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

Notes of the meeting held on 06.12.21

Present:	Representative of:
Ms Clare Budden	Housing Providers (Chair)
Cllr Mike Parry	One Voice Wales (Vice Chair)
Mr Gwilym Ellis Evans	Mantell Gwynedd
Mrs Fiona Evans	Conwy Voluntary Services Council
Ms Kate Newman	Flintshire Voluntary Services Council
Cllr Christine Marston	Denbighshire County Council
Cllr John Pritchard	Wrexham County Council
Cllr Frank Bradfield	Wrexham County Council
Mrs Jackie Allen	Wrexham Third Sector (AVOW) / North Wales Community Health Council (NWCHC)
Ms Sherry Weedall	Denbighshire Voluntary Council Services
Cllr Hilary McGuill	Flintshire County Council (part meeting)
In Attendance:	
Mr Clive Caseley	Interim Director of Partnerships, Communications & Engagement
Ms Jo Whitehead	Chief Executive (part meeting)
Ms Sally Baxter	Assistant Director of Health Strategy
Mr Mark Timmins	Welsh Ambulance Services Trust
Ms Laura Jones	Corporate Governance Officer
Mr Conrad Wareham	Interim Deputy Medical Director (part meeting)
Mr John Darlington	Assistant Director of Corporate Planning (part meeting)
Ms Kelsey Rees-Dykes	Corporate Services Project Manager (part meeting)
Mrs Clare Darlington	Acting Associate Director of Primary Care (part meeting)
Mr Simon Evans-Evans	Interim Director of Governance (part meeting)
Ms Jennifer Dowell-Mulloy	Equality and Inclusion Manager (part meeting)

Agenda item	Action
S21/34 Welcome and apologies	
S21/34.1 Apologies were received from Andy Burgen, Dafydd Meurig, Sian Purcell, Trystan Pritchard, Steve Sheldon, Steve Williams and Katie Sargent.	

<p>S21/35 Declarations of Interest</p> <p>None were raised.</p>	
<p>S21/36 Draft notes of the meeting held on 20.09.21 matters arising and summary action plan</p> <p>S21/36.1 The notes were agreed as an accurate record.</p> <p>S21/36.2 The Vice Chair queried the quoracy of the group in terms of who qualifies as a member of the group and how many members are required to be in attendance to ensure the group is quorate. The Corporate Governance Officer agreed to circulate the membership list and the quoracy numbers outside of the meeting. The Chair confirmed that the last meeting had been quorate.</p>	LJ
<p>S21/37 Clinical Strategy</p> <p>S21/37.1 The Interim Director of Partnerships, Communications & Engagement presented the item confirming that this is an important piece of work for the Health Board. The clinical services strategy focuses on the way services are reviewed and transformed, and the organisation is currently at the beginning of this journey. Engagement will take place with stakeholders and the public to develop the strategy and the lead for this piece of work is Dr Nick Lyons, Medical Director along with his team.</p> <p>S21/37.2 The Assistant Director of Health Strategy confirmed that the aim of the strategy is to improve quality and deliver outcomes which ensure patients receive a good experience. There is a clear link with the work of the new Director of Transformation and Improvement, Paolo Tardivel which will address pathways of care and the shape of services going forward. The project will focus on care in the right place rather than care closer to home as there is a need to provide care in the right place which will be as close to home as is safe to do so.</p> <p>S21/37.3 The Assistant Director of Health Strategy made reference to the Living Healthier Staying Well refresh which focuses on population health. The Assistant Director of Health Strategy also took the group through the principles included in the presentation and welcomed any feedback in terms of additions or amendments and asked the group to share any thoughts outside of the meeting. The principles which were highlighted included a proposal for larger regional treatment centres and the need to work through the balance of this proposal in relation to transport, travel and accessibility. Some services may follow a hub and spoke model and possibly network across multiple sites. The team are keen to discuss the proposals around specific services as the strategy develops.</p> <p>S21/37.4 The representative for Mantell Gwynedd queried care closer to home in South Gwynedd as care in this area is decreasing due to cut backs in the local hospital and GPs. The Assistant Director of Health</p>	ALL

Strategy confirmed that there are difficulties in this area, the Medical Director has been to South Gwynedd to meet with the hospital team and GPs and is looking to develop suitable care within rural areas. The primary care team are working with clusters for healthcare services and also working through the model of care for each area. The representative for Denbighshire County Council stated that the principles included in the presentation are good however the reality is much more difficult and frustrating for families and patients living in the community.

