

Bundle Strategy, Partnerships and Population Health Committee 12 August 2021

AGENDA

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However draft minutes are provided in due course.

- 1 SP21/67 Chair's welcome and apologies for absence
Mark Wilkinson - Sally Baxter deputising
Chris Stockport / Clare Darlington apologies (Lynne Joannou to deputise if required)
- 2 SP21/68 Declarations of Interest
- 3 09:30 - SP21/69 Draft minutes of the meeting held on 17.6.21 for accuracy, matters arising and summary action plan
SP21.69a Minutes SPPH_Public Session 17.6.21_draft v0.03.docx
SP21.69b Summary Action Log.docx
- 4 09:35 - SP21/70 Board Assurance Framework
Louise Brereton
Recommendation:
That the Committee review and note the progress on the principal risks assigned to it in the BAF.
SP21.70a BAF cover report - SPPH Aug 2021 (003).docx
SP21.70b BAF report Appendix 1 Risk Sheets.pdf
SP21.70c BAF report Appendix 2 Guidance document.pdf
SP21.70d BAF report Appendix 3.docx
- 5 09:50 - SP21/71 Operational Plan Monitoring Report 2021-22 – Position as at 30.6.21
Sally Baxter
Recommendation:
The Committee is asked to scrutinise the report and to consider whether any area requires further escalation.
SP21.71a OPMR 12.08.2021 template FINAL.docx
SP21.71b Operational Plan Monitoring Report - Position 30 June 2021 FINAL.pptx
SP21.71c Appendix 1_202122_Annual Plan programme action plan.pdf
- 6 STRATEGY
- 6.1 10:05 - SP21/72 North Wales Medical and Health Sciences School progress
Lea Marsden – Programme Director North Wales Medical & Health Sciences School in attendance
Recommendation:
The Committee is requested to receive this report for information
SP21.72 North Wales Medical Health Sciences School Update - August 2021 v2.docx
- 6.2 10:15 - SP21/73 Welsh Language annual monitoring report 2020/21
Teresa Owen
Eleri Hughes Jones Head of Welsh Language Services in attendance
Recommendation:
The Committee is asked to approve the report.
SP21.73a WLS AMR 2020-2021.docx
SP21.73b Welsh Language Services Annual Monitoring Report 2020-2021 FINAL.docx
- 6.3 10:30 - SP21/74 Learning Disabilities Strategy update
Teresa Owen
Recommendation:
The Committee is asked to note the updates aligned to the Learning Disability (LD) Strategy to enable BCUHB to continue to work alongside partner agencies, including the 6 Local Authorities, to ensure the delivery of the recommendations outlined within the LD strategy.
SP21.74 Learning Disabilities update FINAL.docx
- 6.4 10:45 - Comfort break
- 7 PARTNERSHIPS
- 7.1 10:55 - SP21/75 Mental Health Transformation Fund report

Teresa Owen

Recommendation:

The Committee is asked

- *To note the Mental Health and Learning Disabilities (MH&LD) Division's over-arching transformation work programme;*
- *To note the update on the 'A Healthier Wales – North Wales Together for Mental Health' transformation programme – ICAN Offer which is a fundamental element within the MH&LD transformation work programme;*
- *A further update report will be provided at 6 monthly intervals.*

SP21.75a MH Transformation Programme v2.docx

SP21.75b APP A TRANSFORMATIONAL PROGRAMME SUMMARY v2.0.pptx

SP21.75c APP B Transformation summary of initiatives with outcomes v2.xlsx

7.2 11:10 - SP21/76 North Wales Regional Partnership Board

Sally Baxter

Recommendation:

The Committee is asked to note the updates received at the North Wales Regional Partnership Board and to receive the notes of the meeting held on 11th June 2021.

SP21.76a RPB August 2021.docx

SP21.76b NWRPB minutes 11.6.2021 Eng.pdf

SP21.76c NWRPB minutes 11.6.2021 Cymraeg.pdf

7.3 11:15 - SP21/77 Ynys Môn and Gwynedd Public Service Board 2020/21 annual report

Ffion Johnson Area Director West in attendance

Recommendation:

The Committee is asked to note the progress of the work of the Public Services Board

SP21.77a PSB Ynys Mon_Gwynedd annual report template.docx

SP21.77b Gwynedd Anglesey PSB annual report 2020.21.pdf

SP21.77c Gwynedd Anglesey PSB annual report 2020.21 Cymraeg.pdf

7.4 11:30 - SP21/78 Substance Misuse Area Planning Board annual update

Sally Baxter

Ben Carter, Regional Commissioning Manager, North Wales APB in attendance

Recommendation:

It is recommended that SPPH Committee:

- *receive this report and note the performance management information included*
- *note the positive examples of partnership working and resulting outcomes for service users, highlighted via the service user stories/case studies*

SP21.78 APBSMS report to SPPH August 2021 v2.docx

7.5 11:45 - SP21/79 Engagement update

Sue Green

Recommendation:

The Committee is asked to note the progress detailed in this paper.

SP21.79 Public Engagement Update v3.docx

7.6 12:00 - SP21/80 Corporate Health at Work

Sue Green

Recommendation:

The Committee is asked to note the summary update on the Corporate Health Standard programme.

SP21.80 Corporate Health Standard Update Report_final v2.docx

8 POPULATION HEALTH

8.1 12:15 - SP21/81 Health Improvement & Reducing Inequalities Group (HIRIG) – Update report

Teresa Owen

Recommendation:

The Committee is requested to:

- *Note the progress of the Health Improvement & Reducing Inequalities Group (HIRIG) and programme of work.*
- *Note the current 21/22 workplan for the BCU Public Health Team*

SP21.81a HIRIG Update Report July21 FINAL2.docx

SP21.81b HIRIG Appendices SPPH Aug21.pptx

SP21.81c Appendix 1.3 NWLPHT WORK PROGRAMME.pptx

8.2 12:30 - SP21/82 Test, Trace and Protect Update

Teresa Owen

Recommendation:

The Committee is asked to approve the paper, and to note the following two recommendations:

i. That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service is sufficiently robust to meet service demands until the end of the financial year.

ii. That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements.

SP21.82a TTP update (July 21) v5.0.docx

SP21.82b TTP update v2.0.docx

9 SP21/83 Summary of Private business to be reported in public

Sally Baxter

Recommendation:

The Committee is asked to note the report

SP21.83 Previous private session items reported in public report.docx

10 SP21/84 Issues of significance to inform the Chair's assurance report

11 SP21/85 Date of next meeting

14.10.21

12 12:40 - Exclusion of 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 (SPPH) Committee
Draft minutes of meeting held in public on 17.6.21
via Zoom

Present:	
Lyn Meadows	Independent Member (Chair)
Nicky Callow	Independent Member
John Cunliffe	Independent Member
Linda Tomos	Independent Member
In Attendance:	
John Darlington	Assistant Director ~ Corporate Planning
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Arpan Guha	Executive Medical Director (Interim)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Glynne Roberts	Programme Director - Well North Wales (representing Teresa Owen)
Dawn Sharp	Deputy Board Secretary (part meeting)
Chris Stockport	Executive Director of Primary Care and Community Services
Jo Whitehead	Chief Executive
Mark Wilkinson	Executive Director Planning and Performance
Llinos Roberts	Executive Business Manager (for minutes)
Observing	
Simon Evans-Evans	Interim Director of Governance
Dave Harries	Head of Internal Audit
Ben Hughes	Audit Wales
Mark Polin	Chair of Health Board

Agenda Item Discussed	Action By
SP21/40 Chairs opening remarks and apologies for absence	
SP21/40.1 Apologies were noted for Teresa Owen, who was represented at the meeting by Glynne Roberts; and Andy Burgen, North Wales Community Health Council.	
SP21/41 Declarations of Interest	
Professor Nicky Callow – Independent Member (University) declared an interest in item SP21.55 Innovation and University Status.	
SP21/42 Draft minutes of the meeting held on 15.4.21 for accuracy, matters arising and summary action log	
The minutes were approved as an accurate record and updates were provided against the summary action log.	

<p>SP21/48 Living Healthier, Staying Well Strategy</p> <p>SP21/48.1 The Executive Director of Planning presented the item and provided feedback to the Committee following discussions at Board Workshops in February and May 2021. The purpose of the report to Committee was to acknowledge the Health Board's desire to refresh 'Living Healthier, Staying Well' (LHSW), and to confirm the strategic framework in order to create a framework that the Clinical Services Strategy would sit within, and work to the principles agreed. Discussion would take place around the proposals for engagement and consultation for the process. It was confirmed that a review of stakeholder engagement was being undertaken and that BCUHB would need to engage with the wider population across north Wales.</p> <p>SP21/48.2 The Chief Executive advised that there was strong partnership working between the Health Board and Bangor University with particular regard to the proposed new Medical and Health Sciences School, and that there was potential for BCU to work closer with other departments with regard to health-related subjects, including technology, and research and development. It was agreed that Professor Callow would share a copy of the report with colleagues at Bangor University. It was noted that the Mid-Wales Health Collaborative, under the auspices of WG, had commissioned oversight of health, and health-related programmes across all Universities with regard to training in rural health/practice.</p> <p>SP21.48.3 Members also discussed how the Health Board would map services against WG priorities in order to deliver patient centred, and not workforce centred services.</p> <p>It was resolved that the Committee receive the update on proposals to refresh the Living Healthier, Staying Well strategy; note the timeline; and offer any comments to help shape the process.</p>	
<p>SP21/43 Board Assurance Framework – Review of the Committee's allocated risks</p> <p>SP21/43.1 The Deputy Board Secretary presented the item, noting that this was a further iteration of the previous BAF document. A copy of the remapping arrangement against the latest Annual Plan was provided at Appendix 2 of the papers. Key progress on risks assigned to SPPH were noted, in particular:</p> <ul style="list-style-type: none"> • BAF20-01 Surge Plan/Winter Plan: it was recommended that this risk be archived as recommended within the report. • BAF20-03 Sustainable Key Health Services: actions have been addressed and scores improved. • BAF20-07 Effective Stakeholder Relationships (mental health): cross-referencing and picking up themes to be picked up within Targeted Intervention Framework. <p>SP21/43.2 The Deputy Board Secretary advised that the Risk Management Strategy would be discussed at the Board meeting to be held on 15th July and, following agreement, all</p>	

<p>BAF risks would be remapped against the Board's risk appetite and amended in readiness for the next Committee meeting. The remapping would be based on risk appetite scores, and if the target score is higher than the revised risk appetite, a more detailed explanation would be provided to Committee.</p> <p>SP21/43.3 Members provided feedback in terms of definitions within Appendix 3 which the Deputy Board Secretary agreed to address.</p> <p>SP21/43.4 Whilst noting the recommendations within the report with regard to the archiving of BAF 20-01 Surge /Winter Plan, and the transfer of outstanding actions to BAF20-02 Safe and Effective Management of Unscheduled Care, the Committee Chair sought assurance that the finer details and links to other sectors would remain in place. The Deputy Board Secretary advised that, Meinir Williams had committed to prepare a detailed paper for the Quality, Safety and Experience Committee on winter planning and that this would be undertaken on an annual basis, and could be included as part of the report.</p> <p>The Committee noted the progress on the Principal Risks as set out in the Board Assurance Framework (BAF), and supported the archiving of BAF risk 20-01 Surge/Winter Plan, noting that the outstanding actions have been transferred to BAF risk 20-2 Safe and Effective Management of Effective Care.</p>	
<p>SP21/47 Civil Contingency and business continuity progress report <i>(Emma Binns and John Darlington attended the meeting for this item)</i></p> <p>SP21/47.1 The Assistant Director ~ Corporate Planning reported on the progress made against the key resilience workstreams outlined in the 2020/21 workplan, the training and exercise programme, and details of the development of the emergency planning arrangements and plans. It was noted that any actions not delivered, and emerging priorities, would be included in the action plan for 2021/22.</p> <p>SP21/47.2 The Committee sought assurance that there had been comprehensive testing of the plans. With regard to training for desktop exercises, arrangements were in place to run for the 30+ Business Continuity Plans which had been received across a range of areas, however these had been stood down due to the pandemic, and pressures of work. It was noted that there was a training plan in place for business continuity which has been held, with over 60 members of staff who are leads for their respective areas of work. It was noted that there were Major Incident Plans in place for both the acute and community areas. IT systems was noted as a key area of work and this would be added to the work plan going forward.</p> <p>SP21/47.3 The Committee requested a position report for the meeting on 14th October 2021 on all areas been due to carry out testing. It was noted that this would need to be led by the Executives who would need to take responsibility in ensuring that training was being undertaken. The Committee Chair thanked the team for the improved report.</p> <p>SP21/47.4 Emma Binns confirmed that all limited assurance recommendations and actions from last internal audit had been completed.</p>	MW

<p>SP21/47.5 With regard to Civic Contingency Audit for SPPH. Members noted that an expert would review EPRR arrangements and that this work would begin in June 2021. It was requested that, as this work evolved, that rather than task completion, this would need to be output focussed.</p> <p>SP21/47.6 The Executive Director of Workforce and Organisational Development confirmed that there had been a long-standing issue with regard to operational on-call, and that a review was being undertaken led by the Deputy Chief Executive, as responsible officer. This was also subject to Internal Audit review. It was agreed that the Executive Director of Workforce and Organisational Development would review the wording within the report.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • receive the report and note the positive progress that has been made to enhance organisational resilience in 2020/21 • receive and approve the work programme for 2021/22 at appendix 2. <p><i>(Emma Binns left the meeting)</i></p>	SG
<p>SP21/45 Quarter 1 Plan refresh</p> <p>SP21/45.1 The Executive Director of Planning and Performance presented the draft Annual Plan and Quarter 1 refresh, which was due for submission to Welsh Government (WG) by 30th June 2021. It was noted that increased expenditure had been put in place following additional funding received from WG to assist with the broad area of planned care recovery, and that plans were currently being developed to support this work. Members were advised that as this was a live document, and since the report had been published for the Committee, an updated version was in the process of being published for the Finance and Performance Committee meeting on 24th June. Members were advised that the refreshed document would be shared and were requested to provide specific feedback on the revised document so as to inform discussion at the Board Workshop also on 24th June.</p> <p>SP21/45.2 Members welcomed the refresh to the document. Professor Callow requested that, in future iterations of the Health Board's Plan, that consideration be given to the various aspects of work on-going with the universities, to include the use of real time evaluation and data on outcomes, in terms of services and delivery.</p> <p>SP21/45.3 With regard to the section of Key Deliverables (table 4.2) the Committee Chair advised that this was not outcome/output related and would need to be more specific in order that we can identify whether we had achieved target, which had also been noted in the Structured Assessment by Audit Wales. The Executive Director of Planning and Performance advised that there were documents under-pinning the Plan which contained this information, however the team would further review the document to draw this information out.</p>	

<p>SP21/45.4 John Cunliffe reported that, as previously requested, whether the Plan could be prepared with GANNT charts, supported by narrative for ease of reading, given that, as presented, the current format did not communicate clearly what was trying to be achieved. Members were advised that all changes made to the document would be listed for ease of reading, and that feedback from members would be welcomed until the Plan was submitted formally to WG.</p> <p>SP21/45.5 The Executive Director of Planning and Performance summarised discussion highlighting that:</p> <ul style="list-style-type: none"> • there was increased confidence in the Plan • narrative would be included in the Plan explaining over 52 week waiting times • reference would be included to university designation feedback and reference to value based healthcare • work to continue on key deliverables (table 4.2) to ensure information is as specific and quantative as possible. <p>SP21/45.6 It was agreed that the Executive Director Planning and Performance would liaise with John Cunliffe to ensure that his comments were included as part of the refresh.</p> <p>SP21/45.7 The Committee Chair requested that, as part of the structured assessment of the planning process, it would be noted that all comments received were taken on board in finalising the plan.</p> <p>It was resolved that the refresh of the Annual Plan 2021/22 was received and members indicated an increased level of confidence, however, a range of comments would be fed into subsequent discussions by the Finance & Performance Committee and Board Workshop on 24.6.21.</p>	MW
<p>SP21.46 Planning for 2022 – 25 – Timetable</p> <p>SP21.46.1 The Executive Director of Planning and Performance introduced the report which set out the planning principles and timetable to support the development of the 2022/25 IMTP which stated the Health Board's commitment to an achievable plan by December 2021. Work would commence on this in the coming weeks, and would need to take account of the Health Board's longer-term strategy, 'Living Healthier, Staying Well'.</p> <p>SP21.46.2 Members were advised by the Executive Director of Planning and Performance that he recognised the ambitious timescales set to achieve submission to Board by December 2021, and that any delays would likely be caused by external factors, ie, Covid, WG planning guidance and resource clarity. Given the dynamic and iterative nature of the planning process, mitigation of delays would be factored in as expected, and that any guidance received to support the development of a robust plan would be welcomed as positive progress. Members were advised that the Executive Team collectively were clear on the need to work together to deliver this.</p> <p>SP21.46.3 Given previous plans that have been rejected by WG, it was noted that it was in the main due to the need for the Health Board to have a clinical strategy, its performance targets and financial position. It was currently unclear as to how WG would judge its performance target in approving the IMPT as all Health Board's across Wales would be</p>	

<p>impacted by waiting times. The Health Board were currently in a stronger financial position and which would strengthen the approval for our IMTP.</p> <p>SP21.46.4 Concern was expressed at the number of substantial early issues for consideration and the ability to deliver of these. The Executive Director of Planning and Performance advised that the Executive Team were committed to addressing of these.</p> <p>It was resolved that the report be received and the planning principles endorsed – with caveat that the Committee remained concerned about its delivery.</p>	
<p>SP21.49 Mental Health Strategy and Partnership Board</p> <p><i>(Iain Wilkie, Interim Divisional Director (MHL), and Amanda Lonsdale Interim Deputy Director (MHL) attended for this item)</i></p> <p>SP21.49.1 The Interim Deputy Director presented the report. It was noted that the Together for Mental Health Partnership Board (T4MHPB) held a workshop in September 2020 to identify how the strategy was working and to receive feedback. Further meetings were held in early 2021 and commitment given to going forward together. A review of the Terms of Reference was being undertaken in partnership and a further meeting would be held on 9th July 2021 to review these, and agree an approach to refresh the Strategy.</p> <p>SP21.49.2 Members welcomed progress made and collaborative working. The Interim Deputy Director advised that additional resources had been made available to support this work going forward. It was noted that work was being undertaken with the CAMHS team to prepare joint bids for additional funding, working alongside the third sector. It was noted that resources were wider than financial and that partnership working was key to this. Members were advised that post-Covid mental health issues would be reflected within the refreshed plan.</p> <p>SP21.49.3 The Committee welcomed the report and proposals for future changes.</p> <p>It was resolved to note:</p> <ul style="list-style-type: none"> • the intention to review and update the Terms of Reference of the T4MHPB; and • the proposed refresh of the current Together for Mental Health Strategy (2017). <p><i>Iain Wilkie and Amanda Lonsdale left the meeting.</i></p>	
<p>SP21.50 Equality & Human Rights Annual Report, including Strategic Equality Plan progress</p> <p><i>(Sally Thomas, Head of Equality and Human Rights attended the meeting)</i></p> <p>SP21.50.1 The Committee Chair welcomed the report, and requested that an Executive Summary be prepared and shared with the Board, via the Chair's Assurance Report. The Executive Director of Workforce and Organisational Development agreed and requested that a full copy of the report be circulated to Board Members.</p>	SG

SP21.50.2 The Head of Equality and Human Rights presented the report highlighting activity over the past year. It was noted that Covid had magnified inequalities in protected characteristic groups that the focus of this work is key, and opportunities have been identified in informing the Living Healthier, Staying Well strategy, and the Stronger Together principles.

SP21.50.3 In response to the gender pay gap, members were advised that work was being undertaken nationally, and a plan was being developed to address this, and will be built into our Workforce Strategy. The Executive Director of Workforce and Organisational Development advised that, in line with the organisational commitment and additional funds available, and as part of the refresh of the Living Healthy, Staying Well, and Clinical Services strategies. Plans were in place to build in additional support and investment in terms of equalities and socio economic duty to enhance the team to enable us to link into the key areas of work and to build on the work already in place and drive the organisational commitment forward.

SP21.50.4 With regard to clinical/medical staff, the Interim Executive Medical Director reported on the work being undertaken on diminishing the gender pay gap. A process was currently being developed to establish a programme of work that allows a higher award bonus, as experience indicated that a number of colleagues were unaware of this.

SP21.50.5 The first NHS BAME network has been established and leadership for this group has been identified. It was noted the positive energy in taking this work forward, and this sits within the governance framework of the Health Board.

It was resolved that the Committee receive the report and highlight to the Board through the Chair's Assurance Report. An Executive Summary of the report would be prepared and appended to the Chair's Assurance report to the Board.

SP21.52 Estates Strategy update

SP21.52.1 The Executive Director of Planning and Performance provided an update on the development of the review and further development of the Estates Strategy, with a view bringing the final draft back to Committee in November 2021.

SP21.52.2 WG has indicated that they would wish Health Boards to develop Programme Business Cases, which is a more detailed version of the estates strategy which would set out priorities for individual areas from a capital perspective, ie, primary care, acute care, and mental health. Members were advised there would be more merit in looking at this across north Wales, particularly across the area teams, and that this would need to be worked through with WG.

SP21.52.3 With regard to the proposed new Medical and Health Sciences School, the Executive Director of Planning and Performance advised that discussions had been held with regard to the potential accommodation needs, and that specific reference to the proposed development would be made within the Estates Strategy.

It was resolved that the Committee receive and note the content of the report.

<p>SP21.51 Workforce Strategy update</p> <p>SP21.51.1 The Executive Director of Workforce and Organisational Development shared a presentation with the Committee, the content of which was noted. Members were advised that the Workforce Strategy and Organisational & Leadership Development Strategy, would be separated going forward, and set out the timelines for the work to be completed. It was agreed that a further detailed paper would be provided to the next Committee meeting.</p> <p>SP21.51.2 With regard to linkages with other organisational strategies, members were advised that the work across Stronger Together, and Living Healthier, Staying Well, were aligned and the outputs from the discovery phases would inform both the Organisational & Leadership Development Strategy and the Workforce Strategy. Annual and delivery plans would be developed as part of the process.</p> <p>It was resolved that the report be noted.</p>	
<p>SP21.52a North Wales Decarbonisation Strategic Delivery Plan 2021/2030</p> <p>SP21.52a.1 The Executive Director of Planning and Performance set out the background to the development of the NHS Wales Decarbonisation Strategic Delivery Plan for 2021/2030, which the Health Board would need to respond to this and set out how over the next five years we will aim to deliver Welsh Government targets. It was noted that this was previously on the Health Board's work programme as part of our sustainability plan, and that the Health Board is committed to appointing the Carbon Trust to support us with this work.</p> <p>SP21.52a.2 Members were advised that work has commenced at Ysbyty Gwynedd 'Green Group – Sustainability in Healthcare' as part of the Bevan Exemplar programme. Members were advised that the strategy would be shared with the Committee at its October meeting.</p> <p>It was resolved to:</p> <ul style="list-style-type: none"> • Note the publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 – Appendix 1 • Note the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to Welsh Government targets for 2030. • Support the establishment of a BCUHB decarbonisation programme to take forward the actions and targets as set out in the Strategic Delivery Plan and coordinate a wider and inclusive organisational response to achieving Welsh Governments decarbonisation targets by 2030. • Note the degree of alignment between this pan BCU work and the local work taking place at Ysbyty Gwynedd – Appendix 2. 	
<p>SP21.53 Regional Partnership Board Update</p> <p>SP21.53.1 The Executive Director of Planning and Performance presented the report and highlighted the following key issues:</p>	

<p>SP21.53.2 Integrated Capital Funding – there had been an additional source of capital and revenue funding which the Health Board has benefitted from via the Regional Partnership Board in line with partnership working with local authorities. It was important for the Health Board to maintain full visibility of this to ensure that this ties in with our capital financing and priorities.</p> <p>SP21.53.3 Evaluation and Transformation Fund – £11m had been made available to north Wales across four priority areas. The use of the Fund was badly impacted by the Covid pandemic. This was non-recurrent funding which has been reduced in the current financial year, and there was no certainty that there would be further funding in 2022/23. We will need to discuss with our partners the continuation of schemes already commenced, or whether these would be embedded as part of our core services.</p> <p>SP21.53.4 The Committee Chair requested that further detailed reports be provided to future meetings, and requested that a presentation be provided to a future meeting, particularly in light of the White Paper on Health and Social Care proposing that Regional Partnership Boards becoming statutory bodies.</p> <p>It was resolved that the Committee is asked to note the updates received at the North Wales Partnership Board and to receive the notes of the meeting held on 9th April 2021.</p>	MW
<p>SP21.54 Transformation Fund update: Community Services and Children and Young People/CAMHS</p> <p>SP21.54.1 The Executive Director for Primary Care and Community Services advised that the North Wales Childrens and Young Peoples Transformation Programme was routed through the Regional Partnership Board where the funding was managed, and reporting back and evaluation through WG, with intermittent reporting through to the Committee. Members welcomed the opportunity to have greater discussion through the Committee. It was noted that this programme of transformation was prioritised this year, along with Commuity Services, recognising that the funding was cut part way through. It was noted that there were Exit Strategies in place for both areas of work.</p> <p>SP21.54.2 Members were advised that SPPH Workshops dates had been agreed for the year and requested that partnership working be agendad for discussion at one of the sessions.</p> <p>It was resolved that the note progress of the North Wales Childrens and Young Peoples Transformation Programme.</p>	MW
<p>SP21.55 Innovation and University Status</p> <p>SP21.55.1 The Associate Director Research & Development (R&I) presented the background to the report. Members were advised that, following the Expert Panel Review, positive feedback had been received from WG. The expectation going forward was that University Health Board status would be part of the regular planning and performance cycle with an expectation that the criteria would be included as part of our annual planning processes. There was an expectation that an interim briefing report would be submitted to WG every 6 months, with the first being due in September 2022.</p>	

<p>SP21.55.2 Professor Callow advised that key indicators had been received which the Health Board and University would need to be focussed on, and emphasised the need to have structures in place with linked Universities to help aide the conversation. It was noted that a plan would come to the next Committee as to how this work would be progressed.</p> <p>SP21.55.3 The Executive Director Of Therapies & Health Sciences, advised that this would sit within the transformation agenda for the Health Board and the structures would be established through this route.</p> <p>SP21.55.4 Members requested that we need to define a clear pathway to deliver the ‘ask’ from WG, and a clear formal response will need to be developed to address this. It was agreed that this would be submitted in advance of the next Committee meeting and the Executive Director of Therapies and Health Sciences agreed to progress this.</p> <p>It was resolved that the Committee accept the update for information.</p> <p><i>Adrian Thomas left the meeting</i></p>	<p>AG</p> <p>AT</p>
<p>SP.21.56 Research and Development Update</p> <p>SP.21.56.1 The Interim Executive Medical Director presented the report which had been prepared in supporting and driving the conversation around the proposed North Wales Medical School.</p> <p>SP.21.56.2 The Associate Director R&I, reported on the current work being undertaken in terms of urgent public health studies, and new partnership working with the North Wales Cancer Centre and the Moondance Foundation.</p> <p>SP.21.56.3 Members were advised of the successful vaccine and booster trials, with plans to develop clinical research facility (CRF) which would offer opportunities around early phase trials. A scoping document was currently being prepared to submit a Business Case to WG to develop the first CRF in north Wales.</p> <p>SP.21.56.4 The Committee Chair thanked the Interim Executive Medical Director and Associated Director, Research and Development for their excellent report.</p> <p>It was resolved that the Committee note the update.</p>	
<p>SP21.57 Test Trace Protect (TTP) Update</p> <p>SP21.57.1 The Director, Test, Trace and Protect provided a verbal update on progress of the programme in north Wales.</p> <p>SP21.57.2 It was noted that the Delta variant was currently prominent in north Wales, predominantly affecting the younger age groups, and it was expected that figures would rise significantly over the next few weeks. It was noted that WG had confirmed that TTP would be in place until the end of March 2022.</p>	

<p>SP21.57.3 In summary it was noted that work was being completed on the new modelling for staff levels for 2021/22. Consideration would need to be given to determine the model of UK Government support, and what this would look like going forward. Work was also being undertaken with our local authority partners in terms of tracing. Assessments would be completed in terms of Lateral Flow Device testing for BCU staff, and support would continue to be provided to the Covid Support Hubs.</p> <p>SP21.57.4 It was noted that the compulsory vaccination of care home workers was not currently being replicated in Wales.</p> <p>It was resolved that the report be noted.</p>	
<p>SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response</p> <p>SP21.58.1 The Committee Chair advised that the item had been deferred from the previous meeting.</p> <p>SP21.58.2 With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions.</p> <p>SP21.58.3 It was agreed that this would be agendad for a future meeting, and would need to be included on the Committee Cycle of Business.</p> <p>It was resolved that the report was noted.</p>	MW
<p>SP21.59 Paper deferred from previous meeting, for noting: Pandemic Learning</p> <p>It was resolved that the paper was noted.</p>	
<p>SP21.60 Paper deferred from previous meeting, for noting: Wales Audit Office (WAO) – Review of Public Services Boards (PSBs) 2019</p> <p>It was resolved that the paper was noted.</p>	
<p>SP21.61 International Health Group Chair's Report 1.4.20 - 31.3.21</p> <p>It was resolved that the paper was noted.</p>	
<p>SP21.62 Mid Wales Collaborative update</p> <p>SP21.62.1 With regard to relationships with adjoining Health Boards, the Executive Director of Planning and Performance confirmed that joint planning was part of the day-to-day thinking and this was reflected in the importance of our cluster planning arrangements and how we engage locally with our patients and stakeholders.</p>	

It was resolved that the Committee receive the Mid Wales Joint Committee Update Report and to note the Mid Wales priorities 2021 / 2022. The priorities and work completed to-date will inform BCUHB strategic, operational and cluster planning.	
SP21.63 Issues of significance to inform the Chair's assurance report To be agreed outside of the meeting.	
SP21.64 Date of next meeting 12.8.21	

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
5.3.20				
Rod Taylor	SP20/11.5 Environmental sustainability and decarbonisation Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting (5.8.20)	9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course 23.2.21 The Committee were informed that a timeframe would be confirmed for this area of work. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Estates Strategy item to October meeting 10.6.21 Received as update	End of April 2021 7.6.21 October
Mark Wilkinson	SP20/10 Estates Strategy Provide <ul style="list-style-type: none"> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document 		Defer to August meeting 31.7.20 Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 The Committee questioned whether this might be considered earlier 23.2.21 The Committee were reassured that progress was being made with regards to implementation of estates matters. In terms of a refresh of the Strategy itself this was proposed for September which would also align better with a refresh of the workforce	1.4.21

			<p>strategy. The Committee agreed to this timescale but requested an interim update in June.</p> <p>12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting</p> <p>17.6.21 Update received as agenda item</p>	<p>June 2021</p> <p>October</p>
23.2.21				
<p>Wendy Hoeson Amanda Lonsdale</p>	<p>SP21/7.2 Dementia Strategy Provide briefing note on clinical and workforce engagement that has been undertaken</p>	<p>2.3.21</p>	<p>16.4.21 The Dementia Nurse Consultant set up a BCU steering group and had planned a significant engagement event. Unfortunately due to Covid-19, this engagement event did not happen but will take place at an appropriate time (given ongoing pandemic). The Interim Deputy Director (MHLD) will link with the agreed Care of the Elderly Consultant to ensure ongoing engagement with medical staff.</p> <p>Briefing note on clinical and workforce engagement re-requested 11.6.21, response from Amanda Lonsdale as follows: Two new Dementia Nurse Consultants have been recruited and will take up post from 1st July 2021. These 2 roles were appointed together to have the maximum strategic impact within the board to work toward enabling us to meet the dementia care standards and work to implement and mature the dementia strategy with our partners.</p>	

			17.6.21 – John Cunliffe to review update to see if this addresses initial query, to ensure completeness of engagement process. Agreed that action to be closed, and to be addressed off-line if required.	23.7.21 Action to be closed
15.4.21				
Mark Wilkinson	SP21/31 BAF Principal and Corporate Risk Report SP21/31.3 In relation to BAF20-03 Sustainable key health services, the Committee Chair requested that the Executive Director of Planning and Performance review the target risk rating which was deemed to be too low. Discussion ensued regarding BAF20-26 Development of Annual Operational Plan 2021/22 and it was agreed that this should also be reconsidered on the basis of the next draft plan.	14.5.21	11.6.21 It hasn't been possible to complete this review. The annual plan risk will be evaluated again after the end June submission date 2.8.21 Annual operational Plan BAF risk was re-evaluated in light of the above feedback. The AOP has since been approved by Board in July and reflected in the updated BAF. BAF has been reviewed and approved by Executive Director Planning and Performance via Senior Management Team meeting reporting. Risk around 2022/25 IMTP will be captured as part of BAF going forward	31.7.21 Action to be closed
Sue Green	2020 staff survey SP21/33.3 Advise dates for regular reports to be scheduled to the Cycle of Business	17.5.21	Update 9.6.21 - Formal reports will be submitted to the October 2021 and February 2022 meetings with the option of providing brief updates to the September 2021 and January 2022 Workshops if needed. Added to CoB	Action to be closed
17.6.21				

Mark Wilkinson	SP21/47 Business Continuity & testing The Committee requested a position report for the meeting on 14 th October 2021 on all areas been due to carry out testing.	4.10.21	2.8.21 This report will be prepared for the October meeting.	October
Sue Green	SP21/47 Business Continuity and Civil Contingencies Review wording within Business Continuity report in regard to operational OnCall	23.7.21	5.8.21 Further clarity being sought with Head of Emergency Preparedness	
Mark Wilkinson	SP21/45 Q1 Plan refresh Liaise with John Cunliffe to incorporate comments discussed re refresh	17.6.21	Completed and incorporated into refresh document submitted to WG	Action to be closed
Sue Green	SP21/50 HER annual report & SE Plan Provide Executive Summary for inclusion with Chair's assurance report to appraise all Board members. Arrange circulation of full report to all Board members	30.6.21 30.6.21	Executive summary included in Chair's assurance report, with the annual report attached for Board Members information.	Action to be closed
Mark Wilkinson	SP21.53 RPB update Provide detailed reports to future meetings incl White paper on Health & Social Care	2.8.21	2.8.21 Usual report provided for August meeting. There are currently no further updates on the White Paper on Health & Social Care. Details of RPB Lead Officer have been passed to secretariat for invites to future meetings.	Action to be closed
Mark Wilkinson Diane Davies	SP21.54 Transformation funds Ensure Partnership working be included in SPPH workshop schedule/ Cycle of Business	2.8.21	Diane to add in to CoB, liaising with Mark Wilkinson where necessary.	Action to be closed
Arpan Guha	SP21.55 Innovation and University Status SP21.55.2 Professor Callow advised that key indicators had been received which the Health Board and University would need to be focussed on, and emphasised the need	2.8.21	Deferred to October meeting	October

	to have structures in place with linked Universities to help aide the conversation. It was noted that a plan would come to the next Committee as to how this work would be progressed.			
Adrian Thomas	<p>SP21.55 Innovation and University Status</p> <p>SP21.55.4 Members requested that we need to define a clear pathway to deliver the 'ask' from WG, and a clear formal response will need to be developed to address this. It was agreed that this would be submitted in advance of the next Committee meeting and the Executive Director of Therapies and Health Sciences agreed to progress this.</p>	2.8.21	Deferred to October meeting to be addressed by the Acting Executive Medical Director and Executive Director Primary and Community services	October
Mark Wilkinson	<p>SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response</p> <p>SP21.58.2 With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions.</p> <p>SP21.58.3 It was agreed that this would be agendad for a future meeting, and would need to be included on the Committee Cycle of Business.</p>	2.8.21	Address in October meeting in order to feed into Living Healthier, Staying Well updates.	October

2.8.21

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health (SPPH) Committee 12.8.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Board Assurance Framework (BAF)
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary
Awdur yr Adroddiad Report Author:	Liz Jones, Assistant Director, Corporate Governance
Craffu blaenorol: Prior Scrutiny:	Executive Team, Risk Management Group
Atodiadau Appendices:	Appendix 1 – Updated BAF principal risk sheets Appendix 2 – Key field, control and scoring guidance Appendix 3 – List of all current BAF risks, for information

Argymhelliad / Recommendation:

That the Committee review and note the progress on the principal risks assigned to it in the BAF.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
--	--------------------------	---	-------------------------------------	--	--------------------------	--	--------------------------

**Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol
Y/N to indicate whether the Equality/SED duty is applicable**

N

Sefyllfa / Situation:

The BAF incorporates the principal risks that the Board believes could adversely affect the achievement of its strategic priorities. There are currently 22 BAF risks, each with a risk sheet setting out risk scores, controls, mitigation and gaps for action. The risk sheets are live documents that are proactively re-assessed on a monthly basis and adjusted as necessary in response to the changing risk environment. Each risk is allocated to a designated committee for scrutiny and monitoring purposes; the SPPH Committee has oversight of 4 principle risks, namely Sustainable Key Health Services, Effective Stakeholder Relationships in Mental Health, Primary Care Sustainable Health Services and Development of the Annual Operational Plan. Since the last SPPH Committee meeting, each of these has been reviewed by the nominated Risk Lead, supported by the Office of the Board Secretary, and the latest iterations of the risk sheets are presented at Appendix 1.

Cefndir / Background:

The current BAF design and monitoring arrangements were approved by the Board in January 2021. The BAF works in conjunction with the Corporate Risk Register, which is concerned with risks to the organisation's operational objectives as opposed to the BAF's focus on strategic level priorities.

Ownership of the BAF rests with the Board. Day to day responsibility for its co-ordination sits with the Board Secretary, whose team works closely with Risk Leads and other Risk Management colleagues to ensure that it remains a robust, responsive and visible tool. As well as scrutiny by nominated committees, the BAF's principal risks are subject to ongoing monitoring by the Executive Team, Risk Management Group and ultimately the Board itself.

The principle risks in the BAF have been mapped across to the strategic priorities or associated enablers as set out in the Annual Plan. A wholesale review of the BAF will be required in the coming months, to ensure that it remains relevant to the priorities as the Board refreshes its overarching *Living Healthier, Staying Well* strategy. As part of this, risk appetites quoted on each risk sheet will need to be re-evaluated in light of the new Risk Management Strategy and Policy, approved by the Board on 15.7.21. Particular focus will be needed on any target scores that are higher than the refreshed risk appetite. The services of the Good Governance Institute have been secured to provide expert support to this process in due course.

The updated position on the BAF risks assigned to the SPPH Committee is summarised below (this information is also reflected within the relevant BAF risk sheet at Appendix 1):-

- **BAF21-02 – Sustainable Key Health Services**

Risk scores - inherent, current and target risk scores - were increased at the last review in May 2021 for the following reasons, which still apply:

- the population health risk increased due to lockdown, as a result of delays in services, forecast and unknown effects of COVID-19, and resource limitations affecting areas such as smoking cessation and obesity monitoring (many of the operational staff for lifestyle services were redeployed to support the COVID-19 response and vaccination programme)
- population health is dependent upon system-wide commitment and actions through the Health Board's joint working with a range of partners including local authorities, the Third Sector, Education, and Housing - all of which have been impacted by the need to respond to COVID-19. Thus it is believed that health inequalities have worsened due to the pandemic, for example in respect of smoking and obesity.

As these risks remain, the risk scoring remains unchanged at the present time. Actions have been reviewed and all dates confirmed as still being appropriate, with the exception of the first smoking cessation action, which has been pushed back from a June to August 2021 to allow more time for full integration of the service.

- **BAF21-03 – Primary Care Sustainable Health Services**

Continuation of roll out of Urgent Primary Care Centres has been prioritised for funding in the Annual Plan and a presentation was made to Welsh Government with a view to securing ongoing funding for the national pathfinders programme. Confirmation of funding from Welsh Government was received in early July for East and Centre, with a further business case now being developed for the West Area. The GP workforce review has been refreshed to provide information for the development of the

Medical School proposal, with Primary Care now represented in the groups supporting the development of the business case.

The contract for the Dental Training Unit in Bangor is currently being advertised, after which a provider will need to be selected and the procurement process concluded. In respect of the All Wales Primary Care Model control, the reference on the risk sheet to increasing GP trainee numbers has been moved from the mitigation column into the gaps/action column, to acknowledge the fact that actual recruitment will need to take place if the risk is to be mitigated.

- **BAF21-05 – Effective Stakeholder Relationships in Mental Health**

Key actions have been updated, including timeframes, to reflect the overall progress being made in the Division in relation to partnerships. A review of the terms of reference for the Together for Mental Health Partnership Board (T4MHPB) has taken place, with a number of task and finish groups being established. The revised terms of reference were presented to the T4MHPB.

Monthly meetings between CAMHS and Mental Health Senior Leadership Teams have continued, to ensure effective joint working and system planning that is clinically and financially effective. Although engagement with stakeholders is an organisation-wide priority, this risk is specifically focused on Mental Health Services where there is a heightened need to address the risks and embed a culture of clear and consistent engagement. The Targeted Intervention Improvement Framework will be used to measure the Division's progress moving forward.

- **BAF21-20 – Development of Annual Operating Plan**

An approved Annual Plan 2021/22 has now been signed off by the Board and submitted to Welsh Government. This risk, together with risk scores, controls, mitigations and gaps/actions will now require a re-set to reflect the 2022/23 plan December milestone and approvable IMTP requirements. When the planning risk is re-established, it will need to incorporate the date by when it is anticipated that the target risk score will be achieved. Consideration will be given at the next review to potentially merging this planning risk with the planned budget risk. Given that planning is one of the Targeted Improvement domains, this risk will be mitigated by the improvement work underway for that programme.

Below is a heat map representation of the BAF current risk scores for the SPPH Committee's risks:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5					
	Likely - 4					BAF 21-03
	Possible - 3			BAF 21-05		BAF 21-02
	Unlikely - 2			BAF21-20		
	Rare - 1					

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol /Strategy Implications

The BAF underpins the effective management of risks to the Board's ability to achieve its strategic priorities.

Opsiynau a ystyriwyd / Options considered

Not applicable.

Goblygiadau Ariannol / Financial Implications

The effective mitigation of risks has the potential to benefit the organisation's financial position, through better integration of risk management into business planning, decision-making and in shaping how care is delivered to patients. This has the potential to lead to better quality care, reduced waste and fewer claims.

Dadansoddiad Risk / Risk Analysis

The individual risk sheets contain details of any related risk implications.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal and compliance issues associated with the delivery of the BAF; the Board has a duty to manage risk to the best of its ability.

Asesiad Effaith / Impact Assessment

No specific or separate EqIA has been completed for this report, as a full EqIA has been undertaken for the new Risk Management Strategy and Policy, to which the BAF reports are aligned.

Strategic Priority 2: Strengthen our Wellbeing Focus

Risk Reference: BAF21-02		Risk Rating	Impact	Likelihood	Score	Appetite
Sustainable Key Health Services						
There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to demand exceeding capacity.	Inherent Risk	5	↑	4	↔	20
	Current Risk	5	↑	3	↔	15
	Target Risk	5	↑	2	↔	10
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date	
Health Improvement & Reducing Inequalities Group (HIRIG) provide strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts.	2	1) Fully integrate the Smoking Cessation service. 2) Implement a Tier 3 Children's Obesity service. 3) Implement a Healthy Weight pathway T1-3. 4) Implement and deliver the Immunisation Strategy. 5) Implement and deliver the Infant feeding strategy. 6) Implement and deliver a suite of Building a Healthier North Wales projects.	31 August 2021 31 August 2021 31 March 2022 31 March 2023 31 March 2023 31 December 2022	
Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	1 April 2022	
Welsh Government has oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements once national reporting requirements determined.	30 September 2021	
The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	Regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact.	3	1) Embed Public Health Outcomes approach into local planning through local partners and Health Board. 2) The Recovery Co-ordination Group (RCG) is focussing on Public Health actions as part of the recovery plan for North Wales.	31 March 2022 31 March 2022	

Review comments since last report: The risk scoring-inherent, current and target risk scores - was increased at the last review in May 2021 for the following reasons:

- the population health risk increased due to lockdown, as a result of delays in services, forecast and unknown effects of COVID-19, and resource limitations affecting areas such as smoking cessation and obesity monitoring (many of the operational staff for lifestyle services were redeployed to support the COVID-19 response and vaccination programme)
- population Health is dependent upon system-wide commitment and actions through the Health Board's joint working with a range of partners including local authorities, the Third Sector, Education, Housing - all of which have been impacted by the need to respond to COVID-19 thus it is documented that health inequalities have worsened due to the pandemic e.g smoking cessation and obesity monitoring.

These risks remain, therefore the risk scoring remains unchanged at the present time. Actions have been reviewed and all dates confirmed as still being appropriate, with the exception of the first smoking cessation action, which has been pushed back from a June to August date to allow more time for full integration of the service.

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 9 July 2021
Linked to Operational Corporate Risks:		

Strategic Priority 3: Primary and Community Care

Risk Reference: BAF21-03		Risk Rating		Impact	Likelihood	Score	Appetite		
Primary Care Sustainable Health Services									
There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.		Inherent Risk		5		5	25	Low 1 - 6	
		Current Risk		5	↔	4	↔		20
		Target Risk		4		3			12
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)			Date		
Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.	1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.	2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.			31 March 2023		
Delivery of All Wales Primary Care Model in place (including innovation and new ways of working), which is monitored by the Strategic Programme for Primary Care.	3	1)Review of current workforce profiles. 2)Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities.	2	1) Primary Care Strategy for north Wales embedded in the clinical strategy of BCUHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements 3) Increase in the number of GP Trainees in north Wales (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed) - an increase in the number of GP trainees will not become a mitigation until actual recruitment takes place.			31 March 2022 30 July 2021		
Provision of alternative services to increase capacity in GP practices in place.	1	Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services.	1	Full roll out of UPCCs, subject to national evaluation & pathways. [Update: presentation made to Welsh Government on 19 May 2021 with a view to securing ongoing funding for the pathfinders - Confirmation of funding from Welsh Government was received in early July for East and Centre, with a further business case being developed for the West Area].			31 March 2022		
Primary & Community Care Academy (PACCA) in place with further development and roll out planned.	2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the Strategy, Partnership and Population Health Committee.	2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. Business case to be presented for consideration. 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.			30 September 2021 31 March 2022		
The Health Board has committed to work in partnership to develop proposal for a Medical School at the Univeristy of Bangor	1	Review progress in the development of a Medical School with Bangor University with the first commitment being delivery of medical degrees in partnership with Cardiff University (see below).	1	1) Ensure Primary Care Medical Workforce requirements are reflected in the final business case 2) Engage with Primary Care to ensure training capacity is considered in the business case			31 July 2021		
Delivery of Medical Degrees at Bangor University in partnership with Cardiff University	1	Cardiff University in partnership with Bangor University have 21 students undertaking their medical degree in north Wales. Students spend 12 months in Primary Care as part of their 4 year course	1	1) Ensure sufficient capacity with Primary Care for medical students			01 September 2021		
The Health Board continues to work in partnership with local HE providers to secure funding for and delivery of courses and programmes of education to attract and retain the workforce in north Wales	1	The development of the North Wales Dental Academy in partnership with HEIW, WG and Bangor University will provide an essential resource and training environment for the dental practitioners include Dental Hygienists and Dentists.	1	1) Establish Dental Training Unit in Bangor [Update: the contract is currently being advertised].			01 April 2022		
Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).	2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.	1	1) Development of broader cluster membership with the further integration with locality services. 2) Establish Cluster Transformation Board to lead the further development of clusters and promote/facilitate innovation and transformation.			30 September 2021		

Review comments since last report: Continuation & roll out of UPCCs has been prioritised for funding in the draft Annual Plan and a presentation was made to Welsh Government with a view to securing ongoing funding for the national pathfinders programme. Confirmation of funding from Welsh Government was received in early July for East and Centre, with a further business case being developed for the West Area. The GP workforce review has been refreshed to provide information for the development of the Medical School proposal, with Primary Care now represented in the groups supporting the development of the business case.

The contract for the Dental Training Unit in Bangor is currently being advertised, after which a provider will need to be selected and the procurement process concluded. In respect of the All Wales Primary Care Model control, the reference to increasing GP trainee numbers has been moved from the mitigation column into the gaps/action column, to acknowledge the fact that the actual recruitment will need to take place if the risk is to be mitigated.

Executive Lead:
Chris Stockport, Executive Director of Primary and Community Services

Board / Committee:
Strategy, Partnership and Population Health Committee

Review Date:
14 July 2021

Linked to Operational Corporate Risks:
CRR20-05 Timely Access to Care Homes

Strategic Priority 6: Integration and Improvement of Mental Health Services

Risk Reference: BAF21-05				Risk Rating		Impact	Likelihood	Score	Appetite			
Effective Stakeholder Relationships												
There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.				Inherent Risk		3		4	12	Moderate 8 - 10		
				Current Risk		3	↔	3	↔		9	↔
				Target Risk		2		2			4	
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (<i>actions to achieve target risk score</i>)			Date			
Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.		2	T4MH Partnership Board (T4MHPB) which oversees implementation of the strategy and includes key partners.		2	1) First meeting held on 22nd January where a number of actions were agreed which consist of a review of the TOR of the T4MHPB and a refresh of the MH Strategy. To deliver this a number of task and finish groups have been established and the revised TOR are to be presented to the T4MHPB on 9 July 2021. 2) Population needs assessment to be undertaken across North Wales which will influence the MH Strategy. 3) Delivery of Targeted Intervention Framework outcomes for Mental Health			31 July 2021 30 September 2021 31 March 2022			
Deputy Director attendance at Regional Leadership group with regular feedback into the MHL Division to ensure two-way communication and engagement.		2	Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues		2	Ensuring appropriate cover to ensure relevant and appropriate attendance at Regional Leadership Group.			Complete			
Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.		2	Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.		2	To present update of service model to BCU CAG and then to Regional Leadership Group.			30 September 2021			
In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.		1	The MHLD division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.		1							
Regular and concise communication with all staff groups across the division.		1	Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication. This is now embedded practice within the Division.		1	1. Ensure newly formed meeting with Staff Side to discuss key operational and strategic staffing issues continues. 2. Continuation of monthly meetings between CAMHS and MH Senior Leadership Teams to ensure effective joint working and system planning being clinically and financially effective.			30 September 2021 31 December 2021			
Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.		2	Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working.		2	1) To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review. Currently out to procurement for independent review of the CANIAD contract. 2) Address potential gap in advocacy contract arrangements. Currently out to tender.			31 October 2021 31 July 2021			
Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.		3	Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHLD services. Deputy Director & Director of Nursing are attending the CHC AGM.		3	MHLD Division to agree process for sharing feedback from events with staff groups. An action plan is being developed following the Safe Space events facilitated by the CHC.			31 August 2021			

Review comments since last report: Key actions updated including timeframes to reflect the overall progress being made in the Division in relation to Partnerships. Review of the Terms of Reference of the Together for Mental Health Partnership Board (T4MHPB) have taken place with a number of task and finish groups being established. The revised Terms of Reference are to be presented to the T4MHPB on 9 July 2021. Continuation of monthly meetings between CAMHS and Mental Health Senior Leadership Teams to ensure effective joint working and system planning being clinically and financially effective. Although engagement with stakeholders is an organisational wide priority this risk is specifically focussed on Mental Health Services where there is a heightened need to address the risks and embed a culture of clear and consistent engagement. The Targeted Intervention Framework will be the consistent conduit which will be used to measure the Division's progress moving forward. In terms of which actions will have the most material impact on the risk it is considered that the T4MH Partnership Board actions, the action relating to closer working with the CHC and the delivery of the actions and outcomes within the Targeted Interventions Maturity Matrix will have the greatest impact.

[The next review round will consider whether this needs to be reconsidered as an organisation-wide, rather than just a Mental Health, risk].

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 18 June 2021
--	--	-------------------------------------

Linked to Operational Corporate Risks:

Aligned to Key enabler - Making effective and sustainable use of resources

Risk Reference: BAF21-20		Risk Rating		Impact	Likelihood	Score	Appetite
Development of Annual Operational Plan 2021/22							
There is a risk the Health Board fails to deliver a plan to Welsh Government and remains in breach of its statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.		Inherent Risk	3		3	9	Low 1 - 6
		Current Risk	3	↔	2	6	
		Target Risk	3		1	3	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)		Date	
Executive led planning process in place responsible for meeting the Welsh Government requirements for the development / implementation of an operational plan for 2021/22	2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive led Planning Workstream, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation - agreed programmes with designated Executive lead, programme lead	2	1) Review of 2021-22 Planning Process to ensure robust arrangements are in place going forward. 2) Development of a 2022-23 plan by December 2021 3) In view of the draft nature of the plan it is expected that the plan will be refreshed during the year. 4) Residual financial gap to be addressed. 5) Plan refresh to Board in July, following Finance and Performance consideration in June. This will reflect the feedback from WG and the further new recovery fund resources which have been introduced across NHS Wales. Update: Approved annual plan submitted		Completed 31 December 2021 Completed Completed Completed	
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2021/2022 plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Strategy, Partnership and Population Health Committee.	2	1) Developed Cluster Plans to influence the Primary Care Recovery Plans. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Programme Groups led by designated programme lead with input from Divisional Teams with direct reporting to the Planning Workstream. 3) Planning and Performance, workforce, financial and informatics functions supporting oversight of plan development 4) Plan supported by F&P on 25.3.21 for submission to Board on 30.3.21	2				
BCUHB Annual Planning cycle in place that responds to national NHS Wales annual planning timetable and requirements.	2	Welsh Government annual planning framework issued. Communications Team support to the plan to improve the engagement.	2				

Review comments since last report: An approved Annual Plan 2021/22 has now been signed off by the Board and submitted to Welsh Government. This risk, together with risk scores, controls, mitigations and gaps/actions will now require a re-set to reflect the 2022/23 plan December milestone and approvable IMTP requirements. When the planning risk is re-established, it will need to incorporate the date when it is anticipated that the target risk score will be achieved.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Strategy Partnerships and Population Health Committee	Review Date: 14 July 2021
--	--	----------------------------------

Linked to Operational Corporate Risks:

BAF Template Item		Please refer the Board Assurance Framework Narrative Document and / or the Risk Management Strategy and Policy for further detailed explanations
Risk Reference		Board Assurance Framework reference number, allocated by the Board Secretary
Risk Description		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if
		- This may be caused by
		- Which could lead to an impact / effect on
Risk Ratings	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, and if it did, what would be the consequence
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place.
Risk Impact		The consequence (or how bad) if the risk were to be realised, in line with the NPSA Grading Matrix an impact of 1 is a Negligible (very low), with a 5 as Catastrophic (very high)
Risk Likelihood		The probability (frequency or how often) would this happen if the risk were to be realised. In line with the NPSA Grading Matrix a likelihood of 1 is this will probably never happen / recur, with a 5 undoubtedly happen, recur or possibly frequently
Score		Impact x Likelihood of the risk happening
Appetite	Definition	Is defined as the amount and type of risk the Health Board is willing to take on, pursue or retain in order to achieve its priorities.
	Low	Cautious with a preference for safe delivery options (Score 1 to 6)
	Moderate	Prepared to take on, pursue or retain some risks as a result of the Health Board taking opportunities to improve quality and safety of services (Score 8 to 10)
	High	Open or willing to take on, pursue or retain risks associated with innovation, research and development consistent with the Health Board's Priorities (Score 12-15)
Control	Definition	A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management] A measure that maintains and/or modifies risk (ISO 31000:2018(en))
	Examples include, but are not limited to:	- People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective - Training in place, monitored and assurance reported - Compliance audits - Business Continuity plans in place, up to date, tested and effectively monitored - Contract Management in place, up to date and regularly monitored
Mitigation	Definition	To reduce the extent of risk exposure, and the adverse effects of risk
	Examples include, but are not limited to:	- Service or Pathway Redesign - Business Case Development - Staff Training - Risk Assessment - Evidential data sets
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the data is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance
	3	The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE etc.

Risk response guidelines: Choosing from the 4Ts

Risk response options	Explanation	Examples
Terminate	This is done by terminating the activity or removing from service the kit/device that generates the risk. Completely Eliminate the Risk	remove damaged equipment
Avoid/Eliminate		close a building
		Discontinue/terminate the activity/ operation and/or service
Treat	Whilst continuing with the activity which generates the risk, measures are taken to constraint to an acceptable level. E.g. by replacing equipment or methodologies with safer alternatives Redesign the task to modify and mitigate the likelihood or consequence of the risk should it materialise. Effectively implement controls to ensure procedures are being followed Use of equipment to reduce risk Reduce the impact by removing staff / patients from the risk	use safer equipment
Control/Reduce		use a different pathway
		New policy/strategy/SOP/Checklist in place and being implemented
		Staff trained in using new equipment etc
		Newly recruited staff/Locum or
		agency staff in post.
		mechanical aids to help lifting
		Newly redesigned patient pathway rolled out/being implemented.
		training
		compliance audits
		observational checks
		evidential data sets
		posters
		Haz mat suits
		gloves
		using isolation spaces
		restricting access
Tolerate	Exposure to the risk may be tolerable without any further action taken. E.g. - Cost of mitigating risk may outweigh any potential benefit, risk score may be too low	New Checklist in place and fully embedded.
Accept/Retain		Recently medical/nurse recruitments - Safe staffing
		Falls prevention interventions fully in place e.g. Call bell at patient's reach, Falls Assessment regularly done, Patient Education etc.
		Post fall protocol in place e.g. Regular update of fall assessments and care plans.
		Business Continuity Plan in place and up-to-date.
Transfer	The best response for some risks may be to transfer them to a Third party through conventional insurance (e.g. Fire, Clinical Negligence) as obtains in the US or through contracting and outsourcing of the service or activity to a different provider.	Insurance obtained and in place (e.g. in the case of fire)
Insurance/Contract & Outsourcing		Service outsourced to organisation X
		Contract in place (e.g. GP Services contracted to...)
		Service now managed and delivered externally by...

*Some risk management Experts and Practitioners also refer a` fifth T` which refers to "Take Opportunity" to translate a risk or a risk event into an opportunity for growth and development in the business and/or service. The is very common with IT firms and the mobile phone companies where wise risk taking can translate into innovative market opportunities and growth.

Risk Management Scoring Guidance

1) The 5 x 5 Matrix (Risk scoring – Likelihood X Impact = Risk score)

Likelihood	Impact				
	Negligible (Very Low)	Minor (Low)	Moderate	Major (High)	Catastrophic (Very High)
Will undoubtedly happen/ recur, possibly frequently	5	10	15	20	25
Will probably happen/recur, but it is not a persisting issue	4	8	12	16	20
Might happen or recur occasionally	3	6	9	12	15
Do not expect it to happen/recur but it is possible it may do so	2	4	6	8	10
This will probably never happen/recur	1	2	3	4	5

Instructions for use

a) Risks are firstly assessed on the probability (likelihood of the risk happening) and secondly on what could happen (impact or consequence) should the risk occur.

b) When assessing how likely it is that a risk might occur it is important to take into account the current environment. Consideration should be given to the adequacy and effectiveness of the controls already in place within the environment, which could address the causes of the risk and therefore the likelihood of the risk being realised; for example, systems, policies, training and current practice.

c) When assessing what the impact of the risk could be if it happened, consideration should be given to what the impact of the risk could be in most circumstances, which is reasonably foreseeable.

2) Risk Scoring and Rating: Impact descriptors

	Safety	Quality / Service	Finance	Regulation Compliance	Reputation
1 Very Low	Minimal injury (no intervention)	Minor reduction in service, care, quality etc.	Small Loss	No or minimal breach / non-compliance	Insignificant damage / rumours
2 Low	Minor injury (local intervention)	Single failure to meet national standards	Loss / Deficit up to £100k	Small breach with no safety implications / a minor penalty	Minor damage / short-term local media coverage
3 Moderate	Moderate injury (professional intervention)	Repeated failure to meet national standards	Loss / Deficit up to £100k to £500k	Breach of statutory duty. Penalty > £5k	Moderate damage / long term local media coverage
4 High	Major injury / long-term incapacity / disability	On-going non-compliance with national standards	Loss / Deficit up to £500k to £1m	Multiple breaches / enforcement action etc.	Major damage / national media coverage
5 Very High	Death / multiple permanent injuries or health effects	Gross failure to meet national standards	Loss / Deficit > 1m	Continued breaches / prosecution / system changes	Huge damage / national media / political attention

3) Risk scoring and rating - Likelihood descriptors

	Probability	Description
Rare	less than 5%	Do not believe will ever happen
Unlikely	5% - 20%	Do not expect to happen
Possible	21% - 50%	May occur occasionally
Likely	51% - 80%	Will probably occur
Almost certain	More than 80%	Likely to occur

NB: The timeframe for the likelihood scoring is one year. e.g. 5%-20% likelihood of the event occurring over a year

Appendix 3 – Full list of BAF risks with nominated Committee, Executive Lead and Risk Lead

BAF21-01 – Emergency Care; QSE, Gill Harris, Meinir Williams

BAF21-02 – Sustainable key health services; SPPH, Teresa Owen, Gwyneth Page

BAF21-03 – Primary Care sustainable health services; SPPH, Chris Stockport, Clare Darlington

BAF21-04 – Timely Access to planned care; F&P & QSE, Mark Wilkinson, Andrew Kent

BAF21-05 – Mental Health-effective stakeholder relationships; SPPH, Teresa Owen, Amanda Lonsdale

BAF21-06 – Safe and effective Mental Health delivery; QSE, Teresa Owen, Mike Smith

BAF21-07 – Mental Health leadership model; QSE, Teresa Owen, Carole Evanson

BAF21-08 – Mental Health service delivery during pandemic; QSE, Teresa Owen, Carole Evanson

BAF21-09 – Infection Prevention and Control; QSE, Gill Harris, Sally Batley

BAF21-10 – Listening and Learning; QSE, Gill Harris, Matt Joyes

BAF21-11 – Culture; QSE, Sue Green, Ellen Greer

BAF21-12 – Security Services; QSE, Sue Green, Peter Bohan

BAF21-13 – Health & Safety; QSE, Sue Green, Peter Bohan

BAF21-14 – Pandemic exposure; QSE, Gill Harris, Sally Batley

BAF21-15 – Value Based Improvement Programme; F&P, Sue Hill, Geoff Lang

BAF21-16 – Digital estates and assets; DIGC, Chris Stockport, Dylan Williams

BAF21-17 – Estates and assets development; F&P, Mark Wilkinson, Rod Taylor

BAF21-18 – Workforce optimisation; F&P, Sue Green, Nick Graham

BAF21-19 – Impact of Covid-19; QSE, Gill Harris, Sally Baxter

BAF21-20 – Annual Plan; SPPH, Mark Wilkinson, John Darlington

BAF21-21 – Delivery of a planned annual budget; F&P, Sue Hill, Rob Nolan

BAF21-22 – Estates and assets; F&P, Mark Wilkinson, Neil Bradshaw.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Operational Plan Monitoring Report 2021-22 – Position as at 30.6.21						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson – Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Ed Williams – Head of Performance Assurance Kamala Williams – Acting Director of Performance						
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Acting Director of Performance.						
Atodiadau Appendices:	Appendix 1 – Annual Plan programme action plan.						
Argymhelliad / Recommendation:							
The Committee is asked to scrutinise the report and to consider whether any area requires further escalation.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	x
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 30 th June 2021.							
Cefndir / Background:							
Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is provided for each red and amber rated action.							

