Living Healthier, Staying Well:

Strategy Refresh Engagement Report

1. INTRODUCTION

Living Healthier Staying Well (LHSW), our long term strategy for health, well-being and healthcare, was published in 2018.

Since the strategy was published, the external environment has changed considerably. We must respond to the unique challenges arising from the Covid-19 pandemic including the increased pressures in primary care services, the increased backlog in planned care and the impact that Covid has had on people's mental health and well-being. We must also respond to the Welsh Government Plan 'A Healthier Wales' which sets out an ambition for health and social care services to work more closely together and deliver services that are better tailored to the needs of communities.

It is timely therefore to review and refresh our strategic goals and priorities to check that our long term strategy for health and well-being is still relevant and to ensure that we focus on what is important as we begin to tackle the challenges that lie ahead. To support this, we asked people's views through a short engagement exercise that took place in the last quarter of 2021. This report summarises the approach and the findings.

2. The engagement approach

We have undertaken a range of engagement activities designed to help us understand whether the public, patients, staff and key partners think that the principles and priorities set out in the LHSW strategy are still relevant. We are not starting from scratch, but building upon the extensive programme of engagement undertaken when developing LHSW in 2017 / 2018. For this reason, the engagement has been 'light touch' rather than a full formal consultation. The findings have informed the refresh of LHSW and the development of the Health Board's Integrated Medium Term Plan (IMTP) and will subsequently be used to inform the Clinical Services Plan.

Due to the on-going coronavirus pandemic engagement was undertaken through a number of different channels including:

- An on-line public survey
- Social media platforms such as Facebook and Twitter to promote key messages and a public survey
- Dedicated LHSW web pages
- A dedicated email address and telephone line
- LHSW Wakelet to provide information in a range of accessible formats
- Links to surveys and information shared widely through regional, area and community networks and groups
- Staff engagement through internal communication channels, building on approaches developed through the Stronger Together programme

- Telephone interviews with key partners
- Health Board and partnership forums
- Health Board workshop sessions

Documentation to support the LHSW engagement programme included:

- A bilingual LHSW discussion document and summary document
- A bi-lingual LHSW discussion document in an accessible format

The programme of engagement was formally launched on 15th September 2021 and ran for six weeks, although discussions with key partners such as the North Wales Community Health Council and the Regional Leadership Group had been taking place prior to this date. A mid-point review took place on the 8th October 2021 to consider the feedback received to date and make adjustments as necessary to the engagement activity e.g. further promotion of the survey with key partners.

As part of our approach, we held a number of focused events and general discussions with a wide range of groups including the Stakeholder Reference Group, Community Health Council (CHC) Service Planning Committee and Full CHC Council, Regional Leadership Group, Equality and Human Rights Strategic Forum, North Wales Cancer Network, Regional Partnership Board, Public Services Board's and Health and Well-being Networks

Targeted engagement sessions were also held with a small number of groups representing different interests:

- Virtual LHSW Q&A Sessions (30 people)
- Fresher's Fair – Wrexham
- (West Area) Engagement Practitioners Forum (42 people)
- (East Area) Engagement Practitioners Forum (25 people)
- Chinese Association lunch (60 people)
- Diabetes Q&A event (24)
- Palliative Care Q & A event (22)

Engagement varied from providing general information and signposting to the LHSW website to more considered and deliberative sessions with groups and stakeholders.

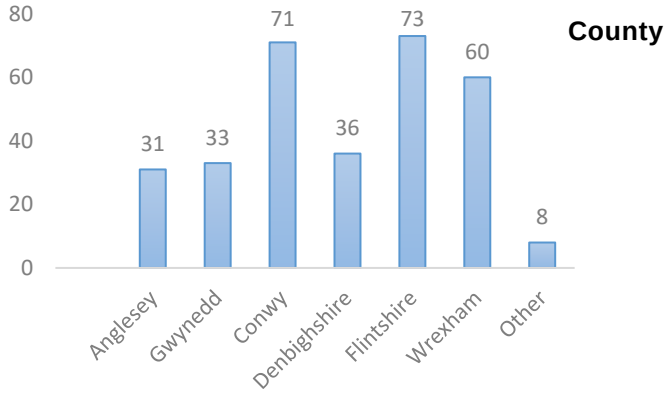
3. **The online survey**

The key engagement tool and source of feedback however was through the online public survey. This was promoted on the Health Board's website, social media, namely Facebook and Twitter, and shared widely with the public, key partners, third and community sector networks and groups. In total **312** people completed the survey. Key findings are summarized below.

3.1 About the respondents

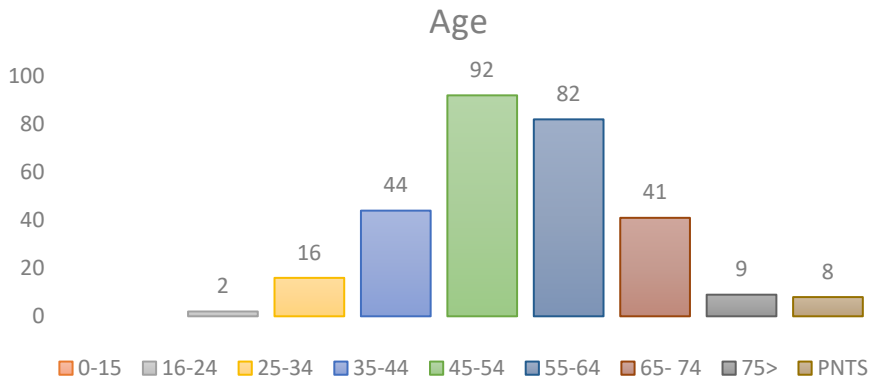
Geography

Respondents were fairly representative across the six local authorities with a higher response rate coming from Conwy and Flintshire followed by Wrexham. 40% of questionnaires from Gwynedd were completed by BCUHB staff.

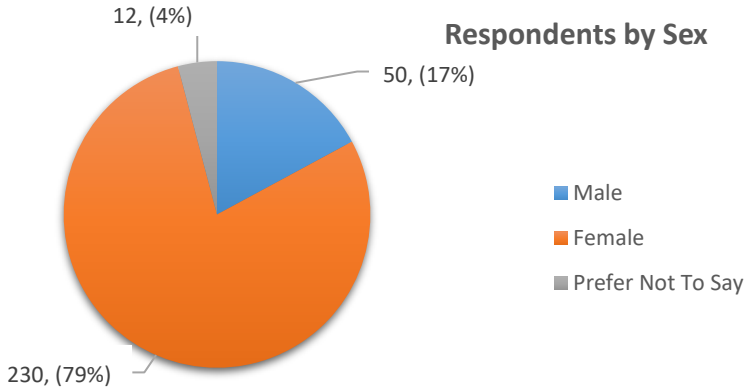


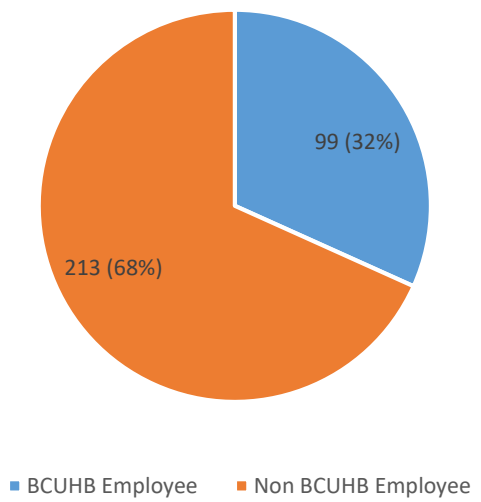
Age

There was a spread of ages but the largest number of respondents were between the 45-55 and 55-64 age groups.

