

Bundle Strategy, Partnerships and Population Health Committee 10 December 2020

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 SP20/73 Chair's welcome and apologies for absence
John Cunliffe (Jackie Hughes IM attending)
- 2 SP20/74 Draft minutes of the meeting held on 1.10.20 for accuracy, matters arising and summary action plan
SP20.74a Minutes SPPHC 1.10.20 v.03 draft PUBLIC session.docx
SP20.74b Summary Action Log.docx
- 3 SP20/75 Declarations of Interest
- 4 10:30 - SP20/76 Q3/4 delivery plan monitoring
Mark Wilkinson
Recommendation:
The Strategy, Partnerships & Population Health Committee is asked to note the report.
SP20.76a Q3.4 delivery plan monitoring report November 2020.docx
SP20.76b Quarter 3-4 Plan Monitoring Report - November 2020 Final.pdf
- 5 10:45 - SP20/77 Development of 2021/2 Delivery Plan
Mark Wilkinson
John Darlington Assistant Director Corporate Planning in attendance
Recommendation:
It is recommended that the Committee:
1. *receive the report*
2. *receive the reconciliation of outstanding actions from 2020/21 Q2 plan for completeness\.*
3. *review the proposed approach and timetable for the development of our Plan for 2021/24*
SP20.77a Development of the 2021_24 Plan.docx
SP20.77b Development of the 2021_24 Plan Appendix 04.12.2020 V0.07.docx
SP20.77c Development of the 2021_24 Plan presentation.pptx
- 6 11:00 - SP20/78 Development of Diagnostic Treatment Centres in strategic support of planned care
Andrew Kent Head of Planned Care Improvement
Recommendation:
The Committee is asked to note the presentation
SP20.78 Strategic planning_DTC development.pptx
- 7 11:20 - SP20/79 Business Continuity and Emergency Preparedness update
Mr Mark Wilkinson
Mr John Darlington Asst Director Planning in attendance
Recommendation:
The SPPH Committee is asked to:

1. *receive this report and note the progress made which builds upon the report presented to SPPH Committee on 1st October\.*

2. *approve the revised 2020/21 Civil Contingencies Group Work Programme*

3. *approve the revised Business Continuity Policy Document\.*
SP20.79a BC EPRR SPPH Report Dec 2020 v7.0.docx
- 8 11:35 - SP20/80 Key enabler strategy : Progress on Digital Strategy
Chris Stockport
Recommendation:
The Committee is asked to
1. *note the draft Digital Strategy*
2. *receive an update on engagement to date*
3. *recommend further engagement opportunities*
SP20.80a Digital Strategy Update.docx
SP20.80b DRAFT Digital Strategy for Engagement.docx
SP20.80c Draft Digital Strategy for Engagement (CYMRAEG).docx
- 9 11:55 - SP20/81 Test Trace and Protect (TTP) - update 3

Teresa Owen

Recommendation:

The Committee is asked to note the status of the multiagency response programme for the North Wales TTP programme.

SP20.81 TTP Report December 2020 v1.0.docx

10 12:10 - SP20/82 North Wales Regional Partnership Board

Mark Wilkinson

Recommendation:

The Committee is asked to receive the Annual Report for information and to note the updates from the North Wales Regional Partnership Board meeting held on 9th October 2020.

SP20.82a NWRPB Annual Report and RPB Minutes.docx

SP20.82b NWRPB draft notes 9.10.2020 Eng.pdf

SP20.82c NWRPB 2019-20 Annual Report to WG FINAL ENG.pdf

SP20.82d NWRPB draft notes 9.10.2020 Welsh.pdf

SP20.82f NWRPB 2019-20 Annual Report to WG FINAL WELSH.pdf

11 12:15 - SP20/83 Planning Board Substance Misuse

Mark Wilkinson

John Darlington Asst Director Corporate Planning and

Ben Carter Regional NW Commissioning Manager Wrexham Council in attendance

Recommendation:

It is recommended that SPPH Committee:

-Receive this report and note the role and function of NWAPB including the interface with BCUHB

-Note progress made BCUHB joint working as part of NWAPB, including work to delivery services throughout the Covid-19 pandemic and opportunities for improved alignment and joint working going forward.

SP20.83 Substance Misuse APB Report December 2020 v.2.docx

12 12:25 - Lunch Break

13 12:50 - SP20/84 Stroke Services

Dr Arpan Guha

In attendance Rob Smith Area Director East, Walee Sayeed Consultant Care of the Elderly and Gareth

Evans Director Therapies

Recommendation:

The Committee is asked to note the presentation

SP20.84 Stroke services presentation v3.0.pptx

14 13:00 - SP20/85 National Operating Framework for Primary and Community Care and delivery milestones

Chris Stockport

Recommendation:

The SPPH Committee is asked to;

• Note the priorities and requirements of the National Operating Framework for Primary and Community Care and associated delivery milestones 2020/21, set by Welsh Government;

• Note the progress made to date in the achievement of the delivery milestones;

• Confirm future reporting requirements to monitor the ongoing progress and achievement of the milestones.

SP20.85 National Operating Framework for Primary and Community Care and delivery milestones.docx

15 13:15 - SP20/86 Children Young People/CAMHS Transformation Fund update

Chris Stockport

Recommendation:

The SPPH Committee is asked to note progress of the North Wales Childrens and Young Peoples Transformation Programme.

SP20.86 Children Young People Transformation Fund update.docx

16 13:20 - SP20/87 Equalities and Human Rights - Socio Economic duty

Sue Green
Sally Thomas Head of Equality and Human Rights in attendance

Recommendation:

The Committee is asked to approve the recommendations made to advise the organisation in its preparations for the commencement of the duty and how the duty may be integrated into existing processes

Recommendations

1. Facilitate a Board Development session to raise awareness of the Duty.
2. Promote guidance to support scrutiny of impact with respect to inequality of outcome that results from socio-economic disadvantage
3. Identify key strategic decision makers to attend the targeted Welsh Government briefing sessions
4. Brief Board Sub Committees/groups and the Executive Team
5. Ensure clear, straight forward messaging illustrated by worked examples
6. Cascade to all Management Teams in the organisation
7. Establish an intranet resource to host guidance
8. Update external web pages
9. Establish a mechanism to inform and signpost authors and decision makers to relevant information and evidence to inform decision making
10. Establish a mechanism to support authors and decision makers to undertake relevant engagement activity to inform decision making to ensure that the voices of people including those with lived experience of socio-economic disadvantage are heard
11. Review the process for impact assessment and reflect Socio-economic Duty (SED) assessment in guidance, training and templates (Appendix 1)
12. Review business case processes and reflect SED assessment in guidance and documentation
13. Review planning processes and reflect SED assessment in guidance and documentation to deliver the organisational strategy, including development of the clinical services strategy, health community delivery plans and enabling plans i.e. Digital Strategy
14. Review Programme Management Office (PMO) processes and reflect SED assessment in guidance, Project Initiation Document (PID) and associated documentation
15. Build into clinical audit
16. Review scrutiny and governance of impact assessment and reflect SED assessment in Board/Committee cover sheet and guidance.

[SP20.87a SED briefing.docx](#)

[SP20.87b SED Briefing for SPPH 2020.11.18 v0.01.docx](#)

16.1 SP20/87.1 Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework

Sue Green

Kamala Williams Acting Asst Director Health Strategy in attendance

Recommendations

1. Align activity of the Corporate Engagement Team to strengthen public engagement with identified groups including organisations that support BAME individuals, older people and disabled people.
2. Align with OD staff engagement activity to strengthen engagement with staff via a BAME staff network
3. Rebuild organisational capability via the Equality Delivery Group across BCUHB and launch an Equality Champions Network
4. Reaffirm the requirement for EqIA to inform both Covid -19 response plans and business as usual, provide EqIA training, guidance and support
5. Strengthen governance and scrutiny of EqIA
6. Prepare for implementation of the Socio-Economic Duty

[SP20.87.1a SBAR Protected Characteristics Report Covid 2020.10.20.docx](#)

[SP20.87.1b SBAR-Protected Characteristics Covid-19 202.10.20.docx](#)

16.2 SP20/87.2 Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.

Sue Green

Kamala Williams Acting Asst Director Health Strategy in attendance

Recommendation:

The Committee is asked to note the report findings and scope of the recommendations

[SP20.87.2a SBAR BAME Report Covid 2020.10.20.docx](#)

[SP20.87.2b SBAR BAME Covid19 WG response 2020.10.20.docx](#)

17 13:40 - SP20/88 Pulse Survey

Sue Green

Nia Thomas, Head of Organisational Development in attendance

Recommendation:

The SPPH Committee is asked to note the content of the update report

[SP20.88a NHSW Staff Survey 2020 Update.docx](#)

[SP20.88b Appendix 1 - NHSW Staff Survey 2020 Question Set.docx](#)

[SP20.88c Appendix 2 - BCUHB Staff Survey 2020 hierarchies.xlsx](#)

[SP20.88d Appendix 3 - 201125 AM - NHS Wales Response Rate Tracker CC.xlsx](#)

[SP20.88e Appendix 4 - Our Reflections Our Decisions Our Future - Prompt for conversations - English.pdf](#)

- 18 13:50 - SP20/89 Update on Staff Health and Wellbeing & the Corporate Health Standard.
Sue Green
Sarah Wynne Jones Head of Occupational Health in attendance
Recommendation:
The Committee is asked to note the report and continued planned activity to renew the Corporate Health Standard.
SP20.89 Update on Staff Health and Wellbeing and Corporate Health Standard.docx
- 19 14:00 - SP20/90 EU exit risk
Mark Wilkinson
Recommendation:
The Committee is asked to receive the update report and note the current position in respect of preparation for the end of the EU transition period.
SP20.90a EU exit risk.docx
SP20.90b EU exit riskBAF20-24-P5-Resources-EU v3 (002).pdf
- 20 14:05 - SP20/91 Summary of private business to be reported in public
The Committee is asked to note the report
SP20.93 Private session items reported in public.docx
- 21 14:05 - SP20/92 Issues of significance to inform the Chair's assurance report
- 22 14:05 - SP20/93 Date of next meeting 18.2.21
- 23 14:05 - Exclusion of Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



**Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held in public on 1.10.20
via Webex**

Present:

Lyn Meadows	Independent Member (Acting Chair)
John Cunliffe	Independent Member
Jackie Hughes	Independent Member – by invitation
Lucy Reid	BCUHB Vice Chair – by invitation
Cheryl Carlisle	Independent Member / Board Champion Children – by invitation (<i>part meeting</i>)

In Attendance:

Sally Baxter	Assistant Director ~ Health Strategy (<i>part meeting</i>)
Clare Darlington	Assistant Director ~ Primary and Community Services (<i>part meeting</i>)
John Darlington	Assistant Director ~ Planning (<i>part meeting</i>)
Andrew Doughton	Wales Audit (<i>Observing</i>)
Liz Fletcher	Assistant Director ~ Children's Services West (<i>part meeting</i>)
Arpan Guha	Acting Executive Medical Director (<i>part meeting</i>)
Sue Green	Executive Director Workforce & OD
Ffion Johnstone	Area Director ~ West (<i>part meeting</i>)
Rob Nolan	Finance Director ~ Commissioning and Strategy
Gavin Macdonald	Interim Chief Operating Officer (<i>part meeting</i>)
Teresa Owen	Executive Director Public Health (<i>part meeting</i>)
Chris Stockport	Executive Director Primary and Community Services
Mark Wilkinson	Executive Director Planning and Performance
Diane Davies	Corporate Governance Manager (Committee secretariat)

Agenda item discussed	Action by
SP20/56 Chair's welcome and opening remarks	
SP20/56.1 The Committee Chair noted that BCUHB was unfortunately unable at the present time to accommodate attendance by members of the public at Health Board committee meetings due to Covid-19 (C19) restrictions.	
SP20/56.2 The Committee Chair advised that BCU's Socio Economic duty would be discussed at the next meeting.	MW
SP20/56.3 She invited the Assistant Director Health Strategy to provide a verbal update in relation to the EU Transition risk which would also be updated on further at the next meeting. The following was advised:	MW

<ul style="list-style-type: none"> • Risk CRR18 has been reviewed and updated to reflect the current position, which is that the end of the period for reaching agreement on a trade deal is closing in, and if no agreement is reached, the country be subject to WTO arrangements. The European Council was due to meet on 15-16 October and the UK had previously said this was the deadline for presentation of a deal. Clearly negotiations are still ongoing • Welsh Government (WG) had re-established the national Senior Responsible Officers' forum and refreshed the overall infrastructure working towards contingency plans. • BCU group had been re-established to review risks and contingency measures put in place previously • Procurement leads were working closely with WG to review arrangements, particularly in light of demand on supplies arising from the Covid19 pandemic • The North Wales LRF Strategic Co-ordinating Group were reconvening early October to refresh the partnership response. • Whilst the risk level has been reviewed it was suggested that the level of risk be increased in view of the short timeframe and current failure to reach a deal, plus potential impact of Covid on supplies, medicines, consumables. 	
<p>SP20/57 Apologies for absence</p> <p>Apologies were noted from Helen Wilkinson, Nicky Callow and Adrian Thomas re item SP20/68</p>	
<p>SP20/58 Declarations of interest</p> <p>None received</p>	
<p>SP20/59 Draft minutes of the meeting held on 9.6.20 for accuracy, matters arising and summary action plan</p> <p>SP20/59.1 The minutes were agreed as an accurate record and there were no matters arising.</p> <p>SP20/59.2 The summary action log was updated and in the ensuing discussion the following was noted:</p> <p>SP20/10 The Committee raised concern in deferring consideration of the Estates Strategy until the new financial year.</p> <p>SP20/39 The Executive Director of Planning and Performance advised that potential alternative plans in respect of the Ablett Unit were scheduled to be discussed at the Audit Committee and Finance and Performance Committee.</p> <p>SP20/42 The Committee requested</p> <ul style="list-style-type: none"> • to be advised when Board members would discuss BCU's Dementia Strategy 	<p>TO</p>

<ul style="list-style-type: none"> • that the Interim Director of Governance give consideration to partnership governance arrangements whilst undertaking BCU's governance review. 	
<p>SP20/60 Operational Plan monitoring 2020/21</p> <p>The Committee questioned the RAG rating applied to AN9.1 which was confirmed to be green. The Committee Chair reported that the monitoring plan had been discussed at the Board meeting on 24.9.20.</p> <p>It was resolved that the Committee noted the report</p>	
<p>SP20/61 Plans to support Quarters 3/4 SP20/61.1 Draft Winter Resilience Plan 2020/21</p> <p>SP20/61.1.1 The Interim Chief Operating Officer presented this item. He outlined the background and challenges ahead in planning for a winter with the addition of addressing Covid19. The working draft of the plan would require further refinement and it was noted that it was supported by 3 underlying health economy plans developed with Area teams, secondary care and Welsh Ambulance Trust (WAST). He advised that learning from the previous winter and Covid19 (control centres, responses, critical care) had been taken into account as well as consideration around IT usage, workforce and communications. The Interim Chief Operating Officer drew attention to the development of clear outcome measures with the intention to prevent harm. Demand and Capacity was outlined in the report in which he highlighted the need to address availability of 152 unfunded beds to fill gaps across the Health Board. Standing down elective operations would not be an option during the period due to the need to continue essential services. It was noted that the plan also contained detail in relation to temporary hospitals, critical care capacity & workforce, respiratory medicine, pathology, Test, Track & Trace as well as Mental Health. In respect of site escalation processes a separate piece of work was being undertaken which would be 'live' piloted the following week, developing schemes on a prioritisation basis to mitigate the bed gap were also being worked on.</p> <p>SP20/61.1.2 The Interim Chief Operating Officer reported that the next steps would be to undertake a financial assessment and address workforce requirements before seeking Board approval. In the discussion which ensued it was agreed the Interim COO would address Mental Health (MH) beds in this area, linking in with the Interim MH Director, as well as providing further detail in the plan on staff wellbeing and diagnostics. Further discussion on Personal Protective Equipment (PPE) would be followed up following the meeting with Independent Member Jackie Hughes. In relation to the Committee's questions relating to bed level planning, the Executive Director Planning and Performance advised that further discussion would be needed with the Executive Director of Primary and Community services in this area should a greater peak evolve earlier than the Swansea model explained in order to update the demand and capacity modelling.</p> <p>SP20/61.1.3 The Vice Chair questioned confidence levels given current issues with ambulance handovers, which the Interim COO agreed would require further grip and</p>	

<p>control, especially within the Ysbyty Glan Clwyd to strengthen processes. He advised that use of the Enfys hospitals was becoming a real option. She emphasised the importance of also factoring in patients with dementia and BCU's elderly population and their impact on primary, community and acute services. The Executive Director of Public Health concurred and emphasised the need to work with partner organisations to ensure alignment with health and social care.</p> <p>SP20/61.1.4 The Finance Director – Commissioning and Strategy advised that notification had been advised that £83m had been made available by WG, however the detail of the workstreams this was to be apportioned to was being worked on.</p> <p>SP20/61.1.5 The Committee Chair reflected on the position of scheme development in comparison to the previous year, following discussion it was agreed that the supporting area plans also be shared with members on request. It was understood that it was currently unknown whether 75 schemes would be financed in the current year, however the Executive Director Planning and Performance advised that activity modelling would be redone dependent on affordability and decisions taken on individual schemes.</p> <p>SP20/61.1.6 The Vice Chair voiced her concern regarding affordability as the plan was not currently costed, albeit that the Finance Division was heavily focussed on this work. She also questioned the position for partners and it was confirmed that good cross party working was being undertaken and finances worked up, especially in relation to Health and Social Care plans. The Committee also raised concern in respect of a potential gap in relation to the assumptions put forward.</p> <p>SP20/61.1.7 The Executive Director of Planning and Performance agreed to take forward the feedback provided by the Committee in respect of areas needing further clarity ie diagnostics, mental health, bed capacity, demand modelling update, schemes and timescales in future iterations. The Committee Chair requested that further discussion take place on assumptions in the Board Workshop scheduled to take place later that afternoon with other Board members.</p> <p>It was resolved that the Committee noted the work being done to strengthen delivery over winter 2020/21, alongside the Covid-19 pandemic response, which included bed capacity modelling and potential schemes developed by the health communities, in partnership with Local Authorities in order to support delivery over winter.</p> <p><i>The Assistant Director Corporate Planning joined the meeting</i></p>	
<p>SP20/61.2 North Wales local COVID-19 prevention and response plan</p> <p>SP20/61.2.1 The Assistant Director Health Strategy presented this plan which had been prepared in response to the letter from Welsh Government received on 27.7.20 and the subsequent guidance from Public Health Wales received on 29.7.20. Submission of the first draft of the Plan was required by 12.8.20. The Plan sets out how organisations in North Wales were working together in both prevention of the further spread of the Covid-19 virus and their response in the event of further outbreaks. This included clarity on the roles, responsibilities and priorities of the</p>	

<p>partners in North Wales and would support BCU's ongoing response to the pandemic. The draft plan was being developed to respond to feedback from the national Public Health Wales reviewing team and also to respond to the changing situation in respect of the incidence of Covid-19 and changing Welsh and UK guidelines. The Assistant Director Health Strategy advised that greater process clarity was provided and was being progressed taking account of other developing plans with Care Homes, Vaccination development, Test, Trace & Protect (TTP) and the return of students to Universities in North Wales.</p> <p>SP20/61.2.2 The Committee questioned to what degree PHW feedback had been taken into account, and it was acknowledged that whilst this had been undertaken, the Executive Director of Public Health reported it be initially high level guidance which would evolve going forward. It was also confirmed to the Committee Chair that safeguarding considerations had been taken into account in development, particularly in respect of TTP. The Interim Director of Governance affirmed that discussion would be taking place with the Acting Chief Executive and Executive Director of Workforce and OD in respect of BCU governance which would take into account the North Wales Prevention and Response governance structure provided.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the current draft of the North Wales Plan and the work being undertaken to progress priority areas and acknowledged that revisions would be made going forward to meet the evolving situation. agreed in principle with the governance structure, subject to further executive discussion. 	
<p>SP20/61.3 Care home action plan</p> <p>SP20/61.3.1 The Executive Director of Primary and Community Services presented the care home action plan which had been reviewed by the Regional Leadership Group prior to submission to Welsh Government on 4.9.20 and retrospectively approved by the Regional Partnership Board on 11.9.20. It was noted that the Quality, Safety and Experience Committee received a paper on 28.8.20 summarising the action taken to date by the Health Board with its partners, to support care homes and also development of the North Wales care home action plan to ensure Care Homes were prepared for a potential further wave of infection. The Covid19 pandemic highlighted that there remained work to be done to improve the nature and maturity of relationships with care home providers in North Wales. It was acknowledged that the Health Board and local authorities had more to do to build effective partnerships with each other to better support the sector and this work was being taken forward.</p> <p>SP20/61.3.2 In response to the Committee, the Executive Director of Primary and Community Services confirmed that more detailed timescales were provided in supporting plans and could be made available to members if required. A discussion ensued on whether additional short term hardship funding made available to Care</p>	

<p>Homes would impact on CHC funding. It was acknowledged that this was positive news in support of Care Homes however, it was clarified that CHC fees was an ongoing issue which involved discussions with Care Forum Wales. The Executive Director of Workforce and OD stated that the approval route would be mapped with executives.</p> <p>SP20/61.3.3 The Committee acknowledged the work undertaken by the Assistant Director Primary and Community Services and extended thanks for the breadth of work previously undertaken for the Health Board in wishing her a good retirement.</p> <p>It was resolved that the Committee noted the actions taken to date to support care homes, their residents and staff during the Covid19 response and the commitments made in the regional care home action plan</p>	
<p>SP20/62 Q3 & 4 BCU Sustainable services delivery plan</p> <p>SP20/62.1 The Executive Director of Planning and Performance advised that further iterations of the plan since publication had moved forward at pace. He clarified that the high level plan was also supported by another iteration which included an accountability plan for Executives, along with core priorities which would inform the Board plan. Significant changes had been made in respect of alignment of core priorities with enablers to the presentation and a collective understanding around the narrative which would be clarified ahead of the Board Workshop. It was noted that there were also changes in respect of stroke services and actions in regard to Covid19 and also integrated governance.</p> <p>SP20/62.2 The Committee reviewed the plan. Members raised queries on overall deliverability and the Vice Chair questioned whether the key outcomes were too high level and did not provide sufficient SMART indicators. In consideration of individual actions, it was agreed that the Lead for the review of Psychology support for the adult diabetes service business case be reflected as the Executive Director of Primary and Community services. The Executive Director of Planning and Performance explained the review of the Orthopaedic business case given the feasibility work being undertaken in regard to Diagnostic Treatment Centre development. The Committee reflected on the level of granularity required in order to ensure a meaningful shared understanding of the plans provided and questioned whether there was sufficient time to draw this together. It was considered important that the Executive Team brought a narrative together that articulated the core priorities and actions required over the next 6 months to feedback to the Committee. The Executive Director Workforce and OD shared Executive team discussion in respect of the Board level strategic plan, organisational level planning and alignment to strategic priorities. Mindful of the timescales involved she stated that it would be important to incorporate the Committee's feedback and ensure this could be discussed further at the next Board Workshop. In response to the Committee, the submission date to WG was confirmed as 16.10.20.</p> <p>SP20/62.3 The Executive Director of Planning and Performance summarised that the Committee's feedback would be incorporated into the development of the plan. This would include consideration of affordability, smart actions/outcomes, level of</p>	

<p>outcomes, more specificity in respect of reviews, additional narrative work, alignment with BCU's core priorities, consideration of the level of detail provided and Board assurance. He commented on the iterative process of the plan.</p> <p>It was resolved that the Committee</p> <p>noted the draft Q3/4 summary plan and provided feedback to the plan ahead of presenting to the Health Board in October.</p>	
<p>SP20/63 Digitally enabled clinical services strategy</p> <p>SP20/63.1 The Acting Executive Medical Director provided a presentation which outlined the BCU intention to develop a sustainable clinical plan and the necessary enablers to achieve this. He shared the learning from Hywel Dda's clinical strategy in respect of the principles involved and also acknowledged that the development of the North Wales medical school would also need to be incorporated. The substantial activity of the Clinical Advisory Group to 11.9.20 was outlined including addressing the enormous amount of clinical pathways within BCU. He commented that effective clinical engagement could be achieved with visioning and the right messaging.</p> <p>SP20/63.2 The Committee discussed their concern that there appeared to be a separation from the previously 'digitally enabled' strategy development. It was confirmed by the Acting Executive Medical Director that digital needs would be dealt within in the 3D stage (Design) as it was a crucial to clinical effectiveness and monitoring. The Executive Director Primary and Community services affirmed the Digital strategy would be embedded. The 6 principles of digital working were also outlined within the presentation.</p> <p>SP20/63.3 The 3D stages of Discover, Design and Deliver were further outlined in the presentation along with the 4 focus areas of strengthened digital foundation, active Patient/Carer, Connected staff and digital organisation. The 4 key challenges were noted to be in respect of population, pace of change & increasing demand, reducing finances & increasing short term funding as well as working together.</p> <p>SP20/63.4 The Committee was pleased to receive the update on the strategic roadmap ahead and emphasised the fundamental need to ensure clinician ownership throughout.</p> <p>It was resolved that the Committee</p> <p>noted the presentation</p>	
<p><i>The next item was taken out of sequence for operational need</i></p> <p>SP20/67 Test, Track and Protect (TTP) update</p> <p>SP20/67.1 The Executive Director of Public Health presented this item. The report set out current updates in respect of Governance and the formation of a TTP Strategic Oversight Group which would report into the SPPH Committee on updates provided to the North Wales Recovery Coordination Group and Welsh Government. The Terms of Reference were provided for approval. In addition, testing updates were provided in</p>	

antigen test, mass testing units, mobile testing units, local testing sites and antibody testing. It was noted that cases were rising and there was a focus on ensuring capacity, including moving forward recruitment. In respect of Contact Tracing it was noted that local tier permanent staff recruitment was being moved forward by Flintshire Local Authority. The impact of greater movement which had led to higher ratio of contacts was noted. A well received workshop had been attended by a large number of partner organisations in relation to Protection.

SP20/67.2 Details were provided of a regional planning approach which would be functional within 2 weeks. In discussion of IT support it was noted that a local dashboard, supported by BCU IT, was working well and available for members to view if wished. The TTP governance structure and role of the regional hub outlined within the appendices were noted.

It was resolved that the Committee

- noted the status of the multiagency response programme for the North Wales TTP Programme.
- noted the summary of achievements during the start-up of the tracing service through the Regional Planning Group
- Approved the TTP Strategic Oversight Group Terms of Reference

The Executive Director of Public Health left the meeting

SP20/64 Business Continuity planning and emergency preparedness

SP20/64.1 The Executive Director Planning and Performance introduced this item, he clarified that the Civil Contingencies Group, indicated in the paper, reported to the Committee and that there was a recognition that capacity in this area of the organisation required strengthening. He invited the Assistant Director Corporate Planning to present the report.

SP20/64.2 It was noted that the organisation had dealt with many areas of external pressure over the past 12 months in addition to the Covid19 pandemic such as adverse weather, cyber attacks and exit from the European Union. He advised that many areas of the 2019/20 work programme had needed to be put on hold to focus on support to the Covid19 pandemic response. The Assistant Director Corporate Planning stated that progress on business continuity management could be improved with additional capacity in operational planning.

SP20/64.3 In response to the Committee, the Assistant Director Corporate Planning undertook to provide a position update on review of BCU's Business Continuity policy and ensure the Committee's inclusion within the consultation stage. He also undertook to provide an update on how the gap in service area business continuity plans would be addressed to the next meeting. In discussion of the the role and membership of the Civil Contingencies Group, it was agreed that further detail of the Policies group also be provided.

SP20/64.4 In respect of the additional capacity outlined within the paper, the Committee were supportive of additional capacity building within this area, however it

<p>would be for Executive team discussion on how this would be implemented operationally.</p> <p>SP20/64.5 In respect of the Internal Audit Business Continuity report which was due for completion by the end of December 2020, the Assistant Director Corporate Planning undertook to provide the scope report at the next meeting.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted progress against BCM & EPRR guidance and 2020/21 work programme. approved the 2020/21 CCG Work Programme supported in principle the recommendation to strengthen overall EPRR capacity and capability to manage training, exercising, planning and response arrangements going forward 	<p>JD</p>
<p>SP20/64.1 Business Continuity lessons learned in Covid19 response to date</p> <p>SP20/64.1 The Executive Director Planning and Performance advised that a debriefing programme had been undertaken following the first wave of the Covid19 response. Areas of good practice and areas for improvement were outlined in the report as well as an action plan which set out responsible lead directors and timescales.</p> <p>SP20/64.2 In response to the Committee, assurance was given that the Executive Team monitored the action plan. The Executive Director Planning and Performance also confirmed that the most important lessons learned were incorporated and that timescales would be brought forward should a second wave occur earlier than anticipated. He agreed that lessons learned on Information Governance would also be included in the next iteration.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> received the report and considered the draft findings. approved the actions identified within the report to ensure improved management arrangements going forward. 	
<p><i>The Assistant Director Children's services West and Independent Member Cheryl Carlisle joined for this item.</i></p> <p>SP20/65 Children's rights approach</p> <p>SP20/65.1 In February 2020 the office for the Children's Commissioner for Wales delivered an introductory session to the Board based around the Principles of and becoming familiar with Children's Rights under the United Nations Convention on the Rights of the Child (UNCRC). This was the start of an initiative to embed the principles of Children's Rights within BCUHB which the Board requested the Committee to follow up.</p> <p>SP20/65.2 The Assistant Director Children's Services reported on the Board's positive position. It was understood that that whilst Children's services provided a lead, it was the Health Board's intended approach that children's issues be embedded as</p>	

<p>everyone's business across the Health Board. The pledges outlined to the Children's Commissioner were noted to be</p> <ul style="list-style-type: none"> • To take lessons from the seminar from other health boards regarding their progress with embedding Children's Rights into their core activity; • To develop a plan for embedding a Children's Rights Approach within BCUHB; • To organise staff training sessions supported by the office for the Children's Commissioner for Wales (CCfW). <p>SP20/65.3 It was noted that due to the Covid19 pandemic response, training rollout had been delayed, however a working group was in place and moving forward the agenda. The Committee questioned whether the training could also encompass how this approach would be made in practice. Discussion ensued on the promotion of Children's Rights and that the greater acceptance of using virtual platforms provided greater opportunities for representation of children across the rurality of the Health Board into the future. This would also include the potential for a Forum/Committee for children so that their voice might be heard within the Health Board as they utilised many of BCU's services.</p> <p>SP20/65.4 The Independent Member Cheryl Carlisle, Board Champion for Children endorsed the message to fellow Board members that Children's services should be considered in the same manner as safeguarding ie embedded within all portfolios. The Committee concurred.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the paper • supported the continuation of a training awareness programme for staff, leading to the development of an action plan to ensure that children's rights are prioritised in all that BCU does • was supportive of embedding Children's Rights within the portfolios of all Executive Directors • agreed that risks be further considered outside the meeting <p><i>The Assistant Director Children's services West and Independent Member Cheryl Carlisle left the meeting</i></p>	<p>LF/CS</p>
<p><i>The Assistant Director Community and Primary Care Services joined the meeting</i></p> <p>SP20/66 Strategic Programme for Primary Care</p> <p>SP20/65.1 The Assistant Director Community and Primary Care Services presented this item, she confirmed that primary care items had now been incorporated into the Committee Cycle of Business going forward as agreed at previous meetings. She advised that the strategic programme also included community care. It was noted that the strategic NHS Wales Framework had been introduced the previous week which would include several milestones and actions that had been included within the Q3/4 plan.</p>	

<p>SP20/65.2 The Executive Director Primary and Community services pointed out that Health Boards worked together in setting milestones and priorities. He believed that BCU needed to share work better both internally and externally as it was regularly a leader in improvement work such as GPOOH which had emerged from special measures and recognised nationally.</p> <p>SP20/65.3 In response to the Committee Chair he confirmed that plans were in hand to present cluster work to the Committee going forward, as in previous workshop sessions. The Vice Chair stated that having a clearer national delivery framework provided better direction in order to move forward support as a whole system with better integration and providing resilience in relation to risks.</p> <p>SP20/65.4 It was noted that the next priorities would be to address accountability on achievement of delivery milestones, cluster plans and the framework. It was envisaged that progress of the strategic programme would be reported through to the SPPH Committee and that other appropriate reposting would be provided to the Quality, Safety and Experience Committee in relation to safety risks and also the Finance and Performance Committee in relation to performance.</p> <p>SP20/65.5 The Assistant Director Primary and Community services also advised that a Programme Board for the roll out of the full 111 service in North Wales would be established in the near future.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the work to date of the all Wales Strategic programme for primary care, and the outputs delivered • noted the alignment required with the Health Board's strategic and operational plans 	
<p>SP20/68 Joint update on Covid19 Research and Innovation (R&I) 13.8.20-21.9.20 It was resolved that the Committee noted the update</p>	
<p>SP20/69 Engagement update The Committee Chair complimented the department on the progress outlined It was resolved that the Committee noted the update</p>	
<p>SP20/70 Policies and procedures WP8 Equality, Diversity and Human Rights Policy and WP7 Procedure for Equality Impact Assessment It was resolved that the Committee noted that the policies had been approved by the Committee Chair following the Committee meeting held on 13.8.20</p>	
<p>SP20/71 Issues of significance to inform the Chair's assurance report To be advised</p>	
<p>SP20/72 Date of next meeting 10.12.20</p>	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE				
Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
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	End of April 2021
Mark Wilkinson / Emma Binns	SP20/13.1 Civil contingency and business continuity progress <ul style="list-style-type: none"> • Provide Emma B with exemplar report template for future reports • Ensure inclusion of risks and additional assurance in future reports as highlighted • Provide update on Covid19 to next meeting 	1.6.20	18.5.20 – Due to response to the Covid 19 pandemic, the updates would be rescheduled to a future meeting date to be agreed 9.6.20 – Provide report to address the following Committee concerns: <ul style="list-style-type: none"> ▪ resourcing adequacy within emergency response team ▪ availability of effective policies at the beginning of the process ▪ audit report to provide assurance level ▪ addressing the quality of the previous report provided. Defer to a future meeting	TBA
Chris Stockport			13.8.20 The Committee expressed concern in deferring the business continuity update, given the feedback provided at the March meeting and the current extended major	

			<p>incident response in effect. The Executive Director Primary and Community Services agreed to relay the Committee's concern in respect of testing, capacity and capability feedback to the Executive Director of Planning and Performance to address with the Committee Chair.</p> <p>14.9.20 agenda item at 1.10.20 meeting</p> <p>1.10.20 – see action below SP20/64 Business Continuity planning and Emergency preparedness</p>	<p>30.8.20 Action to be closed</p>
Mark Wilkinson	<p>SP20/10 Estates Strategy Provide</p> <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 		<p>Defer to August meeting</p> <p>31.7.20 – Estates Strategy deferred to October meeting</p> <p>14.9.20 Agenda setting meeting agreed to defer to April 2021</p> <p>1.10.20 – The Committee questioned whether this might be considered earlier</p>	1.4. 21
13.8.20				
Chris Stockport	<p>SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements SP20/49.3 Arrange to provide a report to draw together the benefits realisation provided by WG's £19m</p>	21.9.20	<p>14.9.20 Agenda setting meeting agreed to be provided to December meeting</p> <p>2.12.20 Deferred to February meeting due to large December agenda</p>	<p>30.11.20</p> <p>8.2.21</p>
10.10.20				
Sue Green (Sally Thomas)	<p>SP20/56.2 Opening remarks Provide update on Socio Economic duty</p>	30.11.20	Agenda item 10.12.20	Action to be closed

Mark Wilkinson	SP20/56.2 Opening remarks Provide update on EU Exit risk	30.11.20	Agenda item 10.12.20	Action to be closed
Teresa Owen	SP20/42 Matters arising Advise when Health Board is scheduled to discuss BCU Dementia Strategy	30.11.20	The dementia strategy links to the Quality Improvement Strategy, and the Patient Safety & Experience Strategy. A position statement is due at QSE in January with actual strategies due in March.	Action to be closed
John Darlington	SP20/64 Business Continuity planning and Emergency preparedness <ul style="list-style-type: none"> • Position update on review of current BC Policy and opportunity for consultation with SPPHC • Update on how gap in service area business continuity plans were to be addressed at the next meeting • Provide further detail on policies group in relation to CCG • Provide scope report in relation to IA Business Continuity report – due for completion by end of Dec 2020. 	30.11.12	Agenda item SP20/79 10.12.20	Action to be closed
Liz Fletcher / Chris Stockport	SP20/65 Children's rights approach <ul style="list-style-type: none"> • Consider risks outside of the meeting 		The risks of not embedding a Children's Rights Approach within the organisation relate to our reputation and our ability to meet our statutory obligations to ensure we attend to children's well-being and that they have an equal chance to be the best they can be. The risks have been mitigated by the committee endorsing the action plan	Action to be closed

			presented and supporting the roll out of awareness raising across BCU. Discussions have commenced with the office of the Children's Commissioner to support this.	
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3.12.20



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships & Population Health Committee 10.12.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Quarters 3/4 Operational Plan Monitoring Report				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance				
Awdur yr Adroddiad Report Author:	Jonathan Lloyd, Interim Director of Performance				
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.				
Atodiadau Appendices:	1: Quarter 3/4 Operational Plan Monitoring Report				
Argymhelliad / Recommendation:					
The Strategy, Partnerships & Population Health Committee is asked to note the report.					
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
					R
Sefyllfa / Situation:					
This report provides a self-assessment by the executive leads of the progress that is being made to deliver the agreed key actions contained in the 2020/21 Operational Plan for Quarter 3/4.					
Cefndir / Background:					
The operational plan has a number of key actions required to be delivered during Quarters 3/4 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates their progress. Where an action is complete this is RAG rated purple, where on course to deliver quarter end position the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Red rated actions a short narrative is provided in the report that sets out the reason for the red rating, the mitigating actions and an expected timeline of recovery.					
Asesiad / Assessment & Analysis					

Strategy Implications

Delivery of the operational plan actions is key to implementation of the Board's strategy

Options considered

N/A

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

Risk Analysis

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

Legal and Compliance**Impact Assessment**

The operational plan has been Equality Impact Assessed.



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Betsi Cadwaladr
University Health Board

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

Plan Monitoring Report Quarters 3 & 4 2020/21

November 2020

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

Overview and Purpose of this Report

- The Quarter 3 & 4 Plan of the Health Board has been agreed by the Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons, resulting in plans being time limited to quarterly plans for 2020-21
- The Quarter 3 & 4 plan relates to the need to maintain essential non Covid-19 services to minimise risk of harm for life-saving or life-impacting treatments whilst meeting the additional demands of winter pressures.
- This report is a self-assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31st March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the end of November 2020 actual position. The entire report is the reviewed and approved by the Executive Team.
- Work is underway in developing the plan for 2020/21 which will also reflect the shift in phasing of response to the pandemic from mobilisation towards parallel running of the pandemic and re-activation of some business as usual activities where it is safe to do so. This reflects transition to sustainable service delivery phase of the plan.

RAG	Every month end	by expected delivery date	Actions 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 Action within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG is Amber: No additional Information required
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

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Chapter 1: Test, Trace and Protect

Test, Trace, Protect								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
1.00	safe, secure and healthy environment for our people	SPPH	Test, Trace, Protect (TTP) service established across North Wales to minimise the spread	Executive Director of Public Health	30/11/20	P		
1.20	safe, secure and healthy environment for our people	SPPH	Antigen Testing service established with ability to effectively respond to surges		31/10/20	P		
1.30	safe, secure and healthy environment for our people	SPPH	Tracing service established and key performance indicators achieved		30/11/20	P		
1.40	safe, secure and healthy environment for our people	SPPH	Protect plan established		20/12/20	A	G	

Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
1.60	safe, secure and healthy environment for our people	SPPH	Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	Executive Director of Public Health	In line with national policy and guidance	P		

Chapter 3: Planned Care – Page 1 of 5

Continuation of Restart								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
2.3	Essential services & safe planned care	Planned Care Group	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	G	

DEMAND AND CAPACITY								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
2.4	Essential services & safe planned care	Planned Care Group	Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists.	Chief Operating Officer	31/10/20	P		
2.5	Essential services & safe planned care	Planned Care Group	Identify specialities where the 'Once for North Wales' approach is not able to provide the required level of access to services.			P		
2.6	Essential services & safe planned care	Planned Care Group	Review of external capacity for key providers			R	A	
2.7	Essential services & safe planned care	Planned Care Group	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A	

Chapter 3: Planned Care – Page 2 of 5

RISK STRATIFICATION								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
2.8	Essential services & safe planned care	Planned Care Group	Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework.	Chief Operating Officer	19/10/20	P		
2.9	Essential services & safe planned care	Planned Care Group	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	A	
OUTPATIENTS								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.	Chief Operating Officer	31/3/21	A	A	
3.10	Essential services & safe planned care	F&P	Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.		31/12/20	A	A	
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients		G	G		
PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
3.40	Essential services & safe planned care	F&P	Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy	Chief Operating Officer	31/10/20	G	G	

Chapter 3: Planned Care – Page 3 of 5

PATHWAY DEVELOPMENT								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
4.10	Essential services & safe planned care	QSE	Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy	Executive Medical Director	31/12/20	A	A	
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/3/21	A	A	
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy		A	A		

SERVICE SUSTAINABILITY								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	G	
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/3/21	G	G	

Chapter 3: Planned Care – Page 4 of 5

PLANNED CARE SPECIALTY SPECIFIC PLANS								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
4.4	Essential services & safe planned care	F&P	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Chief Operating Officer	30/11/20	A	A	
4.5	Essential services & safe planned care	F&P	Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic	Executive Director of Planning & Performance	30/11/20	A	A	
4.6	Essential services & safe planned care	F&P	Review of Orthopaedic business case in light of DTC feasibility work.	Chief Operating Officer	31/12/20	G	G	
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	
5.10	Essential services & safe planned care	F&P	Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.		31/12/20	G	G	
5.20	Essential services & safe planned care	F&P	Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.		31/10/20	R	R	
5.30	Essential services & safe planned care	F&P	Review of phlebotomy service model in light of covid-19		31/10/20	P		
5.40	Essential services & safe planned care	F&P	Implement year one (2020/21) plans for Endoscopy		30/11/20	G	G	

Chapter 3: Planned Care – Page 5 of 5

SERVICE SUSTAINABILITY								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	G	
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/3/21	G	G	

MANAGING CAPACITY – WINTER/COVID								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
6.60	Essential services & safe planned care	Planned care group	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	2/11/20	G	G	

2.6: Review of external capacity for key providers

Single Tender Waiver has been signed off to provide additional capacity to the service – this action is progressing well.

2.9: Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.

Full MDTs take place for all cancer patients. Clinical reviews take place of all other patients, the team are working with clinicians to establish whether a full MDT is required for all patients.

5.20: Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.

Plans are being finalised to agree mid term solutions for this service. Expected data of receipt of plans is in December 2020

Chapter 4: Unscheduled Care – Page 1 of 3

Unscheduled Care								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
6.70	Safe unscheduled care	F&P	Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21	Chief Operating Officer	31/10/20	G	G	
6.80	Safe unscheduled care	F&P	<p>Engagement of the Community Services Transformation Programme with the NHS Delivery Unit's 'Right-Sizing Community Services for Discharge' programme, to map current capacity within community health and social care services, to facilitate a timely discharge from hospital.</p> <p>When completed, the programme will be in a position to use the findings to evaluate current and future service models and develop a programme of change to respond to areas of identified gaps within the community. This will include ensuring that there is sufficient capacity within the community to support people to Discharge 2 Assess and Recover.</p> <p>Workforce: work being undertaken as part of the Community Services Transformation programme to understand the skill mix and competencies required to deliver effective and integrated health and social care in the community, is critical to this programme of work.</p>		31/3/21	A	A	

Chapter 4: Unscheduled Care – Page 2 of 3

Surge Plans								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
7.40	Safe unscheduled care	F&P	Develop surge plans for secondary care, community and primary care services, including the development of specific schemes	Chief Operating Officer	31/10/20	G	G	
7.50	Safe unscheduled care	F&P	Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4.			G	G	
7.60	Safe unscheduled care	F&P	Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes.			G	G	
7.71	Safe unscheduled care	F&P	Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed.			G	G	

Chapter 4: Unscheduled Care – Page 3 of 3

Phone First								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
9.00	Safe unscheduled care	F&P	Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage	Chief Operating Officer	31/12/20	A	A	
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		1/10/20	G	G	

Emergency Department Quality Delivery Framework (EDQDF)								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
9.70	Safe unscheduled care	F&P	Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)	Chief Operating Officer	31/3/21	G	G	

Chapter 5: Primary & Community Care – Page 1 of 3

Primary Care								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
9.90	safe, secure and healthy environment for our people	SPPH	Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Executive Director Primary & Community Care	31/3/21	G	G	
Capture and embed proven technologies in primary care								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
10.40	safe, secure and healthy environment for our people	SPPH	Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of:	Executive Director Primary & Community Care	31/3/21	P		
10.50	safe, secure and healthy environment for our people	SPPH	Implementation of the on line platforms			P		
10.60	safe, secure and healthy environment for our people	SPPH	Roll out of New Technology Training /support			P		
10.70	safe, secure and healthy environment for our people	SPPH	Undertake patient satisfaction surveys			P		

Chapter 5: Primary & Community Care – Page 2 of 3

Efficient and effective immunisation and screening activities								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
11.10	Safe unscheduled care	F&P	Development and implementation of actions at a cluster level to deliver improved update in flu immunisation rates.	Executive Director Primary & Community Care	31/12/20	G	G	
Implement General Medical Services Recovery Plan								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
11.70	Essential services & safe planned care	SPPH	Implement Welsh Government GMS Recovery Plan	Executive Director Primary & Community Care	31/10/20	P		
Implement Dental Services Recovery Plan								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/3/21	G	G	
Implement Community Optometry Recovery Plan								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	G	

Chapter 5: Primary & Community Care – Page 3 of 3

Community Health & Social Care								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/1/21	A	A	

Support Care Homes and reintroduce CHC								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
13.90	Safe unscheduled care	RPB/ SPPH	Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Executive Director Primary & Community Care	31/12/20	G	G	
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	

Chapter 6: Children's Services (Including CAMHS)

Deliver Safe & Effective CAMHS Services								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
15.40	Improvement of Mental Health Services	QSE	CAMHS – Continue to deliver remote consultations via Attend Anywhere	Executive Director Primary & Community Care	31/12/20	G	G	
15.50	Improvement of Mental Health Services	QSE	Restart face to face planned care assessment and intervention work in CAMHS (once approved to start)			G	G	

Neuro-Development								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
16.00	Improvement of Mental Health Services	QSE	Work towards providing Assessments and improve performance against the 26 week target	Executive Director Primary & Community Care	31/12/20	R	R	

Action 16.00 – Neurodevelopment:

The waiting list for neurodevelopment is significant. The MH&LD Division are working hard to identify improvements, however the realistic assessment at present is that it may take approximately two years, using external suppliers, to reduce the waiting list position in line with the 26 week target.

Chapter 7: Mental Health & Learning Disabilities

Mental Health & Learning Disabilities				Lead Director	Target Date	Oct-20	Nov-20
Plan Ref	Board Themes	Board Committee	Action				
16.40	Improvement of Mental Health Services	QSE	Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.	Executive Director of Public Health	31/3/21	G	G
16.80	Improvement of Mental Health Services	QSE	The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.			A	A
16.90	Improvement of Mental Health Services	QSE	The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.			A	A
17.00	Improvement of Mental Health Services	QSE	The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.			A	A
17.10	Improvement of Mental Health Services	QSE	Additional CPN support to care home sector to avoid admission to acute setting and support early discharge			A	A

Chapter 8: Covid-19 Oversight

Covid 19 Oversight								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)	Executive Director Primary & Community Care	9/10/20	P	P	
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		1/11/20	A	A	
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework		9/10/20	P	P	
17.50	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity		1/11/20	A	A	

Chapter 9: Digital Health

Digital Health								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
17.70	Effective use of resources	D&IG	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Executive Director Primary & Community Care	30/6/21	R	R	
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R	
17.90	Effective use of resources	D&IG	Development of the digital health record		31/3/21	G	G	
18.00	Effective use of resources	D&IG	Implementation of Health Records Project		31/12/20	G	G	
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G	
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	G	
18.30	Effective use of resources	D&IG	Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		31/12/20	G	G	

17.60: Phase 3 of the Welsh Patient Administration System re-focus on West implementation

The implementation of WPAS has been put on hold by NWIS which will result in a 7 month delay. The approach to future implementation is being agreed. NWIS have indicated a possible re-start date of May 21.

17.80: Pending approval of the Business Case, deploy WEDS

The WEDS Business Case was approved by F&P on the 29th October 2020. Deployment has started. This is a red risk because delivery is behind schedule. Further work is being undertaken on the benefits and will be presented to F&P Committee on the 22nd December 2020.

Chapter 10: Estates & Capital

Estates/ Capital								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/1/21	A	A	
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G	
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	G	
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G	
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/3/21	G	G	

Chapter 11: Workforce & Organisational Development - Page 1 of 2

Workforce and Organisational Development - Part 1									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20		
19.80	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	Executive Director of Workforce & Organisational Development	31/12/20	G	G		
19.90	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery		31/12/20	G	G		
20.00	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.		31/12/20	A	A		
20.20	safe, secure and healthy environment for our people	QSE	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with		31/02/21	A	A		

Chapter 11: Workforce & Organisational Development – Page 2 of 2

Workforce and Organisational Development - Part 2								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
20.30	safe, secure and healthy environment for our people	QSE	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director of Workforce & Organisational Development	31/12/20	A	A	
20.50	safe, secure and healthy environment for our people	QSE	Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose		31/1/21	A	A	
20.70	safe, secure and healthy environment for our people	QSE	Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement.		31/1/21	A	G	
20.80	Effective use of resources	SPPH	Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.	Executive Medical Director	31/03/2021	A	A	

Chapter 13: Performance & Accountability – Integrated Governance

Performance & Accountability: Integrated Governance									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20		
20.90	Integrated governance structure	F&P	To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.	Executive Director of Workforce & Organisational Development	31/12/20	G	G		

Chapter 14: Finance: Effective Use of Resources

Finance: Effective use of resources								
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/2021	G	G	
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/2021	G	G	
22.03	Effective use of resources	F&P	VBHC implementation		31/03/2021	G	A	

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.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

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>

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Development of the 2021/24 Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning						
Craffu blaenorol: Prior Scrutiny:	The approach to developing the plan has been discussed by the Planning workstream, Executive Team and EMG.						
Atodiadau Appendices:	Appendix 1: Reconciliation of 2020/21 Q2 actions						
Argymhelliad / Recommendation:							
It is recommended that the Committee:							
<ol style="list-style-type: none"> 1. Receive this report 2. Receive the reconciliation of outstanding actions from 2020/21 Q2 plan for completeness. 3. Review the proposed approach and timetable for the development of our Plan for 2021/24 							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*	√	Ar gyfer sicrwydd For Assurance*	√	Er gwybodaeth For Information*	√
Sefyllfa / Situation:							
The purpose of this report is to update the Committee in respect to the approach and timetable for developing our Three Year Transformation Plan and specifically our Annual Plan for 2021/22.							
This report sets out the national context and expectations of this work together with progress and next steps required to ensure that a robust plan is developed for submission to the Health Board in March 2021.							
Cefndir / Background:							
The introduction of Integrated Medium Term Plans across Wales signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies.							
The NHS Wales Planning Framework reinforces the requirement for every NHS organisation to have a clinical services strategy approved by their Boards. IMTP planning							

arrangements were however paused in 2020 due to the pandemic. Planning framework / guidance for 2021/22 is expected from WG. Discussions in the meantime with WG are around our ambition for a 3 year transformational plan for 2021/24.

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

The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'. Clusters will be asked to respond to BCU core priorities in developing their plans and a summary annual 'plan on a page'.

Asesiad / Assessment

Our approach to planning for 2021/22 through to 2023/24 is set out within the presentation (attached) for discussion, the broad approach is summarised below:

- Future recovery and transition from operational response to integrated strategic planning – opportunity to step back
- Outlook for Covid19 uncertain - The four harms remain the context
- Build on the core priorities identified in Q3/Q4
- Rolling plan building on actions in 2020/21 (for completeness, **Appendix 1** provides a summary of actions outstanding at end Q2 and how these have been taken forward)
- Strengthen accountability throughout the organisation

Options considered

The plan will consider options to deliver as part of the planning process.

Financial Implications

The plan will integrate service, activity, financial and workforce implications within resources available.

Risk Analysis

Schemes will be required to identify any risks and how these will be managed.

Legal and Compliance

The development of an approvable Integrated Medium Term Plan is a critical organisational requirement, as a specific risk within the Board Assurance Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act.

Impact Assessment

Plans 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.

In addition, responding to the new Socio-economic Duty in Wales ("the duty") which will come into force from 31 March 2021. Commencing the duty is one of the few steps being taken to achieve a more equal Wales, further highlighting our commitment to safeguarding equality and human rights. The duty will require the Health Board when making strategic decisions such as 'deciding priorities and setting objectives', to consider how decisions might help to reduce the inequalities of outcome associated with socio-economic disadvantage. Through better decision making, the duty will improve outcomes for those who suffer socio-economic disadvantage, thus levelling the playing field. This has become increasingly important particularly in the context of Covid-19 and Brexit.

Strategy, Partnerships and Population Health (SPPH) Committee

10th December 2020

Development of the 2021/24 Plan

Appendix A: Reconciliation of outstanding actions from 2020/21 Q2 plan for completeness

1.1 Improving Quality Outcomes

QP 001: Improving Quality Outcomes							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN1.1	Publish revised year 3 of Quality Improvement Strategy	Executive Director Nursing & Midwifery	30.09.20	R	The impact of the Covid-19 Pandemic has delayed work on the review of the Quality Improvement Strategy and the delivery timescale has now been extended.	No	The review will be taken to the board in January 2021 with a view to launching the strategy from 1 st April 2021.

1.3 Promoting Health & Well-being

QP 003: Promoting Health & Well-being							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN3.1	Healthy weight services review	Executive Director Of Public Health	31.07.2020	R	Business case and options appraisal complete. Funding for preferred option has been confirmed as recurrent via BAHW monies.	No	Recruitment to posts commenced in Sept/Oct 2020.

1.4 Primary Care

QP 004: Achieve compliance with the Primary Care Operating Framework							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN4.2	Align with the national Strategic Programme to undertake a review of Betsi Cadwaladr commissioned Enhanced Services during Q2	Executive Director Primary & Community Care	30.09.2020	A	Review undertaken by WG via recovery plan. BCUHB compliant with recovery plan guidance.	Yes 11.70	As part of implementation of GMS Recovery Plan. All enhanced services being delivered, with gaps in services identified and alternative provision explored (in the context of social distancing and infection

							control protocols, potential further Covid-19 outbreaks)
AN4.3	Development of Locality 2020/21 Plans	Executive Director Primary & Community Care	30.09.2020	A	IMTP workshop being held in the East Area at the end September in readiness for revised submission date for submission January 2021. Work with clusters underway across all Areas, and on track to achieve the revised deadline.	Yes 10.00	Development of 14 Cluster IMTPs in line with revised national timescales (end of January 2021) is progressing well, created collaboratively within the Locality partnership and evidence of the wider integration of services

QP 007: Develop the Primary Care & Community Academy

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN7.2	Develop our version of Scottish <i>Project Joy</i> scheme for the recruitment of general practitioners & senior primary care clinicians	Executive Director Primary & Community Care	30.09.2020	R	PID to be completed in Oct 2020 and project highlighted in Q3/4 plan. Aim is to start the delivery of this project in Q4, which will initially be focused on the recruitment of the project team.	Yes 11.31	Business case developed for BCUHB version of Scottish Project Joy scheme for the recruitment of GPs & senior primary care clinicians. Scheme design agreed and ready to advertise and recruit to by end of Q4

QP 008: Implement General Medical Services Recovery Plan

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN8.4	Prescribing plan to reduce foot-fall and workload associated with repeat prescribing	Executive Director Primary & Community Care	31.08.2020	A		No	This is now managed as 'business as usual' activity to continue to move appropriate patients over to repeat dispensing and ensure that there is adequate time allowed between ordering and collection from the pharmacy; the 'project' activity to put this in place is closed

QP 009: Implement Dental Services Recovery Plan							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN9.3	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	30.09.2020	R	The Contract Reform programme is currently on hold during the escalation phases of COVID response. Practices are completing ACORNS as required by current stage guidance. Where required practices are buddied with Contract Reform practices to provide support and guidance. ACORN submission is being monitored and reported nationally, and support and guidance will be provided by the Health Board to practices who are not submitting to ensure that any issues are resolved.	Yes 12.30	AMBER plan being delivered to treat the backlog of dental patients who contacted practices during the RED alert phase who had an on-going treatment need but were assessed as not having an urgent treatment need

QP 010: Implement Community Pharmacy Recovery Plan							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update as at 03.12.2020
AN10.2	Improve rapid access to palliative care drug	Executive Director Primary & Community Care	31.07.2020	A	The 11 community pharmacy sites have been identified and all have committed to providing the service. Paperwork returned from 4 to date.	No	10 sites now live, one remaining due to stock storage challenges which are being resolved at present. Stock reporting system is being established to provide oversight of availability. The service is now being used by community nurses to support patients at home.

