

Bundle BCU Planning, Population Health and Partnerships Committee 18 June 2024

- 1 09:30 – OPENING ADMINISTRATION
- 1.1 09:30 – PP24/29 Welcome and Apologies – Verbal (Chair)
- 1.2 09:33 – PP24/30 Declarations of Interest – Verbal (Chair)
- 1.3 09:35 – PP24/31 Minutes from the Previous Meeting – Attached (Chair)
PP24.31.1 Minutes PPHP Committee 23.04.24 V0.01 Draft Public Session
- 1.4 09:40 – PP24/32 Matters Arising & Table of Actions – Attached (Chair)
PP24.32.1 Summary Action Log PPHP Committee (Updated 11.06.24)
- 2 09:50 – STRATEGIC PRIORITIES
- 2.1 09:50 – PP24/33 Population Health – Focus on System Approaches to Weight Management – Attached (Executive Director of Public Health)
PP24.33.1 Population Health – PPHP Report 18 June 2024
- 3 10:20 – ITEMS FOR ASSURANCE
- 3.1 10:20 – PP24/34 Major Change Programmes Update – Attached (Executive Director of Transformation, Strategic Planning and Commissioning)
PP24.34.1 FINAL – PPHP – Major Change Programmes Update – 2024-06-18
- 3.2 10:40 – PP24/35 Primary Care Board Update – Attached (Executive Director of Transformation, Strategic Planning and Commissioning)
PP24.35.1 Primary Care Board – PPHP 18-June-2024
- 3.3 11:00 – PP24/36 Corporate Risk Register Report – Attached (Director of Corporate Governance)
PP24.36.1 PPHP Corporate Risk Register Report June 24 V1.01
- 4 11:10 – CLOSING BUSINESS
- 4.1 11:10 – PP24/37 Agree Items for Referral to Board / Other Committees – Verbal (Chair)
- 4.2 11:13 – PP24/38 Agree Items for Chairs Assurance Report – Verbal (Chair)
- 4.3 11:18 – PP24/39 Review of Meeting Effectiveness – Verbal (Chair)
- 4.4 11:20 – PP24/40 Date of Next Meeting – 20.08.24
- 4.5 11:20 – PP24/41 Resolution to Exclude the Press and Public
'Those 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.'

Betsi Cadwaladr University Health Board (BCUHB)
DRAFT Minutes of the Planning, Population Health and Partnerships
Committee
meeting held in PUBLIC
on 23 April 9:30 – 12:15
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Chair of PPHP Committee
Gareth Williams	Independent Member
Caroline Turner	Independent Member (via Teams)
William Nichols	Independent Member (via Teams)
In Attendance	
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning (Executive Lead)
Jane Moore	Acting Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer
Pam Wenger	Director of Corporate Governance
Dyfed Edwards	Health Board Chair
Elin Gwynedd	Chief of Staff
Brian Laing	Strategic Partnership Manager (Via Teams) <i>part meeting</i>
Nesta Collingridge	Head of Risk Management <i>part meeting</i>
Committee Support	
Laura Jones	Project Support Manager (Corporate Governance)

Agenda Item	Action
OPENING BUSINESS	
PP24/5 Welcome and Apologies	
PP24/5.1 Dyfed Edwards joined the meeting as an observer and apologies were provided for Carol Shillabeer.	
PP24/6 Declarations of Interest	
PP24/6.1 No declarations of interest were raised.	
PP23/7 Minutes from the previous meeting	
PP24/7.1 The minutes were approved as a true and accurate record.	
PP24/8 Matters Arising & Table of Actions	

<p>PP24/8.1 The Committee agreed that all the actions were closed.</p>	
<p>PP24/9 Report of the Chair</p> <p>PP24/9.1 The Chair confirmed that this is her first formal meeting as the January meeting was used to establish the Committee. A Development Session took place in March 24 to start to shape the cycle of business and it was agreed that fewer items on the agenda would allow for further discussion around specific topics.</p>	
<p>PP24/10 Overview of Digital, Data and Technology (DDaT) Workstreams</p> <p>PP24/10.1 The Chief Digital and Information Officer gave a presentation providing an overview of each of the Digital, Data and Technology Workstreams highlighting how we assure progress throughout 2024/25. A summary was provided against each of the following six workstreams that align with the Annual Plan:</p> <ul style="list-style-type: none"> • Strategic Plan • Optimisation and Tactical Work • Transform DDaT and the Operating Model • Essential Services Programme • Our Existing Major Project Portfolio • Become an Intelligence Led Organisation <p>PP24/10.2 It was noted that there are risks related to these workstreams, mainly linked to resource availability and organisational culture. A query was raised in relation to Digital Health & Care Wales (DHCW) and whether we are able to influence this in terms of our priorities as a Health Board. The Chief Digital and Information Officer confirmed we are able to influence the plan in terms of resource and suggested that the role of DHCW could be reviewed in more detail at a future meeting of the Committee.</p> <p>PP24/10.3 A concern was raised around daily outages across the organisation and whether these are tracked in terms of length of time and potential patient safety issues. It was suggested that KPIs around daily outages could be included in a regular report to ensure any issues are being highlighted. The Committee discussed the risk relating to workstream 3 which focuses on the operating model. The Chief Digital and Information Officer confirmed that a skills gap analysis has been completed to identify where we lack capability, the financial constraints were discussed and the required roles for the service were highlighted. In relation to workstream 4 and the essential services programme, the Chair highlighted the need to ensure we have resource in place around capital slippage.</p> <p>PP24/10.4 There was discussion around improving data and the challenge of moving from data to intelligence to improve quality. The Acting Executive Director of Public Health suggested linking data for population health and planned care to identify any improvements. The Health Board Chair suggested the need for the Committee to regularly review the risks and also identify how we</p>	<p>DR</p>

