



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

**Notes of the meeting held on 20.09.21**

<b>Present:</b>	<b>Representative of:</b>
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
Prof Robert Moore	North Wales Regional Equality Network (NWREN)
Ms Sian Purcell	Medrwn Mon Voluntary Services Council
Mr Trystan Pritchard	North Wales Hospices
<b>In Attendance:</b>	
Mr Clive Caseley	Interim Director of Partnerships, Communications & Engagement
Ms Sally Baxter	Assistant Director of Health Strategy
Mr Steve Williams	Welsh Ambulance Services Trust
Ms Laura Jones	Corporate Governance Officer
Mr John Darlington	Assistant Director of Corporate Planning (part mtg)
Ms Amanda Lonsdale	Interim Deputy Director for MH&LD(part mtg)
Mr Iain Wilkie	Interim Director for MH&LD (part mtg)
Mrs Clare Darlington	Acting Associate Director of Primary Care (part mtg)
Mr Simon Jones	Assistant Director of Primary Care & Commissioning (part mtg)

<b>Agenda item</b>	<b>Action</b>
<p><b>S21/22 Welcome and apologies</b></p> <p><b>S21/22.1</b> The Chair confirmed that a large volume of apologies have been received for this meeting. The Chair queried whether the group was quorate, in answer to the Chair, the Secretary has confirmed that the meeting was quorate.</p> <p><b>S21/22.2</b> Apologies were received from Jo Whitehead, Cllr Llinos Medi Huws, Cllr Louise Emery, Cllr Christine Marston, Cllr Hilary McGuill, Cllr Dafydd Meurig, Ann Woods, Jackie Allen, Clive Nadin, Andy Burgen &amp; Katie Sargent.</p>	
<p><b>S21/23 Declarations of Interest</b></p> <p>None were raised.</p>	

<p><b>S21/24 Draft notes of the meeting held on 28.06.21 matters arising and summary action plan</b></p> <p><b>S21/24.1</b> The notes were agreed as an accurate record and no comments were made on the action log.</p>	
<p><b>S21/25 Living Healthier Staying Well Refresh</b></p> <p><b>S21/25.1</b> The Interim Director of Partnerships, Communications &amp; Engagement introduced himself to the group confirming that a permanent appointment has been made to the role and a new member of staff will take up the post towards the end of the year. In the interim, progress has been made in pulling together the engagement and communications teams and also developing partnership working with the CHC and other partners.</p> <p><b>S21/25.2</b> The Interim Director of Partnerships, Communications &amp; Engagement has been involved in developing the Living Healthier Staying Well refresh including the planning and engagement process. The programme will be a refresh of the original plan, changes have been made in relation to the pandemic and a new plan for health and social care is being reviewed as part of the process. The existing strategy has been revised and progress has been made in terms of the aim of the refresh. The engagement has gone live and the primary route for response is via a questionnaire on the website. The team are keen to seek views from local groups with all responses being captured within the same analysis and any themes will then feed into a report which will develop the next draft of the strategy. The outcome of the refresh will also inform the clinical services plan and the medium term planning process.</p> <p><b>S21/25.3</b> The Interim Director of Partnerships, Communications &amp; Engagement highlighted that as part of the refresh, the team are keen to hear the views from the group including any suggestions for engagement. The Assistant Director of Health Strategy confirmed that the refresh was discussed with the group at the June meeting and the feedback received, which included the emphasis on equality, has been taken into account. The formal engagement period has now been extended to a 6 weeks period therefore there may be an opportunity for the draft strategy to come back to the group prior to approval. The Interim Director of Partnerships, Communications &amp; Engagement confirmed that the team will be promoting involvement in the refresh via the Health Board's social media and engagement channels, virtual Q&amp;A sessions will be available along with meetings with local organisations.</p> <p><i>Mr John Darlington, Assistant Director of Corporate Planning joined the meeting.</i></p> <p><b>S21/25.4</b> The North Wales Hospices representative highlighted that staff may be suffering from covid fatigue and may not have the appetite to engage, the Interim Director of Partnerships, Communications &amp;</p>	

Engagement agreed but confirmed this is a process which needs to take place. The team have consciously made the process as easy and flexible as possible for people to participate and a wide variety of responses will be taken into account. The Assistant Director of Health Strategy confirmed that the refresh includes questions based around covid and the experiences and impact it has had on people. The timing is difficult however the outcome needs to feed into the three year plan. There is a need to return to a form of continuous engagement and continue to link in with people.

