

# Bundle Strategy, Partnerships and Population Health Committee 3 September 2019

## AGENDA

9.30am Boardroom, Carlton Court, St Asaph LL17 0JG

- 1 09:30 - SP19/61 Apologies for absence and declarations of interest  
*Sue Green*
- 3 09:30 - SP19/62 Draft minutes of meeting held on 4.7.19 and Summary Action Log  
SP19.62a Minutes SPPHC 4.7.19 v.03 public session.docx  
SP19.62b Summary Action Log.docx
- 4 09:35 - SP19/63 Cycle of Business Review  
*Mr Mark Wilkinson*  
SP19.63a COB review coversheet.docx  
SP19.63b SPPHC COB 2019\_20 v3.01 draft.doc
- 6 09:40 - SP19/64 Public Service Boards Update - Conwy & Denbighshire  
*Mrs Bethan Jones in attendance*  
*Recommendation:*  
*The Committee is asked to note the work of the Conwy and Denbighshire PSB and offer comment on its priorities and work plan.*  
*In relation to the Draft Environmental Policy Statement it is asked to debate the merits or otherwise of adopting such a Statement within BCU and if it is supportive, to support its journey through appropriate BCU Governance.*  
  
SP19.64a PSB 030919 Conwy and Denbigshire PSB Update.docx  
SP19.64b PSB CandD annual report.pdf  
SP19.64c PSB Community Green pledges.pdf
- 7 10:00 - SP19/65 North Wales Regional Partnership Board update  
*Mr Mark Wilkinson / Miss Teresa Owen*  
*Recommendation:*  
*SPPH is asked to receive the update.*  
  
SP19.65a NW RPB update coversheet.docx  
SP19.65b NW RPB update RPB minutes 7.6.19.pdf  
SP19.65c NW RPB update North-Wales-RPBoard-Annual-Report-5-for-website-1.pdf
- 8 10:10 - SP19/66 Annual Plan 2019/20 progress monitoring report  
*Mr Mark Wilkinson*  
*Recommendation:*  
*The committee is asked to note the progress in implementing the operational plan*  
SP19.66a Annual Plan monitoring coversheet.docx  
SP19.66b Annual Plan Progress Monitoring Report - July 2019 FINALa.pdf
- 9 10:25 - SP19/67 Developing our Plan for 2020/23 - Draft Planning Principles and Outline Timetable  
*Mr Mark Wilkinson*  
*Mr John Darlington in attendance*  
*Recommendation:*  
*It is recommended that SPPH Committee approve the draft planning principles and outline timetable for 2020/23*  
SP19.67a Planning princiles\_ 20\_23planning timetable coversheet.docx  
SP19.67b Planning Principles & 2020-23 Timetable .docx
- 10 10:55 - Comfort break
- 11 11:05 - SP19/68 Third sector strategy update  
*Mr Mark Wilkinson*  
*Mrs Sally Baxter in attendance*  
*Recommendation:*  
*SPPHC is asked to note the update and comment on the content.*  
SP19.68aThird sector strategy update coversheet.docx  
SP19.68b Third sector strategy update report.docx
- 12 11:25 - SP19/69 EU Exit

Mr Mark Wilkinson  
Recommendation:  
The Committee is asked to receive the update.

SP19.69a EU Exit coversheet.docx

SP19.69b EU Exit\_NHS CONFED - Brexit Toolkit - Final web version 25 July.pdf

15 11:35 - SP19/70 Public Health : Update on Promoting Healthy Weight (adults) in BCUHB

Miss Teresa Owen

Recommendation:

The Committee is asked to:

1. Note the opportunity for continued improvement in supporting the adult population of North Wales to achieve and maintain a healthy weight.
2. Endorse the approach being taken to:
  1. Develop the Obesity Level 2 service.
  2. Maintain the Obesity Level 3 service
  3. Review the Obesity Level 4 service
4. The collaborative approach taken to reduce food poverty

SP19.70 Healthy weight adults 06 August 2019 (2).docx

16 11:55 - SP19/71 Civil Contingencies Annual Report 2018/19

Mrs Emma Binns in attendance

Recommendation:

It is recommended that the SPPH Committee receive this report and note the progress made in enhancing organisational resilience during 2018/19.

SP19.71a Civil Contingencies Annual Report 2018-19coversheet.docx

SP19.71b Civil Contingencies Annual Report 2019 v2.0.doc

17 12:10 - SP19/72 Gender identity services

Mr Mark Wilkinson

Recommendation:

The Committee is asked to consider the briefing paper and provide comments to facilitate the further development of the service.

SP19.72a Gender Identity Services coversheet.docx

SP19.72b Gender Identity Paper for SPPH August 2019 FINAL.docx

19 12:20 - SP19/73 Transformation Bid : Community Services

Dr Chris Stockport

Recommendation:

The Committee is asked to consider the contents of this report and note the overall direction of travel and progress being made.

SP19.73a Community Services Transformation Coversheet.docx

SP19.73b Community Services Transformation Progress Report\_01\_14\_08\_19.pdf

21 12:25 - SP19/74 Summary of In Committee business to be reported in public

SP19.74 InCommitte items reported in public.docx

22 12:25 - SP19/75 Issues of significance to inform the Chair's Assurance Report

23 12:25 - SP19/76 Date of next meeting - 1.10.19 Carlton Court Boardroom

24 12:25 - Exclusion of the Press and Public

*Exclusion of the Press and Public*

*Resolution to Exclude the Press and Public*

*"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*



**Strategy, Partnerships and Population Health Committee (SPPHC)**  
**Draft minutes of meeting held on 4.7.19**  
**in the Boardroom, Carlton Court**

**Present:**

Mrs Marian Wyn Jones	Independent Member (Chair)
Mrs Helen Wilkinson	Independent Member
Mrs Lyn Meadows	Independent Member ( <i>part meeting</i> )**

**In Attendance:**

Mr John Darlington	Assistant Director ~ Corporate Planning ( <i>part meeting</i> )
Mrs Alaw Griffiths	Welsh Language Standards Compliance Officer ( <i>part meeting</i> )
Mrs Sue Green	Executive Director Workforce & Organisational Development (OD)
Mrs Lynne Grundy	Associate Director Research and Innovation ( <i>part meeting</i> )
Ms Fflur Jones	Wales Audit Office ( <i>observing</i> )
Mr Rob Nolan	Finance Director ~ Commissioning & Strategy ( <i>part meeting</i> )
Miss Teresa Owen	Executive Director Public Health
Mr Rob Smith	Area Director (East) ( <i>part meeting</i> )
Dr Chris Stockport	Executive Director Primary and Community Services( <i>part meeting</i> )
Mr Mark Wilkinson (MW)	Executive Director Planning and Performance
Ms Diane Davies (DD)	Corporate Governance Manager ~ Committee secretariat

AGENDA ITEM	ACTION
<b>SP19/40 Apologies for absence</b>  Apologies were received from Cllr Medwyn Hughes. It was noted that Mrs Lyn Meadows had been co-opted to attend the meeting as Committee membership had been reduced pending the appointment of an Independent Member.	
<b>SP19/41 Draft minutes of meeting held on 2.4.19 for accuracy, matters arising and review of Summary Action Log</b>  <b>SP19/41.1</b> The minutes were <b>approved</b> as an accurate record and the summary action plan was updated.  <b>SP19/41.2</b> Discussion ensued on previous item SP19/25.5 Third Sector Strategy. The Chair requested that an update to the strategy be provided to the next meeting and ensure that the following was addressed: <ul style="list-style-type: none"> <li>• engagement</li> <li>• allocation format of devolved budgets re 3<sup>rd</sup> sector</li> <li>• clarification on how third sector organisations could be commissioned</li> </ul>	MW

<ul style="list-style-type: none"> <li>communication detail on how the third sector would be sighted on the policy</li> </ul> <p>It was noted that Independent Member Ms Helen Wilkinson would follow up the committee's comments whilst involved in the strategy's ongoing development work.</p>	
<p><b>SP19/42 Annual Operating Plan 2018/19 quarter 4 report</b></p> <p><b>SP19/42.1</b> The Assistant Director ~ Corporate Planning joined the meeting and presented the item. He highlighted the level of achievements including excellent examples such as Improving Health and Reducing Inequalities. It was noted that learning from good performance delivery would be shared within the organisation and that it would also be important to reinforce that planning was a continuous process and not an event.</p> <p><b>SP19/42.2</b> The Committee questioned why the report did not address reasons and impact where there was non-achievement, it was noted that whilst the document was provided as a high level summary, more detailed information was available and this would be improved upon in the following year report format. He also advised that going forward more detail would be provided on how actions taken had improved patient experience, as detailed in the revised action plan and framework.</p> <p><b>SP19/42.3</b> The Committee was pleased to recognise details of service improvements within the report which provided a balance to BCU's areas of low performance.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the report</p> <p>note the positive progress made at the end of Q4 alongside the transition of outstanding actions into the 2019/20 work programme</p>	
<p><b>SP19/43 Annual Plan 2019/20 progress monitoring report</b></p> <p><b>SP19/43.1</b> The Executive Director Planning and Performance introduced the new format report which was being monitored by the Finance and Performance Committee on a monthly basis. He advised that the report would be amended to indicate measures which were within the remit of the Committee. The Committee discussed the evidence approach which had been highlighted by the F&amp;P Committee. The Committee indicated a preference for a pragmatic approach, ie select 2 actions at random from each priority area to be documented briefly within the report, which would provide a greater level of assurance.</p> <p><b>SP19/43.2</b> In response to the Chair, the Executive Director Planning and Performance advised that Accountability Reviews were taking place in February, June and August, with the Accountability Framework being reviewed in the Autumn to consider the efficacy of arrangements. He stated that feedback had been positive to date around health economies. The Chair pointed out whilst the services highlighted at 'red status' had been discussed by the SPPH Committee during the present and previous meeting, she questioned whether arrangements were on schedule to consider the Wrexham Redevelopment programme at the July Finance and Performance Committee meeting, which was confirmed.</p>	



<p><b><i>The Committee resolved to</i></b></p> <p>note the report</p> <p>endorse the assurance sampling method approach discussed</p>	
<p><b>SP19/44 Three Outlook and 2019/20 Annual Plan Update</b></p> <p><b>SP19/44.1</b> The Assistant Director ~ Corporate Planning reminded the Committee that the Board approved the Three Year Outlook and 2019/20 Annual Plan in March 2019 as an interim plan pending work to conclude BCU's implementation plan as a result of the Financial review, RTT Taskforce and results of ongoing discussions with colleagues in Welsh Government (WG). It was noted that the conclusions of the financial review would allow BCU to determine whether an approvable IMTP could be submitted for 2020/23. In addition, feedback from Welsh Government highlighted the need for more emphasis within the plan around the following key areas: 'A healthier Wales', organisational reputation – communications and engagement and also outpatient follow up. He reported that work had commenced to develop plans for 2020/23, building upon the Health Economy planning approach developed in 2019/20 and that the current assumption was to develop a refreshed Three Year Outlook for 2020/23 alongside an Annual Plan for 2020/21 in the context of BCU's statutory duty to produce a three-year plan and a Service Strategy for submission to Welsh Government in December 2019. It was noted that this was earlier than previous years however, a timetable had been prepared to address this as provided.</p> <p><b>SP19/44.2</b> In respect of performance delivery the Assistant Director ~ Corporate Planning advised that there had been a more focussed approach and also included involvement of WG's Delivery Unit whom had generated short term actions. He emphasised the need for a realistic assessment of actions to be included within the plan during the critical April to June period.</p> <p><b>SP19/44.3</b> The Chair questioned whether learning was taking place from the Unscheduled Care 90 day programme which had not been achieved and whether improved plans had been put in place for the next 90 day cycle. She also questioned what Executive level action had been undertaken. The Executive Director of Workforce and OD explained the improved clarity, delivery focus, priority linkage and increased organisational traction taking place. She also assured that there was greater tenacity and consistency being directed at follow up actions, providing examples also of the programme management methodology which was being instilled.</p> <p><b>SP19/44.4</b> The Assistant Director ~ Corporate Planning advised that he would include references to clarity on communication and governance within the refreshed paper. The Committee discussed the backlog profile including questioning perceptions within the organisation's specialties of expectations and efficiencies. The Chair reminded the Committee of BCU's statutory requirement duty and that this work was part of BCU's Special Measures.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the report and areas of the Three Year outlook and 2019/20 work programme</p>	

<p>being revised.</p> <p><i>The Assistant Director ~ Corporate Planning left the meeting</i></p>	
<p><b>SP19/45 Presentation: Services Strategy</b></p> <p><b>SP19/45.1</b> The Executive Director Planning and Performance provided a presentation which outlined progress against the delivery timeline, update on the review being undertaken of current strategy, services currently identified within scope and a road map for delivery of the strategy to Board. The Committee debated whether the strategy should be referred to as Clinical Services Strategy or Services Strategy in order to provide a more inclusive understanding of the areas within its scope. The need to include a clear reference to 'clinical' was supported by the Committee, given that BCU had been criticised for not having a clinical services strategy in place; it was equally noted that the use of the word 'clinical' may be less engaging with some partners. It was understood that BCU aimed to develop a 3 year services strategy and 3 year financial recovery plan by the end of December 2019 for submission to Welsh Government</p> <p><b>SP19/45.2</b> The Executive Director of Public Health emphasised the need to bolster references to A Healthier Wales and give further consideration in respect of referencing social care. The value healthcare approach framework was noted in the presentation along with the review of current BCU strategies and evidence. Attention was drawn to the reaffirmation that each of BCU's 3 acute hospitals would remain with an Emergency department. The Executive Director Planning and Performance advised that the Deputy Chief Executive had been tasked with supporting engaging with BCU's staff and partners to help drive the development of BCU's Services Strategy along with a number of other key developments. Considerable discussion ensued on whether there was sufficient engagement assurance given the timeframe indicated, especially in respect of clinical engagement. The Finance Director ~ Strategy and Commissioning reminded that the plan would provide the detail in order for a supportive financial plan to be developed.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Request that a report be prepared for the July Board meeting to include detail on</p> <ul style="list-style-type: none"> <li>• more engagement detail reflecting with whom and by when</li> <li>• clarifying the strategy as an enabler</li> <li>• amending the presentation in line with the comments received and emphasising that the strategy was key to BCU operations as well as a requirement for WG.</li> </ul>	MW
<p><b>SP19/46 Review of the Committee's allocated Risks extracted from the Corporate Risk Register</b></p> <p>The Committee considered the relevance of the current controls and reviewed the actions in place. In consideration of the risk scores of the risks assigned to the Committee, <b>it was resolved that the Committee</b></p> <p>CRR01 Population Health</p>	

<p><b>agreed</b></p> <ul style="list-style-type: none"> <li>to arrange for date last reviewed to be updated</li> <li>addition of 3<sup>rd</sup> Sector Strategy to further actions</li> <li>the risk score remained unchanged</li> </ul> <p>CRR09 Primary Care Sustainability</p> <p><b>agreed</b></p> <ul style="list-style-type: none"> <li>graph to be brought up to date</li> <li>the risk score remained unchanged</li> </ul> <p>CRR14 Staff Engagement</p>	<p>TO TO</p>
<p><b>agreed</b></p> <ul style="list-style-type: none"> <li>the risk score be decreased as indicated (due to significant work undertaken in this area)</li> </ul> <p>CRR15 Recruitment and Retention</p> <p><b>agreed</b></p> <ul style="list-style-type: none"> <li>the risk score remained unchanged</li> </ul> <p>CRR17 Development of an IMTP</p> <p><b>agreed</b></p> <ul style="list-style-type: none"> <li>the risk score remained unchanged</li> </ul> <p>CRR18 EU Exit – Transition Arrangements</p>	<p>SG</p>
<p><b>agreed</b></p> <ul style="list-style-type: none"> <li>the risk score be decreased as indicated (acknowledging that a Task and Finish Group has been formed in preparation for requirement at a later date)</li> </ul>	<p>MW</p>
<p><b>SP19/47 Equalities Annual report 2018/19</b></p> <p><b>SP19/47.1</b> The Executive Director Workforce and OD presented this item. She highlighted a number of improvements including the recent appointment of Mr Peter Bohan as Associate Director Health, Safety and Equality, changes to governance structures, work on gender pay gap and an improved Stonewall employer rating. In addition, she reported that the Equalities team had won an award at the BCU staff achievement awards and been shortlisted for their Human Rights excellence work. Moving forward it was noted that the team's priority objective in 2019/20 was to develop a new Strategic Equality Plan in line with BCU's operational planning.</p> <p><b>SP19/47.2</b> The Committee discussed the issues within Mental Health (MH) in relation to access and equality which the Executive Director Workforce and OD confirmed had been raised with the MH Director. The Committee was supportive of a change in name of the Equality <i>Impact</i> Assessment to Equality <i>Improvement</i> Assessment to encourage a more positive approach to the process. In response to the Chair, the</p>	

<p>Executive Director Workforce and OD advised that targeted training had been discussed by the Portfolio Management Group.</p> <p><b>SP19/47.3</b> The Committee acknowledged that the Equalities Team had provided a very positive annual report which was an exemplary example of a small team within BCU achieving great improvements, recognised both within and external to BCU. The Executive Director Workforce and OD undertook to congratulate the team on behalf of the Committee.</p> <p><b><i>The Committee resolved to</i></b></p> <ul style="list-style-type: none"> <li>• note progress and the focus for 2019/20</li> <li>• approve the report and formally inform the Board via the Committee Chair's assurance report</li> </ul>	MWJ
<p><b>SP19/48 Review of Committee Cycle of Business</b></p> <p><b><i>The Committee resolved to</i></b></p> <p>approve the addition of 'Welsh Government review of partnership arrangements' and rearrange the presentation of the 4 yearly 'Strategic Equality Plan' to the December meeting.</p>	DD
<p><i>The Area Director East joined the meeting</i></p> <p><b>SP19/50 North Wales Public Service Boards update</b></p> <p><b>SP19/50.1</b> The Area Director East presented this item providing an update on the work of the Wrexham and Flintshire Public Service Boards. He pointed out that whilst PSBs in the West and Central areas had worked together to provide 2 joint well-being plans, Flintshire and Wrexham were producing individual plans. In Flintshire it was noted that 5 priorities had been identified and a number of in year priorities for each overall priority, whilst Wrexham had agreed 7 well-being goals.</p> <p><b>SP19/50.2</b> He advised how BCU's involvement as a member of each PSB provided added value especially in respect of having other partner organisations involved in discussion, sharing information and providing a foundation for future engagement. The Executive Director of Public Health advised that she was not a member of the Flintshire PSB as noted in the paper, however she attended to deputise for BCU's CEO should the need arise.</p> <p><b>SP19/50.3</b> The Chair noted the challenges of working with 2 separate PSBs and drew attention to a WG review which was currently taking place on strategic partnership.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the report</p>	

<p><i>The Executive Director Primary and Community Services left the meeting</i></p>	
<p><b>SP19/49 Stroke Services review position report</b></p> <p><b>SP19/49.1</b> The Area Director East presented this item advising that current stroke services were delivered inconsistently across BCU, therefore the programme being developed would enable significant gains in moving forward the service. He advised that there were significant challenges in respect of finance and recruiting appropriate staff within the timescale outlined however there would be many improvements including better patient outcomes, rehabilitation and access to services. The Chair recognised the staged approach needed due to the financial envelope available however she was concerned that BCU was behind most areas of the UK.</p> <p><b>SP19/49.2</b> The Area Director East advised that the outline programme business case sought to agree a direction of travel, with the submission having been discussed at the Executive Management Group. The presentation provided detail of the case for change, process and a proposal which outlined phasing, improvement targets and financial implications. The Committee noted that a site had not been agreed in respect of a Hyper Acute Stroke Unit.</p> <p><b><i>The Committee resolved to</i></b></p> <p>be supportive of the direction of travel to develop stroke services however, the Committee was mindful that financial expenditure required further detail and that business plans needed to be developed. As the Committee was unable to take a decision on the proposal provided, due to the required further work, the Committee sought that further clarity be provided within a presentation scheduled to be submitted to the Board in July.</p> <p><i>The Area Director East left the meeting</i></p>	<p>MW</p>
<p><b>SP19/51 NW Regional Partnership Board - draft minutes 10.5.19</b></p> <p>In discussion of the NWRPB, the Committee agreed that further discussion was required in respect of BCU's 3<sup>rd</sup> Sector Strategy. It was agreed that the Executive Director Planning &amp; Performance, Assistant Director Health Strategy (SB) and the Committee members present would meet to discuss. The Chair drew attention to the WG review of Partnership currently underway and requested that an update prepared by the Assistant Director Health Strategy be shared with members.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the minutes</p>	<p>MW/SB/ MWJ/HW  MW</p>
<p><b>SP19/52 Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement Progress Report</b></p> <p><b>SP19/52.1</b> The Executive Director of Workforce and OD presented this item. She drew attention to the concern which had previously been highlighted in respect of general level of staff engagement and with Executive and senior management visibility, drawing attention to the actions taken to address this These included</p>	

<p>developments such as walkrounds, leadership network and a workforce management programme. It was agreed that a paper be circulated in respect of the leadership network. The Committee commended the work undertaken.</p> <p><b>SP19/52.2</b> Discussion ensued on the national proposals regarding potential bi-annual surveys and the Committee's concern with the timescales and need to fit into BCU's Integrated Medium Term plans. The Executive Director of Workforce and OD advised that an organisational survey had been distributed the previous month, the outcomes of which were anticipated to be reported to the Board in July.</p> <p><b>SP19/52.3</b> In discussion of measuring improvement and accountability, it was noted that PADRs, whilst based on the behaviours framework, was not currently mandated in respect of staff management and was the subject of ongoing discourse. The Executive Director of Workforce and OD emphasised the importance of the Divisional Improvement Plans which would progress both engagement and service improvement.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note progress against the Organisational Improvement Plan.</p> <p>note monitoring processes were in place to ensure progress against the Divisional improvement plans.</p> <p>note and endorse the link between the national NHS Wales Staff Survey and the BCUHB Byddwch yn Falch / Be Proud survey work.</p> <p>note the national changes to the approach of collecting colleague experiences.</p> <p>note the approach taking place with the Local Partnership Forum in respect of accountability</p>	SG
<p><i>The Associate Director Research and Innovation joined the meeting</i></p> <p><b>SP19/53 BCUHB University Health Board Designation Review 2019</b></p> <p>The Associate Director Research and Innovation advised the Committee that the Welsh Government triennial review was due to be undertaken in 2019. She reported that, as the criteria had not yet been made available from WG, evidence was being gathered on the basis of previous year's submissions. In response to the Committee, the Associate Director Research and Innovation confirmed that there was sufficient capacity within the organisation to fulfil this requirement.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the progress report</p>	
<p><b>SP19/54 BCUHB Research, Development and Innovation Strategy Development Progress Report</b></p> <p>It was noted that BCU had a strong desire to develop an integrated research and innovation strategy that integrated research, development and innovation aims that</p>	

were meaningful and engaging to staff and public, met local population needs and jointly shared with our key stakeholders and partners. The Associate Director Research and Innovation advised that the Innovation Agency had agreed to support BCU in the development of the strategy and prepared a proposal that would coach the research, development and innovation strategic partnership group as outlined. It was noted that work had been carried out to clarify the scope, stakeholders and engagement, steps in the strategy development and timelines had also been agreed. In response to the Committee, she confirmed that the overall strategy encompassed non-clinical areas and all staff groups.

***The Committee resolved to***

note work was being undertaken with the Innovation Agency to develop BCU's Research and Innovation Strategy and was on schedule for submission to the Committee prior to consideration at the November Board meeting

*The Associate Director Research and Innovation left the meeting*

*The Welsh Language Standards Compliance Officer joined the meeting for this item*

**SP19/55 Welsh Language annual monitoring report 2018/19**

**SP19/55.1** The Executive Director of Public Health introduced this item, advising that BCU's Welsh language strategy was a key part of BCU's enabling strategies. It was noted that the monitoring report would change format as the new Welsh language compliance standards were introduced with effect from 31.5.19. She praised the efforts of the Welsh language team whom were widely recognised nationally for their excellent service. The Welsh Language Standards Compliance Officer drew the Committee's attention to the key achievements within the document.

*Independent Member Mrs Lyn Meadows left the meeting*

**SP19/55.2** The Committee questioned the level of Welsh language essential posts in front line roles that had been advertised. Discussion ensued on the recruitment process and it was confirmed that this was being explored further by Internal Audit and reported to BCU's Welsh Language Forum. It was noted that there were challenges regarding Primary Care performance targets which were the subject of further clarification.

***The Committee resolved to***

approve the report.

congratulate the Welsh Language team be on their work which was acknowledged as trail blazing for the rest of Wales.

*The Welsh Language Standards Compliance Officer joined the meeting for this item*

**SP19/56 Update on tobacco control in Betsi Cadwaladr University Health Board (BCUHB)**

The Executive Director of Public Health introduced this item. She advised that WG

<p>guidance in respect of smoke free sites was expected in the next month. She drew the Committee's attention to the dashboard information provided and advised that there was currently 19% prevalence of smoking across North Wales. The Executive Director of Public Health reported that there were challenges across Wales and the Chief Medical Officer's opinion on electronic vaping devices was expected in January 2020. She drew attention to services highlighted in the report and their role in improving performance. The Executive Director of Workforce &amp; OD requested that any security developments in respect of smoking monitoring at sites be notified appropriately to BCU's Health and Safety Group.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the opportunity for continued improvement against current Tier One performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services.</p> <p>endorse the approach being taken to develop an integrated cessation service; and ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations.</p>	TO
<p><b>SP19/57 International Health Group annual update</b></p> <p>The Committee recognised the breadth of work being undertaken in this area and congratulated BCU representatives on their commitment.</p> <p><b><i>The Committee resolved to</i></b></p> <p>note the report</p>	
<p><b>SP19/58 Summary of InCommittee business to be reported in public</b></p> <p><b><i>The Committee resolved to</i></b></p> <p>note the report</p>	
<p><b>SP19/59 Issues of significance to inform Chair's Assurance Report</b></p> <p>To be confirmed following the meeting.</p>	
<p><b>SP19/60 Date of next meeting</b></p> <p>3.9.19 Committee meeting followed by workshop</p>	




BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE				
Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
<b>2.4.19</b>				
Mark Wilkinson	<b>SP19/25.5 Third Sector Strategy update</b> Arrange to provide finalised document to July meeting	21.6.19	Rescheduled within cycle of business to August / September meeting	Action to be closed
	Additional action added 4.7.19: <b>SP19/41.2</b> Discussion ensued on previous item SP19/25.5 Third Sector Strategy. The Chair requested that the strategy be provided to the next meeting and ensure that the following was addressed: <ul style="list-style-type: none"> <li>• engagement</li> <li>• allocation format of devolved budgets re 3<sup>rd</sup> sector</li> <li>• clarification on how third sector organisations could be commissioned</li> <li>• communication detail on how the third sector would be sighted on the policy</li> </ul>	22.8.19	Meeting held between IMs, Director of Planning & Performance and Assistant Director of Health Strategy to discuss. Agreed process for finalising draft strategic framework and sharing with the sector for further engagement. Verbal update to be given at the September SPPH Committee.	Action to be closed
<b>4.7.19</b>				
Mark Wilkinson	<b>SP19/45 Services Strategy</b> Include detail on the following within report to be prepared to July Board meeting <ul style="list-style-type: none"> <li>• more engagement detail reflecting with whom and by when</li> <li>• clarifying the strategy as an enabler</li> </ul>	10.7.19	Update paper prepared and submitted to Board on 25 July 2019 reflecting discussion at SPPH	Action to be closed

	<ul style="list-style-type: none"> <li>amending the presentation in line with the comments received and emphasising that the strategy was key to BCU operations as well as a requirement for WG.</li> </ul>			
Teresa Owen	<p><b>SP19/46 Review of the Committee's allocated Risks extracted from the Corporate Risk Register</b></p> <p>Arrange to amend: CRR01 Population Health <b>agreed</b></p> <ul style="list-style-type: none"> <li>to arrange for date last reviewed to be updated</li> <li>addition of 3<sup>rd</sup> Sector Strategy to further actions</li> <li>the risk score remained unchanged</li> </ul>	31.7.19	Wording revised and now with PH Directorate senior team discussion/review. Awaiting update on further refinements /style given the recent Board Development discussion. The CRAF (CRR01) will also feature on the Health Improvement and Reducing Inequalities group (HIRIG) agenda.	Action to be closed
Sue Green	<p><b>SP19/46 Review of the Committee's allocated Risks extracted from the Corporate Risk Register</b></p> <p>Arrange to amend: CRR14 Staff Engagement <b>agreed</b></p> <ul style="list-style-type: none"> <li>the risk score be decreased as indicated (due to significant work undertaken in this area)</li> </ul>	31.7.19		
Chris Stockport	<p>CRR09 Primary Care Sustainability <b>agreed</b></p> <ul style="list-style-type: none"> <li>graph to be brought up to date</li> </ul>	31.7.19	Risk reviewed and documentation updated	Action to be closed

	<ul style="list-style-type: none"> <li>the risk score remained unchanged</li> </ul>			
Mark Wilkinson	<p><b>CRR18 EU Exit – Transition Arrangements agreed</b> the risk score be decreased as indicated (acknowledging that a Task and Finish Group has been formed in preparation for requirement at a later date)</p>	31.7.19	CRR18 EU Exit to be reviewed in light of current status of preparations for 31 October. Task & Finish Group has recommenced work to mitigate risks.	Action to be closed
Marian Wyn Jones	<p><b>SP19/47 Equalities Annual report 2018/19</b> formally inform the Board via the Committee Chair's assurance report of the report's approval</p>	5.7.19	<p>Completed. Extract of report to Board 25.7.19: <b>Equalities Annual report 2018/19</b> • approved the report on behalf of the Board (available via this link : <a href="http://www.wales.nhs.uk/sitesplus/861/page/85403">http://www.wales.nhs.uk/sitesplus/861/page/85403</a> )</p>	Action to be closed
Diane Davies	<p><b>SP19/48 Review of Committee Cycle of Business</b> Amend COB to reflect addition of 'Welsh Government review of partnership arrangements' and rearrange the presentation of the 4 yearly 'Strategic Equality Plan' to the December meeting.</p>	31.7.19	COB amended.	Action to be closed
Mark Wilkinson	<p><b>SP19/49 Stroke Services review position report</b> Provide further clarity within a presentation scheduled to be submitted to the Board in July.</p>	10.7.19	Following further discussion a briefing paper was approved by Executive Team for submission to the August F&P Committee	Action to be closed
Mark Wilkinson Sally Baxter Marian Wyn Jones	<p><b>SP19/51 NW Regional Partnership Board - draft minutes 10.5.19</b> In discussion of the NWRPB, the Committee agreed that further discussion was required in</p>	31.7.19	Meeting held on 13.8.19	Action to be closed

Helen Wilkinson	respect of BCU's 3 <sup>rd</sup> Sector Strategy. It was agreed that the Executive Director Planning & Performance, Assistant Director Health Strategy (SB) and the Committee members present would meet to discuss.			
Mark Wilkinson	<b>SP19/51 NW Regional Partnership Board - draft minutes 10.5.19</b> Share with members an update prepared by the Assistant Director Health Strategy on the WG review of Partnership currently underway	31.7.19	Response circulated to SPPH members 20.8.19	Action to be closed
Sue Green	<b>SP19/52 Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement Progress Report</b> Arrange to circulate leadership network briefing to members	31.7.19		
Teresa Owen	<b>SP19/56 Update on tobacco control in Betsi Cadwaladr University Health Board (BCUHB)</b> The Executive Director of Workforce & OD requested that any security developments in respect of smoking monitoring at sites be notified appropriately to BCU's Health and Safety Group.	31.7.19	Request noted. Smoke free site meeting is being reconvened. Health and Safety colleagues will be invited.	Action to be closed

20.8.19

Strategy, Partnerships and Population Health Committee	 <b>GIG CYMRU NHS WALES</b>   Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <i>To improve health and provide excellent care</i>
3.9.19	

<b>Report Title:</b>	Annual Cycle of Business (COB) review
<b>Report Author:</b>	Diane Davies, Corporate Governance Manager
<b>Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	The COB is provided at each meeting in order for the Committee to consider the timeliness and relevance of business to be reported.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.
<b>Governance issues / risks:</b>	Revising the content of the Committee COB at each meeting strengthens governance.
<b>Financial Implications:</b>	N/A
<b>Recommendation:</b>	The Strategy, Partnerships and Population Health Committee is asked to: review the COB 2019/20 and advise of any amendments required.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	

6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences			
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
Leadership and Governance.			
<b>Equality Impact Assessment</b>			
Not required for a paper of this nature.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Agenda Item	Lead officer	Apr 2	June 14 July 4	Aug 6 Sep 3 Comit tee	Sep 3 work shop	Oct 1	Nov 12 work shop	Dec 3	Jan 14 work shop	Feb 4	Mar 5 work shop
NB Consent items to be determined on a meeting by meeting basis											
<b>Opening Business (Standing Items)</b>											
Apologies for Absence		x	x	x		x		x		x	
Previous Minutes and Action Plan		x	x	x		x		x		x	
<b>Governance Matters</b>											
Committee annual report (A) (inc annual review of ToR and Cycle of Business)	Mark Wilkinson	A									
Cycle of Business review	Mark Wilkinson	x	x	x		x		x		x	
Corporate Risk Register – Review of allocated risks	Mark Wilkinson / Peter Barry		x					x			
<b>Public Health and Partnership Matters</b>											
Partnership Arrangements Mid Wales Health Collaborative 111 Public Health : 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups	Teresa Owen  WNW- Glynne Roberts	1	2	3		4		5 1(6mnth update)		6	

[illegible]



Agenda Item		Apr 2	June 14 July 4	Aug 6 Sep 3 Comit tee	Sep 3 work shop	Oct 1	Nov 12 work shop	Dec 3	Jan 14 work shop	Feb 4	Mar 5 work shop
Key enabler Strategy updates: Workforce [W] ICT [i] Estates [E] Quality Improvement [Q]	Sue Green Chief Information Officer Neil Bradshaw Deborah Carter	E	E	E Q	E	E	E	E	E	E	E
Staff Survey	Sue Green					X					
Engagement - updates	Katie Sargent		X		X	X	X	X	X	X	X
Civil contingency and business continuity progress and end of year update (E)	John Darlington	Plan	End of year Update	End of year Updat e		Mid Year monito r		X			
Winter Resilience Planning - TBC	Trevor Hubbard										
Equalities: Strategic Equalities plan (each 4 years) and Annual Report (A)	Sally Thomas		X A					X SEP			
Major Strategic Projects (as required)	Wylfa – Wyn Thomas	Wylfa		X		WNW (A)		X		X	
Third Sector Strategy	Mark Wilkinson / Sally Baxter	X				X					
Welsh Language Strategic Reports (A) Annual Monitoring report (M)Welsh Language Standards compliance monitoring report	Eleri Hughes-Jones		A			M					
<b>Closing Business (Standing Items)</b>											
Summary of In Committee business to be reported in public (as appropriate)		X	X	X		X		X		X	

[illegible]

Meeting date	Submission deadline
1.10.19	20.9.19
12.11.19 - workshop	31.10.19
3.12.19	21.11.19
14.1.20 – workshop	2.1.20
4.2.20	23.1.20
5.3.20 - workshop	24.2.20

**Strategy, Partnerships and Population Health Committee**

**3.9.19**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**To improve health and provide  
excellent care**

<b>Report Title:</b>	Conwy and Denbighshire Public Services Board Update
<b>Report Author:</b>	Bethan Jones Area Director Centre
<b>Responsible Director:</b>	Dr Chris Stockport Executive Director Primary and Community Services
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>To provide the Committee with an update on Conwy and Denbighshire Public Services Board;</p> <p>Two items are included :</p> <ul style="list-style-type: none"> <li>• Conwy &amp; Denbighshire PSB Annual Report which is for noting in respect of the priorities and work programme.</li> <li>• PSB report: Community Green Pledges and Environmental Policy statement update which contains specific outputs from the PSB in relation to a proposal for Community Green Pledges, for acknowledgement and support, but also an Environmental Policy Statement for PSB Organisations which the Committee is asked to consider its support for.</li> </ul>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	These papers have been approved by the Public Service Board and the Annual Report has been the subject of a Joint Conwy CBC and Denbighshire CC Scrutiny Committee. The comments of the Scrutiny Committee are presented in the PSB Cover Report
<b>Governance issues / risks:</b>	<p>Neither of the papers have been submitted to Executive Management Group.</p> <p>BCU Officers from Estates and Facilities have been involved in the development of the Environmental Policy Statement however it is not an adopted policy of BCU. Clearly there would be merit in this being the case and it is recommended that a little more work is undertaken within BCU to ensure relevance but more importantly ownership and endorsement of these critical environmental issues across the organisation. There is a risk that BCU does not proactively progress the Environmental Agenda. There is also a risk that the 4 PSBs develop similar but different Statements.</p>
<b>Financial Implications:</b>	As they stand there are no financial implications to BCU of these papers. However if it is agreed that the Board should pursue the

	Environmental Policy Statement there may be future costs which would need to be the subject of individual business cases. For example the provision of new lower energy heat and light systems. Of course it could also be the case that the adoption of the statement could lead to lower cost. For example Greener Travel.
<b>Recommendation:</b>	<p>The Committee is asked to note the work of the Conwy and Denbighshire PSB and offer comment on its priorities and work plan.</p> <p>In relation to the Draft Environmental Policy Statement it is asked to debate the merits or otherwise of adopting such a Statement within BCU and if it is supportive, to support its journey through appropriate BCU Governance.</p>

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			

### Special Measures Improvement Framework Theme/Expectation addressed by this paper

<http://www.wales.nhs.uk/sitesplus/861/page/81806>

### Equality Impact Assessment

*(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see <http://howis.wales.nhs.uk/sitesplus/861/page/47193> )*

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board  
Board/Committee Coversheet v10.0



**Report To:** Conwy & Denbighshire PSB

**Date of Meeting:** 5<sup>th</sup> July 2019

**Lead Member / Officer:** Bethan Jones, *Area Director for Betsi Cadwaladr University Health Board and PSB chair (April 2016 to June 2019)*  
Iwan Davies, *Chief Executive for Conwy County Borough Council and PSB Vice chair (April 2016 to June 2019)*  
Sian Williams, *Head of North Wales Operations for Natural Resources Wales and PSB Chair (from June 2019 onwards)*  
Judith Greenhalgh, *Chief Executive for Denbighshire County Council and PSB Vice Chair (from June 2019 onwards)*

**Report Authors:** Hannah Edwards & Fran Lewis, Conwy County Borough Council  
Nicola Kneale, Denbighshire County Council

**Title:** Conwy and Denbighshire PSB annual report 2018-19

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**1. What is the report about?**

- 1.1 The 2018/19 annual report provides an overview of what the Board has achieved since the well-being plan was published in April 2018 (please see appendix A). It is important that the PSB is accountable to the public and this report helps the PSB to self-reflect on where they feel they are making a difference, in line with the 5 ways of working as well as outlining the Board's future direction.

**2. What is the reason for making this report?**

- 2.1 In line with the Well-being of Future Generations (Wales) 2015 Act, the Conwy and Denbighshire PSB are required to prepare and publish an annual report no later than 14 months after the publication of its first local well-being plan. This is intended to enable the board to report on the full year's activity.
- 2.2 The 2018/19 annual report was presented to the inaugural joint PSB scrutiny committee on the 21<sup>st</sup> May 2019, in line with the committees' statutory duties under the Well-being of Future Generations Act. Feedback on the annual report is provided in section 4.

**3. What are the Recommendations?**

- 3.1 That members consider the feedback provided by the joint PSB scrutiny committee.
- 3.2 That members approve the Conwy and Denbighshire PSB 2018/19 Annual Report for publication.

**4. Report Details**

4.1 The guidance provided for the Act specifies that the annual report must detail the activity the Board has taken to meet the objectives set out in their well-being plan. However the report can also include any other information the Board thinks would be appropriate. Therefore the report also outlines -

- The process taken to develop both the well-being assessment and plan, including the consultation undertaken through the County Conversation and how the PSB engaged with stakeholders to identify the Board's priority areas;
- Progress against the interim priorities (communication and first 1000 days);
- The Boards reflections after year 1;
- Where we've worked collaboratively;
- How we've been challenged; and
- How people can get involved.

4.2 The Board are required to send a copy of their annual report to Welsh Ministers, the Future Generations Commissioner, the Auditor General for Wales and the Boards designated overview and scrutiny committee.

4.3 The 2018/19 annual report was presented to the inaugural joint PSB scrutiny committee on the 21<sup>st</sup> May 2019 and the feedback was as follows:

- Members queried the delay in progressing the homelessness and unstable tenancies action under the community empowerment priority, as they are aware funding has been made available to local authorities to specific support homelessness. Officers confirmed that there had been new changes in terms of housing legislation which had put pressure on Local Authorities. In terms of Denbighshire, they wanted to ensure the current process was correct before working with partner organisations, which had delayed progress.
- Members recognised that there would be many things that could be shared between the both counties. A particular concern was the need to consider the effects and benefits for both counties of developments along the county border areas. Members were advised that both authorities have been in discussion with each other during the development of the Local Development Plan (LDP), ensuring both LDPs are aware of each other's County border concerns.
- Members agreed that Conwy and Denbighshire should be working together on a number of issue. Flooding was a major concern for both Counties and more work could be done collaboratively. Bodelwyddan having been identified in the North Wales Growth Bid as a development area had the potential to cause issues for both Denbighshire and Conwy. The PSB had recommended boards work regionally on the flood risk situation. Gwynedd and Anglesey are collaborating on a flooding and climate change – the findings of this work will be shared regionally.

- Members enquired what added benefits the PSB would bring to the people, also how the PSB could influence other services/organisations to assist. Members were advised that that the priority areas were developed jointly, but acknowledged that ensuring other services/organisations deliver their commitment can be challenging as their governance arrangements were different to those of local authorities. Challenging senior officials of partner organisations on their commitment to delivering the PSB's priorities and plans was the Committee's role.
- Members highlighted the fact that the plans for Wylfa Nuclear Power Station would not go ahead, therefore the PSB should look at how it can support the green energy agenda. Denbighshire and its neighbouring counties had potential for hydropower schemes therefore that could be something the PSB could be involved with and encourage. Members were advised that there may be potential in exploring community green energy schemes going forward.
- Members commented on how they felt the PSB could pull together and make things happen. They highlighted that there were plenty of subjects where there were issues that would benefit from being addressed jointly. Officers advised that whilst the PSB did not have its own dedicated budget its benefit was around building relationships and increasing levels of trust to enable projects to be delivered and in doing so maximising the impact and benefits of those projects for all.
- Members were reminded that the PSB was conscious of ensuring that it did not replicate ideas or changes that other services/organisation had already implemented. The PSB would look at work that had not been achieved in the past and assess whether a joint partnership approach would be able to deliver it.
- Members praised the statistics on animals and the environment as it is an area that needs more attention. They also queried the statistics from the County Conversation as the ages and subject had a massive difference between each county.
- The scrutiny committee endorsed the annual report. Members supported the progress made to date while recognising there is further work needed to deliver the priorities.







# CONWY & DENBIGHSHIRE PUBLIC SERVICES BOARD

A Year in Review 2018 / 2019

# WELCOME TO THE CONWY & DENBIGHSHIRE PUBLIC SERVICES BOARD 18/19 ANNUAL REPORT

The aim of this report is to give a brief overview of what we have achieved since the PSB well-being plan was published in April 2018. An annual report is essential to make sure that as a Board, we are accountable to the public and can self-reflect on where we are making a difference, in line with the 5 ways of working and outline our future direction.



## **Integration**

This is about working in an integrated way and also considering how our well-being objectives may impact on our partners.



## **Involvement**

This is about involving people and ensuring people have the opportunity to get involved and have their say.



## **Prevention**

This is about stopping problems happening in the first place and preventing them from getting worse.



## **Collaboration**

This is about working together with others, such as people, communities, voluntary & private sector and other public sector organisations



## **Long Term**

This is about looking to the future and considering how our actions now can impact on things.

# 1. WHAT IS A PSB?



The Well-being of Future Generations (Wales) Act 2015 required every county to set up a Public Services Board (PSB) so that all public bodies in the area could work together to improve well-being. Conwy and Denbighshire services already work together to support people across our region. So we took this opportunity to establish one single PSB for the region in April 2016.