QP 011: Implement Community Optometry Recovery Plan							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN11.2	Support the delivery of reinstated	Executive Director	30.09.2020	R	This change is on basis that Diabetic Retinopathy pathway was	Yes 13.10	Implementation of Glaucoma pathways for follow-up and referral

secondary care pathways e.g. Glaucoma, Wet Age-Related Macular Degeneration, Optometric Diagnostic and Treatment Centres	Primary & Community Care			to progress to CAG (Clinical Lead progression): to allow agreement for 1200, R1 patients to pass to Primary Care for data gathering and subsequent Ophthalmology virtual review.	refinement had commenced across BCU pre-Covid. An amended pathway continued during red covid phase and during the amber covid phase further progress is being made. In addition, to release R1 Glaucoma hospital capacity, the Primary ODTCS are also providing support for a partnership retinopathy pathway. This has been agreed and commenced between Ophthalmology and the OTDCs.
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QP 012: Develop primary care out of hours services and NHS 111

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN12.1	Implement agreed management structure for Out of Hours	Executive Director Primary & Community Care	31.07.2020	A	Interim head of service appointed - transition plan being developed - target for transfer to area December 2020	Yes 13.20	Ongoing development/implementation of transition plans to migrate GP OOH to the East Area structure; also now linking with the implementation of 'phone first' and roll out of 111.

1.5 Community Care

QP 013: Deliver safe Community Hospital services

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN13.3	Maximising stroke rehabilitation services Linked to Action 28.05	Executive Director Primary & Community Care	30.09.2020	R	Review of the ESD component of the Stroke Business Care with a view to implement pan BCU - linked to Q3/4 action for Executives to revisit the Stroke Business Case	Yes 13.70	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation

QP 014: Support Care Homes and reintroduce CHC							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN14.4	Community Health Care Framework	Executive Director Primary & Community Care	30.09.2020	R	Cannot be implemented as the CHC Framework publication is delayed by WG	Yes 14.00	All Wales Care Home Framework issued on 30 th October 2020. 20 recommendations of WG rapid review fed into regional Care Homes action plan which is being implemented with partners. Self-assessment checklist of framework to be finalised, linking to the above action plan.

QP 016: Transform Community Services							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN16.1	Community Transformation Programme	Executive Director Primary & Community Care	30.09.2020	A	East transformation board approved reboot. Business case complete to secure ongoing funding through to March 2022	Yes 14.10	Review undertaken of community transformation programme in light of Covid-19, in order to understand lessons learnt and agree (new) priorities moving forward
AN16.2	Community Response Team working inclusive of third sector	Executive Director Primary & Community Care	30.09.2020	A	CRT working closely with third sector however further work still to do to have a comprehensive approach	Yes 14.20	Continue to implement the MDT Cluster model for Community Resource Teams progressed during Covid-19
AN16.3	Feasibility study for inclusion of Community Geriatrician within Community Response Team model of care	Executive Director Primary & Community Care	30.09.2020	A	west action. Part of the Q3/4 plan. West piloting this on behalf of the other two areas and will review at end of Q4.	Yes 14.30	Explore options and develop a proposal for the a 'Community Geriatrician' role to support enhanced governance and support to Community Resource Teams

QP 017: Develop Community Resilience							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN17.1	Complete baseline evidence collation for Right sizing Community Services	Executive Director Primary & Community Care	30.09.2020	A	Regionally led - Grant Thornton contracted to progress, DPIA just signed off. Delays starting as a result of internal process barriers	Yes 14.40	Recommence work with NHS Data Unit Right-Sizing Community services workstream to provide baseline evidence for improvement being trialled in Centre

1.6 Mental Health & Learning Disabilities

QP 018: Mental Health / Learning Disabilities							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN18.5	Commence implementation of the Primary Care Programme at pace.	Executive Director of Public Health	01.09.2020	A	Undertaking stakeholder engagement activities with the area teams , but no confirmed implementation date yet	Yes 16.80	Reduction in number of people with mental health problem reaching crisis. Primary Care plan drafted and presented to working group in November. Implementation date is to be confirmed in the new year.
AN18.6	Implementation of recommendations from the Psychological Therapies Review	Executive Director of Public Health	01.09.2020	R	Progression of the Psychological Therapies has been paused for the moment pending the series of engagement sessions that have taken place with the Psychologists . The Division plan to implement in the latter quarters of the year. Psychological therapies will be an enabling work stream which will be embedded throughout the pathway work	No	The Divisional SLT together with the executive lead for MHLD has arranged to meet with the heads of specialities in Psychology (30.11.220) in order to agree and progress the appointment of a Divisional Head of Psychology / Professional lead. This step is in order to begin the engagement with the profession. Once there is engagement with the professional leads, the division may then begin to agree and implement the actions and intentions within the psychological therapies review, together with the stakeholders within the division.

AN18.9	Implementing division wider QI training plan	Executive Director of Public Health	01.09.2020	A	Discussions are ongoing with Elliot Blanchard to re commence the training plan . Meeting scheduled for the 30/09/20	No	The Division will be working with corporate QI training going forward.
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1.7 Acute Care: Implementation of our Acute Operational Model across North Wales

QP 019: Maximise Capacity within Each Site

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN19.1	Review current process for booking and allocation to ensure it is fit for purpose and consistently applied across North Wales.	Executive Director Nursing & Midwifery	30.09.2020	A		Yes 3.00	Implement 'Once for North Wales' booking process.
AN19.2	Delivery of OPD programme	Executive Director Nursing & Midwifery	30.07.2020	A		Yes 3.00	Implement 'Once for North Wales' booking process.

QP 020: Develop a single risk stratification approach across the pathway of care

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN20.1	Stage 1: Outpatient transformation project focused upon delivering virtual appointments wherever possible and only face to face where necessary	Executive Director Nursing & Midwifery	30.09.2020	A		Yes 3.00	Implement 'Once for North Wales' booking process.
AN20.3	Create specialty multi-disciplinary teams to review cases and ensure clinical handover if surgical team listing patient is not able to operate	Executive Director Nursing & Midwifery	30.07.2020	A		Yes 2.90	Cancer MDTs in place with agreed and documented ToR and protocols for handover.

QP 020: Develop a single risk stratification approach across the pathway of care							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN22.1	Review and refresh priority business cases e.g. Ophthalmology, Orthopaedics, Urology & Stroke	Executive Director Nursing & Midwifery	31.08.2020	R	The proposed diagnostic and treatment centres will impact will impact on these priority cases and it isn't possible at this stage to be clear about the extent as the DTC model is at an early stage. There are specific commitments in the Q3 and Q4 plan around orthopaedics, ophthalmology and stroke. On stroke services, we have decided to focus on the rehabilitation aspects of the previous case. Progress has been made on aspects of the urology case with the progression of a proposal to introduce Robotic Assisted Surgery.	Yes 3.40	Identify which pathways could be adopted Business cases being developed Undertake internal and external stakeholder engagement and consultation (to include formal consultation if required)

QP 023: Identify the required metrics to monitor performance							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN23.1	a. Quality Outcome Measures of clinical pathways identified b. Pan BCU service metrics developed c. Effectiveness of implementation plans monitored & reviewed	Executive Director Nursing & Midwifery	30.09.2020	R	There are a very large number of pathways, some of which are also being modified as the clinical situation regarding Covid-19 changes. These are being worked through, however due to the uncertainties of working with Covid-19 it would be difficult to say that all pathways [> 40 and counting] will be Green and by when.	Yes 6.30	Design and deliver new performance monitoring that measures risk stratification and allocation which is consistent across the HB.

QP 024: Improve quality outcomes and patient experience

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN24.3	Develop pathways in line with the digitally enabled clinical services strategy	Executive Director Nursing & Midwifery	30.07.2020	A	No consistent representation from digital/informatics on CAG. Now included in amended TOR starting 02.10.20	Yes 4.30	Agreed process
AN24.3b	Establish the Eye Care Digital Programme Board to lead the implementation of the Digital Eye Care programme funded by Welsh Government	Executive Director Nursing & Midwifery	30.07.2020	R		Yes 4.47	Eye Care Programme Board ToR, evidence of meetings and confirmation of Chair and Programme Manager.
AN24.4	Ensure quality outcome measures are referenced and measurable	Executive Director Nursing & Midwifery	30.07.2020	A	Amended TOR include representation from performance. Clinical pathway template includes DPIA and clinical outcomes	Yes 6.30	Design and deliver new performance monitoring that measures risk stratification and allocation which is consistent across the HB.
AN24.5	Ensure Patient Reported Outcome Measures and Patient Reported Experience Measures are included and measured in pathway development	Executive Director Nursing & Midwifery	31.08.2020	R	Not previously consistently included in pathways template. Very few specialties have validated PROMS / PREMs - Work required to define PROMs and PREMs aligned to national guidance. RECOMMENDATION: Completion date refresh to Dec 2020	Yes 3.20	PROMs implemented and metrics in place to report performance in line with OPD Transformation programme

QP 025: Provide care closer to home

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN25.2	Support outpatient transformation to identify community facilities where face to face consultations could be offered and deliver appointments and	Executive Director Nursing & Midwifery	30.09.2020	A		Yes 3.10	Review of validation process. Recommendations of review to be implemented by Q3

	treatments as local as possible where there is equity of access						
AN25.3	Primary Care Optometric Diagnostic and Treatment Centres undertaking training with Consultants as part of skill development to provide shared care for Glaucoma patients	Executive Director Nursing & Midwifery		A		Yes 13.10	Implementation of Glaucoma pathways for follow-up and referral refinement
						13.11	Further new pathways agreed (e.g. Diabetic Pre Laser)
						13.12	Recruit to substantive Optometric Advisor role

1.8 Planned Care

QP 027: Planned Care							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN27.1	Develop preferred service model for acute urology services	Executive Director Nursing & Midwifery	30.09.2020	A		Yes 6.20	Priority cases fully reviewed and revised in light of impact of pandemic and resultant new ways of working.
AN27.6	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director Nursing & Midwifery		R	Key clinical appointment has been made this month which will help lead the development of this service. The director of performance who lead on eye services has left on a secondment. Alyson Constantine Acute Site Director at Ysbyty Gwynedd has agreed to assume this responsibility.	Yes 4.4	Ensure leadership of service is clearly defined in the operational structure
AN27.7	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT)	Executive Director Nursing & Midwifery		A	Work continues to develop Q3/4, activity plans, however due to the Covid-19 pandemic, significant disruption has occurred with planned care. A review of how services could be sustained through a diagnostic and treatment centre approach has been discussed at Finance and performance committee last month.	Yes 6.10	Planned Care COVID-19 Options Appraisal Service Blueprint developed and preferred option identified.

AN27.8	Implement year one plans for Endoscopy	Executive Director Nursing & Midwifery	30.07.2020	R	An endoscopy recovery plan is underway which incorporates years 1-2. Currently once for north wales approach has been adopted and currently the organisation is out to tender for further capacity and an insourcing model.	Yes 5.40	Develop in year service plan
AN27.9	Systematic review and plans developed to address diagnostic service sustainability	Executive Director Nursing & Midwifery	30.09.2020	R	Diagnostic services were disrupted due to Covid-19, risk stratification has been applied to all diagnostics and Essential diagnostic are now maintained. Further work is being undertaken to address the backlog including business cases for further CT and MRI capacity.	Yes 4.8	Convert waiting times to risk stratified approach and identify capacity shortfalls non-recurrent (associated with back log) and underlying (required to deliver a sustainable service)

1.9 Unscheduled Care

QP 028: Unscheduled Care							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN28.1	Demand: Workforce shift to improve care closer to home (key priority for 2020/2021)	Executive Director Nursing & Midwifery	30.09.2020	R	There have been some delays in progressing this at the pace intended due to COVID unfortunately, this is currently being reviewed in light of recent changes and learning as a result.	Yes 6.77 6.79	The Winter Resilience Plan has been developed with a total of 75 schemes under seven themes including: Preventing unnecessary conveyance and admission to hospital
AN28.2	Flow: Emergency Medical Model (key priority for 2020/2021)	Executive Director Nursing & Midwifery	30.09.2020	A		Yes 6.77	The Winter Resilience Plan has been developed with a total of 75 schemes under seven themes
AN28.5	Stroke Services Linked to Action 13.3	Executive Director Nursing & Midwifery	30.09.2020	R	Progress will be made in September to utilise video consultations where appropriate to increase capacity and support for stroke rehabilitation services.	Yes 13.70	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation

1.10 Workforce

QP 029: Workforce & Organisational Development							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN29.1	Review the previous Workforce Improvement Group structure and establish a revised structure at Strategic, Tactical and Operational Levels	Executive Director, Workforce & Organisational Development	30.09.2020	R	Operational Groups in place and tactical terms of reference drafted. Strategic Group and alignment now being informed by governance review underway. Taken forward for completion in Quarter 3	Yes 19.40	Strategic Workforce Group priorities implemented
AN29.2	Ensure effective social partnership working as a key enabler for organisational development and transformation. Review the operation and management of social partnership relationships and processes and establish a programme for improvement across both medical and non-medical structures	Executive Director, Workforce & Organisational Development	30.09.2020	R	Medical and Non-Medical structures mapped. Responsibilities for effective management of relationships at all levels linked to structure and governance review above and changes in executive leadership for medical staff. Taken forward in Quarter 3	Yes 19.50	Structure for both medical and non-medical social partnership engagement, consultation, negotiation implemented

QP 030: Workforce Planning and Optimisation							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN30.3	Ensure all key workforce indicators are in place and monitored robustly to support all surge and essential services delivery	Executive Director, Workforce & Organisational Development	30.09.2020	R	Triggers for prioritised safe deployment of staff developed and to be agreed as part of surge planning. Workforce Planning performance indicators delayed due to work on outbreaks in August and again Sept and surge planning. Taken forward for Quarter 3.	Yes 19.90	Utilisation of the set of “triggers” to inform safe and prioritised deployment of staff

AN30.4	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.	Executive Director, Workforce & Organisational Development	30.09.2020	R	Model developed and socialised. Capacity to support programme lead now being secured. Taken forward in Quarter 3	Yes 20.00	Established a development and delivery structure and plan for the Safe and Agile Working programme
AN30.5	Deliver Workforce Optimisation/Efficiency Plan - reducing waste and avoidable variable /premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director, Workforce & Organisational Development	30.09.2020	R	Initial revised plan was submitted but Covid related issues have consumed the capacity to move this action forward, most notably the Wrexham and Glan Clwyd Outbreaks that have been a major draw on Workforce resource over the period taken forward into Quarter 3.	Yes 19.80	Comprehensive framework and governance structure in place to support the integrated workforce surge plans encompassing secondary, community, primary services, Test, Trace and Protect and Mass Vaccination services

QP 031: Occupational Health Safety and Equality

Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN31.1	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including black, Asian, and minority ethnic, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with	Executive Director, Workforce & Organisational Development	30.09.2020	R	Robust risk assessment framework for COVID -19 in place and operational. Case for change for highest risks progress to Business Case review group. Security specification delayed but underway. Taken forward into Quarter 3.	Yes 20.20	Case for change and investment approved to enable deliver against the highest risks in the improvement plan and phased investment and delivery plan agreed by Health Board
AN31.3	Ensure ongoing effective management	Executive Director,	30.09.2020	R	Comprehensive improvement plan in place to ensure competent	Yes 17.20	Establish a Coronavirus Coordination Unit (CCU)

of training, equipment and supplies in line with emergency guidance	Workforce & Organisational Development			training and effective record keeping for PPE/Training in place. Links to work with HSE. Taken forward into Quarter 3.		
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1.11 Digital Health

QP 032: Digital Health / IM&T							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN32.2	Seek approval for funding for Welsh Emergency Department System	Executive Medical Director	30.09.2020	R	Pending review by the business case review team and scheduled for F&P Committee in October 20	Yes 17.80	WEDS implemented in YG, prior to WPAS
AN32.7	Scale up Implementation of Office 365	Executive Medical Director	31.12.2020	A	Resource being appointed and project governance established	No	This action remains relevant however has not been prioritised for Qtr 3 & 4 plan.
AN32.8	Implement COVID-19 hardware response	Executive Medical Director	31.01.2021	A	Procurement of 1,300 devices underway	No	This action remains relevant however has not been prioritised for Qtr 3 & 4 plan.
AN32.11	Delivery of digital infrastructure rolling programme	Executive Medical Director		A	Usual rollout constrained by Covid-19 demand	No	This action remains relevant however has not been prioritised for Qtr 3 & 4 plan.
AN32.12	Provision of infrastructure and access to support care closer to home	Executive Medical Director	Further review with Area Teams dependent on Office 365	A	Funding for 600 devices and short term resource funding agreed	No	This action remains relevant however has not been prioritised for Qtr 3 & 4 plan.

1.12 Capital

QP 033: Estates & Capital							
Quarter 2						Quarter 3 / 4 (Master Accountability Plan)	
Q2 Ref	Action	Lead	Target Date	R/A/G Position 30.09.20	Update: 30.09.2020	Included Q3 / Q4 if Y (Reference)/ N	Update: 03.12.2020
AN33.1	Well-being hubs	Executive Director of	30.09.2020	R		No	This action remains relevant however has not been prioritised for Quarter 3 & 4 plan.

		Planning & Performance				
AN33.8	Complete reviews to initiate the following programmes: -Health economy programme business case -Relocation of services from Abergele -Rationalisation of Bryn y Neuadd	Executive Director of Planning & Performance	30.09.2020	R		No This action remains relevant and will be part of the work-plan for the newly established Capital Investment Group. However it has not been prioritised for the Q3 & 4 plan

BCUHB Planning for 2021/24 Working Draft

SPPH Committee

Date: 10th December 2020



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Reflections on 2019/20

- Summary Board priorities and full accountability plan established for Q3/4
- Executive led Planning Workstream facilitated:
 - Weekly pace
 - Quarterly / agile plans which responded to Covid-19 and a changing environment
 - Strong clinical, managerial and partnership engagement
 - Focused set of key priorities
 - Strong collaboration: clinical, managerial, corporate

Planning for 2021/22

- Requirement to develop annual plan set in the context of future recovery and transition from operational response to integrated strategic planning.
- Outlook for Covid19 uncertain - The four harms remain the context in which plans must be developed
- Refine and agree the core priorities identified in Q3/Q4
- Further improvement against Special Measures
- Rolling plan building on actions in 2020/21
- Development of meaningful performance measures linked to plan
- Strengthen communication throughout the organisation

Avoiding Harm

Harm from COVID itself

Harm from overwhelmed
NHS and social care
system

Harm from reduction in
non-COVID activity

Harm from wider societal
actions/lockdown

2021/24: Outcomes we want to achieve

People in North Wales have improved health and well-being with better prevention and self-management,

People in North Wales have better quality and accessible health and social care services enabled by digital and supported by engagement,

Improve health and reduce inequalities

The health and social care workforce is motivated and sustainable,

North Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.

Building on our Q3/4 Core Priorities

Delivery across our system of:

- Continuing to provide care under “essential” services and safe stepping up **planned** care
- Safe **unscheduled** care
- Safe integration and improvement of **mental health** services
- Safe and secure environment for our people
- Effective use of our **resources**

Agile integrated delivery plans

Enabled and protected by:

- COVID-19 oversight; prevention; readiness
- Integrated governance structure supporting clear accountability and effective decision making and learning

Applying learning from 2020 so far

Ministerial Priorities 2021/22

- Reducing health inequalities
- Prevention
- Access to care
- Primary and community care
- Mental health and well-being

Refreshed Core Priorities for 2021/22

Reducing Health Inequalities for all our population through system wide value based pathways of care:

- Focus on Prevention
- Enabling Care Closer to Home
- Improving Access to safe **planned** care
- Safe **unscheduled** care
- Safe integration and improvement of **mental health and Well-being** services
- Safe and secure environment for our people
- Effective use of all our **resources with partners**

Agile integrated delivery plans

Enabled and protected by:

- COVID-19 oversight; prevention; readiness
- Integrated governance structure supporting clear accountability and effective decision making and learning

Applying learning from 2020 so far

Strategic Priorities from WG

- Develop a Strategic Transformation Plan for the next 3 years informed by the Digital, Workforce and Clinical Strategies
- Building on relationships and existing partnership structures and fully engaging and involving the public, staff, trade unions and partners on the transformation and reshaping of services
- Build a sustainable vision for the future focussing on prevention, physical and mental wellbeing, population health and primary and secondary care services
- Transformation and innovation leading to improved trajectory of outcomes, patient experience and financial performance year on year
- Further develop the business case for a Medical and Health Science School

Building an Integrated and affordable plan

- Agree cost pressures
- Clarify pre commitments
- Identify new pipeline schemes (internal and partnership based)
- Responding to addressing Organisational Risks
- Prioritisation of service developments in context of savings

Planned Care 2021/22 Commissioning Intentions

- Transform service delivery - Outpatient Transformation Programme, end to end pathway redesign, 'Once for North Wales', workforce modernisation and digital enablement of staff and service users.
- Build core capacity to deliver COVID safe services, improve patient experience and waiting times.
- Support patients facing extended waiting times as a result of COVID constraints. Expand access to prehabilitation, increase social prescribing and access to digital tools.
- Develop a Diagnostic and Treatment Centre (D&TC) model to transform planned care service delivery.
- Enable work to progress on strategic service developments including Orthopaedics, Eye Care, Urology and Stroke Services.

Planned Care 6 Point Plan



Safe Unscheduled Care 2021/22 Commissioning Intentions

- USC pathways fully embedded – Phone First/111/SDEC/PC UCC
- Developing the unscheduled care hub, 111 service, community resource team
- Support to care Homes
- Crisis support – children, mental health
- Emergency Department access and patient flow – Welsh Access Model (WAM)/EDQDF/Frailty & Acute Medical Model
- Commissioning and decommissioning of Enfys hospitals
- Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22

Mental Health 2021/22 Commissioning Intentions

- Strengthening of the mental health team to enhance leadership within Mental Health
- Review of strategic direction for transformation for mental health
- Progress OD work

Safe and secure environment for our people: 2021/22 Commissioning Intentions

- Covid-19 Vaccination Programme
- Test, Trace and Protect
- Workforce strategy priorities: governance, delivery and OD support
- Sustain benefits from years 1 and 2 of Health and Safety Improvement Plan and deliver year 3
- Deliver year 2 of Education Improvement Programme
- Deliver year 2 of Strategic Equality Plan
- Deliver Year 3 of Communications Strategy
- Developed an Integrated Workforce Strategy 2022/2025 together with health and social care partners

Effective use of our resources 2021/22 Commissioning Intentions

- Prioritised plan for the use of sustainability funding
- Workforce optimisation programme
- Systematic review of estates and assets
- Demonstrate significant improvements in efficiency and value based healthcare delivery
- Progress key opportunities identified (aligned with the key of the Plan) as follows:
 - **Planned Care:** outpatients; theatres
 - **Unscheduled Care:** ambulatory care; length of stay
 - **Mental Health:** inpatient and rehabilitation services
 - **Safe, Secure and Healthy Environment:** agile working; corporate services
 - **Use of Resources:** medicines management; estate costs; delayed transfers of care; staffing efficiency; agency / locum costs; absence; ward staffing

Planning Process – Key Work Programmes ?

Key Work Programmes/ Plan Products for Q3/4	Executive Lead	Programme Lead for Plan
Test, Trace, Protect (TTP) Delivery Plan including Antibody Testing	Director of Public Health	Jane Paice
Promoting Health & Well-being	Director of Public Health	Gwyneth Page
Planned Care Pathways (including Essential Services Compliance)	Chief Operating Officer	Andrew Kent
Unscheduled Care Pathways (including Essential Services Compliance)	Chief Operating Officer	Meinir Williams
Primary Care Recovery Plans - influenced by Cluster Plans	Director of Primary & Community Services	Clare Darlington
Community Health and Social Care Partnership Plans (including care homes, domiciliary care) Children's Services plans (physical and mental health)	Director of Primary & Community Services	Chris Rudgeley Emma Lea Bethan Venning
Mental Health & Learning Disabilities	Director of Public Health	Amanda Lonsdale

2021/22 Planning Process – Governance

Direction / oversight

- Planning workstream reporting to Executive Team and SPPH Committee
- Programmes: led by respective programme leads with input from Divisional teams
- Corporate Team oversight –gateway review of planning templates / schemes
- Enabling Strategies: Workforce, digital (in development) estates /capital
- Clinical Services Strategy
- Quality Improvement Plan for 2021/24 (in development)
- Continuous and objective performance monitoring and evaluation of progress against plan milestones feeding into the Accountability and Performance Assurance Frameworks
- Cluster level Plans responding to BCU core priorities in the context of their local population needs

Building the Programme approach

- Refine scope of each programme (whole pathway)
- Development of underpinning Schemes
- Equip programmes with capacity and capability to deliver timely plans with clear service, activity, financial and workforce impacts through a dedicated team comprising of planning, finance, informatics and workforce teams building the commissioning programme approach
- Prioritisation: divisional / programme level / BCU level
- Advancing Equality and Good Relations demonstrating how the organisation meets its duties associated with Equality and Human Rights and its arrangements for Equality Impact Assessment.

Outline Planning Timetable

October 2020	<ul style="list-style-type: none">- Budget Setting Framework approved
November 2020	<ul style="list-style-type: none">- Submission Deadline for baseline budget, and inflation and growth assumptions- Commissioning Intentions approved by ET and issued to all divisions
December 2020	<ul style="list-style-type: none">- Savings Plan submitted to Execs for approval- Work Programmes to identify their Priority schemes for 2021/22- Capacity and demand assumptions developed- Ongoing stakeholder engagement
January 2021	<ul style="list-style-type: none">- Draft Financial Plan submission to Welsh Government- Work Programme Action Plans developed- Cluster plans developed
February 2021	<ul style="list-style-type: none">- Service Change Decisions: Investment and Disinvestment schemes proposed financial impact of service changes developed and supported by approved business cases including outcomes, activity impacts and benefits realisation.
March 2021	<ul style="list-style-type: none">- Board level plan and Accountability Plan established outlining Executive, Programme and divisional / service leads / actions- Financial, Workforce, Estates and IM&T impacts

**SP20/78 Development of
Diagnostic Treatment Centres in
strategic support of planned care**

The challenge

Planned care has been significantly disrupted from the Covid pandemic
Long waiters over 36 weeks has increased to over 52,000
Activity is 57% for IP/DC compared to last year
Turn around times in theatres have increased
Theatre and ward capacity is still lower due to Covid carve out
Essential services are still being maintained
But at reduced activity
Re-starting of services in a reduced footfall is taking longer than first thought
Welsh Government has introduced a risk stratification approach, guidance only on stage 4 presently

Actions

- Essential service being maintained weekly/monthly monitoring to ensure compliance and increase
- Meet demand
- Introduce risk stratification for stage 4 and planned
- “Once for North Wales” approach for high risk specialties is being implemented
- Re-start for routine services is being planned, expecting increase in September
- OPD activity for Cancer is almost back to pre-covid levels
- Routine referrals is slower
- Virtual clinics is being planned for further role out
- SOS and PIFU toolkits are complete and being rolled out
- Orthopaedic network plan being implemented, strategic business case requires significant review

Progress to date

- Essential service being maintained
- Risk stratification being implemented for stage 4 and planned
- Task and finish group to cover IT governance and PAS to measure risk stratification
- Clinical engagement re new approach
- Once for north Wales for p2/3 patients is live in
- Endoscopy, Ophthalmology (August)
- General surgery August/September)
- Orthopaedics (August/September)
- OPD programme- SOS/PIFU now BAU
- Virtual clinics requires further push due to roll out issues
- Review of diagnostic extra capacity for endoscopy and CT
- Applying this to diagnostic and treatment centre approach as an option
- Options for non-operative pathways/primary care and field hospital usage
- Winter plan key and working relationship with unscheduled care

Risks

- Screening programmes re-start increases risk for Endoscopy/breast/diagnostics
- Routine referrals increase
- Winter plan needs to be closely integrated with primary care/unscheduled care
- IT infrastructure to monitor risk stratification (IT update forecast in September)
- No national guidance on stratification for OPD/diagnostics
- Independent sector (spire contract)
- RJAH contract
- Patients declining dates due to covid threat requires improved communication strategy
- Reduced capacity means patients will be waiting much longer within P4 risk stratification
- Non-operative pathways may require investment and upscaling
- Full review of risk register is required in August/September to incorporate new risks

Planned care recovery 2020-2023

2020/21

2021/22

2023

SOC 2020/1 – FBC (2021/2) –Approval-Operational handover (2023)

Enablers

Point 1- Capacity planning-Validation & Once for North Wales OPD

Point 2-Patient communication and understanding demand

Point 3 –Once for North Wales services- Value based pathways

Point 4- The use of virtual capacity and closer to Home

Point 5 –Non-surgical approach to long waits

Point 6- Insourcing and extra capacity

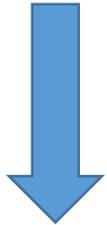


Diagnostic and treatment centre

Ambulatory care model

Improved In-patient capacity

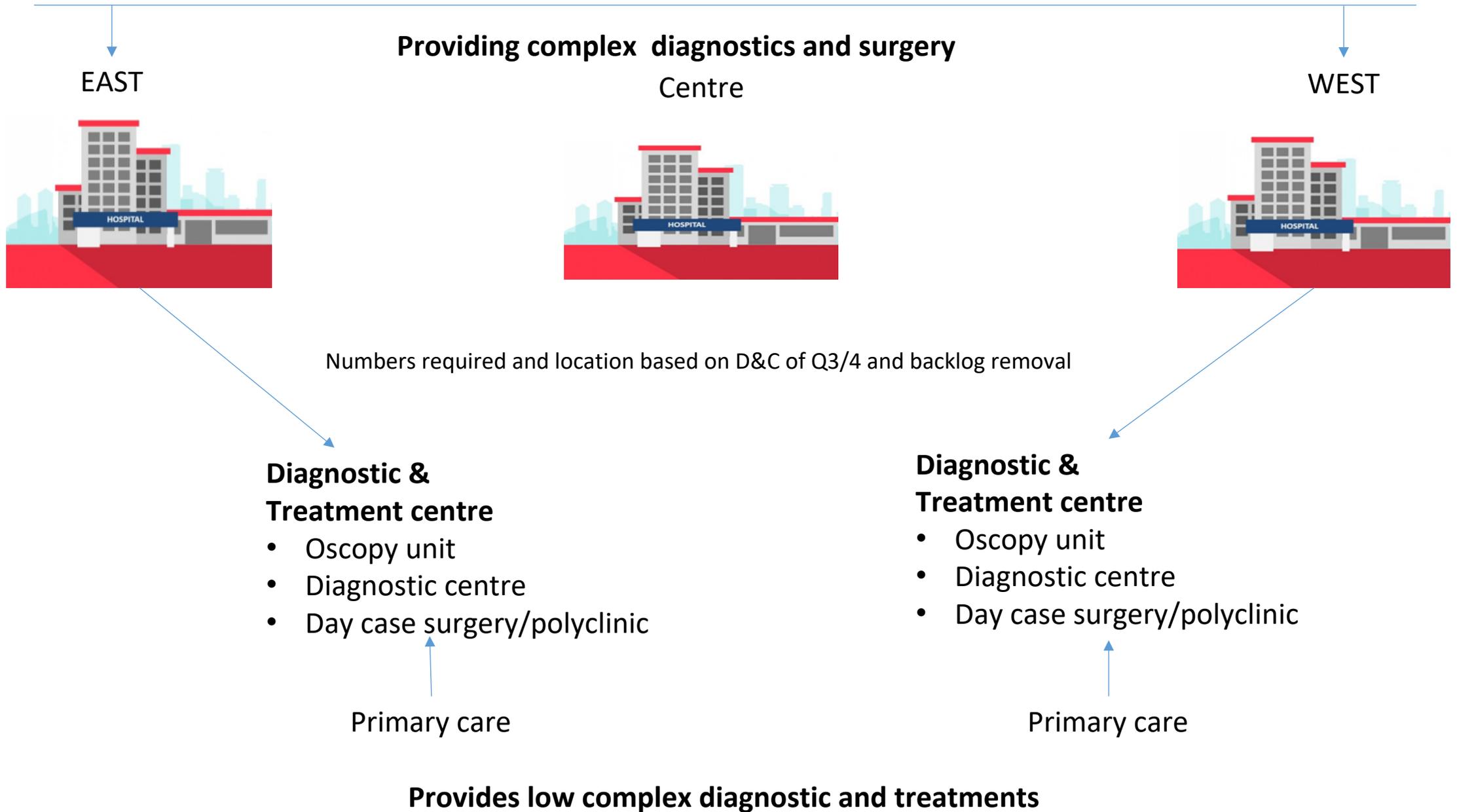
Planned care six point plan



Enablers

- Diagnostics
- Workforce
- Digital
- Transformational funds
- Effectiveness

Planned Care strategy-providing more capacity Once for North Wales



Service specification of diagnostic treatment centre (14/9/2020)



Diagnostic and treatment Centre

OPD- 1 stop pathway approach

Specific specialties that require diagnostics & one stop basis

1. Cancer

- Max/fax
- ENT/audiology
- Obs/gynae
- Breast
- Dermatology
- Urology
- Respiratory medicine
- Oncology

2. Non cancer services

- Orthopaedics
- Ophthalmology ARMD IVT service
- Rheumatology (TBC)
- ? Therapies (gyms) OT

Cardiology- HF/stress echo
respiratory centre (TBC)

Oscopy suite

- Endoscopy
- Bronchoscopy
- Cystoscopy
- Hysteroscopy

Pre-operative assessment

Diagnostic

- Radiology
- Plain film
- CT
- Ultrasound
- Audiology TBC
- Neurophysiology
- Phlebotomy
- Pharmacy
- Other support CSSD (TBC)
- Near patient testing

Theatres/OPROC

- Day case all specialties described
- Ambulatory orthopaedics
- ODTC

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health (SPPH) Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Business Continuity Planning and Emergency Preparedness Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Emma Binns, Head Of Emergency Preparedness & Resilience						
Craffu blaenorol: Prior Scrutiny:	<p>The Civil Contingences Group (CCG) agreed a revised work plan for 2020/21 following the SPPH Meeting held on the 1st October. In addition, a need to strengthen Emergency Planning, Resilience and Response (EPRR) capacity and capability was identified following a review of business continuity management (BCM) & emergency response preparations in relation to the C19 pandemic major incident response.</p> <p>The Business Continuity Policy was approved at CCG on the 18th September.</p>						
Atodiadau Appendices:	Appendix 1: Business Continuity Policy Appendix 2: Business Continuity Monitoring Report Appendix 3: Revised Civil contingences Group work programme 2020/21						
Argymhelliad / Recommendation:							
The SPPH Committee is asked to:							
<ol style="list-style-type: none"> 1. Receive this report and note the progress made which builds upon the report presented to SPPH Committee on 1st October. 2. Approve the revised 2020/21 CCG Work Programme 3. Approve the revised Business Continuity Policy Document. 							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion*	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance*	<input checked="" type="checkbox"/>	Er gwybodaeth For Information*	<input type="checkbox"/>
Sefyllfa / Situation:							

At the previous meeting of the SPPH Committee on the 1st October, further information was requested in relation to Business Continuity Management as well as feedback on the progress made in relation to the actions set out in the COVID-19 Debrief Report, specifically:-

- To provide an update on the review of current BC Policy and opportunity for consultation with SPPHC
- To provide details of all service areas identified requiring business continuity plans
- Provide further detail on work to refresh key plans
- Provide details of the scope in relation to Internal Audit review of Business Continuity – due for completion by end of Dec 2020.

A full review of the Business Continuity Policy has been undertaken and formal approval of this policy by SPPH Committee is requested.

Cefndir / Background:

The following paper outlines the progress against the BCM and the EPRR agenda. This work builds upon the recommendations from the SPPH meeting on the 1st October and actions outlined within the COVID-19 Debrief Report and the BCUHB Emergency Preparedness, Response and Resilience Work Programme.

The report contains an update in relation to the following:

- Business Continuity Planning
- Civil Contingencies 2020/21 Work Programme
- Pandemic Flu Planning
- COVID-19 Debrief Report

Asesiad / Assessment & Analysis

Civil Contingencies Group (CCG) Work programme 2020/21

A complete review of the Major Emergency Plan has been completed, fulfilling the first action within the SPPH COVID19 Debrief Report. The plan outlines how BCUCHB will react to a major emergency and contribute to the overarching coordinated multi-agency response. Site-specific Major Incident plans, which are relevant to the 3 district general hospitals across North Wales, and 3 Area Major Incident Plans underpin the plan, which outlines the arrangements for the community and primary care response.

The draft plan was circulated for comment to members of the Civil Contingencies Group and the Executive Team. The feedback of all contributors was included within a revised version and the plan was formally approved by the Executive Team on the 5th November 2020.

The Civil Contingencies Group is currently meeting on a monthly basis. This has been extremely beneficial in driving the work programme forward and has resulted in the approval and completion of a number of plans.

A CBRNe (Chemical, Biological, Radiological, Nuclear and Explosives) Plan has been developed by the Head of EPRR with the support of the dedicated leads within the Emergency Department. The plan was approved by the Civil Contingencies Group on the 10th November 2020.

A review of the Civil Contingencies work programme has been undertaken. The programme now includes the actions from the SPPH Covid-19 Debrief Report. This programme now follows the Corporate RAG status and an update on progress. The work programme is attached in **Appendix 3** below this also summarises progress against key actions

The Resilience Team completed a full review of the Business Continuity Policy, the Business Continuity Guidance Document and the supporting Business Impact Analysis and Business Continuity Template Plan in July 2020. All documents were approved at the Civil Contingencies Group on the 18th September. The Policy was circulated for consultation in line with BCU governance arrangements.

The Business Continuity Policy provides a strategic framework for BCUHB, which establishes how the organisation will drive its Business Continuity Management programme towards gaining alignment with **ISO 22301 - Societal Security - Business Continuity Management Systems – Requirements**. The Business Continuity Policy is attached at **Appendix 1**.

BC Plan/BIA Progress to date:

- Work has been undertaken with the East Community Hospitals and a standardised template plan has been developed. This plan can be utilised by each of the community sites within the Central and West areas and with support, all community hospitals should have a Business Continuity plan in place by end of March 2021.
- A further 18 plans have been developed during October / November. These plans are with the relevant management teams for formal approval.
- A further 13 plans are on target to be completed by the end of December 2020.
- The Business Continuity Monitoring Report has been updated, the report now reflects the corporate RAG status. (The Business Continuity Monitoring report is attached at **Appendix 2**)

At the SPPH meeting on the 1st October, the Resilience Team reported that there was an expectation that 40 plans would be completed by April 2021, taking the total number of plans in place across BCU to: (21 (current approved)+12 (awaiting approval)+40 (from BIA stage & 2020/21 work programme) =**73 plans in place**

Significant progress has been made since with 62 plans now formally approved (or completed and waiting final approval from departmental management teams), with a further 18 plans in draft (awaiting initial approval) and 16 BIAs completed. Therefore by the end of the 2020/21 period we anticipate that **96 BC plans** will be approved and in place. A further 28 departments/divisions requiring plans have been identified and these will form part of the 2021/22 work programme.

Pandemic Flu Planning

The Head of EPRR has developed a Pandemic Flu Framework document, which outlines how BCUHB working in collaboration with other agencies will respond to a Flu Pandemic and manage a co-ordinated response. The Health Board has developed a framework to work within to minimise the

effects of the pandemic. This plan defines the organisational response arrangements invoked by BCUHB to meet its statutory duties within the Civil Contingencies Act and, its moral obligations to patients, staff and other stakeholders. The Plan was formally approved by the Civil Contingencies on the 18th October and the Executive Team on the 5th November.

This plan complements the Major Emergency Plan and specific underpinning pandemic flu arrangements. The document describes the arrangements that will be implemented by the Health Board in order to effectively coordinate the following elements of the response, as described within their specific plans:-

- Antiviral distribution, collection & home delivery
- Vaccination (once available)
- Primary /Community response
- Secondary Care arrangements
- Communications both internal and external

Covid-19

A COVID19 Coordination Unit has been established to manage the second wave of coronavirus. However, it is essential that should the current situation escalate, the HB have robust command and control arrangements in place. A small task and finish group has been established to support the delivery of actions 1, 3, 4 and 7 of the COVID19 Interim Debrief Report. The COVID19 Command & Control Framework is being revised to include reference to the COVID19 Coordination Unit and the roles and responsibilities within this document will be updated to reflect the recommendations from the Debrief reports.

The Command & Control Framework outlines the overarching health command, control and coordination arrangements implemented to support the primary, community, mental health, learning disability and secondary healthcare response to Covid-19.

The framework which, is in draft currently defines the response arrangements that have been invoked by the Health Board in order to meet the statutory duties within the Civil Contingencies Act and obligations to patients, staff and other stakeholders and follows command, control and coordination arrangements.

A review of on-call is underway led by the Chief Operating Officer. Actions 2 and 5 will automatically be considered during this review.

The Head of EPRR has reviewed the training requirements and appropriate sessions have been scheduled for all levels of on-call.

An Archivist will be in post in January (subject to internal recruitment) to support the Covid Coordination Unit and this person will support the completion of actions 7, 8 and 10.

Internal Audit

The Internal Audit department are performing an audit on the Informatics Business Continuity Plans, specifically seeking assurance on the following:

- The number of Business Continuity leads within Informatics.
- Have the Informatics Business Continuity leads received appropriate training.
- Informatics Business Continuity Plans associated risk assessment and review against the policy. Evidence of plan testing.
- Evidence of lessons learned and if so, implementation into revised plans.
- The Business Continuity review process.
- Evidence of attendance at the Business Continuity Group.
- Evidence of the risk assessment process.

The Resilience Team met with Internal Audit on the 20th November and a number of supporting documents have been supplied as evidence.

Financial Implications

Work programme is being delivered within existing budgets

Strategy Implications

The Health Board is defined as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004. This requires the BCUHB to plan and prepare for incidents and emergencies, including, duties to:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

The Health Board has robust arrangements in place to ensure that the organisation can respond to the demands of an incident and meet the designated responsibilities as a “category one” responder, by providing a coordinated response that links the operational management, shares the resources and supports the needs of the whole of the health and care community in North Wales.

Risk Analysis

There are 4 risks identified within the CCG that sit on the risk register.

Business Continuity – update above.

Primary & Community Care – there is a work programme in place to reduce and eventually remove this risk via the development of robust major incident and business continuity arrangements.

Mental Health - there is a work programme in place to reduce and eventually remove this risk via the development of business continuity arrangements.

On Call Arrangements – a review of on-call arrangements is currently ongoing led by the Chief Operating Officer.

Legal Compliance

The Business Continuity Policy meets the definitions set out in the Civil Contingencies Act 2005.

Impact Assessment

An EQIA Assessment has been completed in support of the Business Continuity Policy document.



V02

BCMP02

BUSINESS CONTINUITY MANAGEMENT POLICY

Author & Title	Emma Binns, Head of Emergency Planning and Resilience Reviewed by – Nia Davies, Business Continuity Manager
Responsible Dept / director:	Mark Wilkinson, Director of Planning and Performance
Approved by:	
Date approved:	
Date activated (live):	
Documents to be read alongside this document:	Business Continuity Management Procedure Guidance (BCMProc02) Risk Management Policy (RM01)
Date of next review:	2023
Date EqlA completed:	2016 / 2020
First operational:	2017

Date of revision	2020	
Changes made <i>Provide details</i>	<ul style="list-style-type: none"> • Change to objectives • Full restructure and reformatting • Guidance re. 22301 • Risk assessment section • External supplies and contracts section • Communications section • Exercising 	

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1.0 Scope

- 1.1 Betsi Cadwaladr University Health Board (BCUHB) need to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care.
- 1.2 Business continuity management (BCM) gives organisations a framework for identifying and managing risks that could disrupt normal service.
- 1.3 BCUHB's business continuity management system (BCMS) will help to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and part of the business they affect.
- 1.4 Business continuity management is an essential tool in establishing an organisation's resilience. It is a management led process which identifies and mitigates risks and disruptions that could affect the capability of the organisation to continue to deliver its prioritised activities during a disruptive incident.
- 1.6 BCUHB is identified under the Civil Contingencies Act (CCA) 2004 as a 'category one' responder. This means BCUHB have a legal duty to develop robust business continuity management arrangements which will help to maintain their critical functions if there is a major emergency or disruption. This could include, for example, an infectious disease outbreak, severe weather, fuel shortages, industrial action, loss of premises, loss of critical information, loss of communication technology (ICT) or supply chain failure.
- 1.7 This document provides a strategic framework for BCUHB which establishes how the organisation will drive its Business Continuity Management programme towards gaining alignment with **ISO 22301 - Societal Security - Business Continuity Management Systems – Requirements**.
- 1.8 Other guidance for Business Continuity Management is contained within;
- **ISO 22313** Societal Security - Business Continuity Management Systems – Guidance
 - **PAS 2015** - Framework for Health Services Resilience.
- 1.9 The BCM Policy aligns itself to BCUHB's strategic goals which are;
- Improve health and wellbeing for all and reduce health inequalities
 - Work in partnership to design and deliver more care closer to home
 - Improve the safety and outcomes of care to match the NHS's best
 - Respect individuals and maintain dignity and care
 - Listen to and learn from the experiences of individuals
 - Support, train and develop our staff to excel

- Use resources wisely, transforming services through innovation and research

1.10 This Policy applies to all parts of BCUHB, embracing all directorates, teams and individuals, there are no exclusions. Externally the Health Board will expect the same commitment to Business Continuity Management to be present in its suppliers of critical goods and services.

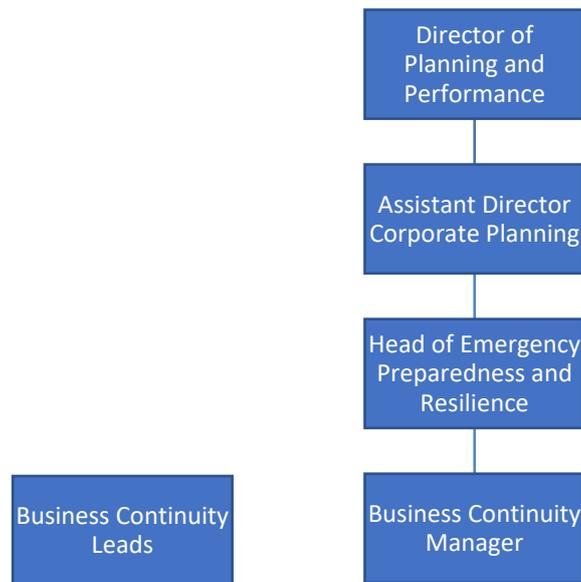
2.0 Objectives

- 2.1 To develop, maintain and continuously improve a Business Continuity Management System taking account of the lessons identified and feedback from users and stakeholders.
- 2.2 To work towards alignment with ISO 22301.
- 2.3 Use the Business Continuity Management System to identify, protect and maintain prioritised activities, in order to deliver and recover the service to an acceptable level as defined by the Health Board.
- 2.4 To develop appropriate plans, arrangements and processes which tolerate, treat, transfer or terminate the impact of any disruption to the Business Continuity Management System (template plans and BIAs will be available to assist with the drafting of these departmental arrangements).
- 2.5 To maintain, exercise and validate business continuity plans (by planned exercises or in the response to an incident), arrangements and processes and where changes are identified, revise plans, arrangements and processes so that the elements of the Business Continuity Management System remain current and effective in operation.
- 2.6 To embed Business Continuity into the culture of all aspects of the organisation through training and education and raising awareness through staff engagement.
- 2.7 In order to ensure that business continuity plans are not developed in isolation and appropriate interdependences between departments are identified and written into plans and tested accordingly, all BCU Health Board departments covered by the BCUHB Business Continuity Management Policy will meet bi-annually via the Business Continuity Working Group.

3.0 Roles & Responsibilities

- 3.1 The Board has overall accountability for developing a business continuity culture, providing leadership from the top of the organisation and ensuring that Business Continuity activities are carried out in line with the Policy. Acting for the Board, Directors have overall responsibility for specific new and revised policies.
- 3.2 The Senior Responsible officer for this policy is the Head of Emergency Preparedness & Resilience. The implementation of this policy will be done by the Business Continuity Manager. Together, both roles form the Resilience Team.
- 3.3 Business Continuity Leads (BC Leads) are to be identified in all BCUHB department/ service providers. It is these individuals who are responsible for carrying out Business Continuity arrangements within their respective departments (see annex for role profile).
- 3.4 Business Continuity Leads will assist their respective departments to;
- a) develop its own business continuity objectives
 - b) develop a current and up to date Business Continuity Plan
 - c) develop a completed risk assessments in relation to its Business Continuity risks
 - d) will test annually its business continuity arrangements via an exercise or debrief of a business continuity event and produce a report of the lessons identified
- 3.5 The Business Continuity Manager is responsible for co-ordinating and implementing BCUHB's Business Continuity Management process for all areas of the business to comply with the Health Board's Legal obligations set out in the Civil Contingencies Act 2004 and the best practice set out in the International Standard ISO 22301.
- 3.6 The Business Continuity Manager will meet with BC Leads to review BIA's and BC Plans on an annual basis. However, all departmental BC Leads will need to review and update their BC Plans on a regular basis. This will be to ensure any lessons learnt from real BC incidents, tests or exercises have been fed back into the BC Plan.
- 3.7 The Business Continuity Manager will submit quarterly progress and exceptions report to the civil Contingencies Group (CCG)

3.8 Business Continuity Management Structure is as follows;



4.0 Risk Assessment

- 4.1 The absence of Business Continuity may have critical consequences, therefore the Health Board adopts the business continuity process as part of good management practice, contributing towards the reduction of risk, thus ensuring that the key strategic intentions and core values of the Health Board are achieved. Any risks identified which cannot be managed and require escalation must follow the Health Board's risk management process (appended).
- 4.2 Over the next few years, the Health Board's approach to risk management will progress into an Enterprise Risk Management (ERM) model. This will enable staff to better integrate risk management into how they lead, organise, plan and deliver the Health Board's business activities while ensuring financial viability and sustainability.
- 4.3 The following generic risks have been identified for all departments and have been mitigated within the BIA and subsequently via the development of Business Continuity plans where appropriate;
- Damage to or denial of access to premises resulting in loss of accommodation for staff / patient / support service
 - Loss of or damage to Information and Communications technology
 - Non-availability of key staff
 - Loss of or damage to key resources/supplies

- Loss of key partner resources

- 4.4 The process of risk assessing business continuity events is subtly different to the conventional health and safety approach. The NHS cannot reduce the likelihood of many of the threats they face (e.g. the weather) so these types of events simply have to be planned for on the basis that they can happen.
- 4.5 The Datix risk register module is a management tool, and can be used as part of the assurance process to provide a degree of confidence that high profile risk issues are being managed, and problem areas associated with the same can be highlighted quickly with action taken to address gaps in performance/controls.
- 4.6 The Tier 2 Divisional / Directorate Risk Register will be used to highlight unacceptable gaps in planning/engagement.

5.0 Business Impact Analysis

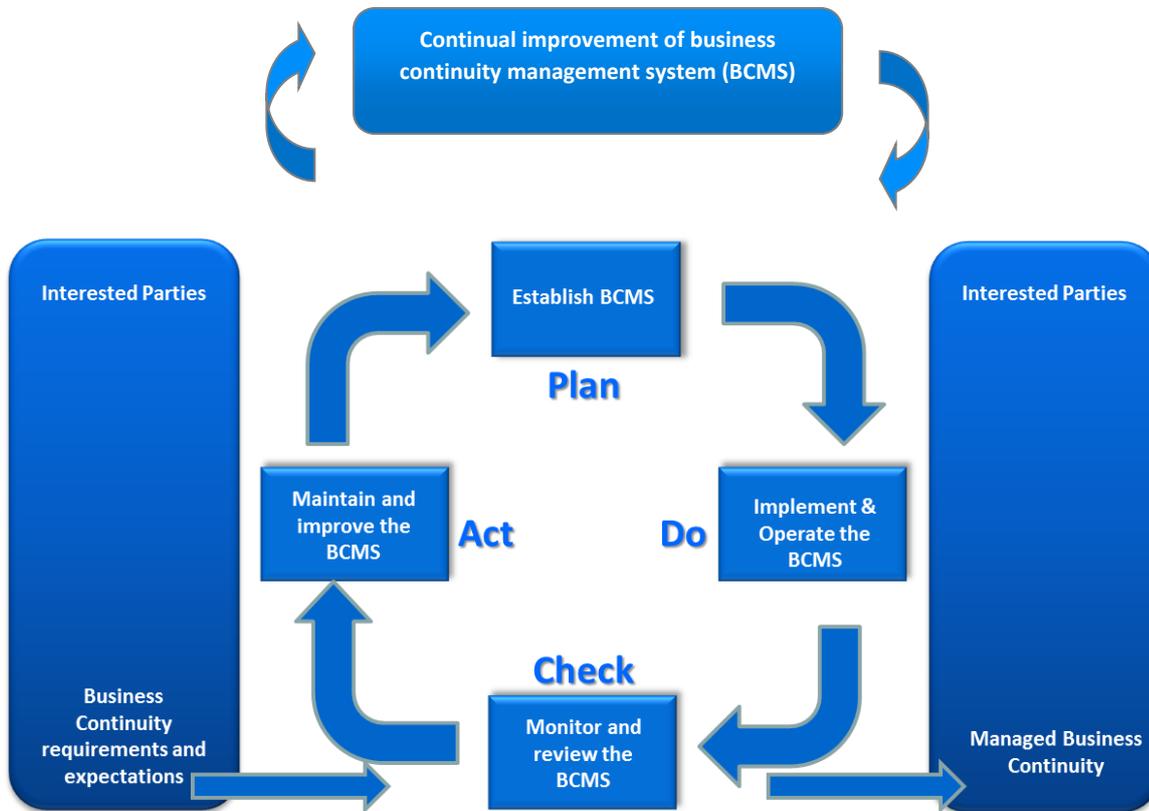
- 5.1 Effective BCM starts with identifying all functions within and services delivered by the organisation. A business impact analysis (BIA) is the primary tool for gathering this information and then assigning each function with a level of criticality.
- 5.2 The BIA should identify potential risk areas; loss of premises, loss of people, loss of supplies/contractors, loss of IT/processes/data, loss of vehicles and loss of reputation, and its effect on business services, namely critical activities.
- 5.3 Business continuity leads will use the information derived from the BIA and Risk Assessment(s), in relation to their critical activities to inform the development of the business continuity plans.
- 5.4 As part of the BIA process, all service/departmental activities will be assessed against the Maximum Tolerable Period of Disruption (MTPD) matrix and given a level of criticality.
- 5.5 The BIA template (appended) is intended for use by Senior Managers/BC leads, in consultation with the Business Continuity Manager.
- 5.6 It is the responsibility of the department's Senior Manager/BC Lead to ensure that the BIA is reviewed and updated annually or as necessary, to incorporate significant changes in detail and or lessons learned from incidents.

6.0 Business Continuity Plans

- 6.1 Business Continuity Planning is at the heart of the BCM process. The Business Continuity (BC) Plan provides the framework in which BCUHB mobilises its response to a BCM challenge in the event of an emergency or business interruption. A BC Plan template is appended to this policy.

- 6.2 BC plans may be developed at various levels within BCUHB. However, there exists an overarching Major Emergency Plan, with Acute site specific Hospital Major Incident plans and Area Major Incident plans sitting beneath. These are clearly defined and documented plans of action for use at the time of a major incident.
- 6.3 Each BC plan should set out prioritised objectives in terms of, the prioritised activities to be recovered, the timescales in which they are to be recovered, and the recovery levels for each critical activity.
- 6.4 The following information should also be included;
- a) Arrangements for external and self-declaring incidents
 - b) Activation triggers and/or escalation procedures/flowchart
 - b) Designated control centres and fallback areas
 - c) Action cards
 - d) Communication methods and points of contact
 - e) Roles and responsibilities
 - f) Recovery
- 6.5 It is the responsibility of the department's senior manager to ensure that BC plans are reviewed and updated annually or as necessary, to incorporate significant changes in detail and or lessons learned from incidents.
- 6.6 The Business Continuity Management Procedure Guidance document should be read in conjunction with this business Continuity Management policy document. It details how to develop a BIA and BC Plan effectively and efficiently.
- 6.7 Each department is expected to hold an electronic and hard copy of their business continuity plans. The Business Continuity Manager will also hold an electronic copy.
- 6.8 *Figure 1* below demonstrates the Plan, Do, Check and Act model applied to the BCMS process.