<p>can progress and improve digital services to impact patient outcomes. The Chief Digital and Information Officer confirmed that there is a specific workstream to address this, the team are working to simplify current processes to optimise usability and also provide touch point training sessions. It was agreed that there are challenges around funding, cultural change and risk and there is a need for the Committee to ensure the Board are aware of the progress being made and the risks relating to DDaT. The Director of Corporate Governance also highlighted the need to focus on the golden thread to align Committee issues to the three year plan which will help the Board to understand the Board Assurance Framework. It was agreed that a regular report would be presented to the Committee and the August meeting would receive a deeper dive on data issues and opportunities.</p>	<p>DR</p>
<p>PP24/11 Partnerships, Engagement and Communications Update</p> <p>PP24/11.1 The Director of Partnerships, Engagement and Communications presented the report highlighting that partnerships and engagement both have a focus in the three year plan. In relation to partnerships there is a need for further learning in this area to allow the Committee to have discussions around areas of significance. It was agreed that high priority must be given to developing strong and positive partnerships to enable improved collaborative working for the benefit of the residents and communities of North Wales. In relation to engagement, improvements have been made in terms of public engagement sessions. There is further work required around engaging with families and carers specifically where concerns are being raised.</p> <p>PP24/11.2 An Independent Member stated there is a need to improve the communication between staff with patients and families. The Chair made reference to universities and the need to ensure staff are linked in to clinical trials so we can strengthen the treatment that is available in North Wales. There was discussion around engaging with the Regional Partnership Board (RPB) and the need for a strong approach to collaborative working. The Director of Corporate Governance highlighted previous experience with the RPB and agreed to discuss this further with the Director of Partnerships, Engagement and Communications outside of the meeting. There was also discussion around engagement with the public, the positive change which is underway, what lessons can be learnt and how this can continue to be developed to improve outcomes.</p> <p>PP24/11.3 It was agreed that there is a need to improve the way we engage and manage relationships, specifically focusing on the third and voluntary sectors. The Committee agreed that a strategic approach to working with the third sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy.</p>	<p style="text-align: center; vertical-align: middle;">PW / HSJ</p> <p style="text-align: center; vertical-align: bottom;">HSJ</p>
<p>PP24/12 Civil Contingencies</p>	



<p>PP24/12.1 The Acting Executive Director of Public Health presented the item highlighting that the aim of the Emergency Preparedness, Resilience and Response (EPRR) is to manage unexpected response to business continuity. There is a need to have processes and plans in place that have been tested to ensure effective response. Progress has been made and an experienced EPRR Lead has been appointed who will review the current position and commence testing to ensure we build on the processes that are in place to effectively respond to situations. The Executive Director of Transformation, Strategic Planning and Commissioning added that we have business continuity plans in place however these require review and this will be an important area of focus as we move forward.</p> <p>PP24/12.2 An Independent Member queried what is currently in place in terms of business continuity plans. The Acting Executive Director of Public Health confirmed that this needs to be reviewed to ensure consistency to allow staff on the ground to respond accordingly. The Committee discussed the importance of completing exercises and also developing relationships with partners to provide support and challenge. The Chair confirmed that the Committee were unable to note the paper for assurance at this time and it was agreed that an interim report would come back to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place to move forward.</p>	<p>JM</p>
<p>PP24/13 Population Health Assurance Report</p> <p>PP24/13.1 The Acting Executive Director of Public Health presented the report highlighting a summary of key activities that have been completed over the past twelve months and our current position. The Health Board are performing well in relation to treating smokers within Local Authority areas, providing immunisations and addressing healthy weight issues. Going forward there is a need to focus on embedding population health in terms of early intervention and prevention as a Health Board approach. There is also a need to create collaborative partnership working and support staff to understand preventative services.</p> <p>PP24/13.2 The Health Board Chair queried how the Committee will oversee the work in this area in terms of progress and outcomes. The Chair suggested the need to shift the focus of the Board into this area to focus on building healthier communities and improving wellbeing. An Independent Member stressed the importance of prevention to reduce pressure on the system which will also have an impact on vulnerable groups. There was discussion around the need for a whole system approach to public health in terms of collaboration and partnership working to maximise the health and wellbeing of the people of North Wales. It was suggested that a deep dive into a specific area should be an agenda item for the next meeting and it was agreed that a report highlighting the route to improving population health, making reference to primary care and social prescribing should be presented to the Board.</p>	<p>JM</p>
<p>PP24/14 Primary Care Assurance Report</p>	

<p>PP24/14.1 The Executive Director of Transformation, Strategic Planning and Commissioning presented the item stating that the Primary Care Board has been established and will be a key structure for improving and developing primary care services. An Independent Member highlighted some areas of the report including the length of prescriptions, the use of optometry sites and the use of the primary care academy as areas where we could use primary care to reduce the pressure on services. There was discussion around the role of the Committee in relation to primary care as areas of this also feed in to the Quality, Safety and Experience Committee. It was agreed that the Primary Care Board should report into the PPHP Committee, and following the initial meetings a report will be produced to inform a Committee decision on performance information it will regularly receive and review.</p>	<p>CS</p>
<p>PP24/15 Chairs Assurance Report from Population Health Delivery Group</p> <p>PP24/15.1 The Acting Executive Director of Public Health presented the item stating that there is a need to understand the impact the Health Board is having on our population and how we deliver population health. There is a need to assess the impact of preventative services and build strong foundations to ensure we are delivering the right services, to the right people at the right time. The report was noted for assurance and the Chair suggested this is included in the Population Health Assurance Report going forward.</p>	
<p>PP24/16 North Wales Social Prescribing Study 2024</p> <p>PP24/16.1 The Acting Executive Director of Public Health introduced the item highlighting the collaborative working that has taken place in relation to social prescribing and we are now at a stage where we need to build a sustainable model that works for North Wales. The Strategic Partnership Manager joined the meeting to present the report highlighting information that has been shared via the National Framework and making reference to the social prescribing pathways. The recommendations for regional implementation were shared along with how these will be progressed over the next twelve months.</p> <p>PP24/16.2 The Committee were supportive of the recommendations but queried how this is communicated via GPs and primary care teams to ensure people are aware of the programme. The Acting Executive Director of Public Health suggested the need to improve partnership working with Local Authorities to ensure we share the proposed actions and the impact this would have on the community. With the Committees support the paper presented to PPHP will be presented to the Regional Partnership Board for their consideration and approval.</p>	<p>JM</p>
<p>PP24/17 Chairs Assurance Report from Together for Mental Health Partnership Board</p> <p>PP24/17.1 Independent Member Gareth Williams provided an update to the Committee stating that there is a need to improve joint working between</p>	