RAG	Every month end	by expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The operational plan actions underpin delivery of the 2021/22 Health Board Annual Plan, which has been developed in line with agreed local and national strategies – ‘Living Healthier Staying Well’ and ‘A Healthier Wales’.

Opsiynau a ystyriwyd / Options considered

Not applicable

Goblygiadau Ariannol / Financial Implications

The Health Board has agreed a budget for delivery of the Annual Plan, performance against the budget is reported to Board and Committees via the Finance Report.

Dadansoddiad Risk / Risk Analysis

The RAG-rating reflects the risk to delivery of key actions.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This report will be available to the public once published for the Strategy, Partnerships and Population Health Committee

Asesiad Effaith / Impact Assessment

The Annual Plan has been subject to an Equality Impact and Socio Economic Duty Assessment.

Underpinning schemes and business cases referenced in the operational plan will take into account any potential equality/Welsh Language/quality/data governance/digital/children’s rights implications which may require an impact assessment to be carried out.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

2021-22 Operational Plan Monitoring Report

**Position as at 30th June 2021
Reported on 12th August 2021**

About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.
- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:
COVID19 response
Strengthen our well being focus
Recovering access to timely planned care pathways
Improved unscheduled care pathways
Integration and improvement of mental health services
- For each Programme the responsible Executive Director has provided a RAG (Red, Amber, Green) rated assessment of progress in delivering the actions as at 30th June 2021. Supporting narrative has been included for red and amber rated actions.

RAG	Every month end	by expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

Table of Contents

Front Cover	1
About this Report	2
Table of Contents	3
Chapter 1: Enablers	4 to 9
Chapter 2: COVID-19 Response	10 to 13
Chapter 3: Planned Care	14 to 20
Chapter 4: Unscheduled Care	21 to 26
Chapter 5: Strengthen Population Health Focus	27
Chapter 6: Mental Health & Learning Disabilities	28 to 33
Further Information	34

Enabler - Page 1 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
E1.1	<p>Pan BCU Support Programmes - Targeted Intervention:</p> <p>The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement</p> <p>Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.</p>	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G				
E1.2	Pan BCU Support Programmes - Stronger Together	Executive Director of Workforce & Organisational Development	30th June-30th September discovery; 31st December-31st March design	A				
E.3	Organisational and Leadership Development Strategy 2022-2025	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A				
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	Executive Director of Workforce & Organisational Development	30th June-31st March	A				
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. Identifying and supporting staff at greater risk of contracting Covid and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide, fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	Executive Director of Workforce & Organisational Development	30th September	R				

Enabler - Page 2 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
E3.4	Security, V&A Improvement Plan	Executive Director of Workforce & Organisational Development	31st March	R				
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	Executive Director of Workforce & Organisational Development	31st December	A				
E3.6	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A				
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	<p>Shared responsibility for sections of SCC Strategy:</p> <ul style="list-style-type: none"> - Safe Clean Care Harm Free - Safe Place - Safe Clean Care Harm Free - Informatics <p>Executive Medical Director - Safe Clean Care Harm Free – Safe Space</p> <p>Executive Director Nursing & Midwifery - Safe Clean Care Harm Free – Safe Action</p> <p>Executive Director Workforce & Organisational Development</p> <ul style="list-style-type: none"> - Safe Clean Care Harm Free - Communications & Staff Engagement 	<p>30th June - Divisions to identify Business case to address SCC Strategy.</p> <p>30th September - Approve/engage/research business case and strategy</p> <p>31st December - 31st March - Implement new ways of working</p>	TBC				

Enabler - Page 3 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
E.1.6	Creation of a Digital Strategy	Executive Director of Primary & Community Care	31st May	P				
			30th September	G				
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	Executive Director of Primary & Community Care	30th June – Re-start the project.	R				
			30th September – System build and data migration.	R				
			31st December – User acceptance testing and training (UAT).	A				
			31st March – Lead to up to implementation in May 2022	A				
E1.8	Deliver Symphony - Phase 1 2020/2021	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P				
E1.9 E2	Deliver Symphony - phase 2 2021/2022	Executive Director of Primary & Community Care	30th June – Data migration testing	P				
			30th September – End user training, Go Live period (July), Phase closure	A				
E2.1	Deliver Symphony - Phase 3 2021/2022	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G				
			31st December - to be determined from 30th September planning	G				
			31st March- to be determined from 30th September planning	G				

Enabler - Page 4 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters * New scanning contract in place	G				
			31st March – Phase Roll out programme established and underway	G				
E2.9	Strengthen cyber security	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R				
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review	Executive Director of Planning and Performance	30th June Review of current strategy plan developed 30th September Approval of refresh plan approve - Engagement plan developed 31st December/31st March - Engagement process initiated	A				

E1.2: Pan BCU Support Programmes - Stronger Together

Discovery phase underway. 1 2 1 conversations and focus groups (up to 6 invitees) have started. Additional facilitators for focus groups and larger workshops (up to 12 people) are being identified and trained. Master schedule of dates up to mid September for focus groups and workshops created. Live booking system for workshops created, operational from w/b 19th July to enable staff to book into workshops and for line managers to book workshops for groups of staff. Set of guiding principles created outlining process for selection of staff for 1 2 1 conversations, focus groups and workshops. Range of methods of engagement being put in place to facilitate engagement - both digital and face to face - and liaison with line managers ongoing to identify existing forums used for local staff engagement to facilitate the Stronger Together focus groups and workshops. Strategic Oversight Group (Executives) in place together with Tactical Co-ordinating Group. Linkages being made with other key strategic programmes including Safe Clean Care, Harm Free and the refresh of Living Healthier Staying Well.

E1.4: Pan BCU Support Programmes - LHSW & Clinical strategy review

Engagement plan developed. Engagement with key partners and stakeholder groups has commenced. Materials for staff and public being finalised. Review of current evidence from engagement and patient experience underway. Stakeholder relationship survey underway and final report expected early August 2021. Review of needs assessment underway supported by Public Health team and links established with Population Needs Assessment programme (RPB).

E1.7: Deliver Phase 3 of Welsh Patient Administration System (WPAS) implementation

The delay has been caused by the urgent work required to be undertaken by Digital Health Care Wales (DHCW) on the Data Centre and CaNISC (Cancer Network Information System Cymru). An agreed plan is in place for a September/October start and there is a WPAS Technical Oversight Group that is monitoring progress nationally that BCUHB are represented on. In relation to the funding we have provided our Business Case to the Welsh Government and we are working nationally to prepare a response in relation to further information required from the Welsh Government (WG) in relation to the DPIF funding. DHCW has also provided support with the funding requirements to the WG. Due to the timescale of project start in September/October recruitment has started at risk.

The project has been delayed and will start in September/October 2021.

E1.9: Deliver Symphony - Phase 2 2021/2022

Minor project delay in East Acute caused by delay in the sourcing a Trainer resource from Wrexham Emergency Department. A trainer is being sought. Training strategy is in place.

E2.9: Strengthen Cyber Security

Funding has been secured by way of diverting predicted cost improvements from programmes to recruit cyber security and compliance manager role. Successful recruitment of this role has now taken place and the candidate has accepted the position. Further funding has also been secured to recruit the remaining posts within the cyber security team. Recruitment for these posts will commence during August/September. The action delivery still remains red as there is a National shortage of suitably experienced and qualified personnel in the ICT security sector.

E3.1: Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty

BCUHB response submitted for Welsh Government Consultant on Race Equality Action plan. BCU Race Equality Action Group being established in Q2, chaired by Acting Assistant Director of Organisational Development (ADOD) for Organisational Development with Executive sponsorship. Proposal to include delivery of equality and inclusion duties in divisional accountability and performance reviews under active discussion with Director of Governance and Director of Performance including creation of balanced scorecard to monitor progress with embedding equality duties in operational services. Appointment of 2 additional Equality and Diversity Inclusion Managers secured to further support embedding of equality and inclusion as business as usual and to support provision of additional subject matter expert advice to the organisation. Equality training for all post holders 8A and above (and Band 7 and above) in Workforce & Organisational Development (WOD) underway. Terms of reference of all Equality groups revised to include delivery of Socio-Economic Duty (Equality and Human Rights Forum, Equality Delivery Group, Equality Stakeholder Group).

E3.3: Implement Year 2 of the Health & Safety Improvement Plan

There is a business case that has been to Executives on the 23rd June for training and required further review. There is a revised business case for manual handling training staff and H&S Leadership training going to Executives on the 28th July 2021. The outcome of the business case review, will assist in determining if adequate controls can be implemented to minimise the significant hazards identified.

E3.4: Security, V&A Improvement Plan

There is a business case that has been developed that includes staffing requirements for Security provision for BCUHB and will be viewed on the 28th July 2021 by the Executives. The outcome of the business case review will assist in determining if adequate controls can be implemented to control the hazards identified.

E3.5: Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation

As part of the business case planning work it was identified that a comprehensive immunisation and Health Surveillance programme is required. This forms part of the Occupational Health action plan.

COVID-19 Response - Page 1 of 3

Plan Programme Ref	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
E1.5 Enhanced recovery from critical illness The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	Executive Medical Director	30th June - 30th September Development of Business Case 31st December Business Case submitted for internal sign-off and approval 31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022	A				
C1 Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a Public Health Wales (PHW) responsibility * Contracts for Regional, Local and Mobile testing units and Welsh Ambulance Service NHS Trust (WAST) are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	Executive Director of Public Health	Measure through capacity and Turnaround Times. Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	G				

COVID-19 Response - Page 2 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a PHW responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	Executive Director of Public Health	Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team. No plans to reduce capacity.	G				
			30th September – capacity plans are in the progress of being built now with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre treatment period.	G				
			30th September evaluate	A				
			31st December devices implemented subject to effectiveness of evaluation	A				
			31st May	G				
			30th June – in place by the end of 30th June and on-going until WG policy determines otherwise	G				
C1.1	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	Executive Director of Public Health	By 30th June and on-going through 2021-22	G				
				A				
C1.2	Continue North Wales liaison on protect agenda coordinating multi-agency response	Executive Director of Public Health	30th September and ongoing	A				

COVID-19 Response - Page 3 of 3

Plan Programme Ref	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme. Executive Director Nursing & Midwifery as Senior Responsible Officer (SRO) – Mass Vaccination Programme	The Vaccination Strategy for Wales currently sets out 3 milestones based on the Joint Committee on Vaccination & Immunisation (JCVI) prioritisation advice.	P				
		Milestone 1: To have offered the vaccine to all individuals in cohorts 1–4 by mid February. BCUHB achieved this along with other Health Boards in Wales on 12 February 2021.	P				
		Milestone 2: To have offered the vaccine to all individuals in cohorts 1-9 by mid April. That includes all those aged 50 and over. BCUHB achieved this and along with other Health Boards in Wales on 4 April 2021.	P				
		Milestone 3: It is our aim to offer everyone in the current 10 priority groups their first dose of the vaccine by the end of July 2021. We remain on target to achieve this next milestone.	P				
		Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the Welsh Government (WG). This will also include guidance and criteria.	G				
		By 31st December					
C1.5	COVID recovery - all Children's Services	Executive Director Primary & Community Care					
		30th June – Baseline assessment.	G				
		30th September - Service Level plans to deliver agreed.	A				
		31st December-31st March - Ongoing performance monitoring via Regional Childrens Services Group.	A				

COVID-19 Response - Narrative

E1.5: Enhanced recovery from critical illness

Recruitment of Clinical Psychologists has been unsuccessful. Further adverts will be placed and alternative sources of Clinical Psychologists sought.

C1: Point of Care testing devices to be evaluated and implemented to support the rapid turnaround of tests for patients arriving in departments such as the Emergency Departments (ED). Roche Liat and Lumira devices being evaluated for different departments.

LIAT - Each of the three ED departments have a LIAT device. The rapid diagnosis will aid patient management (8 tests per day).

ID Now - ID Now devices are currently used in Maternity Services. Additional devices are being sought for Ophthalmology and Paediatrics.

Lumira - IT connectivity for Lumira has been identified as the main risk for progressing the use of the Lumira DX system.

C1.1: Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.

Due to a reduced demand on Tracing services during Q1, the staffing available from the various teams was sufficient to meet demand. The sudden increase in demand during Q2 has necessitated a revised recruitment campaign for Tracing services. Regional modelling relating to predicted future demand was not available until June 21. Staffing requirements have been linked to the likely future demand, and a rolling recruitment programme agreed through the Regional Track, Trace & Protect (TTP) Oversight Group.

C1.2: Continue North Wales liaison on protect agenda coordinating multi-agency response

Under the "Protect" element of Track, Trace & Protect (TTP), proposals were formulated to establish five COVID-19 support Hubs in areas of identified deprivation.

During Q1, four of the hubs were established, with the fifth scheduled for early July 2021.

C1.5: COVID-19 Recovery - all Children's Services

Trajectories established for Neurodevelopment and Mental Health Measure (MHM) in CAMHS recovery plans in place

Recovering access to timely planned care pathways - Page 1 of 5

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R1	Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.	Executive Director Primary & Community Care - Acting Executive Medical Director	30th June	P				
			30th June	P				
			30th September	G				
			31st December	G				
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	Executive Director Primary & Community Care	30th June	P				
			30th June	P				
			31st December	A				
			30th September	G				
			31st December	G				
			31st March	G				
R1.2	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated Quality Assurance and Improvement Framework (QAIF))	Executive Director Primary & Community Care	30th June	P				
			31st March Rolling contractual programme	P				
			30th June-30th September	P				
			30th June-31st March	G				
R1.4	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	Executive Director Nursing & Midwifery	30th June	A				
			30th June	G				
			30th June	A				
			31st March	G				

Recovering access to timely planned care pathways - Page 2 of 5

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R1.6	Further development of the Primary and Community Care Academy	Executive Director Primary & Community Care	30th June	R				
			30th June	R				
			30th September	N/A				
			30th September	N/A				
			31st December	N/A				
			30th September	N/A				
			31st December	N/A				
			31st December	N/A				
			31st December	N/A				
			31st March (published 22/23)	N/A				
R1.7	Development of a North Wales Dental Academy, to include a training unit, General Dental Services (GDS) and Community Dental Services (CDS) provision	Executive Director Primary & Community Care	30th June	P				
			30th June	P				
			30th September	G				
			30th September	N/A				
			31st March	N/A				
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	Executive Director Primary & Community Care	31st March	G				
R1.9	Commission additional general dental provision	Executive Director Primary & Community Care	31st December	G				

Recovering access to timely planned care pathways - Page 3 of 5

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R2	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	Executive Director Primary & Community Care	31st March	G				
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	Executive Director of Primary & Community Care	31st March	A				
R2.7	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G				
			31st March- delivery of cohort 1 with exception of orthopaedics	G				
R2.8	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	Executive Director Nursing & Midwifery	31st December	A				
			30th September	A				
			30th September	A				
R2.9	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	Executive Director Nursing & Midwifery	31st December	TBC				
R3.2	Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics	Executive Director Nursing & Midwifery	30th June	A				
R3.4	Develop the Outpatient transformation programme Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A				
R3.5	To explore external capacity to support access to treatment	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A				

Recovering access to timely planned care pathways - Page 4 of 5

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R3.6	Development of sustainable endoscopy services across North Wales	Executive Director Nursing & Midwifery	31st March	A				
R3.7	Deliver suspected cancer pathway	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	G				
R4	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals	Executive Director Nursing & Midwifery	30th September	TBC				
R4.1	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals	Executive Director Nursing & Midwifery	30th September	TBC				
R4.2	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)	Executive Director Nursing & Midwifery	31st March	TBC				
R4.5	Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)	Executive Director Nursing & Midwifery	30th September	TBC				
R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	Executive Director Nursing & Midwifery	Already initiated with pump priming last year, continuation secured through previous funding whilst BC approval expected June 2021 enables re-tendering exercise by end 30th September	TBC				
R4.7	Enable work to progress on strategic service developments urology	Executive Director Nursing & Midwifery	Procurement by 30th June Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A				

Recovering access to timely planned care pathways - Page 5 of 5

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R4.8	Implementation of the glaucoma pathway	Executive Director Nursing & Midwifery	31st March	TBC				
R4.9	Implementation of the diabetic and age-related macular degeneration pathways	Executive Director Nursing & Midwifery	31st March	TBC				
R10.2	Ensure Safe and Effective Care	Executive Director of Public Health	Action 1: 31st December	A				
			Action 2: WG Initiative	R				
			Action 3: informed by WG timetable	A				
			Action 4: 30th September	A				
			Action 5: 30th June	G				
			Action 6: 30th June	G				
			Action 7: 30th September	A				
			Action 8: 31st March	A				
			Action 9: 31st March	A				
			Action 10: 30th September	A				
			Action 11: 31st December	G				
			Action 12: 31st December	G				
			Action 13: 30th September	A				
R10.4	Implement Sustainable Quality Care	Executive Director of Public Health	Action 1: 30th June	G				
			Action 2: 31st December	A				
			Action 3: 31st March	G				
			Action 4: 31st December	G				
			Action 5: 30th September	G				

Recovering access to timely care pathways - Narrative

R1.1: Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS

Monthly reports produced detailing level of activity and summary of patient satisfaction. Regular meetings with practices to review support available. Stakeholder meeting scheduled for September 2021. Processes to monitor this have not yet been developed, with the exception of eConsult. This will be further considered in Quarter 2.

R1.6: Further development of the Primary and Community Care Academy

Business Case was submitted for review as the first step of the approval process on 22nd June 2021. Awaiting feedback at a meeting arranged for 26th July 2021, before submitting to the Executive Team for considerations.

Further development of the Academy depends on the outcome of the business case. Awaiting approval of business case to progress all actions in this Programme. The Academy continues to successfully deliver ongoing programmes.

R2.3 Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)

Implementation delayed until approvals of Business Case received which is scheduled to be considered at the August Performance, Finance & Information Governance (PFIG) Committee

Current optimal window for recruitment as BSc Audiology students graduate from Swansea University with bursary tie in to work in Wales and from other UK Universities.

R2.8: Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.

First pass risk stratification has been undertaken, but requires quality assurance by Secondary Care Management and Clinicians.

R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics.

Insourcing specification not yet launched, with a need to resolve the approach with the Orthopaedic LLP in West Wales

Orthopaedic outsourcing contract evaluated and awaiting ratification. Mixed outsourcing tenders expected 06/08/2021.

First pass risk stratification has been undertaken, but requires quality assurance by Secondary Care Management and Clinicians.

Recovering access to timely care pathways - Narrative

R3.4: Develop the Outpatient transformation programme. Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.

2-year Outpatient Strategy, which incorporates allowing improved access for patients and reduce waiting times, including enablers to equality of care across the Health Board, whilst moving BCUHB into a one Health Board with many location model, as opposed to many locations reporting to one Health Board, thus standardising the outpatient administration and patient support function across the Health Board, whilst moving BCU into a digital outpatient service. The benefits mentioned in this initiative will support the delivery of this action.

R3.5: To explore external capacity to support access to treatment

Orthopaedic outsourcing contract evaluated and awaiting ratification. Mixed outsourcing tenders expected 06/08/2021. Insourcing specification not yet launched, with a need to resolve the approach with the Orthopaedic Limited Liability Partnership (LLP) in West Wales.

R3.6: Development of sustainable endoscopy services across North Wales

Final draft business case being reviewed, and once finalised, will progress through the Health Board business case approval process. Capacity and demand has been agreed, and revenue costs calculated, with national funding available for year 1 of £8.2m. Insourcing currently implemented on 3 hospital sites to address backlog and increase demand. Outsourcing procurement process underway, and plan to implement in Q4 2021/22. Recruitment of sustainable workforce also underway.

Project structure in place, with Executive Director Sponsor (Adrian Thomas), and an Senior Responsible Officer (SRO) in place. Planned Endoscopy service based on accredited the Royal College of Physicians Joint Advisory Group (JAG) standards including protocols, Standard Operating Procedures (SOPs) and agreed clinical pathways that underpin the Service. This includes a plan to standardise and update the Endoscopy Management Systems, linking in with other Health Board systems.

R4.7: Enable work to progress on strategic service developments urology.

Agreed destination for robot in Ysbyty Gwynedd. Director of Regional Delivery to produce scoping plan for Urology in August 2021.

Improved unscheduled care pathways - Page 1 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R1.3	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	Executive Director Primary & Community Care	30th June	P				
			31st December	G				
			31st March	G				
			31st March	G				
I1.1	Implementation of Single Care Home Action Plan	Executive Director Primary & Community Care	30th June. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the Quality Assurance Framework (QAF). Draft QAF by end of 30th June. Recruit to Quality Posts.	G				
			30th September Conclude recruitment and undertake engagement with providers and key stakeholders.	G				
			31st December Refine QAF and commence Implementation.	G				
			31st March Full implementation	G				

Improved unscheduled care pathways - Page 2 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	Executive Director Primary & Community Care	<p>30th June – Baseline data being collected.</p> <p>30th June – Review of Home First Bureaus</p> <p>30th September – Review of baseline data</p> <p>30th September – Home First Business Case approved and all posts recruited to.</p> <p>30th June – Training and education across system. 30th September – Gap analysis and recruitment 31st March – Ongoing monitoring</p>	G				
				A				
				G				
				A				
I1.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	Executive Director Primary & Community Care	<p>Ongoing</p> <p>30th June – workforce review.</p> <p>30th September/31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales</p> <p>Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor</p> <p>East 30th June Marleyfield</p> <p>West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute.</p> <p>West Frailty model in place</p> <p>West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December</p>	A				
				G				
				A				
				A				
				A				

Improved unscheduled care pathways - Page 3 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
11.5	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G				
			31st March – Sustainability planning for post programme continuation	G				
11.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	Executive Director Primary & Community Care	<p>30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection</p> <p>30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy</p> <p>31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital</p> <p>31st March Secure permanent funding, subject to further evaluation</p>	G				
11.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	Executive Director Primary & Community Care	30th June – Baseline assessment	G				
			30th September - Developed Improvement Framework and structure	G				
			31st December -31st March & Ongoing Performance improvement monitored monthly at Strategic CAMHS Improvement Group. Ongoing Self-Assessment in line with reporting to Board Meetings.	N/A				

Improved unscheduled care pathways - Page 4 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
I2.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	Executive Director Nursing & Midwifery	31st March implementation Welsh Access Model (WAM) – 31st March KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March PIPs: All to be in place by 31st March	G				
I2.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Executive Director Nursing & Midwifery	30th September	G				
			30th September	G				
			30th September	A				
I2.3	Same Day Emergency Care (SDEC)	Executive Director Nursing & Midwifery	30th September	A				
I2.4	Developing the unscheduled care hub, 111 service	Executive Director Nursing & Midwifery	30th June - Phase 1	P				
I2.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	Executive Director Nursing & Midwifery	31st December	A				
I2.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	Executive Director Nursing & Midwifery	Stroke Prevention – 30th September	TBC				
			Acute services – 30th September	TBC				
			ESD – 30th September 20% / 31st December 70% / 31st March 100%	TBC				
			Specialist Community inpatient beds – 30th September	TBC				
			Consistent approach to rehabilitation – 31st March	TBC				

Improved unscheduled care pathways - Narrative

I1.2: Transformation of Community Services - Home First Bureau

Review of Home First Bureau's (HFB) completed and recommendations shared with Area Directors (ADs). East HFB have recruited a clinical co-ordinator to support the co-ordination, links with acute site management and ensure patients. Baseline data collected and report available. Some service is reliant on redeployed staff, and whilst metrics are recorded, further investment is required to fully implement Home First. The East Area team are leading on the update to the business case.

Business case has not been approved and further work has been asked to show where the disinvestment will come from. Currently running Central HFB with redeployed staff and we do not have staffing fully aligned to the business case. To implement HFB recommendations we would need the business case investment as the service is at risk and has been instrumental in managing the loss of beds due to social distancing within the Central Area. East Area team are leading on updating the business case. EAST: Paper written to support Elderly Mentally Infirm (EMI) pathways and supported across acute and area. Working group established. Included as part of priorities within Unscheduled care improvement programme. EAST: Pharmacy have been supporting medicines reconciliations in Care homes and will maintain this work; bringing pharmacy and community services closer together to ensure stronger partnership working West: Business case in development for additional Pharmacy staff capacity to support community hospital / community Resource Teams (CRTs).

I1.3: Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.

Currently available in Dwyfor and Mon, and parts of Arfon. Meirionnydd solution needs to be looked at. Nurse consultant posts included as part of Hospital@Home bid; therapy consultants being appointed as part of Stroke business case. Ysbyty Glan Clwyd (YGC) frailty units approval has slipped from July to August due to annual leave. The process will seek approval in August for recruitment to start and phased approach to model to begin with existing resources as per model recommendations. Model has been clinically led. Ysbyty Gwynedd (YG) / West Frailty Unit business case completed with submission imminent and then awaiting approval. Marleyfield beds due to open 9th August (following delay due to COVID-19 status of home in early July); confirmation is awaited from Care Home Inspectorate Wales (CIW) regarding the registration. Staff have attended induction and ready to start work. West: Outline discussions have taken place and increased pharmacy capacity included within the final bid.

Improved unscheduled care pathways - Narrative

12.2: Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22

A review of West area schemes was completed in June, the remaining schemes for other areas will be included as part of prioritisation of work-streams / projects within the USC Improvement Programme .

12.3: Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way

A proposal is being submitted to Welsh Government (WG) on 6th August for funding from the WG £25m funding for urgent and emergency care. Successful delivery of a 12 hour / 7 days a week service for medical and surgical ambulatory patients is reliant on additional investment. Response from WG awaited regarding BCU allocation. Contingency plans required to fund part or all of the amount asked for within proposal if not supported by WG.

12.6: Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area

Home First Bureau (HFB) set up in all 3 Health Communities. As part of the Unscheduled Care Improvement Programme we will look at opportunities to improve working relationships with the Local Authority colleagues as well as improving flow out of the hospital.

Strengthen our population health focus - Page 1 of 1

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
R2.6	Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	Executive Director Primary & Community Care	30th June – Baseline assessment.	A				
			30th September - Improvement Plan and structure to deliver agreed.	N/A				
			31st December/4 - Ongoing performance monitoring via ND Regional Steering Group.	N/A				

Strengthen our population health focus - Narrative

R2.6: Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop post diagnostic intervention post diagnostic services and establish early interventional support

Position paper completed for submission to executive team for agreement of funding. Review by WG agreed to support capacity and demand planning for ND services. Identification of capacity through existing tender to support increased capacity through 2021/22.

Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
M1.1	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work	A				
			30th September, agree plan for roll-out	N/A				
			31st December/31st March implement	N/A				
M1.2	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan	G				
			30th September/31st December/31st March implementation	N/A				
M1.3	Ablett / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older People's Mental Health inpatient services in the Central Area.	Interim Executive Director of Mental Health & Learning Disabilities	30th June	G				
			31st March, dependent on planning permissions outcome	G				
M1.5	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	A				
			30th September, agree plan	N/A				
			31st December-31st March begin to implement improvements	N/A				
M1.6	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	A				
			30th September, agree plan and begin roll-out	N/A				
			31st December-31st March, on-going work with adjustments as required	N/A				
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme	R				
			31st December-31st March begin implementation	N/A				

Integration and improvement of mental health services - Page 2 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
M1.8	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	N/A				
			31st December-31st March begin implementation	N/A				
M1.9	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	A				
			30th September, begin recruitment	N/A				
			31st December, integrate in to local teams	N/A				
			31st March, evaluate	N/A				
M10	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R				
			31st December Develop options appraisal	N/A				
M10.1	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A				
			31st December Develop future options appraisal	N/A				
			31st March Evaluate work programme to date	N/A				
M10.2	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	A				
			30th September, begin recruitment	N/A				
			31st December, integrate in to local teams	N/A				
			31st March, evaluate	N/A				
M10.3	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	G				
			30th June Recruitment of OTs for model across North Wales	G				
			30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	N/A				
			31st December-31st March evaluate impact	N/A				

Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Nov-21	Jan-22	Mar-22
M10.4	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A				
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	A				
			31st December, seek Divisional approval and consider funding requirements	N/A				
			31st March finalise plan	N/A				
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G				
M10.8	Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	A				
			30th September, begin recruitment	N/A				
			31st December, integrate in to local teams	N/A				
			31st March, evaluate	N/A				
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	A				
			30th September, develop and agree a plan	N/A				
			31st December, agree proposals	N/A				
			31st March, implement	N/A				
M11.1	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G				

M1.1: Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.

The ward accreditation nurse is in place and is working through with the Heads of Nursing for wards currently white and the plan for movement towards Bronze. Currently the 3 white wards (Dyffydwy, Cynan, Aneurin) have had a revisit and are awaiting validation panels later this month.

M1.5: CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.

We have completed a business case for 0.8million additional transformation funds. This work will support a set of agreed clear objectives to develop transition arrangements. Once Business Case is approved, it is hopeful that we will complete the initial development of the project action plan by the end of Quarter 2.

M1.6: Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.

Action Plan has been developed including agreed timescales and leads identified to progress four main areas: Delayed Transfer of Care (DToC) Scrutiny, Acute Care Meetings, Commissioning and Policy Guidance & Training. Regular updates scheduled at the Operational Level Meeting (OLM) and Department of Speech & Language Therapy (DSLT) through the Head of Operations (Specialist Services) and Director of Operations.

M1.7: Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.

The Covid-19 pandemic impacted on the Dementia Work during 2020 and into 2021 as the focus moved to patient safety, however a lot of this has since been picked up in the last quarter. Additional clinical leadership in the form of two new consultant nurses is anticipated from 1st July. The division is involved in implementing not only the National Dementia Strategy for Wales but also the integrated Dementia Strategy for North Wales and, in planning to meet the new all Wales dementia standards. In particular the division is firmly committed to and involved in the Dementia Strategy Group (DSG) for North Wales which is attended by the Interim Deputy Director for MHL.

The focus on the six steps continues and is embedded within the 'making every contact count' approach which sits across all Older People's Mental Health (OPMH) services and will be further strengthened as the integrated dementia strategy for North Wales is operationalised. During Q1 the service has not only had to look at restarting services, but also to learn how to deliver services differently and in line with restrictions. This means that the progress has not been as we would have wanted in some areas but in recovering from the upheaval of the pandemic the emphasis is firmly on integrated working to foster progress in subsequent quarters.

With regards to the links with audiology, an Integrated Care Fund (ICF) funded project has been launched in the Gwynedd and Anglesey area to assist with the identification of hearing impairments in patients who have suspected dementia. The hope is to roll this out across all areas BCUHB during 2021/22. The ICF funding has now been extended to 2021/22 as not much data could be gathered during COVID-19.

M1.8: Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.

We are currently in the process of finalising the Business Case in partnership with OPMH colleagues to provide additional resource to support service change in this area of work. It is hopeful that recruitment will complete by the end of Q2.

M1.9: Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.

Clinical Lead has agreed resource required to deliver service change. Currently awaiting confirmation of funding before undertaking recruitment process. Recruitment process expected to be completed by end of Q2

M10: Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales

This work had been initially stepped down due to COVID-19. Demand and Capacity paper has been developed which demonstrates the demand for Low Secure provision in North Wales. An outline business case for Low secure services in North Wales will need to be developed. This will require significant capital investment and project management support which is currently not available.

M10.5: Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.

The programme board had been step down during COVID-19. But has now been re-established with an initial board meeting held on the 25/05/2021 where work streams aligned to the programme were reviewed and re-established. Demand and capacity review has been completed and a bed base model under development. Community CRT Sop completed in draft for presenting at Clinical Strategy Group alongside revised proposed pathway for Rehab services.

M10.8: Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.

We are currently in the process of finalising the Business Case for additional funding to support the development and implementation of a MARSIPAN 'Team' to facilitate medical and psychiatric admissions for ED patients (MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa, Royal College of Physicians, 2014). It is hopeful that once funding is confirmed, recruitment will complete by the end of Quarter 2.

M11: Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.

We are currently in the process of finalising the Business Case for additional resource to further develop the pathways and workforce within the psychiatric liaison service across North Wales. It is hopeful that once funding is confirmed, recruitment will complete by the end of Quarter 2.

M10.4: Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.

1. We have mapped service provision in Tiers 0/1, identifying workforce gaps which have been addressed in part within the 2021/ 2022 Additional Resources for Mental Health Funding business case proposal.
2. We have submitted Welsh Government (WG) Target Compliance data for adult mental health secondary care specialist psychological interventions, and for the last 3 years progressed steady improvements by ongoing improvement initiatives.
3. Wider workforce gaps have been mapped, including Primary Care Mental Health (PCMH) and Community Mental Health Teams (CMHTs).
4. Implementation of Matrics Cymru and the National Plan guidance has been rolled out.
5. We have set up the Stepped Care Initiative to co-ordinate and lead improvement work across primary, secondary, inpatient, and tertiary services and the Multidisciplinary Teams (MDT) workforce within the Mental Health & Learning Disabilities (MH&LD) Division. Additional clinical provision across all areas and Tiers has been provided, and an on-going training, supervision, and support workforce plan and workshop programme within the MH&LD for MDT staff across multiple tiers and services established. This has delivered training and skill competencies in Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), and standardised remote and in person group and individual psychological therapy/intervention packages for over 100 MDT staff. In addition we have created and linked with this Stepped Care Initiative a new additional dedicated adult mental health training resource of 0.2 wte Clinical psychologist, and 0.4 wte CBT therapist. This has enabled the creation of a Psychological Therapies Training Team in partnership with Child Services and Bangor University. This has now delivered to over 90 MH&LD MDT staff across Adult Services, including Learning Disabilities, Substance Misuse Services, Forensic & Rehabilitation, Adults & Older Adults. A training strategy and plan has been developed in collaboration with the North Wales Psychological Therapies Management Committee (PTMC) and local MDT staff, aimed at standardised and accredited psychological therapies training and CBT Diploma accreditation status for MDT staff across Adult & Child Services.
6. We have secured funding for a Traumatic Stress North Wales Clinical Lead, who will further support Trauma specific and Trauma Informed MDT service provision across the MH&LD Division and adult services in multiple settings. This role will further support a training and support workforce plan for Trauma specific and Trauma informed service provision across MDT services and multiagency whole system working. As part of this initiative, we have secured funds and arranged for 25 MDT clinical staff from across the MH&LD division (from LD, Older Adults, Forensic & Rehab, SMS, and AMH) to attend Eye Movement Desensitization and Reprocessing (EMDR) Training via the EMDR Academy. We have a Training Implementation Plan around this to monitor skill acquisition, uptake of supervision, and implementation (monitoring of provision of EMDR to service users in the service area) to measure the impact of this investment over the next 3 years.
7. This work is part of the Together for Mental Health strategy, and supports the plans and strategic direction of the All Wales Psychological Therapies Management Committee, the North Wales Psychological Therapies Management Committee, Traumatic Stress Wales, the MH&LD's strategic aims, and BCUHB's Targeted Intervention priorities.

Further Information

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>

Board Level Monitoring	Ref	Key Priority	Lead Job Title and contact person	Programme (What)	Action (How)	Programme/Patient Outcome (Why)	Lead Director	Target Date (When)	Risks	Finance	Target Improvement linked	Board Level Monitoring	Board or Board Scrutinising Committee
Y	E1.1	Enabler	Executive Director of Governance programme sponsor (specific actions allocated to Exec lead portfolios)	Pan BCU Support Programmes - Targeted Intervention: The de-escalation for Betsi Cadwaladr University Health Board from Sexual Measures to Targeted Intervention (TI) outlining areas for further improvement Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	<ul style="list-style-type: none"> Engage and communicate internally within the divisions, and with partners and stakeholders on the Maturity Matrix approach (CAMHs and Adult MH). Progress the joint working between CAMHs and Adult MH, with a focus on financial allocations and the transition pathway. (CAMHs and Adult MH) Establish the improvement and development group to support the CAMHs programme delivery. (CAMHs) Review the M&LD leadership structure, with leads identified to support the key delivery areas (Adult MH) Progress the crisis concordance activity to support our clinical pathway (Adult MH) Undertaking a stakeholder mapping exercise and develop a relationship management approach to relevant stakeholders in the domains of patient, partners, staff and public. Consolidate a team for engagement across the four engagement domains, drawing from best practice. Use the development of key strategies (i.e. Living Healthier, Staying Well and Clinical Service Strategy) as a POSA exercise to improve engagement processes and outcomes. Develop an engagement process to encourage openness, transparency and trust with our citizens. Leadership priorities for the next quarter: <ul style="list-style-type: none"> Ensuring executive, senior leadership and partner ownership and engagement in the delivery of discovery phase of Mewn Undod mae North Stronger Together. Aligning the Board development programme with Mewn Undod mae North delivered by the King's Fund with additional support from the Good Governance Institute. Reviewing clinical leadership support structures and resources to improve multi professional clinical engagement. Modelling additional capacity and capability to support transformation, organisational and system development, engagement and governance Starting the rollout of Living Healthier Staying Well. Using the refresh as the basis for our Clinical Services Strategy implementation plan. Develop a revised planning process to allow for a staff approvable MTTP to be agreed for 2022-25. Implement and embed the Performance and Accountability Framework including regular reviews, appropriate escalation, and revised performance reporting. 	Programmes of work have been informed by the established maturity matrices which will be used to assess progress against the targeted intervention framework in 2022/23.	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.		Core Funding	Y	Y	
Y	E1.2	Enabler	Associate Director of OD	Pan BCU Support Programmes - Stronger Together	Establish and mobilise the 3 year strategic organisational and system development route map. Mewn Undod mae North Stronger Together, comprising 3 phases - Discovery, Design and Deliver. The Discovery phase is an ambitious 3-month engagement process to talk with 10% of the BCU workloads through a combination of 121 conversations, focus groups and workshops. This extensive engagement across all areas of the Health Board will provide key thematic feedback from staff and provide the foundation for a 9 month design phase of Mewn Undod mae North Stronger Together to renew the Health Board's culture and organisational systems, aligned to the Health Board's strategic goals and purpose.	Listening to the experiences of staff working across the Health Board to learn from examples of best practice and understand what may be preventing staff from making further improving delivery of exemplar patient care pathways. The Discovery phase makes no assumptions about what the solutions may be and thus enables the co-production with staff of improvements to the health board's culture and organisational systems.	Executive Director of Workforce & Organisational Development	30th June/30th September discovery; 31st December/31st March design		Core Funding	Y	Y	
Y	E3	Enabler	Associate Director of OD	Organisational and Leadership Development Strategy 2022-2025	The development of an Organisational and Leadership Development Strategy 2022-2025 which is aligned to Mewn Undod mae North Stronger Together. The development of the strategy will be informed by the discovery phase of Mewn Undod mae North Stronger Together and will be developed as a key part of the subsequent design phase of Mewn Undod mae North Stronger Together to ensure the Health Board's organisational design and its leadership are enabled to deliver the Health Board's strategic goals and purpose during the final delivery phase of Mewn Undod mae North Stronger Together	An organisational and leadership development strategy aligned to and informed by the strategic organisational and system development route map of Mewn Undod mae North Stronger Together to enable delivery of organisational and leadership development interventions that support the Health Board's strategic goals and purpose over the next 3-10 years.	Executive Director of Workforce & Organisational Development	31st December-31st March	Investment case for Design phase of Mewn Undod mae North to include funding to support delivery of the organisational and		Y	Y	
Y	E4.1	Enabler	Associate Director of OD	Alignment of Board and senior leadership development as part of the development of an Organisational and Leadership Development Strategy 2022-2025	The development of an Organisational and Leadership Development Strategy 2022-2025 during the design phase of Mewn Undod mae North - informed by the discovery phase - will include evidence based targeted development programmes for Board members and all senior leaders, as well as for all levels of leaders across the Health Board, inclusive of clinical and non-clinical leaders.	To better enable the Health Board to deliver its strategic goals and purpose over the next 3-5 years through providing Board members and senior leaders with evidence based leadership development support and training	Executive Director of Workforce & Organisational Development	Q3-Q4	Investment case to support design phase of Mewn Undod mae North Stronger Together to include funding to support		Y	Y	
Y	E4.2	Enabler	Associate Director of OD	Continue to execute improvements in staff safety, support, wellbeing and resilience in order to improve attendance, retention and contribution.	Two key programmes will be undertaken to improve Health and wellbeing and creation of a culture of psychological safety. The first will enhance the services available to support staff's mental health through the implementation of a more integrated model of staff wellbeing support services from supporting self-care through to crisis support. The second programme will implement a new Speak Out Safety process, replacing the Safe Haven system, to better enable staff to raise concerns confidentially. This will include the creation of a Speak Out Safety Guardian and an MDT to receive, manage and monitor concerns raised, supported by a new on-line system for raising concerns in a confidential and anonymous manner	Through the staff wellbeing support service, support and promote enhanced emotional resilience and wellbeing amongst staff, reducing staff absence, improving recruitment and retention, and supporting the Health Board becoming an employer of choice. Through the new Speak Out Safety process, support the creation of a culture of psychological safety at work, and through this support the delivery of safe patient care	Executive Director of Workforce & Organisational Development	Q3-Q4 for staff wellbeing service; Q1-Q2 for Speak out safety	12 month investment to support enhanced wellbeing support service agreed. Funding to support new Speak out		Y	Y	
Y	E3.1	Enabler	Associate Director of OD	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	Implement Year 2 of the Health Board's approved Strategic Equality Plan, delivery being monitored through the Strategic Equality and Human Rights Forum. As well as meeting its Socio-Economic duty and other equality priorities, there will be a focus on race equality with the establishment of a Race Equality Action Plan, taking account of the outcome of the Welsh Government's consultation on Race Equality in 30th June.	Delivery of inclusive patient services and management of staff, ensuring patients with protected characteristics are not disadvantaged in such a way as to adversely impact on health care outcomes and that staff are not disadvantaged in terms of recruitment, development, training and promotion opportunities.	Executive Director of Workforce & Organisational Development	30th June-31st March	Public Sector Duty and Socio-Economic duty on risk register	Investment case to expand corporate equality team completed	Y	Y	
Y	E3.3	Enabler	Associate Director of Health, Safety & Equality	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance, identifying and reporting staff at greater risk of contracting Covid and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	Ensure effective Health and Safety through Make It Safe reviews, incident investigations achieved via incidents reported on Datix, 72 hour reviews undertaken tracking on line lists with liaison with infection control and Track and Trace. This will then determine if it will be required to be reported as a RIDDOR incident in line with legislative compliance which is required within 10 days. Site visits are reported through Quarterly and annual reports to the Strategic Occupational Health Group and Q&E. Union partners are kept up to date on compliance issues on a weekly basis. The frequently asked questions and guidance provided to staff is updated when legislation or guidance is changed. The fit testing programme in place to support suitable compliance with COSHH and HSE guidance. A continual programme of fit testing is in place and recorded on ESR system with reports provided to PPE steering group for escalation. A package to ensure that manual handling training is effectively implemented has been presented with a recommended programme to move from 80% compliance to 80% within 2 years, risk assessment awareness and management of safety critical systems have established training dates. A full action plan to comply with legislation has been developed for Y2 and evidenced through the appropriate governance structure and reporting on KPIs.	Reduce the risk of transmission patient to patient staff to patients, patients to staff. Ensure safety systems of work are implemented in all service areas.	Executive Director of Workforce & Organisational Development	30th September	BAF risk register programme	Core funding required	Y	Y	
Y	E3.4	Enabler	Associate Director of Health, Safety & Equality	Security, V&A Improvement Plan	Ensure adequate security provision is in place including restraint training, clinical audit system, lone working, lockdown procedure, V&A case management compliance with Welsh Security Framework and further development of the obligatory response to violence collaborative. A 12 month action plan has been developed subject to additional support to review all aspects of the security gap analysis.	Effective management of violence reduces the risks of absenteeism, stress in the workplace leading to better patient safety outcomes and staff retention.	Executive Director of Workforce & Organisational Development	31st March	BAF risk register programme	Core funding required	Y	Y	
Y	E3.5	Enabler	Associate Director of Health, Safety & Equality	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	A workshop to establish effective Health Surveillance has been developed to be completed within 12 months. This includes review of respiratory sensitizers, latex, noise, vibration, right workmen, citrus odors, welding fumes and dusts. A review of wellbeing is in place developing more effective KPIs to report on numbers of people accessing support in conjunction with the Wellbeing Call. The group plans to report in August 2021 defining progress on action plans. The Occupational Health Team report to the strategic Occupational Health Group. A plan to implement a immunisation programme is defined with the 3 year business case. The SEQOSH accredited system ensures continual reporting on the action plan is being implemented. The Corporate Health Standards form part of the Wellbeing Programme a comprehensive action plan has been developed to maintain accreditation in July 2021.	Continue to maintain all aspects of Safe Effective Quality Occupational Health Service accreditation. Implement a comprehensive immunisation and health surveillance system. Effectively support the staff Wellbeing Strategy and improve mental health support for staff.	Executive Director of Workforce & Organisational Development	31st December	BAF risk register programme	Core funding required	Y	Y	
Y	E3.6	Enabler	Associate Director of Workforce Planning & Performance	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	Workforce Optimisation programme structure put in place. Ensure effective recruitment team structures and resources are in place. Workforce KPIs and targets in place and tolerances set to monitor and identify.	Reduction in vacancies and leavers across targeted areas. Reduction in agency spend as a result of filling long term vacancies. Clear workforce KPIs in place to monitor and provide early warning indicators	Executive Director of Workforce & Organisational Development	30th September - 31st December	BAF risk register programme	Business case in place with identified in the financial plan	Y	Y	
Y	E1.3	Enabler	Associate Director of Nursing, Infection Prevention, Nursing Midwifery & Patient Services	Pan BCU Support Programmes - Safe Clean Care Ham Free	Develop a programme of work to ensure we are 'Making our place safe through, clean wards, safe bed spaces, safe entry, safe break and safe change'. Through Safe clinical and non-clinical areas (transferring), safe wards and safe rapid isolation. Ensuring our actions are safe, for patients, visitors and staff. Support the workstreams release more time to care through, Infection prevention and control cohort development. Building designing and purchasing IT enables solutions Develop tools/ material to support the behavioural change Safe Clean Care workstreams	Providing a safer place providing health for North Wales population, reducing infection spread. Identifying areas of improvement across the wards and topics to support safe care. Improving the place of work for staff, reducing injury at work. Developing and using digital technology solutions to improve delivering and monitoring safe ways of working.	Shared responsibility for address SCC Strategy. Chief Operating Officer - Safe Clean Care Ham Free - Safe Place Safe Clean Care Ham Free - Informatomics Executive Medical Director - Safe Clean Care Ham Free - Safe Space Executive Director Nursing & Midwifery - Safe Clean Care Ham Free - Safe Action Executive Director Workforce & Organisational Development - Safe Clean Care Ham Free - Communications & Staff Engagement	30th June - Divisions to identify Business case to address SCC Strategy. 30th September - Approve/engage/research business case and strategy 31st December - 31st March - Implement new ways of working	COVID Funded / Capital & capability		Y		

Y	E1.6	Enabler	Head of Programmes, Assurance and Improvement	Creation of a Digital Strategy	Development and Implementation of the digital strategy which has been approved by the Board.	To deliver key enablers across North Wales which will drive digital transformation of care and deliver commitments outlined within the Strategy over the next three years.	Executive Director of Primary & Community Care	31st May	<ul style="list-style-type: none"> • Approval at Trust Board is not received. • Competing priorities with lack of sustainable investment in digital • National infrastructure and projects may not deliver what is needed and/or at the required pace and cost • Unable to keep up with the pace of digital change to meet the expectations of our patients, carers and staff • Information is not safe • Inefficient staff capability and capacity to deliver the Strategy • Organisational culture and service planning does not change • Lack of engagement from staff 	Business Case approved for difference projects will be required.	Y	Board & FPG
	E1.6							30th September	<ul style="list-style-type: none"> • Project level risks: Corporate Risk - CRP10A10NP1: National Infrastructure and Products. 	Funding through WG and September 2021. Business case has been funded for post 2021 required from WG.	Y	Board and FPG
Y	E1.7	Enabler	Project Manager	Deliver Phase 3 of Welsh Patient Administration System implementation	Phasing and approach agreed	Delivery of a single patient administration system Welsh Patient Administration System (WPAS) across BCUHB. This will operationalise the care personal and enable up to date accurate information to be available for service delivery across the Health Board. Improve the ability to manage patient pathways seamlessly throughout the hospitals within the Health Board.	Executive Director of Primary & Community Care	30th June – Re-start the project.			Y	Board and FPG
	E1.7				Support from Welsh Government for continuation of project team in place	Provide timely and accurate information for clinicians and managers.		30th September – System build and data migration activities on the project.	There is a risk that key resources (project and services) will not be available to support key activities on the project.			
	E1.7				System in place (pending business case)	Enable services to modernise in response to changing working models.		31st December – UAT user acceptance testing and training.	There is a risk that project will continue to defer the scope of the data migration iterations.			
	E1.7				Reduce variation in scheduling, tracking and reporting throughout the Health Board.	There is a risk that operational users are unable to attend WPAS training		31st March – Lead to up to implementation in May 2022	There is a risk that delays in either the BCU or the Valdeira data migration plan may impact overall WPAS timescales.			
Y	E1.8	Enabler	Programme Manager	Deliver Symphony - Phase 1 2020/2021	Implement V2.30 in the West ED and 6 Minor Injury Units associated with the West (including LLOH)	Phase 1 required before WPAS West implementation - West ED and MIUs were previously using PMS to record attendances. Phase 1 complete (with the exception of 3 MIUs which are currently closed with no imminent plans to re-open).	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	Health Board risk - BAF2028 - Effective Use of Resources	Funded	Y	Board & FPG
						<p>The system will bring:</p> <ul style="list-style-type: none"> • Improved Continuity and Timeliness of Care • Improved Quality of Patient Care, Experience and Safety • Improved Discharge • Improved Data Quality and Standards • Improved Data Sharing across BCUHB and Intelligent • Improved Administration Efficiency <p>The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.</p>			<p>Project level risks:</p> <ul style="list-style-type: none"> • There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner. • There is a risk that Teyrn and Dolgellau MIUs will not be able to implement BCU Symphony at a time which is suitable for both the MIUs and the project team. • There is a risk that generic log on to the system may not be an acceptable method to be used for information Governance purposes. • Availability of adequate funding (Capital and Revenue) • Availability of key personnel to undertake the existing activities required for readiness (SMS, NMS, ICU Programmes, Information and ED resource) 			
Y	E1.9	Enabler	Programme Manager	Deliver Symphony - phase 2 2021/2022	Upgrade from V2.29 to V2.39	Phase 2 will bring improved functionality and the latest version of Manchester Triage. Manchester Triage 1 is currently used within Symphony 2.29 in the East. This version of Manchester Triage is not dated and has been flagged as a significant clinical risk as both presentation flow charts and discrimination have been updated in newer versions.	Executive Director of Primary & Community Care	30th June – Data migration testing	Health Board risk - BAF2028 - Effective Use of Resources.	Funded	Y	Board & FPG
					Move East area onto the Health Board Symphony, alongside the West, which entails an upgrade from v2.29 to v2.38 including 1 minor injury unit associated with the East.	The benefits listed in Phase 1 will also apply to Phase 2.		30th September – End user training. Go Live period (July). Phase closure	<p>Project level risks:</p> <ul style="list-style-type: none"> • There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner. • There is a risk that Teyrn and Dolgellau MIUs will not be able to implement BCU Symphony at a time which is suitable for both the MIUs and the project team. • There is a risk that generic log on to the system may not be an acceptable method to be used for information Governance purposes. • Availability of adequate funding (Capital and Revenue) • Availability of key personnel to undertake the existing activities required for readiness (SMS, NMS, ICU Programmes, Information and ED resource) 			
Y	E2.1	Enabler	Programme Manager	Deliver Symphony - Phase 3 2021/2022	V2.39 implemented in Central and 2 minor injury unit's	The completion of the Phase 3 implementation will see all EDMU areas using a single system for the flow, providing standardisation across BCU in readiness for a move to the National Welsh Emergency Department system.	Executive Director of Primary & Community Care	30th September – Phase 3 planning	To be determined from planning in 30th September	Funded	Y	Board & FPG
						The benefits listed in Phase 1 will also apply to Phase 3.		31st December - to be determined from 30th September planning				
					Implement Symphony v2.38 into 2 minor injury units in Central area	The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.		31st March- to be determined from 30th September planning				
Y	E2.3	Enabler	Head of Patient Records & Digital Integration	Development of the acute digital health record (Oto DR) pan-BCU	Deliver the project for the Digital Health Record (4 year project to Nov 2024)	The development of the Digital Health Record will allow a single view of the patient record, having this in place will support the integration with local and national systems and will provide greater access to systems and information that are safe, and reducing the use of paper from the way we work. We will have one system that is capable of gathering patient information from disparate records, new content from a forms and current and future systems. Part of this project is also to develop digital ways of sharing information across our business.	Executive Director of Primary & Community Care	31st December – • Minimum Viable Product (MVP) & two Early Adopters • New scanning contract in place	The common risks across the digital projects are escalated to our Patient Records Transition Programme. These can be described as: • BCU's non-compliance with key legislation • Spectrum of digital readiness and literacy amongst users • Digital readiness of the organisation - infrastructure, hardware and network • Quality of the data within the source system causing data within other linked systems to be inaccurate • A delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives	Funded	Y	Board & FPG
Y	E2.9	Enabler	Head of ICT	Strengthen cyber security	Review and identify areas of improvement as part of Cyber Security Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber security.	Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber Incident through the deployment of key processes, accreditation and risk management as well as new and emerging technologies	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	Corporate Risk - ICT01 – Cyber Security	Not funded.	Y	Board & FPG
									There is a risk of cyber security attacks due to a lack of assurance around cyber security threats and lack of a dedicated Cyber Security Team which could lead to a total loss of all Health Board data stored on BCU servers.			
									This could impact patient care, Health Board reputation, confidentiality, and breaches of legislation, financial impact (fines and cost of recovering data).			
									If the risk is not addressed it could lead to the organisation not meeting legislative requirements such as GDPR and NIS-2.			
									We could also be open to Child suits should patient safety incidents occur as a result of a cyber-attack.			
Y	E1.4	Enabler	Assistant Director of Strategy and Planning	Pan BCU Support Programmes - LHMW & Clinical strategy review	Talk stock and check with staff, patients, partner organisations and the public how Covid-19 has affected health and well-being and what we can learn from this experience. Review lessons learnt and strategy successes, challenges, opportunities. Develop plan to implement lessons learnt initiatives into a new strategy with new objectives. Create dissemination of new strategy to ensure engagement with stakeholders	<ul style="list-style-type: none"> • Check in with our staff, patients, partners and public whether the principles are still valid • Review our strategic priorities to ensure they are consistent with "A Healthier Wales" • Address those elements of LHMW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways • Test the strategy is still relevant in the changed environment • Provide the framework for development of a Clinical Services Plan 	Executive Director of Planning and Performance	30th June Review of current strategy plan developed 30th September Approval of refresh plan approve - Engagement plan developed 31st December/31st March - Engagement process initiated		Core Funding	Y	Y
Y	E1.5	COVID-19 response	Consultant - Anaesthetics & Intensive Care / Clinical Lead for Critical Care	Enhanced recovery from critical illness The provision of robust and consistent staffing within traditional medical critical care roles to ensure patient safety	Enhanced recovery from critical illness by meeting national standards with regards Clinical Psychology (providing integrated Clinical Psychology support within critical care teams), Therapies (providing a structured, individualised rehabilitation programme through dedicated Occupational Therapy, Physiotherapy, Speech and Language Therapy, and Dietetics input) and designated critical care Pharmacist at the three acute hospital sites	<ol style="list-style-type: none"> 1. Improved quality of patient care during critical illness and during the recovery from critical illness 2. Improved patient safety and quality of care 3. Reduced costs through reduced length of critical care and ward stay, reduced readmission, and decreased longer term healthcare utilisation 4. Equity of access to support across North Wales 5. Raised staff well-being and retention 6. Clinical staff (in particular critical care nursing staff) able to concentrate on core clinical activity 	Executive Medical Director	30th June - 30th September Development of Business Case 31st December Business Case submitted for Internal sign-off and approval 31st December/31st March Development of a programme plan, recruitment ready for implementation 2022	Financial resources Ability to recruit/skill staff Failure to meet national standards and recommendations Prolonged length of patient stay Increased length of time for patients to regain independence Increased dependence of critical care and hospital discharge Inequitable access to clinical psychology and therapy services across North Wales Clinic cancellation due to lack of dedicated nursing staff resource	Business Case to be approved. Circa £1M revenue funding for	Y	CSE & Board
Y	C1	COVID-19 response	TTP Programme Director	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a P4M responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts	Government contracts with an external provider to provide Regional and Local Testing sites – two and four respectively across the region. Note: Government contract with another external provider to provide mobile testing units (MTUs). MTUs move across the region including to more remote areas. Activity is monitored for every unit in conjunction with epidemiology reports. To work strategically with partners to agree the most appropriate deployment of the mobile testing units.	PCR testing needs to be undertaken as rapidly as possible for anyone demonstrating Covid symptoms and for cases where the TTP service has recommended a test. The authorised identification of positive cases will help to ensure transmission of the virus is reduced, or prevented. The desired outcome is to minimise and eliminate transmission of Covid.	Executive Director of Public Health	Measure through capacity and Turnaround Times. Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	Inadequate testing capacity – risk that positive cases are either not identified or not identified in a timely manner. Risk is increased transmission. Access to testing – if tests are not accessible, population may be deterred from testing. Public perception, and the need to reiterate core messages (e.g. only essential travelling outside the UK)	COVID Funded	Y	PPPH & Board
				Testing capacity located across the region to ensure the volume of testing sites are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy, currently manage the distribution across the Health Board and LFO collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh	MTUs are used to move around the region Testing more remote communities to improve access to testing. 2. – responses to outbreaks and the requirement to rapidly test. The speed of testing. The desired outcome is to minimise and eliminate transmission of Covid.	Executive Director of Public Health	Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team. No plan to reduce capacity.					