**S21/25.5** The North Wales Regional Equality Network representative highlighted the ethnic minority population which has been discussed and hoped this would form part of the proposals following the refresh. Feedback from the Flintshire 50s plus group was also highlighted as people are constantly being asked to complete questionnaires and attend meetings but feel as though people are not listening or responding and services are deteriorating, the group would like the refresh and similar programmes to take these views into account. The Interim Director of Partnerships, Communications & Engagement provided reassurance that people's views and concerns are being taken seriously. The team are working to take forward the issues being shared to use as a strategic driver to make changes and people are listening to the views being shared by all participants including the Flintshire 50 plus group.

**S21/25.6** The Assistant Director of Health Strategy confirmed that following the feedback from the refresh, a report will be produced referencing how the feedback will change the strategy and the goals. The Conwy Voluntary Services Council representative highlighted the ease of use of the Padlet and the accessibility in terms of networking. The Vice Chair queried where to find the direct link into the engagement strategy and asked for assurance that feedback is being gained from the people we need to connect with. The Assistant Director of Health Strategy confirmed the engagement is a refresh of issues and work needs to be ongoing to ensure the team reach out to numerous groups. The Chief Executive is supporting the co-design along with the Executive Director for Primary Care and Community Services who is working with the transformation team.

**In summary the SRG:**

- acknowledged the consultation and highlighted that the feedback loop needs to be enhanced to ensure people gain a response in terms of 'you said, we did'. It is important that the engagement part of the process becomes a continuous loop going forward.
- challenged the plan being put into action in terms of improving health and wellbeing alongside the current pressures and delays across the organisation, the group support the principles of the refresh and would like to see a focus on achieving change.

**S21/26 Planning for 2022/25**

**S21/26.1** The Assistant Director of Corporate Planning provided a recap in terms of the current plan confirming that the key deliverables have been identified and included in the annual plan. The Board approved the plan in July and the full plan including a summary plan is now available on the BCU internet site. Moving forward, alongside the Covid response, the focus includes population health, wellbeing and inequality while the organisation begins the road to recovery. There are concerns regarding long wait times and work is ongoing with partners in terms of recovering access to planned care. The organisation are responding to the Mental Health and wellbeing needs, as a result of the pandemic and there are some challenging workforce issues which need to be addressed. The emerging priorities focus on the delivery of new schemes to ensure we see the impact of these significant investments within our communities. There will also be focus on the quality of patient experiences including patient outcomes and the ongoing Covid response which continually needs to be managed. There is also focus on the sustainability of doing things differently within areas such as Primary Care and delivering a challenging agenda over the next three years, for example Orthopaedics.

**S21/26.2** The Assistant Director of Corporate Planning confirmed there is a need to work closely with partners and the Health Board are working with Public Health in terms of population need. There is also a need to support operational teams to deliver consistently and ensure health communities are working together. The messages from the Living Healthier Staying Well refresh will be built into the plan, the team are also seeking support and alignment from the locality leads. The plan will be discussed during Board and Committee workshops in December and the finalised plan will go to the Board for approval in January 2022.

*Mr Iain Wilkie, Interim Director for MH&LD and Ms Amanda Lonsdale, Interim Deputy Director for MH&LD joined the meeting*

**S21/26.3** The Vice Chair highlighted population need and queried whether there is any inbuilt capacity in the plan for the post Covid burden. The Assistant Director of Corporate Planning confirmed that long Covid has been an area of focus within the plan, the team are looking to build in capacity to set up a service for long Covid or treat the condition alongside other areas. The Assistant Director of Health Strategy confirmed that pathways are being developed for people suffering with long Covid. As a result of the pandemic, socio economic issues have also been highlighted which include people being isolated and less mobile, Mental Health issues including children and the risk of flu due to people not being exposed.