<p>community Mental Health teams and Local Authorities to develop ways of working as we move forward.</p>	
<p>PP24/18 Board Assurance Framework & Corporate Risk Register related to Committee</p> <p>PP24/18.1 The Head of Risk Management presented the report highlighting that the Board have approved the strategic objectives that need to align to the Board Assurance Framework (BAF). A paper will be presented to the next Audit Committee highlighting a process for approval up to the Board and how the team can work with the Board to identify high risks that may not deliver our strategic objectives. There was a discussion on the population health risk confirming that the programme is delivering but there now needs to be a move towards prevention. The Acting Executive Director of Public Health requested that the risk is amended, the Committee agreed and requested this is completed in advance of the Board.</p>	<p>NC/JM</p>
<p>PP24/19 Committee Terms of Reference</p> <p>PP24/19.1 The Committee Terms of Reference were noted.</p>	
<p>PP24/20 Committee Cycle of Business</p> <p>PP24/20.1 The Committee Cycle of Business was noted.</p>	
<p>PP24/21 Agree Items for Referral to Board / Other Committees</p> <p>PP24/21.1 It was agreed that the Population Health Update Progress Report is presented to the Board.</p>	
<p>PP24/22 Review of Risks Highlighted in the Meeting for Referral to Risk Management Group</p> <p>PP24/22.1 It was noted that the Acting Executive Director of Public Health would amend the population health risk.</p>	
<p>PP24/23 Agree Items for Chairs Assurance Report</p> <p>PP24/23.1 It was agreed that this would be discussed outside of the meeting.</p>	
<p>PP24/24 Review of Meeting Effectiveness</p> <p>PP24/24.1 The Committee agreed that there had been a good balance between strategic and operational items on the agenda. There was a request to be aware of the number of items included for noting. It was agreed that there had been good discussion and contribution from all involved in the meeting.</p>	
<p>PP24/25 Date of next meeting</p>	



Tuesday 18 th June 2024, 9.30-12.30pm	
<p>PP24/26 Resolution to Exclude the Press and Public</p> <p><i>Those 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</i></p>	

DRAFT for review

Planning, Population Health & Partnerships Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/10.2	23.04.24	There was discussion around whether we are able to influence Digital Health & Care Wales (DHCW) in terms of our priorities as a Health Board and it was suggested that the role of DHCW could be reviewed in more detail at a future meeting of the Committee.	Dylan Roberts	August 2024	This will be discussed at the meeting in August.
2	PP24/10.4	23.04.24	It was agreed that a regular report on Digital, Data and Technology would be presented to the Committee and the August meeting would receive a deeper dive on data issues and opportunities.	Dylan Roberts	October 2024	A Board Development session will be scheduled on “Becoming an Intelligence Led Organisation”. Following the Board Development session, a deep dive into data issues and opportunities will be scheduled for the Committee in October 24.
3	PP24/11.3	23.04.24	The Committee agreed that a strategic approach to working with the third sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy.	Helen Stevens-Jones	August 2024	HSJ is progressing this action and it will be included as an item for the August meeting.



4	PP24/12.2	23.04.24	The Committee discussed the Emergency Preparedness, Resilience and Response (EPRR) and it was agreed that an interim report would come back to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place.	Jane Moore	October 2024	This will be an item for the October meeting
Action from Remuneration Committee						
5	R23/69.2	03.01.24	<p>The Vice Chair and Deputy Director of People Services to work with BCU Director of Primary Care to explore and share understanding of GP operation and recruitment.</p> <p>Updates from Remuneration Committee Action Log</p> <p>11.01.24 - Briefing paper received regarding recruitment to managed practices. Looking to take this work forward through a workstream on primary care which is being put in place by the Interim Executive Director of Operation, and will be chaired by the BCU Vice Chair.</p> <p>22.03.24 - Chief Executive to update in the meeting.</p> <p>11.06.24 - First meeting of the Primary Care Board has been held. This will be transferred to the People and Culture Committee.</p>	Original Lead at Remuneration Committee was Jason Brannan / Gareth Williams	August 2024	<p>11.06.24 – Suggest this action is more relevant for the PPHP Committee rather than the People & Culture Committee.</p> <p>A Primary Care Board Update paper has been included on the agenda for the June 24 meeting. This may close this action.</p>



Closed Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/11.2	23.04.24	There was discussion around the Regional Partnership Board and the Director of Corporate Governance agreed to discuss this further with the Director of Partnerships, Engagement and Communications outside of the meeting.	Pam Wenger Helen Stevens-Jones	June 2024	PW and HSJ have met and shared information.
2	PP24/13.2	23.04.24	The Committee discussed Population Health and it was suggested that a deep dive into a specific area should be an agenda item for the next meeting and it was agreed that a report highlighting the route to improving Population Health, making reference to Primary Care and Social Prescribing should be presented to the Board.	Jane Moore	June 2024	The June meeting includes an item on Population Health – Focus on System Approaches to Weight Management. The Board Development session in June will have an item on Population Health and the outcome of the session will be reported to the Board in July 2024.
3	PP24/14.1	23.04.24	The Committee discussed Primary Care and it was agreed that the Primary Care Board should report into the PPHP Committee, and following the initial meetings a report will be produced to inform a Committee decision on performance information it will regularly receive and review.	Chris Stockport	June 2024	This is included as an item for the June meeting.
4	PP24/16.2	23.04.24	The Committee received a presentation on the North Wales Social Prescribing Study and supported the paper being presented to the Regional Partnership Board for their	Jane Moore	June 2024	This has been to the Regional Partnership Board and the recommendations have been agreed by the Board.



			consideration and approval.			
5	PP24/18.1	23.04.24	The population health risk was discussed in relation to delivery in terms of the programmes and the need to move towards prevention. The Executive Director of Public Health requested that the risk is amended, the Committee agreed and requested this is completed in advance of the Board.	Nesta Collingridge / Jane Moore	June 2024	This has been actioned by the Risk & Assurance Team.



Teitl adroddiad: <i>Report title:</i>	Healthy Weight, Healthy Wales Whole System Approach Deep Dive			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships (PPHP) Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	A deep dive into the work the health board is leading on taking a Whole System Approach to reducing and preventing obesity in North Wales.			
Argymhellion: <i>Recommendations:</i>	The committee is asked to note the content of the report and endorse the Whole System Approach to Healthy Weight.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jane Moore – Acting Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Ceriann Tunnah – Consultant in Public Health Lydia Orford – Principal Public Health Practitioner			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	This programme of work will contribute to the following strategic objectives: Objective 4 – Improving quality, outcomes and experience			

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>There are no legal implications for this programme of work.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Yes – an EQiA has been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team shortly.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Yes – an SEIA has been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team shortly.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The following Datix risk are linked to this work: ID 5146 – Tier 1 – Population Health. There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities.</p> <p>ID 4200 – Tier 1 - Residents in north Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promote obesity.</p> <p>ID 1638 – Tier 2 – Physical activity and sedentary behaviour.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no financial implications as a result of implementing the recommendations. The work will be undertaken using existing health board resources.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no workforce implications as a result of implementing the recommendations the work will be undertaken using the existing health board workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The information within this paper has been presented to the Public Health Performance and Risk Management meeting. Updates on this programme of work are also regularly provided across a range of health board departments and public health meetings.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>See above Corporate Risk Register risk.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>

Camau Nesaf:
Gweithredu argymhellion

Next Steps:

- The committee is asked to consider how this work can be integrated across other programmes of work the PPHP Committee is responsible for.
- Committee members are asked to advocate for a whole system approach to healthy weight across the health board and support the implementation of health board related programmes of work that will contribute to making the healthy choice the easy choice for patients, staff and visitors.

