

11 October, 2022

LLANELLI RURAL COUNCIL

Minute Nos: 175 – 181

At a **COUNCIL** Meeting of the Llanelli Rural Council hosted at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Tuesday, 11 October, 2022 at 6.00 p.m.

Present: Cllr. A. G. Morgan (Chairman)

Cllrs.

S. R. Bowen	J. P. Hart
D. M. Cundy	S. K. Nurse
M. V. Davies	J. S. Phillips
S. L. Davies	A. J. Rogers
T. M. Donoghue	W. E. Skinner
A. Evans	A. G. Stephens
E. M. Evans	N. A. Stephens
N. Evans	B. M. Williams
R. E. Evans	O. Williams

Absent: S. M. T. Ford

Together with Ms Maria Battle, Chair, Mr Steve Moore, Chief Executive, Ms Alwena Hughes-Moakes, Director of Communications and Mr Lee Davies, Director of Strategic Development and Operational Planning, Hywel Dda University Health Board.

175. APOLOGIES FOR ABSENCE

An apology for absence was received from Cllr. S. N. Lewis.

176. MEMBERS' DECLARATIONS OF INTEREST

The following members declared an interest in the following matters:

<i>Minute No.</i>	<i>Councillor</i>	<i>Interest</i>
178	S. L. Davies	Personal interest – employed as a Community Transport Officer, working in the third sector with Hywel Dda University Health Board.
178	A. J. Rogers	Personal interest – partner works for Hywel Dda University Health Board.

11 October, 2022

177. PUBLIC PARTICIPATION

There was no public participation in the proceedings.

**178. HYWEL DDA UNIVERSITY HEALTH BOARD
RECONFIGURATION OF HOSPITAL SERVICES**

Cllr. S. L. Davies declared a personal interest in the following matter as she was employed as a Community Transport Officer working in the third sector with Hywel Dda University Health Board. Cllr. A. J. Rogers declared a personal interest as his partner worked for Hywel Dda University Health Board.

Further to Minute No. 101, the Chairman welcomed Ms Maria Battle, Chair, Mr Steve Moore, Chief Executive, Ms Alwena Hughes-Moakes, Director of Communications and Mr Lee Davies, Director of Strategic Development and Operational Planning, Hywel Dda University Health Board to the meeting and invited them to address members on the proposed reconfiguration of hospital services.

Ms Battle thanked members for the invitation to attend the meeting and enthusiastically remarked about the £1.3 billion investment planned to reconfigure health care services in West Wales. The plan was to meet and engage with as many people and organisations as possible and she invited Mr Moore to comment further on the Health Board's plans.

Mr Moore remarked about the extensive partnership working over the last three years to help develop the Health Board's strategy but recognised that the pandemic did slow things down. Nevertheless, he was pleased that external dialogue with all interested stakeholders would now continue to help shape the strategy further still. He then generally commented about two key elements impacting the strategy, namely a shift in demographics and how health care services should be reconfigured and designed to help support people to stay well. In summarising what the Health Board hoped to deliver he reaffirmed the current roles of Bronglais and Prince Philip Hospitals but going forward he was particularly excited about the future of Prince Philip Hospital. Prior to handing over to his colleague, Mr Lee Davies to talk through the strategy in more depth, Mr Moore was keen to emphasise the shared vision developed by the Health Board would positively impact local communities so that people could live a healthier life. The Health Board's ambition was to shift from a service that just treated illnesses, to one that kept people well, thereby preventing ill-health or the worsening of ill-health by providing help and intervention early on. The Health Board was working with communities to provide a more joined-up support and care package as close to home as possible to avoid the need for patients to travel far for help when unwell. Hospitals had an important role to provide the best quality specialist support when needed and the Health Board wanted to improve hospital services to provide the best standard and safety in care with better outcomes for patients.

He then invited his colleague Mr Davies to deliver his prepared presentation "A Healthier Mid and West Wales". The presentation covered the background to the work programme in reconfiguring hospital services together with key facts and statistics in regard to the Health Board's resident population. Mr Davies then covered a timeline of key events dating back to the early 1990s to 2016 setting out the challenges, milestones and changes introduced by the Health Board and which influenced current thinking and general policy. Mr Davies remarked

11 October, 2022

upon the condition of the Health Board's physical estate. The hospitals needed substantial capital investment over the longer term especially Glangwili General Hospital. The conditions generally across the physical estate placed further pressure on service delivery. This needed to be addressed as this was not sustainable over the longer term.

Mr Davies commented about the Health Board's current position and where it needed to be in terms of patient health care. The service needed to switch from a reactive service to a service that kept people well. This was particularly important given the increase in complex needs and people requiring highly specialised care and given the frailty of an ageing population with an increasing number requiring multiagency care.