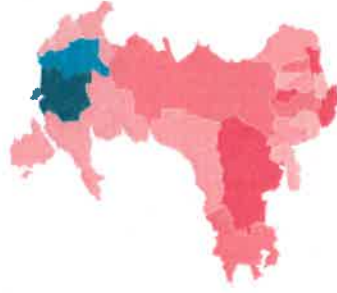
This means both local councils, Police, Fire Service, NHS, Natural Resource Wales, voluntary sector, Welsh Government and probation services all come together to discuss ways to improve well-being in the area and how we can use our resources better to meet needs now and in the future.

Well-being is about being healthy and happy in all areas of your life. Not just good physical and mental well-being but also having positive relationships, strong communities and a healthy environment. We help services work together to improve::

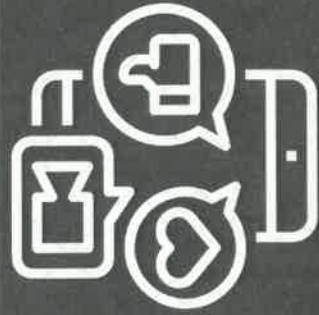
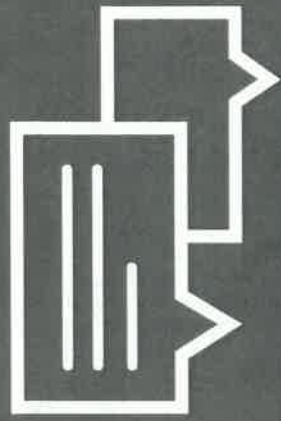
- Cultural Well-being
- Economic Well-being
- Environmental Well-being
- Social Well-being

You can read more about the Act by visiting - [www.futuregenerations.wales](http://www.futuregenerations.wales)

There's more information about the PSB on our website [www.conwyanddenbighshirepsb.org.uk](http://www.conwyanddenbighshirepsb.org.uk)



# WORKING IN AN INTEGRATED WAY



## 2. TALKING TO YOU

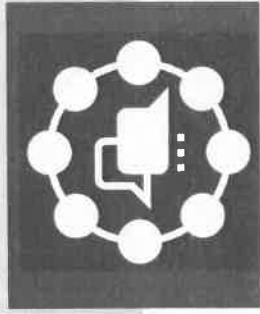
### THE COUNTY CONVERSATION

During the summer of 2016 we spoke to as many people as possible to ask their views about what works well in Conwy and Denbighshire and what we need to focus on now and for future generations. We asked people to talk about their experiences and their communities so that we could understand a bit more about local concerns and strengths.

We talked and listened to lots of different people from different backgrounds. We spoke to community groups, faith groups, businesses, Town & Community Councils and other public sector partners.







### 3. THE EARLY DAYS

Whilst we were working on the plan, we developed 2 early priorities...



## COMMUNICATION

We wanted to improve our communication with everyone, so we -

- Opened PSB meetings to the public. Anyone can attend our meetings. You can find our meeting dates, agendas & reports on the PSB website and the meeting section on Conwy and Denbighshire Council websites.
- Share our minutes online. PSB members table them within their organisations so staff know what we're up to.
- Let you know what we're doing through our PSB newsletter. You can find this on our website & on our social media, but we make sure we send it to all of our PSB partners, as well as elected members, Town & Community Councils and other interested people. Contact us if you want to start receiving a copy by email.
- Post, share & like messages through our County Conversation Facebook & Twitter accounts. We also follow other organisations & people wanting to make a different.
- Use a shared network (Govram) which allows organisations who have signed up to the agreement to work in each other's buildings securely.
- Promote hot desking from each others office's, but this is on a casual / individual basis.

## FIRST 1000 DAYS

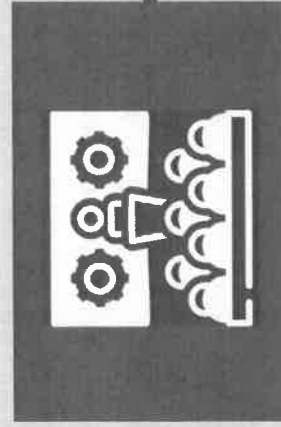
We wanted to focus on the first 1000 days of life, as we recognised this is an important time for children's growth and development which shapes their future health and well-being. So we -

- Held a mapping event in February 2017 to identify opportunities at a whole system level in Conwy & Denbighshire so we could improve outcomes for children during the First 1000 days.
- Joined the 'First 1000 Days Collaborative' in Wales
- Submitted a funding application for £5000 to the 'First 1000 days collaborative' to undertake a case review of children and their families in Denbighshire who did not meet the expected Educational Foundation Phase outcomes in July 2017 at age 6/7.
- As a result of the review education services have increased support to the early education team to identify barriers and earlier identification of Additional Learning Needs (ALN). Transition plans have also been provided for children moving from Preschool into Nursery.
- This has ensured more accurate identification of the needs of children so the right support can be put in place at the start of a child's education journey.
- Additional investment has been provided for Speech & Language Services & a method for sharing information between agencies has been developed.

# 4. ASSESSING THE BIGGER PICTURE



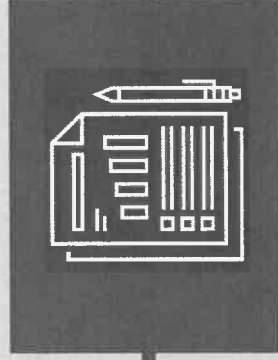
JANUARY 2017



STRATEGIC THEMES  
WORKSHOP

While we were developing the well-being assessment we discussed the issues it raised & considered where we could make the most difference together. We came up with a long list of issues, but we needed to learn more about these from people working in these areas.

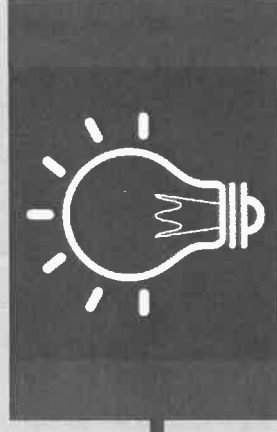
MARCH 2017



LAUNCH OF THE WELL-BEING  
ASSESSMENT

The assessment provides a picture of the economic, social, environmental and cultural well-being for Conwy and Denbighshire – both now and in the future. We based the assessment on local and national data and research. The feedback from the County Conversation formed a big part of this work too.

JUNE 2017



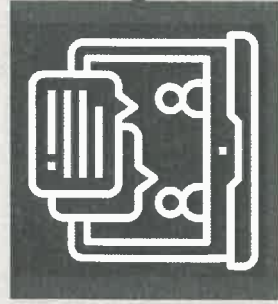
BRING YOU IDEA  
EVENTS

We invited lots of people & organisations from across Conwy & Denbighshire to help us identify where we needed to focus our attention and what we should & could be doing in that area. From these sessions we were able to narrow down our long list of issues & start focusing on key areas.

# 4. ASSESSING THE BIGGER PICTURE



NOVEMBER 2017



## FORMAL CONSULTATION

After writing our draft plan - we asked you if you were happy with what we'd written. We did this through the County Conversation, where we did a web survey & visited interested community groups to get their views. The plan outlined 6 priorities -

1. The First 1,000 days of life
2. Promoting community hubs
3. Promoting mental well-being for all ages
4. Promoting resilience in older people
5. Promoting environmental resilience
6. Raising resilient and aspirational young people

JANUARY 2018



## CONSULTATION REVIEW

After analysing the feedback from the consultation we decided to rationalise the number of priorities from 6 to 3. We did this by looking at the synergies between priorities, the impact the PSB could have, the long term implications and where work was already in place for this priority (to avoid duplication). We thought ultimately these priorities were where we could add the most value collectively.

APRIL 2018



## APPROVING OUR WELL-BEING PLAN

In the Spring of 2018 we went to each Statutory Member's organisational board, to get approval of our plan. This meant we took the plan for approval from both Councils, the Health Board, the Fire Service and Natural Resources Wales.

They all agreed to the priorities and next steps for the plan. It was formally signed off at a PSB Board meeting and published on our PSB website in April 2018.

**We've explained this journey in more detail in our technical version of the well-being plan – you can read it [here](#)**



# 5. LISTENING TO YOU

## OUR PLAN



### Our Priorities

The published well-being plan can be found [here](#). It focuses on the challenges communities' face which we feel we can really improve by working together.

Our plan focuses on 3 priority areas:

- 1. People**  
Supporting Good Mental  
Well-being for all ages
- 2. Community**  
Supporting Community  
Empowerment
- 3. Place**  
Supporting Environmental  
Resilience

### Conwy and Denbighshire Public Services Board

Well-being Plan (2018 - 2023)



### Our Principles

We also committed to 4 additional principles which support the priorities:

- A.** To tackle inequalities and treat everyone equally
- B.** To support and promote the Welsh Language
- C.** To support people so they can access healthy, safe appropriate accommodation
- D.** To avoid duplicating work.

# 6. WHERE WE'RE AT NOW

## THE PRIORITIES

People -  
Supporting  
good mental  
well-being



### WHAT WE WANT TO ACHIEVE

- Common understanding of the issues, opportunities and priorities around mental well-being.
- Exploring ways of working to explore opportunities for the Well-being Plan and national strategy "Together for Mental Health" to deliver together developing objectives to deliver the priority.
- Recognising that there are already a lot of good things going on that we can learn from and that Local Implementation Teams (LITs) and PSBs working together offer the potential to deliver something very powerful.
- Recognising that there are already a lot of good things going on that we can learn from and that Local Implementation Teams (LITs) and PSBs working together offer the potential to deliver something very powerful.

### THE IMPACT WE WANT

- More people experiencing good mental well-being and fewer people suffering anxiety and depression.
- Less self-harming and lower suicide rates.
- Less stigma around mental well-being.

# People - Supporting good mental well-being

Completed

In progress

Not started

10

## WHAT WE SAID WE'D DO AS ACTIONS

1. **Set up and develop a PSB sub-group to lead on this priority area.**
2. **Hold a workshop with practitioners, service users and providers to explore local issues around mental well-being and identify potential objectives.**

## WHAT WE'VE DONE SO FAR

Natural Resources Wales (NRW) have been leading on the mental well-being priority, working closely with Betsi Cadwaladr University Health Board & Public Health Wales for support. A sub-group has now been set up.

We held a workshop on 20 November 2018, attended by a range of professionals with good representation partner organisations and the third sector. As part of the workshop, we discussed the local issues around mental well-being and considered where working together we could add the most value to the areas of most need.

The report from the workshop was produced in December 2018 & the recommendations were presented to our mental well-being sub-group. The sub-group plans to focus on the following outcomes from the workshop, including -

- Identifying good practice and understanding why, as well as some of the factors that might stop good practice.
- Mapping people's experiences of support services and activities (from initial referral to successful outcome).
- Ensuring that service users aren't only offered 'what's available' - but rather what individuals and communities actually need.
- Identifying which assets are being used and what needs are being met, and the availability of data that supports these outcomes.
- Agree on a draft work plan that will help deliver the priority.
- Identifying which aspects of working with people and working with community assets link to our Community Empowerment priority.

We will arrange a follow-up workshop in spring 2019 to test and progress the actions identified by the sub-group. This will include setting up task and finish groups to look at how we can work with people and communities to improve mental well-being.

## HOW WE THINK WE'VE GOT ON

We have used the Future Generation Commissioner's self-assessment tool as a prompt for self-reflection (Please see appendix 1). We feel at the end of the first year of our priorities we are in the category of 'making simple changes,' whilst striving to 'be more adventurous.' This is because this is a complex area of work and there is already a lot of work taking place across the region between the our partners and third sector organisations. We need to ensure we contribute both locally and regionally to the mental well-being priority. The challenges posed by capacity of organisations has resulted in some slightly slower progress than originally anticipated, although we feel we've made good progress in year one, by identifying the issues around the mental well-being priority. We will develop actions to take forward through the second year.



# 6. WHERE WE'RE AT NOW

## THE PRIORITIES

### Community - Supporting Community Empowerment



#### WHAT WE WANT TO ACHIEVE

- Understand what work is already taking place, and where the PSB could add the greatest value in terms of empowering our communities.
- Consult with professionals on areas of need and seek to develop the PSB's next steps towards meeting those needs
- Understand what would constitute success, and who should be involved in more detailed design and delivery.

#### THE IMPACT WE WANT

- Thriving community groups and assets that meet local needs.
- Services that work together better.
- Services that are better value for money.
- People getting involved and having a say in improving services.

# Community - Supporting Community Empowerment

Completed

In progress

Not progressed

## WHAT WE SAID WE'D DO AS ACTIONS

### 1. Developing the next steps for community empowerment

**Social Prescribing will support the well-being needs of individuals and our communities, and will as a result mean fewer medical prescriptions and lower non-medical expenditure on services needed due to lifestyle related conditions. People will also be enabled to say in their own homes for longer.**

**Better support tenants and those at risk of homelessness. This will not only result in less homelessness and more stable tenancies, but mitigate health associated risks and support a better quality rented sector.**

**Dementia Support Action Plan to better support dementia sufferers and their carers. PSB partners will work towards becoming dementia friendly organisations that help people live independently for longer.**

## HOW WE THINK WE'VE GOT ON

We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of 'Owning our Ambition' because this is a complex area of work where we have found that a great deal is already taking place. The challenge remains for the PSB to understand where it can most add value to this busy, but important agenda, not only locally, but regionally. In addition, the challenges posed by capacity does mean that progress is slower than we would like. Nonetheless, for only its first year, the PSB has made some progress. We also need to develop measures to make sure we're capturing what difference our actions are making.

## WHAT WE'VE DONE SO FAR

A workshop was held on June 27, 2018, attended by some 40 professionals with good representation across partner organisations. In-keeping with our principle of building on existing pledges from organisations' well-being plans, delegates were presented with information about existing pledges and asked to consider areas of need where collaboration would add value, focusing on the following themes: **housing, employment opportunities, capacity building, provision of health and well-being support and infrastructure.**

We considered the output of the workshop at our meeting in September, and agreed three areas of work for the priority where we felt we could add value through early intervention, focusing on the local dimension, and involving a different set of partners. These are detailed below.

A great deal of work has taken place to scope what opportunities are available to us in this area, understanding what work is already taking place elsewhere and seeking not to duplicate effort.

We are now seeking to develop a programme around weight management, which will integrate with our Good Mental Well-being priority.

Due to capacity, this work has not started.

We are integrating our work in this area with that of the Regional Partnership Board with a focus on empowering communities. One of our partners on the Board, Denbighshire Voluntary Services Council's (DVSC) has received Welsh Government funding to deliver a Dementia Aware Community Led programme (DACLP).

The programme seeks to support those living with dementia and those that support them, providing training to empower communities to become dementia aware. We are supportive of this programme, and some of our larger individual partners intend to add value to this community led initiative by becoming dementia friendly organisations through the Alzheimer Society.

We will receive updates on the programme from DVSC throughout year 2 of the plan (during 2019-20) and we will identify other areas where we can add value to this work.

# 6. WHERE WE'RE AT NOW

## THE PRIORITIES

### Place - Supporting Environment Resilience



#### WHAT WE WANT TO ACHIEVE

- Support people and communities to realise how important the natural environment is and understand what positive differences they can make to reduce their impact on it.
- Start to address environmental issues such as climate change by promoting ways we can all reduce our footprint such as recycling, improving energy efficiency, reducing carbon emissions and by generally being greener.
- Understand what each of our partner organisations are doing in term of addressing their ecological footprint. Consider what frameworks we are working towards and how we can bring this all together. As part of this we want to improve the energy efficiency of our buildings and facilities.
- Focus on sustainable procurement (in particular maximising community benefit and making sure we're not having an adverse impact on the environment when we're buying goods and services).

#### THE IMPACT WE WANT

- Our communities and partner organisations to do their bit and actively take steps to reduce their footprint and make sure the local environment is being managed properly and help wildlife and nature flourish for future generations.
- To make sure the natural environment provides a space for our residents, visitors and workers to make the most of and which benefits their health and well-being.
- Improve the consistency between PSB partner organisations, by working towards the same environmental policies, standards and targets.



# Place - Supporting Environmental Resilience

Completed

In progress

Not progressed

14

## WHAT WE SAID WE'D DO AS ACTIONS

**1. Work with our PSB partners to develop a framework for our environment work, so that we're all working to the same goals.**

We've set up a working group to bring together environmental experts. With them we're developing a policy statement that outlines what frameworks we will all work towards, including areas of good practice and steps we will take.

The framework identifies 9 different environmental aspects, including carbon and energy, waste, biodiversity (including green spaces & woodlands), transport (including active travel), flooding, water, procurement, climate change adaptation and planning (which is a cross-cutting theme).

We recognise that partner organisations will be at different stages of achievement at the outset and appreciate the time taken to reach targets will differ between partners.

We're going out to consult on this with partners and once we approve it we will monitor progress regularly.

We're also looking to hold an engagement event for environment experts across North Wales, as we've been told partnership working is a gap in this area. This event will provide an opportunity for experts to network, share good practice and learn from each other.

**2. Work with communities to develop environmental pledges and green changes we could make to reduce our impact on the environment.**

We've set up a working group to bring together environmental experts. With them, we're developing community green pledges. We wanted to look at ways we could work with communities across Conwy and Denbighshire to look at where we could make small changes to our behaviour that will make a big difference to reducing environmental impact.

The pledges identify 5 key areas that communities can make to reduce their impact in the environment (including buildings, transport, recycling, shopping and outside space). For each area, information is provided about the why this is important, who's already making the change, some ideas for inspiration and where they can go for further funding support and advice.

We're going out to consult on this with communities. Once this has been done and people are happy with it we'll begin to promote and encourage communities to make the pledge to make a difference.

**3. Look at environmental issues affecting the region that we can't fix by ourselves, like sea defences and reducing the amount of packaging in our shopping.**

We've started to discuss key environmental risks at our board meetings. There was a good discussion at our December meeting on the sea defence in old Colwyn and what we can all do to prevent further damage in bad weather. Progress will be reported on at future meetings.

We'll continue to look at other environmental issues and risks and consider what difference we can make together and what action we need to take.

## WHAT WE'VE DONE SO FAR

# Place - Supporting Environmental Resilience

Completed

In progress

Not progressed

15

## WHAT WE SAID WE'D DO AS ACTIONS

**Look at our procurement processes and identify how we can maximise community benefits from building developments (e.g. through Section 106 agreements - these are legal agreements between local authorities and developers for times when measures may be needed to reduce a developments impact on the community).**

**5. Work with our planning teams to make sure environmental issues are looked at when planning new developments.**

## HOW WE THINK WE'VE GOT ON

We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of 'being adventurous' because our approach to pledges aims to push everybody to act to make changes from how things are currently done. We hope by doing this it will support a 'ripple effect' to wider change.

We've made good progress for year one - in terms of focussing on short term goals. We need to look more strategically and we plan to work on a regional basis to do this, since a number of PSBs in North Wales have focussed on the environment. We also need to develop measures to make sure we're capturing what difference our actions are making.

## WHAT WE'VE DONE SO FAR

Maximising community benefit from procurement activities is something we do as individual organisations, for example -

- In Denbighshire, economic development related benefits (such as apprenticeship schemes, training and jobs) are applied to building projects in excess of £1million. However work is currently being undertaken to explore the possibility of applying these benefits to lower value contracts and aligning these to their corporate plan priorities.
- In Conwy, as part of the development of the new council offices a social value plan was developed which ensured the local community were involved. This included school visits, developing apprenticeship and training schemes, using local trades / services / materials (where possible) and holding community engagement events.
- In Betsi Cadwaladr, their plans in Ruthin to develop part of the Hospital and integrate a local GP practice will include discussions with local people and organisations to ensure it offers added value for the local community.

However we need to explore ways on how we do this collectively.

Local Development Planning managers for Conwy and Denbighshire have attended our meetings to provide us with updates and the opportunity to feed in to their consultations on the local developments plans.

However we need to gain a better understanding of the 'conflict' that has been raised between planning policy and consideration of environmental issues.



## 7. OUR REFLECTIONS AFTER YEAR 1

Being open and transparent is vital for all public sector organisations, and we are proud that we are one of the first PSBs in Wales to open our meetings to the public. This annual report is a self-reflection of the progress we have made and serves to further that openness and transparency by stating what we have achieved, whether we feel we have done things well, and where we will focus to improve in the future.

Overall we believe we have made good progress with our priorities within the first year of the plan. Our plan is a long term plan, and at this early stage it is vital that we create a solid foundation on which to develop future collaborations by taking time to plan, gain community views and analyse research. It is also worth noting that when working to shift the agenda to a preventative focus, the delivery of outcomes can often take much longer to realise, however we are keen that in year two we need focus more on delivering real tangible changes and actions by working with communities. We also need to do more work to assess how we can monitor the impact we are having. We plan to do this by working collaboratively at PSB level, but also where appropriate, linking into regional work and seeking good practice from further afield, and sharing our own good practice experiences.

In terms of our priorities, we've taken an innovative approach to our plan to ensure we have fresh perspective for each priority. We allocated a lead to each priority to a member organisation who normally wouldn't be associated with the area of work - which encouraged more questioning of the status quo and alternative views on delivery. This approach has been valuable to help us better understand each other's area of work, and although it has perhaps added a bit of time to progress work, this increased understanding of each other's work responsibilities and pressures has been very useful for this initial period. For year two we will evaluate this and consider if this approach is still appropriate and whether leads should be more flexible or change.

We have also taken time out to reflect on our PSB and organisational roles, how things are going, what's working well and where we need to improve. One of the main challenges we have faced is understanding our role and where we can add most value, as the partnership landscape in North Wales is complex. We believe we have found areas in each of the priorities where we can make a difference collaboratively, and having time to reflect has helped us to understand the steps we need to take to progress delivery. We also plan to use Welsh Government's rural proofing tool to make sure the needs of rural communities are not missed.

We are planning to undertake some changes in year two of the plan to improve our performance, mainly around how we work as a board and making sure we use our time at meetings to most effect. We have also found that we get a lot of requests to respond to information and consider areas of work which doesn't relate to our identified priorities. In future we want to make sure we retain our focus on delivering our priorities and continuing to find ways to help and work with each other to make services better.

# 8. WORKING COLLABORATIVELY

## THINKING GLOBAL



We've been linking in with other partnerships to avoid duplication and to share ideas. We've.....

talked to the Regional  
Partnership Board for Social  
Care and Well-being

discussed the County Lines  
Exploitation issues and  
raised awareness within our  
own organisations

reviewed the Public Health  
Wales Future Trends Report

had updates on the North  
Wales Growth Deal

been monitoring Brexit and  
looking at ways we can  
support each other during  
this process

reviewed the 80 simple  
steps suggested by the  
Well-being of Future  
generations Commissioner

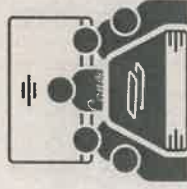
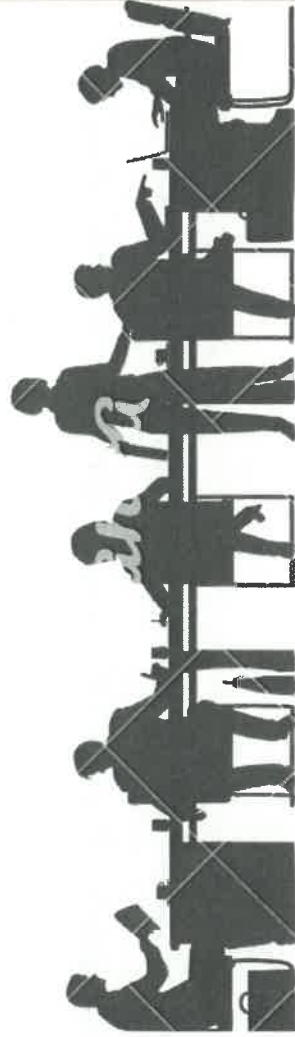
discussed the Local  
Development Plan for both  
Conwy and Denbighshire

been looking at key risks in  
the area and discussing  
what we can all do to help  
each other

held a healthy boards workshop  
with Academi Wales to look at  
how we're getting on & where  
we need to improve

# 9. BEING CHALLENGED

Like any partnership, it's important that there are checks and balances for us.



We've been holding open meetings, and all the papers & minutes are published online. Click [here](#) to find out more.



We've been taking key reports and updates to both the Conwy and Denbighshire Scrutiny Committees.



We publish short [newsletters](#) after each meeting so people can read what we're doing in bitesize chunks.





Had regular discussions about the organisational leadership challenges and how we can help each other.



From May 2019 onwards, we will be held to account by a newly formed joint Conwy & Denbighshire Scrutiny Committee. Again, these meetings will be open to the public and anyone can attend. Details of the meetings will be published on both Conwy and Denbighshire Councils websites.

# 10. GET INVOLVED

We want you to stay in touch & get involved in our work. You can:

- Come to one of our meetings – all the dates and agendas are published [here](#)
- Read our newsletters [here](#)
- Follow us on social media –  & 
- Stay involved and share your views through the PSB website – [www.conwyanddenbighshirepsb.org.uk](http://www.conwyanddenbighshirepsb.org.uk)

## C/O PUBLIC SERVICES BOARD DEVELOPMENT OFFICER

Conwy County Borough Council, Bodlondeb, Conwy, LL32 8DU

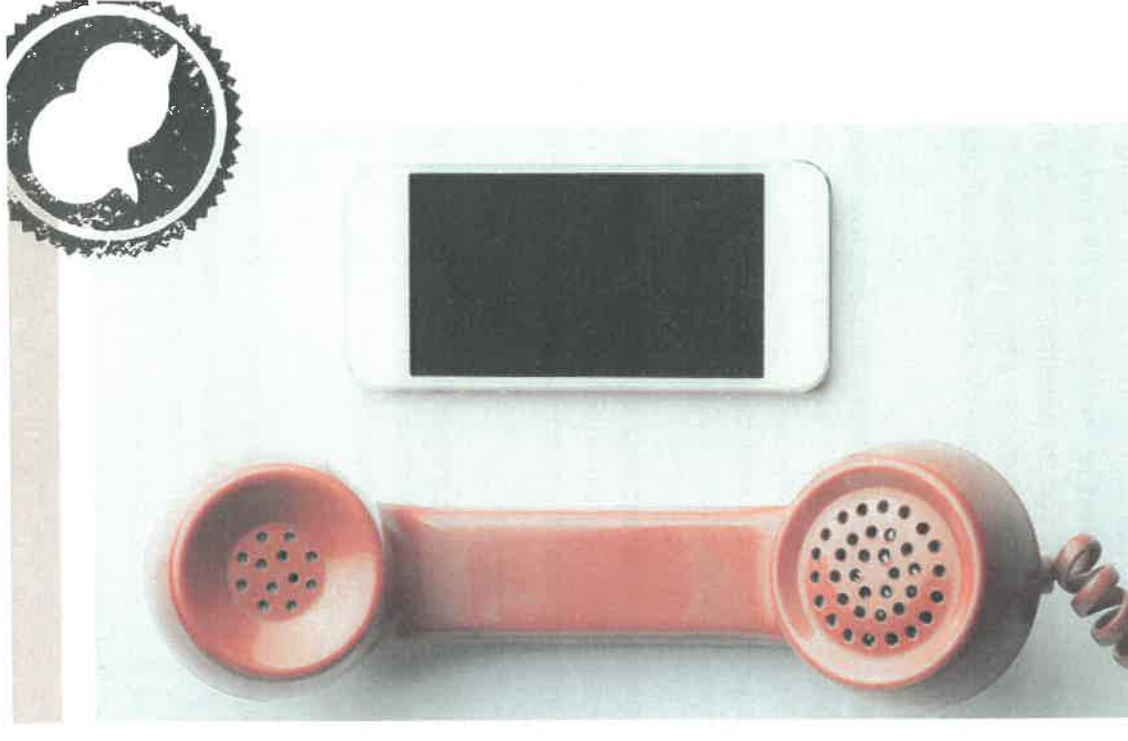
 [countyconversation@conwy.gov.uk](mailto:countyconversation@conwy.gov.uk)

 **01492 574059**

BT Relay Service Customers with hearing or speech impairments can contact any Council service by dialling 18001 before the number they require.

## **BSL Interpretation Service**

British Sign Language users can contact Conwy County Borough Council using a Sign Language interpreter, through the InterpretersLive! service, provided by Sign Solutions – visit [www.conwy.gov.uk/Contact-Us/sign](http://www.conwy.gov.uk/Contact-Us/sign)



# APPENDIX 1

## DEFINITION OF THE FUTURE GENERATIONS COMMISSIONER'S SELF REFLECTION JOURNEY CHECKERS

In 'Well-being in Wales: the journey so far', the Commissioner sets out that the journey towards maximising contribution to the seven well-being goals and acting in accordance with the sustainable development principle starts in a place of making 'simple changes'. Organisations then need to move on to challenging current practice, stretching themselves and working with others in partnerships to develop new approaches before entering a stage of transformation. In 'leading the way', there will be a whole system approach of achieving the 'Art of the Possible', acting in a manner which ensures that present needs are met without compromising the ability of future generations to meet their own needs.

'**Making simple changes**' should be quick and easy to implement. They're often actions that are 'low hanging fruit' that have been tested by others and have a low risk of failure. They mobilise and involve people, aligning the agendas of different departments. The Commissioner recently launched some examples of the 'simple changes' some public bodies are already making in taking steps to meet their well-being objectives and maximise contribution to the national well-being goals: <https://futuregenerations.wales/the-art-of-the-possible>.

'**Being more adventurous**' involves stepping out of a 'business as usual' mindset and acting to change how things are currently done. Signalling early progress to wider change, this might involve a change in strategy or team approach to doing something and could involve more departments and organisations than a 'simple change'.

'**Owning our ambition**' can be a similar stage to 'being more adventurous' with initiatives developing and more people becoming involved. The organisation will be taking more well-managed risks, reaching out to other sectors to make progress and collaborating on funding or staffing. The organisation defines its approach as ambitious and staff feel empowered to work across sectors and influence change.

Those that are '**Leading the way**' may be the first people or organisation to be taking these actions and are a guide for others to follow. This is a systemic, transformational change to how things have always been done and will require reallocating resources, time to put the changes in place and collaboration with other bodies. Actions are innovative, inspirational and collaborative, putting the Act into practice across larger portfolios to achieve the Wales we want. This way of working becomes embedded in the organisation and good practice is shared with others.



**Report To:** Conwy & Denbighshire Public Services Board

**Date of Meeting:** 5<sup>th</sup> July 2019

**Lead Members:** Sian Williams, Chair of Conwy & Denbighshire PSB &  
Iwan Davies, Chief Executive of Conwy County Borough Council

**Report Authors:** Hannah Edwards & Fran Lewis, Conwy County Borough Council

**Title:** Community Green Pledges and Environmental Policy Statements  
update

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**1. What is the report about?**

- 1.1 This report provides members with an update regarding the work on the Community Green Pledges and the Environmental Policy statement work under the PSBs environmental resilience priority.

**2. What is the reason for making this report?**

- 2.1 To inform members of progress to date and to seek approval from the Board to the approach and publication for these pieces of work.

**3. What are the Recommendations?**

- 3.1 That members approve the Community Green Pledges for publication.
- 3.2 That members consider the proposal to focus on a select number of commitments within the environmental policy statements as initial priorities and agree the reporting timescales.

**4. Report Details**

- 4.1 Following an environmental workshop last year to develop actions for this priority, work has been progressing to develop the outcomes of the session - a community green pledges scheme and a common PSB environmental policy statement.
- 4.2 A working group was set up for each of these pieces of work. Representation on the group included environmental officers from the majority of PSB partners. For the pledges working group there were also representation from town and community councils.
- 4.3 The working groups have been consulted on both documents and relevant comments have been incorporated.

**Community Green Pledges**

- 4.3 The community green pledges (see appendix A) considers where the PSB can work with communities to encourage them to make small changes to behaviour that will make a big

difference to reducing environmental impact. We have also developed a hints and tips guide for individuals wanting to 'go green' (see appendix B).

- 4.4 The community pledges identifies 5 key areas that communities can make to reduce their impact on the environment (including buildings, transport, recycling, shopping and outside space). These areas are also mirrored in the individual guide. For each area with the community pledges, information is provided about why this is important, suggested green changes they can make, examples of who is already making the change, some ideas for inspiration and where they can go for further funding support and advice.
- 4.5 There will be an awards process established as part of this scheme. We will ask communities to provide a self-assessment of what environmental changes they have made and award them with a 'Community Green Pledge' status depending how many changes they've made (either bronze, silver, gold or platinum).
- 4.6 We are developing a communication plan in preparation for the launch of the scheme and are looking to engage with Town and Community Councils and work with other groups and organisations with environmental interests.
- 4.7 The PSB website will be used as an online hub to house this information.

#### **Environmental Policy Statement**

- 4.8 The purpose of the environmental policy statement (see appendix C) is to provide a common framework that identifies steps that all PSB partners can work towards. It is recognised that partner organisations will be at different stages of achievement at the outset and appreciate the time taken to reach different steps will differ between partners.
- 4.9 The framework identifies different environmental 'commitments' PSB partners will work towards. Each 'commitment' outlines the national frameworks and legislation that apply to public bodies are that we are proposing all partners commit to follow. It also details good practice from elsewhere and outlines the key steps partners will endeavour to implement within their own organisations. A lead organisation has been allocated to support the 'commitment' and provide guidance to other partners in achieving the steps.
- 4.10 The policy statement was developed from gathering partners' environmental policies, as well as following an exercise to identify what frameworks / legislation partners currently work towards, what they were currently doing under each of the commitments and what their ambition were for the future.
- 4.11 Further work is needed to develop targets to monitor progress against these commitments.
- 4.12 We are proposing that work commences on 1 or 2 'commitments' as initial priorities and that a progress update is provided to the PSB on an annual basis. We suggest that initially 'commitment' 1 (carbon and energy) and 'commitment' 2 (waste) are prioritised and 'commitment' 4 (travel) and 'commitment' 7 (procurement) become sub-themes.



# GOING GREEN

## TOP TIPS FOR INDIVIDUALS



You may feel you can't make a difference to help the environment - but you can. Each of us is an important part of the bigger picture and through our combined efforts, we can make a difference together!

By reducing our impact on the environment, we can ensure that future generations have the same opportunities we have today. Lifestyles and behaviours must change in order to achieve this goal. By making small changes, you will be joining a community united in making a positive difference for everyone.

These Go Green Top Tips will help you to reduce your environmental impact.

## MAKE THE CHANGE TO MAKE A DIFFERENCE

### WHAT ARE THE GO GREEN TOP TIPS?

The Conwy & Denbighshire Public Services Board have developed 5 Go Green Top Tips that identifies key areas people can make to reduce their impact on the environment, including:



### WHAT ARE THE BENEFITS?

- ✓ Make where you live / work a better place
- ✓ Feel good that you're making a difference
- ✓ Share good ideas
- ✓ Reduce your environmental impact
- ✓ Reduce your bills & save money
- ✓ Make new friends

### DO YOU WANT TO HELP YOUR COMMUNITY MAKE A DIFFERENCE

Did you know we also have a community green pledge - you can find out more [here](#)





# WHY IS THIS IMPORTANT?

Enough plastic is thrown away each year to circle the Earth



Sea levels are rising at their fastest rate in 2,000 years - at least 2,126 homes on the Wales coast could be lost completely by 2100



1 in 14 species in Wales is at risk of disappearing altogether



Greenhouse gas emissions from homes across Wales are responsible for around 16% of CO2 emissions

Transport is Europe's biggest source of carbon emissions, contributing 27% to the EU's total CO2 emissions



Every year about £18 million tonnes of household waste is sent to landfill, the same weight as about 90 thousand blue whales!



40% of the world's insect species is expected to become extinct by the end of the century - causing a catastrophic collapse of nature's ecosystem



£140 million worth of clothing goes in to landfill each year

## GO GREEN TOP TIPS

### 1. Home

## WHAT CHANGES CAN YOU MAKE?

GREEN CHANGE 1 cut out energy wastage

GREEN CHANGE 2 use green energy

GREEN CHANGE 3 improve home insulation

## IDEAS TO HELP YOU MAKE THE CHANGE...



Turn off your switches when you don't need them, like lights, phone chargers, appliances



Wash clothes at a lower temperature



Install a smart meter to see how much energy your using & where you can be smarter



Turn down your heating by 1 degree - this could save you £65 a year!



Invest in your home - upgrading windows, appliances and insulation will help reduce your energy bills & carbon footprint!



Switch to LED light bulbs - this could reduce your carbon footprint & save £450 a year!



# GO GREEN TOP TIPS

## WHAT CHANGES CAN YOU MAKE?

- GREEN CHANGE 4** drive efficiently
- GREEN CHANGE 5** reduce car use
- GREEN CHANGE 6** use public transport



## IDEAS TO HELP YOU MAKE THE CHANGE...



Use public transport to get around - visit [Traveline](#) to plan your journey!



Drive Greener - Invest or hire an electric or hybrid car



Walk and cycle more to get out & about - visit [Sustrans](#) for info on safe routes!



Look after your car & how you drive - by getting it serviced regularly, slowing down & reducing excess weight can all help the environment!



Car Share - visit [LiftShare](#) to learn more, offer lifts & connect with other drivers locally



Drive smarter - combine errands to make fewer trips and try to avoid traffic!



## WHAT CHANGES CAN YOU MAKE?

- GREEN CHANGE 7** recycle more, including your food & garden waste
- GREEN CHANGE 8** reduce the amount of plastic you use
- GREEN CHANGE 9** keep things for longer

## IDEAS TO HELP YOU MAKE THE CHANGE...



Find your local recycling [Conwy](#) & [Denbighshire](#) Councils provide weekly recycling collections

Remember



Join a plastic free community group - find out more [here](#)



Donate or make some money selling your unwanted items, like clothes, furniture, books etc and reduce landfill waste in the process!



Find your local [repair cafe](#) to get help fixing your broken things



[Compost](#) your food waste or sign up to [Share Waste](#). [Conwy](#) & [Denbighshire](#) Councils also provide weekly collections for your food waste



Find your local water [refill station](#) by downloading the app!





# GO GREEN TOP TIPS

## WHAT CHANGES CAN YOU MAKE?

- GREEN CHANGE 10** buy local produce
- GREEN CHANGE 11** eat seasonal produce
- GREEN CHANGE 12** grow your own food

### 4. Local & Ethical Produce



## IDEAS TO HELP YOU MAKE THE CHANGE...



Support local food and drink producers in the region visit [Food Innovation Wales](#) for a directory of local suppliers & check out dates of local [Farmers Markets](#)



Grow your own fruit, vegetables & herbs - visit the [Royal Horticultural Society](#) to learn more



Buy products from certified schemes, like [FairTrade](#), [Red Tractor](#) and the [MCS fisheries](#) standard



See what's in season year-round and plan your shopping to suit

### 5. Garden & Wildlife



## WHAT CHANGES CAN YOU MAKE?

- GREEN CHANGE 13** cut the grass less frequently to encourage wildlife
- GREEN CHANGE 14** plant more plants, shrubs and trees
- GREEN CHANGE 15** save & reuse water

## IDEAS TO HELP YOU MAKE THE CHANGE...



Plant [bee friendly](#) plants & cut back on chemicals - use natural methods to tackle unwanted garden pests



Recycle rain water by installing water butts or barrels to your down-pipes & use whats collected to water your garden!



Try to pick up 3 pieces of litter every time you visit the beach or parks



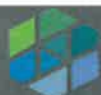
Provide spaces for bird & bat boxes, as well as mini ponds to encourage insects



Volunteer with local wildlife groups



Invest in a green roof. They help increase biodiversity, provide good insulation, improve air quality and control water run-off too!





# COMMUNITY GREEN PLEDGES

Draft



## WHAT IS THIS ALL ABOUT ?

It's easy to feel you can't make a difference to help the environment – but you can. Each of us is an important part of the bigger picture and through our combined efforts, we can make a difference together!



By reducing our impact on the environment, we can ensure that future generations have the same opportunities we have today. Lifestyles and behaviours must change in order to achieve this goal. By signing up, you will be joining a community united in making a positive difference for everyone.



The Community Green Pledges provides suggestions and guidance for communities and organisations to make a difference. This scheme is open to anyone to join - such as community groups, sports clubs, villages, towns, charities and social enterprises.



## MAKE THE PLEDGE TO MAKE A DIFFERENCE

### WHAT ARE THE BENEFITS ?

- ✓ Make where you live / work a better place
- ✓ Reduce your environmental impact
- ✓ Feel good that you're making a difference
- ✓ Make new friends
- ✓ Educate your community
- ✓ Share good ideas

### WHAT ARE THE COMMUNITY GREEN PLEDGES?

The Conwy & Denbighshire Public Services Board have developed the **Community Green Pledges** that identifies 5 Green Pledges that communities can make to reduce their impact on the environment. These have been grouped in to 5 key areas, including -



Community Building  
& Facilities



Transport



Reduce, Reuse &  
Recycle



Local & Ethical  
Produce



Environment



You can also add  
your own pledges!





# The Community Buildings & Facilities Pledge

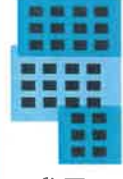
Lighting an average office overnight wastes enough energy to heat water for 1000 cups of tea



Only 5% of the power drawn by a phone charger is used to charge the phone – so remember to turn it off when you are done



Nearly 50% of the CO2 emissions produced by the UK come from heating and cooling in buildings



## WHO'S ALREADY MAKING THE CHANGE?



Bro Cernyw Community Council installed solar panels on to their public toilets in Llangernyw to heat the water & power the light and dryers!

Several communities in North Wales are investing in hydro electricity schemes - find out how [Abergwyngregyn](#), [Corwen](#) & [Bethesda](#) made the change!



National Trust have been using wool insulation in some of their buildings for several years - [you can find out more here](#)



## GREEN CHANGES



**Green Change 1** Cut out energy wastage (e.g. turn off lights, appliances, chargers and close windows)

**Green Change 2** Use green energy

**Green Change 3** Improve the energy efficiency of community buildings (such as lighting, heating, and water)

## ADVICE & GUIDANCE



Here are some useful hints and tips to improve energy efficiency and explore energy generation ideas...

**NEST** - Top tips for energy saving

**Energy Saving Trust** - Provides lots of information on renewable energy, insulation & energy saving hints

**National Energy Action** - Provides a checklist to assist communities in making decisions to reduce fuel costs & improve the environmental performance of community buildings and facilities.

**Centre for Sustainable Energy** - Provides various guides & case studies on improving community buildings and developing community-wide energy saving projects

**North Wales Energy Advice Centre** - a social enterprise that provides impartial advice on any energy related issues

## IDEAS to help you on your way...



**Switch to LED light bulbs** - this could reduce your carbon footprint & save £450 a year!



**Upgrade your windows** - this can reduce the amount of energy lost by 75%!



**Invest in insulation** - this can save up to 80% in heating and cooling losses!



**Replace old appliances to energy efficient appliances** - this can help reduce your energy bills in the long term!



## FUNDING & SUPPORT



Here are some possible funding sources & details where you can access further specialist support - but remember there are more sources out there too...

**LEADER** - A European funded programme aimed to assist rural communities across Wales. Contact either [Conwy Cynhalio!](#) or [Cadwyn Clwyd](#) in Denbighshire to find out more.

**Welsh Government Community Facility Programme** - a capital grant scheme for improvements to community facilities.

**Gwynnt y Môr Community Fund** - A fund is available from Gwynnt y Môr Offshore Wind Farm for communities in coastal areas of Conwy & Denbighshire.

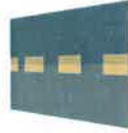


# The Transport Pledge

There are 38.2 million vehicles licensed for use on UK roads



Transport is Europe's biggest source of carbon emissions, contributing 27% to the EU's total CO2 emissions



Two thirds of all UK car journeys are under 5 miles



A brisk 25 minute walk burns approximately 1 calorie for every pound of body weight

## WHO'S ALREADY MAKING THE CHANGE?



More people are switching to electric cars - find out how Corwen has set up an electric community carshare club

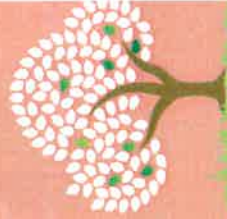
Communities in rural Conwy have benefited from an e-bike scheme which reduced car usage & resulted in positive health impacts - find out more here



## DID YOU KNOW ...

You can find a map of electric charging points at [www.zip-map.com](http://www.zip-map.com) You can use [www.traveline.cymru](http://www.traveline.cymru) to plan your journey by public transport

The **National Cycle Network** identifies 1,400 miles of safe & scenic walking and cycling routes in Wales



## GREEN CHANGES



**Green Change 4** Operate a community transport scheme

**Green Change 5** Reduce car use

**Green Change 6** Install electric car / bicycle charging points

## ADVICE & GUIDANCE



Here are some useful guides and advice...