S21/37.5 The AVOW & NWCHC representative highlighted that allowances were made for these issues within the communities during the start of the pandemic however people are still struggling to see their GPs. There has also been an impact on social care; care homes are under pressure due to lack of staffing and the Health Board also has a very high number of patients waiting to be discharged. The AVOW & NWCHC representative raised concerns on behalf of the voluntary sector regarding the lack of staffing to deliver social care and queried how social services will be addressed within the strategy. The representative for Wrexham County Council queried how the strategy will address prevention and health inequality, the Vice Chair queried whether the strategy will indicate the number of GPs and nurses required to deliver the outcomes and the Chair queried how can the Health Board build the confidence of the communities and the stakeholders to support the direction of travel.

S21/37.6 The Chief Executive addressed the concerns raised stating that work is ongoing in relation to recruitment and retention, there are currently around 670 nurse staffing vacancies across all specialties and the Health Board are employing more nurses than ever before. Approximately 170 nursing candidates have been recruited and there has been a continual graduate nurse intake throughout the year. Workforce is currently the biggest challenge for the organisation and these concerns are reiterated across Wales as all Health Boards are struggling to recruit to all vacancies in all areas. In social care there are approximately 300 patients medically fit for discharge however due to staffing issues there are not enough staff available to provide packages of care to discharge these patients. Welsh Government have recently provided £1.2m for additional support over the Winter period and it has been suggested these monies are allocated to social services. The Chief Executive highlighted that the relationship between the Health Board and local authority social care is stronger than ever and support is always provided in relation to additional resources for colleagues in the care sector to enable people to be cared for closer to home.

John Darlington and Kelsey Rees-Dykes joined the meeting

S21/37.7 The Chair raised the issue of health inequalities and working with other partners, the Assistant Director of Health Strategy confirmed there is a programme in place to reduce inequality and support is being provided to people in difficult to reach groups via community support hubs. A number of pilot projects are being developed across North Wales

which will address; older people in isolation; Mental Health including children and people not being able to access support. The Chair confirmed that partners have an important part to play as they are closer to people within the community and queried what the broader involvement will entail and what support is required from partners. The Interim Director of Partnerships, Communications & Engagement confirmed that the team would like to ensure that the strategy is shared from the outset with local authority colleagues including a much wider partnership which also includes voluntary services. The team would like to establish the best ways of working collectively and individually to ensure conversations are taking place with the right cohorts of people to ensure practical solutions are sought.

S21/37.8 The Chair queried how the Health Board can work with stakeholders and the organisations that are represented to ensure contact is maintained with members of the group to support the strategy going forward. The representative for Flintshire Voluntary Services Council confirmed that a variety of virtual networks have been established over the past few years and suggested the group identify which representatives would be most useful to be involved in specific networks. The representative for Wrexham County Council stated that trades provide valuable contact within the communities and the Chair agreed that these are people who the residents trust therefore there is an opportunity to follow up any concerns which are being raised or noticed. The Vice Chair stated that some people are not happy to make a complaint if they have not had a good experience so suggested anonymous feedback forms may be useful. The Assistant Director of Health Strategy encouraged people to raise concerns and the AVOW & NWCHC representative confirmed the need for robust engagement which is open and honest.

In summary the SRG:

- Supported the principles and direction of travel for the clinical services strategy.
- Requested that any consultation and engagement is meaningful and suggested the representatives from the group are utilised to gain broader engagement across North Wales.
- Suggested the teams talk to people about their experiences and what could have been improved to build in to the clinical services strategy going forward.

Conrad Wareham left the meeting and Hilary McGuill joined the meeting.