Mr Davies spoke about the future model which included a social model for health and well-being and building resilience in communities. He also referred to community infrastructure development over the short, medium and longer term and the prospect of developing a Llanelli Hub by possibly doing something in the town centre to resemble what has been achieved in Carmarthen town centre with the re-purposing of the former Debenhams building in St Catherine's Walk, Carmarthen.

Mr Davies then set out the health care strategy infrastructure implications associated with the planned reconfiguration:

- The development of a network of community hubs, working with local communities.
- A new urgent and planned care hospital in the south of the Health Board's area between Narberth and St Clears; in this regard five sites had been selected but the Health Board had now decided to take three sites forward – two in Whitland and one in St Clears. He confirmed there would be further public consultation about these sites at the end of January 2023.
- A re-purposed Glangwili General Hospital and Withybush General Hospital offering a range of community hospital services to support a social model for health and well-being, designed with local people to meet their needs. The Health Board was contemplating re-purposing Glangwili either through refurbishing the hospital or constructing a new hospital.
- Acute medicine and low risk day case surgery continuing at Prince Philip General Hospital; the Health Board was currently assessing how to develop in-patient areas to comply with modern standards so the hospital remained fit for purpose over the longer term. To achieve this £100 million of capital investment had been earmarked for the hospital. Under the plans there would be a phased refurbishment of the estate; the two day theatres and endoscopy would be retained; some outpatient activity would be relocated to Pentre Awel, Llanelli.
- Bronglais Hospital to continue the range of District General Hospital services assuring its longer term sustainability.

Discussion then focussed on the wider societal and community benefits centring around training and employment with the creation of permanent employment; apprenticeship and work experience opportunities; an education programme which would create work placement opportunities; collaboration with local colleges to develop and deliver qualifications and career events, building in school visits and volunteering days; as well as use of the local labour force, the engagement of local sub-contractors; environmental and community

11 October, 2022

initiatives and supporting the local economy through local economic development and revitalising town centres through the anticipated community hubs and hybrid working and non-clinical accommodation in town centres in places such as Llanelli. The Health Board was seeking unprecedented investment to achieve these ambitions.

The presentation concluded by summarising the stages associated with rolling out the strategy which included agreeing the next steps with Welsh Government, following Cabinet discussion in July 2022; the land appraisal public consultation for the new hospital site as referred to earlier; the ongoing development of plans and the business case for community facilities and generally formulating plans for the next phase of the programme based on the outcome of Welsh Government decision making.

In further support of the presentation Mr Moore added that the Health Board wanted to engage with patients, public, staff and partners. As well as consulting the public about the new hospital site; they would also be consulted about the future development of the proposed community hubs. In some instances the development of community hubs would replace GP Practices.

If Welsh Government approved the business case there would be a heavy reliance on developing strong and sustainable primary and community services that focussed on prevention and early intervention; the Health Board's vision went beyond this. As well as shifting resources decisively towards care delivered in the home or near to home, unless it was medically inappropriate to do so, the strategy required the Health Board to change the whole approach and thinking, moving from largely biomedical interventions in favour of actions which supported resilient self-supporting communities and health and well-being for individuals and their support networks. To date a great deal of focus had been placed on the need to ensure sustainability of traditional models of acute services delivered to the population. In order to fulfil the vision set out in the Health and Care Strategy, focus must shift to shaping the Health Board's community response and the remodelling of resources to meet the challenge.

The success of this primary and community care model relied on an integrated and interconnected web of partnerships and relationships, rooted firmly around the voice and choice of Hywel Dda's population. The definition of community needed to include everyone and everything that was part of a community. A successful model of health and well-being recognised the diversity that existed in terms of health needs, within a population.

Ms Battle then explained that the last three years had been challenging especially during the pandemic but it was hoped that the business case would attract staff as the workforce was at the very heart of the Health Board's organisation. However, the Health Board was aware that getting the right mix of skilled staff to provide services was one of the biggest challenges, but she felt there was light at the end of the tunnel. The capital funding would give staff and their teams hope.

Mr Moore then stated the Health Board was running with a financial deficit which produced an unsustainable reliance on agency staff, bank staff and overtime payments to existing staff. In the immediate term the Health Board was taking very positive steps to address these issues, through its Health Care Apprentice Programme to provide long-term opportunities and strengthen work force capacity. Moving forward into the future the Health Board needed to spend its financial allocation differently on workforce resources by re-skilling staff to support

11 October, 2022

the community model and to address gaps in secondary care, so that the staffing model was sustainable.

There then followed a general question and answer session during which the following points were addressed:

Welsh Government escalating the Health Board's planning and finance from enhanced monitoring to targeted intervention – the Health Board didn't believe this would have a bearing on its plans but Mr Moore acknowledged finance was a challenge under the current management model. Ms Battle added that if this was left unchecked the current model would continue to demand financial intervention because it was unsustainable.