**National Assembly for Wales** - A guide to Community Transport in Wales

**Community Transport Association Wales** - A toolkit for setting up a Community Transport service

**Wales Council for Voluntary Action** - Information & links for sustainable travel

**Living Streets Wales** - A guide to running a school route review

**Energy Savings Trust** - A guide to electric vehicles

**We are Cycling UK** - A guide to public bike share schemes

**Sustrans** - provides support and advice on active travel

## IDEAS to help you on your way...



Where possible encourage community members to use public transport & participate in active travel - for example setting up a walking bus to school



Facilitate a car sharing and / or bicycle loaning scheme with community members - why not look into e-bikes too!



Set up designated car parking spaces in your local area for people to car share



Explore the options for installing electric car charging ports in your community



## FUNDING & SUPPORT



Here are some possible funding sources & details where you can access further specialist support - but remember there are more sources out there too...

**LEADER** - A European funded programme aimed to assist rural communities across Wales. Contact either **Conwy Cynhalio** or **Cadwyn Clwyd** in Denbighshire to find out more.

**Community & Voluntary Support Conwy** and

**Denbighshire Voluntary Services Council** - provide advice on funding support.

**Workplace Charging Scheme** - a voucher-based scheme that provides support towards the up-front costs of the purchase and installation of electric vehicle chargepoints.





# The Reduce, Reuse & Recycle Pledge



Enough plastic is thrown away each year to circle the Earth

1.6 million tonnes of bulky waste items are thrown out every year in the UK - more than half of these items could be reused



£140 million worth of clothing goes in to landfill each year



Recycling 1 glass bottle saves enough energy to power a computer for...

**25 minutes**

## WHO'S ALREADY MAKING THE CHANGE?



There are a few communities in Wales who are turning the tide on plastic - [click here to find out more](#)

There are more shops across North Wales that are becoming package free - [find your local shop here](#)



To help increase recycling in rural communities in Conwy, mobile recycling centres are available - [find out more here](#)



## DID YOU KNOW ...

**Crest in Conwy and Resources**  
Recycling in Denbighshire provide recycling support services?



## GREEN CHANGES

- Green Change 7** Become a plastic-less or free community
- Green Change 8** Recycle more in your community
- Green Change 9** Recycle food related waste
- Green Change 10** Introduce / operate a local community repair or share scheme
- Green Change 11** Use local reuse charities and sign up to local Freecycle networks

## IDEAS to help you on your way...



Look at ways you can reduce single use plastic in your community - work with local shops to sign up to **Refill Wales** & become a refill station. Investigate installing water fountains too!



Reuse or sharing schemes can be used for a variety of things - such as sharing tools and even using left over paint



Look at hosting a Repair Cafe - a great way to give a new lease of life to electricals, upcycling furniture all while meeting people & learning new skills



**FOR SALE**

Look at hosting a jumble sale or shwopping event - helping to reduce unwanted clothing going to landfill



Community composting is a great way to transform unwanted garden and food waste into compost that can be used in the community

## ADVICE & GUIDANCE



Here is some useful guides and advice...

**Surfers Against Sewage** - Information to help communities become plastic free

**Brighter Futures Together** - Information & ideas to encourage recycling in your community

**WRAP** - Guidance for community recycling collection events

**Recycle for Wales** - Information & support about recycling and reuse in communities

**Social Farms & Gardens** - Community composting resource pack



## FUNDING & SUPPORT

Here are some possible funding sources & details where you can access further specialist support - but remember there are more sources out there too...

**LEADER** - A European funded programme aimed to assist rural communities across Wales. Contact either **Conwy Cynhalio** or **Cadwyn Clwyd** in Denbighshire to find out more.

**Community & Voluntary Support Conwy** and

**Denbighshire Voluntary Services Council** - provide advice on funding support.





# The Local & Ethical Produce Pledge

95% of our fruit comes from abroad



Half of our vegetables are imported



The UK imports about £6.7 billion worth of meat products & exports about £1.2 billion



The UK produces 60% of what it needs to feed itself



While only 1% of food is transported by air, it accounts for 11% in carbon emissions

## WHO'S ALREADY MAKING THE CHANGE?



Conwy and Denbighshire support & promote local producers in the area through the **NATURAL RANGES** brand



There are lots of community groups running orchards across Conwy & Denbighshire - [find out more here](#)



## DID YOU KNOW ...

You can find Welsh food & drink providers on the Food Innovation Wales website - [click here to find out more](#)

You can find where and when local farmers market are taking place - [click here to find out more](#)



## GREEN CHANGES

**Green Change 13** establishing / managing community allotments or orchards

**Green Change 14** buy & use local seasonal produce

**Green Change 15** when buying produce & products check your provider is doing their bit to be green

## ADVICE & GUIDANCE



Here is some useful guidance to community led food growing, allotments and ways to minimise waste (such as composting and recycling)...

**Welsh Government** - A guide to community growing projects and allotments

**Wales Council for Voluntary Action** - Information on community gardens projects and allotments

**Incredible Edible Network** - Has lots of ideas, advice and resources for community groups wanting to start their own growing projects

**Communities and Local Government** - How to guide to setting up your own community orchard

**Welsh Government** - Information on community benefit in procurement activities

**Conwy Council and Denbighshire Council** - The local councils are responsible for the allocation of allotments, visit their websites to find out more.

## IDEAS to help you on your way...



Buy products from certified schemes, such as FairTrade, FSC certified wood, MSC certified seafood and Farm Assured meat.



Share any spare fruit and vegetables community members might be growing by having a designated community area for drop offs & pick ups



**Community fridges** are a great way for householders & organisations to share leftover food locally, helping to build community trust and engagement, and reduce food waste at the same time!



## FUNDING & SUPPORT

Here are some possible funding sources & details where you can access further specialist support - but remember there are more sources out there too...

**National Allotment Society** - Provides information on possible funding sources

**Social Farms & Gardens** - Provides support on community growing schemes

**Orchard Network** - Provides support and information

**Share Waste** - Connecting people who wish to recycle their kitchen scraps with their neighbours





# The Environment & Nature Pledge

**1 in 14** species in Wales is at risk of disappearing altogether



It would cost UK farmers **£1.8 billion** a year to pollinate crops without bees



**40%** of the world's insect species is expected to become extinct by the end of the century

## WHO'S ALREADY MAKING THE CHANGE?

There are lots of good community green spaces projects happening across

Conwy and

Denbighshire - such as

major tree planting taking place in **Denbighshire** which will plant over 18,000 trees in the next 5 years!

Farmers & landowners in Conwy have been working with **Conwy Cynhalio!** to responsibly dispose of unwanted chemicals



## DID YOU KNOW ...

There is a **Green Flag Awards** scheme in Wales especially for communities? Find out more [here](#)



## GREEN CHANGES

### Green Change 16

Manage a community green space to benefit wildlife & encourage biodiversity

### Green Change 17

Reduce the amount of pesticides & fertilisers used in green spaces

### Green Change 18

Recycle rain water

### Green Change 19

Organise community clean up and litter picking days

## IDEAS to help you on your way...



plant bee friendly plants & sign up to be a Bee Friendly Community



cut the grass less - sign up to **No Mow Zone** & see what will grow in your grassland



provide spaces for bird and bat boxes, as well as mini ponds to encourage insects



Volunteer with local wildlife groups



plant trees



invite speakers to inform community members on environmental matters



## ADVICE & GUIDANCE

Here is some useful guidance to improve & manage green spaces for the benefit of the community & wildlife...

**North Wales Wildlife Trust** - Provides lots of 'How to' guides to make spaces more wildlife friendly.

**Wales Council for Voluntary Action** - Provides information on the **benefits of green spaces** and a guide to **Investing in Nature**.

**RSPB** - Information on pesticides and wildlife

**Llais y Goedwig** - Information on community woodlands

**Community Land Advisory Service in Wales** - supports communities to improve green spaces in their local area

**Wales Biodiversity Partnership** - provides information on pollinators

## FUNDING & SUPPORT

Here are some possible funding sources and details where you can access further specialist support...

**Green Space Wales** - Provides support & links to other organisations involved in green space management

**Keep Wales Tidy** - Their Tidy Towns initiative helps communities take charge of their environment

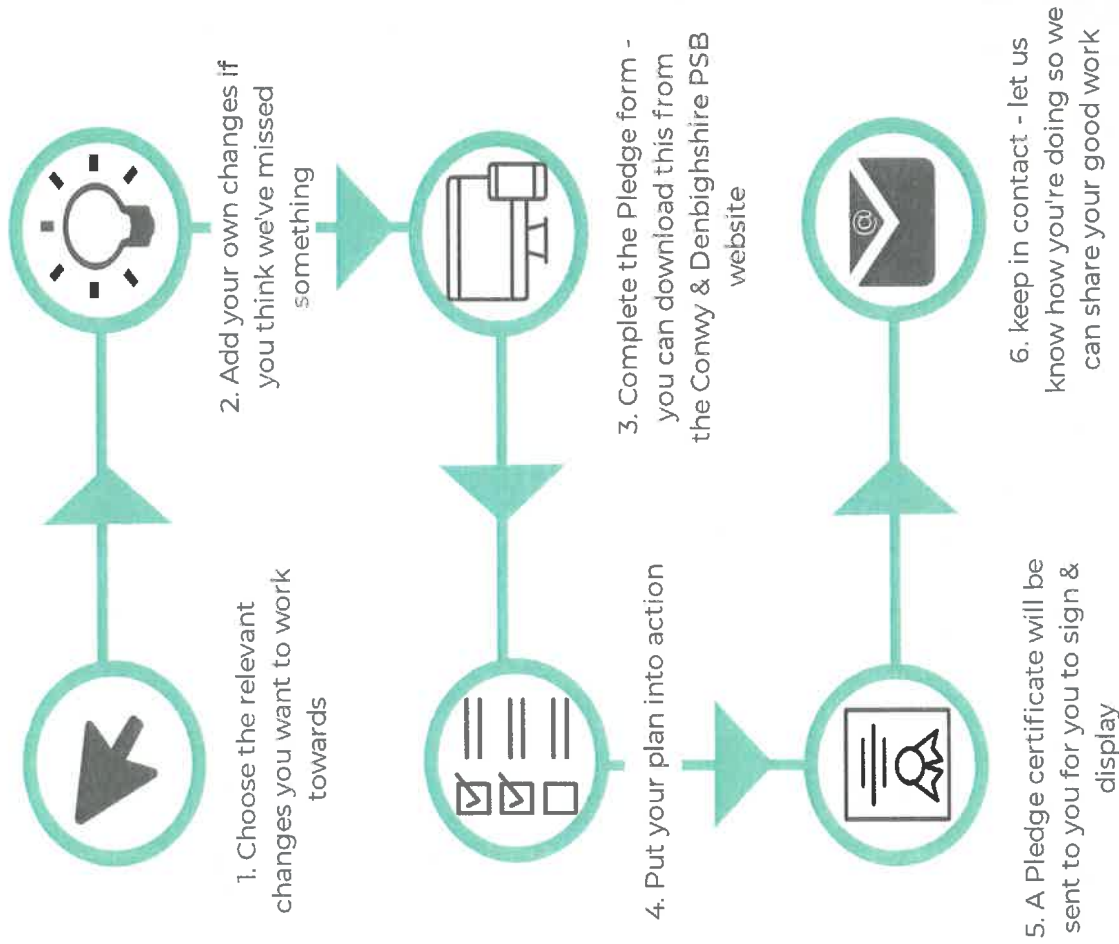
**Friends of the Earth** - Provides information & support in becoming Bee Friendly



**Big Lottery Fund** - Grants available to support communities in improving the spaces that matter to them

**Groundforce** - Supports communities to access potential funding to develop community green spaces

# Signing up is easy...



Let us know what you are achieving & we'll award you...

Platinum Community Green Pledge Status



For 13 or more changes

Gold Community Green Pledge Status



For 9 - 12 changes

Silver Community Green Pledge Status



For 5 - 8 changes

Bronze Community Green Pledge Status



For 1 - 4 changes

## Get the kids involved!

Did you know that some of these activities could help a young person get a Blue Peter green badge or go towards other schemes such as Brownie/ girl guides/ cubs/ scouts badges? It may also class a volunteer credits depending on what scheme a child is following...

Click [here](#) for more information on Blue Peter green badges

& Click [here](#) for more information on plastic free challenge badges



# Glossary of Web Links

## The Community Buildings & Facilities Pledge

[www.brocernyw.org/gwe/index.php?lng=en&\\_cmd=editSiteNav&trg=menter](http://www.brocernyw.org/gwe/index.php?lng=en&_cmd=editSiteNav&trg=menter)

[www.anafonhydro.co.uk](http://www.anafonhydro.co.uk)

[www.corwenelectricity.org.uk/the-scheme](http://www.corwenelectricity.org.uk/the-scheme)

[www.energylocal.co.uk/cyd-ynni](http://www.energylocal.co.uk/cyd-ynni)

<https://ht.global.ssl.fastly.net/documents/energy-report-2010.pdf>

[www.energysavingtrust.org.uk/home-energy-efficiency/home-appliances](http://www.energysavingtrust.org.uk/home-energy-efficiency/home-appliances)

[www.nest.gov.wales/workspace/uploads/files/top-tips-mar-18-english-5ac6174fd7fef.pdf](http://www.nest.gov.wales/workspace/uploads/files/top-tips-mar-18-english-5ac6174fd7fef.pdf)

[www.energysavingtrust.org.uk](http://www.energysavingtrust.org.uk)

[www.communityplanning.net/pub-film/pdf/EnergyEfficiencyInCommunityBuildings.pdf](http://www.communityplanning.net/pub-film/pdf/EnergyEfficiencyInCommunityBuildings.pdf)

[www.cse.org.uk/local-energy/resources](http://www.cse.org.uk/local-energy/resources)

[www.nweeac.org.uk](http://www.nweeac.org.uk)

[www.beta.gov.wales/leader](http://www.beta.gov.wales/leader)

[www.ruralconwy.org.uk/home](http://www.ruralconwy.org.uk/home)

[www.cadwyncnlwyd.co.uk](http://www.cadwyncnlwyd.co.uk)

[www.gov.wales/topics/people-and-communities/communities/community-facilities-programme](http://www.gov.wales/topics/people-and-communities/communities/community-facilities-programme)

[www.cvsc.org.uk/en/gwynt-y-mor](http://www.cvsc.org.uk/en/gwynt-y-mor)

## The Transport Pledge

[www.canolfan-ni.org/community-car-club](http://www.canolfan-ni.org/community-car-club)

[www.ruralconwy.org.uk/e-bikes/?lang=en](http://www.ruralconwy.org.uk/e-bikes/?lang=en)

[www.zap-map.com/live](http://www.zap-map.com/live)

[www.traveline.cymru](http://www.traveline.cymru)

[www.sustrans.org.uk/wales/national-cycle-network](http://www.sustrans.org.uk/wales/national-cycle-network)

[www.assembly.wales/research%20documents/16-021%20-%20community%20transport/16-021-web-final-english.pdf](http://www.assembly.wales/research%20documents/16-021%20-%20community%20transport/16-021-web-final-english.pdf)

[www.ageingwellinwales.com/Libraries/Documents/Getting-Started---A-Toolkit-for-Setting-Up-a-Community-Transport-Service.pdf](http://www.ageingwellinwales.com/Libraries/Documents/Getting-Started---A-Toolkit-for-Setting-Up-a-Community-Transport-Service.pdf)

[www.wcva.org.uk/what-we-do/invest-in-nature-cymru/tackling-climate-change/areas-of-action/sustainable-transport](http://www.wcva.org.uk/what-we-do/invest-in-nature-cymru/tackling-climate-change/areas-of-action/sustainable-transport)

<https://s3-eu-west-1.amazonaws.com/hwb-live-storage/ac1710714d128645d5bf18f9ad6ac43bd9/published.pdf>

[www.cyclinguk.org/article/guide-hire-bikes-and-public-bike-share-schemes](http://www.cyclinguk.org/article/guide-hire-bikes-and-public-bike-share-schemes)

[www.sustrans.org.uk/services](http://www.sustrans.org.uk/services)

<https://beta.gov.wales/leader>

<http://ruralconwy.org.uk/home/?lang=en>

<http://cadwynclwyd.co.uk/>

<http://cvsc.org.uk/en/fundingfunding/>

[www.dvsc.co.uk/sustainable-and-resilient-third-sec](http://www.dvsc.co.uk/sustainable-and-resilient-third-sec)

[www.gov.uk/government/publications/workplace-charging-scheme-application-form](http://www.gov.uk/government/publications/workplace-charging-scheme-application-form)

## The Reduce, Reuse & Recycle Pledge

<https://blogs.wwf.org.uk/blog/campaigns/wales/3-welsh-communities-turning-the-tide-on-plastic/>

<https://naturaler.co.uk/no-packaging-grocery-stores-uk/>

[www.conwy.gov.uk/en/Resident/Recycling-and-Waste/Recycling-banks-and-household-recycling-centres/Mobile-Recycling-Centre.aspx](http://www.conwy.gov.uk/en/Resident/Recycling-and-Waste/Recycling-banks-and-household-recycling-centres/Mobile-Recycling-Centre.aspx)

[www.crestcooperative.co.uk/about-us/](http://www.crestcooperative.co.uk/about-us/)

[www.cooptions.co.uk/our-companies/resources-recycling/](http://www.cooptions.co.uk/our-companies/resources-recycling/)

[www.sas.org.uk/get-involved/](http://www.sas.org.uk/get-involved/)

[www.brighterfuturestogether.co.uk/brighter-futures-together-toolkit/encourage-recycling-in-your-community/](http://www.brighterfuturestogether.co.uk/brighter-futures-together-toolkit/encourage-recycling-in-your-community/)

[www.wrap.org.uk/sustainable-electricals/esap/re-use-and-recycling/guidance-community-waste-electricals-collection-events](http://www.wrap.org.uk/sustainable-electricals/esap/re-use-and-recycling/guidance-community-waste-electricals-collection-events)

[www.recycleforwales.org.uk/re-use/reuse-more/your-community](http://www.recycleforwales.org.uk/re-use/reuse-more/your-community)

[www.farmgarden.org.uk/resources/community-composting-resource-pack](http://www.farmgarden.org.uk/resources/community-composting-resource-pack)

<https://refill.org.uk/>

<https://repaircafe.org/en/about/>

## The Local and Ethical Pledge

<http://www.clwydianrangeanddeevalleyaonb.org.uk/clwydian-range-food-trail/>

[http://conwyforum.co.uk/food/?fbclid=IwAP3PJ900MMev316HnGXd0cIE0XnOyYIm1HRVqlsP5\\_Qo1lrqvx7jEiGdz8](http://conwyforum.co.uk/food/?fbclid=IwAP3PJ900MMev316HnGXd0cIE0XnOyYIm1HRVqlsP5_Qo1lrqvx7jEiGdz8)

<https://ptes.org/campaigns/traditional-orchard-project/orchard-network/community-orchards/>

<http://foodinnovation.wales/directory/>

<https://www.fmiw.co.uk/>

<https://beta.gov.wales/sites/default/files/publications/2018-05/allotments-and-community-led-gardening-guidance.pdf>

<https://www.wcva.org.uk/what-we-do/invest-in-nature-cymru/ms4n/community-gardens>

<https://www.incredibleible.org.uk/what-we-do/>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/11466/1973262.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/11466/1973262.pdf)

<http://prp.gov.wales/docs/prp/socialcare/075scstratdeliveringmaximumvalueforthewelshpound.pdf>

<http://www.conwy.gov.uk/en/Resident/Leisure-sport-and-health/Allotments/Allotments.aspx>

<https://www.denbighshire.gov.uk/en/resident/community-and-living/allotments.aspx>

<https://www.hubhub.org.uk/the-community-fridge>

<https://www.nsalg.org.uk/allotment-info/funding-advice/>

[https://www.farmgarden.org.uk/your-area/wales?circle\\_op=%3C&circle%5bvalue%5d=10&circle%5bunit%5d=miles&circle%5blocation%5d=&render=overlay](https://www.farmgarden.org.uk/your-area/wales?circle_op=%3C&circle%5bvalue%5d=10&circle%5bunit%5d=miles&circle%5blocation%5d=&render=overlay)

<https://ptes.org/campaigns/traditional-orchard-project/orchard-network/info-by-region/wales-2/>

<https://sharewaste.com/>

## The Environment Pledge

[www.denbighshire.gov.uk/en/resident/news/tree-planting-events-in-rhyl-help-enhance-the-environment.aspx](http://www.denbighshire.gov.uk/en/resident/news/tree-planting-events-in-rhyl-help-enhance-the-environment.aspx)

<http://furalconwy.org.uk/free-pesticide-disposal-alwen-catchment/?lang=en>

[www.keepwalestidy.cymru/Pages/Category/greenflag](http://www.keepwalestidy.cymru/Pages/Category/greenflag)

[www.northwaleswildlifetrust.org.uk/actions](http://www.northwaleswildlifetrust.org.uk/actions)

[www.wcva.org.uk/about-us/news/2018/06/why-green-spaces-matter-to-your-community](http://www.wcva.org.uk/about-us/news/2018/06/why-green-spaces-matter-to-your-community)

[www.wcva.org.uk/media/5983258/investing\\_in\\_nature\\_guide.pdf](http://www.wcva.org.uk/media/5983258/investing_in_nature_guide.pdf)

[www.rspb.org.uk/our-work/our-positions-and-casework/our-positions/agriculture-and-land-use/farming-land-use-and-nature/pesticides-and-fertilisers/wildlife/](http://www.rspb.org.uk/our-work/our-positions-and-casework/our-positions/agriculture-and-land-use/farming-land-use-and-nature/pesticides-and-fertilisers/wildlife/)

<http://laisygoedwig.org.uk/about-community-woodlands/what-is-a-community-woodland/>

<https://wvl.communitylandadvice.org.uk/>

<http://greenspacewales.org.uk/links/>

[www.keepwalestidy.cymru/tidy-towns](http://www.keepwalestidy.cymru/tidy-towns)

[www.foe.cymru/bee-friendly-wales](http://www.foe.cymru/bee-friendly-wales)

[www.tnlcommunityfund.org.uk/funding/programmes/people-and-places-medium-grants#section-1](http://www.tnlcommunityfund.org.uk/funding/programmes/people-and-places-medium-grants#section-1)

[www.groundworknorthwales.org.uk/latest/projects/tesco-bags-of-help-grant-programme/](http://www.groundworknorthwales.org.uk/latest/projects/tesco-bags-of-help-grant-programme/)



# Conwy and Denbighshire Public Services Board – Environmental Policy Statement

## Introduction

Environment resilience is a priority area of the Conwy and Denbighshire Public Services Board (PSB) as outlined in their [Local Well-being Plan](#) for the region. This priority considers several aspects of environmental resilience, including - the need to better prepare for the impacts of climate change and to work together to prevent climate change, (such as reducing our carbon and ecological footprints).

## Why environmental resilience is a priority for us

Having a healthy and resilient natural environment is essential to deliver maximum environmental, economic, cultural and health benefits for the communities of Conwy and Denbighshire.

## If we focus on this priority now, in the future we could have

- Communities that understand and value the importance of the natural environment and the essential services it provides for society.
- A natural environment that is being managed in a sustainable way whilst wildlife and nature are flourishing.
- A natural environment that is providing the maximum benefits to our residents across the social, environmental, economic and cultural spectrum.



<b>Commitment 1</b>	To reduce our carbon and energy usage, so by 2030 we will be a carbon neutral public sector.				
<b>Lead Agency</b>	Natural Resources Wales				
<b>Lead Officer</b>	Clive Walmsley, <i>Principal Climate Change Advisor</i>				
<b>Contact Leads</b>	Betsi Cadwaladr University Health Board	Stephen Phillips, <i>tbc</i>	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council  Amanda Jones, <i>Business Improvement Manager</i>
	Denbighshire County Council	Tom Booty, <i>Energy Manager</i>	Denbighshire Voluntary & Support Council	TBC	National Probation Service  TBC
	North Wales Fire & Rescue Service	TBC	North Wales Police	TBC	Police & Crime Commissioners Office
	Public Health Wales	TBC	Welsh Government	TBC	
<b>Framework all organisations will commit to implement</b>	Welsh Government's <a href="#">Low Carbon Pathway to 2030</a> and their <a href="#">Prosperity for all: A low carbon Wales plan</a> .				
<b>Good Practice</b>	Natural Resources Wales <a href="#">Carbon Positive Project</a> and the Future Generations Commissioners <a href="#">Decarbonisation priority</a>				
<b>Key Elements</b>	Measure and monitor our energy and water consumption and carbon emissions and take steps to reduce.				Minimise the pollution of air, water and land from our own activities and seek to minimise pollution from other sources.
	Promote car sharing in an effort to minimise carbon emissions.				Reduce the amount of miles we drive.
	Install electric vehicle charging and explore options for implementing an electric vehicle fleet.				Implement alternative or renewable energy technologies, where practical, to provide additional sustainable energy for our facilities.
	Comply with all current energy legislation, seeking to meet or better legislative targets.				
<b>Accountability</b>	All lead officers will report on progress against the framework on an <a href="#">annual / 6 monthly / quarterly / monthly</a> basis to the PSB.				



Commitment 2	To reduce the amount of waste generated from our activities, so by 2050 there will be zero waste sent to landfill.				
Lead Agency	North Wales Fire & Rescue Service and North Wales Police				
Lead Officer	Anna Pretious (tbc) & Philip Morris (tbc)				
Contact Leads	Betsi Cadwaladr University Health Board	Jenny Usher-Jones, tbc	Community & Voluntary Support Conwy	TBC	Amanda Jones, Business Improvement Manager
	Denbighshire County Council	Tara Dumas, Waste & Recycling Manager	Denbighshire Voluntary & Support Council	TBC	TBC
	Natural Resource Wales	Emma Killian, TBC	Police & Crime Commissioners Office	TBC	TBC
	Welsh Government	TBC			
	Welsh Governments <a href="#">Towards Zero Waste</a> strategy (statutory targets for waste recycled: 64% by 2020, 70% by 2025 and zero waste to landfill by 2050).				
Good Practice	<a href="#">Good Practice Wales – Waste Awareness Case Studies</a>				
Key Elements	Reduce the amount of waste produced from our activities.		Improve the recycling facilities available to our staff and customers / clients / patients.		
	Actively raise awareness of environmental issues and promote the benefits of being more environmentally responsible & behaving more sustainably – including recycling.		Promote recycling and the use of recycled and refurbished products and materials where such alternatives are economical and suitable, while reducing consumption of materials wherever possible.		
	Minimise waste in all our operations and dispose of all waste through safe and responsible methods, in accordance with regulations.		Carry out a Waste Audit of our organisations.		
	Comply with all current waste legislation, seeking to meet or better legislative targets.				
Accountability	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				



Commitment 3	To enhance our green spaces, coastal areas and woodlands to encourage resilient and healthy ecosystems.				
Lead Agency	Denbighshire County Council				
Lead Officer	Joel Walley - Biodiversity Officer				
Contact Leads	Betsi Cadwaladr University Health Board	Jenny Usher-Jones, tbc	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council Amanda Jones, Business Improvement Manager
	Denbighshire Voluntary & Support Council	TBC	National Probation Service	TBC	Natural Resources Wales TBC
	North Wales Fire & Rescue Service	TBC	North Wales Police	TBC	Police & Crime Commissioners Office TBC
	Public Health Wales	TBC	Welsh Government	TBC	
Framework all organisations will commit to implement	Environment (Wales) Act 2016 – <a href="#">Section 6: Biodiversity and Resilience of Ecosystems Duty</a>				
Good Practice	<a href="#">Wales Biodiversity Partnership – Examples of Section Plans and Best Practice</a>				
Key Elements	Conserve and enhance biodiversity and habitats.			Become a Bee Friendly organisation.	
	Assess the impacts that all of our operations, functions and duties (direct and indirect) have on biodiversity.			Plant more trees and nature friendly plants to attract butterflies, insects, bees and other pollinators.	
	Meet and where possible exceed the requirements set out in the applicable biodiversity legislation and regulations.			Apply green infrastructure to make our buildings and assets more wildlife friendly.	
Accountability	Implement a Pollution Action Plan which includes no longer using pesticides and herbicides.				
	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				

<b>Commitment 4</b>	To support sustainable travel and encourage active travel within our organisations.				
<b>Lead Agency</b>	TBC				
<b>Lead Officer</b>	TBC				
<b>Contact Leads</b>	Betsi Cadwaladr University Health Board	Jenny Usher-Jones, <i>tbc</i>	Community & Voluntary Support Conwy	TBC	Denbighshire County Council
	Denbighshire Voluntary & Support Council	TBC	National Probation Service	TBC	Natural Resources Wales
	North Wales Fire & Rescue Service	TBC	North Wales Police	TBC	Police & Crime Commissioners Office
	Public Health Wales	TBC	Welsh Government	TBC	Conwy County Borough Council
<b>Framework all organisations will commit to implement</b>	<a href="#">Active Travel (Wales) Act 2013</a>				
<b>Good Practice</b>	<i>tbc</i>				
<b>Key Elements</b>	Increase levels of active travel within our organisations (e.g. walking and cycling).				
	Provide and maintain appropriate routes for active travel.				
	Provide information on public transport, walking and cycling routes and journey times.				
	Promote and invest in technologies that provide alternatives to business travel.				
<b>Accountability</b>	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				

Commitment 5	Flooding				
Lead Agency	TBC				
Lead Officer	TBC				
Contact Leads	Betsi Cadwaladr University Health Board	TBC	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council Amanda Jones, Business Improvement Manager
	Denbighshire County Council	TBC	Denbighshire Voluntary & Support Council	TBC	National Probation Service TBC
	Natural Resources Wales	TBC	North Wales Fire & Rescue Service	TBC	North Wales Police TBC
	Police & Crime Commissioners Office	TBC	Public Health Wales	TBC	Welsh Government TBC
Framework all organisations will commit to implement	Environment (Wales) Act 2016, Flood and Water Management Act 2010 and Flood Risk Regulations 2009				
Good Practice	TBC				
Key Elements	Raise awareness and engage people in the response to flood and coastal erosion risk.		Implement flood risk management plans.		
	Invest in flood alleviation and coastal defence schemes.		Discouraging inappropriate development in areas at risk from flooding or coastal erosion.		
	Reduce the number of properties at risk of flooding.		Develop natural solutions to local flooding such as Sustainable Urban Drainage (SUD's) systems are multifunctional, including provision for pollinators.		
Accountability	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				

Commitment 6	Water				
Lead Agency	TBC				
Lead Officer	TBC				
Contact Leads	Betsi Cadwaladr University Health Board	Tanya Coppack, TBC	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council Amanda Jones, Business Improvement Manager
	Denbighshire County Council	TBC	Denbighshire Voluntary & Support Council	TBC	National Probation Service TBC
	Natural Resources Wales	TBC	North Wales Fire & Rescue Service	TBC	North Wales Police TBC
	Police & Crime Commissioners Office	TBC	Public Health Wales	TBC	Welsh Government TBC
Framework all organisations will commit to implement	<a href="#">Water Strategy for Wales</a>				
Good Practice	TBC				
Key Elements	Measure and monitor our water consumption and take steps to reduce.		Increase the number of sites that record meter readings.		
	Use water efficiently, and sustainably to manage the water environment		Ensure all landholdings are compliant with environmental legislation, to reduce potential for water pollution issues.		
	Install water efficient fixtures in buildings and connect water butts to buildings/supply them to communities to conserve and utilise rainwater				
Accountability	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				



Commitment 7	Procurement				
Lead Agency	TBC				
Lead Officer	TBC				
Contact Leads	Betsi Cadwaladr University Health Board	Deborah Evans, Procurement Business Manager	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council Sarah Martin, Procurement Officer
	Denbighshire County Council	Helen Makin, Procurement Manager	Denbighshire Voluntary & Support Council	TBC	National Probation Service TBC
	Natural Resources Wales	TBC	North Wales Fire & Rescue Service	TBC	North Wales Police TBC
	Police & Crime Commissioners Office	TBC	Public Health Wales	TBC	Welsh Government TBC
Framework all organisations will commit to implement	TBC				
Good Practice	TBC				
Key Elements	Reduce any negative impacts on the environment from the purchasing of goods and services and work with suppliers to ensure they have a similar commitment.			Evaluate tender responses not only cost and quality, but also how they meet environmental and social needs.	
	All plastic products and packaging procured by the public sector to be reduced or, if unavoidable, reusable, recyclable and with recycled content where technically possible			A condition in Temporary Event Notices to only allow compostable/locally recyclable food packaging	
	Work with local suppliers and farmers to source local, healthy, sustainable food delivered to work premises.			Procure only FSC grade timber or homegrown wood from well-managed forests	
Accountability	Ensure environmental and social commitments are detailed as conditions in contracts and monitor the delivery of these.				
	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				

<b>Commitment 8</b>	Climate Change Adaption				
<b>Lead Agency</b>	TBC				
<b>Lead Officer</b>	TBC				
<b>Contact Leads</b>	Betsi Cadwaladr University Health Board	TBC	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council Amanda Jones, <i>Business Improvement Manager</i>
	Denbighshire County Council	TBC	Denbighshire Voluntary & Support Council	TBC	National Probation Service TBC
	Natural Resources Wales	TBC	North Wales Fire & Rescue Service	TBC	North Wales Police TBC
	Police & Crime Commissioners Office	TBC	Public Health Wales	TBC	Welsh Government TBC
	<a href="#">Climate Change Adaption Plan for Wales</a> (currently out to consultation)				
<b>Framework all organisations will commit to implement</b>	TBC				
<b>Good Practice</b>	TBC				
<b>Key Elements</b>	TBC				
<b>Accountability</b>	All lead officers will report on progress against the framework on an <b>annual / 6 monthly / quarterly / monthly</b> basis to the PSB.				



Commitment 9	Planning				
Lead Agency	TBC				
Lead Officer	TBC				
Contact Leads	Betsi Cadwaladr University Health Board	TBC	Community & Voluntary Support Conwy	TBC	Conwy County Borough Council James Harland, Strategic Planning Manager
	Denbighshire County Council	TBC	Denbighshire Voluntary & Support Council	TBC	National Probation Service TBC
	Natural Resources Wales	TBC	North Wales Fire & Rescue Service	TBC	North Wales Police TBC
	Police & Crime Commissioners Office	TBC	Public Health Wales	TBC	Welsh Government TBC
	Planning (Wales) Act 2015				
Framework all organisations will commit to implement	TBC				
Good Practice	Consider the impact on the environment during the planning and implementation of our growth strategies.	Ensure, where practicable, that buildings occupied by us are designed, constructed and operated to optimise their environmental performance.			
Key Elements	Through the planning process, secure significant areas of habitat management agreement as part of public open space provision and biodiversity mitigation.	All of our buildings to meet accredited sustainability standards (such as BREEAM excellence, ISO 14001).			
Accountability	All lead officers will report on progress against the framework on an annual / 6 monthly / quarterly / monthly basis to the PSB.				

## Signatures

### Betsi Cadwaladr University Health Board

Bethan Jones,  
Area Director - Central

Gary Doherty,  
Chief Executive

Iwan Davies,  
Chief Executive

Cllr Gareth Jones,  
Leader

Wendy Jones,  
Chief Executive

### Denbighshire County Council

### Denbighshire Voluntary & Support Council

### National Probation Service

Judith Greenhalgh,  
Chief Executive

Cllr Hugh Evans,  
Leader

Helen Wilkinson,  
Chief Executive

Samantha Owen,  
Conwy Team Manager

### Natural Resources Wales

### North Wales Fire & Rescue Service

### North Wales Police

Sian Williams,  
Head of Operations - North

Simon Smith,  
Chief Fire Officer

Jason Devonport,  
Superintendent

### Police & Crime Commissioners Office

### Public Health Wales

### Welsh Government

Stephen Hughes,  
Chief Executive

Teresa Owen,  
Executive Director of Public Health

Sioned Rees,  
Head of Escalation

## Appendix A – Local Measures


PSB Member Organisation	Local Measures
Betsi Cadwaladr University Health Board	
Conwy County Borough Council	Carbon & Energy
	Waste
	Biodiversity, Green Space
	Sustainable & Active Travel
	Flooding
	Water
	Procurement
	Climate Change Adaptation
	Planning
Community & Voluntary Support Conwy	
Denbighshire County Council	
Denbighshire Voluntary & Support Council	
National Probation Service	
Natural Resources Wales	
North Wales Fire & Rescue Service	
North Wales Police	

**Police & Crime Commissioners Office**

**Public Health Wales**

**Welsh Government**



<b>Strategy, Partnerships and Population Health Committee</b>	 <b>GIG CYMRU NHS WALES</b>   Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <b>To improve health and provide excellent care</b>
<b>3.9.19</b>	

<b>Report Title:</b>	North Wales Regional Partnership Board update
<b>Report Author:</b>	Sally Baxter, Assistant Director – Health Strategy
<b>Responsible Director:</b>	Mark Wilkinson, Director of Planning and Performance / Teresa Owen, Director of Public Health
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>To provide an update on progress within the RPB partnership work programme. The draft minutes of the meeting of 7 June are attached. Key points to note:</p> <ul style="list-style-type: none"> <li>• Item 4 - publication of the NWRPB annual report (also attached)</li> <li>• Item 5 – WCVA presentation and discussion of third sector roles and support</li> <li>• Item 6 - progress in relation to the establishment of pooled budgets</li> </ul>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The report is being brought for information.
<b>Governance issues / risks:</b>	The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.
<b>Financial Implications:</b>	Financial implications are identified within each specific workstream.
<b>Recommendation:</b>	SPPH are asked to receive the update.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in	✓	3. Involving those with an interest and	✓



life		seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
Equality Impact Assessment will be undertaken as the strategy develops.			

*Disclosure:**Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Board/Committee Coversheet v10.0



## Notes of the North Wales Regional Partnership Board Meeting

**7<sup>th</sup> June 2019**

**9:00 am – 12:30 pm**

**Optic, St Asaph**

<b>Present:</b>	Teresa Owen (Chair), Alwyn Jones, Charlotte Walton, Cllr Bobby Feeley, Cllr Christine Jones, Cllr Joan Lowe (JLo), Cllr Dafydd Meurig (attended until 12:00 pm), Dave Worrall, Jennie Lewis (JLe), Kate Devonport (attending for Jenny Williams), Kevin Roberts, Llinos Medi Huws (attended until 10:00 am), Roma Hooper (in attendance for Lynda Colwell), Mary Wimbury (MWim), Neil Ayling, Nicola Stubbins, Sacha Hatchett, Shan Lloyd Williams, Wendy Jones. Maria Bell (attending for Bethan Jones Edwards)
<b>Apologies:</b>	Bethan Jones Edwards, Morwena Edwards, Chris Stockport, Cllr Liz Roberts, Estelle Hitchon, Ffion Johnstone, Jenny Williams, Judith Greenhalgh, Lynda Colwell, Marian Wyn Jones, Peter Williams, Lesley Singleton, Richard Weigh, Rob Smith, Mark Wilkinson (MWil), Bethan E Jones, Clare Budden, Bethan Jones.
<b>In Attendance:</b>	Jo Taylor, FCC Service Manager, Disability, Progression and Recovery (for agenda item 6) Alan Hughes, North Wales WCCIS Programme Manager (for agenda item 7)

<b>Item</b>		<b>Actions</b>
<b>1.</b>	<p><u>Welcome, introductions and apologies</u></p> <p>The chair extended a warm welcome to everyone. Introductions were made and apologies noted as above. A warm welcome was extended to Sacha Hatchett, Assistant Chief Constable from the North Wales Police, replacing Neill Anderson.</p>	
<b>2.</b>	<p><u>Notes and actions of last meetings</u></p> <p>Minutes of meeting 10<sup>th</sup> May were accepted as a true record.</p> <p>Completed actions:</p> <ul style="list-style-type: none"> <li>• NWRLB presentation circulated to NWRPB members.</li> <li>• Links to the NWEAB Growth Deal and Growth Vision circulated to NWRPB members</li> <li>• The deadline for additions to the Annual Report deadline has now passed.</li> <li>• Vice-chair discussions are on today's agenda.</li> </ul> <p>Outstanding actions:</p> <ul style="list-style-type: none"> <li>• Names of LA officers involved in Social Value as part of their role – this has been part completed, with a few names outstanding.</li> <li>• Iwan Trefor Jones to provide information on the established team within Denbighshire looking at fibre connectivity in the region.</li> <li>• ICF will be on the July NWRPB agenda.</li> </ul>	<p>RW to chase</p> <p>RW to chase. July Agenda – RW</p>

	TO confirmed MWim's request on the settlement of CHC within BCU is progressing.	
3.	<p><u>Update from the Cross Sector CEO meeting 31.05.2019</u></p> <p>TO reported on attending the Cross Sector CEO meeting with BJE to report on the North Wales governance review, the position statement and the work of the RPB for the last 6 months. This was a positive meeting with CEO's giving recognition to significant work being delivered across the region. However, further information on the medium to long term future vision of the RPB has been requested, and TO and BJE will be invited again in 6 months' time to provide this update.</p> <p>TO reported on an invitation from the Deputy Minister to meet with all 7 of Wales' RPB chairs and regional leads 3.07.2019. TO will attend with BJE and provide feedback at the next meeting in July.</p> <p><u>WG Grant to support RPB work</u></p> <p>TO informed of a grant offer letter received from WG, £60K per annum for two years, to support the wider performance and evaluation function of the RPB. TO in her capacity of chair will sign on behalf of the NWRPB and BJE will forward to WG.</p>	<p>TO and BJE to report back following the meeting.</p> <p>Agenda July - RW</p> <p>TO to sign WG grant offer letter and BJE will forward to WG</p>
4.	<p><u>NWRPB Annual Report</u></p> <p>The final draft plan is being presented today with opportunities to make final changes and amendments.</p> <p>TO reported delayed BCUIHB comments will be included in the report. The final draft will be translated and forwarded to WG by the end of June. The report, once completed, will also be available on the Regional Collaboration website, giving agencies access to information on all the work completed by the NWRPB in the last year.</p> <p>Cllr DM, noted, that as a recently appointed board member, he considered the report to be a valuable document, informing of the broad work of the NWRPB, whilst DW added that the report explained succinctly the work of the board, and will be useful for the Third Sector.</p> <p>Cllr LIMH informed that the report will be presented through Scrutiny in the IACC, being a report for LA's as well as the general public.</p> <p>No further comments were put forward and the draft report was endorsed by the Board. The completed final annual report will be:</p> <ol style="list-style-type: none"> <li>1. Forwarded to WG by the end of June</li> <li>2. Circulated to each LA, to circulate to LA members.</li> <li>3. Presented to the Cross Sector CEO's.</li> </ol>	<p>BCU translated comments to be included – TO</p> <p>Final report to be circulated to each partner to circulate.</p> <p>TO contact BJE to sign off report</p>
5.	<p><u>Wales Council for Voluntary Action</u></p> <p>Firstly, TO reported on a recent productive meeting held with BJE and Third Sector representatives, DW and LC to discuss the Third Sector representation on the NWRPB and the way forward to ensure the Third Sector contribution continues to develop positively as part of the regional discussion in this arena.</p>	

	<p>DW reported on the key findings report from Dr Sally Rees (Delivering Transformation Grant Project Officer, Wales Council for Voluntary Action), following interviews with each RPB chair, Third Sector RPB members and a few regional leads in Wales. The following findings were highlighted:</p> <ul style="list-style-type: none"> <li>• The difference between RPB's across Wales; including the variation in the Terms of Reference for each region.</li> <li>• The substantial footprint in North Wales (6 LA's and one HB), and the increasing number of members on the board being a significant challenge for effective Board discussions.</li> <li>• A generic theme was the volume of board papers received prior to each meeting.</li> <li>• In Ceredigion, the Third Sector representative also sits on the Leadership Group.</li> </ul> <p>The overall conclusion, albeit 2 years in, is that RPB's are still very new and evolving.</p> <p>DW noted his disappointment that WCVA are withdrawing the support for the Third Sector RPB member peer workshop as he sees the value for continued support for the Third Sector.</p> <p>MWim stressed the importance of having different voices around the table, rather than solely specific sector voices, as the role of the NWRPB was to provide collective leadership.</p> <p>BF added the NWRPB still feels quite LA focussed and suggested development sessions to ensure all sectors/voices are heard.</p> <p>TO thanked DW for the update and noted the findings and suggested a follow-on meeting to be arranged with the Third Sector and WJ in 3 months' time for a "next-step" discussion.</p>	<p>RW to arrange meeting in September.</p>
<p>6.</p>	<p><u>Update on the regional response on the Consultation on the Code of Practice on the delivery of Autism Service</u></p> <p>The board received an update from Jo Taylor on the development of the Code of Practice on the Delivery of Autism Services.</p> <p>JT reported that an Autism Bill was put forward, debated and subsequently rejected in early 2019 in favour of a Code of Practice (CoP) incorporating requirements on Health Boards and Local Authorities. The key part of the CoP will raise awareness of individuals' rights and entitlements, focussing on:</p> <ul style="list-style-type: none"> <li>• Assessment and diagnosis</li> <li>• Arrangements for care and support</li> <li>• Awareness raising and training</li> <li>• Planning, Monitoring and Stakeholder involvement</li> </ul> <p>The consultation, closed on 1.3.2019 with 65 written responses received. The completed consultation report will be published in due course. There are further consultations/events taking place and the intention is to have a draft Code of Practice by December 2019, to be published by December 2020.</p>	