Figure 1



7.0 Training

- 7.1 The Business Continuity Manager will be responsible for providing the appropriate training to nominated Business Continuity Leads, and will ensure competencies are maintained in relation to Business Continuity Management.
- 7.2 Training will be provided at the request of the department and/or via the Business Continuity Working Group.
- 7.3 Awareness sessions will be delivered at the beginning of table top exercises to all staff participating in the exercise to encourage engagement and effective Business Continuity Management,
- 7.4 Competencies will be maintained via scheduled refresher training sessions and participation in table top exercises.

- 7.5 Each department will have an identified Business Continuity Lead. Nominated individuals must meet the requirements of the Business Continuity Lead role profile and have completed the Business Continuity training session. On-going support will be provided to the Business Continuity Lead by the Resilience Team.
- 7.6 The Business Continuity Manager will keep a record of all Business Continuity Training undertaken and support/advise departments as necessary.
- 7.7 Analysis of BC training requirements will be reportable to the Civil Contingencies Group (CCG) on a quarterly basis.

8.0 Exercising

- 8.1 Exercising BCUHB Business Continuity Plans can expose departmental/organisational vulnerabilities, initiate processes needed to strengthen both internal and external communication and can help improve management decision making during an incident. They can also assess and identify gaps in competencies and further training that is required for BCUHB staff.
- 8.2 Individual departments/services are responsible for ensuring their BC Plans are exercised. All BCPs should be exercised and reviewed annually by one of the following methods:
- **Testing.** Not all aspects of a plan can be tested, but crucial elements such as the contact list and the activation process can;
 - **Discussion.** Staff are brought together to inform them of the plan and their individual responsibilities. Discussion allows problems and solutions to be identified; (Lessons identified to be Learnt)
 - **Table-top.** Staff take decisions as a scenario unfolds in the same way they would in the event of a real Incident;
 - **Live.** Ranges from a small scale test of one component, such as evacuation, through to a full scale test of all the components of the plan, and;
 - **Dynamic Incident.** Plan is implemented in response to a dynamic incident.

It is the responsibility of the BCP owner to implement the lessons identified into lessons learnt/any actions required as a result of exercise.

- 8.3 BCUHB will exercise and test its business continuity plans to ensure they are consistent with its business continuity objectives.
- 8.4 Where appropriate, BCUHB will endeavour to exercise and test business continuity arrangements alongside partner NHS organisations. Lessons learned and post-exercise reports will be shared with all interested parties.

- 8.5 A full debrief will be conducted after the exercise with a lesson learnt report written by the BC Lead and/or BC Manager and submitted to the BC Manager for review. Significant issues noted within the report will be tabled at the BC Working Group and/or Civil Contingencies Group (CCG) for further review.

9.0 External Suppliers and Contractors

- 9.1 In line with ISO 22301, BCUHB reviews business continuity capabilities of all its external supplier and contractors. This is a requirement set by both NHS Wales Shared Service Partnership (NWSSP) and BCU contracting services.
- 9.2 Assurances from providers are requested at the beginning of the tendering process and thereafter throughout the contract period to ensure resilience is maintained. This is done via various forums; monthly contract monitoring meetings or supplier review meetings.
- 9.3 The Welsh Health Specialised Services Committee (WHSSC), established by the seven Local Health Boards in Wales manages a framework for contracted specialised and tertiary services. WHSSC mandates that each service provider has acceptable business continuity arrangements in place, before they can be deemed a trusted provider.
- 9.4 Joint exercising with suppliers and contracted service providers is important and where appropriate, will be conducted and coordinated by the Resilience Team with engagement from BCUHB staff and relevant stakeholders.

10.0 Audit & Governance

10.1 Governance

Each department/service will have their own governance structures. It is within these structures their departmental/service business continuity plans will receive senior management sign-off.

- 10.2 It is the responsibility of the Business Continuity Lead for the department/service to ensure the BC Plan is tabled at the appropriate forum and receives sign-off.
- 10.3 Any amendments to the BC Plan can only be carried out by the BC Lead for the respective department and the Business Continuity Manager.
- 10.4 BIA's will be reviewed annually, unless a change in function/responsibility of the department/service occurs and/or lessons are learnt from exercising the plan or a dynamic incident occurs, that needs reflecting in the BIA before this review date.

- 10.5 BC Plans will be reviewed annually and are subject to the same scrutiny as above (10.4). Plans will need to be reviewed more regularly due to the fluid nature of staffing/role responsibilities and internal pathway/processes.
- 10.6 If significant changes are made to the BIA and BC Plans, the BC Lead has responsibility to ensure the amendments are approved via the appropriate channels as per 10.1.
- 10.7 This Policy document is approved at the Civil Contingencies Group, chaired by the Director of Planning and Performance. Appropriate scrutiny and consultation will be carried out prior.
- 10.8 BC action plans will be monitored via the Business Continuity Working Group and more regularly via local Emergency Planning Meetings on each acute site.
- 10.9 **Audit**
- BCUHB will conduct internal audits at planned intervals to provide information on whether the BCMS is effectively implemented and maintained and conforms to;
- a) the organisation's BCMS
 - b) the requirements of ISO 22301
 - c) the Emergency Preparedness, Resilience and Response checklist
- 10.10 An internal audit programme will be based on the full scope of the BCMS. The results will be provided in the form of a report which provides input to the management review.
- 10.11 Internal audits will be carried out by the Resilience Team in partnership with the BCUHB Audit Team. Audits can also be performed by external persons selected by the organisation (i.e. organisation internal auditors, partner organisation peer review). The persons conducting the audit should be competent and in a position to do so impartially and objectively.

11.0 Communication

- 11.1 In the first instance, Business Continuity communication will be done via the Business Continuity Working Group, where the expectation is the BC Leads will cascade to their respective departments accordingly.
- 11.2 The weekly BCUHB Communications Bulletin, circulated to all staff is an additional communication stream where training opportunities will be shared.
- 11.3 The Resilience Team Newsletter is a new concept and will be rolled out during 2020. Business Continuity will feature within this, including good practice, lessons learnt and opportunity for feedback from staff.

- 11.4 The latest approved version of this Policy and Guidance Document will be uploaded to BCUHB's Intranet site and onto Resilience Direct for all members of staff and partners to view.

12.0 Review of BCMS

- 12.1 This policy will be formally reviewed every 3 years.
- 12.2 Management review of BCMS will include appraisal of;
- a) The status of actions from previous reviews
 - b) The performance of the management system including any identified trends from audit processes and incidents
 - c) Changes to the organisation and its context which might impact the management system
 - d) Opportunities for continual improvement.
- 12.3 A formal review of the BCMS will be structured and appropriately documented and scheduled on a suitable basis. Those involved in implementing the BCMS will be involved in the management review.
- 12.4 In addition, the following factors may trigger a review:
- a) Sector / industry trends.
 - b) Regulatory requirements
 - c) Incident experience (whether or not the business continuity procedures were activated)
- 12.5 Review of plans/arrangements will result in:
- a) Improvement to the efficiency and performance of the BCMS
 - b) Variations to the scope
 - c) Updates to the business continuity plans
- 12.6 BCUHB will retain documented information, via an action plan or recommendation report, as evidence of the management reviews and will communicate the results via the Business Continuity Working Group and take appropriate action relating to results.
- 12.7 The Business Continuity Working Group provides an efficient and appropriate platform for all individuals actively involved in BCMS to review existing arrangements and suggest changes.

- 12.8 Final approval of any significant changes will be discussed at the Civil Contingencies Group, chaired by Executive Director of Planning and Performance. Decision will be made via consensus.

13.0 Equality including Welsh Language

- 13.1 The Health Board has undertaken an Equality Impact Assessment on the implementation of this policy to ensure that it is inclusive and does not discriminate against any protected characteristics. The assessment has highlighted **no equality impact concerns**. The Health Board is thus committed to positively meeting its responsibilities under the equalities and human rights legislation.

14.0 ANNEX

Document Titles	
<i>The following documents are available to Board members on request</i>	
1	Business Continuity Lead Post Profile
2	Business Impact Analysis Template
3	Business Continuity Plan Template
4	Business Continuity Management Procedure Guidance Document
5	Business Continuity Working Group Terms of Reference
6	Business Continuity Manager Post Profile
7	Equality Impact Assessment (2020)

Appendix 2



Meeting	SPPH – Report dated 23 rd November 2020
Paper	Business Continuity Update – Monitoring Report
Author	Nia Davies, Business Continuity Manager
Description	This briefing paper gives an overview of progress made with Business Continuity Plans across the organisation.

To date 124 Business Continuity Plans have been identified.

The Performance RAG rating system has been applied to monitor progress of plans.

PROGRESS RAG	
RAG	Against deadline
Red	Off track, serious risk of, or will not be achieved
Amber	Some risks being managed
Green	On track, no real concerns
Purple	Achieved

Area Plans

Progress RAG	Area Department	Number of plans per service	Expected completion date	Status
Green	Rainbow Hosiptal Deeside	1	01/02/2021	Draft BC Plan
Green	Mold Hospital	1	01/01/2021	Draft BC Plan
Green	Deeside Hospital	1	01/01/2021	BIA
Green	Chirk Hospital	1	01/01/2021	BIA
Green	Penley Hospital	1	01/01/2021	BIA
	Ruthin Hospital	1	01/04/2021	To commence Feb 21
	Denbigh Infirmary	1	01/04/2021	To commence Feb 21
	Alexandra Hospital	1	01/04/2021	To commence Feb 21
	Llandudno Hospital	1	01/09/2021	To commence July 21
	Holywell Hospital	1	01/04/2021	To commence Feb 21
	Colwyn Bay Hospital	1	01/04/2021	To commence Feb 21
	Dolgellau & Barmouth Hospital	1	01/07/2021	To commence May 21
	Eryri Hospital	1	01/07/2021	To commence May 21
	Bryn Beryl Hospital	1	01/07/2021	To commence May 21
	Tywyn Hospital	1	01/07/2021	To commence May 21
	Ysbyty Penrhos Stanley	1	01/07/2021	To commence May 21
	Alltwn Hospital	1	01/09/2021	To commence Jul 21
Purple	MH Rehab Unit - Tan Y Castell	1	complete	BC Plan Complete
Purple	MH Rehab Unit - Coed Celyn	1	complete	BC Plan Complete

	MH Rehab Units - Carreg Fawr	1	complete	BC Plan Complete
	Community CAMHS Services	1	01/01/2021	BIA
	CAMHS Inpatient Services	1	01/12/2020	BC Plan Complete
	Children's Community Services CHC	1	TBC	Initial Preparatory Meeting Held
	Community Paediatric Services	1	TBC	Initial Preparatory Meeting Held
	Children's Community Services - ND & LD	1	TBC	Initial Preparatory Meeting Held
	Health Visiting and School Nursing	1	TBC	Initial Preparatory Meeting Held
	Mental Health Community Services - West	1	01/11/2020	BC Plan Complete
	Mental Health Community Services - Central	1	01/11/2020	BC Plan Complete
	Mental Health Community Services - East	1	01/11/2020	BC Plan Complete
	District Nursing	1	01/09/2021	To commence Jul 21
	Arts Therapy Services	1	01/04/2021	To commence Feb 21
	Community Equipment Stores	1	01/02/2021	Draft BC Plan
	Dietetics Services	1	01/02/2021	Draft BC Plan
	Occupational Therapy Services	1	01/02/2021	BC Plan Complete
	Orthotics Services	1	01/02/2021	Draft BC Plan
	Physiotherapy Services	1	01/02/2021	Draft BC Plan
	Podiatry Services	1	01/02/2021	Draft BC Plan
	Posture & Mobility Services	1	01/02/2021	Draft BC Plan
	Speech & Language Services	1	01/02/2021	Draft BC Plan
	Therapy Manager System	1	01/02/2021	BIA
	Diabetes Services	1	TBC	To commence 2021
	Sexual Health Services	1	TBC	To commence 2021
	Neurology	1	TBC	To commence 2021
	Rheumatology	1	TBC	To commence 2021
	Dermatology	1	TBC	To commence 2021
	Dental Services	1	01/01/2021	Draft BC Plan
	Palliative Care	1	01/10/2020	Draft BC Plan
	Care of the Elderly	3	01/02/2021	BIA
	GP Out of Hours	1	TBC	To commence 2021
	Immunisations	1	TBC	To commence 2021
	MH RSS - CLDT	1	01/12/2020	BC Plan Complete
	MH RSS - Inpatients	1	01/12/2020	BC Plan Complete
	MH RSS - Substance Misuse	1	01/12/2020	BC Plan Complete
	MH RSS - ECRS	1	01/12/2020	BC Plan Complete
	MH RSS - Rehab Inpatients	1	01/12/2020	BC Plan Complete
	MH RSS - CHC	1	01/12/2020	BC Plan Complete
	MH RSS - Rehab Community	1	01/12/2020	BC Plan Complete
	MH RSS -Forensic Services	1	01/12/2020	BC Plan Complete
	Managed Practices	1	TBC	To commence 2021

CRT – querying requirement	1	TBC	To commence 2021
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Acute Plans

Progress RAG	Acute Department	Number of plans per service	Expected completion date	Status
	Audiology	1	01/12/2020	BIA
	Cardiac Physiology	1	01/01/2021	BIA
	Cath Lab	1	01/11/2020	Draft BC Plan
	Critical Care - WMH	1	complete	BC Plan Complete
	Critical Care - YGC	1	complete	BC Plan Complete
	Critical Care - YG	1	complete	BC Plan Complete
	Emergency Department	3	complete	BC Plan Complete
	EMS Winter Plan	1	01/11/2020	BC Plan Complete
	Endoscopy	1	01/01/2021	BIA
	General Surgery	1	TBC	Initial Preparatory Meeting Held
	Medical Physics	1	TBC	To commence 2021
	Mental Health Acute Sites Ablett	1	complete	BC Plan Complete
	Mental Health Acute Sites Hergest	1	complete	BC Plan Complete
	Mental Health Acute Sites Heddfan	1	complete	BC Plan Complete
	Older Persons MH Cefni	1	complete	BC Plan Complete
	Older Persons MH Central	1	complete	BC Plan Complete
	Older Persons MH East	1	complete	BC Plan Complete
	Women's Services	1	01/12/2020	Draft BC Plan
	Radiotherapy	1	01/11/2020	BC Plan Complete
	Cancer Services (excl Radiotherapy)	1	01/01/2021	Draft BC Plan
	Paediatrics Acute CENTRAL	1	01/10/2020	BC Plan Complete
	Paediatrics Acute EAST	1	01/10/2020	BC Plan Complete
	Paediatrics Acute WEST	1	01/10/2020	BC Plan Complete
	Neonatal / SURNIC	3	TBC	Draft BC Plan
	Pathology	1	01/12/2020	Draft BC Plan
	Pharmacy & Medicines Management	1	01/02/2021	Draft BC Plan
	Radiology	1	01/01/2021	BIA
	Renal Services	1	01/01/2021	Draft BC Plan
	Theatres & Anaesthetics	3	complete	BC Plan Complete
	Ty Llewelyn (BYN)	1	complete	BC Plan Complete
	Trauma and Orthopaedics	1	TBC	To commence 2021
	Vascular Surgery	1	TBC	To commence 2021
	Ear Nose & Throat	1	TBC	To commence 2021
	Clinical Site Management	1	TBC	Initial Preparatory Meeting Held
	Maxillo Facial and Orthodontics	1	TBC	To commence 2021

	Urology	1	TBC	Initial Preparatory Meeting Held
	Breast Care	1	TBC	To commence 2021
	Ophthalmology	1	TBC	Made Contact
		44		

Corporate Plans

Progress RAG	Corporate Departments	Number of plans per service	Expected completion date	Status
	Operational Estates	1	complete	BC Plan Complete
	Facilities	1	complete	BC Plan Complete
	ICT	1	complete	BC Plan Complete
	Informatics Performance & Improvement	1	complete	BC Plan Complete
	Information Department	1	complete	BC Plan Complete
	Health Records/Notes	1	complete	BC Plan Complete
	Corporate Communications	1	TBC	To commence 2021
	Risk Management	1	TBC	Initial Preparatory Meeting Held
	Governance	1	TBC	To commence 2021
	Finance	1	TBC	To commence 2021
	Contracts	1	TBC	To commence 2021
	WOD - Human Resources	1	01/03/2021	BIA
	WOD - E-Rostering	1	01/03/2021	BIA
	WOD - Health & Safety, Occupational Health and Equality	1	01/03/2021	BIA
	WOD - Occupational Development	1	01/03/2021	BIA
	WOD - ESR and Workforce Information	1	01/03/2021	BIA
	WOD - Temporary/Bank Staffing and Recruitment	1	01/03/2021	BIA
	Planning	1	TBC	To commence 2021
	Office of the Board Secretary	1	01/10/2020	BC Plan Complete

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Appendix 3



CIVIL CONTINGENCIES WORK PROGRAMME 2020/21

AIM:

To maintain compliance with the Civil Contingencies Act (2004)

The Civil Contingencies Act (2004) sets out 6 legislated duties Category 1 Responders (identified within the Act).

The role of the Resilience Unit is to maintain compliance with these duties.

ACTION ORIGIN	
	Civil Contingencies workplan
	SPPH
	SPPH Debrief Report

Lead	Actions	Timescale for completion of Action	Exception Report	Action Origin
	Governance			
EB	Identify gaps and shortfalls against the Emergency Preparedness, Resilience & Response (EPRR) core standards and update our Civil Contingencies Work Plan developed accordingly.	July 2021	Completed	
EB	Comply with the NHS Wales Emergency Preparedness Checklist.	March 2021		
EB	Prepare a Civil Contingencies end of year monitoring report.	March 2021	Mid-year report complete.	
EB	Develop a cycle of business for the Civil Contingencies Group.	July 2020	Completed	
EB	Carry out a Civil Contingencies Audit for Informatics.	December 2020	Report presented at SPPH 01/10/20 and draft prepared for SPPH meeting 10/12/20.	
EB/ ND	Internal Audit to carry out BC Audit.	December 2020	This has been reflected in the SPPH	

			report for 01/12/20	
EB	Facilitate Covid-19 debriefs for the Executive Team, Workstreams, HECC, Operational Control Centres and other identified areas.	August 2020	Debrief Report developed, however further MHL D debrief has been rearranged (due to cancellation).	
Duty to Assess the Risks within the local community				
MW	Review the risks and issues identified for a potential second wave of Covid 19.	September 2021	Incorporated into the Q3/Q4 plan. Coronavirus Co-ordination Unit established.	
SB	Review the risks and issues identified in relation to the UK's transition from the European Union.	October 2020	Further UK risk assessment due to be shared end of September.	
Duty to maintain Plans				

EB/Area	Develop arrangements to support the evacuation of the field hospitals.	November 2020	Evacuation exercise held in East. Head of EPRR drafted arrangements to support the Enfys Hospital at Deeside. Awaiting approval.	
ND	Develop a plan which supports the health board in the event of a national fuel disruption.	January 2021	Baseline work complete. This was deferred due to Covid and will be revisited as part of the EU transition planning.	
ND	Review Business Continuity Policy	July 2020	Business Continuity Policy on SPPH Agenda for approval (12/10/20)	

ND	Review Business Continuity Guidance Document	July 2020	Approved at CCG 12/10/20	
ND	Review current Business Impact Analysis and Business Continuity Plan template	July 2020	Completed	
ND	Transfer current Business Continuity Plans to new template.	March 2021		
ND	Develop Business Impact Analysis and Business Continuity Plans for departments/services identified within the Business Continuity Monitoring Report.	March 2021	The programme is established. Dates have been amended to reflect the response to Covid 19.	
EB/PH	Continue to develop arrangements to support the management of a mass fatality incident within North Wales.	March 2021	Plan developed October 19 and exercise held in November. Further work required at a multi-agency level.	

EB/TO/AM	<p>Coordinate the development of the outstanding Health Board Pandemic arrangements including recommendations from the Covid 19 Debrief reports.</p> <p>Develop an influenza pandemic plan for primary care and community services aligned to the current secondary care influenza pandemic plan</p>	December 2020	has developed a Flu Framework document. The Area/Community Plan requires further detail.	
EB	Review the Health Board Major Emergency Plan.	October 2020	Plan approved by Executive Team 05/11/20	
EB/MA/EC/GF/AL	Co-ordinate a full review of site specific Hospital Major Incident Plans.	October 2020	East HMIP approved. West HMIP to be formally approved at CCG 10/12/20..	
SB	Develop plans to support the Health Board during the UK's transition from the European Union.	December 2020	Ongoing	

Duty to have in place command and control arrangements.				
	<p>Perform a full review of the existing COVID Command & Control structures as follows:</p> <ul style="list-style-type: none"> • Executive team to raise the profile of the work within the organisation and identify leads to support. • Operational Control Centre plan to be developed inclusive of clear responsibilities and training requirements for each designated role. • SOP to be developed to support Operational Control Centre Plan. • HECC structure and mobilisation arrangements staffing skillset, roles, responsibilities and rotas. • A HECC Coordination Group to coordinate actions at a tactical level between the HECC and the Work Streams to be included within the structure. • A streamlined process for the request of information or actions to be developed for all control centres and work streams. <p>(SPPH Debrief Report Action 3)</p>	15/11/20	<p>T&F established and met on 15/11/20. The Command & Control Framework is being reviewed and refreshed to include the role of the Covid Coordination Unit and an updated HECC structure.</p>	
GM	<p>Divisional and corporate teams to identify a widened pool of staff that can attend relevant training sessions to fulfil roles during an emergency response.</p> <p>(SPPH Debrief Report Action 4)</p>	09/10/20	<p>Chief Operating Officer leading on a review of the current on-call structures The outcome of this will</p>	

			inform this action.	
EB/SB	Training package to be delivered by Resilience Team. (SPPH Debrief Report Action 4)	30/10/2020	A training programme is being rolled out. Sessions for each level of on call will be delivered by December 20.	
	Incorporate revised structures into the Command & Control Framework and ensure this is appropriately disseminated within the organisation. (SPPH Debrief Report Action 5)	15/11/20	Agreement within the T&F to update the Command & Control Framework. Inclusion on CCG 10/12/20.	
	The decision making protocol developed as part of the Command and Control Framework to be reviewed ensuring clarity at each level of the response. (SPPH Debrief Report Action 6)	15/11/20	Updated within Command & Control Framework.	

	<p>Identify who at a strategic, tactical and operational level will fulfil roles during a second wave. To include consideration of the role of an archivist.</p> <p>(SPPH Debrief Report Action 7)</p>	31/10/20	<p>This will be completed as part of the review of on-call arrangements.</p>	
	<p>Perform a systematic review of how actions and decisions are recorded. Electronic platforms to be explored with support from the Informatics team. (North Wales Police have a system called Hydra which time stamps and dates all decisions).</p> <p>(SPPH Debrief Report Action 9)</p>	31/10/20	<p>An Archivist role has been approved to support the Covid Coordination Unit. The Archivist will support this review.</p>	
	<p>An electronic repository to be established for all guidance (similar to that of PHW) that is easily accessible and can be archived in accordance with legislation.</p> <p>(SPPH Debrief Report Action 10)</p>	31/10/20	<p>The Archivist will advise on the most suitable repository. However, agreement for Resilience Direct to be used in the interim...</p>	
<p><i>Duty to cooperate with our civil contingencies partners:</i></p>				

	<i>Duty to cooperate with our civil contingencies partners:</i>			
EB	Co-operate with the Local Resilience Forum and its substructures.	March 2021		
	<i>Duty to share information</i>			
EB	Continue to share information between Category 1 and 2 responders as and when required.	March 2021		
	<i>Training & Exercising</i>			
EB	Provide virtual training to all levels of on-call staff.	March 2021		
ND	Review and update training register for business continuity training.	July 2020	Completed	
EB	Identify training requirements within each of the acute hospitals and develop a training schedule.	March 2021	Training has been arranged for Gold and Silver. EB liaising with site leads to provide Bronze on Call training.	
EB	Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training.	March 2021	Wales Silver 26/11/20	

			Awaiting virtual training dates for Operational JESIP.	
EB	Facilitate and develop desktop exercises for the acute hospitals.	March 2021	Desktop exercise prepared. Exercise was scheduled for East in July but postponed due to Wrexham outbreak. Dates to be rescheduled.	
EB	Facilitate bi-annual communication exercises	September 2020 March 2021	September exercise completed 07/09/20	
EB	Work with the Local Resilience Forum Learning & Development Group to formalise a schedule of exercising that meets the Health Board's training objectives.	March 2021		

ALL	Participate in multi-agency LRF exercises.	March 2021		
ND	Develop an electronic training record on ESR for all staff with a dedicated EPRR role.	September 2020	Completed	

ACTIONS THAT SIT OUTSIDE OF CCG

Exec Dir Primary Care	Primary and secondary care surge plans to be reviewed to fully inform temporary field hospitals surge capacity requirements / de-commissioning.		Point one has been completed for the opening of the Deeside Enfy Hospital	
Exec Dir Planning	Due to the complexity of the task at hand, a multi-agency group to be established to determine the process for the decommissioning of field hospitals.			
Exec Dir Primary Care	Maintain the progress made with the care home sector through the BCU care home cell. Explore the creation of an NHS email address for care homes. If feasible this will support the sharing of secure information and improve the support provided.	October 2020		





Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Digital Strategy Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director for Primary and Community Care						
Awdur yr Adroddiad Report Author:	Dylan Williams, Chief Information Officer, <i>et al.</i>						
Craffu blaenorol: Prior Scrutiny:	Chief Information Officer and Executive Director for Primary and Community Care						
Atodiadau Appendices:	Appendix 1 – Draft Outline of the Digital Strategy						
Argymhelliad / Recommendation:							
The Committee is asked to <ol style="list-style-type: none"> 1. note the draft Digital Strategy 2. receive an update on engagement to date 3. recommend further engagement opportunities 							
Please tick one 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"/>
Sefyllfa / Situation:							
The purpose of this report is to provide the SPPH with an update on the Digital Strategy and the engagement to date.							
Cefndir / Background:							
<p>The Draft Digital Strategy is currently being engaged on. There are 4 identified focus areas:</p> <ul style="list-style-type: none"> - Strengthened Digital Foundations - Active Patient/Carer - Connected Staff - Digital Organisation <p>It is an experienced based strategy and it is being developed so our patients/carers and staff can connect to which is why we have had a large engagement plan.</p> <p>This strategy will be made of key three documents:</p> <ul style="list-style-type: none"> - A Strategy on a Page - which will be an infographic and based on this two page overview - The Strategy – a clear and concise strategy that patients and staff can identify with - A Technical Document – which will contain all the more technical information including the Clinical Pathways 							

The strategy will eventually include a road map for delivery but this will be developed after the consultation.

The engagement was reviewed on the 23rd November an over view is:

Patients/Public

- 330 patients/public have completed the survey (Partial and Full)
- The majority of responses are from people who are over 34 and female (working with Corporate Communication we are going to run a targeted social media campaign to under 34's)
- 7 People attended a focus group

Staff

- 196 staff have completed the survey (Partial and Full)
 - o Staff- low response rates from all sectors other than secondary care.
 - o Staff- low response rate from all job roles other than consultants
 - o Staff- low response rate from staff under 34 years of age
- Excellent response from consultants
- No response from facilities (linking in with Facilities and providing paper surveys)
- 133 staff have attended a focus group/Q&A session or a presentation

Partners

- 32 Partners Organisations have completed the survey, only 9 have identified themselves. We have now made it compulsory to complete this.

Due to having some gaps in the engagement the timescale for engagement has been extended from the 4th December to the 18th December 20 with the first draft due in February 21.

Strategy Implications

This Digitally Enabled Clinical Strategy enables the Living Healthier, Staying Well Plan and has been developed to ensure alignment and once completed a matrix will be completed on how it links to this plans priorities.

Wellbeing and Future Generations – the 5 ways of working:

This Strategy will deliver on the 5 ways of working:

Long Term – The plan is a medium term plan and the work undertaken on innovation will ensure we plan for the longer term

Integration – This plan will integrate with all the key national strategies and our local plans and strategies

Involvement – Patients, Staff and key stakeholders will be involved in developing the strategy

Collaboration – To deliver this strategy we will have to work collaboratively internally and externally

Prevention – This strategy will support the prevention agenda through digital solutions and better use of data.

Options Considered

N/A

Financial Implications

Full financial implications will be developed alongside this developing strategy. Sustainable investment will be required.

Risk Analysis

The key risks of developing this strategy are:

- It can raise expectations of patients and staff
- Delivery is dependent on increased funding
- Delivery is dependent on changing working practices
- Delivery is dependent on partners and suppliers

Legal and Compliance

Compliance with GDPR, Security and Welsh Government Policies.

Impact Assessment

No overall equality impact assessment has been undertaken on the Strategy. A full assessment will be undertaken.

Early work has been undertaken in relation to digital inclusion with Digital Communities Wales to ensure inclusion from the outset.

Our Digital Future – Improving care through digital ways of working



Our Vision

“Patients and their carers can actively participate in their care, with the confidence that their information is safe. Staff provide patient centred care by having access to the right information in the right place at the right time”

Improving our digital maturity. Using our data to make better decisions, improve services, identify trends, and service planning. Being innovative so we are one-step ahead. Improving the way we work with partners.

Staff have access to the right information in the right place at the right time with the appropriate digital skills and equipment to deliver patient centred care.



Patients and their carers can actively participate in their care and receive high quality, safe care and a positive patient experience. They trust that their data is safe.

Getting our ICT infrastructure, systems, devices, and the service fit for the future. Improving the usage and benefits of our existing systems. Strong information security and governance. Getting the best out of our suppliers.

Experiences

Patients	Staff	Organisation
<ul style="list-style-type: none"> • I will receive safer care and better outcomes • I will receive care closer to home • When I am referred, I will get specialist care easier and quicker • I will safely return home quicker • I can be actively involved in the management of my care and I am supported to self-manage my care • There is a single accurate source of information that held about me and that important information is available to all who treat me • I will be able to access and update my own patient record in the future • I can have a copy of my record when and in the way I ask for it • I can access and contribute to my health information whenever I want and update it so the person who provides my care knows more about me. • I can access more timely appointments in a location better suited to my needs and be reminded of my appointments in the way that suits me • I can receive correspondence electronically and have access to them for future reference. • I can choose how I would like to communicate • I don't have to keep repeating my details unnecessarily • It is easier for me to move between services • I trust that my information is safe • I won't be disadvantaged if I cannot access digital services • I can provide feedback easily • I am listened to 	<ul style="list-style-type: none"> • I can access patient information in a single place which supports me to make better decisions • I have confidence in the systems that I need to do my work and that the information held within them is up to date • I have easy access to relevant data and information to continually improve the services I deliver • I have choice over how I communicate with my patients • I can work effectively as part of a multi-disciplinary team • I am actively involved in influencing any changes to the way I work • I have the skills to work digitally and access to the training I need for the future • I have the right equipment that enables me to do my job well • I rely less on paper now • I can log on once and be connected to everything that I need to do my job • I can work from any location and meet my work colleagues virtually, spending less time having to travel to meetings 	<ul style="list-style-type: none"> • We will make use of our data to improve services, identify and respond to trends. • We will make our digital readiness and maturity a priority • We will match our investment to the digital needs in line with recommended standards • We will include digital needs in all our services planning • We will have an infrastructure that will be fit for now and the future • We will focus our digital work on meeting our local and national strategic priorities. • We will measure the benefits from the digital strategy (i.e. social benefits, efficiencies, cost savings, environmental impact etc) • We will keep data and information safe • We will ensure that regulatory requirements are met • We will invest in innovative research and development around digital • We collaborate with partners and suppliers to deliver this strategy

Our 6 Principles of Digital Working



Digital Leadership

Strong professional digital leadership by the Board, everyone can be a digital leader to improve our digital maturity

Think Digital

Everyone needs to think digital in their planning while also improving services for the digitally excluded

Once for Patient

We will adopt standards and technologies that will ensure we continue to provide safe care for every patient

Co-production

Working as equal partners in developing new ways of working, – Patients, Staff , Key Partners and Suppliers

Evidence Driven

Understanding the need for digital health interventions and what challenges it will solve and what benefits they will bring

Innovative

Focusing on new ideas and ways of working that are scalable as to be one step ahead

Our 4 Key Challenges

Our Population

- The population in North Wales will increase due to more babies being born and people living longer – an ageing population will need more care and we have an ageing workforce that will have to deliver the care.
- There are an Increasing number of people who have more than one health need, so health needs are becoming more complex
- 10% of people in Wales are digitally excluded, they are likely to be older, less educated and in poorer health.

Reducing Finances and Increasing Short Term Funding

- Over the last 3 years we have had to make savings and we have to still make more
- Increasing costs for technology
- Increasing short term grant funding and decreasing budgets

Pace of Change and Increasing Demand

- The pace of technological change and innovation moves fast.
- Demand for digital services and more flexible ways of working is increasing from both staff and patients.
- Digital skills of staff and patients may not always keep up with the pace of change.
- We have many unconnected systems and processes across BCU.

Working Together

- We work together with a range of partners to deliver what is best for our patients and staff as it can bring better results. Working together can take more time and can be more difficult due to the use of different systems.
- We work with other Health Boards facilitated by NWIS to develop solutions for Wales, these don't always meet our needs, and are sometimes not timely.



Ein Dyfodol Digidol - Gwella gofal trwy ffyrdd digidol o weithio



Gweledigaeth

"Gall cleifion a'u gofalwyr gymryd rhan yn weithredol yn eu gofal, gan hyderu bod eu gwybodaeth yn ddiogel; mae staff yn cynnig gofal sy'n canolbwyntio ar gleifion trwy gael mynediad i'r wybodaeth gywir, yn y man cywir, ar yr adeg gywir"

Gwella ein haeddfedrwydd digidol. Defnyddio ein data i wneud penderfyniadau gwell, gwella gwasanaethau, nodi tueddiadau, a chynllunio gwasanaethau. Bod yn arloesol fel ein bod ar flaen y gad. Gwella'r ffordd y byddwn yn gweithio gyda phartneriaid.

Mae gan staff fynediad at y wybodaeth gywir yn y man cywir, ar yr adeg gywir gyda'r sgiliau a'r offer digidol priodol i roi gofal sy'n canolbwyntio ar gleifion.



Gall cleifion a'u gofalwyr gymryd rhan yn rhagweithiol yn eu gofal a derbyn gofal diogel o ansawdd uchel a phrofiad cadarnhaol i gleifion. Mae ganddynt ffyrdd bod eu data'n ddiogel.

Sicrhau bod ein seilwaith, systemau, dyfeisiau a gwasanaeth TGCh yn addas ar gyfer y dyfodol. Gwella defnydd a buddion ein systemau presennol. Diogelwch a llywodraethu cadarn o ran gwybodaeth. Cael y gorau gan ein cyflenwyr.

Profiadau

Cleifion	Staff	Sefydliad
<ul style="list-style-type: none"> • Byddaf yn derbyn gofal diogelach a chanlyniadau gwell • Byddaf yn derbyn gofal yn agosach i'r cartref • Pan gaf fy nghyfeirio, byddaf yn cael gofal arbenigol yn haws ac yn gyflymach • Byddaf yn cael dychwelyd adref yn gynt • Gallaf gael fy nghynnwys yn rhagweithiol wrth reoli fy ngofal a chaf gymorth i reoli fy ngofal drosof fy hun • Mae ffynhonnell unigol fanwl-gywir o wybodaeth wedi'i chadw amdanaf ac mae'r wybodaeth bwysig honno ar gael i bawb sy'n fy nhrin • Byddaf yn gallu cael mynediad at fy nghofnod claf fy hun a'i ddiweddarau yn y dyfodol • Gallaf gael copi o'm cofnod pan fyddaf yn gofyn amdano ac yn y ffordd y byddaf yn gofyn amdano • Gallaf gael mynediad at wybodaeth am fy iechyd a chyfrannu ati bryd bynnag y byddaf am wneud hynny a'i diweddarau fel bod yr unigolyn sy'n cynnig fy ngofal yn gwybod mwy amdanaf. • Gallaf gael mynediad at apwyntiadau'n fwy prydlon mewn lleoliad sy'n fwy addas ar gyfer fy anghenion a chael fy atgoffa am fy apwyntiadau mewn ffordd sy'n addas i mi • Gallaf dderbyn gohebiaeth yn electronig, a chael cyfeirio ati yn y dyfodol. • Gallaf ddewis sut hoffwn i gyfathrebu • Nid oes rhaid i mi ailadrodd fy manylion dro ar ôl tro heb fod angen • Mae'n haws i mi symud rhwng gwasanaethau • Mae gen i ffydd bod fy ngwybodaeth yn ddiogel • Ni fyddaf o dan anfantais os na allaf gael mynediad at wasanaethau digidol • Gallaf roi adborth yn hawdd • Mae eraill yn gwrando arnaf 	<ul style="list-style-type: none"> • Gallaf gael mynediad at wybodaeth am gleifion mewn man unigol sy'n fy helpu i wneud penderfyniadau gwell • Mae gen i hyder yn y systemau y mae arnaf eu hangen i wneud fy ngwaith a bod y wybodaeth a gedwir arnynt yn gyfredol • Mae gen i fynediad hwylus at ddata a gwybodaeth perthnasol i wella'r gwasanaethau y byddaf yn eu cynnig yn barhaus • Mae gen i ddewis o ran sut i gyfathrebu â'm cleifion • Gallaf weithio'n effeithiol fel rhan o dîm aml-ddisgyblaethol • Caf fy nghynnwys yn rhagweithiol wrth ddylanwadu ar unrhyw newidiadau i'r ffordd rydw i'n gweithio • Mae gen i'r sgiliau i weithio'n ddigidol ac i gael mynediad at yr hyfforddiant y mae arnaf ei angen ar gyfer y dyfodol • Mae gen i'r offer cywir sy'n fy ngalluogi i wneud fy ngwaith yn dda • Rydw i'n dibynnu i raddau llai ar bapur erbyn hyn • Gallaf fewngofnodi unwaith a chael cysylltu â phopeth sydd ei angen arnaf i wneud fy ngwaith • Gallaf weithio o unrhyw leoliad a chyfarfod â'm cydweithwyr yn rhithwir, gan dreulio llai o amser yn teithio i gyfarfodydd 	<ul style="list-style-type: none"> • Byddwn yn defnyddio ein data i wella gwasanaethau, nodi tueddiadau ac ymateb iddynt. • Byddwn yn sicrhau bod ein parodrwydd ac aeddfedrwydd digidol yn flaenoriaeth • Byddwn yn sicrhau bod ein buddsoddiad yn cyfateb i'r anghenion digidol yn unol â safonau argymelledig • Byddwn yn cynnwys anghenion digidol wrth gynllunio pob un o'n gwasanaethau • Bydd gennym seilwaith a fydd yn addas ar gyfer y presennol a'r dyfodol • Byddwn yn canoli ein gwaith digidol ar fodloni ein blaenoriaethau strategol lleol a chenedlaethol. • Byddwn yn mesur buddion o'r strategaeth ddigidol (h.y. buddion cymdeithasol, effeithlonrwydd, arbedion cost, effaith amgylcheddol ac ati) • Byddwn yn cadw data a gwybodaeth yn ddiogel • Byddwn yn sicrhau bod gofynion rheoleiddio'n cael eu bodloni • Byddwn yn buddsoddi mewn ymchwil a datblygiad arloesol o ran pethau digidol • Rydym yn cydweithio â phartneriaid a chyflenwyr i gyflwyno'r strategaeth hon

Ein Chwe Egwyddor Gweithio'n Ddigidol



Arweinyddiaeth Ddigidol

Arweinyddiaeth ddigidol broffesiynol gadarn gan y Bwrdd, gall pawb fod yn arweinydd digidol o ran gwella ein haeddfedrwydd digidol

Unwaith I'r Claf

Byddwn yn mabwysiadu safonau a thechnolegau a fydd yn sicrhau ein bod yn cynnig gofal diogel i bob claf

Ar sail Tystiolaeth

Deall yr angen am ymyriadau iechyd digidol a pha heriau y bydd y rhain yn eu datrys a pha fuddion fydd yn dod yn eu sgil

Meddwl yn Ddigidol

Mae angen I bawb feddwl yn ddigidol o ran eu cynllunio gan hefyd wella gwasanaethau I'r rheiny sydd wedi'u heithrio'n ddigidol

Cyd-gynhyrchu

Gweithio fel partneriaid cyfartal I ddatblygu ffyrdd 3ewydd o weithio – Cleifion, Staff, Partneriaid Allweddol a Chyflenwyr

Arloesol

Canolbwyntio ar syniadau a ffyrdd newydd o weithio y gellir eu cynyddu fesul cam fel ein bod ar flaen y gad

Ein 4 Her Allweddol

Ein poblogaeth

- Bydd y boblogaeth yng Ngogledd Cymru yn cynyddu gan fod mwy o fabanod yn cael eu geni a chan fod pobl yn byw'n hirach - bydd ar boblogaeth sy'n heneiddio angen mwy o ofal

Cyflymdra Newid a Galw Cynyddol

- Mae cyflymdra newid technolegol ac arloesi'n newid yn gyflym;

ac mae gennym weithlu sy'n heneiddio fydd yn gorfod cynnig y gofal.

- Mae gan nifer gynyddol o bobl fwy nag un angen iechyd felly mae anghenion iechyd yn fwyfwy cymhleth
- Mae 30.8% o bobl yng Ngogledd Cymru yn siarad Cymraeg ac mae hyn yn amrywio ar draws y rhanbarth
- Mae 10% o bobl yng Ngogledd Cymru wedi'u heithrio'n ddigidol, maent yn debygol o fod yn hŷn, â lefel is o addysg ac ag iechyd gwaelach.

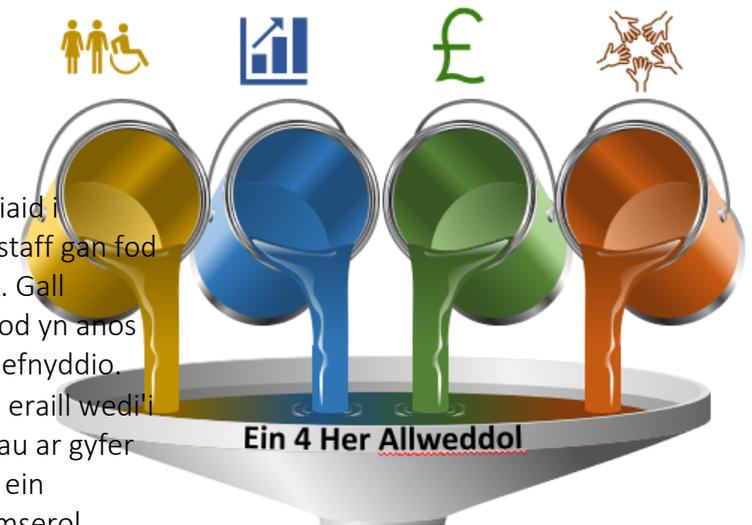
Lleihad mewn Cyllid a Chynyddu Cyllid Byrdymor

- Dros y tair blynedd diwethaf, bu'n rhaid i ni wneud arbedion ac mae gennym fwy o'r rhain i'w gwneud o hyd
- Costau cynyddol am dechnoleg
- Cynydd mewn cyllid grant byrdymor a lleihad mewn cyllidebau

- Mae'r galw am wasanaethau digidol a ffyrdd mwy hyblyg o weithio'n cynyddu gan staff a chleifion fel ei gilydd;
- Efallai na fydd sgiliau digidol staff a chleifion bob amser yn gyson â chyflymdra'r newid.
- Mae gennym lawer o systemau a phrosesau heb eu cydgysylltu ar draws PBC;

Cydweithio Ynghyd

- Rydym yn cydweithio ag ystod o bartneriaid i gyflwyno'r hyn sydd orau i'n cleifion a'n staff gan fod hyn yn gallu arwain at ganlyniadau gwell. Gall cydweithio gymryd mwy o amser a gall fod yn anos gan fod systemau gwahanol yn cael eu defnyddio.
- Rydym yn gweithio gyda Byrddau Iechyd eraill wedi'i hwyluso gan NWIS i ddatblygu datrysiadau ar gyfer Cymru, nid yw'r rhain bob tro yn diwallu ein hanghenion, ac weithiau, nid ydynt yn amserol.





Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee (SPPH) 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Test, Trace and Protect (TTP) – SPPH update (Number 3)						
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen (Executive Director of Public Health)						
Awdur yr Adroddiad Report Author:	Teresa Owen (Executive Director of Public Health) Jane Paice, Senior PMO support						
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny.						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
The Committee is asked to note the status of the multiagency response programme for the North Wales TTP programme.							
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	
Sefyllfa / Situation:							
The Test, Trace and Protect (TTP) programme in North Wales went live on 01 June 2020. It is a multiagency activity with BCUHB as the lead agency driving the programme forward.							
Since the last report there have continued to be significant developments in the TTP service for North Wales; increased testing capacity across the region, improved testing turnaround times, recruitment drive for test and trace, dedicated resource for Protect established.							
During this time, there has also been an increase in the volume of positive cases which first resulted in local Health Protection Zones for five of six local authorities in North Wales and this was followed by a national firebreak. Both of these actions, and the lockdown in England, has had a positive impact on the number of cases across North Wales. At the time of writing, we have seen cases fall for four consecutive weeks. However, it is anticipated that cases will again rise towards the end of December and through January.							
Cefndir / Background:							
The TTP Programme in North Wales is being managed on a regional footprint under the leadership of the Executive Director of Public Health. A multi-agency response comprising members of the Health Board, Local Public Health Team and the Six Local Authorities has been set up to operationalise the response plan within the Region.							

In summary, the strategy is in the interests of protecting people's health, and currently works by:

1. **Testing** people with coronavirus symptoms, asking them to isolate from wider family, friends and their community whilst waiting for a result.
2. **Tracing** people who have been in close contact with anyone who tests positive, requiring them to take precautions through self-isolation for 14 days.
3. **Protecting** the vulnerable or those at risk from the virus, providing advice, guidance and support, particularly if they develop symptoms or have been identified as a contact through the contact tracing process.

Asesiad / Assessment & Analysis

TESTING

- **Antigen Testing**

Antigen testing is currently the primary form of testing in relation to Covid-19. The population is asked to report symptoms, test anyone in the community who is showing symptoms of COVID-19. Testing is rapidly deployed to help manage outbreaks and clusters. The aim is to have test results turned around and communicated within 24 hours to most effectively manage the spread of COVID-19. Sue Browne has been appointed as the Senior Operational Testing Lead.

Capacity to test has increased and access to tests has improved across North Wales during the last two months. The total number of testing slots available in North Wales each week currently stands at 26,908 with the expectation that a Local Testing site will imminently be established in Connah's Quay taking the total capacity to 28,658 available slots per week. A summary of current capacity can be found in Appendix 1.

Community Testing Units (CTUs): resourced and run by BCUHB. There are four CTUs serving north Wales, one each in Alltwen, Bangor, Glan Clwyd and Wrexham. These units test keyworkers and patients prior to planned care. The CTU in Alltwen has recently opened access to the public to support ease of access to testing in that area.

The CTUs are flexible and able to adapt to emerging situations. When the Lighthouse Laboratories (LHLs) turnaround times for tests collapsed in September, causing a reduction in available testing slots at a number of testing units in North Wales, the CTUs were able to support critical tests needed for care homes and schools. Also with an effective testing programme for students at the university in Bangor and to support an issue at one of our ports.

Next steps: Opening hours have been extended from 08.00 to 20.00 to support an expected increase in demand due to winter respiratory issues and flu.

Mass Testing Units: North Wales is served by two mass testing units run by UK.GOV – tests are processed through LHLs. One is based in Deeside and one is based in Llandudno. These units serve the testing of the general public. The capacity at these two sites was capped in September as a result of difficulties in the turnaround time for swabs in the LHLs. The reduced capacity has not yet been fully reintroduced.

Mobile Testing Units (MTUs): In September, the provision of these units transferred to a private provider. The aim of the units is to support testing in less accessible parts of the region as well as areas that might be experiencing higher levels of positivity. There are currently three MTUs provided by the provider and one provided by WAST, deployed across the region. The units move every two to three weeks according to need. Next steps: Working closely with the Local Authorities, continue to monitor and analyse testing activity and the transmission of the virus to determine a rolling programme of locations for the mobile units.

Local Testing Sites (LTSs): There are currently three LTSs located across North Wales: Bangor, Rhyl and Wrexham, with a fourth due to open imminently in Connahs Quay. The aim of the LTS is to provide a local walk-in facility in a semi-permanent location. Like the mass testing and mobile testing units, the LTSs commissioned by Welsh Government.

Home Testing Kits: These kits are requested on line and collected by a courier. Availability is beginning to improve.

The aim of the testing service is to provide a test promptly and ensure the result is turned around rapidly, ideally within 24 hours. The efficiency of this turnaround is key to identifying positive cases to allow the tracing process to commence. Through September and October, the turnaround of tests in the LHLs was extremely

poor leading to a reduction of available testing slots across the region and the turnaround for the majority of tests taking more than two days.

In recent weeks, the turnaround times have consistently improved. The most recently reported figures show a high standard of achievement across all lab turnaround:

North Wales Testing Turnaround Time	Hospitals	PHW	Lighthouse Labs
97.9%	99.1%	93.3%	98.9%

To support testing turnaround there are two further developments. The Public Health Wales labs have moved to a 24/7 operation, effective in November. An Ecolab is scheduled to open on Deeside in December providing the capacity to process 10,000 Covid swabs per day.

In addition to the testing facilities outlined above, there are a number of developments being explored in relation to point of care testing and lateral flow. These options provide rapid response tests with results in 20-30 minutes. This is a fast-paced area and a number of options are currently being explored by Welsh Government to align appropriate equipment to environment and reliability of results. There are two pilots due to start in North Wales:

Students: For those students who are planning to return home for Christmas, both Bangor University and Wrexham Glyndwr University will participate in the lateral flow asymptomatic testing pilot. The pilot starts on the 30th November 2020. Two lateral flow tests are recommended, a positive result will be followed up with a PCR test. Individuals with an initial positive test will be asked to isolate, self-contact trace and go immediately for a confirmatory second test.

Care Homes: Four care homes in North Wales will be participating in a pilot for care home visitor testing. The pilot, will commence on 30th November 2020 for a period of two weeks, the wider roll out of the visitor testing programme will be from 14th December 2020.

NEXT STEPS

1. Continue to monitor the transmission of the virus and flex the mobile testing units and community testing units to respond to clusters and outbreaks as well as provide access to more remote locations across the region.
2. Continue the pilots for the lateral flow (rapid) testing and work closely with the Welsh Government team to deploy these units in the future.

- **Antibody Testing**

Due to the surge of positive cases in September and October, a decision was made to pause the Antibody testing to allow resources to focus on antigen testing. This will be reviewed in the new year.

- **Contact Tracing**

Contact tracing is an established mechanism for managing disease. The contact tracing service in response to Covid-19 went live 1 June 2020 on a scale not previously experienced. This is a multi-agency partnership approach with high-level responsibilities outlined in the table below.

<i>National Tier</i> <i>[PHW led]</i>	<i>Regional Tier</i> <i>[BCUHB led]</i>	<i>Local Tier</i> <i>[LA (x6) led]</i>
<ul style="list-style-type: none"> • National Expertise • Once for Wales • Coordinated Support 	<ul style="list-style-type: none"> • Preparing for and responding to small local clusters • Leading the operational delivery including the local contact teams. 	<ul style="list-style-type: none"> • Local contact tracing teams, with EHO support

Through October and November, the tracing service managed in excess of 7,600 positive cases across North Wales, achieving a 96% positive contact rate. There has been a week on week reduction in the total number of positive cases across the region in the last four weeks. These positive cases generated in excess of 26,000 contacts. This large number relates to a large number of schools bubbles across the region albeit a relative small number of positive cases within the school communities. Successful contact has been made with 94% of these contacts.

The implementation of the regional Health Protection Zones and the subsequent firebreak has had a positive impact on the total number of positive cases in North Wales. North Wales has also benefited from the lockdown in England. However, South Wales has experienced a rapid increase in cases as restrictions have eased.

It is anticipated that positive cases will significantly increase towards the end of December and through January. The revised forecast/ Realistic Worst Case (RWC) scenario figures are due imminently. These will support our planning for the next 2-3 months.

A recruitment programme is underway to bolster our ability to respond effectively to this potential surge. Recruitment at the local tier is managed by Flintshire County Council. A second phase of recruitment is currently underway to establish a team to manage 2,000 cases per week. Recruitment to the Regional Hub has been positive with a number of new starters taking up their post at the end of October. This has improved the resilience of the Regional Hub provision.

To support this recruitment, Welsh Government has provided an additional £3.6m of funding to North Wales. This is in addition to the £11.44m already provided.

During times when the region has lower demand, resources are actively involved in supporting other regions in Wales as part of mutual aid.

The volume of Incident Management Teams (IMTs) has become a concern due to regional hub capacity. A process is being developed to ensure clarity on the leadership and management of COVID clusters and IMT's.

to ensure that the management of clusters of COVID infections is safe and appropriate, with Regional Hub feeding in to oversee the contact tracing aspects as appropriate .

The tracing service is led by Liz Davies, Senior Operations Manager and Siobhan Adams, Strategic Lead.

NEXT STEPS

1. Continue to recruit at a local and regional tier to ensure the service is robust and has the capacity to rapidly contact newly identified Covid positive cases and their associated Contacts – the target time is within 24 hours of the positive test result being identified.
2. Develop and improve data and intelligence analysis to inform decisions and next steps.

PROTECT

Having transitioned the antigen work to Sue Browne, Dr Glynne Roberts is now progressing the Protect work across the region. The Protect element of TTP has provided a multi-agency support structure to identify the practical support required for those affected by Covid, where existing support networks may not be available to help. Across North Wales, individuals have been supported by families and friends, their communities, third sector organisations and volunteers, as well as local authorities and health boards.

An initiative is currently being explored with the North Wales Economic Development team to explore role opportunities for people in our communities currently at risk of redundancy.

There will be a fuller update in the next report.

NEXT STEPS

1. Develop the detailed plan building on an existing network across the region.

NEXT STAGE:

This is a fast moving programme of work. The following areas are the key development areas for the TTP team regionally.

(i) RECRUITMENT

A focus on recruitment needs to continue to ensure North Wales is able to respond to a future surge in demand. This is at a testing and tracing level. There are recruitment plans in progress to achieve the targeted levels of recruitment across TTP however there are a number of competing priorities within the Health Board. There is also a concern that the Local Authorities may not be able to recruit to the required levels.

(ii) DATA ANALYSIS

Whilst there is high level data analysis, more detailed work needs to be undertaken to help us better understand what is happening in North Wales and inform the decisions that need to be made and subsequent actions. As a matter of urgency the revised Realistic Worse Case scenario is required and needs analysis to establish how the TTP team in North Wales can most appropriately prepare and deploy its resources.

(iii) FINANCE

From a financial perspective, whilst the financial envelope for Contact Tracing has been agreed for the region, no financial envelope has been agreed for the testing and protect aspects of TTP. We will continue our dialogue with WG on these elements.

SUMMARY

Test, Trace, Protect operates in a rapidly changing environment be it the transmissions of the virus or the mechanisms to respond to it such as new testing technology. The teams remain agile and have a strong network across Wales to ensure the optimum offer and response is available in North Wales.

Strategy Implications

As already noted, TTP is about containing the virus and breaking the cycle of transmission. This work supports the HB plan, and TTP actions are included in the quarterly plans.

Options considered

N/A

Financial Implications

As described in the paper.

Risk Analysis

The TTP work programme maintains an overarching risk register.

Legal and Compliance

A data protection agreement has been reached (across Wales) in principle.

Impact Assessment

Supporting the most vulnerable in our society is a key element of the TTP process (PROTECT).

Appendix 1: Testing Capacity Across North Wales

	Testing Sites	Capacity daily	Capacity weekly	Balance
Community Testing Unit	Bangor	144	1008	4,032
	YGC	144	1008	
	Wrexham	144	1008	
	Alltwen	144	1008	
Mass Testing Site	Deeside	780	5460	9,226
	Llandudno	487	3766	
Local Testing Site	Rhyl	250	1750	7,000
	Wrexham	250	1750	
	Bangor	250	1750	
	<i>Connahs Quay**</i>	<i>250</i>	<i>1750</i>	
Mobile Testing Unit	Holyhead	300	2100	6,300
	Colwyn Bay	300	2100	
	Corwen (moving to Dolgellau 01.12.2020)	300	2100	
WAST <small>Mobile Testing Unit</small>	Ruthin	300	2100	2,100
	Total	4,094	28,658	28,658

** Not yet mobilised

- Homes Testing kits are also available, the public can access these online or by calling 119. Email addresses are a requirement.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
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:	The report is being brought for information / assurance.						
Atodiadau Appendices:	<ul style="list-style-type: none"> • North Wales Regional Partnership Board Annual Report attached • Notes of 9th October 2020 Regional Partnership Board meeting attached 						
Argymhelliad / Recommendation:							
The Committee is asked to receive the Annual Report for information and to note the updates from the North Wales Regional Partnership Board meeting held on 9 th October 2020.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	x	Er gwybodaeth For Information*	X
Sefyllfa / Situation:							
The Annual Report and the notes of Regional Partnership Board provide the Committee with an update on progress within the RPB partnership work programme. The Annual Report and the notes of the 9 th October 2020 meeting are attached.							
Cefndir / Background:							
Key points to note include: <ol style="list-style-type: none"> 1) A Healthier Wales – Welsh Government 12 month extension to Transformation Programme. Reports presented to demonstrate how additional funding will be used by each of the Work Programmes 2) Annual Report received for endorsement by RPB members 3) Update received on digital transformation 4) Update received from Health & Social Care Recovery Group 5) Verbal update given on Dementia Strategy 							
Asesiad / Assessment							
The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.							
Financial Implications are identified within each specific workstream.							