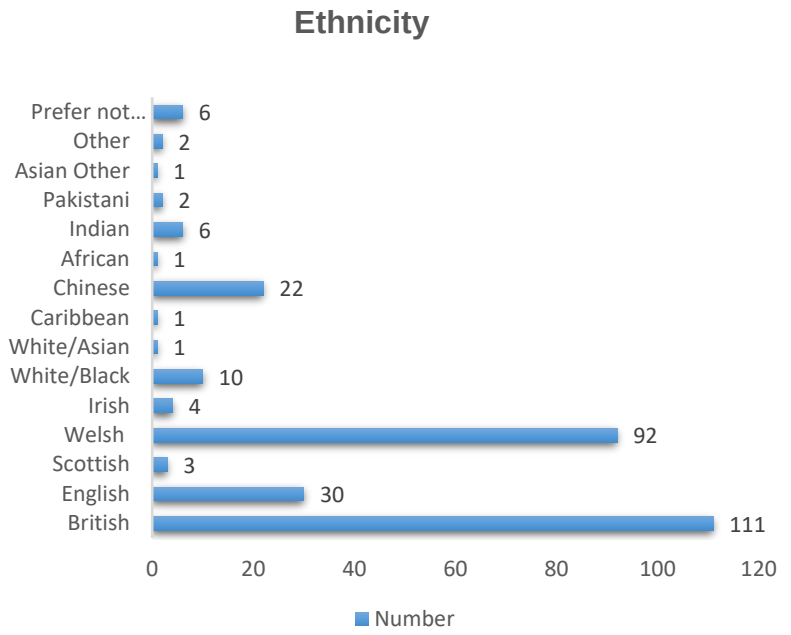


From the completed equality monitoring information it was noted that just over 79% of the respondents were female. 2021 population estimates suggest a ratio of 49% male to 51% female in North Wales.

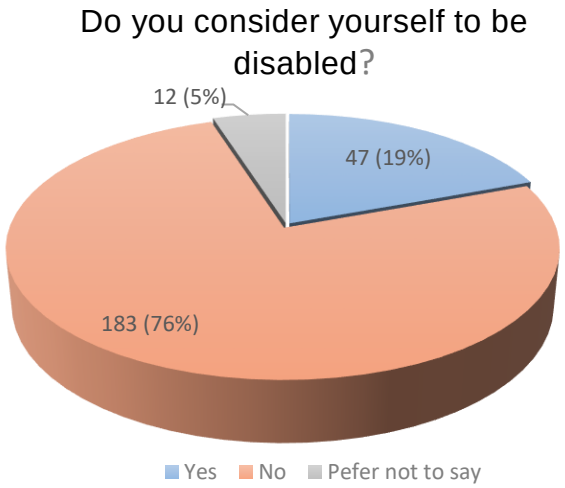




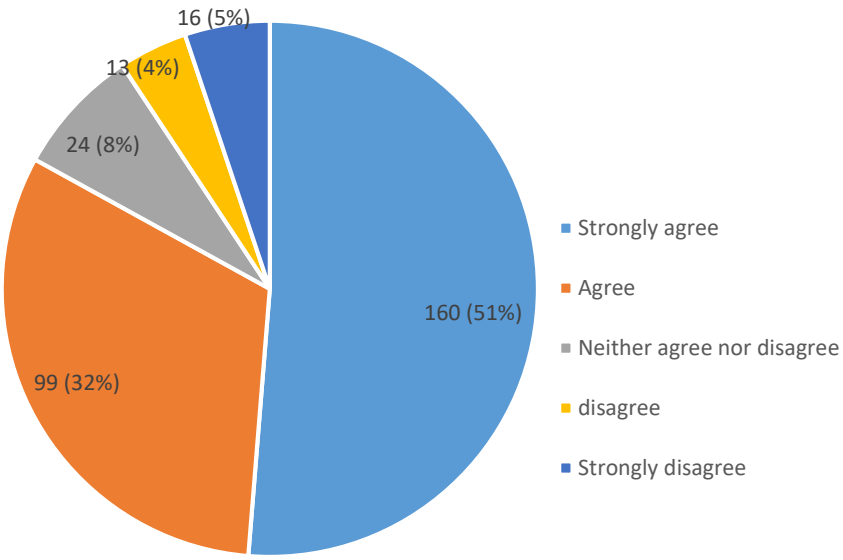
99 respondents (32%) identified as working for the Health Board



The majority of respondents described themselves as British or Welsh with the next highest ethnicities being English and Chinese. When respondents were asked if they considered themselves to have a disability 47 (19%) stated that they did


Do you consider yourself to be disabled?
12 (5%)
47 (19%)
183 (76%)
Yes
No
Pefer not to say

3.2 Are our Goals still relevant?



When asked if the strategy goals are still relevant, 259 respondents agreed or agreed strongly that they were.

Although there was significant support for the relevancy of our goals, the comments highlighted a number of concerns or areas for improvement. A number of themes emerged from this question including that the goals are too **aspirational** and there is **lack of delivery**. There was a view that the strategy should focus on clear and measurable strategic objectives, improving systems and processes, delivery models and pathways and include Key Performance Indicators (KPIs).

Improvements in **access and waiting times** in both primary, acute care and mental health should be given greater emphasis in the organisations goals especially where intervention is time-critical, for example, in mental health.

The importance of **prevention** was raised with specific references to mental health and early years including educating children, infant feeding, maternal health, and education on the spread of disease.

A number of comments reflected the view that there are **insufficient resources** to deliver the goals and that there should be a greater focus on treating people including **collaboration** with third sector partnerships.

"But we need to know how are they going to be achieved. For example improving mental health by creating x service or employing x number or new physiologist etc."

"I agree with them but feel they are more aspirations rather than goals BCUHB is delivering on"

"General public's perception is that the Trust is not functioning, I think your main priority should be reducing timescales for appt and operations - that's what people really care about"

"The strategy should be a pathway focus of interventions and models of patient access and the attributes (e.g. respect and dignity and Q&A are really a given aren't they - not part of a strategy? It might be helpful to clarify what most people ASSUME is a given - like safety, treating people with dignity and the strategy focus on what service delivery models and pathways."