S21/38 Planning for 2022/25

S21/38.1 The Assistant Director of Corporate Planning gave a presentation confirming that the ambition is to have a clear and concise plan which will focus on the needs of the population in North Wales. There is a need to address population health and health inequalities within our communities including isolation and poverty. In terms of the impact of

covid, the plan needs to be agile as there is a high prevalence of covid which is also being impacted by the new variant Omicron. There is also a need to balance the requirements of covid against high level demand for other health conditions. The plan will need to respond to key challenges which may include demands on primary care and community services including a shortage of key professionals. Waiting times for a number of operations have significantly increased during the pandemic and the organisation are not operating at the same level of capacity as pre covid times.

Jo Whitehead left the meeting

S21/38.2 The Assistant Director of Corporate Planning confirmed that workforce is a significant challenge and there is also a need to develop an information system which is fit for purpose. The focus for the new approach will build on and consolidate the existing annual plan and how to maximise the resources going forward. The NHS Wales planning framework reinforces a healthier wales including population health and NHS recovery. Going forward there will be a focus on primary care clusters working together and delivery on a pan cluster basis. There will be an emphasis on the five ambitions and how they link with the values and strategy which was presented in a single page visual “plan on a page”. The Assistant Director of Corporate Planning stated that feedback on the “plan on a page” would be appreciated.

S21/38.3 The Assistant Director of Corporate Planning highlighted enablers which include service improvement and transformation and is supported by the people and OD strategy. Broader engagement needs to be central to any transformation and redesign going forward and there is a need to ensure this is being done across the organisation. There is also a need to focus on patient experience and ensure pathways are consistent. The Assistant Director of Corporate Planning highlighted the emerging priorities for 2022/23 which are being worked through to align to the ambitions and develop through the prioritisation work. The schemes are aimed at health inequality, access to primary and unscheduled care and Mental Health services. Further work will take place in terms of the outcomes, the plan will go back to the Board in January and will be submitted to Welsh Government in February as part of the planning guidance. The Assistant Director of Corporate Planning welcomed feedback, comments and thoughts on the plan and the priorities presented to shape the plan further and asked the group to feedback any comments.

S21/38.4 The Chair asked the group to provide any feedback and highlight any further priorities. The Vice Chair made reference to the impact of covid and the efficiency of delivering social care. The Assistant Director of Corporate Planning stated there is a need to build capacity into the system; care homes are under pressure and there is a need to support individuals in their own homes to take the pressure away from the health “front door”. The AVOW & NWCHC representative queried how, at

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the end of the three years, will the outcomes from the plan be measured and reported to the public and how will this be able to be compared to previous plans. There is a need to start seeing the outcomes of the plan to gain assurance that the plan is delivering. The Assistant Director of Corporate Planning confirmed that the outcomes are the focus of the feedback which is a challenge. There is a need to define the priorities and confirm the aim of the outcomes over a set timescale. The team are using PROM (patient reported outcome measures) to work through the schemes and review outcomes over specific periods of time.

S21/38.5 The Flintshire County Council representative suggested investing more in the local community hospitals to allow them to deal with more minor issues such as falls to ensure the main hospitals can deal with specialist treatment and major operations. The Assistant Director of Corporate Planning confirmed that the Board need to review the balance of investment however there is need to prevent people going to hospital by providing more support within the community via lower level intervention which is being reviewed. The Denbighshire County Council representative queried the statistics in relation to cancer patients and those with debilitating conditions asking whether these have been taken into account. The Assistant Director of Corporate Planning confirmed there is further work to be done in terms of a comprehensive needs assessment which will highlight specifics such as chronic conditions and access to diagnostics.

In summary the SRG:

- Supported the graphical “plan on a page” which highlighted the Health Board priorities.
- Agreed with the proposal to gain feedback in terms of whole system thinking and the plan to engage with partners to support the delivery of outcomes.
- Requested to see evidence of impact and outcomes of where we are on a yearly basis as we move through the three year plan.
- Supported the proposal of further measures to provide care closer to home or care in the right place.

Clare Darlington joined the meeting.

S21/39 Primary Care

S21/39.1 The Acting Associate Director of Primary Care gave a presentation confirming that the primary care team have measures in place to respond to the pandemic which includes the continuation of essential services for GPs, community pharmacies, dental services and optometrists. The activity and demand in GP practices is around 20% greater than pre pandemic and continues to increase. Transformation continues to be implemented and the pandemic has resulted in a fast track of developments including IT platforms for GPs to enable remote triage. The eConsult platform is working well and allows patients to log

queries and concerns virtually and GPs can also provide treatment via this route. Primary care are playing a significant role in the covid vaccination programme and the booster vaccines are being well managed through the mass vaccinations centres.