Rhestr o Atodiadau:

Dim

List of Appendices:

None

1. Introduction

The prevalence of overweight and obesity in adults resident in North Wales is 59%. It is predicted that by 2040 the number of adults who are overweight or obese may exceed 70%. Obesity causes a whole range of preventable diseases including cancer, heart disease and type two diabetes. It is estimated that illnesses associated with obesity cost the Welsh NHS more than £73 million per year. Currently 10% of the NHS budget is spent on treating diabetes, 90% of diabetes cases are entirely preventable mainly through achieving a healthy weight. Failing to address the challenge of obesity will place a significant burden on NHS resources in the future.

[Healthy Weight: Healthy Wales](#) (HWHW) is the Welsh Government’s long-term strategy to prevent and reduce obesity in Wales through a whole system approach (WSA). Launched in 2019, this 10-year strategy has a core focus of leadership and enabling change through a systems-based approach that will focus on local leadership, collaboration and involvement and enabling local action. The Leadership and Enabling Change theme within the HWHW strategy is led by the seven health boards across Wales through Whole System Approach to Healthy Weight Teams, and supported by the Public Health Wales (PHW) Health Improvement Division. Each Health Board in Wales has received a small amount of funding to establish their Healthy Weight Whole System Team. In BCUHB this team consists of a Principal Public Health Practitioner, Senior Public Health Practitioner and part-time Administrator.

2. Current situation

The BCUHB Whole System Approach to Healthy Weight Team were recruited in the autumn of 2021 and have worked in partnership with PHW since then to follow the PHW Nine Step Whole System Approach (figure 1).

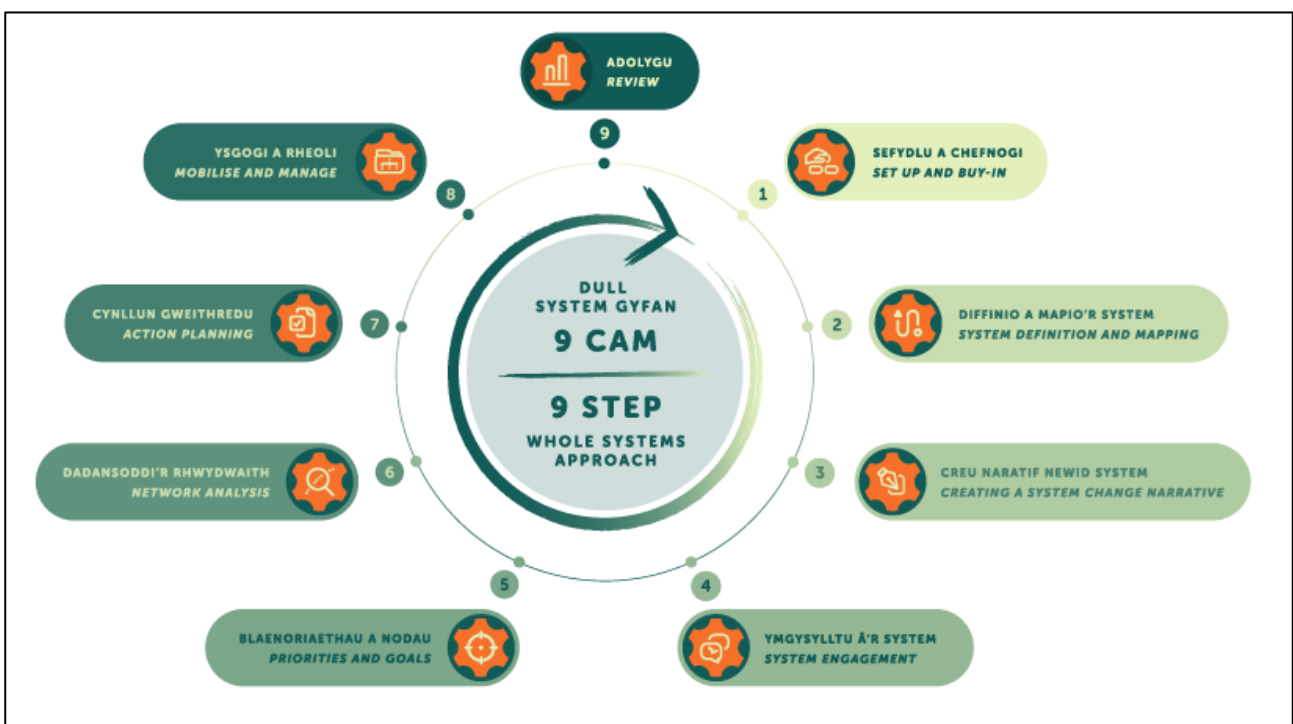


Figure 1. Public Health Wales Nine Step Whole Systems Approach.

Key actions within this process have been:

- Establishing a system narrative to set the scene for partners on what the scale of the problem is in North Wales
- Engaging system partners to secure their buy-in to taking a Whole System Approach
- Undertaking System Mapping to identify the causes of overweight and obesity in North Wales
- Completing a Social Network Analysis
- Updaing the system narrative following the system mapping
- Working with stakeholders to prioritise the sub-systems for action
- Completing the action registers for each priority sub-system

2.1 System Mapping

We have conducted six system mapping workshops with system actors from across North Wales. This process identified 94 causes of unhealthy weight across five priority sub-systems (figure 2).