Minutes of the North Wales Regional Partnership Board Meeting

9th October 2020

9:00 am – 11:30 am

Via M S Teams

Present:	Teresa Owen, Bethan Jones Edwards, Alwyn Jones, Morwena Edwards, Bethan E Jones, Cllr Bobby Feeley, Cllr Christine Jones, Cllr Joan Lowe, Cllr Louise Emery, Fon Roberts, Jenny Williams, John Gladston, Judith Greenhalgh, Paul Scott in attendance for Kevin Roberts, Cllr Llinos Medi Huws, Lynda Colwell, Mary Wimbury (MWim), Neil Ayling, Nicola Stubbins, Peter Williams, Rob Smith, Shan Lloyd Williams, John Gallanders, Dr Lowri Brown
Apologies:	Chris Stockport, Clare Budden, Cllr Dafydd Meurig, Estelle Hitchon, Ffion Johnstone, Helen Corcoran, Mark Wilkinson (MWil), Kevin Roberts, Lucy Reid, Catherine Elaine Jones, Roma Hooper
In Attendance:	Llinos Edwards, Service Improvement Programme Manager, Mental Health and Learning Disabilities Division Alan Hughes, North Wales WCCIS Programme Manager

Item		Actions
1.	<p><u>Welcome, Introductions & Apologies</u></p> <p>The chair welcomed everyone to the meeting and apologies were noted as above.</p> <p>A warm welcome was extended to Dr Lowri Brown, recently nominated by the NW Local Authority CEO's as the North Wales Regional Education representative.</p>	
2.	<p><u>Notes and actions of last meeting –September 2020</u></p> <p>The minutes of meeting 11.9.2020 were agreed as a correct record.</p> <p>Completed actions:</p> <p>Outstanding actions:</p> <ul style="list-style-type: none"> • Testing within Care Homes –TO and MWim to arrange a telephone discussion this week • Winter Plan – work ongoing to collate reports received from AISB into one high level report from the region to WG. The final plan will be presented to the November NWRPB • Focus and Priorities – document has now been updated in relation to Covid as requested in a previous meeting. Awaiting Chair agreement. The final document will be presented for endorsement 	<p>Agenda- Nov</p> <p>Agenda – Nov</p>

	<p>at the November NWRPB</p> <ul style="list-style-type: none"> • Dementia Strategy and cover report – the final strategy and accompanying documents to be brought to the November NWRPB 	<p>Agenda - Nov</p>
<p>3.</p>	<p><u>A Healthier Wales</u></p> <p>BJE provided an introduction to the discussion on the AHW Transformation Programmes.</p> <p>WG have recently announced a 12 month extension to the Transformation Programmes to March 2022. Each Transformation Programme has completed a progress report to end of September 2020 and a business case report to demonstrate the work programme that would be taken forward with the additional funding for 2021-22.</p> <p>These reports are presented today for NWRPB endorsement and will be forwarded to WG following today's meeting. The total allocation for the 4 programmes over 19/20 and 20/21 was £13m, with each transformation programme predicting to spend their full allocation.</p> <p>WG have also recently announced the indicative North Wales allocation for 21-22 as £4.6m. Once updates have been presented from each programme today, the board will need to consider the options for the 21/22 programmes, if further additional funding is not available i.e. reduce the length of the programmes, prioritise what is funded and what not, explore funding to continue the programmes from current core funding of partners.</p> <p>NA and AJ proposed the NWRPB challenge WG on the indicative allocation which does not seem to be in line with North Wales being the largest region in Wales, with North Wales predicted to spend the original allocation in full.</p> <p>LIM proposed RPB SS portfolio holders meet to discuss this issue and forward a letter to WG. All SS portfolio holders present in the meeting were in agreement to this action.</p> <p><u>Children & Young People Transformation Programme (Ch&YP) – Nicola Stubbins</u></p> <p>NS provided an overview of the Children and Young People Transformation Programme, which includes 3 work streams:</p> <ul style="list-style-type: none"> • Improve the emotional health, wellbeing and resilience of children and young people through integrated early intervention and prevention and early help • Edge of Care interventions incorporating Multi-Disciplinary Teams • Effective Child Protection Project <p>Despite the challenges of Covid the Ch&YP work-stream continued to make progress on the development of a regional framework with notable achievements, although, to date, the progress has only scratched the surface of the programme and new ways of working.</p>	<p>Elected/ Lead members write to WG.</p>

Updates from the area teams:

West area re-directed work to develop a training programme to upskill the children's workforce and working with partners in the community and voluntary sector to deliver a community resilience scheme in response to local need. At the same time, work is restarting to refine the model of care and establish the MDT.

Central area worked on 4 objectives, the main being a bespoke model of care that is based on clinical assessment and formulation and intensive delivery of interventions including motivational interviewing, collaborative conversations and Dialectical Behavior Therapy (DBT)

East area progressed work on Multi-Systemic Therapy. Partners in the East area have embraced the opportunity to trial a model that would support true integrated service provision and bring new learning not only to the locality and region but to the whole of Wales. The team decided early on that a therapeutic intervention delivered by a multi-disciplinary team would be the best fit for children on the edge of care and their families in their locality.

NS acknowledge the commitment and enthusiasm from all teams, statutory partners, and third sector through engagement and evaluation. Young people and families have also contributed with their experiences to enable the project to develop.

Although, similar to most projects, the majority of the spend will show towards the end of the financial year. This has not stood the programme in good stead regarding the spend to date and WG request to continue the programs. NS added, if there is an opportunity to continue investment for another 12 months, the programme has the potential to be scaled up and transform the service through:

- Revenue funding including the delivery and embedding of both intensive intervention, support teams and the early help provision and teams. Also including running and staffing costs for the residential provisions.
- Capital funding to develop two assessment centres for emergency care provision and residential setting for assessment

BEJ noted being in support of the Children & Young People programme, noting this project in particular requires a continuation of funding for the next 12 months to reach a sustainable model, as the programme has the potential for a small investment to achieve significant cultural and practice change to meet children and young people's emotional and mental well-being needs.

JGa enquired if colleagues were confident the services would be delivered with equity for the whole population.

NS informed this issue has been debated and discussed throughout the existence of the programme. The principles are identical across North Wales, however, sub-regional delivery will reflect the population requirements within that area and Multi-disciplinary Teams established in each LA area, each one structured differently to meet local needs.

Cllr BF also noted being in full support of the programme, pointing out the importance of mental health within young people, particularly nowadays with the increasing rate of the virus infection. Practitioners are becoming aware of an increasing worrying trend of MH issues seen in primary school age children.

NA also noted being in agreement to the Children & Young People TP, with the East MDT team undertaking significant transformative work with young people and families.

Cllr LM believed the Welsh language needed to be emphasised further within the report, noting children and young people throughout North Wales should be able to receive a service in their chosen language.

NS apologised if the Welsh language is not highlighted sufficiently within the report and noted the Welsh language underpinned all which the programme is undertaking; recognising the needs of local children and services available, linking into their local area. All resources developed for the programme is available in both Welsh and English.

The NWRPB noted the significant progress and work taking place across the region and were in agreement to endorse the Children & Young People Transformation business case.

Learning Disabilities Transformation Programme – Neil Ayling

NS provided an update on the progress and achievements of the Learning Disabilities Transformation Programme.

NA noted the LD Strategy created 4/5 years ago, being the first and only region to have to have a transformation programme in Wales covering Learning Disabilities.

The 5 co-produced packages, have flowed right through and included in the proposed business case.

- Integrated structures
- Workforce development
- Commissioning and procurement
- Community and culture change
- Assistive technology

Work and momentum continued throughout Covid with a reduced team in place. Progress made on digital technology paid dividends to offer support over the pandemic.

The business case has been endorsed at the recent LD Board, and a 'critical friend' challenge meeting with key partners held to discuss the business plan, resulting in the most up to date version.

Cllr CJ thanked NA for the comprehensive report and highlighted 'Project Search', where 8 out of the 9 individuals from the 2019-2020 cohort having successfully attained paid employment at the end of

course.

The NWRPB noted the significant work taking place and were in agreement to endorse the Learning Disabilities Transformation Programme business case.

Together 4 Mental Health Transformation Programme – Llinos Edwards

The board received an update from LIE on the T4MH business case.

ICAN Campaign Aims are underpinned by the principles of AHW:

- Giving a Voice to people with lived experience
- Shift focus of care to prevention and early intervention
- Empower people to maintain their mental health and well being
- Encourage open and informed conversations about mental health

To Achieve our Aims T4MH have developed:

- New I CAN mental health support pathway – aiming to provide seamless link to community provision.
- Tested ICAN Unscheduled Care
- Developed and established ICAN Community Hubs – providing holistic services
- I CAN Work employment programme
- ICAN Mental Health Training
- I CAN volunteer opportunities

Progress During Covid-19 Pandemic included:

- Establishment of 'Stay Well' telephone service delivered by ICAN Volunteers.
- Testing of ICAN Connector Role (Community Navigation)
- Greater integration with CMHT's and Primary Care
- Establishment of 'Virtual ICAN Community Hubs'
- Enhanced and accelerated the Digital and Virtual Offer
- Strengthened and enhanced Partnership working
- Continued with the recruitment of ICAN Volunteers
- Continued in the delivery of ICAN Training – although 'virtual'

Year 1 activity focused on building foundation and developing the concept and brand allowing for wider system transformation. Funding is required for the next phase which involves:

- Building on the activity to date, develop wider partnership agenda focusing on wider topics, housing, employment, which all have a greater impact in well-being.
- Dovetail and transition the programme of work closer to the Community Transformation work programme, in particular the GP Cluster/locality work streams so that ICAN is seen as a 'community resource'.
- Enhance and expand digitally enabled support, connection and assessment.
- Continue to develop work on the ICAN pathway; ICAN Community Hubs and ICAN Academy

JW noted agreement to support the MH transformation, with huge benefits already seen in CCBC.

ME also supported the MH programme and noted collaborating with CST being the natural next steps; supporting people into employment and supporting well-being within all localities.

PW noted digital poverty as a major concern within Carers. During the pandemic social isolation and social interaction have been experienced with hardware and digital connection highlighted.

BEJ agreed with PW and confirmed digital inclusion has been highlighted as a major issue for a large part of the population, and the issue is being discussed and explored by the digital transformation board.

The NWRPB noted the significant work already taken place and were in agreement to endorse the Together 4 Mental Health Transformation business case.

Community Services Transformation Programme

AJ provide the NWRPB with information on progress with Community Services Transformation, including impact of Covid.

The CST Exit Strategy / Business Case split the programme into 5 key workstreams:

Workstream 1: Locality Development.

This workstream stands at the heart of what the Community Services Transformation Programme has set out to achieve, the development of integrated health and social care Localities, based largely (although not exclusively) upon the geography of GP Clusters. Key risk identified is compounded by the pandemic.

Emphasis and priority will be placed on:

- building on the positive feedback about geographical/ local decision-making,
- Aligning the development of CRTs to the Leadership/ Partnership bodies.
- Widening scope of Localities, to ensure Mental Health Services fully embedded

Workstream 2: Workforce & Operational Delivery

- Time needed to embed new ways of working so as not to alienate staff
- Need time to take secondary care and Health Board Leaders on the community transformation journey with us
- Achieving step change required can only be achieved with additional time and resources
- Additional time and money required to reflect on workforce models post pandemic – enablers & challenges

Workstream 3: Digital Transformation:

Key priority for partners moving forward:

- Continued Digital Inclusion for citizens
- Digital Strategy for personalised health & social care
- Future scoping technologies of the future
- Digital Inclusion for staff working in independent sector domiciliary, supported living and care homes

Investment in a robust future-facing digital strategy aims to:

- Reconcile growing demand with reducing resources
- Focus on prevention, self-management and well-being
- Increase personalisation of care and support services
- Accelerate and extent integration of health and social care services

Workstream 4: Community Development

- The need to work closely with our communities to enable them to create for themselves the necessary conditions to foster positive health and well-being
- Scalability of lessons learnt across the region, and Wales more broadly
- Additional short-term investment will enable partners to continue to embed practice and learning as well as ensure sustainability of approach

Workstream 5: Sustainability Planning – another year of investment is required to ensure the programme continues with a clear rationale. The extension of time and resources help build required evidence-base and level of confidence in new ways of working, to enable decisions to be held at Executive level about re-aligning budgets and workforce.

Additional 1-year investment will allow for:

- RBA and IPoPs Training - Senior Managers, Directors, Lead Members, and internal Change Agents.
- Regional conference - reflect on programme and co-produce future priorities with key stakeholders, and operational staff.
- Respond to findings of 'Right-Sizing' work
- Development of regional Integration and Sustainability Strategy, and local re-investment plans to support the shift in resources.

AJ concluded noting the CST have widened the scope of the programme to ensure MH and LD transformation programmes are fully integrated and embedded in the work. An additional 12 months investment will support the long-term outcomes.

RS thanked AJ for the presenting and noted supporting this project which provides a platform and foundation for other projects, particularly MH, as the programme becomes embedded in communities, there will be scope to expand the remit i.e. work on homelessness and potential route to link into partnership working

LC also agreed and highlighted the importance for the Third Sector to be involved, given the nature and scale of the work, who can assist to enhance the project i.e. pacesetters across NW.

AJ agreed as the programme progresses in each locality there is a strong role for the Third Sector and pointed out a lot of the work has already progressed through the Third Sector within Wrexham.

Cllr BF thanked all presentations, and noted although the last 6 months have been challenging, the pandemic has created a culture change, with work in the pipeline having to be done quicker, a lot of positives have come out from Covid i.e. people's digital skills have been tested and improved with virtual meetings. However we need to remember, that according to the OP commissioner over 45% of the older population of Wales are not digitally connected, underlining the important all North Wales transformation programmes are as important as each other.

SLW stated personally would like to see a specific reference to homeless prevention in the business case, this would tie in nicely to the item at the last RPB, 'Prevention for Homelessness', also being one of WG's key priorities.

AJ agreed and that could be done working with community and third sector to highlighting issues at an early stage to prevent homelessness.

RS also supports the opportunity to strengthen the CST business case and include homelessness.

NWRPB endorsed the business case for Community Services Transformation.

Following discussion on the disappointing WG indicative allocation, and recognising the huge work completed to date and the work to be done across the region, TO proposed forwarding a letter to WG with the final business cases from NWRPB noting the disappointment of RPB members to the indicative allocation, given there are 4 major transformation programmes progressing in North Wales, which are predicted to spend all original funding allocations and are demonstrating good outcomes for citizens.

Research, Innovation and Information Hub (RIIH) Transformation Programme – Morwena Edwards

ME presented the RIIC Hub evaluation report which is also a part of AHW requirement and funded by WG.

The evaluation is the first baseline report, with the intention for WG to measure how well the hub has done, subsequent reports will therefore show development.

The RIIH are also supporting the 4 Transformation Programmes, through linking into national work and making connection with other regional hubs

The team have been involved with collating a list of innovative activity taking place across health and social care, linking in with BCU to learn

	<p>from findings from Covid. The ongoing work of the hub will re-focus to continue to support Covid response to identify innovations and lessons learned, and will be important to plan for winter pressures. ME reminded all colleagues of the RIIC existence to ensure everyone are sharing and including the RIIC Hub into their discussions.</p> <p>The NWRPB were in agreement to endorse the RIIC Hub evaluation baseline report.</p>	<p>Forward final bus cases and letter to WG</p>
<p>4.</p>	<p><u>NWRPB Annual Report</u> BJE presented the final draft of the NWRPB Annual Report and informed that the information on RPB members who have completed the Welsh training has not been included as only a few members have responded.</p> <p>The final draft Annual Report 2019-2020 is being presented today for endorsement by the NWRPB and will be submitted to WG. Endorsement from RPB members will also enable statutory partners to take the annual report through their governance or political process and the report will be available on the public domain on the northwalescollaborative.wales website.</p> <p>All in agreement to insert the date of the photograph inserted within the report to clarify that this was taken early in 2019, before COVID.</p> <p>BJE also presented the 'Reporting the impacts of Covid' overview for RPB endorsement. This is also a WG requirement, letter from Vaughan Gething and Julie Morgan dated 13.8.2020, as noted in the Regional Partnership Board Guidance Annexe 2. This overview will be presented to WG alongside the Annual Report and includes a brief corporate and strategic overview of Covid, engagement, evaluation and lessons learned so far.</p> <p>TO thanked BJE for writing the report and suggested the diagram included within the report is enlarged before forwarding to WG.</p> <p>The NWRPB were in agreement to endorse both of the above reports once updated with minor amendments and will be forwarded to WG as required</p> <p>ACTION</p> <ol style="list-style-type: none"> 1. Include date at the bottom of the photo in the Annual Report 2. Enlarge the diagram in the Reporting the impacts of Covid report. 3. Forward to WG by 30.10.2020 	
<p>5.</p>	<p><u>Digital Transformation Group work-stream – Bethan E Jones/Alan Hughes</u></p> <p>The board received an update on the digital Transformation from BEJ and AH.</p> <p>BEJ explained when the RPB agreed to establishing the DTG, little did one realise at that stage what an excellent idea that would be. As a</p>	

result of Covid a significant amount of work has been undertaken to accelerate the digital work-stream, with considerable progress made at pace to some elements and discussions on wider digital systems across the region.

AH explained that the DTP oversees a number of complementary work-streams, each of which have their own Project Manager, responsible for maintaining the appropriate project documentation and driving the project forward, with smaller sub-groups established to further support the development of the project where necessary.

- Future Technologies
- CRT Scheduling Solutions - Software solution Malinko is being piloting in the Central – 3 x Area Community Nursing Services, allowing visits to be scheduled based on the needs of the client and the availability of appropriately trained staff within the CRT. All staff have been issued with smartphones and receive all visits using the Malinko app.
- West Area WCCIS - Holyhead CRT and Lleyn CRT is scheduled to be delivered in January 2021.
- South Wrexham EMIS Community – software used by GP's.
- Information Governance - to develop a regional Information Sharing Agreement across CRT based on a model of integration, and a range of standardised documents.
- Technical Solutions - a technical programme of work to support CRT's across the Region.
- Digital Communities - to develop a digital strategy for personalised care to improve rates of digital inclusion across the region, in order to enable citizens to engage with health and social care on an increasingly digital basis. Work to be done linking in with RSL's who already have digital inclusion projects.

JGa enquired if WAST were also fully integrated and included in the DTG development work.

BEJ informed current work involved community integration with H & SC and the voluntary sector. WAST are not involved at present, but the DTG would welcome their involvement if people feel they needed to be included. BEJ agreed to take this action and discuss further with EH.

AH informed WCCIS at a national level are already looking at interfaces with WAST.

Cllr BF suggested it would be helpful if all organisation used a single virtual platform trialled by the DTG, as issues seem to arise within most platforms.

BEJ informed this suggestion has already been discussed by the DTG and North Wales Heads of IT. BCU and certain LA's are moving to one platform as a future choice. BCU are unable to use some platforms due to security issues.

	<p>ME thanked BEJ and the DTG team for the timely report. However, pleaded with the group to ensure the Welsh Language is clearly included within the strategy from the outset of the work, and picking this up at points through the work is not acceptable. ME does not consider that the report presented today includes sufficient reference to the Welsh Language</p> <p>BEJ agreed with ME that the strategy does not give the required consideration that bilingualism required and noted that Meilys Smith, WCCIS, will attend the next meeting of the DTG to present work done on the Welsh language.</p> <p>BJE apologised to RPB that simultaneous translation has not been resolved and colleagues continue to work toward translation facilities on MS Teams. However, the licence with the regional team does not provide the ability to provide a telephone line for the translation at the moment, and until the Regional Collaboration Team can access a full MST licence this will remain a challenge. .</p> <p>ME again reiterated the bilingual platform requires to be embedded in all services provided and should be provided from the outset.</p> <p>RPB members noted their frustration on using different virtual platforms and also the positives that have emerged from having to use virtual platforms for events in recent months in different parts of the region.</p> <p>TO thanked BEJ and AH for the update. Following discussion the members of the NWRPB were in agreement to note the update report and continue to support the implementation of the stated work-streams, which will become more evident within the transformation work.</p>	
<p>6.</p>	<p><u>Health & Social Care Recovery Group – Judith Greenhalgh/Bethan Jones Edwards (verbal update)</u></p> <p>Following a workshop with RPB members, a number of service areas were identified as requiring a regional approach to recovery. Commissioned baseline report were provided from each work-stream regularly to the H&CRG, providing high level information of the respective work showing current position, key issues for recovery, risks and mitigation and interfaces with other groups etc.</p> <p>With a significant increase seen in Covid recently the Strategic Coordination Group (SCG) has been reconvened with 2 weekly meetings. The Regional Coordination Group (RCG) has been stood down. The work of the Recovery Group will continue to be vitally important throughout winter and future agenda will focus on winter planning across H&SC and output from the Data and Intelligence Cells, and will provide regular updated to the SCG.</p> <p>The Winter Plan is an important piece of work and while the AISB sub-regional plans have been delayed, once received, the information will be collated into a comprehensive high level plan to be scrutinised and used as a reference point. BCU have worked with PHW colleagues on</p>	

	<p>acute data and H&SC are gathering all information on the community and all services who provide care and support outside the hospital setting. The final plan will be shared with the RPB once completed.</p> <p>Cllr BF remarked the discussion on the winter plan seems to take place too late in the year. In a fortnight we are well into October with the winter plans are still not in place.</p> <p>JG agreed with Cllr BF's comment, with Covid emerging so suddenly, and information required from statutory partners who are already pressed with their own work.</p> <p>MWim agreed with the re-focus work of the H&CRG, re-establishing the original work during the first phase will assist to re-stabilise Social Care. MWim enquired how the changed focus integrated with the governance structure, and how swift decision are taken to inform the front line.</p> <p>JG advised the H&CRG is not a formal decision making body, more of a professional group taking an overview of the work currently being progressed in the region. However, the focus has not changed, but sharpened, to focus on the winter planning and the intelligence/data cell thematic and planning information. The H&CRG reports regularly to the RPB and the NWRLB, reinforcing the governance.</p> <p>JW thanked JG for her steer on the H&CRG, during a really difficult time, keeping focussed, reviewing short/medium and long term action has been a huge co-ordinated effort, to support the region to endure the winter with all the challenges that winter in general brings without the added pressure of Covid.</p>	
7.	<p><u>Dementia Strategy</u> The board received a verbal update from BJE on the Dementia Strategy.</p> <p>The outstanding action; to arrange a meeting with JGa, Sandie Anderson and Michelle Richardson (Alzheimer's Society), has been held 13.8.2020. The discussion did not discover 'numerous inaccuracies' within the strategy, as had been reported to the RPB when the strategy came to the meeting for endorsement. Following the discussions held only minor amendments have been made and MR has this week forwarded her agreement to the strategy and supporting reports. .</p> <p>BJE informed, the final Dementia Strategy, showing the amendments will be presented to the November NWRPB for endorsement. The strategy, once endorsed by the NWRPB can then be taken through the governance and/or political processes of the statutory partners for agreement. Each RPB SS lead portfolio member are to ensure the strategy is on their respective forward work programmes from December onwards.</p> <p><u>ICF Dementia</u> BJE also informed RPB members that a recent bid to WG for ICF</p>	

	funding to support a Dementia Project Manager post has been awarded for the next 12 months. This post will involve working with partners on reviewing the work of the Dementia Strategy in light of Covid and operationalising the strategy. Recruitment is in progress.	
8.	Any other business – nothing to report	
9.	<p>The following documents were included for information:</p> <ul style="list-style-type: none"> • Coronavirus Act 2020 - Rapid Review <p>Action: BJE/RW send out request and documents separately - RPB members to provide feedback or respond separately by 27.10.2020</p> <ul style="list-style-type: none"> • Joint HIW and CIW letter to HB's and Trusts 	



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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Regional Partnership Board

Annual Report

2019/20



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

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(Photo taken April 2019)

Foreword by the Chair of North Wales Regional Partnership Board (NWRPB)

Teresa Owen, Executive Director Public Health, Betsi Cadwaladr University Health Board



As the Chair of the North Wales Regional Partnership Board, I am pleased to introduce our 2019/20 annual report.

2019-20 was another busy year for the partnership. Our focus at the start of the 19/20 year was delivery of our transformation programmes and of course 'A Healthier Wales' approach underpinned all our thinking. Updates on the progress of these programmes are included in this report, and I look forward to sharing further information in the coming months on the difference the programmes are making to the people of North Wales.

Just before Christmas 2019, we worked with Welsh Government to hold three large events with 'A Healthier Wales' focus across the region. Turnout was excellent, and clearly lots of interest amongst our stakeholders and we received rich feedback at the events. Chairing those events has highlighted to me the need for us - as a North Wales RPB, to communicate better with stakeholders and individuals about the new ways of working and the differences being made to people's lives in North Wales— for the better.

Of course, towards the end of the financial year, Covid19 emerged. It's certainly been a challenging time for all of us, and especially the most vulnerable in our society. Our teams have worked diligently throughout the period to serve our residents during this time. My thanks to everyone for their care and compassion during this time. Covid19 has also forced us as RPB members to work differently, and to utilise technology to optimise strategic discussions and support operational activity. Most importantly, the value of partnership working, has once again been highlighted to us all. I personally reflect that the constructive, and at times challenging, discussions we've had at the RPB over the last few years, have helped us as partners to work together better during this significant pandemic. More of Covid19 in the 2020/21 report I expect.

I'd like to say thank you to all the Board members for their ongoing commitment and support to the RPB agenda. The work of the transformation programmes is making a difference on the ground, and needs to mature further. Scale and pace are now the key challenges in our new world with Covid19. And whilst we focus on Covid 19, we must be relentless in our delivery on the 'A Healthier Wales' approach

Best wishes - Teresa Owen

1. Partnerships Governance and Development Review

This section of the Annual Report sets out the purpose, role, membership, operating structure and key priorities of the Regional Partnership Board. It outlines the key partnership development over the last year and progress on implementing changes in the revised Part 9 Guidance

1.1 Purpose, Role, Membership, Operating Structure and Key Priorities

The NWRPB meets on a bi monthly basis and is now holding a mix of business meetings along with development sessions. During 2019 the Board reviewed and updated its vision statement

Vision statement

Working together to improve the wellbeing of people and communities

Guiding principles

The NWRPB agreed its guiding principles in November 2016 and these remain fit for purpose:

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

Tom was invited to join the weekly social group run by the Dementia Support Worker where many of the activities Tom enjoyed took place. Transport to and from the group was arranged. Tom attended the group and whilst clearly nervous on arrival he quickly got involved in a game of dominoes and went on to lead in the reminiscence quiz. Tom now attends every week.

“It’s like having the old Tom back. He’s so much happier now. I thought it was a sign that his dementia had got worse but I can’t believe the change now”.

ICF Funded Dementia Support Worker

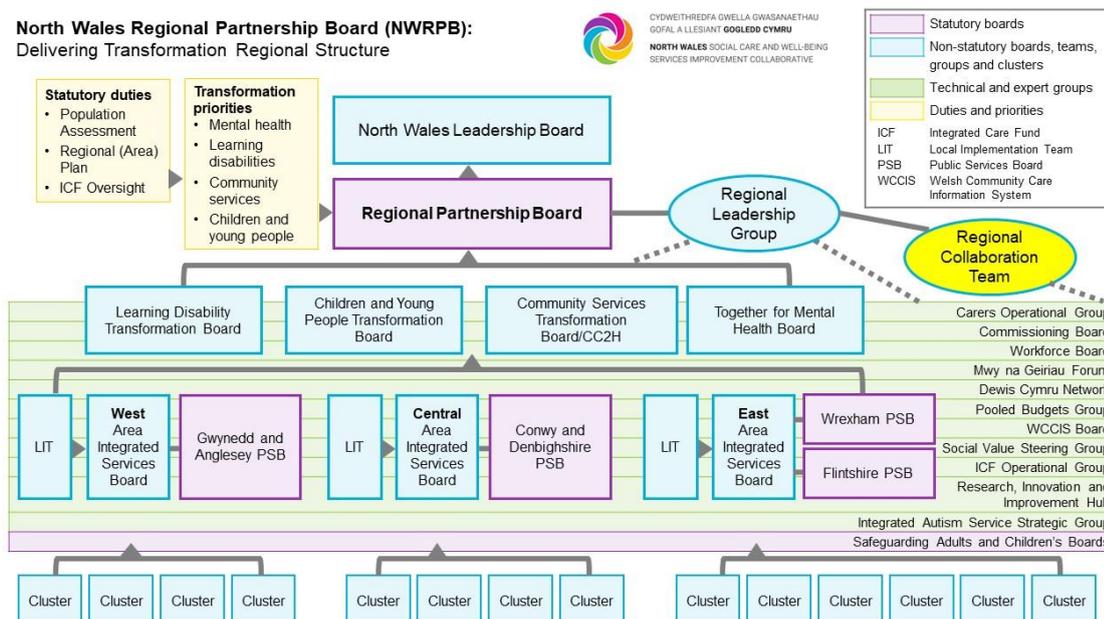
1.2 Role of the NWRPB

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

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

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

The governance structure of the NWRPB was formalised in 2019 and the structure is shown below. Our Terms of Reference were reviewed in June 2019. The membership of the NWRPB (as at end of March 2020) is attached in Appendix 1.



1.3 Key Partnership Development

We have engaged with and participated in all the Welsh Government learning events and meetings with the Minister during 2019 as part of our partnership development.

In April 2019 RPB members attended a ‘What Matters’ workshop facilitated by Welsh NHS Confederation to review the NWRPB vision and priorities.

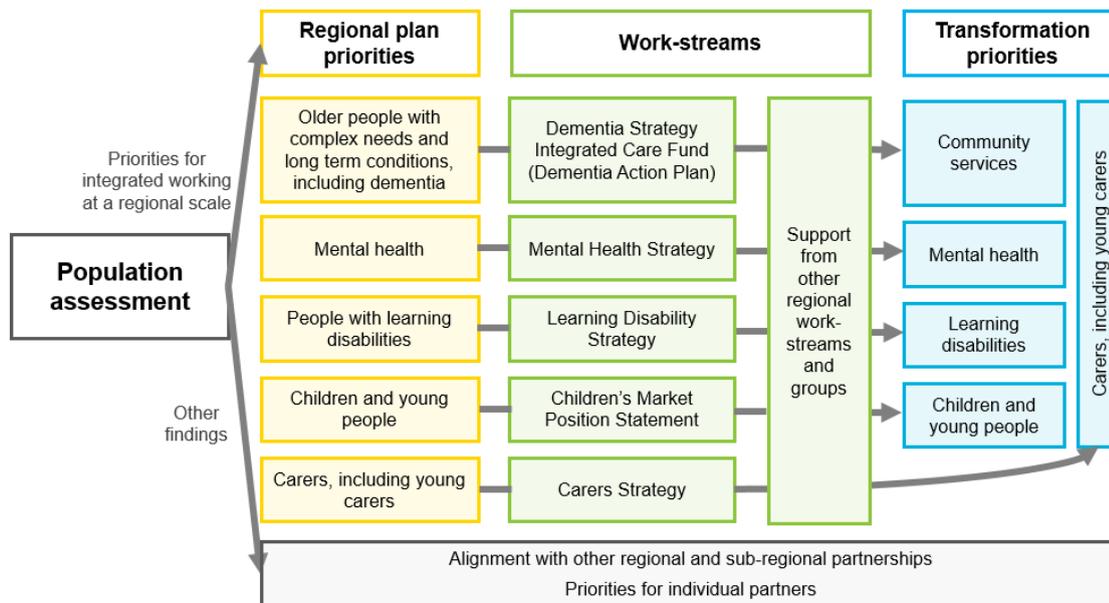
Following a workshop held in September 2019, the RPB medium/long term strategy was finalised which provides focus and priority.

In February 2020 a learning event considered RPB challenges and opportunities and focused on ‘to what degree is RPB seen as a real driver and change’. The event also highlighted the different stages of maturity for each RPB, and how the present work expected from the RPBs has changed considerably from the original purpose.

The RPB continues to work with the Public Services Board to provide a coherent local and regional response to the wellbeing needs of individuals.

We attend conferences and seminars to showcase the work of the RPB at a local, regional and national level e.g. the National Social Care Annual conference.

We have finalised our priorities and focus document for the short term and longer term. This links to our Area Plan and the current priorities for the RPB.



1.4 More Than Just Words Forum

The membership of the More Than Just Words (MTJW) Forum includes Local Authorities, the Health Board, Social Care Wales, Wales Ambulance Service NHS Trust, HEIW and Bangor University School of Healthcare Science. The forum met quarterly to facilitate the MTJW agenda, sharing information and examples of good practice. Attendance at the forum has been excellent with all partners actively supporting this important agenda. One of the recommendations from the Forum was for partner organisations to make a commitment to ensure that all leaders attained level one in Welsh. Because of this, the NWRPB gave a commitment that non-Welsh speaking members would undertake the 10-hour Welsh on-line learning to attain level one training.

Members of the forum have been working together on the recommendations/actions required within the More Than Just Words framework. Although challenges remain, the forum have noted that progress is being made on several fronts. Given the advancements in digital technology, the forum is keen to give its attention to how it can both support and influence how technological / digital changes take note of Welsh Language requirements at the design phase. The Executive Director of the Health Board attended the forum in February to discuss the issue and agreed to link with the MTJW Forum as part of the Digitally Enabled Clinical Strategy of the Health Board. The Forum has also advised other committees and working groups of our commitment to support developments from the outset.

1.5 Progress on implementing changes in revised Part 9 guidance

Following receipt of the updated Part 9 Codes and Guidance in January 2020, the NWRPB was due to discuss the required changes at its meeting in March, but due to COVID-19, this had to be deferred. Registered Social Landlord representatives joined the RPB in December 2018 and February 2019 respectively; the Chair of the RPB will seek nominations for the Education and Local Authority Housing representatives via the regional Chief Executives Forum.

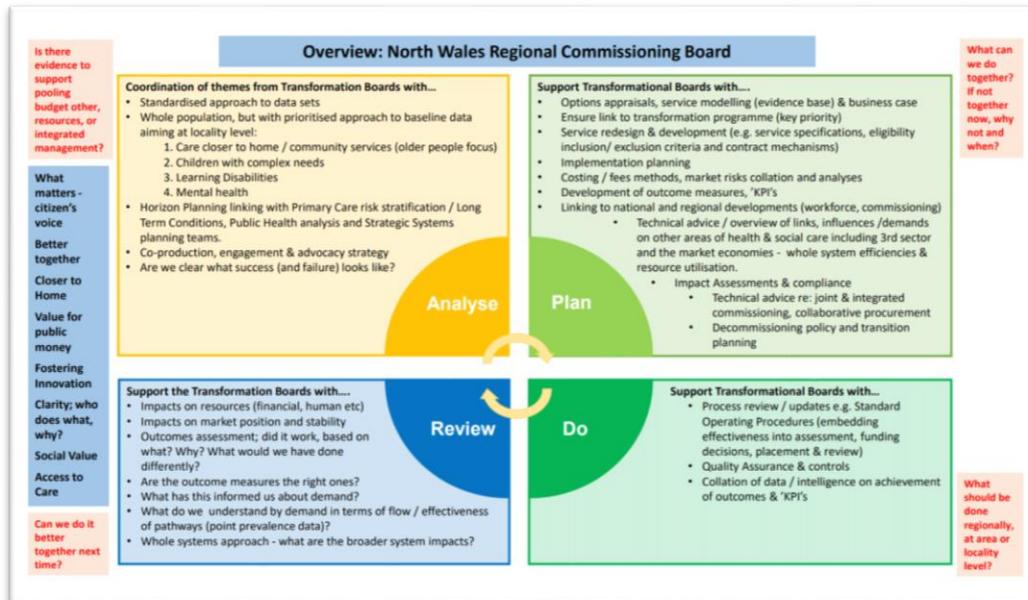
The Children's Commissioner for Wales attended to discuss the work of the RPB in delivering the priority to establish integrated services for 'children with complex needs due to disability or illness and for children and young people with mental health problems'. There is a sub-group of the RPB already established which currently over-see the delivery of our partnership Children and Young People Transformation programme.

"The family therapist was pivotal to ensuring that our boy would manage the transition to Wales. She was a breath of fresh air and developed such a strong rapport with us and our boy.

She brought great insight into his needs at a time when we needed the affirmation and support. We wanted to take this opportunity to let you know that your amazing support will be remembered forever."

ICF Funded Repatriation and Prevention Service, Flintshire

We have a long standing Strategic Commissioning Hub within the region which is underpinned by a partnership agreement and funded by partners. The work programme is aligned to the work of the Transformation Boards, identifying where it could add value / support the transformation agenda:



North Wales Local Authorities became full signatories of the Children's Commissioning Consortium Cymru ("the 4 C's") in 2019/20. The 4Cs leads on the establishment and monitoring of procurement frameworks for residential care and independent fostering services for children and young people in Wales.

The hub has maintained an oversight of market risks, particularly in relation to domiciliary care and adult care homes and initial work commenced in preparation for a requirement to establish market stability reporting at local and regional levels.

The North Wales Quality Services (Delivering What Matters) procedures have been reviewed and published.

The region has set up a pooled budget for Care Home provision across the region. KMPG evaluated our arrangements considering the maturity level of 6 aspects:

- Purpose & scope of pooled funds
- Fund governance arrangements
- How decisions are made around the fund's use
- How the pooled fund's risk is shared
- Initial outcomes of pooled funds
- Future Development
- Collaboration

The KMPG report concluded that

‘North Wales RPB could articulate more clearly their tangible goals and plans for the regional pooled budget for care homes for older people, particularly in relation to their wider transformation agenda. In addition, the RPB could consider physically pooling their funds to maximise benefits of a unified budget and risk sharing to deliver a seamless service.’

Our Regional Workforce Board continues to support the delivery of the North Wales Community Health and Social Care Workforce Strategy through the continuous improvement and development of a work programme that remains flexible but focussed, to ensure that all national strategies and priorities are fully integrated into the delivery programme.

Strategic priorities for the Regional Workforce Board continue to be:

- Workforce sustainability
- Learning and development
- Workforce intelligence

The Board continues to support existing national strategies and priorities which include the national WeCare campaign for attraction, recruitment and retention of care workers. To complement this, research is being carried out in order to develop a business case to identify alternative models for the provision of staff. This research project will be completed by end of March 2021.

A workforce development programme that provides training to support the need to meet regulatory requirements for qualifications and/or registration of care workers with Social Care Wales also continues.

We take up every opportunity to promote and share the work of our RPB we have a range of materials and documents that we share publicly. The work of the RPB and its work streams is available at www.northwalescollaborative.wales.

“I would like to take this opportunity to thank the RPB for the iPad we have received in our care home. We have set it up and have made it available to all our residents. It has proved to be a fantastic opportunity for them to be able to stay in contact with their relatives. One of our residents hasn’t seen his brother who lives in Canada for almost 18 years. It was a wonderful experience for them to see each other through video messaging on the iPad, and indeed for all of our residents to have the opportunity to see their loved ones regularly, and to be able to reassure them that they are safe and well.”

365 iPads funded from ICF Capital, Community Transformation Funding and Macmillan Cancer Care

2. General Progress Update on Delivery of Area Plan

This section of the Annual Report sets out progress against key objectives from the area plan and priority areas for integration under Part 9 guidance including outcomes achieved for service users and carers. It considers specifically the priority groups set out in the Population Needs Assessment.

In line with the requirements of the Social Services and Well-Being (Wales) Act 2014 during 2019-20 the NWRPB continued to develop its approaches to integrated services for its priority areas.

2.1 North Wales Area Plan

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

2.2 A Healthier Wales

The NWRPB priority for 2019/20 was the delivery of its 4 transformation programmes for 'A Healthier Wales' which was designed to see the rapid development of integrated community based services across the region, building on and rolling out what has been found to be successful in bringing positive outcomes to citizens.

2.2.1 Community Services Transformation Programme



Community Services Transformation is an ambitious programme of work that aims to better integrate health and social care services at a locality level for older people including those living with dementia, people with physical disabilities and unpaid carers.

At the heart of this place-based model is a determination to deliver enhanced integrated governance arrangements as well as develop operational delivery structures that ensure a seamless and co-ordinated approach to the delivery of health and social care.

Considerable work has been undertaken in order to build a robust programme for change. The agreed outcomes for this work are to:

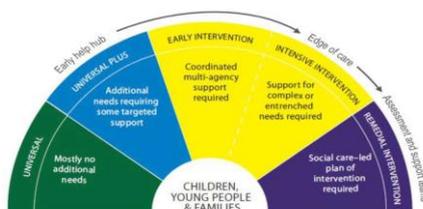
- Improve the citizen's experience of health and social care services by ensuring seamless provision with robust communication
- Improve outcomes for citizens by delivering care and support, based on what matters to individuals

- Release the capacity and capability of community health and social care services to respond to people's needs, delivering care closer to home
- Manage demand for statutory services by refocusing attention on improving self-care, early intervention and prevention, including anticipatory care planning
- Shift focus and resources away from the acute and into the community

Transforming the way in which community health and social care services work together is a long-term piece of work. Progress has been made to place partners in a strong position to deliver real change. Throughout this year we have:

- Developed robust Area-level project plans that respond to the local context and need in order to further develop and enhance integrated working, building on what works well as well as testing new ways of working
- Built strong project teams to define and deliver transformation within the Areas, and to work within operational teams to help change culture
- Worked with the NHS Delivery Unit to begin the process of mapping the capacity of our community services both now and in the future
- Agreed five Pacesetter projects, to focus on some of the key learning for integration – governance and leadership, commissioning, workforce, IT and infrastructure
- Provided 365 iPads to care homes, hospices, hospitals, supported living accommodation as well as people living in their own homes in the community, in order to support virtual visiting and on-line consultations
- Commissioned a scheduling system which is being piloted in a number of CRTs
- Recruited a facilitator to unpick enshrined hospital discharge process
- Worked with Public Health to develop a consistent and robust locality needs assessment template
- Commissioned a legal expert to scope models of integration to support partners navigate moving forward within the context of existing statutory frameworks

2.2.2 Children and Young People Transformation Programme



Children and Young People Transformation embraces an overall objective to achieve better outcomes for children and young people through the implementation of service models that will enable access to support that builds emotional resilience in children, young people and their parents/carers and

addresses the root causes known to contribute to emotional distress and risk of family/placement breakdown. The Programme is supporting cultural and workforce change to deliver this in a sustainable way and has been designed to work with children, young people and families as a whole system approach.

There are three strands to the programme:

- A multi-agency drive to improve the emotional health, wellbeing and resilience of children and young people through integrated early intervention and prevention including the development / further refinement of locality early help hubs
- To research and develop evidence-based 'rapid response' (crisis outreach) interventions for children and families on the edge of care
- To develop short term residential services

A number of early milestones and achievements indicate a fresh injection of thinking and appetite for change at pace:

- There is a dedicated Programme Management Team in place
- Three multi-agency sub regional teams have been established and are meeting regularly to lead implementation of sub-regional projects
- A Theory of Change has been co-produced with the support of each of the sub-regional teams/emotional health, wellbeing and resilience steering group
- Baseline data of relevance to the project have been collected and analysed
- Baseline interviews have been undertaken with professional stakeholders to establish their perceptions of current arrangements (before the programme is implemented) and to take their advice about implementation

2.2.3 Learning Disability Transformation Programme



The foundation of the *North Wales Together* programme is the North Wales Learning Disability Strategy which was written and approved in 2018-19.

The Programme was formally launched at Venue Cymru in June 2019 and brought

together people with learning disabilities, parents, carers, professionals and government officials, to plan how we will make a real difference in our region.

The programme has a 3 phased approach to 5 work streams to enable the team to co-produce with partners' priority areas based on the strategy. The work streams are:

- integrated structures
- workforce development
- commissioning and procurement
- community and culture change
- assistive technology

During June to September 2019 a mapping exercise identified existing good practice, opportunities for replicating and scaling up and also gaps. The co-production and

consensus of priorities areas and models to be implemented was then completed by December 2019. The implementation of the priority areas and models commenced in January 2020. The following were also achieved during the year:

- Co-production of a North Wales Values and Behaviours Framework for staff supporting individuals with a learning disability.
- Launch of the Active Support Community of Practice attended by 55 participants.
- Publication of the first interim evaluation report for the programme
- Successful co-commissioning of 52 pilot projects to support the programme



2.2.4 Together for Mental Health Transformation Programme



The objective of this programme is to drive the changes required to ensure a 'whole system' approach but so far has focused on transforming the community and primary care elements in order to stem the flow into specialist services in the system. The focus has been to develop a regional model for early intervention and crisis prevention, which is known as the ICAN Integrated Pathway, which includes provision to develop:

- ICAN Community Hub
- ICAN Primary Care
- ICAN Unscheduled Care
- ICAN+ Step Up/Step Down

Significant progress had been achieved against key programme milestones and in particular in the establishment of ICAN Community Hubs (x8) and Primary Care partnerships across the region. Several launch events at Community Hubs were undertaken during February 2020 that demonstrated a true partnership approach and asset based approach to service development.

2.2.5 Research, Innovation and Improvement Coordination Hub

We successfully bid for funding to set up a Research, Innovation and Improvement Coordination Hub for North Wales. The aim of the hub is to coordinate research, innovation and improvement activity in North Wales to understand how health and social care services can work together better. It is part of the Welsh Government

commitment in A Healthier Wales to establish a nationally coordinated network of hubs to inform new integrated models of health and social care.

Projects completed during 2019-20 to support the work of the hub included digital horizon scanning; project visits to look at the Multi Systemic Therapy: Family Integrated Transitions (MST-FIT) models; and research into innovative and alternative approaches to addressing staffing problems in health and social care.

2.3 North Wales Dementia Strategy



During 2019-20 the Regional Partnership Board developed an integrated Dementia Strategy for North Wales. The strategy was developed with people affected by dementia and with a wide range of partner organisations. Around 250 people took part in the initial consultation and a further consultation event was held in November 2019 attended by 150 people.

The strategy is based around the themes of the Welsh Government Dementia Action Plan with the addition of a specific priority for carers. These themes were supported by the consultation findings:

- Risk reduction and delaying onset
- Raising awareness and understanding
- Recognition and identification
- Assessment and diagnosis
- Living as well as possible for as long as possible with dementia
- The need for increased support
- Supporting carers

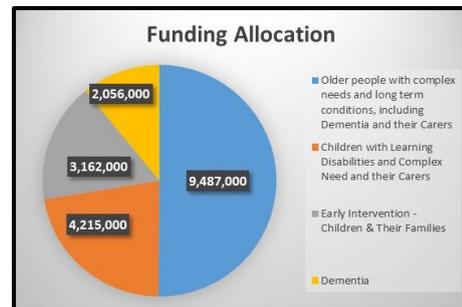
The strategy sets out actions under each of the themes to improve and support the integration of services. It recommends that the North Wales Dementia Strategy Steering Group oversees the implementation of the strategy, which is linked to the production of the Dementia Action Plan report required by Welsh Government.

2.4 Integrated Care Funding

During 2019-20 a total of £18.92m Integrated Care Fund (ICF) revenue funding was invested in 124 projects across our region. Almost £5.7m was spent on projects that directly supported carers and £2.4m investment went to support projects run by third sector organisations.

The following groups are priority areas of integration and all regional ICF programmes must address them in line with their regional population assessments and area plans:

- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Children with complex needs; and
- Carers, including young carers



The development of projects to support older people with complex needs and long term conditions has continued. These include Community Resource Teams; falls prevention programmes; step up and step down facilities to prevent hospital admissions and facilitate earlier discharges. These include over 30 projects to support people with dementia and their families such as developing dementia support teams to provide flexible outreach support. Specifically, we are supporting a range of initiatives to support the implementation of the National Dementia Action Plan.

The 35 projects to support people with learning disabilities include Independent Living Training, Community Navigators and Planning for the future.

There are 22 projects that provide early intervention to young people and their families which include Repatriation and Prevention services, Domestic Abuse Intensive Intervention Worker and Resilient Families service.

"Thank you for all your support and encouragement...we've learnt so many new skills, tough but equally rewarding. Thank you for making a difference in our lives"

(Feedback from parent whose child remains in her care)
ICF Funded Resilient Families Project, Ynys Môn



There are 39 projects which directly support carers in our region

- 1,151 children received an Early Intervention service funded by ICF
- 671 families worked with an Early Intervention service funded by ICF
- 2,718 people were supported by LD Services funded by ICF
- 12,102 people were supported by Older People's Services funded by ICF

- 574 staff in Older People's Services were trained in falls prevention

2.5 Winter Funding

Welsh Government initially allocated £5.7m funding to NWRPB to support the delivery of the Winter Plan. This came in 2 separate allocations (NWRPB £3.6m and BCUHB £2.1m) with a request for the submission of one Winter Plan across the region. Subsequently a further £2.1m was allocated in January 2020.

There were 7 themes underpinning the winter plan:

- Optimising cross organisational and sector working
- Urgent primary care/out of hours' resilience
- Preventing unnecessary conveyance and admission to hospital
- Discharge to assess/recover
- Community step down capacity
- An enhanced focus on the respiratory pathway
- An enhanced focus on the frailty pathway

There was a rigorous review of delivery against the plan and we were required to report monthly on:

- Reporting arrangements
- Successes / Benefits realised
- Barriers
- Lessons Learned
- Partners Involved in delivery

Tuag Adref / Homeward Bound

The Tuag Adref / Homeward Bound project in the West area aligned pathways and enabled hospital discharge staff to access Community Resource Teams and Support Workers to support rapid discharge. This scheme was operational at Ysbyty Penrhos Stanley, Ysbyty Bryn Beryl, Ysbyty Alltwen, Ysbyty Eryri, Ysbyty Dolgellau and Ysbyty Gwynedd. During December – February 1244 bed days were saved and 152 admissions avoided

3. Communication, Engagement & Social Value

This section of the Annual Report sets out how the Board engaged directly with service users or citizen panels and promoted co-operation and participation with relevant partners and others. It outlines how the Board has engaged with stakeholders from the third and independent sectors and has progress to establish social value forums to promote social value and share good practice

3.1 North Wales Engagement

A review of engagement activity in North Wales was undertaken as a requirement by Social Care Wales' Regional Facilitation Grant. A range of ways that individuals and carers can have their say about care and support services in North Wales were identified at both regional and local levels. The report was well received, by Social Care Wales and is published on the NWRPB website. The NWRPB continue to engage with citizens through the North Wales Citizen Panel.



Pictured are young people from the Denbighshire and Conwy Child and Adolescent LD Service who volunteered at the Children's LD event

3.2 North Wales Citizen Panel

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

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

The Panel continues to be managed by Community and Voluntary Support Conwy (CVSC) and funded by the 6 Local Authorities. The Regional Collaboration team manage the contract with the CVSC on behalf of the partners.

The panel includes 254 citizens including young people from the age of 16, adults and Carers (www.llaisygogledd.wales)

3.3 North Wales Social Value Steering Group

The NWRPB, supported by the Social Value Forum Steering Group continues to support local authorities and partners through:

- Working with the North Wales Social Value Network to promote the development of not for private profit organisations (including social enterprises, co-operative organisations, co-operative arrangements, user led service and the third sector) to provide care and support and support for carers, and preventative services.



Pictured are some of the attendees at the Dementia Strategy event in November 2019

- Promoting collaboration to maximise social value and co-production across all providers delivering health, social care and/or well-being services in North Wales.
- Promoting partnership and networking opportunities across sectors
- Identifying, sharing and learning from good practice
- Challenging roles embedded in the organisation and influencing practice development and innovative approaches with commissioners and procurement departments to commission and procure services which deliver social value.

3.4 North Wales Carers Groups

The North Wales Carers Operational Group (NWCOG) and North Wales Young Carers Operational Group (NWYCOG) continue to support the NWRPB to deliver on the carer's strategy.

Action plans have been developed and are reviewed regularly for both NWCOG and NWYCOG to monitor the progress of individual partners within the operational groups to measure themselves against the strategy's core standards.

Unfortunately, carer engagement events planned for the end of 2019/20 were cancelled due to the current pandemic but engagement with carers via the carer representatives on the board has continued during the year.

Work is underway to develop an Investors in Carers Scheme across North Wales that will be linked to the strategy's standards and aspirations.

4. Forward Look

This section of the Annual Report outlines the identified priorities the RPB will focus on in 2020-21 and beyond, referencing where Covid-19 has impacted and prompted a change in direction or priority.

4.1 Covid Impact

During mid-March 2020, COVID-19 arrived The March 2020 RPB meeting could not proceed as originally planned and the RPB wasn't then re-convened until 18th May 2020. Arrangements were put in place for RPB meetings to take place virtually.

To ensure that RPB members remained informed, a newsletter was produced in April and circulated to members of the NWRPB to highlight the immediate effects of COVID on its programmes and the grant funding streams. A temporary governance arrangement was put in place, which RPB members endorsed. Prior to being able to re-convene virtual RPB meetings, and when urgent agreements were required, the temporary governance arrangements enabled RPB business to continue virtually by email.

4.2 Priorities for 2020-21 and beyond

We have finalised our priorities and focus document for the short and longer term. This links to our Area Plan and the current priorities for the RPB. This is shown in section 1.3



The NWRPB stand at the 2019 Social Care Conference



Denbighshire Dementia Aware stand at the Dementia Strategy event



Appendix 1 – Membership of the NWRPB

As at end of March 2020

Name	Title
Bethan Jones Edwards	Head of Regional Collaboration
Bethan E Jones	Betsi Cadwaladr University Health Board
Fon Roberts	Isle of Anglesey County Council
Alwyn Jones	Wrexham County Borough Council
Dr Chris Stockport	Betsi Cadwaladr University Health Board
Clare Budden	Housing Representative
Cllr Bobby Feeley	Denbighshire County Council
Cllr Christine Jones	Flintshire County Council
Cllr Joan Lowe	Wrexham County Borough Council
Cllr Louise Emery	Conwy County Borough Council
Cllr Llinos Medi Huws	Isle of Anglesey County Council
Cllr Dafydd Meurig	Gwynedd Council
David Worrall (to end of December 2019) Roma Hooper (Action for Children from 1.1.20)	Third Sector Representative
Estelle Hitchon	WAST (Co-opted)
Ffion Johnstone	Betsi Cadwaladr University Health Board
Jennie Lewis	Carer Rep
Jenny Williams	Conwy County Borough Council
Judith Greenhalgh	NWRLB/CEO Representative
Kevin Roberts	North Wales Fire and Rescue Service (Co-opted)
Lynda Colwell	Third Sector Representative
Marian Wyn Jones (up to end of December 2019)	Betsi Cadwaladr University Health Board

Lucy Reid (from 1.1.20)	
Mark Wilkinson	Betsi Cadwaladr University Health Board
Mary Wimbury	Provider Representative
Morwena Edwards	Gwynedd Council
Helen Corcoran (from Nov 2019)	North Wales Police (Co-opted)
Neil Ayling	Flintshire County Council
Nicola Stubbins	Denbighshire County Council
Peter Williams	Carer Rep
Rob Smith	Betsi Cadwaladr University Health Board
Richard Weigh (up to end of June 2019) Steve Gadd (from Sept 2019)	Chief Finance Officer (Section 151) (Co-opted)
Shan Lloyd Williams	Housing Representative
Teresa Owen	Betsi Cadwaladr University Health Board
Wendy Jones	North Wales VSC's (Co-opted)
Ruth Whittingham	Regional Collaboration

Appendix 2 Statutory provisions

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

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

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

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

- The National Health Service (Wales) Act 2006 – in particular sections 1, 2, 10, 33 and 38, 82.
- S9 Local Government (Wales) Measure 2009 powers in respect of collaboration with other local authorities.
- Local Government Act 1972 - in particular s2 which gives local authorities powers to do anything which it considers is likely to achieve any one or more of the following benefits: the promotion or improvement of the economic, social or environmental well-being of the area and section 113 which enables one local authority to place its staff at the disposal of another or health authority or Health Board.
- S111 Local Government Act 1982 provides for a local authority to have the power to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their functions.