It was opined that a fundamental change was required to societal health care and whether people ought to receive an annual health care MOT, reference was made to specific health care models operated abroad and whether any learning or application could be garnered or applied to help deliver the Health Board's preferred strategy. By way of reply Mr Moore advocated it would be a range of measures starting with how the Health Board assisted those who lived at home alone, the high levels of frailty in an ageing population, the need to be more proactive and using data sets more intelligently. This latter point was more to do with changing internal processes. Integrated community centres/hubs were the future for the delivery of primary care but questions needed to be posed as to how the Health Board changed its relationship with communities and the voluntary sector. In this regard could the Health Board do more coupled with the need to develop community leaders, while ensuring the public sector doesn't stifle the work of the voluntary sector but particularly learning from respective roles played out during the pandemic. The Health Board had some parts of the model but more learning and experimenting was needed over the next ten years. The challenge was being more creative with delivery mechanisms but there wasn't much of a precedent elsewhere in the World to help support the Health Board's plans. He acknowledged that the Health Board had looked at models based in Spain, the Netherlands and Sweden. Ms Battle added the Health Board's plans were broad ranging than just focussing on the general care model. In terms of societal benefits it was about creating good jobs and good housing. The Health Board had reached out to enterprises in the construction industry in West Wales and further education centres to build new buildings and create apprenticeships respectively.

Reference was made to the newly constructed Day Surgery Unit at Prince Philip Hospital still not being operational and when this was likely to happen. Moreover, did the Unit form part of the £100 million capital investment targeted for Prince Philip Hospital. Concern was expressed that Orthopaedic surgery had reduced at the hospital because of beds being full in the main hospital and bed blocking keeping patients in hospital longer than what was necessary. Mr Moore stated developing the suite of services at the hospital would span over a ten year timeframe and he set out how he envisioned the hospital working and linking with Pentre Awel and other community hubs. He wanted to explore this further with the community but there was a lot to play for with the development of the hospital. The planned £100 million did not include the costs of constructing the Day Surgery Unit. He confirmed the Unit was not yet operational and this was frustrating but the delay had been caused with issues to be resolved with the configuration of the ventilation system. It had nothing to do with Health Board resources. This was a health and safety matter that had to be addressed by the contractors but he had been informed the handover of the Unit was now more than likely to happen in the last week of October and the first patient intake would then commence in

11 October, 2022

November 2022. He confirmed there was a positive future for Orthopaedic services at the hospital and the Health Board would be looking to maximise inpatient and day care facilities at Prince Philip Hospital.

In reference to the possibility of developing a town centre hub in Llanelli and what this would look like Mr Moore stated having a town centre facility would help bring services together for walk-in patients in addition to the services delivered from Pentre Awel and Prince Philip Hospital. It would provide an opportunity to provide community services in the town centre much like in Carmarthen town centre but there was no detailed plan yet as the concept was at the very early stages but the principle was being investigated.

A question was posed about the extent of dialogue with the transport agencies/providers as this was viewed as a critical component to integrate access to hospital and community services and the planned new buildings. Mr Moore confirmed the Health Board had met with Welsh Government to discuss this and stated there was a challenge with public transport in West Wales.

In reply to a question about the ITU at Prince Philip Hospital and an update on how it was currently operating. Mr Moore explained that two months ago a clinical safety issue had been identified resulting in unacceptable risk to patients requiring level three care namely those patients needing mechanical ventilation support. The issue stemmed from the lack of resources around the operation of the joint rota which required nine clinicians in normal circumstances but currently there were four vacancies. This was causing difficulties particularly at weekends covering the rota and recruitment in this area was still proving difficult. However, during the same period only eight people had been categorised as level three patients and ended up being transferred to Glangwili. The situation would not affect Orthopaedics: there would be minimal impact. The Health Board was working hard to fill the vacancies.

Members then asked about the services provided from the community hubs and in reply it was stated that in regard to Pentre Awel and Crosshands there would be a mix of general therapy services and third sector service provision. A hydrotherapy pool and Research and Development work would be rolled out at Pentre Awel.

Reference was made to the backlog in the appointments system and concern about how the Health Board might attract key recruits from other parts of the UK to help improve capacity. By way of reply Ms Battle acknowledged this was a particularly difficult time for the NHS but the Health Board was confident its business case would attract staff. Remedying the physical estate would help attract staff to work in new modern state of the art facilities in a clean and healthy environment in a scenic part of Wales. Nevertheless there was fierce competition with other Health Boards to secure the funding so partnership working was crucial for business case success. Discussion went on to ascertain how the Health Board might expand its workforce and both Mr Moore and Ms Battle provided examples of how the Health Board had altered its recruitment and selection processes with heavy focus leaning towards people having the correct values as opposed to qualifications. They opined if the values were aligned with the Health Board's plans then training for qualifications would be provided when commencing employment. This was a different approach to recruiting staff.