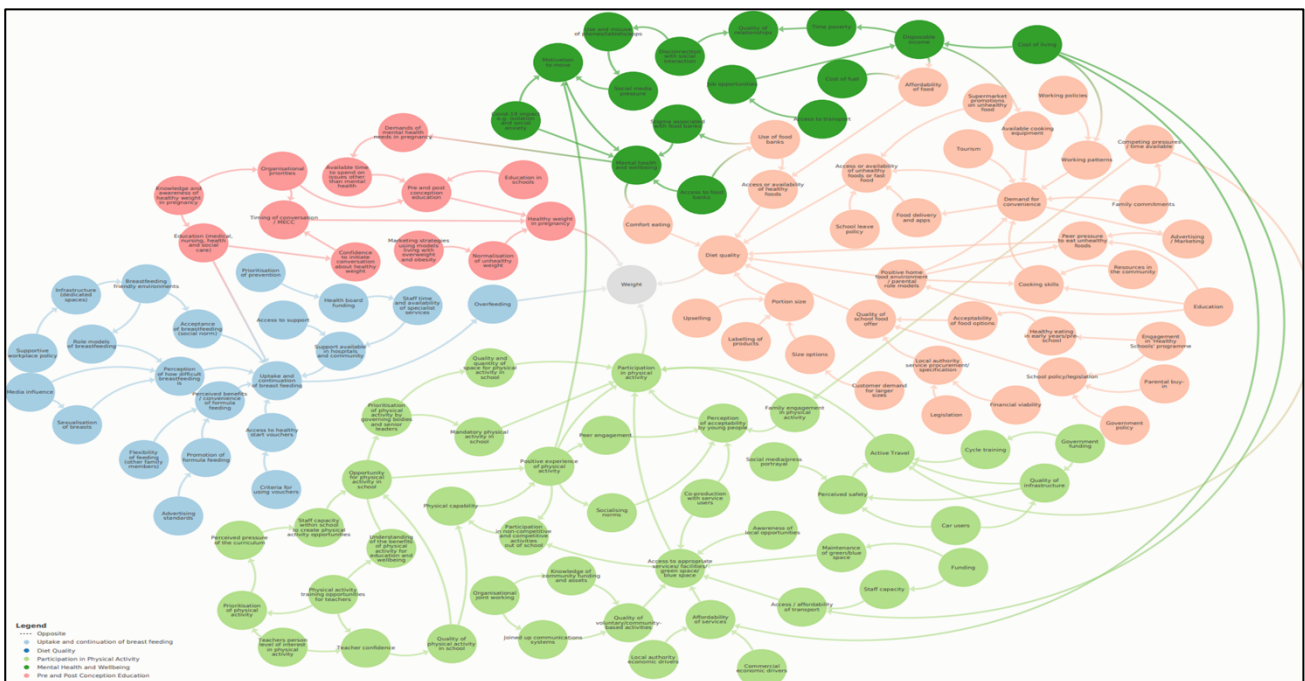


Figure 2. Causes of Unhealthy Weight in North Wales System Map

2.2 Social Network Analysis (SNA)

During the system mapping process we also undertook a Social Network Analysis (figure 3) to generate a baseline understanding of network dynamics in the system. This technique identifies and analyses the inter-connections and influences between different people or organisations within a system. The SNA showed the most connected individuals were part of Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales (PHW). The ambition is to begin improving the connections of individuals and organisations outside of health to ensure this work is owned across the system.

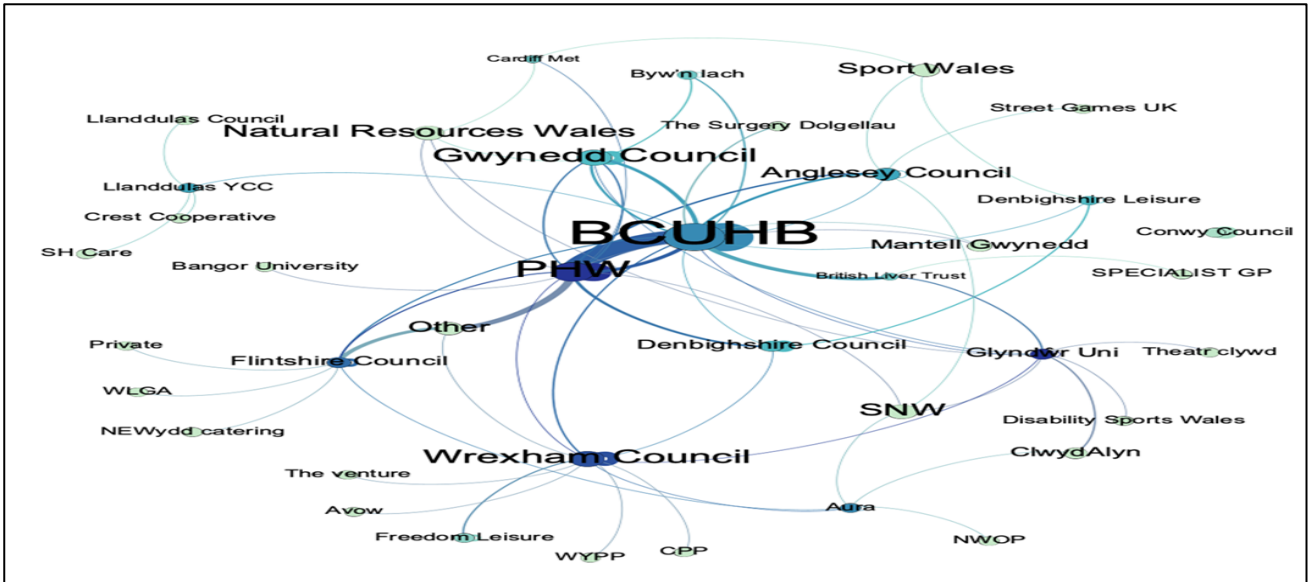


Figure 3. Social Network Analysis

2.3 Priority sub-systems

Following the system mapping partners prioritised the following sub-systems for actions:

- Access to Healthy and Affordable Food
- Eating Well and Being Active in Schools
- Eating Well and Being Active in Workplaces

Three working groups were established to oversee the priority sub-system action plans.

2.4 Action Registers

Action registers identify the system beliefs, goals, structures and events required to achieve change within a priority sub-system.

Each level of intervention is weighted and within whole system approaches, it is recognised that embedding system beliefs across organisations and establishing system goals that partners jointly work towards hold the greatest weight and influence for change.