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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Munudau Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

9 Hydref 2020

9:00 am – 11:30 yb

Drwy MS Teams

Yn bresennol:	Teresa Owen, Bethan Jones Edwards, Alwyn Jones, Morwena Edwards, Bethan E Jones, Cyng. Bobby Feeley, Cyng. Christine Jones, Cyng. Joan Lowe, Cyng. Louise Emery, Fon Roberts, Jenny Williams, John Gladston, Judith Greenhalgh, Paul Scott yn bresennol ar ran Kevin Roberts, Cyng. Llinos Medi Huws, Lynda Colwell, Mary Wimbury (MWim), Neil Ayling, Nicola Stubbins, Peter Williams, Rob Smith, Shan Lloyd Williams, John Gallanders, Dr Lowri Brown
Ymddiheuriadau:	Chris Stockport, Clare Budden, Cyng. Dafydd Meurig, Estelle Hitchon, Ffion Johnstone, Helen Corcoran, Mark Wilkinson (MWil), Kevin Roberts, Lucy Reid, Catherine Elaine Jones, Roma Hooper
Hefyd yn bresennol:	Llinos Edwards, Rheolwr Rhaglen Gwella Gwasanaeth, Is-Adran Iechyd Meddwl ac Anabledau Dysgu Alan Hughes, Rheolwr Rhaglen WCCIS Gogledd Cymru

Eitem		Camau gweithredu
1.	<p><u>Croeso, Cyflwyniadau ac Ymddiheuriadau</u> Croesawodd y cadeirydd bawb i'r cyfarfod a nodwyd yr ymddiheuriadau uchod.</p> <p>Estynnwyd croeso cynnes i Dr Lowri Brown, a enwebwyd yn ddiweddar gan Brif Swyddogion Gweithredol Awdurdodau Lleol Gogledd Cymru i fod yn gynrychiolydd Addysg Ranbarthol Gogledd Cymru.</p>	
2.	<p><u>Nodiadau a chamau gweithredu'r cyfarfod diwethaf – mis Medi 2020</u> Cytunwyd bod cofnodion cyfarfod 11.9.2020 yn gofnod cywir. Camau gweithredu a gwblhawyd:</p> <p>Camau gweithredu sydd eto i'w cwblhau:</p> <ul style="list-style-type: none">• Profi mewn Cartrefi Gofal – TO a MWim i drefnu trafodaeth dros y ffôn yr wythnos hon• Cynllun Gaeaf – gwaith ar y gweill i goladu adroddiadau a dderbyniwyd gan Fyrddau Gwasanaeth Integredig Ardal (AISB) i greu un adroddiad lefel uchel ar gyfer y rhanbarth i'w roi i LIC. Cyflwynir y cynllun terfynol yng nghyfarfod BPRh Gogledd Cymru ym mis Tachwedd.	Agenda - Tach

	<ul style="list-style-type: none"> • Ffocws a Blaenoriaethau – mae'r ddogfen bellach wedi'i diweddarau mewn perthynas â Covid fel y gofynnwyd mewn cyfarfod blaenorol. Arhosir am gytundeb y Cadeirydd. Caiff y ddogfen derfynol ei chyflwyno i BPRh Gogledd Cymru am gymeradwyaeth yng nghyfarfod mis Tachwedd. • Strategaeth Dementia ac adroddiad cyflenwi – cyflwynir y strategaeth derfynol a'r dogfennau cysylltiedig yng nghyfarfod y BPRh ym mis Tachwedd 	<p>Agenda - Tach</p> <p>Agenda - Tach</p>
<p>3.</p>	<p><u>Cymru Iachach</u></p> <p>Darparodd BJE gyflwyniad ar gyfer y drafodaeth am Raglenni Trawsnewid Cymru Iachach.</p> <p>Yn ddiweddar cyhoeddodd LIC estyniad o 12 mis i'r Rhaglenni Trawsnewid tan fis Mawrth 2022. Mae pob Rhaglen Drawsnewid wedi cwblhau adroddiad cynnydd tan ddiwedd mis Medi 2020 ac adroddiad achos busnes i ddangos y rhaglen waith a fyddai'n cael ei chymryd ymlaen gyda'r cyllid ychwanegol ar gyfer 2021-22.</p> <p>Cyflwynir yr adroddiadau hyn heddiw i'w cymeradwyo gan BPRh Gogledd Cymru a byddant yn cael eu hanfon ymlaen at LIC yn dilyn y cyfarfod heddiw. Cyfanswm y dyraniad ar gyfer y 4 rhaglen dros 19/20 a 20/21 oedd £13 miliwn, gyda phob rhaglen drawsnewid yn rhagweld y byddent yn gwario eu dyraniad i gyd.</p> <p>Mae LIC wedi cyhoeddi'n ddiweddar hefyd y bydd dyraniad dangosol Gogledd Cymru ar gyfer 2021-22 yn £4.6 miliwn. Ar ôl i'r diweddariadau gael eu cyflwyno gan bob rhaglen heddiw, bydd angen i'r bwrdd ystyried yr opsiynau ar gyfer rhaglenni 21/22, os nad oes cyllid ychwanegol ar gael h.y. lleihau hyd y rhaglenni, blaenoriaethu beth a ariennir a beth na ariennir, chwilio am arian i barhau â'r rhaglenni o gyllid craidd presennol y partneriaid.</p> <p>Cynigodd NA ac AJ bod y BPRh yn herio LIC ynghylch y dyraniad dangosol gan yr ymddengys nad yw'n cyd-fynd â'r ffaith mai gogledd Cymru yw'r rhanbarth fwyaf yng Nghymru, ac y rhagwelir y bydd gogledd Cymru yn gwario'r dyraniad gwreiddiol i gyd.</p> <p>Cynigodd LIM bod deiliaid portffolio GC y BPRh yn cyfarfod i drafod y mater hwn ac yn anfon llythyr at LIC. Roedd yr holl ddeiliaid portffolio GC a oedd yn bresennol yn y cyfarfod yn cytuno â'r cam gweithredu hwn.</p> <p><u>Rhaglen Trawsnewid Plant a Phobl Ifanc (PaPhI) - Nicola Stubbins</u> Rhoddodd NS drosolwg o'r Rhaglen Drawsnewid Plant a Phobl Ifanc, sy'n cynnwys 3 ffrwd waith:</p> <ul style="list-style-type: none"> • Gwella iechyd emosiynol, lles a gwytnwch plant a phobl ifanc drwy ymyrraeth gynnar ac atal integredig a chymorth cynnar • Ymyraethau Ar Ffiniau Gofal gan ymgorffori Timau Amlddisgyblaethol • Prosiect Amddiffyn Plant yn Effeithiol 	<p>Aelodau etholedig / arweiniol i ysgrifennu at LIC.</p>

Er gwaethaf heriau Covid parhaodd ffrwd waith PaPHl i wneud cynnydd o ran datblygu fframwaith rhanbarthol gyda chyflawniadau nodedig, er, hyd yma, nid yw'r cynnydd ond wedi crafu wyneb y rhaglen a ffyrdd newydd o weithio.

Diweddariadau gan y timau ardal:

Ail-gyfeiriodd ardal y Gorllewin waith i ddatblygu rhaglen hyfforddi i uwchsgilio'r gweithlu plant a chydweithio â phartneriaid yn y gymuned a'r sector gwirfoddol i ddarparu cynllun cydnerthu cymunedol mewn ymateb i angen lleol. Ar yr un pryd, mae gwaith yn ailddechrau i fireinio'r model gofalu a sefydlu'r Tîm Amlddisgyblaethol.

Gweithiodd yr ardal Ganolog ar 4 amcan, a'r prif amcan oedd model gofalu pwrpasol sy'n seiliedig ar asesu a llunio clinigol a darparu ymyraethau dwys gan gynnwys cyfweld ysgogiadol, sgysiau cydweithredol a Therapi Ymddygiad Dialectig.

Roedd ardal y Dwyrain wedi gwneud cynnydd ar waith Therapi Aml-Systemig. Mae partneriaid yn ardal y Dwyrain wedi croesawu cyfle i dreialu model a fyddai'n cefnogi darpariaeth gwasanaeth cwbl integredig a dysgu pethau newydd nid yn unig i'r ardal leol a'r rhanbarth ond hefyd i Gymru gyfan. Penderfynodd y tîm yn gynnar mai ymyrraeth therapiwtig a ddarperir gan dîm amlddisgyblaethol fyddai'n fwyaf addas i blant ar ffiniau gofal a'u teuluoedd yn eu hardaloedd lleol.

Mae NS yn cydnabod ymrwymiad a brwdfrydedd pob tîm, partner statudol a'r trydydd sector yn eu hymgysylltiad a'u gwaith gwerthuso. Mae pobl ifanc a theuluoedd hefyd wedi cyfrannu gyda'u profiadau i alluogi'r prosiect i ddatblygu.

Er hynny, yn debyg i'r rhan fwyaf o brosiectau, bydd mwyafrif y gwariant yn dangos tua diwedd y flwyddyn ariannol. Nid yw hyn wedi gosod y rhaglen mewn safle da o ran gwariant hyd yma a chais LIC i barhau â'r rhaglenni. Pe bai'n cael cyfle i dderbyn buddsoddiad am 12 mis arall, dywed NS bod gan y rhaglen botensial i gynyddu o ran maint a thrawsnewid y gwasanaeth trwy:

- Gyllid referniw gan gynnwys darparu a sefydlu ymyrraeth ddwys, timau cymorth a darpariaeth a thimau cymorth cynnar. Hefyd yn cynnwys costau rhedeg a staffio'r darpariaethau preswyl.
- Cyllid cyfalaf i ddatblygu dwy ganolfan asesu i ddarparu gofal mewn argyfwng a lleoliad preswyl i asesu

Nododd BEJ ei bod o blaid y rhaglen Plant a Phobl Ifanc a bod y prosiect hwn yn arbennig yn gofyn am barhad mewn cyllid am y 12 mis nesaf er mwyn sicrhau model cynaliadwy, gan fod gan y rhaglen botensial i gyflawni newid diwylliannol ac ymarferol mawr i ddiwallu anghenion lles emosiynol a meddyliol plant a phobl ifanc a hynny am fuddsoddiad bach.

Holodd JGa a oedd cydweithwyr yn hyderus y byddai'r gwasanaethau yn cael eu darparu yn deg i'r boblogaeth gyfan.

Dyweddodd NS bod y mater hwn wedi bod yn bwnc dadl a thrafodaeth trwy gydol y rhaglen. Mae'r egwyddorion yr un fath ledled gogledd Cymru, fodd bynnag, bydd darpariaeth is-ranbarthol yn adlewyrchu gofynion y boblogaeth yn yr ardal honno a bydd Timau Amlddisgyblaethol yn cael eu sefydlu ym mhob ardal ALI, gyda phob un wedi'i strwythuro'n wahanol i ddiwallu anghenion lleol.

Nododd y Cyngorydd BF ei fod yn gwbl gefnogol o'r rhaglen ac amlygodd bwysigrwydd iechyd meddwl ymysg pobl ifanc, yn enwedig nawr wrth i gyfradd heintio'r feirws godi. Mae ymarferwyr yn gweld cynnydd pryderus mewn problemau iechyd meddwl a welir ymysg plant oedran cynradd.

Nododd NA ei fod hefyd yn cytuno â'r Rhaglen Drawsnewid Plant a Phobl Ifanc, a bod Tîm Amlddisgyblaethol y Dwyrain yn ymgymryd â gwaith trawsnewid arwyddocaol gyda phobl ifanc a theuluoedd.

Credai y Cyng. LM bod angen rhoi mwy o bwyslais ar y Gymraeg yn yr adroddiad, gan nodi y dylai plant a phobl ifanc o bob cwr o ogledd Cymru allu derbyn gwasanaethau yn eu hiaith ddewisedig.

Ymddiheurodd NS nad yw'r Gymraeg yn cael ei hamlygu'n ddigonol yn yr adroddiad a nododd bod y Gymraeg yn sylfaen i bopeth a ymgwymerir gan y rhaglen; gan gydnabod anghenion plant lleol a gwasanaethau sydd ar gael, sy'n gysylltiedig â'u hardal leol. Mae'r holl adnoddau a ddatblygwyd ar gyfer y rhaglen ar gael yn Gymraeg a Saesneg.

Nododd BPRh Gogledd Cymru y cynnydd a'r gwaith sylweddol sy'n digwydd ledled y rhanbarth ac roeddent yn cytuno y dylid cymeradwyo achos busnes y Rhaglen Drawsnewid Plant a Phobl Ifanc.

Rhaglen Drawsnewid Anableddau Dysgu - Neil Ayling

Rhododd NS ddiweddariad am gynnydd a chyflawniadau'r Rhaglen Drawsnewid Anableddau Dysgu.

Tynnodd NA sylw at y Strategaeth AD a grëwyd 4/5 mlynedd yn ôl, a dyma'r rhanbarth gyntaf a'r unig un i gael rhaglen drawsnewid yng Nghymru sy'n cwmpasu Anableddau Dysgu.

Mae'r 5 pecyn a gyd-gynhyrchwyd wedi llifo trwedd ac wedi'u cynnwys yn yr achos busnes arfaethedig.

- Strwythurau integredig
- Datblygu'r gweithlu
- Comisiynu a chaffael
- Newid cymunedol a diwylliannol
- Technoleg gynorthwyol

Parhaodd y gwaith a'r momentwm trwy gydol y cyfnod clo gyda thîm llai mewn lle. Mae'r cynnydd a wnaethpwyd ar dechnoleg ddigidol wedi talu ar ei ganfed i gynnydd cymorth yn ystod y pandemig.

Mae'r achos busnes wedi cael ei gymeradwyo gan y Bwrdd AD yn ddiweddar, a chynhaliwyd cyfarfod her 'cyfaill beirniadol' gyda

phartneriaid allweddol i drafod y cynllun busnes, ac arweiniodd hynny at y fersiwn diweddaraf.

Diolchodd y Cynghorydd CJ i NA am yr adroddiad cynhwysfawr a thynnodd sylw at 'Ymchwil Prosiect', lle mae 8 o'r 9 unigolyn o gohort 2019-2020 wedi llwyddo i gael cyflogaeth am dâl ar ddiwedd y cwrs.

Nododd BPRh Gogledd Cymru y gwaith arwyddocaol sy'n cael ei wneud ac roeddent yn cytuno y dylid cymeradwyo achos busnes y Rhaglen Drawsnewid Anableddau Dysgu.

Rhaglen Drawsnewid Law yn Llaw at Iechyd Meddwl - Llinos Edwards
Cafodd y bwrdd ddiweddariad gan LIE am achos busnes Law yn Llaw at Iechyd Meddwl.

Mae egwyddorion Cymru Iachach yn sylfaen i Nodau Ymgyrch ICAN:

- Rhoi Llais i bobl sydd â phrofiad bywyd
- Symud y ffocws gofal at atal ac ymyrryd yn fuan
- Grymuso pobl i gynnal eu hiechyd meddwl a'u lles
- Annog sgysiaiu agored a deallus am iechyd meddwl

Cyflawni'r Nodau sydd wedi'u datblygu gan Law yn Llaw at Iechyd Meddwl:

- Llwybr cymorth iechyd meddwl newydd I CAN – anelu at ddarparu cyswllt di-dor at ddarpariaeth gymunedol.
- Profi Gofal Heb Ei Drefnu ICAN
- Datblygu a sefydlu Canolbwyntiau Cymunedol ICAN – darparu gwasanaethau holistaidd
- Rhaglen gyflogaeth I CAN Work
- Hyfforddiant Iechyd Meddwl ICAN
- Cyfleoedd gwirfoddoli I CAN

Roedd y cynnydd a wnaethpwyd yn ystod pandemig Covid-19 yn cynnwys:

- Sefydlu gwasanaeth ffôn 'Aros yn Iach' a ddarperir gan wirfoddolwyr ICAN.
- Profi Rôl Cysylltydd ICAN (Llywio Cymunedol)
- Integreiddio mwy gyda Thimau Iechyd Meddwl Cymunedol a Gofal Sylfaenol
- Sefydlu 'Canolbwyntiau Cymunedol ICAN ar y Rhynggrwyd'
- Gwella a chyflymu'r arlwy ddigidol a thros y we
- Cryfhau a gwella gweithio mewn partneriaeth
- Parhau i recriwtio gwirfoddolwyr ICAN
- Parhau i gyflenwi hyfforddiant ICAN – er ei fod yn digwydd dros y we

Roedd gweithgareddau blwyddyn 1 yn canolbwyntio ar greu sylfaen a datblygu'r cysyniad a'r brand er mwyn gallu trawsnewid y system yn ehangach. Mae angen cyllid ar gyfer y cam nesaf sy'n cynnwys:

- Datblygu'r gweithgareddau sydd wedi digwydd hyd yma, datblygu agenda partneriaethau ehangach sy'n canolbwyntio ar bynciau ehangach, tai, cyflogaeth, sydd i gyd yn cael mwy o effaith ar les.

- Asio a phontio'r rhaglen waith yn nes at y rhaglen waith Trawsnewid Cymunedol, yn enwedig y ffrydiau gwaith Clwstwr Meddygon Teulu / ardaloedd lleol fel bod ICAN yn cael ei weld fel 'adnodd cymunedol'.
- Gwella ac ehangu cefnogaeth, cysylltiad ac asesiadau a wneir yn ddigidol.
- Parhau i ddatblygu gwaith ar y llwybr ICAN; Canolbwyntiau Cymunedol ICAN ac Academi ICAN

Nododd JW ei bod yn cytuno i gefnogi trawsnewid IM, gyda buddion enfawr eisoes i'w gweld yn CBSC.

Cefnogodd ME hefyd y rhaglen IM a nododd mai cydweithio gyda'r rhaglen Trawsnewid Gwasanaethau Cymunedol oedd y cam nesaf naturiol; cynorthwyo pobl i gael gwaith a chefnogi lles mewn ardaloedd lleol.

Nododd PW bod tlodi digidol yn bryder fawr gyda Gofalwyr. Yn ystod y pandemig gwelwyd arwahanrwydd cymdeithasol a rhyngweithio cymdeithasol a thynnwyd sylw at galedwedd a chysylltedd digidol.

Cytunodd BEJ gyda PW a chadarnhaodd bod cynhwysiant digidol wedi cael ei amlygu fel mater o bwys i gyfran helaeth o'r boblogaeth, ac mae'r mater yn cael ei drafod a'i archwilio gan y bwrdd trawsnewid digidol.

Nododd BPRh Gogledd Cymru y gwaith sylweddol sydd eisoes wedi ei wneud a chytunwyd cymeradwyo achos busnes Trawsnewid Law yn Llaw at Iechyd Meddwl.

Rhaglen Trawsnewid Gwasanaethau Cymunedol

Rhoddodd AJ wybodaeth i BPRh Gogledd Cymru am gynnydd y rhaglen Trawsnewid Gwasanaethau Cymunedol, gan gynnwys effaith Covid.

Mae Strategaeth Gwblhau / Achos Busnes Trawsnewid Gwasanaethau Cymunedol yn rhannu'r rhaglen yn 5 ffrwd gwaith allweddol:

Ffrwd waith 1: Datblygu Ardaloedd Lleol.

Y ffrwd waith hon yw canolbwynt yr hyn y mae'r Rhaglen Trawsnewid Gwasanaethau Cymunedol yn ceisio ei gyflawni, sef datblygu ardaloedd lleol iechyd a gofal cymdeithasol integredig, yn seiliedig yn bennaf (er nid yn gyfan gwbl) ar ddaeyryddiaeth Clystyrau Meddygon Teulu. Mae'r pandemig yn dwysau'r risg allweddol a nodwyd.

Rhoddir pwyslais a blaenoriaeth ar:

- adeiladu ar yr adborth cadarnhaol ynghylch gwneud penderfyniadau daearyddol / lleol,
- Alinio datblygiad Timau Adnoddau Cymunedol i'r cyrff Arweinyddiaeth / Partneriaeth.
- Lledu cwrmpas ardaloedd lleol i sicrhau bod Gwasanaethau Iechyd Meddwl yn ymsefydlu'n gyfan gwbl

Ffrwd Waith 2: Gweithlu a Chyflenwi Gweithredol

- Amser sydd ei angen i sefydlu ffyrdd newydd o weithio fel nad ydynt yn dieithrio staff
- Mae angen amser i gymryd gofal eilaidd ac Arweinwyr Bwrdd Iechyd ar y siwrnai drawsnewid gymunedol gyda ni
- Dim ond gydag amser ac adnoddau ychwanegol y gellir cyflawni newid sylweddol sydd ei angen
- Amser ac arian ychwanegol sy'n ofynnol i ystyried modelau gweithlu ar ôl y pandemig – galluogwyr a heriau

Ffrwd Waith 3: Trawsnewid Digidol:

Blaenoriaeth allweddol i bartneriaid wrth symud ymlaen:

- Cynhwysiant Digidol Parhaus i ddinasyddion
- Strategaeth ddigidol ar gyfer iechyd a gofal cymdeithasol wedi'i bersonoli
- Technolegau cwmpasu ar gyfer y dyfodol
- Cynhwysiant Digidol i staff sy'n gweithio yn y sector annibynnol gofal cartref, byw â chymorth a chartrefi gofal

Nod buddsoddi mewn strategaeth ddigidol gadarn sy'n barod am y dyfodol yw:

- Cysoni'r galw cynyddol gydag adnoddau sy'n lleihau
- Ffocws ar atal, hunan-reoli a lles
- Gwneud gwasanaethau gofal a cymorth yn fwy personol
- Cyflymu ac integreiddio graddfa gwasanaethau iechyd a gofal cymdeithasol

Ffrwd Waith 4: Datblygu Cymunedol

- Yr angen i gydweithio'n agos â'n cymunedau i'w galluogi i greu'r amodau angenrheidiol sydd eu hangen arnynt i feithrin iechyd a lles cadarnhaol
- Graddfa'r gwersi a ddysgwyr yn unol â'r anghenion ledled y rhanbarth a Chymru yn fwy eang
- Bydd buddsoddiad byrdymor ychwanegol yn galluogi partneriaid i barhau i sefydlu ymarfer a dysgu yn ogystal â sicrhau cynaliadwyedd y dull gweithredu

Ffrwd Waith 5: Cynllunio Cynaliadwyedd – mae angen buddsoddi am flwyddyn arall i sicrhau bod y rhaglen yn parhau gyda rhesymeg glir. Mae'r estyniad amser ac adnoddau yn helpu i ddatblygu sylfaen dystiolaeth ofynnol a hyder mewn ffyrdd newydd o weithio, er mwyn gallu gwneud penderfyniadau ar lefel Weithredol ynghylch ail-alinio cyllidebau a'r gweithlu.

Bydd buddsoddiad ychwanegol am flwyddyn yn caniatáu:

- Hyfforddiant RBA ac IPoPs – Uwch Reolwyr, Cyfarwyddwyr, Aelodau Arweiniol ac Asiantau Newid mewnol.
- Cynhadledd ranbarthol – myfyrio ar y rhaglen a chydgyhyrchu blaenoriaethau'r dyfodol gyda budd-ddeiliaid allweddol a staff gweithredol.
- Ymateb i ganfyddiadau gwaith 'Amcangyfrif Maint Cywir'
- Datblygu Strategaeth Integreiddio a Chynaliadwyedd ranbarthol a chynlluniau ail-fuddsoddi lleol i gefnogi'r newid mewn adnoddau.

I orffen, nododd AJ bod y TGC wedi lledu cwmpas y rhaglenni i sicrhau bod rhaglenni trawsnewid IM ac AD yn cael eu hintegreiddio'n llawn a'u sefydlu yn y gwaith. Bydd buddsoddiad ychwanegol am 12 mis yn cefnogi'r canlyniadau hirdymor.

Diolchodd RS i AJ am ei gyflwyniad a nododd ei fod yn cefnogi'r prosiect hwn sy'n darparu llwyfan a sylfaen i brosiectau eraill, yn enwedig IM, wrth i'r rhaglen gael ei sefydlu mewn cymunedau, bydd cwmpas i ymestyn y cylch gwaith h.y. gwaith i'r digartref a llwybr posibl i greu cyswllt â gweithio mewn partneriaeth

Cytunodd LC hefyd ac amlygodd pa mor bwysig yw cynnwys y Trydydd Sector, oherwydd natur a graddfa'r gwaith, sy'n gallu cynorthwyo i wella'r prosiect h.y. pennu'r cyflymder ar gyfer gogledd Cymru gyfan.

Cytunodd AJ, wrth i'r rhaglen ddatblygu ym mhob ardal leol bod rôl gref gan y Trydydd Sector a thynnodd sylw at lawer o'r gwaith sydd eisoes wedi'i wneud trwy'r Trydydd Sector yn Wrecsam.

Diolchodd y Cynghorydd BF am bob cyflwyniad, a nododd er bod y 6 mis diwethaf wedi bod yn heriol, bod y pandemig wedi creu newid diwylliant, gyda gwaith ar y gweill yn cael ei wneud yn gynt, mae llawer o bethau cadarnhaol wedi dod o Covid h.y. mae sgiliau digidol pobl wedi cael eu profi a'u gwella gyda chyfarfodydd ar y we. Fodd bynnag mae angen i ni gofio, yn ôl y Comisiynydd Pobl Hŷn, mae dros 45% o boblogaeth hŷn Cymru yn methu â chysylltu'n ddigidol, sy'n tanlinellu'r ffaith bod holl raglenni trawsnewid gogledd Cymru yr un mor bwysig â'i gilydd.

Datganodd SLW yn bersonol yr hoffai weld cyfeiriad penodol at atal digartrefedd yn yr achos busnes, byddai hynny'n ymblethu'n daclus i'r eitem yn y cyfarfod BPRh diwethaf, Atal Digartrefedd, sydd hefyd yn un o flaenoriaethau allweddol LIC.

Cytunodd AJ a dywedodd y gellid gwneud hynny trwy weithio gyda'r gymuned a'r trydydd sector i amlygu materion yn gynnar er mwyn atal digartrefedd.

Mae RS hefyd yn cefnogi'r cyfle i gryfhau'r achos busnes Trawsnewid Gwasanaethau Cymunedol a chynnwys digartrefedd.

Cymeradwyodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru yr achos busnes ar gyfer Trawsnewid Gwasanaethau Cymunedol.

Yn dilyn trafodaeth am ddyraniad dangosol siomedig gan LIC, ac wrth gydnabod y gwaith sylweddol sydd wedi'i gwblhau hyd yma a'r gwaith sydd ar ôl i'w wneud ledled y rhanbarth, cynigodd TO anfon llythyr at LIC gyda'r achosion busnes terfynol gan BPRh Gogledd Cymru yn nodi siom aelodau'r Bwrdd ynglŷn â'r dyraniad dangosol, o gofio bod 4 rhaglen drawsnewid fawr yn gwneud cynnydd yng Ngogledd Cymru, y rhagwelir y byddant yn gwario eu holl ddyraniadau cyllid gwreiddiol a'u bod yn creu canlyniadau da i'r dinasyddion.

	<p><u>Rhaglen Drawsnewid Canolbwynt Ymchwil, Arloesi a Gwybodaeth (RIIH) - Morwena Edwards</u></p> <p>Cyflwynodd ME adroddiad gwerthuso Canolbwynt RIIC sydd hefyd yn rhan o ofynion Cymru lachach ac sy'n cael ei ariannu gan LIC.</p> <p>Mae'r gwerthusiad yn adroddiad gwaelodlin cyntaf gyda'r bwriad i LIC fesur pa mor llwyddiannus yw'r canolbwynt, bydd adroddiadau dilynol yn dangos datblygiad gan hynny.</p> <p>Mae'r RIIH hefyd yn cefnogi'r 4 Rhaglen Drawsnewid trwy gysylltu â'r gwaith cenedlaethol a chanolbwyntiau rhanbarthol eraill</p> <p>Mae'r tîm wedi bod yn gysylltiedig â choladu rhestr o weithgareddau arloesol sy'n digwydd ar draws gwasanaethau iechyd a gofal cymdeithasol, sy'n cysylltu gyda PBC i ddysgu oddi wrth ganfyddiadau Covid. Bydd gwaith parhaus y canolbwynt yn newid ffocws er mwyn parhau i ymateb i Covid i nodi arloesi a gwersi a ddysgwyd, a bydd yn bwysig er mwyn cynllunio ar gyfer pwysau'r gaeaf. Atgoffodd ME bob cydweithiwr o fodloaeth RIIH i sicrhau bod pawb yn rhannu ac yn cynnwys y Canolbwynt RIIC yn eu trafodaethau.</p> <p>Roedd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru yn cytuno y dylid cymeradwyo adroddiad gwaelodlin gwerthuso Canolbwynt RIIC.</p>	<p>Anfon achosion busnes terfynol a llythyr at LIC</p>
<p>4.</p>	<p><u>Adroddiad Blynyddol Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru</u></p> <p>Cyflwynodd BJE drafft terfynol Adroddiad Blynyddol BPRh Gogledd Cymru a dywedodd nad yw'r wybodaeth am aelodau'r Bwrdd sydd wedi cwblhau hyfforddiant Cymraeg wedi'u cynnwys gan mai dim ond ychydig aelodau sydd wedi ymateb.</p> <p>Mae Adroddiad Blynyddol drafft 2019-2020 yn cael ei gyflwyno heddiw i'w gymeradwyo gan BPRh Gogledd Cymru a bydd yn cael ei anfon at LIC. Bydd cymeradwyaeth gan aelodau BPRh 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 pawb yn cytuno y dylid nodi dyddiad y ffotograff a gynhwysir yn yr adroddiad er mwyn egluro bod hwn wedi cael ei dynnu ar ddechrau 2019, cyn COVID.</p> <p>Cyflwynodd BJE y trosolwg 'Adrodd am effeithiau Covid' er mwyn cael cymeradwyaeth y BPRh. Mae hyn yn ofynnol hefyd gan LIC, llythyr gan Vaughan Gething a Julie Morgan dyddiedig 13.8.2020, fel y nodwyd yn Atodiad 2 Canllawiau'r Bwrdd Partneriaeth Rhanbarthol. Cyflwynir y trosolwg hwn i LIC ochr y ochr â'r Adroddiad Blynyddol ac mae'n cynnwys trosolwg corfforaethol a strategol cryno o Covid, ymgysylltu, gwerthuso a gwersi a ddysgwyd hyd yma.</p> <p>Diolchodd TO i BJE am ysgrifennu'r adroddiad ac awgrymodd y dylid gwneud y diagram yn yr adroddiad yn fwy cyn ei anfon at LIC.</p>	

	<p>Roedd BPRh Gogledd Cymru yn cytuno y dylid cymeradwyo'r ddau adroddiad uchod ar ôl i'r newidiadau bach gael eu gwneud a byddant yn cael eu hanfon at LIC yn ôl y gofyn</p> <p>CAM GWEITHREDU</p> <ol style="list-style-type: none"> 1. Cynnwys dyddiad ar waelod y ffotograff yn yr Adroddiad Blynyddol 2. Gwneud y diagram yn fwy yn yr adroddiad Adrodd am effeithiau Covid. 3. Anfon at LIC erbyn 30.10.2020 	
5.	<p><u>Ffrwd waith Grŵp Trawsnewid Digidol – Bethan E Jones / Alan Hughes</u></p> <p>Cafodd y bwrdd y wybodaeth ddiweddaraf am y Rhaglen Trawsnewid Digidol gan BEJ ac AH.</p> <p>Esboniodd BEJ pan gytunodd y Bwrdd sefydlu'r Grŵp Trawsnewid Digidol, ychydig yr oeddent yn wybod ar y pryd syniad mor ardderchog oedd o. O ganlyniad i Covid mae llawer iawn o waith wedi cael ei wneud i gyflymu'r ffrwd waith ddigidol, gyda chynnydd sylweddol yn cael ei wneud yn gyflym i rai elfennau a thrafodaethau ar systemau digidol ehangach ar draws y rhanbarth.</p> <p>Esboniodd AH bod y Prosiect Trawsnewid Digidol yn cadw golwg ar nifer o ffrydiau gwaith cyflenwol, pob un â'i Reolwr Prosiect ei hun, sy'n gyfrifol am gynnal dogfennau priodol y prosiect a gyrru'r prosiect ymlaen, gydag is-grwpiau llai yn cael eu sefydlu i roi cefnogaeth bellach er mwyn datblygu'r prosiect lle bo hynny'n angenrheidiol.</p> <ul style="list-style-type: none"> • Technolegau'r Dyfodol • Datrysiadau Amserlennu Timau Adnoddau Cymunedol – mae meddalwedd Malinko yn cael ei threialu yn y Gwasanaethau Nyrsio Cymunedol Ardal x 3 - Canolog, er mwyn trefnu ymweliadau yn seiliedig ar anghenion y cleient ac argaeledd staff hyfforddedig priodol o fewn y Timau Adnoddau Cymunedol. Mae pob aelod o staff wedi derbyn ffonau clyfar ac maent yn derbyn pob ymweliad gan ddefnyddio ap Malinko. • Disgwyllir darpariaeth i WCCIS Ardal y Gorllewin – TAC Caergybi a TAC Llŷn ym mis Ionawr 2021. • Cymuned EMIS De Wrecsam – defnyddir y feddalwedd gan feddygon teulu. • Llywodraethu Gwybodaeth – datblygu Cytundeb Rhannu Gwybodaeth rhanbarthol ar draws Timau Adnoddau Cymunedol yn seiliedig ar fodel integreiddio, ac ystod o ddogfennau safonedig. • Datrysiadau Technegol - rhaglen waith dechnegol i gefnogi Timau Adnoddau Cymunedol ledled y Rhanbarth. • Cymunedau Digidol – datblygu strategaeth ddigidol i greu gofal wedi'i phersonoli er mwyn gwella cyfraddau cynhwysiant digidol ledled y rhanbarth i alluogi dinasyddion i ymgysylltu'n we â gofal iechyd a chymdeithasol ar sail ddigidol. Gwaith i'w wneud i greu cyswllt gyda Landlordiaid Cymdeithasol Cofrestredig sydd â phrosiectau cynhwysiant digidol eisoes. 	

Holodd JGa a oedd Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru (WAST) wedi'u hintegreiddio'n llawn a'u cynnwys yn y gwaith datblygu Grwpiau Trawsnewid Digidol.

Dyweddodd BEJ bod y gwaith presennol yn cynnwys integreiddio cymunedol gydag Iechyd a Gofal Cymdeithasol a'r sector gwirfoddol. Nid yw WAST yn cymryd rhan ar hyn o bryd, ond byddai'r Grŵp Trawsnewid Digidol yn croesawu eu hymgysylltiad os yw pobl yn teimlo y dylid eu cynnwys. Cytunodd BEJ gymryd y cam gweithredu hwn a thrafod ymhellach ag EH.

Dyweddodd AH bod WCCIS ar lefel genedlaethol eisoes yn edrych ar ryngwynebau gyda WAST.

Awgrymodd y Cyngorydd BF y byddai'n help pe bai pob sefydliad yn defnyddio un plattform dros y we wedi'i dreialu gan y Grŵp Trawsnewid Digidol, gan fod problemau i'w gweld yn codi yn y rhan fwyaf o blatfformau.

Dyweddodd BEJ bod yr awgrym hwn eisoes wedi'i drafod gan y Grŵp a Phenaethiaid TG Gogledd Cymru. Mae PBC a rhai ALlau yn symud at ddewis un plattform ar gyfer y dyfodol. Ni all PBC ddefnyddio rhai platfformau oherwydd materion diogelwch.

Diolchodd ME i BEJ a thîm y Grŵp Trawsnewid Digidol am yr adroddiad amserol. Fodd bynnag, plediodd ar y grŵp i sicrhau bod y Gymraeg yn cael ei chynnwys yn glir yn y strategaeth o'r cychwyn cyntaf, a dywedodd nad oedd yn dderbyniol codi'r mater hwn ar bwyntiau penodol yn ystod y gwaith. Nid yw ME yn credu bod yr adroddiad a gyflwynwyd heddiw yn cyfeirio digon at y Gymraeg.

Cytunodd BEJ gydag ME nad yw'r strategaeth yn rhoi digon o ystyriaeth i'r ffaith bod dwyieithrwydd yn ofynnol a nododd y bydd Meilys Smith, WCCIS yn mynychu cyfarfod nesaf y Grŵp Trawsnewid Digidol i gyflwyno gwaith a wnaethpwyd ar y Gymraeg.

Ymddiheurodd BJE i'r Bwrdd nad oedd y mater cyfieithu ar y pryd wedi'i ddatrys a dywedodd bod cydweithwyr yn dal i weithio i gael cyfleusterau cyfieithu ar MS Teams. Fodd bynnag, nid yw'r drwydded gyda'r tîm rhanbarthol yn gallu darparu llinell ffôn ar gyfer cyfieithydd ar hyn o bryd, ac nes bo'r Tîm Cydweithio Rhanbarthol yn gallu cael mynediad at drwydded MST lawn bydd hyn yn dal i fod yn heriol. .

Ailadroddodd ME eto bod yn rhaid sefydlu'r plattform dwyieithog yn yr holl wasanaethau a ddarperir a dylai hynny ddigwydd o'r cychwyn cyntaf.

Nododd aelodau'r BPRh eu rhwystredigaeth wrth ddefnyddio gwahanol blatfformau ar y we a hefyd y pethau cadarnhaol sydd wedi codi o orfod defnyddio platfformau ar y we ar gyfer digwyddiadau dros y misoedd diwethaf mewn gwahanol rannau o'r rhanbarth.

	<p>Diolchodd TO i BEJ ac AH am y wybodaeth ddiweddaraf. Yn dilyn trafodaeth cytunodd aelodau BPRh Gogledd Cymru y dylid nodi'r adroddiad diweddar a pharhau i gefnogi gweithrediad y ffrydiau gwaith a ddatganwyd, a ddaw yn fwy amlwg yn y gwaith trawsnewid.</p>	
<p>6.</p>	<p><u>Grŵp Adfer Iechyd a Gofal Cymdeithasol - Judith Greenhalgh/Bethan Jones Edwards (diweddariad ar lafar)</u></p> <p>Yn dilyn gweithdy gydag aelodau o'r BPRh, nodwyd bod angen dull gweithredu rhanbarthol ar gyfer adfer mewn nifer o feysydd gwasanaeth. Darparwyd adroddiad gwaelodlin wedi'i gomisiynu gan bob ffrwd waith yn rheolaidd i'r Grŵp Adfer, gan ddarparu gwybodaeth lefel uchel am y gwaith perthnasol sy'n dangos y sefyllfa bresennol, materion allweddol ar gyfer adfer, risgiau a dulliau lliniaru a rhyngwynebau gyda grwpiau eraill ac ati.</p> <p>Gan y gwelwyd cynnydd sylweddol yn y ffigyrau Covid yn ddiweddar mae'r Grŵp Cydgysylltu Strategol wedi dechrau cynnal cyfarfodydd bob pythefnos. Mae'r Grŵp Cydgysylltu Rhanbarthol wedi sefyll i lawr. Bydd gwaith y Grŵp Adfer yn parhau i fod yn hanfodol bwysig trwy gydol y gaeaf a bydd yr agenda yn y dyfodol yn canolbwyntio ar gynllunio ar gyfer y gaeaf ar draws Iechyd a Gofal Cymdeithasol ac allbwn gan y Celloedd Data a Gwybodaeth, a bydd yn darparu diweddariad rheolaidd i'r Grŵp Cydgysylltu Strategol.</p> <p>Mae'r Cynllun Gaeaf yn ddarn pwysig o waith ac er bod y cynlluniau is-ranbarthol AISB wedi cael eu hoedi, unwaith y bydd y wybodaeth wedi cael ei chasglu bydd yn cael ei choladu i greu cynllun lefel uchel cynhwysfawr er mwyn craffu a'i defnyddio fel cyfeirnod. Mae PBC wedi gweithio gyda chydweithwyr o Iechyd Cyhoeddus Cymru ar ddata aciwt ac mae Iechyd a Gofal Cymdeithasol yn casglu'r holl wybodaeth am y gymuned a'r holl wasanaethau sy'n darparu gofal a chymorth y tu allan i ysbytai. Caiff y cynllun terfynol ei rannu gyda'r BPRh unwaith y bydd wedi'i gwblhau.</p> <p>Dywedodd y Cyng. BF yr ymddengys bod y drafodaeth am y cynllun gaeaf yn digwydd yn rhy hwyr yn y flwyddyn. Ymhen pythefnos bydd mis Hydref yn dirwyn i ben heb unrhyw gynlluniau gaeaf mewn lle.</p> <p>Cytunodd JG gyda sylw'r Cynghorydd BF, wrth i Covid ymddangos mor sydyn ac wrth i wybodaeth fod yn ofynnol gan bartneriaid statudol sydd eisoes dan bwysau yn eu gwaith eu hunain.</p> <p>Roedd MWim yn cytuno gyda gwaith newid ffocws y Grŵp Adfer, bydd ailsefydlu'r gwaith gwreiddiol yn ystod y cam cyntaf yn help i sefydlogi Gofal Cymdeithasol eto. Holodd MWim sut oedd y newid ffocws yn integreiddio gyda'r strwythur llywodraethu, a sut mae penderfyniadau cyflym yn cael eu gwneud i hysbysu'r rheng flaen.</p> <p>Dywedodd JG nad yw'r Grŵp Adfer yn gorff ffurfiol sy'n gwneud penderfyniadau, mwy o grŵp proffesiynol sy'n goruchwyllo gwaith sy'n cael ei wneud ar hyn o bryd yn y rhanbarth. Fodd bynnag, nid yw'r ffocws wedi newid, dim ond wedi miniogi, i ganolbwyntio ar gynllunio'r</p>	

	<p>gaeaf a'r wybodaeth thematig a chynllunio celloedd gwybodaeth/data. Mae'r Grŵp Adfer Iechyd a Gofal yn cyflwyno adroddiadau rheolaidd i'r BPRh a'r BWRhGC, gan atgyfnerthu'r llywodraethu.</p> <p>Diolchodd JW i JG am ei harweiniad ar y Grŵp Adfer, yn ystod cyfnod anodd iawn, mae cadw ffocws, adolygu camau byrdymor / tymor canolig a thymor hir wedi bod yn ymdrech gydgysylltiedig enfawr, i gefnogi'r rhanbarth i oroesi trwy'r gaeaf gyda'r holl heriau cyffredinol a wynebir yn y gaeaf heb sôn am bwysau ychwanegol Covid.</p>	
7.	<p><u>Strategaeth Dementia</u> Cafodd y bwrdd ddiweddariad ar lafar gan BJE am y Strategaeth Dementia.</p> <p>Cam gweithredu heb ei gyflawni: trefnu cyfarfod gyda JGa, Sandie Anderson a Michelle Richardson (Cymdeithas Alzheimer) – cafodd ei gynnal ar 13.8.2020. Ni chanfuwyd 'nifer o gamgymeriadau' yn y strategaeth yn ystod y drafodaeth, fel yr adroddwyd yng nghyfarfod y BPRh pan ddaeth y strategaeth i gael ei chymeradwyo. Yn dilyn y trafodaethau dim ond newidiadau bach a wnaethpwyd ac yr wythnos hon mae MR wedi anfon ei chytundeb i'r strategaeth ac adroddiadau ategol. .</p> <p>Dywedodd BJE y caiff y Strategaeth Dementia derfynol, sy'n dangos y newidiadau, ei chyflwyno i BPRh Gogledd Cymru i'w chymeradwyo ym mis Tachwedd. Ar ôl cael cymeradwyaeth gan BPRh Gogledd Cymru, gall y strategaeth fynd trwy brosesau llywodraethu a/neu wleidyddol y partneriaid statudol i gael cymeradwyaeth. Dylai pob aelod portffolio arweiniol GC y BPRh sicrhau bod y strategaeth ar eu rhaglenni gwaith i'r dyfodol o fis Rhagfyr ymlaen.</p> <p><u>Cronfa Gofal Integredig Dementia</u> Hysbysodd BJE yr aelodau hefyd bod cais diweddar i LIC am gyllid gan y Gronfa Gofal Integredig i gefnogi swydd Rheolwr Prosiect Dementia am y 12 mis nesaf wedi bod yn llwyddiannus. Pwrpas y swydd yw gweithio gyda phartneriaid i adolygu gwaith y Strategaeth Dementia yng ngoleuni Covid a rhoi'r strategaeth ar waith. Mae'r broses recriwtio ar y gweill.</p>	
8.	Unrhyw fusnes arall – dim byd i'w adrodd	
9.	<p>Cafodd y dogfennau canlynol eu cynnwys er gwybodaeth:</p> <ul style="list-style-type: none"> • Deddf Coronafeirws 2020 - Adolygiad Cyflym <p>Cam Gweithredu: BJE/RW i anfon cais a dogfennau allan ar wahân – aelodau'r Bwrdd i ddarparu adborth neu ymateb ar wahân erbyn 27.10.2020</p> <ul style="list-style-type: none"> • Llythyr ar y cyd gan Arolygiad Gofal Iechyd Cymru ac Arolygiad Gofal Cymru at Fyrddau ac Ymddiriedolaethau Iechyd. 	



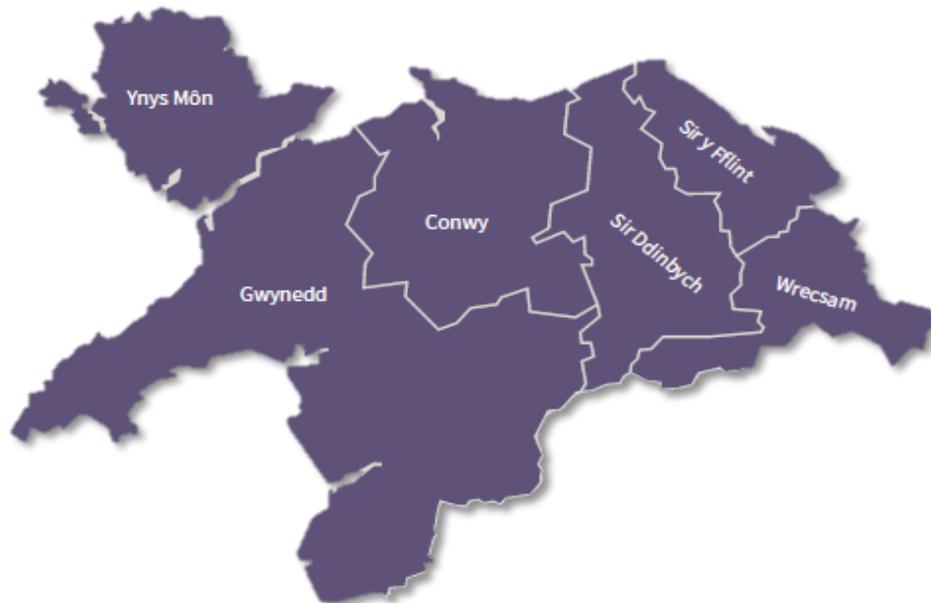
CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

Adroddiad Blynyddol

2019/20



Mae'r adroddiad hwn wedi'i lunio i fodloni'r gofynion a osodwyd gan Lywodraeth Cymru yn y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

Cynnwys

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(Cymerwyd y llun Ebrill 2019)

Rhagair gan Gadeirydd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru (BPRhGC)

Teresa Owen, Cyfarwyddwr Gweithredol Iechyd y Cyhoedd, Bwrdd Iechyd Prifysgol Betsi Cadwaladr



Fel Cadeirydd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru, rwyf yn falch o gyflwyno ein hadroddiad blynyddol 2019/20.

Roedd 2019-20 yn flwyddyn brysur arall i'r bartneriaeth. Ein pwyslais ar ddechrau'r flwyddyn 19/20 oedd darparu ein rhaglenni trawsnewid ac wrth gwrs, roedd y dull 'Cymru lachach' yn sylfaen i'n holl waith meddwl. Mae diweddariadau ar gynnydd y rhaglenni hyn yn cael eu cynnwys yn yr adroddiad, ac edrychaf ymlaen at rannu mwy o wybodaeth yn y misoedd nesaf ar y gwahaniaeth mae'r rhaglenni yn eu gwneud i bobl Gogledd Cymru.

Ychydig cyn y Nadolig 2019, fe wnaethom weithio gyda Llywodraeth Cymru i gynnal tri digwyddiad mawr gyda phwyslais 'Cymru lachach' ar draws y rhanbarth. Cafwyd ymateb gwych ac roedd yn amlwg lawer iawn o ddiddordeb ymhlith ein rhanddeiliaid a chawsom adborth gwerthfawr. Mae cadeirio'r digwyddiadau hyn wedi tynnu fy sylw at yr angen i ni fel BPRh Gogledd Cymru, i gyfathrebu'n well â rhanddeiliaid ac unigolion am y ffyrdd newydd o weithio a'r gwahaniaethau a wneir i fywydau pobl yng Ngogledd Cymru – er gwell.

Wrth gwrs, tuag at ddiwedd y flwyddyn ariannol, cododd COVID-19 ei ben. Mae'n bendant wedi bod yn amser anodd i ni gyd, ac yn enwedig i'r rhai mwyaf bregus yn ein cymunedau. Mae ein timau wedi gweithio'n ddiflino drwy gydol y cyfnod i wasanaethu ein trigolion. Rwyf yn diolch i bawb am eu gofal a'u tosturi yn ystod y cyfnod hwn. Mae COVID-19 hefyd wedi'n gorfodi ni fel aelodau'r BPRh i weithio'n wahanol a defnyddio technoleg i wneud y mwyaf o drafodaethau strategol a chefnogi gweithgarwch gweithredol. Yn bwysicaf oll, mae gwerth gwaith partneriaeth unwaith eto wedi cael ei bwysleisio i ni gyd. Yn bersonol, rwyf wedi bod yn myfyrio bod y trafodaethau adeiladol, ac weithiau heriol rydym wedi eu cael yn y BPRh dros y blynyddoedd diwethaf, wedi ein helpu fel partneriaid i weithio gyda'n gilydd yn well yn ystod y pandemig sylweddol hwn. Rwy'n disgwyl y bydd mwy am COVID-19 yn adroddiad 2020/21.

Hoffwn ddiolch i holl aelodau'r Bwrdd am eu hymrwymiad a'u cefnogaeth barhaus i agenda'r BPRh. Mae gwaith y rhaglenni trawsnewid yn gwneud gwahaniaeth ar lawr gwlad ac angen aeddfedu eto. Maint a chyflymder yw'r heriau allweddol bellach yn ein byd newydd gyda COVID-19. Ac wrth i ni ganolbwyntio arno, rhaid i ni fod yn ddiwyro yn ein darpariaeth o'r dull 'Cymru lachach'.

Dymuniadau gorau - Teresa Owen

1. Adolygiad Datblygu a Llywodraethu'r Bartneriaeth

Mae'r adran hon o'r Adroddiad Blynyddol yn nodi pwrpas, rôl, aelodaeth, strwythur gweithredu a blaenoriaethau allweddol y Bwrdd Partneriaeth Rhanbarthol. Mae'n amlinellu'r datblygiad partneriaeth allweddol dros y flwyddyn ddiwethaf a chynnydd o ran gweithredu newidiadau yn y Canllawiau Rhan 9 diwygiedig.

1.1 Pwrpas, Rôl, Aelodaeth, Strwythur Gweithredu a Blaenoriaethau Allweddol

Mae BPRhGC yn cyfarfod bob deufis ac mae bellach yn cynnal cymysgedd o gyfarfodydd busnes ynghyd â sesiynau datblygu. Yn ystod 2019, bu i'r Bwrdd adolygu a diweddarau ei ddatganiad o weledigaeth

Datganiad o Weledigaeth

Cydweithio i wella lles pobl a chymunedau

Egwyddorion Arweiniol

Cytunodd BPRhGC ar ei egwyddorion arweiniol ym mis Tachwedd 2016 ac mae'r rhain yn parhau i fod yn addas i'r diben:

- Newid y system gyfan ac ail-fuddsoddi adnoddau i fodel ataliol sy'n hyrwyddo iechyd a lles da, ac sy'n defnyddio tystiolaeth o'r hyn sy'n gweithio orau yn effeithiol
- Mae gofal yn cael ei ddarparu mewn dulliau cydlynol sy'n canolbwyntio ar anghenion, dewisiadau, ac asedau cymdeithasol pobl (defnyddwyr gwasanaeth, gofalwyr a chymunedau)
- Mae pobl yn cael eu galluogi i ddefnyddio eu hyder a'u sgiliau i fyw'n annibynnol, gan dderbyn cefnogaeth gan ystod o ddewisiadau o ansawdd uchel yn y gymuned
- Ymgorffori cyd-gynhyrchu yn y broses o wneud penderfyniadau er mwyn i ddinasyddion a'u cymunedau lunio'r gwasanaethau
- Rydym yn cydnabod yr ystod eang o ffactorau sy'n dylanwadu ar iechyd a lles a phwysigrwydd cysylltiadau â'r meysydd hyn (gan gynnwys addysg, tai, lles, lleihau digartrefedd, twf economaidd, adfywio, hamdden a'r amgylchedd).

Gwahoddwyd Tom i ymuno â'r grwp cymdeithasol wythnosol a gynhelir gan y Gweithwyr Cefnogi Dementia lle'r oedd llawer o'r gweithgareddau yr oedd Tom yn arfer eu mwynhau yn cael eu cynnal. Trefnwyd cludiant i'r grŵp. Fe aeth Tom i'r grŵp ac er ei fod yn amlwg yn nerfus ar ôl cyrraedd, fe gymerodd ran mewn gêm ddominos ac fe aeth ymlaen i arwain y cwis hel atgofion. Mae Tom nawr yn mynychu bob wythnos.

"Mae fel cael yr hen Tom yn ei ôl. Mae'n llawer hapusach. Roeddwn i'n meddwl ei fod yn arwydd bod ei ddementia wedi gwaethygu ond dydw i methu credu'r newid nawr."

Gweithiwr Cefnogi Dementia a ariennir gan CGI

1.3 Datblygu Partneriaeth Allweddol

Rydym wedi ymgysylltu a chymryd rhan yn holl ddigwyddiadau dysgu Llywodraeth Cymru a chyfarfodydd gyda'r Gweinidog yn ystod 2019 fel rhan o'n gwaith i ddatblygu partneriaeth.

Ym mis Ebrill 2019, mynychodd aelodau'r BPRh weithdy 'Beth sy'n Bwysig' a hwyluswyd gan Gonffederasiwn GIG Cymru er mwyn adolygu gweledigaeth a blaenoriaethau'r BPRhGC.

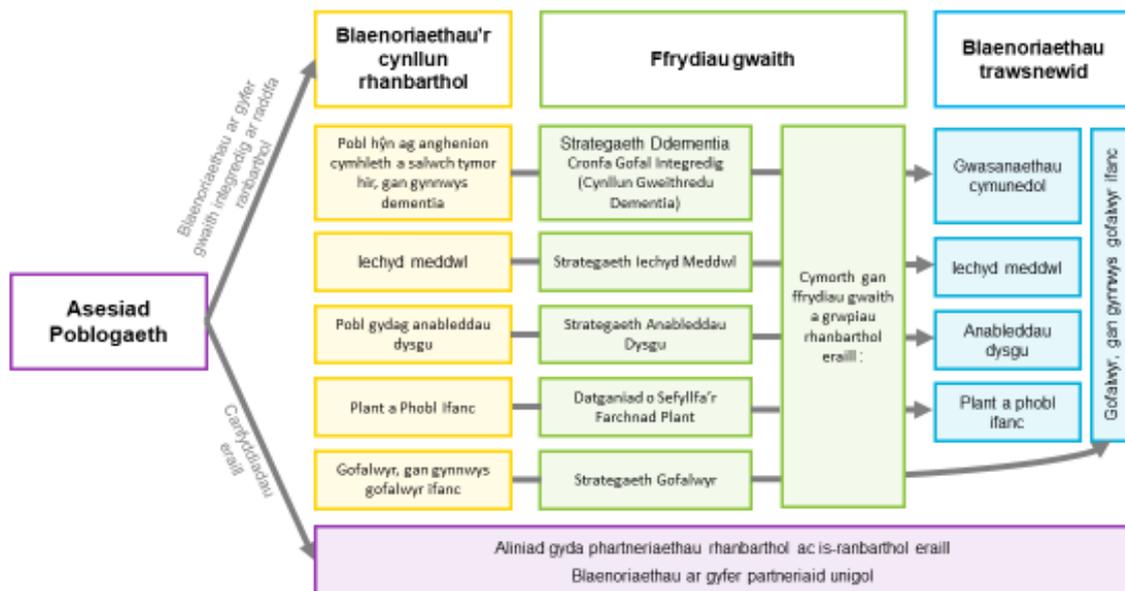
Yn dilyn gweithdy a gynhaliwyd ym mis Medi 2019, cadarnhawyd strategaeth tymor canolig / hir y BPRh sy'n darparu ffocws a blaenoriaeth.