	<p>JO enquired on the status of the NWRPB Autism Champion. It was noted that this was discussed by the NWRPB in September 2018, and LA's were requested to identify champions already.</p> <p>JT confirmed the final consultation report, once drafted will need to be considered in terms of expectations/requirements by NWRPB members, and hopes there will be an opportunity to have further discussion in the future.</p> <p>JLe queried the waiting times for assessment and diagnosis (Adults). JT confirmed the maximum time of 26 weeks for assessment. However the Integrated Autism Service (IAS) have inherited historic patients and are aiming towards reducing the current waiting time to 26 weeks. NS stated children are assessed through the neurological development service and provided figures shared at the May meeting of the Children's Transformation Programme, detailing significant waiting times.</p> <p>JT confirmed that a maximum waiting time will be produced in the CoP for assessment for a diagnoses and monitored through WG.</p> <p>The provision of care services in the community was also discussed.</p> <p>TO thanked JT for the concise report and suggested :</p> <ol style="list-style-type: none"> <li>1. A potential future training session to assist further when the draft report has been completed.</li> <li>2. Proposed future agenda item / workshop session to discuss performance and impact of Code when further details are available.</li> </ol>	<p>JT to advise RW on timescale to bring back to the NWRPB.</p>
7.	<p><u>Welsh Community Care Information System (WCCIS) Regional update</u></p> <p>The board received an update from Alan Hughes on the national and regional work activities of WCCIS.</p> <p>National update:</p> <ul style="list-style-type: none"> <li>• A revised governance structure has been approved by the national leadership group.</li> <li>• Work is underway with the supplier CareWorks - on identifying fixes to defects and how these will be delivered – a key requirement for BCUHB.</li> <li>• Swansea, PARIS user, are planning to implement in January 2020.</li> <li>• ABUHB has issued a delay notice due to the software not providing the interfaces with primary care, as required.</li> </ul> <p>Regional update:</p> <ul style="list-style-type: none"> <li>• BJ has been appointed as chair of the NW WCCIS Regional Programme Board. The following priority areas have been identified: <ul style="list-style-type: none"> <li>- Reviewing the ToR and membership</li> <li>- Align WCCIS to CCTH</li> </ul> </li> <li>• Plans are taking place to identify discreet areas to test out WCCIS, utilising agreed ICF funding within CRT's. This will be seen as a starting point and the blueprint will then be applied to other areas.</li> </ul> <p>A prototype will be trailed in the next 12 months in the West, who are already live on WCCIS, and DCC, FCC and WCBC will also be involved with this work.</p>	<p>AH to provide update again Nov/Dec 19 - RW</p>

	<p>Members stressed the significance of the Transformation Programme across North Wales and the important role of WCCIS within the four programmes.</p> <p>RH informed voluntary sector staff working in MDT teams have their own record of data, creating duplication across agencies. AH confirmed this issue is acknowledged by partner agencies and a single data entry system is being considered. The biggest barrier to overcome are technical issues, networks as well as policies.</p> <p>MWim reported from a provider issue perspective of the risk of unnecessary hospital re-admission due to delayed patient information on discharge. AH confirmed this is being discussed widely.</p> <p>Cllr BF enquired on the outcome for those partners who have no formal plans to sign up to WCCIS, due to time and staff limitations, and cost implications.</p> <p>AH confirmed WCCIS is not mandatory and discussions will continue in the next phase. AH noted the current licence costs for LA are in line with existing systems.</p> <p>TO thanked AH for the update and noted the continued progress. A further update will be provided in the Autumn 2019.</p>	
8.	<p><u>Pooled Budgets</u></p> <p>The board received an update from NS on regional pooled budgets.</p> <p>TO took the opportunity to thank DCC S151 officer Richard Weigh for all the work completed on the non-risk sharing Pooled Budget for Care Home provision across the region, and wished him well in his new role.</p> <p>Following the consultation and the changes to the Part 9 Statutory Guidance, finance officers across the region have agreed to follow the Cardiff &amp; Vale Pooled budget model, based on the estimated spend for the forthcoming quarter and full-year estimated spend.</p> <p>It has been agreed DCC will host the pool and the NWRLB have agreed that officers in the region can proceed to the next stage of transferring funds and develop a Section 33 agreement, to be signed by each of the partners. Once the Section 33 agreement has been finalised each partner will be responsible for taking this through their political process and timelines will be provided at the next update.</p> <p>MWim raised concern as the non-risk model pooled budgets has facilitated regular payments to care homes, and wished this to be considered as changes and progress is made. NS confirmed the revised model does not make any predcural changes to payments to care homes, and there are no plans to change payment processes that are in place at the current time.</p> <p>The NWRPB were in agreement to note the report, with a further update to be provided in the future.</p>	<p>LAs &amp; BCUHB take S33 document through their own political process.</p>

9.	<p><u>North Wales Engagement Report</u></p> <p>The board received an update from MB on the North Wales Engagement Report.</p> <p>A review of engagement activity in NW was undertaken as a requirement of Social Care Wales' Regional Facilitation Grant. The report summarises a range of ways that individuals and carers can have their say about care and support services in North Wales. The report is published on the Regional Collaboration website and was well received, by Social Care Wales.</p> <p>TO welcomed the document and thanked everyone who had been involved in the creation of this document.</p> <p>SH, on behalf of NWP, confirmed the report will be circulated to Area Inspectors for NWP engagement perspective discussion and cross over opportunities.</p> <p>Members pointed out it would be useful to build on this report next year and ensure everyone is involved in the creation of the document. The chair thanked Sarah Bartlett for this useful piece of work and the NWRPB were in agreement to note the document.</p>	
10.	<p><u>Carer Remuneration report</u></p> <p><u>Carer Remuneration Report</u></p> <p>The Board received an update from MB on the options appraisal for remuneration of NWRPB Service User and Carer members which had been commissioned by the Leadership Group (LG). The options for consideration were:</p> <ol style="list-style-type: none"> <li>1) Do nothing</li> <li>2) Financial remuneration based on a TIDE proposal for remunerating Carers</li> <li>3) Payment of Allowance linked to remuneration of voting co-optees of Local Authority Committees</li> <li>4) Remuneration via a time credit – time-banking scheme</li> </ol> <p>Consideration had been given to a range of factors including other similar schemes, impacts on tax and National Insurance. Advice had also been sought from the Co-Production Network and from the WG Partnership &amp; Integration scheme.</p> <p>The recommendation from the LG was to consider Option 4.</p> <p>The discussion commenced with JLe noting that she appreciated that the NWRPB were looking at the issue. (Members noted that this issue was long standing).JLe high-lighted however, that carer representatives had not been involved or consulted upon in this process.</p> <p>WJ reflected on whether sufficient consideration had been given to all the options, and noted that Option 4 appeared to be tokenistic, and she could not support the recommendation, whilst DW noted his disappointment that a co-production approach had not been utilised here, and going forward the NWRPB could improve on this. Similarly, Cllr DM</p>	

	<p>felt that engagement with carer representation on the NRWPB would be helpful and that the paper should be reviewed with carer representation input.</p> <p>TO acknowledged the comments and in order to progress the work, suggested that the NRWPB could trial the time-banking option with a view to a review in the future.</p> <p>JLe reflected on the equity issues within this approach and wanted to record, on behalf of carers (rather than as an individual), that carers may not have the time to undertake the activities on offer through a time-banking scheme, given their caring commitments.</p> <p>NS, as a member of the LG, confirmed that consideration had been given to all options, and reflected on the various opportunity costs for all the members attending the NRWPB. NS also confirmed there was no funding available for any of the options as currently set out, however all the LAs and HB were committed to finding the funds for Option 4 as a step forward to address the issue. AJ reflected that a pragmatic approach had been taken given that time-banking is being used in certain sectors, but noted it may not be a suitable approach for everyone.</p> <p>JLe noted the option to do nothing, and reflected on the challenges for her (or any other carer) in her voluntary role, to contribute to the NRWPB as fully as she would wish, given the time requirements.</p> <p>Consensus could not be reached on any of the 4 options. TO summarised that a conversation/discussion was needed with the Carers sector, so that a new paper could be submitted to the NRWPB to enable perspectives to be captured fully, including from those NRWPB members who were not in attendance at the meeting on the day.</p> <p>The Board agreed that the LG be asked to consider the paper again, and for the views of the Carer representatives to be captured and considered.</p> <p>TO thanked the members for their frank and constructive comments on what has been and is a long-standing issue for the NRWPB.</p>	TO and BJE to discuss
11.	<p><u>Process for Nominating and Agreeing Vice Chair of the NRWPNB</u></p> <p>TO noted the need for a vice-chair to be agreed as per Terms of Reference. (ToR). As stated in the ToR, members of the RPB will elect a Vice-Chair from within its membership whether this member is a required member or co-opted. TO requested nominations from the non-statutory/other group. This element was queried, but members highlighted that the Chair and Vice-Chair cannot represent the same organisation and will rotate across the sectors – LA, BCUHB and Non-Statutory (in that order)</p> <p>Non-Statutory members are requested to self-nominate or nominate members (with their agreement) for the Vice-chair position by Tuesday 9<sup>th</sup> July. The nominations are to be forwarded to the NRWPB chair and the Head of Regional Collaboration via e-mail.</p>	<p>Nominations forwarded to the Chair and Head of RC by 9.7.19</p> <p>Agenda – July - RW</p> <p>July agenda- RW</p>



	<p>The Vice-Chair nominating and agreeing process will be discussed further at the next NWRPB, and actioned depending on the numbers of nominations received i.e. if there is only one nomination, this will be announced by the Chair. If there are a number of nominations, a ballot will take place with the results announced at the end of the meeting.</p> <p>The NWRPB Terms of Reference will also need to be reviewed and updated with a discussion at the July meeting.</p>	
12.	<p><u>Any Other Business</u></p> <p>Healthy Wales Anniversary. To mark a year on from the launch of A Healthier Wales WG have organised a week-long focus (9 – 14 June) on achievements to-date and whole system progress.</p> <p><u>Research, Innovation and Improvement Hub proposal (R,I&amp;I)</u> TO reported that the R,I&amp;I proposal has been approved by WG. The Job Descriptions have been agreed, and will be circulated once the WG grant offer letter has been received.</p> <p><u>Membership changes</u> TO also noted the changes within CCBC Cabinet positions and the kind words received from Cllr Liz Roberts conveying her thanks to the RPB, and acknowledging the commitment to the partnership agenda.</p>	TO to acknowledge message obo NWRPB
13.	<p><u>Future Events:</u></p> <p><u>The following were noted for information:</u>  <u>13.06.2019 – Webinar re ICF at Glasdir, Llanrwst</u>          These events have been postponed with new dates arranged:          Webinar 1: Cardiff: 8 July 2019, 18:00-19:30          Webinar 2: Llanrwst: 17 July 2019, 18:00-19:30          NWRPB members were informed that individuals will need to re-register for the new dates on: <a href="https://tinyurl.com/y62cq7d7">https://tinyurl.com/y62cq7d7</a> or email: <a href="mailto:sara.woollatt@audit.wales">sara.woollatt@audit.wales</a></p> <p><u>19.06.2019 – Cross Sector Event – Early Help and Enhanced Support, Cardiff</u></p> <p><u>25.06.2019 – RCN Wales Symposium event</u></p> <p><u>27.06.2019 – CYP Transformation Workshop</u> (facilitated by IPC Oxford Brookes)</p> <p><u>10.07.2019 – H &amp; SC Leadership Group meeting</u>          An event to reflect on what's been achieved a year on since the launch of A Healthier Wales has been arranged by WG in Venue Cymru, Llandudno, North Wales. 8 representatives are invited to attend from NWRPB. 6 representatives currently attending:</p> <ul style="list-style-type: none"> <li>• Bethan Jones Edwards</li> <li>• Teresa Owen</li> <li>• Cllr Bobby Feeley</li> <li>• Charlotte Walton</li> <li>• Cllr Joan Lowe</li> <li>• Jenny Williams</li> </ul>	<p>Forward new invite to the NWRPB</p> <p>Additional nominations to RW.</p>

	<u>Sustainable Social Services Third Sector Grant 2020 – 2023</u>	
	Phase 2 of the above grant is now open until Monday 2 <sup>nd</sup> September 2019.	



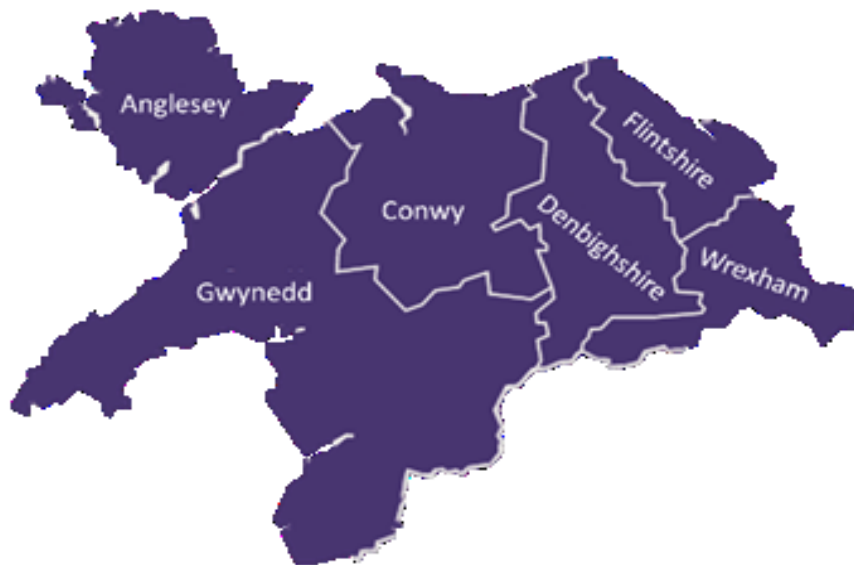


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**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Regional Partnership Board

## Annual Report 2018/19



This report has been produced to meet the requirements set out by the Welsh Government in the Social Services and Well-Being (Wales) Act 2014

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## 1. Foreword by the North Wales Regional Partnership Board (NWRPB)

*Councillor Gareth Roberts, Chair, Lead Member, Gwynedd Council:*



“As Chair of the NWRPB during 2018-19 I have continued to be extremely pleased with the progress that the Board has continued to make during the year. We have successfully completed significant areas of work and these are now being delivered through our sub-regional delivery structure. I was delighted during the summer of 2018 that members of the NWRPB worked diligently to develop and agree its plan for the delivery of A Healthier Wales. This was a significant piece of work and will shape the development of integrated health and social care services within the region for years to come. Having also secured transformation grant funding to support the delivery of our plan, this is enabling us to commence the delivery at a pace, building on the strong foundations that we have developed and that have proved to be successful over the previous few years.

As well as our plan for the delivery of A Healthier Wales, the NWRPB is continuing to deliver on the broader requirements within Part 9 of the Social Services and Well-Being (Wales) Act 2014. In our efforts not to lose sight of what is important to our population, we continue to seek the views of citizens through our citizen panel arrangement and we have also increased our carer and service user representation seats on the Board. We have also welcomed 2 Housing Association representatives onto the Board. My term as Chair terminated at the end of March 2019 and I would again wish to extend my thanks to the NWRPB members for their commitment and dedication to the NWRPB and its work. Also, I would like to sincerely thank the Regional Collaboration Team and particularly Bethan Jones Edwards, Head of Regional Collaboration for their dedication and work in ensuring that the Business of the NWRPB is managed in a timely, efficient and professional manner. Lastly, I would like to wish Teresa Owen, Executive Director of Public Health all the very best as she takes on the Chair of the NWRPB for the next 2 years.”

## 2. Highlights and achievements within the year

Local Authority representatives who sit on the NWRPB have acknowledged that the Board has evolved significantly since its inception and this now enables mature discussions and debates to take place. Members feel that the Board “*is developing as a team*” within what is “*a challenging environment*”. Many Board members have noted that having “*an agreed vision and purpose*” and the benefit of having clear direction from the Chair and the Head of Regional Collaboration has been a significant factor to the progress of the Board over the last year.

A number of Social Services Directors have taken a lead role in the development of a range of regional work areas and chair various sub-groups of the NWRPB and maintain their full commitment to joint working to deliver on a challenging agenda of transformation of health and social care services. In addition Directors and Lead Members have ensured that NWRPB matters that need political agreement within individual organisations are taken through the relevant local governance arrangements for agreement and thereafter ensure that their individual organisations are fully engaged in the delivery of these regional strategies on a local level and within their individual organisations.

During 2018/19 the Health Board reviewed and strengthened its representation at the NWRPB recognising it is pivotal in ensuring the delivery of A Healthier Wales. The representatives are now the Vice Chair of the Health Board; 3 Executive Directors and 3 Area Directors. The Executive Director of Public Health stepped into the role of NWRPB Vice Chair during 2018/19 and will take on the role of Chair in 2019/20. Health Board representatives are fully engaged with the Leadership Group and support the groups and sub-groups of the NWRPB to ensure joint working is optimised as health and social care services are becoming more integrated and seamless. The Health Board has also noted that it values the partnership space that the NWRPB enables and value the frank discussions with all partners as we all work towards shared improvement goals.

During the last year members of the NWRPB noted the following areas of work as having been successful completed on a regional level:

- Completion of the Regional Area Plan
- Development and agreement of a Regional Learning Disabilities Strategy
- Development and agreement of a Regional Carer's Strategy
- Regional Workforce Strategy
- Market position statement for Care Homes
- Market position statement for Children Services
- Regional Integration Agreement
- Pooled budget arrangements for Care Home Accommodation
- Review of Integrated Family Support Services
- Regional tender for Domiciliary Care Services
- Regional plan for the delivery of A Healthier Wales
- 4 bids to the Regional Transformation Fund
- Proposal for establishment of a Research, Innovation and Information Hub
- ICF investment plans and grant management
- Regional engagement report.

The Institute of Public Care undertook a governance review for the region after being commissioned by the public sector Leaders and Chief Executives in North Wales. This commission sought to review the current regional governance across the region as it has been recognised that the transformation of health and social

care services is a significant area of work, described by many as being as important as the economic ambition work within the region. The outcome of the review recommended that the NWRPB should formally report to the North Wales Regional Leadership Board within the region on a regular basis. The NWRLB also nominated Judith Greenhalgh, Denbighshire County Council's Chief Executive to sit on the NWRPB.

From a citizen and carer perspective the NWRPB has increased its membership to 2 seats each and this increase reflects the value that members of the Board find from having strong contributions from individuals who receive services and from carers. The NWRPB uses a process of asking for Expressions of Interest to seek its members. The NWRPB remains open to accepting Expressions of Interest from individuals who use services. The term for these seats is for 2 years and to date, our representatives have been keen to sit on a range of sub-groups of the NWRPB such as the Carer's Reference Group, Learning Disabilities Transformation Group, Together for Mental Health Partnership etc. The carer representatives on the NWRPB have welcomed the opportunity to influence and shape services for the future through their membership on the NWRPB. We continue to have a Regional Citizen Panel and in addition to views of members on the Board we do draw citizen views via this panel to inform the work of the NWRPB.

The NWRPB also invited 2 Housing Association members to sit on the Board ahead of this being a requirement within the Act. We are fortunate that the CEO of ClwydAlyn and CEO of Grŵp Cynefin are now members of the NWRPB.

The term of our original third sector representatives on the NWRPB came to an end last Autumn and we undertook an Expressions of Interest process to select our current representatives. We were delighted as a Board that David Worrall from the Red Cross and Lynda Colwell of Care and Repair were appointed as third sector representatives and we were fortunate to be able to appoint a deputy for them who is Roma Hooper of Action for Children.

Both third sector representatives feel that they are beginning to better understand the role of the RPB and in particular how they as a sector are involved in the Board and its decisions however, would like to be more involved in co-production of new services. It has been recognised for some time now the challenge it is for third sector, individual and carer representatives on the NWRPB to represent the wider sector and we have undertaken an exercise within the region to look at how we are engaging on a wider basis, this will be referenced later on in this report. We also note the content and recommendations within the WVCA report on this matter and look forward to working with the Welsh Government to move forward the recommendations made.



During the year the NWRPB welcomed Huw Irranca-Davies, the previous Minister for Children and Social care to its meeting on 5<sup>th</sup> July 2018. Board members were able to provide the Minister with an update on the work that was being progressed by the NWRPB and have an open dialogue about the future direction of travel for the Board.

### 3. Role, purpose and membership of the North Wales Regional Partnership Board

*This section of the Annual Report sets out how the NWRPB has operated in the last year, including engaging with service recipients, citizens and outlines the programme and project management arrangements in place; and also includes the purpose, role, key priorities and membership of the NWRPB.*

The NWRPB continues to meet on a monthly basis and is now holding a mix of business meetings along with development sessions and the Board has very recently updated its vision statement –

#### ***Together improving the health and well-being of people and communities***

The NWRPB agreed its Guiding Principles in November 2016 and these remain fit for purpose:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities)
- People are enabled to use their confidence and skills to live independently, supported by a range of high quality community based options
- Embedded co-production in decision making so that citizens and their communities shape services
- We recognise the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

#### 3.1 The NWRPB's Terms of Reference is reviewed annually however, the core role of the Board remains the same and is to:

- Ensure that there is an agreed shared vision and a clear direction of travel for service development and integration of health, care and well-being
- Ensure that there are shared plans and strategies in place (supported by appropriate business cases) for delivering on the vision
- Ensure that the strategic plans are evaluated and reviewed against agreed and understood outcomes and performance indicators
- Lead a strategic approach to communicating and publicising the direction of travel and the progress made
- Ensure that the principles of the Board are upheld
- Maintain an effective overview of the resources allocated
- Report to the Regional Leadership Board on progress, key issues and exceptions, escalating any barriers to progress within the NWRPB for resolution

- Ensure that an annual report on progress is prepared and delivered as required by the Welsh Government.

The membership of the NWRPB (as at end of March 2019) is attached in Appendix 1.

The NWRPB's business and the business of the regional sub-groups is managed by the Head of Regional Collaboration and members of the North Wales Regional Collaboration Team.

#### **4. Requirements under the Social Services and Well-Being (Wales) Act 2014 and NWRPB Strategic Direction**

*This section sets out what the key objectives of the Board have been in the last year.*

The requirements for the Regional Partnership Boards is set out in the Part 9 Statutory Guidance (Partnership Arrangements); this annual report also includes the specific elements required by Welsh Government to be included in its Annual report.

In line with the requirements of the Act, during 2018/19 the NWRPB continued to develop its approaches to integrated services for the following priority areas:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness.

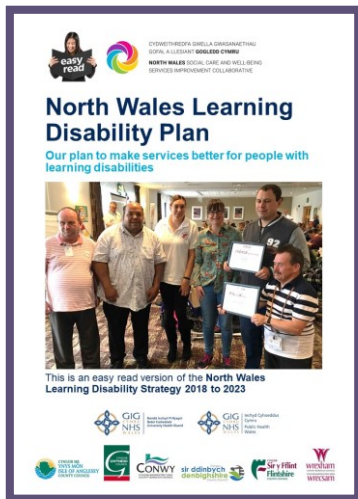
##### **North Wales Area Plan**

The Area Plan sets out the priority areas for integration of services between health and social care and this sets out the direction of travel for the Board. The Area Plan sets out how the region will address the priority areas identified in the Population Needs Assessment. This work remains the golden thread to specific areas of work within the region.

##### **Older People with complex needs and long term conditions, including dementia**

As a region, by utilising the Integrated Care Fund (ICF), we have been able to develop a range of integrated services for Older People. This includes the development of Community Resource Teams; falls prevention programmes; step up and step down facilities to stop hospital admissions and facilitate earlier discharges; various services to support people with dementia and their families such as developing dementia support teams to provide flexible outreach support. Specifically, we are supporting a range of initiatives to support the implementation of the National Dementia Action Plan. We have also commenced work to develop a partnership regional dementia strategy. This strategy will be completed during 2019/20.





## North Wales Learning Disability Strategy

The Regional Partnership Board has approved an integrated North Wales Learning Disability Strategy. The strategy was written in partnership with health and social care and co-produced with people with learning disabilities. Over 300 people took part in the consultation and information about it reached many more. We worked closely with the North Wales Participation Group which includes representatives from each of the self-advocacy groups in North Wales to write the strategy and produce an Easy Read version.

The vision of the strategy is that people with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control. It focuses on the areas that people said matter to them: having a good place to live, having something meaningful to do, friends, family and relationships, being safe, being healthy and having the right support. Within each of these areas we include: the needs of people with profound and multiple learning disabilities; and, support through changes in life from early years to ageing well, including the needs of older carers and the transition from children's to adult's services.

To achieve our vision and provide services based on what matters to people we have planned five work packages and secured funding from the transformation programme to deliver them. This includes looking at integrated structures, workforce development, commissioning and procurement, community and culture change and assistive technology.

## North Wales Carer's Strategy



The NWRPB is also delighted to have worked on developing a regional strategy for carers. This strategy development has been co-produced with carers, carer's organisations and partners. The strategy sought to understand the experiences of carers and use these to influence changes in service provision and attitudes. Through the development of the strategy we have agreed the following core standards:

- Carers and the essential role that they play are identified at first contact or as soon as possible thereafter
- Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies take place
- Staff are 'carer aware' and trained in carer engagement strategies
- Staff need to be aware of and welcome the valuable contribution that carers can make and be mindful of carers' own needs. Staff need knowledge, training and support to become carer aware

- Policy and practice protocols on confidentiality and sharing information are in place
- Defined post(s) responsible for carers are in place (carers leads)
- A carer focussed introduction to the service and staff is available, with a relevant range of information across the care pathway
- A range of carer support services are available.
- A self-assessment tool has been developed to monitor the progress of individual partners to measures themselves against these core standards. The NWRPB will monitor the progress on an annual basis

### **Integrated Family Support Services (IFSS)**

The NWRPB commissioned a comprehensive review of the current legal requirements underpinning delivery of IFSS. Those legal requirements were considered in the context of how IFSS has been delivered regionally in North Wales; this involved detailed discussion with and examination of relevant policies and current legal agreements with operational officers from the six local authorities and BCUHB. Some key themes which emerged from this work noted that IFSS staff are highly skilled and because they have protected workloads, are able to deliver a focussed service to families. Not all IFSS's across the region were accepting referrals across the entire spread of statutory criteria. Facilitating early, timely referrals to IFSS was noted to be a common issue as was managing the workflow and maintaining consistent staffing levels in some areas. It is clear that securing consistent members of staff having the spread of skills across both health and social care is critical to the success of IFSS intervention.

As a result of this review, the regional reporting arrangements have been reviewed and a new reporting template produced. Partners will produce reports twice a year (at the end of April and October), and the information will be used to present a final summary report to the NWRPB.

A partnership agreement has been developed which provides a consistent framework for the IFSS arrangements. The agreement is comprehensive and includes provision regarding the reporting, staffing, financial and governance arrangements underpinning the regional arrangements. This approach is aimed at achieving as much consistency as possible in relation to the sub-regional arrangements that are in place whilst allowing for local variation and subtleties of approach; the agreements have been prepared with a view to satisfying the legal requirements as they currently stand but also to offer protection and regulation for partners' relationships with each other.

### **Children with complex needs due to disability or illness**

The Children's Transformation Group agreed that the partnership priorities were;

1. Children with Complex Needs
2. Prevention and mitigation of Adverse Childhood experiences (ACEs)
3. Improving outcomes in the first 1000 days
4. Improving Emotional Health, mental wellbeing and resilience of children
5. Promotion of healthy weight and prevention of childhood obesity
6. Review of crisis intervention services for children and young people who are experiencing an urgent perceived mental health crisis

As a region we have linked into the national work around children with complex needs led by the National Commissioning Board and local officers have and continued to be active members on the Ministerial Advisory Group.

Part 9 of the Act requires progress to be made on regional integrated commissioning. North Wales has had regional commissioning arrangements in place between the Local Authorities and the Health Board since 2012. During 2018/19 the region published a Market Position statement for Care Homes for Older People.

- Identify the range of circumstances for which we may be unable to help people to remain safely supported at home
- Confirm models of service in areas where we would promote new development and how we may support or incentivise this
- Maximise opportunities for capital investment in care homes across North Wales, including planned moves to new premises
- Monitor the number of people whose language needs are met/not met within care homes and the numbers of Welsh speaking staff within care homes.
- Improve the healthcare of older people living in care homes.



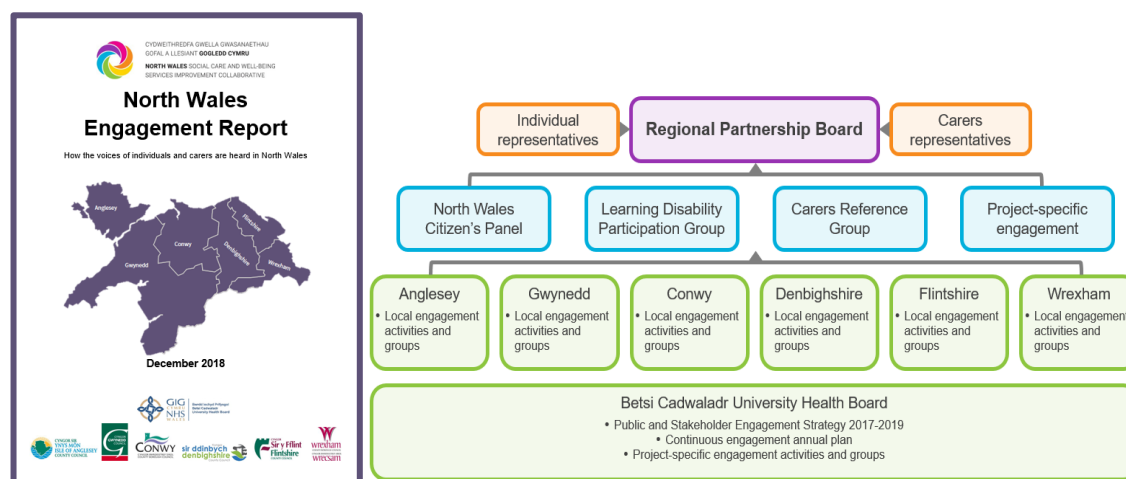
Our **Market Position Statement for Children and Young People's Residential Care, Fostering and secure accommodation** has been produced by our collaborative commissioning board and the aim of the statement is to encourage commissioners, children and young people and provider organisations to work together to explain what services and support is needed in the region and why. This outlines:

- What support and care services children and young people (and their carers/families) need and how they need them to be provided
- The support and services available at the moment, and what is not available but needs to be
- What support and care services the partners forecast children and young people will need in the future
- What the future of care and support will be like locally, how it will be funded and purchased.
- How commissioners want to shape the opportunities that will be available.

The main aim of the statement is to encourage commissioners, children and young people and provider organisations to work together to explain what services and support is needed in the area and why.

## North Wales Engagement Report

This report was compiled specifically for Social Care Wales to demonstrate how, as a region the NWRPB and its statutory partners engage with carers, individuals and citizens, both regionally and locally. The diagram below demonstrates how we are engaging widely both regionally and locally through our partners in addition to our Regional Citizen Panel approach. The report also contains a number of case studies to illustrate a range of ways in which the NWRPB has engaged with a range of partners, individuals and stakeholders.



## Pooled Budgets

Our Regional Integration Agreement underpins all our pooled budget arrangements within the region for health and social care services.

During 2018/19, work has taken place to complete a range of partnership agreements as well as renewing others; all these agreements are subject to pooled budget arrangements:

Regional Strategic Commissioning Partnership Agreement: 2019 – 2024  
Regional Carer's Partnership Agreement: 2019 – 2022

Regional Integrated Autism Service Agreement; 2017-2021  
Integrated Care Fund Agreement; 2017 – 2020.  
SCWWDP Partnership Agreement – 6 Local Authorities – 2019

During 2018/19 the region also developed a non-risk sharing pooled budget arrangement in relation to Care Homes Accommodation functions and this provides valuable data to inform our commissioning arrangements. We are now moving to the next stage of activity and working to refine our process and governance arrangements and developing a Section 33 pooled fund arrangement to govern the proposed arrangement.

## **Regional Workforce**

To support the delivery of the North Wales Community Health and Social Care Workforce Strategy, the Regional Workforce Board has received progress updates against the delivery of the strategy during 2018-19 and has developed a work programme for 2019 – 20 which focuses on the workforce requirements to be delivered to support the delivery of the NWRPB's plan to deliver A Healthier Wales. The Board continues to have links with national strategies and priorities including providing training for the registration of care workers with Social Care Wales, the national attraction and recruitment and retention campaign ('WeCFallare') and actively promoting the availability of training to encourage the use of Welsh in the workplace. The Board's priorities remain as:

- Attraction, recruitment and retention of a valued and skilled workforce
- Ensure a competent workforce able to deliver effective transformed services
- Develop workforce intelligence to manage and mitigate risks.

Our Workforce Board also maintains close links with the Regional Skills Partnership within the region.

## **North Wales Citizen Panel**

The North Wales Citizen's Panel gives people a chance to have their say on health and social care services. It is a virtual panel and people can take part in many different ways (based on their preference) including phone call or face-to-face interviews, social media, online chat, online or paper surveys.

The aim of the panel is to gather opinions from communities about the needs of individuals to feed into the developments across the region.

The Panel continues to be managed by Community and Voluntary Support Conwy (CVSC) and funded by the 6 Local Authorities.

The Regional Collaboration team manage the contract with the CVSC on behalf of the partners.

The panel includes 254 citizens including young people from the age of 16, adults and Carers. It has a Facebook page and a website ([www.llaisygogledd.wales](http://www.llaisygogledd.wales)), and information and consultations are added onto these as they occur.

The panel have been involved in consultations including the Population Assessment, the North Wales Workforce Strategy, the Social Services and Well-being Information Leaflet and the North Wales Learning Disability Strategy.



## **North Wales Social Value Steering Group**

In 2018/9 the NWRPB, supported by the Social Value Steering Group reviewed its progress in supporting social value organisations in North Wales and a report on this was provided to the Welsh Government.

The Steering Group works closely with the Social Value Network of organisations, which is aligned to development and academic organisations.

Developments are underway to establish local arrangements in each of the Local Authority areas which will report to the Steering group and drive the development of social value organisations. Members of the Steering Group are reviewing the social value forum development toolkit.

## **More Than Just Words North Wales Forum**

The Forum has continued to thrive during 2018 – 19 and the group continues to meet on a quarterly basis to facilitate the implementation of More than Just Words across North Wales.

The Forum continues to be a platform for sharing information and examples of good practice and the benefits of following a collaborative approach to ensure the delivery of specific objectives has continued to become increasingly apparent throughout the year. Following the success of the North Wales forum, other regions have now established a forum to facilitate their delivery of More Than Just Words and we are delighted that the North Wales Forum was recognised for its work at the last national More Than Just Words Awards Ceremony.

As a region, we are also fortunate that we have direct links between the region and the national Welsh Language Partnership Board through Morwena Edwards, Gwynedd Council and Dr Elin Walker-Jones from the Health Board.

Areas of challenge that the Forum is currently working through include:


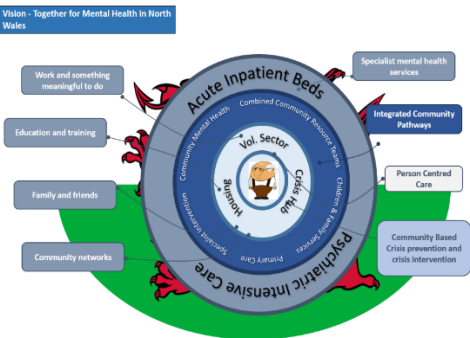
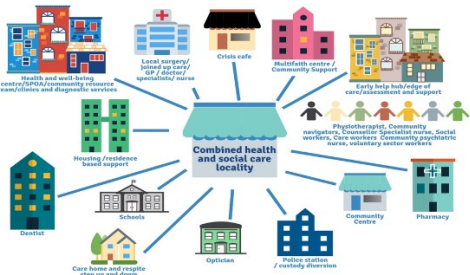
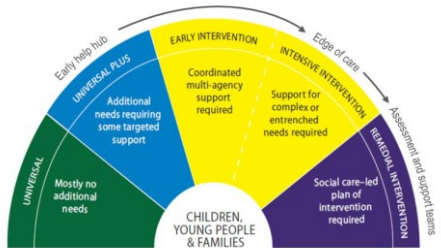
- Recruitment challenges
- Monitoring of progress against key indicators
- Conflicting language policies when establishing integrated teams
- Digital platforms to enable bilingual working
- Clarity of CIW assessment criteria when inspecting care homes
- Supporting the independent sector in achieving the requirements of More than Just Words.
- Capacity for training and supporting learners
- Future sustainability - currency for Welsh language skills in employment.

## **Parliamentary Review of Health and Social Care and A Healthier Wales**

In January 2018 The Parliamentary Review of Health and Social Care In Wales report was published “**A Revolution from Within: Transforming Health and Care in Wales**”. This was then followed “**A Healthier Wales: our Plan for Health and Social Care**” published by Welsh Government. Regional partnership Boards were asked to develop a regional plan for submission to Welsh Government on how it would implement A Healthier Wales. During the summer of 2018 members of the NWRPB worked collectively to develop its plan. The foundation of this plan was the

work which the NWRPB had commenced over the last couple of years and the Population Needs Assessment and Area Plan 2018-2023.

The main areas of our plan fall into 4 programmes:

<p>Seamless services for people with a Learning Disability</p>  <p>Grant award: December 2018</p>	<p>Seamless model of learning disability services based on 'what matters'. Build on family support, informal networks and CRT models.</p> <ul style="list-style-type: none"> <li>• Integrated health and social care services</li> <li>• Workforce development to create better awareness of disability issues among the wider public sector workforce.</li> <li>• Commissioning and procurement - housing and support services</li> <li>• Assistive technology - help people become more independent.</li> <li>• Community and culture change. Increasing the number of people employed in paid work, accessing training, and volunteering.</li> </ul>
<p>Together for Mental Health</p>  <p>Grant award: December 2018</p>	<p>Integrated urgent care system to support people in mental health crisis.</p> <p>Prevent: identification of individuals with high levels of vulnerability and develop a multi-agency approach to prevent crisis occurring.</p> <p>Respond: multi-agency crisis care pathway to provide prudent (right time, right response, right place) care and support for individuals.</p> <p>Workforce development: Train front-line staff from all organisations to improve practice to avoid crisis.</p> <p>Housing: increase supported housing options with a recovery pathway for individuals.</p>
<p>Community Services Transformation</p>  <p>Grant award: March 2019</p>	<p>Combined health and social care localities - primary care clusters, build on work to date, links with local CRTS. Regional design local delivery.</p> <ul style="list-style-type: none"> <li>• Develop a sustainable workforce to meet the community transformation agenda.</li> <li>• Identify a model for digitally-enabled care, support and well-being that can be developed across North Wales and adapted to meet local need.</li> </ul> <p>Develop community networks with third sector. Support well-being services, promote inclusion and participation and co-ordinate social prescription</p>
<p>Children and Young People Transformation</p>  <p>Grant award: March 2019</p>	<p>Focus on children and young people as part of the regional vision for seamless locality based services.</p> <ul style="list-style-type: none"> <li>• Early help: develop early intervention/help hubs</li> <li>• Edge of care: extend access to therapeutic support in integrated teams/pathways</li> <li>• Assessment and support teams: short term residential assessment with a multi-disciplinary on site team to identify the most appropriate placement</li> </ul>

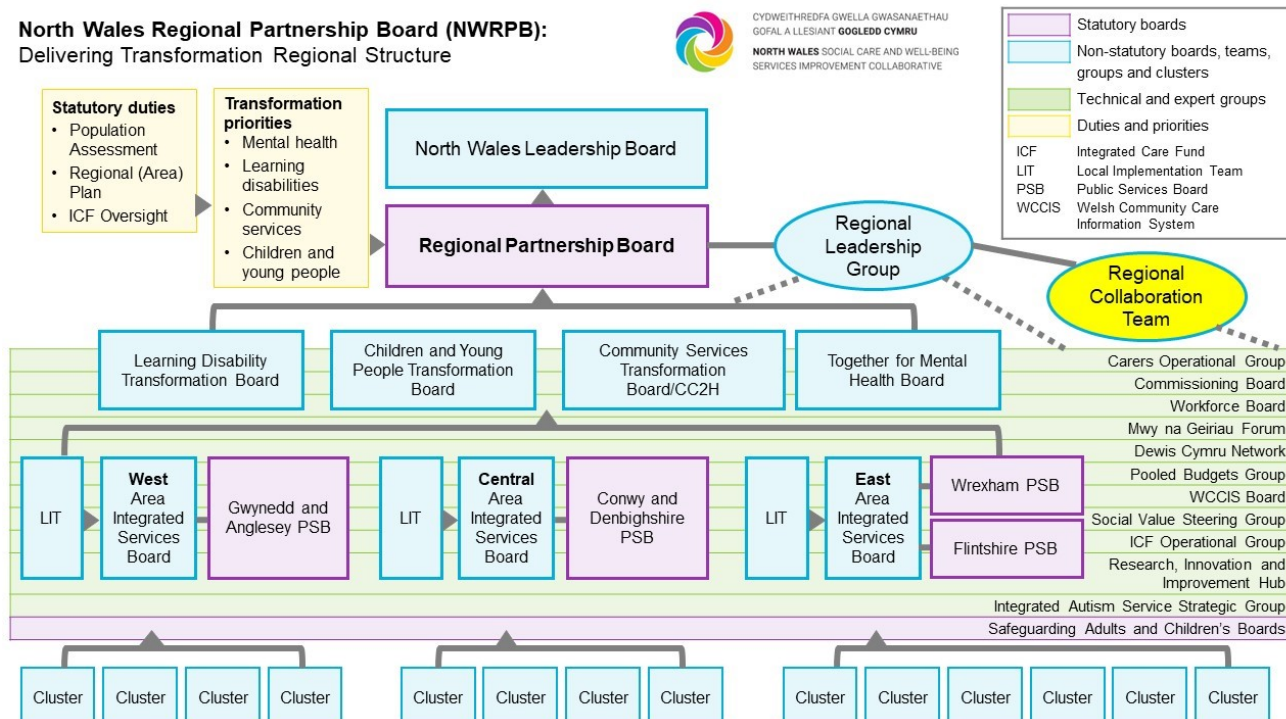
The Welsh Government also requires RPB's to establish Research, Innovation and Improvement Hubs; the NWRPB has agreed its proposal for accomplishing this and this has been submitted to Welsh Government for approval. The North Wales Research, Innovation and Improvement Hub, if successful, would become the regional centre for information to support health and social care service redesign and development, coordinating knowledge across the region and with other regional hubs. The focus will be on supporting local innovation and partnerships which drive towards new models of health and social care.

The hub would provide a key element of the supporting infrastructure for knowledge transfer and mobilisation. The hub will have the greatest impact on improving outcomes if it works closely with other initiatives including leadership, workforce development and other infrastructure to drive change. The proposal will involve working closely with the six local authorities, Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, Bangor University and Glyndwr University, industry, the voluntary and independent sectors.

## 5. Governance and partnership arrangements

The Institute of Public Care undertook a governance review in relation to the NWRPB. The NWRPB now formally reports to the North Wales Leadership Board on a regular basis.

The governance structure of the NWRPB will be formalised in early 2019/20 and the potential new structure is drafted as below. We will also be reviewing our Terms of Reference and updating our Area plan to reflect the priorities for 2019/20.



## 6. Integrated partnerships and contributing to improved outcomes

*This section provides an overview of the progress on the strategic objectives of the NWRPB and sets out improved outcomes achieved for service recipients and cares including examples where appropriate.*

The NWRPB continues to maintain oversight of the Integrated Care Fund for the region. During 2018/19 we have worked with partners to agree key performance indicators, outcomes and outputs to report consistently on our programmes both regionally and nationally.