Initial action registers were produced as part of the prioritisation workshops. The three working groups further developed the content of the action registers and identified actions across the system. Examples include:

- Belief:** Affordable and healthy food is the easy choice across North Wales
- Goal:** Affordable and healthy food options are available within public sector organisations
- Structure:** All public sector organisations have a healthy food policy
- Event:** All public sector organisations promote healthy eating messages

2.5 Strategic Delivery Plan

In May 2023, a launch event was held for the Healthy Weight Whole System Strategic Delivery Plan. This event titled 'Taking a whole system approach to eating well and being active across North Wales' was held at Venue Cymru in Llandudno. This was a joint launch event with Actif North Wales who also launched their 10-year strategy at the event.

The event was well attended with excellent feedback from the 80 partners and stakeholders in attendance. The launch, including two promotional films about the work, featured in the Healthy Weight Strategy Stakeholder update delivered by the Welsh Government's Healthy Weight Healthy Wales team.

An article featured on Betsinet includes further information on the plan, launch event and links to the promotional films: [Our plan to make it easier to eat healthily and exercise more \(sharepoint.com\)](#)

The Strategic Delivery Plan has just undergone a refresh for 2024 – 2026 and is due to be signed off at the June Population Health Executive Delivery Group meeting.

2.6 Governance

A new Strategic Partnership Group has been established to oversee the healthy weight whole system work. The group has wide representation from stakeholders and partners from across North Wales. There is a representative for each local authority each from a different directorate / profession. There is also representation from the third sector, higher education, Actif North Wales and the North Wales Ambition Board.

The HWHW WSA Strategic Partnership Group reports progress on a bi-annual basis to the BCUHB Population Health Executive Delivery Group.

Additionally the team provides a quarterly update and financial claim to Public Health Wales as part of the terms and conditions of the grant funding agreement.

2.7 Achievements so far

Recognition nationally that we are one of the most advanced health boards in Wales in terms of implementing a Whole System Approach.

Partners advocate for and implement whole system approaches to address complex problems.

- A whole system approach to healthy weight is starting to become a priority across the system
- More partners are engaged and working on a whole system approach to healthy weight and the diversity of partners is increasing
- The priority sub-system working groups have developed defined actions at each level of the system – beliefs, goals, structures and events
- A more connected system with less silo working
- 'Light bulb' moments for partners
- Progress has been made against most of the actions within the nine step process
- Our work to date has been presented at a number of local , regional and national events including the Obesity Action Scotland national obesity conference

Reducing access to high fat, salt and sugar food

- An internal process to respond to planning applications has been designed and developed over the past two years in partnership with team members
- Public health team members have received training in the implementation of the process
- 53 responses have been submitted to planning applications in 2023

- Planning officers have taken our comments into account within three planning committee reports including:
 - Retail unit in Wrexham
 - Hot food takeaway in Wrexham
 - Hot food takeaway on Denbighshire
- Media responses to the BCUHB planning application feedback has been reported positively recognising the role the health board has in promoting the health and wellbeing of the population
- Presentations have been delivered on this work at three national spatial planning conferences
- The chair of the board has raised with Welsh Government the need to make health boards a statutory consultee for planning applications
- Securing funding to establish food partnership coordinators in each Local Authority as well as the establishment of a regional food partnership group with a shared vision
- Commissioning and production of an agri-food report

Food and drink available in public sector organisations in North Wales is affordable and healthy

- A healthy vending guidance document has been produced for use across organisations
- Approval has been given by the BCUHB Executive Group to develop a food and drink retail policy in response to the organisations need to control the availability of unhealthy food for staff, patients and visitors
- The food and drink retail policy has been drafted and is ready for consultation
- An EQiA and SEIA have been drafted for the Food and Drink retail policy

2.8 Key Learning

- The importance of embedding system beliefs across the system. Recent experiences have identified that the importance of this work cannot be underestimated
- Stakeholders struggle to operate beyond event level (short term) actions, even those in very senior positions often default to short term approaches that fail to address the underlying causes of the problem
- Ownership and accountability of outcomes and indicators needs to be shared across organisations

2.9 Challenges

- Operating regionally can feel overwhelming particularly due to the number of different organisations involved in the healthy weight system
- Some partners have been slower to engage than others which can cause delays in achieving progress
- Competing priorities across the system can dilute progress

2.10 Next Steps

Over the next 12 months the Healthy Weight WSA team will focus on delivery of the refreshed Strategic Delivery Plan which includes:

Systems wide

- Strengthen system beliefs and goals for the three priority sub-systems
- Launching the refreshed Strategic Delivery Plan
- Continuing strategic work with the three Public Service Boards (PSBs)
- Exploring the interface between behavioural science and whole system approaches

Access to healthy and affordable food

- Carrying out consultation on the Food and Drink Retail Policy
- Contributing public health input into the Local Development Plan refresh for Conwy, Anglesey and Gwynedd
- Socialising the Food Partnerships Agri-Food Research Report
- Exploring a local produce pilot

Eating Well and Being Active in Schools

- Developing a nutrition policy
- Representing public health teams on the school food standards review
- Exploring programmes of work such as physical literacy and Daily Active

Eating Well and Being Active in Workplaces

- Launching and embed the Physical Activity Toolkit
- Seeking approval for Active Soles initiative
- Embedding the Healthy Travel Charter within partner organisations

3. Budgetary / Financial Implications

The funding for the Whole System Approach Team is provided via an annual grant from Public Health Wales. The wider programme is then supported by the Health Board Public Health Team which is funded through a ring-fenced health board budget and a range of public health grants.

4. Risk Management

The implementation of the Whole System Approach to Healthy Weight mitigates a range of Public Health risks on Datix including:

ID 5146 – Tier 1 – Population Health. There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities.

ID 4200 – Tier 1 - Residents in north Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promote obesity.

ID 1638 – Tier 2 – Physical activity and sedentary behaviour.

5. Equality and Diversity Implications

An EQiA and SEIA have been undertaken on the refresh of the strategic delivery plan and will be submitted to the BCUHB Equality team shortly.

We recognise there are stark differences in obesity levels across different groups and implementing the WSA should reduce health inequalities across these groups.