Ym mis Chwefror 2020, bu i ddigwyddiad dysgu ystyried heriau a chyfleoedd y BPRh a chanolbwyntio ar 'i ba raddau y gwelir y BPRh fel gwir yrrwr a newid'. Bu i'r digwyddiad hefyd amlygu'r gwahanol gamau o aeddfedrwydd ar gyfer bob BPRh, a sut mae'r gwaith presennol a ddisgwylir gan y BPRh wedi newid yn sylweddol o'r pwrpas gwreiddiol.

Mae'r BPRh yn parhau i weithio gyda Bwrdd y Gwasanaethau Cyhoeddus i ddarparu ymateb lleol a rhanbarthol cydlynol i anghenion lles unigolion.

Rydym yn mynychu cynadleddau a seminarau i arddangos gwaith y BPRh ar lefel leol, rhanbarthol a chenedlaethol e.e. Cynhadledd Flynyddol Gofal Cymdeithasol Cenedlaethol.

Rydym wedi cadarnhau ein blaenoriaethau a dogfen ffocws ar gyfer y tymor byr a'r tymor hwy. Mae hyn yn cysylltu gyda'n Cynllun Ardal a'r blaenoriaethau presennol ar gyfer y BPRh.



1.4 Fforwm Mwy Na Geiriau

Mae aelodaeth y Fforwm Mwy Na Geiriau yn cynnwys Awdurdodau Lleol, y Bwrdd Iechyd, Gofal Cymdeithasol Cymru, Ymddiriedolaeth GIG Gwasanaeth Ambiwlans Cymru, Addysg a Gwella Iechyd Cymru (AaGIC) ac Ysgol y Gwyddorau Gofal Iechyd Prifysgol Bangor. Roedd y fforwm yn cyfarfod bob chwarter i hwyluso rhaglen Mwy Na Geiriau, rhannu gwybodaeth ac enghreifftiau o arferion da. Mae presenoldeb yn y fforwm wedi bod yn ardderchog gyda phob partner yn cefnogi'r rhaglen bwysig hon. Un o'r argymhellion o'r Fforwm oedd i sefydliadau partner ymrwymo i sicrhau bod yr holl arweinwyr cyrraedd lefel un mewn Cymraeg. Oherwydd hyn, ymrwymodd BPRhGC i sicrhau bod aelodau nad ydynt yn siarad Cymraeg yn cwblhau'r cwrs Cymraeg 10 awr ar-lein i gyrraedd hyfforddiant lefel 1.

Mae aelodau'r fforwm wedi bod yn cydweithio ar yr argymhellion / camau gweithredu gofynnol o fewn y fframwaith Mwy Na Geiriau. Er bod heriau yn bodoli o hyd, mae'r fforwm wedi nodi bod cynnydd yn cael ei wneud ar sawl agwedd. O ystyried datblygiad technoleg ddigidol, mae'r fforwm yn awyddus i roi sylw i sut y gall gefnogi a dylanwadu ar sut mae newidiadau technolegol / digidol yn nodi gofynion y Gymraeg yn ystod y cam dylunio. Bu i Gyfarwyddwr Gweithredol y Bwrdd Iechyd fynychu'r fforwm ym mis Chwefror i drafod y mater a chytuno i gysylltu â'r Fforwm Mwy Na Geiriau fel rhan o Strategaeth Glinigol Ddigidol y Bwrdd Iechyd. Mae'r fforwm hefyd wedi dweud wrth bwyllgorau a gweithgorau eraill am ein hymrwymiad i gefnogi datblygiadau o'r cychwyn cyntaf.

1.5 Cynnydd o ran gweithredu newidiadau i'r canllawiau Rhan 9 diwygiedig

Yn dilyn derbyn y Codau a Chanllawiau Rhan 9 diweddaraf ym mis Ionawr 2020, roedd BPRhGC wedi bwriadu trafod y newidiadau gofynnol yn ei gyfarfod ym mis Mawrth, ond roedd rhaid gohirio hyn oherwydd COVID-19. Bu i gynrychiolwyr Landlord Cymdeithasol Cofrestredig ymuno â'r BPRh ym mis Rhagfyr 2018 a mis Chwefror 2019 yn y drefn honno; bydd Cadeirydd y BPRh yn ceisio enwebiadau ar gyfer cynrychiolwyr Addysg a Thai Awdurdod Lleol drwy'r Fforwm Prif Weithredwyr rhanbarthol.

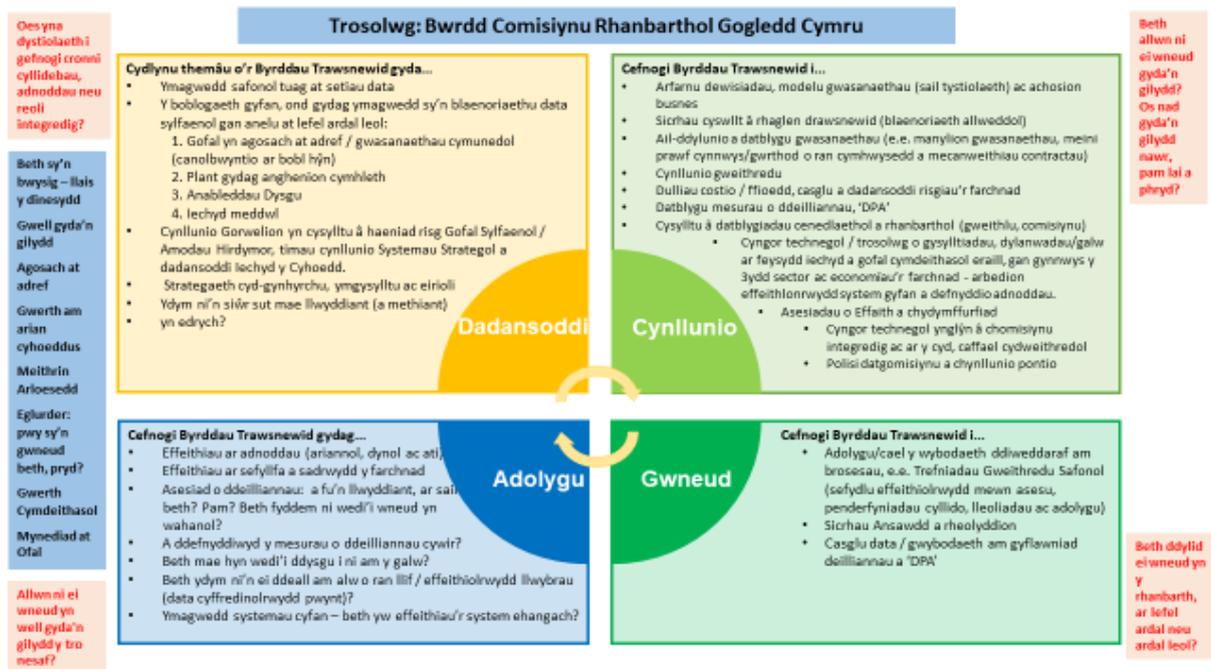
Roedd Comisiynydd Plant Cymru yn bresennol i drafod gwaith y BPRh o ran cyflawni'r flaenoriaeth i sefydlu gwasanaethau integredig ar gyfer 'plant gydag anghenion cymhleth oherwydd anabledau neu salwch ac i blant a phobl ifanc gyda phroblemau iechyd meddwl'. Mae is-grŵp o'r BPRh eisoes wedi'i sefydlu sydd ar hyn o bryd yn goruchwyllo darpariaeth ein partneriaeth Rhaglen Trawsnewid Plant a Phobl Ifanc.

“Roedd y therapydd teulu yn hollbwysig i sicrhau y byddai ein hogyn yn ymdopi â symud i Gymru. Roedd yn chwa o awyr iach ac fe ddatblygodd berthynas gref iawn gyda ni a'n bachgen.

Darparodd fewnwelediad i'w anghenion ar adeg pan yr oeddem angen cadarnhad a chefnogaeth. Roeddem eisieu cymryd y cyfle hwn i roi gwybod i chi y byddwn yn cofio eich cefnogaeth ardderchog am byth.”

Gwasanaeth Dychwelyd ac Atal a ariennir gan CGI, Sir y Fflint

Mae gennym ni Ganolfan Gomisiynu Strategol hir-sefydlog o fewn y rhanbarth sydd wedi'i thanategu gan gytundeb partneriaeth a'i hariannu gan bartneriaid. Mae'r rhaglen waith wedi'i halinio gyda gwaith y Byrddau Trawsnewid, gan nodi ym mhle y galli ychwanegu gwerth / cefnogi'r rhaglen drawsnewid:



Daeth Awdurdodau Lleol Gogledd Cymru yn lofnodwyr llawn o Gonsortiw Comisiynu Plant Cymru yn 2019/20. Mae'r Consortiw yn arwain ar sefydlu a monitro fframweithiau caffael ar gyfer gwasanaethau gofal preswyl a maethu annibynnol i blant a phobl ifanc yng Nghymru.

Mae'r ganolfan wedi cynnal trosolwg o risgiau'r farchnad, yn enwedig mewn perthynas â gofal cartref a chartrefi gofal i oedolion ac mae gwaith cychwynnol wedi dechrau i baratoi ar gyfer gofyniad i sefydlu adroddiad ar sefydlogrwydd y farchnad ar lefelau lleol a rhanbarthol.

Mae gweithdrefnau Gwasanaethau Ansawdd Gogledd Cymru (Darparu'r Hyn Sy'n Bwysig) wedi'u hadolygu a'u cyhoeddi.

Mae'r rhanbarth wedi sefydlu cyllideb gyfun ar gyfer darpariaeth Cartrefi Gofal ar draws y rhanbarth. Bu i KMPG werthuso ein trefniadau gan ystyried lefel aeddfedrwydd 7 agwedd:

- Pwrpas a chwmpas cronfeydd cyfun
- Trefniadau llywodraethu y gronfa
- Sut mae penderfyniadau ynghylch defnydd y gronfa yn cael eu gwneud
- Sut mae risg y gronfa gyfun yn cael ei rhannu
- Canlyniadau cychwynnol cronfeydd cyfun
- Datblygiad yn y dyfodol
- Cydweithio

Casgliad adroddiad KMPG yw:

'Gallai BPRh Gogledd Cymru fynegi ei nodau gwirioneddol a'i gynlluniau o ran y gyllideb gyfun ranbarthol ar gyfer cartrefi gofal i bobl hŷn yn gliriach, yn enwedig mewn perthynas â'i raglen drawsnewid ehangach. Yn ogystal, gallai'r BPRh ystyried cyfuno eu cronfeydd i wneud y mwyaf o fanteision cyllideb unedig a rhannu risgiau i ddarparu gwasanaeth di-dor.'

Mae ein Bwrdd Gweithlu Rhanbarthol yn parhau i gefnogi Strategaeth Gweithlu Iechyd a Gofal Cymdeithasol Cymunedol Gogledd Cymru drwy welliant a datblygiad parhaus y rhaglen waith sy'n parhau i fod yn hyblyg ond yn fanwl, i sicrhau bod yr holl strategaethau a blaenoriaethau cenedlaethol wedi'u hintegreiddio'n llawn â'r rhaglen ddarparu.

Does dim newid i'r blaenoriaethau strategol ar gyfer y Bwrdd Gweithlu Rhanbarthol, sef:

- Cynaliadwyedd y gweithlu
- Dysgu a datblygu
- Deallusrwydd y gweithlu

Mae'r Bwrdd yn parhau i gefnogi strategaethau a blaenoriaethau cenedlaethol presennol sy'n cynnwys yr ymgyrch genedlaethol, Gofalwn, i ddenu, recriwtio a chadw gweithwyr gofal. I gyd-fynd â hyn, mae gwaith ymchwil yn cael ei wneud i ddatblygu achos busnes i nodi modelau amgen ar gyfer darparu staff. Bydd y prosiect ymchwil hwn wedi'i gwblhau erbyn diwedd mis Mawrth 2021.

Mae rhaglen datblygu'r gweithlu, sy'n darparu hyfforddiant i gefnogi'r angen i fodloni gofynion rheoliadol ar gyfer cymwysterau a / neu gofrestru gweithwyr gofal gyda Gofal Cymdeithasol Cymru, hefyd yn mynd rhagddi.

Rydym yn cymryd pob cyfle i hyrwyddo a rhannu gwaith ein BPRh, mae gennym ystod o ddeunyddiau a dogfennau yr ydym yn eu rhannu'n gyhoeddus. Mae gwaith y BPRh a'i ffrydiau gwaith ar gael ar www.cydweithredfagogleddcymru.cymru.

"Hoffwn gymryd y cyfle hwn i ddiolch i'r BPRh am yr iPad yr ydym wedi'i gael yn ein cartref gofal. Rydym wedi gosod pob dim ac mae bellach ar gael i bob un o'n preswylwyr. Mae wedi bod yn gyfle gwych iddynt allu cysylltu â'u perthnasau. Dydi un o'n preswylwyr heb weld ei frawd, sy'n byw yng Nghanada, er bron i 18 mlynedd. Roedd yn brofiad arbennig iddynt gael gweld ei gilydd dros fideo ar yr iPad, ac i'n preswylwyr eraill gael gweld eu teuluoedd yn rheolaidd a'u sicrhau eu bod yn ddiogel ac yn iach."

Prynwyd 365 o iPads drwy Gyfalaf CGI, Cyllid Trawsnewid

2. Diweddariad ar Gynnydd Cyflawni'r Cynllun Ardal

Mae'r adran hon o'r Adroddiad Blynyddol yn nodi cynnydd yn erbyn amcanion allweddol o'r cynllun ardal a meysydd blaenoriaeth ar gyfer integreiddio o dan Rhan 9 y canllawiau yn cynnwys y canlyniadau a gyflawnwyd ar gyfer defnyddwyr gwasanaeth a gofawyr. Yn benodol, mae'n ystyried y grwpiau blaenoriaeth a nodwyd yn yr Asesiad o Anghenion y Boblogaeth.

Yn unol â gofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, yn ystod 2019-20 parhaodd BPRhGC i ddatblygu ei ddulliau o ran gwasanaethau integredig ar gyfer ei feysydd blaenoriaeth.

2.1 Cynllun Ardal Gogledd Cymru

Mae'r Cynllun Ardal yn nodi'r meysydd blaenoriaeth ar gyfer integreiddio gwasanaethau rhwng iechyd a gofal cymdeithasol ac mae hyn yn gosod y cyfeiriad y bydd y Bwrdd yn teithio. Mae'r Cynllun Ardal yn nodi sut y bydd y rhanbarth yn mynd i'r afael â'r meysydd blaenoriaeth a nodwyd yn yr Asesiad o Anghenion y Boblogaeth, sef yr edefyn aur i feysydd gwaith penodol y rhanbarth o hyd.

2.2 Cymru Iachach

Blaenoriaeth BPRhGC ar gyfer 2019/20 oedd cyflawni'r 4 rhaglen drawsnewid ar gyfer 'Cymru Iachach' a ddyluniwyd i beri datblygiad cyflym gwasanaethau integredig cymunedol ledled y rhanbarth, gan ddatblygu a chyflwyno'r hyn sydd wedi llwyddo i ddod â chanlyniadau cadarnhaol i ddinasyddion.

2.2.1 Rhaglen Trawsnewid Gwasanaethau Cymunedol



Mae'r Rhaglen Trawsnewid Gwasanaethau Cymunedol yn rhaglen waith uchelgeisiol sy'n anelu i integreiddio gwasanaethau iechyd a gofal cymdeithasol yn well ar lefel ardal ar gyfer pobl hŷn yn cynnwys y rhai hynny sy'n byw gyda dementia, pobl ag anabledau corfforol a gofawyr di-dâl.

Wrth wraidd y model hwn sy'n seiliedig ar leoedd, mae penderfyniad i ddarparu trefniadau llywodraethu integredig gwell, yn ogystal â datblygu strwythurau darparu gweithredol sy'n sicrhau dull cydlynol a di-dor o ran darparu iechyd a gofal cymdeithasol.

Mae gwaith sylweddol wedi'i wneud i adeiladu rhaglen gadarn ar gyfer newid. Y canlyniadau a gytunwyd arnynt ar gyfer y gwaith hwn yw:

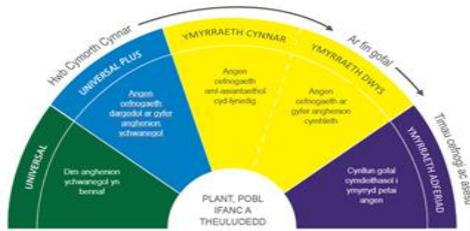
- Gwella profiad dinasyddion o wasanaethau iechyd a gofal cymdeithasol drwy sicrhau darpariaeth ddi-dor a chyfathrebu cadarn

- Gwella canlyniadau ar gyfer dinasyddion drwy ddarparu gofal a chefnogaeth, yn seiliedig ar yr hyn sy'n bwysig i'r unigolion
- Rhyddhau capasiti a gallu gwasanaethau iechyd a gofal cymdeithasol cymunedol i ymateb i anghenion pobl, gan ddarparu gofal yn nes at y cartref
- Rheoli'r galw am wasanaethau statudol drwy ail-ganolbwyntio'r sylw ar wella hunanofal, ymyrraeth gynnar ac atal, yn cynnwys cynllunio gofal rhagflaenol
- Symud sylw ac adnoddau oddi wrth yr aciwt a chanolbwyntio ar y gymuned

Mae'r gwaith o drawsnewid y modd y mae gwasanaethau iechyd a gofal cymdeithasol cymunedol yn cydweithio yn waith hirdymor. Mae cynnydd wedi'i wneud i osod partneriaid mewn sefyllfa gref i gyflawni newid gwirioneddol. Yn ystod y flwyddyn hon rydym wedi:

- Datblygu cynlluniau prosiect cadarn ar lefel ardal sy'n ymateb i'r cyd-destun a'r angen lleol er mwyn datblygu a gwella gweithio integredig, gan adeiladu ar yr hyn sy'n gweithio'n dda, yn ogystal â phrofi ffyrdd newydd o weithio
- Datblygu timau prosiect cadarn i ddiffinio a chyflawni newid o fewn yr Ardal oedd, ac i weithio mewn timau gweithredol i helpu i newid diwylliant
- Gweithio gydag Uned Gyflawni'r GIG i ddechrau ar y broses o fapio capasiti ein gwasanaethau cymunedol nawr ac yn y dyfodol
- Cytuno ar bump prosiect ysgogi arloesi, i ganolbwyntio ar rywfaint o'r dysg allweddol ar gyfer integreiddio – llywodraethu ac arweinyddiaeth, comisiynu, gweithlu, TG ac isadeiledd
- Darparu 365 o iPads i gartrefi gofal, hosbisau, ysbytai, llety â chymorth, yn ogystal â phobl yn byw yn eu cartrefi eu hunain yn y gymuned, er mwyn cefnogi ymweliadau rhithiol ac ymgynghoriadau ar-lein
- Comisiynu system amserlennu sy'n cael ei threialu gan nifer o Dimau Adnoddau Cymunedol
- Recriwtio hwylusydd i ddadansoddi prosesau rhyddhau o'r ysbyty
- Gweithio gydag Iechyd y Cyhoedd i ddatblygu templed asesu anghenion ardal cadarn
- Comisiynu arbenigwr cyfreithiol i gwmpasu modelau integreiddio i gefnogi partneriaid wrth symud ymlaen o fewn cyd-destun fframweithiau statudol presennol

2.2.2 Rhaglen Trawsnewid Plant a Phobl Ifanc



Mae'r Rhaglen Trawsnewid Plant a Phobl Ifanc yn cwmpasu amcan cyffredinol i gyflawni canlyniadau gwell ar gyfer plant a phobl ifanc drwy weithrediad modelau gwasanaeth a fydd yn galluogi mynediad at gefnogaeth sy'n datblygu gwytnwch emosiynol mewn plant, pobl ifanc a'u

rhieni/ gofalwyr ac yn mynd i'r afael â'r gwir achosion sy'n cyfrannu at drallod emosiynol a'r risg o fethiant teulu / lleoliad. Mae'r Rhaglen yn cefnogi newid o ran diwylliant a gweithlu i gyflawni hyn mewn modd cynaliadwy ac mae wedi'i dylunio i weithio gyda phlant, pobl ifanc a theuluoedd fel ymagwedd system gyfan.

Mae tair haen i'r rhaglen:

- Ymgyrch aml-asiantaeth i wella iechyd emosiynol, lles a gwytnwch plant a phobl ifanc drwy ymyrraeth gynnar ac atal integredig yn cynnwys datblygu / diwygio canolfannau cymorth buan ardaloedd ymhellach
- Ymchwilio a datblygu ymyriadau 'ymateb cyflym' yn seiliedig ar dystiolaeth (allgymorth argyfwng) i blant a theuluoedd ar ffiniau gofal
- Datblygu gwasanaethau preswyl tymor byr

Mae nifer o gerrig milltir a chyflawniadau cynnar yn dangos ffordd newydd o feddwl ac awydd i newid ar gyflymdra:

- Mae Tîm Rheoli Rhaglen dynodedig mewn lle
- Mae tri thîm isranbarthol amlasiantaethol wedi'u sefydlu ac maent yn cwrdd yn rheolaidd i arwain ar weithredu prosiectau isranbarthol
- Mae Theori Newid wedi'i gyd-gynhyrchu gyda chymorth y timau isranbarthol / y grŵp llywio iechyd emosiynol, lles a gwytnwch
- Mae data sylfaenol sy'n berthnasol i'r prosiect wedi'i gasglu a'i ddadansoddi
- Mae cyfweiliadau sylfaenol wedi'i cynnal gyda budd-ddeiliaid proffesiynol i nodi eu canfyddiadau ynglŷn â threfniadau presennol (cyn gweithredu'r rhaglen) ac i gael eu cyngor am weithredu

2.2.3 Rhaglen Trawsnewid Anableddau Dysgu



Sylfaen rhaglen *Gogledd Cymru Gyda'n Gilydd* yw Strategaeth Anableddau Dysgu Gogledd Cymru a ysgrifennwyd a chymeradwywyd yn 2018-19.

Lansiwyd y Rhaglen yn ffurfiol yn Venue Cymru ym mis Mehefin 2019 ac fe ddaeth â phobl ag anableddau dysgu, rhieni, gofalwyr, gweithwyr proffesiynol a swyddogion y llywodraeth ynghyd, i gynllunio sut y byddwn yn gwneud gwahaniaeth gwirioneddol yn ein rhanbarth.

Mae gan y rhaglen ddull 3 cham i 5 ffrwd waith er mwyn galluogi'r tîm i gyd-gynhyrchu gyda meysydd blaenoriaeth partneriaid yn seiliedig ar y strategaeth. Dyma'r ffrydiau gwaith:

- strwythurau integredig
- datblygu'r gweithlu
- comisiynu a chaffael
- newid cymunedol a diwylliannol
- technoleg gynorthwyl

Yn ystod mis Mehefin a mis Medi 2019, bu i ymarfer mapio nodi'r arferion da a oedd eisoes yn bresennol, cyfleoedd ar gyfer ailadrodd a datblygu a bylchau hefyd. Yna, fe gwblhawyd y gwaith o gyd-gynhyrchu a chytuno ar feysydd blaenoriaeth a modelau i'w gweithredu erbyn mis Rhagfyr 2019. Dechreuwyd gweithredu meysydd blaenoriaeth a modelau ym mis Ionawr 2020. Cyflawnwyd y canlynol yn ystod y flwyddyn hefyd:

- Cyd-gynhyrchu Fframwaith Gwerthoedd ac Ymddygiadau Gogledd Cymru i staff sy'n cefnogi unigolion ag anableddau dysgu.
- Lansio Cymuned Ymarfer Cefnogaeth Weithredol a fynychwyd gan 55 o gyfranogwyr.
- Cyhoeddi'r adroddiad gwerthuso interim cyntaf ar gyfer y rhaglen.
- Cyd-gomisiynu 52 o brosiectau peilot yn llwyddiannus i gefnogi'r rhaglen.



2.2.4 Rhaglen Trawsnewid Law yn Llaw at Iechyd Meddwl



Amcan y rhaglen hon yw cymell y newidiadau sydd eu hangen i sicrhau dull 'system gyfan' ond mae, hyd yma, wedi canolbwyntio ar drawsnewid yr elfennau gofal sylfaenol a chymunedol er mwyn atal y llif i wasanaethau arbenigol yn y system. Mae'r ffocws wedi bod ar ddatblygu model rhanbarthol ar gyfer ymyrraeth gynnar ac atal argyfwng, a elwir yn Llwybr Integredig ICAN, sy'n cynnwys darpariaeth i ddatblygu:

- Canolfan Gymunedol ICAN
- Gofal Sylfaenol ICAN
- Gofal Heb Ei Drefnu ICAN
- Camu Ymlaen / Camu i Lawr ICAN+

Roedd cynnydd sylweddol wedi'i gyflawni yn erbyn cerrig milltir allweddol y rhaglen ac yn benodol, sefydlu Canolfannau Cymunedol ICAN (x8) a phartneriaethau Gofal Sylfaenol ar draws y rhanbarth. Cynhaliwyd sawl digwyddiad lansio yn y Canolfannau Cymunedol yn ystod mis Chwefror 2020 a oedd yn dangos dull partneriaeth gwirioneddol ac ymagwedd yn seiliedig ar asedau tuag at ddatblygu gwasanaeth.

2.2.5 Canolfan Cydlynu Ymchwil, Arloesi a Gwelliant

Gwnaethom gais llwyddiannus am gyllid i sefydlu Canolfan Cydlynu Ymchwil, Arloesi a Gwelliant ar gyfer Gogledd Cymru. Nod y ganolfan yw cydlynu gweithgarwch ymchwil, arloesi a gwelliant yng Ngogledd Cymru i ddeall sut y gall gwasanaethau iechyd a gofal cymdeithasol gydweithio'n well. Mae'n rhan o ymrwymiad Llywodraeth Cymru i Gymru Iachach i sefydlu rhwydwaith cydlynol cenedlaethol o ganolfannau i lywio modelau integredig newydd o ran iechyd a gofal cymdeithasol.

Roedd y prosiectau a gwblhawyd yn ystod 2019-20 i gefnogi gwaith y ganolfan yn cynnwys edrych tua'r gorwel ddigidol; ymweliadau prosiect i edrych ar Therapi Aml-Systemig: modelau Trawsnewid Integredig i Deuluoedd (MST-FIT); ac ymchwil i ddulliau arloesol ac amgen i fynd i'r afael â phroblemau staffio ym maes iechyd a gofal cymdeithasol.

2.3 Strategaeth Dementia Gogledd Cymru

Yn ystod 2019-20, datblygodd y Bwrdd Partneriaeth Rhanbarthol Strategaeth



Dementia integredig ar gyfer Gogledd Cymru. Datblygwyd y strategaeth gyda phobl wedi'u heffeithio gan ddementia a gydag ystod eang o sefydliadau partner. Bu i oddeutu 250 o bobl gymryd rhan yn yr ymgynghoriad cychwynnol ac fe gynhaliwyd digwyddiad ymgynghori pellach ym mis Tachwedd 2019 gyda 150 o bobl yn bresennol.

Mae'r strategaeth wedi'i seilio ar themâu Cynllun Gweithredu Dementia Llywodraeth Cymru gan ychwanegu blaenoriaeth benodol i ofalwyr. Cefnogwyd y themâu hyn gan ganfyddiadau'r ymgynghoriad:

- Lleihau risg ac oedi cychwyniad
- Codi ymwybyddiaeth a dealltwriaeth
- Cydnabod a chanfod
- Asesiad a diagnosis
- Byw cystal â phosib' gyhyd â phosib' gyda dementia
- Yr angen am fwy o gefnogaeth
- Cefnogi gofalwyr

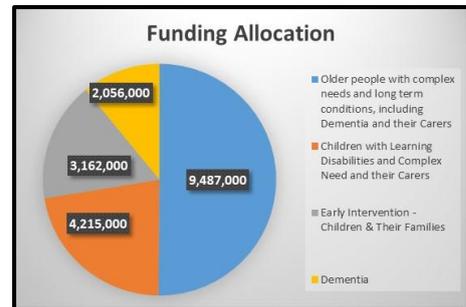
Mae'r strategaeth yn nodi camau gweithredu yn gysylltiedig â phob thema i wella a chefnogi'r gwaith o integreiddio gwasanaethau. Mae'n argymhell bod Grŵp Llywio Strategaeth Dementia Gogledd Cymru yn goruchwyllo gweithrediad y strategaeth, sydd yn gysylltiedig â chynhyrchiad yr adroddiad Cynllun Gweithredu Dementia sy'n ofynnol gan Lywodraeth Cymru.

2.4 Cyllid Gofal Integredig

Yn ystod 2019-20, buddsoddwyd £18.92m o gyllid refeniw y Gronfa Gofal Integredig mewn 124 o brosiectau ar draws ein rhanbarth. Gwariwyd bron i £5.7m ar brosiectau a oedd yn cefnogi gofalwyr yn uniongyrchol a rhoddwyd £2.4m i gefnogi prosiectau gan sefydliadau trydydd sector.

Mae'r grwpiau canlynol yn feysydd blaenoriaeth o ran integreiddio ac mae'n rhaid i bob rhaglen ranbarthol y Gronfa Gofal Integredig ymgymryd â nhw yn unol â'u hasesiadau poblogaeth rhanbarthol a'u cynlluniau ardal:

- Pobl hŷn ag anghenion cymhleth a salwch tymor hir, gan gynnwys dementia;
- Pobl ag anableddau dysgu;
- Plant ag anghenion cymhleth; a
- Gofalwyr, gan gynnwys gofalwyr ifanc



Mae datblygiad prosiectau i gefnogi pobl hŷn ag anghenion cymhleth a chyflyrau hirdymor wedi parhau. Mae'r rhain yn cynnwys Timau Adnoddau Cymunedol; rhaglenni atal codymau; cyfleusterau camu ymlaen a chamu i lawr i atal derbyniadau i'r ysbyty ac i hwyluso rhyddhau yn gynt. Mae'r rhain yn cynnwys dros 30 o brosiectau i gefnogi pobl â dementia a'u teuluoedd megis datblygu timau cefnogi dementia i ddarparu cefnogaeth allgymorth hyblyg. Yn benodol, rydym yn cefnogi amrywiaeth o fentrau i gefnogi gweithrediad y Cynllun Gweithredu Dementia Cenedlaethol.

Mae'r 35 o brosiectau i gefnogi pobl ag anableddau dysgu yn cynnwys Hyfforddiant Byw'n Annibynnol, Llyw-wyr Cymunedol a Chynllunio ar gyfer y Dyfodol.

Mae 22 o brosiectau sy'n darparu ymyrraeth gynnar i bobl ifanc a'u teuluoedd sy'n cynnwys gwasanaethau Dychwelyd ac Atal, Gweithiwr Ymyrraeth Ddwys Cam-Drin Domestig a gwasanaeth teuluoedd gwydn.

"Diolch i chi am eich cefnogaeth a'ch anogaeth...rydym wedi dysgu cymaint o sgiliau newydd, roedd yn anodd ond yn werthfawr iawn. Diolch i chi am wneud gwahaniaeth yn ein bywydau."

(Adborth gan riant sydd yn dal i ofalu am ei phlentyn) Prosiect Teuluoedd Gwydn a ariennir gan y Gronfa Gofal Integredig, Ynys Môn



Mae 39 o brosiectau sy'n cefnogi gofalwyr yn uniongyrchol yn ein rhanbarth

- Derbyniodd 1,151 o blant wasanaeth Ymyrraeth Gynnar a ariannwyd gan y GGI
- Gweithiodd 671 o deuluoedd gyda gwasanaeth Ymyrraeth Gynnar a ariannwyd gan y Gronfa Gofal Integredig
- Cafodd 2,718 o bobl eu cefnogi gan Wasanaethau Anableddau Dysgu a ariannwyd gan y Gronfa Gofal Integredig

- Cafodd 12,102 o bobl eu cefnogi gan Wasanaethau Pobl Hŷn a ariannwyd gan y Gronfa Gofal Integredig
- Cafodd 574 aelod o staff y Gwasanaethau Pobl Hŷn eu hyfforddi mewn atal codymau

2.5 Arian y Gaeaf

Dyrannodd Llywodraeth Cymru £5.7m i'r BPRhGC i gychwyn i gefnogi darpariaeth Cynllun y Gaeaf. Dyrannwyd yr arian mewn dau swm (£3.6m i BPRhGC a £2.1m i BIPBC) gyda chais i gyflwyno un Cynllun ar draws y rhanbarth. Yn dilyn hynny, dyrannwyd £2.1m arall ym mis Ionawr 2020.

Roedd 7 thema yn tanategu cynllun y gaeaf:

- Gweithio yn y modd mwyaf effeithlon drwy gydweithio ar draws sefydliadau a sectorau
- Cryfhau cydnheredd y gofal sylfaenol brys a ddarperir y tu allan i oriau
- Sicrhau nad yw cleifion yn cael eu cludo a'u derbyn i'r ysbyty yn ddiangen
- Rhyddhau cleifion i wasanaethau asesu ac adfer
- Sicrhau capasiti i alluogi pobl i ddychwelyd i fyw yn y gymuned
- Gwella'r ffocws ar y llwybr anadlol
- Gwella'r ffocws ar y llwybr ar gyfer pobl eiddil

Roedd adolygiad trwyadl o ddarpariaeth yn erbyn y cynllun ac roedd gofyn i ni adrodd yn fisol ar:

- Drefniadau adrodd
- Llwyddiannau / y buddion a wireddwyd
- Rhwystrau
- Gwersi a ddysgwyd
- Partneriaid yn gysylltiedig â darparu

Tuag Adref / Homeward Bound

Bu i brosiect Tuag Adref / Homeward Bound yn ardal y Gorllewin alinio llwybrau a galluogi staff rhyddhau o'r ysbyty i gael mynediad at Dimau Adnoddau Cymunedol a Gweithwyr Cefnogi i gefnogi rhyddhau cyflym. Roedd y cynllun hwn yn weithredol yn Ysbyty Penrhos Stanley, Ysbyty Bryn Beryl, Ysbyty Alltwen, Ysbyty Eryri, Ysbyty Dolgellau ac Ysbyty Gwynedd. Rhwng mis Rhagfyr a mis Chwefror arbedwyd 1244 o ddiwrnodau gwely yn yr ysbyty

3. Cyfathrebu, Ymgysylltu a Gwerth Cymdeithasol

Mae'r adran hon o'r Adroddiad Blynyddol yn nodi sut y bu i'r Bwrdd ymgysylltu'n uniongyrchol â defnyddwyr gwasanaeth neu baneli dinasyddion a hyrwyddo cydweithrediad a chyfranogiad â phartneriaid perthnasol ac eraill. Mae'n amlinellu sut mae'r Bwrdd wedi ymgysylltu â budd-ddeiliaid o'r trydydd sector a'r sector annibynnol a datblygu i sefydlu fforymau gwerth cymdeithasol i hyrwyddo gwerth cymdeithasol a rhannu arferion da.

3.1 Ymgysylltu yng Ngogledd Cymru

Cynhaliwyd adolygiad o weithgarwch ymgysylltu yng Ngogledd Cymru yn unol â Grant Hwyluso Rhanbarthol Gofal Cymdeithasol Cymru. Nodwyd yr amrywiaeth o ffyrdd y gall unigolion a gofalwyr leisio eu barn ynghylch gwasanaethau gofal a chymorth yng Ngogledd Cymru ar lefel leol a rhanbarthol. Croesawyd yr adroddiad gan Gofal Cymdeithasol Cymru ac mae bellach wedi'i gyhoeddi ar wefan BPRhGC. Mae BPRhGC yn parhau i ymgysylltu â dinasyddion drwy Banel Dinasyddion Gogledd Cymru.



Yn y llun mae pobl ifanc o Wasanaeth Anableddau Dysgu Plant a Phobl Ifanc Conwy a Sir Ddinbych a oedd yn gwirfoddoli yn y digwyddiad Anableddau Dysgu Plant

3.2 Panel Dinasyddion Gogledd Cymru

Mae Panel Dinasyddion Gogledd Cymru yn rhoi cyfle i bobl leisio eu barn ynghylch gwasanaethau iechyd a gofal cymdeithasol. Panel rhithwir yw hwn a gall pobl gymryd rhan mewn llawer o ffyrdd gwahanol (yn ôl eu dewis) gan gynnwys cyfweiliadau dros y ffôn neu wyneb yn wyneb, cyfryngau cymdeithasol, sgwrs ar-lein, arolygon ar-lein neu arolygon papur.

Nod y panel yw casglu barn cymunedau am anghenion unigolion er mwyn bwydo i ddatblygiadau ar draws y rhanbarth.

Mae'r Panel yn dal i gael ei reoli gan Wasanaethau Gwirfoddol Cymunedol Conwy a'i ariannu gan y 6 Awdurdod Lleol. Mae'r Tîm Cydweithio Rhanbarthol yn rheoli'r contract gyda Chyngor Gwasanaethau Gwirfoddol Conwy ar ran y partneriaid.

Mae'r panel yn cynnwys 254 o ddinasyddion gan gynnwys pobl ifanc 16 oed a hŷn, oedolion a Gofalwyr (www.llaisygogledd.wales).

3.3 Grŵp Llywio Gwerth Cymdeithasol Gogledd Cymru

Mae BPRhGC, gyda chefnogaeth y Grŵp Llywio Fforwm Gwerth Cymdeithasol, yn parhau i gefnogi awdurdodau lleol a phartneriaid drwy:

- Weithio gyda Rhwydwaith Gwerth Cymdeithasol Gogledd Cymru i hyrwyddo datblygiad sefydliadau dielw preifat (yn cynnwys mentrau cymdeithasol, sefydliadau cydweithredol, trefniadau cydweithredol, gwasanaethau a arweinir gan ddefnyddwyr a'r trydydd sector) i ddarparu gofal a chefnogaeth a chefnogaeth i ofalwyr, a gwasanaethau ataliol.



Dyma lun o'r unigolion a oedd yn bresennol yn y digwyddiad Strategaeth Dementia ym mis Tachwedd 2019.

- Hyrwyddo cydweithio i gynyddu gwerth cymdeithasol a chyd-gynhyrchu ar draws yr holl ddarparwyr sy'n darparu gwasanaethau iechyd, gofal cymdeithasol a/neu wasanaethau lles yng Ngogledd Cymru.
- Hyrwyddo cyfleoedd partneriaeth a rhwydweithio ar draws sectorau.
- Nodi, rhannu a dysgu o arferion da.
- Herio rolau sydd wedi'u hymgorffori yn y sefydliad a dylanwadu ar ddatblygiad ymarfer a dulliau arloesol gyda chomisiynwyr ac adrannau caffael i gomisiynu a chaffael gwasanaethau sy'n darparu gwerth cymdeithasol.

3.4 Grwpiau Gofalwyr Gogledd Cymru

Mae Grŵp Gweithredol Gofalwyr Gogledd Cymru (GGGGC) a Grŵp Gweithredol Gofalwyr Ifanc Gogledd Cymru (GGGIGC) yn parhau i gefnogi BPRhGC i gyflawni strategaeth y gofalwr.

Mae cynlluniau gweithredu wedi cael eu datblygu ac maent yn cael eu hadolygu'n rheolaidd i GGGGC a GGGIGC i fonitro cynnydd partneriaid unigol o fewn y grwpiau gweithredol i fesur eu hunain yn erbyn safonau craidd y strategaeth.

Gwaetha'r modd, roedd rhaid canslo'r digwyddiadau ymgysylltu â gofalwyr a oedd wedi'u trefnu at ddiwedd 2019/20 oherwydd y pandemig presennol ond mae ymgysylltiad â gofalwyr drwy'r cynrychiolwyr gofalwyr ar y bwrdd wedi parhau yn ystod y flwyddyn.

Mae gwaith yn mynd rhagddo i ddatblygu Cynllun Buddsoddwyr mewn Gofalwyr ar draws Gogledd Cymru a fydd yn gysylltiedig â safonau a dyheadau'r strategaeth.

4. Edrych tuag at y Dyfodol

Mae'r adran hon o'r Adroddiad Blynyddol yn amlinellu'r blaenoriaethau y bydd y BPRh yn canolbwyntio arnynt yn 2020-21 a thu hwnt, gan gyfeirio at effeithiau Covid-19 a chymell newid o ran cyfeiriad neu flaenoriaeth.

4.1 Effaith Covid

Yng nghanol mis Mawrth 2020, fe gyraeddodd COVID-19 y Deyrnas Unedig. Nid oedd modd cynnal cyfarfod y BPRh ym mis Mawrth 2020 fel y cynlluniwyd yn wreiddiol ac roedd cyfarfod nesaf y BPRh wedi drefnu ar gyfer 18 Mai 2020. Rhoddwyd trefniadau ar waith i gynnal cyfarfodydd y BPRh yn rhithiol.

Er mwyn sicrhau bod aelodau'r BPRh yn cael gwybod y wybodaeth ddiweddaraf, lluniwyd newyddlen ym mis Ebrill a'i hanfon at aelodau BPRhGC i dynnu sylw at effeithiau uniongyrchol COVID ar ei raglenni a'r ffynonellau cyllido grant. Rhoddwyd trefniadau llywodraethu dros dro ar waith, a gefnogwyd gan aelodau'r BPRh. Cyn gallu cynnal cyfarfodydd y BPRh dros y we, a phan oedd angen gwneud cytundebau brys, galluogodd y trefniadau llywodraethu i fusnes y BPRh allu parhau dros e-bost.

4.2 Blaenoriaethau ar gyfer 2020-21 a thu hwnt

Rydym wedi cadarnhau ein blaenoriaethau a dogfen ffocws ar gyfer y tymor byr a'r tymor hwy. Mae hyn yn cysylltu gyda'n Cynllun Ardal a'r blaenoriaethau presennol ar gyfer y BPRh. Gweler hyn yn adran 1.3.



Stodin BPRhGC yng Nghynhadledd Gofal Cymdeithasol Cenedlaethol 2019



Stodin Ymwybyddiaeth o Ddementia Sir Ddinbych yn y Digwyddiad Strategaeth Dementia

Atodiad 1 – Aelodaeth BPRhGC

Ar ddiwedd mis Mawrth 2020

Enw	Teitl
Bethan Jones Edwards	Pennaeth Cydweithio Rhanbarthol
Bethan E Jones	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Fôn Roberts	Cyngor Sir Ynys Môn
Alwyn Jones	Cyngor Bwrdeistref Sirol Wrecsam
Dr Chris Stockport	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Clare Budden	Cynrychiolydd Tai
Y Cynghorydd Bobby Feeley	Cyngor Sir Ddinbych
Y Cynghorydd Christine Jones	Cyngor Sir y Fflint
Y Cynghorydd Joan Lowe	Cyngor Bwrdeistref Sirol Wrecsam
Y Cynghorydd Louise Emery	Cyngor Bwrdeistref Sirol Conwy
Y Cynghorydd Llinos Medi Huws	Cyngor Sir Ynys Môn
Y Cynghorydd Dafydd Meurig	Cyngor Gwynedd
David Worrall (hyd at ddiwedd mis Rhagfyr 2019)	Cynrychiolydd Trydydd Sector
Roma Hooper (Gweithredu dros Blant o 1.1.20)	
Estelle Hitchon	Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru (Cyfetholedig)
Ffion Johnstone	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Jennie Lewis	Cynrychiolydd Gofalwyr
Jenny Williams	Cyngor Bwrdeistref Sirol Conwy
Judith Greenhalgh	Cynrychiolydd Prif Weithredwyr/Bwrdd Arweinyddiaeth Rhanbarthol Gogledd Cymru
Kevin Roberts	Gwasanaeth Tân ac Achub Gogledd Cymru (Cyfetholedig)

Lynda Colwell	Cynrychiolydd Trydydd Sector
Marian Wyn Jones (hyd at ddiwedd mis Rhagfyr 2019) Lucy Reid (o 1.1.20)	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Mark Wilkinson	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Mary Wimbury	Cynrychiolydd Darparwyr
Morwena Edwards	Cyngor Gwynedd
Helen Corcoran (o fis Tachwedd 2019)	Heddlu Gogledd Cymru (Cyfetholedig)
Neil Ayling	Cyngor Sir y Fflint
Nicola Stubbins	Cyngor Sir Ddinbych
Peter Williams	Cynrychiolydd Gofalwyr
Rob Smith	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Richard Weigh (hyd at ddiwedd mis Mehefin 2019) Steve Gadd (o fis Medi 2019)	Prif Swyddog Cyllid (Adran 151) (Cyfetholedig)
Shan Lloyd Williams	Cynrychiolydd Tai
Teresa Owen	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Wendy Jones	Cefnogaeth Gymunedol a Gwirfoddol Gogledd Cymru (Cyfetholedig)
Ruth Whittingham	Cydweithio Rhanbarthol

Atodiad 2 – Darpariaethau Statudol

Mae partneriaid BPRhGC wedi mynd i gytundeb cyfreithiol – “Cytundeb Integreiddio” – sy’n diogelu eu hymrwymiad i gydweithio ar brosiectau a nodwyd yn allweddol sy’n addas ar gyfer gwasanaethau integredig a threfniadau cyllideb gyfun.

Caniateir defnyddio’r darpariaethau statudol canlynol i danategu gwaith BPRhGC:

- Rhan 9 Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 – adrannau 166 ac 167 yn benodol a rheoliadau cysylltiol (Rheoliadau Trefniadau Partneriaeth (Cymru) 2015).

Roedd pwerau cyfreithiol eraill yn dibynnu ar gefnogaeth partneriaeth ranbarthol a aethant iddynt, gan gynnwys:

- Deddf Y Gwasanaeth Iechyd Gwladol (Cymru) 2006 – adrannau 1, 2, 10, 33, 38 ac 82 yn bennaf.
- Pwerau A9 Mesur Llywodraeth Leol (Cymru) 2009 mewn perthynas â chydweithio gydag awdurdodau lleol eraill.
- Deddf Llywodraeth Leol 1972 – a2 yn enwedig sy’n rhoi pwerau i awdurdodau i wneud unrhyw beth y maent yn ystyried i fod yn debygol i gyflawni un neu fwy o’r buddion canlynol: hyrwyddo neu wella lles economaidd, cymdeithasol neu amgylcheddol yr ardal, ac adran 113 sy’n galluogi un awdurdod lleol i gynnig ei staff i awdurdod iechyd neu Fwrdd Iechyd arall.
- Mae A111 Deddf Llywodraeth Leol 1982 yn caniatáu i awdurdod lleol gael y pŵer i wneud unrhyw beth sy’n cael ei bennu i hwyluso, neu'n ffafriol neu'n ddamweiniol, i gyflawni ei swyddogaethau.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
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).						
Atodiadau Appendices:	Appendix 1 – APB SMAF Revenue Expenditure Plan Appendix 2 – BCUHB Ring Fenced Budget						
Argymhelliad / Recommendation:							
It is recommended that SPPH Committee: <ul style="list-style-type: none"> - Receive this report and note the role and function of NWAPB including the interface with BCUHB - Note progress made BCUHB joint working as part of NWAPB, including work to delivery services throughout the Covid-19 pandemic and opportunities for improved alignment and joint working going forward. 							
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
Sefyllfa / Situation:							
This paper builds on the previous reports to SPHH and further updates on progress made around the work of the APB, incorporating the key interfaces with Betsi Cadwaladr University Health Board (BCUHB), and implications of COVID-19 on substance misuse service delivery.							
Cefndir / Background:							
The APB is the strategic partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services at a 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: <ul style="list-style-type: none"> • 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**', which replaced the previous 10 year WG Substance misuse Strategy, the Delivery Plan Vision is:

"Everyone in Wales should have longer healthier lives, free from the potential harms of substance misuse, building personal resilience so they can be active and contribute positively to their communities".

- People have a healthy life free from harms
- People are treated with respect, regardless of circumstances and background
- People have choices in their recovery

The Delivery plan outlines a number of Key Aims, Outcomes and eight 'Priority Areas for Action':

1. Responding to co-occurring mental health problems
2. Ensuring strong partnership working with housing and homelessness services
3. Ensuring that prisons have a coordinated service for those with substance misuse problems
4. Support for families and carers of people who misuse substances
5. Ensuring that appropriate and responsive alcohol misuse services are in place
6. Improving access to services and ensuring people get the support and treatment when they need it
7. We will strengthen our multiagency working and care planning to ensure peoples' needs are met
8. Tackling dependence on prescription only medicines (POM) and over the counter medicines (OTC)

It should be noted that WG are currently refreshing/strengthening the Delivery plan in light of COVID-19, but it is not envisaged that there will be any fundamental changes.

The North Wales Substance Misuse Needs Assessment (led by the BCUHB Public Health Team) and was approved by the APB Executive Board in Oct 2019 subject to alignment with recent North Wales County Lines Needs Assessment undertaken by N.Wales Police, which together will inform the multi-agency Delivery Plan.

The recommendation of the needs assessment fall within the following broad themes:

- **Enhanced data/further analysis** - including to better understand alcohol related admissions, morbidity and mortality data, particularly variation and trends across North Wales,
- **Enhanced stakeholder engagement, working towards co-production** – primarily to establishing a systematic approach to capture the views and opinions of hazardous and harmful alcohol drinkers and drug users not currently accessing substance misuse services; and relating to Children and Young People.
- **Outcome monitoring** – further develop re longer term outcomes for service users
- **Enhanced support, treatment and aftercare, including suitable housing and environment** – Including further development of pathways, particularly around primary care/GPs
- **Safe and supportive environments** – particularly around links to current North Wales needs assessment relating to County Lines

- **Changed attitudes and social norms** – including around alcohol related harms and stigmatisation of drug & alcohol users
- **Families and children are supported and protected** – including regarding pathways through/between services and transition to adult service

APB Membership

APB membership is outlined by WG, to be representative of Health Boards, Police, Probation, Local Authorities, Public Health Wales and third sector. In addition to this NWAPB also have representatives from the Office of the Police and Crime Commissioner (OPCC), Community Safety Partnership representation and service user involvement representation. Current BCUHB representation on the APB Executive Board is as follows:

- Executive Director Public Health
- Assistant Director- Corporate Planning
- Clinical Director Substance Misuse Services (SMS)- Mental Health and Learning Disability (MHLD)
- Clinical Network Manager- MHLD
- Assistant Area Director- Primary Care

BCUHB Services Commissioned by the APB

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 Liaison & Drug Liaison Service
- Specialist Substance Misuse CAMHS capacity
- Prescribed Medication & Support Service (part funded alongside BCUHB Funding)

BCUHB provide a quarterly performance report to the APB Executive, which includes outcomes information relating to all areas of substance misuse service delivery and an overview of associated service developments.

Asesiad / Assessment & Analysis

1. FUNDING STREAMS & COMMISSIONING OF SERVICES

The APB utilise Substance Misuse Action Fund (SMAF) revenue funding (currently £5.4m pa) & WG Complex Needs Funding (£289K 2020/21) to commission substance misuse education/prevention, early intervention, treatment /support, recovery and service user involvement services across North Wales. Although historically the majority of funding has been spent on treatment, there has been and continues to be a strategic shift towards increasing prevention, early intervention and recovery activity. A summary of the 2020/21 SMAF revenue budget is included **at appendix 1**.

In addition to the above funding there are number of other revenue streams available for substance misuse services, including:

i) BCUHB substance misuse 'Ring Fenced' budget

WG require Health Boards to invest a minimum 0.4% of their overall budget in substance misuse services, the BCUHB allocated 'ring fenced' substance misuse budget for 2020/21 is £5.5m. WG requires APBs to work collaboratively with their respective Health Board's to ensure that the funding allocated to tackling substance misuse is both coordinated to provide the most effective

use of the available funding and to avoid potential duplication; and complements the delivery of the Welsh Government Substance Misuse Delivery Plan and APB commissioned services and plans. APBs are required to confirm that sign off the Health Board substance misuse expenditure plans in order for monies to be released. Appendix 2 outlines the 2020/21 BCUHB Substance Misuse Expenditure Plan, which was signed off by the APB Executive Board at its May 2020 meeting.

ii) Criminal Justice substance misuse related budgets

The Office of the Police and Crime Commissioner (OPPC) and Her Majesties Prison and Probation Service (HMPPS) also fund substance misuse interventions related to offending behaviour, primarily through the Drug Intervention Programme (DIP). The DIP programme has recently been recommissioned by the OPCC/HMPPS, and now includes Opioid Substitution Treatment (OST) prescribing for releases and Drug Referral Requirements (Court Orders), which was previously commissioned from BCUHB.

iii) Local Authority Community Care Budgets

In addition to the funding that the APB allocates for substance misuse residential rehabilitation placements, Local Authorities provide limited funding towards placement as part of their statutory responsibilities. Furthermore, some Local Authorities fund social work capacity within local BCUHB substance misuse treatment teams.

The APB's role is to commission substance misuse services to meet the needs of the NW population and to enhance what is already commissioned/provided through other funding streams. There are currently no formal arrangements for joined up budgets in place, but there is recognition from the APB and partners that increased alignment would have a positive impact; joint work between the APB and BCUHB relating to Service User Involvement and Psychological Therapies, highlighted in this report, represent positive progress in this regard.

With regard to the services, highlighted above, currently commissioned from BCUHB by the APB, the contracts for these were due to expire on the 31st March 2020 however the APB has recently extended until the 31st March 2021. This has enabled some additional time to review the services commissioned to ensure that they are able to continue meet need effectively in a dynamic manner. It is recognised that there is a need further develop performance and accountability arrangements within the Alcohol/Drug Liaison Service and Specialist Substance Misuse CAMHs to ensure commissioning outcomes are fully met, and that current service models best support this. It is not however envisaged that there will be any significant changes to what is commissioned or funding level.

2. APB INTERFACES WITH BCUHB

As described previously in this report, BCUHB is a key APB strategic partner, commissioned service provider, and WG require the APB to sign off the substance misuse 'ring fenced' budget. In addition to these, there are a number of other requirements of and interfaces between the APB and BCUHB, these include:

- **WG Substance Misuse Delivery Plan 2019-2022** – As highlighted above the delivery plan is a key driver for the APB and partners. As such, BCUHB plays an important role in supporting many of the actions, the APB team are currently working with the BCUHB Substance Misuse Service (SMS) Senior Leadership team to develop an action plan around the Health Board's contribution to deliver against this, positive progress is already being made against the majority of relevant actions.
- **Co-Occurring Substance Misuse and Mental Health Framework** - In line with Welsh Government requirements, a joint co-occurring substance misuse and mental health delivery plan was developed, to facilitate the implementation of the Co-Occurring Substance Misuse and Mental Health Framework; to ensure that those experiencing co-occurring issues do not

face barriers and get the right treatment and support at the right time. To deliver against this BCUHB MHL and SMS, in conjunction with CANIAD Service User Involvement Service, developed 5 key principles to embed the co-occurring agenda into practice. This has not been without its challenges, the lack of a shared electronic patient record being a major difficulty. The co-occurring framework now sits as a fixed agenda item on the MHL Heads of Nursing meeting and an audit is being undertaken to identify areas of good practice and barriers. Joint Consultant led clinic have been developed in some areas, and attendance of key SMS staff at community and inpatient Mental Health pathways is being sought to establish how this agenda can be further developed. Alongside the internal work being undertaken within BCUHB there is an acknowledgment that there is the need to review the wider aspects of the Joint Delivery Plan with the APB and partner, there is current a piece of work being undertaken around this.

- North Wales Alcohol Harm Reduction Strategy** – Development of this strategy was led by the BCUHB Public Health Team, together with APB partners, and signed off by the APB Executive Board in May 2020. A multi-agency action plan is currently being developed through engagement with APB partners, who have all agreed to nominate a responsible officer and strategic lead to ensure that required actions are embedded within organisations. The aim of the strategy is to reduce alcohol related harms through:
 - Promotion of a safe and sensible approach to alcohol consumption
 - Protection of families and wider communities from adverse impacts of alcohol
 - Reducing the impact of alcohol related harms
 - Producing robust working relationships and referral pathways between service providers

The strategy can be accessed at: <https://bcuhb.nhs.wales/health-advice/north-wales-alcohol-harm-reduction-strategy/north-wales-alcohol-harm-reduction-strategy/north-wales-alcohol-harm-reduction-strategy/>

- Welsh Government Substance Misuse Key Performance Indicators (KPIs)** - The BCUHB substance misuse treatment & support service, funded through the ring fence and APB funding, contributes towards the North Wales performance against WG KPIs. The APB/partners are held accountable for performance against the KPIs by WG and the APB team work closely with providers to manage this. BCUHB services performance against the KPIs to Q2 2020/21 is summarised in the table below:

	KPI 1: DNA post assessment baseline<20%	KPI 2: Waiting time between referral and treatment baseline>80%	KPI 3: Treatment Outcome Profile (TOPs) reduction in substance use baseline>86.5%	KPI 4: TOPs improvement in quality of life baseline>84.2%	KPI 5: numbers of patients closed as treatment complete baseline >76.9%
BCUHB Q2 2020/21	4.47%	97.69%	89.67%	85.02%	86.67%

As can be seen from the table KPI performance has remained positive during the pandemic, there was initially a slight decrease in the quality of life indicator, however this has now returned to previous levels. Continued positive performance during this period reflects how well BCUHB substance misuse services have adapted service delivery, to ensure that service users continue

to be supported to achieve positive outcomes. The impact of COVID-19 on service delivery and how services have responded is highlighted on page 8 of this report.