As at end of Quarter 4, the NWRPB can report the following:

- The total number of people supported to remain at home across the region through community support and integration programmes 3525 and it is estimated that a total of 116,867 hospital bed days were saved through these programmes.
- The falls programme recorded that the number of FRAT (Falls Risk Assessment Tools) referrals for the year was 2733 and the number of MRA (Multifactorial risk Assessment) assessments completed was 1015.
- Our single points of access which are partly funded from ICF received 46,109 contacts and from those 14,973 referrals were made to a range of health and social care services.
- Where our ICF funding is contributing to our progression programme, (supporting children young people and families) we supported a total of 381 individuals within the year.
- Within our Step up/Step down programme to support older people (partly funded by ICF monies) we recorded that 594 people were supported in the year.

All these programmes are focussing on keeping people in their own homes; reducing the number of hospital admissions and enabling earlier discharge from hospital.

As part of our ICF programme we collate case studies, and some examples are included here:

### Single Point of Access:

*Outcome of Tim's call to SPOA was that he felt listened to and more helpful that his situation could improve as he discovered there is support out there. A follow up call will be undertaken by the SPOA advisor to find out if the interventions suggested made a difference. Tim reported that he was extremely grateful for the opportunity to chat and for the SPOA advisor's understanding go his needs, he was also pleased about not having a social worker visit him as he was worried about this.*

### Community Navigator:

*"Stuart thanked the Wellbeing Co-ordinator for listening and making the calls on his behalf".*

*"thank you so much for your time today, we came away with a much clearer idea of the route ahead and the many avenues to explore to be able to tailor make a care plan to suit my mother ...(and me). It was kind of you to get back to us so quickly,*



*with useful links to available services. We will no doubt be back to you with any queries that may arise”.*

Progression Service:

*This support has been positive for A, although his behaviour remains challenging within his school setting, this support has proven to be effective in supporting a transition to a local authority foster placement. A is no longer absconding from the home and is developing a positive relationships with carers and the family. From my home visits to A, A appears as a different child. I have the sense that A is relaxed and settled. It is apparent that A is receiving the nurturing support that he craves, both in and outside the home.*

## **7. Statutory provisions**

The Partners of the NWRPB have entered into an “Integration Agreement” which is a legal agreement which enshrines their commitment to working together on key identified projects that lend themselves to integrated services and pooled budget arrangements.

The following statutory provisions are permitted to be used to underpin the NWRPB’s work:

- Part 9 of the Social Services & Well-being (Wales) Act 2014 – in particular sections 166 and 167 and associated regulations (the Partnership Arrangements (Wales) Regulations 2015).

Other legal powers relied upon in support of regional partnerships entered into include:

The National Health Service (Wales) Act 2006 – in particular sections 1, 2, 10, 33 and 38, 82.

S9 Local Government (Wales) Measure 2009 powers in respect of collaboration with other local authorities.

Local Government Act 1972 - in particular s2 which gives local authorities powers to do anything which it considers is likely to achieve any one or more of the following benefits: the promotion or improvement of the economic, social or environmental well-being of the area and section 113 which enables one local authority to place its staff at the disposal of another or health authority or Health Board.

S111 Local Government Act 1982 provides for a local authority to have the power to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their functions.



## 8. Board priorities moving forward:

*This section gives a final summary of the progress that the NWRPB considers has been made in the last year. It also considers the priorities it will be focussing on in the following year and beyond.*

The NWRPB has developed significantly over the last year and members of the Board acknowledge that this is the case and the maturity of the Board now enables robust discussions and debates to take place. The Board has successfully developed a range of strategies, plans, frameworks and design principles to underpin its strategic direction as well as to ensure that local delivery is effective through its sub-regional partnership approach.

The NWRPB's immediate priorities for 2019/20 is the delivery of its 4 transformation programmes for 'A Healthier Wales' which will see the rapid development of integrated community based services across the region, building on and rolling out what has been found to be successful in bringing positive outcomes to citizens. It is inevitable that the journey of integration will proceed beyond this next year and the NWRPB will also continue with its endeavours to drive integrated and joint working in line with the recommendations within A Healthier Wales which is broader than its immediate work priorities of transforming services within 4 significant key areas.

The NWRPB will maintain operational management oversight of the Integrated Care Fund and the Transformation Funding grants.

The NWRPB will establish the Research, Innovation and Improvement Hub as required by A Healthier Wales if its proposal to Welsh Government is successful, and will continue to work both locally, regionally and nationally as required, to deliver a truly integrated health and social care system within the region.

In the medium to longer term members of the NWRPB are keen to focus on developing outcomes measures to demonstrate that individual outcomes are being met; developing more effective co-production; further development of clusters and moving to joint leadership and governance arrangements; further development of joint working between RPB's and PSB's. Within its forthcoming development programme the NWRPB will be developing its longer term strategy for the delivery of health and social care services in the future.

## Appendix 1 – Membership of the NWRPB (as at end March 2019)

<b>Name</b>	<b>Title</b>
Bethan Jones Edwards	Head of Regional Collaboration
Bethan E Jones	Betsi Cadwaladr University Health Board
Caroline Turner	Isle of Anglesey County Council
Charlotte Walton	Wrexham County Borough Council
Dr Chris Stockport	Betsi Cadwaladr University Health Board
Clare Budden	Housing Representative
Cllr Bobby Feeley	Denbighshire County Council
Cllr Christine Jones	Flintshire County Council
Cllr Joan Lowe	Wrexham County Borough Council
Cllr Liz Roberts	Conwy County Borough Council
Cllr Llinos Medi Huws	Isle of Anglesey County Council
Cllr William Gareth Roberts (chair)	Gwynedd Council
David Worrall	Third Sector Representative
Estelle Hitchon	WAST (Co-opted)
Ffion Johnstone	Betsi Cadwaladr University Health Board
Jennie Lewis	Carer Rep
Jenny Williams	Conwy County Borough Council
Judith Greenhalgh	NWRLB/CEO Representative
Kevin Roberts	North Wales Fire and Rescue Service (Co-opted)
Lynda Colwell	Third Sector Representative
Marian Wyn Jones	Betsi Cadwaladr University Health Board
Mark Wilkinson	Betsi Cadwaladr University Health Board
Mary Wimbury	Provider Representative
Morwena Edwards	Gwynedd Council
Neill Anderson	North Wales Police (Co-opted)
Neil Ayling	Flintshire County Council
Nicola Stubbins	Denbighshire County Council
Peter Williams	Carer Rep
Rob Smith	Betsi Cadwaladr University Health Board
Richard Weigh	Chief Finance Officer (Section 151) (Co-opted)
Shan Lloyd Williams	Housing Representative
Teresa Owen	Betsi Cadwaladr University Health Board
Vacant (Out to EOI)	Service User Representative

Name	Title
Wendy Jones	North Wales VSC's (Co-opted)
Ruth Whittingham	Regional Collaboration Team

**Strategy, Partnerships and Population Health Committee**

3.9.19


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 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**To improve health and provide  
excellent care**

<b>Report Title:</b>	Annual Plan Progress Monitoring Report
<b>Report Author:</b>	Dr. Jill Newman Director of Performance Mr Edward Williams Head of Performance Assurance
<b>Responsible Director:</b>	Mr Mark Wilkinson Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	This paper provides the committee with a self-assessment of progress against the key actions within the Health Boards operational plan for 2019-20
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This paper has been approved by the Executive Team through a peer review process and submitted to the Finance and Performance Committee of the Board at its August meeting
<b>Governance issues / risks:</b>	The paper identifies through the RAGP rating any actions where there is a risk to delivery. Where the risk is rated red a statement is provided as to the reasons and actions being taken to address. Quarterly the progress against milestones are assessed and a random sample of evidence to support the self –assessments is undertaken.
<b>Financial Implications:</b>	The actions within the operational plan are in line with the health boards financial plan
<b>Recommendation:</b>	The committee is asked to note the progress in implementing the operational plan

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all	√	5.Considering impact on all well-being	√

services		goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
<i>(If no EqlA carried out, please briefly explain why. EqlA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqlA – see <a href="http://howis.wales.nhs.uk/sitesplus/861/page/47193">http://howis.wales.nhs.uk/sitesplus/861/page/47193</a> )</i>			

**Disclosure:**

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*





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University Health Board



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**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**July 2019**

This report presents performance against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions. Where a red rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk.

Where the RAG letter is blue instead of white in a cell, this indicates a Milestone. The letter P in a purple cell states the Action has been achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email [Jill.Newman@Wales.NHS.UK](mailto:Jill.Newman@Wales.NHS.UK).

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**July 2019**

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and Milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G								M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G								
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	G	G	G	G								M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G								M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G		M						M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G					M			M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	G	G	G	G					M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		A	A	A								M

**Three Year Outlook and 2019/20 Annual Plan**  
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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	G	G	A	A		M						M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G					M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	G	G	G	G								M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G		M						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G					M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A		M						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G								M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A								M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G								M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A					M			

**AP018 CHC:** A Standard Operating Procedure has been developed outlining the key principles, roles and responsibilities for the Commissioning of Adult mental Health and Learning Disabilities. The SoP incorporates the key components from the National Framework for implementation in Wales (WAG 2014), alongside other relevant guidance and good practice, including current legislation. To support staff, flow charts have been developed for ease of reference and guidance. A training programme will be also be further developed to support staff alongside the implementation of the SoP

**Three Year Outlook and 2019/20 Annual Plan**

Monitoring of progress against Actions for Year One (2019/20)

**July 2019**



Plan Ref	Actions	Executive strategic Lead	Submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	G	G	A	R		M						M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	G	G	A	A		M						
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	A	A	A	R		M						
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	A	A					M			
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	G	G	A	A		M						
	Implement year one plans for Endoscopy	Executive Director Health Sciences	G	G	A	R								
	Systematic review and plans developed to address diagnostic service sustainability		G	G	A	R								M
	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A								M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	G					M			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	G								
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G								M

**AP021 Urology:** The urology business case is under active preparation however it will not be complete by the end of September. An All Wales approach is now being developed for robotic assisted surgery which has had some impact on timescales. Capacity to write the case has now been strengthened. A separate update on robotic assisted surgery is provided for this meeting.

**AP023 Eye Care Measure:** Work is proceeding assisted by the recent appointment of a project manager using allocated funds from Welsh Government. The business case is on track for completion in November 2019

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**July 2019**

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP029	<b>Demand</b> Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	G	G	G	G					M			
AP030	<b>Demand</b> Enhanced care closer to home / pathways	Executive Director Primary and Community Care	G	G	G	A		M			M			M
AP031	<b>Demand</b> Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	G	G	G	A		M						
AP032	<b>Demand</b> Improved Mental Health crisis response	Executive Director of MH & LD	G	A	A	A		M						M
AP033	<b>Demand</b> Improved Crisis intervention services for children	Executive Director Primary and Community Care	A	A	G	A								M
AP034	<b>Flow</b> Emergency Medical Model	Executive Director Nursing and Midwifery	G	G	A	G		M						
	<b>Flow</b> Management of Outliers	Executive Director Nursing and Midwifery	Grey	Grey	Grey	G		M						
AP035	<b>Flow</b> SAFER implementation	Executive Director Nursing and Midwifery	G	A	A	A		M			M			
AP036	<b>Flow</b> Ablett / PICU for Mental Health (linked to estates section/ plan)	Executive Director of MH & LD	G	A	A	A								M
AP037	<b>Flow</b> Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	G	G	G	G		M			M			
AP038	<b>Discharge</b> Integrated health and social care	Executive Director Nursing and Midwifery	A	A	A	A		M						M
AP039	Stroke Services	Executive Medical Director	A	A	R	A								

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**July 2019**

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director WOD	G	G	G	G		M						
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director WOD	G	G	G	G		M						M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director WOD	A	A	A	A		M						M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director WOD	G	A	A	A		M			M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEM	Executive Director WOD	A	G	G	G		M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director WOD	G	G	A	G		M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director WOD	G	A	A	A		M			M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director WOD	G	G	G	G					M			M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director WOD	A	A	A	A		M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUIHB reputation	Executive Director WOD	A	G	G	G		M			M			M

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**July 2019**

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	G	G	G	G		M						M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R		M			M			M
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G		M						M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G		M						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A		M						
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A								M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G		M						M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A								M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A								M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G								M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G		M						

**WCCIS:** Due to delays in development of this product and the order of the roll out across Wales BCU is no longer in a position to test the implementation during 2019-20. Discussions are continuing nationally to confirm revised programme for roll out and adoption of the product in Health.

## Three Year Outlook and 2019/20 Annual Plan

Monitoring of progress against Actions for Year One (2019/20)

July 2019

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G								M
AP063	Primary Care Project Pipeline		G	G	G	G								M
AP064	Well-being Hubs		G	G	A	A								M
AP066	Ruthin Hospital		G	G	G	G								M
AP067	Vale of Clwyd		G	G	G	G								M
AP068	Orthopaedic Services		G	G	G	G								M
AP069	Ablett Mental Health Unit		G	G	G	G								M
AP070	Wrexham Maelor Infrastructure		R	R	R	R		M						
AP071	Hospital Redevelopments		G	G	G	G								M
AP072	Central Medical Records		G	G	G	G								M
AP073	Residencies		G	G	G	G								M
AP074	Integrated Care Fund (ICF) Schemes		G	G	G	G								

**AP070** -The Programme Business Case has been approved by the Executive Team and will be presented to the August Finance and Performance Committee.

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**July 2019**





The Annual Plan is included on page 423 of the July 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**July 2019**

**Strategy, Partnerships and Population  
Health Committee**

**3.9.19**



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<b>Report Title:</b>	<b>Developing our Plan for 2020/23 - Draft Planning Principles and Outline Timetable</b>
<b>Report Author:</b>	Mr John Darlington, Assistant Director - Corporate Planning
<b>Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>This paper sets out the draft planning principles and timetable to support the development of our 2020/23 Integrated Medium Term Plan (IMTP).</p> <p>A series of recommendations are made to ensure clear planning arrangements exist to ensure our plan is approved and submitted by December 2019.</p>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	<p>A workshop was held on 19<sup>th</sup> June with Planning and Service Development group members to support a review of our previous years planning cycle and to make recommendations for improving the way we plan across the Health Board going forward. The output of which and recommendations have informed this paper.</p> <p>The outline content of the paper have also been discussed by Executive Team and shared with leads within Health Economies for feedback and comments</p>
<b>Governance issues / risks:</b>	The development of an approvable Integrated Medium Term Plan is a critical organisational requirement, as a specific action under the Special Measures Improvement Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act. The risk relating to failure to develop a plan is identified within the Corporate Risk Register.
<b>Financial Implications:</b>	The planning principles reinforce that plans must be delivered within delegated budgets and these will reflect the need to reduce our deficit and to internally manage all cost pressures over our allocation.
<b>Recommendation:</b>	It is recommended that SPPH Committee approve the draft planning principles and outline timetable for 2020/23

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b> Strategic and Service Planning Financial Strategy			
<b>Equality Impact Assessment</b> The IMTP will be subject to an Equality Impact Assessment prior to submission to the Board in December. Any significant Equality and Human Rights considerations will be flagged in relevant areas of the Plan as these are developed.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

## **Developing our Plan for 2020/23**

### **Draft Planning Principles and Outline Timetable**

#### **1. Purpose of the Report**

This paper sets out the draft planning principles and timetable to support the development of our 2020/23 Integrated Medium Term Plan (IMTP) or Annual Plan. A series of actions are being taken to ensure clear planning arrangements exist to ensure our plan is approved and submitted by December 2019.

A workshop was held on 19<sup>th</sup> June with Planning and Service Development group members to support a review of our previous years planning cycle and to make recommendations for improving the way we plan across the Health Board going forward. The output of which and recommendations have informed this paper.

#### **2. Planning Principles for 2020/23**

##### **2.1. National Planning Context**

The introduction of Integrated Medium Term Plans across Wales signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies.

A Healthier Wales is Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing physical and mental illness.

The NHS Wales Planning Framework confirmed the requirement for every NHS organisation to have a long-term strategy, which should be a separate document to the IMTP. The guidance confirms that the IMTP document should "demonstrate how the actions to be taken during the three-year period help achieve the long term vision of the organisation set out in the strategy".

The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress over the coming months by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'.

##### **2.2. Local Context**

In March 2018, the Board approved its long-term strategy – entitled Living Healthier, Staying Well (LHSW). This strategy sets out how health, well-being and healthcare might look in ten years' time and how we will start working towards this now. This will influence how our resources are allocated and how staff prioritise their time. The strategy is based on three overlapping major programmes within the overall portfolio:

- Improving Health and Reducing Inequalities
- Care Closer to Home
- Acute Hospital Care

Our 2019/22 plan was approved by Board in March with a major refresh in July 2019. Significant work was undertaken to ensure the plan is SMART and we need to build further on this approach into 2020/23. Learning from lessons in 2019/20, we aim to build the plan from our clusters and services and key factors that we need to take into account are:-

- Planning is dynamic, ever changing and evolving.
- All management roles have a planning component within them.
- Planning should not stop in March and start again in the autumn.
- Our plan is not about describing 'business as usual' but to articulate where we need to change.

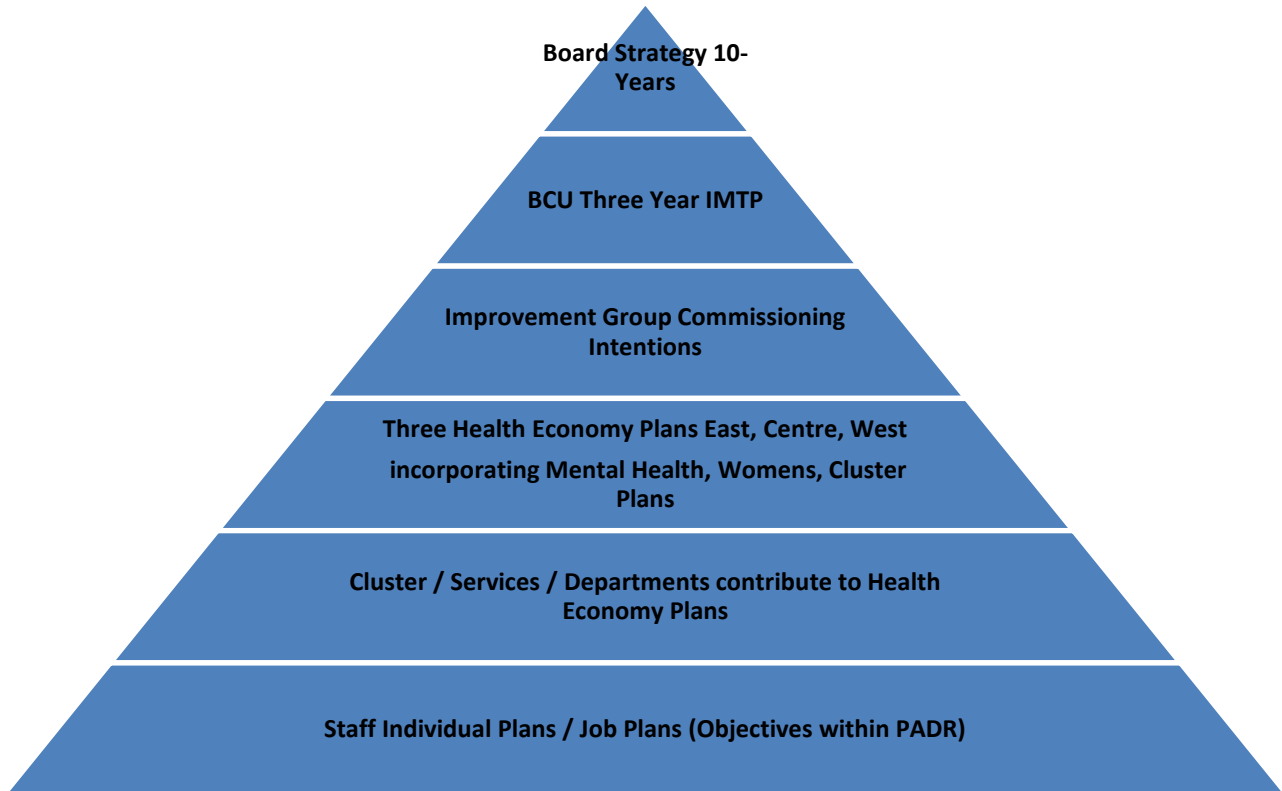
### **2.3. Summary Planning Principles:**

Our Planning Principles for 2020/23 are attached in full in appendix one and can be summarised as follows:

- ***Focus on Quality, Safety and Outcome driven plans.***
- ***Cost effective delivery.***
- ***Health economy level planning - Cluster IMTP plans will be developed by September 2019 (based on the national template) and incorporated into Health Economy Plans.***
- ***Plans will demonstrate a robust deficit reduction plan - there will be no opportunity to bid for additional resources and each Health Economy plan will 'live within means'.***



## Pyramid of Relationships and Flow from PADR to Board



## Our Strategy and Planning Map is Summarised below

Regional Partnership Board / Public Service Boards					
BCU Strategy – Living Healthier Staying Well					
Equality and Diversity –Strategic Equality Plan (SEP)					
Improving Health and Reducing Inequalities		Care Closer to Home		Acute Hospital Care	
Enabling Strategies ( * denotes key enabling strategy)					
Services Strategy *	Workforce *	Digital Health *	Estates *	Carers	
Welsh Language	Finance / recovery *	Quality and Safety *	R&D and Innovation	Mental Health Strategy	Learning Disabilities Strategy
Improvement Groups – Reporting to Portfolio Management Group					
Health Improvement Group	Care Closer to Home Improvement Group	Together for Mental Health Improvement Group	Planned Care Improvement Group	Unscheduled Care Sub Group	Digital Improvement Group
Estates Improvement Group	Workforce Improvement Group	Quality Improvement Group	Procurement Improvement Group	Medicines Management Improvement Group	Continuing Healthcare Improvement Group
East, Centre, West Health Economy Delivery Plans for 2019/20					
Underpinning Cluster / Service Delivery Plans					

The Improvement Groups will take a life course approach from early years, children and young people, through to adult and older age.

### **3. Draft Outline Plan Development & Timetable**

For 2020/23 we need to ensure plans are built from cluster level through to Health Economy and up to BCU level with planning and delivery supported through Health Economy Accountability Reviews. Separate accountability reviews will be held for certain pan BCU services

Cluster plans (completed in an All Wales template) / Services / Departments will feed into and inform respective Health Economy Plans.

For 2020/23 the expectation is therefore for three Health Economy plans and a Mental Health and Learning Disabilities plan. These plans will help shape the BCU Three Year plan for 2020/23.

Key actions from regional plans that can be disaggregated will be embedded within Health Economy plans, e.g. Women's and Mental Health and Learning Disabilities as applicable to specific Health Economy areas.

Improvement Groups, overseen by the Portfolio Management Group (PMG), have a lead role in setting commissioning intentions. The commissioning intentions will incorporate key National Delivery Framework performance measures.

Improvement groups will support the refresh of our three year ambition and ensure new / emerging issues are considered and prioritised as part of this.

A senior member of the Strategy & Planning team will work with each health economy to :

- develop better understanding of the challenges and opportunities in each area
- enable closer relationships with teams to facilitate the corporate planning processes
- provide constructive advice and planning input alongside health economy leads in developing health economy plans
- facilitate better links across corporate and pan-North Wales initiatives, aiming for consistency and good strategic fit with local priorities
- support closer links with local partners and stakeholders on pan-North Wales initiatives, working with established relationships.

#### **Outline Timetable**

The timetable incorporates two broad phases of work:

##### **Phase 1 – Establishing Key Deliverables for 2020/21**

Refreshed three year ambition and key deliverables for 2020/21 will be developed by Improvement Groups by mid-August for agreement by EMG and Board.

Draft Key deliverables will be issued to Health Economy Planning leads by the end of August 2019.

## **Phase 2 – Delivery Plan Development**

Health Economy plans to be developed in response to identified key deliverables prioritised in phase one – adopting the example plan template.

The Health Economy plans will in turn inform both Improvement Group delivery plans and BCU Corporate level Plan.

The BCU level three year plan format developed in 2019/22 will be utilised.

The work programme template developed in 2019/20 will be adopted and operate at a Health Economy level to support the development of the plan and tracking its delivery.

## **Action**

The following actions have been identified to support the development of our plan. These will be further refined with support from BCU Planning and Service Development Group.

## **By the end of June 2019**

### **Focus on continuous planning and delivery of 2019-20 plans, specifically:-**

- Organisational priorities and national priorities
- Continued engagement sessions through area and site teams
- Demand and Capacity plan per service line
- Reinforce accountability framework
- Stratify services based on accountability framework

## **Planning principles for 2020/23 and outline timetable for 2020/21 developed**

### **July - September 2019**

- Planning Principles and draft timeline developed
- Communication routes confirmed.
- Re-confirm expectations of roles in planning.
- Confirm governance framework.
- Reconfirm three year ambition.
- Review in-year business cases and take into account financial recovery plan implications.
- Local staff engagement in planning.
- Accountability framework review.
- Governance documented within respective health economies e.g. AD's, SLTs, HMTs, SIGs.
- Prioritisation approaches agreed.

- Information Governance for oversight of the plans.
- Clarity on cluster plan requirements and development of plans by September 2019.
- **Planned Care Rapid Improvement events in each Health Economy.**
- Service, area / site and exec planning meetings for 2020/21.
- Key Referral to Treatment milestone actions to include: priorities aligned to demand and capacity plan, operational efficiency for 2020/21, clear accountability and responsibilities (individual / teams), Resource Plan & Operational efficiency plan and full gap analysis.
- Capital and Workforce plans refreshed working closely with Health Economy leads.
- Strategy refresh work implications and areas for future planning & development identified for incorporating into plans.
- **30<sup>th</sup> September - Draft Health Economy Plans.**
- **September draft cluster IMTPs submitted.**

## October – December 2019

- Evaluation of 2019/20 plan delivery as a transition to Q1 2020/21.
- Aggregated plan with operational priorities.
- **31<sup>st</sup> October – Finalise three year plan at a Health Economy level and Health Economy work programme template** developed to support the development and tracking delivery of the Health Economy plan (incorporating clear KPIs to reflect: Operational delivery, Quality, Workforce, Finance).
- Accountability reviews of in-year plans.
- Internal governance Health Economy plans approved through relevant hospital and Area governance structures.
- **5<sup>th</sup> November - BCU wide plan drafted.**
- October to November – all committees scrutiny.
- **6<sup>th</sup> November - plan to EMG/Execs.**
- **November – budgets aligned to plan.**
- **29<sup>th</sup> November – Welsh Government Planning Framework Annex C templates finalised at Health Economy and BCU level (performance, workforce, financial templates)**
- **29<sup>th</sup> November - plan to Finance and Performance Committee.**
- **3<sup>rd</sup> December - plan to SPPH Committee.**
- **5<sup>th</sup> December - Three Year Plan submitted to Board.**
- **31<sup>st</sup> January 2020- Three year Plan submitted to WG with underpinning Health Economy Plans.**



## Appendix 1: Draft Planning Principles

The Health Board will develop a refreshed Three Year Outlook for 2020/23 alongside a work programme for 2020/21 in the context of our statutory duty to produce a three-year plan and a Service Strategy. The planning principles that will underpin all our work are:-

- Quality, Safety and Improving Outcomes are our top priority (refreshed quality strategy for 2020/23)
- Everything we do will be in line with our Organisational Values.
  - Put patients first
  - Working together
  - Value and respect each other
  - Learn and innovate
  - Communicate openly and honestly
- Plans need to be SMART **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **T**imely
- Our three Health economies (East, Central and West) must demonstrate measurable benefits through integration (across primary and secondary care; physical and mental health; and health and social care).
- We will develop a sustainable & equitable integrated model of primary care and community services organised through Cluster Networks and these will form the basis for our future planning arrangements.
- We will ensure delivery of our Living Heathier, staying Well strategy life course priorities for Improving health and reducing health inequalities, care closer to home and excellent hospital care (including supporting frameworks and priorities.)
- Our plan will reflect the priorities agreed with our Statutory, Third sector and independent sector partners including how services are co-produced and delivered on an integrated system wide basis to deliver legislation frameworks for Health & Well-being in Wales.
- We will maximise the benefits of our enabling strategies around workforce, digital and estates to make our system sustainable.

- We will improve our efficiency over the next three years to peer group benchmarking levels and our financial plans will be based on a robust deficit reduction plan and approaches for resources to follow the patient.
- All plans must be delivered within delegated budgets and these will reflect the need to reduce our deficit and to internally manage all cost pressures over our allocation.
- There is no opportunity to 'bid' for additional revenue as part of the Annual Plan process. The only route for consideration of schemes outside a delegated budget envelope is through a clear business case demonstrating benefits realisation and contribution to the overall financial position.
- Our workforce challenges will be addressed through recruitment approaches and by changing workforce models in line with service need.

**Strategy, Partnerships and Population Health Committee**
**3.9.19**

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*To improve health and provide excellent care*

<b>Report Title:</b>	Third sector strategy update
<b>Report Author:</b>	Sally Baxter, Assistant Director – Health Strategy
<b>Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>To provide a brief update on development of third sector strategy for the Health Board.</p> <p>Following previous discussions at the Committee, work has progressed with third sector partners to summarise feedback from the engagement events held with the sector and refresh the key principles for partnership with the Health Board. The principles were included within the Three Year Outlook and Annual Plan presented to the Board in July 2019.</p> <p>The corporate third sector budgets held by the Board have now been devolved to the divisions and a strategic commissioning forum is being established to support the commissioning process.</p> <p>A meeting was held with the Vice-Chair and the Independent Member representing the sector and agreement reached on the process to conclude the work to refresh the BCU strategic partnership framework. A paper is being finalised which brings together the strands and will set out a clear commitment to collaboration.</p> <p>The paper will be shared with the sector for final comments before being brought back to SPPH for sign off. A copy of the final draft paper will be circulated to committee members for comment.</p> <p>The attached papers summarise the feedback from the engagement events held with representatives of the sector to date. A further update will be given on any feedback on the draft paper when it is presented for sign off.</p>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The report is being brought to provide an update on the process. The refreshed principles were presented to the Health Board on 25 July 2019.
<b>Governance issues / risks:</b>	Failure to work effectively in partnership with the sector may have detrimental impact on the delivery of high quality care to the population. Failure to engage appropriately would breach current

	legislative and policy expectations.
<b>Financial Implications:</b>	No immediate financial implications at this stage.
<b>Recommendation:</b>	SPPHC is asked to note the update and comment on the content.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
Equality Impact Assessment will be undertaken as the strategy develops.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

## BCU HB COLLABORATION WITH THE THIRD SECTOR: ENGAGEMENT WITH THE THIRD SECTOR

### 1. Introduction and context

During 2019, in support of the refresh of the BCU HB strategic framework for collaboration with the third sector, a series of engagement events were attended to gain views directly from representatives of the sector. These were arranged with support from colleagues in the County Voluntary Councils, and also from members of the BCU HB engagement team.

It should be noted that the feedback can still only be taken as a sample. There are many thousands of third sector organisations across North Wales which are registered with CVCs. The Wales Council for Voluntary Action database records the following numbers of groups operating in North Wales counties:

	National	Regional	Local	Branch	Project	TOTAL
Anglesey	1,651	234	753	90	26	2,754
Gwynedd	1,655	264	1,840	153	30	3,942
Conwy	1,657	302	1,082	129	32	3,202
Denbighshire	1,655	312	1,141	136	29	3,273
Flintshire	1,654	297	1,174	114	25	3,264
Wrexham	1,653	279	953	107	36	3,018

There are many organisations and groups which are not registered. During the engagement events, engagement team members sent invitations out more widely where they were able to do so, to the network of contacts they have established. It must be acknowledged that we will not reach all organisations; this underlines the importance of reinforcing the current positive engagement at cluster, county and Area level where local knowledge and closer connection can facilitate better joint working.

### 2. Events undertaken

Events were arranged as follows:

26 03 19	Well-being and Volunteering Network, Gwynedd *
09 05 19	Flintshire and Wrexham Network **
11 06 19	Engagement Practitioners' Network, Gwynedd and Ynys Môn
13 06 19	Conwy Health & Well-being Network
26 06 19	Denbighshire VSC Network
11 07 19	Flintshire & Wrexham Network follow-up discussion

*\* the March event was unfortunately disrupted by a serious road accident next to the venue. Information and engagement questions were sent out to the circulation list to invite direct responses to the engagement questions.*

*\*\* the initial Flintshire and Wrexham event was conducted by FLVC / AVOW officers.*



### 3. Feedback from events

The various events were well attended by representatives from the sector and were constructive, giving honest and open feedback about what's good and what needs to improve. There were opportunities to raise examples of good practice and also a number of issues were raised which have been followed up to connect different groups or individuals with the relevant BCU HB officers.

The full recorded feedback from the events is attached to this brief paper. Key words were drawn out from the feedback to assist in identifying themes and areas for further action.

#### 3.1 What's important to you, thinking about joint working and effective partnerships?



The responses are reflective of the factors which underpin effective and successful partnerships. It was positive to note the emphasis placed on outcomes within every discussion that was held, alongside well-being, prevention, and what matters to

individuals. This thread is visible in feedback on other discussion areas, with emphasis on measuring outcomes and social value.

### 3.2 What's working well at the moment?



A number of features were identified as working well currently, ranging from general factors including the focus on well-being, social prescribing and community. Positive feedback was given about the role of the CVCs and also the BCU HB engagement team and the networks they have established. In addition, a number of services or initiatives were singled out for specific mention as examples of good practice.

### 3.3 What needs to improve?



Whilst there are many practical issues that need to be addressed, including the stability of funding arrangements and the constraints on resources, some fundamental aspects were identified as needing improvement, including communication, from Board and strategic level; recognition and awareness of the important role the sector plays in enabling support, connection and empowerment of individuals and the communities they live in.

### 3.4 Full feedback

The full notes of feedback received at the engagement events are attached to this paper for completeness. Some groups gave additional feedback or adopted a different approach. All the feedback has been considered in developing the next steps.

## 4 Refreshed principles for working with the third sector

In light of the feedback, we have refreshed the Board's principles for working with the third sector, to recognise also the renewed emphasis on collaboration to support well-being, and the desire being expressed by many within the sector to renew relationships, increase awareness and work better together. Relationships have been established and are developing from local (often cluster) level through the divisional delivery structure which we can build on. We need to ensure that principles

for effective working with the sector are recognised and adopted at all levels. The refreshed principles which have been proposed to the Board are as set out below.

- We will work together to raise **awareness and recognition** of the role of the sector throughout the Health Board
- We will acknowledge representatives of the sector as **equal partners** in delivering our shared responsibilities to improve well-being and provide care and support
- We will ensure **open and clear communication**, from the operational level to support seamless care and support, up to and including Board level
- We will promote **collaboration** with and within the sector, ensuring effective working through formal partnerships, but also at the frontline in service delivery
- We will work to embed **co-production** in the planning, development and delivery of services, both with the sector and with communities they represent
- We will develop the **commissioning** function with the sector, establishing a commissioning forum to work with health economies in managing the current commissioned services and seeking to identify opportunities for further development
- We will work to ensure **fair funding** processes which recognise the need for clarity in respect of sustainability and stability, but also that commissioned services must continue to address priorities and deliver outcomes
- We will work together to agree **outcome measures** which reflect the need to consider the contribution to social value
- We will ensure transparency of **accountability and governance**, both in commissioning of services from the sector and also in terms of decision-making within the Board.

The second engagement event held with Flintshire and Wrexham Network had the opportunity to reflect on the principles and actions we can take together. The principles will be set out in the strategic framework paper that is being finalised currently, and consideration will also be given to a simpler version that can be easily used by colleagues in the sector as well as within the Board.

## 5. Next steps

The feedback and the revised principles are being built into a short paper which will set out how the sector has been involved in updating the BCU approach to partnership working, the feedback received, principles and priority areas for action. Key contact details for BCU officers and for CVCs will be included. The paper will be shared with representatives of the sector for a short period to ensure that the final document reflects the third sector perspective. This will be circulated to Committee members for comment prior to finalisation.

SPPH Committee is asked to receive the update, note the feedback gathered and offer any further comments to help shape the final paper.

## **APPENDIX 1**

### **Flintshire and Wrexham Network event**

**9 May 2019**

## **BCUHB and Third Sector**

### **What's working well?**

- Early Help Hub
- Third sector support – value of social prescribing opportunities
- Receptionists being trained as navigators
- Networks – Practitioners Forum – making connections
- Bitesize Health in the Workplace – supported by third sector
- Using community to promote services, e.g. falls prevention
- Attending network meetings
- Link directly with agencies – Community Agents meeting, Cluster meeting
- Possibility of accessing training
- Sharing lone-working policy
- Close links with recruiting volunteers throughout Wales – help people back into work – work experience programmes
- Link with social prescribing
- Health Improvement Team deliver services for third sector clients and staff, promote their services to communities, signposting, work in partnership with third sector to deliver – community-based and led, few clinical staff, aligned with community development
- ICAN working well in Maelor
- Tŷ Derbyn – good knowledge of third sector services
- National Trust approached by CAMHS around 5 Ways to Well-being with schools – celebration event
- Communicating can be easy once you've found a contact – then find out who you need to talk to

### **What needs to be improved?**

- Sharing of information
- Continuity (due to funding)
- Knowing who to contact for guidance
- Embedding third sector into all strategies
- Sharing information
- Collaborative working
- Improving communication pathways
- Reducing red tape
- Signposting
- Awareness and utilising available agencies / services / charities



- Difficulty communicating with GPs, e.g. consent-based referrals for alternatives to medication
- How to feed up to strategic boards – disconnect with operational work

### **Other issues:**

- Barriers – data protection, but necessary
- Monitoring
- Balance of information – what matters to you?
- Promoting the value of volunteering
- Culture of being risk averse
- Funding and commissioning of services
- Waiting lists for services
- National Trust need key strategic partners for countryside centre (growing crops and flowers)

## **How the Health Board can work better with the Third Sector**

### **E.g. Autism**

- No structure
- No pathway post-diagnosis
- Who's who?
- Poor communication
- Barriers with private diagnosis
- Need a list of approved assessment practitioners
- Improve waiting lists for diagnosis

### **E.g. Chronic pain programme**

- Medical and social models come together (works well)

### **E.g. GPs**

- Some GPs are good at referring to third sector
- Ditto some Practice Nurses

### **E.g. third sector**

- Knowledge of the sector is poor across health staff
- Different third sector set-ups in different counties

## **What Can We Do?**

- Rolling programme of training, podcasts, etc. required for health professionals (awareness raising) – resources!!!
- Staff need to realise that everyone is different (person-centred practice)

- More partnership working
- Recognise people's / organisations' great practice
- Continuity / consistency (people, pathways, practices)
- Respect patients as 'experts'
- Improve 'silo' working
- Video these network meetings and promote as podcasts to health staff

## **APPENDIX 2**

### **Gwynedd & Ynys Môn practitioners' Network 11 June 2019**

#### **TABLE 1**

##### **1 – What's important to you, thinking about joint working and effective partnerships?**

- Recognition + input
- Person to person approach (this needs to be recognised what third sector offers)
- Third sector plays key role in one to one relationship – e.g. can prepare, advise service users which helps Health Board
- Recognition of “added value”
- Equal partners and shared outcomes/priorities
- Link up to effective governance structures
- Learning culture from everyone/share learning
- Positive risk taking

##### **2 - What's working well at the moment?**

- Partnership working well (operational e.g. recovery house Bangor)

##### **3 – What needs to improve?**

- Better understanding of role, priorities and demands

#### **TABLE 2**

##### **1 – What's important to you, thinking about joint working and effective partnerships?**

- Mutual understanding of each other's services.
- Service users are clear about what the services offer.
- Effective relationships.
- Changes are implemented from ground level up.
- Early Intervention.

##### **2 - What's working well at the moment?**

- Events, consultation and engagement opportunities.
- Good community links and liaison.
- Referral systems.
- Drivers / context e.g. improvements in law + education.
- Awareness through advertising.

### **3 – What needs to improve?**

- Mapping of services available locally.
- Directory.
- Commissioning in partnership (joint funding)
- Person lead services rather than budget driven
- Improved information sharing systems / portals

## **TABLE 3**

### **1 – What’s important to you, thinking about joint working and effective partnerships?**

- Having networking opportunities like this.
- Effective communication.
- Breaking into new areas (counties) avoiding duplication.
- Effective signposting / pathway.

### **2 - What’s working well at the moment?**

- These events.
- Consulting with experts by experience.
- Third sector organisations supporting each other – raising awareness of services.

### **3 – What needs to improve?**

- Communication.
- Signposting.
- Including 3<sup>rd</sup> Sector in pathways.
- Connector in GP Surgeries.

## **TABLE 4**

### **1 – What’s important to you, thinking about joint working and effective partnerships?**

- Communication we are all equal and sometimes don’t feel that.
- Recognition of work that’s being done and the value of the third sector.
- Closer working connections and recognition of the additional value will strengthen other areas.
- Understanding the communities that are represented.
- Cumulative impact of range initiatives in an area.

## **2 - What's working well at the moment?**

- Working well when we know about an organisation we use them, as there is a need but often don't what's out there.
- Need to know what other people are doing – stop duplication.

## **3 – What needs to improve?**

- Transport services need to improve, it effects everything.
- Hard enough to know what's happening internally in our own organisation, even harder to know what might be happening externally.
- Sustainability is a challenge keeping things up to date even when you do share information.
- Funding issues Public sector needs to support third sector in their applications / bids.
- Should have digital exclusion.
- Regard to impact of rurality /access / Welsh Language /transport.
- Recognising and being responsive to the needs of vulnerable groups.

## **TABLE 5**

### **1 – What's important to you, thinking about joint working and effective partnerships?**

- Communication – sharing information.
- Avoid duplication.
- Saving money.
- Understanding & trust.

### **2 - What's working well at the moment?**

- Networking events.
- Good links with Mantell.
- Community connectors.
- Community (CRT)

### **3 – What needs to improve?**

- Connections between groups.
- Closer engagement with the Board.
- Improve communication.

## **APPENDIX 3**

### **CVSC Network Workshop 13<sup>th</sup> June 2019**

**Table 1**

#### **1 What's important?**

- Shared outcome frameworks – HB, SSD, Sector
- Perf indicators or measures for success, for benefit to community can't always measure for all clients quantifiable
- As joint working improves – outcomes improve – more quantitative journeys needed
- How do we capture evidence on individual journeys
- Use well-being goals as a general outcome measures
- Resilience, building confidence, e.g. weight not only measure
- Can't separate/segregate individuals of well-being aspects
- Listening is important "what matters" conversations.
- Sustainability of 3<sup>rd</sup> sector organisations
- Funding not short term – risk losing staff if no certainty
- Need to recognise time that's spent put into chasing funding

#### **2 What works well?**

- Through CVS – good relationships – big role to play
- Surprising partners (unsuitable bedfellows)
- Free foot care clinic (voluntary) – people will open up about health
- Schemes to keep people out of hospitals / away from healthcare / social prescribing
- Mental health recovery models EPP educating patients – good – have signposted many people
- Engagement practitioner networks – no client experience but sounds positive (is it too health focussed?)