Please indicate any goals you think are a priority

Although the majority of respondents agreed that our goals are still relevant, the survey asked if there were any goals the Health Board should prioritise. Whilst over 44% indicated all goals were equal, respondents indicated that improving physical and mental health & well-being (45%) and listening to people and learn from their experiences (44.7%) should be given priority. Through the comments a number of themes began to emerge.

Improving access and waiting times:
In response to this question, over a third of the comments related to improving access and waiting times. This related to both primary care & acute hospitals and predominantly referred to tackling the backlog of those waiting for treatment due to the pandemic, difficulty accessing GP services and waiting times in emergency departments. There were also specific references to screening, diagnostics, surgery, neurology, dental and emergency care.

New ways of working such as employing the use of digital technology was acknowledged as positive and could be extended to include digital case notes and 24/7 access. Use of this technology should be balanced with the reintroduction of the option for face-to-face appointments with a GP for those who need it and the re-opening of MIUs. Visiting access should be reinstated especially for patients with dementia.

> ***"It seems impossible to get an appointment, either online or in person at my GP surgery. I'm happy to just speak with someone on the phone but the constant "no appointments left" followed by "go to A&E" is now unacceptable. I know the way this service is delivered is changing but apart from Drs/Nurses not being available nothing else seems to be in its place. 111 is extremely helpful but the help stops when it says you need to see your GP."***

Workforce:
Recognising the importance of staff welfare was considered a priority. This included sufficient numbers of GPs, nurses and unqualified staff, better succession planning, faster recruitment, less reliance on temporary staff and ensuring staff feel valued and appreciated.

Improving staff retention prospects and support for overseas nurses was considered important. Further suggestions include a reduction or streamlining of management posts and redirecting funding to front-line services.

Mental Health & Learning Disability:

The need for extra support for mental health services due to the pandemic was flagged as a priority area. Crisis support and specifically but not exclusively extended support for people with long Covid, children and young people, carers, substance abusers and those experiencing loneliness and on the margins of society. Also highlighted was a desire to improve the knowledge of mental ill-health in some GP practices and again use of Third Sector partners.

"The continuing chicken and egg scenario of mental health and substance misuse. Access to mental health services is difficult if you misuse substances. Misusing substances leads to mental health issues. A holistic approach is needed. A more rapid response too - no one should have to wait 6-months to get support when they are in crisis now"

Communication:

Improving the quality of communication with patients and between hospital, primary care and community services was also an emerging theme. This includes frequent and prompt information, ensuring dignity and respect at all times and ensuring proportionate influence. Improved mechanisms for listening and engaging both internally and with partners, and further development of the Welsh language provision were encouraged.

Leadership & development:

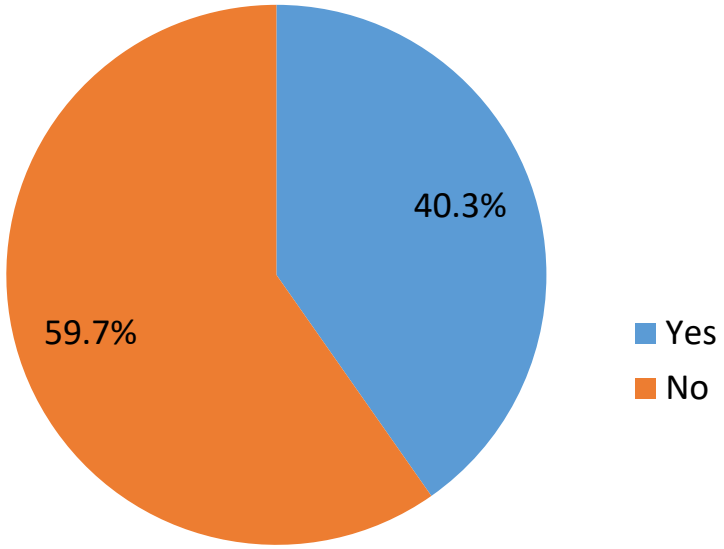
It was suggested that the Health Board might work differently and more collaboratively with best-performing organisations and that managers should be seen to lead by example.

Other suggested priorities raised included:

- Tackling climate change and promotion of the sustainability agenda as an additional organisational goal.
- Prevention and social prescribing with a focus on chronic conditions and obesity and better use of the Third Sector and partnerships.
- Services for minority groups and diverse communities run by staff that are members of these communities e.g. LGBTQIA+, Black and Asian Minority Ethnic people, Gypsy Roma Travellers, disabled people
- The need to improve performance management

- Equalising work standards and policies across North Wales, improve the integration of services and less working in silos.
- Working with partners e.g. care homes and community initiatives
- Parking, transport and outsourcing maintenance
- More help for the terminally ill

3.3 How the strategy goals are being put into practice?



Almost 60% of respondents felt that they had not experienced the strategy goals put into practice. When asked what has worked well or what needs improving, respondents highlighted a number of issues as set out below.

What's working well

Most frequently cited areas felt to be working well included aspects of care closer to home. This was mainly around the use of digital technology as an enabler but there were also examples such as specialist teams supporting GPs in the primary care setting (diabetes and spinal services) and Community Resource Teams (CRTs). Referral to rheumatology was considered good; however, the wait for podiatry was felt excessive. Inpatient care was referenced as working well but follow-up and aftercare was in need of improvement.

It was suggested that here are many areas within BCUHB that require a service similar to that provided by the BCUHB Health Improvement Team, which covers Caia Park, Central Wrexham and Flint.

Cancer services were also identified as being considered responsive to people's needs.

What needs improving

Access to services was the most frequently commented theme for improvement with GP access being the most frequently cited.

> ***"I have seen Primary Care services steadily getting worse over the last 5 years. I have a heart condition but I have to beg and demand a once a year check for blood pressure, blood testing, weight etc. This year they refused to check my weight or blood pressure and said when I eventually get acute symptoms I should present myself to A&E. This is hardly a pro-active approach to holistic care, and is also potentially much worse in terms of health outcomes and resources."***

It was also commented that there is a need to improve hospital admission systems and availability outside of normal working hours. Some felt that the use of digital communications needs to be proportionate and at times used too frequently, whilst others would welcome expanding the use of this medium in more secondary care settings and for more home monitoring.

"Have a telephone appointment in November with consultant - however, not sure how this will work as I am deaf!"

Other areas where improved access is required includes community mental health, cardiology, neurology, diagnostics, dental, phlebotomy and podiatry.

"My father with atrial fibrillation had a TIA but wasn't seen by anyone despite GP referral and went on to have a stroke a week later."

"Support for people in crisis whether physical or mental health has reduced. Things like HECS no longer seem able to respond in a timely fashion. Originally set up to support early discharge and preventing hospital admission - now seem to be aimed at palliative care."