	C1			Government)	<p>To maintain the Health Board-operated Community Testing Units to ensure that appropriate PCR testing is provided for patients requiring pre-operative testing, as well as meeting the needs pre-treatment needs of cancer and renal patients.</p> <p>Work with secondary care services to dynamically manage the recruitment and retention of staff to meet service requirements and ensure that capacity/demand is continuously monitored in-line with national and regional data, allowing for surge capacity to be deployed as required</p>	<p>To ensure patients do not have Covid prior to treatment in order to:</p> <ul style="list-style-type: none">* Protect the patient – if they are covid positive, they are at greater risk during and following a procedure* Protect other patients from potentially contracting the virus whilst in the care of BCU/HB* Protect our workforce by minimising exposure to the virus	Executive Director of Public Health	<p>30th September – capacity plans are in the progress of being built out with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre-treatment period.</p>	<p>Retaining staff to deliver service.</p> <p>Services providing CTUs with timely information regarding pre-op testing plans.</p> <p>Maintaining current CTU locations as other services return to 'business as usual' and request the return of facilities.</p>					
	C1				<p>Point of Care testing devices to be evaluated and implemented to support the rapid turnaround of tests for patients arriving in departments such as A&E, Roche Last and Laminis devices being evaluated for different departments.</p>	<p>To provide rapid test results to enable departments to treat patients safely on the appropriate pathway in accordance with their Covid-status</p> <p>Improves the decision-making time to protect patients and the workforce</p>	Executive Director of Public Health	<p>30th September evaluate</p> <p>31st December decide implemented subject to effectiveness of evaluation</p>	<p>IT connectivity to manage test results</p>	<p>COVID Funded (Frowce to check if Roche Last devices are covered by covid funding)</p>				
	C1				<p>Lateral flow testing devices deployed to BCU frontline staff c.17,000; managed through Shared Services for distribution and line managers for registration and replacement.</p>	<p>One in three people who are covid positive do not demonstrate symptoms. Regular LFD testing aims to identify staff who are asymptomatic to prevent transmission in the workplace, amongst patients, and the wider workforce.</p>	Executive Director of Public Health	31st May	<p>Managing storage and replenishments of kits. Staff registering kit and reporting results. If staff are not regularly testing in line with guidance, asymptomatic staff will be missed creating risk of transmission</p>	<p>COVID Funded</p>				
	C1				<p>Create LFD collect points across the region utilising the existing infrastructure such as RLS, LTS and MTUs for the population who are not able to work from home. Also link up with Covid Support Hubs being developed under the Protect agenda.</p>	<p>To provide easy access to LFD kits to the members of the population who cannot work from home. Regular testing to identify asymptomatic cases and reduce the risk of transmitting the virus (unwitnessed)</p> <p>Adequate resources will ensure that testing responses are rapid as soon as positive cases are confirmed, isolating the positive case and their identified contacts, in turn reducing transmission</p>	<p>Executive Director of Public Health</p> <p>Executive Director of Public Health</p>	<p>30th June – in place by the end of 30th June and on-gang until WVG policy determines otherwise</p> <p>By 30th June and on-going through 2021-22</p>	<p>Public confusion re type of test to use i.e. PCR v LFD</p> <p>Public do not adhere to guidance</p>	<p>COVID Funded</p> <p>COVID Funded</p>				
Y	C1.1	COVID-19 response	TTP Programme Director	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	<p>Ensure there is an adequate resource at a regional and local level to deliver effective tracing in response to the identification of positive cases, including variants of concern and returning travellers</p>	<p>Resources in place to manage a third wave and skills developed to address international travellers. Isolated contact tracing, POC capacity, to ensure the tracing response is as effective as possible in limiting the transmission of the virus.</p> <p>5 project schemes in progress in partnership with WVG, with ambition to increase further. The schemes will support individuals impacted by Covid to access LFDs, financial advice, food poverty support, MHA support and other locally-identified support services.</p>	<p>Executive Director of Public Health</p> <p>Executive Director of Public Health</p>	<p>By 30th June and on-going through 2021-22</p>	<p>A third wave exceeds capacity</p> <p>Staff infection falls below the required threshold</p> <p>Difficult to recruit as the economy opens up as these are temporary roles</p>	<p>COVID Funded</p>		Y		GSE & Board
Y	C1.2	COVID-19 response	TTP Programme Director	Continue North Wales liaison on protect agenda coordinating multi-agency response	<p>Individuals and communities impacted by Covid can access the support available.</p>		<p>Executive Director of Public Health</p>	<p>30th September and ongoing</p>	<p>Funding pulled after initial pilot phase</p>	<p>COVID Funded</p>		Y		
Y	C1.3	COVID-19 response	Vaccination Programme Lead	Implement and deliver the BCUHB mass vaccination programme.	<p>Development of a sustainable delivery model as we move into an annual vaccination and booster programme, in line with evolving national clinical guidance and Welsh Government Strategy. This will ensure we have a strategy for future proofing the programme, transforming it into a 'business as usual' model.</p>	<p>To ensure our citizens have a robust process of planning short, medium and long term within the BCUHB vaccination programme. This will include being able to respond to changing guidance, changes in vaccine supply and any other interdependency which may require action and a change in approach.</p> <p>To ensure that our citizens within these groups are identified and engaged with to ensure that any inequalities are addressed and mitigated within the programme implementation.</p>	<p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p> <p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p>	<p>The Vaccination Strategy for Wales currently sets out 3 milestones based on the JCVI's prioritisation advice.</p> <p>Milestone 1: To have offered the vaccine to all individuals in cohorts 1-4 by mid February. BCUHB achieved this along with other Health Boards in Wales on 12 February 2021.</p> <p>Milestone 2: To have offered the vaccine to all individuals in cohorts 1-5 by mid April. This includes all those aged 65 and over. BCUHB achieved this along with other Health Boards in Wales on 4 April 2021.</p> <p>Milestone 3: It is our aim to offer everyone in the current 10 priority groups their first dose of the vaccine by the end of July 2021. We remain on target to achieve the next milestone.</p> <p>Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the WVG. This will also include guidance and criteria.</p>	<p>Changing guidance, lack of National clarity on the next phase.</p> <p>Meeting legal obligations, having data and other intelligence robust enough to support.</p> <p>Compliance with evolving National Guidance and development of multiple vaccines.</p> <p>Return of redeployed staff, turnover of agency staff.</p> <p>Lack of clarity of the medium and longer term plan.</p> <p>Data quality. IT framework & capabilities</p>	<p>COVID Funded</p>		Y		
	C1.3				<p>Demonstrable equal access to the vaccination programme for all groups with special characteristics or other underserved groups as defined within the North Wales Vaccination Implementation Plan.</p>	<p>To ensure that our citizens within these groups are identified and engaged with to ensure that any inequalities are addressed and mitigated within the programme implementation.</p>	<p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p>							
	C1.3				<p>Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required</p>	<p>To ensure our citizens vaccines are delivered safely, protecting public trust and confidence in the immunisation programme.</p>	<p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p>							
	C1.3				<p>Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.</p>	<p>To ensure our citizens can rely on a skilled, sufficient and sustainable workforce to deliver their vaccines in the most effective and safe way.</p>	<p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p>							
	C1.3				<p>Development of an estates plan which will provide the capacity to deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.</p>	<p>Provides our citizens with appropriate contact methods and the ability to book vaccination appointments that fit with their schedule providing the ability to update or amend. This will avoid frustration caused by having to phone the booking centre.</p>	<p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p>							
	C1.3				<p>Develop an efficient contact process and self-service booking system under Welsh Government Guidance.</p>		<p>Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme</p>	<p>By 31st December</p>						
Y	C1.5	COVID-19 response	Assistant Area Directors for Children's Services	COVID recovery – at Children's Services	<p>Establish gap and conduct recovery analysis, establishing new activity and waiting times trajectories of new capacity within current guidelines, develop new plans required to achieve at Service Level across Community and Acute Services</p>	<p>Improved access for Children and young people with reduced waiting times.</p> <p>Developed new ways of working.</p>	<p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p>	<p>30th June – Baseline assessment.</p> <p>30th September – Service Level plans to deliver agreed.</p> <p>31st December/31st March – Ongoing performance monitoring via Regional Children's Services Group.</p>	<p>Allocation of funding to reduce backlog</p>	<p>Performance Improvement Funding</p>		Y		Board & GSE
Y	R1	Recovering access to timely planned care pathways	Assistant Area Directors Primary Care	Continuation of accufu communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event	<p>Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision.</p>	<p>Supports GPs and other health professionals to communicate more effectively with their patients in the delivery of care, includes medical surveys, text and photo responses, patient triage, text messaging, vaccination booking, and with the plus version video consultations and digital documents.</p> <p>Maintain new ways of working, support recovery and the delivery of access standards.</p>	<p>Executive Director Primary & Community Care – Acting Executive Medical Director</p> <p>Executive Director Primary & Community Care – Acting Executive Medical Director</p>	<p>30th June</p> <p>30th June</p>	<p>Risk to implementation</p> <p>Procurement processes may prevent timely implementation.</p> <p>Need for consistent Data Protection standards and documentation across the health board and multiple independent contractors.</p>	<p>Performance Fund</p>		Y		FPD
	R1				<p>Interim contract in place for accufu use by North Wales practices.</p>	<p>Supports social distancing to be achieved within Primary Care premises and more choice of consultation method to be available to patients.</p> <p>Improved access for patients</p>	<p>Executive Director Primary & Community Care – Acting Executive Medical Director</p>	<p>30th June</p>	<p>Risk if not implemented:</p> <p>Poor patient access to primary care</p> <p>Unsustainable primary care services unable to meet demand</p>					
	R1				<p>Work with NHS to agree long term contract requirements</p>	<p>Improved delivery of GMS access standards (see related action below)</p> <p>Efficient use of clinical capacity.</p> <p>MCS ref:</p>	<p>Executive Director Primary & Community Care – Acting Executive Medical Director</p>	<p>30th September</p>						
	R1				<p>All Wales contract in place for accufu</p>	<p>* In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4</p> <p>* Arbitrary available conditions referral numbers</p>	<p>Executive Director Primary & Community Care – Acting Executive Medical Director</p>	<p>31st December</p>						
Y	R1.1	Recovering access to timely planned care pathways	Assistant Area Directors Primary Care supported by PC Academy lead	Review the uptake, requirements and patient satisfaction in relation to alternative technologies supporting patient access to GMS	<p>Extend eConsult provision to participating practices.</p>	<p>Improved or maintained access to General Medical Services</p> <p>Monthly eConsult activity and patient satisfaction reports to demonstrate increased access.</p>	<p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p>	<p>30th June</p> <p>30th June</p>	<p>Risk to implementation</p> <p>Not a contracted requirement to participate.</p> <p>Growing demand as evidence of unmet demand and more patients contacting practices through virtual routes</p>	<p>Primary Care (WVG Investment Fund grant – linked to the Academy)</p>		Y		FPD & Board
	R1.1				<p>Monitor eConsult activity including patient satisfaction</p>	<p>Efficient service provision</p> <p>MCS ref:</p>	<p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p>	<p>30th June</p> <p>31st December</p>	<p>Risk if not implemented:</p> <p>Poor patient access to primary care</p> <p>Unsustainable primary care services unable to meet demand</p>					
	R1.1				<p>Monitor patient/clinical satisfaction in relation to video and telephone consultations</p>		<p>Executive Director Primary & Community Care</p>	<p>31st December</p>						
	R1.1				<p>Review access to virtual consultation training</p>		<p>Executive Director Primary & Community Care</p>	<p>30th September</p>						
	R1.1				<p>Review ongoing use and satisfaction with accufu (and feed information into future contract requirements – see specific action above)</p>		<p>Executive Director Primary & Community Care</p>	<p>31st December</p>						
	R1.1				<p>Feed local learning into the national Strategic Programme to inform future strategies</p>		<p>Executive Director Primary & Community Care</p>	<p>31st March</p>						
Y	R1.2	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services supported by Area Medical Directors	Delivery of all Wales access standards through GMS Contract (disbanded in non-mandated GPs)	<p>Review 2020/21 performance against standards (validated data released June 21)</p>	<p>Improved achievement of GMS Access Standards</p> <p>Maintained or improved access to primary care GP practice services for patients</p> <p>MCS ref:</p>	<p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p>	<p>30th June</p> <p>31st March</p> <p>30th June-30th September</p>	<p>Some GP practices may not participate the Q&P is not mandated</p> <p>Investment is required in phone systems to improve access and monitoring. This is a barrier particularly in some of our managed practices.</p> <p>High demand in primary care including c.19 vaccination programme and impact of planned care backlog</p>	<p>Primary Care</p>		Y		FPD & Board
	R1.2				<p>Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team</p>	<p>* In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4</p> <p>* A&E attendances</p>	<p>Executive Director Primary & Community Care</p> <p>Executive Director Primary & Community Care</p>	<p>31st March</p> <p>30th June-30th September</p>						
	R1.2				<p>Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum</p>		<p>Executive Director Primary & Community Care</p>	<p>30th June-31st March</p>						
Y	R1.4	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Area Medical Directors and Planned Care Lead	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	<p>Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times</p>	<p>Improved patient communication and provision of alternative services if appropriate, to support patients waiting for planned secondary care, including regular updates. (Action date will be detailed in the planned care action log)</p> <p>Allows patient concerns</p> <p>Seek feedback from primary care in relation to the impact of waiting list validation and patient queries</p> <p>Robust management of clinical risk</p>	<p>Executive Director Nursing & Midwifery</p> <p>Executive Director Nursing & Midwifery</p>	<p>30th June</p> <p>30th June</p>	<p>Risk to implementation</p> <p>Planned Care leads capacity to fully engage</p> <p>Complexity across specialities and sites</p> <p>Insufficient resourced capacity in primary care to participate</p> <p>Risk if not implemented:</p> <p>Poor patient outcomes and increased clinical risk</p>	<p>Performance Fund – assuming further allocation from WVG</p>		Y		FPD & Board
	R1.4				<p>Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes</p>									

	R14			Development of proposals to manage the backlog of planned care in the primary care sector	MDS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • All elective activity • Urgent cancer OPD referrals • Urgent non-cancer OPD referrals	Executive Director Nursing & Midwifery	30th June	Primary care unable to cope with additional demand relating to queues and supporting patients whilst they wait				
	R14			Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement		Executive Director Nursing & Midwifery	31st March					
Y	R16	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Academy Manager	Further development of the Primary and Community Care Academy	PACCA Business Case finalised	Supporting the further implementation of the primary care model in Wales, leading new ways of working and innovation in primary care.	Executive Director Primary & Community Care	30th June	Risk to implementation Approval of Business Case and allocation of additional funding	Performance Fund	Y	Board & QGBE
	R16			Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include:	Further integrated working with the Strategic Programme for primary care and HEIW Promotion of North Wales as a place to train team and work, particularly in relation to primary care professionals, with targeted recruitment initiatives.	Executive Director Primary & Community Care	30th June	Risk if not implemented: Academy not further developed and unable to meet the needs of primary care, both to support innovation but also improve recruitment and sustainability (as a response to the BMF)				
	R16			Training Hub established and posts advertised	(Subject to business case approval), increased numbers of advanced practitioners working in primary care settings	Executive Director Primary & Community Care	30th September					
	R16			Level 7 Vocational Education Programme in place	Support the sustainability of GMS Primary Care through the development of training posts supplementary to the cohort established to develop a cohort of practitioners who are Primary Care ready	Executive Director Primary & Community Care	30th September					
	R16			Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University	Supported primary care internships, including Physicians Associates	Executive Director Primary & Community Care	31st December					
	R16			Evaluation Lead and Research Development appointed	Deliver a range of development, training and education programmes to support the development of clinical and non-clinical practitioners.	Executive Director Primary & Community Care	30th September					
	R16			Trainees in post and commencing education programmes / ongoing evaluation of training hub	Increase skills and knowledge in Community Pharmacy to meet population need and develop services that can be provided closer to home via an alternative primary care contractor	Executive Director Primary & Community Care	31st December					
	R16			New Cohort of Practitioners to join Vocational training Programme	MCS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • In-hours GP demand v capacity: number of community pharmacies at escalation level 3 and 4	Executive Director Primary & Community Care	31st December					
	R16			Further development and testing of competency framework		Executive Director Primary & Community Care	31st December					
	R16			End of year report		Executive Director Primary & Community Care	31st March (published 22/23)					
Y	R17	Recovering access to timely planned care pathways	Programme Lead for Dental Academy	Development of a North Wales Dental Academy, to include a training unit, QDS and CDO provision	Robust programme governance arrangements were established in 2020/21	Increase in number of dentists trained and working in north Wales	Executive Director Primary & Community Care	30th June	Risk to implementation Procurement of appropriate provider Ongoing capacity restrictions due to IPAC/covid	Primary Care	Y	Board & QGBE?
	R17			Advertise the contract	NB This is difficult to provide a definitive level of activity as we are delivering a totally new model (to Wales/UK) for the delivery of services and pushing the boundaries of Contract Factors. Any further cost surge will also impact on this given the strict IPAC required for dental services.		30th June	Risk if not implemented: Poor dental access Ongoing challenges in attracting dental practitioners to north Wales				
	R17			Award to preferred provider	Once a preferred provider is appointed additional clarity will be provided, specified activity/targets are not set in the contract, but asked the provider to define innovative delivery methods and with activity targets to be agreed. Further detail will be available in Spec/CP2.21		30th September					
	R17			Seek Board & WG approval to award preferred bidder	MCS ref: • Number of AGPs • Number of courses of treatment Also improvement to dental access targets over time (see notes above)		30th September					
	R17			Commission facility			31st March					
Y	R18	Recovering access to timely planned care pathways	Asst Director Dental Services	Implementation of the dental contract reform (as directed by Chief Dental Officer/Wales Government)	Implemented by the dental contracts team as a core priority	Delivery of all Wales model of dental care	Executive Director Primary & Community Care	31st March	Risk to implementation Ongoing IPAC restrictions due to C-19 Risk if not implemented: Not able to demonstrate delivery of national contract requirements	Primary Care	Y	Board & FP/OT?
	R18				MCS ref: • Number of AGPs • Number of courses of treatment	Utilise all aspects of the contract in a flexible manner and deliver increased access, improved responsibility in oral health wellbeing, better patient outcomes from a dental led, whole system delivered effort.						
Y	R19	Recovering access to timely planned care pathways	Asst Director Dental Services	Commission additional general dental provision	Undertake non-recurrent procurement exercise with QDS contractors, commissioning services that will replace lost activity.	Access provision for new patients is expected to continue to increase as QDS services continue to remodel, although the capacity to accommodate new patients is likely to become more limited during the second half of the year as services become saturated and the patient demand for resumption of routine normal services grows.	Executive Director Primary & Community Care	31st December	Risk to implementation Ongoing IPAC restrictions due to C-19 QDS capacity Risk if not implemented: Unable to improve access to dental services	Primary Care and Performance Fund	Y	Board & FP/OT?
	R19			Increase provision of Urgent and Emergency sessions along with sessions specifically targeted at high needs patients who have traditionally had difficulties accessing QDS services	Deliver CDO expectations for provision of access for new patients across the WB of 1,500 new patient/cases for at least 30th June and 30th September (noting that anyone not treated in the preceding 12months is classified as a new patient)		Executive Director Primary & Community Care					
	R19				MCS ref: • Number of AGPs • Number of courses of treatment							
Y	R2	Recovering access to timely planned care pathways	Assistant Director for Pharmacy and Medicines Management (West)	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	Update of the enhanced service for community pharmacy, including relaunch of Tier one that supports medicines management in care homes.	Effective medicine management via pharmacist to support reduction in admissions to hospital, including improved medicines reconciliation on discharge and reduced readmission of patients due to medicines related harm	Executive Director Primary & Community Care	31st March	Risk to implementation: Restrictions relating to IPAC Community Pharmacy capacity	Primary Care	Y	Board & PPPH or QGBE?
	R2			A national review of the specification of the service has commenced led by the All Wales Consultant Pharmacist for community health care.	Supports improved patient outcomes and quality of care.		Executive Director Primary & Community Care					
	R2			Increase provision of Discharge Medication Reviews for patients resident in care homes.	Reduction in medication errors/incidents within the care homes.		Executive Director Primary & Community Care		Risk if not implemented: Poor patient outcomes and increase in medication incidents			
	R2			Commission level 1 service that will support medicines management governance and safe use of medicines within care homes. This covers: • Patient entered care • Transfer of care • Monitoring and review	Increase number of care homes having received level 1 support and completed an action plan. By proxy this will reduce medication errors in care homes. (NB this data is not held by the health board, CSDM will be approached to advise)		Executive Director Primary & Community Care	Increase in hospital demand				
	R2				MCS ref: • Care Homes DES • Emergency admissions							
Y	R23	Recovering access to timely planned care pathways	Clinical Director Audiology and Head of Adult Audiology	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	Extension of the advanced practice audiology scheme and implementation of earwax management service across north Wales (subject to business case approval / additional funding)	Compliance with Welsh Health Circular for Ear Wax Management	Executive Director of Primary & Community Care	31st March	Risk to implementation: Timely approval of business case and confirmation of funding Risk if not implemented: Non-compliance with WHC Unable to support primary care demand & capacity, and delivery of improved access	Performance Fund	Y	Board & PPPH
	R23				Improved capacity for ear wax management and subsequent reduction in patient concerns							
	R23				Improved patient outcomes and access to specialist services 'closer to home'							
	R23				Support for GP practices to manage audiology demand							
	R23				MCS ref: In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4							
Y	R13	Improved unscheduled care pathways	Asst Director Primary Care & Community Services, supported by Asst Area Directors Primary Care	Development of urgent primary care centres as partnerships, feeding into the national programme of work for primary care.	Presentation to WG of partfunder proposals for 2021/22 to secure additional funding for current partfunders (East & Central Areas)	Additional urgent primary care capacity in place to support practices and emergency department service delivery	Executive Director Primary & Community Care	30th June	Risk to implementation: Capacity to deliver partfunders Recruitment of multi-disciplinary workforce	Performance Fund (for West Area) and WG UPCC grant (subject to approval)	Y	PPPH & Board
	R13			Further development of UPCC partfunder in East Area covering 6 districts	Monthly activity levels are included in the KPIs, estimated in East Area 1200-1800ppn, Central Area 1000ppn		Executive Director Primary & Community Care	30th June	Confirmation of funding			
	R13			Commence UPCC partfunder in North Denbighshire in partnership with mental health third sector	Improved patient satisfaction.		Executive Director Primary & Community Care	30th June	Recruitment to short term posts			
	R13			Development of proposals/business case for a UPCC (partfunder(s)) in West Area	Timely access to services in response to on the day demand		Executive Director Primary & Community Care	30th June	Links with 111 and GPOOH as they also change during this period			
	R13			Implementation of UPCC(s) in West Area (subject to approval/funding)	Integrated working with the unscheduled care programme, including 'phone first' and the implementation of 111.		Executive Director Primary & Community Care	30th June	Risk if not implemented: Unable to meet patient demand for unscheduled care in primary and secondary care.			
	R13			Participation in national evaluation of all partfunder UPCCs, with recommendations for a future model of care.	MCS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • A&E attendances		Executive Director Primary & Community Care	31st December				
	R13						Executive Director Primary & Community Care	31st March				

	R1.3				Local review of UPCC pathways, including cost benefit analysis to determine future requirement for north Wales		Executive Director Primary & Community Care	31st March						
Y	R1.1	Improved unscheduled care pathways	Community Services lead	Implementation of Single Care Home Action Plan	Development and Implementation of the Quality Assurance Framework	<ul style="list-style-type: none">All residents in a North Wales Care Homes receive safe, high quality and equitable care at all times.The Health Board is able to commission services that are fit for purpose, with a focus on improving health, reducing health inequalities, prevention, early and timely intervention and excellent health care.Ensure that residents' (patients are cared for in the most appropriate setting, providing improved patient experience where safe and viable.Enhancing the quality of life for people with care and support needs.Safeguarding and protecting their available lives.Ensuring that people have a positive experience of care.Strong commissioning processes that gives high quality of care as well as value for money.Ensure enhanced based practice and improved quality outcomes.Delivering and reducing the need for care and support, Reduction of unplanned admissions and attendance to ED, Reduction in falls, Pressure Ulcers, safeguarding referrals, medication errors, infection outbreaks.Targeted interventions in areas of inequality and deprivation.Improved recruitment and retention in care homes. Improved access to joint training and education, Reduction in care homes being managed through Escalating Concerns.	Executive Director Primary & Community Care	30th June - Secure Funding for additional Quality Posts. Questionnaire to partners. Held two workshops to agree components of the QAF. Draft QAF by end of 30th June. Return to Quality Posts.	Capacity of team, potential of further Covid outbreaks		Y	Board & QSE		
	R1.1							20th September - Conclude recruitment and undertake engagement with providers and key stakeholders.						
	R1.1							31st December Refine QAF and commence implementation.						
	R1.1							31st March Full implementation						
Y	R1.2	Improved unscheduled care pathways	Assistant Area Director (AAD) - Intermediate Care & Specialist Medicines and AADs of Community Services	Transformation of Community Services - Home First Bureau	Development and implementation of a Home First Team in line with Home First Bureau Business Case.	<p>Discharge to recover and assess is a National programme of work. National measures agreed and reported since March 21 in order to start collecting the baseline information.</p> <p>National measures reported since March 21</p> <ul style="list-style-type: none">Measure 1 - No. of people transferred on to each DORA pathway.Measure 2 - % of those transfers that took place within 48 hours of decision being made.Measure 3 - % people transferred to a DORA pathway a co-produced recovery plan in place.Measure 4 - % of people transferred out of DORA pathway to usual place of residence.Measure 5 - % of people readmitted to hospital within 28 days (post DORA pathway). <p>Benefits</p> <ul style="list-style-type: none">Reduction in unnecessary admissions into hospital.Improved patient pathway with minimal delays.Patients receiving care at home rather in hospital.Improved patient flow to maximise acute bed capacity.Improved patient experience and more joined up care.	Executive Director Primary & Community Care	30th June - Baseline data being collected. 30th June - Review of Home First Bureau	TTThe DORAR investment in the Central Area has focussed on the provision of additional HCA staff, working over 7 days. Early evidence is demonstrating how these staff are enabling more care to be delivered in patients' homes. There is insufficient funding to maintain the posts for the full year.	Performance Fund	Y	Board & PFO?		
	R1.2				Resist to the staffing model outlined in the business case (confirmation that this has been approved is required).		Executive Director Primary & Community Care	30th September - Review of baseline data	ICF funding not guaranteed post March 2022. Risk of staff leaving if contracts can't be renewed and notice having to be given to some staff					
	R1.2				Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, DORA, therapies and CRT.		Executive Director Primary & Community Care	30th June - Training and education across system. 30th September - Gap analysis and recruitment 31st March - Ongoing monitoring	Longer stays in acute and community hospitals					
	R1.2				Fully implement Discharge to Assess capacity within the community.									
	R1.2				East - Development of pathways out of hospital to support DORA - e.g. EMF pathways.	Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at charge of care setting in line with NICE guidance.	Executive Director Primary & Community Care							
	R1.2				Pharmacy support needs to be included as part of the CRT. To support domiciliary and care homes to administer medication safely to people in their own homes. Supports care closer to home.									
Y	R1.3	Improved unscheduled care pathways	AAD Community Services West	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	COTE linked to CRTs and MDTs at pre crisis point (West only).	<ul style="list-style-type: none">Post impact of COTE support within CRTs (West)Supports the expansion of Community Transformation work beyond South Wrexham.	Executive Director Primary & Community Care	Ongoing	Short term cost pressure whilst services cross over. Risk we won't have the funding. Can't recruit the right type of resources	Core Funding	Y	Board & QSE		
	R1.3				Develop innovative workforce models to reduce risk of COTE consultant vacancies - eg nurse consultants, therapy consultants (East)	<ul style="list-style-type: none">Sustainable COTE workforce.	Executive Director Primary & Community Care	30th June - workforce review 30th September/31st December - extend MDT model from South Wrexham to Central Wrexham and NWV.						
	R1.3				YG & YOC Frailty units established and staff recruited	<ul style="list-style-type: none">Improved patient care and avoiding unnecessary hospital admissions or increased lengths of stay.	Executive Director Primary & Community Care	Centre - 30th June - design 30th September - Recruit 31st December - Implement 31st March - monitor						
	R1.3				Frailty model embedded into community services and intermediate care approach to utilise step-down beds from primary care more consistently. Partnership working with LAs for Marketfield step-down beds (East).	<ul style="list-style-type: none">Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at charge of care setting in line with NICE guidance.	Executive Director Primary & Community Care	East 30th June Marketfield						
	R1.3				Inclusion of pharmacy requirements for frailty units (nurses, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team.		Executive Director Primary & Community Care	West - YG Frailty unit - on hold, funding not confirmed. Led by acute.						
	R1.3						Executive Director Primary & Community Care	West Frailty model in place						
Y	R1.5	Improved unscheduled care pathways	Community Transformation Regional Programme Manager	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people's own homes and communities.	<ul style="list-style-type: none">Joint programme with Local Authorities in order to: Expand and strengthen Community Resource Teams so as to meet the needs of the local population.Strengthen place-based working through the development of integrated health and social care localities, leadership and governance.Develop an integrated workforce model able to deliver increasingly complex care within the community.	<ul style="list-style-type: none">Better and more seamless, integrated care and support within the community, that delivers what matters to people in North Wales, by strengthening community services (including primary care, community health, social care and the third sector), and working in partnership with partners a shift towards prevention, early intervention, and well-being. This in turn will support demand management for secondary care services and voluntary sector care.Integrated working will ensure the better co-ordination of services, reduce duplication and waste and ensure that care and support is delivered at the right time, in the right place and by the right person.	Executive Director Primary & Community Care	30th June-31st March- ongoing implementation of regional and area-level programmes of work	Short-term Transformation and ICF funding not aligned to longer-term delivery timescales for change. Risk that programme momentum may slow once grant funding ceases.	WG Transformation Fund	Y	Board & PPHH		
	R1.5				Strengthen the role of digital technology in delivering future, focused and person-centred care	<ul style="list-style-type: none">Integrated working will ensure the better co-ordination of services, reduce duplication and waste and ensure that care and support is delivered at the right time, in the right place and by the right person.	Executive Director Primary & Community Care	West - MDTs established in Ynys Mon and Arfon - still out to tendering areas by 31st December						
	R1.5				Expand the role of the community and third sector in delivering 'what matters' programme		Executive Director Primary & Community Care							
Y	R1.7	Improved unscheduled care pathways	Assistant Area Director - Primary & Community Care	Increased capacity within CRTs to support patients to be cared for in their own homes.	Employ additional HCBWs within CRTs in the Central Area, working from 7.30am to 9pm, 7 days per week.	<ul style="list-style-type: none">Patients needing additional short-term care in their own homes can be supported, avoiding unnecessary hospital admission.Patients no longer requiring acute care can be discharged to recover in their own homes.Patients with increased care needs, for example double handed care visits, can be discharged earlier/ avoid admission to hospital while recovering or awaiting an increase in their package of care.Increased number of patients wishing to die at home can be supported to do so.Reduced demand on acute and community hospital beds.	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning process to continue in post, linked to CRTs. Data collection 30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for cost strategy 31st December: subject to funding, recruit and deploy additional HCAs to support care delivery outside hospital 31st March Secure permanent funding, subject to further evaluation	<ul style="list-style-type: none">Risk that there is insufficient capacity of other CRT staff and GPs to provide care (capacity put in place as GPs and DRs have said that they can manage more people at home with sufficient support staff, so currently, not an issue).Risk that NHS HCBWs are increasingly relied upon to provide domiciliary care where Dom Care Agency services are not available	FYE E1.046n	Y	Board & PPHG (in support of reducing DTICs)		
	R1.7				Use additional capacity to facilitate provision of care and support in patients' homes	<ul style="list-style-type: none">Contribution to reduced LOS.Contribution to reduced DTIC.Contribution to BCU implementation of DORAR pathways.Improved patient experience (being cared for at home, rather than in hospital).(Continuation of scheme implemented in Winter 2021, which has increased capacity in Enhanced Care services and, with the Home First Bureau, contributed to a 40% increase in patients cared for in community hospital being discharged home instead).	Executive Director Primary & Community Care							
Y	R1.7		Children & Young People Area Director	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	<ul style="list-style-type: none">Two year improvement plan. A maturity matrix approach has been developed and agreed to support transformational change required, enabling an organisational focus on improvement priorities.Strategy & Sustainability Workforce Enhanced Care PathwaysAcute Treatment & ParticipationPsychological Therapies Provision Transition	<ul style="list-style-type: none">Strengthened Regional leadership capacity and enhanced Regional governance embedded across services.Development of long term CAMHS Strategy with clinical, stakeholder and public involvement.Crisis care teams further developed to support children and young people presenting in crisis, regarding self-harm, suicidal ideation and acute mental health difficulties.	Executive Director Primary & Community Care	30th June - Baseline assessment	Timely allocation of Funding to implement Regional Transformation Structure. Workforce recruitment to deliver	Performance Improvement Fund & WG MH Funding Allocation	Y	Board & QSE		
	R1.7					<ul style="list-style-type: none">Crisis care teams further developed to support children and young people presenting in crisis, regarding self-harm, suicidal ideation and acute mental health difficulties.	Executive Director Primary & Community Care	30th September - Developed Improvement Framework and structure		Performance Improvement Fund & WG MH Funding Allocation				
	R1.7					<ul style="list-style-type: none">Improved Access to services for assessment and intervention to meet Mental Health measure targets	Executive Director Primary & Community Care	31st December - 31st March & Ongoing WMM - 31st March	Performance Improvement monitored monthly at Strategic CAMHS Improvement Group. Ongoing Self-Assessment in line with reporting to Board Meetings.					
Y	R2.1	Improved unscheduled care pathways	Unscheduled Care programme lead	Emergency Department access and patient flow (Wish Access Model/ Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	<ul style="list-style-type: none">Wish Access Model implemented and access principles and priorities adopted across all sites - emergency department access pathway to include a 'Contact First' system, 'Steering' role, and 'Wish & Care System' leading to more efficient navigation of patientsPioneering key performance indicators verified and published for each site - 'Time to Triage', 'Time to Clinician', 'Outcome'	<ul style="list-style-type: none">Improved clinical outcomes by EDs through focus on efficiency and effectiveness to reduce time to triage and time to diagnosis.Improved patient experience and quality of care within ED through a standardised pathway and direction to the most appropriate department in a timely manner - in line with the Welsh Access Model.Enhanced engagement of ED workforce.Increased use for more advanced from ED funding through innovation, improvement, adoption of good practice and eliminating waste.Reduced patient harm from ambulance journey to the right healthcare professional first time and improved health outcomes through effective triaging methods.Reduced patient experience in ED waiting times and costs.	Executive Director Nursing & Midwifery	31st March Implementation WMM - 31st March KPMs - Complete, although will be periodically published throughout 2021/22 - 30th June, 30th September, 31st December, 31st March	Funding of improvement support workforce - funding has now been confirmed through the National IDOQIP Team until March 2022.	Performance Fund	Y	Board & PPHG		

	E1				National Enablers for Service Improvement (NESIs) – Collection, analysis and evaluation of patient and staff feedback, with findings being fed into internal Health Board improvement groups to support service development initiatives	experience. • Improved staff experience through analysis of qualitative feedback to inform changes in the department. • Improved patient safety and experience through implementation of a number of pathway improvement projects that focus on reducing delays and directing the patient to the right clinical outcome first time. • Reduced harm, improved patient experience and improved flow from utilisation of pre hospital pathways where appropriate. • Improved quality, reduced variation as a result of a standardised suite of Guidelines to ensure the same high standard of care regardless of where patients access services • Improved quality and value as a result of a reduced number of unnecessary or duplicated investigations leading to efficiency savings • Improved patient experience and reduce harm from managing patients to alternative services before they enter the system for triage. This proactive approach to patient management will ensure patients receive the correct care option in the most appropriate setting in a timely manner, while reducing the demand on ED.	NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March								
	E1				Implementation of Pathway Improvement Projects (PIPs) for: ambulance handover & triage; clinical guidelines; negotiation, and engagement to achieve CAREMORE standards. This will involve completion of scoping documentation and establishment of local working groups by 30th June. The programme of work and actions agreed nationally in place by 30th September. Pilot of PIPs across three BCU sites within 31st December and data Analysis & Evaluation (Local & National) within 31st March		PIPs: All to be in place by 31st March								
Y	E2	Improved unscheduled care pathways	Unscheduled Care	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Established acute and community surge plans	• Prevention of harm by ensuring patients only stay in hospital for the appropriate amount of time	Executive Director Nursing & Midwifery	30th September	Workforce recruitment	Core Funding / WG Funding		Y		Board & FPiG	
	E2				Specific winter schemes implemented to meet increased demand during Winter as well as Covid19 demand	• Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment		30th September							
	E2				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22			30th September							
Y	E3	Improved unscheduled care pathways	Unscheduled Care programme lead	Same Day Emergency Care (SDEC)	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way	Aligned to USC improvement programme • Improve patient / staff experience and reduce harm through avoiding unnecessary ED attendances / delays • Improve patient experience through being seen by the right healthcare professional first time • Maximise use of ambulatory care / SDEC service to ensure patients are only admitted when absolutely necessary • Efficient flow across the whole system will improve patient & staff experience, improve quality / reduce harm	Executive Director Nursing & Midwifery	30th September	Workforce recruitment	WG Funding through additional USC allocation (recurring)		Y		Board & FPiG	
Y	E4	Improved unscheduled care pathways	Unscheduled Care programme lead	Developing the unscheduled care hub, 111 service	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NREd into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care.	Aligned to USC improvement programme • Improve patient safety, experience and clinical outcomes through timely transfer of information to support clinical decision making and care • Minimised duplication in assessment processes • Support delivery of services closer to patients home and improve self care rates • Support for patients to choose the right service at the right time • Reduced pressure on emergency care services and improved patient flow through reduced unnecessary ED attendances • Efficient service delivery with improved direction to alternative services	Executive Director Nursing & Midwifery	30th June - Phase 1	Workforce	HB allocation of National 111 programme		Y		Board & FPiG	
Y	E6	Improved unscheduled care pathways	Unscheduled Care programme lead	Implement Discharge to Recover & Assess (DORA) pathways through further development of Home First Business in each area	Further develop and embed the Home First Business to support development of DORA pathways following Executive approval of business case and support the step up and step down model of care in the community, to both avoid admission and support early discharge for medically stable patients	Establishment of Home First Business in each area to support discharge planning: i) reduce delayed discharges ii) reduce unnecessary waits for assessments in hospital iii) reduce OT/CCA iv) increase in number of patients returning home v) increase in short term step-down placements vi) reduction in long term placements vii) increase in assessments of patients post discharge leading to vii) shorter lengths of stay and releasing beds viii) improved patient flow across USC system This work is aligned to the USC improvement programme • Improve flow across the whole USC system through implementation of relevant discharge pathways and reduced patient delays • Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment • Reduce harm by reducing patient length of stay to minimum	Executive Director Nursing & Midwifery	31st December	Workforce/Recruitment			Y		Board & FPiG	
Y	E7	Improved unscheduled care pathways	Unscheduled Care programme lead/ Area Director East	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	Development of business case to improve stroke services across a whole system approach that will provide a "One for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services. Phase 1 service proposal focuses on: Prevention including improved AF detection	The outcomes have been adapted from the WG Stroke Delivery Plan and cover the six • improvement of stroke pathway and care links • better management of AF: safer, effective acute care and Rehabilitation • better management of AF and the Health Board Health and Well Being Strategy of weight loss and smoking cessation Improved patient outcomes through: • reducing the risk of stroke through the prevention pathway • improving quality of life through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and inpatient beds • improving quality of care and patient experience through an improvement in the total pathway • reducing disability through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and inpatient beds • improving survival rates through an improved 72 hour pathway • reduced overall costs • Improve Sentinel Stroke National Audit Programme and related performance criteria • improve compliance with Stroke Guidelines (Royal College of Physicians recommendations) • Reduced disability and reliance on social care • Improved prevention through reduced risk of another stroke • Improved patient safety and outcomes through timely swallowing assessments; improved access to occupational therapy, physio therapy, speech and language therapy interventions • Improved patient experience through early supportive discharge processes • Improved staff experience with improved recruitment and retention of specialist staff Measures of patient experience and outcomes will be aligned to the standards for stroke care throughout the pathway.	Executive Director Nursing & Midwifery	Stroke Prevention – 30th September	Affordability of the new model Workforce recruitment & retention Ability to maintain 65% & 65% occupancy rates Suitability of estates to provide an appropriate rehabilitation environment	Performance Fund		Y		Board & FPiG	
	E7				Strengthening of acute services across 3 DOH sites, including improved OOH pathway for diagnosis, treatment and recovery			Acute services – 30th September							
	E7				Development of Early supported discharge (ESD) across the 3 areas			ESD – 30th September 20% / 31st December 70% / 31st March 100%							
	E7				Specialist community inpatient rehabilitation beds across the 3 areas			Specialist Community inpatient beds – 30th September							
	E7				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay			Consistent approach to rehabilitation – 31st March							
Y	R26	Strengthen our population health focus	Assistant Area Directors for Children's Services	Non-dependant (ND) improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	Implement ND Performance 2 year improvement Plan.	Improved access for Children and young people with reduced waiting times.	Executive Director Primary & Community Care	20th June – Baseline assessment	Allocation of Funding	Performance Fund		Y		Board & QSE	
	R26				Management and review existing waiting list and plan to reduce waiting times within core capacity and commissioning of private provider to reduce backlog	Service offer post assessment & treatment / intervention.		30th September – Improvement Plan and structure to deliver agreed.	Timely agreement of Full Tender for external provider to support backlog.						
	R26				Develop Workforce Strategy and plan, recruit and implement new model of working	Work with National group to develop cases for service post assessment.	Executive Director Primary & Community Care	31st December/4 – Ongoing performance monitoring as ND Regional Steering Group.							
Y	R27	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. arthroscopy, lumbar flow therapies and specialist T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	Provide recovery plans for each site for for Cohort 1 & 2 by mid-May. This will include extra capacity, including recruitment and outsourcing and workforce requirements	The recovery plan will reduce by March 2022 all over 52-week waiters, except orthopaedics within cohort 1.	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	Inconsistent planning Inconsistent trajectories Inability to link finances to trajectory workforce may not be available to deliver this additionally. Not sufficient resources to clear backlog 1&2 Not treating patients in tot Unscheduled care disruption to planned care and/or further could outbursts Further urgent demand into the system above core may also require additionally	Performance Fund	Y	Y		Board & FPiG	
	R27				Develop a plan for physiotherapy regarding their relocation	Cohort 2 patients (joint backlog) will then be treated reducing/eliminating long waiters and moving the organisation back towards a risk stratified 36 week position Trajectories by mid may for the Cohort 2 reduction in over 52 week waiters		31st March- delivery of cohort 1 with exception of orthopaedics							
Y	R28	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	P1 and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan.	Will ensure that high risk stratified patients will be treated in accordance with appropriate timelines	Executive Director Nursing & Midwifery	31st December	performance fund		Y	Y		Board & FPiG	
	R28				Continually review capacity of external providers to deliver more activity, to support more efficient services	contracting reviewing external capacity on a monthly basis		30th September							
	R28				Introduce super green pathways to protect elective capacity			30th September							
Y	R29	Recovering access to timely planned care pathways	North Wales Musculoskeletal Network Delivery Manager	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	Programmes developed to support patients whilst they are awaiting an extended period of waiting	The six-point recovery plan includes schemes to support patients whilst awaiting their procedure, such as Escape from pain and habilitation programmes. These will support healthier living and improve mobility	Executive Director Nursing & Midwifery	31st December	Funding for programme. Workforce to deliver model Patient enable Facilities to deliver the model	transformational Funding	Y	Y		Board & QSE	
	R29				Implement 'Escape from Pain' programme for orthopaedics using digital app for orthopaedics.	Improve mobility and prevent extended length of stay once ready for their operation. Prevents further complications			requires business case and option appraisal						
	R29				Develop a communication tool										
	R29				Introduction of Orthopaedic habilitation programmes to support patients mobility and general health whilst awaiting an intervention										
Y	R32	Recovering access to timely planned care pathways	Hospital management team/Head of Planned Care Improvement	Intending to support provision of services for cohort 1&2	Tender specification for insourcing	This will provide additional capacity to the organisation in the form of insourcing and outsourcing	Executive Director Nursing & Midwifery	30th June	Tendering process not completed on time unable to allocate the insourcing work due to lack of providers Unable to provide facilities for insourcing company.	Performance funding transformational funding		Y	Y		Board & FPiG
	R32				Outsourcing specification for Orthopaedics	this modelling will allow the organisation to understand, capacity required, cost and trajectories to reduce long waiters in the organisation									

[illegible]

	R10.4				3. Implement the 2022 Review Business Development Plans.		Action 3: 31st March							
	R10.4				4. Develop stronger governance systems, for performance and accountability.		Action 4: 31st December							
	R10.4				5. National CISM Peer Review by WYG and Clinical Supervision Resource Mapping		Action 5: 30th September							
Y	M1.1	Integration and improvement of mental health services	Interim Director of Nursing	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	Proceed in completing ward accreditation by scoring a minimum bronze across all of our inpatient wards.	<ul style="list-style-type: none">• To improve service delivery and experience / outcomes for patients / families / carers by meeting fundamental standards for inpatient nursing• To increase the number of wards achieving a bronze award or above	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work 30th September, agree plan for roll-out 31st December/31st March implement	Links with corporate services and support to deliver	MHLD Revenue	Y	Y		Board & QSE
Y	M1.2	Integration and improvement of mental health services	Interim Director of Operations	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing	By further embedding the Wellwss, Work & You Strategy.	To improve the skill mix to address shortfalls in service provision	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan		Transformation Funding	Y	Y		Board & QSE
	M1.2				Develop a meaningful communication strategy.	To provide effective recruitment and retention		30th September/31st December/31st March implementation						
	M1.2				Develop a sustainable workforce plan including training to support the service redesign & improvement initiatives	We'll have a safe, sustainable and stable leadership structure								
Y	M1.3	Integration and improvement of mental health services	Programme Director	Albani / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older Peoples Mental Health inpatient services in the Central Area.	Progress the business case through gateway reviews and continuation of planning requirements.	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups.	Interim Executive Director of Mental Health & Learning Disabilities	30th June	Delay in planning permissions	Capital Investment	Y	Y		Board & QSE
	M1.3					To provide an environment that supports staff to deliver safe, effective care to patients, carers and families; To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery		31st March, dependent on planning permissions outcome						
Y	M1.5	Integration and improvement of mental health services	Medical Director, Head of Nursing CAMHS	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	Develop effective and timely transition arrangements that support young people into adult services.	To provide a seamless services for patients / younger persons transitioning into Adult MH Services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE
	M1.5				Develop effective joint working arrangements between adult mental health, child and adolescent mental health services and local authority professionals	To evidence based data sets, triangulated benchmarking with local data will underpin our work		30th September, agree plan	Availability of skilled and trained staff.					
	M1.5				In partnership we will develop and implement CYP workforce plan and recruit to specific roles.	To have a clearly defined proposal for model of crisis care		31st December-31st March begin to implement improvements	Lack of project support.					
Y	M1.6	Integration and improvement of mental health services	Medical Director	Safe & Timely Discharge: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Develop a process to ensure timely escalation for issues relating to delayed transfer of care, long length of stay and out of area patients	To reduce long length of stay, delayed transfers of care and out of area placements	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	Frailty of care home sector	MHLD baseline budget	Y	Y		Board & QSE
	M1.6				We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	To provide care closer to home		30th September, agree plan and begin roll-out						
	M1.6							31st December-31st March, on-going work with adjustments as required						
Y	M1.7	Integration and improvement of mental health services	OPMH Clinical Lead	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Work with partners to promote and support initiatives to reduce the risk and delay onset of dementia, including links between hearing loss and dementia.	To have a defined model of care that meets the population demand and is of the highest quality evidence base	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme of quality evidence base	Demographic change.	TBC	Y	Y		Board & QSE
	M1.7				Extend support services so that all with patients with dementia and mild cognitive impairment have access to support, tailored to them, to incorporate the six steps into their daily life.	To improve holistic approach to care To ensure that staff are trained and developed multi-disciplinary staff to provide best quality services for patients		31st December-31st March begin implementation						
Y	M1.8	Integration and improvement of mental health services	OPMH Clinical Lead	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	Work with Area Teams and LA partners, develop a team approach to support care home in order to avoid crisis situations.	To reduce the use of clinically unjustified out of area placements and provide care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE & PPHH
	M1.8					To have a clear admission criteria and planned discharge			Availability of skilled and trained staff.					
	M1.8				Further define a vision for service provision for older person's mental health.	To define model of inpatient care that meets the population demand and is of the highest quality evidence base Improved holistic approach to care			Failure to recruit.					
	M1.8					To have trained and developed multi-disciplinary staff to provide best quality services for patients		31st December-31st March begin implementation						
	M1.8				Define and implement the proposed model of crisis care	To have more people having quicker access to services providing appropriate and timely crisis support to maintain people receiving care in their own homes.								
	M1.8				We will recruit a crisis care team	To reduce avoidable and emergency admissions To provide support to EM and commissioned care home settings								
Y	M1.9	Integration and improvement of mental health services	Interim Director of Nursing	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	Develop and implement agreed early intervention in psychosis model of care	To provide an equitable service across North Wales	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE
	M1.9				Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	To provide swift access to dedicated service / practitioner		30th September, begin recruitment	Availability of skilled and trained staff.					
	M1.9				We will recruit to specific workforce dedicated to the service	To provide each patient / family with a crisis and management plan		31st December, integrate in to local teams	Availability of space for resource					
	M1.9				We will develop integrated pathways	To reduce in emergency admissions To reduce bed occupancy and out of area placements To provide a service for younger persons and adults		31st March, evaluate						
Y	M10	Integration and improvement of mental health services	Consultant Psychiatrist	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	Develop whole system patient flow pathways.	To reduce placements outside of Wales by providing care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan		Likely to require a full business case	Y	Y		Board & QSE
	M10				We will define required establishment and workforce plan.	To strengthen commissioning arrangements More people having quicker access to services		31st December Develop options appraisal						
	M10				We will develop options for secure service provision / service transformation to inform robust service business case.	To have trained and developed multi-disciplinary staff to provide best quality services for patients To strengthen partnership approach to achieving best outcomes for patients / families / carers								
Y	M10.1	Integration and improvement of mental health services	Interim Director of Operations	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	Define the required establishment and skilled workforce.	To provide care provided closer to home and reduce out of area placements	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	Availability of skilled and trained staff.	Healthier Wales & ICF Funding	Y	Y		Board & QSE
	M10.1				We will review and develop commissioning arrangements	To improve patient / carer experience through effective partnership working								
	M10.1				We will further develop fully functioning multi-disciplinary teams to provide best quality services for patients including preventative models of care.	To have trained and developed multi-disciplinary staff to provide best quality services for patients		31st December Develop future options appraisal						
	M10.1				We will define the new model for assessment and treatment and domiciliary care.	To strengthen partnership approach to achieving best outcomes for patients / families / carers		31st March Evaluate work programme to date						
Y	M10.2	Integration and improvement of mental health services	Medical Director	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	Work proactively to develop the existing service pathways and ensure alignment to Welsh Government guidance	<ul style="list-style-type: none">• To ensure our services are aligned to Welsh Government guidance• To reduce mental illness in the mother and improve the mother-infant relationship• To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health• To provide a modernised service by developing integrated pathways• To ensure our services are aligned to Welsh Government guidance• To reduce mental illness in the mother and improve the mother-infant relationship• To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health• To have a multi-skilled and specialised workforce to support our patients• To provide a modernised service by developing integrated pathways• To reduce the need for out of area placements and support care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	Y		Board & QSE
	M10.2				We will provide dedicated professionals as above would allow a more seamless process, more flexibility	To ensure our services are aligned to Welsh Government guidance		30th September, begin recruitment	Availability of skilled and trained staff.					
	M10.2				We will improve access to specialist clinical expertise specifically early intervention and treatment by recruiting additional specialised staff	To reduce mental illness in the mother and improve the mother-infant relationship To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health To have a multi-skilled and specialised workforce to support our patients To provide a modernised service by developing integrated pathways To reduce the need for out of area placements and support care closer to home		31st December, integrate in to local teams						
	M10.2							31st March, evaluate						
Y	M10.3	Integration and improvement of mental health services	Clinical Lead Occupational Therapist	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care.	Develop locally agreed protocols and project plan with Clusters.	To provide effective and efficient service delivery including released general practitioner time	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	Availability of skilled and trained staff.	Transformation Funding	Y	Y		Board & QSE
	M10.3				We will recruit key staff members dedicated to support the work	To deliver care at or as close to home as possible		30th June Recruitment of OTs for model across North Wales						
	M10.3				To work with Primary Care Services together with ICAN to offer direct and rapid access to wide ranging support supported by trauma informed approaches at district level.	To provide access to the right information, when needed to improve mental health and wellbeing e.g. number of individuals supported through ICAN community hubs								
	M10.3				We will develop a training plan	To provide the best possible outcome, diagnosed early and treated in accordance with clinical need To provide staff that are fully engaged in delivering excellent care and support to		30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies						

[illegible]



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Public Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Medical and Health Sciences School						
Cyfarwyddwr Cyfrifol: Responsible Director:	Professor Arpan Guha – Acting Executive Medical Director						
Awdur yr Adroddiad Report Author:	Lea Marsden – Programme Director North Wales Medical & Health Sciences School						
Craffu blaenorol: Prior Scrutiny:	This paper has been written for the Strategy, Partnerships & Public Health Committee and has not been through any other groups or bodies.						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is requested to receive this report for information							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	Yes
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Yes	
<p>Work to develop a North Wales Medical & Health Sciences School is at an early stage and whilst Equality and Socio-Economic Duty applies the assessments have not yet been undertaken. This will be completed as part of the ongoing work and submitted at the appropriate stage. This paper is provided as an update on progress rather than for decision at this stage.</p>							
Sefyllfa / Situation:							
This paper is to provide an update in relation to the development of proposals for a new Medical And Health Sciences School for North Wales.							
Cefndir / Background:							
<p>Following the submission of a joint proposal between Bangor University and Betsi Cadwaladr University Health Board in July 2020, a Welsh Government Task & Finish Group was set up in the autumn to progress recommendations for Medical and Health Sciences School capacity on an all Wales basis. The group has membership from across Wales and includes the Chair and Chief Executive of BCUHB and Vice Chancellor of Bangor University.</p>							

The establishment of this Task & Finish Group highlighted the need to explore the following areas in further detail:

- In-depth analysis of all options for increasing the number of medical students in North Wales.
- Financial analysis of the revenue and capital required for the favoured options.
- A review of the whole country's capacity for student and clinical placements.
- The need to develop both more F1/F2 training places as well as more specialist training pathways.

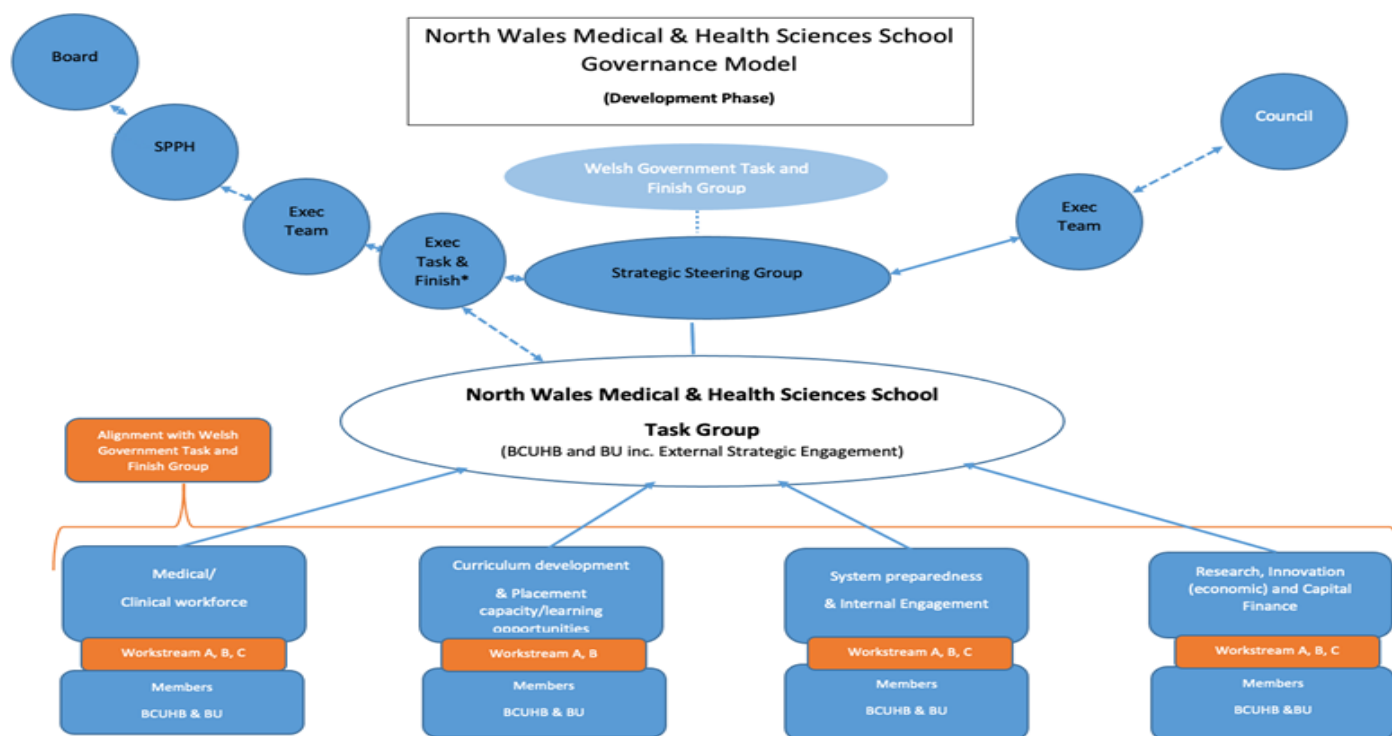
Three work streams have been established to address these matters and their work is continuing. The First Minister has confirmed to the Senedd that an announcement by the Minister for Health and Social Services will be made in the autumn.

In response to the national work, BCUHB and Bangor University are working in partnership and have established programme arrangements in order to achieve the shared ambition of developing a transformational Medical and Health Sciences School in North Wales by 2025.

Work to establish the programme structure, outlined in the diagram below, is complete. Deliverables for the workstreams have been developed so that their outputs can be utilised to develop an outline business case as and when this is required.

The workstreams have also been mapped to the national workstreams to ensure there is alignment of the work underway and that contributions can be made to the national work as required by the Welsh Government Task & Finish Group.

North Wales Medical & Health Sciences School Programme Structure:



The workstreams are focussed around the following briefs:

Medical & Clinical Workforce

- To deliver alignment between the proposals and the existing and incoming medical and clinical workforce.
- To understand workforce pressures, identify opportunities for new and innovative roles in line with the Health Board's strategy.

Curriculum Development & Placement Capacity

- To describe and design a curriculum relevant to regional needs and the aspirations set out in the joint proposal whilst delivering excellence against General Medical Council requirements.
- To map the requirements for and pathways to implementation of the clinical placement requirements including capacity development as appropriate.

System Preparedness & Internal Engagement

- To ensure coherent and effective management and administrative infrastructure is in place to enable establishment of the Medical & Health Sciences School including but not limited to:
 - financial processes
 - information requirements
 - compliance systems
 - quality assurance systems

Research, Innovation & Capital

- To frame and prepare the capital, estate and research and impact requirements of the proposal are fully addressed including investment, research development, economic development and associated infrastructure.

The work of the groups is progressing and will be used to develop the vision for the North Wales Medical & Health Sciences School in more detail as well as supporting planning for the establishment of the school as and when decisions by Welsh Government have been made.

A review of progress made by the workstreams will be undertaken jointly by BCUHB's Programme Director and Bangor University's Head of Strategic Partnerships and Projects at the end of August 2021 to ensure that work remains on track and that any areas for further development are identified for completion by the end of October.

The requirements, process and time scales for an outline business case and final business case are subject to the conclusion of the work of the Welsh Government Task & Finish Group and ministerial considerations. It is anticipated that the announcement from the Minister for Health and Social Services in the autumn will clarify requirements further. The work currently underway will ensure that the Health Board and University are well prepared to respond to this announcement and progress the development.

In addition to the work of the programme it is envisaged that an Economic Impact Assessment will be commissioned later in the year to determine the impact of the Medical and Health Sciences School and associated research opportunities. This will be a separate process to the production of the outline business case but the assessment will be used in the development of the Economic Case.

<p>Asesu a Dadansoddi / Assessment & Analysis</p> <p>Goblygiadau Strategol / Strategy Implications</p> <p>Planning for the new Medical & Health Sciences School is being linked to the strategy refresh for Living Healthier, Staying Well, our Research Strategy, Clinical Strategy and Workforce Strategy.</p> <p>The approach to the curriculum will be one which focusses on a dispersed network of educational and training placements across acute, community and primary care services. We are also seeking to balance the experience for those in training across both urban and rural areas which builds on an evidence base that doing so helps recruitment and retention.</p> <p>Opsiynau a ystyriwyd / Options considered</p> <p>The outline business case will consider and appraise relevant options for the development and establishment of the North Wales Medical and Health Sciences School in line with Welsh Government decisions once they are known.</p>
--

Goblygiadau Ariannol / Financial Implications

Capital and revenue implications for both BCUHB and Bangor University will be addressed in a business case which will seek investment from Welsh Government and will be developed in line with the conclusions made from the Welsh Government Task and Finish Group work once known.

Dadansoddiad Risk / Risk Analysis

At this stage the main risk is that the conclusions of the Welsh Government Task & Finish Group are, as yet, unknown. Therefore there is a risk that assumptions and planning may need to be reviewed once these conclusions have been made. This may impact on assumptions in relation to the number of students, placement capacity and, consequently, capital and revenue estimates. Any revisions will inevitably impact on time scales for a completed outline business case and therefore there is an interdependency between the conclusions of the Welsh Government Task & Finish Group and the production of a finalised outline business case. This is being mitigated by the planning and preparatory work underway and the fact that programme governance arrangements are in place to respond.

The demand for student placements within the Health Board will increase significantly in line with the increase in medical students and there will be challenges in developing the necessary capacity. In order to mitigate this risk detailed planning is being undertaken to scope the current provision and future placement requirements across secondary care, community and primary care. The provision of placements will be aligned to the development of the clinical strategy ensuring that the approach is consistent with the development of clinical services. Further mitigation will be achieved through the review and development of the medical education resources, including an assessment of capacity and skills requirements. The details of this will be included in the outline business case.

There is a shared aspiration that an inter-professional approach to education will be developed. As there are multiple providers of Further and Higher Education there is a risk that planning for education may not be aligned. To mitigate this Bangor University is ensuring that its well established partnerships with other providers continue to support pathways into education in line with the changes. BCUHB has established an Inter-professional Education Infrastructure Group to review and improve its approach across all professions to improve the planning and delivery of educational activities. Bangor University and BCUHB are also seeking to improve partnership arrangements with Glyndwr University by establishing a joint group at Chief Executive / Vice-Chancellor level.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no known legal implications in relation to the establishment of the programme structure. A business case, once prepared, will follow due process through BCUHB and Bangor University governance structures.

Asesiad Effaith / Impact Assessment

The development of the business case will take due regard for potential impacts and appropriate impact assessments will be undertaken and provided as part of the approval process.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnership and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Welsh Language Services Annual Monitoring Report 2020-2021						
Cyfarwyddwr Cyfrifol: Responsible Director:	Ms Teresa Owen, Executive Director of Public Health						
Awdur yr Adroddiad Report Author:	Mrs Eleri Hughes-Jones, Head of Welsh Language Services						
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny						
Atodiadau Appendices:	One attachment – Welsh Language Services Annual Monitoring Report 2020-2021						
Argymhelliad / Recommendation:							
The Committee is asked to approve the report.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
N/A							
Sefyllfa / Situation:							
This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner.							
Cefndir / Background:							
The Health Board became subject to the Welsh Language Standards on 30 May 2019.							
Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards.							
The annual report must include the following information:							
<ul style="list-style-type: none"> • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce 							

This report provides both qualitative and quantitative information/data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

This report has been developed in the context of the unique challenges arising from the Covid-19 pandemic, and reflects on alternative approaches that have had to be implemented to sustain timely, language-appropriate care to patients.

Alongside the delivery of our immediate priorities, we are aligned to the Health Board's approach to planning the transition from operational limitations to integrated strategic delivery.

Our work to embed transformation and innovation, aims to deliver improved trajectory of outcomes, maximise positive patient experiences and reducing health inequalities.

Opsiynau a ystyriwyd / Options considered

This is a statutory duty, with requirements set by the Welsh Language Commissioner, therefore no other options were considered relevant for the purpose of this report.

Goblygiadau Ariannol / Financial Implications

If non-compliance is identified, the Commissioner will undertake an investigation, presenting the final conclusions in a written report. If adequate action is not taken to address shortfalls, the Commissioner is able to impose a civil penalty of up to £5000 on the organisation.

Dadansoddiad Risk / Risk Analysis

The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern.

This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern.

The Risk Register is scrutinised quarterly and any issues of significance or concern are escalated to the Welsh Language Strategic Forum for consideration.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.

The Measure also:

- created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”)
- established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance
- gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language

Asesiad Effaith / Impact Assessment

An impact assessment was not required in connection with the production of this report. The purpose of the report itself is to provide assurance that the Health Board is achieving its statutory obligations in line with the Welsh Language Standards.

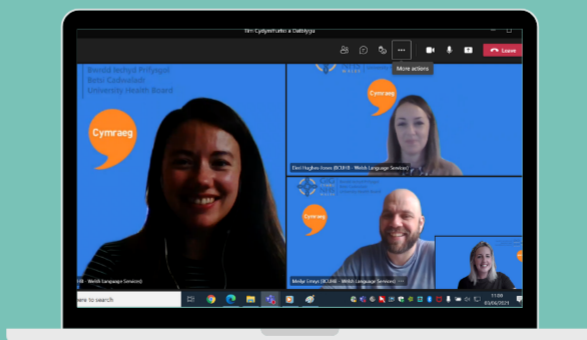


WELSH LANGUAGE SERVICES

ANNUAL MONITORING REPORT



2020 - 2021



DEFNYDDIWCH EICH
CYMRAEG
USE YOUR
WELSH



NHS
WALES
GIG
CYMRU

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Content	Page
Executive Summary	1
Background and current situation	2
Self-regulation and Governance	3
Welsh Language Standards	6
The “Active Offer”	8
Welsh Language Training Developments	10
Primary Care Services	12
The Translation Service	14
Service Developments and Key Achievements	15
<ul style="list-style-type: none"> - Bilingual Skills Policy & Procedure - Integrating Legislation into Service Planning - Language Awareness Training - Welsh Language Week 2020 - Cymraeg i Blant / Cymraeg for Kids - Working with Schools and Colleges - Celebrating the NHS! 	
Performance Indicators Data	22
<ul style="list-style-type: none"> • Workforce Planning 	22
<ul style="list-style-type: none"> • Training to Improve Welsh Language Skills 	26
<ul style="list-style-type: none"> • Recruitment 	26
<ul style="list-style-type: none"> • Complaints 	27
Conclusion and Forward Vision for 2021 - 2022	27

Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards since the imposition date of 30 May 2019.