#### **3 What needs to improve?**

- Funding support, recognise consortium approach, more away from competitiveness
- Supporting people to measure effectiveness and social value
- Consistency in methodologies
- Communication – tailored to hit the right target audience, tailor the language, images harder to reach groups
- Health literacy – targeting different ages. Use advocates? Face to face?
- Helping people understand that their voice really matter. GP/ consultations consultant take opportunity!
- "Open surgeries" in local communities where people can ask any questions?
- Community navigator can help direct people



- Wrexham hub – all organisations together
- Join up services better
- Systems to talk to each other
- Sharing of information
- Discussing clients

**Table 2**

**1 What's important?**

- Good communication and a clear pathway
- Recognition as a voluntary organisation + the limitations on resources we may have
- Funding + Commissioning to support Projects to enable sustainability – This can impact on client stability
- Uncertainty about future funding Project lengths

**2 What works well?**

- CVSC – Network, bringing people together
- Sharing information

**3 What needs to improve?**

- Recognising voluntary organisation – funding (financial fluctuation more sustainable funding)
- Not taking for granted
- More action and less talk
- More recognition of client feedback + journeys

**Table 3**

**1 What's important?**

- Continuity of funding, equal relationship (feel like poor relation) break down barriers
- Good established working relationships with health staff
- Recognised as a valuable service

**2 What works well?**

- Working with CRT Team (Llanwrst) rural collaboration/coastal
- Working with the community
- Using community resources available (e.g. clubs, lunches, exercise classes)
- Link with SPOA (single point of access) to follow referrals
- Making a difference to patients' lives improve their health & well-being

### **3 What needs to improve?**

- Communication
- Recognition + Respect (we are professionals too)
- Staff training (health)
- Confidentiality GDPR (general data protection regulations) – consistency to be able to support
- Information sharing
- Contact with GP practices i.e. we do not get feedback on our monthly reports to them (community navigators)

## **Table 4**

### **1 What's important?**

- Being included in decisions and meetings
- Good engagement – equal engagement between NHS + 3<sup>rd</sup> sector
- Being properly valued + recognition + respected

### **2 What works well?**

- Leighton Hospital, Crewe Good regular engagement between RVS (Robins volunteer service) + hospital – plan in place
- Sign posting “to each other”
- “Utilise own network”

### **3 What needs to improve?**

- Training offered by NHS to volunteers (this could make a difference)
- Recognition of social value of volunteers
- Improved communication
- Commission research around the benefits to the NHS of utilising volunteers + or commissioning 3<sup>rd</sup> sector
- Communication + engagement between commissioners + the commissioned

## **APPENDIX 4**

### **DENBIGHSHIRE VOLUNTARY SERVICES COUNCIL THIRD SECTOR NETWORK WORKSHOP 26 JUNE 2019**

#### **GROUP 1**

##### **What's important in effective joint working and partnerships?**

- That each organisation has a voice individually or via CVCs; & communication
- Involving 3<sup>rd</sup> sector in scoping & planning not just service delivery
- Communication at all levels – sharing agendas at more strategic meetings – transparency of decision making
- Strengthening relationships
- How can we make sure BCU HB know about us and what we do?
- Collaboration not competition

##### **What's working well at the moment?**

- Working well via funding from Awyr Las to do pilot in Conwy EMI Care Homes, so good links with Betsi, care homes, staff, family & residents
- Carer support officers in acute hospitals supporting family carers prior to discharge
- Community hub in Wrexham
- CALL helpline works well
- Parabl works well

##### **What are the current challenges?**

- Tension between consistency of funding & need to innovate
- To develop / agree a standard set of measures for well-being
- Scales of measuring, i.e. individual, community, town, county??
- Recognised and measure existing services that can prove to be working and are therefore fundable
- Dwindling budgets! Don't think that volunteers and goodwill will fill the gaps
- Innovation project funding can interfere with good standard services already working well, as organisations may have to choose between one and the other
- Health Board governance – tenders for any contracts over £25K?
- Reporting standardised with other bodies, e.g. MoJ, PCCO
- Client base served = funding allocation
- Sustainable funding, but may need review if priorities change / delivery
- How well do we engage with black and minority ethnic groups?
- Don't assume everyone can use the internet
- Dewis – works for professionals, not users
- Difficult for individuals to find out what groups are available

## **How can we improve?**

- Addressing pressure points for services at grass roots would help address priorities at LHB level
- Clear pathways / understanding scope of services (this related to referrals coming in from different places)
- Enable third sector organisations to have regular meetings with BCU HB, DCC departments e.g. social services
- Joined up relationship management between providers and BCU HB departments / boards
- Awareness of services and follow up by using them
- Ensuring that there is a standard mechanism in place for organisations of all sizes to tender for services
- Consistency in communicating what service provision is needed and how funded
- Personal contact sometimes better than meetings
- Forum – awareness of what's going on – working or not working
- Understanding the pressures at ground level could prevent crisis
- SARC – looking for stronger relationships with mental health team
- Long term funding
- Communication
- BCU HB should: understand that the 3<sup>rd</sup> sector have very limited resources to deliver volume high quality services

## **GROUP 2**

### **What's important in effective joint working and partnerships?**

- Respect for expertise
- Learning  $\longleftrightarrow$  both ways
- Awareness of power differences around the table
- Don't reinvent the wheel
- Consult at the beginning!
- Find out what's already there
- Trust us / third sector
- Get to know the sector – we are not all the same
- Less talking more action
- Embrace our expertise
- Having a Health Board rep at the groups today for discussions, not just third sector talking to each other!

### **What's working well at present?**

- 2026 – Dementia service started – that supports new diagnosis – keep & develop
- \* Our services! \*

- Vital funding

### **What are the current challenges?**

- BCU HB – not engaging passionately & effectively with knowledgeable / specialist third sector organisations!
- Duplication of services already there and proven to work
- Pathologising everything – look at holistic approaches / social model before medical model
- Not accepting family and individual expertise over “their” opinions
- Intimidating & power imbalance
- Co-production??? Lip service!!!

### **How can we improve?**

- Hold consultations on 3<sup>rd</sup> sector turf not in spaces which uphold the power imbalance
- Audience with BCU HB with 3<sup>rd</sup> sector presenting rather than BCU HB talking to....
- Upturn the model... people first, medicalising last

## **GROUP 3**

### **What’s important in effective joint working and partnerships?**

- Comms
- Co-production (genuine)
- Trust!
- \* Trust \*
- Being involved at the start of project ideas
- For everybody to be mindful of the ultimate outcome
- For all teams to understand who offers the best aspects of support
- Communication
- Sharing & complementing expertise
- Definitions!
- Better diversity within boards etc – equal power base, more balance
- Trust – comes from better understanding & valuing 3<sup>rd</sup> sector input & knowledge
- Trust!
- Diverse membership
- Same messaging for all sectors – simple to understand, often too strategic & jargonistic language, open to varying interpretation otherwise
- Timely information

### **What’s working well at present?**

- Enhanced discharge service, Red Cross & Wg
- Co-produced interventions
- Within Working Denbighshire
  - good rapport with other DCC teams (social services, housing etc)
  - Red Cross
  - Police / Fire Service
  - GP surgeries
  - community centres
- Community Resource Teams
- Trust
- Denbigh Hub
- Parabl – 1,000 referrals in 3 years
- Third sector has huge community knowledge, skills, value added, knows local landscape
- 3<sup>rd</sup> sector – sustainabilities – flexibilities
- Third sector able to respond quickly to local needs
- 3<sup>rd</sup> sector provides vehicle for responding in the short, medium & long term
- Excellent examples of collaboration, joint working with BCU HB e.g. Liver Trust
- Additional support available to enhance on the provisions of the NHS; third sector groups may have “more resources” to give their time
- Third sector already doing a huge amount! & have positive relationship with service users
- 2025 is example of great partnership working
- Opportunities for health professionals to use, develop skills
- Good will – amazing service / volunteers within sector
- BCU open to working in partnership – education / housing / HB / 3<sup>rd</sup> sector group
- Excellent working relationships with some third sector groups – example: Liver nurses / consultant / Liver Trust

### **What are the current challenges?**

- Mapping of third sector
- Acknowledge & value what is being done linking to prevention
- Lack of understanding & awareness of services available
- Not knowing who / which organisations are providing services & volunteers servicing the Health Board
- Effective communication links
- Knowing who to get in contact with
- Communities needs assessments
- Level playing field
- Grants don't take account of cost of living increases
- Capacity to do job at a high standard
- Service level agreements
- Disproportionate distribution of funding across north & south of county
- 3<sup>rd</sup> sector to charge corporate funders
- Bureaucracy – not rocket science, no flexibility
- Co-ordination – communication – linking to aims and objectives
- Transport, accessing services



- Funding – priorities, equitable
- BCU HB – seems not to listen, passes the buck
- Transport issues, needs, services focused in North
- Rural isolation
- Case study: SDCP – we provide Community transport to medical appointments. Service users (many / most) should be able to re-claim. System to do so too challenging. We are relieving demand on NHS transport – but have to sustain
- Contracts too short and insecure
- Commissioning & tendering processes (opaque, biased to large organisations)
- Need an approval mark symbol for 3<sup>rd</sup> sector providers that changes every year if service provider can deliver and works in line with Health Board governance
- BCU clinical staff need reassurance before signposting to third sector organisation i.e. have all checks been done prior to signposting patients / service users
- BCU staff not aware of 3<sup>rd</sup> sector providers
- No contracts / service level agreements / tender processes / opportunities

### **How can we improve?**

- Continuity of service and staff
- Stop duplicating and work together
- Clear aim, objectives, outcomes
- Further recognition
- Effective communication
- Acknowledge & value what is being done linking to prevention
- Value us!
- Social return on investment; finding a value ££ for what do
- Length of contract e.g. 12 months = not long enough if recruitment, implementation; min 2 years = if achieving ✓, if not then curtailed
- ? Does each school of medicine link with 3<sup>rd</sup> sector relevant to services
- Communication – people making connections with people, not databases
- Longer term fixed contracts (with uplifts)
- Recognising who the partners are – both theoretically & in the flesh
- Monitoring & evaluation processes

### **ADDITIONAL SET OF COMMENTS**

- Organisations working appropriately to their purpose (1)
- Mapping of third sector (3 & 1)
- Formula to find a ££ value, social value & return on investment (1 & 4)
- Directory (1)
- Service level agreements, fair tendering processes, clear decision making (1 & 4)
- More joint working, networking events that link together across north Wales via engagement practitioners' networks
- Acknowledge & value attributed to prevention (4, 3 & 1)
- Community needs assessment, recognise local model (3 & 1)

- One Bolton Partnership example
- Recognise partnerships e.g. local authority education (1)
- Outcomes, clear goals, clear aims, clear objectives (1 & 4)
- VSC are the supporters or providers, is it an equitable partnership, is there a conflict of interest

## APPENDIX 5

### North East Wales Well-being Network

11 July 2019

#### Feedback from discussion on draft principles for working with the third sector

- *Comments on the principles. What do we need to do to implement these?*

**Table 1**

- Improved understanding of what we do
- Joined up referral mechanism
  - elemental
  - community navigator
- Non-medical causes of ill-health given considerations
- First-responder referrals
- “home from hospital” info
- Better access to patients
  - info trolley
- Joined up, person-centred thinking
  - BPS model
- Patient empowerment
- PRUDENT HEALTHCARE PRINCIPLES
  - illness prevention
  - early prevention
- wellness promotion

**Table 2**

- CYP & easy-read publicity / jargon
- Memorable way of talking about the principles e.g. 6 “C”s
- Encouraging staff to attend events to network & learn about the sector
- Co-production – jargon word! What is it?
- Commission – fair funding – proportionality, equal access to info, involve service users & carers in process
- Outcomes – what are outcomes? Research based. Often confused with outputs
- Volunteering policy for staff – a couple of days a year to shadow at a local organisation
- Third sector representation / attendance at meetings – look at existing good practice e.g. MSK
- Third sector attending ward meetings to provide info

**Table 3**

Principles:

- Co-production – genuine & meaningful – “nothing about us without us” (citizens / patients)
- Respecting staff – when they are “staff” and when they are “patients”
- More awareness of 3<sup>rd</sup> sector – staff on the ground
  - more protected time for learning / training
- More focus on PERSON CENTRED PRACTICE
  - time & training to do this
  - too many databases / systems
  - “health passport” (third sector can help with this)

#### Actions:

- Continuing focus on supporting social prescribing
  - not just signposting though!
  - stimulate new community activities
  - changing culture from “fix me” to “help me fix myself”
- Work with the Co-production Network for Wales
- HOSPITALITY AND HOSPITALS

#### Table 4

- Third sector is not a cheap option
- Awareness & recognition – including social enterprise
- Equal partners? ✓✓ True equality of social prescribing
- Collaboration – with the sector and with social care
- Commissioning – social value, networks, Social Value Act
- Third sector vs public sector – equality of reporting (outcome measures)
- Accountability & governance – involve people in this, use feedback
- Hold to account for expenditure

#### Additional comments:

- Focus on geographical areas  
 Commissioning cycle, not function  
 Who can access funding?

**Strategy, Partnerships and Population Health Committee**
**3.9.19**

**GIG  
CYMRU  
NHS  
WALES**

 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**To improve health and provide excellent care**

<b>Report Title:</b>	EU Exit
<b>Report Author:</b>	Sally Baxter, Assistant Director – Health Strategy
<b>Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>To provide a verbal update to the Committee on work which is underway to plan and respond to the potential impact of exit from the EU. The date on which the UK will exit is 31 October. Business continuity and contingency plans are being developed to respond to the possible “no deal” scenario.</p> <p>The document attached has been produced by the Welsh NHS Confederation and provides a summary of key issues relating to EU Exit.</p> <p>Within the Health Board, the EU Exit Task &amp; Finish Group has recommenced and is reviewing the current assessment of risk and mitigation plans to ensure that appropriate measures will be in place. The Health Board is also working closely with regional and national forums. The designated SRO for EU Exit is the Director of Planning &amp; Performance.</p>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The report is being brought for information and to provide assurance on the work that is underway.
<b>Governance issues / risks:</b>	EU Exit is highlighted within the Corporate Risk Register (CRR18)
<b>Financial Implications:</b>	Any potential financial impact will be monitored.
<b>Recommendation:</b>	The Committee is asked to receive the update.

<b>Health Board's Well-being Objectives</b> (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	<b>WFGA Sustainable Development Principle</b> (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental		1.Balancing short term need with long	✓

health and well-being for all		term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
Equality Impact will be assessed as the position becomes clearer. A full Health Impact Assessment has been published by Public Health Wales.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*



A photograph of two men in a meeting. The man in the foreground has a beard and is wearing a blue and white checkered shirt. He is looking towards the right and has his hand raised as if gesturing. The man in the background is wearing glasses and a green shirt, and is looking down. A large red semi-circle is overlaid on the bottom half of the image.

# Brexit Preparedness Toolkit for the Welsh NHS

Part of the Brexit Transition Support Programme

July 2019

THE **WELSH NHS** CONFEDERATION  
CONFFEDERASIWN **GIG CYMRU**



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## Version History

Date	Update
25 July 2019	Created

## Introduction

**As the membership body representing all the organisations making up the NHS in Wales: seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales, we have been at the centre of Brexit developments.**

The impact of **Brexit** will be far reaching, no matter the outcome; but NHS organisations across Wales have worked together to plan for a no-deal scenario. The priority is that patients are not affected as a result of the Brexit process.

There is currently a high level of uncertainty about what the future relationship between the UK and the EU might look like. However, we need to continue our work in managing what Brexit will mean for the NHS in Wales in line with our **10 priorities for health and social care**. The health and care system is going to play a vital role in future negotiations and policy development.

## Purpose

The purpose of this document is to provide members of the Welsh NHS Confederation with a high-level summary of current preparations in Wales.

This document has been produced as part of the Brexit Support Programme funded by the Welsh Government European Transition Fund and is intended to support the NHS and other stakeholders in understanding the implications of a no-deal Brexit and possible and potential mitigation mechanism. This document is intended to be a tool to spark thinking about the longer-term policy and service implications as well as opportunities leaving the European Union may have for the healthcare sector in Wales.

## Key Messages

Health and social care organisations from across Wales have come together through the Welsh NHS Confederation's Policy Forum to outline the key issues and priorities during the Brexit withdrawal process and beyond. The Policy Forum does not take any stance on the merits or otherwise of Brexit. Its aim is to make sure that we are in the strongest possible position once the UK leaves the EU.



1. Recruitment of high calibre professionals and trainees from the UK and abroad to work across the health and social care sector



2. Continue to recognise the professional qualifications for people trained in the EU27



3. Protection of workers' employment rights and the rights of patients and people who use care and support post-Brexit



4. UK health and social care organisations continue to participate in EU networks and programmes



5. Patients continue to benefit from early access to innovative technologies on the EU market and participate in clinical trials



6. Regulatory alignment for the benefit of patients, people who use care and support, and public health to ensure early access to innovative health and care technologies



7. Reciprocal healthcare arrangements preserved



8. Robust co-ordination mechanisms on public health and well-being standards to guarantee equal or higher safety



9. A strong funding commitment for the health and social care sectors



10. Engagement between the Welsh Government and the UK Government protecting the interests of health and social care organisations in Wales

You can read the full briefing [here](#).

## Areas of Responsibility

While health is devolved to the National Assembly for Wales, there are many aspects that remain under the jurisdiction of the UK Government through to a local level.

**Table 1: Summary of the areas of responsibility at UK and Welsh Government level**

Area	Organisations involved
<b>UK level</b>	Medicines Radioisotopes Blood Product Supplies Public sector food Fuel supplies Reciprocal Healthcare – international agreements Mutual Recognition of Professional Qualification (MRPQ) Health protection security Health for Growth (Third Health Programme)
<b>UK level with devolved areas involving Wales</b>	Non-UK EU citizens Immigration (Settled Status and Skills based immigration system) Policy areas: Organs, Tissues and Cells, Blood Safety and Quality Standards, Tobacco Related Products, Nutrition legislation Research and Innovation Reciprocal Healthcare - delivery
<b>Wales level</b>	Medical Devices and Clinical Consumables (MDCCs) Operational readiness and preparedness in the service Information Security Cross border issues Workforce Health Equity Charging for Overseas Visitors healthcare
<b>Local Procurement Teams</b>	Medicines Radioisotopes Blood Product Supplies Public sector food Fuel supplies Reciprocal Healthcare – international agreements Mutual Recognition of Professional Qualification (MRPQ) Health protection security Health for Growth (Third Health Programme)

The UK Government has issued guidance in terms of Brexit and the role of the Welsh Government and the National Assembly. The following are some examples of the guidance issued to date:

### **UK Guidance:**

- **EU Exit secondary legislation laid with impacts on local government**
- **Local government Brexit preparedness**
- **Exiting the European Union**
- **Trade Bill factsheet: devolution**

## Planning for a possible no-deal scenario

The Welsh Government and the NHS in Wales are committed to maintaining high-quality health and social care services by preparing for a potential 'no-deal' Brexit. Currently the UK Government has agreed with the EU a further extension of the Article 50 period to no later than 31 October 2019. This also allows the flexibility to leave the EU earlier if a Withdrawal Agreement can be agreed before that date. In that case, the UK would leave with a deal.

However, the legal default in UK and EU law remains that, until a deal is agreed and ratified by the UK Parliament, the UK will leave the EU on 31 October 2019. Therefore there remains a risk of a no-deal exit by the end of the current extension period.

Via Local Resilience Forums, arrangements have been put in place for information to flow into the Emergency Co-ordination Centre (Wales). NHS contingency planners will be aware of these arrangements, which are intended to support co-ordination and communications across the health and social care sector through the Brexit period.

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### Key Future Dates:

<b>25 July</b>	The date on when the House of Commons would be expected to rise for summer recess.
<b>3 September</b>	Date on which the House of Commons would likely to return from summer recess.
<b>8 October</b>	The date MPs would return to parliament, 18 working days before the UK is due to leave the EU.
<b>17-18 October</b>	EU leaders meet for the final European council summit before the UK's extension is due to expire.
<b>31 October</b>	The six-month Article 50 extension will expire.





## Medical Devices and Clinical Consumables (MDCC)

**Aim: To increase the resilience of supply chain disruption in Wales through targeted investment in dedicated warehousing and stock; and to connect effectively with the UK's National Supply Disruption Response arrangements where needed.**

A medical device is broadly any piece of equipment or technology used when diagnosing or treating a disease (such as mechanical heart valves), while clinical consumables are those items that are to be used or consumed.

### Preparations which have been taken include:

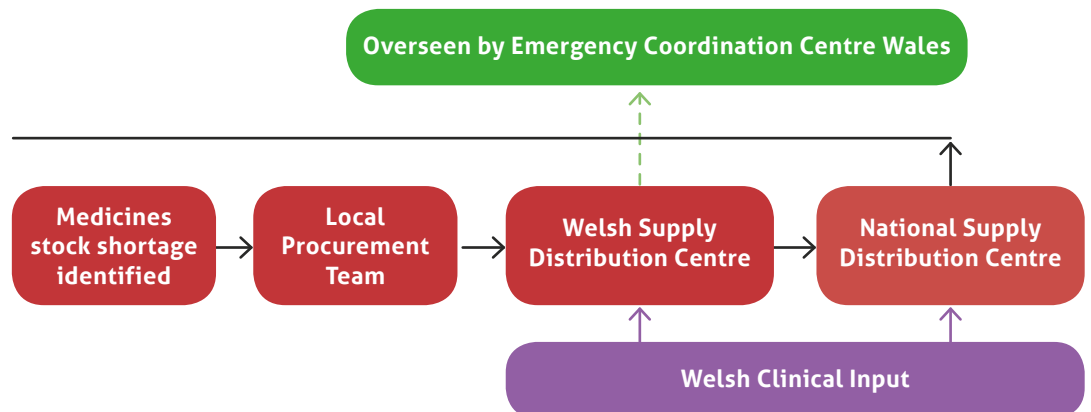
- An extensive review of supply and use of devices and consumables (+13,000 products) in Wales;
- Any higher risk items have been identified and are being managed;
- Increased investment in warehousing and additional stock. If a deal is agreed, the stock will be released for normal consumption. Date limited stock will be consumed and replaced; and
- The establishment of a Supply Disruption Centre in Wales.
- **UK Guidance: Regulating medical devices in the event of a no deal scenario.**

### Arrangements in place include:

- The NHS continuing to operate as usual through local procurement teams;
- Adequate buffer stocks in place to maintain supplies; and
- Contingency support for Social Care if needed.

**No change to normal 'business as usual'; any MDCC supply issues should be reported through local procurement teams.**

### MDCC Escalation Process



As part of their business continuity arrangements, NHS organisations in Wales should consider:

- Any adjustments required should changes be made to the delivery of goods;
- The local management of potential substitutions (subject to Welsh clinical input); and
- Orders are placed at the earliest possible time.

**The Welsh arrangements were tested by Welsh Government in March 2019 and given a reasonable level of assurance that robust continuity arrangements are in place should they be required.**



**Aim: To maintain continuity and supply of medicines, including radioisotopes, and connect effectively with UK's National Supply Disruption Response arrangements where needed.**

## Medicines

Medicine shortages already occur. Wales has arrangements and expertise to manage with the support of the Medicines Supply Team in the Department of Health in England and is taking extra steps to prepare for any disruption.

### **Preparations which have been taken include:**

- Six weeks stock buffer and revised assured arrangements for short life supplies (e.g. radioisotopes) at UK level;
- Detailed intelligence on 'at risk' medicines used in primary and secondary care in Wales is being developed and refined;
- Wales has a Medicines Shortages Advisory Group which gathers intelligence; secures appropriate clinical advice; and advises on a response to disruptions; and
- A Pharmaceutical Officer - Contingency Planning (Medicines) has been seconded into Welsh Government to lead on essential work around current and potential medicines shortages.

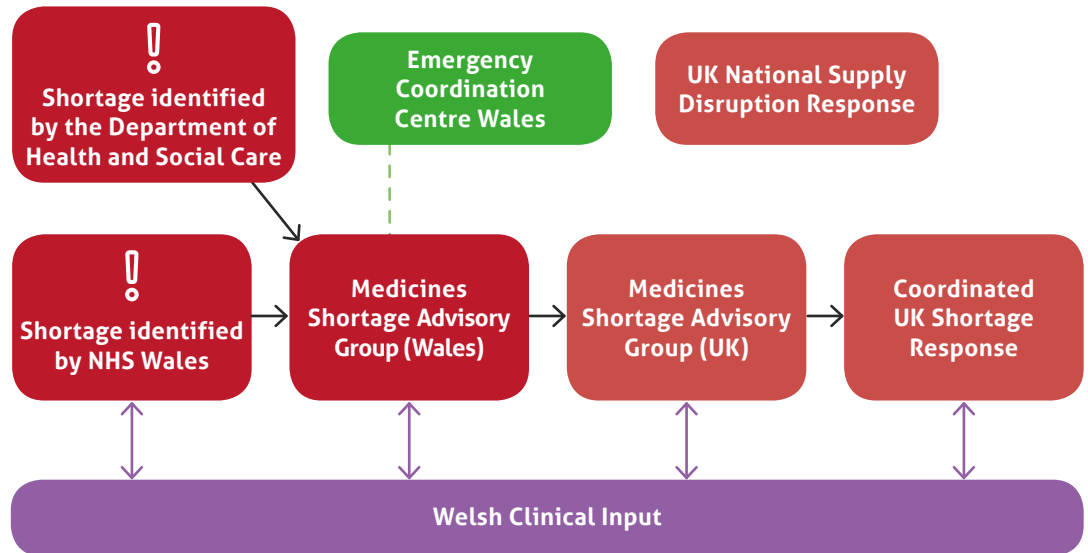
**If there was a disruption to the supply of medicine, then there are well established procedures in place (**Medicines Supply Chain Contingency Programme**). In the event of a shortage, people might find the brand of the medicine they receive could change or in some circumstances they will receive another medicine that has the same clinical effect (see **WHC/2019/005**).**

### **Other arrangements in place include:**

- Tested and proven escalation arrangements for cases of longer-term shortages;
- High risk medicines monitored on case by case basis; and
- Providing effective information flows and local intelligence via their Chief Pharmacists.

**For UK level Guidance on Medicine Supply, see **Annex 1**.**

## Medicines Escalation Process



The Welsh NHS and Welsh Government have a high level of assurance that robust continuity arrangements are in place should they be required.



## Blood Supply Chain/ Organ and Tissues

**Aim: To maintain the continuity and supply of blood, blood products or tissues, organs and cells; and to connect effectively with the UK's NSDR arrangements where needed.**

Significant work has been undertaken across the UK in relation to providing assurance regarding the blood supply chain, blood components and blood products, and devolved nations are being engaged (in Wales this is done by the Welsh Blood Service (WBS)). Should supply issues occur as a result of Brexit, critical supply issues would be managed in the first instance via the National Emergency Planning and Resilience and Response Work Stream.

Work has also been undertaken across the UK in relation to providing assurance regarding organs and tissues, and devolved nations have been engaged. In event of a no deal, UK establishments responsible for the import or export of tissues and cells from/to EU member states will require a licence that covers this activity as the UK would become a 'third country' on existing the EU.

### Preparations which have been taken include:

#### Blood

- Revised mutual aid agreement across UK and Ireland;
- Maximised critical inventory stock;
- Critical equipment maintenance programmes brought forward;
- Joint Professional Advisory Committee will consider derogations to Regulations if critical supply chain issue; and
- Will utilise the existing National Blood Shortage Plan.

#### Blood Products

- Welsh Blood Service holds the wholesaling license for Wales;
- Engagement with suppliers, UK level management of shortages; and
- International shortages exist and Medical Directors are aware.

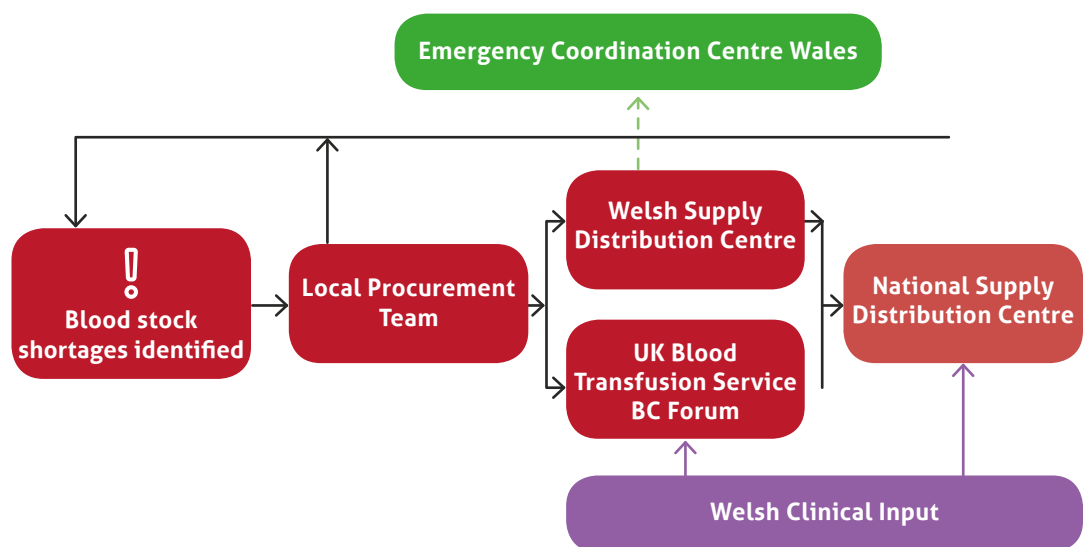
#### Tissues, Cells and Organs

- UK wide assurance on organ retrieval service run by NHS Blood and Transplant;
- Human Tissue Authority produced Statutory Instrument for import and export of tissues and cells; and
- Advice issued to NHS Wales.

#### UK Guidance:

- Quality and safety of **human blood and blood products** and **human organs, tissues and cells** if the UK leaves the EU without a deal
- **Apply to release a vaccine or a blood product to market**
- Applying for, or varying, a licence **for human tissues**

### Blood Escalation Process



The Welsh NHS and Welsh Government have a high level of assurance that robust continuity arrangements are in place should they be required.

## Public Health Security

**Aim: To maintain the continuity, supply and readiness of public health security measures.**

### **Preparations which have been taken include:**

<b>Vaccines</b>	<ul style="list-style-type: none"> <li>Assurance from Public Health England received on stocks centrally procured vaccines (six-month stockpile). The Department of Health in England has a position that coordinates arrangements for supply of non-centrally procured vaccines across the UK; and</li> <li>There are no major issues anticipated for any vaccination programme.</li> </ul>
<b>Port Health</b>	<ul style="list-style-type: none"> <li>Welsh sea ports – Port health plans have been reviewed, no gaps have been identified;</li> <li>Cardiff Airport – The International Health Regulation State Party Self-Assessment Annual Porting Tool completed;</li> <li>All Health Protection Consultants are designated Port Officers; and</li> <li>The Port Health Expert Panel will monitor port health needs continuously.</li> </ul>
<b>Training and capability</b>	<ul style="list-style-type: none"> <li>Training and capability arrangements are in place for epidemiology and microbiology. Alternative microbiology training remains unresolved at a UK-level, however this is deemed to be low risk;</li> <li>Alternative epidemiology training considered – The two-year European Transition Funding awarded, will enable the Public Health Wales NHS Trust to join the UK Field Epidemiology Training programme; and</li> <li>Work is ongoing across the four nations regarding microbiology training and to source funding.</li> </ul>
<b>Surveillance and early alerting</b>	<ul style="list-style-type: none"> <li>Assessment of alternatives to early alerting and response systems are currently provided by European Centre for Disease Control (ECDC) in the event of a no deal;</li> <li>Alerts will continue to be received via the UK national focal point through Public Health England under World Health Organisation International Health Regulations; and</li> <li>The UK Government is in discussion with ECDC and other European agencies to explore alternative options.</li> </ul>
<b>Data and databases</b>	<ul style="list-style-type: none"> <li>No patient and personal data in respect of Health Protection is held by EU authorities that is not already replicated in Wales.</li> </ul>
<b>Illicit drugs</b>	<ul style="list-style-type: none"> <li>Currently Public Health Wales receives intelligence from the European Monitoring Centre for Drugs and Drug Addiction. In the event of a no deal, access is likely to be removed.</li> </ul>
<b>Microbiology culture / media supplies and consumables</b>	<ul style="list-style-type: none"> <li>Review of all suppliers and written assurance received of supply and continuity;</li> <li>Suppliers provided assurance of additional stocks; and</li> <li>Public Health England has both stocks and supply in the event of an outbreak.</li> </ul>

## Key chemical altering information

- Two alerting networks reviewed (Rapid Alerting System for Chemicals and Early Warning Response System), the impact remains unknown;
- International Health Regulations (IHR) apply to chemical alerts and will be unaffected.

**See Annex 1 for UK level Guidance.**

**Specific assurance has been provided in relation to these issues, via Public Health England, and through the testing of arrangements. There is an overall high level of assurance that robust continuity and/or mitigating arrangements are in place should they be required.**



Preparatory work has been undertaken by all Local Authorities in Wales with input from national bodies, including the Welsh Local Government Association, Care Forum Wales and the Association of Directors of Social Services (Cymru).

## Social Care

**As a result, it is anticipated that a 'business as usual' approach will be adopted with any issues being raised via providers to relevant Local Authority through existing processes. Mechanisms are also in place to gather intelligence and for this to feed into the Emergency Coordination Centre Wales (ECCW) to support early warnings around any potential areas for concern.**



## Health and Social Care Workforce

**Aim: To assess the potential implications of Brexit on key roles within health and social care.**

The health and care sector strongly values the contribution from its skilled non-UK EU employees, and is working with UK Government to ensure their rights are protected and they can continue to work in the UK. An **analysis** of the potential impact of Brexit on the social care workforce has been undertaken by Ipsos MORI. An estimated 6.4% of staff within registered social care settings and 4.5% of staff within registered childcare services in Wales are non-UK EU nationals, which equates to around 2,060 to 3,730 social care workers, and between approximately 410 and 1,100 childcare workers. The report does not identify any immediate short-term issues but does reflect that existing recruitment and retention issues may be exacerbated over the medium to long-term.

According to the latest figures (May 2019) 1,570 individuals directly employed by the NHS in Wales identify themselves on the Electronic Staff Record as EU nationals (2% of the total workforce) on the Electronic Staff Record. Although this percentage is low, it includes a significant amount of trained, qualified and dedicated staff who could not be replaced in the short term and the impact is varied across staff groups. For example, 6% of medical and dental professionals working in the Welsh NHS identify as EU nationals.





## Reciprocal Healthcare

**UK Guidance:**

- **Employing EU, EEA and Swiss citizens and their family members after Brexit**
- **Workplace rights if there's no Brexit deal**

**Aim:** To ensure that healthcare entitlement arrangements are in place for UK citizens living within the EU and that rights and entitlements to healthcare provisions are reciprocated to the EU nationals already living in the UK.

**Preparations which have been taken include:**

- Existing policy and procedures reviewed and new legislation has been passed. The UK Government is currently looking at the future arrangements for reciprocal healthcare; and
- Until a deal is passed, there can be little negotiations with the EU as a whole, therefore the UK Government has released several pieces of guidance on what this means through bilateral agreements.

**In the event of a no deal Brexit, the UK government will aim to continue the reciprocal healthcare arrangements as far as this can be negotiated.**

The UK Parliament has passed legislation, the **Healthcare (European Economic Area and Switzerland Arrangements) Act 2019**, to enable new reciprocal healthcare agreements with EU countries to be put in place. Without a deal while some reciprocal healthcare rights may continue through different mechanisms, they may not be available across the whole of the EU.

**UK Guidance:**

- **Overseas visitor charging: guidance for NHS service providers on updates to regulations**
- **UK residents visiting the EU, EFTA and Switzerland: Healthcare**
- **UK nationals living in the EU, EFTA and Switzerland: Healthcare**
- **Healthcare for EU and EFTA nationals living in the UK**
- **Healthcare for EU and EFTA citizens visiting the UK**

**The Welsh and UK Government are working together to ensure the interests of Wales are properly recognised and represented.**

## Bilateral agreements to protect reciprocal healthcare and other rights for UK nationals living in Europe



Click on the map or the countries listed below.

Austria  
Belgium  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia

Finland  
France  
Germany  
Gibraltar  
Greece  
Hungary  
Iceland  
Ireland

Italy  
Latvia  
Liechtenstein  
Lithuania  
Luxembourg  
Malta  
Netherlands  
Norway

Poland  
Portugal  
Slovenia  
Spain  
Sweden  
Switzerland

## Other areas

**Fuel Supply:** Following further analysis at a UK level, **the risk level has been reduced**.

**Food Supply:** **Preparations which have been taken include:**

The Welsh Government is confident the food system will cope with a no deal situation in all parts of Wales. There will be enough food supply, but the choice and variety of products available, specifically some fresh produce, may be reduced for a period of time.

**Arrangements in place include:**

As part of the wider UK Government contingency planning work, the Welsh Government will help manage any difficulties that might arise in smaller or more remote communities.

**The assessment is that the large public service providing organisations are secure.**

**Operational readiness:** **Aim: Ensuring local organisations have robust, and tested, business continuity arrangements in place and ensuring that effective information flows exist across the health and care system and link to Local Resilience Forums (see page 6).**

**Preparations which have been taken include:**

Organisations have reviewed and tested their business continuity plans. Specific national contingencies have also been put in place to provide increased resilience (e.g. MDCC supply chain arrangements).

**Welsh Government is working with health and social care organisations across Wales to ensure services are protected, as much as possible, from any disruption a no deal Brexit could cause at a local, Wales and UK level.**

**Arrangements in place include:**

- Business continuity plans within NHS Wales and Local Authorities can be activated if required;
- Gather, analyse and disseminate information locally, at a Wales level (**Preparing Wales**) and at the UK level (**Preparations for Exiting the EU**).

**Information Security:** **Aim: Ensuring robust arrangements are in place to manage any information/data security incident.**

**Preparations which have been taken include:**

- NHS organisations have reviewed information asset registers and business continuity testing has been undertaken;
- Existing cyber incident protocols and arrangements are activated;
- UK Guidance: **Using personal data after Brexit**.



## If the Withdrawal Agreement is passed

Although there has been a second extension granted by the EU until 31 October, and the NHS remains prepared if a no-deal situation arises, the UK Government has reiterated it is their intention to leave the EU with a deal.

The UK Government has made several attempts to pass the Withdrawal Agreement and have had cross-party talks in an attempt to pass the Agreement through Parliament. These talks have since broken down.

However, until such a time that a deal is passed or there is more clarity around the situation, the NHS in Wales must ensure contingency plans are in place while working through a period of uncertainty.

The Welsh NHS Confederation will continue to represent its members and their views at the various forums, meetings and events that will take place during this time. We will continue to keep members and stakeholders informed of the developments through our regular Brexit Newsletter. To sign up please email [BrexitFAQs@welshconfed.org](mailto:BrexitFAQs@welshconfed.org).

Once a deal is reached, we will be able to move on to the next phase of negotiations, planning for the medium- and longer-term policy implications, and ensuring that people in Wales continue to have access to safe and high-quality health and social care services.

## Issues beyond no-deal planning

**For more information relating to health and social care workforce, please visit the [Cavendish Coalition website](#).**

### Settled Status Scheme

The EU Settled Status Scheme is an initiative launched by the UK Government and is open to all EU/EEA citizens living in the UK prior to the exit from the EU, so they and their families can continue to live in the UK. It is now free to apply, and the deadline for applications is 30 June 2021 if there is a deal, or 31 December 2020 if there is no deal.

#### **Preparations which have been taken include:**

- Assessments have been made by individual organisations of potential implications;
- A lead for each NHS organisation has been identified;
- Research was commissioned by Welsh Government into implications for social care workforce; and
- No short term issues identified, although the social care research highlighted that Brexit could exacerbate existing issues.

#### **UK Guidance**

- **Pecyn cymorth y Cynllun Preswyllo'n Sefydlog i Ddinasyddion yr UE: Cymraeg (Welsh)** (Promotional material)
- **Response to an inspection of the EU Settlement Scheme**
- **EU Settlement Scheme public beta testing phase report**
- **Stay in the UK after it leaves the EU ('settled status'): step by step** (Services)
- **Apply to the EU Settlement Scheme (settled and pre-settled status)** (Services)
- **Example case studies: EU Settlement Scheme** (Case Study)
- **EU Settlement Scheme community leader toolkit: Welsh materials**
- **EU Settlement Scheme: employer toolkit**

For more information on the UK Guidance around the Settled Status Scheme, please see **Annex 1**.



## Skills-based immigration system

In December 2018, the UK Government published the Immigration White Paper on a new Skills-based Immigration System, which will apply to all nationalities (including EU citizens) who wish to live in the UK in a post-Brexit environment. EEA citizens are a hugely valued and appreciated part of the workforce, caring for service users and patients and should be treated as such. The key principles around the White Paper include:

- Ensuring the new immigration system does not worsen any already existing workforce recruitment and retention issues as well as workforce gaps;
- Many social care and health jobs do not fulfil the requirements for the minimum skills or salary levels of the current non-EEA immigration. It is vital that the £30,000 salary threshold be reviewed and replaced with criteria that allow our sector to recruit and retain the workers needed to fill gaps in the UK workforce;
- Ensuring international recruitment forms part of a costed and holistic future workforce strategy. The proposals within the White Paper could have a destabilising effect on our workforce; and
- It is vital for the health and social care sector that any future immigration policy supports the delivery of high quality public services – allowing us to remain world-leaders and meet the needs and expectations of service users across the UK.

### UK Guidance

- **The UK's future skills-based immigration system**
- **EU immigration after free movement ends if there's no deal**
- **Staying in the UK for longer than 3 months if there's no Brexit deal**
- **Continue to live in the UK after it leaves the EU**
- **Important EU Exit information for UK nationals if there's no deal**
- **UK nationals living in the EU: essential information**
- **The UK's future skills-based immigration system: engagement programme**





## Mutually Recognised Professional Qualifications (MRPQs)

**Aim: Ensure appropriate arrangements are in place for the registration of professionals qualified in EU to work in UK**

**In a deal situation**, The **Mutual Recognition of Professional Qualification Directive** will continue until 31 December 2020. UK regulators will work with the Department of Health and Social Care over the next two years (2021) to review arrangements for the processing of international applications to the register from individuals who have gained their health professional qualification outside of the UK.

**In a no-deal situation**, Healthcare professionals who apply to have their qualification recognised by a UK regulator (e.g. General Medical Council, Nursing and Midwifery Council, etc) before the agreed leave date, will have their application concluded under current arrangements. The Department of Health and Social Care has introduced a **Statutory Instrument** which maintains existing recognition arrangements for EEA and Swiss professional qualifications, as far as possible, for a period of two years after the UK leaves the EU. From the agreed leave date, qualifications currently automatically recognised, will continue to have similar treatment for at least two years. UK regulators will work with the Department of Health and Social Care over the next two years (2021) to review arrangements for the processing of applications to the register from individuals who have gained their health professional qualification outside of the UK.

### **Preparations which have been taken include:**

- Review of the current arrangements undertaken at UK level; and
- UK Government passing **UK Healthcare (European Economic Area and Switzerland Arrangements) Act**.

**The UK Government is developing Statutory Instruments to extend current reciprocal arrangements on a transition basis.**

#### **UK Guidance**

- **Recognition of professional qualifications: guidance for regulatory bodies**
- **Guidance on qualified person responsible for pharmacovigilance (QPPV) including pharmacovigilance system master files (PSMF) if the UK leaves the EU without a deal**
- **EU guidance documents referred to in the Human Medicines Regulations 2012**

## Useful Resources

### UK Government Resources

#### Prepare for EU Exit

[How to prepare if the UK leaves the EU with no deal](#)

[Immigration if the UK leaves the EU with no deal](#)

[EU Settlement Scheme Employer Toolkit](#)

[Apply to the EU Settlement Scheme](#)

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### Welsh Government Resources

#### Preparing Wales

[Preparing Wales for a no deal Brexit](#)

#### Health and social care guidance and updates

[Health and social care sector planning for a no-deal Brexit](#)

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### Welsh NHS Confederation Resources

#### Brexit Preparedness in NHS Wales Briefing

[Managing EU withdrawal in health and social care in Wales FAQs](#)

[Brexit and health: what's at risk in event of no-deal?](#)

#### Brexit Health Alliance

Bringing together the NHS, patient organisations, medical research and healthcare industries to campaign for the interests of patients and the wider healthcare sector post-Brexit

#### The Cavendish Coalition

Committed to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care

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### Other

[The Public Health Implications of Brexit in Wales: A Health Impact Assessment Approach](#)

[Brexit Health Hub](#)

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[www.welshconfed.org](http://www.welshconfed.org)

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Registered Charity No: 1090329  
July 2019

THE WELSH NHS CONFEDERATION  
CONFFEDERASIWN GIG CYMRU 



<b>Report Title:</b>	Update on Promoting Healthy Weight (adults) in BCUHB
<b>Report Author:</b>	Ms Rebecca Masters, Consultant in Public Health Mr Bob Baines, Principal Public Health Practitioner
<b>Responsible Director:</b>	Miss Teresa Owen, Executive Director of Public Health
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	The purpose of this paper is to provide an overview of the Health Board's current provision of services that support adults to maintain a healthy weight, the related surveillance data, and to describe the new level two service that is under development.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This work features in the BCUHB's Annual Plan for 2019/20 with updates on progress presented at the Health Improvement and Inequalities group, (and going forward at the Health Improvement, Health Inequalities Group (HIRIG) meeting).
<b>Governance issues / risks:</b>	This is a high priority to the Health Board given the risk to population health if the levels of overweight and obesity are not addressed.
<b>Financial Implications:</b>	Significant financial risks to the health board over the next decade if we fail to reduce levels of overweight and obesity amongst the North Wales population, due to increases in related conditions such as diabetes, stroke, coronary heart disease and cancer.  Funding has recently been approved for the development of the Adult level 2 Obesity Pathway.
<b>Recommendation:</b>	The Committee is asked to:  1. <b>Note</b> the opportunity for continued improvement in supporting the adult population of North Wales to achieve and maintain a healthy weight.  2. <b>Endorse</b> the approach being taken to: 1. Develop the Obesity Level 2 service. 2. Maintain the Obesity Level 3 service 3. Review the Obesity Level 4 service 4. The collaborative approach taken to reduce food poverty

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	<input checked="" type="checkbox"/>	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	<input checked="" type="checkbox"/>
3.To support children to have the best start in life	<input checked="" type="checkbox"/>	3. Involving those with an interest and seeking their views	<input checked="" type="checkbox"/>
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	<input checked="" type="checkbox"/>	4.Putting resources into preventing problems occurring or getting worse	<input checked="" type="checkbox"/>
5.To improve the safety and quality of all services	<input checked="" type="checkbox"/>	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	<input checked="" type="checkbox"/>		
7.To listen to people and learn from their experiences	<input checked="" type="checkbox"/>		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b> <a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b> EQIAs have been undertaken on the existing obesity pathway services developed in the Health Board.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Board/Committee Coversheet v10.0

**Update on Promoting Healthy Weight (adults) across BCUHB**

## 1. Purpose of report

The purpose of this paper is to provide an overview of the Health Board's current provision of services that support adults to maintain a healthy weight, the related surveillance data, and to describe the new level two service that is under development.