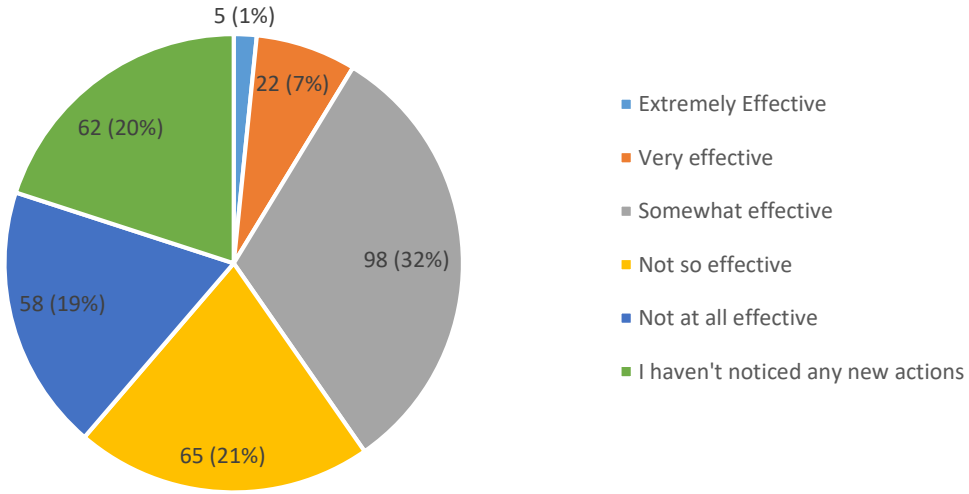
Early intervention is viewed as extremely important for children. The use of community pharmacists as a 'one-stop-shop' and potentially extending well-being support e.g. for alcohol and obesity. The IBD helpline was considered a valuable resource which has now ceased.

There was a view that, with the exception of cardiac rehab referrals (which was an example of a service that works well) rehabilitation services such as pulmonary, falls, and diabetes services were poor at delivering exercise initiatives within rural communities.

Workforce related issues such as lack of continuity of care due to the employment of locums and recruitment and retention were flagged for improvement together with staff welfare and well-being and accessibility to the staff well-being centre. Staff attendance at learning disability awareness training was highlighted as an area for improvement.

Several issues were raised in terms of improvements required in hospital care and bed availability. These include speed of access, waiting times, emergency departments and appointments running over; discharge, follow-up processes and quality of care. Safety standards for people entering community hospitals was raised as an area for improvement.

3.4 How effective do you think the Health Board has been in delivering improvements to the health and well-being of its residents?



Asked about how effective the Health Board has been in delivering improvements to the health and well-being of its residents nearly 32% said that the Health Board had been somewhat effective. Approximately 60% of respondents said it had not been effective or that they hadn't noticed any new actions. Only 8.5% felt that the health board had been effective in delivering improvements to the health & well-being of its residents.

Of those who felt the Health Board had been somewhat effective in delivering improvement, the view was expressed that the Health Board's ability to implement its plans has been adversely affected by the pandemic and the government could have done more forward thinking to support this. The success of the mass vaccination programme and provision of 'online appointments', which could be expanded further to save patients travelling to hospital, was highlighted as effective.

Comments referenced that reduced services have yet to be reinstated and in some areas telephone consultations are the new norm. Additional stress and pressures placed on staff during the pandemic were acknowledged.

A desire for more working in partnership, prevention of ill health and investment would improve outcomes. A reduction in bureaucracy to facilitate this was also highlighted.

The use of alternative channels to offer advice and support should be encouraged and better facilitated.

"The pandemic brought its challenges but also brought about opportunities to the way we work. The introduction of greater, slicker IT systems mean that we can connect with our service users however, the GP practices seem even more harder to reach than ever before. It feels like surgeries are using the pandemic as an excuse to not see our service users which in turn puts pressure on the community and acute services."

"I noticed the common ailments scheme which has the potential to be helpful, but hasn't worked for me due to the unavailability of the pharmacist during my lunch breaks, and then having to make an appointment with her for ten days later and take time off anyway."

It was also suggested that staff involvement in service improvement might be improved:

"There are some great initiatives but care would improve greatly if patient facing staff were given more opportunity to input into these services. Many issues missed by management are obvious to staff on the ground"

This was an issue reflected at the public Q&A session too.

It was commented that to be successful there needs to be an effectively resourced whole-system commitment across the BCUHB. This should include primary & secondary care and social care.

"new monies have tended to focus on addressing critical demands for services to "make people better"; rather than working in partnership to keep people well"

"It is very difficult to get through to a GP, waiting over 20 minutes in hold to be told "someone" will call you back. At times, there is no call back and you have to begin the process all over again"

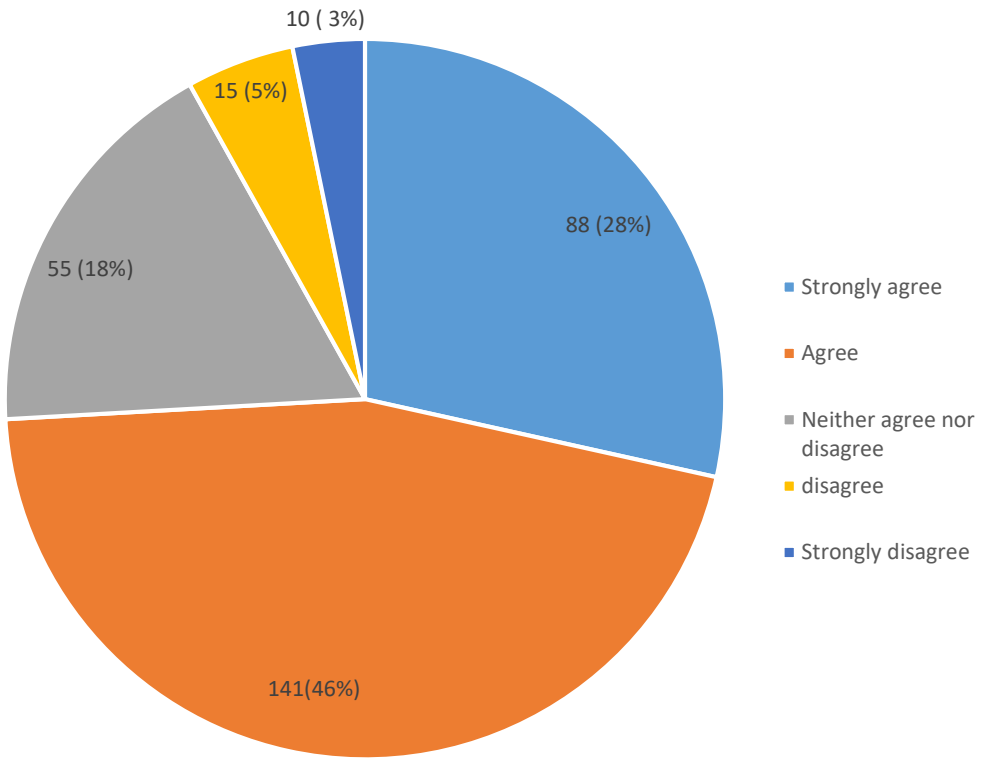
"Lack of timely assessments and support has exacerbated mental ill-health symptoms for many people."

There was an acknowledgement that deterioration is in part due to Covid-19, however there was a view that services are not recovering as quickly as they should and problems that existed pre-Covid still persist.