Teitl adroddiad: <i>Report title:</i>	Major Change Programmes Update			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	18 th June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the latest position in relation to the Major Change Programmes			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to RECEIVE ASSURANCE on the progress to date and next steps and provide any feedback to be taken forward			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Director of Transformation & Improvement			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To deliver against the organisation's key strategic objectives			

<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	Not applicable
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Not applicable
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	Not applicable
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	Not applicable
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations</p>	

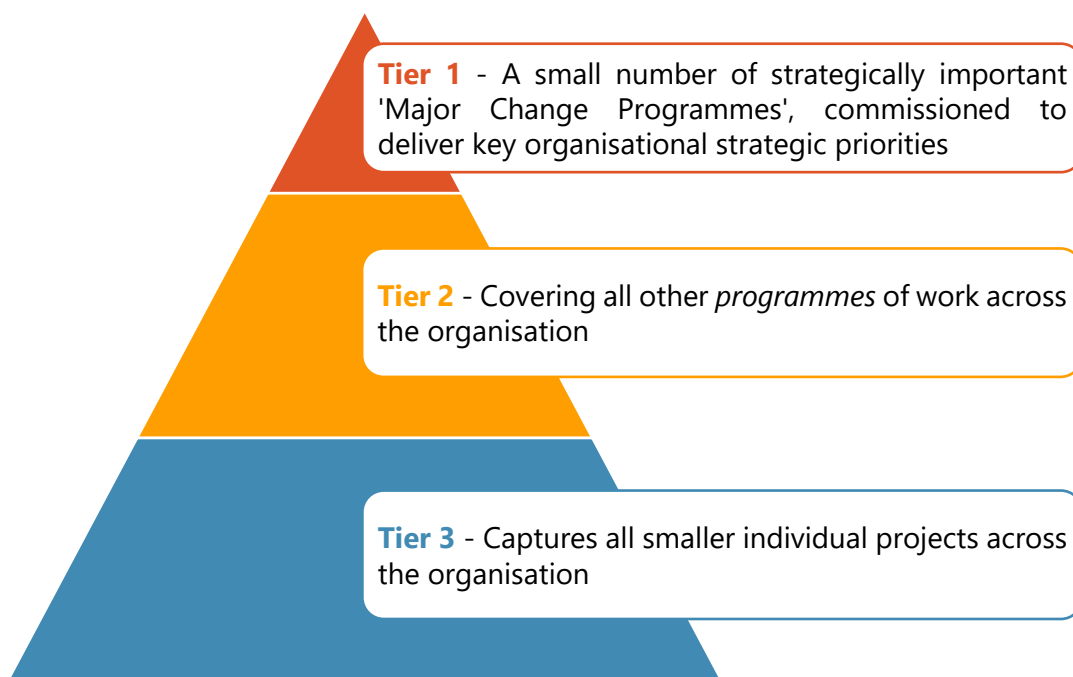
Planning, Population Health and Partnerships Committee 18th June 2024

Major Change Programmes Update

This paper aims to provide an update on the progress to date and next steps in relation to the organisation’s Major Change Programmes for FY24/25.

▪ Background

It is clear that the organisation needs to focus on fewer larger priorities in order to truly transform in key strategic areas, and this was discussed in the PPHP development session in March 2024. To achieve this the Executive team have since endorsed the following ‘managed approach to change’, differentiating the emphasis, investment and support applied to work across the Organisational Change Portfolio, which is split into three tiers:



Tier 1	Tier 2	Tier 3
<p>Focused support to deliver, using Axelos® Programme Management.</p> <p>Senior, identified sponsorship.</p> <p>Oversight of, and embedded specialist technical support within the Programme provided by BCU PMO. Full wrap-around.</p> <p>Routine progress oversight reporting through Transformation EDG.</p>	<p>Provision of skills and support as included in Tier 1, but on an adhoc basis according to</p> <ul style="list-style-type: none"> ▪ programme requirements, ▪ transformation team capacity and ▪ organisational capacity to implement additional change 	<p>Coaching support available when requested, covering disciplines such as improvement, project delivery and change science.</p> <p>Coordination and delivery of BCU wide improvement training.</p> <p>Support to disseminate findings and learning, and help to ‘scale up’ if appropriate.</p>

Table 1: Outline approach to each Tier.

The remainder of this paper is focused on the progress to date on the Major Change Programmes.

Major Change Programme selection

The Major Change Programmes represent the most impactful strategic work, supporting the creation of an effective organisation for the long term. Whilst there is a long list of worthy candidates for this tier of the Change Portfolio, the recommendation is that this is kept to three or four at any given time, in order not to dilute focus, sponsorship and decision making.

The selection of these Programmes is a difficult task but aims to take into consideration a number of different sources of insight such as: the organisation’s strategic objectives and 3 Year Plan, Special Measures, organisational risks, Ministerial Priorities, patient feedback, complaints, incidents, inquests, etc. In discussion with the Executive Team, the three proposed Major Change Programmes to start with are:

1) Development of the organisation’s strategy	<ul style="list-style-type: none"> A clear long term organisational and clinical strategy is vital to act as a real ‘North Star’ for all work across the organisation, enabling the creation of an effective and sustainable organisation for the long term.
2) Operating Model review and implementation	<ul style="list-style-type: none"> A clear and effective operating model that tackles systems, people, processes and accountability and not just structures, is critical to underpin the development of an effective organisation.
3) Key transformations in the Urgent and Emergency Care system (contributing to the 6 goals and Planned Care programmes)	<ul style="list-style-type: none"> At the centre of many of the organisation’s biggest challenges and highest risks is the end to end Urgent and Emergency Care system. This has impacts across both Planned and Unplanned care and has a significant contribution to key Ministerial priorities around Ambulance waits and Planned Care backlogs. The aim here would be to take 2 or 3 areas that require significant transformation to focus on within this programme.

Table 2: Proposed Tier 1 Programmes

The table below highlights alignment of these three initial Major Change Programmes with the 3 Year Plan strategic priorities

Objective 1: Building an effective organisation	Objective 4: Improving quality, outcomes and experience
1A Board Effectiveness	4A Patient Experience
1B Risk Management	4B Prevention
1C Operating Model	4C Primary Care and Early Intervention
1D Performance and Accountability Framework	4D Community Care and Clusters
1E Value and Sustainability	4E Planned Care
1F Legislative Improvements	4F Cancer Care
1G Workforce Planning	4G Urgent and Emergency Care
1H Quality Management System	4H Diagnostics
1I Welsh Language	4I Adult Mental Health, Learning Disability, CAMHS & ND
1J Decarbonisation	4J Currently ‘Challenged Services’
Objective 2: Developing strategy and long-lasting change	4K Women’s Services

2A	10 year Strategy	4L	Children
2B	Clinical Services Plan	4M	Pharmaceutical services
2C	Commissioning		
2D	Capital Priorities: supporting change to happen		Objective 5: Effective environment for Learning
2E	Digital, Data and Technology (DDaT)	5A	University Partnership
2F	Prioritisation	5B	Research, Development and Innovation
2G	Effectively delivering Major Change	5C	Academic Careers
2H	Strengthening Planning	5D	Intelligence Led
2I	Finance Governance Environment	5E	Learning Organisation
2J	Early identification and support of Challenged Services		
Objective 3: Compassionate culture, leadership & engagement			
3A	Compassionate Leadership & Organisational Development		
3B	Citizen Engagement		
3C	Being a Good Partner		

Table 3: Key Priority Areas for the 2024-27 Plan

Due to the significant challenges in reducing backlogs of ‘long waiters’ in Planned Care, there are on-going discussions as to whether this should become a fourth Major Change Programme.

