

Swansea Bay University Health Board

Unconfirmed

**Minutes of a Meeting of the Health Board
held on 28th October at 11.45am via Zoom**

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Interim Director of Nursing and Patient Experience
Jackie Davies	Independent Member
Keith Reid	Director of Public Health
Mark Child	Independent Member
Martyn Waygood	Independent Member
Nuria Zolle	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member

In Attendance:

Hugh Pattrick	Community Health Council
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Nick Samuels	Interim Director of Communications
Pam Wenger	Director of Corporate Governance
Sue Evans	Community Health Council
Susan Bailey	Head of Communications
Liz Stauber	Head of Corporate Governance

Minute No.		Action
247/21	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the meeting, particularly Inese Robotham who had joined the organisation as Chief Operating Officer. Apologies had been received from Keith Lloyd, Independent Member, Reena Owen, Independent Member and Andrew Jarrett.	
248/21	DECLARATIONS OF INTEREST	

	There were no declarations of interest.	
249/21	URGENT MATTERS ARISING	
	There were no urgent matters arising not otherwise on the agenda.	
250/21	OUTCOME OF THE PUBLIC ENGAGEMENT FOR OLDER PERSON'S MENTAL HEALTH SERVICES	
	<p>A report providing an update on the public engagement for older person's mental health services was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The engagement had two strands – development of the strategic framework for older person's mental health services and some specific service changes; - The service changes included centralising assessments at Cefn Coed Hospital, permanently relocating beds from Neath Port Talbot Hospital into Tonna Hospital and making permanent the temporary closures to one of the suites at Tonna Hospital; - The proposed reduction in beds was aligned with the increased services within the community that had been developed over the past few years; - Originally, the space to be vacated in Neath Port Talbot Hospital was proposed to be used for orthopaedics but this was no longer the case as an alternative location had been identified; - Only 43 responses to the engagement had been received, the majority of whom were families and/or carers of patients; - While the responses had been positive in terms of patient experience and feedback, concerns had been raised about the service changes proposed; - Based on the outcome of the engagement, it was proposed that further work be undertaken on the service changes to set out more clearly the proposals and also to consider transport opportunities and a potential day hospital within Neath Port Talbot; - The current staffing levels at Tonna Hospital meant it was unsafe to have two wards open and it had been agreed in the summer with the community health council to close one temporarily for this reason; 	

- The community health council was supportive of this approach as well as the continued urgent temporary closure of one of the suites at Tonna Hospital;
- A further report would be received by the Board in January 2022.

In discussing the report, the following points were raised:

Mwoyo Makuto advised that the community health council had been in discussions with the health board around concerns raised by its members and that the outcome of the engagement was not as positive as had been hoped. She added that the two organisations had agreed a way forward to respond to people's concerns and the community health council was satisfied that the new proposals were in the best interests of those affected.

Jackie Davies stated that the success of the investment in community services was evident given the low demand for inpatient beds. It also provided development opportunities for staff to take on new roles.

Mark Child commented that in hindsight, the health board's starting position could have been better by involving service users earlier in the process as well as including a comparison with the rest of the UK in terms of inpatient beds, as the health board was significantly higher than the average. Mark Hackett concurred, adding that the direction of travel for the service changes aligned to providing more care closer to home.

Mark Hackett stated that the health board needed to have a much wider discussion with the local community and statutory partners as to what was required from older person's mental health services rather than engaging only on specific proposals. The public needed to be engaged with the constraints to deliver the current service as well as some of the opportunities to do things better. He added that the comments made in relation to transportation for the day hospital needed to be addressed in partnership with the patient group.

Siân Harrop-Griffiths provided assurance that the health board was working closely with the community health council as well as other partners to address the points raised as part of the engagement, noting that transport issues had also been raised as part of the Changing for the Future engagement. She advised that detailed proposals would be shared in January 2022 with the Board for each point raised for the service changes along with an engagement plan for the strategic framework for older person's mental health services more widely.

Mark Hackett advised that the health board was not in a position to safely reopen the closed suite at Tonna Hospital but assurance was being received from the service that it was not impacting on the ability to provide assessments or treatments. He added that in comparison with other mental health services, the community provision was good but

	<p>inpatient capacity was significantly higher than average, and this needed to be addressed.</p> <p>Siân Harrop-Griffiths suggested that a report providing assurance around patient experience at Tonna Hospital be shared with the Quality and Safety Committee. This was agreed.</p> <p>Emma Woollett summarised that the health board would undertake a process of ongoing engagement to widen the discussions around the strategic framework for older person's mental health services rather than progress with the proposed service changes.</p>	SHG
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The further actions proposed to take account the issues raised through engagement be agreed; - A report providing assurance as to patient experience at Tonna Hospital be shared with the Quality and Safety Committee. 	SHG
251/21	OUTCOME OF THE PUBLIC ENGAGEMENT FOR 'CHANGING FOR THE FUTURE'	
	<p>A report and presentation setting out the outcome of the public engagement for 'Changing for the Future' were received.</p> <p>In introducing the presentation, John Underwood highlighted the following points:</p> <ul style="list-style-type: none"> - The engagement was for proposed service changes across the health board, some to make permanent temporary changes made in response to the pandemic and others to support wider improvements in urgent and emergency and planned care; - Some of the proposals would have implications for Hywel Dda University and Powys Teaching health boards; - The proposals were based on the premise that healthcare should be 'local where possible, specialist when necessary'; - The three main hospitals had been evaluated and proposals developed for three centres of excellence; - There were a number of long-term term challenges faced by the health board including recruitment and retention, poor patient feedback and health inequalities; - Covid-19 had provided a number of challenges and opportunities which had accelerated some service changes; 	