"I speak to people who feel let down all the time. I had to call the PALS team to help me contact my consultant."

"I had a bad experience when referred to MIND and have had no further support. I feel I can't go and see a Dr no matter what is wrong with me, and I'm worried for the future"

3.5 Improving Health and Reducing Health Inequalities



When asked if improving health and reducing health inequalities was still the right approach 74% of respondents agreed or agreed strongly that it is.

Comments reflected the view that empowering people to address their own health and well-being was important. It was felt however that some people did not want to take responsibility for their own health so incentives such as discounted facilities or classes for cooking and fitness for could be offered.

It could also be made easier for people to access help through a combination of options including digital and face-to-face appointments.

Making information available, however, isn't enough and efforts to communicate better and in a non-patronising way such as having honest conversations about weight, smoking and the barriers people experience were considered to be important. Improving staff communication skills was seen as especially important for people with learning difficulties. Other areas included providing more education to children with dietary issues / harmful lifestyle choices and giving patients access to their own health records.

Early intervention such as encouraging people to come forward early especially those living in rural areas is important:

"The NHS are very reactive and I think by providing a yearly check-up for patients, early detection could reduce the demand on secondary care services later on"

"For many we still don't step in early enough and the result can be very expensive emotionally for families and more expensive financially for the Health Board and its partners in health and social care."

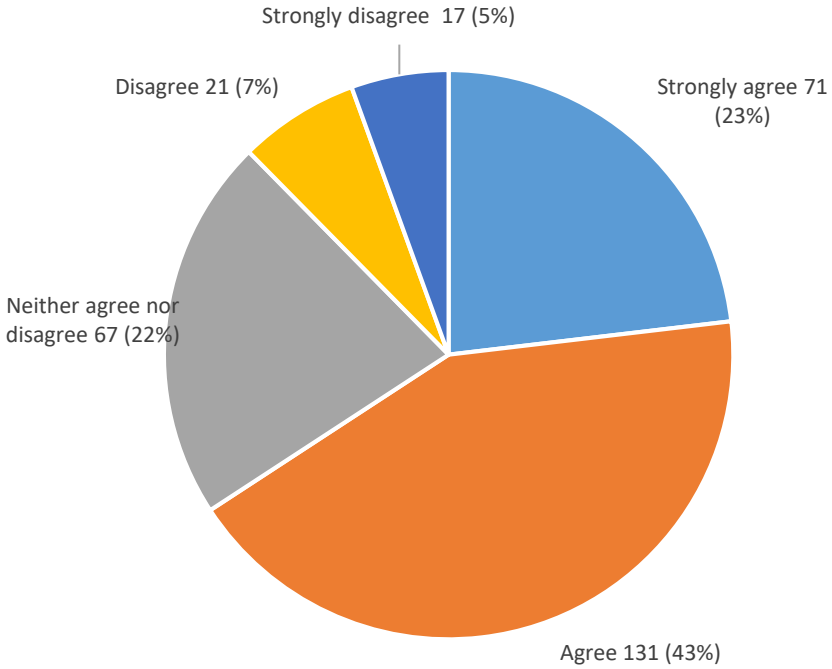
It was suggested that the Health Board should invest in more prevention into mainstream services. Examples include increasing resources for mental health to improve waiting times and ensuring sufficient resources are available when patients are discharged:

"It seems a patient can still be discharged from hospital into the care of a partner who has a severe medical problem, no carer is available to support the couple. How can this be acceptable?"

A number of respondents asked how BCUHB knows if improvement is happening and questioned how improvement is measured. There was a feeling by some that improvement is not being achieved or evidenced.

There was a view that whilst promoting and supporting healthy lifestyle choices and a focus on the quality and safety of services it should be acknowledged that poverty, poor housing, unemployment, stress, air pollution etc. also have a huge impact on people's health.

3.5 Primary and Community Services



When asked if ensuring local services meet people's needs in the right way and at the right time was the right approach, 66% agreed or agreed strongly.

Accessibility

Many people who agreed with the approach however felt that help and advice should be more accessible or available, particularly for older people. It should be simple, easy to understand and in different formats and people should be able to speak to someone when more help is needed. There should be time slots for digital appointments and better use of appropriate partnership organisations e.g. the third sector. Quality of information and advice is essential and there must be trust in the competencies of health professionals giving the advice.

There needs to be a way to destigmatise conditions affecting health e.g. diabetes, to allow for better engagement in self-care and there is a responsibility for making 'self-care' decisions on behalf of others e.g. children.

"I do worry though that when the NHS talks about people 'managing their own heath' that they have the cause and effect the wrong way around e.g. they mean that if only everyone ate healthily and exercised there would be far fewer sick people. I think that misses out on all the things that are actually in the power of the NHS and other public services to change that would improve people's health and living conditions so that they have the time and energy for healthy behaviours."

Need to see visible actions

A number of people felt that initiatives were not visible or that they had not experienced them.

"I agree it is the right approach but it is not translating into practice."

More resources needed to deliver

Some people gave examples of the areas for investment to deliver this approach more effectively, this included:

- GPs
- Parents of children with complex needs during pandemic
- Practical community support for carers
- Partner organisations capacity to deliver

The following were cited as good examples of this approach:

- Musculoskeletal service signposting
- Amlwch GP use of Facebook for signposting
- Benefit advice for cancer patients

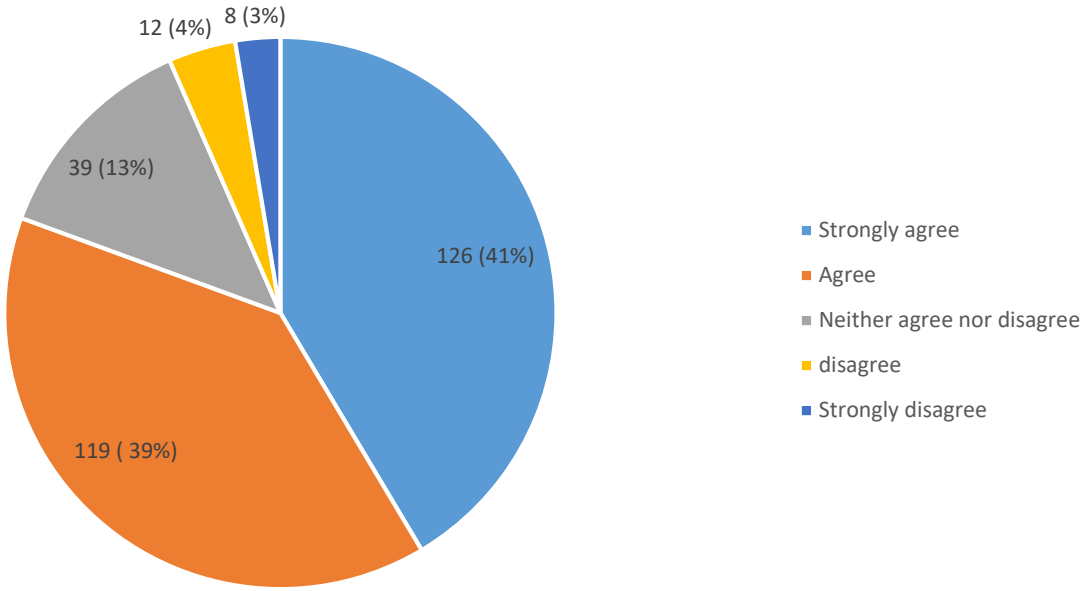
The limitations of signposting

A number of respondents however felt that signposting should be complementary and not a replacement for medical care, suggesting people may be less likely to seek treatment when it is needed and that signposting can feel to some like 'passing the buck'. There was a view that some people do not realise that they need the help or sometimes need more practical steps than advice.