**In summary the SRG:**

- identified the need for engagement processes to include a good feedback loop.

<ul style="list-style-type: none"> <li>highlighted the means of turning the plans into actions with an acute awareness of the considerable pressures and backlog as a result of the pandemic; alongside people not being able to access services which have previously been available.</li> </ul> <p><i>Mr John Darlington, Assistant Director of Corporate Planning and Ms Sally Baxter, Assistant Director of Health Strategy left the meeting.</i></p>	
<p><b>S21/27 Mental Health Investment</b></p> <p><b>S21/27.1</b> The Interim Deputy Director for MH&amp;LD thanked the group for the invitation to present on Mental Health investment and the transformation programme. The programme focuses on a linked in approach to ensure patients are part of a whole person pathway. The pandemic has left people feeling vulnerable and there is a need to provide opportunities for people to share their experiences and also move the focus over to allow people to manage their own wellbeing. A North Wales online cognitive behavioural therapy service has been developed called Silver Cloud which allows self-referral into the system to support individuals and allow people to manage good Mental Health. A renewal of the Together for Mental Health strategy has started and the overall plan is to develop new care models that span the organisation and boundaries.</p> <p><b>S21/27.2</b> The Interim Deputy Director for MH&amp;LD stated that the transformation programme has received an overall investment of £6.7m and the plan will align four key divisional strategic areas. These areas include older persons crisis care, this project aims to prevent people coming in to the system and work is taking place with the occupational therapists and medicines management. Another area of focus is eating disorders and the need to support individuals as early as possible before they reach a crisis point. The iCan Primary Care project was also highlighted which will have a significant impact on Primary Care services and allow GPs to have time with the relevant patients. The key focus across the plans is what is important to individuals and the need to meet those measures.</p> <p><b>S21/27.3</b> The Interim Deputy Director for MH&amp;LD confirmed that there will be a clear focus on prevention and crisis, work is being undertaken in conjunction with the 111 service and CAMHS colleagues and the team are looking to introduce Mental Health into the 111 service going forward. The logic model was highlighted which focuses on the fundamental outcomes of the plan along with the infographic of the strategic plan which highlights the work being done in relation to prevention and alternatives to hospital admissions. The Interim Director for MH&amp;LD added that prevention in crisis care is a key area of focus, there is a need to be more sophisticated going forward to enable close working relationships with the rest of the health community.</p>	

*Ms Clare Darlington, Acting Associate Director Primary Care of Strategy and Mr Simon Jones, Assistant Director of Primary Care & Commissioning joined the meeting.*

**S21/27.4** The Vice Chair queried the initial contact being made with Primary Care settings and what is in place for GPs to make people feel more comfortable with the process. The Interim Deputy Director for MH&LD confirmed there is a stigma attached to people asking for support, the iCan Primary Care project will provide an alternative to GP appointments and assist people to ask for help when needed. There are currently more females engaging with the greatest demand related to anxiety and mood management. The Vice Chair queried whether the iCan project is office hours only; the Interim Deputy Director for MH&LD confirmed the service is currently a 5 day service however the team are working through ways to make this a 7 day service. The Interim Director for MH&LD added there is more to be done in terms of the stigma, more work is needed in relation to society and culture and there is a need to encourage people to come forward.

**S21/27.5** The Chair confirmed it is helpful to see such ambitious and positive plans including the use of the infographic as the visuals make the information more accessible. The Chair also welcomed a six monthly update from the team to review how the plan is moving forward. The Chair also suggested using the group to test the use of material such as the infographic to assess what may work well within our communities. The Interim Deputy Director for MH&LD enquired about using this group as part of the engagement process for the renewal of Together for Mental Health, the Chair welcomed the opportunity.

**S21/27.6** The North Wales Regional Equality Network representative queried how much consideration has been given to the Mental Health needs of the minority populations who have a different attitude to Mental Health issues and resistance to certain forms of treatment. The Interim Deputy Director for MH&LD confirmed that a Crisis Care Concordat has recently taken place and these issues will be driven through that plan across North Wales where access with some of the more remote groups is available.