The report reflects the requirements and content as stated within Standard 120 of the Welsh Language Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also gives an overview of progress including key achievements and good practice as well as areas for development.

The timeframe of this report, from April 2020 to March 2021, has been consumed by the challenges posed from the Covid-19 pandemic, with its impact also felt within the Welsh Language Services.

During the initial phase of the pandemic, some members of the Welsh Language Team were redeployed to support the covid-19 response. Four members of the team were reassigned to support the initial set-up of the Care Home Testing Hub in May 2021, ensuring that it operated bilingually from the outset. Having initially been set-up solely to facilitate COVID-19 testing within care homes throughout north Wales, the testing hub's scope and responsibilities increased rapidly to encompass e-mail and telephone-based services for health board staff and the public. It was therefore vital that the hub's services could be provided in both Welsh and English and the members of the Welsh Language Team continued to assist with its operation until the autumn of 2020. After returning to their substantive posts, they continued to support the hub working weekend shifts to ensure a Welsh language service was maintained, and members of the team were praised for their contribution and commitment.

The constraints posed by Covid-19 meant some opportunities to progress and develop key projects and initiatives have been limited. However, this report does reflect how the Health Board has continued to maintain bilingual service provision during these challenging and unprecedented times.

Alongside the delivery of our legislative requirements, work has been undertaken review current processes as well as adapting to a new way of working. This report provides an overview of the work undertaken to review and update the *Bilingual Skills Policy and Procedure*, as well as highlighting the continuous stream of Welsh language training opportunities maintained to support the delivery of the policy.

Implementation of *More than just words* and the 'Active Offer' principle, meaning the provision of a Welsh medium service without the service user having to request it, has

been maintained with the continuation of the Language Choice Scheme in our acute and community settings.

New and alternative ways of working were also developed, with a virtual 'Welsh Language Week', and the creation of online resources to continue with our work to promote Welsh language skills as an employment skill within secondary schools and colleges.

To continue with our priorities for 2021-2022, a refreshed outlook and approach for has been outlined in the Welsh Language Services' annual plan, incorporating new ways of working alongside our traditional grass roots service implementation.

Background and current situation

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how we have planned our services to address the needs of our population.

Understanding our population needs

Understanding population needs is essential to inform our ability to design and deliver services in North Wales. Gwynedd has the highest proportion of Welsh speakers, 65 per cent, although we know that this can be much higher in some areas of the county. Elsewhere in North Wales, 57 per cent of residents on the Isle of Anglesey speak Welsh, 27 per cent in Conwy and 25 per cent in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2 per cent) and Wrexham (12.9 per cent) is lower in comparison, however, the demand for Welsh medium services is prominent, taking into account rural Welsh speaking areas that access services delivered in the east region of North Wales.

In terms of day-to-day usage of the language, the *North Wales Population Needs Assessment* ¹ demonstrates that just over half (53 per cent) of Welsh speakers in North Wales are fluent in the language and 63 per cent speak Welsh on a daily basis. In Gwynedd, 78 per cent of Welsh speaking residents are fluent and 85 per cent speak Welsh every day. The level of Welsh spoken, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37 per cent of people attempt to use the Welsh language at all times when contacting public services. This information has assisted the Health Board in identifying the need for Welsh medium services and has enabled us to plan based on meeting this demand.

The Welsh Language Services of the Health Board

The Health Board's Welsh Language Team consists of four services that support the

¹ <https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Strategies-and-policies/Health-and-Social-Services/North-Wales-Population-Assessment/NW-Population-Assessment-1-April-2017.pdf>

organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance

Ensuring that we support the organisation to deliver its obligations under the Welsh Language (Wales) Measure 2011, facilitated by our Welsh Language Standards Compliance Officer.

2. Promotion and Engagement

In line with the operational elements of delivering the *More than just words* Strategic Framework, our Welsh Language Officers actively support services and initiate projects and schemes that will provide effective customer service.

3. Training Provision

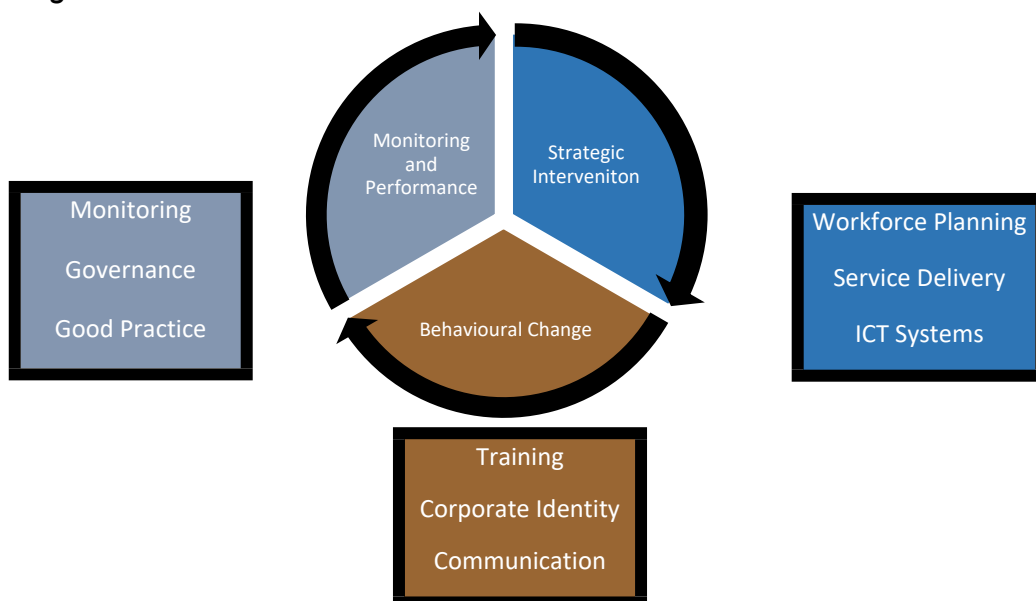
Our Welsh Language Tutor and Support Officer ensure organisational development in line with our Bilingual Skills Strategy and the wider Welsh language agenda.

4. Translation Services

Our senior Translator and five translators ensure that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-regulation and Governance

Developing a clear strategy enabled us to define our approach to service delivery, from planning to intervention, and our *Welsh Language Strategic Plan 2016-2019* channelled our focus through *Strategic Intervention, Behavioural Change and Monitoring and Performance*:



However, we have now documented sufficient progress at planning stage that has allowed us to focus on implementation, translating words into action, evidenced by the contents of this report.

Overall Board Accountability

Our structural accountability has been maintained, with our Welsh Language Strategic Forum, chaired by our Executive Director of Public Health, establishing our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. The Forum reports to the Health Board's Strategy, Partnership and Population Health Committee, which is a Committee of the Board, and chaired by the Vice-Chair. There is a clear scrutiny route as well as arrangements for escalating any issues of significance.

Welsh Language Services Risk Register

It is essential that the Health Board recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current potential risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the Active Offer principle in line with Welsh Government's Strategic Framework *More than just words*, and delivering the *Bilingual Skills Policy and Procedure*.

All risks have been reviewed during 2020-2021, with all three risk ratings currently at moderate or minor. In assessing the risks, the impact of the pandemic was taken into consideration, as the service has not been able to be as proactive as usual during the reporting year. However, no risks were escalated as a result. With Covid-19 remaining a focus for at least the first half of 2021-2022, controls have been put in place to mitigate any potential complex issues with further actions and alternative ways of working determined to achieve target risk score.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

The Bilingual Services Mystery Shopper Scheme was introduced in March 2018 and is a combination of site visits and mystery shopper surveys, scrutinising the availability and quality of Welsh-medium services at various Health Board sites and settings. However, due to constraints on site visiting and the pressure on services due to the of the Covid-19 pandemic, this scheme was put on hold. The Scheme has now been, focusing in the first half of 2021-2022 on telephone services due to the on-site safety measures and visiting constraints.

However, during 2020-2021, the Health Board did continue to monitor aspects of its service, following a complaint and subsequent investigation by the Welsh Language Commissioner into the North Wales GP Out of OOH Service had treated the Welsh language less favourably than the English language, noting that the Welsh medium telephone service was less accessible. Following a lengthy investigation process, in

his investigation report published in October 2020, the Commissioner stated that the Health Board had not failed to act in accordance with the relevant statutory requirements, and that he had reached that decision due to lack of evidence to prove failure to comply with certainty. The commissioner did however propose the following recommendation:

The health board should test the effectiveness of the out-of-hours GP telephone service at different times of the day / night for a period of 3 months and report its findings to the Commissioner.

The Health Board agreed to adhere to this recommendation and so the Welsh Language Team subsequently monitored the GP OOH telephone service for a period of three months (between November 2020 and the end of February 2021).

Monitoring Survey

This monitoring survey focused on the accessibility and quality of the GP OOH service's Welsh-medium telephone provision, by examining whether or not the service was fully bilingual and if it was equally accessible for both Welsh and English speakers.

Along with testing the aspects of the service that are delivered directly by staff (i.e. to verify that all calls to the Welsh language service are dealt with by Welsh-speaking call handlers), the survey also monitored whether or not the automated call-answering system itself was working properly.

In order to ensure the ongoing quality and integrity of the GP OOH's telephone facility, it was decided that the Welsh Language Team would make the service's operators aware of any potential problems with the system as soon as they had been detected (i.e. rather than wait until after the survey had been completed). This would allow any faults to be rectified quickly and help to avoid any minor shortcomings from developing into larger long-term issues.

The GP OOH's call handlers were informed about the monitoring work beforehand, but were not provided with any other information or prior warning beyond this. Therefore, it was still possible to conduct the monitoring survey as a 'mystery shopper' exercise.

The Welsh Language Team subsequently called the GP OOH telephone service number on 16 occasions between Thursday, 19 November 2020 and Sunday, 28 February 2021. The results of the survey are noted in the table below:

	Welsh	English	Half-Welsh / Half-English
Greeting	6	7	3
Service	14	2	N/A

Over 50 per cent of the calls were answered with either a Welsh only or partly Welsh greeting. However, when it came down to providing the service as a whole, nearly 90 per cent of the enquiries were dealt with completely through the medium of Welsh.

Having identified shortfalls, the Health Board did establish proposed actions to address the issues, with recommendations including:

1. Quarterly- based testing of the GP OOH telephone service to ensure the system is functioning properly.
2. Remind all bilingual call handlers to verify the caller's linguistic preference on their screens before answering each call.
3. Reviewing GP OOH telephone service rotas to ensure that there is always at least one Welsh-speaking call handler on duty in each of the Health Board's three 'areas' (i.e. 'West', 'Central' and 'East').
4. Consider the installation of an integrated 'call transfer' facility within the new GP OOH call answering system, which will be operational from June 2021.
5. Welsh-speaking call handlers should be encouraged to refer to the GP OOH service as '*Gwasanaeth Meddygon Teulu y Tu Allan i Oriau*' – rather than the English equivalent – when greeting Welsh-speaking callers.

From 22 June 2021, the GP OOH telephone service will no longer be delivered as a standalone provision, and will be replaced by the NHS 111 Wales facility. The Health Board did however inform the Commissioner of the findings and proposed that the recommendations be relayed and taken into consideration during the development of the new all-Wales system.

Welsh Language Standards

The Welsh Language Standards have now been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the standards within the organisation with the Welsh Language Standards Compliance Officer providing organisation-wide directive on implementing the standards, as well as supporting and facilitating delivery at grass roots level.

The mechanisms in place to ensure this, is derived from the Welsh Language Standards Project Management Group (PMG). Membership consists of nominated leads from across the Health Board, representing service and clinical areas. The purpose of this group is to lead the This Group leads on

At present, the focus of the group is reviewing its compliance using a self-assessment approach to establish whether the progress made prior to the Covid-19 pandemic has been maintained, and what additional infrastructures of support are required to support services to achieve their duties. Each service is currently compiling a highlight report that will allow them to measure and assess their compliance against each standard.

The findings will allow us to identify any areas of potential non-compliance and will allow the Welsh Language Team to focus their support appropriately. This highlight

report will be the working document for each service and outcomes will be reported on a quarterly basis to the Welsh Language Strategic Forum.

With regard to specific Standards, progress has been made in the following areas.

Standard 63

This Standard states the requirement to:

- (a) assess the need for education courses offered to one or more individuals to be offered in Welsh, and
- (b) offer that course in Welsh if the assessment indicated that the course must be offered in Welsh

An assessment has been developed in consultation with the PMG members, focusing on:

- Location of the course
- Vulnerable patient groups
- How the course is delivered
- School-based courses
- Time constraints in execution of courses
- The production of educational videos

The assessment is currently being trialled with the Dietetics Services in West area and feedback from staff will inform any further amendments required prior to wider rollout.

Standard 37

This Standard relates to whether a document, which is available to one or more individuals, should be produced in Welsh:

- (a) if the subject matter suggests that it should be produced in Welsh, or
- (b) if the anticipated audience, and their expectations, suggest that the document should be produced in Welsh

Significant discussions have been held at Board-level with regard to the translation Board meeting papers. The agenda and minutes have always been translated, but the Health Board is eager to progress this further, and a decision was undertaken at the Board meeting in November 2020 that all standing agenda items were to be translated, with a review in six months to determine progress and consider further options.

The provision of simultaneous translation at the public Health Board meetings has long been established. However, following the shift to virtual meetings during the pandemic, concern was raised with regard to the use of Microsoft Teams as a suitable translation platform. As a result, the decision was undertaken to move all public Board meetings to using the Zoom platform, which allows for access to Welsh and English channels. The board meetings are now streamed live on the Health board's YouTube channel and available to listen to in Welsh or English. This decision demonstrates the commitment and support at Board level to form a bilingual Health Board identity.

The “Active Offer”

As March 2019 marked the end of the three-year period covered by the Welsh Government’s follow-on *More than just words...* strategic framework, a 2019-2020 Action Plan was developed to provide a structure for continued progress in relation to the promotion and provision of Welsh language services in health, social services, and social care, and currently the health sector continues to operate against this plan.

The Health Board continues to make progress against the plan and is pro-active in all its theme areas:

Theme 1 – increasing the number of Welsh speakers

Theme 2 – increasing the use of the Welsh language

Theme 3 – Creating favourable conditions – infrastructure and context

Partnership working is also a key element in delivering *More than just words*, with integrated working becoming even more prominent. The Health Board was primarily responsible for the establishment of the North Wales *More than just words* Forum, a multi-agency group established to facilitate continued regional implementation. The Forum did not meet during the past reporting year due to cross-sector commitments in tackling the Covid-19 pandemic. However, networking continued with support and information circulated amongst members to support each other during these challenging times. The Forum will resume its meetings during the second half of 2021-2022.

One of the main principles of *More than just words* is the “Active Offer”, with priority focused on bringing the “Active Offer” to the front line. The Health Board was instrumental in developing a key approach to identifying language choice through its award-winning Language Choice Scheme, which provides the backdrop for successful delivery of the “Active Offer”.

The Language Choice Scheme

Despite the restrictions and added pressures of the Covid-19 pandemic, the Health Board’s award-winning Language Choice Scheme remained operational on hospital wards throughout north Wales during 2020-21.



After the scheme was greatly expanded to include wards at Ysbyty Glan Clwyd and a number of community sites during the previous reporting period, the instantly recognisable orange ‘Cymraeg’ magnets continued to be used to identify Welsh-speaking patients and employees within our hospitals during the past twelve months.

Having initially been piloted on selected wards at Ysbyty Gwynedd in early 2017, the Language

Choice Scheme now facilitates the delivery of bilingual services and the “Active Offer” at numerous Health Board locations from Tywyn Hospital (in south Merionethshire) to Chirk Community Hospital (on the Wrexham / England border).

The magnets are placed on white boards above / beside patients’ beds and on staffing boards, expediting the process of delivering Welsh-medium services by allowing patients and members of staff who speak the language to be paired together.

At the same time, the Language Choice Scheme also facilitates planning on a broader scale within the Health Board. Members of the wider clinical workforce, such as physiotherapists or pharmacists conducting ward visits, can utilise the orange magnets to make the necessary prior arrangements, so that their services can also be provided in accordance with their patients’ linguistic needs.

Whilst the scheme is delivered informally on some sites, an increasing number of wards now collect statistical evidence about the orange magnets’ use, providing monthly reports on uptake.

In the absence of extensive feedback from service users this year, the consistent submission of Monthly Audit Forms from various wards has been invaluable, as this empirical data provides clear evidence of the Language Choice Scheme’s continued success on numerous sites, including Ysbyty Glan Clwyd, Llandudno General Hospital and Holywell Community Hospital.

Plans are already in place to further extend the scheme by introducing the orange magnets on the few wards where they are not already being used, once the current Covid-19-related restrictions are eased.

The Language Choice Scheme’s sustained success over the past twelve months is clear evidence of the extraordinary efforts that staff have made to ensure that Welsh-medium services could continue to be provided on our wards throughout the ongoing pandemic and their endeavours are to be commended.

Radiology Services

A Radiology Patient Communication Group has been established to look at reforming and rewriting all written communication from the department e.g. letters and information guides that are sent out to all radiology patients before they come in to hospital for an appointment. Bilingualism in all areas of communication has been ensured to achieve compliance with the Welsh Language Standards.

However, the group have worked at a service-based level to further progress the “Active Offer” by asking and recording patient’s language preference. Information guides that are sent to patients prior to their appointments can now only be sent out in a patients preferred language (Welsh or English rather than both), delivering the “Active Offer”. This innovation realises one of the key areas of *More than just words*, which states that ‘*health, social services and social care services should have systems in place to record when an Active Offer has been made by recording language needs / choices in the individual’s records.*’

Welsh Language Training Developments

The challenges faced during the Covid-19 pandemic was felt by the Welsh Language Training Team as models and delivery of teaching had to be adapted for a virtual platform. However, following an evaluation report of the provision that was delivered during the past twelve months, it is encouraging to note that the team were able to modify and adjust services to be able to continue providing Welsh language courses for staff.

A six-month contract was also agreed with the 'National Centre for Learning Welsh' under the Welsh Government-funded 'Work Welsh Scheme'. This ensured the continuation of opportunities and collaborative working.

Provision of Welsh Language Training

Over the past reporting year, a variety of courses were offered at different levels. 482 learners completed a ten-hour online course provided by 'Work Welsh'. There were five different courses available, with two courses tailored specifically to the health and care sector. 183 learners also signed up for the 60-hour Entry level self-studying online Welsh course. Twelve members of staff also attended an intense course with Nant Gwrtheyrn. Usually these courses are delivered as a one-week residential course, but do to the situation with Covid-19, this course was held virtually.

These courses were in addition to the training delivered internally by our Welsh Language Tutor and Support Officer. See table below for information regarding the in-house courses that continued to be delivered.

Course Name	Level	Date	Number Registers	Number Completed the course
Higher	Higher	Sept 2020	5	5
Intermediate	Intermediate	Sept 2020	8	8
Foundation	Foundation	Sept 2020	3	0
Entry part 2	Entry part 2	Sept 2020	14	10
Gofal Gorau 1	Entry part 1	Sept 2020	12	11
Gofal Gorau 2	Entry part 1	Nov 2020	8	5
Gofal Gorau 3	Entry part 1	April 2021	4	4
Cynnydd Cyflym	Entry part 1	Nov 2020	5	5
Gofal Gorau 1	Entry part 1	Jan 2021	10	8
Gofal Gorau 1	Entry part 1	Jan 2021	6	5
Gofal Gorau 2	Entry part 1	April 2021	9	9
Radiology department sessions 'Caru eich Cymraeg'	3-point check	Jan 2021	2 sessions	3
Radiology department sessions 'Caru eich Cymraeg'	Answer the phone bilingually	Jan 2021	2 sessions	2


Evaluation of Welsh Language Training

An independent evaluation was undertaken by the consultation company, 'Sbectrwm' to provide an extended assessment and gain an impartial perspective of both external and internal provision.

Findings from the evaluation report stated that 92.1 per cent of the learners were 'happy / fairly happy' with the provision of learning. The report noted that overall, these responses were very positive given the limitations on the Tutor and learners in terms of the ability to interact, to carry out class activities and to make full use of resources.

83 per cent of the learners stated that they felt their understanding of Welsh had improved after completing a course. The report noted that this was encouraging as the ability to understand Welsh gives them a good basis for communicating with other people. This is something that managers and providers can be proud of and build on to ensure an increase in the use of Welsh in the workplace in the future, particularly with patients and colleagues.

Almost 95 per cent of those surveyed said that they were very keen to continue with learning Welsh, which is an extremely positive and encouraging response.



A big thank you to Betsi for offering me the opportunity and the time to learn Welsh. It shows their commitment to the language, and I hope this continues in the future.

It's important to note that learners greatly appreciated the support given by the tutors. Learners' evidence found that tutors and the overall level of support given to them by the Health Board was highly praised. The enthusiasm and dedication of the tutors was repeatedly referred to and that their relentless encouragement had been an important factor in the linguistic development of a large number of those questioned.

Overall, we are very happy and proud of the report as it displays the high support and quality of our services to staff.

Recommendations were presented within the report, focusing on:

- Organising confidence raising courses to encourage learners to use as much Welsh as possible
- Organise specific recruitment campaigns to target learners with some use of Welsh or non-confident Welsh speakers in order to get more staff to attend courses at Intermediate or Advanced level
- Line managers should be reminded of the right of staff to be released to follow Welsh courses in the workplace
- Trial and offer hybrid courses in the future

- Tutors to receive training on how to deal with technical problems which are having a negative impact on the learners experience (relevant to the National Centre for Learning welsh courses only)
- Continue to host 'Cinio Clebran' to give our learners an opportunity to use their Welsh in an informal setting
- Ensure that the same level of support is given to all learners across the Health Board.

An action plan reflection the above recommendations has developed to support the delivery of the Health Board's Welsh Language Training Programme for 2021-2022.

Additional Training Support and Activities

Informal training support has been delivered virtually this year, through fortnightly lunchtime chat clubs, 'Cinio Celbran'. A private group for staff on Facebook, 'Ffrindau Dysgwyr Cymraeg Betsi Welsh Learners Friends' which is used to publicise events, courses and activities. This account also gives learners the opportunity to interact, discuss and ask questions in an informal environment, with 75 members at present. A public Facebook group, 'Dysgwyr Cymraeg Betsi', has also been created to showcase examples of good practice, with 140 followers at present.

The Health Board's annual 'Welsh Language Week' also provided an opportunity to engage learners at all levels. This year, an online competition was held, in partnership with Awyr Las who provided prizes for staff who are Welsh learners. The competition involved learners identifying the correct English names to Welsh place names. Sixteen entries were received and the winner was awarded a rib-ride on the Menai Strait, and two runners up won shopping vouchers worth £20 each.

The Health Board has secured a contract once again with the National Centre for Learning Welsh for 2021-2022 so that we can increase the level of provision we are able to deliver in-house, in order to keep up with the demand.

Primary Care Services

On 30 May 2019, new Welsh Government Regulations came into force that required all Primary Care contractors to undertake six duties in relation to the Welsh language. The Health Board has continued to be proactive in supporting contractors to carry out these duties as well as further develop the Welsh medium and bilingual provisions they can offer and provide to the service users.

Services offered by the Welsh Language Team cover a range of areas that reflects the requirement of the six statutory duties:

- Access to the Health Board's Translation Service
- Provision of resources (badges, 'Speak Welsh' lanyards, resources and guidance for answering the telephone bilingually)
- Welsh lessons delivered by our in-house welsh Language tutor and access to online courses via our agreement with the National Centre for Learning Welsh

- Welsh language awareness sessions
- Recording answerphone messages

In November 2020, the support available and offered to primary care contractors was reinforced a letter circulated to all contractors encouraging them to make use of the services offered.

This year we have also seen the positive impacts of a project that was implemented in 2019. An evaluation report was undertaken to identify the findings, and whether the success of the project had continued into 2021-2022. The Health Board was chosen by the Welsh Government as one of two Health Boards to run a pilot project alongside Welsh for Business to offer support to primary care providers. Welsh for Business is a Welsh Government initiative that has dedicated officers (one for each region/groups of counties across Wales) to help and support people to use more Welsh in the day to day running of their businesses.

A meeting was held with Welsh Government, Welsh for Business and the Health Board to determine the area and cluster of north Wales to target. The decision was made to target the east area, settling on the South Flintshire cluster. The cluster co-ordinator arranged a presentation at a cluster meeting to discuss the project. Meetings were then held with the GP practices, reviewing the support available from Welsh for Business and the Health Board. The significance of offering a bilingual service to patients was also highlighted in terms of the importance of patients being able to receiving language appropriate care.

Some of the positive impacts the project include –

2020:

- Five of the six practices in the chosen cluster took part in the project (one surgery has two branches, one in Mold and one in Buckley).
 - All but one of the practices that took part either made use of our or of Welsh for Business's Welsh translation service for signage around the practice.
 - Several of the practices translated and recorded a fully bilingual telephone greeting.
 - One practice* received a Welsh Language awareness session and a Welsh Language taster session for staff from BCUHB's Welsh Language Officer.
- *More were going to be arranged but had to be cancelled due to Covid-19.*

2021

- One of the practices has recently again made use of Welsh for Business's translation service to translate their phone message. They then contacted BCUHB's Welsh Language Officer to go into the practice to record the message to make sure it was fully bilingual.
- BCUHB's Welsh Language Officer has also been back to visit two other GP practice sites to help them record a fully bilingual telephone message option.
- BCUHB's Welsh Language Officer has been contacted by another practice to seek guidance and advice on having their telephone message bilingual.

In order to evaluate the level of support provided, a questionnaire was sent to all practices that had participated in the project. One hundred per cent responded

positively saying they benefited from the project, with all respondents noting that they would recommend the service to others. A positive response was also received when asked whether they would contact the officers again if they had any questions about the Welsh language, with some contacting to seek further support and guidance during the Covid-19 pandemic.

It was encouraging that they found the project useful and worthwhile. It also provided a timely reminder to all that services need to be offered bilingually in order to comply with the duties, but also, and most importantly, to be of benefit to the patients.

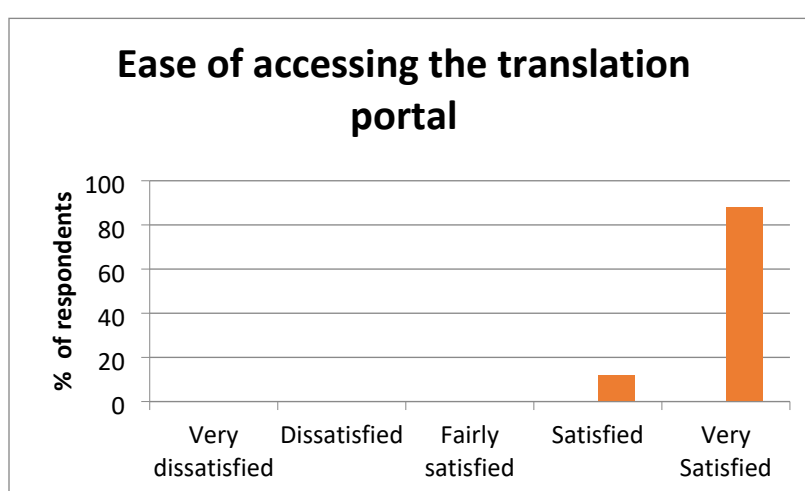
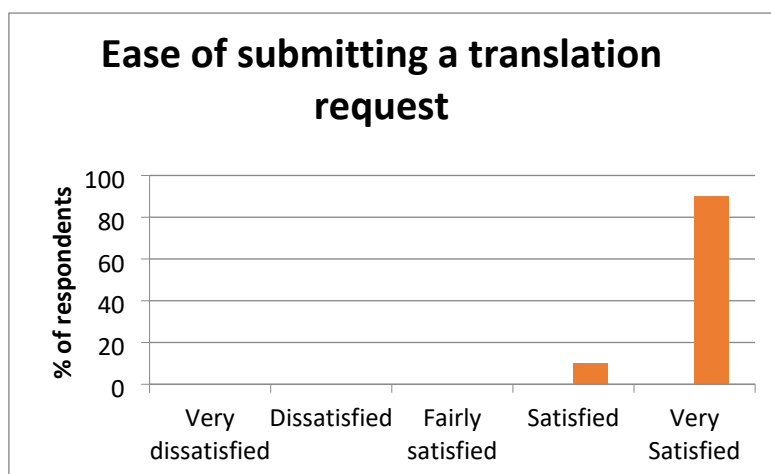
The success of this project will be used to inform the development of a similar project with primary care contractors in Anglesey, in collaboration with *Menter Môn*. Further support for the whole sector is also in development as a result of the work during the past year. A Primary Care portal is also being developed as a one-stop tool to guide and further support the contractors with the new Regulations.

The Translation Service

During the immediate response to the Covid-19 pandemic, the translation service adapted quickly so that all translators were able to work remotely in order to continue to provide a full and seamless service for staff and patients. Urgent translations included daily briefings to staff and partners, press releases, and patient letters and information leaflets. An out of hours' service was also established for urgent communications, and continues to be a key aspect of our provision.

Demand for translation has continued throughout the reporting year with urgent timescales and turnaround times increasing due to the nature of the requests submitted. We have also seen an increase in the range of services and departments using the translation service. With regard to simultaneous translation, the team has supported an increasing number of applicants who wish to have their interviews in Welsh, and training to improve skills further is currently in progress.

Eighteen months following the launch of our bespoke Translation Portal, the translation service conducted a customer satisfaction survey to analyse and evaluate the portal. Feedback was sought on the ease of accessing the translation portal and submitting a translation request compared to the previous system of sending request via email. As the charts below demonstrate, 89% of those who responded were very satisfied with the way they accessed the portal and 90% were very satisfied with the way requests were submitted on the portal.



The establishment of the portal has also facilitated the Health Board in one of its innovative endeavours in providing a translation service to the Welsh Ambulance Service NHS Trust. A Service Level Agreement has been developed between the two organisations and the service is to commence on 1 April 2021.

Service Developments and Key Achievements

Alternative approaches have been sought over the past year to maintain the level of support and progression of activities undertaken across the organisation with regard to Welsh language. This section provides a brief overview of some of the most pioneering initiatives we have seen across the Health Board.

Bilingual Skills Policy and Procedure

The Health Board's Bilingual Skills Policy & Procedure aims to promote and facilitate effective workforce planning and recruitment, in order to ensure the successful delivery

of healthcare services through the medium of both Welsh and English within the organisation.

A review of the Bilingual Skills Strategy (as it was previously known) was initiated in 2019 in accordance with the Health Board's policy review procedure and this resulted in a number of amendments being made. Whilst these changes have not had any bearing upon the general substance of the guidance that is provided within the policy, they were deemed necessary for a number of reasons.

It was vital to ensure that the updated draft of the Bilingual Skills Policy & Procedure reflected the procedural and organisational changes that were put in place by the Workforce and Organisational Development department following the conclusion of an internal audit, which was conducted to establish whether or not 'there is a robust control environment in place within the Health Board to action the requirements of the Bilingual Skills Strategy and ensure compliance with the Welsh Language (Wales) Measure 2011'.

Link to the report

This audit was conducted by NHS Wales Shared Services Partnership and focused primarily on the management and administration of vacant 'Welsh essential' posts within the Health Board, including vacancy justification, supporting policies and guidance notes and accuracy and consistency of reporting. A final internal audit report was published in November 2019 and its recommendations are reflected throughout the revised Bilingual Skills Policy & Procedure. This will help to ensure that BCUHB continues to employ sufficient staff with appropriate Welsh language skills to enable it to deliver a wide range of bilingual healthcare services across north Wales.

Since the initial development of the Bilingual Skills Strategy, the Health Board has become subject to the Welsh Language Standards and therefore it was vital that legislative developments were reflected in the document. In connection with this, the decision to upgrade the Bilingual Skills Strategy to a Bilingual Skills Policy & Procedure was primarily taken in order to reflect the Health Board's continued commitment to implement the new statutory requirements in relation to the Welsh language.

The *More than just words* Strategic Framework also includes specific objectives that relate to workforce planning and recruitment and these are also specifically referred to within the revised Bilingual Skills Policy & Procedure.

It was also important to reflect the growth and development of the Health Board's Welsh language training provision for staff within the policy, as the Welsh Language Training Programme has evolved significantly.

The updated policy followed internal scrutiny route to ensure robust controls and compliance measures, was approved by the Health Board's Workforce Policies Procedures Group in December 2020, by the Welsh Language Strategic Forum in February 2021, with final approval received at the Health Board's Strategy, Partnerships and Population Health (SPPH) Committee in April 2021.

Link to the Bilingual Skills Policy and Procedure

The implementation of the updated Bilingual Skills Policy and Procedure will continue to strengthen BCUHB's capacity to deliver bilingual services and will therefore help to ensure that the organisation remains at the forefront in relation to Welsh-medium healthcare provision.

Integrating Legislation into Service Planning

In Ysbyty Maelor Wrexham, work has been undertaken by the Emergency Department on the National Programme for Unscheduled Care in understanding '*what good looks*' like for patients accessing an Emergency Department and the creation of a National Emergency Department Quality & Delivery Framework for NHS Wales (EDQDF).

Certain elements of the project have been focused around the Welsh Language Standards, identifying areas within the department that require additional support. All notices and signage have been translated and reinstalled, along with ensuring that audio announcements within the department are bilingual. Due to Covid-19, this work was limited during the first phase. However, plans are in place during the second phase to progress this work to ensure full compliance within the department. This work will also include exploring inpatient and communication Standards and that will in turn play a part in the EDQDF.

Language Awareness Training

Whilst all Health Board staff previously attended a dedicated Welsh language awareness session as a part of their initial orientation programme at the very beginning of their employment, the provision of face-to-face induction training for new members of the workforce was suspended indefinitely in March 2020 as a result of the Covid-19 pandemic.

The Health Board's Organisational Development Team subsequently worked to ensure that certain aspects of the orientation programme for new staff could be delivered online and the aforementioned classroom-based Welsh language awareness training session has now been converted into an interactive Microsoft PowerPoint presentation. Whilst the presentation's text is fully bilingual, the Health Board's Welsh Language Officers have also recorded accompanying audio commentaries in both Welsh and English, in order to provide greater structure and detail to the training and facilitate the learner's understanding of the subject matter.

Alongside sections that focus on the importance of bilingual healthcare service provision, outlining the relevant legislation and providing specific patient experiences, the newly developed Welsh language awareness PowerPoint presentation also provides details about the support that is directly available to members of the workforce, in order to facilitate the delivery of Welsh language services within the Health Board.

Language awareness sessions were also delivered to medical students from Cardiff and Swansea Universities at the North Wales Clinical School's Undergraduate Centre

in Ysbyty Glan Clwyd, and following the temporarily suspension of face-to-face sessions during the spring of 2020, the aforementioned PowerPoint presentation has subsequently been made available to the Health Board's Academic Unit, so that Welsh language awareness can continue to be discussed during the medical students' induction training.

A short Welsh language awareness session was included in a Junior Doctors' induction event at Ysbyty Gwynedd in August 2020 when temporary loosening of Covid-19-related restrictions allowing for face-to-face delivery of this session to a small group of socially distanced individuals.

All-Wales Online Welsh Language Awareness Training Module

In accordance with Welsh Language Standards 102 and 103, all Health Boards in Wales now have a legal obligation to provide Welsh language awareness training for their staff.

Thus, following discussions with the other members of the Welsh Government-chaired NHS Welsh Language Officers Group, the Health Board's Welsh Language Team is leading the coordination and development of an online Welsh language awareness training module, which will be made available to all NHS staff throughout Wales to facilitate the delivery of this statutory requirement.

The content for the module has been created by the Health Board's Welsh Language Team and a tendering process to find an external provider to continue this Welsh Government-funded module's development was initiated in March 2021 and plans are now in place for an all-Wales launch of the finalised online course before the end of the year.

Welsh Language Week 2020

Following-on from the success of the Health Board's previous Welsh Language Weeks in 2018 and 2019, a (Virtual) Welsh Language Week was held 12-16 October 2020.

As the limitations caused by the ongoing COVID-19 pandemic prohibited us from arranging another extensive programme of events at sites throughout north Wales our latest annual celebration of the Welsh language within healthcare services was moved online and the week's primary focus in 2020 was consequently the dissemination of useful Welsh language-related information for staff. Updated and streamlined guidance on the Welsh Language Standards were provided, along with information about the Translation Service and the continued availability of Welsh language training courses for staff.

The Health Board's latest week-long celebration of the Welsh language was once again supported by the organisation's senior management, as our Interim Chief Executive emphasised the importance of Welsh-medium healthcare service provision in a written message that was sent to all staff at the beginning of the week.

Given the restrictive and extraordinary circumstances, the Virtual Welsh Language Week was undoubtedly a successful venture and a worthwhile consideration as a future platform to engage staff and disseminate information.

Cymraeg i Blant / Cymraeg for Kids

Over the past year, we have continued to work with the 'Cymraeg i Blant' officers, ensuring that information about online groups and sessions was targeted across north Wales. The existence of such groups, promoting and highlighting the opportunities that are available to access bilingual services, has been even more prudent during the pandemic to tackle the isolation felt by many new parents. These activities also emphasised the continuity of access to bilingual support for parents. Information about the scheme and their programme of work and activities was also key during the Health board's Virtual Welsh Language Week.



Working with schools and colleges

Despite the success of the seminars for secondary school pupils and further education students that were held during the Health Board's previous Welsh Language Week, the ongoing Covid-19 pandemic prohibited the Health Board's Welsh Language Team from arranging further engagement events during 2020-21. In the absence of face-to-face seminars, the Welsh Language Team was therefore compelled to find other ways of promoting the advantages of bilingualism as a vital employability skill for youngsters who may be considering careers within the health sector.

With this in mind, the Welsh Language Team worked with the *Coleg Cymraeg Cenedlaethol* to create a short online video resource, which discusses the importance of Welsh-medium healthcare provision and also includes information about the financial support that is now available for students who wish to study a wide range of university courses, including nursing and medicine degrees, through the medium of Welsh.

Welsh and English versions of the video package were created and made freely available to all secondary schools and further education colleges in north Wales via the Health board's YouTube channel from Friday, 16 October 2020.

Grŵp Llandrillo Menai subsequently made use of this resource during their Virtual Health and Social Care Conference 2020, whilst a member of the BCUHB Welsh Language Team also gave a live Zoom presentation entitled 'The Welsh Language: an important skill for the workplace' to a group of the college's Childcare students in March 2021.

Shortly after the onset of the Covid-19 pandemic compelled further and higher education institutions to move their teaching online (during the spring of 2020), the

Welsh Language Team created a Microsoft PowerPoint presentation, which included information about bilingual healthcare service provision and how the use of the Welsh language is promoted within the Health Board. This fully narrated presentation was subsequently utilised to support the teaching of two Bangor University modules: 'O'r Senedd i'r Swyddfa' ('From the Parliament to the Office') and 'Cymdeithas, Iaith a Phrotest' ('Society, Language and Protest').

The Health Board also contributed to the university's Online Welsh Jobs Fair on 24 March 2021 by posting about the advantages of bilingual skills for a large variety of roles within the organisation on its social media channels.

These messages, subsequently reposted on the Jobs Fair's own event page, were widely shared by individuals and organisations such as Bangor University, the *Coleg Cymraeg Cenedlaethol*, Primary Care North Wales and Coleg Menai Llangefni, and consequently amassed over 150 'likes'.

Beyond this, the Health Board continued its partnership working with Bangor University's School of Healthcare Sciences where nursing students have been provided with opportunities to utilise and develop their Welsh language skills during their clinical placements within the Health Board.

The Welsh Language Team have also recently collaborated with Welsh Language Officers from other Health Boards to work on the development of a new handbook to support Welsh-speaking medical students during their work placements at clinical sites throughout Wales.

And finally, celebrating the NHS!

This year, the Health Board used Welsh cultural events to celebrate the NHS and our staff.

St Dwynwen Day

St Dwynwen Day, which celebrates the Welsh Saint of love on 25 January, was marked this year by asking staff what they love about working for the Health Board and NHS. Numerous responses and reactions came from all over the Health Board stating why they love their jobs and their passion for helping others. Here are some example of the message we received.

"I love working for the NHS because I always feel valued & that the work we do really makes a difference. I love my colleague and the support they always give."

"I have worked in the NHS as a nurse for 46 years and, with a few tiny exceptions, I have loved every minute of it. It has been an absolute privilege to have filled my childhood dream of becoming a nurse and to help people."





"I like working for the NHS because I can support Children and Young People with Learning Disabilities with their Parents to work on different aspects of their development and behaviour by working in Specialist Children's Services in Anglesey. It is a privilege to work in this field which is why I have continued to work for the same Team for a quarter of a century!!"

All messages received were shared on our social media platform, receiving over 100 'likes'.

St David's Day

An alternative approach was also required for this year's celebration of St David's Day. An all-staff email was sent out by our new Chief Executive, Jo Whitehead, drawing attention to the importance of the day here in Wales and the emphasis and value of the language within the Health Board and the difference it can make to patients.

To highlight this message we also shared a personal story from a patient perspective, Wynne Roberts, who is also the Health Board's Chaplaincy Manager. Late in 2019 Wynne was diagnosed with bowel cancer. Whilst in hospital during 2020 Wynne was taken to theatre for treatment. Whilst Wynne describes himself as a bilingual person and happy to communicate in any language, he reflected on the immense comfort and calmness he gained from hearing the Welsh language whilst undergoing treatment.

Here is Wynne's story:

Dydd Gŵyl Dewi Hapus! Happy St David's day!

Celebrating St David's Day and the Welsh language is important to us as we understand the importance of the language here in north Wales and the impact it can have on our patients. We would like to take this opportunity to let our patients know that despite Covid-19 it's still a priority for us. Here's an example of how the Health Board has continued to acknowledge language need as part of the care provided from the experiences of a patient (and staff member) Wynne Roberts –

Back in May 2020 Wynne Roberts was at Ysbyty Glan Clwyd where he underwent surgery for bowel cancer. Unfortunately due to some complications Wynne had to spend a month in hospital and had to undergo a number of further treatments. Whilst going into theatre for a procedure Wynne was naturally a little worried and anxious about what was going on. The doctor carrying out the procedure greeted him in Welsh, as did the nurse, which led to the conversation flowing naturally in Welsh. Wynne said **"I do consider myself a bilingual person but right there in the middle of the theatre it was so comforting to hear the Welsh language and to be chatting naturally in Welsh to the Doctor and the nurse. It instantly made me a little less nervous and put me at ease. I greatly appreciated it."**

Wynne went on to add that even with the added worries and complications Covid19 brought to the situation it was made easier for him by not even having to ask the medical team if they spoke Welsh or not. The team had checked his notes and knew he was a Welsh speaker and acted on this.

If staff see that a patient is a first language Welsh speaker they always act on this as it can be reassuring for patients that that they can speak to staff in Welsh. During the pandemic it has been tough on patients not being able to see their families during their time in hospital so it has been comforting that they can chat to staff in Welsh.

We would like to take this opportunity to thank staff for their continued hard work to provide services bilingually and for making patients like Wynne feel at ease by doing so.

**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Wynne's personal experience is an example to encourage staff to use whatever Welsh Language skills they have to help comfort patients and out them at ease whilst under our care. During the past year, patients had very few, if any, visitors on the wards. Therefore hearing staff speak Welsh and having the opportunity to chat with staff in

Welsh has had even more of an importance. Wynne's story is just one example of this where the Welsh language brought extra comfort to patients in hospital, perhaps even more so, during these challenging times.

Performance Indicators Data

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- **Number and percentage of the organisation's employees:**
 - **whose Welsh language skills have been assessed;**

Count of Employee Number	2018/19		2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	7954	43	8031	42.4%	8158	41.6%
1 - Entry/ Mynediad	2366	13	2443	13%	2601	13.3%
2 - Foundation / Sylfaen	1185	6	1227	6.5%	1280	6.5%
3 - Intermediate / Canolradd	1243	6.5	1254	6.6%	1307	7%
4 - Higher / Uwch	1502	8	1525	8.1%	1568	8%
5 - Proficiency / Hyfedredd	2217	12	2338	12.4%	2467	12.6%
Total	16,467	88.5%	16,818	89%	17,381	89%
Total number of staff	18,624		18,922		19,610	

2020 / 2021 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

2019 / 2020 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

- **Number and percentage of the organisation's employees:**
 - **that has Welsh language skills (per skill level)**

- Paediatrics
- School nursing
- Health visiting
- Elderly care medicine
- Speech and Language Therapy
- Learning Disabilities
- Mental health services:
 - Child and Adolescent
 - Adult
 - Community
 - Older People

Paediatrics				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	127	33.2%	138	34%
1 - Entry/ Mynediad	52	13.6%	54	13.30%
2 - Foundation / Sylfaen	22	5.7%	23	5.67%
3 - Intermediate / Canolradd	24	6.3%	27	6.65%
4 - Higher / Uwch	19	5%	24	5.91%
5 - Proficiency / Hyfedredd	66	17.2	73	18%
Total	310	81%	339	83.5%
Total number of staff	383		406	

School Nursing				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	58	45	56	43.75
1 - Entry/ Mynediad	17	13.2	21	16.41
2 - Foundation / Sylfaen	1	0.8	1	0.78
3 – Intermediate / Canolradd	3	2.3	5	3.90
4 - Higher / Uwch	18	13.9	14	10.94
5 - Proficiency / Hyfedredd	26	20.1	27	21.09
Total	123	95.3%	124	96.87
Total number of staff	129		128	

Health Visiting				
Count of Employee Number	2019/20		2021/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	123	38.4	125	39.93
1 - Entry/ Mynediad	53	16.6	50	15.98
2 - Foundation / Sylfaen	17	5.3	15	4.80
3 - Intermediate / Canolradd	26	8.1	27	8.62
4 - Higher / Uwch	34	10.6	31	9.90

5 - Proficiency / Hyfedredd	52	16.3	54	17.25
Total	305	95.3%	302	96.48%
Total number of staff	320		313	

Elderly Care Medicine				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	67	28.1	65	26.97
1 - Entry/ Mynediad	18	7.6	13	5.39
2 - Foundation / Sylfaen	20	8.4	18	7.47
3 - Intermediate / Canolradd	18	7.6	18	7.47
4 - Higher / Uwch	47	19.7	45	18.67
5 - Proficiency / Hyfedredd	26	10.9	25	10.37
Total	196	82.3	184	76.34%
Total number of staff	238		241	

Speech and Language Therapy				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	69	40.6	70	37.84
1 - Entry/ Mynediad	14	8.3	12	6.49
2 - Foundation / Sylfaen	9	5.3	9	4.86
3 - Intermediate / Canolradd	18	10.6	16	8.65
4 - Higher / Uwch	23	13.6	24	12.97
5 - Proficiency / Hyfedredd	35	20.6	46	24.86
Total	168	99%	177	95.67%
Total number of staff	170		185	

Learning Disabilities				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	119	32.4	117	32.41
1 - Entry/ Mynediad	64	17.4	64	17.73
2 - Foundation / Sylfaen	41	11.2	36	9.97
3 - Intermediate / Canolradd	35	9.5	37	10.25
4 - Higher / Uwch	47	12.8	46	12.74
5 - Proficiency / Hyfedredd	51	13.9	50	13.85
Total	357	97.2	350	96.95%
Total Number of staff	367		361	

Mental Health Services - CAMHS				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	115	50.4	113	46.31
1 - Entry/ Mynediad	38	16.7	50	20.49
2 - Foundation / Sylfaen	15	6.6	21	8.61
3 - Intermediate / Canolradd	15	6.6	12	4.92
4 - Higher / Uwch	11	4.8	9	3.69
5 - Proficiency / Hyfedredd	15	6.6	19	7.78
Total	209	91.7	224	91.80%
Total number of staff	228		244	

Mental Health Services - Community				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	144	35.8	150	37.13
1 - Entry/ Mynediad	68	16.9	72	17.82
2 - Foundation / Sylfaen	38	9.5	36	8.91
3 - Intermediate / Canolradd	48	11.9	47	11.63
4 - Higher / Uwch	23	5.7	25	6.19
5 - Proficiency / Hyfedredd	57	14.2	57	14.11
Total	378	94%	387	95.79%
Total number of staff	402		404	
Mental Health Services - Adult				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	260	42.6	263	42.76
1 - Entry/ Mynediad	90	14.8	91	14.80
2 - Foundation / Sylfaen	57	9.3	50	8.13
3 - Intermediate / Canolradd	55	9	56	9.11
4 - Higher / Uwch	40	6.5	41	6.67
5 - Proficiency / Hyfedredd	84	13.8	88	14.31
Total	586	96%	589	95.78%
Total number of staff	543		615	
Mental Health Services – Older People				
Count of Employee Number	2019/20		2020/21	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	82	41	84	37.84
1 - Entry/ Mynediad	40	20	45	20.27
2 - Foundation / Sylfaen	7	3.5	10	4.50
3 - Intermediate / Canolradd	19	9.5	18	8.11
4 - Higher / Uwch	20	10	24	10.81
5 - Proficiency / Hyfedredd	22	11	25	11.26
Total	190	95%	206	92.79%
Total number of staff	200		222	

Training to Improve Welsh Language Skills

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level***

2020 / 2021 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 752

This total equates to 3.8 per cent of the Health Board's current workforce

2019 / 2020 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1259

This total equates to 6.6 per cent of the Health Board's current workforce

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

2020 / 2021 Data:

- **Welsh language skills are essential - 236 (6.1 per cent)**
- **Welsh language skills are desirable - 3595 (92.6 per cent)**
- **Welsh language skills to be learnt - 17 (0.4 per cent)**
- **Welsh not a required skill - 33 (0.9 per cent)**
- **Total number of vacancies advertised - 3881**

2019 / 2020 Data:

- **Welsh language skills are essential - 200 (6.2 per cent)**
- **Welsh language skills are desirable - 3006 (93.7 per cent)**
- **Welsh language skills to be learnt - 4 (0.1 per cent)**
- **Total number of posts advertised - 3210**

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

The Health Board received four complaints during the year in relation to compliance with the Welsh Language Standards, which were fully addressed under

the *Putting Things Right* Regulations. In addition, the Welsh Language Commissioner initiated two investigations. The findings of both investigations determined that the Health Board had not failed in its compliance with legislative requirements. However, the Commissioner issued a recommended action following the investigation into the GP Out of Hours Service. This has already been detailed within this report ('Internal Performance Assurance', page 4).

Conclusion and Forward Vision for 2021 - 2022

This report has demonstrated that progress has been maintained in:

- Improving the quality of care we provide through the language of choice
- Increasing compliance with legal and statutory requirements
- Identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care
- Improving organisational development in terms of how we are able to support the workforce to be able to deliver services through the medium of Welsh

However, in order to channel its focus on not only maintaining, but also progressing, Welsh language services during the Covid-19 pandemic, the Welsh Language Services' annual plan for 2021-2022 has been refined to four key objectives:

1. Ensure organisation wide delivery of the Welsh Language Standards
2. Support the workforce to develop and improve Welsh language skills through the implementation of the Bilingual Skills Policy & Procedure
3. Build on the "Active Offer" approach to service delivery to ensure timely access to language appropriate care
4. Provide a timely comprehensive translation service across the organisation

Detailed outputs and key performance indicators that will allow services to take ownership of delivery within their area of work, target support where it is required most, and develop an infrastructure of self-regulation with the voice of the patient at its core, support these objectives.

We are therefore eager to progress our work in delivering statutory obligations so we can further improve our services for our Welsh-speaking patients in their language of choice.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Together: Seamless Service for People with Learning Disabilities Strategy 2018-2023: Programme response to Covid-19: Highlight Report and Recovery Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director Public Health & Lead for Mental Health & Learning Disabilities,						
Awdur yr Adroddiad Report Author:	Iain Wilkie, Interim Director, MHLDD Will Williams, Interim Head of Operations Regional Services Michaela Jones Head of Nursing						
Craffu blaenorol: Prior Scrutiny:	Learning Disability Senior Leadership Team						
Atodiadau Appendices:	N/A						
Argymhelliad / Recommendation:							
The Committee is asked to note the updates aligned to the Learning Disability (LD) Strategy to enable BCUHB to continue to work alongside partner agencies, including the 6 Local Authorities, to ensure the delivery of the recommendations outlined within the LD strategy.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	X
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
Due to the Covid 19 response, the transformation team who are supporting the implementation of the LD strategy were redeployed to other areas. Local Authorities and BCUHB agreed to support this at the time. Aligned to phase 2 planning the members of the transformation team have started to support the refocus on progression of the key areas of the Learning Disability strategy to support establishment of business cases for change							
Cefndir / Background:							
The North Wales Regional Partnership Board (RPB) led the development of the Learning Disability Strategy, which sets our plan to improve services for people with learning disabilities across North Wales. 'North Wales Together' is a partnership of six local authorities and Betsi Cadwaladr University Health Board who are jointly implementing the strategy through the <i>Seamless Services for People with Learning Disabilities</i> Programme. Due to the response to Covid 19, the transformation team members/ the local authorities and BCUHB staff were redeployed into key clinical areas to support patient care. This impacted on the progression of some of the work streams. However, during this time 3 main areas							

continued to be progressed with the Learning Disability Senior leadership team's support that added value to the Covid 19 response.

The three areas are:-

1. Get Checked Out North Wales websites
2. Learning Disability Transformation Fund: small projects
3. New activity in response to Covid-19 emergency measures

Further detail provided in the next section.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The three areas that have progress are as follows:

1. Get Checked Out North Wales Website: This was launched end of May. It contains a range of public health information for citizens and for professionals in accessible formats and is aimed at empowering citizens to have control of, and a say in, their own health and wellbeing. It also serves to provide professionals and other health and social care workers with access to bilingual information and resources on making reasonable adjustments. It will have a dedicated space for Covid-19 information. For further information see:
<https://www.getcheckedoutnorthwales.org/>
2. Learning Disability Transformation Fund: small projects: Of the original 52 pilot projects, 24 are continuing to be developed. The projects are fundamental to supporting people with a learning disability to transform their lives.

Small Projects Examples:

- **Tech Library** Technology has quickly become a priority and key enabler. We are working with "Digital Communities Wales" to get the library up and running, thereby allowing citizens who need to borrow IT equipment to enable them to get online and participate in the projects we are funding/ supporting. The team is also working with Integrated Care Funding (ICF) budgets in specific areas to secure and disseminate iPads to individuals and project teams, to continue to encourage and enable their use.
- **Assistive technology** – the work continues to progress. The team are looking at the use of 'Alexa' and 'Multi Me' and other examples. We are seeking to use a safe social media app that supports new, innovative and safe ways for individuals to have control over their own support/network.
- **I-Team (Flintshire, Wrexham, Denbighshire and Conwy).** This supports individuals to build up their own support team
- **Family Transition Project Coordinator (Central).** The coordinator role has a strong focus on the empowerment of families, and they tap into community assets from a health, social care and third/voluntary sector perspective.
- **Makaton Choir (central):** The choir, run by Conwy Connect, has now gone virtual, and the membership is growing.
- **Outside Lives (Regional):** 'Outside Lives' runs various working groups which co-produce activities and events (e.g. theatre, music, wildlife, conservation etc.) around particular themes.

- **Here2There – H2T (Flintshire):** H2T is a web-based App that allows the individual and those supporting them to create an initial profile of their strengths, and their desired future with a focus on what is important TO and FOR them.
- **Planning for the Future/ Carers Outreach (West):** Our West link officer is actively exploring continuation of the project (virtually) with carers alongside a virtual support forum.
- **Gig Buddies:** Additional funding has been agreed, and discussions are taking place with Learning Disability Wales to ensure this project can be funded and progressed despite lockdown and in a virtual manner.
- **TAPE film making projects.** These projects have commenced and are being progressed as a suite of projects through a co-produced approach.

3. New activity in response to Covid-19 emergency measures

Examples of key activities include:

- **North Wales Learning Disability Participation Group** In partnership with North Wales Advocacy Association and Conwy Connect, the team has supported the Participation Group to continue to meet virtually and to build the capacity of the members to become familiar with using technology. **All Wales People First**, the national body for self-advocacy, have connected with this forum and are looking to support and share the approach across Wales.
- **Rainbow Card.** The card was supported by BCUHB and the LA's This is a card that families and carers supporting individuals with a learning disability and/or autism could show the police when they needed to travel outside their area and/or needed to exercise more than once a day to maintain wellbeing. PHW were also supportive of this approach.
- **GP cluster links strengthened.** All BCUHB community LD teams have identified a key link.
- **Demand and capacity:** BCUHB review this daily through safety huddles to support staff being redeployed into the correct areas.
- **Health Liaison:** A Primary liaison nurse and health care support worker has been recruited to support uptake of annual health checks funded by WG.
- **Staff wellbeing:** Identified psychological support has been available to all LD staff throughout the covid 19 pandemic. This has included skype team and 1:1 talks. Additional "reflect and de brief" sessions have been facilitated as required.
- **Partnership working:** Initially the HB team met with 6 LA's weekly. This has reduced to fortnightly to support consistency of approach and enable joint working throughout the pandemic. During this time a joint paper was developed to support discharge planning from Hospital
- **Development of Learning Disability services specific SOP in response to covid 19.** To ensure continuity of care and support, the cohorting of patients when required was undertaken within our inpatient services.

Opsiynau a ystyriwyd / Options considered

This paper is aligned to delivering the actions outlined within the LD Strategy and therefore alternative options have not been outlined.

Goblygiadau Ariannol / Financial Implications

The following projects are in the early stages of development, and may bring financial implications if they progress.

- Pooled budget (pilot site to be Ynys Mon and BCUHB) section 33 has been agreed by members of the project team. The proposal will be brought into MH&LD Divisional Senior Leadership Team Business Meeting for discussion and sign off, following which the proposal will need to follow BCUHB internal SFI routes for formal sign off.
- Jointly commissioned accommodation to support a regional approach to enable repatriation.
- An Inpatient review is underway and may highlight resource requirements.

Dadansoddiad Risk / Risk Analysis

The significant risk within the strategy is that either partner (BCUHB or LA) do not continue to support the implementation of agreed work streams.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Section 33 assessment (mentioned above) has received legal scrutiny and will require sign off by BCUHB, to enable the pooled budgets / joint commissioning project to progress.

Asesiad Effaith / Impact Assessment

Due regard is being taken to ensure continued equality is not impacted throughout this strategy. The team are reviewing the status of the current impact assessment documentation.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Transformation Programme update 'A Healthier Wales – North Wales Together for Mental Health'
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director Public Health and Executive Lead for Mental Health and Learning Disabilities
Awdur yr Adroddiad Report Author:	Iain Wilkie, Interim Divisional Director, MH&LD Amanda Lonsdale, Interim Deputy Director, MH&LD Llinos Edwards, Service Improvement Manager
Craffu blaenorol: Prior Scrutiny:	Divisional Senior Leadership Team
Atodiadau Appendices:	Appendix A Summary of the overall MH transformation plan Appendix B Proposed outcomes from MH transformation plan

Argymhelliad / Recommendation:

- To note the Mental Health and Learning Disabilities (MH&LD) Division's over-arching transformation work programme;
- To note the update on the 'A Healthier Wales – North Wales Together for Mental Health' transformation programme – ICAN Offer which is a fundamental element within the MH&LD transformation work programme;
- A further update report will be provided at 6 monthly intervals.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information
--	--	---	--	--	----------	--

**Y/N i ddangos a yw dyletswydd Cydraddoldeb/SED yn berthnasol
Y/N to indicate whether the Equality/SED duty is applicable.**
Y

The division will be required to undertake Equality/SED assessment of its overall transformational plan when Executives have signed off all individuals projects within the plan.

Sefyllfa / Situation:

The ambition of the MH&LD division continues to be supporting people to maintain good mental health, renewing our focus on delivering the prevention agenda and to provide high quality, safe care in the right setting at the right time.

Based on the Together for Mental Health Strategy, the MH&LD Division has developed an overall transformational plan that is based on developing new care models that span organisational and service boundaries; and which will be clinically and financially sustainable through greater integration of care and with a focus on improving population health and wellbeing. The overall investment into

the MH transformational plan is £6.7. This transformational plan is aligned to the 4 key divisional strategic priorities:

- Review of capacity and capability
- Stronger and aligned management & governance
- Engagement with staff, users and stakeholders
- Delivery of safe and effective services in partnership

Cefndir / Background:

A summary of the overall Mental Health (MH) transformation plan is found as Appendix A with a summary of proposed outcomes as Appendix B. Each specific initiative has an identified lead and will be supported by a PID which requires initial sign off via Executive Team. Following sign off, recruitment for additional posts will commence.

Within the MH transformation, a key element relates an existing programme of work ICAN Primary Care which aims to:

- Provide support at a level that is proportionate to the need of the individual, and which seeks to prevent further escalation;
- Promote wellbeing and preventing ill health, through addressing the wider determinants of health and ensuring earlier low level support and intervention when needed;
- Maximise opportunities for collaborative working within the community setting;
- Encourage a whole person approach in terms of service redesign;
- Improve availability, awareness of and links to universal third sector and other community based services to support individuals with a lower level mental health issues;
- Build greater capacity within communities through targeting resources at an earlier stage;
- Greater emphasis on self-help and support provided at a universal level within communities.

The ICAN programme has been supported to date via 'A Healthier Wales Mental Health Transformational funding', and was awarded £2,320,000 in December 2018 to cover the project costs during the period 19 November 2018 - 31 March 2021.

This funding allocation was utilized to cover:

- Development of 6 main community mental health hubs plus satellites and local services £1.6million
- Project Evaluation £200,000
- Project management & workforce development plus training £348,000

To cover the period 2021/22, the North Wales Together for Mental Health Programme received a further £750,000 which provides the opportunity to scale up and sustain the ICAN Programme across North Wales.

The Healthier Wales funded ICAN Programme sits within the broader North Wales Together for Mental Health Strategy. Its overall aim is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis.

The model starts with the provision of low-level support and health and well-being activities developed and provided within local communities that are inclusive and help people to maintain positive health and mental well-being, as well as reduce social isolation and build community resilience. The ambition behind the ICAN Programme is to shift the focus to a person centred, community based care, recognising the importance of supported self-care and promoting the systematic use of non-NHS services and maximising opportunities through social prescribing.

The programme has sought to achieve 6 high level outcomes:

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness.

As the ICAN programme has been included within the MH Transformational Plan, it will be sustained following the discontinuation of the A Healthier Wales funding which ends in March 2022.

Asesiad / Assessment & Analysis

The MH&LD Division has produced supporting project initiation documents to support the implementation of the over-arching transformation plan. Updates on progress will be provided via quarterly reporting to the BCU Planning Department to provide assurance on progression.

The following section of this paper outlines the impact of the ICAN programme to date.