There was a worry that underlying issues may not be identified and that some people are left feeling dismissed and being "*bounced around"* and their needs not acknowledged. Responsibility for care was considered by some to sit with the clinician rather than the individual.

"Too many 'management plans' in mental health signpost people to sources of advice information and support! The buck stops with the clinician (when there is one available) to provide the necessary advice, not to 'signpost'

3.6 Addressing more serious needs (hospital care)



When asked about the Health Board's aim of ensuring people are able to get support more quickly for more serious needs, 80% agreed or agreed strongly that this was the right approach to take. A number of comments stressed the need to improve access to alternatives to emergency departments (EDs). It was suggested that some people are going to EDs as an alternative when they cannot access a GP. This may have worsened since Covid and the reduction in face-to-face appointments. Other suggestions to improve this include:

- Minor Injury Units (MIU) - more would help reduce the pressure on EDs
- Community hospitals: review the role with a view to potentially extend
- Self-care - empowering people
- English providers - devolution precluding access to services across the border
- Increase ED support and efficiency
- Better communication including media messages & offer the right / same services
- Improve efficiency at EDs with better monitoring of attendances with triaging by Advanced Nurse Practitioners (before entry) to challenge and deter inappropriate attenders and redirect to, for instance a pharmacy or MIU

- Better understand the pressures on staff
- Properly resource 3 sites and social care to support discharge from hospital
- Medical school and more research in N Wales

"I think there needs to be a 24 hour out of hours proper triage i.e. can you go home till morning and a clear pathway if deteriorate - genuine integrated working with patients and staff"

"The hospitals should be the end of a journey where other alternatives have been utilised in the community - high engagement and support from Primary Care services are needed to support at early stages of treatment"

"It is, but Wrexham hospital is complete train smash.... the A&E department actually lost my mother for c 12 hours recently, it clearly struggles from a resource perspective, so how is this being addressed?"

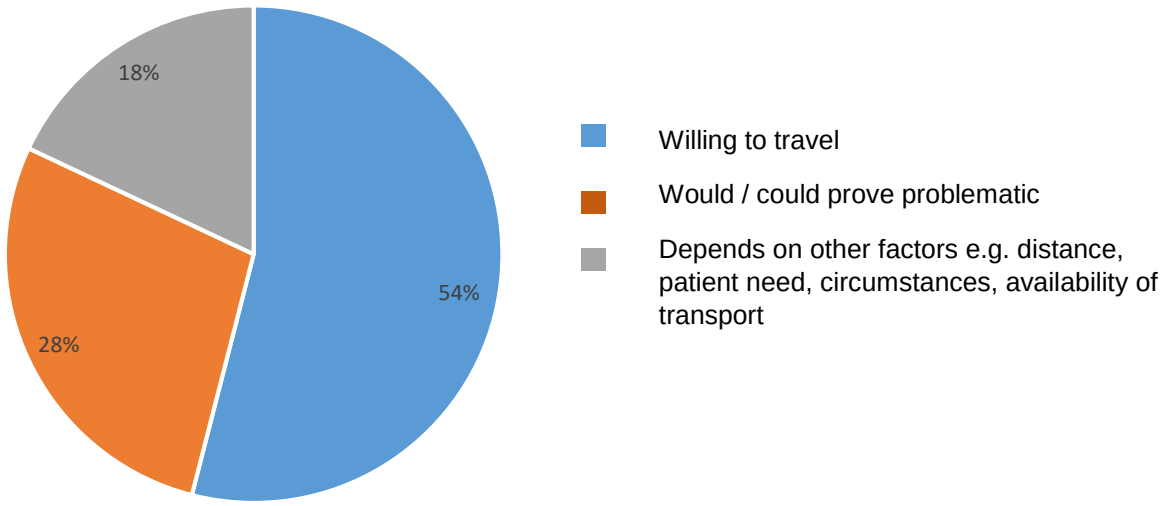
Some respondents commented on the geography of North Wales, particularly its rurality and the need to maintain hospital emergency services in the three areas, especially during the summer months when demand increases. The proximity to the English border and catchment population of the Eastern area were also referenced.

"A&E and ambulance services are at capacity and are straggling to meet the need of the patients"

"I would say that more local services are always better but understand that there are constraints which mean that ensuring top quality at these three sites key. Access from more rural areas still an issue."

"there is too much of a burden on the acute services at the moment as they are also dealing with the chronic care that Primary services are not able to cope with."

3.7 What would it mean for you if you were asked to travel further to get treatment sooner or more specialised care?



Over half the people who answered this question said that they were willing to travel to get treatment sooner or for more specialised care.

"I would accept this - my daughter has shared care between COCH & Whiston as Whiston is the regional centre for her clinical requirement."

There was largely an acknowledgement that this is dependent upon circumstances including their state of health, the distance and their support network (or lack of) and a recognition that, the implications of travelling would have a much greater impact on some members of society.

"Not a problem for me personally but aware some people would need to access public transport etc. which is not appealing during the pandemic"

"I would be happy to do this to access specialist care but I have my own transport and friends who would help me"

"I could accept that but those of more limited means would need support. This might well be cheaper than maintaining so many services on all three sites."

Other respondents suggested that these types of factors may affect their ability to travel to get treatment sooner or specialist care and would therefore not commit to accepting this approach nor rejecting it.

"It depends on how far I'd have to travel, whether I was in a healthy enough state to travel on my own, public transport links to the location, and what condition I am in."

"Depends upon distance and what you receive when you are there. I waited 2 years for a 5 minute appointment. It was useless. All I was told I knew and then was told to look online! As if I hadn't thought of that!"

"Care should primarily be local but if super-hospitals were built and services could be accessed sooner then I agree."

Other people commented that it would prove problematic for them to travel to get treatment sooner or to receive specialist care. There was a view that travelling to get treatment sooner or for specialist care is likely to create greater inequalities for some of the population of North Wales particularly for older people, those with disabilities or complex needs and those on low incomes.

Insufficient transport infrastructure was a major concern including cost, the road network, availability of public transport especially during the pandemic and lack of hospital transport. There would be a greater reliance on support networks and carers for transportation purposes and people may be less likely to seek the treatment they need.