## 2. Introduction

Excess weight and obesity are increasingly common in Wales and the wider UK. This is a cause of significant public health concern, as carrying excess weight can have profound implications for an individual's physical and mental health. Poor diet and a sedentary lifestyle are the main causes of overweight and obesity. Data from the latest lifestyle survey for Wales provides us with insight as to the levels of overweight and obesity amongst adults, as well as an understanding as to why the levels are as high as they are.

In order to understand the best value evidenced based approaches we need to have a clear definition of a measure whether a person is overweight or obese, and an understanding of the numbers of population affected. Adults are assessed to see if they are overweight or obese using their body mass index (BMI kg/m). A BMI measured between 18.5- 24.9 is classified as a healthy weight, while BMI's up to 18 are classified as underweight.

### Surveillance data:

The following table shows the cut-off points for weights deemed to be overweight or obese. In addition, indicative estimates are provided for numbers of patients within North Wales in each BMI classification. *Please note that the data provided in the table below is a few years old. Given the consistent upward trajectory of rates of overweight and obesity over the past 200 years, it is highly likely that the prevalence of overweight and obesity in North Wales is higher than stated below.*

Classification	BMI (kg/m <sup>2</sup> )	% of the North Wales population	Estimated North Wales numbers
Overweight	25.0-29.9	36%	249,120
Obesity I	30.0-34.9	18.3%	126,636
Obesity II	35.0-39.9	1.5%	10,380
Obesity III	40 or more	0.2%	1,384

Source: PHW 2014 Welsh Health Survey obesity resource , Mid-year population estimates (MYE) Office for National Statistics (ONS) <http://howis.wales.nhs.uk/sitesplus/922/page/60386>

Therefore in North Wales, 54 % of adults self report being overweight or obese, with 18% of these being obese. This compares with 60% and 20% respectively at the all Wales level.<sup>2</sup> (Appendix 1)



We know that eating a diet rich in fruit and vegetables can be beneficial to maintaining a healthy weight. However, 69% of the adult population of North Wales do not regularly eat the daily recommendation of five portions of fruit or vegetables with 8% reporting that they ate no fruit or vegetables on the day prior to the survey<sup>2</sup>.

Similarly, getting enough exercise is known to improve both physical and mental wellbeing. Despite this, only 55% of the adult population of North Wales report that they are active for at least 150 minutes per week, with 31% reporting that they are active for less than 30 minutes per week.

We also know that far more men than women are overweight or obese and that those in our disadvantaged communities are more likely to be obese than those living in more affluent areas<sup>3</sup>.

**The impact of overweight and obesity:**

## OBESITY

### Impact on health and wellbeing in Wales



**Having a higher BMI**  
is the **leading risk factor** for living with  
a long term illness<sup>1</sup>

Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of cancer, kidney disease, obstructive sleep apnoea, gout, osteoarthritis, and liver disease, among others. Obesity is also associated with and contributes to a shortened lifespan. It can also impair a person's well-being, quality of life and ability to earn. Some people may also experience psychological problems such as low self-esteem, poor self-image, and low confidence levels.

Weight loss reduces all of these diseases in a dose-related manner: the more weight lost, and the closer to a healthy weight the individual becomes, the better the outcome<sup>1</sup>.



If the status quo is maintained in North Wales, the financial and health burden associated with obesity and overweight will increase further. Considerable financial constraints on health funding mean that we need to shift our focus upstream, to prevent the wide range of weight-related chronic conditions from occurring in the first place.

### **The legislative and policy context**

The Public Health (Wales) Act 2017 placed a duty on the Welsh Ministers to publish a national strategy on preventing obesity and reducing obesity levels in Wales. The Welsh Government consulted on the themes and proposals that this strategy will need to address and the consultation, Healthy Weight: Healthy Wales took place between January and April 2019. Tackling obesity and supporting adults to maintain a healthy weight will take a whole system approach to tackle a complex set of factors. Multi organisational and cross sector partnerships were highlighted as being critical elements of success, along with an approach that recognises that local areas have different needs, assets and opportunities, indicating that collaboration will be a core component for future delivery.

The key themes contained within the proposal were:

- **Leadership and enabling change:** to drive improved leadership and accountability to deliver Healthy Weight: Healthy Wales across all sectors.
- **Healthy environments:** to create an environment which supports everyone to make healthier food and activity choices.
- **Healthy settings:** to create healthy settings so that people can access healthy meals, snacks and drinks and be physically active.
- **Healthy People:** to provide the opportunities for people and communities to achieve and maintain a healthy body weight.

The BCUHB response to the consultation took a collaborative approach through completing a series of engagement events and professional group forums to consider the questions raised by the consultation and provide an informed response.

A Healthier Wales: Our Plan for Health and Social Care (2018) highlights the shift required, with a focus on better prevention and self-management that will improve population health and wellbeing and seamless services when individuals need additional support<sup>4</sup>.

The Wellbeing of Future Generation (Wales) Act (2015) describes the five ways of working as planning for the long term, meaning that the challenges will be identified earlier so that preventative action can be taken. As things occur in complex systems, they are interconnected so we need to plan and deliver in an integrated way. By taking this integrated approach, we realise the value of co-operating and collaborating with others and this leads us to involve the people who use our service and the staff who deliver them<sup>5</sup>. Our healthy weight for adults work plan is aligned to these principles.

### **3. Activity update**

A Healthier Wales<sup>4</sup> describes prevention and early intervention as acting to enable and encourage good health and wellbeing throughout life, anticipating and predicting poor health and wellbeing. This can be enabled by implementation of *The All Wales Obesity Pathway (2010) [Appendix 2]* which gives a structured pathway that allows a preventative approach to be taken and facilitates the seamless transfer between different levels on the pathway, and between services.

It should be noted that the majority of preventative action for obesity across the population will take place in the early years and children settings and these will include the promotion of breast-feeding, healthy pre-school scheme and the healthy school scheme.

### **Current service provision**

Level one on the pathway aims to prevent or delay the onset of disease in those who do not yet have it, but may develop it in the future. This 'primary prevention' method can include a range of programmes that promote healthy eating and/or physical activity amongst the whole of the population. Current level one programmes in North Wales include:

- Let's Get North Wales Moving
- Corporate Health Standard (for work places – delivered by Public Health Wales)
- Community based 'Come and Cook' programmes (delivered by the BCUHB Dietetic team)
- Kind Eating (delivered by the BCUHB Dietetic team in the West area)

Level two of the pathway aims to prevent or delay further progression or complication in people who are already overweight or obese. These 'secondary prevention' programmes include:

- Foodwise, (delivered by BCUHB Dietetic Team)
- National Exercise Referral Programme – Known as NERS (delivered by physiotherapy and Local Authority partners).
- Lifestyle programmes for those awaiting orthopaedic surgery (our BCUHB orthopaedic programme)

Level three of the pathway aims to reduce the long-term disability that would otherwise result from the effects of obesity. It is aimed specifically at those with a BMI of 45+.

- The Adult Special Weight Management Service sits within the Obesity level three pathway.

Level four on the pathway is the Bariatric Surgery element, which is commissioned by the Welsh Health Specialised Services Committee (WHSSC). Patients must have completed two years at level three in order to be considered for level four. There are issues of equity with this service, as the data suggests that it is much easier for those living in the East to access the services.

A summary of the services and their capacity is listed below. The impact of each service is being monitored, and future updates will provide real time activity data. (Appendix 4)

Service	Capacity/potential capacity
<b>Lifestyle Programme</b> Active since 2012 for patients who may require orthopaedic surgery with a BMI greater than 35	1000 patient per year increasing to 1500 by 2020
<b>Foodwise for Life</b>  West area only - Started 2018	300
<b>Kind Eating Programme</b> In place in small pockets since 2017 - but not pan BCUHB	450
<b>Adult Special Weight Management Service</b>	800
<b>Bariatric Surgery</b>	Capacity for ~75 per year, although the numbers currently going through this service are very small.

Alongside our work on the obesity pathway and given our Board's commitment to tackling inequalities in health, we are maintaining our work on food poverty. It is a fact that poverty affects the way that people behave, and therefore impacts on people's food choices and life priorities.

Food poverty is defined as the inability to afford, or to have access to food to make up a healthy diet. It is about the quality of food as well as quantity and affordability. It is not just about hunger, but also about being appropriately nourished to attain and maintain both a healthy weight and overall health and wellbeing.

The national survey for Wales (2017-18) asked people questions about their ability to afford food. Two percent said that they could not afford to eat meals with meat, fish (or a vegetarian equivalent) at least every other day. Four percent said that there had been at least one day in the previous fortnight where they needed to go without a substantial meal due to lack of money<sup>2</sup>.

Taking a whole systems approach the Health Board is supporting a number of activities through the Well North Wales Programme that tackle inequalities around access to good nutritional food. These activities also support the action plan of the multi-agency partnership North Wales Food Poverty Alliance (NWFPFA). There are projects identified in each of the six county areas of North Wales and the governance routes for all of the projects is agreed. Further detail on this work will be presented through the Well North Wales programme updates. *(Going forward, we will consider the use of our language to describe this work area).*

#### 4. Implementing Level 2 Pathway Service

The most recent development is that in June 2019 the Health Board agreed the funds to develop a new level two service. (Appendix 4 )

The Health Board has approved the business case to build on existing services and develop a coherent service for patients requiring level two support. This new service will allow colleagues in primary care to refer obese or overweight patients to a fully functional community weight management programme.

To meet the level two minimum standards set out by Welsh Government, a clear model of delivery was defined in the business case. It detailed a streamlined referral process for primary care, linking in with a range of weight management programmes, and considering important personal and service factors, including: motivation, access, risk, capacity and effectiveness.

Reduction of sedentary behaviour and increase in physical activity will be through the close engagement with Let's Get Moving North Wales programme and the National Exercise Referral Scheme. (The Board received an update on Let's Get Moving North Wales in January 2019).

The agreed implementation timeline for the new level two service developments area as follows:

Main milestones and dates:		Proposed start:
2019-20 plan	Foodwise in Pregnancy – fund pilot in 2019-20	November 2019
Service Model	Review and update current service model, protocols and referral pathway.	October 2019
Recruitment	Advertise posts	October 2019
	Shortlist applicants	November 2019
	Interview	Nov / December 2019
	HR checks	December 2020
	Proposed start dates	January 2020
Training	BCUHB staff induction training	February 2020
	Staff undertake relevant training	February 2020
Staff set up	Order uniforms/sort out base	January 2020
	Purchase IT equipment, uniform, phone and admin resources	January 2020

Communications	Agree a communications plan for implementation and on-going marketing of the service with staff, patients and carers.	March 2020
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To conclude, the implementation of this level 2 service for adults supports the principles described in 'A Healthier Wales and the Wellbeing of Future Generations (Wales) Act 2015. We await the launch of the Welsh Government national strategy on preventing and reducing the prevalence of obesity in Wales, Healthy Weight; Healthy Wales, and believe our approach is closely aligned with their draft proposals. Due to the nature of public health interventions, we would expect that any significant impact in the trajectory of overweight and obesity to occur a few years into the future. To ensure effective monitoring in the meantime, data collection and monitoring of the level 2 service will be ongoing and can be reported in the future.

## 5. Recommendations

It is recommended that the Board:

1. Note the opportunity for continued improvement in supporting the adult population of North Wales to achieve and maintain a healthy weight.
2. Endorse the approach being taken to:
  1. Develop the Obesity Level 2 service
  2. Maintain the Obesity Level 3 service
  3. Review the Obesity Level 4 service
  4. The collaborative approach taken to reduce food poverty

## 6 References.

1. Public Health Wales NHS Trust (2019). <http://www.wales.nhs.uk/sitesplus/888/page/97832>
2. Welsh Government (2018). National Survey for Wales 2017-18: <https://gov.wales/statistics-and-research/national-survey/?lang=en>
3. Public Health Wales NHS Trust (2018). *The case for action on obesity in Wales*. <http://www.wales.nhs.uk/sitesplus/documents/888/150119%20The%20case%20for%20action%20on%20obesity%20in%20Wales%200ae%20FINAL1.pdf>
4. Welsh Government (2018). *A Healthier Wales: Our Plan for Health and Social Care*
5. Welsh Government (2015). *The Wellbeing of Future Generation (Wales) Act (2015)*.

## 7. Appendices

### Appendix 1

#### Percentage of adults reporting to be overweight or obese, 2017-18 & 2018-19

	BMI 25+ (overweight or obese)	BMI 30+ (obese)
Wales	60	23
Betsi Cadwaladr UHB	54	18
Isle of Anglesey	58	21
Gwynedd	60	20
Conwy	49	16
Denbighshire	48	14
Flintshire	55	20
Wrexham	58	18

Source: National Survey for Wales (WG)

#### Percentage of adults reporting BMI, 2017-18 & 2018-19

	BMI under 18.5 (underweight)	BMI 18.5 - under 25 (healthy weight)	BMI 25 - under 30 (overweight but not obese)	BMI 30+ (obese)	BMI 25+ (overweight or obese)
Wales	2	38	37	23	60
Betsi Cadwaladr UHB	3	43	36	18	54
Isle of Anglesey	1	41	37	21	58
Gwynedd	4	36	41	20	60
Conwy	6	45	34	16	49
Denbighshire	3	49	34	14	48
Flintshire	2	43	35	20	55
Wrexham	1	41	40	18	58

Source: National Survey for Wales (WG)

<https://stats.wales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-localauthority-healthboard>



**Percentage of adults reporting to eat at least 5 portions of fruit & vegetables the previous day, 2017-18 & 2018-19**

	%
Wales	24
Betsi Cadwaladr UHB	23
Isle of Anglesey	26
Gwynedd	26
Conwy	22
Denbighshire	16
Flintshire	27
Wrexham	19

Source: National Survey for Wales (WG)

**Percentage of adults reporting fruit & vegetable consumption, 2017-18 & 2018-19**

	Ate no fruit & veg the previous day	Ate some but less than 5 portions fruit & veg the previous day	Ate at least 5 portions fruit & veg the previous day
Wales	9	68	24
Betsi Cadwaladr UHB	8	69	23
Isle of Anglesey	5	69	26
Gwynedd	6	68	26
Conwy	5	73	22
Denbighshire	9	76	16
Flintshire	7	66	27
Wrexham	17	64	19

Source: National Survey for Wales (WG)

<https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-localauthority-healthboard>

**Percentage of adults reporting to be active at least 150 minutes in previous week, 2017-18 & 2018-19**

	%
Wales	53
Betsi Cadwaladr UHB	55
Isle of Anglesey	60
Gwynedd	47
Conwy	64
Denbighshire	55
Flintshire	55
Wrexham	52

Source: National Survey for Wales (WG)

**Percentage of adults reporting physical activity levels, 2017-18 & 2018-19**

	Active less than 30 minutes in previous week	Active 30-149 minutes in previous week	Active at least 150 minutes in previous week
Wales	33	14	53
Betsi Cadwaladr UHB	31	14	55
Isle of Anglesey	26	14	60
Gwynedd	36	17	47
Conwy	29	8	64
Denbighshire	34	11	55
Flintshire	32	13	55
Wrexham	28	21	52

Source: National Survey for Wales (WG)

<https://stats.wales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-localauthority-healthboard>

**Percentage of adults reporting drinking above recommended guidelines, 2017-18 & 2018-19**

%

Wales	18
Betsi Cadwaladr UHB	18
Isle of Anglesey	13
Gwynedd	20
Conwy	16
Denbighshire	18
Flintshire	17
Wrexham	20

Source: National Survey for Wales (WG)

**Percentage of adults reporting alcohol consumption, 2017-18 & 2018-19**

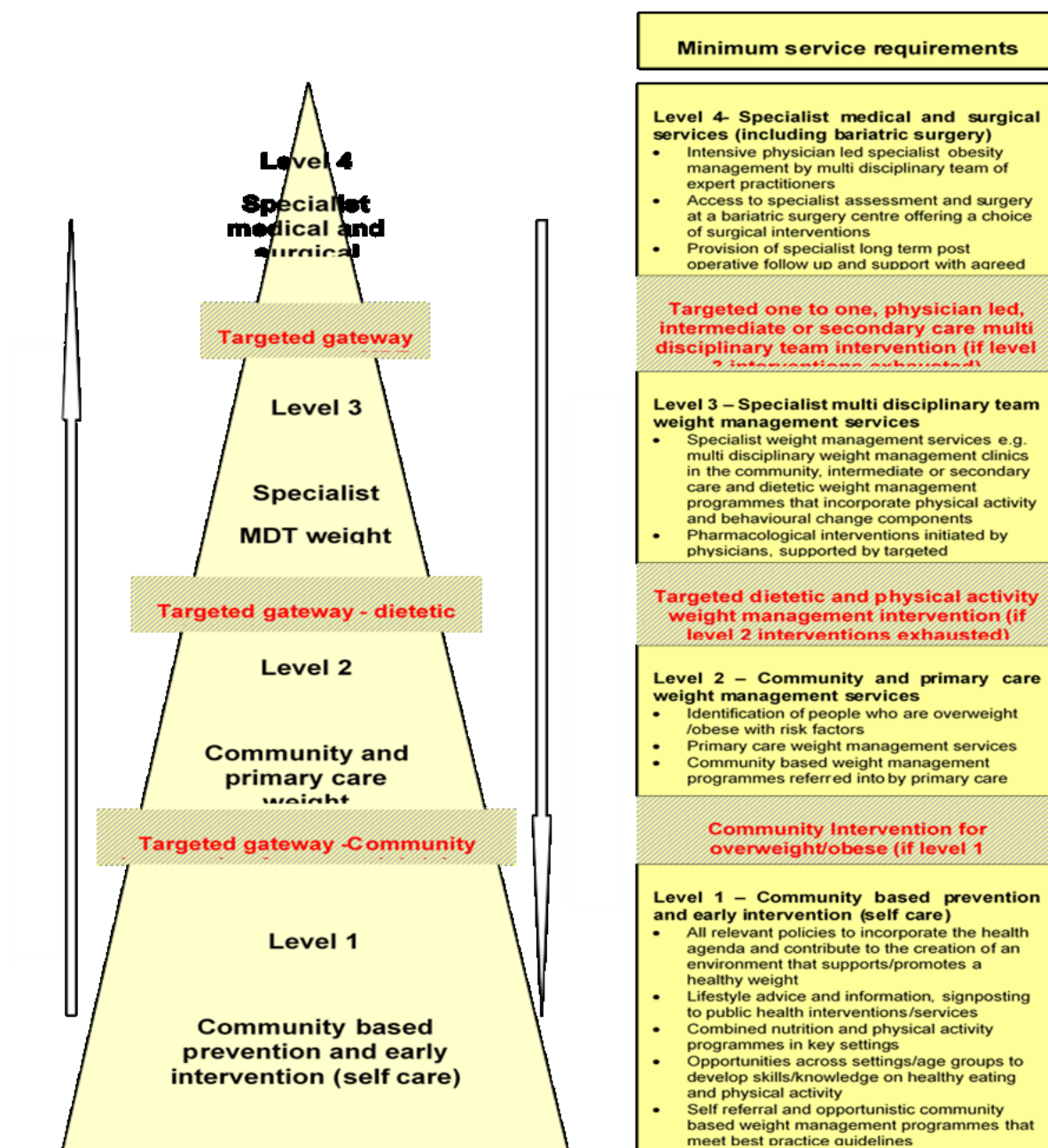
	Average weekly alcohol consumption - none (may include some people who do sometimes drink)	Average weekly alcohol consumption - some, up to 14 units (moderate drinkers)	Average weekly alcohol consumption - hazardous (over 14 units, up to 50 (m) / 35 (f))	Average weekly alcohol consumption - harmful (over 50 (m) / 35 (f) units)	Average weekly alcohol consumption - above 14 units (over guidelines)	Average annual alcohol consumption (units) - drinkers only (3)
Wales	21	60	15	3	18	546
Betsi Cadwaladr UHB	22	60	16	2	18	540
Isle of Anglesey	20	67	11	2	13	514
Gwynedd	25	55	17	3	20	604
Conwy	20	65	14	1	16	428
Denbighshire	30	52	16	2	18	555
Flintshire	20	63	15	3	17	569
Wrexham	21	59	18	2	20	544

Source: National Survey for Wales (WG)

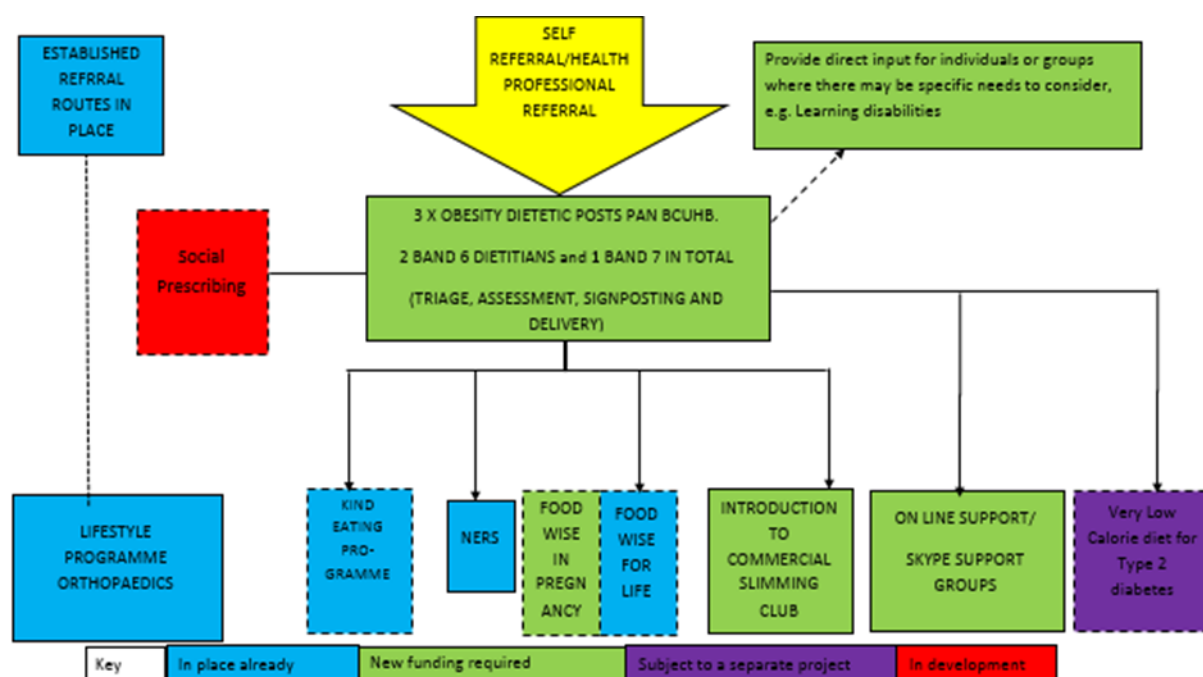
<https://stats.wales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-localauthority-healthboard>

## Appendix 2:

### All Wales Obesity Pathway (2010).



## Appendix 4 Level 2 Adult Obesity Service



### ***Lifestyle programme***

This programme already exists, and is delivered across BCUHB for patients with BMI greater than 35 who may require orthopaedic surgery. The service is commissioned to support 1000 referrals per annum, and is under review to potentially increase the capacity by 50%, to 1500 per annum.

### ***The Kind Eating Programme***

The Kind Eating programme is delivered as part of the Lifestyle programme utilising the 8-week dietetic programme with review sessions up to 12 months for other patient groups who do not have orthopaedic problems. This is to maximise group efficiency. But based on the groups currently established then it is estimated that the capacity of this programme will be 380-480 patients per year.

### ***Foodwise for Life***

This is a national structured 8-week weight management programme written by Public Health Dietitians with the intention that it can be delivered by a variety of staff groups following suitable training and quality assurance measures in place. Dietetics have supported the training of various agencies including Health Board staff, NERS staff and third sector colleagues to deliver this.

### ***Foodwise in Pregnancy***

Foodwise in Pregnancy is a 6-week structured programme supporting eating well, being active, and healthy pregnancy weight gain. Delivered by appropriately trained Dietetic Assistant Practitioners (DAPs or Maternity Support Workers (MSWs). It can be accessed by all pregnant women, but particularly suited to those with a raised BMI. Programme resources (manual and handbooks) developed on an All Wales level and accessible for the purpose of a proposed BCUHB pilot in east area.

### ***Commercial weight management groups***

There is a large body of evidence supporting commercial weight loss intervention programmes. This includes an indication that commercially provided weight management services can be more effective and more cost effective than primary care-based services led by specially trained staff.

### ***Very low calorie diet for type 2 diabetes***

Recent discussions have been taking place in BCUHB through the Diabetes Value group to explore the possibility of using the Very Low Calorie diet approach for type 2 diabetes, at scale. This has been piloted with some successful outcomes in terms of cost-benefit and patient outcomes, e.g. reversal of type 2 diabetes and savings on prescribing. This approach has been presented at EMG level (April 2019), with support for the Board to explore a spend-to-save option, which supports patients to lose weight and potentially reverse their diabetes. (This is a Diabetes-led intervention).

### ***Social prescribing***

This could have a very important role to play in terms of signposting in North Wales, particularly looking at aspects relating to food poverty, and also supporting people to be more active. These options have not been explored in detail for this business case, with many in the exploratory and development stages. These and their interface with the Level 2 service will be explored in more detail when the BCUHB landscape around social prescribing is clearer. Local pilot work will help inform future service provision.



**Strategy, Planning and Population Health Committee**
**3.9.19**

**GIG  
CYMRU  
NHS  
WALES**

 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**To improve health and provide excellent care**

<b>Report Title:</b>	Civil Contingencies Annual Report 2018/19
<b>Report Author:</b>	Miss Emma Binns, Head of Emergency Preparedness & Resilience Mr John Darlington, Assistant Director - Corporate Planning
<b>Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	This paper reports upon the progress made against the key resilience work streams for 2018/19.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Civil Contingencies Group is the Board's internal forum and provides leadership relating to health preparedness as well as co-ordination of specific aspects of the health economy resilience.
<b>Governance issues / risks:</b>	Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a "Category 1 Responder" and therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015). Gaps and shortfalls against the NHS England Emergency Preparedness, Resilience & Response (EPRR) core standards have also been identified.
<b>Financial Implications:</b>	The action plan can be delivered within available resources.
<b>Recommendation:</b>	It is recommended that the SPPH Committee receive this report and note the progress made in enhancing organisational resilience during 2018/19.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in		3. Involving those with an interest and	✓

life		seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<b>Equality Impact Assessment</b>			
Individual plans developed in response to the Civil Contingencies Act (2004) will be subject to EQIA assessment.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

<b>Betsi Cadwaladr University Health Board</b> <b>Civil Contingencies and Business Continuity Annual Report 2018/2019</b>
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<b>1. Purpose of report</b>
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This paper reports upon the progress made against the key resilience work streams outlined in the 2018/19 work plan which has been informed by:

- The Emergency Preparedness Response and Recovery Assurance Audit Report developed in early 2017
- Gaps identified within both internal audit assessments undertaken in 2017/18 and 2018/19 for Civil Contingencies/Emergency Preparedness and Business Continuity Planning

Our work builds upon established organisational resilience arrangements and ensuring delivery of the duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance.

The paper reports on the training and exercising programme and details the developments of the emergency planning arrangements and plans.

<b>2. Organisational Arrangements</b>
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The Board has arrangements in place to ensure compliance with its legislative duties, and has developed a suite of plans to manage major incidents or business continuity issues.

Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a “Category 1 Responder” and therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015).

The Health Board currently delivers its resilience programme through the following structures and responsible individuals: -

Lead Responsibility

- The Director of Planning and Performance holds the **Executive Lead** for resilience and is supported in discharging this function through the Hospital Directors, Area Directors and the Director of Mental Health (the Director / Interim Director of Strategy led on this portfolio to November 2018/19).
- In April 2019, the Health Board appointed a full time Head of Emergency Preparedness & Resilience to form a newly established BCU Resilience team. This team provides resilience expertise that supports the delivery of training, business continuity and co-operation with external partners in matters relating to the wider civil resilience agenda. The Health Board is now in the process of appointing a full time Business Continuity Manager, which will strengthen further the Health Board’s ability to deliver the resilience programme going forward.

North Wales Structure

- The **Local Resilience Forum** and its sub structure is a non-statutory forum for delivering resilience across the whole of the civil responder community in North

Wales. It is the primary mechanism for achieving compliance with key duties of the Civil Contingencies Act, including production of a community risk register and strategies to warn and inform our communities.

- The **Civil Contingencies Group** is the Board's internal forum which provides leadership relating to health preparedness as well as coordination of specific aspects of health economy resilience.
- The **Business Continuity Group** is the Health Board's internal forum which provides co-ordination and leadership of the business continuity management system, ensuring compliance with the business continuity policy. This group reports directly to the Civil Contingencies Group.

The Health Board contributes to the **Emergency Planning Advisory Group**, a Welsh Government led forum which brings health resilience managers and practitioners together in order to ensure consistency in preparedness and shared knowledge relating to response. Furthermore, the Board liaises with the NHS England Resilience planning structure and a number of pan Wales specific working groups relating to for example mass casualties and the pre-hospital medical response to major incidents.

### 3. Priorities for Action 2018/19

#### Programme of Work for 2018/19

As a result of the findings of the Emergency Preparedness, Response and Recovery (EPRR) assessment the following priority work areas were identified for 2018/19. Actions taken to date against each of these areas are summarised below. Where actions have not been fully achieved, these have been reviewed and incorporated into the 2019/20 work-plan as appropriate. (The 2019/20 work plan was reviewed and approved by SPPH Committee on the 2<sup>nd</sup> April 2019.)

Work Area	Actions taken
<b>Governance</b>	<p><b><i>Ensure that gaps, shortfalls and actions from the internal audit self-assessment report against the Civil Contingencies Assurance, Emergency Preparedness, and Resilience &amp; Response (EPRR) core standards and included in the work-plan.</i></b></p> <p>The work-plan for 2018/19 was developed taking into account the findings of the Emergency Preparedness, Response and Recovery (EPRR) assessment. The progress against each of these areas are summarised within this report. Where actions have not been fully achieved, these have been reviewed and incorporated into the 2019/20 work-plan.</p> <p><b><i>Appoint to Head of Emergency Preparedness and Resilience Team.</i></b></p> <p>Recruitment successfully completed and the new Head of Emergency Preparedness and Resilience started on 1<sup>st</sup> April 2019.</p>
<b>Duty to Assess the Risks within the local</b>	<p><b><i>Revise the Civil Contingencies risk register taking into account the findings from the internal audit report.</i></b></p> <p>The Civil Contingencies Risk Register is continually reviewed and</p>

<p><b>community:</b></p>	<p>refreshed. A full review was undertaken at the Civil Contingencies Group in July 2018. Risks are escalated as appropriate to the Director of Strategy in line with Corporate Risk Register arrangements.</p> <p><b><i>To review the National Risk and Threat Assessment along with the local Community Risk Register in order to identify specific gaps within our preparedness or capability.</i></b></p> <p>The Resilience Unit have reviewed the National Risk and Threat Assessment along with the local Community Risk Register and the risks were included within the 2018/19 work plan.</p>
<p><b>Duty to maintain Plans</b></p>	<p><b><i>To develop appropriate arrangements to mitigate identified risks in line with the updated Community Risk Register and the pre-determined LRF workload priorities.</i></b></p> <p>The Head of Emergency Planning and Resilience attends the NWRF Risk Group and is responsible for ensuring the LRF priorities are also reflected within the Health Board work-plan.</p> <p>During the 2018/19 period, significant work has been undertaken to prepare the Health Board for the impact of any potential “no deal” EU Exit due to the rejection of proposals for the withdrawal agreement in the parliamentary vote. An LRF Strategic Co-Ordination Group was established to determine strategic priorities for key agencies, the Assistant Director of Heath Strategy represents the Health Board at this group. A BCU EU Transition Planning Task and Finish Group was established with representatives from key corporate teams responsible for procurement, supplies, contracting, finance, workforce, communications as well as emergency planning and operational management. In respect of the Health Board’s role and functions, a risks and issues log was developed and is updated as planning work continues. There are a number of potential immediate risks and issues and some longer term. There are national work-streams addressing the major areas of risk, and representatives of the Health Board have been in close liaison at a national level in order to ensure there is no duplication of response. The EU Transition planning continues to be a focus and the following arrangements are ready for implementation should the UK leave the EU without a deal in place :</p> <p><b><i>Escalation arrangements</i></b></p> <p>A national escalation process has been implemented to support Health Boards in the event of local mitigation actions not being able to address risks and issues following the exit from the EU. Health Boards will be required to submit a daily SITREP Report.</p> <p><b><i>BCU arrangements</i></b></p> <p>An EU Transition plan has been developed and a helpdesk will be established by the planning and performance team to assist with any issues that may arise from a no-deal scenario. The helpdesk is also responsible for the submission of the daily SITREP report.</p>

	<p><b><i>To develop arrangements to respond to high risk public events within the community (e.g. Armed Forces Day).</i></b></p> <p>The Resilience Unit are invited to attend Safety Advisory Groups chaired by local authorities on behalf of the Health Board. This ensures arrangements can be developed for the possible health implications associated with high risk public events. The Emergency Departments/area teams are briefed and advised whether additional staff should be considered for events that could cause disruption to normal business.</p> <p>The Health Board was fully integrated into the multi-agency planning arrangements for Armed Forces Day. A task and finish group was established by the Strategy Division and chaired by the Executive Director of Strategy. The group's focus was to ensure that each key department within the central area had dedicated response arrangements to manage the consequences that could arise from the event. A silver level multi-agency control was established on the main event day at Police Headquarters, Colwyn Bay. The Health Board had an operational on call manager and a member of the resilience unit within this control centre. Armed Forces Day was highlighted as a successful event as a result of the multi-agency collaboration and planning arrangements.</p> <p><b><i>Work with the LRF Health Group to secure more detailed local planning and response capabilities across health and social care partners.</i></b></p> <p>The Resilience Unit contributes to the NWRF Health Group work-plan. Social care partners were formally invited to join the BCU Flu Pandemic Group. This has strengthened the planning and ultimately the response arrangements. Social Care partners have also been consulted during the EU Transition Planning arrangements.</p> <p><b><i>To develop a plan which supports the Health Board in the event of a national fuel disruption – this action will be dependent on the publication of the UK Government national Emergency Plan – Fuel.</i></b></p> <p>The Resilience Unit have commenced a full review of the fuel arrangements and this has been carried forward to the 2019/20 work plan.</p> <p><b><i>To develop arrangements to support the management of VIPs as a result of an emergency incident or in support of one.</i></b></p> <p>The Resilience Unit and Ysbyty Gwynedd Emergency Department jointly developed VIP arrangements as part of the Armed Forces Day Planning. These arrangements were subsequently approved at the Civil Contingencies Group.</p> <p><b><i>To develop robust “Lockdown” arrangements for each acute hospital, followed by community and mental health hospital/facilities.</i></b></p> <p>The Ysbyty Gwynedd Hospital Management Team commissioned a</p>
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	<p>report which outlines the mechanism, practices and feasibility of undertaking a lockdown at Ysbyty Gwynedd utilising assets currently on site. A draft policy has also been developed. Lockdown is the responsibility of the Hospital Director and the resilience unit will work jointly with the Bangor Hospital Management team who are leading on lockdown to ensure that this piece of work is completed and tested. This has been incorporated within the 2019/20 work-plan.</p> <p><b><i>To address identified gaps within the Internal Audit Report relating to business continuity, specifically:</i></b></p> <p>The Business Continuity Monitoring Report is continuously updated to track progress and ensure continual assessment against the work plan. During 2018/19 business continuity plans were developed for operational estates, facilities, children's services, women's, pharmacy and audiology.</p> <p>A task and finish group led by the BC Manager has been established at Wrexham due to potential issues that have been flagged with a heating infrastructure at the site. If this boiler fails, disruption will be caused to a number of departments including pathology. A contingency plan is being developed and a test of this plan will be delivered in 2019.</p> <p>A further audit of our business continuity arrangements was carried out in February 2018 and the recommendations and gaps identified within this audit have been incorporated into the 2019/20 work plan, specifically:</p> <ul style="list-style-type: none"> <li>➤ Establish a Business Continuity Group – the first meeting is scheduled for the 24<sup>th</sup> June 2019.</li> <li>➤ To facilitate exercises to test Business Continuity Plans across acute and area teams.</li> <li>➤ Develop Business Impact Analysis and Business Continuity Plans for area teams.</li> <li>➤ Continue to develop business continuity arrangements across remaining areas within the Health Board in line with the Business Continuity Monitoring Report.</li> </ul> <p><b><i>Publish a HAZMAT/CBRN plan incorporating the updated Emergency Department arrangements.</i></b></p> <p>The Resilience Unit have produced a draft CBRN (Chemical, Biological, Radiological and Nuclear) plan. This plan details the actions that the Health Board would implement in response to an incident of this nature. This is due to be reviewed and tested at the Resilience Unit/ED lead meeting. The plan will then be tabled for approval at the Civil Contingencies Meeting on the 15<sup>th</sup> October 2019.</p> <p><b><i>To develop arrangements to support the management of a mass fatality incident within North Wales.</i></b></p>
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<p><b><i>cooperate with our civil contingencies partners:</i></b></p>	<p>The BCU Director of Planning and Performance represents the Health Board at the Local Resilience Forum (LRF) meetings and the Head of Emergency Preparedness and the Head of Communications represent the Health Board at the Co-Ordination Group and the various LRF task and finish groups. The Head of EPR Chairs the Learning &amp; Development Group. Attendance at all Groups has been secured during the year to date. In addition, the Resilience Unit have assisted with the facilitation of the Tactical Pandemic Flu Exercise and supported the EU Transition desktop exercises.</p> <p><b><i>To develop activation arrangements with partners in NHS England for access to mutual aid.</i></b></p> <p>The Resilience Unit attend the Health Resilience Partnership Team Meetings in Cheshire and Merseyside and a representative from Cheshire is invited to attend the Health Board's Civil Contingencies Group to support this joint working.</p> <p>A process has been agreed in principle via NHS England for the treatment of burns patients during a major incident. This piece of work has been incorporated into the 2019/20 work-plan.</p>
<p><b><i>Duty to share information:</i></b></p>	<p><b><i>Duty to share information - the resilience team did not anticipate the need to undertake any work within this area in the next financial year.</i></b></p> <p>During 2019/20 the resilience team will continue to share information between Category 1 and 2 responders as and when required</p>
<p><b><i>Training &amp; Exercising</i></b></p>	<p><b><i>Further to the review and refresh of the hospital major incident plans and the development of area team major incident plans. There is a need to test the major incident planning arrangements by delivering at least 1 live play major incident exercise, 3 table top exercises and 3 communications cascade exercises.</i></b></p> <p>Due to a number of changes in hospital leadership roles, a full refresh of the major incident plans is underway and this is included within the 2019/20 work-plan. The 3 communication cascade exercises took place in June, September and March. The live play exercise and desk top exercises have also been incorporated into the 2019/20 work-plan.</p> <p><b><i>To provide adequate training opportunities for staff who have identified roles within emergency planning roles.</i></b></p> <p>The Head of EPPR delivers operational and tactical training for bronze and silver on call teams and the strategic training is delivered on a multi-agency basis at the NWRF. In addition, the following training programme has been delivered within 2018/19:-</p>

	<ul style="list-style-type: none"> <li>• Pre-hospital Incident Management (MERIT Passport Course)</li> <li>• Joint Health and Social Care Tactical Command course – a joint course between health and local authority partners which develops awareness of Joint Emergency Services Interoperability Programme (JESIP) and the principles of Interoperability and Joint Decision Making</li> <li>• Operational Command course – a course specific to the Bronze on-call cohort which develops knowledge of Hospital Incident Commander role and responsibilities.</li> <li>• Loggist (Key Decision Making).</li> </ul> <p>The Health Board is an active participant at the various NWRF training events, including those for Bronze, Silver and Gold commanders and loggists as well as key note events and conferences. 16 members of health board staff have undertaken JESIP training during 2018/19.</p> <p>On-call and clinical staff are also invited to attend LRF and multi-agency exercises via the Resilience Unit. Staff have participated in the following exercises:</p> <ul style="list-style-type: none"> <li>• Armed Forces Day multi agency table top exercise to test the planning arrangements for this large scale event.</li> <li>• A table top exercise is embedded within the Operational Commander training courses. This course took place in June 2018 at Wrexham Fire and Ambulance Resource Centre.</li> <li>• Exercise Eupathy – operational level multi agency flooding scenario led by NWRF in October 2018.</li> <li>• NWRF – health led (PHW &amp; BCU) tactical level multi agency flu exercise in November 2018.</li> </ul> <p><b><i>To facilitate 2018/19 training and exercises to test Business Continuity Plans across very high and high risk services.</i></b></p> <p>In July 2018 (YGC) and September 2018 (Wrexham) planned data switches took place. As a result, the sites had no access to phones or IT systems for a 12 hours period. This provided an excellent opportunity to test business continuity arrangements.</p> <p>An EU transition business continuity exercise was delivered in February 2019 to test the organisation's current business continuity arrangements in the event of the UK leaving the EU without a deal.</p> <p><b><i>Identify training requirements within each of the Emergency Departments and develop a training schedule.</i></b></p> <p>An Emergency Department training group has been established and this has been incorporated within the 2019/20 work-plan.</p> <p><b><i>Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training.</i></b></p>
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	<p>JESIP (Joint Emergency Services Interoperability Programme) Training is now being offered to all Category 1 Responders within North Wales and 16 operational and tactical managers attended last year's this training. This is an excellent opportunity for staff within the health board to learn and experience the management of an incident alongside multi agency partners. This training programme will continue and is incorporated into the 2019/20 work-plan.</p> <p><b><i>Work with the Local Resilience Forum Learning &amp; Development Group to formalise a schedule of exercising that meets the Health Boards training objectives.</i></b></p> <p>The resilience team have worked with the Local Resilience Forum to formalise a schedule of training and exercising that meets the Health Board's training objectives. The five year strategy developed in 2018 aims to ensure that all responders involved in Integrated Emergency Management are given the necessary generic skills and competencies to perform assigned emergency roles.</p> <p>A Training Needs Analysis was completed and submitted to the Learning &amp; Development Group.</p> <p>Operational and Tactical training was requested – JESIP training sessions are delivered across North Wales.</p> <p>The opportunity to attend major incident exercises was also requested. Operational, tactical and strategic managers attended a flooding exercise, flu pandemic exercise, Strategic Co-Ordination Centre exercise as well as a strategic chemical release exercise.</p>
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#### 4. Conclusions

This paper has provided a summary of the progress made in 2018/19. We will continue to maintain a focus on ensuring enhanced compliance with the Civil Contingencies Act in 2019/20, by strengthening key areas of resilience, strengthening organisational preparedness and reducing associated risks.

#### 5. Recommendations

It is recommended that the Committee:

Receive this report and note that the progress that has been made to enhance organisational resilience in 2018/19.