As part of the continuous evaluation of the ICAN Programme, surveys have been undertaken with service users, volunteers and professional stakeholders and are demonstrating that the ICAN brand and each of its service components are starting to become understood, referred to and used. There is the beginning of evidence that ICAN services are impacting significantly on people's outcomes and offering them support at an earlier stage, averting crisis and the need for more intensive forms of support. Similarly, professional colleagues are beginning to show an understanding of the alternative routes that can be offered to people accessing their services.

The interim evaluation report (March 2021) provides a range of evidence which clearly shows the impact that ICAN services are having before, during and, even to some extent, since the Covid-19 pandemic. It is recognised by the Programme Team and Evaluators that this evidence is convincing, but as yet, predominantly qualitative. In response to this, two related performance/outcome frameworks have been developed for implementation during 2021/22:

- **Outcome Measurement Tool** – The Warwick Edinburgh Mental Wellbeing Scale¹ has been adapted to agree an outcome measurement tool which measures changes in service user's perception of their mental wellbeing over a period of involvement with service.
- **Performance and Outcome Reporting Template** – The Programme Team have agreed the components of a comprehensive reporting template for each element of the ICAN Service offer. For each of these, the template has identified a set of indicators in three domains
 - How much did we do?
 - How well did we do it?
 - Is anyone better off?

Across all the ICAN components, "Patient Reported Outcome Measures" (*PROMs*) and "Patient Reported Experience Measures" (*PREMs*) are comprehensively collected as part of the evaluation framework in order to inform future direction of travel.

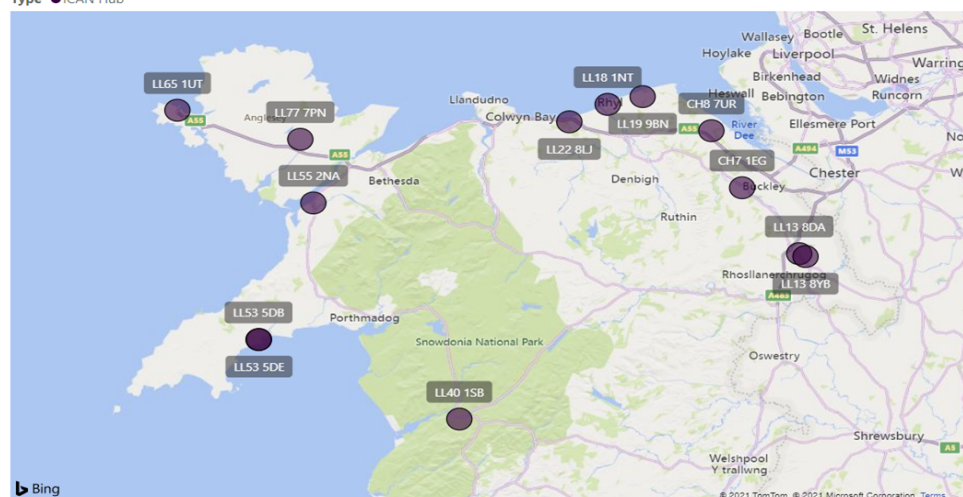
¹ http://wrap.warwick.ac.uk/543/1/WRAP_Stewart_Brown_Warwick_Edinburgh.pdf

ICAN Hubs



Location of ICAN Hubs and PCOT (Primary Care OT) @ May 2021

Type ● ICAN Hub



ICAN have partnered with 10 third sector organisations across the region to develop ICAN Community Hubs which offer open access to support within peoples communities. We currently have 11 Hubs across the region. In addition to providing in house support via information, group and activity work the Hubs are linked into Social Prescribing and Community Navigator initiatives and serve as a gateway for individuals into specialist 3rd sector organisations and community based support.

During Quarter One, 2021/22 – the Hubs supported 2,500 individuals. With covid restrictions only allowing face to face contact from the 19th May onwards – we expect this number to increase over the next reporting period.

A recent visit to the Flint ICAN Hub by the Deputy Minister for Mental Health and Well-being, is evidence that as a region we are translating the vision and principles as set out in Healthier Wales into the transformational change required, and is make the aspirations within Healthier Wales a reality for the citizens of North Wales.

Case Study:

“Gary” is a man in his late 40s, he lives alone in the Wrexham area. He approached the Hub for support after a difficult break up with his then partner. The effect of the break up resulted in Gary self-harming on a regular basis and he became isolated as the situation had an adverse effect on both his confidence and self-esteem.

Gary was initially reserved within the face to face group setting, however over time he began to share experiences and interact with the other men. It became evident that his confidence and social skills were developing very well, the more he came to the groups.

Eventually Gary approached the team to seek out any possible Volunteer opportunities within the Hub. It was agreed that this would be a very positive step in his progression. Since then, he has been taking an active role supporting the groups within the Virtual Hub setting, helping new members feel at ease as well as sharing experiences. He has also been supporting the team in researching potential facilitators for future groups. This more active role within the group is helping him grow and progress even further.

ICAN Primary Care

- The West area has been piloting the ICAN Primary Care Service since April 2021 placing an Occupational Therapist (OT) in one surgery per cluster area for one day a week. ICAN Primary Care seeks to address challenges both for Primary Care and Mental Health services (number of referrals, social needs underlying many challenges, lack of access to proactive therapy). It aims to ensure an improvement patient journey and focusses on “What Matters” to individuals.

In Quarter One, 2021, the ICAN Practitioners in the pilot project saw 215 individuals across 3 GP surgeries. In this small scale test of change, ICAN practitioners worked one day per week for 4 weeks. Each practitioner offering approximately 8 clinic appointments each day, including both follow up work and first contacts.

Of the 215 patients seen –

5 (2.3 %) required onward follow up to a GP (*potential avoidance of GP appointment*)

17 (7.9%) required onward referral to Community Mental Health Teams. (*potential avoidance of unnecessary referral*)

36 (16.7%) received Occupational Therapy follow up in Primary Care. (*potential avoidance of unnecessary referral and GP appointment, right care right time approach*)

84 (39%) people were connected with the ICAN Community Hubs for additional support (*upstream intervention*)

91 (42%) people were supported through social prescribing to various other 3rd sector resources (*upstream intervention*)

It is anticipated that the potential diversion and upstream practice will increase as the project is scaled up and confidence of the service model increases - resulting in more people accessing the practitioner offer as a first point of contact within primary care when requiring an intervention for mental health or wider psychosocial needs.

The Service will be rolled out across all 14 GP cluster areas during Q2 whereby a full time Occupational Therapist will be based in each cluster area supporting every Surgery within that cluster.

The ICAN Primary Care Project's main aims are:

- Provide the patient with an in-depth 45 minute appointment and follow up calls at the GP surgery
- Reduce the number of referrals from Primary Care to CMHT
- Reduce single-patient repeat GP appointments
- Establish and develop links between Primary Care and ICAN Community Hubs, ICAN Work and specialist 3rd sector organisations
- Reduce the number of anxiety / low mood prescriptions issued by GPs

Case Study:

“Ben” is a 40 year old male living in the community with his wife and two children. One of his children had been diagnosed with ASD. Ben worked in a shop and had always done this line of work following pressure from parents. However he was also living with chronic social anxiety. Ben presented at the surgery in crisis following a disagreement at work, with high anxiety and emerging low mood including some thoughts of self-harm.

Ben saw an extended scope occupational therapy practitioner rather than GP for first contact assessment. Assessment suggested that Ben had underlying difficulty with social situations and had stopped making decisions based on his interests due to pressure from parents. He was now finding the work environment very unsupportive.

A fit note was completed as work was too challenging for Ben at that time. Medication was reviewed with his GP, basic anxiety management techniques were introduced and a follow up appointment was arranged.

In the follow up appointment Ben completed an assessment that suggested he experienced underlying ASD. Ben was referred for confirmation and support to the integrated autism service. Ben was also signposted to a local art group in an ICAN Hub as art had always been his passion but he had never followed this up. Further anxiety management and assertiveness work was completed over another session. Telephone follow up showed that the relationship with work had deteriorated further and work were very un-supportive of his mental health needs. Ben was therefore referred to ICAN Work.

A follow-up review showed that Ben was engaging with the art group and this was improving his mood and anxiety levels with no further thoughts of self-harm. The relationship with work had led him to leave that employment but he was being supported by ICAN Work, applying for multiple jobs and starting to sell his art work. Ben was using anxiety management and assertiveness techniques to self-manage, this was an on-going learning process but Ben felt happy in his direction of travel and was aware he could access further support as needed.

A CMHT referral was avoided and minimal GP input was required. Ben developed a support network to manage his mental health long term”.

ICAN Work

ICAN Work is the first large scale Individual Placement Support Programme (IPS) in Wales. It commenced as a 9 month pilot project which focused on supporting people with mild to moderate mental health needs into competitive employment. ICAN Work is a collaboration between BCUHB, the Department of Work and Pensions (DWP), Welsh Government and Third Sector Partners: Rhyl City Strategy (RCS) and CAIS.

The ICAN Work programme is seen as having been successful in integrating mental health support with employability support, providing personalised and tailored support at the interface between the areas of wellbeing and employability. This view was shared by all key stakeholders interviewed by the research team.

Across North Wales - How Much Did We Achieve?

- 987 recruited onto the programme —24% into a competitive-sustainable job outcome - during a pandemic and recession.
- (40%) personally significant outcome
- (7%) socially active outcome
- (38%) job readiness outcome
- 21%) experiencing more than one of these outcomes

90% of individuals supported reported improvement in overall wellbeing (PROM's) with most significant improvements seen in the domains of anxiety and depression.

The blend of personal and practical support was highly valued by participants and viewed as distinct from the more traditional employment support 'offer':

"Thought once you got a job that would be it, nice to meet you take care and that's what worried me, and as soon as he said, no we'll keep in touch with you 6 months maybe a year, I thought great – that gives me an awful lot of boost that, and also I like the fact that it gives you a confidence boost scheme as well, as a group. (Client 7)"

Participants consistently highlighted the benefits of continued, tailored, focussed support, which was seen as particularly positive in comparison to other services or programmes that some participants had experienced:

"I've found it to be more personal, more personal much more one on one, um, I would have said that it was more tailored to the individual rather than generic. (Client 10)"

"I went to the job centre, they put me on to a DWP Employment Contract but unfortunately, that wasn't working for me, um, and it just wasn't going anywhere that's when I decided, right I'll approach ICAN now, I'd been told they meet you, get on with it, keep in touch with you by phone or email and they do – fair dos, which I like. (Client 7)"

Of particular note the Deputy Minister for Mental Health and Well-being recently confirmed 3 year funding for the continuation of ICAN Work and Welsh Government are commencing a scoping exercise of introducing a work programme based on the ICAN Work across Wales.

ICAN Crisis

Learning from the ICAN Unscheduled Care Pilot of 2019 at all 3 District General Hospitals in North Wales, we have undertaken an options appraisal in partnership for the future commissioning of ICAN Community based centres where people can access **out of hours** emotional and mental health support in a non-institutional place of safety, at times when other services are not available with clear pathways between LAs OOH, WAST, Crisis Teams and A&E – connecting to the ICAN Portfolio of Services to create an integrated urgent care system that is rooted in communities.

The Mental Health and Learning Disabilities Division together in partnership with our CAMHS colleagues have submitted a proposal to Welsh Government that outlines our plans to build on the ICAN programme and develop an all age community-based 24/7 mental health crisis support

pathway. The Division has secured additional funding to build on the work of ICAN to date which has laid the foundations for the wider system transformation and connect to the NHS 111 initiative.

We currently have a tender out on Sell2Wales for a third sector provider to develop and out of hours Sanctuary' type service that would serve as an alternative to an A&E attendance.

Strategy Implications

All mental health services in Wales have been working to implement the national strategy for mental health: 'Together for Mental Health' (T4MH) (2012). This national strategy identified 6 high level outcomes:

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness.

The Government strategy 'Taking Wales Forward (2016-2021)' identifies mental health in its priorities, with particular emphasis on the need to:

- Prioritise mental health treatment, support, prevention and de-escalation, including a pilot Social Prescription scheme and increase access to talking therapies.
- Work with schools, employers and other partners to improve well-being and promote better emotional health
- Work to ensure that mental health discrimination is ended.
- Take further action to make Wales a dementia friendly country through developing and implementing a new national dementia plan.

Also, at a national level a delivery plan for Together for Mental Health covers the period 2016 -2019. This sets out the specific actions required by local services over this period and incorporates a monitoring framework to ensure delivery. The strategy aims to:

- build on working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing;
- be responsive to co-production work with people with lived experience of services, their families and carers;
- apply clinical models that help us to identify people's needs so that help can be offered at the earliest appropriate opportunity, to reduce the likelihood of escalation and distress and support recovery;

- deliver holistic evidence-based person-centred care, underpinned by evidence, which supports people to lead fuller lives;
- deliver the best value, efficient and high-quality services, in line with the aspirations of the Together for Mental Health strategy and delivery plan.

The T4MH Programme also supports Betsi Cadwaladr University Health Board's overall strategy for health and wellbeing, "Living Healthier, Staying Well". This overarching strategy sets out the vision for the Health Board and reshapes the approach to promoting good health and wellbeing; physical, mental and emotional.

Financial Implications

Significant investment has been secured for the continuation of project elements. An ICAN Steering group oversees the programme of work with reporting against performance now established into the Divisional Finance and Performance meetings. The MH&LD transformation plan is supported via WG funding and reported on via divisional F&P group.

Risk Analysis

The transformation plan requires a substantial recruitment plan and divisional capacity to project manage delivery of a substantial number of projects.

Legal and Compliance

n/a

Impact Assessment

An Equality Impact Assessment has been completed for the ICAN offer. An overarching EQIA will be required to support the over-arching divisional transformational plan.

MHLD Programme Overview



MH&LD Divisional Transformational Plan				
Initiative	Funding	Impact	Outcome	How
Roll out Older Persons' Crisis Care Pathway	0.5	Reduce avoidable crisis; Support to EMI care homes; Reduce avoidable admissions	Improved and earlier response for older adults with severe and enduring mental health and those with dementia crisis Improved patient experience Reduction in unplanned/avoidable admissions/attendances at ED Reduction in DTOCs in acute hospital setting	Development and additional recruitment into the crisis care support team for older adults to ensure a consistent response across North Wales
Eating Disorders Early Intervention and Treatment	0.5	Reduce morbidity and mortality rates relating to eating disorders Support and improve the lives of individuals at an earlier stage	Local specialist assessment and treatment of individuals (in line with NICE 2017 guidance) Individuals will be offered a range of psychological interventions Specialist treatment which will ensure safe and effective management of psychological, physical and social aspects of their eating disorder Collaboration with CAMHs to ensure seamless transitions and integration of care across services for young people	Strengthen the eating disorders workforce within the division and also across other agencies Recruitment of a MARSIPAN Team (management of really sick patients with anorexia nervosa)
ICAN Primary Care	1.7	Reduction in referrals to CMHTs as only appropriate referrals will be made Increase number of individuals returning to employment via ICAN Work Greater system understanding of alternative support within communities	Direct and rapid access to a wider ranging support in primary care Tier 0 support by introducing of ICAN Connectors and ICAN Community Hubs	Recruitment of Mental Health Practitioners into GP Clusters Recruitment of ICAN Connectors
Medicines Management Support	0.6	Dedicated medicines management across the division including inpatient units and CMHTS Resource to support anti-psychotic medication reviews for GPs	Improved patient compliance and education with current medication	Recruitment of Pharmacist and medicines management technicians
Occupational Therapy Support	0.4	Enhanced OT support and leadership	Increased therapy leadership across the division to assisting in reviewing and improving patient flow between primary and secondary care Improved MDT working with a focus on recovery and overing barriers that prevent patients doing activities that matter to them Discharge support	Recruitment of Consultant Therapist Recruitment of additional OT workforce
Perinatal Services	0.2	Proactively detecting and preventing mental disorder in pregnant women	Reduce mental illness in the mother and improve the mother-infant relationship Regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health	Recruitment of additional Psychologist, Psychiatrist sessions; OT and social worker
Early Psychosis	0.3	Enhancing the current MDT	Reduce treatment delays at the onset of psychosis Promotion of recovery <u>Reduction in episodes of relapse</u>	Recruitment of additional MDT posts
Psychiatric Liaison	0.3	Appropriate and consistent psychiatric liaison response across North Wales	Timely response Reduction in delays in Emergency Departments for mental health assessment <u>Signposting to alternative support services</u>	Recruitment of additional liaison posts
Interim management support	0.2	Project support for managing and reporting against all initiatives across the division Dedicated support to clinicians for <u>tracking outcomes</u>	Accurate reporting against trajectories	Recruitment of project management support
Integrated autism service	0.7	Continuation of a joined up, multi-disciplinary diagnostic assessment, support and advice service for autistic adults	Timely assessment for individuals Dedicated support to individuals and their families	Continuation of funding
Joint commissioning with Area Integrated Service Board	0.3	Based on the needs of the local population, this initiative will be driven through the respective AISBs and focus on addressing the physical health and mental health of the local population, clearly looking to address prevention and crisis management.	Joint approach to commissioning health and wellbeing services for local population via community localities	Identification of targeted joint plan
Wellness Work and Us	0.2	A single MHLd-wide plan will ensure that workforce health and wellbeing is being delivered efficiently, integrated into key areas of the organisation and makes the best use of the available resources.	Staff will feel valued empowered individuals Reduced stigma around mental health Dedicated staff Wellness areas to support wellbeing of our staff	Continuation of funding - Counsellor, Admin, training Development of Wellness Rooms
CAMHs transition and joint working	0.8			
TOTAL	6.7			



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Regional Partnership Board meeting update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Mark Wilkinson, Executive Director of Planning and Performance						
Craffu blaenorol: Prior Scrutiny:	This update is being brought for information						
Atodiadau Appendices:	Notes of 11 th June 2021 Regional Partnership Board meeting attached						
Argymhelliad / Recommendation:							
The Committee is asked to note the updates received at the North Wales Regional Partnership Board and to receive the notes of the meeting held on 11 th June 2021.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
Sefyllfa / Situation:							
The notes of the Regional Partnership Board meeting provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 11 th June 2021 meeting are attached.							
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
SED will be considered by each of the programmes as appropriate.							
Cefndir / Background:							
Items discussed at the 11 th June 2021 RPB meeting include:							
<ol style="list-style-type: none"> 1) NWRPB Annual Report 2) Regional Dementia Steering Group Update Report 3) NWRPB Children's Sub Group 4) BCUHB Recovery Work Update 5) National Strategic Autism Update 6) ICF Q4 Report 7) Developing a future framework for Regional Partnership Boards 8) Pharmaceutical Needs Assessment – Statutory Consultation 							

Asesu a Dadansoddi / Assessment & Analysis

Strategy implications

There is increasing emphasis on the role of the RPB and partnership working in the national strategic direction set out in **A Healthier Wales** and in subsequent strategies and plans. The Health Board's long-term strategy, **Living Healthier, Staying Well**, although published prior to A Healthier Wales, recognises as one of the main strategic goals that we will work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.

Options considered

This report is brought for information and therefore no options appraisal is required.

Financial implications

Financial Implications are identified within each specific workstream.

There is a financial / service risk from the non-recurrent nature of ICF and transformation funding. The Leadership Group and RPB are working through the implications of the non-recurrent risk and exit strategies where needed. Further updates will be provided on this in the near future.

Risk analysis

This paper is brought for information. Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio.

Legal and compliance

The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.

Impact Assessment

Each of the programmes within the RPB portfolio is responsible for ensuring impact assessment is undertaken and statutory duties are fulfilled. The Health Board Equality Team has been working in partnership with others on the North Wales Public Sector Equality Network to support partner organisations in ensuring appropriate impact assessment is carried out.

SED is not applicable – no new strategic decisions being brought for consideration.



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

11th June 2021

9:00 am – 12:00 pm

Via M S Teams

Present:	Mary Wimbury (Chair), Alwyn Jones, Barry Argent, Bethan E Jones, Chris Stockport, Cllr Bobby Feeley, Cllr Christine Jones (attended from 10:00 am), Cllr Joan Lowe, Cllr Cheryl Carlisle, Cllr Dafydd Meurig, Estelle Hitchon, Delyth Lloyd-Williams, Fôn Roberts, Helen Corcoran (attended from 9:20 am), Jenny Williams (attended from 9:45 am), John Gallanders (attended until check 10:30 am), John Gladston, Lucy Reid, Neil Ayling (attended from 10:00 am), Nicola Stubbins (attended until 10:00 am), Paul Scott, Rob Smith, Shan Lloyd Williams (attended from 9:30 am), Sian Tomos (in attendance for Roma Hooper and Meinir Williams-Jones), Teresa Owen
Apologies:	Cllr Llinos Medi Huws, Dr Lowri Brown, Ffion Johnstone, Jo Whitehead, Mark Wilkinson, Meinir Williams-Jones, Morwena Edwards, Roma Hooper, Sam Parry
In Attendance:	Amanda Lonsdale, Interim Deputy Director for MH&LD, BCUHB (agenda item 4) Einir Price, Autism Policy WG (agenda item 7) Wendy Thomas, National Professional Lead Autism, WLGA (agenda item 7) Christine Burn, Service Manager, North Wales IAS Team (agenda item 7) Sioned Thomas, National Autism Development Officer- North and Mid-Wales (agenda item 7) Professor Nicky Callow, Dean, College Human Sciences, Bangor University (agenda item 9)

Item		Actions
1.	<u>Welcome Introductions & Apologies</u> The chair extended a warm welcome to everyone. Introductions were made and apologies noted as above. The chair noted the changes within CCBC Cabinet positions and formally thanked Cllr Louise Emery for giving time to be a member of the Board. A warm welcome was extended to Cllr Cheryl Carlisle.	Letter to Cllr LE - RW
2.	<u>Notes and actions of last meeting – May 2021</u> The minutes of meeting 14.5.2021 were agreed as a correct record.	

	<p>Actions completed:</p> <ul style="list-style-type: none"> • Circulated North Wales vaccination figures and number not taking up the vaccination split by cluster • Circulate VAWDASV regional annual update and forward contact names to RE • JGal to make contact with Dr GR. • BAHW WG report to be circulated to NWRPB members. • MTJW – on-line modules link to be circulated <p>Actions not yet completed:</p> <ul style="list-style-type: none"> • Circulate the PB letter and WG response letter when received – <i>WG response is still awaited</i> – RW <p>Translation Platform and NWP - HC informed discussions concerning security regarding Zoom platform are ongoing and have been discussed at the CEO's X-Sector meeting. HC will inform once clear guidance has been confirmed.</p> <p>NS informed CEO's have been informed Microsoft are currently updating the translation functionality platform and it is anticipated this option will be available January 2022.</p>	<p>CR to provide an update of progress at the next NWRPB</p>
3.	<p><u>NWRPB Annual Report</u></p> <p>The final English version of the NWRPB Annual Report 2020-2021 is being presented today for endorsement by the NWRPB. The Welsh report is currently in translation and due for completion next week.</p> <p>Endorsement from RPB members will also enable statutory partners to take the annual report through their own political process and the report will then be available on the public domain of the http://northwalescollaborative.wales website</p> <p>The NWRPB were in agreement to endorse the NWRPB Annual Report.</p>	<p>Forward to WG by 30.06.2021 – RW</p> <p>Final reports to be circulated for RPB members to take through their political process.</p>
4.	<p><u>Dementia - Amanda Lonsdale</u> <u>Regional Dementia Steering Group Update Report</u></p> <p>The board received an overview from AL on the progress of the Dementia Steering Group (DSG) and the implementation of the North Wales Dementia Strategy (NWDS).</p> <p>The report briefly outlines the activity which has taken place since January 2021 overseen by the DSG and details the 12-month action plan 2021-2022 overseen by the Regional DSG, also giving consideration to the financial implications and the implementation of the recently announced National Dementia Standards.</p> <p>The NWDS has been adopted by partners and shared widely for implementation. The Regional Project Manager started in post 1.1.2021, the DSG held its first North Wales Dementia Strategy implementation meeting in February, resulting in significant progress being seen across the region, to include:</p>	

	<ul style="list-style-type: none"> • Amendment of the Terms of Reference and membership - to include the implementation of the regional Dementia Strategy and innovation. The group widened its membership to include Bangor University representation and the Dementia Nurse Consultants within BCUHB. • Reviewed the impact of Covid-19 on the RPB Dementia Strategy – confirming the PNA remains fit for purpose • Planning, Advertising and Recruitment to National Dementia Post - A second Project Manager has recently started in post 1.6.2021, to cover Powys county and this role will focus on the rural impacts and the offer of Welsh Language to those with dementia and their carers • Slippage Application Process – a clear process has been put in place which reports on the ICF Dementia slippage and outcomes of funding • Development of an Engagement Dementia Forum and Third Sector Forum – to fully engage with the DSG and to ensure a correct and impactful implementation of the strategy across the region • Mapping Opportunities and Needs for Implementation of the Strategy – action plan created for the next 12 months, identifying opportunities within the region and a need to urgently address specific issues which are impacting upon those with dementia and their carers. <p>LR noted <i>Action Point 20: Introduce a user friendly service map/pathway that's co-produced and local and resources to support others following diagnosis</i>, and enquired if the Dementia Team were working with GP's on the best way to access the referral pathway into services.</p> <p>AL informed this area requires a collective effort, engagement will be key and will be addressed in the future.</p> <p>Cllr BF noted the issue of respite for unpaid carers who undertake tremendous work looking after family members with dementia, and enquired how the outcomes will be measured.</p> <p>AL informed feedback will be gained from the voice of the carers as well as from the patient and this work will be done collectively across North Wales with partners in <i>Action 31: Joint commission services wherever possible (Carers Respite)</i>, continuing to develop and improve respite services as a result of feedback received from carers.</p> <p>Cllr JL suggested regular update reports on the action plan, including lessons learned are provided to the RPB, as work progresses at different pace in each region.</p> <p>PS noted NWFRS would be very keen to engage on any issues identified within <i>Action Point 27: Work with emergency services to support people affected by dementia</i>.</p> <p>The NWRPB were in agreement to:</p> <ul style="list-style-type: none"> • Note the development and direction of the dementia steering group. 	<p>Include on the NWRPB Work Plan RW</p> <p>Share contact details - RW</p>
--	--	--

	<ul style="list-style-type: none"> Note the opportunities to address the implementation risks for the Dementia Strategy and Dementia Standards in 2022-23. <p><u>Dementia Standards Report</u> AL touched on the All Wales Dementia Standards, announced in March 2021, comprising of 20 standards which will make a positive difference to dementia care in Wales.</p>	
5.	<p><u>NWRPB Children's sub-group - Fôn Roberts/Bethan E Jones</u> The board received an update from FR on the RPB requirement under Part 9 of the Social Services and Wellbeing (Wales) Act 2014; local authorities to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children. It places a duty on relevant partners to co-operate with, and provide information to, the local authorities for the purpose of their social service functions.</p> <p>The briefing paper explains the purpose and requests the NWRPB to endorse the 4 recommendations, to enable progression of the mapping exercise work.</p> <p>BEJ added that RPB members' views are also being sought on the membership of the Children's sub-group; asking if members agree with the suggested membership in the draft ToR, and welcome suggestions of other members on to the group.</p> <p>TO noted being in support of the sub-group and suggested that work already taking place is taken into consideration as part of the mapping work across the region i.e. obesity also being a theme of concern and also supportive of strengthening the voice of the child in this work.</p> <p>MW suggested having a representative from a Children's Provider Service and MW agreed to provide contact details.</p> <p>DL-W suggested a young carer representative to be involved in this group and agreed to provide a link outside of the meeting.</p> <p>RPB WAST and NWFRS members informed being in agreement to be called upon on an as and when basis on this group, if required.</p> <p>HC informed the NWP have recently recruited to a Young People Engagement and Interventions Officer role, and will forward the contact details once the officer has started in post 28th June 2021.</p> <p>The NWRPB were in agreement to endorse the recommendations:</p> <ol style="list-style-type: none"> 1. An agreement to progress with an RPB subgroup for Children, Young People and their Families. 2. Existing meetings to be mapped out in order to avoid duplication 3. Membership to the subgroup to be agreed. 4. Agree the framework for engagement and co-production with children and young people, embedding a Children Rights approach. Clear governance and reporting structures to be developed. 	<p>MWim to provide details</p> <p>DL-W to provide details</p> <p>HC to provide details</p>

<p>6.</p>	<p><u>BCUHB recovery work update – Chris Stockport</u> CS provided a verbal update to the NWRPB, and took the opportunity to thank all regional colleagues who have assisted and collaborated to support each other throughout the pandemic.</p> <p>While there is an increasing focus on the return to ‘business as usual’ in line with NHS Wales, BCUHB are working to address the significant backlog whilst concurrently focusing on recovery. Covid continues to provide challenges i.e. PPE and reduced bed capacity, with added surveillance due to the Delta variant.</p> <p>Highlights of the work taking place on recovery focused on:</p> <ul style="list-style-type: none"> • Demand on USC – Emergency and Out Of Hours has returned to normal across the 3 main hospital sites. Concern is noted in terms of the huge number of expected summer staycations and the difficulty of predicting the level of USC throughout the summer/ no precedence set • Routine referrals to Secondary Care – seeing an increase in referrals, together with the backlog of activity to deal with. Although WG funding is available, the main concern remains the capacity issue re bed spaces and workforce, which cannot rapidly be increased to meet this demand • Recovery is being tackled on a phased basis – prioritising the areas of greatest concern: Diagnostic, Orthopedic, Cataracts, CAMHS/AMH (Covid related MH) • Primary Care – work continued throughout Covid and as a result of changes to managing the risk this service also has a backlog of activity. <p>Cllr BF took the opportunity to emphasise the importance of routine checkups for all regular conditions, although the virtual platform has been appreciated over the pandemic, the virtual platform is not always the best service for the individual, and stressed the importance of resuming normal face to face services.</p>	
<p>7.</p>	<p><u>Integrated Autism Service</u> <u>National Strategic Autism Update – Einir Price, Autism Policy WG and Wendy Thomas, National Professional Lead Autism</u></p> <p>WT firstly provided an update since November 2020 on the National IAS team:</p> <ul style="list-style-type: none"> • Funded by WG and hosted by the WLGA, with PHW, and works in close partnership with WG, LA and HB local Autism leads, key stakeholders and advisory groups, working across all ages and all aspects of people’s lives • Linking with the ALN Reform – Education is a key part of Autism in Wales • New website includes accessible and helpful resources for individuals with Autism, parents and carers, all free to download • Work during Covid focused on ensuring all up to date and accurate information on the website was accessible for individuals with Autism. 	

	<p>Einir Price provided an update on the IAS Statutory Code of Practice (CoP): Following extensive engagement with stakeholders and people with autism, the CoP was presented to WG in March 2021. WG outcome is expected imminently, with the guidance expected to be published in July and implementation underway by September 2021.</p> <p>EP informed that the key duties for the NWRPB was included within Section 4 of the CoP on the delivery of autism services - <i>Arrangements for Planning and Monitoring Services and Stakeholder Engagement</i>.</p> <p>Draft duties of the Local Health Boards and Local Authorities include:</p> <ul style="list-style-type: none"> • To undertake a joint PNA and implement the area plans, with Autism as a stand-alone theme. • Develop strategic and operational teams which include autistic people to inform service development. • Ensure compliance with Welsh Government data collection and monitoring requirements. <p>EP informed a letter would be forwarded to NWRPB explaining the requirements and duties of the NWRPB in terms of the implementation of the CoP.</p> <p><u>North Wales Integrated Autism Service update – Neil Ayling, Lead Sponsor and Christine Burns, Service Manager, North Wales IAS Team</u></p> <p>CB noted the current Covid-19 pandemic has been a particularly challenging time for the regional IAS team. During this time a wide range of training, advice hubs, group work and directional therapy was delivered with clients on-line. Autism on-line assessments undertaken by team members proved to be very time consuming taking around 5 or 6 appointments to achieve the same outcome level as face to face meetings.</p> <p>All applications into the service are now triaged through the weekly Multi-Disciplinary Team. There is no waiting list for support as all such requests received by the team are allocated to link workers who make contact via email, telephone and most importantly where possible via Video Conferencing.</p> <p>The current waiting list is for diagnostic tests only. Individuals on the list are quality controlled with IAS staff providing a duty of care to ensure all individuals are accessing the right service.</p> <p>NA acknowledged the work of the national and regional IAS teams which have provided a significant impact to the citizen's voice and working with people who have lived experiences</p> <p>The NWRPB already have an Autism Champion (Cllr Christine Jones - East) and a request for a volunteer Champion for the West region has been proposed.</p>	<p>Forward names to NA</p>
--	--	----------------------------

	<p>DL-W noted as a NWRPB carer representative, hearing from many families that awareness raising is extremely important, and is grateful to see the work currently taking place. However, there are still difficulties in the awareness of senior position professionals within BCU and LA, not having sufficient understanding of autism and carers are tired of having to explain what autism is.</p> <p>WT confirmed WG are working with LAs and HBs to raise awareness and working with many organisations to attain autism aware standard. WT informed of an ongoing pilot scheme between Hywel Dda HB and Primary Care working to inform professionals of this cohort.</p> <p>Cllr BF enquired around respite care, and although the IAS team do not handle respite care, EP informed that WG have recently established a task & finish group, as part of the WG recovery work, to consider respite care and autism have been invited to be part of looking at respite care for the future.</p> <p>WT also informed that WG have launched a grant for carers respite and will forward further details.</p>	Forward Cllr BF e-mail to EP
8.	<p><u>ICF – Neil Ayling</u> <u>ICF Q4 Report 2020/21</u></p> <p>The board received a year-end report of the ICF funding streams. All funding streams were reported fully spent and highlights include:</p> <p>Revenue - 119 of the 120 revenue projects were either fully completed or progressing as planned. 24 projects were modified in order to be delivered safely during the pandemic and funding for 1 project was flexed to projects which had been modified and needed additional resource.</p> <p>Capital:</p> <ul style="list-style-type: none"> • 70 projects were progressed last year, 17 main capital schemes and 53 discretionary capital schemes, 35 of which were Covid-19 pivot schemes. • Funding was used to support the establishment of 2 sub-regional children's residential assessment centres, Meadow Lodge / Bwthyn Y Ddol in Colwyn Bay and Tŷ Nyth in Mold. • An integrated Dementia Centre was built on the Ysbyty Bryn Beryl site, and in Buckley, an extension to existing older people care home Marleyfield was built which will provide additional accommodation and multi-disciplinary services. • In Wrexham, a property was developed into bespoke living environments for 4 individuals with complex needs, challenging behaviour and/or autism. • In Llangefni, an extension to an existing supported living scheme (Bryn Meurig) was completed for an individual with very complex needs. <p>Covid Discharge Plan:</p>	

	<ul style="list-style-type: none"> • Funding of £2.44m was made available in 2020/21 and this was fully spent across 17 schemes • D2RA- Funding of £2.238m was made available as part of winter planning and supported 20 schemes across the region which included expansion of workforce, rapid response domiciliary care, providing additionality and a move to 7 day working for some services. <p>NA thanked all colleagues across the region for their continued work on the ICF work-stream.</p> <p><u>ICF Evaluation Programme – Update Report</u></p> <p>NA provided a brief update on the ICF Evaluation Programme:</p> <ul style="list-style-type: none"> • WG commissioned Old Bell 3 (OB3) to carry out a national independent evaluation programme • OB3 have undertaken a desk top evaluation of approximately 15 projects for each region (stage 1) and is due to be completed at the end of May 2021. • The Regional Team are carrying out evaluations of the remaining approximately 100 projects, due to be completed in June 2021. • The Regional Team and OB3 have worked collaboratively to ensure a consistent approach across both strands of the evaluation programme, using both qualitative and quantitative data • Stage 2 will take a deep dive into a small number of projects in each region including in-depth interviews with service users and staff providing the service. NASH and NWHoCS have been asked to consider which projects to put forward for the deep dive work and this will take place in June/July • Individual project evaluation reports are being fed back to ICF Lead Officers as they are completed and it is anticipated that every project will have received a report by the end of July 2021 • Running alongside the evaluation work, is the Exit Strategy prioritisation work which is due to complete at end of June. It is anticipated that all projects will be: <ul style="list-style-type: none"> (1) Sorted into one of three categories: <ol style="list-style-type: none"> 1. Project is able to cease and safely close 2. Continue project if new ICF/TP or other funding confirmed 3. Project must continue as now core service (2) RAG scored into one of three priorities: <ul style="list-style-type: none"> Red: Exit Plan to be developed over next 3 months Amber: Exit Plan to be developed over next 6 months Green: Exit Plan in place / not required • A summary of the exit strategy prioritisation work will be brought to the July 2021 NWRPB meeting <p>NA also emphasised ICF funding underpins the continuity of many LA core services</p> <p>The NWRPB were in agreement to note the ongoing work and progress being made with evaluation of the ICF Revenue investment programme.</p>	
9.	<u>Progress update on the Intensive Learning Academy ALPHAcademy</u>	

and the Interprofessional School of Medicine and Health – Professor Nicky Callow, Dean, College Human Sciences, Bangor University

ILA ALPHAcademy

NC updated the RPB on the ILA since the last attendance in July 2020:

The ILA's full business case bid was submitted to WG in August, and following excellent feedback from the scrutiny panel a grant letter was awarded in December 2020. Six staff members have been appointed since January 2021, the MSc in Preventative Health and Equity was evaluated in March 2021 and the first Board meeting is planned for July 2021.

3 ILA's have been awarded funding; Alpha Academy in Bangor University, Value-Based Health and Care Academy at Swansea University and the All-Wales Intensive Learning Academy for Innovation in Health and Social Care (IHSC) at Swansea University, developed in collaboration with Cardiff and Vale University Health Board, Cardiff University and the Bevan Commission. All 3 ILA's will act as hubs for developing skills and sharing of knowledge, also having an all-Wales approach to preventative methods and scaling up of interventions, encourage creative thinking and support collaboration amongst leaders within health, social care, third sector and life sciences.

The MSc framework programme consists of micro credits which can be cashed in to upgrade to Stand-Alone Modules, resulting in a number of different access routes leading up to a MSc.

The ambition is to develop an internationally recognised Academy, develop leaders in Wales who are able to think with a cross sector and service perspective and deliver change, with firm knowledge and wide network and prevention at the core.

CS noted full support to this programme and acknowledged the significant work by BU and all partners on this excellent piece of work.

NC enquired on the best way of getting the programme recognised by key people within health network and to encourage people to attend the workshops.

RS suggested that the framework is discussed by the sub-regional AISB's, where health, local authority and third sector colleagues are given an opportunity to be involved, also including the Provider sector.

NC informed they are looking to start with a cohort of around 25 and funding for the flexible modules and scholarships are available. NC agreed to forward a flyer to circulate to RPB.

Circulate ILA workshop flyer - RW

North Wales Medical School

NC informed Bangor University and BCUHB support the development of a School of Medicine and Health for North Wales by 2025. The School will build on a foundation of intensive and applied research and will be industry focused delivering a transformational impact on the regional economy in North Wales. The development will inform education, skills portfolios and service development, improve health outcomes and drive economic ambition.

The rationale for North Wales includes:

- Difficulties recruiting and retaining medics and other staff
- Lower numbers of doctors in training than elsewhere in the UK
- Highest spend in Wales on agency staff and contracting care from across the border
- A highly uncertain economic context post Covid-19 with risks of health inequalities widening
- Growing population, with increasingly older age profile.
- Increasing prevalence of complex chronic health conditions.
- Shortage of Welsh speaking doctors.
- Older age profile of GPs in rural areas.
- Innovation adoption of new products, technologies, digital solutions and service development does not happen at the pace or scale needed.

In response to the proposal from Bangor University and BCUHB the Minister for Health and Social Services commissioned a Task and Finish Group to assess and progress consideration and the feasibility of the proposal. The T&G group also highlighted the need to explore the following areas in further detail:

- In-depth analysis for increasing the number of medical students in North Wales.
- Financial analysis of the revenue and capital required for the favored options.
- A review of the whole country's capacity for clinical placement.
- The need to develop both more F1/F2 training places as well as more specialist training places.

In February the Group recommended the need for additional medical students in North Wales and this has been accepted by the Minister. Further work will now be undertaken to complete the full business case with an anticipated target completion date of the end of the summer 2021.

Cllr BF enquired where social care featured in this programme and what were the timescales proposed.

NC noted the challenges to get accreditation through the GMC with the proposed changes to the medical curriculum. As of September 2021, two separate School are amalgamating to form one School of Social Science at Bangor University. The new curriculum will break with tradition and give more focus to inter professional functions, that will address improved outcomes within the medical sector i.e. bilingual aspect, awareness of autism, to name a few, and social

	<p>care as well as health will form an important part of this work. In terms of timescale, looking at 3 ½ years.</p> <p>MW thanked NC for the comprehensive update.</p>	
10.	<p><u>Any Other Business</u></p> <p><u>Developing a future Framework for Regional Partnership Boards</u></p> <p>MW informed that the 'Developing a Future Framework for RPB's' paper originated from a recent regional leads, chairs and vice-chairs forum in readiness for a pending meeting with the Minister.</p> <p>NWRPB members are been given an opportunity to note the themes and work undertaken and to also provide comments by 16.6.2021. The understanding at this time, is that the paper will be used to facilitate the discussion with ADSS Cymru WLGA and WG.</p> <p>Once the paper has been finalised, LA Lead Members will have an opportunity to take the agreed report through their political process.</p> <p>MW agreed to forward comments on the understanding that the report has not been considered by individual constituents.</p> <p>The NWRPB were in agreement to note the work that has been collaboratively undertaken and to endorse the general themes within the 'Developing a future Framework for RPB's' paper.</p> <p><u>Pharmaceutical Needs Assessment – Statutory Consultation</u></p> <p>Information from BCUHB, relating to the Pharmaceutical Needs Assessment statutory on-line consultation.</p>	<p>Forward comments to RW by 16.6.21</p>
	<p>The following documents have been included for information:</p> <ol style="list-style-type: none"> 1. NWRPB Communication and Engagement Strategy 2021 – 2025 – Final Welsh/English JGI enquired if the section on the engagement within the 'Equalities and protected characteristic groups' within the document could be expanded to demonstrate the activity taken to cover each of the areas. 2. All Wales Dementia Care Pathway of Standards 	<p>CR to discuss with RPB Eng Officer and contact JGI</p>
	Date of next meeting: Friday 9th July 2021, 9:00 – 12:00	



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Cofnodion Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

11 Mehefin 2021

9:00 am – 12:00 pm

Ar M S Teams

Yn bresennol:	Mary Wimbury (Cadeirydd), Alwyn Jones, Barry Argent, Bethan E Jones, Chris Stockport, y Cyng Bobby Feeley, y Cyng Christine Jones (yn bresennol o 10:00 yb), y Cyng Joan Lowe, y Cyng Cheryl Carlisle, y Cyng Dafydd Meurig, Estelle Hitchon, Delyth Lloyd-Williams, Fôn Roberts, Helen Corcoran (yn bresennol o 9:20 yb), Jenny Williams (yn bresennol o 9:45 yb), John Gallanders (yn bresennol tan 10:30 yb), John Gladston, Lucy Reid, Neil Ayling (yn bresennol o 10:00 yb), Nicola Stubbins (yn bresennol tan 10:00 yb), Paul Scott, Rob Smith, Shan Lloyd Williams (yn bresennol o 9:30 yb), Sian Tomos (yn bresennol ar ran Roma Hooper a Meinir Williams-Jones), Teresa Owen
Ymddiheuriadau:	Y Cyng Llinos Medi Huws, Dr Lowri Brown, Ffion Johnstone, Jo Whitehead, Mark Wilkinson, Meinir Williams-Jones, Morwena Edwards, Roma Hooper, Sam Parry
Hefyd yn bresennol:	Amanda Lonsdale, Dirprwy Gyfarwyddwr Dros Dro ar gyfer Iechyd Meddwl ac Anableddau Dysgu, Bwrdd Iechyd Prifysgol Betsi Cadwaladr (eitem 4 ar y rhaglen) Einir Price, Polisi Awtistiaeth LIC (eitem 7 ar y rhaglen) Wendy Thomas, Arweinydd Proffesiynol Cenedlaethol Awtistiaeth, CLILC (eitem 7 ar y rhaglen) Christine Burns, Rheolwr Gwasanaeth, Tîm Gwasanaethau Awtistiaeth Integredig Gogledd Cymru (eitem 7 ar y rhaglen) Sioned Thomas, Swyddog Datblygu Awtistiaeth Cenedlaethol – Gogledd a Chanolbarth Cymru (eitem 7 ar y rhaglen) Yr Athro Nicky Callow, Dean, Coleg y Gwyddorau Dynol, Prifysgol Bangor (eitem 9 ar y rhaglen)

Eitem		Camau Gweithredu
1.	<u>Croeso, Cyflwyniadau ac Ymddiheuriadau.</u> Estynnodd y cadeirydd groeso cynnes i bawb. Gwnaed cyflwyniadau a nodwyd yr ymddiheuriadau fel uchod.	

	Nododd y cadeirydd y newidiadau o fewn swyddi Cabinet CBSC a diolchodd yn ffurfiol i'r Cyng Louise Emery am roi o'i hamser i fod yn aelod o'r Bwrdd. Rhoddwyd croeso cynnes i'r Cyng Cheryl Carlisle.	Llythyr i'r Cyng LE - RW
2.	<p><u>Nodiadau a chatau gweithredu'r cyfarfod diwethaf - Mai 2021</u></p> <p>Cytunwyd bod cofnodion y cyfarfod a gynhaliwyd ar 14.5.2021 yn gywir.</p> <p>Camau gweithredu a gwblhawyd:</p> <ul style="list-style-type: none"> • Rhannu ffigurau brechu Gogledd Cymru a'r nifer sy'n dewis peidio â derbyn y brechlyn wedi'u rhannu fesul clwstwr • Rhannu diweddariad blynyddol rhanbarthol VAWDASV ac anfon yr enwau cyswllt at RE • JGal i gysylltu â Dr GR. • Rhannu adroddiad BAHW LIC gydag aelodau Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru. • MTJW – rhannu dolen i'r modiwlau ar-lein <p>Camau sydd eto i'w cwblhau:</p> <ul style="list-style-type: none"> • Dosbarthu llythyr PB i LIC a'r ymateb ar ôl ei dderbyn - <i>Rydym yn aros am ymateb gan LIC – RW</i> <p>Plattform Cyfieithu a HGC – Rhoddodd HC wybod bod trafodaethau mewn perthynas â diogelwch plattform Zoom yn parhau a bod trafodaethau wedi'u cynnal yng nghyfarfod Traws Sector y Prif Swyddogion Gweithredol. Bydd HC yn rhoi gwybod unwaith y bydd canllawiau clir wedi'u cadarnhau.</p> <p>Nododd NS bod Prif Swyddogion Gweithredol wedi cael gwybod bod Microsoft yn diweddarau'r swyddogaeth cyfieithu ar y plattform, a rhagwelir y bydd yr opsiwn hwn ar gael ym mis Ionawr 2022.</p>	CR i roi diweddariad ar y cynnydd yng nghyfarfod nesaf Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru.
3.	<p><u>Adroddiad Blynyddol Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru</u></p> <p>Mae'r fersiwn Saesneg derfynol Adroddiad Blynyddol Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru 2020-2021 yn cael ei chyflwyno heddiw i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru ei chymeradwyo. Mae'r adroddiad Cymraeg yn cael ei gyfieithu ar hyn o bryd ac mae disgwyl y bydd wedi'i gwblhau erbyn yr wythnos nesaf.</p> <p>Bydd cymeradwyaeth gan aelodau'r Bwrdd Partneriaeth Rhanbarthol hefyd yn galluogi partneriaid statudol i roi'r adroddiad blynyddol trwy eu proses lywodraethu neu wleidyddol a bydd yr adroddiad ar gael i'r cyhoedd ar wefan https://www.cydweithredfagogleddcymru.cymru/</p> <p>Roedd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru yn cytuno y dylid cymeradwyo Adroddiad Blynyddol y Bwrdd.</p>	<p>Anfon at LIC erbyn 30.06.2021 - RW</p> <p>Rhannu adroddiadau terfynol er mwyn galluogi'r Bwrdd Partneriaeth Rhanbarthol i'w rhoi trwy eu proses wleidyddol</p>
4.	<p><u>Dementia - Amanda Lonsdale</u></p> <p><u>Adroddiad Diweddarau'r Grŵp Llywio Dementia Rhanbarthol</u></p>	

	<p>Rhoddodd AL drosolwg i'r bwrdd o gynnydd y Grŵp Llywio Dementia a gweithrediad Strategaeth Dementia Gogledd Cymru.</p> <p>Mae'r adroddiad yn amlinellu'r gwaith a gwblhawyd ers Ionawr 2021 a gaiff ei oruchwylio gan y Grŵp Llywio Dementia a'r cynllun gweithredu 12 mis 2021-2022 a gaiff ei oruchwylio gan y Grŵp Llywio Dementia Rhanbarthol, ac mae hefyd yn ystyried goblygiadau ariannol a gweithrediad y Safonau Dementia Cenedlaethol a gyhoeddwyd yn ddiweddar.</p> <p>Mae Strategaeth Dementia Gogledd Cymru wedi cael ei mabwysiadu gan bartneriaid a'i rhannu'n eang i gael ei gweithredu. Dechreuodd y Rheolwr Prosiect Rhanbarthol yn ei swydd ar 1.1.2021, cynhaliodd y Grŵp Llywio Dementia ei gyfarfod gweithredu Strategaeth Dementia Gogledd Cymru cyntaf ym mis Chwefror, sydd wedi arwain at gynnydd sylweddol ar draws y rhanbarth, gan gynnwys:</p> <ul style="list-style-type: none"> • Diwygio'r Cylch Gorchwyl a'r aelodaeth – i gynnwys gweithredu'r Strategaeth Dementia rhanbarthol ac arloesi. Mae'r grŵp wedi ymestyn ei aelodaeth i gynnwys cynrychiolaeth Prifysgol Bangor ac Ymgynghorwyr Nyrsys Dementia o fewn Bwrdd Iechyd Prifysgol Betsi Cadwaladr. • Adolygu effaith Covid-19 ar Strategaeth Dementia'r Bwrdd Partneriaeth Rhanbarthol – i gadarnhau bod yr Asesiad o Anghenion y Boblogaeth yn parhau i fod yn addas i'r diben • Cynllunio, Hysbysebu a Recriwtio i Swydd Dementia Cenedlaethol – mae Rheolwr Prosiect arall wedi dechrau yn y swydd ar 1.6.2021, i weithio ar draws sir Powys, a bydd y rôl yn canolbwyntio ar yr effaith yng nghefn gwlad a chynnig yr iaith Gymraeg i'r rheiny â dementia a'u gofalwyr • Proses Ymgeisio ar gyfer Llithriant – mae proses glir ar waith sy'n adrodd ar lithriant Dementia'r Gronfa Gofal Integredig a'r canlyniadau cyllid • Datblygu Fforwm Ymgysylltiad Dementia a Fforwm Trydydd Sector – i ymgysylltu'n llawn â'r Grŵp Llywio Dementia a sicrhau bod y strategaeth yn cael ei gweithredu'n gywir ac mewn modd dylanwadol ar draws y rhanbarth • Mapio Cyfleodd ac Anghenion i Weithredu'r Strategaeth – crëwyd cynllun gweithredu ar gyfer y 12 mis nesaf, yn nodi cyfleodd o fewn y rhanbarth a'r angen i fynd i'r afael â materion arbennig sy'n cael effaith ar y rheiny sydd â dementia a'u gofalwyr ar frys. <p>Nododd LR <i>Gam Gweithredu 20: Cyflwyno map/llwybr gwasanaeth hawdd ei ddefnyddio a gaiff ei gynhyrchu ar y cyd ac yn lleol yn ogystal ag adnoddau i gefnogi eraill yn dilyn diagnosis</i>, a gofynnodd a oedd y Tîm Dementia'n gweithio gyda Meddygon Teulu ar y ffordd orau i gael mynediad at y llwybr atgyfeirio at wasanaethau.</p> <p>Rhoddodd AL wybod fod angen i bawb weithio ar y cyd yn y maes hwn, bydd ymgysylltu yn allweddol ac yn derbyn sylw yn y dyfodol.</p> <p>Nododd y Cyng BF y problem o ran seibiant i ofalwyr nad ydynt yn derbyn tâl sy'n gwneud gwaith gwych yn gofalu am aelodau o'u teulu</p>	
--	---	--

	<p>sydd â dementia, a gofynnodd sut y bydd y canlyniadau'n cael eu mesur.</p> <p>Rhoddodd AL wybod y bydd adborth yn cael ei gasglu gan ofalwyr yn ogystal â chleifion ac y bydd y gwaith yn cael ei gwblhau ar y cyd ar draws Gogledd Cymru â phartneriaid yng <i>Ngham Gweithredu 31: Gwasanaethau comisiynu ar y cyd lle bynnag y bo modd (Seibiant Gofalwyr)</i>, parhau i ddatblygu a gwella gwasanaethau seibiant o ganlyniad i adborth a dderbynnir gan ofalwyr.</p> <p>Awgrymodd y Cyng JL y dylid darparu adroddiadau diweddarau rheolaidd ar y cynllun gweithredu, gan gynnwys gwersi a ddysgwyd, i'r Bwrdd Partneriaeth Rhanbarthol wrth i'r gwaith ddatblygu ar raddfa wahanol ym mhob rhanbarth.</p> <p>Nododd PS y byddai Gwasanaeth Tân ac Achub Gogledd Cymru yn awyddus iawn i ymgysylltu ar unrhyw faterion a nodwyd o fewn <i>Cam Gweithredu 27: Gweithio gyda gwasanaethau brys i gefnogi pobl a effeithir gan ddementia</i>.</p> <p>Cytunodd y Bwrdd i:</p> <ul style="list-style-type: none"> • Nodi datblygiad a chyfeiriad y grŵp llywio dementia. • Nodi'r cyfleoedd i fynd i'r afael â'r risgiau mewn perthynas â gweithredu'r Strategaeth Dementia a'r Safonau Dementia yn 2022-23. <p><u>Adroddiad Safonau Dementia</u></p> <p>Soniodd AL am Safonau Dementia Cymru Gyfan, a gyhoeddwyd ym mis Mawrth 2021, sy'n cynnwys 20 safon a fydd yn gwneud gwahaniaeth cadarnhaol i ofal dementia yng Nghymru.</p>	<p>Cynnwys ar Gynllun Gwaith y Bwrdd - RW</p> <p>Rhannu manylion cyswllt - RW</p>
5.	<p><u>Is-grŵp Plant Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru - Fôn Roberts/Bethan E Jones</u></p> <p>Derbyniodd y bwrdd y wybodaeth ddiweddaraf gan FR ar ofyniad y Bwrdd Partneriaeth Rhanbarthol dan Adran 9 yn Neddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014; awdurdodau lleol i wneud trefniadau i hyrwyddo cydweithrediad â'u partneriaid perthnasol ac eraill, mewn perthynas ag oedolion ag anghenion gofal a chymorth, gofalwyr a phlant. Mae'n gosod dyletswydd ar bartneriaid perthnasol i gydweithredu gyda, a darparu gwybodaeth i'r awdurdodau lleol at ddibenion eu swyddogaethau gwasanaethau cymdeithasol.</p> <p>Mae'r papur briffio'n egluro'r pwrpas ac yn gofyn i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru gymeradwyo'r 4 argymhellid, er mwyn datblygu gwaith ymarfer mapio.</p> <p>Nododd BEJ bod barn aelodau'r Bwrdd Partneriaeth Rhanbarthol yn cael ei cheisio ar aelodaeth yr is-grŵp Plant; a gofynnodd a oedd aelodau'n cytuno â'r aelodaeth a argymhellir yn y Cylch Gorchwyl drafft, a dywedodd y byddai'n croesawu unrhyw awgrymiadau o ran aelodau eraill i'w cynnwys ar y grŵp.</p>	

	<p>Nododd TO ei bod yn gefnogol o'r is-grŵp ac awgrymodd y dylid ystyried y gwaith sydd eisoes yn mynd rhagddo fel rhan o'r gwaith mapio ar draws y rhanbarth h.y. gordewdra fel achos pryder, roedd hi hefyd yn cefnogi'r ymdrechion i gryfhau llais y plentyn yn y gwaith.</p> <p>Awgrymodd MW y dylid cael cynrychiolydd o'r Gwasanaeth Darparwyr Plant a chytunodd MW i ddarparu manylion cyswllt.</p> <p>Awgrymodd DL-W y dylai cynrychiolydd gofalwyr ifanc fod ynghlwm â'r grŵp hwn a chytunodd i ddarparu cyswllt y tu allan i'r cyfarfod.</p> <p>Rhoddodd aelodau'r Bwrdd Partneriaid Rhanbarthol, Ymddiriedolaeth Gwasanaethau Ambiwylans Cymru a Gwasanaeth Tân ac Achub Gogledd Cymru wybod eu bod yn cytuno i gael eu galw yn ôl yr angen ar y grŵp hwn, pan fydd rhaid.</p> <p>Rhoddodd HC wybod fod Heddlu Gogledd Cymru wedi recriwtio Swyddog Ymgysylltu ac Ymyrraeth Pobl Ifanc yn ddiweddar, a byddant yn anfon y manylion cyswllt ymlaen unwaith y bydd y swyddog wedi dechrau'r swydd ar 28 Mehefin 2021.</p> <p>Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i gymeradwyo'r argymhellion isod:</p> <ol style="list-style-type: none"> 1. Cytuno i fwrw ymlaen ag is-grŵp Bwrdd Partneriaeth Rhanbarthol i Blant, Pobl Ifanc a'u Teuluoedd. 2. Mapio cyfarfodydd presennol er mwyn osgoi dyblygiad. 3. Cytuno ar aelodaeth yr is-grŵp. 4. Cytuno ar y fframwaith ar gyfer ymgysylltu a chyd-gynhyrchu gyda phlant a phobl ifanc, gan sefydlu dull Hawliau Plant. Datblygu strwythurau llywodraethu ac adrodd clir. 	<p>MWim i ddarparu manylion</p> <p>DL-W i ddarparu manylion</p> <p>HC i ddarparu manylion</p>
6.	<p><u>Y wybodaeth ddiweddaraf am waith adfer Bwrdd Iechyd Prifysgol Betsi Cadwaladr - Chris Stockport</u></p> <p>Rhoddodd CS ddiweddariad ar lafar i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru a chymerodd y cyfle i ddiolch i'r cydweithwyr rhanbarthol sydd wedi cynorthwyo a chydweithio i gefnogi ei gilydd drwy gydol y pandemig.</p> <p>Tra bod rhagor o ffocws ar ddychwelyd i 'fusnes fel arfer' yn unol â GIG Cymru, mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn gweithio i fynd i'r afael â'r ôl-gronid sylweddol ac yn canolbwyntio ar adfer. Mae Covid yn parhau i gyflwyno heriau h.y. Cyfarpar Diogelu Personol a llai o gapasiti gwlâu, gyda rhagor o wylidwriaeth yn sgil yr amrywiolyn Delta.</p> <p>Roedd uchafbwyntiau'r gwaith adfer yn canolbwyntio ar:</p> <ul style="list-style-type: none"> • Galw ar Ofal heb ei Drefnu – Mae'r Gwasanaeth Argyfwng a Thu Allan i Orlau wedi dychwelyd i'r arfer ar draws y 3 prif safle ysbyty. Nodir bod rhai pryderon ynghylch y niferoedd uchel o ymwelwyr a ddisgwylir yn yr ardal dros yr haf a pha mor anodd yw rhagweld y lefel o Ofal heb ei Drefnu dros yr haf / dim blaenoriaeth wedi'i nodi 	

	<ul style="list-style-type: none"> • Atgyfeiriadau rheolaidd at Ofal Eilaidd – cynnydd mewn atgyfeiriadau, ynghyd ag ôl-groniad o weithgarwch i ymdrin â hwy. Er bod cyllid ar gael gan LIC, y prif bryder yw'r broblem mewn perthynas â chapasiti gwllau a'r gweithlu, ac nid oes modd eu cynyddu'n gyflym i fodloni'r galw hwn. • Mae gwaith yn mynd rhagddo i adfer yn raddol – gan flaenoriaethu'r meysydd sydd o fwyaf o bryder: Diagnostig, Orthopedig, Cataractau, Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc /Gwasanaethau Iechyd Meddwl Oedolion (Iechyd Meddwl mewn perthynas â Covid) • Gofal Sylfaenol – mae gwaith wedi parhau drwy gydol Covid ac o ganlyniad i newidiadau i reoli'r risg, mae'r gwasanaeth hefyd yn ymdrin ag ôl-groniad o weithgarwch. <p>Cymerodd y Cyng BF y cyfle i bwysleisio pwysigrwydd gwiriadau rheolaidd am bob cyflwr cyffredin, er y gwerthfawrogwyd y platfformau ar-lein yn ystod y pandemig, nid yw platfformau ar-lein bob amser yn cynnig y gwasanaeth gorau i'r unigolyn, a phwysleisiodd pa mor bwysig yw ail ddechrau cynnig gwasanaethau wyneb yn wyneb arferol.</p>	
7.	<p><u>Gwasanaeth Awtistiaeth Integredig</u> <u>Diweddariad Awtistiaeth Strategol Cenedlaethol - Einir Price, Polisi</u> <u>Awtistiaeth LIC ac Wendy Thomas, Arweinydd Proffesiynol</u> <u>Cenedlaethol Awtistiaeth</u></p> <p>I ddechrau, darparodd WT ddiweddariad ar ddatblygiadau tîm y Gwasanaeth Awtistiaeth Integredig Cenedlaethol ers mis Tachwedd 2020:</p> <ul style="list-style-type: none"> • Caiff y tîm ei ariannu gan LIC a'i gynnal gan y CLILC, gydag Iechyd Cyhoeddus Cymru, gan weithio mewn partneriaeth agos gyda LIC, ALI ac arweinwyr Awtistiaeth Byrddau Iechyd Lleol, budd-ddeiliaid allweddol a grwpiau ymgynghorol, gan weithio ar draws bob oedran a phob agwedd o fywydau pobl • Cysylltiad â'r Diwygiad ADY – Mae Addysg yn rhan allweddol o Awtistiaeth yng Nghymru • Mae'r wefan newydd yn cynnwys adnoddau hygyrch a defnyddiol i unigolion ag Awtistiaeth, rhieni a gofalwyr, a gellir eu lawrlwytho am ddim • Roedd y gwaith a gwblhawyd yn ystod Covid yn canolbwyntio ar sicrhau fod y wybodaeth ar y wefan yn gyfredol, cywir ac yn hygyrch i unigolion ag Awtistiaeth. <p>Rhoddodd Einir Price ddiweddariad ar God Ymarfer Statudol y Gwasanaeth Awtistiaeth Integredig: Yn dilyn ymgysylltiad helaeth â budd-ddeiliaid a phobl ag awtistiaeth, cyflwynwyd y Cod Ymarfer i LIC ym mis Mawrth 2021. Rydym yn disgwyl canlyniad gan LIC yn fuan, ac mae disgwyl i'r canllawiau gael eu cyhoeddi ym mis Gorffennaf a'u gweithredu erbyn mis Medi 2021.</p> <p>Rhoddodd EP wybod fod y dyletswyddau allweddol ar gyfer Bwrdd</p>	

	<p>Partneriaeth Rhanbarthol Gogledd Cymru wedi'u cynnwys yn Adran 4 o'r Cod Ymarfer ar ddarpariaeth gwasanaethau awtistiaeth – <i>Trefniadau ar gyfer Cynllunio a Monitro Gwasanaethau ac Ymgysylltu â Budd-ddeiliaid.</i></p> <p>Mae dyletswyddau drafft Byrddau Iechyd Lleol ac Awdurdodau Lleol yn cynnwys:</p> <ul style="list-style-type: none"> • Cwblhau Asesiad o Anghenion y Boblogaeth ar y cyd a gweithredu cynlluniau ardal, gydag Awtistiaeth fel thema annibynnol. • Datblygu timau strategol a gweithredol sy'n cynnwys pobl awtistig i lywio datblygiad y gwasanaeth. • Sicrhau cydymffurfiaeth â gofynion casglu data a monitro Llywodraeth Cymru. <p>Rhoddodd EP wybod y byddai llythyr yn cael ei anfon ymlaen at Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru yn egluro gofynion a dyletswyddau'r Bwrdd o ran gweithredu'r Cod Ymarfer.</p> <p><u>Y wybodaeth ddiweddaraf am Wasanaeth Awtistiaeth Integredig Gogledd Cymru - Neil Ayling, Noddwr Arweiniol a Christine Burns, Rheolwr Gwasanaeth, Tîm Gwasanaeth Awtistiaeth Integredig Gogledd Cymru</u></p> <p>Nododd CB fod y pandemig Covid-19 wedi bod yn gyfnod heriol iawn i'r tîm Gwasanaeth Awtistiaeth Integredig rhanbarthol. Yn ystod y cyfnod hwn, darparwyd ystod eang o hyfforddiant, canolfannau cyngor, gwaith grŵp a therapi cyfeiriol gyda chleientiaid ar-lein. Roedd asesiadau Awtistiaeth ar-lein a gwblhawyd gan aelodau o'r tîm yn cymryd llawer o amser, roedd yn rhaid cynnal 5 neu 6 o apwyntiadau er mwyn cyflawni'r un canlyniad â chyfarfodydd wyneb yn wyneb.</p> <p>Mae pob cais i'r gwasanaeth bellach yn cael eu dosbarthu drwy'r Tîm Amlddisgyblaethol wythnosol. Nid oes rhestr aros am gefnogaeth gan fod pob cais o'r fath a dderbynnir gan y tîm yn cael eu clustnodi i weithwyr cyswllt a fydd yn cysylltu dros e-bost, y ffôn, a lle bo modd, drwy Gynadledda Fideo.</p> <p>Mae'r rhestr aros bresennol ar gyfer profion diagnostig yn unig. Caiff unigolion ar y rhestr eu rheoli yn ôl ansawdd gyda staff y Gwasanaeth Awtistiaeth Integredig yn darparu dyletswydd gofal i sicrhau fod unigolion yn cael mynediad at y gwasanaeth cywir.</p> <p>Roedd NA yn cydnabod gwaith timau'r Gwasanaeth Awtistiaeth Integredig cenedlaethol a rhanbarthol sydd wedi cael dylanwad sylweddol ar lais y dinesydd ac wedi gweithio gyda phobl â phrofiad bywyd.</p> <p>Mae Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru eisoes â Hyrwyddwr Awtistiaeth (Y Cyng Christine Jones – Dwyrain) ac mae cais am Hyrwyddwr gwirfoddol ar gyfer rhanbarth y Gorllewin wedi cael ei gynnig.</p>	<p>Anfon enwau ymlaen at NA</p>
--	---	---------------------------------

	<p>Nododd DL-W fel cynrychiolydd gofalmwyr Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru, yn ôl yr hyn y mae hi wedi'i glywed gan nifer o deuluoedd, fod codi ymwybyddiaeth yn hynod o bwysig, a'i bod yn ddiolchgar iawn o'r gwaith sy'n cael ei gwblhau ar hyn o bryd. Fodd bynnag, mae rhai anawsterau'n parhau mewn perthynas ag ymwybyddiaeth uwch weithwyr proffesiynol o fewn Bwrdd Iechyd Prifysgol Betsi Cadwaladr a'r ALI, a nododd nad oes digon o ddealltwriaeth am awtistiaeth a bod gofalmwyr yn blino ar orfod egluro beth yw awtistiaeth.</p> <p>Cadarnhaodd WT fod LIC yn gweithio gydag Awdurdodau Lleol a Byrddau Iechyd i godi ymwybyddiaeth, a hefyd ynno gweithio gyda nifer o sefydliadau er mwyn cyrraedd safon ymwybyddiaeth awtistiaeth. Hysbysodd WT gynllun peilot rhwng Hywel Dda HB a Gofal Sylfaenol sy'n gweithio i hysbysu gweithwyr proffesiynol o'r garfan hon.</p> <p>Holodd y Cyng BF am ofal seibiant, ac er nad yw tîm y Gwasanaeth Awtistiaeth Integredig yn ymdrin â gofal seibiant, rhoddodd EP wybod fod LIC wedi sefydlu grŵp tasg a gorffen yn ddiweddar, fel rhan o waith adfer LIC, i ystyried gofal seibiant, ac mae awtistiaeth wedi derbyn gwahoddiad i ystyried gofal seibiant i'r dyfodol.</p> <p>Rhoddodd WT wybod hefyd fod LIC wedi lansio grant ar gyfer seibiant i ofalmwyr a dywedodd y byddai hi'n anfon manylion pellach at aelodau.</p>	Anfon e-bost y Cyng BF ymlaen at EP
8.	<p><u>Cronfa Gofal Integredig - Neil Ayling</u> <u>Adroddiad Ch4 y Gronfa Gofal Integredig 2020-21</u> Derbyniodd y bwrdd adroddiad diwedd y flwyddyn ar ffrydiau cyllido'r Gronfa Gofal Integredig. Rhoddwyd gwybod bod y ffrydiau cyllido wedi'u gwario'n llawn ac mae'r uchafbwyntiau'n cynnwys:</p> <p>Refeniw – roedd 119 o'r 120 o brosiectau refeniw naill ai wedi'u cwblhau neu ar y trywydd iawn. Diwygiwyd 24 prosiect er mwyn eu darparu'n ddiogel yn ystod y pandemig, ac addaswyd cyllid 1 prosiect i brosiectau a oedd wedi'u diwygio ac angen rhagor o adnoddau.</p> <p>Cyfalaf:</p> <ul style="list-style-type: none"> Datblygwyd 70 o brosiectau y llynedd, mae yna 17 prif gynllun cyfalaf a 53 o gynlluniau cyfalaf yn ôl disgrisiwn, 35 yn gynlluniau Covid-19. Defnyddiwyd cyllid i gefnogi sefydlu 2 ganolfan asesu preswyl plant isranbarthol, Bwthyn y Ddol ym Mae Colwyn a Tŷ Nyth yn yr Wyddgrug. Adeiladwyd Canolfan Ddementia integredig ar safle Ysbyty Bryn Beryl, ac ym Mwcle, adeiladwyd estyniad i'r cartref gofal pobl hŷn presennol, Marleyfield, a fydd yn darparu llety ychwanegol a gwasanaethau amlddisgyblaethol. 	