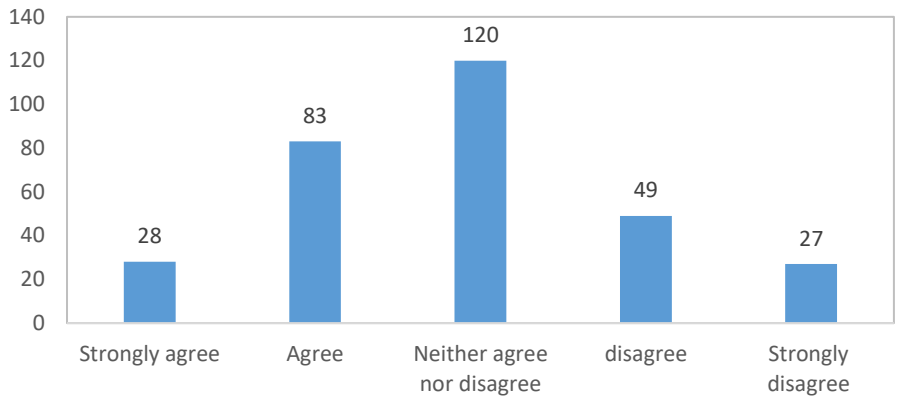
Other factors of concern include mobility, the physical and mental health of the patient, urgency, childcare, increased time off work, visiting and communication with relatives. Some people felt that some communities within North Wales already have to travel significant distances to access the nearest hospital.

"Lots of people already travel long distances - it is not reasonable to expect them to travel further except in exceptional circumstances or for very specialist treatment."

3.8 Equality and human rights matters

When asked if the Health Board had delivered on its commitment to promote equality and human rights just under a third agreed it had. However, 120 respondents neither agreed nor disagreed with this statement, with a further 25% of respondents disagreeing with the statement.

A high number of comments perceived that the Health Board was not delivering on its commitment to promoting equality and human rights. Comments included barriers to accessing services, the need to make reasonable adjustments and working towards improved outcomes for all.



Most commonly referenced were aspects of the patient experience, including:

- Quality of care and the variability in service with geographical differences being a contributing factor.
- Communication issues such as attitude of staff, both clinical and non-clinical capacity. There was experience of the use of language and terminology for disabled people, which was perceived as patronising and a need for more extensive training to attain minimum standards.
- There was a perceived gap in services for non-English / Welsh speakers and a view expressed that Welsh language services could also be improved.
- Hospital signage was referenced as potentially confusing for people with learning disabilities or mild dementia.
- The partial booking system was not viewed as flexible enough to accommodate those who are not able to respond to their appointment invitation letter and are thereby excluded.

"….***if people don`t respond to PB*** *[partial booking]* ***letters they get no care - these people in my experience are those most disadvantaged and in need of services. There should be different ways to enable service users to flag need for support - unfortunately staff are so worn down that systems are not open and adaptive enough - it`s a self-fulfilling prophecy to make services increasingly difficult to access and so disadvantage certain groups even more."***

Access to primary and community care was raised citing GPs, dentists, physio and OT as examples where access needs to improve. Methods of accessing services e.g. telephone and digital appointments were not viewed as suitable for all especially for those with sensory impairment and / or older people. There was a view that the rate of expansion of these technologies was increasing the equalities gap.

Extending hours of access to evenings and weekends was proposed to improve accessibility outside of people's normal working hours however this was not specific to primary or acute services.

Some respondents commented that more needed to be done for those who are disadvantaged, on the edge of society and who are unable to travel for appointments due to their age or for socio-economic reasons. Transportation services were not considered to have sufficient capacity to respond in a timely enough manner to meet patients' needs.

"I think the elderly and infirm are seriously disadvantaged in accessing services. Patient transport for outpatient appointments is severely over stretched. I have had elderly and very poorly patients waiting for transport sometimes for 4 hours after a 30 minute OPD appointment. Totally disgraceful."

"I don't believe the health board is patient focused and therefore falls down in providing improved outcomes for all. They don't take into account the patients situations and if they are able to access services, especially those with poor mental health and deprivation."

"Please look at the individual needs of every person e.g. a person living alone or who's family live too far away to collect the patients personal washing etc. That patient left with a bag of dirty laundry and then kept in hospital gowns until being discharged with the dirty washing. How is this giving equal advantage?

4. Other Engagement Feedback

4.1 Partner perception survey

In July 2021, 20 in-depth telephone interviews were carried out with a range of senior partners from local authorities, third sector and other health and public sector organisations. The purpose of this was to gain a better understanding of the relationships between them and the Health Board, particularly during the COVID-19 pandemic.

During the interviews, partners were asked about the Health Board's Living Healthier Staying Well strategy. This feedback provides a different perspective to public opinion as many of the partners are working in partnership to support delivery of the Health Boards strategic priorities.

Overall, the strategy is still considered to be both highly relevant.

"I have heard of it and the goals are very relevant - if not more so since COVID 19" (Third Sector)

"All relevant, no one can argue with any of the core goals they have" (Third Sector)

Several partners, however, suggest that while the strategy remains relevant it should still be revisited particularly with a view to:

- Openness about how waiting times will be tackled
- Acknowledging Welsh language and culture
- Working with the Third Sector more to deliver services without placing additional burdens on the NHS

"It needs to be looked at. There are many cases for the Welsh language and culture not being acknowledged from the Health Board." (Local Authority & Education)

"Yes, have heard of it and still relevant but needs to be refocused on patient expectations and how services are delivered has changed, we need to look at this with new eyes as it were. Maybe look at what direction this needs to go in. Some things in the plan will have moved on and being delivered now not face to face but remotely. Care closer to home, people can stay at home now and the service can come to them online." (Health Care & Social Housing)

" ..still relevant and possibly needs revisiting after Covid to see what the priorities are" (Public Sector / Police)

For others, while aware of the strategy, it was felt that it does not have much bearing on their own work or organisational goals or that they have neither seen or heard much about it since it was first published*:*

"Have heard of it but we don't work on this ourselves" (Health Care & Social Housing)

"I am not sure how it is all being delivered; I am familiar with it." (Local Authority & Education)

Whilst the majority of stakeholders feel that the strategy is still relevant, around three quarters say that they are working with BCUHB to achieve shared aims. Generally, they emphasise that they work within their own strategic plans but that their aims and objectives are closely aligned:

"We have our own strategy that is very much aligned with this "(Third Sector)

"Shared aims but separate strategies" (Local Authority & Education)

They highlight the need for the organisations to work flexibly together in order to meet partner and patient needs:

> ***"Yes we have shared aims and again we need to listen…" (Local Authority & Education)***

> ***"We work with what our partners need rather than read strategies. We are able to work in an agile way responding to what they need for their strategy." (Local Authority & Education)***

Among the remaining stakeholders, who do not claim to work with BCUHB on the strategy per se, a number stress that they still share aims and in some cases have aligned goals:

> ***"We work together but parallel to each other on strategies. We do feel we are working together but we all have our own unique strategies." (Third Sector)***

> ***"We have our own strategy but it sits parallel to the Health Board one" (Local Authority & Education)***

> ***"We have shared aims but we do not work on this particular strategy with the Health Board" (Local Authority & Education)***

For others there is a sense of frustration that BCUHB expects others to adopt its strategy, ignoring the strategic aims, objectives and priorities of its partners:

> ***"There are many, many strategies I have to look at, including my own. I feel Betsi like to put their brand on everything and then want us as partners to work to their aims and strategies, without even thinking we may have our own. It's a one size fits all with them and they lack understanding about who we are as partners and what our own aims may be too. "(Local Authority & Education)***

There are positive signs from partners that they feel the strategy is being applied in practice by the Health Board, particularly in the areas of housing and care at home.