S21/39.2 The Acting Associate Director of Primary Care gave an update on access standards in terms of infrastructure and systems and also understanding patient needs confirming that the majority of Q2 access standards have been achieved to date. The Acting Associate Director of Primary Care highlighted actions being taken to improve access, this will include a review of online platforms and investment into cluster led transformation schemes. The primary care team are also looking at ways to communicate better with the public via local targeted communications and are also working closely with secondary care colleagues to support patients waiting for care.

Ann Woods joined the meeting

S21/39.3 The Chair highlighted long term system change as a result of covid and made reference to dentists and GPs querying whether they will be able to manage routine check ups / annual checks in the future. The Acting Associate Director of Primary Care confirmed these issues do pose clinical risks due to the backlog of patients and suggested some funding may be available to support this.

Clare Darlington left the meeting and Simon Evans-Evans joined the meeting

S21/40 Targeted Improvement

S21/40.1 The Interim Director of Governance presented the item reflecting on the first six months of the targeted improvement programme. The first formal assessment has now been completed and the term targeted improvement has now replaced targeted intervention going forward. The aim is to integrate the programme into business as usual as much as possible and there are some big projects underway which are included within the targeted improvement framework. Welsh Government have been supportive and have received a high level document highlighting the funding used to date.

S21/40.2 The Interim Director of Governance made reference to some of the projects taking place within the domains. The Strategy, Planning and Performance domain have been involved in establishing the North Wales Medical and Health Sciences School which is a good example of new ways of working. There have been changes in the approach to planning and the team are aiming to present an IMTP before Christmas to enable the plan to be developed in a timely way using the appropriate tools and techniques. A clinical senate is being created, new logic models are being piloted and a commissioning approach to planning is being developed which should provide significant changes.

John Pritchard left the meeting

S21/40.3 The Interim Director of Governance made reference to the long covid patient group which has been established by the engagement domain and has utilised pathway codesign. The domain have also established a Parental Resilience and Mutual Support programme (PRAMS) which is being trialled and will be rolled out to other areas going forward. These programmes provide good examples of staff engagement and illustrates that all four domains are interlinking. The CAMHS team have developed a family wellbeing practitioner service which has allowed teams to treat people earlier avoiding the need for further services. The CAMHS and Adult Mental Health teams are also working on the transition between services as it is important to get this right for patients. The leadership team have completed the discovery phase of Stronger Together and are now moving into the design phase.

S21/40.4 The Interim Director of Governance highlighted the self assessment summary recognising that all domains are currently at a level 1 across the Board with the aim of reaching a level 2 by May 2022. Welsh Government are comfortable with these points and the oversight meetings with Welsh Government will now move to quarterly instead of monthly. The Interim Director of Governance also made reference to the risks to delivery associated with the programme. The Vice Chair highlighted the risk relating to recruitment and retention of staff and suggested this attribute may not reach exemplar status, the Interim Director of Governance stated that this has been highlighted to the Board and is included in the BAF. The Chair stated it is helpful for the group to be sighted on the programme and progress made to date.

Simon Evans-Evans left the meeting

S21/41 Socio-Economic Duty

S21/41.1 The Assistant Director of Health Strategy presented the item and introduced Jennifer Dowell-Mulloy as the new Equality and Inclusion Manager. The socio-economic duty came into force in March 2021 with the aim of delivering better outcomes for those who experience socio-economic disadvantage. The Health Board are implementing processes and procedures and a task and finish group has been established to ensure the socio-economic duty is embedded. Work is ongoing in relation to the socio economic impact assessment to ensure this reaches as many people as possible. The Assistant Director of Health Strategy confirmed that the team are keen to discuss this further with the group and the Equality and Inclusion Manager confirmed the aim is to gain inclusive decision making across the Health Board to look at outcomes, health inequalities and social disadvantage.