WG are currently introducing a Blood Borne Virus KPI, to measure the uptake of Hepatitis C testing, with the aim of reducing transmission through increased treatment and safer/reduced injecting by drug users. However COVID 19 has resulted in reduced capacity for Hepatitis C testing due reduced laboratory capacity in Cardiff where the test are analysed.

- **Contracts for services commissioned by the APB from BCUHB** - The current contracts for the BCUHB services commissioned by the APB expired on 31st March 2020, and the APB team are currently working with BCUHB colleagues to review these to inform future commissioning intentions. It is recognised that we need to further develop performance and accountability arrangements, specifically within the Alcohol/Drug Liaison Service and Specialist Substance Misuse CAMHs to ensure commissioning outcomes are fully meet, and that current service models best support this.
- **Substance Misuse Psychological Therapies** – The APB Team are currently working with BCUHB to decommission the Substance Misuse Service Counselling Service (currently commissioned by BCUHB) & other substance misuse therapeutic services (currently commissioned by the APB); and tender for one Substance Misuse Psychological Interventions Service. This will provide a range of interventions based on a stepped care model, on an equitable basis across all of North Wales, which is in line with the recommendations of the recent BCUHB MH/LD Division review of psychological therapies.
- **CANIAD, Substance Misuse & Mental Health Service User Involvement Service** – This service is jointly commissioned from HAFAL by the APB and BCUHB, with the current contract due to end on 31st March 2021. Work is currently ongoing to determine future commissioning arrangements, with the likelihood that the current arrangements will be extended to enable further development work to take place with CANIAD.
- **Multiagency Capital Projects** - The APB also have access to WG SMAF capital funding to support substance misuse service delivery sites/estate. There has been significant investment in BCUHB Substance Misuse estate through this funding over recent years; primarily in developing multiagency substance misuse service buildings to support more effective service delivery by partners in an integrated manner, recent investment has included:
 - **Brighton Road, Rhyl** – remodelling and expansion of the existing SMS base in Denbighshire (completed)
 - **The Elms, Wrexham** – remodelling and extension of the existing SMS base in Wrexham to create a multiagency base (completed)
 - **Rowley's Drive, Shotton** - remodelling and extension of the existing SMS base in Flintshire to create a multiagency base (due for completion in 2021)
 - **Craig Hyfred, Holyhead** – purchase and remodelling of the existing SMS base in Holyhead to create a multiagency base (due for completion in 2021)
 - **Hafan Wen, Wrexham** - refurbishment/improvements to residential detoxification unit (completed)
- **Collaborative Outreach Service** – BCUHB are leading with the APB on the development of this enhanced service model, which builds on existing Harm Reduction and Tier 2 Outreach Services. This includes additional outreach capacity relating to mental health and housing support; together with capacity to coordinate between agencies to enable timely wraparound support to vulnerable individuals with complex need relating to substance misuse, mental health and housing. The initial focus of the service was primarily to be around homeless/rough

sleeping individuals. However with the onset of COVID-19, and intensive work to house this cohort, the service has evolved to support those temporarily housed, working alongside housing and other partners, to enable them to remain in their temporary accommodation and move into more long term housing.

- **Heroin Assisted Treatment** - Welsh Government wrote to APB's earlier this year clarifying their position regarding Heroin Assisted Treatment* (HAT), stating that implementation of HAT would be a matter for APB's to consider locally with partners, taking into account value for money alongside clinical and wider consideration. Although HAT was not highlighted as a local priority in N.Wales by the recent substance misuse needs assessment, it is recognised that needs assessment is a dynamic process enabling new evidence/ innovative treatments and their effectiveness alongside other modalities of treatment to be considered. Therefore an initial piece of work has been undertaken by the APB team to highlight some of the key factors which would require consideration if HAT was to be supported by the APB, as a treatment option in North Wales. Some further input has been made to this by the BCUHB Substance Misuse Service Clinical Team, and the BCUHB Public Health Team are currently in the process of reviewing the evidence base and adding to this, which will support any future decision making. The APB Chair has recently written APB members to gauge their view regarding exploring this. It should also be noted that the N.Wales Police & Crime Commissioner is keen to explore a pilot of HAT and has recently held a related conference and included within hid 2020/21 Drug Policy.

**HAT is the clinically supervised injecting of prescribed synthetic heroin for dependent opiate users, prescribed as an alternative treatment to mainstream Opioid Substitution Therapy (OST)*

- **Fatal Drug Poisoning (FDP) Reviews** – The APB is held responsible by Welsh Government to undertake reviews of FDPs, where there is a suspected accidental death involving the use of illegal or illicit drugs. The purpose of these reviews is to understand any themes/trends relating to FDPs, inform joint learning of any lessons for partners and make recommendation to support a reduction in drug related deaths. BCUHB are a key part of this process, with the FDP Review Group being Chaired by the Substance Misuse Service Clinical Director and the process being alignment with the BCUHB SUI process. An example of implementation of recommendations is the current Pilot by North Wales Police for front line officers to carry and administer nasal Naloxone, which can reverse the effect of an opiate overdose; the BCUHB Harm Reduction team have been instrumental in supporting this. Work is also underway between to APB and BCUHB Harm Reduction Team to implement a process around non Fatal Drug Poisonings, to ensure that timely support can be offered and wider learning and action around themes and trend can be undertaken by partners.
- **North Wales Substance Misuse Workforce Development Service** – This is commissioned by the APB to ensure that there are appropriately skilled and knowledgeable staff across North Wales, to meet the needs of those who misuse drugs and/or alcohol; or are at risk of doing so. The service is available to third sector and statutory sector staff, including BCUHB (to complement statutory/internal training, and is delivered at 3 levels:
 - Level 1 – Substance Misuse Awareness Raising Sessions for non-substance misuse professionals
 - Level 2 – 2 day Introductory / Foundation Substance Misuse Training
 - Level 3 – Specialist Substance Misuse Training (recent topics include, Ketamine, Chemsex, Ecstasy, 'Dealing with downers', Cocaine)

COVID-19 IMPACT ON SUBSTANCE MISUSE SERVICES & SERVICE RESPONSE

Clearly COVID-19 has presented unprecedented challenges to individuals affected by substance misuse, and the services that support them COVID-19, particularly given that they are already a vulnerable group with complex needs.

Services have adapted well to alternative forms of delivery to meet service user need, with online/telephone delivery being well received and effective in most cases, with face to face delivery being undertaken where necessary and appropriate based on risk assessment.

The APB has sought feedback from all service providers, partners and Service Users (via CANIAD) regarding the impact of COVID-19; and provided support in terms of additional funding and flexibility in how services can be delivered and performance managed during this time. The feedback was presented to and discussed at the APB Executive Board in September, the key themes being:

- Reduced demand/referrals during initial few months of COVID across most services, has been picking up over last couple of months, particularly since children returned to school
- Substance Misuse Family services seeing increased family/parental alcohol issues and alcohol related Domestic Violence
- Increased Mental Health/Co-occurring issues
- Anecdotal reports of higher level of suicides (via NWP)
- Increased Benzodiazepines use, lots of fake/counterfeit
- Issues with drug supply in some areas of N.Wales resulting in switching to illicit/fake prescription drugs
- Slight increase in suspected fatal drug poisonings during period since 1st lockdown, no evidence yet suggesting COVID/lockdown was a contributory factor

The main discussion at APB Executive Board on this was around the future impact of demand on services (particularly relating to concerns re Alcohol use) as this didn't really come out of the feedback provided. It was therefore agreed to request further feedback from partners/providers relating to increased alcohol, drugs & Co-occurring issues/presentations that are being seen, as both employers and service providers. The outcome of this will be shared with APB member for further consideration in due course.

With regard to BCUHB delivered substance misuse services, during phase 1 an individual risk assessment was undertaken for each patient, which looked to make reasonable adjustments to their treatment regimes in terms of type and frequency of contact with the service and dispensing arrangements, where safe and practical. In terms of OST prescribing/dispensing this was aided by the agreement of WG/APB to fund the wider use of BUVIDAL (a long lasting injectable form of OST). BCUHB SMS services are in process of revisiting these risk assessments to consider the progress made and to consider any adjustments that may be made in light of the easing of lockdown and the recognised need for an increase of face to face contact alongside remote delivery where appropriate. This includes a contingency plan, should the individual need to self-isolate or the COVID-19 situation changes due to second/further lockdowns.

The need to work in a COVID safe way has presented particular challenge for the Haran Wen Detox unit, due to need for service users to self-isolate on admission, this has resulted in reduced capacity, however BCUHB and the APB are working closely with the service provider (CAIS) to minimise impact on service users.

As part of the lessons learned for this process, some of the more positive consequences of coping with the pandemic are being embedding, such as more flexible/sustainable ways of working and travelling, flexibilities for using IT and a greater focus on partnership working.

Strategy Implications

Divisional plans are aligned to funding profile/budget for substance misuse, as signed off by NWAPB, 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 APB.

Options considered

n/a

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 £5.5m a year, in order for the funding to be released by Welsh Government.

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 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.

Legal and Compliance

There are contracts in place for between the APB (Via Wrexham Council as APB 'Banker') and BCUHB for commissioned service, as described above these have been extended to 31st March 2021, with a view to longer term extension once further review work has been undertaken.

Impact Assessment

Substance misuse plans and commissioning decisions are subject to EQIA assessment

North Wales Substance Misuse APB 2020/21 SMAF Revenue Grant Expenditure PlanAppendix 1

Theme/Area	Details	2020/21 Budget
Awareness Prevention and Education	Universal Specialist substance misuse Prevention and Educational Programme for primary school aged pupils across North Wales. Plus provision for targeted secondary school education sessions as required to support other existing provision within schools	£51,357
Alcohol Well-being/Harm Reduction	Multi faceted project at both strategic and operational levels to address alcohol related Harm and increase well-being , in line with new North Wales Alcohol Harm Reduction Strategy	£48,809
Children, Young People and Family	Comprehensive substance misuse services delivered across North Wales to Children, Young People and Families	£1,413,785
Open Access	Accessible drug and alcohol specialist services for a wide range of substance users referred from a variety of sources including self referrals or presentations . Includes new Collaborative outreach model of service to enable early intervention and access to support and treatment, particularly for hard to reach vulnerable individuals, with a focus on housing & mental health (part funded via WG Complex Needs Grant £289k not included here). <i>(n.b. does not include Harm Reduction Funding, which is included uner Treatment & Support)</i>	£407,608
Treatment/Support	Specialist structured treatment services including primary care key work support, secondary care prescribing, one to one key work support, group work, Alcohol Liaison Service, Prescribed Medication Service, harm reduction interventions, and a range of therapeutic interventions.	£2,199,115
Recovery	A range of recovery orientated services, with a strong focus on mutual aid and peer support: <ul style="list-style-type: none"> • To empower individuals to take responsibility for their drug or alcohol use and make positive meaningful changes. • To enable substance misusers users to become drug and alcohol free • To enable substance misusers to maintain their abstinence 	£509,461
Tier 4/Residential Rehabilitation	To provide residential rehabilitation to service users across North Wales in line with the WG National Framework, and detox placements where appropriate	£358,056
Service User Involvement	Service to support substance misuse service user involvement and engagement.	£149,149
Workforce Development	To ensure an appropriately knowledgeable and skill specialist and non specialist works force, who are able to identify and support individuals with or at risk of substance misuse issues.	£49,375
APB Development and Support	To support the APB and wider partners in the delivery of the North Wales APB Commissioning Strategy and the priorities within the Welsh Government's Substance Misuse delivery plan	£259,475
Total SMAF Budget		£5,446,190

Appendix 2

Substance Misuse Service Income and Expenditure Summary Report 2020-21

Funding allocations	2020/21 Plan	Actual (Month 5)	2020/21 Forecast	Variance against Plan	2019/20 Budget	2019/20 Out turn	2019/20 Variance
1 Ring fence funding allocation	5,520	2,300	5,520	0	5,275	5,275	0
2 Core SMAT	1,209	504	1,209	0	1,209	1,209	0
Total Core services funding	6,729	2,804	6,729	0	6,484	6,484	0
2 Harm Reduction	596	139	491	105	306	306	0
2 Alcohol Liaison	239	100	239	0	239	239	0
Total other services funding	835	239	730	105	545	545	0
Grand Total	7,564	3,042	7,459	105	7,029	7,029	0

Expenditure	2020/21 Plan	Actual (Month 5)	2020/21 Forecast	Variance against Plan	2019/20 Budget	2019/20 Out turn	2019/20 Variance
Pharmacy costs supervised consumption	430	125	300	(130)	225	430	205
Needle Syringe Exchange (Pharmacy service costs)	109	35	85	(24)	98	109	11
Needle Syringe Exchange (Consumables)	217	83	200	(17)	254	217	(37)
Primary Care (GP) Prescribed costs	322	146	350	28	280	322	42
Total Primary Care	1,078	390	935	(143)	857	1,078	221
Medical	680	254	610	(70)	640	607	(33)
Nursing & Support (CORE)	3965	1690	4056	91	3832	3913	81
Harm Reduction	596	144	491	(105)	321	321	0
Alcohol Liaison	313	130	313	0	308	308	0
Total Secondary care	5,554	2,218	5,470	(84)	5,101	5,149	48
Inpatient beds (Hafan wen detox unit)	973	405	973	0	973	973	0
SMS Counselling	210	88	210	0	210	210	0
Total payments to CAIS	1,183	493	1,183	0	1,183	1,183	48
Total expenditure	7,815	3,101	7,588	(227)	7,141	7,410	269
Balance over / (under)	251	59	129	(122)	112	381	269
Total BCUHB Allocation	1,516,211	631,755	1,516,211		1,490,607	1,490,607	
3 SMS Spending Requirement (0.4% of Allocation)	6,065	2,527	6,065		5,962	5,962	

1 Funding received from Welsh Government

2 Funding received Area Planning Board (WCBC)

3 Welsh government requires BCUHB to spend 0.4% of total allocation on Substance Misuse Services

4 Includes additional funding for collaborative outreach team (final allocation subject to change pending grades appointed)



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Stroke Services: Early supported discharge and Rehabilitation

SPPH Committee

10th December 2020



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The vision for the Stroke Pathway

Update on current position: ESD and rehabilitation

Next steps



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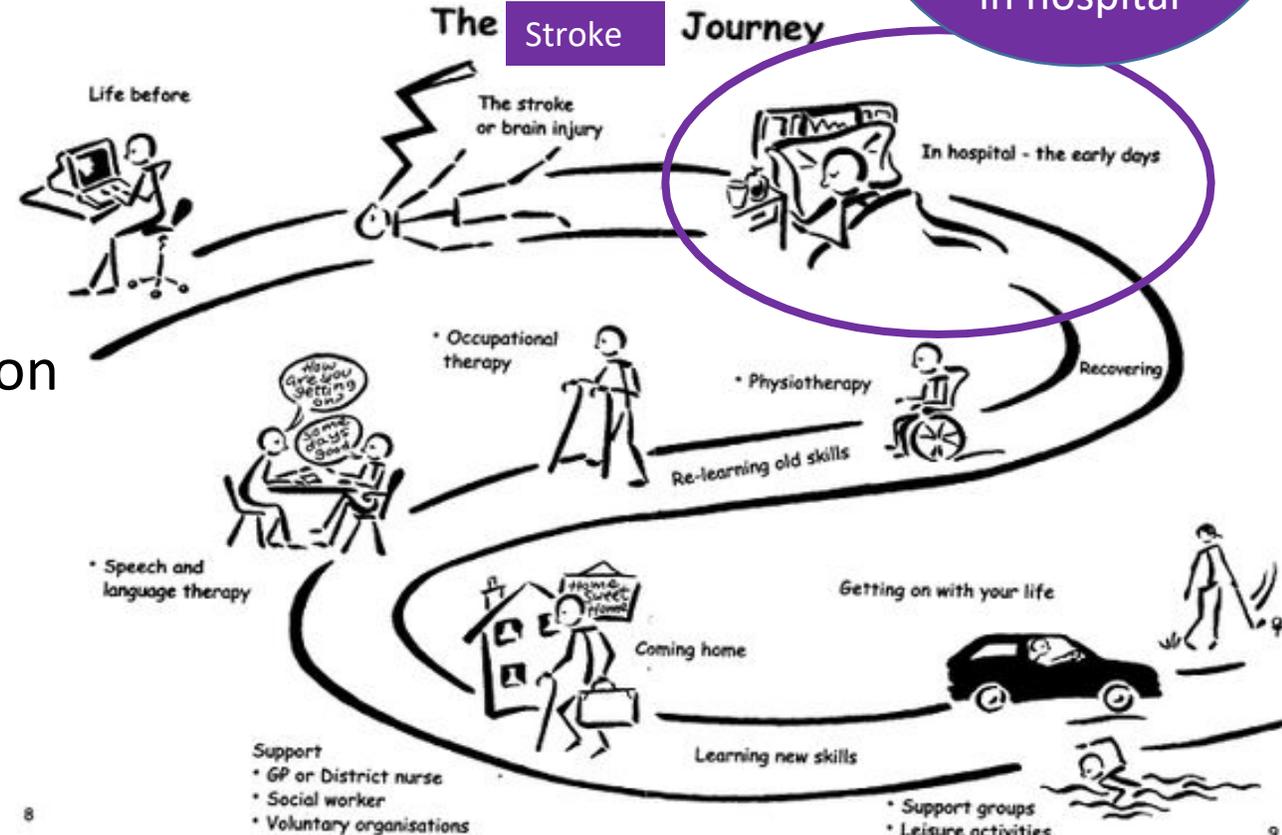
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Overview- Stroke Pathway

• BCUHB Whole System Approach

- Prevention – lifestyle – population awareness – primary & secondary care in management of Atrial Fibrillation
- Early Awareness and Response
- Early Supported Discharge (ESD)
- Specialist In-patient Community Rehabilitation
- *Hyper Acute Stroke*
- *Acute Stroke*
- Life After Stroke

Only a small part of stroke care is in hospital





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Introduction

- ❖ **The case for change – why do we need to improve our stroke services overall**
- Improve outcome measures to match benchmarked UK models
- No ESD services or Specialist Stroke *Community* In-patient Rehabilitation in North Wales
- Increase specialist Stroke *Acute* In-patient Rehabilitation beds in the West and improve clinical staffing.
- Improve appropriate patient access to SaLT and Occupational Therapy
- Increase the availability of specialist staff available 24 hrs a day, 7 days per week



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Introduction

cont ...

❖ **The case for change – why do we need to improve our stroke services**

- Improve the quality outcomes of stroke survivors in North Wales
 - More specialised follow up care in three Community Hospital hubs (one in each BCUHB area) rather than generic follow up in the 13 Community Hospitals
- Improve in SSNAP and related performance criteria
- Improve compliance with Stroke Guidelines, recommendations of RCP



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Overview- Stroke Service: ESD and rehabilitation

- Clinicians agree that the stroke pathway work should progress with
 - continuous improvement of the current three site acute stroke model
 - investment in additional Clinical Nurse Specialists and implementation of the community based ESD service
 - Specialist Community In-patient Rehabilitation.
- The co-located ESD service and specialist in-patient community hubs should be fully operational, evaluated and refined prior to implementation of hyper acute stroke co-located with acute stroke.



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Outcomes: ESD and Rehabilitation

Outcomes

- Reduced disability and reliance on social care
- Reduced risk of another stroke
- Timely swallowing assessment; OT, physio and SaLT interventions as appropriate;
- Discharge earlier with ESD and reduced disability;
- Reduced variation across North Wales;
- Increased staff morale, improved recruitment and retention of specialist staff;



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Update and Next steps

- SPPH Committee to note the re-start of the business case development with focus on ESD and Rehabilitation business cases in phase 1.
- The business case is being reviewed and updated – including new clinical evidence and learning from COVID
- Anticipate conclusion of this work by 31/1/2021



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	National Operating Framework for Primary and Community Care & Delivery Milestones						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care & Community Services						
Awdur yr Adroddiad Report Author:	Clare Darlington Assistant Director Primary Care & Community Services						
Craffu blaenorol: Prior Scrutiny:	The guidance and requirements issued by Welsh Government are reviewed at the Planning Workstream meetings and also with the Area Directors, Assistant Area Directors for Primary Care, and Assistant Director Primary Care Contracting.						
Atodiadau Appendices:	Appendix 1: Essential Services in Primary & Community Care Appendix 2: Primary Care Model of Care – Re-set of Delivery Milestones 2020/21						
Argymhelliad / Recommendation:							
The SPPH Committee is asked to;							
<ul style="list-style-type: none"> Note the priorities and requirements of the National Operating Framework for Primary and Community Care and associated delivery milestones 2020/21, set by Welsh Government; Note the progress made to date in the achievement of the delivery milestones; Confirm future reporting requirements to monitor the ongoing progress and achievement of the milestones. 							
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	
Sefyllfa / Situation:							
The national Primary and Community Care Operating Framework for Quarters 3 and 4 2020/21 sets out the six priorities and associated delivery milestones which Health Boards across Wales must respond to.							
Cefndir / Background:							
On 24 th September, Welsh Government (WG) issued the NHS Wales Covid 19 Operating Framework for quarters 3 and 4 2020/21.							
Priorities for primary care and community services, included in the overarching Operating Framework, have been identified by the Health Board Directors of Primary and Community Care and agreed by the National Primary Care Board and the Welsh Government's Primary and Community Care							

Recovery Oversight Group. These are described in more detail in the Primary and Community Care Operating Framework for quarters 3 and 4, with related delivery milestones requirements also cross referencing into the national Operating Framework.

The health board have provided their plans in response to the requirements set out, and submitted these to WG by the deadline of 19th October 2020.

Asesiad / Assessment & Analysis

The COVID 19 pandemic has required primary and community care to respond rapidly in order to minimise the spread of infection and allow services to continue to be delivered. This has resulted in changes to the way services are provided, but with developments that are consistent with the Primary Care Model for Wales and learning from the rapid transformation, whilst ensuring that essential services continue to be provided.

The Primary & Community Operating Framework for quarters 3 and 4 has been informed by the response of the sector to the pandemic in the first half of the year, continuing to shape the re-set and recovery of services over the coming months. Nationally there has also been an emphasis on the need to adopt and embed the principle of care closer to home across the whole health system. Without this as a stated direction of travel, there is a risk that the pre-Covid ways of working are re-instated, whilst still maintaining the aspiration of *A Healthier Wales*.

Six priorities for quarters 3 and 4 are included in the Primary & Community Operating Framework; these are:

I. *Delivery of essential services* – the World Health Organisation sets out five categories of essential healthcare which is a useful framework for recovery for NHS Wales and aligns with the Welsh Government document ‘Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential’. The five categories are as follows:

- Essential prevention of adverse outcomes
- Responsive urgent care
- Essential management of chronic conditions
- Timely diagnosis of new problems
- Proactive management of vulnerable groups

These categories have been considered through the lens of primary and community care services and are set out in more detail in Appendix 1.

II. *COVID-19 local outbreaks or second wave* – including delivery of services in response to surges and outbreaks which may include the reestablishment of COVID hubs, urgent and emergency centres and field hospitals.

III. *Care Homes* – primary and community care service provision, noting the fragility of care homes

IV. *Rehabilitation* – recognising the increased demand for rehabilitation across four main population groups.

V. *Step-up and step down bedded community services* – to address the issues identified in *Right Sizing Community Services* (Delivery Unit)

VI. *Urgent primary care* – an urgent primary care model to be considered within the context of new developments in access such as ‘phone first’, remote consultations and consultant connect.

The national Strategic Programme for Primary Care continues to develop a number of key enablers to support primary and community care services in quarter 3 and 4 as follows:

- Monitoring approach to Essential Services
- Review of the effectiveness and safety profile of remote triage in primary care
- Rapid review of governance, quality & safety in primary care in Wales
- Care home framework for primary and community care services
- Rehabilitation framework that defines 24/7 primary care rehabilitation against the Rehabilitation Guidance
- Framework for step-up/down bedded community services
- A comprehensive integrated 24/7 urgent primary/same day care model delivered on a cluster or multi cluster footprint.

In addition, the Strategic Programme has reviewed the following toolkits, prepared in response to the pandemic:

- Primary and Community Care Implementation Planning for COVID 19
- Dental toolkit to support COVID 19
- Optometry toolkit to support COVID 19
- Community pharmacy toolkit to support COVID 19

Health Boards must demonstrate a focus on the priorities set out within the operating framework, with the implementation of the delivery milestones for Primary and Community Care, which formally replace the original 2020-21 delivery milestones set by the Minister for the Primary Care Model for Wales.

Appendix 2 provides a summary of these delivery milestones, outlining the national and health board status of each as at 27th November 2020. In North Wales significant progress has been made in ensuring that these milestones are achieved within very tight timescales. This work will continue through the winter months.

Strategy Implications

Whilst the Primary and Community Care Operating Framework for Quarters 3 and 4 2020/21 sets out the immediate requirements for service delivery, it is also aligned to the national Primary Care Model for Wales, and the strategic document *A Healthier Wales*.

Options considered

The operating framework and delivery milestones are set nationally.

Financial Implications

The delivery milestones are to be implemented within the financial allocations available to the health board. This includes the awarding of additional resources to support the development of the UPCCs.

Risk Analysis

Primary Care sustainability is noted as a key risk for the Health Board and therefore does impact on the delivery of services. However the sector has demonstrated resilience in it's response and commitment to patients during the pandemic.

Area Teams continue to work closely with clusters and independent contractors where sustainability and capacity concerns are identified, with longer term actions being progressed to mitigate the risk.

Legal and Compliance

There are no direct legal implications to consider.

Impact Assessment

The national framework and associated delivery milestones are issued by WG. Impact assessments will be undertaken at a local level in achieving the requirements as needed.

Appendix 1

Essential Services in Primary & Community Care

Category	Link
1. Essential prevention of adverse outcomes	
Flu vaccination	Tier 1 target & Six goals for Urgent & Emergency Care Primary Care Needs Assessment: http://www.primarycareone.wales.nhs.uk/pcna-influenza
COVID vaccination	Winter Protection Plan 2020/21
Help Me Quit	Tier 1 target www.helpmequit.wales Primary Care Needs Assessment: http://www.primarycareone.wales.nhs.uk/pcna-smoking
Screening Programmes	Tier 1 Target Primary Care Needs Assessment
Six week checks	GMS contract – additional service
Childhood immunisations	Tier 1 targets Primary Care Needs Assessment: http://www.primarycareone.wales.nhs.uk/pcna-child-vaccination
Child safeguarding	
Adult safeguarding	
2. Responsive urgent care	
Acute physical presentations	
Termination of pregnancy	Wider essential services framework for Health Board
Sexual health	Wider essential services framework for Health Board
Mental health	Tier 1 targets Six Goals for Urgent & Emergency Care
3. Essential management of chronic conditions	
Chronic condition management	Based on DALYs, risk to respiratory health, preventive opportunity, monitoring requirement. Primary Care Needs Assessment: Six goals for Urgent & Emergency Care
4. Timely diagnosis of new problems	
Access to appropriate consultation type, access to diagnostics	
5. Proactive management of vulnerable groups	
Care home residents	<ul style="list-style-type: none"> • Winter Protection Plan 2020/21

Category	Link
	<ul style="list-style-type: none">• Care Home DES (WG)• Care Home Framework (SP)• Six goals for Urgent & Emergency Care
Palliative Care	Six goals for Urgent & Emergency Care Primary Care Needs Assessment: http://www.primarycareone.wales.nhs.uk/pcna-eol

Appendix 2

Primary Care Model for Wales – Re-set of Delivery Milestones 2020/21

Priority	Resource	Delivery Milestone	Timescale	National Status	BCUHB RAG status	Progress
<i>Delivery of essential services</i> – note specifically, the complexities of delivering the flu and COVID vaccination programmes and management of individuals with long term conditions who have/are not accessing care.	The <i>Strategic Programme for Primary Care</i> , data & digital work stream will provide a standardised approach to reporting the essential services metrics.	Health Boards will use this monthly reporting mechanism to monitor activity against the five essential services categories to be provide an indication of recovery of the primary care system.	End of October 2020	Monthly template not yet issued by the Strategic Programme for reporting, but understood to be imminent	Amber (due to national template not yet being in place)	<ul style="list-style-type: none"> • Essential services continue to be delivered • Flu immunisation programme being delivered with improved performance achieved. • ‘Help Me Quit’ smoking cessation programme provided 345 treatments during Q2 (latest data) with 321 successfully followed up at 4 weeks (compared with 226 treatments / 202 successful follow ups for same period last year) • Care Home DES in place supplemented by agile support for homes under exceptional pressure due to Covid-19 • GP Practices have in place anticipatory care plans for over 65’s

						<ul style="list-style-type: none"> • Improved access to palliative care medicines
<p><i>COVID-19 local outbreaks or second wave – including delivery of services in response to surges and outbreaks.</i></p>	<p><i>The Strategic Programme for Primary Care</i> will update the toolkits for primary care services with the latest guidance.</p>	<p>Health Boards will have plans in place to respond to local outbreaks including the reestablishment of COVID-19 hubs and urgent and emergency care centres for dental and optometry.</p>	<p>End of October 2020</p>	<p>Optometry and Community Pharmacy toolkits have been issued on 4th November. Previous toolkits for GMS and dental continue to be valid</p>	<p>Green</p>	<ul style="list-style-type: none"> • Toolkits shared across the contractor professions • GP practices are Covid-19 infection control compliant allowing them to deliver face to face and remote interventions. • Local Assessment Centres (red hubs) are ready for immediate mobilisation if required • Each cluster has resilience/business continuity plans in place to support GP practices that have staffing challenges due to isolation / safe distancing
<p><i>Care Homes – primary and community care service provision.</i></p>	<p><i>The Strategic Programme for Primary Care</i> will develop a framework for primary and community care provision to care homes.</p>	<p>Health Boards will assess their service provision to care homes against the framework with a view to adopt, adapt or justify. This will include:</p>		<p>Framework issued 30th October</p>	<p>Amber</p>	<ul style="list-style-type: none"> • 20 recommendations of WG rapid review fed into regional Care Homes action plan which is being implemented with partners • Self assessment checklist of framework to be finalised, linking to the above action plan

		<p>i. an immediate plan for winter 2020/21</p> <p>ii. a long term plan</p>	<p>End of October 2020</p> <p>End of March 2021</p>			<ul style="list-style-type: none"> • DES commissioned to support care homes • Additional agile support in place to respond to homes that require significant input due to Covid pressures. This enables local practices to continue to offer GMS whilst at the same time responding to the care home's needs. Service access via GP OOH (available 24/7). This will be available throughout the pandemic. • Links established between care homes and pharmacies to support staff flu vaccination to reduce risk of transmission to residents and improve resilience / business continuity • An end of life care medicines hub service is being commissioned from 11 pharmacies across north wales to provide assurance around availability of key palliative care medicines
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						<ul style="list-style-type: none"> • Implementation of the testing programme in care homes • Specialist advice provided in regards to infection control planning and delivery • Bespoke short term support provided based on risk assessment to ensure safe staffing • Additional investment secured to provide I-pads to Care Homes and to improve their wi-fi coverage, to enable video consultations with primary and community care professionals.
<p><i>Rehabilitation</i> – recognising the increased demand for rehabilitation across four main population groups.</p>	<p><i>The Strategic Programme for Primary Care</i> will develop targeted 7 day rehabilitation guidance for Primary and Community Care</p>	<p>Health Boards will assess their rehabilitation services against the guidance with a view to adopt, adapt or justify. This will include:</p> <ol style="list-style-type: none"> i. an immediate plan for 	<p>January 2021</p> <p>End of October 2020</p>	<p>Guidance issued 14th October</p>	<p>Amber</p>	<ul style="list-style-type: none"> • The BCUHB Winter plan has a focus on ensuring patients have a clear plan for their recovery, or management of any long term conditions; admission avoidance: step-up/step-down; MDT Frailty pathways and assessment units • In the West Area ‘Tuag adref ‘ supports discharges which enable

		<p>winter 2020/21</p> <p>ii. a long term plan</p>	<p>End of March 2021</p>			<p>them to promote rehabilitation under 'Discharge to Recover & Assess' pathways (D2RA) promoting independence and self-care within a patients home, currently looking how to link this in with therapies to develop the service further. Currently they have 32 patients on a 'virtual ward' case load.</p>
<p><i>Step-up and step down bedded community services – to address the issues identified in Right Sizing Community Services (Delivery Unit)</i></p>	<p><i>The Strategic Programme for Primary Care</i> will develop a suite of delivery specifications of care to support step-up and step-down.</p>	<p>Health Boards will assess current models against this framework with a view to adopt, adapt or justify. This will include:</p> <p>i. an immediate plan for winter 2020/21 informed by the DU right-sizing work.</p>	<p>End of October 2020</p>	<p>Specifications currently with stakeholders for comment until 4th Dec 2020.</p> <p>Also being reviewed by Directors of Primary Care & Community Services before final versions are issued.</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Additional capacity commissioned at the start of the first Covid-19 wave extended to March 2021 • CRT staffing increased to meet additional demands • Rainbow hospital, Deeside operating to support the transition from acute to 'home' where home based care packages not immediately available • Work commissioned to undertake full system review in Central Area of nature and quantity of capacity in context of

		ii. a long term plan	End of March 2021			<p>Right Sizing work to inform future planning of community and social care services. Also recently commissioned Right Sizing assessment for East and West Areas. Data from LAs and Health Board shared.</p> <ul style="list-style-type: none"> • Interviews with key managers have taken place. Initial reporting due in new year
<p><i>Urgent primary care</i> – an urgent primary care model is yet to be defined and needs to be considered within the context of new developments in access such as ‘phone first’, remote consultations and consultant connect.</p>	<p><i>The Strategic Programme for Primary Care</i> will develop an integrated 24/7 urgent primary/same day care model.</p>	<p>Aneurin Bevan UHB, Cardiff & Vale UHB and BCUHB will establish pacesetters for Urgent Primary Care centres (UPCC).</p> <p>Evaluation of the initial pacesetters to inform the development of a model for roll out across Wales in 2021/22.</p>	<p>End of November 2020</p> <p>End of February 2021</p>	<p>Model to be developed nationally following the evaluation of the pacesetters</p>	<p>Amber</p>	<ul style="list-style-type: none"> • Bids for two pacesetter schemes for North Wales have been successful and approved by WG on the 6th November • UPCC model in development for centres covering all East area clusters, with a go live date anticipated at 7th December • Pathways included from general practice, OOH, ED and (when ready) ‘phone first’ • Central Area UPCC pathfinder in North Denbighshire cluster.

		<p>All Health Boards will have plans in place for the national model with a view to adopt, adapt or justify.</p> <p>People contacting GP practices are responded to in line with Access to In-Hours General Medical Services National Standards.</p>	<p>End of March 2021</p> <p>End March 2021</p>			<p>Phased implementation commenced on 30th November taking referrals from cluster practices following triage</p>
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Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	North Wales Early Intervention and Intensive Support for Children and Young People Transformation Programme
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care & Community Services
Awdur yr Adroddiad Report Author: Report Date:	Nicola Stubbins, Programme Sponsor Corporate Director: Communities Denbighshire County Council 30.11.2020
Craffu blaenorol: Prior Scrutiny:	Bethan Jones Area Director Central
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

The SPPH Committee is asked to note progress of the North Wales Childrens and Young Peoples Transformation Programme.

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	
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Sefyllfa / Situation:

The purpose of this report is to provide an update on the progress and achievements of the North Wales Early Intervention and Intensive Support for Children and Young People Transformation Programme. There are 3 workstreams which report to the Programme as follows:

Purpose and Achievements of Workstreams

1. Workstream One: early intervention and prevention to improve the emotional health, well-being and resilience of children and young people

The aim of this workstream is to strengthen the emotional health, wellbeing and resilience of children and young people, by adopting a universal, preventative approach that offers support early on and thereby reduces the escalation of need and risk, improves personal outcomes and builds positive mental health for all children and young people.

Despite the challenges of Covid-19 this workstream has been able to make progress on the development of a **Regional Framework** and there have been some notable achievements including:

- Undertaking the groundwork to build a collaborative approach across partner agencies. This involved consulting with 22 key stakeholders from services to share the plan and hear views. This exercise was well received and contributed to shaping the project and set out a clear commitment to co-production.
- Building a mature, transparent and collegiate understanding of why the system to support children's emotional health and wellbeing is not working effectively now and why this project is needed
- First meeting of the Steering Group with full attendance from senior leaders across the partnership including all local authorities, the Health Board and the Community and Voluntary sector
- Establishing the right level of leadership on the Steering Group, with the right mind set
- Gaining commitment to adopting one coherent approach across organisations to help support children, young people and families improve their emotional health, wellbeing and resilience across the partnership

2. Workstream Two: Edge of Care interventions incorporating Multi-Disciplinary Teams

The focus of this workstream is to transform and provide a consistent, integrated and effective whole system approach to crisis management and crisis prevention for children and young people who are on the edge of care and who experience emotional and/or behavioural difficulties. The aim is to reduce the number of children becoming looked after or, for children who need to become looked after, to reduce the time they spend in a care placement.

Significant achievements in the first year of the Programme include:

- The formation of **three multi-agency sub regional teams in Central, East and West areas** to design and implement service models within their sub region, each supported by a project manager
- Detailed **research and development** to inform the choice of models of care. This has included a literature review by the Institute of Public Care that highlighted the characteristics of successful practice with children on the edge of care and their families; which overall approaches and models seem to have shown the most impact on improving children's lives including reducing the need for out of home care and the characteristics of successful implementation of new services
- Area teams have carried out their own **in depth research and investigation of specific approaches** that have been successful elsewhere including Multi Systemic Therapy (MST), Newport Family Assessment and Support Service and North Yorkshire's No Wrong Front Door
- Detailed **operational plans** drawn up by each area to outline their choice of service model including staffing requirements and cost breakdown; plans approved by the Programme Board
- An **intense period of partnership working** to develop mutual understanding, a shared vision and a common language as the basis for establishing new ways of working that will facilitate system change and assure families of the best possible support to enable behaviour changes and improved outcomes
- **Recruitment drive** to find high quality staff, in the East area this has included bringing on board Looked After Children from a local forum to participate in the selection process, and in Central, using a multi-agency recruitment panel
- **Managing staff induction and training despite the challenges of Covid** to ensure underpinning principles and values as well as new ways of working are fully understood and embedded

- **Implementation of new services delivered by multi-disciplinary teams;** this includes a Multi-Systemic Therapy model of service in one of the sub regional areas which is up and running, the first to embed MST in Wales, and currently working with 12 families and a bespoke model in another area based on a formulation approach which is also now fully staffed and working with its first few families

3. Workstream Three: Effective Child Protection Project

The focus of this work-stream is to transform child protection practice to ensure it is effective. The work is being developed and piloted in the West area, with a view to roll it out across the region. Effective child protection is key to the reduction of risk of significant harm to children and the avoidance, if at all possible for children to become looked after. It is about achieving change within families in order to achieve better outcomes for children. Child protection intervention interferes with the private lives of families and this often creates resistance, conflict and the disempowerment of children and families. These factors interfere with our ability to work effectively with families and help achieve sustainable change. This project aims to transform practice to reduce wherever possible, these effects in order to promote sustainable change.

Achievements in the first year of the Programme include:

- The creation of a bespoke practice mentor role to deliver individual and group mentoring to staff
- The development and delivery of new models for individual and group mentoring interventions to staff, and their evaluation.
- Scheduled delivery of Effective Child Protection training elements to staff in advance of rollout to each area team
- Establishment of two websites, for [Effective Child Protection](#) and the [Gwynedd Risk Model](#), and intranet site for staff.
- Delivery of multi-agency briefing events
- Reconfiguration of individual and group mentoring into virtual platform
- Positive interim evaluation findings
- Success of bid for Training / Practice Resource project
- Development of Training / Practice Resource on schedule

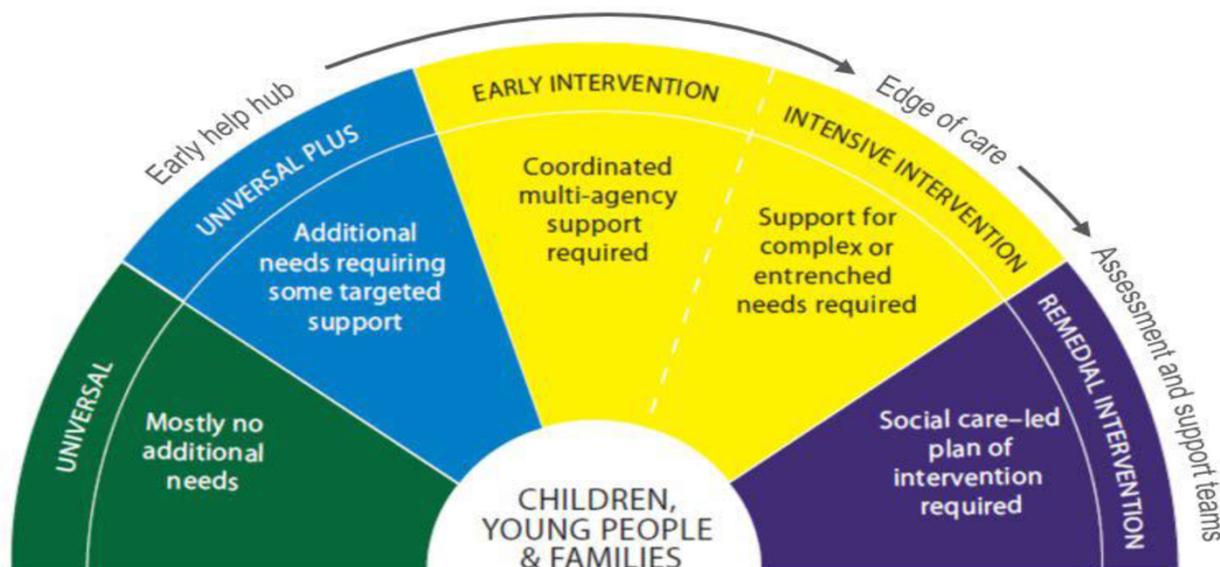
Cefndir / Background:

Embracing an overall objective to achieve better outcomes for children and young people without recourse to costly, long-term statutory intervention and care, the Integrated Early Intervention and Intensive Support for Children and Young People Programme aspires to:

- Improve the **emotional health, wellbeing and resilience** of children and young people through integrated early intervention and prevention and early help services
- Research and develop evidence-based '**rapid response**' (**crisis outreach**) **interventions for children and families on the edge of care**, in particular where the child has Emotional and Behavioural Difficulties (EBD), including more robust multi-disciplinary and therapeutic pathways and interventions
- To develop **short term residential services** incorporating up to three multi-disciplinary teams across the region to promote both effective returns home for children and young people on the edge of care (through the provision of respite-style care alongside broader edge of care support); and, for children and young people with complex needs who cannot

return home to parents, offering a form of care and multi-disciplinary assessment of their needs to inform the most appropriate move-on placement and support package.

The programme has been designed to work with children, young people and families as a whole system approach as illustrated in the 'windscreen' diagram below



Asesiad / Assessment & Analysis

A business case for additional funding for 2021/22 has been submitted to Welsh Government, that focuses on planning for future sustainability. The proposals for the Programme will therefore continue until March 2022 at which point it is anticipated that the services will be sustainable. We hope to hear the outcome of our Business Case bid in the coming few weeks.

Evaluation of the work streams will be undertaken as part of the programme

Strategy Implications

The Integrated early intervention and intensive support for Children and Young People transformation programme has been developed based on a needs assessment of children in North Wales.

The programme scope and objectives have been developed in response to *A Healthier Wales* and the relevant design principles. There is a focus on the further development of our services to provide integrated seamless approaches to early help, and more timely and responsive assessment and support to bring about better outcomes for children and young people. This requires a shift of resources towards early help and support in the community to bring improved outcomes and reduce demand on more costly service provision.

Options considered

Detailed in the Programme work streams with related achievements detailed above.

Financial Implications

A revised Forecasted Spend Plan Q2 submitted to WG, demonstrating the programme aims to spend the full allocation of £2,996,794 by March 2021.

Risk Analysis

A risk register has been developed alongside the programme and is regularly reviewed by the Programme Board and responsible officers.

The highest risk to delivery relates to funding, noting that a business case has been developed as outlined above.

Legal and Compliance

N/A

Impact Assessment

Local impact assessments are undertaken as required for specific elements of the programme.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Socio-economic duty briefing paper
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green Executive Director Workforce & OD
Awdur yr Adroddiad Report Author:	Kamala Williams Acting Head of Health Strategy Sally Thomas Head of Equality and Human Rights
Craffu blaenorol: Prior Scrutiny:	Socio-economic Duty T&F Group Executive Team
Atodiadau Appendices:	SED Impact Assessment Template
Argymhelliad / Recommendation:	
<p>The Committee is asked to approve the recommendations made to advise the organisation in its preparations for the commencement of the duty and how the duty may be integrated into existing processes</p> <p>Recommendations</p> <ol style="list-style-type: none"> 1. Facilitate a Board Development session to raise awareness of the Duty. 2. Promote guidance to support scrutiny of impact with respect to inequality of outcome that results from socio-economic disadvantage 3. Identify key strategic decision makers to attend the targeted Welsh Government briefing sessions 4. Brief Board Sub Committees/groups and the Executive Team 5. Ensure clear, straight forward messaging illustrated by worked examples 6. Cascade to all Management Teams in the organisation 7. Establish an intranet resource to host guidance 8. Update external web pages 9. Establish a mechanism to inform and signpost authors and decision makers to relevant information and evidence to inform decision making 10. Establish a mechanism to support authors and decision makers to undertake relevant engagement activity to inform decision making to ensure that the voices of people including those with lived experience of socio-economic disadvantage are heard 11. Review the process for impact assessment and reflect Socio-economic Duty (SED) assessment in guidance, training and templates (Appendix 1) 12. Review business case processes and reflect SED assessment in guidance and documentation 13. Review planning processes and reflect SED assessment in guidance and documentation to deliver the organisational strategy, including development of the clinical services strategy, health community delivery plans and enabling plans i.e. Digital Strategy 14. Review Programme Management Office (PMO) processes and reflect SED assessment in guidance, Project Initiation Document (PID) and associated documentation 	

15. Build into clinical audit
 16. Review scrutiny and governance of impact assessment and reflect SED assessment in Board/Committee cover sheet and guidance.

Please tick as appropriate

Ar gyfer penderfyniad /cymradwyaeth 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"/>
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Sefyllfa / Situation:

This paper sets out the statutory requirement of the Socio - economic Duty coming into force March 2021. The Duty places a legal responsibility on relevant bodies when undertaking taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage

Cefndir / Background:

Welsh Ministers have elected to commence Sections 1 to 3 of the Equality Act 2010 in Wales – the Socio-economic Duty, the Duty will come into force on 31 March 2021. Commencing the Duty will be a key mechanism in supporting the most vulnerable in society and something which will be extremely important in the health boards continued response to Covid-19.

Asesiad / Assessment & Analysis

Strategy Implications

It is necessary to consider how the Duty will be delivered via existing processes and:

- Identify the scope of strategic decisions as defined in the Act and when they are taken identify those involved in the strategic decision making process
- Ensure that those involved in the strategic decision-making process understand the statutory requirement of the duty, particularly giving due regard and the requirements of their role in relation to this
- Take steps to integrate consideration for inequality of outcome caused by socio-economic disadvantage into existing processes for understanding and evidencing the likely impact of strategic decisions, for example, impact assessment processes, plans for engagement and processes for developing a business case
- Recommend a clear governance and scrutiny route.

The Duty applies to decisions of a strategic nature and includes:

- Strategic directive and intent
- Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy, Digital strategy)
- Changes to and development of public services
- Strategic financial planning
- Major procurement and commissioning decisions
- Strategic policy development.

Risk Analysis

The Task & Finish Group are working to identify the risk score and mitigating actions, this will be escalated to the Equality and Human Rights Strategic Forum and the risk reviewed prior to commencement of the Duty.

Legal and Compliance

The Board has a statutory duty to comply with the Equality Act 2010

Impact Assessment

The Socio- economic Duty and Impact Assessment seek to advance equality



Socio-economic Duty Briefing paper

Situation

This paper sets out the statutory requirement of the Socio - economic Duty coming into force March 2021. The Duty places a legal responsibility on relevant bodies when undertaking taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Recommendations are made to advise the organisation in its preparations for the commencement of the duty and how the duty may be integrated into existing processes.

Background

The Board has a statutory duty to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 which came into force on 5th April 2011. The Equality Act 2010 provides protection from unfair treatment for people who have 'protected characteristics'. The Well-being of Future Generations (Wales) Act 2015 and Social Services and Wellbeing (Wales) Act 2014 also provide opportunities to advance equality in a more integrated way. Despite the 2010 Act coming into force on 8 April 2010, Part 1 – the duty, lay dormant on the statute book, as neither the UK Government, nor the devolved legislatures elected to commence it. Welsh Ministers have now elected to commence Sections 1 to 3 of the 2010 Act in Wales – the Socio-economic Duty, the Duty will come into force on 31 March 2021. Commencing the Duty will be a key mechanism in supporting the most vulnerable in society and something which will be extremely important in the health boards continued response to Covid-19.

Socio-economic Duty

The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage. The Duty will support this through ensuring that those taking strategic decisions:

- Take account of evidence and potential impact
- Undertake consultation and engagement
- Understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage
- Welcome challenge and scrutiny
- Drive a change in the way that decisions are made and the way that decision makers operate.

The Duty applies to decisions of a strategic nature and includes:

- Strategic directive and intent
- Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy, Digital strategy)
- Changes to and development of public services
- Strategic financial planning
- Major procurement and commissioning decisions
- Strategic policy development.

Integrating the Duty into existing processes includes:

- Taking an integrated approach to impact assessment
- Taking a broader approach to engagement and involvement to include socio-economic disadvantage
- Developing scrutiny frameworks to include scrutiny of impact with respect to inequality of outcome that results from socio-economic disadvantage
- Taking an integrated approach to planning and reporting
- Developing integrated performance measures
- Considering prevention of inequalities of outcome caused by socio-economic disadvantage through application of the Well-being of Future Generations Act's sustainable development principle, supported by the five ways of working.

Assessment

A Socio-economic Duty Task and Finish Group has been convened to advise the health board in its preparations for the commencement of the Duty. It is necessary to consider how the Duty will be delivered via existing processes and:

- Identify the scope of strategic decisions as defined in the Act and when they are taken identify those involved in the strategic decision making process
- Ensure that those involved in the strategic decision-making process understand the statutory requirement of the duty, particularly giving due regard and the requirements of their role in relation to this, guidance is available via: <https://gov.wales/more-equal-wales-socio-economic-duty>
- Take steps to integrate consideration for inequality of outcome caused by socio-economic disadvantage into existing processes for understanding and evidencing the likely impact of strategic decisions, for example, impact assessment processes, plans for engagement and processes for developing a business case
- Recommend a clear governance and scrutiny route.

Recommendations

1. Facilitate a Board Development session to raise awareness of the Duty.
2. Promote guidance to support scrutiny of impact with respect to inequality of outcome that results from socio-economic disadvantage
3. Identify key strategic decision makers to attend the targeted Welsh Government briefing sessions
4. Brief Board Sub Committees/groups and the Executive Team
5. Ensure clear, straight forward messaging illustrated by worked examples
6. Cascade to all Management Teams in the organisation
7. Establish an intranet resource to host guidance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

8. Update external web pages
9. Establish a mechanism to inform and signpost authors and decision makers to relevant information and evidence to inform decision making
10. Establish a mechanism to support authors and decision makers to undertake relevant engagement activity to inform decision making to ensure that the voices of people including those with lived experience of socio-economic disadvantage are heard
11. Review the process for impact assessment and reflect Socio-economic Duty (SED) assessment in guidance, training and templates (Appendix 1)
12. Review business case processes and reflect SED assessment in guidance and documentation
13. Review planning processes and reflect SED assessment in guidance and documentation to deliver the organisational strategy, including development of the clinical services strategy, health community delivery plans and enabling plans i.e. Digital Strategy
14. Review Programme Management Office (PMO) processes and reflect SED assessment in guidance, Project Initiation Document (PID) and associated documentation
15. Build into clinical audit
16. Review scrutiny and governance of impact assessment and reflect SED assessment in Board/Committee cover sheet and guidance.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green Executive Director Workforce and OD						
Awdur yr Adroddiad Report Author:	Mrs Sally Thomas Head of Equality and Human Rights						
Craffu blaenorol: Prior Scrutiny:	Equality and Human Rights Strategic Forum Executive Team						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
Recommendations							
<ol style="list-style-type: none"> 1. Align activity of the Corporate Engagement Team to strengthen public engagement with identified groups including organisations that support BAME individuals, older people and disabled people. 2. Align with OD staff engagement activity to strengthen engagement with staff via a BAME staff network 3. Rebuild organisational capability via the Equality Delivery Group across BCUHB and launch an Equality Champions Network 4. Reaffirm the requirement for EqIA to inform both Covid -19 response plans and business as usual, provide EqIA training, guidance and support 5. Strengthen governance and scrutiny of EqIA 6. Prepare for implementation of the Socio-Economic Duty 							
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"/>
Sefyllfa / Situation:							
The Equality and Human Rights Commission (EHRC) advise evidence indicates that coronavirus and responses to it may be directly impacting disproportionately on some groups, and causing indirect impacts by exacerbating existing inequalities across all areas of life. The Equality Act 2010, and the Public Sector Equality Duty in particular, provide a clear legal framework for public authorities when considering responses to the pandemic.							

Cefndir / Background:

People who share certain protected characteristics are disproportionately adversely impacted by coronavirus and the measures being taken to respond to it, in particular: disabled people, older people, some ethnic minorities and some women. The Equality Act 2010, and the Public Sector Equality Duty in particular, provide a clear legal framework for public authorities when considering responses to the pandemic. This includes ensuring that the potential impacts of policies, practices and guidance on people who share protected characteristics are understood and mitigated, and that affected groups are meaningfully consulted in decision-making.

Asesiad / Assessment & Analysis

Strategy Implications

The report identifies a number of key socio-economic and environmental factors that are implicated in the disproportionate Covid-19 outcomes for some groups, aligned to the Health Boards strategic direction. The Health Boards strategic equality objectives have been reviewed in light of the emerging evidence, actions to deliver the objectives remain dynamic <https://bcuwb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/>

Risk Analysis

Risk register reference 1971: There is a risk that the Health Board fails to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Public Sector Equality Duty. The PSED is an anticipatory Duty and places an obligation on BCUHB to consider positive steps to promote equality and good relations, ensuring that functions are lawful, inclusive, and accessible and meet the diverse needs of staff, patients and service users.

Legal and Compliance

Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Public Sector Equality Duty.

Impact Assessment

This paper includes actions to advance equality.

Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework

Situation

The Equality and Human Rights Commission (EHRC) advise early evidence indicates that coronavirus and responses to it may be directly impacting disproportionately on some groups, and causing indirect impacts by exacerbating existing inequalities across all areas of life. The Equality Act 2010, and the Public Sector Equality Duty in particular, provide a clear legal framework for public authorities when considering responses to the pandemic. This includes ensuring that the potential impacts of policies, practices and guidance on people who share protected characteristics are understood and mitigated, and that affected groups are meaningfully consulted in decision-making.

This paper sets out recommendations from Equality and Human Rights Strategic Forum for consideration by the Quality, Safety and Experience Committee and the Strategy, Partnerships and Population Health Committee.

Background

People who share certain protected characteristics are disproportionately adversely impacted by coronavirus and the measures being taken to respond to it, in particular: disabled people, older people, some ethnic minorities and some women. The EHRC recognise that public services are under exceptional strain, and that responding to the pandemic means responding to a rapidly evolving situation and making tough decisions. However they advise that, now, and as we emerge from this crisis, that it is crucial that equality and human rights are at the centre of decision-making so that responses to it are effective and no-one is left behind.