In regard to the planned £100 million investment at Prince Philip Hospital reference was made to the possibility of a maternity unit. Comment was also made about the current

11 October, 2022

economic difficulties and the general impact this would naturally have on construction costs and the like. Moreover where was the budget for the community hubs coming from? Mr Moore commented a maternity unit was an attractive idea but this was not in the £1.3 billion business plan case. Rather the £1.3 billion was an indicative figure and he agreed that all capital investment would be affected by inflation and the current economic crisis. He then generally commented in response to a further question about the impact the strategy would have on the ambulance service and on bed blocking by asserting the bottle necks in hospitals was more to do with the lack of home support as opposed to transport and ambulances being tied up outside hospitals. The ambulance service was fully aligned and working alongside the Health Board. Mr Moore also responded to West Wales not being viewed as an attractive career destination for top clinicians by citing examples that West Wales could offer a unique work life balance and that working arrangements were not as formalised as in other parts of the UK. These characteristics would offer their own appeal to future recruits in a setting where their contributions would be acknowledged and valued.

Members raised the issue about Prince Philip Hospital patients wanting access to local Accident and Emergency Care support services closer to home and the likelihood that constructing a new hospital further west would inevitably result in more people using Morriston Hospital in the Swansea Bay Health Board area. Mr Moore explained that when a 999 call was received the patient would always be taken to the nearest hospital in any event but he added the Health Board had carried out modelling of more patients going to Swansea to receive care in Morriston or Singleton Hospitals and in turn what the Health Board then required of Swansea Bay. Mr Davies opined that there was already a steady flow of patients accessing services in Swansea, stating many people could present themselves as walk-in patients at Morriston Hospital. Once the new hospital was operational more transfers to Swansea were anticipated and this would impact on financial resources but this cross boundary migration would be factored into the sustainability case. The Health Board has had ongoing discussions with colleagues in Swansea Bay to address this issue and already had a service agreement in place to regulate this activity.

Health Board officials were asked for their opinion on Welsh Government's Transformation Fund which could be utilised to link health care funding and social care funding, reference was made to the Delta Connect service in this regard as an example. Delta Connect was a pioneering national programme funded under the Transformation Fund through the West Wales Care Partnership Board. Mr Moore acknowledged that the Delta Connect initiative now covered all three county council areas and joint money was being channelled into this by the Health Board and the three local authorities. The Delta Connect programme focused on supporting prevention and wellbeing through a technological and digital approach, and combined bespoke TEC equipment with wellbeing calls, access to a 24/7 community response and digital support.

Finally Health Board representatives were asked to comment upon SOSPPAN's B+ proposal to which Minute No 101 of the council meeting held on 12 July refers and which served as the catalyst for extending an invitation to the Health Board representatives to attend this evening's meeting. Furthermore, in reference to Minute No 101, Health Board representatives were also informed that the council would be extending invitations to the Welsh Ambulance Service NHS Trust and subsequently the Hywel Dda Community Health Council to further discuss the impact of the Health Board's strategy on Llanelli residents. Mr Moore replied by stating that the seven points set out under Minute No 101 had been hopefully addressed during the presentation but he would be happy to come back and have

11 October, 2022

further discussion about the prospect of a B+ proposal in the New Year if this was necessary but this was not likely to be contemplated by appearing before the full council meeting.

Following the conclusion of the question and answer session, the Chairman thanked the Health Board representatives for a very informative and productive discussion and they then withdrew from the meeting.

179. CONFIRMATION OF MINUTES

RESOLVED that the following minutes (copies of which had been previously circulated to members) be confirmed and signed as a true record of proceedings:

Council	12 July, 2022
Recreation and Welfare Committee	19 July, 2022
Policy and Resources Committee	20 July, 2022
Planning and Liaison Committee	25 July, 2022
Learning and Development Consultative Committee	28 July, 2022
Planning and Liaison Committee	15 August, 2022
Planning and Liaison Committee	26 September, 2022
Recreation and Welfare Committee	27 September, 2022
Policy and Resources Committee	28 September, 2022
Finance and General Purposes Committee	28 September, 2022

180. MATTERS REPORTED

RESOLVED that the schedule of matters reported be noted.

181. LETTERS OF APPRECIATION

RESOLVED that the letters of appreciation for the council’s assistance received from the following organisations be noted with thanks:

- (1) Marie Curie;
- (2) Pwll Recreation Ground Development Committee.

.....

The Meeting concluded at 7.25 p.m.

.....

The afore-mentioned Minutes were declared to be a true record of the proceedings and signed by the Chairman presiding thereat and were, on 8 November, 2022 adopted by the Council.