**Strategy, Partnerships and  
Population Health Committee**

**3.9.19**



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Betsi Cadwaladr  
University Health Board

***To improve health and provide excellent care***

<b>Report Title:</b>	Gender Identity Services
<b>Report Author:</b>	Sue Browne, Senior Health Manager and Jane Trowman, Head of Strategy & Planning
<b>Responsible Director:</b>	Mark Wilkinson, Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>A new National Wales Gender Team is being developed and Local Health Boards agreed to have Local Gender Teams in place in order for the Wales Gender Team to function.</p> <p>This brief document is intended to provide a briefing to the Committee on the development of the Wales Gender Team and the Local Gender Team.</p>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The report is being brought for information and to facilitate discussion, and as such does not require prior scrutiny.
<b>Governance issues / risks:</b>	Failure to develop an effective Wales Gender Team will lead to further waiting times for patients. Without Local Gender Teams in place the Wales Gender Team is unable to function.
<b>Financial Implications:</b>	Finance has been agreed to develop the initial Local Gender Team.
<b>Recommendation:</b>	The Committee is asked to consider the briefing paper and provide comments to facilitate the further development of the service.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in		3. Involving those with an interest and	✓



life		seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<b>Equality Impact Assessment</b>  An Equality Impact Assessment has been undertaken for the Wales Gender Team. A further Equality Impact Assessment will be undertaken as part of developing the Local Gender Team.			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Board/Committee Coversheet v10.0

**SPPH Committee  
3 September 2019**

**Gender Identity Services - a briefing paper**

**Situation**

This brief document is intended to provide an update to the Committee on the development of the Wales Gender Team (WGT) and the North Wales Local Gender Team (LGT).

A new National Wales Gender Team based in Cardiff is being developed and Local Health Boards agreed to have Local Gender Teams in place in order for the service to function effectively. The original timescale for the WGT was the 1<sup>st</sup> April 2019; these timescales have been delayed. This paper summarises action being taken to ensure the implementation proceeds and sets out new timescales.

The LGT will initially consist of Clinical Leads, who will be GP prescribers, and some administrative support. Governance arrangements for the operational service are being developed and implemented.

**Background**

People who experience gender dysphoria or gender identity disorder can experience discomfort or distress because there is a mismatch between their biological sex and gender identity. Biological sex is assigned at birth, depending on the appearance. Gender identity is the gender that a person 'identifies' with or feels themselves to be. While biological sex and gender identity are the same for most people, this is not the case for everyone. Gender dysphoria is a recognised medical condition, for which treatment is sometimes appropriate. It is not a mental illness.

Some people with gender dysphoria have a strong and persistent desire to live according to their gender identity, rather than their biological sex. These people are sometimes called transsexual or trans people. Some trans people have treatment to make their physical appearance more consistent with their gender identity. Gender dysphoria is not related to sexual orientation. People with the condition may identify as straight, gay, lesbian, bisexual or asexual, and this may change with treatment.

The Health Secretary and Welsh Government are committed to improving gender identity provision in Wales; this included the delivery of most specialist services within Wales and a new care pathway to be put in place by 1<sup>st</sup> April 2019. Under the new model, a multidisciplinary service, known as the WGT, will provide support to the LGT and a network of general practitioners (GPs) across Wales with a specialist interest in all areas of gender care, including hormone replacement therapy. The WGT will take direct referrals from North Wales GPs.

## The Pathway

All patients over the age of 17.5 years will be referred by their GP directly to the WGT. This service will be housed in St David's Hospital in Cardiff and hosted by Cardiff and Vale University Health Board. It will comprise gender specialist clinicians from a variety of disciplines, and an endocrinology team. Complex cases will continue to be supported by Charing Cross Gender Identity Clinic including those patients who wish to access the surgical pathway.

The pathway for children and young people under the age of 17.5 years will remain unchanged, with referrals to the Tavistock, London made by the local CAMHS Teams.

Following assessment and having agreed a care plan, which may include hormone therapy, the WGT will instruct the LGT prescriber to commence the initiation phase. Once treatment has been optimised, which may take between 6 – 9 months, patients will be transferred to their local GP as part of an enhanced service. This enhanced service aims to support the patient's own GP in providing the maintenance and ongoing monitoring component of hormone treatment. If the patient's GP has not signed up to the Enhanced Service patients will continue to be monitored by the LGT prescriber.

Previous referral rates over the past few years indicate that the Health Board will make between 70 to 100 referrals to the WGT per year. It is estimated that approximately 50% of patients will require ongoing treatment and monitoring.

## **Assessment**

There have been delays in setting up both the WGT and LGT and on the 26<sup>th</sup> April Welsh Health Specialised Services Committee (WHSSC) made the following statement regarding the start date of the new Welsh service:

“As the current commissioners of the Adult Gender Identity Service, the Welsh Health Specialised Services Committee is actively working with Cardiff & Vale University Health Board on the arrangements for the implementation of the Welsh Gender Team. An official start date for the new service will be formally announced by the health board shortly.

In the meantime, individuals who are due to be seen by the London Gender Identity Clinic will be unaffected. Additionally, individuals currently on the waiting list will not be affected as appointments will be issued by either provider in the usual way. In terms of new referrals, the referral mechanism into the service remains unchanged.”

On 9<sup>th</sup> July the Health Secretary announced the new Welsh Gender Service will start seeing patients in late September 2019.

The delay in the WGT being established has resulted in some confusion about the pathways and concern regarding future waiting times.

The All Wales Gender Identity Programme Group are aware of the situation, stakeholders have requested further clarification from Welsh Government. Communication is essential for all stakeholders, including GPs to ensure referral pathways are consistent during this development and implementation stages. Discussions are ongoing with WHSSC.

The Executive Sponsor is the Executive Director Primary & Community Care and the service will be hosted in the West and operationally managed by the West Area Team. These arrangements are supported by the executive team.

The LGT will initially consist of Clinical Leads (GP prescribers) supported by GPs as part of a Directed Enhanced Service (DES). There is an expectation that psychology and speech and language services will be made available, but it must be recognised that this will be part of core service and current capacity with no additional resource being made available. The HB has received funding from WG for the DES.

It is necessary for BCUHB to plan for the implementation of the LGT to ensure an effective and integrated service for transgender patients. The appointment of the Clinical Leads is an essential part of the pathway in order that the health board can respond to referrals from the WGT. It is anticipated that the first referrals to the LGT will not be received until mid – late October.

The Health Board have allocated £54,000 to fund three GP sessions, 15 hours a week administration support, training and travel. Interviews have commenced and a GP has been appointed and accepted the position. Further interviews will be held and concluded in September. The interview panel includes representation from the Trans Community. Induction and training for the Clinical Leads has been identified and has already commenced. UNIQUE will also be providing general awareness training to all staff where the service will be provided from. Initially it has been agreed that the LGT will provide clinics from at least two bases within North Wales. This is a significant improvement for patients who will not need to travel to London or Cardiff. We are also in the process of agreeing for the WGT to run an outreach clinic in North Wales, which we would hope to establish within the first year.

The North Wales Gender Pathway Group is held monthly and reports to the Equality & Human Rights Strategic Forum. Going forward it is proposed the strategic meeting continues quarterly and operational meetings are held monthly. The operational element will report to the Primary Care Panel to ensure governance arrangements are in place.

The agenda for the strategic group going forward will be the oversight of a business case to develop and enhance the Local Gender Team, which will include full impact assessments.

### **Next steps**

Recruitment to the second clinical lead and admin post.

Continue the engagement with WHSCC to ensure a clear clinical pathway that is cohesive, integrated and comprehensive is provided.

Agree proposals for WGT to provide an outreach clinic in North Wales.

The Committee is asked to consider the paper and provide comments to facilitate the further development of the service.

## Strategy, Partnerships and Population Health Committee

3.9.19



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University Health Board

*To improve health and provide excellent care*

<b>Report Title:</b>	Community Services Transformation – Programme Update
<b>Report Author:</b>	Jo Ward, Regional Programme Manager
<b>Responsible Director:</b>	Chris Stockport Executive Director, Primary Care & Community Services
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Programme Update
<b>Approval / Scrutiny Route Prior to Presentation:</b>	Approved by Executive Director Primary Care & Community Services
<b>Governance issues / risks:</b>	No issues or concerns to escalate at this time.
<b>Financial Implications:</b>	The Community Services Transformation outlined within this update is funding through a Welsh Government RPB Transformation Grant.
<b>Recommendation:</b>	The Committee is asked to consider the contents of this report and note the overall direction of travel and progress being made.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		



7.To listen to people and learn from their experiences	✓	
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>		
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>		
<b>Equality Impact Assessment</b>		
Not applicable – this report is an programme update		

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

<b>Report To:</b>	SPPH Committee
<b>Report Title:</b>	Community Services Transformation – Programme Update
<b>Contact Name:</b>	Dr Chris Stockport, Executive Director for Primary Care and Community Services
<b>Report Date:</b>	14 August 2019

## 1. Introduction & Purpose

- 1.1 The purpose of this report is to provide SPPH members with an overview of the Community Services Transformation programme across North Wales, in terms of key policy drivers for change, and the vision for the transformation of community services across the region. The report also provides an update on the progress achieved so far, and information on the timescales and budget, which form the parameters of the programme.

## 2. Background

- 2.1 'A Healthier Wales' (2018) the Welsh Government Strategy, written in response to the parliamentary review of health and social care in Wales, puts in place the policy framework to integrate health and social care services in Wales at both the local and regional level. Current systems provide a lack of opportunities for communities and professionals – including GPs, acute clinicians, social workers, nurses, allied health professionals, pharmacists and others – to take an active role in, and provide leadership for, local planning and service provision. Localities provide a route, under integration, to improve upon this, and to ensure strong community, clinical and professional leadership for the strategic commissioning of services.
- 2.2 The North Wales Regional Partnership Board (NWRPB) has published its population needs assessment regional plan (2018-23), which sets out its priorities for integrated working between health and social care at a regional level. As such, the plan sets out the context for the scale and pace of the transformational change required to deliver a seamless system of health and social care. Based on the findings of the plan, the NWRPB developed a Transformation Programme to deliver on agreed priorities and take forward the recommendations within 'A Healthier Wales', with funding secured from the Welsh Government Transformation Fund (2018-20). This paper relates specifically to the Community Services Transformation. Similar programmes relating to the transformation of mental health, children's services, and services for people with a learning disability are also being taken forward across the region.



### 3. Information

#### 3.1 Programme overview

- 3.1.1 The vision for community services agreed by partners, is for the transformation of the overall provision of services at a Locality level, with the development of 14 integrated health and social care Localities, evolving from GP clusters, and which are closely aligned to Community Resource Teams (CRTs). Area Integrated Service Boards (ISBs) have been established within East, Central and West in order to lead the strategic development of localities at the sub-regional level.
- 3.1.2 Community Resource Teams are in place to varying degrees across the region and deliver community-based multi-disciplinary and multi-agency care and support within the community. The Community Services Transformation programme builds upon this baseline in order to transform service delivery. The early development of these teams has been supported through Integrated Care Fund (ICF) monies. The further development of CRTs, aligning them to meet local need, is fundamental to enabling partners to achieve this vision, by evolving existing GP clusters and social care arrangements and moving towards an integrated model that works seamlessly to provide information, advice, can and support based on what matters to individuals (see **Appendix 1**).
- 3.1.3 Local teams within localities must be empowered to innovate and retain their local approach. This will be achieved by providing additional resources – people and funding – to enable developments to progress at pace, working seamlessly across health, social care, third and independent sector services, ensuring that services enable individual outcomes to be achieved.
- 3.1.4 The development of this place-based approach to integrated care will require appropriate and inclusive leadership; adoption of a social model of care; partnership and shared ownership of the locality approach; robust governance arrangements and the pooling of resources. Moreover, operational structures and ways of working will be agreed to allow joint working between localities, hospitals, care homes, domiciliary care and third sector services to enable specialist advice to be provided in person as well as remotely; thus enabling individuals to stay within their own homes and communities.
- 3.1.5 To support the work being undertaken to scale up and further develop locality working, partners across the region committed in the WG grant application to using the Transformation Fund to progress three specific priority areas, each of which will be closely monitored and evaluated. Initiatives proven to be successful will then be scaled up and built into future plans. The priority areas identified are:
- **Workforce:** The development of a sustainable workforce model to meet the community transformation agenda required of Localities. Work here will include the move towards more generic roles and the need for a whole system/ cross sector approach.
  - **Digital:** Technology is a significant enabler to our model, both in terms of enabling communication and data sharing across the whole social care and health sector. A fundamental component of this work will be to increase the pace of work which is developing to create a comprehensive standardised corpus of terminology to support technology. We will



also look to enhance our use of telehealth, telecare, apps and other digital solutions so that this can be used to enable individuals to remain at home.

- **Developing community networks:** A key element within the region's integrated service model is the contribution of the third sector in supporting well-being services, promoting inclusion and participation and co-ordinating social prescription. The aim is to ensure that each locality develops its own approach based on community assets, ensuring that the programmes are tailored to the needs of individuals and communities.

### 3.2. Funding

3.2.1 The table below outlines the Financial profile for the Community Services Transformation programme:

<b>NORTH WALES RPB COMMUNITY SERVICES TRANSFORMATION FINANCIAL PROFILE</b>	<b>19/20 £k Full Yr</b>	<b>20/21 £k 6 mths</b>
Programme development and delivery	80	40
Monitoring and evaluation	50	50
Corpus of terminology work	130	100
Cluster work	423	141
Sustainability modelling	200	200
<b>GRAND CENTRAL COSTS</b>	<b>883</b>	<b>531</b>
<b>TOTAL FUNDING ALLOCATION</b>	<b>3,963</b>	<b>2,041</b>
<b>LOCAL RE-ALLOCATION</b>	<b>3,079</b>	<b>1,509</b>

			<i>19/20 PSS, OP % split</i>
Isle of Anglesey	325	159	10.55%
Gwynedd	589	289	19.15%
Conwy	618	303	20.8%
Denbighshire	471	231	15.30%
Flintshire	551	270	17.91%
Wrexham	523	256	17.01%
<b>LOCAL RE-ALLOCATION</b>	<b>3,079</b>	<b>1,509</b>	

3.2.2 Funding for the programme is provided up until September 2020, and is not expected to be recurrent. Within the Grant Offer letter to RPBs, Welsh Government have clearly mandated that all spend must be sustainable once the funded programme of activity ceases. When planning spend therefore, Area IBs are required to evidence how they will sustain any investment, through the realignment of resources (staff and spend). All three Area IBs are progressing their sustainability plans.



### 3.3. Timescales

3.3.1 Clear milestones and timeframes have been agreed both across the region, as well as with Welsh Government to ensure that the programme is delivered on time, and that transformation is achieved at pace.

3.3.2 The table below outlines the key milestones for the programme:

Milestone/ Key Activity	2018/19		2019/20				2020/21	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
RPB approval and submission	★							
Proposal approved – WG		★						
Programme team recruitment			★					
Governance set up				★				
Staff recruitment		★	★	★				
Baselines set for KPIs				★	★			
Area funding allocated				★				
Locality funding allocated				★				
Locality pacesetters agreed				★				
Delivery and monitor				★	★	★	★	★
Evaluation and closure					★	★	★	★
Decision point								★

### 3.4. Governance

3.4.1 Governance for the programme is via the Community Services Transformation Board, with Area Integrated Service Board's (AISB's) established across each of the three Areas to manage the strategic direction of travel within each of the sub-regions. With time the intention is to establish Locality Leadership Teams for each of the 14 integrated health and social care localities, in order to lever change and organise operational delivery on a locality footprint. An overview of the Governance arrangements for the programme is attached at **Appendix 2** of this document.

#### 4. Progress Update

- 4.1 A great deal of work has been undertaken by partners across North Wales in order to plan for, and create the conditions necessary to successfully embed the proposals contained within the North Wales Transformation bid within practice:
- 4.2 **Programme Management:** The Regional Programme Manager is now in post, supported by Project Managers within each of the three Areas.
- 4.3 **Evaluation:** Working in partnership with the Mental Health and the Children's Transformation programmes, a joint tender went out in order to commission an external professional evaluator to evaluate progress against the programme and the extent to which partners are delivering against the requirements of 'A Healthier Wales'. The contract shall be awarded early in September with work commencing from October 2019.
- 4.4 **Corpus of Terminology:** Work is underway with regards to developing our approach and identifying the actions required in order to extract content from WCCIS that would form a database of English terminology. This work is being commissioned this quarter.
- 4.5 **Localities:** Work has started to progress in order to move forward with the development of integrated health and social care localities. Following a regional workshop in May, a working group has been established to set out the strategic direction of travel across the region. This group feeds into the Community Services Transformation Board, and includes representation from each of the Area ISBs, as well as the Regional Programme Manager, a Cluster Lead and representation from the third sector. A 'Road Map' and supporting Workbook has been developed regionally, and includes a glossary of terms, a maturity matrix, mobilisation plan, stakeholder analysis, communications plan and risk register. These documents are intended to provide a roadmap and the tools to support the development of integrated health and social care localities, and can be adapted by Area ISBs in order to reflect their local approach (Roadmap attached at **Appendix 3**).
- 4.6 **Drawing Down Funding:** In order to start moving forward with the programme, Area ISBs have been asked to submit proposals for how they intend to spend their area allocation in a way that delivers against the proposals within the Transformation Bid submitted to Welsh Government, and in a way that delivers real and sustainable change for that area. Proposals will be discussed in the Community Services Transformation Board meeting on the 6<sup>th</sup> September 2019. In addition, each of the 14 integrated health and social care localities is to be provided with a further £15,000 in order to specifically support the preparatory work required to move towards this new structure. Areas are working hard across the range of community partners to develop and refine their local approach and develop spend plans that will enable transformation to take place at the scale and pace required to deliver the changes needed to manage demand and improve outcomes for citizens.





- 4.7 **Locality Pacesetters:** In addition to the funding described above, localities/ Area ISBs have been asked to express interest in becoming one of three North Wales locality pacesetters, each leading on at least one of the key challenge areas in the development of integrated health and social care localities:
- Workforce and operational delivery,
  - Governance and accountability,
  - IT and informatics, and
  - Finance.
- 4.8 **Area Summits:** In order to move forward with the development of integrated health and social care localities, beyond conceptual modelling, Area ISBs will be holding Area Summits over September and October to agree what Locality Leadership needs to look like within their area as well as which professionals need to be part of the management/ Locality Leadership Team (LLTs).
- 4.9 **CRT Conference:** A successful regional conference was held in July, the purpose of which was to celebrate the considerable amount of work that has been undertaken over recent years in order to develop Community Resource teams. Best practice from across the region was shared, and information on the future role of CRTs was discussed.

## 5. Next Steps

- 5.1 Whilst a great deal of distance has already been travelled in terms of bringing together the range of partners and stakeholders involved with the development of place-based, accountable care systems, there remains a considerable amount of work that needs to be undertaken in order to ensure that strategic principle is successfully translated into operational delivery.
- 5.2 Work is underway in order to support Area ISBs to develop models of care and support which are sustainable beyond the initial period of Transformation Grant funding. The intention is to work with Professor John Bolton to facilitate a number of workshops with Areas in order to support them to develop Transformation and Sustainability plans, as well as realign staff and resources in order to support the shift of resources from the acute to the community. We are also hoping to work with Tracey Williams from Welsh Government in order to utilise the Integrated Pathway for Older People (IPOP) model to support the development, implementation and evaluation of our approach.
- 5.3 Finally, work is underway to develop a set of agreed regional design principles, outcomes and key performance indicators to measure progress towards integration. Once signed-off by the region, the evaluation of close monitoring of community transformation initiatives will allow areas and the region to determine future models of care and support and mainstream activity in order to realise real sustainable change.



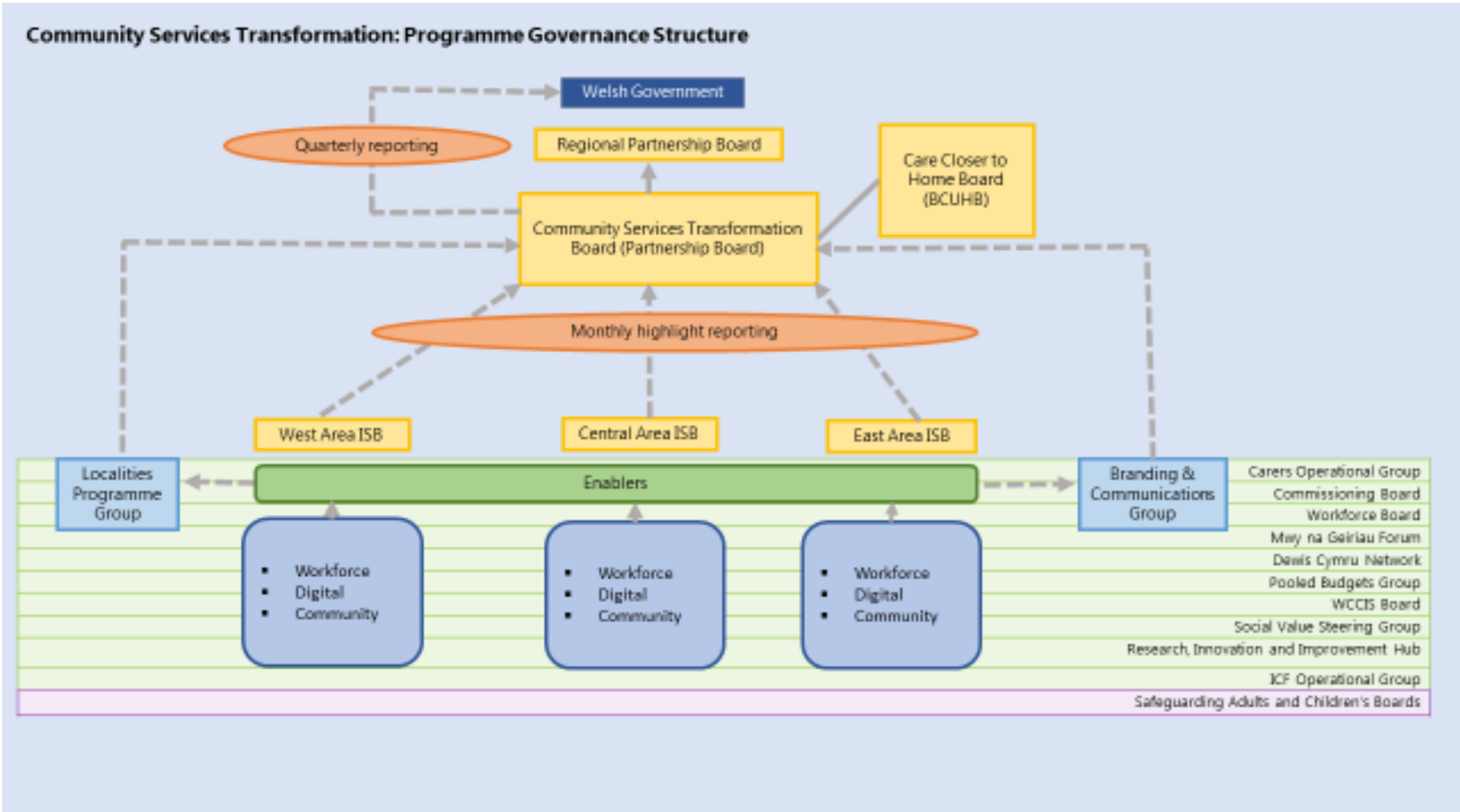
## 6. Recommendations

- 6.1 The work being undertaken as part of the Community Services Transformation programme is anticipated to yield significant organisational and operational improvements, as well as positively impact on the citizen experience of the health and social care system. Members are asked to consider the contents of this report and note the overall direction of travel as well as advise as to how they should like to be kept up to date with progress.











CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

## Localities: The Move Towards Place-Based Care

### A Road Map to Implementation

**“Effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience.”**

(Christie Commission, 2011)

July 2019



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## Introduction and Purpose

The purpose of this document is to provide Areas ISBs with a roadmap to guide the successful implementation of 14 integrated health and social care localities across North Wales. The roadmap is not intended to be prescriptive, but rather to function as a supportive mechanism to guide Areas ISBs through the necessary steps towards integrated health and social care localities. The guidance is respectful of the need for local variation, whilst seeking to ensure consensus of opinion and consistency of approach where required. It will be important that areas do not 'reinvent the wheel' but rather build on current best practice within the region.

This roadmap is supported by a [Project Workbook](#), which contains the following tools:

- Glossary of terms
- Maturity Matrix
- Project Mobilisation Plan
- Stakeholder Analysis
- Communications Plan
- Risk Matrix

Developed regionally with the support of area project leads, this guidance sets out what localities are for, the principles upon which they should be established, and the ethos under which they should operate, and it covers some of the practicalities that partners should take into account when establishing and supporting localities.

## Why Localities?

'A Healthier Wales' (2018) puts in place the framework to integrate health and social care services in Wales at both the local and regional level. Current systems provide a lack of opportunities for communities and professionals – including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists and others – to take an active role in, and provide leadership for, local planning and service provision. Localities provide one route, under integration, to improve upon this, and to ensure strong community, clinical and professional leadership for the strategic commissioning of services.

It is the intention of the North Wales RPB to bring together primary care, community health, social care and the third sector together to develop combined health and social care localities based on the geography of primary care clusters, and further developing links with, and enhancing Community Resource Teams.

## What is a Locality?

Policy and practice offers conflicting information around the terminology partners should use, with 'Cluster' and 'Locality' often being used interchangeably. For the purpose of the Community Services Transformation programme, we shall use the term 'Locality' as the principle descriptor. Here then, 'Locality' is defined as:

*"A geographically bound area, which brings together all local services involved in the delivery of health and social care services for the area. A locality serves a population of between 25,000 – 10,000 people."*



Whilst the Transformation Fund focuses attention of the development and enhancement of community-based support for older people, with time, Localities shall come to serve the entire population, providing care and support from cradle to grave.

It is anticipated that there shall be 14 integrated health and social care Localities across North Wales, evolving and subsuming the current GP clusters. The purpose of creating Localities is not to draw lines on a map. Their purpose is to provide an organisational mechanism for local leadership of service planning, through the development of place-based strategic commissioning plans – localities must have real influence, if not control over how resources are spent in their area.

## Functions of a Locality

A Locality, as defined by the Community Services Transformation programme, shall fulfil the following core functions:

- **Collaborative Working:** Localities will support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods are required to assure the effectiveness of locality arrangements. People and communities will be enabled to flourish only where all parts of the system work collaboratively to empower local decision making and active citizenship.
- **Planning & Commissioning:** Localities, and in particular Locality Leadership Teams (LLT) shall be responsible for undertaking locality-based population needs assessments, as well as in-depth market-analysis. The information yielded shall be used to shape and support service development and commissioning activity within that locality. Where gaps exist in the market, the LLT shall lead on market-shaping activity so as to ensure the availability of care and support to meet local need, both now, and in the future.
- **Capacity Building:** Localities shall support a proactive approach to capacity building in communities, by forging the connections necessary for participation. And to help foster better integrated working between primary and secondary care.
- **Deployment of Resources:** Localities will support primary, community health and social care to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including secondary care, third and independent sector providers – to help improve outcomes for local people. Recognising that each of the 14 localities across North Wales are currently in different places, the intention is that, with time, resources are deployed across the life-course. This will ensure future sustainability but working with people to promote positive health and well-being throughout their lives, and targeting resources earlier on in order to prevent/ better manage escalations of need later in life.



Locality arrangements must be fair, accountable, practical and proportionate. Locality Leadership Teams and the strategic commissioning plans they produce must be more than the sum of the part of locality plans. Strategic and locality level planning must work together to create the best possible working arrangements and to enable them to take account of local, and often deep rooted issues such as inequalities and poverty.

Localities exist to help ensure that the benefits of better integration improve health and well-being outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.

The views and priorities of localities must be taken into account in the development of the strategic commissioning plans produced by the Locality Leadership Team. This means that Locality Leadership Teams should plan for how the localities' resources are to be spent on their local population. For some services or care groups, it will make sense for more than one locality to work together to plan what is needed.

## Locality Leadership Teams (LLTs)

The development of Locality Leadership Teams (LLTs) must be a key priority for Area ISBs and will serve to bring together and unify the range of key decision-makers within the partnership in order to determine the specific needs of the localities, as well as agree the direction of travel and commissioning and service development arrangements.

The development of a place-based approach to integrated care will require appropriate and inclusive leadership; adoption of a social model of care; partnership and shared ownership of the locality approach; robust governance and the pooling of resources.

The LLT shall be multi-agency and shall be comprised of senior managers from across social care, primary care, and the third sector. Important too shall be the direct involvement of secondary care colleagues, as this will help to ensure that a seamless and effective pathway between acute and community is developed and sustained.

Moreover, to ensure the quality of localities' input into strategic planning, LLTs must function with the direct involvement and leadership of:

- Health and social care professionals who are involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carer and service user representatives
- People managing services in the locality (e.g., the locality lead/ senior manager)

The LLT shall have devolved responsibility for the use of the locality budget, according to their stage of development, and shall be accountable to the Area ISBs.



Locality Leadership teams must be well organised, and with sufficient structure to enable strategic planning. The principle of moving away from top-down planning will only work if the LLT is well organised and all members are supported to make an effective contribution. Each locality must therefore appoint a Locality Lead Officer, who may be the current GP cluster lead, a senior manager from either social care or community health services, or senior manager from the third sector.

Any commissioning activity should be underpinned by a clear strategic vision, co-produced with local citizens. LLTs will need to give consideration to how this can best be achieved, and the potential role of the third sector in supporting this function should be explored.

GP practices within a locality will continue to meet and work together within the integrated health and social care locality in order to provide mutual support, to provide 'specialist' GP services on behalf of each other, and to undertake quality improvement activity. This will be led by the locality GP Lead, and will contribute to ensuring GP practice resilience.

## Governance & Finance Arrangements

With regards to the governance arrangements for Localities, Area ISBs will need to give consideration to how this may best be achieved within their areas. For example, authority may be delegated via a Section 33 Agreement, or alternative legal framework. It is recognised that the development of Localities may be on a phased approach, especially where the intention is to establish localities as distinct entities in their own right.

Each locality shall have a delegation of budgets for all health and social care functions within that area, and should include also, some general medical services (e.g., funding to GPs and drugs budgets). The exact scope of budgetary delegation will depend on the findings of the locality population needs assessments, which will highlight those elements of 'core service' that need to be pulled into a locality framework. Integrated Care Fund, GP Cluster Fund monies should be considered in scope.

The starting point for the budget for Locality Plans will be the Locality's resources that are currently used by the population within that locality. This historic share should be set alongside a 'fair' share target, based on locality populations weighted to take account of population need and any factors relating to the provision of services in the area.

## Management & Operational Delivery: The CRT

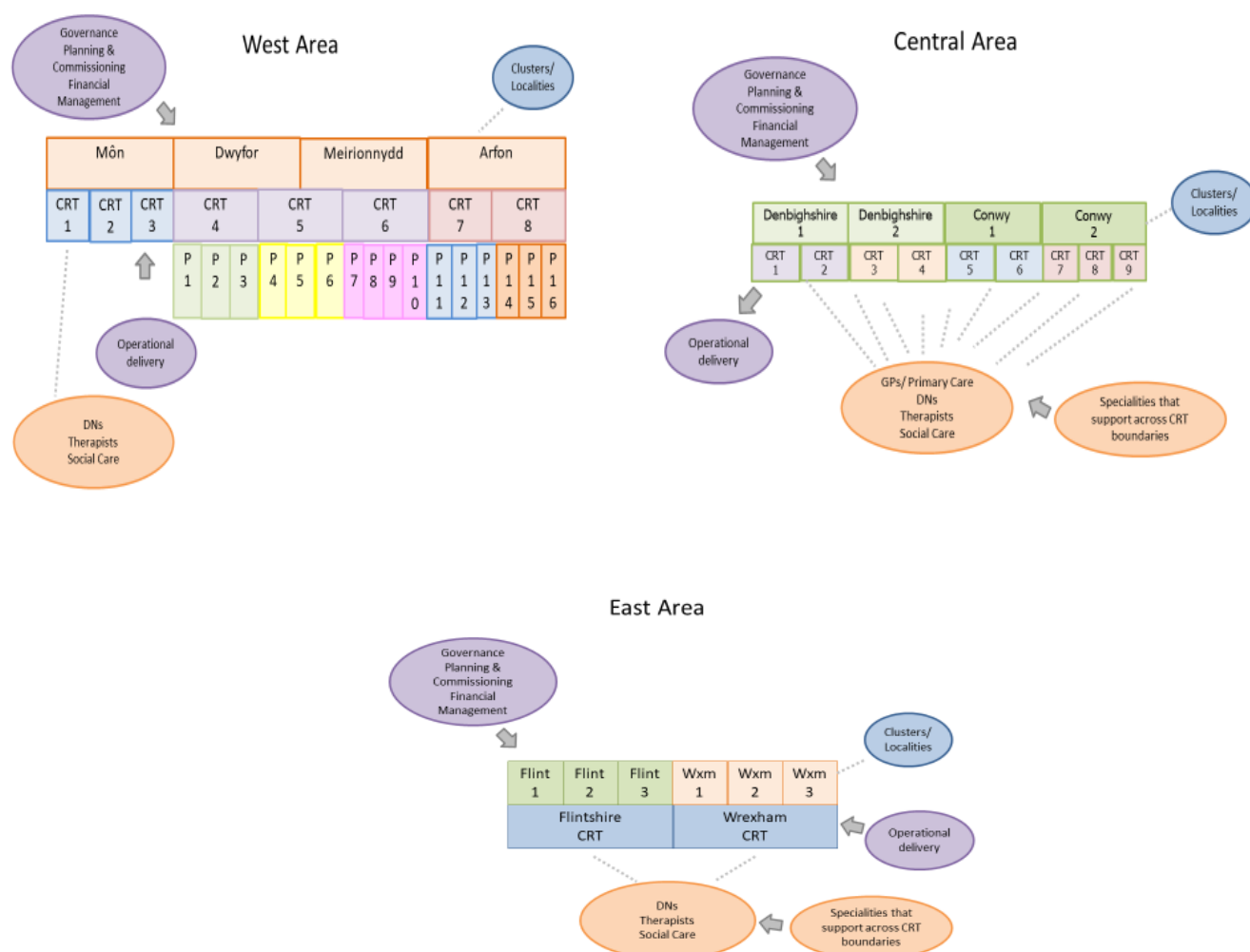
The Locality Leadership Team shall oversee the deployment of resources within a Locality. The principle means of operational delivery shall be via Community Resource Teams (CRT), whose function is to deliver care closer to home. The CRT is a multi-disciplinary and multi-agency team who work together to meet the health and well-being needs of their local population, utilising shared case management, improved communications and integrated IT solutions. The exact configuration of the CRT shall be determined by the needs of the local population. For example, localities where there are high levels of substance misuse may decide to have dedicated substance misuse workers within the CRT, whilst within other localities, such professionals sit outside of the CRT and within specialist services.



Locality Leadership Teams shall assume responsibility for managing those social care and community health services, which as a result of the locality population needs assessment, have been determined as core elements within the Community Resource Team (CRT). Co-location of core members of the CRT will help to develop true integrated working, as artificial role boundaries become blurred over time. This will yield improvements for the citizen experience, as fewer professionals travel down their 'garden path'. In some areas there are Community Resource Teams working at a more local level than the cluster footprint, where this best supports community needs and natural geographies (see below).

## Models of Delivery

Each of the three areas in North Wales has a distinct approach to the interface between clusters and CRTs, as described in the images below:

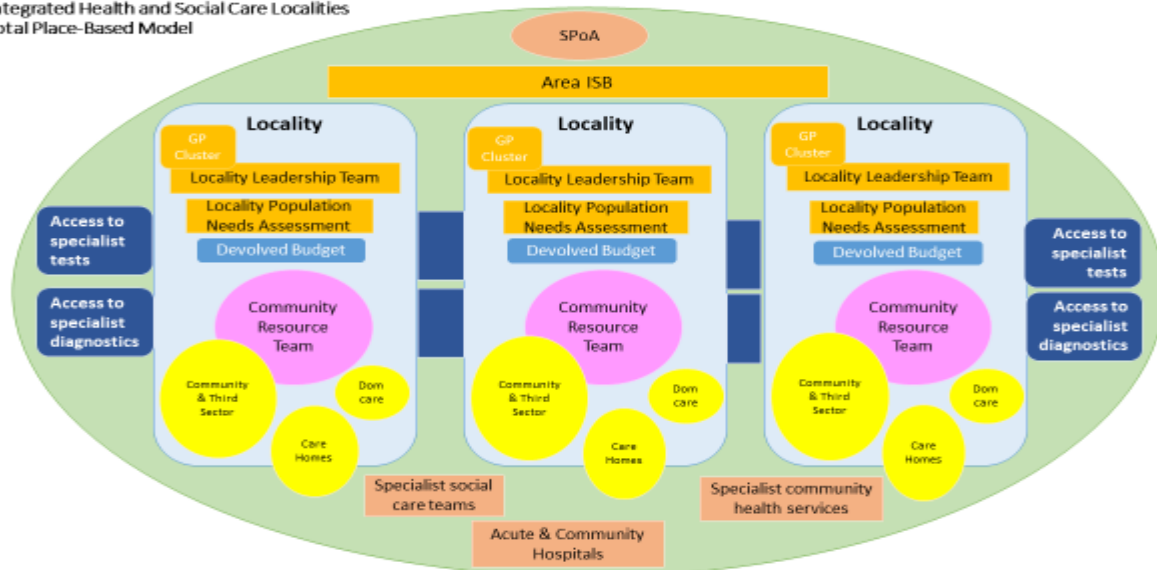


Whilst there is no one-single prescribed locality model proposed within the Transformation Work-stream, Area ISBs will need to give consideration to the structure and scope of current working practices to ensure they are able to deliver the pace and scale of change needed, as well as to deliver upon the requirements of



'A Healthier Wales'. In doing so, the merits of restructuring according to a 'total place-based' model should be considered:

Integrated Health and Social Care Localities  
Total Place-Based Model



## KEY ACTIONS & NEXT STEPS

### Turning Vision into Reality (1): Area Summits

There is a degree of work still required in order to support the local implementation of integrated health and social care localities, with decisions about the nature and scope of Localities and Locality Leadership Teams needing to happen at pace. In order to progress this work, Area ISBs are required to each hold a summit in August 2019, in order to finalise what Locality Leadership Team(s) are to look like.

The following professional groups will need to be represented at the summit:

- DN Matrons/ team leads
- Cluster Leads
- Social Services Directors
- Social Services Heads of Service
- Social Services Senior Managers
- 3<sup>rd</sup> Sector Reps
- Secondary Care
- Therapies – Heads and team leads
- Health Visiting & Midwifery leads
- Children's Services
- Mental health (CAHMS & Adults)
- Learning Disabilities
- Pharmacy



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESANT GOGLEDD CYMRU

NORTH WALES SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE



CYNGOR SIR  
YNYS MÔN  
ISLE OF ANGLESEY  
COUNTY COUNCIL



CYNGOR  
BWRDEISTREF SIROL  
COUNTY BOROUGH COUNCIL



CYNGOR  
Sir y Fflint  
Flintshire  
COUNTY COUNCIL





- Primary Care services
- Community Hospital services
- OOH Services
- WAST

It is recognised that Areas may be at different stages of maturity with regards to the development of integrated health and social care localities, and whilst the initial focus of the Community Services Transformation work programme is upon frail and older people, the aspiration is for LLTs to serve the total population of the locality. To that end, it is imperative that the needs of whole population are considered in any planning in order to future proof any work undertaken.

In order to ensure consistency of approach, it is recommended that Summits focus upon answering the following questions:

1. What decisions should be allowed to be taken at a locality level?
2. Which budgets should be delegated?
3. What should locality leadership look like?
4. Who should be part of the leadership/ management team for it?

## Turning Vision into Reality (2): Locality Pacesetters

There are a number of 'big ticket' work areas that need to be developed at pace, and which once developed, will support learning across the region. These areas are:

**Budget:** including scoping the total budget for the locality, as well as Section 33 and pooled budget arrangements.

**Governance, and decision-making processes:** including leadership and management, professional governance, clinical governance and accountability. These decisions will need to be premised on the fact that LLTs should be co-located rather than virtual teams.

**Workforce & operational delivery:** including the terms and conditions for integrated teams, competencies and skills development. Work in this area will need to reflect the needs of the local population.

**IT, informatics & estates:** including performance management and business intelligence.

The Transformation Bid makes provision for the Cluster/ Locality work (£423,000 in 2019/20 and £141,000 in 2020/21). In order to accelerate change around these key work areas, localities can apply to become one of three Pacesetters. Each Pacesetter locality will be awarded £71,000 in order to support development in their chosen area(s).

Localities are required to submit applications to become one of the three Locality Pacesetters in October 2019.



## Turning Vision into Reality (3): Non-Pacesetter Areas

Whilst Pacesetter localities will lead on the key areas above, it is important that work continues within all 14 localities. To support this, £15,000 shall be awarded to each of the 14 localities in order to proceed with the development of fully mature integrated health and social care localities. It shall be the responsibility of the Area ISBs to drive forward the actions required to deliver this change.

## RISKS

There are a number of risks to delivery, which will need to be picked up within Area/ locality Risk Management strategies. These include:

**Sustainability:** A key risk to the achievement of the region's long term vision is the ability of partners to develop sustainable models of care and support, with robust and clear mechanisms to support investment, dis-investment and re-investment. The development of models of care and support that will reduce demand on services in both the short and longer-term will also be crucial to mitigating risks around sustainability.

**Financial pressures:** Liked to the risks above are the significant budget pressures faced by local authorities and the health board, which makes time limited funding, together with the potential loss of ICF funding, which supports CRT developments in most counties, a real risk to longer-term operational delivery of the transformation agenda, even whilst it is this very agenda which promises to help mitigate the risks of increasing demand and shrinking resources.

**Culture & behaviour:** Changing culture and behaviours within partner organisations will be crucial to the success of the community transformation programme, however, it is also an area that presents considerable risk, especially given the tight timescales. Areas will need to work hard to fully engage with operational staff in order to bring them on the journey with them.

**Time:** A key risk to the successful deliverability of integrated health and social care localities, is the short timeframe in which funding is available in which to facilitate change. With Transformation Funding only being available for 18 months, it is imperative that Areas move at pace with the developmental work required to establish integrated health and social care localities.


**Delivery around core components of the bid:** When developing the North Wales Funding Bid, partners identified a number of key enablers that would be crucial to the transformation of community-based services – workforce; communities; and digital technology. When developing plans, it is important that areas remain mindful of the aspirations and intentions of the original funding bid to Welsh Government.

**Other Transformation programmes:** In order for this programme of work to be truly successful it is important that links with the other Transformation projects are understood and harnesses. Whilst the focus of the early developmental work will be around older people, it is important that when developing integrated health and social care localities that they are done so in a way that is mindful of the needs of other cohorts of people. This will be crucial to future proofing any model.

**Engagement with wider staff network:** there is a risk, perhaps especially within local authorities, that the transformation agenda is the business of social care only, when in fact, its success will depend on the co-operation and active involvement of a range of Council departments, including housing, libraries and leisure, economic development, etc. Across all organisations it will be important to engage with a wide range of staff, beyond those involved in the operational delivery of services. Teams such as Finance, HR and Performance and ICT are key stakeholders and must be engaged in the process, and understand where they fit.

**Mental Health:** It is imperative that Mental Health services are fully engaged in the development of integrated health and social care localities. Areas must therefore ensure that colleagues in mental health are fully involved and factored into development plans.



Strategy, Partnerships and Population Health Committee	 <b>GIG Cymru NHS WALES</b>   Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
3.9.19	To improve health and provide excellent care

<b>Report Title:</b>	Summary of In-Committee business to be reported in public
<b>Report Author:</b>	Diane Davies, Corporate Governance Manager
<b>Responsible Director:</b>	Mark Wilkinson Executive Director Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<p>To report in public session that the following items were considered at the Strategy, Partnerships and Population Health Committee held in private session on 4.7.19</p> <ul style="list-style-type: none"> <li>• Single Cancer Pathway programme business case</li> </ul>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The issues were considered by the Committee at its private in-committee meeting
<b>Governance issues / risks:</b>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
<b>Financial Implications:</b>	The financial implications were discussed at the meetings
<b>Recommendation:</b>	The Committee is asked to note the report

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓

5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<ul style="list-style-type: none"> <li>• Leadership and governance</li> <li>• Strategic and service planning</li> </ul>			
<b>Equality Impact Assessment</b>			
Not applicable for a paper of this nature			

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*