(<https://www.equalityhumanrights.com/sites/default/files/parliamentary-briefing-wec-response-evidence-on-coronavirus-impact-on-people-with-protected-characteristics-1-may-2020-executive-summary.docx>)

In their response to the UK Parliament Women and Equalities Committee inquiry in to impact of Coronavirus the EHRC make a number of recommendations. These include:

- All public authorities and those carrying out public functions must comply with the Public Sector Equality Duty in developing and implementing responses to the pandemic, ensuring they are informed by evidence and engagement with representative groups, and embed learning from different approaches across the UK.
- Government should ensure groups likely to experience particular disadvantage arising from social distancing measures receive appropriate and accessible guidance and information, and work with community leaders, networks and civil society organisations to ensure this reaches target audiences.
- Public authorities should seek to minimise the extent to which socio-economic disadvantage is compounded when developing responses to the pandemic

The EHRC Report “How coronavirus has affected equality and human rights” has been subsequently published 20th October 2020.

https://www.equalityhumanrights.com/sites/default/files/equality_and_human_rights_commission_how_coronavirus_has_affected_equality_and_human_rights_2020.pdf

This report summarizes evidence on the effects of the coronavirus (COVID-19) pandemic on different groups in society. It highlights potential long-term risks to equality and human rights covering key issues in the areas of:

- work
- poverty
- education
- social care
- justice and personal security

The report includes a number of targeted recommendations for the UK, Scottish and Welsh Governments to ensure equality and human rights considerations are integrated into the policy response to the pandemic.

Assessment

Whilst the EHRC have advised that the requirement to publish Strategic Equality Plans and objectives in March 2020 was paused until October 2020 the General Equality Duty and Public Sector Equality Duty have remained in force throughout. At the health board there is a clear equality policy framework in place, this includes a 2 step process for Equality Impact Assessments (EqIA) set out in WP 7 and a recent fast track EqIA template designed to support quick inclusive decision making when it is necessary to make rapid decisions related to Covid-19. An intranet resource has been established to gather reports and emerging evidence specific to Covid-19 and protected characteristic groups to help inform EqIA work, a programme of training and support is ongoing.

The Health Boards strategic equality objectives have been reviewed in light of the emerging evidence and actions to deliver the objectives remain dynamic.

<https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/>

Recommendations

1. Align activity of the Corporate Engagement Team to strengthen public engagement with identified groups including organisations that support BAME individuals, older people and disabled people.
2. Align with OD staff engagement activity to strengthen engagement with staff via a BAME staff network
3. Rebuild organisational capability via the Equality Delivery Group across BCUHB and launch an Equality Champions Network
4. Reaffirm the requirement for EqIA to inform both Covid -19 response plans and business as usual, provide EqIA training, guidance and support
5. Strengthen governance and scrutiny of EqIA
6. Prepare for implementation of the Socio-Economic Duty



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green Executive Director Workforce and OD						
Awdur yr Adroddiad Report Author:	Mrs Sally Thomas Head of Equality and Human Rights						
Craffu blaenorol: Prior Scrutiny:	Equality and Human Rights Strategic Forum Executive Team						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
The Committee is asked to note the report findings and scope of the recommendations							
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"/>
Sefyllfa / Situation:							
This paper provides an overview of the report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds published on 22.06.2020 and the response published by Welsh Government 24.09.2020.							
Cefndir / Background:							
Following the evidence suggesting that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid-19, the First Minister established an expert Advisory Group, a number of recommendations are made.							
Asesiad / Assessment & Analysis							

Strategy Implications

The report identifies a number of key socio-economic and environmental factors that are implicated in the disproportionate Covid-19 outcomes for members of BAME communities. The report explores wide-ranging themes, including the risk of Covid-19; race inequality; experiences of racism within Wales; quality of ethnicity data; effective communication with BAME communities; security of employment and income; housing and overcrowding and engagement with young people. The overall theme that runs through the factors discussed is the impact of longstanding racism and disadvantage and lack of BAME representation within decision making to effect better socio-economic outcomes

Risk Analysis

Risk register reference 1971: There is a risk that the Health Board fails to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Public Sector Equality Duty. The PSED is an anticipatory Duty and places an obligation on BCUHB to consider positive steps to promote equality and good relations, ensuring that functions are lawful, inclusive, and accessible and meet the diverse needs of staff, patients and service users.

Legal and Compliance

Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Public Sector Equality Duty.

Impact Assessment

This paper includes actions to advance equality. These include strengthening engagement with staff from BAME backgrounds, service users and local communities to gather more intelligence and better understand the issues/barriers to inform the development of actions to deliver Strategic Equality Plan (SEP) Objective 9

“We will prioritise action to advance race equality in North Wales”

Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.

Situation

This paper provides an overview of the report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds published on 22.06.2020 and the response published by Welsh Government 24.09.2020

Background

Following the evidence suggesting that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid-19, the First Minister established an expert Advisory Group chaired by Judge Ray Singh and Dr Heather Payne to investigate the issues. The Advisory Group has been supported by two sub-groups. One, chaired by Professor Keshav Singhal, developed a workplace risk assessment tool for use by the health and social care workforce. The second sub-group, chaired by Professor Emmanuel Ogbonna, has been considering the socio-economic factors influencing adverse Covid-19 health outcomes in BAME groups. This sub-group has been working closely with BAME communities and leaders and has drawn upon their immense personal experience and professional expertise to help inform the report and recommendations.

Assessment

Although the coronavirus pandemic has created widespread fears and risks to lives and livelihoods across communities in Wales and around the world, the impacts on Black, Asian and Minority Ethnic (BAME) groups have been especially profound. Members of BAME communities are disproportionately contracting and dying from the Covid-19 disease, with available statistics suggesting that British BAME groups are up to two times more likely to die from the disease than their white counterparts. The report identifies a number of key socio-economic and environmental factors that are implicated in the disproportionate Covid-19 outcomes for members of BAME communities. The report explores wide-ranging themes, including the risk of Covid-19; race inequality; experiences of racism within Wales; quality of ethnicity data; effective communication with BAME communities; security of employment and income; housing and overcrowding and engagement with young people. The overall theme that runs through the factors discussed is the impact of longstanding racism and disadvantage and lack of BAME representation within decision making to effect better socio-economic outcomes. Although many of the issues highlighted have been identified and discussed previously, they have not been addressed in any systematic and sustained way. The coronavirus pandemic is, in some respects, revealing the consequences of such inaction on race equality.

Existing Welsh Government Actions:

- The Welsh Government's Strategic Equality Plan for 2020 – 2024
- Commencement of the Socio-Economic Duty
- Research into Strengthening and Advancing Equality and Human Rights in Wales
- Advancing Gender Equality in Wales Plan
- A commitment to developing a Race Equality Plan for Wales

The report highlights avenues for further research and makes recommendations for addressing each of the factors identified that position race equality concerns at the heart of decision-making in government. It concludes that cross-sectional monitoring and evaluation systems including equality impact assessments are required to meet the Public Sector Equality Duty, and embed anti-oppressive practices across all health, social care and other services in Wales. The report can be accessed

<https://gov.wales/complex-and-long-standing-disadvantages-exposed-coronavirus-pandemic-report-finds> A summary of the recommendations is included in Appendix 1.

Welsh Government published a response to the recommendations on 24th September. The recommendations will be captured going forward within the priorities of the Race Equality Action Plan for Wales, anticipated by the end of this Senedd term. Action in response to many of the recommendations is already underway. The response can be accessed via: <https://gov.wales/covid-19-bame-socio-economic-subgroup-report-welsh-government-response-html>

Progress at BCU

The Equality and Human Rights Strategic Forum (EHRSF) has considered a number of reports including the COVID-19 BAME Socio-economic Sub Group Report and agreed a number of priority actions. These include strengthening engagement with staff from BAME backgrounds, service users and local communities to gather more intelligence and better understand the issues/barriers to inform the development of actions to deliver Strategic Equality Plan (SEP) Objective 9

“We will prioritise action to advance race equality in North Wales”

Draft actions will undergo engagement and consultation with Black, Asian, and Minority Ethnic communities, organisations and our staff and be presented for discussion at the EHRSF prior to escalation for agreement.

Recommendations

1. Note the report findings and scope of the recommendations
2. An update to this paper will be provided following publication of the Welsh Government Race Equality Action Plan for Wales and identification of actions to further inform SEP Objective 9 at BCUHB.

Appendix 1: Summary of Recommendations

Race Inequality in Wales

1. In March 2020 the Deputy Minister and Chief Whip committed to developing a Race Equality Plan for Wales. Progress on this work has paused, to respond to the Covid-19 pandemic. Development of this plan should now progress imminently to address race inequality. The plan must acknowledge how COVID-19 has exposed existing health inequalities and, in some cases, exacerbated them. The final Race Equality Plan for Wales needs to lead to a substantive and comprehensive Race Equality Strategy for Wales. **(Immediate)**

2. Welsh Government to encourage the political engagement of BAME communities by raising awareness and understanding of Welsh and UK democratic institutions and processes, with the overall aim of encouraging the increase of political representation of BAME communities by also encouraging voter registration from BAME communities. **(Immediate)**

Quality of Ethnicity Data

3. Take immediate action to improve the quality of recording of ethnicity data in the NHS and across health and social care services to ensure parity of BAME data collection, monitoring and reporting. It is recommended that this is supported by qualitative research into the best methods for this, including lobbying to include ethnicity on death certification and birth certificates. **(Immediate)**

4. Data in general is poor and not transparent. Consider innovative methods of linking of databases to provide better data on different types of mortality, disaggregated by different protected characteristics, including ethnicity. Evidence is already available but needs to be collated through extracting qualitative research across our key areas of focus. **(Immediate)**

Risk of Covid-19

5. Ensure wide dissemination of the risk assessment tool backed by robust employer and employee advice in a range of formats, supported by clear and time-bound communication and stakeholder engagement plan – and encouragement of use of the tool in settings wider than health and social care. Safeguard mechanisms should also be built into the system to ensure that individuals are not affected adversely by the results of the assessment.

6. Employees, whether in the public or private sector, that are at classified as High to Very High Risk under the Risk Assessment Tool, should not have a reduction in their wages/salary/income as a result of being removed from frontline duty or being re-deployed to a different area of Low Risk work. **(Immediate)**

7. Regular reviews must be taken to add value to the already launched risk assessment tool and make future recommendations on its enhancement. Employers, *whether in the public or private sector*, should be signposted to support on how to use the risk tool and be *mandated* to implement this as part of their employment practice beyond the Covid-19 crisis. *Employers should be mandated to stockpile and provide adequate PPE for any future risk to employees.* **(Immediate)**

Experiences of Racism

8. Address any unfair or illegal discrimination at work in, or by users of, NHS Wales, through renewed attention to anti-oppressive practices, equality and diversity competences, documenting lived experiences of BAME workers, and systematic Equality Impact Assessments specific to ethnicity.

9. The implementation of BAME Staff Networks/Groups supported by Trade Unions in Local Health Boards should be set up to allow a safe space for BAME Staff members to express concerns without the threat of unfair action by Line Managers and above. **(Immediate)**

10. Provide a dedicated and continuous BAME support helpline and a confidentiality framework in workplace guidance, so employees can challenge safely and raise concerns. This would allow workers to report PPE and other concerns with confidence and could provide a model for use in wider employment contexts. **(Immediate)**

11. Consider training for employers and employees on the Equality Act 2010, cultural awareness training and consider how training can be used to improve working environments for BAME people with comorbidities. In particular to work with Welsh Police and Crime Commissioners to provide a unified standard of training to raise aware of cultural and racial sensitivities. **(Immediate)**

12. Include BAME and The Commonwealth history/education in the National Curriculum for Wales 2022 for primary and secondary pupils to prevent racism and to promote cultural diversity. **(Immediate)**

Effective communication of key health and social care messages to BAME communities

13. Develop a clear multi-channel communications strategy for health and social care in partnership with Public Health Wales, Welsh NHS Confederation and ADSS or SCW for social care and BAME groups, which identifies effective channels to disseminate information and includes funding for BAME targeted outreach and consultation activities. This approach may be effective in increasing ethnicity reporting on official forms. **(Immediate)**

14. Promote collaborative working with BAME organisations and public sector organisations to achieve effective and sustainable outcomes for our communities in relation to health, education, employment and housing. **(Immediate)**

Cultural suitability of health and social care services

15. Monitor health and social care communication strategies to assess the effectiveness of reducing cultural and language barriers and increasing the uptake of screening and health promotions from BAME people. **(Immediate)**

16. Fund a Wales-wide BAME health promotion programme similar to the 'Barefoot' Health Workers Project which employed health practitioners from African Caribbean, Asian, Arabic, Somali backgrounds to identify health needs in their representative communities, and to develop and deliver culturally appropriate activities to address their needs. **(Immediate)**

17. Disseminate communication that GPs are still open via phone calls and other means. Longer term, there needs to be easier access to GP's through community day clinics in economically deprived areas. **(Immediate)**

18. Undertake a review of existing BAME health and social care in partnership with BAME groups, organisations and patients to evaluate appropriateness of service to improve future delivery and reduce health risks for BAME people. **(Immediate)**

19. Commit to support and fund practical ongoing actions in providing appropriate, equitable, and culturally competent mental health services to individuals from BAME backgrounds to help address the acknowledged inequities that exist in mental health take-up and service provision. To be achieved through utilising the Royal College of Psychiatrists in Wales

endorsed BAME Mental Health Cultural Competence Certification Scheme and any other such practical actions. **(Immediate)**

Security of Employment and Income

20. Provide Income Safeguards to vulnerable BAME people by extending the furlough scheme to the most vulnerable and by developing policies that address poverty and insecurity exacerbated by Covid-19. (Medium-term)

Welsh Government to ensure that all those employers that have accessed Welsh Government funding support during the crisis and - have therefore signed-up to Economic Contract principles – are properly engaged on their obligations regarding equality and fair work practices and have furloughed their workforce where appropriate. Make it mandatory for them to conduct proper equality impact assessments, which are published and available in the public domain.

As the furlough scheme has been extended until October, the Welsh Government should establish a social partnership-led (union, employer, provider, sector, community experts) job matching/redeployment scheme across Wales, which could be an opportunity to meet occupation shortages during the economic crisis, giving BAME communities a fighting chance of finding work and mitigating long term job losses and access to the jobs market. This will require developing far better links with regional/local LMI and skills shortages, which would be of value beyond the crisis.

21. Welsh Government must monitor and mitigate where possible the disproportionate impact of the Coronavirus pandemic and likely recession on BAME people. (Immediate)

As part of the 'Building Back Better' initiative, creating a greener, just transitional economy, Welsh Government should work to establish apprenticeships schemes across the public and private sector, aimed at BAME and young workers. The award winning Welsh Government apprenticeship scheme could be used as a model to build upon.

The Welsh Government has established the Development Banc of Wales. It has a strategic focus on supporting businesses and safeguarding jobs in Wales. Welsh Government should publish a list of all BAME owned and run businesses and enterprises that have received support from the Development Banc of Wales.

Welsh Government should commit to ensuring all regional economic development plans (currently in development), engagement with the development of the new Corporate Joint Committees (CJCs) that will oversee local economic development and with the further work on plans for replacing European funding, include equitable representation of BAME intersectional, intergenerational leaders, cross sector, business owners, innovators and workers from across Wales and the UK.

Welsh Government should commit to making name blind recruitment and diverse recruitment interview panels mandatory in the devolved public sector and part of a condition on any business or company in receipt of economic funding for economic recovery and growth post Covid.

22. Welsh Government should lobby the UK Government to extend financial support to gig economy workers and the self-employed. (Medium-term)

The Principles and guidance on the appropriate use of non-guaranteed hour's arrangements in devolved Public Services in Wales should be rolled out across all parts of the private sector in Wales that has been in receipt of government support during the pandemic.

Welsh Government should establish a special fund for workers facing Covid-19 risk that is extended out to all who do not qualify for company sick pay across all sectors. This would be particularly beneficial to the self-employed such as taxi drivers and freelancers, BAME workers in precarious work in food, arts and accommodation sectors that have been hit hard during Covid-19.

23. Work with employers and unions to ensure risk assessments are carried out as a necessity and viewed as workforce investment, not a burden or casualty of paying low wages or employing zero hours contract workers. (Immediate)

The lack of collective bargaining and formal structures for employer engagement in social care is a key factor that has resulted in huge and critically dangerous issues, including around the distribution of PPE, other health and safety issues, and workers who should be self-isolating forced to choose between destitution or putting their clients and colleagues at risk because they would only be eligible for Statutory Sick Pay.

24. The procurement contracts for zero hour contracts should stipulate that vulnerable people, including BAME workers and workers subject to visa requirements (like income threshold) should be entitled to fully paid leave if they need to shield or step away from frontline. (Medium-term)

If following individual health and safety Covid risk assessments, high risk BAME workers are asked to be removed from front line duties, Welsh Government should do all they can to protect their income, job security and career progression. For those that work in privately run care homes, where employers' advice workers cannot be found alternative suitable work, Welsh Government should commit to redeploying workers into the NHS or other parts of local government for the duration of the pandemic.

Welsh Government to commit to expanding the Better Jobs Closer to Home programme and use the full flexibility of procurement regulations to support a scheme which uses a broader definition of disadvantage than the one that is currently employed. This would allow the project to scale-up considerably and bring real and sustainable job opportunities for BAME workers in Wales.

Housing and Overcrowding

25. Commission further research to investigate potential links between housing over-crowding and Covid-19 infection and mandate housing providers and local authorities to act on the recommendations. *(Immediate)*

26. Develop move-on accommodation options for refugees leaving Home Office accommodation who have nowhere to go and for whom the current advice service funded by WG is not enough. *(Medium-term)*

Engagement with young people in BAME communities to promote health and wellbeing for future generations

27. Promote Welsh Government's Continuity of Learning Plan to BAME families and young people to better understand how to work together and target support to reduce potential widening of attainment gaps as set out in the Continuity of Learning Plan – 'Stay Safe. Stay Learning'. *(Immediate)*

28. Direct Local Authorities to provide laptops or I pads and internet access to socially disadvantaged BAME pupils to allow them to continue their education as set out in the Continuity of Learning Plan which takes an inclusive and equitable approach in tackling digital exclusion. Learning resources and guidance on health and wellbeing should be provided for parents and learners. *(Immediate)*

Additional Financial Burden of Migration Status and Visa Costs and Health Surcharge

29. The Welsh Government should lobby the UK Government on reducing visa costs, especially for those that fall in the lower income bracket of the required income (salary) to sponsor spouses or their children from abroad. *(Medium-term)*

Combat Violence against women, children, domestic abuse and sexual violence (Immediate)

30. Welsh Government should work with the Honour Based Abuse Leadership Group and BAME organisations to identify these risks and barriers and undertake actions to mitigate them.

31. Welsh government to continue supporting BAME women's organisations so that they can create pop-up, socially distanced drop-in centres in safe locations to offer women a safe and accessible way to seek help when they are only able to leave their homes for short periods and for essential tasks such as food shopping.

32. Welsh government should work with BAME women's organisations to find solutions to adequately protect and support BAME women and children, whose abusers are curbing their movements, from accessing support and resources that can trigger emergency intervention.

33. Welsh Government should work with news networks across mainstream and minority news and social media channels to share information about violence against women and children

34. Welsh Government to consider the language needs of the diverse communities and ensure that service providers have access to translation support and services.

Address Structural and Systemic Inequality and Disadvantage in health and social care outcomes arising from Racism in Wider Society

35. Appoint an independent Racial Equality Champion for Wales, to drive structural and policy change in tackling race inequalities and systemic racism. **(Medium-term)**

36. Establish a Race Disparity Unit within Welsh Government, to place BAME issues at the heart of policy making by collating, analysing and publishing BAME data unique to Wales to assess progress on improving health and wider societal outcomes **(Immediate)**

37. Produce the Race Equality Strategy for Wales and commit to its implementation in Welsh election Manifesto pledges. **(Immediate)**



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	NHS Wales Staff Survey 2020 Update Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce & OD					
Awdur yr Adroddiad Report Author:	Nia Thomas Head of OD Joy Lloyd Senior OD Manager					
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny by another committee					
Atodiadau Appendices:	Four					
Argymhelliad / Recommendation:						
The SPPH Committee is asked to note the content of the update report						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information <input checked="" type="checkbox"/>
Sefyllfa / Situation:						
This paper provides the SPPH Committee with an update on the NHS Wales Staff Survey 2020. The way the survey is administered and the way the outputs and feedback is managed is significantly different this year.						
Cefndir / Background:						
This paper aligns to the Workforce & OD Strategy 2019-22 and meets some of the objectives and deliverables outlined within the strategy in relation to staff engagement and listening to staff feedback.						
Asesiad / Assessment & Analysis						
<u>NHS Wales Staff Survey 2020</u>						
Introduction – National perspective						
NHS Wales has historically facilitated pan-organisational surveys for colleagues with broadly comparable questions approximately every 2 years (2013, 2016 and 2018). These have been overseen by the Welsh Partnership Forum (WPF), funded by the Welsh Government and provided by externally commissioned organisations.						

Following the publication of *A Healthier Wales*, the creation of the draft Workforce & OD Strategy and the 2018 survey, there has been significant reflection and consensus building as to the purpose and subsequent approaches for NHS Wales. These are summarised as:

<i>Our Reflections Our Decisions Our Future</i>	
Outcomes	To increase colleagues participating in: a) Giving feedback (measured by % participation in surveys) b) Taking part in making decisions (measured by the question “I am involved in deciding on the changes that affect my work/area/team/ department”)
Guiding Principles	<ul style="list-style-type: none"> • Simplicity – purpose, messaging, questions (fewer, simpler & comparable), results, follow up • Regularity – expectation of habitual recurrence • Immediacy – ensuring link between participation and action
Governance	<ul style="list-style-type: none"> ○ The Health Minister is ultimately accountable ○ The WPF are the overseeing body ○ The WPF Staff Survey Sub Committee provide operational project reference and accountability
Host/ Facilitate	It has been agreed that HEIW will undertake the project management, hosting, facilitation and ensuring widespread partnership/ownership
Technical delivery	Following a full procurement process, Qlearsite have been appointed as the partner organisation for 12 months (with an optional additional 12 months as needed). It is anticipated that the benefits of the NHS Wales Office 365 contract might be fully realised in the future.
Parameters	<ul style="list-style-type: none"> ▪ Support from Minister, WPF and organisational leads ▪ Full cyber security requirements are in place ▪ Confidentiality of reporting (no-one is able to see results where there are less than 11 responses) ▪ Fully accessible on any web-enabled device (feedback only through on-line approach) ▪ Results fully available for any stakeholder (ideally directly) ▪ Quantitative feedback is screened (for profanity & identifiable information) and then shared. ▪ Identify/create and utilise added valued throughout the project ▪ Maximise economies of scale at every opportunity ▪ All colleagues (including Bank and volunteers) to be included

Approach for 2020 survey from a national perspective:

1. **Awareness/marketing:** Maximum stakeholder awareness and ownership for the overall approach; this includes appropriate marketing resources (e.g. crowd-sourced video, materials)
2. **Purchase software system:** contract awarded for a 12 month period.
3. **Setting up reporting hierarchies/structure:** prepare software/system (including setting up questions, hierarchies, training/awareness for users is in place)

4. **Question set:** using principles of comparability, they have been reduced from 80 to 20 questions, the final draft of these are in **Appendix 1**.
5. **2020 Survey Fieldwork:** identify survey window; ensure survey is open for use for the window
6. **Reporting of results:** ensure results are available at team level following the close of the survey: immediately for quantitative; within a small window for free text (to allow screening)
7. **Create expectation of local discussions:** develop expectation that “local” team/group reflect, discuss & decide improvement actions immediately on receipt of the results
8. **Create expectation of directorate & organisational discussions:** develop expectation that local discussions will lead to aggregated discussions & improvement actions

Implementation from a BCUHB perspective

1. The Hierarchies were submitted to HEIW on the 16th October 2020 – there were some restrictions in terms of levels that could be submitted. **Appendix 2** shows the granularity that will be achieved for reporting purposes.
2. A communications plan has been implemented which included a web page on the intranet, hosting videos, social media posts on the Staff App and BCU Best, posters have been distributed to departments, a message on the first page before Intranet launches and the carousel, a message on the ESR banner, the OD team have hosted a number of roadshows at all main DGH’s over a 5 day period (ensuring compliance with social distancing and infection prevention guidance) with Ipads, laptops and phones to encourage participation, the facilities team at all DGH’s have also been offered a visit from the team with Ipads to support access and participation.
3. The survey opened on the 4/11/20 for a period of 3 weeks and closed at 11.00 pm on the 24/11/2020. The final response rate at the close of survey was 18%. Important to note that this survey was open for 3 weeks as opposed to 8 weeks in 2018. The responses across Wales can be seen in Table 1 below, further detailed breakdown for BCUHB can be seen at **Appendix 3** (click on the + sign in the first column labelled 1 to expand the detail for BCUHB)

Table 1:

NHS Wales | Our Reflections Our Decisions Our Future Survey 2020

FINAL

Response rate as at 11PM 24/11

	TOTAL RESPONSES	PERCENT TOTAL
Betsi Cadwaldr University Health Board (BCU)	3,313	18%
Cardiff & Vale University Health Board (C&V)	3,369	22%
Cwm Taf Morgannwg University Health Board (CTM)	1,548	10%
Health Education & Improvement Wales (HEIW)	268	61%
Hywel Dda University Health Board (HD)	1,759	17%
NHS Wales Informatics Service (NWIS)	452	60%
NHS Wales Shared Services Partnership (NWSSP)	976	31%
Powys Teaching Health Board (PTHB)	701	29%
Public Health Wales (PHW)	453	22%
Swansea Bay University Health Board (SB)	2,365	18%
Velindre NHS Trust (Vel)	422	25%
Welsh Ambulance Services NHS Trust (WAST)	1,375	35%
TOTAL	17,001	20%

- Staff were invited to complete the survey through a generic email invitation with a link to complete the survey, the link shared is an open link with no unique identifiers used. The survey could therefore be completed anywhere with an internet connection (with Google Chrome preferably) and on any device. The link was shared widely across the organisation through numerous communication channels, e.g. all user email's, targeted email's to low response areas, regular league table updates to senior directors and service managers and via social media.
- Redaction work – was undertaken over 3 days (27, 28 and 30th November) to redact the free text comments from the survey; this included redaction of any identifiable information such as names and expletives. Heads of Workforce together with divisional leads and trade union partners were asked for their involvement in this process. Members of the Welsh language team also assisted with any Welsh language redactions. The aim of this exercise was to quality assure the data whilst balancing the need to remove explicit references.

Results and Feedback

- The first dashboard (quantitative data) was made available to view on the 1st December 2020, with access widely available to all staff. Anyone can request access to the high level dashboard by contacting support@qlearsite.com.
- The second dashboard (qualitative free text comments) was made available on the 8th December 2020. Directors and Heads of Workforce were asked to identify staff survey leads who require access to this dashboard by the 1st December, this was submitted to Qlearsite to enable access to their reporting system. Managers, trade union colleagues, Workforce & OD teams and local leads/links will have access to this part of the dashboard.

3. The prompt for local conversations to review the feedback and decide on any improvements that need to be made at a local team level can be seen at **Appendix 4**.

Approach for 2021 onwards - national

1. Continue to build stakeholder understanding and ownership
2. Work closely with the Office 365 Implementation Board to help maximise the benefits of the NHS Wales contract
3. Build NHS Wales capacity/capability to deliver ongoing approach
4. Create a timetable of regular short simple quarterly surveys; start to facilitate these
5. Support NHS Wales and it's component organisations to develop and use people/workforce metrics which are based on colleagues' experiences

Approach for 2021 onwards - BCUHB

1. During 2021, there will be shorter and more regular opportunities to get involved in giving feedback and having conversations.
2. Reflect on the implementation of the 2020 survey and make amendments/learning in readiness for 2021 surveys
3. Continue to develop communication plans to encourage local ownership of feedback
4. Develop a plan to encourage increased participation in regular surveys
5. Support Divisional management teams to reflect, encourage participation and develop mechanisms to encourage teams to discuss the feedback and make decisions around any improvements that may be required.

Appendix 1: Survey “lay out” & Question Set for 2020

Theme		Question (s)
Engagement Index	1	I look forward to going to work.
	2	I'm enthusiastic about my job.
	3	I would recommend my organisation as a place to work.
	4	I am proud to tell people I work for my organisation.
	5	I am happy to go the extra mile at work when required.
	6	I am able to make improvements in my area of work
	7	I am involved in discussions / decisions on change introduced in my work / department / team.
Friends & Family	8	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.
Bullying Harassment Abuse	9	In the last 12 months, have you personally experienced bullying, harassment or abuse at work? <i>Branching questions: No – go to Q11; Yes – go to Q10</i>
	10	Was this from: <ul style="list-style-type: none"> - Your manager - Another colleague
	11	My organisation takes effective action if staff are bullied, harassed or abused by other members of staff.
Immediate experience of work	12	To what extent do you agree or disagree that your job gives you a feeling of belonging?
	13	Team members take time out to reflect and learn.
	14	My line manager takes a positive interest in my health and wellbeing.
	15	The people I work with treat me with respect.
	16	I feel comfortable challenging disrespectful behaviour in my team.
Free Text	17	My line manager makes clear what is expected of me.
	18	My team/immediate colleagues: What do we do well?
	19	What things could we do better?
Demo graphics	20	If I could do one thing to improve my work it would be...
	21	Demographic questions to cover all protected characteristics and “hierarchy” (i.e. which team the person is in)

The key accountability measures are:

- % participation rate in each area/team/organisations
- I am involved in discussions / decisions on change introduced in my work / department / team.

Summary by Staff Group

Staff Group	Headcount
Add Prof Scientific and Technic	846
Additional Clinical Services	3900
Administrative and Clerical	3543
Allied Health Professionals	1125
Estates and Ancillary	1635
Healthcare Scientists	275
Medical and Dental	1444
Nursing and Midwifery Registered	5669
Students	193
Total	18630

Summary by Banding

Banding	Headcount
2-4	7937
5-6	6524
7-8a	2185
8b-8c	304
8d-9	82
VSM	19
Medical & Dental non AfC	1428
Other e.g volunteer	151
Total	18630

Summary by Location

Location	Headcount
Ysbyty Gwynedd	3560
Ysbyty Glan Clwyd	3998
Ysbyty Wrexham Maelor	4322
Wrexham Locality	762
Flintshire Locality	1209
Denbighshire Locality	1134
Conwy Locality	1987
Gwynedd Locality	1268
Angelesey Locality	390
Total	18630

Summary by Services

Services	Headcount
Emergency Care	882
Acute & General Medicine (Unscheduled care)	1509
Surgical (Scheduled Care)	2946
Women's Services	770
Cancer Services	443
Adult Mental Health	696
Older People Mental Health	324
Forensic Mental Health	98
Learning Disabilities Community	91
Learning disabilities Inpatients	240
Psychology	140
Other MHL D Services	391
Children's Services	1551
Community Hospitals	878
Community Services	2070
Primary Care Services	48
Therapy Services	1205
Pharmacy	509
Pathology	328
Radiology	438
Other NWMCS e.g Audiology, Med Physics, Genetics	189
Facilities e.g. Portering, catering, domestic	1347
Operational Estates	228
Finance	148
Informatics	450
Medical Education/R&D/OMD	128
Nursing Executive	253
W&OD	204
Other Corporate Services	126
Total	18630

NHS Wales | Our Reflections Our Decisions Our Future Survey 2020

Response rate as at 11PM 24/11

Betsi Cadwaldr University Health Board (BCU)
Cardiff & Vale University Health Board (C&V)
Cwm Taf Morgannwg University Health Board (CTM)
Health Education & Improvement Wales (HEIW)
Hywel Dda University Health Board (HD)
NHS Wales Informatics Service(NWIS)
NHS Wales Shared Services Partnership (NWSSP)
Powys Teaching Health Board (PTHB)
Public Health Wales (PHW)
Swansea Bay University Health Board (SB)
Velindre NHS Trust (Vel)
Welsh Ambulance Services NHS Trust (WAST)
TOTAL

BCUHB

Service/Directorate

Acute & General Medicine (Unscheduled care)
Adult Mental Health
Cancer Services
Children's Services
Community Hospitals
Community Services
Emergency Care
Facilities e.g. Portering, catering, domestic
Finance
Forensic Mental Health
Informatics
Learning Disabilities Community
Learning disabilities Inpatients

Medical Education/R&D/OMD
Nursing Executive
Older People Mental Health
Operational Estates
Pathology
Pharmacy
Primary Care Services
Psychology
Radiology
Surgical (Scheduled Care)
Therapy Services
W&OD
Women's Services
Other Corporate Services
Other MHL D Services
Other NWMCS e.g Audiology, Med Physics, Genetics
TOTAL

Role Type
Administrative and Clerical
Allied Health Professionals
Bank/Agency
Estates, Facilities & Support Services
Healthcare Scientists
Medical and Dental
None of these
Nursing and Midwifery
Other Clinical Services
Other Scientific and Technical
Students
Volunteer
TOTAL

Location
Angelesey Locality
Conwy Locality
Denbighshire Locality
Flintshire Locality
Gwynedd Locality
Wrexham Locality
Ysbyty Glan Clwyd
Ysbyty Gwynedd
Ysbyty Wrexham Maelor
TOTAL

Pay Band
2-4

5-6	
7-8a	
8b-8c	
8d-9	
Medical & Dental non AfC	
VSM	
Other e.g volunteer	
	TOTAL

Cardiff and Vale UHB

CTM

HDHB

HEIW

NWIS

NWSSP

PHW

PTHB

SBHB

VEL

WAST

FINAL

TOTAL RESPONSES	PERCENT TOTAL
3,313	18%
3,369	22%
1,548	10%
268	61%
1,759	17%
452	60%
976	31%
701	29%
453	22%
2,365	18%
422	25%
1,375	35%
17,001	20%

TOTAL RESPONSES YESTERDAY	+ PERCENT
3,294	+0.1%
3,329	+0.3%
1,536	+0.1%
265	+0.7%
1,748	+0.1%
452	+0.0%
971	+0.2%
678	+1.0%
449	+0.2%
2,360	+0.0%
419	+0.2%
1,370	+0.1%
16,871	+0.2%

TOTAL	3313
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TOTAL
479
205
80
280
149
258
78
80
82
6
127
33
18

TOTAL RESPONSES YESTERDAY	+ RESPONSES
476	+3
201	+4
79	+1
279	+1
148	+1
256	+2
77	+1
80	+0
82	+0
6	+0
127	+0
32	+1
18	+0

24
21
40
46
55
114
90
16
94
227
232
95
97
185
40
62
3313

24	+0
21	+0
38	+2
46	+0
55	+0
114	+0
90	+0
16	+0
94	+0
225	+2
232	+0
94	+1
97	+0
185	+0
40	+0
62	+0
3294	+19

TOTAL
964
505
75
118
82
289
118
955
84
83
30
10
3313

TOTAL RESPONSES YESTERDAY	+ RESPONSES
963	+1
503	+2
74	+1
118	+0
82	+0
284	+5
117	+1
946	+9
84	+0
83	+0
30	+0
10	+0
3294	+19

TOTAL
90
334
326
166
379
461
726
439
392
3313

TOTAL RESPONSES YESTERDAY	+ RESPONSES
90	+0
334	+0
322	+4
164	+2
378	+1
458	+3
720	+6
439	+0
389	+3
3294	+19

TOTAL
1134

TOTAL RESPONSES YESTERDAY	+ RESPONSES
1129	+5

1111
601
132
45
245
10
35
3313

1107	+4
597	+4
131	+1
45	+0
240	+5
10	+0
35	+0
3294	+19

TOTAL	3369
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TOTAL	1548
-------	------

TOTAL	1759
-------	------

TOTAL	268
-------	-----

TOTAL	452
-------	-----

TOTAL	976
-------	-----

TOTAL	453
-------	-----

TOTAL	701
-------	-----

TOTAL	2365
-------	------

TOTAL	422
-------	-----

TOTAL	1375
-------	------

+ RESPONSES

+19

+40

+12

+3

+11

+0

+5

+23

+4

+5

+3

+5

+130

Our Reflections Our Decisions Our Future

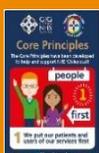
We've had the chance to take part in the survey.

To improve our work and workplaces, if we care about this, we need to take some time to talk and listen to each other about the [results](#) and how we want things to be better.

We want to have stronger teams; compassionate, healthier, fairer and more collective organisations; better care.

We can all start reflections and conversations anywhere with anyone, and this prompt should be helpful with these.

Our managers should be making time for us to have conversations and make decisions together.



Our Reflections Our Decisions, Our Future:

So now what...

The aims of 2020 are that as many people as possible:

- Take part in giving feedback
- Get involved in discussing the results and deciding what happens next

These simple questions may be useful to help this

<p>How many people took part? How many didn't? Why was this?</p>	
<p>How are we going to get people involved in the discussion/decisions?</p>	
<p>What are we proud of in these results? What should we be celebrating? Is there anyone/anything we should be highlighting for recognition?</p>	
<p>Where are the things we think we can improve? What do we know? What can we learn more about? What are the things we think we can improve?</p>	
<p>What are the things we can decide/change ourselves? What are we going to do? How are we going to know we have changed things?</p>	
<p>What are the things we need others to change? How are we going to tell them? How will we know that things have improved?</p>	
<p>Is there anything else? How are going to improve participation for next time?</p>	



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Update on Staff Health and Wellbeing & The Corporate Health Standard.						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development						
Awdur yr Adroddiad Report Author:	Sarah Wynne-Jones, Head of Occupational Health & Wellbeing						
Craffu blaenorol: Prior Scrutiny:	Prior scrutiny via Assistant Director of Health, Safety & Equalities on behalf of the Staff Health & Wellbeing Group which oversees the work programme.						
Atodiadau Appendices:	<i>Nil</i>						
Argymhelliad / Recommendation:							
The Committee is asked to note the report and continued planned activity to renew the Corporate Health Standard.							
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	
Sefyllfa / Situation:							
This report updates the Committee on the key staff health and wellbeing actions in 2019 /2020. It also identifies the steps that will be necessary to support working towards the renewal of the Gold & Platinum level of the Corporate Health Standard, which is due in June 2021.							
Cefndir / Background:							
The gold level Corporate Health Standard award, recognises a strong commitment to health, safety and wellbeing for the organisation's employees. The platinum level award has a Corporate Social Responsibility focus and involves an organisational commitment to support not only employees, but also other employers and the local community. It requires organisations to evidence two key principles, in key areas such as: transport, capital builds, procurement, community engagement, employment skills, and facilities management. In addition a case study must also be submitted that clearly outlines one area of best practice that has gone beyond legislation and demonstrates an exemplar commitment outside the normal business of the organisation. The platinum level award requires organisational sign-up to the Sustainable Development Charter and positive use of procurement leverage to ensure suppliers follow best practice.							
Asesiad / Assessment & Analysis							

Strategy Implications

The Corporate Health Standards and the actions in this report support both the Workforce, Health Board Strategy and the Wellbeing of Future Generations Act. A summary of key components is provided as an example of evidence of additional activities undertaken during this period. Noted that during the pandemic the service curtailed activity to ensure the safe management of people for its staff, managers and patients. Below is a summary of the key components for the Corporate Health Standards to support the strategy described above.

How to create wellbeing in the workplace workshops

Creating health and wellbeing workshops were introduced into the health board in March 2019. The aim of the workshops was to support middle and senior management to create a health and wellbeing environment within their teams using evidence base approaches and measurement tools. The final session was delivered in January 2020 with a total of 27 sessions delivered with 363 (19.9%) managers having attended.

	Qtr 4 2018/19	Qtr 1 2019/20	Qtr 2 2019/20	Qtr 3 2019/20	Qtr 4 2019/20	Totals
No of Training Sessions	3	13	0	10	1	27
No attended	53	168	0	127	15	363

To determine the success of the programme evaluation of Managers actions were identified as follows:-

- The need for departmental wellbeing champions to support the wellbeing team agenda.
- The 10% return (n36) of actions that managers were taking forward included:-
 - Establishing wellbeing meetings or adding wellbeing to the meeting agendas
 - Supporting the addition of a wellbeing champions within the service
 - Exploring the idea of team wellbeing surveys periodically

Workshop feedback:

'I can honestly say it is the first workshop that I have attended on this subject where staff walked away feeling empowered to make changes and put 'fire in the belly' of my colleagues.'

'A very informative workshop which has inspired me to do more to support staff health and wellbeing as well as my own wellbeing'.

'An excellently presented workshop which was well managed. Thoroughly engaged for all attendees which may be the best presentation I have seen in all years here'.

Staff Wellbeing Strategy 2020

From January to March we held seven 'Join our conversation' workshop events pan BCUHB to look at the key factors affecting staff and identifying ways to support enhanced health and wellbeing. 122 staff, manager and trade union partners attended from a variety of services across the Health Board. Due to the pandemic this work stopped and will be re-scheduled.

Stress management actions:

- WP33 Mental Wellbeing & Stress management procedure ratified by the workforce policies group 20th December 2019.
- A three pronged strategic approach was implemented for each service area this included Managers Staff and Wellbeing Champions

Manager – How to manage stress in the workplace workshop with 11 delivered pan and 141 managers attended.

Staff – Wellness and you session (for staff who are either off sick or who suffer from stress, anxiety or depression). 5 Wellbeing and You Employee Sessions were delivered with a total of 29 employees attending. The workshop was designed to look at how we can:

- Explore mental ill-health and its causes
- Develop a sense of emotional wellbeing by learning some self-care techniques through relaxation and general coping strategies.
- Explore the 5 ways to wellbeing model
- Explore Physical Ill-health and its causes
- Develop a sense of combined physical and emotional wellbeing by applying the Five Ways to Wellbeing Model and learning some Tai Chi for Health techniques.
- Information on support for physical/ emotional wellbeing.

Mental wellbeing champions

- We have enrolled 37 new champions and delivered two induction workshops. The total number of champions to date is 275, with a total enrolled this year of 101
- We have introduced the Silver Cloud Online Cognitive Behavioural Therapy Programme (CBT). This includes support on 'feeling stressed about coronavirus or finding it a struggle to adapt to or manage the many changes that may be taking place in the workplace or at home. Silver Cloud is a web based CBT (Cognitive Behavioural Therapy) programme that is filled with many resources that can help at this really challenging time we are all facing.
- As part of the response to the Covid 19 Pandemic a Staff Wellbeing Support Service (SWSS) was established to provide staff with an informal and independent support mechanism during these unprecedented times. A SWSS was established on each of the 3 acute sites with a physical presence and was staffed 5 days a week. They provided a tiered service for staff with an informal drop in service, a telephone service and 1:1 sessions as required. They were staffed by clinical psychologists who volunteered as part of their response to Covid 19 to provide this service. To date over 1,846 staff members have accessed the service through the means outlined and also the SWSS have provided targeted team interventions by request both on acute and community sites.

Musculoskeletal – Back on line

- An online system to help people look after their back and spinal health in work was developed by Cardiff University team of academics for School of Healthcare Sciences, School of Engineering and Data Innovation Research Institute in collaboration with physiotherapists and occupational health managers from NHS Wales. BACK-on-LINETM is currently being launched to workforce across range of sectors including healthcare (NHS Wales and England), transport (Transport for London) and higher education (Cardiff University).

Attendance Management Training

A total of 1,386 people have been trained representing 76% of managers in the Health Board. We have exceeded our target by 6% ahead of schedule to train 70% of our managers before the end of Quarter 4.

1,823 managers	Qtr 4 2018/19	Qtr 1 2019/20	Qtr 2 2019/20	Qtr 3 2019/20	Qtr 4 2019/20
No of Training Sessions per Qtr.	16	17	19	10	2
Running total No. of training sessions	16	37	52	62	64
No. attended per quarter	460	430	360	119	22
Running total No. attended	460	774	1250	1364	1386
Running % of managers trained	25.2%	42.4%	68.5%	75%	76%

Healthy Food Healthy Staff Initiative

Following on from the fantastic pilot of the healthy food healthy staff initiative that ran in the East in September 2019. The programme was rolled out to support Ysbyty Glan Clwyd & Wrexham Maelor. The programme started on February 5th 2020 and ran for 8 weeks in the same format as it previously ran in Wrexham. Discounted meals for staff based on healthy option with fruit available for £1 per meal. The aim of the programme was to educate staff on the benefits of eating healthy and the true cost of preparing healthy food for small families, it promoted a range of simple to make healthy food and encouraged staff and the public to take part both in and outside of work. The programme was evaluated at the end of the 8 weeks with recommendations for future initiatives to be rolled out across BCUHB.

SEQOHS

The service has commenced working towards the Safe Effective Quality Occupational Health Standards, which is the national recognised quality mark for a comprehensive Occupational Health. We are continuing to self – assess and benchmark with the SEQOHS standards and are engaged in gathering the required evidence. Substantial amounts of evidence including BCUHB policies, local policies and formal and informal feedback has been gathered. To date we are 95% complete to deliver the information for assessment. The data will be uploaded for external assessment in early 2021.

Staff Flu Campaign 2020/2021 Staff flu programme model has been designed for the 2020/21 flu season. Different to previous years were due to COVID pressures we are having to work differently in how we vaccinate our workforce. The model this year highlighted Organisational delivery plan and key worker plan.



Local management teams and sites were responsible and accountable for their own flu plans this year and work has started on producing local flu plans, enrolling vaccinators, accessing vaccinator training and reviewing cold chain requirements.

Occupational Health supported vaccinations session in two Enfys hospitals to enable access for home workers and those who wished to have the vaccine from a mass vaccination centre.

- Total number of BCUHB vaccinations administered to date (**Day 49**) = **12,502**
- % of total number of BCUHB vaccinations administered to date (**Day 49**) = **68.60%**
- % of total number of BCUHB vaccinations administered to DPC (**Day 49**) = **70.42%**
- Doses administered to others e.g. Bank/Students/Hospice = 2,551 (895 to BCU Bank) (doses exceeded allocation)
- Total number of vaccines administered to date (Day 49) = 15,053

Pertussis Vaccination

Following a Welsh Health Circular to provide whooping cough vaccination to high risk groups i.e. those 'in contact with pregnant women in the last month of pregnancy / neonates' in November 2019 we invited the above staff groups to attend drop in sessions at the 3 OH sites for their vaccination. Attendance was poor at some sites and so in January 2020 the OH team started visiting the identified clinical areas at each hospital site to offer the vaccine on sites, making it easier for staff to access the vaccine whilst on duty. (This approach was not implemented initially due to limited resources available in OH due to Flu). Since we commenced the vaccination programme, to date we have given a total of 219 (43.8%) of the required vaccine doses.

Tobacco

The Health Minister issued a statement on communicating the intention to bring the Smoke-free Premises and Vehicles (Wales) Regulations 2020 into force on 01 March 2021, subject to the agreement of the Senedd to the 2020 Regulations. <https://gov.wales/written-statement-implementing-smoke-free-requirements-chapter-1-part-3-public-health-wales-act>. The proposed regulations were passed by Members of the Senedd (MSs) on 21 Oct 2020. As a result the Health Board must now look to review current policies and practices to fall in line with the new legislation. A task and finish group has been set up, chaired by Public Health Wales to support this legal requirement and to take forward the work across the Health Board, supporting staff, patients, contractors and the public. Occupational Health are currently reviewing the smoke free policy WP31 to align the new legislation into the policy.

Covid-19

In January 2020, meetings were convened for coronavirus management in the Health Board which changed the direction of the service delivery and the focus has been on priority needs. A number of core planned business activities were put on hold and were added to the risk register and decision logs were kept:

- Occupational Health have been providing advice regarding fitness to work for staff returning from identified countries.

- Co-ordinating antigen testing and results of staff in BCU and key workers across the region
- Part of working groups to advice on the health management of staff during the pandemic.

Throughout the following activities were maintained:

- Advice line for initial queries / advice
- Support for infection contacts e.g. sharps / exposure to other communicable disease
- Counselling service appointments via phone
- Sickness absence consultations via phone
- Fast track pre-employment

Covid-19 Vaccinations

The service is part of the planning arrangements to support vaccinations delivery of frontline workers in the NHS. They are representative on several works team to support: tactical, clinical, logistics etc. Models are in place for delivery and we are pending confirmation of an imminent start date.

Options considered

Not applicable

Financial Implications

The core activity of the service has been within budget, with the exception of any COVID related activity.

Risk Analysis

At present we are on track to renew the standard in June 2021. This would be subject to review based on any significant changes from the Covid-19 pandemic.

Legal and Compliance

There are quarterly reports in place to monitor and scrutinise delivery in the Strategic Occupational Health & Safety Group

Impact Assessment

Equality Impacts assessments are in place for as appropriate.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	EU Transition risk and update				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance Management				
Awdur yr Adroddiad Report Author:	Sally Baxter Associate Director – Coronavirus Co-ordination Unit				
Craffu blaenorol: Prior Scrutiny:	Previous updates on the risks linked to the end of the EU Transition period have been given to the Civil Contingencies Group. A further report is scheduled to be presented to CCG on 14.12.20				
Atodiadau Appendices:	Appendix 1: BAF 20-24 Strategic Priority 5: Effective Use of Resources				
Argymhelliad / Recommendation:					
The Committee is asked to receive the update report and note the current position in respect of preparation for the end of the EU transition period.					
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
Sefyllfa / Situation:					
The date in law for the end of the EU Transition Period is 31 December 2020. Depending on the nature of any trade deal achieved before the end of the Transition Period, there are risks of disruption to service delivery, which may impact on patients. The HB has been working with colleagues in NWSSP, WG, the Welsh NHS Confederation and partner organisations to prepare for the risks which may arise.					
Cefndir / Background:					
The UK left the EU on 31 January 2020 under the UK-EU withdrawal agreement. Since then the UK Government has been engaged in negotiations with the EU over the terms of a potential trade agreement. At the time of writing of this report, whilst reportedly there is much common ground, no deal has been reached and there remain gaps on issues of the level playing-field, fisheries and governance which may prevent the conclusion of a deal. Without any deal being reached, the UK and EU will operate under World Trade Organisation terms.					
In the lead up to the exit from the EU on 31 January, significant work was undertaken to identify and put in place mitigations and contingency arrangements to address the risks then identified.					
With the withdrawal agreement having been enacted, planning and preparedness were paused to allow time to consider the implications of any trade agreement which might be negotiated, and subsequently the impact of the first wave of the Covid pandemic also led to a pause in activity. During the summer the National Leadership Group (WG) reconvened, and from the autumn the all					

Wales NHS SRO's Group reconvened. All NHS organisations have been reviewing and refreshing the previous plans and updating in readiness for the end of the Transition Period. The BCU HB group has reconvened and will be meeting weekly during December.

Aseiad / Assessment & Analysis

Strategy Implications

The national Leadership Group maintains strategic oversight of arrangements and preparations for EU transition for Health and Social Care. Locally, the Task & Finish Group will report into the Civil Contingencies Group and onward to SPPH Committee. A new entry into the Board Assurance Framework (BAF) has been developed to ensure the risks are recognised and managed this is attached as Appendix 1.

The Q3/4 plan recognised the need to ensure work is underway to prepare for the end of Transition Period, and to manage the ongoing challenges and uncertainties alongside the continued response to Covid-19 and winter pressures.

From considering the Health Impact Assessments that Public Health Wales NHS Trust have undertaken on EU Exit and COVID19, the population health areas that could be impacted by EU Exit, winter planning and COVID-19 include:

- Economic recession, mass unemployment, the long-term impact on children, young people and vulnerable populations;
- Mental health issues such as uncertainty, loneliness and social isolation, or anxiety;
- Wider determinates of health such as healthy behaviours, housing, and air quality;
- Supply of essential products which may be impacted by FTAs or stockpiling behaviours; and
- Service delivery and resources (supplies and workforce) of the health and social care sector in Wales.

Many of the issues are longer term impact and will need to be addressed through the ongoing strategic planning of the Health Board. The latter two, however, are of potentially more immediate impact and are the major issues being addressed through the preparedness work for the end of Transition Period.

The SCG which has been reconvened to address the second wave of Covid-19 response will address any significant partnership issues in the first instance, rather than establishing at this stage a separate SCG to respond to the EU Transition Period.

If no agreement is reached within the next weeks, there may be a requirement to escalate the preparedness and Situation Reporting requirements to ensure maximum support to service delivery post-Transition Period, engagement with the National Supply Disruption Response, and emergency response co-ordination arrangements.

Options considered

Current advice to Health Boards is to prepare and plan for the scenario of no agreement on the future UK / EU relationship being reached by the end of the Transition Period. Should the position change, the potential risks will be reconsidered in the light of the terms of the agreement reached.

Financial Implications

The potential financial implications arising from end of the EU Transition Period and failure to achieve a trade deal may include:

- Economic impact and consequent increase in demand for support health and well-being, and demand for health care services

- Increased costs arising from maintain stocks and supplies at maximum normal levels during the period of uncertainty
- Additional costs of supply and distribution, e.g. additional charges for deliveries by suppliers required to use air freight for transport of critical supplies
- Increases in costs arising from fluctuations in exchange rates and consequent impact on goods and services

Risk Analysis

The overall risk to the Health Board, as referenced above, has been set out in BAF 20-24 (App 1.)

Within the mitigation and contingency planning which is underway, a number of areas have been identified as being of higher risks to the Health Board and to business continuity. These include:

- Supplies of medicines and clinical consumables – the Department of Health and Social Care (DHSC) are responsible for the continuity of the supply of medicines and medical products across the UK and are leading on work to ensure uninterrupted medical supplies into the UK at the end of the transition period. There has also been intensive work undertaken by WG and NWSSP procurement leads, in collaboration with UK partners, to assess and address risks relating to medicines and clinical consumables. There is a significant level of assurance built on arrangements for supplier readiness, re-routing of supplies where necessary, and assurance around levels of stocks held in the UK. The BCU HB Pharmacy and Medicines Management Team are closely engaged in ongoing discussion and planning. There is no requirement for any local stockpiling of medicines given the current level of assurance.
- Supplies of non-clinical goods – similarly, there has been national work led by NWSSP to ensure supplier readiness, adequate stocks, and contingency for any disruption to supply (including any potential provider insecurity.) This includes essential non-clinical goods such as bed linen, food supplies, etc. BCU HB Facilities Leads are also closely linked in, and testing of arrangements and exercising preparedness is ongoing. Business Continuity Leads across the Health Board are being advised on the current anticipated situation.
- Staffing – considerable work has been undertaken to raise awareness of the Settled Status Scheme and support to staff put in place for any queries or concerns.
- Transport and welfare issues arising from any disruption to Holyhead Port are within the remit of the Port SCG which has been stood up to address specific issues. The Head of Emergency Preparedness & Resilience attends this group and is liaising with local senior management teams over any possible impacts.

Legal and Compliance

There are numerous issues ongoing with respect to legal requirement post-Transition Period. These are being addressed through the national infrastructure. Locally, assurance has been provided e.g. in respect of data and information governance implications of changes to the EU – UK relationship.

Impact Assessment

A national Health Impact Assessment has been undertaken by Public Health Wales in respect of the potential implications of EU Exit without a trade deal. Some of the main issues are identified under the section on Strategy Implications (above.) There are clearly issues of intersectionality for people sharing certain protected characteristics as defined by the Equality and Human Rights Act – such as

the disproportionate impact of economic recession on sectors of the community, and the increased risk of mental health needs amongst groups at greater risk, amongst other issues. The ongoing impact on individuals and specific groups will require further assessment, monitoring and response.

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-24	Risk Rating	Impact	Likelihood	Score	Appetite
There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service following the end of the EU Transition period on 31 December 2020. This may be caused by the UK government failure to conclude a trade deal with the EU, resulting in the UK leaving the EU on World Trade Organisation (WTO) terms. This could lead to a disruption of service delivery and thereby adversely impacting on outcomes for patients in terms of safety and access to services.	Inherent Risk	4	4	16	Low 1 - 6
	Current Risk	4 ↔	3 ↓	12 ↓	
	Target Risk	4 ↔	1 ↓	4 ↓	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
BCU HB Task & Finish Group set up and in place reporting to Civil Contingencies Group	2	Risk assessment and action planning to respond	2	Risks to be reviewed and actions updated when UK Govt position becomes clear	30.11.20
Business Continuity Plans including response to supply chain disruption in place and monitored by Civil Contingencies Group	1	National and local procurement plans to hold increased levels of stocks; pharmacy and medicines management team work with pharmaceutical procurement and suppliers; food stocks and capacity to be maintained at increased levels	1	Further checks on stock levels and supply arrangements for critical supplies as the end of the Transition Period approaches. Particular attention to areas where risks may be increased by Covid-19 response (medicines, PPE, clinical consumables)	31.12.20
All Wales SROs' Group monitors HB action plans and reports into WG Leadership Group	3	National scrutiny and support processes including escalation mechanisms; national procurement actions to address risks to supply chain	3	Ensure BCUHB response mechanisms are consistent with national requirements as updated	30.11.20
National Emergency Planning Leads Group oversees Emergency Planning response	3	National preparedness and response infrastructure	3		

Review comments since last report:

Executive Lead:
Mark Wilkinson, Executive Director of Planning and Performance

Board / Committee:
Strategy, Partnership and Population Health Committee

Review Date: Nov 2020

Linked to Operational Corporate Risks:
CRR18 - EU Exit Transition Arrangements



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 10.12.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
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							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
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.							
Asesiad / Assessment							
The Strategy, Partnerships and Population Health Committee considered the following matters in private session on 1.10.20							
<ul style="list-style-type: none">• Covid19 Vaccination programme							