- Yn Wrecsam, datblygwyd eiddo i gynnig amgylcheddau byw pwrpasol ar gyfer 4 unigolyn ag anghenion cymhleth, ymddygiad heriol a/neu awtistiaeth.
 - Yn Llangefni, adeiladwyd estyniad i gynllun byw â chymorth presennol (Bryn Meurig) i unigolyn ag anghenion cymhleth iawn.
- Cynllun Rhyddhau Covid:
- Cyflwynwyd £2.44 miliwn o gyllid yn 2020/21 a gwariwyd y cyllid hwn yn llawn ar draws 17 cynllun
 - D2RA - Cyflwynwyd £2.238 miliwn o gyllid fel rhan o'r cynlluniau ar gyfer y gaeaf, defnyddiwyd y cyllid i gefnogi 20 cynllun ar draws y rhanbarth a oedd yn cynnwys ymestyn y gweithlu, gofal cartref ymateb cyflym, darparu ychwaneged a gweithredu cynllun gweithio 7 diwrnod ar gyfer rhai gwasanaethau.

Diolchodd NA i gydweithwyr ar draws y rhanbarth am eu gwaith parhaus ar ffrwd gwaith y Gronfa Gofal Integredig.

Rhaglen Werthuso'r Gronfa Gofal Integredig – Adroddiad Diweddaru
Rhoddodd NA ddiweddariad cryno ar Raglen Werthuso'r Gronfa Gofal Integredig:

- Comisiynodd LIC Old Bell 3 (OB3) i ymgymryd â rhaglen werthuso annibynnol genedlaethol
- Mae OB3 wedi ymgymryd â gwerthusiad bwrdd gwaith i oddeutu 15 prosiect ar gyfer pob rhanbarth (cam 1) ac mae disgwyl i hyn gael ei gwblhau ddiwedd mis Mai 2021.
- Mae'r Tîm Rhanbarthol yn gwerthuso'r 100 o brosiectau sy'n weddill, i'w cwblhau ym mis Mehefin 2021.
- Mae'r Tîm Rhanbarthol ac OB3 wedi cydweithio i sicrhau dull cyson ar draws ffrydiau'r rhaglen werthuso, gan ddefnyddio data ansoddol a meintiol
- Bydd Cam 2 yn cynnwys ymchwilio i nifer fechan o brosiectau ym mhob rhanbarth, gan gynnwys cyfweiliadau manwl gyda defnyddwyr gwasanaeth a staff sy'n darparu'r gwasanaeth. Mae PGOGC a PGPGC wedi derbyn cais i ystyried pa brosiectau fydd yn cael eu cyflwyno ar gyfer y gwaith ymchwil manwl, a bydd hyn yn digwydd ym mis Mehefin/Gorffennaf
- Caiff adroddiadau gwerthuso prosiectau unigol eu bwydo'n ôl i Swyddogion Arweiniol y Gronfa Gofal Integredig wrth iddynt gael eu cwblhau a rhagwelir y bydd pob prosiect wedi derbyn adroddiad erbyn diwedd mis Gorffennaf 2021.
- Mae disgwyl i waith blaenoriaethu'r Strategaeth Gwblhau gael ei gwblhau ddiwedd mis Mehefin ochr yn ochr â'r gwaith gwerthuso. Rhagwelir y bydd pob prosiect yn:
 - (1) Cael eu trefnu i un o'r categorïau hyn:
 1. Gellir dod â'r prosiect i ben a'i gau'n ddiogel.
 2. Parhau â'r prosiect os caiff Cronfa Gofal Integredig/Rhaglenni Trawsnewid newydd neu unrhyw gyllid arall ei gadarnhau
 3. Mae'n rhaid parhau â'r prosiect fel gwasanaeth craidd

(2) Derbyn sgôr COG yn unol â'r canlynol:

	<p>Coch: Datblygu Cynllun Cwblhau dros y 3 mis nesaf Oren: Datblygu Cynllun Cwblhau dros y 6 mis nesaf Gwyrdd: Cynllun Cwblhau ar waith / yn ddiangen</p> <ul style="list-style-type: none"> • Bydd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru yn derbyn crynodeb o waith blaenoriaethu'r strategaeth gwblhau ym mis Gorffennaf 2021 <p>Pwysleisiodd NA hefyd fod cyllid y Gronfa Gofal Integredig yn ategu at nifer o wasanaethau craidd yr ALI</p> <p>Cytunodd y Bwrdd i nodi'r gwaith parhaus a'r cynnydd a wnaed yn gwerthuso rhaglen fuddsoddi Refeniw'r Gronfa Gofal Integredig.</p>	
9.	<p><u>Y wybodaeth ddiweddaraf am gynnydd yr Academi Dysgu Dwys ALPHAcademy a'r Ysgol Feddygaeth ac Iechyd Rhyngbroffesiynol – Yr Athro Nicky Callow, Dean, Coleg y Gwyddorau Dynol, Prifysgol Bangor</u></p> <p><u>Academi Dysgu Dwys ALPHAcademy</u> Rhoddodd NC y wybodaeth ddiweddaraf i'r Bwrdd Partneriaeth Rhanbarthol ar yr Academi Dysgu Dwys ers y tro diwethaf iddo fynychu'r cyfarfod ym mis Gorffennaf 2020:</p> <p>Cyflwynwyd achos busnes llawn yr Academi Dysgu Dwys i LIC ym mis Awst, ac yn dilyn adborth rhagorol gan y panel craffu, dyrannwyd llythyr grant ym mis Rhagfyr 2020. Mae chwe aelod o staff wedi cael eu penodi ers mis Ionawr 2021, gwerthuswyd yr MSc mewn Iechyd Ataliol a Thegwch Iechyd ym mis Mawrth 2021 ac mae'r cyfarfod Bwrdd cyntaf wedi'i drefnu ar gyfer Gorffennaf 2021.</p> <p>Mae 3 Academi Dysgu Dwys wedi derbyn cyllid; Alpha Academy ym Mhrifysgol Bangor, Academi Iechyd a Gofal yn Seiliedig ar Werthoedd ym Mhrifysgol Abertawe a'r Academi Dysgu Dwys Cymru Gyfan ar gyfer Arloesi mewn Iechyd a Gofal Cymdeithasol ym Mhrifysgol Abertawe, a ddatblygwyd ar y cyd â Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, Prifysgol Caerdydd a Chomisiwn Bevan. Bydd y 3 Academi Dysgu Dwys yn gweithredu fel canolfannau ar gyfer datblygu sgiliau a rhannu gwybodaeth, ac yn defnyddio ymagwedd Cymru gyfan tuag at ddulliau ataliol a datblygu ymyraethau, annog meddwl creadigol a chefnogi cydweithio ymhlith arweinwyr o fewn Iechyd, gofal cymdeithasol, y trydydd sector a gwyddorau bywyd.</p> <p>Mae rhaglen fframwaith y MSc yn cynnwys credydau micro y gellir eu defnyddio i uwchraddio i Fodiwlau Annibynnol, gan arwain at nifer o lwybrau mynediad gwahanol i gyflawni MSc.</p> <p>Y nod yw datblygu Academi a gaiff ei chydabod yn rhyngwladol, datblygu arweinwyr yng Nghymru sy'n gallu meddwl o safbwynt gwasanaeth a thraws sector, a darparu newid gan ddefnyddio gwybodaeth gadarn a gosod rhwydwaith ac ataliaeth wrth wraidd eu gwaith.</p> <p>Nododd CS ei fod yn cefnogi'r rhaglen hon yn llwyr ac roedd yn</p>	

	<p>cydnabod y gwaith sylweddol a gwblhawyd gan Brifysgol Bangor a'r partneriaid ar y darn o waith rhagorol hwn.</p> <p>Holodd NC am y ffordd orau i gael cydnabyddiaeth i'r rhaglen gan bobl allweddol o fewn y rhwydwaith iechyd ac annog pobl i fynychu'r gweithdai.</p> <p>Awgrymodd RS y dylid trafod y fframwaith â'r Byrddau Gwasanaethau Integredig Ardal isranbarthol, er mwyn rhoi cyfle i gydweithwyr iechyd, awdurdod lleol a'r trydydd sector gael eu cynnwys, yn ogystal â'r sector Darparwyr.</p> <p>Rhoddodd NC wybod eu bod yn awyddus i ddechrau â chohort o oddeutu 25 a bod cyllid ar gael ar gyfer y modiwlau ac ysgoloriaethau hyblyg. Cytunodd NC i anfon pamffled ymlaen a'i rannu â'r Bwrdd Partneriaeth Rhanbarthol.</p> <p><u>Ysgol Feddygol Gogledd Cymru</u></p> <p>Rhoddodd NC wybod fod Prifysgol Bangor a Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn cefnogi datblygu Ysgol Feddygaeth ac Iechyd yng Ngogledd Cymru erbyn 2025. Bydd yr Ysgol yn adeiladu ar sylfaen o ymchwil dwys a pherthnasol ac yn canolbwyntio ar y diwydiant gyda'r nod o gyflawni effaith drawsnewidiol ar yr economi rhanbarthol yng Ngogledd Cymru. Bydd y datblygiad yn hysbysu addysg, portffolios sgiliau a datblygiad gwasanaeth, ac yn gwella canlyniadau iechyd ac ysgogi uchelgais economaidd.</p> <p>Mae'r sail resymegol ar gyfer Gogledd Cymru'n cynnwys:</p> <ul style="list-style-type: none"> • Anawsterau'n ymwneud â recriwtio a chadw gweithwyr meddygol a staff eraill • Llai o ddoctoriaid yn derbyn hyfforddiant nag unrhyw le arall ym Mhrydain • Gwariant uchaf yng Nghymru ar staff asiantaeth a chontractio gofal o dros y ffin • Cyd-destun economaidd ansicr iawn yn dilyn Covid-19 gyda pherygl o anghydraddoldebau iechyd yn ehangu • Poblogaeth sy'n tyfu, gyda phroffil oedran hŷn. • Cynnydd yn nifer yr achosion o gyflyrau iechyd cronig cymhleth. • Prinder doctoriaid sy'n siarad Cymraeg. • Proffil oedran hŷn Meddygon Teulu mewn ardaloedd gwledig. • Nid yw'r gwaith arloesol o fabwysiadu cynnyrch newydd, technolegau, datrysiadau digidol a datblygu gwasanaeth yn digwydd ar y cyflymder neu'r raddfa angenrheidiol. <p>Mewn ymateb i'r cynnig gan Brifysgol Bangor a Bwrdd Iechyd Prifysgol Betsi Cadwaladr, mae'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol wedi comisiynu Grŵp Tasg a Gorffen i asesu ac ystyried dichonoldeb y cynnig. Mae'r Grŵp Tasg a Gorffen hefyd wedi amlygu'r angen i archwilio'r meysydd canlynol mewn rhagor o fanylder:</p>	<p>Cylchredeg pamffled gweithdy ADD- RW</p>
--	---	---

	<ul style="list-style-type: none"> • Dadansoddiad manwl ar gyfer cynyddu nifer y myfyrwyr meddygol yng Ngogledd Cymru. • Dadansoddiad ariannol o'r refeniw a chyfalaf sydd eu hangen ar gyfer yr opsiynau dewisol. • Adolygiad o gapasiti'r sir gyfan ar gyfer lleoliad clinigol. • Yr angen i ddatblygu rhagor o leoedd hyfforddiant F1/F2 yn ogystal â llefydd hyfforddiant mwy arbenigol. <p>Ym mis Chwefror, argymhellodd y Grŵp yr angen am fyfyrwyr meddygol ychwanegol yng Ngogledd Cymru ac mae'r Gweinidog wedi derbyn hyn. Bydd rhagor o waith yn mynd rhagddo i gwblhau'r achos busnes llawn gyda'r targed i'w gwblhau erbyn diwedd yr haf 2021.</p> <p>Gofynnodd y Cyng BF a oedd gofal cymdeithasol wedi'i gynnwys yn y rhaglen a beth oedd y dyddiadau cau a gynigir.</p> <p>Nododd NC yr heriau mewn perthynas â chael achrediad drwy'r Cyngor Meddygol Cyffredinol gyda'r newidiadau arfaethedig i'r cwricwlwm meddygol. O fis Medi 2021, bydd dwy Ysgol yn ymuno i ffurfio un Ysgol Gwyddorau Cymdeithasol ym Mhrifysgol Bangor. Bydd y cwricwlwm newydd yn torri traddodiad ac yn canolbwyntio mwy ar swyddogaethau rhyngbroffesiynol, a fydd yn mynd i'r afael â chanlyniadau gwell o fewn y sector meddygol h.y. agwedd dwyieithog, ymwybyddiaeth o awtistiaeth, a llawer mwy, a bydd gofal cymdeithasol ac iechyd hefyd yn rhan bwysig o'r gwaith hwn. O ran amserlen, rydym yn ystyried 3 ½ blynedd.</p> <p>Diolchodd MW i NC am y diweddariad cynhwysol.</p>	
10.	<p><u>Unrhyw Fater Arall</u> <u>Datblygu Fframwaith ar gyfer Byrddau Partneriaeth Rhanbarthol i'r dyfodol</u></p> <p>Rhoddodd MW wybod bod y papur 'Datblygu Fframwaith i'r Dyfodol ar gyfer Byrddau Partneriaeth Rhanbarthol' yn deillio o fforwm arweinwyr, cadeiryddion ac is-gadeiryddion rhanbarthol diweddar er mwyn paratoi ar gyfer cyfarfod sydd ar y gweill â'r Gweinidog.</p> <p>Mae aelodau Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru wedi cael cyfle i nodi'r themâu a'r gwaith a gwblhawyd yn ogystal â chyflwyno sylwadau erbyn 16.6.2021. Mae'n ymddangos ar hyn o bryd y bydd y papur yn cael ei ddefnyddio i hwyluso'r drafodaeth â Chymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru, CLILC a LIC.</p> <p>Unwaith y bydd y papur wedi'i gwblhau, bydd Aelodau Arweiniol yr ALI yn cael cyfle i fynd â'r adroddiad cytunedig drwy eu proses wleidyddol.</p> <p>Cytunodd MW i anfon y sylwadau, tra'n deall nad yw'r adroddiad wedi cael ei ystyried gan etholwyr unigol.</p>	<p>Gyrru sylwadau ymlaen at RW erbyn 16.6.21</p>

	<p>Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i nodi'r gwaith a gwblhawyd ar y cyd a chymeradwyo'r themâu cyffredinol o fewn y papur 'Datblygu Fframwaith i'r Dyfodol ar gyfer Byrddau Partneriaeth Rhanbarthol'.</p> <p><u>Asesiad o Anghenion Fferyllol – Ymgynghoriad Statudol</u> Gwybodaeth gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr, yn ymwneud ag ymgynghoriad ar-lein statudol yr Asesiad o Anghenion Fferyllol.</p>	
	<p>Cafodd y dogfennau canlynol eu cynnwys er gwybodaeth:</p> <ol style="list-style-type: none"> 1. Strategaeth Cyfathrebu ac Ymgysylltu Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru 2021 – 2025 – Terfynol Cymraeg/Saesneg Gofynnodd JGI a fyddai modd ehangu'r adran ar ymgysylltu o fewn y 'grwpiau cydraddoldeb a nodweddion a ddiogelir' o fewn y ddogfen i ddangos y camau gweithredu a gymerwyd ym mhob un o'r meysydd. 2. Llwybr Safonau Gofal Dementia ar gyfer Cymru Gyfan 	<p>CR i drafod â Swyddog Ymgysylltu'r Bwrdd Partneriaeth Rhanbarthol a chysylltu â JGI</p>
	<p>Dyddiad y cyfarfod nesaf: Dydd Gwener, 9 Gorffennaf, 9:00 – 12:00</p>	



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21			
Cyhoeddus neu Breifat: Public or Private:	Public			
Teitl yr Adroddiad Report Title:	Gwynedd & Anglesey Public Services Board Annual Report 2020/21			
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director of Primary Care and Community services			
Awdur yr Adroddiad Report Author:	Nonn Hughes, Gwynedd & Anglesey Public Services Board			
Craffu blaenorol: Prior Scrutiny:	Anglesey County Council Scrutiny Committee (28/06/21) Gwynedd Council Scrutiny Committee (13/07/21)			
Atodiadau Appendices:	Gwynedd & Anglesey Public Services Board Annual Report 2020/21			
Argymhelliad / Recommendation:				
The Committee is asked to note the progress of the work of the Public Services Board.				
Ticiwch fel bo'n briodol / Please tick as appropriate				
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	Ar gyfer Trafodaeth For Discussion	Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable			N	
Sefyllfa / Situation:				
To provide a report on the progress of the Gwynedd and Anglesey Public Services Board for the 2020/21 period.				
Cefndir / Background:				
<p>A Board has been established for each Local Authority in Wales to ensure collaboration among public bodies to create a better future for the people of Wales. The decision taken in North West Wales was to establish a Public Services Board for Gwynedd that would collaborate with the Anglesey Public Services Board.</p> <p>During 2017 the Gwynedd and Anglesey Public Services Board divided our communities into 14 smaller areas in order to conduct detailed research, and learn more about the wellbeing of those areas. The information was published in the form of the Wellbeing Assessments. The information gathered from the assessments was used to shape the Board's priorities which have been confirmed in the Wellbeing Plan (2018). The following priorities were agreed:</p> <ul style="list-style-type: none"> • Welsh Language 				

- Homes for local people;
- The effect of poverty on the wellbeing of our communities;
- The impact of climate change on the well-being of communities;
- Health and care of adults and Wellbeing and success of children and young people.

Following full consideration of the work being undertaken to address the impact of poverty across Gwynedd and Anglesey, the Board decided that they did not need to undertake a definite role in this area at this time but that they would receive regular presentations on the work taking place and consider whether there is a role for the Board to step into in the future. In order to address the other priorities, the Board established four operational sub-groups, and updates on the progress of those sub-groups are included in the Annual Report.

As set out in the Public Service Board Terms of Reference the Board has four statutory members which are the Local Authorities, Natural Resources Wales, the Fire and Rescue Service and the Health Board.

In addition there are guest participants who contribute to the Board's duties. In relation to the latest change to the membership of the Board, Dafydd Gibbard since becoming Chief Executive of Gwynedd Council has now become a statutory member of the Board.

Public Service Board Annual Report

Attached is the Board's annual report for the period 2020/21.

Since March 2020 we have faced the Covid-19 crisis and a very challenging period. The report has been used to self-reflect on the Board's work during the past year taking into account the impact of the crisis on the Board's work and progress. The report is structured to refer to the progress of the work of the four sub-groups of the Board.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Wellbeing of Future Generations Act (2015) aims to improve the economic, environmental and cultural wellbeing of Wales. The Act sets out seven well-being goals and five ways of working to give public bodies a common purpose.

The Gwynedd and Anglesey Public Services Board (the Board) was established in 2016, in accordance with the Wellbeing of Future Generations (Wales) Act 2015.

Opsiynau a ystyriwyd / Options considered

Not applicable as Annual report

Goblygiadau Ariannol / Financial Implications

Not applicable as Annual report

Dadansoddiad Risk / Risk Analysis

Not applicable as Annual report

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable as Annual report

Asesiad Effaith / Impact Assessment

The delivery sub-groups will prepare equality and linguistic impact assessments, where appropriate, to accompany their action plans. Impact assessments will be live documents that will change and evolve alongside delivery.

Annual Report 2020/2021



Gwynedd and Anglesey Public Services Board

The Chair's Foreword

Here we present our third annual report. In this report we will self-reflect on what has been achieved against our [Well-being Plan \(2018\)](#). Of course, it is not possible to look back at 2020/21 without referring to the Covid-19 crisis and the impact it has had on our services, businesses and residents. Dealing with the crisis has highlighted the importance of the services provided by the voluntary and public sector to our communities, and the importance of the collaboration between them. In addition, the crisis has magnified existing issues e.g. mental health issues, community resilience, over-tourism, second homes and threats to the Welsh language. It will be important that we as a Public Services Board ensure that our well-being objectives are addressed as a key part of the recovery following the crisis.

Emyr Williams,
Chair of the Gwynedd and Anglesey Public Services Board.



Introduction

The **Well-being of Future Generations (Wales) Act 2015** places a duty on public bodies to improve the social, economic, environmental and cultural well-being of Wales. The act is based on the principle of sustainable development and places a duty on public bodies to set and publish well-being objectives and to take all reasonable steps to achieve those objectives. The principle of sustainable development refers to five ways of working that public bodies are expected to think about to help us work better together and to address some of the long-term challenges that we face. The five approaches are to consider the long term, to prevent problems from occurring, to work in integration with other public bodies, to work together to achieve the objectives and to involve people interested in achieving the well-being goals, ensuring that those people reflect the diversity of the area they serve.

The Act also established Public Service Boards which include representation from different public bodies. The role of the boards is to assess the state of well-being in their areas and to set objectives to ensure the best possible contribution towards them. After conducting these assessments, we as a Board have a duty to publish a Local Well-being Plan setting out our objectives.

Following its well-being assessments back in 2017, the Board prioritised six areas: The Welsh language; Homes for local people; The effect of poverty on the well-being of our communities; The impact of climate change on the well-being of communities; Health and care of adults and The welfare and achievement of children and young people. Following full consideration of the work taking place to tackle the impact of poverty across Gwynedd and Anglesey, the Board decided that they did not need to take a specific role in this field at present but that they would receive presentations regularly on the work taking place in order to consider whether there is a role for the Board to step into the

future. To address the other priorities, the Board established four operational sub-groups:

- **Climate Change**
- **Homes for local people**
- **Integrated Health and Social Care**
- **The Welsh Language**

This report therefore refers to the work of the above sub-groups. In the main, the organisations involved in the Board have focused on the recovery of our communities in the last year. The Regional Group responsible for the recovery from the pandemic asked Public Services Boards to consider their role in recovery, focusing on community resilience. We therefore asked all Board members to undertake a situational analysis to improve our understanding of those issues that are increasingly affecting our communities since the crisis. A workshop was held in September 2021 to discuss those issues further, taking into account how we can work together to respond to them. Among other things, these issues included the impact of second homes on our communities, mental health issues and youth unemployment. It was decided that a number of the Board's organisations were already working together to respond to these matters and that the role of the Board would therefore be to maintain an overview of the work and seek assurance that we as public bodies are responding appropriately.

The Board will continue with the work of assessing the condition of our communities as part of their well-being assessment 2021/22, and as part of that there will be an opportunity to hear from the people and communities of Anglesey and Gwynedd about what is important to them. The assessment will improve the Board's understanding of the needs of our communities, looking at the challenges and opportunities for the future.

Reports on the work of the Public Services Board's Subgroups



The Welsh
Language



Climate Change



Homes for
local people



Health and
Social Care

Climate Change



Why is this important to the residents of Gwynedd and Anglesey?

A Climate Change sub-group was established to encourage collaboration among public organisations on mitigating the impact of climate change, and in particular the impact of coastal and inland flooding on our communities. We have identified the need to educate and work with our communities to prepare them for the current challenges of climate change and those facing us in future. The aim is to try to mitigate the impact that any events of extreme weather have on those communities.

Update on our work to date

Although the Covid-19 crisis has taken our attention in the past year, climate change issues are still a major challenge for us. We cannot meet the challenges ahead on our own so a collaborative effort will be essential.

During the last year Natural Resources Wales commissioned work to look at a regional approach to mitigating the impact of Climate Change. This was on behalf of all Public Services Boards in North Wales and the North Wales Leadership Board. The main output of this work was an agreement to work together across the public sector in North Wales to respond to the challenge by establishing a Climate Change group for North Wales. The main aim of this group will be to achieve the Welsh Government's aims to reduce carbon emissions. The focus of the work by the Gwynedd and Anglesey Public Services Board will continue to be a local response to the challenges of climate change.

A series of workshops were held, and a large number of organisations were invited to contribute and agree a short, medium and long term action plan. It was concluded that the next steps will be to work closely with communities to hold necessary conversations about what is important in relation to climate change, and flooding in particular.

In addition, Natural Resources Wales has held conversations with our communities as part of their Area Statements. The conversations provided us with an opportunity to think about what we need to do as individuals, communities and organisations to respond to Climate Change. The findings and key messages from the conversations will be considered by the climate change sub-group.

During lockdown many of us realised the importance of the natural environment. We used our cars less and this had a positive impact on the quality of our air and water.



How does the sub-group contribute to the Well-being of Future Generations (Wales) Act 2015?

The sub-group operates a number of the ways of working that have been developed as part of the Sustainable Development principle of the Act by:

- understanding the needs of specific communities that enable us to plan for the **long term**
- **working with** a number of public bodies and our communities
- **involving** our stakeholders as an integral part of the sub-group's work



Homes for local people



Why is this important for the residents of Gwynedd and Anglesey?

The Board originally asked the group to establish a joint working arrangement in the housing sector and to develop more suitable and affordable homes in the right places. Of course a number of the Board's partners already had plans to develop affordable housing but one benefit of working together was to achieve economies of scale – namely joint housing development to reduce development costs and to be able to focus on developing innovative housing. To achieve the economies of scale it was anticipated that more than one site needed to be developed at the same time and to co-procure the associated development work.

Update on our work to date

For reasons outside the control of the sub-group - not enough sites were submitted by the Board's partners, therefore the co-procurement of the housing developments, under current consideration, has not been possible.

However, good joint working arrangement has been established in the housing sector and the focus has been on planning for the development of more affordable housing in the right places, with an emphasis on developing innovative housing with a low carbon footprint. It has not been possible to develop more affordable housing beyond the organisations' existing arrangements. However, there has been a review of all unoccupied sites within the Gwynedd and Anglesey catchment area, and the Housing Associations and Anglesey Council were successful in attracting financial support through the IHP4 grant regime ("Innovative Housing Programme Phase 4") which has secured a programme to develop 139 affordable innovative housing on Anglesey. The work of the sub-group contributed to the process by working together on the grant application.

Establishing a joint working arrangement has been of great benefit to the partners. It has added value to work already being undertaken by partners through the sharing of ideas and information, and good practice. Collaboration has also enabled the evaluation of different models of innovative housing and this exercise will be of use to a number of the relevant partners as they develop housing in future.

In addition, through collaboration good practice was shared, and an arrangement was made to share information between the finance officers of some of the public organisations. Their methodology and financial assumptions were shared when considering the financial viability of the development plans of the various partners. The outcome of this will be of use to the relevant partners in their future housing

developments.

Following this, the housing sub-group has therefore considered and agreed that their work is coming to an end as there is no further value that they could add to work already being undertaken in the housing field by individual organisations. The Board will therefore need to reconsider this priority and agree the way forward.

In addition to the work of the homes sub-group the Public Services Board has been considering the impact of the Covid-19 crisis on other housing issues. A workshop held by the Public Services Board in September 2020 discussed two issues in particular that have been increasingly highlighted as a result of the crisis, namely homelessness and second homes. Clearly the Board's partners have a role to play in dealing with these issues but for the time being, it was agreed that the Board's role would be to keep an overview of the issues and to receive updates from the partners in the future. This will enable the Board to feel assured that these issues are being dealt with appropriately by the public bodies.

How does the sub-group contribute to the Well-being of Future Generations (Wales) Act 2015?

The sub-group operates a number of the ways of working that have been developed as part of the Sustainable Development principle of the Act, by:

- contributing to the delivery of **long-term** housing development plans within the organisations involved in the project
- encouraging **collaboration** between a large number of public organisations.



Health and Social Care



To deliver against this priority area sub-groups have been established in the areas of children, adults and mental health.

Each of these sub-groups report to the health and social care sub-group. The purpose of the health and social care sub-group is to establish a joint working arrangement in the sector concerned and to maintain an overview of the development and transformation of services, and the way in which we support individuals in our communities.

The work in the health and social care field proved to be of key importance as we dealt with the Covid-19 crisis and as we continue to work on the recovery of our communities. New ways of working have been developed virtually which have been of great benefit to the multi-disciplinary teams. Weekly meetings were also arranged among the partners during the crisis period to discuss the capacity of the services and to offer joint responses. A willingness to work together and adapt to very challenging working circumstances has been demonstrated.

As a result of the need for the relevant services to prioritise their response to the crisis, the work of the health and social care sub-group, namely the transformation of our services, has been delayed for a period of time. Work has now re-commenced and below is an update on their progress over the past year:

Mental Health

This work stream focuses on developing a more integrated system with a focus on preventative work. The programme has four parts:

- Working together to promote emotional health and well-being and to prevent mental health crisis from developing
- Providing a holistic, timely response to individual needs with the aim of supporting people to stay safe in the community
- Workforce development - The integration of health care is introducing changes to the way we work. We will develop the skills and knowledge needed for joint action.
- Developing more accessible and appropriate housing (and support) for people at risk of a mental health crisis.

More recently Mental Health Practitioners with roles to support individuals work in four GP surgeries in Gwynedd and Anglesey. This means that individuals have timely access to mental health assessment and support. This is a positive step forward and responds to our objective of planning preventative services.

Adults

A focus has been placed on laying strong foundations for the Community Resource Teams (CRT), which are teams that have been established within 8 areas in Gwynedd and Anglesey and include members of local authority, the third sector and Health Board staff. The purpose of the CRT is to bring services together to provide the appropriate support to our residents, to ensure a single point of contact for individuals' health and social care issues, and ultimately to support them to live independently.

A number of tasks have been completed in the last year on laying the foundations for the CRT, all of which contribute to the introduction and implementation of this new way of working. Information governance issues have been addressed to ensure that suitable data sharing agreements are in place; training in multi-disciplinary leadership has been provided; a Sharepoint system has been developed which allows all CRT members to share relevant information about their work and the barriers they face and all developments are communicated to raise awareness of them.

In addition to the establishment of the CRT arrangements the health and social care sub-group has also been developing projects at Local Authority and sub-regional level such as:

- SPOA front door project – to consider models of establishing central places to access health and care services
- hospital discharge project – to ensure that people can be discharged from hospital as soon and as safely as possible, by working together as a team to support the individual to leave hospital.
- a new domiciliary care model for Gwynedd – looking at how we deliver health and care services, focusing on what matters to people receiving those services
- a bilingual working project – to support the use of Welsh in health and social care.

In addition, work is taking place on a regional basis to respond to the Population Needs Assessment. The sub-group will encourage joint working between Local Authorities and the Health Board and maintain an overview of the work for that Assessment.

Children

Originally the intention was to develop a multi-disciplinary team covering a wide range of professionals who would provide a high quality transformational service for children and families on the periphery of care. Work was delayed due to the Covid-19 crisis. However, the children's sub-group has now consulted with the organisations' team managers and staff and has produced a training programme which includes a wide range of training for staff. This will enable them to work better with children and families on the periphery of care, to provide the appropriate care and support.

In terms of early support for children and families in local communities, the sub-group is working with the third sector with the aim of helping families to reintegrate into their communities after lockdown and to provide early help and support to those families.

Robust arrangements are now in place by the health and social care sub-group to drive the work forward as we resume work, following the need to prioritise our response to the Covid-19 crisis. The sub-group has also had time to revisit their terms of reference, and the expected outputs are clear for the next 6-12

months:

- Making progress in the children, adults and mental health work streams. The role of the sub-group will be to work with the sub-group leaders on responding to the barriers of implementation.
- Continue with the sharing of information and data amongst our partners in order to plan services effectively.
- Deliver the actions agreed for the sub-group by the Public Services Board.

How does the sub-group contribute to the Well-being of Future Generations (Wales) Act 2015?

The sub-group operates a number of the ways of working that have been developed as part of the Sustainable Development principle of the Act and is in line with many of the national design principles in 'A Healthier Wales', the Government's Health and Social Care Strategy, by:

- taking account of **future** trends and responding to changes in demographics
- putting the sustainability of our health system as an output for the sub-group in order to plan for the future
- developing a **preventative** model
- **integrating** our health and social care services to make a real difference to the lives of our residents
- recognising a wide range of factors that influence health and well-being (including education, housing, reduced homelessness, economic growth, regeneration, leisure and the environment)
- realising the benefits **of partnership working**.

The Welsh Language



Why is this important to the residents of Gwynedd and Anglesey?

The Board understands how important the Welsh language is to our communities across Gwynedd and Anglesey, and that it is part of the social fabric and cultural identity of the area. Being able to live their lives through the medium of Welsh and access community services and activities in Welsh is important to our communities and we are committed to working together to increase the use of the Welsh language within public bodies in Gwynedd and Anglesey. We are also committed to promoting Welsh as the language of choice for communication among public organisations across both counties.

Of course, the Covid-19 crisis has presented some significant challenges for organisations in trying to ensure the continuity of their services. The conditions and restrictions of having to work virtually, as well as the lack of ability for community groups to come together have made it difficult to maintain some services and opportunities to use the Welsh language. We as public bodies have sought to ensure that the citizen continues to engage with the public bodies in the language of their choice, and we continue to be equally passionate about contributing to the Welsh Government's target of having a million Welsh speakers by 2050.

Update on work to date

It is fair to acknowledge that the work of this sub-group has effectively been completely delayed during 2020/21 as a result of the Covid-19 crisis. Because relevant staff were diverted to be doing different work or had to change their priorities, the sub-group was unable to meet regularly to drive the work programme forward.

As a result, there is no progress to report for 2020/21. However, it was noted in the Board's Annual Report for 2019-20 that the sub-group is considering a project relating to linguistic behaviour in reception areas and this remains a priority. The original intention was to pilot different types of interventions in order to be able to provide guidance to reception staff from different organisations on how to encourage the use of Welsh with the aim of increasing public confidence to use Welsh when engaging with public bodies.

Although this project was approved by Board members in March 2020, it has not been possible to implement it as a number of reception areas across the public bodies had to close due to lockdown restrictions. However, since early 2021 we are currently reviewing the original project proposal to reflect the current situation. This includes consideration of the change in the way the public communicates with public organisations and any change in the role of reception areas.

We hope to be able to start this work following early approval by the Board. The objective is to normalise the Welsh language as people go about their public business and ultimately, that could lead to not only

more people using services through the medium of Welsh but also an increase in the number of people seeking and expecting it from organisations of all kinds. From the resident's perspective, expression is often easier when using first language especially when discussing sensitive issues, such as issues relating to the well-being of individuals, so the aim is to simplify the process of getting appropriate support.

The sub-group is also currently considering other potential projects to address the commitment in the Gwynedd and Anglesey Well-being Plan so that a work programme for the coming year can be put in place.

How does the sub-group contribute to the Well-being of Future Generations (Wales) Act 2015?

The sub-group operates a number of the ways of working that have been developed as part of the sustainable development principle of the Act, as well as the additional ways agreed by the PSB namely the Welsh Language and Equality by:

- ensuring that the **Welsh Language** is a natural part of the work of Gwynedd and Anglesey's Public Services
- **working together** to raise awareness, share good practice, develop the skills and confidence of public services to use Welsh with service users and to encourage them to make use of the language time and again
- **including** the views of relevant stakeholders as they introduce new projects.



Looking forward to the year ahead

Every 5 years, and as one of the statutory requirements introduced by the Future Generations Wellbeing Act (2015), Public Services Boards must prepare and publish an assessment of the state of economic, social, environmental and cultural wellbeing in their areas. Gwynedd and Anglesey Public Services Board have started the process of revising the Wellbeing Assessment.

Once again the Assessment will pull together a range of information about Gwynedd and Anglesey's communities. This means that we will be looking at research, collecting data and engaging with our residents to find out what is good about their communities, and what isn't as good. It will be an opportunity for us to consider the challenges and opportunities in our communities, by considering the effects of the Covid-19 crisis and Brexit on them.

Working with our communities on the assessments is a key part to ensure that we understand their true needs. The information shared by our communities will contribute to our wellbeing assessments which are to be published by May 2022. The assessment will set the direction for the Board's priorities as part of the Wellbeing Plan.



Adroddiad Blynyddol 2020/21



**Bwrdd
Gwasanaethau
Cyhoeddus
Gwynedd ac
Ynys Môn**

Rhagair y Cadeirydd

Dyma gyflwyno ein trydydd adroddiad blynyddol. Yn yr adroddiad byddwn yn hunan-adlewyrchu ar yr hyn a gyflawnwyd yn erbyn ein [Cynllun Llesiant \(2018\)](#). Wrth gwrs, nid oes modd edrych yn ôl ar 2020/21 heb gyfeirio at argyfwng Covid-19 a'r effaith a gafodd ar ein gwasanaethau, ein busnesau a'n trigolion. Mae delio â'r argyfwng wedi amlygu pwysigrwydd y gwasanaethau sy'n cael eu darparu gan y sector gwirfoddol a chyhoeddus i'n cymunedau, a phwysigrwydd y cydweithio sydd rhyngddynt. Hefyd, mae'r argyfwng wedi rhoi'r chwyddwydr ar faterion a oedd yn bodoli eisoes e.e. materion iechyd meddwl, gwynnch cymunedol, gor-dwristiaeth, ail gartrefi a bygythiadau i'r Gymraeg. Bydd yn bwysig ein bod fel Bwrdd Gwasanaethau Cyhoeddus yn sicrhau bod ein hamcanion llesiant yn derbyn sylw fel rhan allweddol o'r adferiad yn dilyn yr argyfwng.

Emyr Williams,
Cadeirydd Bwrdd Gwasanaethau Cyhoeddus.



Cyflwyniad

Mae **Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015** yn gosod dyletswydd ar gyrff cyhoeddus i wella llesiant cymdeithasol, economaidd, amgylcheddol a diwylliannol Cymru. Mae'r ddeddf yn seiliedig ar yr egwyddor o ddatblygu cynaliadwy ac mae'n rhoi dyletswydd ar gyrff cyhoeddus i osod a chyhoeddi amcanion llesiant ac i gymryd pob cam rhesymol i gyflawni'r amcanion hynny. Mae'r egwyddor o ddatblygu cynaliadwy yn cyfeirio at bum ffordd o weithio y mae disgwyl i gyrff cyhoeddus feddwl amdanynt er mwyn ein helpu i gydweithio'n well ac i fynd i'r afael â rhai o'r heriau hirdymor sy'n ein hwynebu. Y pum dull yw ystyried yr hirdymor, atal problemau rhag digwydd, gweithio'n integredig rhwng cyrff cyhoeddus, cydweithio er mwyn cyflawni'r amcanion a chynnwys pobl sydd â diddordeb mewn cyflawni'r nodau llesiant, gan sicrhau fod y bobl hynny'n adlewyrchu amrywiaeth yr ardal maen nhw'n ei wasanaethu.

Gwnaeth y Ddeddf hefyd sefydlu Byrddau Gwasanaethau Cyhoeddus sy'n cynnwys cynrychiolaeth o wahanol gyrff cyhoeddus. Rôl y byrddau yw i asesu cyflwr llesiant eu hardaloedd ac i bennu amcanion i sicrhau'r cyfraniad gorau posib tuag atynt. Mae'n ddyletswydd arnom fel Bwrdd i gyhoeddi Cynllun Llesiant Lleol yn nodi'n amcanion yn dilyn gwneud yr asesiadau llesiant.

Yn dilyn ei asesiadau llesiant yn ôl yn 2017, blaenoriaethwyd chwe maes gan y Bwrdd: Yr Iaith Gymraeg; Cartrefi i bobl leol; Effaith tlodi ar lesiant ein cymunedau; Effaith newid hinsawdd ar lesiant cymunedau; lechyd a gofal oedolion a Lles a llwyddiant plant a phobl ifanc. Yn dilyn ystyriaeth lawn o'r gwaith sy'n digwydd i fynd i'r afael ag effaith tlodi ar draws Gwynedd a Môn, penderfynodd y Bwrdd nad oedd angen iddynt ymgymryd â rôl pendant yn y maes yma ar hyn o bryd ond y byddent yn derbyn cyflwyniadau'n rheolaidd ar y gwaith sy'n digwydd ac yn ystyried a oes rôl i'r Bwrdd gamu mewn i'r dyfodol. Er mwyn mynd i'r afael â'r blaenoriaethau eraill,

sefydlodd y Bwrdd bedwar is-grŵp gweithredol:

- **Newid Hinsawdd**
- **Cartrefi ar gyfer pobl leol**
- **Iechyd a Gofal Integredig**
- **Yr Iaith Gymraeg**

Mae'r adroddiad yma felly'n cyfeirio at waith yr is-grwpiau uchod. Yn bennaf, mae'r sefydliadau sy'n rhan o'r Bwrdd wedi canolbwyntio ar adfer ein cymunedau yn y flwyddyn ddiwethaf. Gofynnodd y Grŵp Rhanbarthol oedd yn gyfrifol am adfer o'r argyfwng i'r Byrddau Gwasanaethau Cyhoeddus ystyried eu rôl yn y gwaith o adfer, gan ganolbwyntio ar wytnwch cymunedol. Felly gofynnwyd i bob aelod o'r Bwrdd gynnal dadansoddiad sefyllfaol er mwyn gwella ein dealltwriaeth am y materion hynny sy'n effeithio ein cymunedau fwyfwy ers yr argyfwng.

Cynhaliwyd gweithdy ym mis Medi 2021 i drafod y materion hynny ymhellach, gan roi ystyriaeth i sut allwn weithio efo'n gilydd i ymateb iddynt. Penderfynwyd fod nifer o sefydliadau'r Bwrdd yn cydweithio eisoes er mwyn ymateb iddynt ac mai rôl y Bwrdd felly fyddai cadw trosolwg o'r gwaith a cheisio sicrhwydd ein bod fel cyrff cyhoeddus yn ymateb yn briodol.

Bydd y Bwrdd yn parhau gyda'r gwaith o asesu cyflwr ein cymunedau fel rhan o'u hasesiad o lesiant 2021/22, ac fel rhan o hynny bydd cyfle i glywed gan bobl a chymunedau Ynys Môn a Gwynedd am yr hyn sy'n bwysig iddynt. Bydd yr asesiad yn gwella dealltwriaeth y Bwrdd am anghenion ein cymunedau, gan edrych ar yr heriau a'r cyfleoedd i'r dyfodol.

Adroddiad ar waith Is-grwpiau'r Bwrdd Gwasanaethau Cyhoeddus



Yr Iaith Gymraeg



Newid Hinsawdd



Cartrefi ar gyfer
pobl leol



Iechyd a Gofal
Cymdeithasol

Newid Hinsawdd



Pam fod hyn yn bwysig i drigolion Gwynedd a Môn?

Sefydlwyd is-grŵp Newid Hinsawdd i annog cydweithio ymysg sefydliadau cyhoeddus ar liniaru effaith newid hinsawdd, ac yn benodol effaith llifogydd arfordirol a mewndirol ar ein cymunedau. Rydym wedi adnabod yr angen i addysgu a chydweithio gyda'n cymunedau er mwyn eu paratoi ar gyfer heriau presennol newid hinsawdd a'r rhai sy'n ein wynebu i'r dyfodol. Y nod wrth wneud hyn yw i geisio lliniaru'r effaith y mae unrhyw ddigwyddiadau o dywydd eithafol yn ei gael ar y cymunedau hynny.

Diweddariad ar ein gwaith hyd yma

Er bod argyfwng Covid-19 wedi mynd a'n sylw yn ystod y flwyddyn ddiwethaf, mae materion newid hinsawdd dal yn her fawr i ni. Ni allwn ymateb i'r heriau sydd o'n blaenau ar ein pen ein hunain felly bydd ymdrech gydweithredol yn hanfodol.

Yn ystod y flwyddyn ddiwethaf comisiynodd Cyfoeth Naturiol Cymru waith i edrych ar ddull rhanbarthol o liniaru effaith Newid Hinsawdd. Roedd hyn ar ran pob Bwrdd Gwasanaethau Cyhoeddus yng Ngogledd Cymru a Bwrdd Arweinyddiaeth Gogledd Cymru. Prif allbwn y gwaith yma oedd cytundeb i gydweithio ar draws y sector cyhoeddus yng Ngogledd Cymru i ymateb i'r her, trwy sefydlu grŵp Newid Hinsawdd ar gyfer Gogledd Cymru. Prif nod y grŵp yma fydd i gyrraedd nodau Llywodraeth Cymru i leihau allyriadau carbon. Bydd ffocws y gwaith gan Fwrdd Gwasanaethau Cyhoeddus Gwynedd ac Ynys Môn yn parhau i fod yn ymateb ar lefel lleol i'r heriau newid hinsawdd.

Cynhaliwyd cyfres o weithdai, a gwahoddwyd nifer fawr o sefydliadau i gyfrannu a chytuno ar gynllun gweithredu tymor byr, canolig a hir. Daethpwyd i gasgliad mai'r camau nesaf fydd gweithio'n agos efo cymunedau i gynnal sgysiau angenrheidiol am yr hyn sy'n bwysig mewn perthynas â newid hinsawdd, a llifogydd yn benodol.

Yn ogystal, mae Cyfoeth Naturiol Cymru wedi cynnal sgysiau efo'n cymunedau fel rhan o'u Datganiadau Ardal. Bu'r sgysiau yn gyfle i ni feddwl beth sydd angen i ni wneud fel unigolion, cymunedau a sefydliadau i ymateb i Newid yn yr Hinsawdd. Bydd y canfyddiadau a'r prif negeseuon a ddeilliodd o'r sgysiau yn cael ystyriaeth gan yr is-grŵp newid hinsawdd.

Yn ystod y cyfnod clo bu i nifer ohonom sylweddoli pwysigrwydd yr amgylchedd naturiol. Roeddem yn defnyddio llai ar ein ceir ac fe welom effeithiau positif ar ansawdd ein haer a dŵr .



Sut mae'r is-grŵp yn cyfrannu at Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015?

Mae'r is-grŵp yn gweithredu nifer o'r ffyrdd o weithio sydd wedi eu datblygu fel rhan o egwyddor datblygu cynaliadwy'r Ddeddf trwy:

- ddeall anghenion cymunedau penodol sy'n ein galluogi i gynllunio ar gyfer yr **hirdymor**
- **cydweithio** gyda nifer o gyrff cyhoeddus a'n cymunedau
- **cynnwys** ein rhanddeiliaid yn rhan annatod o waith yr is-grŵp



Cartrefi ar gyfer pobl leol



Pam fod hyn yn bwysig i drigolion Gwynedd a Môn?

Yn wreiddiol gofynnodd y Bwrdd i'r grŵp sefydlu trefn cydweithio yn y sector dai a datblygu mwy o gartrefi addas a fforddiadwy yn y llefydd cywir. Wrth gwrs roedd gan nifer o bartneriaid y Bwrdd gynlluniau i ddatblygu tai fforddiadwy yn barod ond un mantais o gydweithio oedd i gyflawni arbedion maint – sef datblygu tai ar y cyd er mwyn lleihau'r costau datblygu ac i allu canolbwyntio ar ddatblygu tai arloesol. I gyflawni'r arbedion maint rhagwelwyd bod angen datblygu mwy nag un safle ar yr un pryd ac i gyd-gaffael y gwaith datblygu ynghlwm â hynny.

Diweddariad ar ein gwaith hyd yma

Am resymau y tu allan i reolaeth yr is-grŵp a gan nad oedd digon o safleoedd wedi eu cyflwyno gan bartneriaid y Bwrdd, ni fu'r weithred o gyd-gaffael y datblygiadau tai oedd dan ystyriaeth yn bosib.

Er hyn, sefydlwyd trefn gydweithio dda yn y sector dai a chanolbwyntiwyd ar y gwaith o gynllunio ar gyfer datblygu mwy o dai fforddiadwy yn y llefydd cywir, gyda phwyslais ar ddatblygu tai arloesol ag ôl troed carbon isel. Ni fu'n bosib datblygu mwy o dai fforddiadwy y tu hwnt i drefniadau presennol y sefydliadau. Fodd bynnag, bu adolygiad o'r holl safleoedd segur o fewn dalgylch Gwynedd a Môn, ac fe lwyddodd y Cymdeithasau Tai a Chyngor Môn i ddenu cymorth ariannol drwy'r drefn grant IHP4 ("Innovative Housing Programme Phase 4") sydd wedi sicrhau rhaglen i ddatblygu 139 o dai arloesol fforddiadwy ym Môn. Cyfrannodd gwaith yr is-grŵp at y broses trwy gydweithio ar y cais grant.

Mae sefydlu trefn cydweithio wedi bod yn fanteisiol iawn i'r partneriaid. Mae hyn wedi arwain at werth ychwanegol i waith sydd eisoes yn mynd rhagddo gan bartneriaid trwy rannu syniadau a gwybodaeth, ac arfer dda. Trwy gydweithio hefyd, llwyddwyd i werthuso gwahanol fodelau o dai arloesol a bydd yr ymarfer hwn o ddefnydd i nifer o'r partneriaid perthnasol wrth iddynt ddatblygu tai yn y dyfodol.

Yn ogystal, trwy gydweithio fe rannwyd ymarferion da, a gwnaethpwyd trefniant i rannu gwybodaeth rhwng swyddogion cyllid rhai o'r sefydliadau cyhoeddus. Rhannwyd eu methodoleg a rhagdybiaethau ariannol wrth ystyried hyfywedd ariannol cynlluniau datblygu'r wahanol bartneriaid. Bydd canlyniad hyn o ddefnydd i'r partneriaid perthnasol wrth iddynt ddatblygu tai yn y dyfodol.

Yn dilyn hyn felly, mae'r is-grŵp cartrefi wedi ystyried a chytuno fod eu gwaith yn dirwyn i ben gan nad oes gwerth pellach y gallent ei ychwanegu at waith sydd eisoes yn cael ei gyflawni yn y maes tai gan sefydliadau unigol. Bydd angen i'r Bwrdd felly ailystyried y flaenoriaeth hon a chytuno ar y ffordd ymlaen.

Yn ychwanegol i waith yr is-grŵp cartrefi mae'r Bwrdd Gwasanaethau Cyhoeddus wedi bod yn ystyried effaith argyfwng Covid-19 ar faterion eraill tai. Yn ystod gweithdy a gynhaliwyd gan y Bwrdd Gwasanaethau Cyhoeddus ym mis Medi 2020 trafodwyd dau fater yn benodol sydd wedi eu hamlygu fwyfwy yn sgil yr argyfwng, sef digartrefedd ac ail gartrefi. Yn amlwg mae gan bartneriaid y Bwrdd rôl i'w chwarae wrth ymdrin â'r materion yma ond am y tro, cytunwyd mai rôl y Bwrdd fyddai i gadw trosolwg o'r materion ac i dderbyn diweddariadau gan y partneriaid i'r dyfodol. Bydd hyn yn galluogi'r Bwrdd i deimlo sicrwydd fod y materion yma yn cael yr ymdriniaeth briodol gan y cyrff cyhoeddus.

Sut mae'r is-grŵp yn cyfrannu at Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015?

Mae is-grŵp yn gweithredu nifer o'r ffyrdd o weithio sydd wedi eu datblygu fel rhan o egwyddor datblygu cynaliadwy'r Ddeddf, drwy:

- cyfrannu at gyflawni cynlluniau **hirdymor** o ddatblygu tai y sefydliadau sydd ynghlwm â'r prosiect
- annog **cydweithio** rhwng nifer fawr o sefydliadau cyhoeddus.



Iechyd a Gofal



Er mwyn cyflawni yn erbyn y maes blaenoriaeth yma fe sefydlwyd is-grwpiau yn y meysydd plant, oedolion ac iechyd meddwl. Mae pob un o'r is-grwpiau yma'n adrodd i'r is-grŵp iechyd a gofal. Pwrpas yr is-grŵp iechyd a gofal yw sefydlu trefn cydweithio yn y sector dan sylw a chadw trosolwg o'r gwaith o datblygu a thrawsnewid gwasanaethau, a'r ffordd yr ydym yn cefnogi unigolion yn ein cymunedau.

Profodd y gwaith yn y maes iechyd a gofal i fod yn allweddol bwysig wrth i ni ymdrin ag argyfwng Covid-19 ac wrth i ni gynnal y gwaith o adfer ein cymunedau wedyn. Datblygwyd ffyrdd newydd o weithio yn rhithiol sydd wedi bod o fantais mawr i'r timau aml-ddisgyblaethol. Trefnwyd cyfarfodydd wythnosol ymysg y partneriaid yn ystod cyfnod yr argyfwng hefyd er mwyn trafod y gwasanaethau oedd fwyaf dan bwysau a chynnig ymatebion ar y cyd. Dangoswyd parodrwydd i gydweithio ac addasu i amgylchiadau gwaith heriol iawn.

O ganlyniad i'r angen i'r gwasanaethau perthnasol flaenoriaethu eu hymateb i'r argyfwng, gohiriwyd gwaith yr is-grŵp iechyd a gofal am gyfnod, sef y gwaith o drawsnewid ein gwasanaethau. Erbyn hyn mae'r gwaith wedi ail gychwyn a cheir isod ddiweddariad ar eu cynnydd yn ystod y flwyddyn ddiwethaf:

Iechyd Meddwl

Mae'r ffrwd gwaith yma'n canolbwyntio ar ddatblygu system fwy integredig gyda ffocws ar waith ataliol. Mae pedair rhan i'r rhaglen:

- Cydweithio i hyrwyddo iechyd a lles emosiynol ac atal argyfyngau iechyd meddwl rhag datblygu
- Darparu ymateb cyfannol, amserol i anghenion unigol gyda'r nod o gefnogi pobl i aros yn ddiogel yn y gymuned
- Datblygu'r gweithlu- Mae gwaith integreiddio iechyd a gofal yn cyflwyno newidiadau i'n ffordd o weithio. Byddwn yn datblygu'r sgiliau a'r wybodaeth sydd eu hangen ar gyfer gweithredu ar y cyd.
- Datblygu tai mwy hygrych a phriodol (a chymorth) i bobl sydd mewn perygl o argyfwng iechyd meddwl.

Yn fwy diweddar mae Ymarferwyr Iechyd Meddwl sydd â rolau i gefnogi unigolion yn gweithio mewn pedwar meddygfa teulu yng Ngwynedd ac Ynys Môn. Golygir hyn fod unigolion yn gallu cael mynediad amserol at asesiad a chefnogaeth iechyd meddwl. Mae hyn yn gam cadarnhaol ymlaen ac yn ymateb i'n hamcan o gynllunio gwasanaethau ataliol.

Oedolion

Mae ffocws wedi'i roi ar osod sylfeini cryf ar gyfer y Timau Adnoddau Cymunedol (TAC), sef timau sydd wedi eu sefydlu o fewn 8 ardal ar draws Gwynedd ac Ynys Môn ac sy'n cynnwys aelodau o staff yr awdurdodau lleol, y trydydd sector a'r Bwrdd Iechyd. Pwrpas y TAC yw tynnu gwasanaethau ynghyd i ddarparu'r gefnogaeth briodol i'n trigolion, i sicrhau un pwynt cyswllt i faterion iechyd a gofal unigolion, ac yn y pen draw i'w cefnogi i fyw'n annibynnol.

Mae nifer o dasgau wedi'u cwblhau yn ystod y flwyddyn diwethaf ar osod y sylfeini ar gyfer y TAC, sydd i gyd yn cyfrannu at gyflwyno a gweithredu'r ffordd newydd yma o weithio. Rhoddwyd sylw i faterion llywodraethu gwybodaeth i sicrhau bod cytundebau rhannu data addas mewn lle; darparwyd hyfforddiant mewn arweinyddiaeth amlddisgyblaethol; datblygwyd system Sharepoint sy'n caniatáu i holl aelodau'r TAC rannu gwybodaeth berthnasol am eu gwaith a'r rhwystrau maent yn eu hwynebu ac mae'r holl ddatblygiadau yn cael eu cyfathrebu i godi ymwybyddiaeth ohonynt.