S21/41.2 The Vice Chair queried whether disadvantage due to rural area has been considered as part of the remit, the Equality and Inclusion

<p>Manager confirmed that rural poverty is included in the socio-economic duty and the aim is to deliver better outcomes for people in these areas. The Chair expressed an interest in hearing how the socio-economic duty is being embedded across the Health Board and the group would welcome further conversations in the coming months.</p>	
<p>S21/42a Advisory Report to the Board</p> <p>S21/42a.1 The Chair gave a summary in relation to each of the main agenda items. In terms of the clinical strategy, there was a request that the SRG are used to discuss proposals going forward. The team are looking to roll out care closer to home or care in the right place and highlighted the issues which have been impacted by covid. In terms of planning, the group requested to see more evidence as the reports are developed and requested that service priorities and outcomes are more transparent. In relation to targeted improvement the group recognised that workforce poses a big challenge and is critical to deliver the outcomes. The Chair thanked everyone for their engagement and participation and wished everyone a Merry Christmas.</p>	
<p>S21/42b Any other business</p> <p>S21/41b.1 The Interim Director of Partnerships, Communications & Engagement made the group aware of the Holden Report which is due to be published shortly and the potential media coverage that may follow. One of the priorities to come out of this report is the need to be more transparent and open and confirmed that the length of time taken to publish the report will be scrutinised at the Quality Safety & Experience Committee. Further reports and publications will follow over the coming weeks including a speech and language therapy report. The Health Board is currently managing a lot of change and provided assurance that there are workstreams and transformation programmes in place to pick up any recommendations highlighted in these reports. The Interim Director of Partnerships, Communications & Engagement wanted to ensure the SRG are sighted on this and aware of how these reports will be managed by the Health Board going forward. The Chair confirmed that the group appreciate the proposal of transparency and sharing this information in a more timely manner.</p>	
<p>S21/43 Items to be considered at next meeting and forward plan</p> <p>S21/43.1 The items for the March meeting will be discussed outside of the meeting.</p>	
<p>S21/44 Date of next meeting</p> <p>Monday 7th March 2022 (via Zoom)</p>	

Attendance Register

Name	Organisation Represented	22.3.21	28.6.21	20.9.21	6.12.21
Ms Clare Budden	Shadow Housing Providers (Chair)	✓	✓	✓	✓
Cllr Mike Parry	One Voice Wales (Vice Chair)	✓	✓	✓	✓
Mrs Fiona Evans	Conwy Voluntary Services Council	✓	✓	✓	✓
Mr Gwilym Ellis Evans	Mantell Gwynedd	✓	✓	✓	✓
Mrs Jackie Allen	AVOW Wrexham Third Sector	✓	✓	x	✓
Mrs Sherry Weedall	Denbighshire Voluntary Services Council				✓
Mrs Sian Purcell	Medrwn Mon Voluntary Services Council	x	✓	✓	x
Mrs Ann Woods / Mrs Kate Newman	Flintshire Voluntary Services Council	✓KN	✓KN	✓KN	✓KN
Professor Robert Moore	North Wales Regional Equality Network	✓	✓	✓	x
Cllr Christine Marston	Denbighshire County Council	✓	✓	x	✓
Cllr Hilary McGuill	Flintshire County Council	✓	✓	x	✓
Cllr Llinos Medi Huws	Anglesey County Council	x	✓	x	x
Cllr Dafydd Meurig	Gwynedd County Council	✓	x	x	x
Cllr Frank Bradfield	Conwy County Council				✓
Cllr John Pritchard	Wrexham County Council				✓
Mr Trystan Pritchard	North Wales Hospices	✓	✓	✓	x
Mr Clive Nadin	Care Forum Wales				x
Ms Llinos Roberts / Ms Catrin Curig-Jones	Carer's Outreach Service, BCUHB West Area	x	✓LR		
Mr Steve Sheldon / Mr Steve Williams	Welsh Ambulance Services Trust	✓SW	x	✓SW	✓MT
Mrs Jackie Allen / Mr Andy Burgen	NWCHC Chair / NWCHC Vice Chair	✓JA	✓JA	x	✓
Mr Clive Caseley	Interim Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓	✓	✓	✓

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