Clive Nadin	Care Forum Wales	✓	x	x	x
Llinos Roberts / Catrin Curig-Jones	Carer's Outreach Service, BCUHB West Area				
Steve Sheldon / Steve Williams	Welsh Ambulance Services Trust	✓SW	✓SW	✓SW	✓
Jackie Allen / Adrian Drake-Lee	NWCHC Chair / NWCHC Vice Chair	x	x	✓	✓
Helen Stevens-Jones / Clive Caseley	Interim Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓ HSJ	✓HSJ	✓HSJ	x

Sally Baxter	Assistant Director Health Strategy, BCUHB	✓	x	x	✓
Alan Morris	Assistant Director of Partnerships & Public Affairs	x	x	x	✓