Yn ogystal â'r gwaith o sefydlu trefniadau'r TAC mae'r is-grŵp iechyd a gofal hefyd wedi bod yn datblygu prosiectau ar lefel Awdurdod Lleol ac is-rhanbarthol megis:

- prosiect drws ffrynt SPOA -ystyried modelau o sefydlu llefydd canolog i gael mynediad at wasanaethau iechyd a gofal
- prosiect rhyddhau o'r ysbyty – i sicrhau fod pobl yn gallu cael eu rhyddhau o'r ysbyty mor fuan a diogel â phosib, trwy gydweithio fel tîm i gefnogi'r unigolyn i adael yr ysbyty.
- model gofal cartref newydd i Wynedd – sy'n edrych ar y ffordd rydym yn darparu gwasanaethau iechyd a gofal, gan ganolbwyntio ar yr hyn sy'n bwysig i bobl sy'n derbyn y gwasanaethau hynny
- prosiect gweithio'n ddwyieithog - er mwyn cefnogi'r defnydd o'r Gymraeg yn y maes iechyd a gofal.

Yn ogystal, mae gwaith yn digwydd yn rhanbarthol i ymateb i'r Asesiad o Anghenion Poblogaeth. Bydd yr is-grŵp yn annog y cydweithio rhwng yr Awdurdodau Lleol a'r Bwrdd Iechyd ac yn cadw trosolwg o'r gwaith ar gyfer yr asesiad hwnnw.

Plant

Yn wreiddiol y bwriad oedd i ddatblygu tîm aml disgyblaethol sy'n cwmpasu ystod eang o weithwyr proffesiynol a fyddai yn darparu gwasanaeth trawsnewidiol o ansawdd uchel i blant a theuluoedd ar gyrion gofal. Bu i'r gwaith gael ei ohirio oherwydd argyfwng Covid-19. Fodd bynnag, mae'r is-grŵp plant bellach wedi ymgynghori â rheolwyr tîm a staff y sefydliadau ac wedi llunio rhaglen hyfforddiant sy'n cynnwys amrywiaeth eang o hyfforddiant i staff. Bydd hyn yn eu galluogi i weithio'n well gyda phlant a theuluoedd ar gyrion gofal, er mwyn darparu'r gofal a chefnogaeth briodol.

O safbwynt cymorth cynnar i blant a theuluoedd mewn cymunedau lleol, mae'r is-grŵp yn cydweithio gyda'r trydydd sector gyda'r nod o helpu teuluoedd i ailintegreiddio yn eu cymunedau ar ôl y cyfnod clo ac i ddarparu cymorth a chefnogaeth gynnar i'r teuluoedd hynny.

Mae trefniadau cadarn bellach wedi eu sefydlu gan yr is-grŵp iechyd a gofal er mwyn gyrru'r gwaith yn ei flaen wrth i ni ailgydio yn dilyn gorfod blaenoriaethu ein hymateb i argyfwng Covid-19. Mae'r is-grŵp hefyd wedi cael amser i ail edrych ar eu cylch gorchwyl, ac mae'r allbynnau disgwyliedig yn glir am y

6-12 mis nesaf sef:

- Gwneud cynnydd yn y ffrydiau gwaith plant, oedolion ac iechyd meddwl gan mai rôl yr is grŵp fydd cydweithio gydag arweinyddion yr is-grwpiau ar ymateb i'r rhwystrau sy'n eu hatal rhag gweithredu yn llawn.
- Parhau gyda'r trefniant i rannu gwybodaeth a data ymysg ein partneriaid er mwyn cynllunio gwasanaethau'n effeithiol.
- Cyflawni'r camau gweithredu a gytunwyd ar gyfer yr is-grŵp gan y Bwrdd Gwasanaethau Cyhoeddus.

Sut mae'r is-grŵp yn cyfrannu at Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015?

Mae'r is-grŵp yn gweithredu nifer o'r ffyrdd o weithio sydd wedi eu datblygu fel rhan o egwyddor datblygu cynaliadwy'r Ddeddf ac yn cyd-fynd â llawer o'r egwyddorion dylunio cenedlaethol sydd yn 'Cymru Iachach', Strategaeth Iechyd a Gofal Cymdeithasol y Llywodraeth, trwy:

- roi ystyriaeth i dueddiadau'r **dyfodol** ac ymateb i newidiadau mewn demograffeg
- roi cynaliadwyedd ein system iechyd yn allbwn i'r is-grŵp er mwyn cynllunio ar gyfer y dyfodol
- datblygu model **ataliol**
- **integreiddio** ein gwasanaethau iechyd a gofal er mwyn gwneud gwahaniaeth gwirioneddol i fywydau ein trigolion
- cydnabod ystod eang o ffactorau sy'n dylanwadu ar iechyd a lles (gan gynnwys addysg, tai, llai o ddigartrefedd, twf economaidd, adfywio, hamdden a'r amgylchedd)
- sylweddoli'r buddiannau o **weithio mewn partneriaeth**

Yr Iaith Gymraeg

Pam fod hyn yn bwysig i drigolion Gwynedd a Môn?

Mae'r Bwrdd yn deall pa mor bwysig yw'r Gymraeg i'n cymunedau ar draws Wunedd a Môn, a'i fod yn rhan o wead cymdeithasol a hunaniaeth ddiwylliannol yr ardal. Mae gallu byw eu bywydau drwy gyfrwng y Gymraeg a chael mynediad at wasanaethau a gweithgareddau cymunedol yn y Gymraeg yn bwysig i'n cymunedau ac rydym wedi ymrwymo i gydweithio er mwyn cynyddu defnydd o'r Gymraeg o fewn cyrff cyhoeddus yng Ngwynedd a Môn. Rydym hefyd wedi ymrwymo i hyrwyddo'r Gymraeg fel yr iaith ddewis ar gyfer cyfathrebu ymysg sefydliadau cyhoeddus ar draws y ddwy sir.

Wrth gwrs, mae argyfwng Covid-19 wedi cyflwyno rhai heriau sylweddol i sefydliadau wrth geisio sicrhau parhad eu gwasanaethau. Mae'r amodau a'r cyfyngiadau o orfod gweithio'n rhithiol, yn ogystal â'r diffyg gallu i grwpiau cymunedol ddod at ei gilydd wedi ei gwneud hi'n anodd cynnal rhai gwasanaethau a chyfleon i ddefnyddio'r Gymraeg. Rydym ni fel cyrff cyhoeddus wedi ceisio sicrhau fod y dinesydd yn parhau i gysylltu ac ymwneud â'r cyrff cyhoeddus yn eu dewis iaith, ac yn parhau i fod yr un mor angerddol am gyfrannu at darged Llywodraeth Cymru o gael miliwn o siaradwyr Cymraeg erbyn 2050.

Diweddariad ar y gwaith hyd yma

Mae'n deg cydnabod fod gwaith yr is-grŵp hwn i bob pwrpas wedi'i oedi'n gyfan gwbl yn ystod 2020/21 o ganlyniad i'r argyfwng Covid-19. Oherwydd bod aelodau o staff perthnasol wedi eu harallgyfeirio i waith gwahanol neu wedi gorfod newid eu blaenoriaethau, ni lwyddodd yr is-grŵp i gyfarfod yn rheolaidd er mwyn gyrru'r rhaglen waith yn ei blaen.

O ganlyniad felly, nid oes cynnydd i adrodd arno ar gyfer 2020/21. Fodd bynnag, nodwyd yn Adroddiad Blyneddol y Bwrdd ar gyfer 2019-20 fod yr is-grŵp yn ystyried prosiect sy'n ymwneud ag ymddygiad ieithyddol mewn derbynfeydd ac mae hyn yn parhau'n flaenoriaeth. Y bwriad gwreiddiol oedd i dreialu gwahanol fathau o ymyraethau er mwyn medru darparu arweiniad i staff derbynfeydd o wahanol sefydliadau ar sut mae annog defnydd o'r Gymraeg gyda'r nod o gynyddu hyder y cyhoedd i ddefnyddio'r Gymraeg wrth ymwneud â chyrff cyhoeddus.

Er bod y prosiect hwn wedi'i gymeradwyo gan aelodau'r Bwrdd ym mis Mawrth 2020, ni fu'n bosib ei roi ar waith wrth i nifer o dderbynfeydd ar draws y cyrff cyhoeddus gau oherwydd cyfyngiadau'r cyfnod clo. Fodd bynnag, ers yn fuan yn 2021 rydym wrthi'n adolygu'r cynnig prosiect gwreiddiol er mwyn adlewyrchu'r sefyllfa sydd ohoni bellach. Mae hyn yn cynnwys ystyried y newid sydd wedi bod yn y ffordd y mae'r cyhoedd yn cyfathrebu gyda sefydliadau cyhoeddus ac unrhyw newid mewn rôl derbynfeydd.

Ein gobaith yw medru cychwyn ar y gwaith yn dilyn cymeradwyaeth buan gan y Bwrdd. Yr amcan yw

normaleiddio'r Gymraeg wrth i bobl fynd o amgylch eu busnes cyhoeddus ac yn y pendraw, gallai hynny arwain at nid yn unig mwy o bobl yn defnyddio gwasanaethau drwy gyfrwng y Gymraeg ond hefyd cynnydd yn y nifer o bobl sy'n ei geisio a'i ddisgwyl gan gyrff o bob math. O bersbectif y trigolyn, mae mynegiant yn aml yn rhwyddach wrth ddefnyddio iaith gyntaf yn enwedig wrth drafod materion sensitif, megis materion yn ymwneud â llesiant unigolion, felly'r nod yw symleiddio'r broses o gael cymorth briodol.

Mae'r is-grŵp hefyd wrthi'n ystyried prosiectau posibl eraill i fynd i'r afael â'r ymrwymiad yng Nghynllun Llesiant Gwynedd a Môn er mwyn gallu rhoi rhaglen waith am y flwyddyn i ddod mewn lle.

Sut mae'r is-grŵp yn cyfrannu at Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015?

Mae'r is-grŵp yn gweithredu nifer o'r ffyrdd o weithio sydd wedi eu datblygu fel rhan o egwyddor datblygu cynaliadwy'r Ddeddf, yn ogystal â'r ffyrdd ychwanegol sydd wedi eu cytuno gan y BGC sef y Gymraeg a Chydraddoldeb trwy:

- sicrhau fod yr **laith Gymraeg** yn rhan naturiol o waith Gwasanaethau Cyhoeddus Gwynedd ac Ynys Môn
- **cydweithio** i godi ymwybyddiaeth, rhannu arferion da, datblygu sgiliau a hyder y gwasanaethau cyhoeddus i ddefnyddio'r Gymraeg gyda defnyddwyr gwasanaeth a'u hannog i wneud defnydd o'r Gymraeg dro ar ôl tro
- **cynnwys** barn rhanddeiliaid perthnasol wrth iddynt gyflwyno prosiectau newydd.



Edrych ymlaen at y flwyddyn sydd i ddod

Pob 5 mlynedd, ac fel un o ofynion statudol y Ddeddf Llesiant Cenedlaethau'r Dyfodol (2015), rhaid i Fyrddau Gwasanaethau Cyhoeddus baratoi a chyhoeddi asesiad o gyflwr llesiant economaidd, cymdeithasol, amgylcheddol a diwylliannol ei ardal. Mae Bwrdd Gwasanaethau Cyhoeddus Gwynedd ac Ynys Môn wedi cychwyn ar y broses o adolygu'r Asesiad Llesiant.

Unwaith eto bydd yr asesiad yn tynnu ynghyd ystod o wybodaeth am gymunedau Ynys Môn a Gwynedd. Golygir hyn y byddwn yn edrych ar waith ymchwil, casglu data ac ymgysylltu efo'n trigolion er mwyn canfod beth sy'n dda am ein cymunedau, a beth sydd ddim cystal. Bydd yn gyfle i ni ystyried heriau a chyfleoedd ein cymunedau, gan roi ystyriaeth i effaith argyfwng Covid-19 a Brexit arnynt.

Mae cydweithio gyda'n cymunedau ar yr asesiadau yn rhan allweddol er mwyn i ni ddeall beth yw eu gwir anghenion. Bydd y wybodaeth a rennir gan ein cymunedau yn cyfrannu at ein hasesiadau llesiant sydd i'w cyhoeddi erbyn mis Mai 2022. Bydd yr asesiad yn llywio blaenoriaethau'r Bwrdd fel rhan o'r Cynllun Llesiant.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Substance Misuse Area Planning Board (APB) Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Ben Carter, Regional Commissioning Manager, North Wales APB John Darlington, Assistant Director - Corporate Planning						
Craffu blaenorol: Prior Scrutiny:	This report has been informed by the work of the North Wales Substance Misuse Area Planning Board (APB), which is reported to the APB Executive Board (of which BCUHB is a member) on a regular basis.						
Atodiadau Appendices:	Appendix 1 – APB Performance Management Framework Appendix 2 – Case Study						
Argymhelliad / Recommendation:							
It is recommended that SPPH Committee: <ul style="list-style-type: none"> • receive this report and note the performance management information included • note the positive examples of partnership working and resulting outcomes for service users, highlighted via the service user stories/case studies 							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	x
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
Sefyllfa / Situation:							
This paper builds on the previous reports from the North Wales Substance Misuse Area Planning Board (APB) to the Strategy Partnerships & Population Health (SPPH) Committee, and focusses on performance management and BCUHB partnership working with the APB and partners. This is demonstrated via a number of examples and associated service user stories/case studies which highlight how BCUHB works with partners to make a difference to individuals with substance misuse issues.							
Cefndir / Background:							
The APB is the strategic partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services at a North Wales Regional level. 7 Area Planning Boards were established across Wales in 2010 as part of the new arrangements to deliver the Welsh Government (WG) Substance Misuse Strategy. APBs are intended to provide:							

- a regional framework to strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy and;
- enhance and improve the key functions of planning, commissioning and performance management, relating to substance misuse services.
- assist responsible authorities and other relevant strategic partners to discharge their statutory responsibility by providing a mechanism to pool scarce resources where appropriate and share expertise to deliver the Welsh Government's Substance Misuse Strategy/Delivery Plan

Tackling substance misuse in Wales is underpinned by the Welsh Government's '**Substance Misuse Delivery Plan 2019-2022**'

In addition to being an APB member/strategic partner, BCUHB is a service provider commissioned/funded (approx. £2.3m pa) by the APB to deliver a number of substance misuse services (in addition to/alongside those funded by BCUHB), including:

- Substance Misuse Treatment and Support Service (part funded alongside BCUHB funding)
- Harm Reduction/Collaborative Outreach Service
- Alcohol & Drug Liaison Service
- Specialist Substance Misuse CAMHS capacity
- Prescribed Medication & Support Service (part funded alongside BCUHB Funding)

It was agreed at the December 2020 SPPH Committee meeting that the next report to the Committee be focussed on performance management, include service user stories and also address how BCU works with partners to make a difference.

Asesu a Dadansoddi / Assessment & Analysis

Performance Management and Service User Outcomes

The tables below provides a snapshot of the high level performance information for the BCUHB Substance Misuse Service (SMS), which is presented to the APB Executive Board as part of a comprehensive quarterly performance report from BCUHB.

BCUHB Substance Misuse Service treatment data 2020/21 (Adults):

	Q1	Q2	Q3	Q4
Number of referrals received	489	757	608	599
Number of assessments offered	489	757	608	599
Total Number of service users open to the service	2356	2442	2497	2479
Number of Hafan Wen detoxifications	18	16	48	49
Number of community detoxifications undertaken	12	9	12	2
Number of service users in residential rehabilitation	16	14	31	31
Number of service users commenced on substitute medication	72	73	90	125

BCUHB Performance Against Welsh Government Key Performance Indicators (KPIs) (To end of Quarter 4 2020/21):

KPI 1: Did Not Attend (DNA) post assessment baseline<20%	KPI 2: Waiting time between referral and treatment (baseline >80% within 20 days)	KPI 3: reduction in substance use baseline >86.5%	KPI 4: improvement in quality of life baseline >84.2%	KPI 5: numbers of service users closed as treatment complete baseline >76.9%
0.0%	96.77%	89.87%	84.66%	95.41%

The above forms a small part of the overall APB performance management framework, APPENDIX 1 contains the overall APB Population Outcomes Score Card - Q4 2020/21, to provide further information and context to the committee, this is presented to the APB on a quarterly basis.

The following example of a positive service development to expand the range of treatment options to include Buvidal is provided to illustrate how BCUHB working in partnership with the APB and Welsh Government has resulted in some very positive outcomes for service users:

Buvidal prescribing in North Wales

Buvidal is an alternative form of Opiate Substitution Therapy (OST) to oral Buprenorphine or Methadone, and is administered as a monthly subcutaneous injection. Service users receiving a Buvidal injection are at less risk of non compliance with treatment and benefit from removal of the need for regular visits to pharmacies associated with traditional OST, thus increasing the likelihood of abstinence from opiates and moving on in their recovery journey.

The prescribing of Buvidal continues to increase across North Wales and has been a largely positive new treatment option, currently we have over 100 service users on Buvidal. Whilst it is important to note this treatment option is not for everyone, there are examples of dramatic changes for those who manage to engage with this option. To ensure we are able to continue to provide this option, BCUHB SMS have worked with the APB and purchased with slippage monies approximately a year's supply of Buvidal. Anecdotal evidence from service users as to the benefits of Buvidal has been positive, and to further qualify this an evaluation of outcomes is about to be undertaken. The following service user and practitioner comments are provided to illustrate the positive outcomes:

Service User: "Buvidal has changed my life completely. It's such a relief to wake up each day and feel happy and not have to think about having to score. I don't even think about scoring anymore, that's the best bit about it, I have no cravings. My family look at me differently now, they are proud of how well I am doing and I'm proud of myself. I have gone around in circles with addiction for years and I feel as though Buvidal has helped me to get a grip of my life and start to look towards a better, happier healthier life."

Service User Couple: "One of the best things about it is not being a slave to the chemist every day. We don't bump into people there and have that temptation any more, it takes all that out of the equation. I'm impulsive in nature and I feel like it's stopped me from acting without thinking. The best thing about it is we don't get cravings anymore. Quite simply, it's a wonder drug and I wish it had been available to us twenty years ago and maybe we would have had a very different life."

Key Worker Feedback re Service User: "A 30 year old gentleman who has struggled to gain stability on a traditional methadone treatment programme. He would fall in and out of treatment and continue to use a cocktail of illicit drugs despite numerous interventions of additional support and harm reduction advice from the team. There was a lot of complexity around this service user as he was also under the Mental Health team for ADHD. He also presented his parents with challenging behaviour due to ongoing drug use and presenting as hostile and unmanageable. After years of worry and anguish, they thought they may have to ask their son to leave the family home. We had mentioned Buvidal as a treatment option but he did not want to consider this, thinking he would best stick to methadone as this was all he really knew. After numerous episodes of falling in and out of treatment our client was given all the facts about Buvidal and asked to reconsider this as a possible option. After further reading he decided to make the change to Buvidal injections. From the first injection life has changed dramatically for this man and that of his family. As he has previously been so unpredictable in terms of engagement. Thankfully he has coped amazingly and has a brand new perspective. He describes it as something just clicked in his mind and he felt not having to go to the chemist everyday was a huge relief, it was a case of he was free of the restrictions and it made him look at things differently. He felt like he was moving on and is

now working full-time. He turns up for his appointments smartly dressed and, well frankly almost a different person. The change is just incredible. His parents phoned to thank me and the Doctor and all his previous workers for never giving up on their son and for all the times we were there and supported the whole family. He gave a urine sample which was clear of illicit drugs, the first one he has provided in years. We have referred him back to the Mental Health team and things appear to finally be moving in the right direction. A huge relief for the service user and his family.”

Key worker’s perspective on the positives that Buvidal has made: *“From my perspective I have seen people’s lives change for the better on Buvidal, beyond all belief. Clients who have been in service for decades are making huge progress towards building themselves a better life. I have seen improvements in clients’ ability to address their mental and physical health issues. It helps to prevent them from committing crime and subsequently keeps them out of court and prison. It also helps to get them into a better place to engage with the psychological perspective of the service. This has been missing for many years with a lot of my clients as they haven’t had the ability to engage, whether that be due to them being too intoxicated, or because their focus that day was elsewhere. I’ve also noted a lot of clients reduce their cigarette smoking and a lot of people who would usually replace heroin with alcohol have noted that they haven’t. So reducing the harm to their bodies in many different ways.”*

BCUHB Partnership Working with APB Partners

As was highlighted at the December SPPH meeting, BCUHB is a key APB strategic partner and plays a key role in working in partnership to deliver against the following Strategies/Plans:

- Welsh Government Substance Misuse Delivery Plan 2019-2022
- Co-Occurring Substance Misuse and Mental Health Framework/implementation Plan
- North Wales Alcohol Harm Reduction Strategy/Plan

To highlight some of the partnership work which sit within the above, the following examples and related case studies are provided to demonstrate how BCUHB working in partnership is making a difference in term of service delivery:

Substance Misuse (Drug & Alcohol) Liaison Service in District General Hospitals

The current contract with the APB for the BCUHB Substance Misuse Liaison Service was temporarily extended to enable further work to be undertaken to review the model and current service specification, to inform future commissioning intentions and ensure that the model meets the needs of service users. As part of this work, the BCUHB SMS and BCUHB Psychiatric Liaison Services have worked in partnership with the APB, and have reviewed provision in each area including training, support and input into wider groups and meetings, e.g. frequent attenders meetings. Furthermore, we have mapped out current referral pathways and joint working with primary care and BCUHB SMS in particular, to identify any areas in need of further support or development.

Monitoring information received is now much improved with more consistency across the three areas. The information now gathered will allow us to further develop the model of delivery and identify any gaps to ensure the needs of people presenting in each District General Hospital (DGH) are met, and that the required processes and pathways are in place to ensure people are offered ongoing support within their communities.

The Service Specification has been reviewed and updated to reflect the changes and developments in provision and is being reviewed further from a service user perspective by Caniad. This work will enable the APB to agree a longer term contract for this vital service, the benefits of the service and how it works in partnership are well demonstrated by the following case study:

'Service user was referred during the frequent attenders meeting by the Red Cross in September 2019. Service user has a history of excessive alcohol consumption. Multiple WAST calls totalling 104 between 01/09/2019 -30/06/2020. Resulting in 18 conveyances to the hospital. 2 admissions. Several did not attend outpatient appointments from other specialities in particular ENT. Alcohol Liaison Nurse has been working with this service user since September 2019 who was keen to make lifestyle changes. This has involved home visits, outpatient appointments and telephone contacts at least 3 times a week. Triggers for increased alcohol consumption were significant trauma, loneliness, debts and home environment. Referrals made to several community services for support but did not meet the eligibility criteria for services. Referrals and applications completed by Alcohol Liaison to Clwyd Alyn for extra care housing, medical assessments and supporting letters obtained via hospital medics, Alcohol Liaison and own GP to support the need for relocation. The continuity that Alcohol Liaison have provided to this service user has ensured that the service user's own goal is met. Family relationships rebuilt as a result and they are now actively involved with her care. As of June 2020, service user has remained abstinent.

The service user herself has been able to acknowledge the benefits of remaining abstinent and the impact it has had on her own health and wellbeing.

As a result of ongoing Alcohol Liaison support this service user has not contacted WAST since July 2020. '

Specialist Substance Misuse CAMHS Capacity in District General Hospitals (DGHs) and Community Pathways

This APB commissioned resource in all three DGH's has been in place for some years with the main focus on providing assessments, follow up support and onward referrals to individuals presenting to Emergency Departments or admitted onto paediatric wards with co-occurring mental health and substance misuse issues.

Due to changes and developments in regional and local service delivery and pathways it was identified as a need to further review this provision, to ensure that the current model meets the needs of our young people. Ongoing discussions between the APB and BCUHB CAMHS progressed into a proposal being submitted to the CAMHS Service re-design Team which was successful in securing specific capacity to support this work.

The review is ongoing and looking at current provision, links and partnership working in particular with GPs and APB commissioned Young Person's Substance Misuse Services. This will ensure that service users can access services without the need for multiple referrals between services; strengthen the service offer from BCUHB to young people; and strengthen joint working and referral pathways to statutory and third sector services. This will also improve pathways for young people with both substance misuse and mental health issues and ensure earlier access to support when experiencing a mental

health crisis for Children & Young People and their families. Again this work will enable the APB to agree a longer term contract for this vital service, a case study highlighting partnership working between Barnardos & CAMHS is included at APPENDIX 2.

Enhanced Harm Reduction Collaborative Approach

The development of a modern collaborative approach to Harm Reduction was launched in Q3 of 2020/21. The service is commissioned by the APB and led by the BCUHB SMS Harm Reduction Team in partnership with the APB and a number of statutory and Third Sector Partners across North Wales. This encompasses the existing harm reduction approach, but now with the additional skills of mental wellbeing and housing support workers, along with dual county co-ordinators to drive and target the approach across North Wales. The modern approach recognises the need to consider harm reduction as not just interventions aimed specifically at reducing the direct harms of substance misuse, but also considering the context in which these harms often occur, such as homelessness and poor mental wellbeing/health. The 'Enhanced Harm Reduction Collaborative Approach' aims to tackle the intersections of substance use, homelessness and mental wellbeing, reducing inequalities and improving overall health and social outcomes.

The project intensively supports individuals identified as having multiple and complex needs in relation to substance use, housing and mental wellbeing. The co-ordinators, along with the support team, work with individuals to help them identify any needs for which they require support. At times individuals struggle to identify the areas in which they need help and support, and so we will make suggestions from our own assessment, which can then help to get the planning started and often this leads to multiple additional support areas becoming apparent. However, most importantly we work with the individual where they are at, rather than where others want them to be, it is about what is important to them.

We take a mixed approach to the support, as often the initial stages require us to get 'stuck in', doing whatever needs doing to be done. This can be making referrals, taking to appointments, providing mobile phones so the individual has a means of communication, reviewing benefits status, helping to clean up accommodation, contacting utilities companies etc. Whilst we are supporting with the 'hands on' approach we also start engaging the relevant services that the individual needs, such as housing, substance misuse treatment and mental health services. We act as an advocate, and aim to co-ordinate the required service involvement. Since the inception of this approach, relationships have slowly improved, although on-going education is still required in order to help services see how often the systems and processes they have in place are often the cause of the 'poor engagement' that they refer individuals to us for. Often the individual is seen as the 'problem', rather than looking inwards at the systems. The following case study demonstrates the positive outcomes that this collaborative partnership approach can support service users to achieve:

"Janet (pseudonym) was referred to us in May this year from Ynys Môn Housing Team. Janet has led a chaotic life for many years, bouncing from one tenancy to another, with long periods of street homelessness in between. She is a very vulnerable lady, who is regularly taken advantage of by men, both financially and physically which has been a contributing factor to her substance use. She has historically been an IV heroin user, but currently alcohol is her substance of choice. When Janet came

to us, she was on the verge of being evicted once again, as she is just unable to manage a tenancy on her own. Her boredom and isolation take hold and she finds herself gravitating towards the wrong company for companionship, which leads to people taking advantage of her property, hence the eviction. She has a large number of previous convictions for petty crimes, like shoplifting and theft, and narrowly escaped a custodial sentence recently due to the support we are giving her.

Through our partners, Digartref, we allocated a worker who has a background in learning disabilities who was able to use techniques to be able to communicate effectively with Janet and start engaging very quickly. Their relationship has since blossomed and Janet feels very safe in trusting the worker and other members of our team. We have successfully supported her to engage with SMS through her own self-referral and we have managed to support her in attending GP appointments to address her health needs. Through our strong relationships with Cais, we managed to secure Janet a property at very short notice. This is supported living for 2 years, so she will be supported by them twice a week and by ourselves as well. Despite some initial teething problems, Janet has settled in very well, and is understanding the rules and developing skills to manage a property on her own. We have currently engaged her in some physical activities through walking groups and outdoor activity groups. She has also started a photography class which she is enjoying enormously and has a very good eye for it. She has requested we explore the possibility of some volunteering opportunities for her in the Bangor area, and from that, she will be able to access funds to go on some practical courses herself. This support has improved Janet's mental wellbeing, helping her find a purpose and grow in confidence."

The Harm Reduction Team (HRT) also plays a key partnership role in tackling the number of drug related deaths in North Wales. Whilst this is a very complex issue, the enhanced harm reduction approach along side a number of initiatives that the HRT and SMS are leading on (including the use of Buvidal, the introduction of the non fatal drug poisoning review process, supporting roll out of police officers carrying Naloxone across all of North Wales and the development of a drug intelligence/alert process) will support vulnerable individuals to minimise the risk of drug related death.

Goblygiadau Strategol / Strategy Implications

Divisional plans are aligned to funding profile/budget for substance misuse, as signed off by North Wales APB, ensuring that services are complementary and avoid duplication.

BCUHB has responsibility for the delivery of integrated substance misuse services whether core funded or commissioned by the APB.

Opsiynau a ystyriwyd / Options considered

n/a

Goblygiadau Ariannol / Financial Implications

As highlighted above, the APB commission a number of services from BCUHB, totalling approx. £2.3m of funding a year. In addition, the APB is responsible for annually signing off the BCUHB Substance Misuse Ring Fenced Budget, totalling approximately £5.8m a year, in order for the funding to be released by Welsh Government.

Dadansoddiad Risk / Risk Analysis

The primary risk to BCUHB regarding its relationship with the APB, is if that the APB was not prepared to sign off on the Ring Fenced Budget. This is mitigated for by senior BCUHB representation and regular reporting to the APB Executive Board; supported by strong partnership working and communication between the APB Commissioning and Development Manager and the SMS Senior Leadership Team.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are contracts in place between the APB (Via Wrexham Council as APB 'Banker') and BCUHB for commissioned service, these are currently in the process of being extended.

Asesiad Effaith / Impact Assessment

APB Substance misuse plans and commissioning decisions are subject to EQIA assessment, GDPR Assessments

APPENDIX 1

North Wales Substance Misuse Area Planning Board (APB)

Population Outcomes Score Card - Q4 2020/21

Is Anyone Better Off? Population Outcome 1 Reduce the impact of substance misuse on our communities Performance Indicators	Performance			
	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
1) Percentage of cases closed as treatment completed (WG KPI 5) (b) (shows people successfully leaving treatment services and entering recovery, inc no. 2020/21 baseline – 76.90%	87.99% 375	86.96% 425	82.60% 375	88.89% 432
2) Substance Misuse is reduced for problematic substances between start and most recent review or exit of treatment including numbers (WG KPI 3) (b) 2020/21 baseline – 86.5%	87.66% 1712	87.86% 1568	88.33% 1529	88.78% 1337
3) Reduce levels of alcohol related crime i) In the home ii) Outside of the home (Source NWP) Author: David Haydock	See Annex 1			
4) Reduce levels acquisitive crime (Source NWP) (care re not all attributable to substance misuse) Author: David Haydock	See Annex 2			
5) An Increase in the number of people with substance misuse issues who access or sustain education training and employment (a). Number of participants on the ESF Out of Work project who : i. gained a qualification or work relevant certification upon leaving ii. entered employment including self-employment upon leaving iii. in employment six months after leaving iv. increased employability through completing work experience placement or volunteering opportunity (Source : Welsh Government)	i. 1131 ii. 335 iii. 55 iv. 792	i. 1193 ii. 361 iii. 56 iv. 810	i. 1248 ii. 382 iii. 59 iv. 875	i. 1269 ii. 396 iii. 59 iv. 869
6) A safe and vibrant night time economy is fostered across Wales. (a) A reduction in night time crime (Source NWP) Author: David Haydock	See Annex 3			
7) People are / feel safer in relation to substance misuse related crime. (a) i) ASB (decreased) Perception-people being drunk or rowdy Baseline(2013/14): 23% 2015/16: 12.5%. 2016/17: 13.3% ii) ASB (decreased) Perception-people using or dealing drugs Baseline(2013/14):31.7% 2016: 24.4%. 2016/2017: 24.5% (Source: Crime Survey for England & Wales: reported annually)	2017/18 12.9% 30.8%	2018/19 7.1% 19.5%	2019/20 14.0% 21.4%	2020/21 Reported annually Reported annually
8). Will be replaced with the Recovery Data set which is currently in early stages of development and will be reported via NWIS. - Training has been arranged for the 15 th June 2021	Currently in development			

Is Anyone Better Off? Population Outcome 2		Performance			
Reduce the impact of substance misuse on health		Q1	Q2	Q3	Q4
Performance Indicators		20/21	20/21	20/21	20/21
1)	Quality of Life is improved between start and most recent review or exit of treatment (WG KPI 4) (b) including numbers 2019/20 baseline – 84.20%	82.75% 523	84.08% 631	86.23% 664	84.23% 566
2)	A reduction in the number of drug related deaths (a)(c) (reported as rolling 3 years) (Source : ONS) Baseline: 2006-2008 = 80 2009-2011 = 78 2012-2014 = 59 2014-2016 = 73	15/17 89	16-18 98	17-19 109	
2b	A reduction in the number of deaths related to Drug Misuse (Table 2) Annual ONS data published October Source: ONS	2016 28	2017 34	2018 36	2019 39
3)	Reduce the transmission of blood borne viruses in the substance misuse population (c) (a) New WG KPI: Percentages of relevant individuals receiving routine opt-out testing (dry blood spot testing and venepuncture) for blood borne viruses (hepatitis B, hepatitis C and HIV), and hepatitis B vaccination for all those in contact with substance misuse services	New for 2020, being monitored in shadow form for 19/20 Will report in post COVID			
4)	Reduction in the number Alcohol-specific hospital discharges (Source: BCUHB IS Dept) (Dependent on coding levels (BCUHB)previous quarters may change retrospect when refreshed)	355	255	340	285
5)	Reduction in the number of hospital admissions due to Drug Poisonings (Source: BCUHB IS Dept) (Dependent on coding levels (BCUHB)previous quarters may change retrospect when refreshed)	41	33	45	51
6)	Self-reported misuse of alcohol in adults (16+), a reduction in: Percentage of adults who reported drinking above weekly guidelines (14 units) (new measure 2017/18 replacing Welsh Health Survey previously reported) (Source: National Survey for Wales) (c) (a) 2017/18(2016/17 data) 18% <i>Previous measures no longer reported by National Survey for Wales:</i> i) Percentage of adults reporting drinking above recommended guidelines on at least 1 day in past week Baseline: 44% (2010), 41% (2015/16), 40% (2016/17) ii) Percentage of adults reporting binge drinking on at least one day in the past week Baseline: 27% (2010), 25% (2015/16), 24% (2016/17) (Source: Welsh Health Survey*)(c) (a)	18/19 18%	2019/20 (18/19 data) 18%	2020/21 (19/20 data) 19%	
7)	A Reduction in the Percentage of Young People (11 to 16) who drink Alcohol at least once a week. (Source: Health Behaviour in School aged Children Survey- reported 4 yearly) Baseline: 17% (2009/10); 6% (2013/14)	8% (9% Boys, 7% Girls) (Welsh Average = 8%) 2017/18 data (released May 19)			
8)	A Reduction in the Percentage of Young People (11 to 16) who have ever taken drugs. (Source: Health Behaviour in School aged Children Survey-reported 4 yearly) Baseline: 9% (2009/10); 8% (2013/14)	15% (16% Boys, 15% Girls) (Welsh Average = 15%) 2017/18 data (released May 19)			
9. NEW Additional - ¹ Fatal Drug Poisoning - % of every notification from coroners officers received has been subject to a review. (Non-fatal drug poisonings development imminent)			100%	100%	100%

¹ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 3 (ix)

10. NEW Additional – Number and % of North Wales placements made via the Rehab Cymru Portal (6 monthly report)	<p>During 2020/21 there was 76 service users who started a residential rehabilitation placement. During Q3 and Q4:</p> <p>a) 22% went into residential rehab for Drugs</p> <p>b) 58% went into residential rehab for Alcohol</p> <p>c) 16% Both</p>
---	--

What is going well / in development

- During quarter 4 a Demand Management questionnaire was shared with all partners to collate information service pressures once lockdown eases and face to face contact fully resumes. The questionnaire was broken down into themes: Alcohol, Drugs, Mental health and Co-occurring and suicide. The outcomes of the questionnaire correlated to what service users were experiencing, and concerns mainly around digital poverty were raised.
 - All partner organisations and services risk assessed staff and service users in order to consider reinstating face to face work, however, a combination of face to face and virtual meetings could work well in the future.
 - Partners continued to update their delivery methods and risk assessments
 - A strong partnership with Housing colleagues has been established with shared outcomes for the most vulnerable.
 - CANIAD continued to deliver services via internet platform and some face to face contact including vital information sharing produced per county for the most vulnerable service users.
 - The collaborative outreach service is going from strength to strength – established links in all counties.
 - Excellent feedback from partners regarding the workforce development training in Q4.
- The National KPIs – Q4 KPI data performance showed NW as consistent and continued to show service data improvements. North Wales APB area continues to do well in monthly rankings against other APB areas. Q4 KPI data performance is showing as all GREEN, and will continued to be monitored.
- Referral data in quarter 4 is also showing as improving steadily following a reduction in referrals in quarter 1 and 2 – monthly reports are capturing this information to monitor progress.
- Naloxone and nasal naloxone training for NW police officers following the pilot in Flintshire has been recommended to be rolled-out to all officers across North Wales – during the Flintshire pilot the nasal naloxone was used twice successfully.
- North Wales workforce development service hosted by CAIS continues to deliver successfully Level 1 substance misuse basic training, and the Level 2 intermediate substance misuse training as well as Level 3 specialist training. A full training programme has been developed in advance for 2021/22 which cover alcohol, brief interventions, drugs, DV, suicide, internet techniques and CYP BI, Co-occurring, bespoke prison and alcohol training, all delivered by CAIS, and will include some external training by Liam Watson.
- The number of hospital admissions due to drug poisoning has risen during Q4 – a rise was seen in Psychostimulants with abuse potential, the number of poisonings with Other Opiates was slightly reduced in comparison to Q3.
- Primary school substance misuse education programmes which were adapted in Q2 to deliver English, Welsh and Bilingual sessions are ready for the new school year in September. Performance are taking place via digital platform, however, in Q4 due to school closures no performances took place.
- BUVIDAL continues to be proving successful with service users, this has also been shared in the media, positive feedback from service users in the BCU report. – This is also now measured via NWIS.
- Rehab Cymru and the use of the portal are now an established process in all counties and SMS teams. A guidance flow chart has been developed for Criminal Justice and CYPSMS, and full access to the data (phase 2) has been completed.
- New collaborative outreach service continues to work really well in all counties, referral paperwork has been revamped, partners are looking at producing short films that will highlight what each service has to offer in terms of substance misuse – this is in the development stage.
- The North Wales Alcohol Strategy group is now meeting regularly, a great deal of training in relation to alcohol has taken place in Q4 and will continue into 2021/22.
- Service users through the CANIAD platform continue to support the planning and delivery of substance misuse services
- During Q4 DAN24/7 - promotions via the digital vans across Wales, including radio adverts and the online promotion funded by the APB.
- The development of the Non-fatal drug poisoning process has begun in North Wales hosted by the Harm Reduction Service.

Case Study:Recovery Service

H was referred into SRP West by his Probation Offender Manager due past issues with cocaine, alcohol and benzodiazepines' in December 2020. When I completed the assessment with H he disclosed to me that although his home was in Porthmadog, he was actually due to fly out to be with his mother and step father in Switzerland later that afternoon. This was for additional support as they lived out there for six months of each year.

Despite flying out to another country H was keen to engage, not least because he felt tremendous strain due to the three upcoming court appearances for historic offences and H was really concerned that this could be a trigger for him to use again. We began the learning via zoom and H was sent the work in an editable electronic format so that he could complete during the sessions, from Switzerland and return to me via email. H attended every session on time and contributed very well to the group dynamics.

Since enrolling onto the SRP back in Dec 2020. H has appeared before magistrates in Wales, Scotland and in England to answer those historic offences. All the offences were of a bladed and/or offensive weapons nature. Progress report with regards to SRP were requested and provided at each court appearance. H was told in court that a second charge involving knives automatically carries a custodial sentence, but due to the progress he had been making with getting and staying abstinent from substances, engaging in programmes, and finding employment, this all went in his favour. Following the final court appearance H's mother suffered two heart attacks, this was attributed to massive stress, something H now realises he has caused over the years. But vows to never cause again. H continues to attend and engage well on the Structured Recovery Programme and is due to complete the programme very soon.

This case study demonstrates how challenging the details and circumstances around this referral were, including H being abroad, but also how he could have "thrown the towel in" at any point due to the stresses of the several court appearances and the stress of his mother's failing health. But he did not and continues to strive and work hard on his recovery.

How Well Have We Done It	Performance			
	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Service User Involvement Satisfaction levels (Feel Voice Being Heard)	99%			99%
Number of Complaints Reported by Commissioned Services	0	0	0	0
Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment (WG KPI 1). Including numbers TARGET<20%	1.89% 12	3.60% 37	8.48% 54	5.96% 39
Achieve a waiting time of less than 20 working days between referral and treatment. (including numbers) (WG KPI 2) TARGET>80%	97.91% 502	97.12% 681	97.52% 669	96.40% 616
Percentage of APB commissioned services delivering against specified outcomes	100%	100%	100%	100%
% of Welsh Government Core Standards for Substance Misuse adhered to.	100%	100%	100%	100%
NEW additional - ² Element of collaborative outreach / Harm Reduction – Naloxone – new and replenished packs – a) No. of new kits issued, b) No. re-supplied kits issued, c) Total number of kits issued	n/a	n/a	2019/20 a) 290 b) 399 c) 689	2020/21 a) 194 b) 276 c) 470
NEW additional - ³ DAN 24/7 Number of North Wales contacts. Source: Luke Odgen	n/a	383	191	233
NEW additional - Work force Development – ⁴ The substance misuse workforce is skilled and informed, quarterly numbers of workforce trained Number of courses / participants including satisfaction survey % for: a) Level 1 basic, b) Level 2 Intermediate, and c) Level 3 Specialist Training	During 2020/21 a) Level 1 training – 75 courses took place – 695 participants – 100% reported that the objectives were met b) Level 2 training – 26 courses took place – 279 participants – 100% reported that the objectives were met. c) Level 3 training – 19 courses took place – 329 participants – 100% reported that the objectives were met.			
NEW additional - ⁵ Co-occurring – delivery around implementation plan in %.	Currently being updated			
NEW additional - ⁶ Brief intervention training / PHW Alcohol strategy whether actions on track in %	Currently being discussed with Alcohol Strategy Group			

² WG Substance Misuse Delivery Plan 2019-2022 – Outcome 2 (iv), Outcome 3 (xi)

³ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 1 (ii)

⁴ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 9 (iii), Outcome 14 (i)

⁵ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 3 (i)

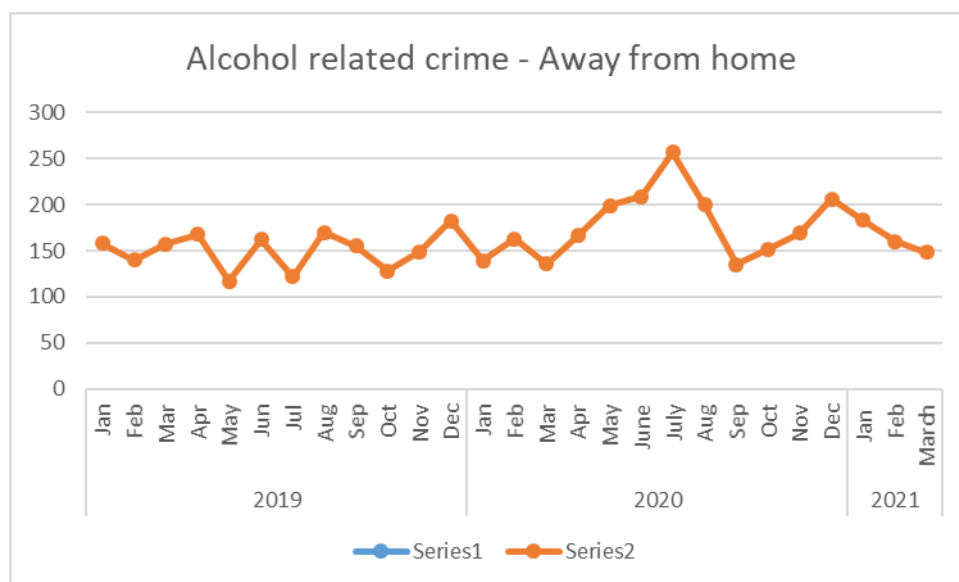
⁶ WG Substance Misuse Delivery Plan 2019-2022 – Outcome 2 (iii)

Narrative on challenges and what needs to improve.

- With the pending easing of lockdown there needs to be a continued focus on changing service demand to fully support commissioned services to meet the potential need.
- KPI TOPs data performance – Quality of Life has slightly improved during quarter Q4 – Data training has taken place within SMS teams, and one more session is scheduled for April 2021.
- The monitoring of substance misuse services continues by the APB team, RBA cards are reviewed on a quarterly basis and service reviews continue to take place.
- Naloxone - During the last quarter of 2019/20 specifically the end of February and in to March 2020 HRT increased their targeted naloxone drive in response to the emerging Covid 19 pandemic, to ensure that we had high levels of naloxone in the community. Much of this naloxone was in the form of the nasal kits; this was a deliberate decision based on our experience that the nasal kits do not get tampered with as they have no syringe or needle, so they stay in a useable condition. As the pandemic progressed in to the 2020/21 year as a service we continue to promote naloxone amongst our service users, often we would be informed that naloxone wasn't required as individuals still had access to a kit. In addition the number of unique individuals accessing our service has reduced during the 2020/21 year (a further impact of the pandemic), which has a direct correlation with the number of kits we are able to supply. Further to this we acknowledge there is some lost data due to naloxone supply not being submitted on the All Wales Harm Reduction Database, again an impact of the pandemic where some of our inputting processes have failed; it was felt more appropriate to provide services with the ability to supply naloxone at that time and we will revisit processes to ensure data inputting going forward.

Data Development Agenda- includes but is not exclusive to the following:

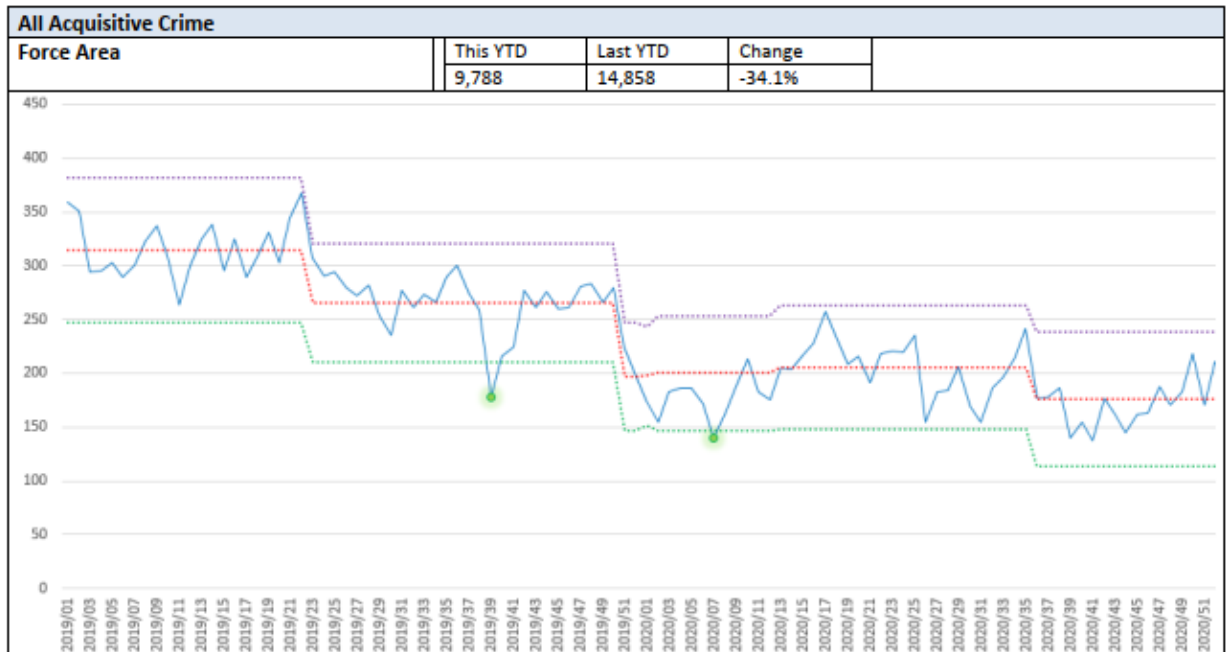
- Service User Satisfaction –being further developed with involvement provider to ensure broadened
- Revised CYP outcome tool being trailed by WG early 20/21. West SM CYP service to trial -this can be utilised for the PMF once finalised.
- Need to consider needs assessment data to inform further PMF development
- Recovery data set under development – training will take place shortly on how to input onto NWIS
- Co-occurring plan – currently looking to develop a mechanism in which to measure the delivery of the plan
- Brief intervention – Alcohol strategy – currently looking at a measure against the Alcohol action plan.
- Fatal Drug Poisoning Reviews – currently looking to develop a measure against the recommendations.

ANNEX 1

Above are the tables on alcohol-related crime, where COVID-19 restriction have clearly had a significant effect in recent months.

ANNEX 2

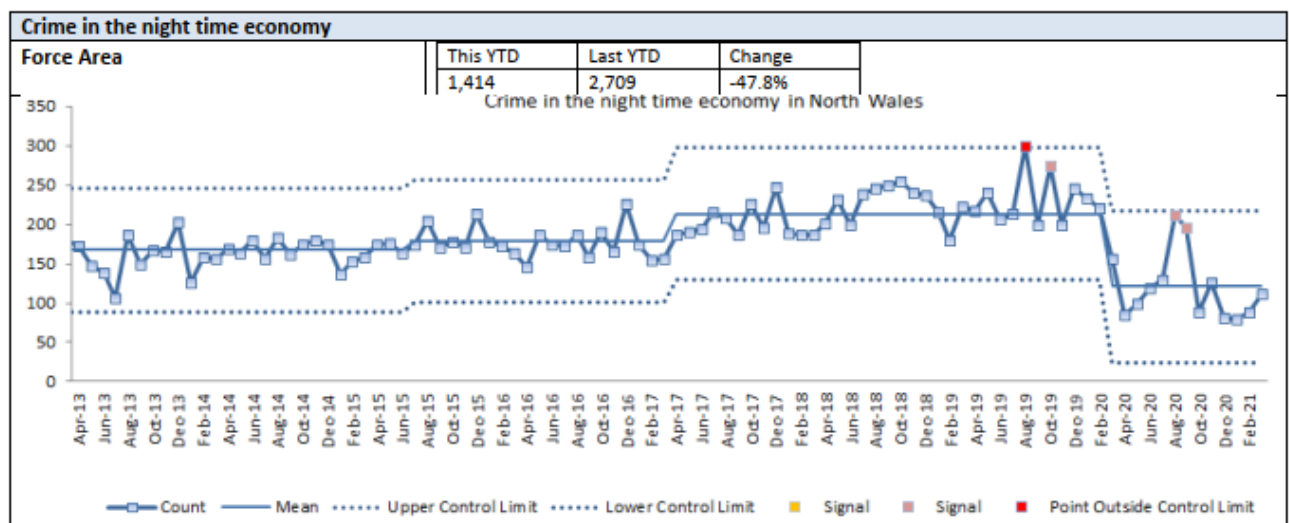
Acquisitive Crime



Recorded incidents of **Acquisitive Crime** decreased significantly across North Wales in 2020/21.

ANNEX 3

Crime in the night time economy



Crimes in the night time economy have been defined as crimes that have occurred not in a dwelling, between 8pm and 5am and in areas where there is a concentration of licensed premises.

Crimes within the night time economy have fallen sharply in 2020/21. The imposition of three national COVID-19 lockdown restrictions meant a closure of many licensed premises and the hospitality trade, which has caused the sharp fall.

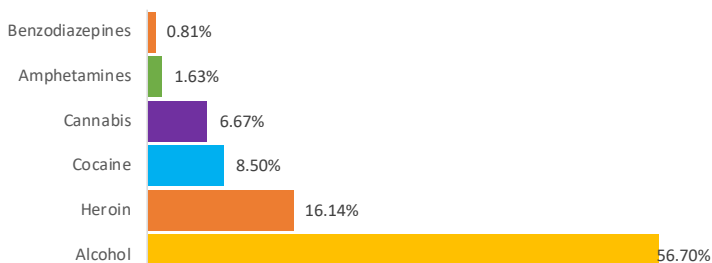
North Wales Area Planning Board for Drugs and Alcohol Mini Annual Report 2020/21 (adult services)

During 2020/21
4,234 referrals were
received by services

During 2020/21 **2,707**
assessments were
completed by services

During 2020/21 **1,535** clients were assessed for
problematic alcohol use 

Clients Assessed by Primary Substance 2020/21



26

Clients assessed
were under 20
years of age



2,408

Clients assessed
were aged
between 20-59



158

Clients assessed
were aged 60
years or over

3227 clients started treatment during 2020/21, with **96.86%** of alcohol clients and **96.69%** of drug clients accessing treatment within the 20 working day target set by Welsh Government.



Drug Related Incidents

During 2020/21 there have been **26** drug related deaths (DRDs) and **1bc** Non – fatal incidents recorded in North Wales.

Needle Syringe Programme - During 2020/21 the number of transactions being recorded across the region was **26,751**, (NW HRT – **1,147**, SMS – **516**, NW Pharmacies – **25,088**).

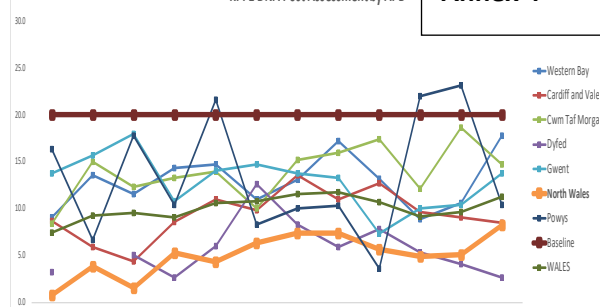
North Wales Needle Syringe Programme during this period resulting in **26,088** transactions being recorded across the region, with **666** of these transactions involving returns, by **227** unique clients.

During 2020/21 **1,154** clients were assessed for

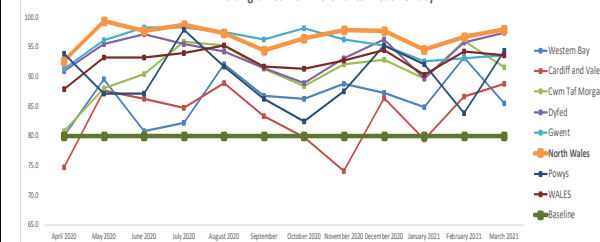
problematic drug use 

KPI 1 DNA Post Assessment by APB

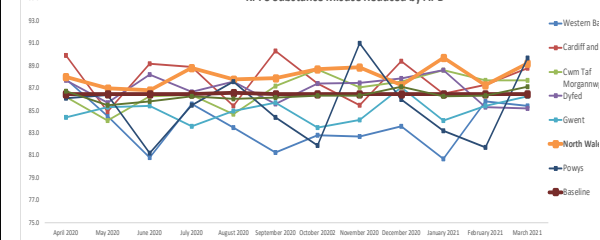
Annex 4



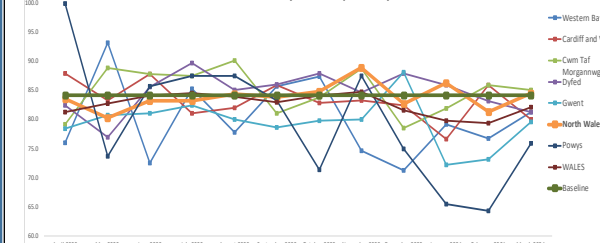
KPI 2 Waiting times from Referral to Treatment by APB



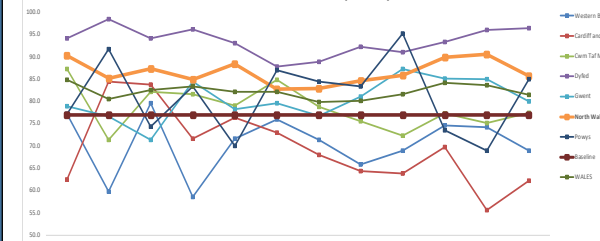
KPI 3 Substance Misuse Reduced by APB



KPI 4 Quality of Life Improved by APB



KPI 5 Treatment completed by APB



Naloxone Training Provided: 306

- 55 x Professional
- 246 x Person at risk
- 5 x Family/Partner

New and replenished kits issued during 2020/21: 451



County:	New Individuals	Replenished kits
Conwy & Denbighshire	75	49
Gwynedd & Anglesey	64	44
Flintshire & Wrexham	50	169

APPENDIX 2

Barnardos Children & Young Peoples Substance Misuse Service Case Study

Background

Jenny is 17 years old and was attending college at the time of referral. Referred via Prevent and Deter team, this was a voluntary referral - Jenny agreed to referral to CYPSMS due to the concerns around her alcohol use and behaviour while under the influence of alcohol and other substances. Due to the fact that Jenny rated high in terms of risk, it was agreed that we could offer her face-to-face appointments during the lock down period. Due to Covid 19, outside appointments were offered to Jenny.

Jenny, while under the influence of substances, was coming to the attention of the police as she was found in risky situations. When police tried to help her, she assaulted police officers on two different occasions.

Jenny was charged and she is now on a ten-month Referral order. This was a 'wake - up call' for Jenny as she realised that engagement was no longer voluntary - it was compulsory to attend appointments with myself and YJS. This was actually helpful as it gave Jenny an insight that she did not have complete control over the situation and that there are consequences to her behaviour while under the influence of substances, and that services such as the police, and other services care about her and are concerned over her physical and emotional welfare.

Rather than Jenny seeing the police as an enemy they have actually done a lot to safe guard her. Jenny academically is a high achiever; Jenny's childhood background and life experience have been traumatic and fractured; she has not lived with family for significant number of years.

Presenting Issues

Jenny's presenting issues were her alcohol use, risk of becoming involved in the criminal justice system further and risk of exploitation in terms of criminal behaviour and exploitation. Identifying risk factors were that Jenny has no significant adults that are supportive to her and her family is fragmented. Her relationship with her father was inconsistent, and she had no contact with her mother until Jenny is eighteen years old due to Jenny being a victim of abuse and her mother being the perpetrator. Jenny has contact with her mother on the phone but not in person. She talks about her mum in a very fond way and is protective over her mother and defends her saying she wasn't well at the time.

Jenny currently lives in a guest house and is being supported by social services who are looking for Jenny to consent to become a looked after child. Jenny's risk factors have increased in terms of criminal behaviour and there has been escalation in alcohol and polydrug use.

Interventions

The initial assessment and risk assessment looked at Jenny's protective factors and risk factors and identified more risk factors than protective ones. We have explored these together and looked at her motivation to change. Jenny's motivation to change was not evident, as her peer group which are predominately young men are extremely important to her as this gives her a sense of belonging that she lacks within her family structure and life experiences. Jenny states that she gets on better with boys than girls.

As Jenny presents with complex needs, and scores high in terms of ACES, it is Important to work with her in a holistic way and she has multiple agencies working with her. The focus is on her alcohol use, which is significantly concerning.

Current intervention with Jenny is to address the physical concerns around the impact of her alcohol use. We have contacted her GP, with Jenny's consent. Alcohol Audit Score was completed with a score of 35 which indicates dependency. I have shared this information with Jenny's GP, and she was prescribed Vitamin B, to counteract harm in terms of alcohol

use, and blood tests have been requested which will highlight the level of alcohol use and impact on the body and inform appropriate follow-on interventions.

As Jenny's ACES score is high it is important to recognise her traumatic childhood in terms of behaviour. A referral has been made to CAMHS and Jenny is now engaging with CAMHS. We incorporate in our work together activities around raising aspirations as she is a bright, young woman who likes to debate about politics and is interested and curious about the world we live in. She has strong opinions and expresses herself well and we use this as leverage in sessions to raise her self-esteem, with positive regard which Jenny responds to well.

During our sessions we take long walks on the beach and this is an opportunity for her to express herself and gain a sense of self, with positive reinforcement. I have discussed with Jenny becoming involved in a Young Persons Participation Group where Young People have a voice and can influence change, Jenny was enthusiastic about this, and this also reinforces pro social activities.

Jenny's motivation to change has moved slightly recognising the impact substance misuse is having on her in terms of escalating criminal involvement and acknowledging more that she is potentially at risk while under the influence of substances. She is also understanding more about the impact of substance abuse physically and emotionally.

Jenny has talked about her future in a fatalistic way when she refers to friends and family her peer group saying, "I will end up in prison or rehab". These situations have been part of her life experiences, both parents have been in rehab, her mother has been in prison, and her peer group have predominately been, and are, within the criminal Justice system.

Working on strategies to reduce substance use, Jenny is keeping a diary of substances used when and where, to look at patterns of use and to reduce use, incorporating change in terms of her becoming involved with pro social activities. Jenny has been given "The Bullet Point Life Planner" which has sections such as "Get Organised", "Plan your Life", "Track Habits" And "Brainstorm for The Future". This book is to help support to change Jenny's fatalistic view about her future to recognise where she is making changes or recognising changes she can make. She has started to incorporate, on her own and with a girlfriend from childhood, walks along the beach, which is a positive, so our interventions are psychosocial interventions which build on these changes.

Jenny engages well in sessions and benefits from the intervention on social and wellbeing level, as she is acknowledged and recognised and valued with positive regard, which impacts on Jenny, as she feels free to speak on her beliefs and life experiences. Respect is reinforcing her self-belief and empowerment.

Outcomes

The Intervention is ongoing and will be for next ten months, initially to address physical impact of substance misuse and intervention plans that will work for Jenny, where she is not set up to fail'. It will be tailored to her needs, to promote change in terms of substance misuse and will work holistically not separating the trauma and life experience she has experienced from her substance misuse as they are intertwined.

It is currently the psychosocial model, of intervention we are applying and motivation to change using motivational interviewing techniques, to encourage Jenny to raise her aspirations, and improve resilience.

Positive Outcomes that have been achieved so far.

Motivation to change has increased

Engaging in services YJS, CAMHS, CYPMS, Medical GP,

Has contact four times a week Social Services, YJS, CAMHS, and CYPMS.

A referral has been made for Jenny to attend Healthy Relationships Intervention.