**In summary the SRG:**

- expressed an interest for the group to be used to test the use of materials and processes, for example turning strategies into infographics
- agreed it would be useful to receive a 6 month update to establish how the programme is being rolled out across the organisation

*Mr Iain Wilkie, Interim Director for MH&LD and Ms Amanda Lonsdale, Interim Deputy Director for MH&LD left the meeting*

## **S21/28 Implementation of the 111 System**

**S21/28.1** The Acting Associate Director of Primary Care highlighted that the 111 service is an All Wales service which has been commissioned by WAST. The previous NHS Direct service now forms part of the 111 service and has a single free phone number for the local population. BCU were the sixth Health Board to roll out the use of the 111 service which was launched on 22<sup>nd</sup> June 2021. Simon Jones, Assistant Director of Primary Care & Commissioning has joined the meeting as he is the Senior Responsible Officer for the implementation. The key message is that the service is fully functional, accessible and safe albeit under significant pressures linked to the wider urgent / emergency care system.

**S21/28.2** The Acting Associate Director of Primary Care highlighted the increase in demand for the 111 service in terms of call volumes, the most recent increase possibly being due to people having staycations. The volume of calls is putting pressure on primary care providers and services as people are struggling to access other services. The presentation highlighted that a high number of calls which were received via 999 have been able to be diverted to 111, there is a close working link between the two systems which allows a percentage of the high emergency demand for 999 to be dealt with by the 111 service.

**S21/28.3** The Acting Associate Director of Primary Care referred to the call handlers outcomes and nurse triage outcomes which ascertains how calls are managed into certain areas. Going forward there are challenges in the system, WAST are consistently reviewing rostering and workforce capacity and there are challenges within the workforce due to issues which include Covid. As a Health Board, the team have regular contact with the 111 service and there is a need to ensure partners and directories of services are up to date which is a significant piece of work which will progress over the next few months.

**S21/28.4** The Vice Chair queried whether there are any figures available in terms of call terminations and also queried whether there is an element where initial contact is made and people are then required to repeat those details. The Acting Associate Director of Primary Care confirmed that WAST collect information in relation to abandonment rates after 60 seconds and the data is currently collated on an all Wales basis. The current figures show the rate is above the national target however there are capacity issues in WAST relating to call handlers. The Assistant Director of Primary Care & Commissioning confirmed that callers are only required to give their details once during the call. The Chair highlighted that this is an important service, which helps to ease the pressure on other services, and welcomed a regular update from the team.

*Ms Clare Darlington, Acting Associate Director Primary Care of Strategy and Mr Simon Jones, Assistant Director of Primary Care & Commissioning left the meeting.*

**S21/29 WAST Update Presentation**

**S21/29.1** Mr Steve Williams, WAST representative gave an overview of current collaborations which include a Single Integrated Clinical Assessment and Triage (SICAT) service which is a GP led service and Consultant Connect which links with ED departments. The WAST representative highlighted the acuity of calls and also the scene attendances that result in hospital conveyance. The conveyance rates have recently seen a slight improvement where the outcomes have moved from priority to triage.

**S21/29.2** The WAST representative highlighted the SICAT service, the service allows staff at the scene to have direct contact with a doctor in a control room who is able to advice or signpost patients to another service to try and avoid patients attending ED. The WAST representative also highlighted the use of advanced paramedic practitioners who are also being used to try and ease the ED front door position in conjunction with the use of senior paramedics who are being used to mentor and upskill ambulance crews. An ePCR (electronic patient clinical records) project is due to commence in November which will allow ambulance crews to input data into a tablet rather than on paper. This will provide great benefits as the data will be shared digitally which will allow medical teams to review patient information before the patient reaches the hospital.

**S21/29.3** The WAST representative highlighted the BCU data confirming that falls are the biggest incident attended by ambulance crews with the conveyance rate fairly low as some can be dealt with safely in the home. The long term strategy was presented which focuses on bringing care to the patient, closer to home. In order to make changes, there is a need for more 999 callers to receive improved clinical assessment skills and also ensure clinicians attending scenes are better equipped to assess, treat and refer. The Chair thanked the WAST representative for the presentation.