- The engagement programme was the largest undertaken by the health board with 200,000 responses received via social media and 8,000 visits to the website, along with 1,250 questionnaires completed;
- The pandemic had impacted on the ability to carry-out the engagement programme as normal, so emphasis was placed on online engagement using an NHS approved platform;
- An equality impact assessment was undertaken and updated throughout the process;
- The findings showed that:
 - Almost 90% of those who responded supported the proposals for centres of excellence;
 - 85% favoured the exploration of separating urgent and planned care;
 - More than 90% agreed that healthcare should be delivered 'local where possible, specialist when necessary';
 - There was overwhelming support for a hyper acute stroke unit (HASU) as well as support for exploring digital services, but maintaining some services face-to-face;
 - Responses had called for the need to tackle waiting times and to address travel/transport challenges;
- Some of the changes would require health board or Welsh Government capital but any with revenue consequences had already been accounted for within the financial plan;
- Next steps included:
 - Developing plans in co-production;
 - Develop pledges based on expectations of patients and staff;
 - Use of 'Changing for the Future' branding for future service changes;
 - Proceeding with the service changes which had been supported but with any required mitigations;
 - Carrying out further work in relations to proposals for blood tests and hydrotherapy.

In discussing the presentation and report, the following points were raised:

Mwoyo Makuto congratulated the health board on the reach of the engagement which had received a high number of responses despite the circumstances, and the community health council was satisfied that people had had the chance to have their say. She issued thanks for the opportunity to work alongside the engagement team and advised that the community health council was supportive of the proposals. However it was important to note that the issue of transport was a concern to people and would need to be addressed in the right way. In addition, it was suggested that pictorial/visual information was developed to set out how services would be accessed given the number of changes. While the move to digital services was supported, there was some concern for the more vulnerable service users with low levels of digital access. In terms of implementation, there were plans in place to brief the community health council executive group and it was hoped this would also be extended to the full councils for the three health boards affected. The engagement had been a good example of how people could be reasonable when the details of and reasons for change were clearly explained, and it was hoped that this process would provide lessons for future ones.

Emma Woollett thanked the community health council and John Underwood (and his team) for the support and challenge they had provided during the process. This was also extended to Siân Harrop-Griffiths, Joanne Abbott-Davies and the strategy and communications teams. She added it was pleasing to see the richness of the detail included in the report as it provided answers beyond what was being asked.

Nuria Zolle commented that any actions to address issues/concerns raised needed to be co-produced and queried if consideration had been given to specific implementation plans for vulnerable groups, such as socio-economic or disabled.

Martyn Waygood noted the plan for Singleton Hospital to be a centre of excellence for cancer and advised that the health board charity was working to make the South-West Wales Cancer Centre more visible as a brand. He also noted that the report made reference to moving the centre to Morriston Hospital and observed that it needed to be clear what this meant for service users and in what timescales this would be achieved.

Martyn Waygood commented that the performance figures received regularly by the Board for mental health services appeared to be good but did not align with some of the feedback received from service users as part of the engagement, some of which was concerning. John Underwood responded that while mental health services were not a part of the engagement, the feedback was worth reviewing.

	<p>Mark Child queried whether the health board was part of the planning group for the metro system proposed for Swansea as part of the City Deal, given the benefits to public health public transport could have. Siân Harrop-Griffiths responded that the health board was not directly involved but was part of the City Deal joint committee, and was also participating in the multi-agency group for active travel. She undertook to follow-up the potential to participate in the metro planning group.</p> <p>John Underwood advised that around 30% of respondents had been staff and the responses had broadly been in-line with those of the public, although while whether staff felt supported was a top priority for staff, the public ranked it 4th.</p> <p>Mark Child commented that it was important to be clear of the definitions of 'local' and 'specialist'. John Underwood agreed, adding there would be a degree of variability amongst the public. It was important that the narrative made it clear that to be treated within a specialist centre may require travelling further, but it would provide the essential care needed for that particular condition. This would need further work.</p> <p>Darren Griffiths provided assurance that the financial complexities were being worked through, including health board funds and bids to Welsh Government. Welsh Government was advocating the health board's approach as it had been clearly articulated what could be achieved through current resources and where additional funds would be needed. Clear plans for activity and workforce were also empowering the discussions.</p> <p>Emma Woollett summarised that co-producing the mitigating actions was important and there clearly needed to be more work around blood tests and hydrotherapy services, as well as consideration of the comments around mental health services. In addition, more engagement and communication was needed around the minor injury unit and GP out-of-hours service and how people would access services following any changes would need to be clearly set out. She stated that this was a really important piece of work given the challenges being faced nationally and would help services to deliver more effectively.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The proposal to proceed with the service proposals, as outlined in the engagement document be approved; - Further work on the future provision of hydrotherapy and blood tests as well as the other services where the engagement process asked the public for views to inform the health board's future plans be approved. 	

	<ul style="list-style-type: none"> - Further work on the mitigations outlined in appendix B including most importantly the travel and transport concerns raised during the engagement programme, through partnership working with local transport providers, the voluntary sector, and local authorities be approved. This to include exploring the possibility of improving transport links between the health board's various hospital sites; - It be agreed that proposals will be presented to the Board at a future meeting regarding how a new co-productive partnership with the public and staff can be developed. - It be agreed that the Changing for the Future branding should be used for Swansea Bay's continuing transformation plans going forward. 	
252/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
253/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 25 th November 2021.	