Jenny is being supported to explore ideas of to become involved in Pro Social activities and re-engage with education. Application is being made by her GP, for Gym class when Gyms reopen, to improve emotional and physical wellbeing.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Public Engagement Update August 2021					
Cyfarwyddwr Cyfrifol: Responsible Director:	Clive Caseley, Interim Director of Partnerships, Communications and Engagement					
Awdur yr Adroddiad Report Author:	Rob Callow, Head of Public Engagement					
Craffu blaenorol: Prior Scrutiny:	The Strategy, Partnerships and Population Health Committee has a key role in ensuring appropriate arrangements for continuous public engagement are in place. The Committee is therefore, asked to provide scrutiny and comment on the information outlined in the report.					
Atodiadau Appendices:	1. Covid Conversations Newsletter					
Argymhelliad / Recommendation:						
The Committee is asked to note the progress detailed in this paper.						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
						✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N
Sefyllfa / Situation:						
To provide the Committee with an update on the key public engagement activity since the update report provided at the February 2021 meeting.						
Cefndir / Background:						
1.0 Introduction						
<p>1.1 This report provides an overview of the Public Engagement Team's approach and activities undertaken at corporate, area and service levels in the first quarter of 2021, which has been dominated by our continuing COVID-19 response including the vaccination programme. We have been engaging with communities and partners to provide reassurance about concerns and listen to their views in order to feed these back into the organisation so action can be taken and adjustments can be made where possible and appropriate.</p>						

Since the last report, a comprehensive range of public engagement activity has continued across North Wales. This has primarily focused on:

- COVID-19, including Test Trace and Protect (TTP), staying safe, reducing the spread of infection and the vaccination roll out;
- strengthening partnerships and networks;
- strategy development and service improvements; and
- ensuring an inclusive and listening approach to public engagement.

2.0 COVID – 19

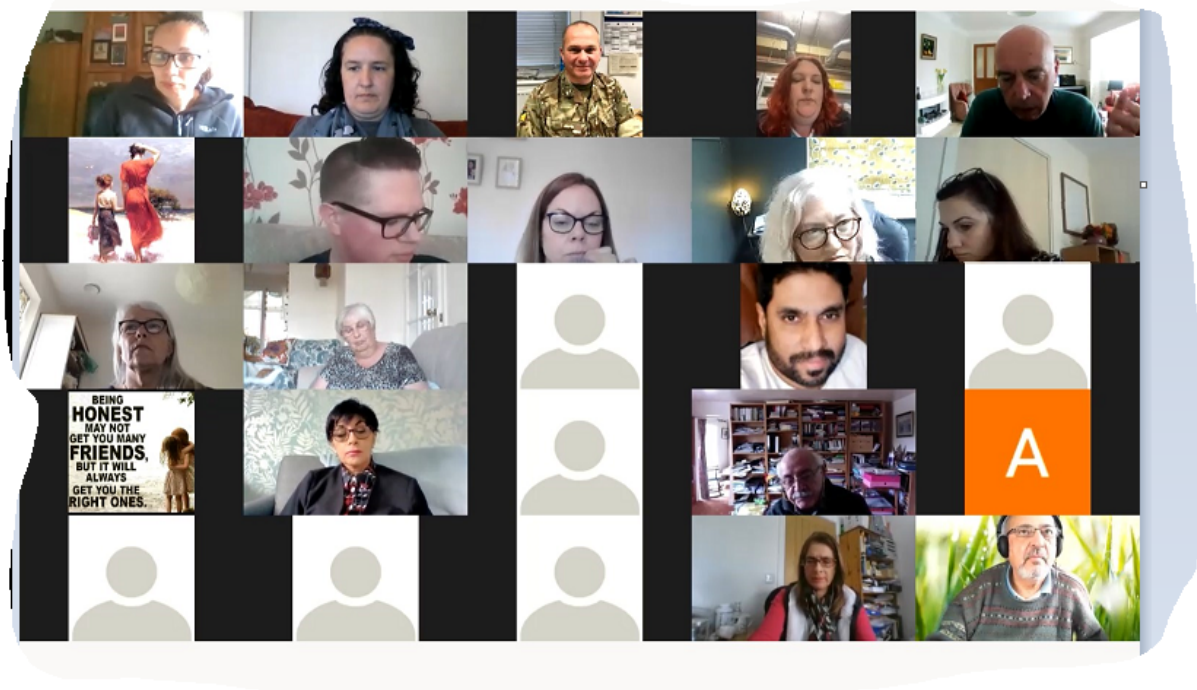
- 2.1 In May and June the Public Engagement Team held two online COVID-19 vaccination Q&A sessions for members of the public. The purpose of these events was to provide reassurance about the vaccine, the vaccination roll out and to proactively offer an opportunity for the public to ask questions and raise concerns, with a particular focus on addressing the concerns of those who may be hesitant about having a vaccination.

The events were a collaboration between the Health Board, North East and West Community Cohesion Forums - who chaired the events - and the Black Association of Women Step Out, (BAWSO) who hosted the sessions on their Zoom platform.

The team arranged for a number of experts to form a panel to answer questions. Panel members included Rob Attree, a retired GP who has returned to work as a vaccinator and Chika Emelle and Vibin Nair, who are trainee GPs. Also available were two retired consultants Dr Ikram Shah and Dr Farook Jishi who are also trustees of Wrexham Mosque and members of Muslim Doctors Cymru. Colleagues from the Health Board's pharmacy team were also on hand to offer advice.

Rajeev Metri, a BCUHB cardiac nurse and chair of the overseas staff and BAME network also shared his experiences of COVID-19, which included him being admitted to ICU. He talked about the importance of the vaccination programme and the benefits of being vaccinated.

- 2.2 Over the two sessions, more than 60 people, many of whom are influential members of our Black, Asian and Minority Ethnic communities, attended. A range of issues were raised including the side effects of the COVID-19 vaccine, fertility and pregnancy, the types of vaccines available and vaccine efficacy. A link to our first session is available on the Public Engagement Team's Vaccination padlet [Brechlyn- Covid-19 - Vaccine \(padlet.com\)](https://padlet.com/Brechlyn-Covid-19-Vaccine). The padlet, an online engagement tool which we share with our networks, also provided a wide range of information about COVID-19 vaccination



- 2.3 Following on from the successful vaccination Q&A sessions, the team have been receiving further questions from our communities in addition to those received via our social media channels. We have fed in emerging concerns and issues to inform our vaccination [Frequently Asked Questions](#) on the Health Board's COVID-19 vaccination web pages.

As part of our commitment to strengthen and improve Health Board engagement with Black, Asian and Minority Ethnic communities we are continuing to meet with partners and communities to identify concerns or issues they want know more about. For example, we hosted another Q&A session focusing on women's health in June.

- 2.4 The team is also gathering insight into vaccination hesitancy amongst young people. Working with both Bangor and Glyndwr Universities and the Students Union, we have co-designed a student [survey](#) and arranged a "Campus Talk" event with Glyndwr students. Other partners including Coleg Cambria have helped distribute our survey to their students and the Children and Young Persons Wellbeing Networks in Wrexham and Flintshire are also supporting this work.
- 2.5 Ensuring partners and communities have access to relevant and meaningful information about vaccination, TTP and other issues relating to COVID-19 is important, particularly within communities whose first language is not Welsh or English. We produced an information sheet in Polish for Ifor Williams Trailers in South Denbighshire and employers in Wrexham who employ a number of Polish people.

The Public Engagement Team is also working with partners to support engagement with communities identified by our vaccination teams as having a low uptake. Our Covid Conversations newsletter also continues to reflect the feedback we have been receiving and June's edition (**Appendix 1**) covered a wide range of issues including:

- North Wales vaccine updates

- Booking your vaccination
- Maternity visiting
- Covid Conversations with young people
- 111 launch in North Wales
- COVID-19 in the workplace
- Mental health

3.0 **Strengthening partnership and networks**

3.1 Our three Engagement Practitioner Forums have continued with both the East and West forums taking place in May and the Central forum in July. These supportive forums bring together public, third and voluntary sector engagement professionals to share information, good practice, identify opportunities for collaboration and identify common challenges.

The West Area forum considered the issue of hoarding, to coincide with Hoarding Awareness week. Speakers from North Wales Fire and Rescue Service and the Health Board's Safeguarding Team gave presentations about the support available and the signs to look out for. Forum members agreed to contribute to an information padlet to help signpost partners to key information.

At the Central Area forum, there was a presentation from Social Value Creating Enterprise, which supports people to maximise their skills and gain employment. Another presentation was made by colleagues from the Health Board's Patient and Service User Experience Team about the services they provide.

3.2 Our third virtual [Bite Sized Health and Wellbeing](#) event took place in June. A range of "virtual rooms" were available to the public and hosted by partners including the British Liver Trust, Family Information Services, Carers Wales, Diabetes UK and Digital Communities.

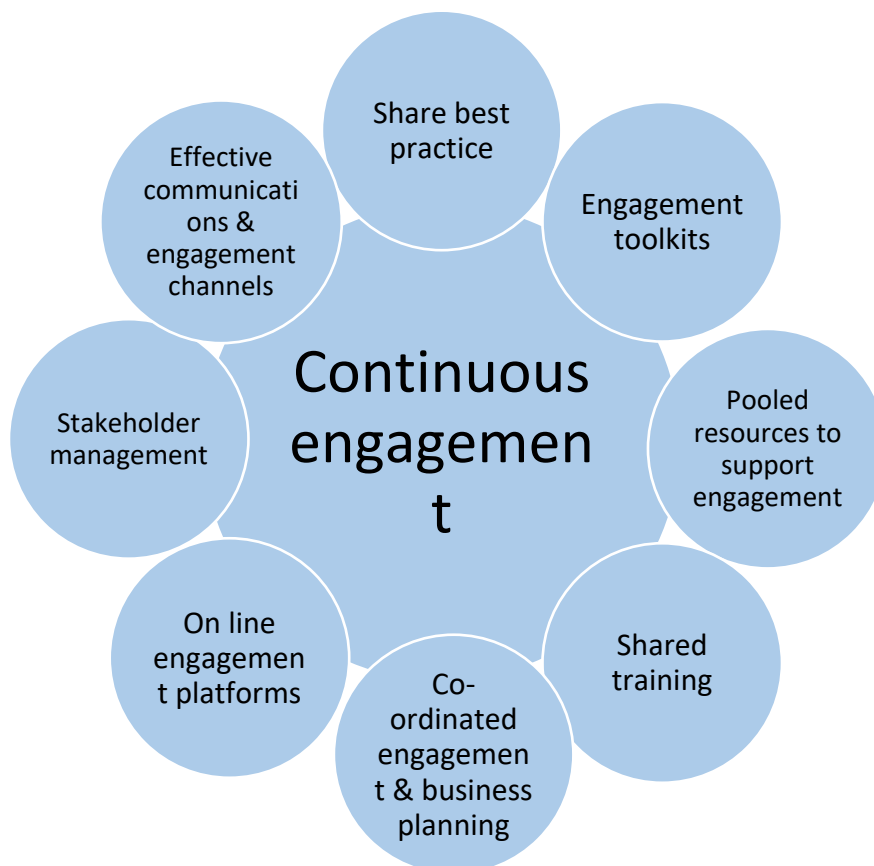
3.3 An example of partnership collaboration at an area level is the support given to the West Area Team to create a [video](#) with Area Director Ffion Johnstone to promote and celebrate Carers Week in June. Working in partnership with Gwynedd Council and Carers Outreach, a Carers Card was launched. The card provides help and support information for the 'hidden' carers living in our communities. Cards were distributed by community pharmacies and handed out with prescriptions.

3.4 The four Public Service Boards (PSBs) across North Wales are currently developing their next round of wellbeing assessments and the Public Engagement Team is working closely with our PSB partners to support engagement programmes to inform these assessments.

A successful bid was made to the [Co-production Network for Wales](#) who will provide training to PSB partners and support them in engagement opportunities including with seldom heard communities. The main aim of this collaboration is to help increase community involvement and the co-production of local solutions to the priorities identified in the wellbeing plans.

3.5 We are working with the four PSBs and the [North Wales Regional Partnership Board](#) (NWRPB) to develop a regional approach to public and stakeholder engagement.

The scope of the engagement model will need to be agreed but the diagram below outlines some of the key areas that could support PSBs and the NWRPB in ensuring meaningful and continuous engagement at both a local and regional level.



- 3.6 The Public Engagement Team is beginning its fourth annual partner perceptions surveys with a number of interviews taking place during June and July. This process involves interviewing a number of senior individuals from partner organisations including local authorities, the third sector, social housing and other health bodies such as community pharmacy and Welsh Ambulance Service NHS Trust about their perceptions of working with the Health Board.
- 3.7 This will provide us with a better understanding of how relationships have changed over the last year and identify ways that we can build on our working relationships going forward. This important engagement programme will help us measure our progress against the outcomes set out in Welsh Government's Targeted Intervention Maturity Matrix.
- 3.8 A fourth annual survey of public perceptions is currently being planned and will follow later in the year.

4.0 Strategy development and service improvement

4.1 A range of engagement has been undertaken over the last few months to support Health Board strategy development and service improvements. The most comprehensive of these will be support for the refresh of Living Healthier, Staying Well – the Health Board’s long term plan for health and well-being. Below is an update on progress on this work and a snapshot of some of other the key engagement programmes that are currently taking place:

Living Healthier, Staying Well refresh

Living Healthier, Staying Well (LHSW) is the Health Board’s long term plan which was produced in 2018. A report was submitted to the SPPH Committee in June 2021 setting out proposals for the engagement work to be undertaken to support the refresh. Since that time the engagement team has been supporting strategic planning by developing an engagement plan and supporting materials.

Engagement to date is focusing on key stakeholders and has included presentations to the following:

- Board workshop
- Executive Management Group, with an action for EMG members to cascade through management teams
- Stakeholder Reference Group
- Regional Partnership Board Leadership Group (and to report to RPB subsequently)
- Equality Stakeholder Group

Wider staff engagement is to be linked to the Stronger Together discovery phase. In support of this a staff Padlet, comments board and survey are being finalised for wide distribution.

To support broader public engagement a draft discussion document has been prepared and is being reviewed by lay representatives to test the approach before publishing. This will be a short summary of the LHSW content, the reasons for needing refresh, and seeking views on the goals and priorities in light of the changed environment. Public engagement is due to start in August. This will be supported by a webpage and online smart survey. The information will be made available in a range of formats. The engagement team has established relationships with many community groups and these groups will be contacted to discuss the strategy refresh.

Additionally, the fourth annual survey of partner perceptions, which is being finalised, will include feedback on a range of questions about the relevance of the strategy, what has changed and whether priorities are still aligned with partners’ priorities.

Finally, both the RPB (for the Population Needs Assessment) and the PSBs (for the Well-being Assessments) are undertaking engagement and we will ensure feedback are shared across organisations so that there is better shared understanding of needs as well as greater alignment of plans and priorities.

The feedback will be used to inform the refresh of the strategy and importantly to provide the framework for development of the clinical services plan.

The exercise described above to support the refresh of the strategy will be very much focused on listening to people's views and experiences of health, well-being and healthcare since the onset of the Covid-19 pandemic and reconnecting with communities.

Alongside this we will be developing better ways of working with the community, partners and stakeholders to co-design our plans for the future and co-produce delivery models for health and care. We recognise it will take some time to truly embed co-design and co-production and to regain trust amongst our population that we are open to this way of working.

Co-design and co-production will operate at a number of levels:

- Co-design of methods of engagement and involvement – working with the Community Health Council, patients, carers and public representatives to commit to inclusive communication and engagement
- Co-design of our high level plans and strategies, by involving patients, carers and representatives of local communities in identifying what matters and building plans that respond to this
- Co-production of integrated care pathways, through the BCUHB Pathways programme, which will establish a consistent approach, anchored on the person / citizen or patient
- Co-production in larger scale transformation programmes, which will ensure the patient / citizen's role in shaping future delivery models for health care.

We will work alongside the new Transformation Team to develop co-design and co-production at all levels.

Initially, we are developing a process to strengthen co-design of the integrated three-year plan and the clinical services plan which will run in parallel with the refresh of LHSW. During the autumn we will hold a number of (virtual) workshops to explore the emerging feedback from the engagement exercise and identify themes and priorities for the plans. Further details are being developed jointly between the engagement team and the strategic planning team.

Midwifery and Women's Services

To develop and involve more people in our [Maternity Voices](#) forum, service users, clinicians and midwifery staff met in May to discuss and share ideas on improving public and patient engagement. It is planned that further public engagement will take place at one of our virtual health and wellbeing events later in the year.

Primary care

Area Teams continue to engage and listen to the concerns, issues and suggestions of patients and residents. For example, the Public Engagement Team has been working with the West Area Team to support patient engagement at Hwb lechyd Cybi. A number of patient updates and information leaflets have been produced and distributed. A [patient survey](#) was also shared to gather patient views, which will help inform a number of planned "Have Your Say Sessions".

Public engagement in the Central Area has taken place to understand community views and preferences about primary care health and wellness services. A snapshot of the results is now available alongside a detailed report. This work will feed into the Health Impact

Assessment and inform future developments in Conwy and Llandudno Junction. In the East Area we have been working with the Primary Care team to engage with patients and the public on their Integrated Medium Term Plan. A virtual notice board has been created which provides further information on the proposed priorities and a [survey](#) has also been developed which will be used to gather wider public views.

Palliative care services

Working alongside colleagues from the palliative care service, a programme of end of life/palliative care engagement has been taking place to inform the developing palliative care/end of life strategy and delivery plans. Public engagement activities have taken place during June and July. This includes [public](#) and [carers](#) surveys, presentations and discussions at third sector networks and carers groups, and a virtual Q&A session. A draft strategy is hoped to be complete by the autumn.

Targeted intervention

Work has progressed on developing the Health Board's response to targeted intervention. One of the four domains for improvement is engagement. This domain includes staff, patient partner and public engagement and a number areas for improvement have been identified. An [Engagement Maturity Matrix](#) has been agreed which identifies the improvement levels the Health Board should be working towards. A number of [key priorities](#) have been agreed by Welsh Government.

5.0 Digital engagement

5.1 During the last 18 months of the pandemic, our reach to communities via our digital platforms has increased considerably and we have established the Health Board website as the place to go for clear, timely, authoritative information about our COVID-19 response and vaccination programme.

5.2 We are seeing an average of 106, 000 people visit our website per month, which is more than the North Wales Police (18, 000), Public Health Wales (50, 000) and all other Health Boards. The performance of our website is reported to the Board in a weekly report every Friday.

5.3 The number of social media users interacting with our content has increased from 78,000 to 318,000 in the four month period between April to July this year compared to the same period last year.

5.4 We receive around 100 direct messages per week from members of the public via our social media platforms. All are responded to and our Facebook profile has been accredited with a 100 per cent response rate. The direct messages are in addition to the hundreds of comments on our posts which we monitor and reply to as appropriate.

6.0 Planned and ongoing priorities

6.1 COVID-19 will continue to be a key focus for the Public Engagement Team. We will continue to work with programme leads to support vaccination roll out, TTP and continued public health and safety messaging. As part of this we will improve our engagement with seldom heard groups, in particular people from Black Asian and Minority Ethnic communities

Over the summer and autumn we will also be supporting public and stakeholder engagement on Health Board plans and strategies including the emerging Clinical Services Plan, the refresh of Living Healthier, Staying Well and supporting the targeted intervention programme. Translating our organisational high level ambitions into delivering improved services will require the planning of targeted public engagement programmes of activity.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Public and stakeholder engagement is a critical element of strategy development and implementation. This report outlines how through continuous engagement and involvement of the public and stakeholders the Health Board complies with these responsibilities.

Opsiynau a ystyriwyd / Options considered

No options required

Goblygiadau Ariannol / Financial Implications

There are no specific financial implications associated with this report

Dadansoddiad Risk / Risk Analysis

There are no service specific risks associated with this report

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the [NHS \(Wales\) Act 2006](#)

Asesiad Effaith / Impact Assessment

It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities.

We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnership and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Corporate Health Standard up-date						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green Executive Director Workforce and Organisational Development						
Awdur yr Adroddiad Report Author:	Gavin Jones Lead Health And Wellbeing Intervention Co-ordinator, Occupational Health.						
Craffu blaenorol: Prior Scrutiny:	Report for information and up-date only.						
Atodiadau Appendices:	N/A						
Argymhelliaid / Recommendation:							
The Committee is asked to note the summary update on the Corporate Health Standard programme.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						No	
N/A							
Sefyllfa / Situation:							
An up-date on the progress of the BCUHB Corporate Health Standard award and re-validation assessment.							
Cefndir / Background:							
<p>The Corporate Health Standard Award (CHS) is a quality framework and award for health and wellbeing in the workplace. The Corporate Health Standard is a free service which is funded as part of the Welsh Government's 'Healthy Working Wales' programme. It is the national quality framework and award for employers to improve health and well-being in the workplace. Any workplace in Wales with more than 50 employees can take part.</p> <p>The Corporate Health Standard is delivered by Public Health Wales (PHW) and supported by the Healthy Working Wales programme. Employers are required to produce a portfolio of evidence that is relevant to the desired level of award (Bronze, Silver, Gold or Platinum).</p> <p>Once awarded, the Corporate Health Standard is valid for three years, but employers can re-apply to enhance their level of award from six months after the full assessment. The report produced</p>							

following the assessment process provides suggestions for further action, which is used as a stimulus for future development and progression to the next level. Employers can also apply to re-validate their existing award after three years.

BCUHB first achieved their Corporate Health Standard (CHS) Gold and Platinum level accreditation in June 2018. As part of the CHS re-validation process, BCUHB were due to re-validate the accreditation awards in June 2021 as part of the 3-year assessment structure. Due to the Global Covid-19 pandemic and the ongoing impact this is having with Health Boards in Wales, Public Health Wales confirmed that, to support Health Boards who are due for re-validation in 2021, this would be deferred for 12 months.

Based on the deferral from PHW, this now means that BCUHB will be required to seek formal re-validation of the CHS Gold and Platinum awards in June 2022. BCUHB will be attending a status check meeting instead of going through the re-validation this year, attended by the corporate health lead for PHW to discuss the current situation and progress being made against the recommendations from the assessment report back in 2018.

The current activity on the CHS programme:

- Gold action plan being reviewed and up-dated with evidence of work that has taken place or under way since 2018
- Platinum report template being up-dated to reflect the work that is continuing across BCUHB in light of our corporate social responsibilities in line with the assessment criteria
- Continued evidence of the work for the Platinum case study programme 'Adult volunteer work placement scheme' has been completed and the report will be submitted to PHW at the status check meeting.

Currently awaiting a date from PHW on the status check meeting for BCUHB in reference to the CHS re-validation programme. The work on the CHS programme will be discussed at the revised Staff Health and Wellbeing group, which will reconvene in September 2021.

Additional information:

The Corporate Health Standard is a continuous journey of good practice and improvement, and it can be used as a tool to support the development of policies that promote the health and well-being of employees. Taking an organisational development approach, which is the most effective way of promoting sustainable health improvement, the CHS promotes good practice and evidence based approaches to support organisations in taking active steps to promote the health and well-being of their staff.

The framework begins at Bronze level with a foundation of legislation, organisational support and policies and interventions, which address the key workplace risks to employee health and well-being. It moves through the silver and Gold award levels where further examples of continuous work and engagement on the standards is evidenced and then it builds to Platinum, which is the beacon for exemplar employers who demonstrate sustainable business practices, going above and beyond their core wellbeing programme to take full account of their corporate social responsibilities.

The Corporate Health Standard is divided into two sections: organisational support (senior level engagement, employee engagement, health and safety, monitoring evaluation and review) and specific health issues (tobacco, physical activity, mental wellbeing, food health, alcohol and

substance misuse) which are essential for sustainable health and well-being improvement in the workplace.

The benefits to this programme align to the national strategy around improving wellbeing in the workplace, to lead by example in supporting employee wellbeing and to take a direct approach in supporting good health and good work for our staff. By working to a validated assessment criteria and being held to account of our wellbeing deliverables, BCUHB can support its workforce to improve wellness outcomes of its workforce, improve patient care and live by the core values that it sets. Employers who adopt good working practices will have a happier, healthier and more productive workforce.

Employers participating in the Corporate Health Standard have reported positive business outcomes including reductions in sickness absence rates by up to 50%, reductions in levels of stress, and increases in employee engagement and customer / employee satisfaction.

At the time of assessment in 2018, BCUHB was one of two Health Boards who had achieved Platinum level in Wales. Other Health Boards and organisations (PHW) are working through their assessment programmes to obtain their CHS awards.

Addition to this, the Platinum portfolio that was presented at assessment in June 2018 was acknowledged by the assessors as a comprehensive and shining example of evidencing the platinum portfolio and as such, went on to be used as an example to other organisations and business on the standard required to achieve such an award.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The CHS is aligned to the wellbeing strategy for the health board, supporting and monitoring the wellbeing of our workforce and measuring the outcomes of the Health Boards corporate and social responsibility across North Wales. This programme fits into the Living Healthier, Staying Well strategy for North Wales following on from the pillars highlighted in the wellbeing of future generations act.

Opsiynau a ystyriwyd / Options considered

N/A.

Goblygiadau Ariannol / Financial Implications

There is no financial implication.

Dadansoddiad Risk / Risk Analysis

At this stage, we do not anticipate any significant issues with revalidation for both Gold and Platinum, particularly in light of the work underway under Mewn Undod mae Nerth/Stronger Together. However, we are reviewing potential risks and mitigation relating to staffing across key teams, including but not limited to Occupational Health and Organisational Development.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A

Asesiad Effaith / Impact Assessment

This is a voluntary standard and non-compliance will have limited impact. However, the standard promotes best practice on wellbeing activity for BCUHB, by providing a framework that improves staff health and wellbeing at work. This includes both physical and mental health.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Health Improvement & Reducing Inequalities Group (HIRIG) – Update report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health						
Awdur yr Adroddiad Report Author:	Gwyneth Page, Public Health Assurance & Development Manager						
Craffu blaenorol: Prior Scrutiny:	<p>Content for this report has been reviewed in various service/programme specific groups including:</p> <ul style="list-style-type: none"> Health Improvement & Reducing Inequalities Group (HIRIG) Building a Healthier North Wales (BAHNW) Senior Team Healthy Weight Programme Group North Wales Regional Partnership Board Building a Healthier North Wales (BAHNW) Partnership Network National Building A Healthier Wales Programme Group National Healthy Weight; Healthy Wales Group 						
Atodiadau Appendices:	<p>The attached provide visual representation to support the report:</p> <p>1.0 Logic Model 1.1 The Journey 1.2 Current position as at July 2021 1.3 Local Public Health Team Workplan</p>						
Argymhelliad / Recommendation:							
<p>The Committee is requested to:</p> <ul style="list-style-type: none"> Note the progress of the Health Improvement & Reducing Inequalities Group (HIRIG) and programme of work. Note the current 21/22 workplan for the BCU Public Health Team 							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
This is a report for information. Services and projects as part of the programme are subject to the requirement for Equality Impact Assessment (EqIA) and Socio Economic Impact Assessment (SEIA).							

Sefyllfa / Situation:

This report provides an update in regards to the services and projects reporting to the Health Improvement and Reducing inequalities Group including preventative work currently funded through national prevention and early years funding (Building a Healthier North Wales funding) and national obesity funding (Healthy Weight; Healthy Wales funding).

The logic model 1.0 within the appendices provides an overview of the direction of work.

The report also includes an overview of the local Public Health team workplan for 21/22. (The Well North Wales annual report was presented recently to SPPH).

Cefndir / Background:

Within the Health Board Committee and governance structure, HIRIG reports to SPPH Committee. This paper provides SPPH with an update on key public health prevention and early years activities undertaken by BCUHB, and in collaboration with partners.

The SPPH Committee has received the Well North Wales overall report earlier this year.

1.1 within the appendices provides detail of progress to date.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Health Board remains committed to a population health focus including tackling inequalities. HIRIG's work is central to achieving this and to contributing to the 'National Well-being goals'. It continues to work from evidence based, researched models and programmes to improve the population health in North Wales.

The prevention and resilience agenda has never been brought so sharply into focus as through the effects of the COVID pandemic - our poorest communities have been hit the hardest and will continue to feel the effects for sometime. HIRIGs work has continued throughout the pandemic, but not without significant challenges. Our local Public Health Team and many of our key service providers within the Health Board have been called on to support the Test, Trace, Protect (TTP) service, establishing the Enfys Hospitals and the vaccination programme. Indeed, at the time of writing this report for SPPH, the majority of the Public Health Team are supporting the surge activity on TTP.

Whilst overall health in North Wales is good, we still have long standing health challenges across the region. These include our high smoking rates, issues relating to obesity (all ages), and limited physical activity levels. In recent years we have successfully progressed our work on the 'lifestyle bundle', to support healthy choices, promote self care, ensure a focus on prevention and resilience work, and to support clinical pathway work such as diabetes and respiratory care. Over the last two years, the focus has been to set up key services such as the Tier 2 Adults Obesity Service and Integrated Smoking Cessation Service. In 21/22 attention starts to move to the wider challenges for individuals and communities.

To do this, BCUHB continues to work in partnership to progress this core area of work for the Health Board.

- **Betsi Cadwaladr Public Health Team**

The local Public Health Team has developed a clear workplan to support the Health Board Annual Plan. The headline plan for 21/22 is included in Appendix 1.3. The content ensures a focus on the key activities, and was developed carefully given the support the team is providing to Test, Trace & Protect North Wales. This workplan is monitored through the local Public Health Team governance arrangements.

- **Well North Wales**

The annual report was recently presented to SPPH. During 21/22 we are reviewing the opportunities to optimise the linkages with the Inequalities agenda ready for 22/23 planning.

- **Building a Healthier North Wales**

The establishment of the Building a Healthier North Wales Partner Network provides greater opportunity to develop our plans and services, learn from each other and collaborate to deliver a whole system approach to reaching those most in need. During 21/22 we will benefit from two key insight reports. The first will be on alcohol use in identified groups (with findings and recommendations to the Area Partnership Board) and the second will focus on tackling the inverse care law in North Wales. This work will engage with people and communities and our primary care colleagues, on establishing the best ways to encourage people to attend a health and wellbeing check with a Health Care Support Worker. It will also identify the relevant clinical risk factors and risk conditions whilst exploring community based interventions that can reduce/ eliminate the identified risks; for instance wider access to Social Prescribing and Community Assets.

We continue to promote a good start in life though a focus on the health of the child. We are currently undertaking a quality improvement project in Wrexham which places additional support around breastfeeding. There is also significant activity to increase physical literacy

awareness in schools and with families, through Sport North Wales and Local Authorities partnerships.

Based on the evaluation of targeted social media campaigns in 20/21 which demonstrated significant improved reach, we will continue this approach in 21/22 to increase uptake rates for Children's immunisations and influenza.

Healthy weight services for children continue to be enhanced through provision of specific health promotion activity including Boliau Bach / Tiny Tums (which focuses on food standards and provision in early years childcare settings), Nutritional Skills for Life and Come and Cook with your Child programmes. These projects complement each other through building skills and understanding and are delivered through a range of different delivery methods and partners. We also continue the establishment of the Tier 3 Childrens Obesity service to support those most in need with weight loss services. Our digital offer has been developed to offer online self-referrals to services.

Within mental health, we are developing a framework for all ages which supports the wide range of public health mental health activities underway across the health board. This will support the targeted intervention activity and support the additional needs emerging from Covid19. The North Wales Suicide and Self Harm Reduction Strategy continues to be implemented as a collaborative approach with progress including delivering suicide and debt training to 230 advisors (Mental Health First Aid), recruiting 29 Community Suicide Prevention Volunteer Ambassadors (Papyrus) and work ongoing at 3 identified 'frequent sites of presentation' across North Wales. There are further plans to develop peer led 'survivor' groups through the work of Survivors of Bereavement through Suicide (SoBS). We are also exploring a Gambling Support Service in North Wales with support from Welsh Government.

Going forward, the key actions to progress our preventative and health improvement work during 21/22 will be:

- Our work meeting the needs of those most at risk through our strategic partnerships - the Alcohol Harm Reduction Strategy, the North Wales Suicide and Self Harm Reduction Strategy, and our Immunisation Strategy.
- Continuation of the key activities outlined in the Infant Feeding Strategy.
- Implementation of the Building a Healthier North Wales programme, Healthy Weight; Healthy Wales plan and obesity pathway.
- Further growth of the Well North Wales programme of work, which in 21/22 includes expanding our food poverty and homelessness initiatives.
- Links with our community experts and 3rd Sector colleagues to help extend our reach to all vulnerable and hard to reach groups (on all aspects of the lifestyle and resilience work), and through the work of our newly appointed BAME Outreach Officer.
- Expanding the Healthy Hubs model established in Holyhead
- Exploring and agreeing the next steps for of our Arts in Health programme.
- Continued support for the Sports North Wales (SNW) programme – to ensure the focus on meeting needs and promoting physical activity.

In all aspects of the work, we are guided by the key policies (A Healthier Wales), and legislation in Wales (including the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and the Equality Act 2010 (Statutory Duties)

(Wales) Regulations 2011). These provide the framework to advance equality in a more integrated way and contribute to a fairer society.

We will use the opportunity afforded by the commencement of the Socio-economic Duty in Wales to consider how the strategic decisions we make will help reduce the inequalities experienced by our population as a result of socio-economic disadvantage, and are working to embed the requirements of the Duty into our strategy and planning processes. We will continue to advance 'equality' by mainstreaming the public sector equality duty into our day to day activities and strengthening the governance of this work.

Future Focus

- Future activity will be informed by the refresh of our Population Needs Assessment and Well-being Assessments. This work will be undertaken in partnership across the region, and will ensure a renewed focus on understanding needs at the local and regional level to support our planning work.
- A workshop to discuss priorities to inform the development of the Integrated Medium Term Plan (IMTP) was held on 23rd July 2021 to ensure the knowledge and expertise from across the Health Board is optimised in our planning process, and as the Health Board refreshes its strategic plan.
- We are working closely with the Health Board Planning team with a view to strengthening this area of work in 22/23, and given recently announced Ministerial priorities, the aim is to build on the significant activity of recent years, and ensure a greater focus on this area of work across the Health Board.
- We will continue to work closely with partners – regionally and nationally. The North Wales recovery actions include a focus on public health, and this work is discussed at the North Wales Regional Co-ordination Group. The local team are of course linked in closely with Public Health Wales to ensure we optimise Once for Wales actions.

1.2 in the appendices reflects the current position as at July 2021.

Opsiynau a ystyriwyd / Options considered

Our plan will be underpinned by recognised evidence based approaches to population health and wellbeing. Priority schemes are identified which in turn consider potential options for delivery. Our plans are subject to national and local governance arrangements which inform decision making processes.

Goblygiadau Ariannol / Financial Implications

The current programme integrates service, activity, financial and workforce implications within resources available.

Currently the Health Board has been allocated up to £1.3m from Welsh Government from the within Building a Healthier Wales Prevention and Early Years funding. This is confirmed up to 31st March 2022. This funding allocation will be reviewed at the mid year point by Welsh Government, and may be re-allocated if underspent. The BAHNW Senior Team and the BAHNW Partner Network will consider opportunities to reallocate slippage from existing approved projects and services within the network, prior to October 2021. Participatory funding is being explored.

The Health Board has also been allocated up to £649k within the Healthy Weight; Healthy Wales obesity pathway funding (from Welsh Government). As with the Prevention and Early Years monies, the spend is being monitored through a National Programme.

In the event of discontinuation of national funds, projects that have been established through allocations between 19/20-21/22, which have a led to staff being appointed to services (Childrens Obesity Tier 3, Adults Obesity Tier 2, Integrated Smoking Cessation Service, Infant Feeding Co-ordinators) will be supported through agreed operational budgets and business cases.

The implementation of any recommendations identified through insight projects (Inverse Care Law, Alcohol Insights, the use of Elemental social prescribing software) will be considered within National, Health Board and partner planning processes.

Dadansoddiad Risk / Risk Analysis

There are a number of risks associated with current programmes of work which are captured within the corporate risk register and are specifically linked to the Board Assurance Framework BAF 21-02 Sustainable Key Health Services.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

HIRIG reports progress for the projects and services funded through the Prevention and Early Years to the Regional Partnership Board and the National BAHW Programme Board bi-annually. Similarly, the obesity pathway activity funded through Healthy Weight; Healthy Wales monies is reported to the National Healthy Weight; Healthy Wales Programme Group.

Overall progress is monitored through the Annual Operating performance mechanisms.

Current KPIs are identified for each aspect within the BCUHB Annual Operating Plan 21/22 and within the National Programme reporting measures.

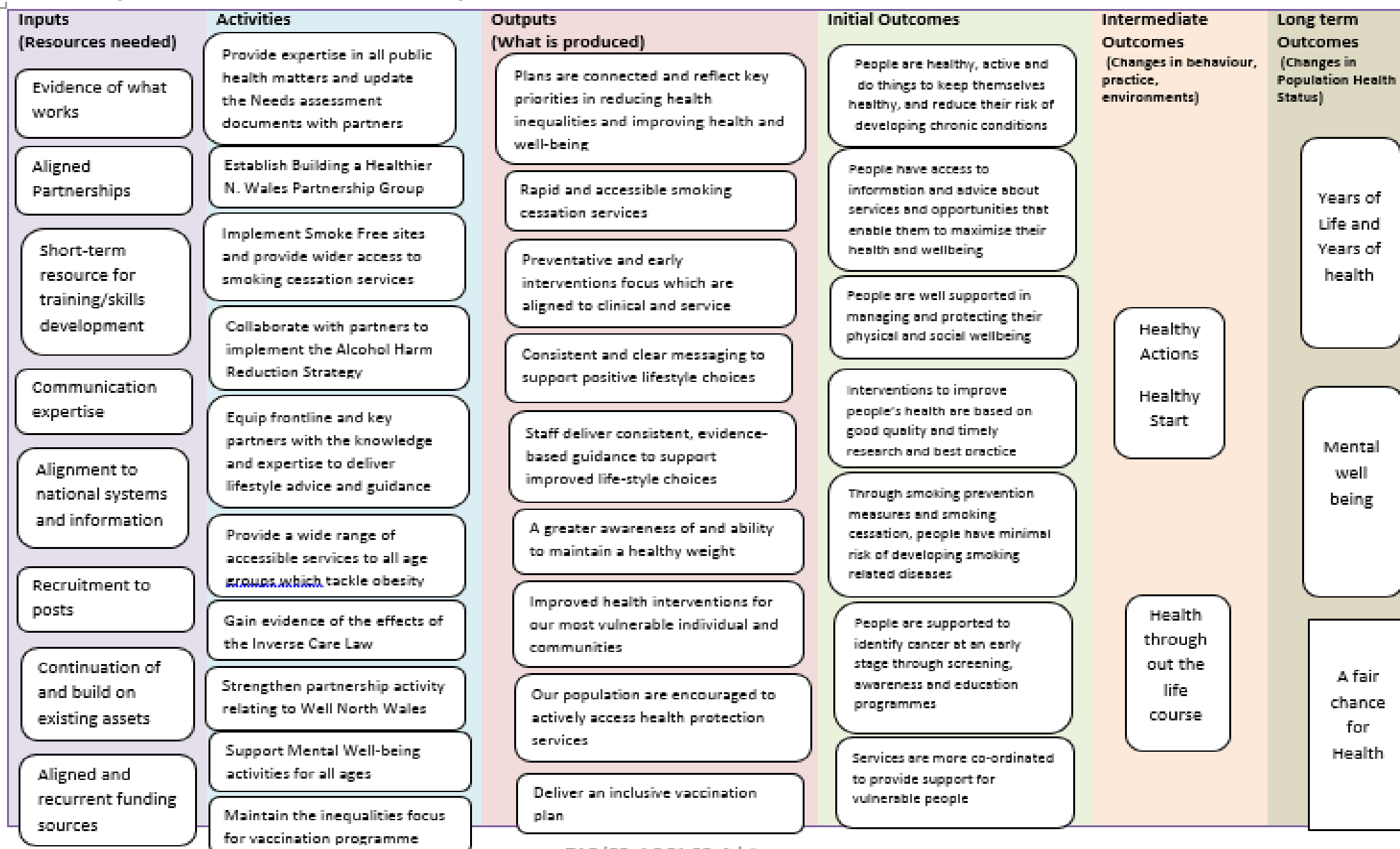
The North Wales BAHW Partnership Network group which meets three times per year extends the development opportunities for use of prevention funds through key partners including Third sector, WAST, NWP, Housing, Environment and NW Fire Service.

Population outcomes are measured against the Public Health Outcomes Framework which is currently under review.

Asesiad Effaith / Impact Assessment

Underpinning schemes and business cases will take into account any potential equality/Socio Economic/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.

1.0 Logic Model – Prevention & Well-being



1.1 The Journey

APPENDIX 1.1 THE JOURNEY





Our Focus for the next 6-12 months

Response to the Novel Coronavirus (COVID-19) outbreak, primarily through support to the Test, Trace and Protect, as part of recovery.

Delivery of local utilisation and monitoring of the Building a Healthier Wales funding allocated to BCUHB for use within North Wales (Building a Healthier North Wales – BAHNW).

Re-establish Area networks and rebuild Area Public Health agenda and activity.

TTP

- Support strategic oversight for COVID-19 preparedness and response within the region
- Support multi-agency strategic Regional TTP Oversight Group
- Support lead role Regional TTP hub and provision of surge capacity
- Support BCUHB Healthcare Settings – Behavioural Science approach
- Support county based COVID-19 Surveillance & Response Groups
- Support the development of prevention and response plans for settings (e.g. care homes, educational settings, large employers) identified as presenting specific risks in the region
- Respond to local clusters and incidents, leading or supporting MDT/IMT/OCTs;
- Liaise with National Tier on complex clusters or other complex cases as required.

Area / PSB**West:**

- Management of Gwynedd Healthy Schools Team
- PSB Climate Change Sub Group (Qtrly)
- PSB Area Statement
- Eryri Forum (Qtrly)
- Dyffryn Nantlle H&WB Campus (Qtrly)
- Integrated Services Group
- West Area Leadership Team
- West Area EY Transformation Group

Centre:

- Lead Mental Wellbeing
- Support Access to Natural Environment
- Support Wellbeing Assessment

East:

- PSB Sub Groups (Environment/ Mental Wellbeing/ Poverty and Inequalities/ CYP)
- Flintshire EY Pathfinder
- MH LIT
- East Area PC Quality, Safety and Assurance Group
- Wrexham & Flintshire Prevention & Surveillance groups

Health Intelligence

- Data provided to refresh avoidable mortality report
- Health Intelligence support to DPH Annual Report
- Powerpoint presentation on health needs of the NW pop
- Re-Audit of current team culture completed as required
- Update of the NWPhD & H&SC products webpages
- Support to the Pharmaceutical needs assessment
- Summary report of HI support feedback survey results
- Suicide and self harm profile completed
- Support refresh of wellbeing NAs
- Support refresh of population NA for the SSWA
- Health Profile to support Living healthier Staying Well
- Mental health profile to support T4MHPB strategy
- Public HI support to Covid related groups and products

Risk

Continued transmission of COVID19 with high demand burden on LPHT to support TTP system

Coronavirus placing competing demands on partners time and resources, competing demands for PH support across region in support of recovery (need to manage expectations).

Operating below establishment level.

Topic – Early Years

BAHNW 2021/22 – Starting Right

- Infant Feeding (Quality Improvement Programme) – as sub group member, support the planning, implementation and evaluation of the pilot (IQT Silver)

Solihull Parenting Approach online courses

- Continue to extend reach and evaluation (BAHNW 2020/21 £)
- Support delivery arrangements for Solihull Parenting Training across North Wales (BAHW 2020/21 £)

Healthy Weight in Pregnancy Insight work

- Support design of research tools and engagement & support from Women's Directorate (BAHNW 2020/21 £)
- Support the scoping of specialist maternal obesity services as part of BCUHB Obesity Pathway development (HW:HW)

Infant Feeding

- Implementation of milestones within IF Comms Plan
- Explore initiatives for BF - Healthy School approach

Supporting Strategic Partnerships

- NW IF Strategic Group - NW IF Strategy
- Provide updates on BAHNW, advice, support, resources and evidence to various partnerships (Women's Board / Children's Community Clinical Advisory Group / F1000d Steering Group)

Topic – Healthy Weight Young people and adults.

BAHNW

- Healthy weight in Children Insight work: Implement recommendations from the Insight project (BAHW 2020-21) [linked to obesity pathway and service development below]

Obesity Pathways:

- Review the adult and the children and young people obesity pathways, with a view to improving the interfaces between levels 2, 3 & 4 {

Anglesey Pilot

- Support the implementation of a Children and Young people's healthy weight pilot on Anglesey –

Topic – Physical Activity / Active Travel / Green Health

BAHNW

Physical Literacy:

Commission and project manage the work of 3 physical literacy consultants / 6 PL Coordinators :

- Create a physical literacy informed and skilled workforce involved in promoting physical activity across North Wales
- Create a range of examples of physical literacy informed practice to share with partners across the region
- Create a range of resources and tools to support a physical literacy approach
- Develop an online training resource to raise awareness of physical literacy for all staff.

Sport North Wales

- Provide PH support to the newly formed SNW Partnership including recruit the Managing Director/ Independent Chair, develop the action plan and evaluation protocols

Let's Get Moving

- Provide scaled back LGM Communications through social media and emails (positive comments and upturn in likes)
- Liaise with LA Active Travel Officers and develop a NW response as part of recovery and funding provided by WG – through 3 x PSB's
- Provide support and bring together workplace partners to plan for COVID recovery

Topic – Alcohol & Substance misuse

BAHNW 21/22

- Implement recommendations from the Insight project (BAHW 2020-21)
- Deliver the Violence surveillance programme
- Develop a Social media campaign
- Delivery of the prevention / early intervention actions within the Alcohol Harm reduction strategy (TBC)

Alcohol Harm Reduction strategy

Support delivery of strategy including facilitating partner contribution.

Licensing

Respond to Licensing applications on behalf of DPH for BCU HB as per agreed methodology

Support Area Planning Board structure

- APB Executive Board(deputise for EDPH)
- Alcohol Harm Reduction Action Plan Group (Chair the group)
- CYP APB (attend)

Topic: Tobacco Control

BAHNW 21/22: Integrated HMQ smoking cessation service

- Support implementation of HMQ smoking cessation service.

BAHNW 21/22: Smoke Free Premises

- Co-ordinate BCUHB Smoke Free regulations implementation
- Support development of targeted smoking cessation campaign for staff and public.
- Scope plan to support de-normalisation of smoking in public places
- Support development and implementation of All Wales Tobacco Control Action Plan due out in the Autumn
- Contribute to all Wales Tobacco Control Leads meetings

Topic – Mental Health and Wellbeing

- Ongoing refinement of the Five Ways to Wellbeing webpages and exploring opportunities to further promote it with key partners and the public
- Develop a framework to describe, and consolidate the health intelligence to understand, the impact of the COVID pandemic on the mental health, wellbeing and resilience of the North Wales population across the lifecourse. Utilise this framework to engage key partners around asset based approaches to addressing priorities for action
- Provide support to review of current T4MHPB strategy and development of new strategy with a focus on promoting public mental health
- Identify opportunities to utilise and evaluate the Mental Wellbeing Impact Assessment Toolkit at a strategic level with key partners, in order to address the determinants of mental health and wellbeing at a population level.
- Provide public health advice/support to mental health and wellbeing in educational settings
- Provide public health advice and support to the North Wales Suicide and Self-Harm Prevention group and its sub-groups

Topic – Vaccination and Immunisation

Governance

- Provide public health leadership to the Strategic Immunisations Group, Area Operational Immunisations Groups, and associated Flu, Childhood and COVID vaccination groups

Flu Vaccination

- Provide public health advice and support to the planning, implementation, and monitoring phases of the BCUHB Flu Plan
- Provide public health advice and support to securing BAHNW funding for, and development of, a Flu Vaccination Communications Campaign with BCUHB Communications Team

Childhood Vaccinations

- Provide public health advice and support to securing BAHNW funding Provide public health advice and support to securing BAHNW funding for, and development of, a Childhood Vaccination Communications Campaign with BCUHB Communications Team

COVID Vaccination

- Provide public health leadership to the ongoing development and oversight of the BCUHB COVID Vaccination Programme, with a focus on addressing equity of access and surveillance of uptake

Topic – Health & Social Care Quality

- Update of the NWPhD products webpages
- Support to the Pharmaceutical needs assessment
- Support development of population NA for the SSWA
- Support development of Living healthier Staying Well Health Board Strategy
- Provide public health input to IPFR process
- Support NICE & AWMSG Group to develop its role around public health NICE guidance
- Provide public health input to the work of the Clinical Effectiveness Committee
- Provide public health input to the work of the Reducing Avoidable Mortality Group
- Provide public health support to the INNU policy
- Support Health Board service reviews as required

Topic – Research

- Provide public health support to LPHT, LHB, LA and university on relevant research issues pertinent to public health
- Provide public health input to BCU Research & Innovation Committee
- Jointly supervise KESS Masters
- Scope research opportunities for public health in North Wales and role of team in this arena

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Update on Test, Trace, Protect (TTP)						
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health						
Awdur yr Adroddiad Report Author:	Dr Glynne Roberts, Director, TTP						
Craffu blaenorol: Prior Scrutiny:	Presented to SPPH as the governance route for TTP reporting						
Atodiadau Appendices:	N/A						
Argymhelliad / Recommendation:							
<p>The Committee is asked to approve the paper, and to note the following two recommendations:</p> <ul style="list-style-type: none"> i. That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service is sufficiently robust to meet service demands until the end of the financial year. ii. That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements. 							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
We are delivering the operational aspects of the Welsh and UK Government requirements for COVID-19. The strategic decisions having been undertaken at a governmental level.							
Sefyllfa / Situation:							
This paper provides an update on the Test Trace Protect programme, with a specific focus on the sustainability of the services, and their ability to meet the changing demands of the Covid response.							
Cefndir / Background:							
The Welsh Government <i>Test Trace and Protect</i> (TTP) Strategy was first published on the 13 May 2020 and updated on the 4 June 2020. The TTP Strategy aims to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so. This means asking people to report symptoms, testing anyone in the community who is showing symptoms of COVID-19, and tracing those with whom they have come into close contact. Contacts have been advised to self-isolate in order to stop further spread among family, friends and the community.							

The Strategy acknowledged that the approach would bring together and build on the existing contact tracing expertise of local health boards and local authorities to deliver the strategy consistently across the region.

Since the initial announcement, the Health Board, Public Health Wales and Local Authority partners across North Wales have worked collaboratively to establish an integrated and resilient response, and have established a multi-partner, multi-layer tracing service. This has been underpinned by national guidance.

Given the fluctuating nature of Covid transmission, TTP services have had to adapt to an ever-changing landscape, to ensure that the services are sufficiently agile to meet the community demands. Current projections suggest that the TTP services will be required at least until the end of the current financial year.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Test Trace Protect Service was set up as part of the Welsh Government's response to Covid in May and June 2020. The Health Board, along with local authority partners, have been charged with implementing the strategy at a regional level.

Opsiynau a ystyriwyd / Options considered

The service has been established in partnership with local authorities across North Wales, and working at a national level with Welsh Government and Public Health Wales.

There are three elements to the strategy:

- i. Testing: The Covid Testing Units are managed by the Health Board, supported by a range of testing options funded through UK Government.
- ii. Tracing: the Regional Hub comprises Health Board and Public Health Wales staff, who work in tandem with the county-based tracing teams, managed by local authorities.
- iii. Protect: The Health Board has taken a co-ordinating role to establish a network of Covid Support Hubs, linking in with local authority and third sector partners.

In developing this agile service, the options for future delivery are discussed at a regional level through the Recovery Co-ordinating Group, and reported to SPPH.

Goblygiadau Ariannol / Financial Implications

Welsh Government has agreed a budget for TTP, which is allocated to the different partner organisations in accordance with local delivery plans.

The total forecast spend for TTP in 2021-22 is £16.7m, of which £2.7m will be for Antigen Testing and £13.9m for Tracing. "Protect" is funded via different Welsh Government allocations.

Dadansoddiad Risk / Risk Analysis

Robust governance arrangements are in place for the North Wales TTP service, and an internal BCUHB governance group has been established to address issues that specifically affect the Health Board.

This group's work has been designed to ensure that:

- The Health Board delivers and maintains the expected outcomes for the services for which it has a responsibility. This may be working in isolation, and in partnership with others.
- Trends and forecasting are considered to ensure responsiveness of the end-to-end service and that resourcing appropriately matches requirements.
- There is internal clarity in relation to human resources, the financial position, informatics and information governance.
- Risks are actively identified and robustly managed and mitigated.
- A proactive approach is taken, with surveillance to limit the spread of the virus.
- Any BCU HB specific decisions are reviewed and approved.

The current highest ranked risks are:

Summary description	Current score
Summary description	Current score
Rapid response and deployment plan, including swift multi agency response required	12
Staff retention: short term contracts create instability in TTP service due to temporary nature of all contracts	20
Supporting pre-operative testing: risk inadequate testing capacity to support. Urgently require site management engagement	16
Regional modelling required to ensure appropriate resource in place (regionally and locally) up until March 2022	9

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A.

Asesiad Effaith / Impact Assessment

The TTP services have all been considered alongside the need for impact assessments.

- Socio economic duty: A Socio Economic Duty Assessment will be completed on the Covid Support Hubs that underpin the Protect element of TTP by the end of August 2021, particularly as these have been specifically designed to reach socially disadvantaged communities.
- Welsh Language: Particularly for the public-facing Tracing services, Welsh language considerations have been made, and language preferences are identified when contacting the general public.
- Data governance: Data relating to TTP is stored in the all Wales CRM system, which sits outside the direct influence of the Health Board.

Update on Test, Trace and Protect (TTP) in North Wales

Meeting and date:	SPPH 12.08.21
Report Title:	Update on Test, Trace, Protect
Responsible Director:	Teresa Owen, Executive Director of Public Health
Report Author:	Dr Glynne Roberts, (Director, TTP)
Date report produced	30.07.2021

RATIONALE

This paper provides an update to SPPH on the TTP programme in North Wales since April 2021.

HEADLINES

- Services have been stretched during Quarter 1 (21/22) due to the rapid rise in cases across the region.
- For the last few months, North Wales has consistently seen a higher infection rate than the rest of Wales. Rates peaked in mid-July at over 500 cases per 100,000 population.
- The largest number of cases remain in the under-30 age group.
- Main drivers for the increase in cases are within the education sector, care homes, and the tourism industry.
- The hospital admission rate is lower than during previous waves, indicating that the vaccination programme is having a significant impact.
- Rapid recruitment is being undertaken to match resources to demand, based on recently-received modelling data.
- Further changes to guidance from Welsh Government will impact on service delivery, and the service will need to remain agile to accommodate any new demands.

SERVICE DELIVERY

PCR Testing

- Polymerase chain reaction (PCR) testing capacity across North Wales is at 29,939 slots per week (4,230 tests per day).
- LFD Collect capacity is 29,000 kits per week (4,142 kits per day). This does not take into account the supply at Leisure Centres in Anglesey and Conwy, and through the Covid Support Hubs.
- PCR testing is available from the Health Board managed Covid Testing Units (CTUs) located in Ysbyty Alltwen, Parc Menai (Bangor), Ysbyty Glan Clwyd, and Ysbyty Maelor Wrexham. These units predominantly provide tests for pre-operative patients awaiting procedures within BCU. However, recent changes to testing requirements will see key workers also accessing these facilities. Additional staff will be required to accommodate the increased workload.
- Regional drive-through Testing Units (RTUs) for the general public have been funded by UK Government, and are located in Deeside and Llandudno.
- Local walk-in Testing Sites (LTSS) for the general public have been established in Bangor, Rhyl, Shotton and Wrexham.
- Mobile Testing Units (MTUs) are deployed for short periods of time in locations furthest away from fixed testing provisions, or in support of localised Covid outbreaks.

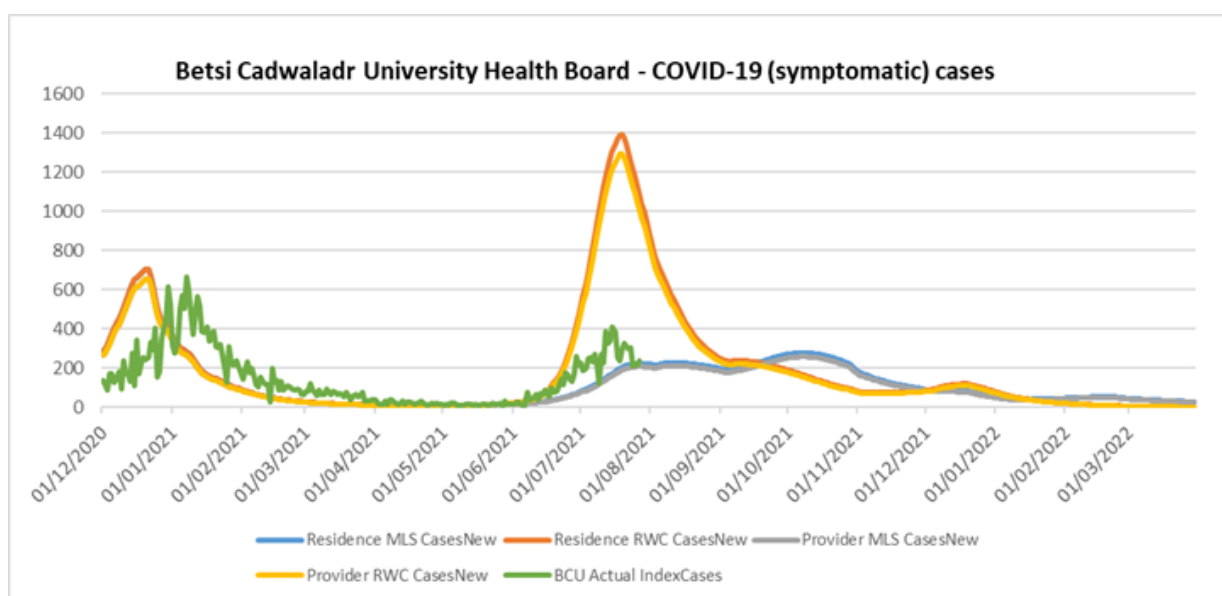
Lateral Flow Device (LFD) Testing

- Asymptomatic testing of NHS Wales Staff: Processes are in place for the continued provision of LFD kits to BCU staff.

- LFD Collect: Commenced 16.04.2021 in North Wales and is available from LTSs in Bangor, Rhyl, Connah's Quay, and Wrexham, from some local authority leisure centres, and the Covid Support Hubs (see below).
- In order to support national strategy around the Test to Find and Test to Maintain approaches, discussions have taken place with Local Authorities regarding the utilisation of the WAST MTU to visit Business Parks and Industrial Estates in North Wales to offer supervised LFD tests to staff. This scheme has commenced in Wrexham and Flintshire.

TRACING

- Index cases regionally in the 4 weeks to 19th July rose by 146%.
- The largest proportion of cases remains in the 10-19 and 20-29 age groups.
- The main areas for contacts have been the education sector, care homes and facilities linked to tourism.
- Vaccination Certificates: c.29,000 issued across Wales, mainly to travellers for Spain, France, Greece and UK Cruises. 13% of these were issued for North Wales residents.
- Inpatient index cases have increased during June-July, but have not been at a level seen during previous spikes in community transmission.



- There are significant recruitment issues within Tracing services, with many of the staff initially deployed returning to their substantive positions. Working in tandem with local authorities, a concerted recruitment campaign is being undertaken to ensure that the required resources are available to meet service demand.
- Recent changes to the Public Health Wales Health Protection service will also need to be factored into regional staffing requirements.

PROTECT

- Five Covid Support Hubs have been established, working with local authority and 3rd sector partners. These are located across the region:
 - Holyhead (Host organisation: Citizens Advice Ynys Môn)
 - Maesgeirchen (Bangor). Host organisation: Maes Ni community group.

- Denbigh. Host organisation: Grwp Cynefin housing association.
- Shotton. Host organisation: Flintshire County Council.
- Plas Madoc (Wrexham). Host organisation: Splash Leisure Centre and the We Are Plas Madoc community group.
- Each of the hubs offers the same core services:
 - Lateral Flow tests
 - Advice and support on finance, debt and benefits.
 - Energy advice
 - Enhanced food offer
 - Mental health support
 - Digital inclusion.
- Collectively, the hubs issue around 1,000 LFDs per week.
- Evaluation support has been commissioned utilising qualitative and qualitative approaches.

ISSUES/RISKS

- Capacity issue for Testing and Tracing services as business-as-usual returns, and demand exceeds capacity. Recent modelling data will allow recruitment to mirror anticipated demand.
- The impact of extending the symptoms for Covid testing needs to be considered as it could potentially have an impact on workforce for schools, care homes, health and social care. This will have a knock-on effect for tracing services.
- Specific outbreaks require multi-agency support, and co-ordination from Implementation Management Teams (IMTs). These can be labour-intensive, and will need to be considered alongside service capacity to meet local demands.
- The Health Board, alongside local authority partners, have agreed a Rapid Response Plan and associated SOPs. Workforce requirements need to be confirmed to ensure that partner organisations can deploy the workforce numbers required.
- Confirmation on TTP funding has been received, with agreement to extend existing contracts to the end of March 2022.

FUTURE PLANS

The HB TTP team will continue to work with WG colleagues and regional partners to ensure the TTP service remains fit for purpose. Key next steps:

- Moving forward, it is anticipated that there will be an additional focus on the Protect element of TTP, ensuring that our most disadvantaged communities are supported through what is likely to be a difficult period socially and economically.
- We will focus on current recruitment issues, and ensuring that the services are sufficiently robust to meet the anticipated changes for the remaining months of 2021, TTP services are well-placed to meet the expected demand.
- We are extending the testing contracts to ensure we have capacity to service the system requirements, which include the testing of pre-operative patients.

CONCLUSION

- Having been established for over 12 months, Testing and Tracing Services have a track-record in meeting ever-changing demands, and in rising to the challenge of the constant changes in Covid-19 prevalence across the region.
- The work over the last year has demonstrated a need for co-ordinated multi-agency responses, and relationships between health, local authorities and the 3rd sector have been enhanced throughout this period. New planning and reporting structures have

been established and these have been largely successful in ensuring that there is effective and equitable distribution of resources to meet local and regional needs.

- Current trends indicate that although community transmission rates are high, there has not been a corresponding surge in hospital admissions, suggesting that the vaccination programme has been extremely effective.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 12.8.21						
Cyhoeddus neu Breifat: Public or Private:	Public Session						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director Planning and Performance						
Awdur yr Adroddiad Report Author:	Diane Davies Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
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.							
Asesu a Dadansoddi / Assessment & Analysis							
The Strategy, Partnerships and Population Health Committee considered the following matters in private session on 17.6.21							
<ul style="list-style-type: none"> North Wales Medical & Health Sciences School Update 							
Goblygiadau Strategol / Strategy Implications							
This is addressed within the private session documentation							
Opsiynau a ystyriwyd / Options considered							
This is addressed within the private session documentation							

Goblygiadau Ariannol / Financial Implications

This is addressed within the private session documentation

Dadansoddiad Risk / Risk Analysis

This is addressed within the private session documentation

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This is addressed within the private session documentation

Asesiad Effaith / Impact Assessment

This is addressed within the private session documentation