**S21/29.4** The Vice Chair empathised that WAST resources are finite however concerns were raised in relation to the availability of ambulances in rural areas due to the distance from the main hospitals. The WAST representative confirmed that the team have an ongoing recruitment campaign and are hoping to vastly increase staffing over the next 12-18 months however there is also a need to address the issue of ambulances waiting outside hospitals. The team are working with partner agencies to try and reduce the number of people who go to ED to keep the ambulances flowing in the communities, it is not just rural areas which are being affected.

**S21/29.5** The Chair highlighted that the biggest percentage of people conveying is due to falls and questioned whether any support can be provided via this group in terms of collaborative working for example step up, step down beds in the communities. The WAST representative confirmed that there are currently services in place and all falls are



<p>reported into a central location however falls patients do tend to be long waiters which may affect the outcome as patients tend to deteriorate the longer they wait. The Chair thanked the WAST representative and welcomed a regular update from the team.</p>	
<p><b>S21/30 Annual Reports</b></p> <p><b>S21/30.1</b> The Annual Reports were taken for information and no issues were raised.</p>	
<p><b>S21/31 Advisory Report to the Board</b></p> <p><b>S21/31.1</b> The Chair gave a summary in relation to each of the main agenda item, of the matters to be included in the report.</p>	
<p><b>S21/32 Items to be considered at next meeting and forward plan</b></p> <p><b>S21/32.1</b> The group discussed the items to be considered for the December meeting.</p>	
<p><b>S21/33 Date of next meeting</b></p> <p>Monday 6<sup>th</sup> December 2021 (via Zoom)</p>	

**Attendance Register**

Name	Title / Organisation	28.9.20	14.12.20	22.3.21	28.6.21	20.9.21
Ms Clare Budden	Shadow Housing providers (Chair)		✓	✓	✓	✓
Cllr Mike Parry	One Voice Wales	✓	✓	✓	✓	✓
Mr Gwilym Ellis Evans	Mantell Gwynedd	x	✓	✓	✓	✓
Cllr Llinos Medi Huws	Anglesey County Council	x	x	x	✓	x
Cllr Louise Emery	Conwy County Council	x	✓	x	x	x
Cllr Christine Marston	Denbighshire County Council	✓	✓	✓	✓	x
Cllr Hilary McGuill	Flintshire County Council	✓	✓	✓	✓	x
Cllr Dafydd Meurig	Gwynedd County Council	x	x	✓	x	x
Cllr Joan Lowe	Wrexham County Council	✓	x	✓	✓	x
Mrs Sian Purcell	Medrwn Mon Voluntary Services Council	✓	✓	x	✓	✓
Mrs Fiona Evans	Conwy Voluntary Services Council	✓	✓	✓	✓	✓
Mrs Debbie Thompson	Denbighshire Voluntary Services Council	x	x	x	x	x
Mrs Ann Woods / Mrs Millie Boswell / Kate Newman	Flintshire Voluntary Services Council	✓ MB	✓	✓KN	✓KN	✓KN
Mrs Jackie Allen	AVOW Wrexham Third Sector	✓	✓	✓	✓	x
Ms Claire Sullivan	NEWCIS	x	x	x	x	
Mrs G Winter	Carers Trust	x	x	x	x	
Ms Llinos M Roberts	Carer's Outreach Service, BCUHB West Area	✓	x	x	✓	
Mrs Mary Wimbury	Care Forum Wales	✓	x			
Professor Robert Moore	North Wales Regional Equality Network	✓	✓	✓	✓	✓
Mr Trystan Pritchard	North Wales Hospices	x	✓	✓	✓	✓
Mr Wayne Davies	Welsh Ambulance Services Trust	✓	✓ SW	✓SW	x	✓SW
Mrs Jackie Allen / Mr Andy Burgen	NWCHC Chair / NWCHC Vice Chair	✓ AB	✓AB	✓JA	✓JA	x
Mr Clive Caseley	Interim Director of Partnerships, Communications & Engagement – BCU Lead Executive	✓	✓	✓	✓	✓
Mrs Sally Baxter	Assistant Director Health Strategy, BCUHB	x	x	x	✓	✓
Mrs Katie Sargent	Assistant Director – Communications, BCUHB	✓	✓	✓	✓	x