4.2 Feedback from events and forums

Comments and feedback from the engagement sessions and particularly the two Q&A sessions reflected many of the comments expressed by the survey respondents. As with the survey feedback there was a general agreement that our goals and priorities were the right ones. Some concerns about primary care and access to GPs were raised and the referral times to specialist services such as mental health. The use of video and telephone consultations was raised, and as with the survey responses, there were mixed views as to whether this was a positive move forward but acknowledgement that it could increase inequalities for some people.

Partner organisations raised the need for joint work to commence from the earliest opportunity for future strategy development, noting that a shared approach, vision and language can make a difference in achieving successful collaborative working. The Heath Board should place more emphasis on aligning priorities and collaborative working at all levels.

North Wales Community Health Council

North Wales Community Health Council (NWCHC), the independent watchdog for health services, was provided with the draft review document for consideration. Evidence of engagement and the methods used were also shared. A presentation on the review was given to all NWCHC members at a Full Council meeting and members were invited to submit comments at the meeting and following the meeting. Amongst the matters noted in response to the review of the strategy, the following key points were raised by NWCHC:

- The review is welcomed; it was felt the principles are robust, but there has been a significant lack of progress in some areas. The strategy must focus on bringing about visible and measurable improvements for patients of North Wales. NWCHC acknowledged that there is no reason to amend the objectives of the strategy and that the pandemic has certainly interrupted the actions required to meet those objectives.
- Despite the spirit and intention of the review, it was considered that the document contained much rhetoric and in some instances states the obvious. The evidence of success seems sparse and there is no mention of any strategies to improve the situation. There is concern that the review does not provide answers to resolving the difficulties faced by health services and patients and that more focused action is required.
- Significant 'buy-in' is needed from Primary Care, Community Care and Social Care in order to be able to deliver care closer to home. There are difficulties for many in accessing GP appointments and there is concern about the knock-on effect of this on other services such as Emergency Department and Welsh Ambulance services.
- Primary Care Cluster development work should include other primary care practitioners and stakeholders, not just GPs
- The strategy needs to be honest in what can be achieved, and an example was given of robotic surgery which remains unavailable in North Wales. The review makes no mention of this.
- Concerns were expressed particularly about access to and support from mental health services, despite some improvements in elements of the service
- Notwithstanding the lack of progress noted, the review fails to recognise the successes in some service areas, and more information should be made available to the public such as on the Health Board's website. It was recognised that there needs to be a clear explanation of the impact of the strategy on the patient – i.e. *'What does this mean for me?*' Examples of which services are available would be welcomed, but there is a need to explain how they are relevant to patients and the difference they can make.
- It is recognised that the Health Board needs to be innovative and provide high quality care, but in the aftermath of Covid. There needs to be clarity on what is achievable and deliverable. In some respects the review document seems to be an iteration of what has gone

before. The ‘community hubs’ that are mentioned seem not well known and there appears to be no data relating to who has accessed them and what has been delivered. Part of their function is mental health and wellbeing but where is the evidence of success?
- It was felt that more clinicians and health practitioners need to be involved front and centre in this work

The Health Board will continue to work with the NWCHC to ensure there is ongoing engagement in the further development of the strategy. The NWCHC will continue to monitor and scrutinise the progress made in achieving the objectives of the strategy and the impact on the experiences of patients in North Wales.

Equality and human rights stakeholder forum

The promotion of equality and human rights was a key principle of the original LHSW strategy and we are grateful to have had the contribution and constructive challenge of our equality stakeholder forum throughout. In addition to the comments noted above in response to the online survey, our stakeholder forum contributed their views on progress and the need to refresh. Amongst the detailed feedback raised the following key points were noted:

- Health and social care need to be more joined up – the processes of care and support need to be more streamlined
- Compassionate care must be a priority for the Health Board
- Many issues relating to dignity and respect were raised – for young people and young parents amongst others
- The importance of considering accessibility, engagement, digital exclusion and digital poverty
- Responding to mental health needs in the same way as physical health needs
- Recognise and support those people subject to long delays because of Covid, recognise that conditions deteriorate with delays, and concern about the impact on quality of life
- The importance of working in partnership in the wider context, to address well-being, environmental sustainability, socio-economic factors, hate crime
- The need to recognise that some 8-10% of the population identify as LGBTQ+

The forum also drew attention to a number of significant publications in addition, including **Locked Out: Liberating disabled people’s lives and rights in Wales beyond Covid-19**; the **Code of Practice on the Delivery of Autism Services**; and the draft **Race Equality Action Plan**.

5. Conclusions

The feedback gained through the engagement exercise confirmed that the main strategic goals are still relevant, despite the changing environment and the challenges facing the Health Board.

There were some notable issues raised that will inform the strategic direction of the Health Board and the development and delivery of services. The feedback indicates that people are keen to see improvements made and delivery of the aims and aspirations described. The key messages from the engagement are being fed into the strategy refresh and the Integrated Medium Term Plan, and the specific service issues will be shared with relevant service leads.

The nature of the engagement exercise led to some limitations in involvement which will be addressed as the strategy continues to be delivered and informs ongoing plans. Early involvement and co-design of specific service developments will enable a stronger foundation of patient- and citizen-led health care which can better address the needs of our population.

Finally, it must be recognised that the engagement was undertaken during the ongoing Covid-19 pandemic and some may have found it challenging to engage, and particularly to consider longer term strategic direction. We are grateful for the time and effort that people contributed in such difficult circumstances.

The word cloud collates the most prominent feelings and words that appeared most frequently in the survey

Glossary

ANP	Advanced Nurse Practitioner
BAME	Black, Asian and Minority Ethnic
BCU / BCUHB	Betsi Cadwaladr University Health Board
CCtH	Care Closer to Home
CRTs	Community Resource Teams
ED	Emergency Department
GP	General Practitioner
GRT	Gypsy, Roma and Traveller
IBD	Inflammatory Bowel Disease
KPIs	Key Performance Indicators
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual.
MIND	A mental health charity in England and Wales
MIU	Minor Injuries Unit
Musculoskeletal	Includes bones, muscles, tendons, ligaments and soft tissues.
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PB / Partial Booking	Outpatient Appointment System
Q&A	Question and Answer
Stronger Together	BCUHB staff engagement programme
Wakelet	Electronic platform to save, organise and share content