



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

**Hywel Dda
Community Health
Council**
***Building a healthier
future after COVID-
19***

**Engagement
response
July 2021**

About Hywel Dda Community Health Council (CHC)

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

CHCs are often thought of as the independent watchdog of the NHS within Wales. There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales. Each CHC:



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference



Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

We seek to encourage and enable members of the public to be involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS, inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with people, patients, families and carers. This is currently achieved through listening to enquiries received by our offices, through our Complaints Advocacy Service and through public and Patient surveys

CHCs routinely monitor the performance of NHS services in their area as well as respond to service developments and changes.

Hywel Dda Community Health Council (HDdCHC) is pleased to respond to the engagement questions, basing our comments on information we have heard from the people within our 3 counties.

Questions

1

What does Hywel Dda University Health Board need to consider in relation to the impact on health and well-being of the COVID-19 pandemic?

The impact and experience of the COVID-19 outbreak has been different for everyone.

Social isolation and loneliness have affected the wellbeing of some of the population. It is likely that Mental Health challenges will increase in the future as a result of this. Accessible provision of Mental Health services will need to be enhanced across the three counties.

Deterioration in physical health and wellbeing has also occurred. People have been unable to access services in a timely manner and waiting times in all services have increased. This has created a backlog of care and treatment needs that have to be addressed. At the same time, the Health Board needs to offer prompt and efficient services for those with new illnesses and care needs.

The Health Board needs to address these challenges in an innovative way. The Health Board needs to communicate in an open and transparent manner with its population.

2

What does the Health Board need to consider about the impact on access to health and well-being support and services due to the COVID-19 pandemic? Please include what has worked well and what has not worked well

The CHC has responded to this question using feedback obtained from the all-Wales CHC public survey "*NHS Care during the Coronavirus Pandemic*". We have identified that there are many similar themes across Wales but in our response we particularly focus on the comments made by the people residing in the Hywel Dda area

People are worried about a worsening position for many aspects of NHS care. For example, waiting times and delayed operations mean that people will have to wait much longer for the care that they need. They want support to manage during this time.

People face challenges in accessing care promptly. Primary care is now more challenging, face-to-face appointments are not so easy to get and people are worried about using technology for care. They feel that telephone consultations and video consultations can have a positive impact on access to care but these do not always suit every person or every occasion.

Accessing urgent and Out of Hours care is also a worry for people, they want to be assured that they get the right care, in time and safely.

People also raised concerns regarding midwifery care. People need to feel that they are supported during their pregnancies, deliveries, when caring for new babies and becoming parents for the first time.

Many people who completed the survey were frustrated by lack of communication. People did not know what was happening with their appointments and this made them feel

worried. People do not want to burden the NHS but want to make sure that they are not forgotten. The CHC understands that the Health Board has been taking steps to actively communicate with people who are waiting for care.

The Health Board must continually engage and communicate with people, listen to people and share information. The Health Board must also keep people informed about what it is doing in terms of its recovery plan.

3

Do you have personal experience of using health and well-being services during the COVID-19 pandemic? Which service(s)? If you have used services before COVID-19, have services improved or got worse? Please note any issues the Health Board needs to consider in the future

The CHC cannot respond to this question however, we have heard from many people during the pandemic about their positive and negative experiences of using health and wellbeing services.

The CHC has heard about a wide range of services such as ophthalmology, dermatology, denture repair, chemotherapy, wound management, gynaecology, children's surgery, prosthetics, school nursing, specialist dentistry as well as many more. The CHC is happy to share this information with the Health Board.

Going forward, the Health Board needs to consider that a 'one size fits all' approach is not appropriate. Different people have different needs and a range of options may need to be considered when re-starting services.

4

What else do you think the Health Board needs to consider as part of its strategy, 'A Healthier Mid and West Wales', since it was published in 2018, including due to the pandemic? The strategy is referred to in the discussion document and is available on the Health Board's website:
<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales>

The Health Board needs to include its ongoing approach to managing Covid-19 as part of its strategy. The impact of Covid-19 is likely to be with us for a significant time period and services still need to be delivered safely during this time. This may need to consider local, regional and national approaches to managing health care.

The Health Board should consider a stand-alone Mental Health & Wellbeing Recovery Plan.

The quick need to develop and deploy digital strategies during the pandemic should be evaluated and built upon. Many of these new approaches have been successful and there needs to be investment in this arena.

Recommendation 16 of the CHC's response to the Transforming Clinical Services consultation was that:

'We believe that the Health Board needs to show how delivering such large-scale change will not impact on its day - to-day ability to manage current and futures problems that may arise'.

We note that this recommendation still stands. Existing services will need to be delivered and managed, together with the added challenges arising from the pandemic.

5

The Health Board must try to ensure that services are suitable, accessible and provide the same standards for all people. It must also ensure nobody is disadvantaged or faces discrimination in using or accessing services. Have you experienced any issues we need to address?

The Health Board must ensure everyone can access services on an “equal footing”. As digital access to services has become more prevalent due to COVID the Health Board must ensure digital inequalities do not affect care and access to services. Digital inequalities may arise from differences in access to devices, broadband, skills and knowledge.

It must also be considered that even when people are able to access and use technology, quality of access needs to be considered. This may mean looking at audio/visual quality, availability of language services, appropriate confidentiality as well as good quality communication – this may need to vary according to the mechanism being used.

Additionally transport always remains a concern for many people. People’s access to transport may have changed during the pandemic and they may have less options if they are required to travel further for care.

6

What does the Health Board need to consider about the effects of poverty or reduced income as a result of the pandemic or other circumstances? Does this affect your health and well-being, or access to care, and in what ways? What impacts should the Health Board consider when it is planning its services

The Health Board needs to listen to its population.

People will have challenges accessing care if they have financial issues, particularly if they live in a rural area. Reduced income may affect the availability of childcare, transport choices or ability to take time off work for appointments, particularly if these are further away.

Care closer to home is part of the Health Board's strategy. This should remain a priority so people can access care that is needed.

7

Many things affect people's health and well-being. This includes our start in life, our environment, where we live, our education, income, social connections, relationships and healthy behaviours. These are known as the wider determinants of health and this way of thinking is sometimes called the 'social model of health and well-being'.

What do you think would help support health and well-being in your community? Please explain why?

The CHC heard through the Transforming Clinical Services Consultation that people wanted "more accessible services within the community as well as community-centred approaches to health and wellbeing".

During the pandemic more community groups and networks have emerged to support their own communities. Using these existing networks would potentially help de-medicalise some aspects of health and care and increase co-production.

8

Do you have a nomination for a site between and including the towns of St Clears in Carmarthenshire and Narberth in Pembrokeshire, for the new hospital? If yes, how and why do you think it might meet the four criteria described in the discussion document on page 8? Please give as much detail as you can about the location, size and ownership of the land

The CHC cannot comment on this.

9

Once the Health Board has some site nominations that meet the four criteria their potential needs to be compared. What do you think are the five most important things the Health Board should consider in deciding which site will be best for our communities

As per our response on the consultation “ Transforming Clinical Services”

People were worried that transport infrastructure was not currently sufficient to support the logistical challenges of many people accessing a new hospital west of Carmarthen.

Recommendations 5

“We expect the Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning”.

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