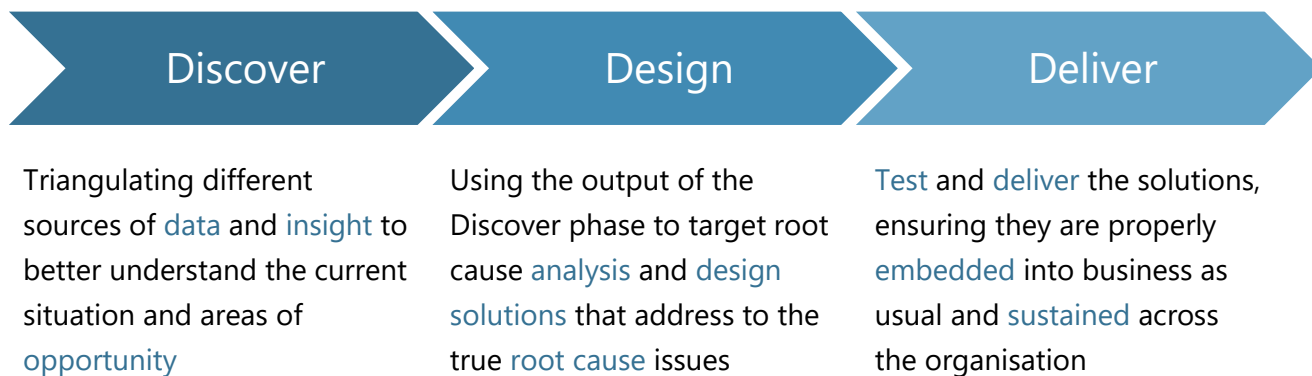
It is important that these programmes are set up for success and given the time and space to do the work properly in order to effect long lasting change. They will have an impact over the short to medium term, which is why other important areas such as cultural change, that require a much longer time horizon, will be managed separately. Given the organisation’s history in effective delivery of major change, it is expected that this first set of Major Change Programmes will come with a lot of learning, which will be incorporated into the next phase of programme selection and delivery.

▪ Approach

Each of the three Major Change Programmes are following the Axelos® best practice management framework and are currently in the mobilisation phase. They have been allocated an initial Programme Lead and Subject Matter Expert (SME) to develop a Programme Initiation Document (PID) in order to ensure absolute clarity on:

- what the programme aims to achieve,
- its scope and success criteria and
- the multi-disciplinary team and resource required to deliver it.

Each programme is taking a broadly similar approach:



Once the PIDs have been finalised and agreed by the Executive Team the full multi-disciplinary teams will be formed and formal programme governance and reporting established. The programmes will provide detailed individual reports as well as feature within the higher level Annual Delivery Plan monitoring through Executive Team, PPHP and Board where appropriate.

▪ Next Steps and Recommendation

Next Steps

- 1) Feedback on draft PIDs at Executive Team meeting on 5th June 2024
- 2) Finalise PIDs and sign off at Executive Team meeting on 19th June 2024
- 3) Form multi-disciplinary teams, establish programme governance and formally commence work by end of June 2024
- 4) Progress report to next PPHP on 20th August 2024

The Committee is asked to **RECEIVE ASSURANCE** on the progress to date and next steps and provide any feedback to be taken forward



Teitl adroddiad: <i>Report title:</i>	Primary Care Board Update			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	18 th June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update from the recently convened Primary Care Board			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to RECEIVE ASSURANCE on the progress to date and next steps and provide any feedback to be taken forward			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Ffion Johnstone			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To deliver against the organisation's key strategic objectives			

<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	Not applicable
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	Not applicable
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Not applicable
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	Not applicable
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	Not applicable
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations</p>	

Planning, Population Health and Partnerships Committee 18th June 2024

Primary Care Board Update

This paper gives a brief overview of the governance arrangements supporting Primary Care moving forward, with the introduction of the new Primary Care Board and supporting workstreams.

▪ Purpose

The Primary Care Board has been established to provide senior oversight and decision making, covering all primary care services delivered by, or contracted by, BCUHB. The Primary Care Board will provide assurance to the Health Board, committees of the Board, the Chief Executive Officer, and the Executive Team, that Primary Care services in the Health Board are correctly configured, operationally delivering, and progressing the strategic priorities agreed by the Health Board.

The Primary Care Board provides a path by which matters of concern related to Primary Care that require escalation to the Executive Team for decision making or resolution can occur on a pan-BCUHB basis.

▪ Approach

It has been agreed that the first few meetings of the Primary Care Board will occur using a workshop style approach to scope out how best to structure the Board and sub-structures in a way that best ensures Primary Care moves forward on a once-for-BCU basis, except where variation can be justified, and that strategic development of Primary Care is not diluted by day-to-day operational priorities.

In pursuit of this the Board is chaired by the Executive Director for Strategic Planning and Transformation who, presently, is also the Executive lead for Primary Care. The first meeting was held on the 13th of May, with attendance from Clinical and non-Clinical Primary Care Officers across Integrated Health Communities (IHCs) and corporate departments, at which initial Terms of Reference were agreed.

Good progress was made at this initial Primary Care Board meeting in agreeing an approach and sub-structure to meet the objectives above.

▪ Formal splitting of Agenda

It was agreed that the Primary Care Board rolling agenda would be split into four parts,

- i. Strategic development of Primary Care
- ii. Operational Oversight
- iii. Contract Governance
- iv. Resource Oversight

This was considered to be an appropriate way of ensuring that a strategic focus was prioritised, with the strategic section coming before the operational oversight section.

Part 1: Strategic development	Ensuring we prioritise the strategic development of Primary Care to best meet future needs and minimise future operational risks.
Part 2: Operational oversight	Oversight of current operational risks, providing join up across IHCs to enable any 'bigger picture' trends to be seen, and providing direction of resolution on a pan-BCUHB basis.
Part 3: Contract governance	Ensuring good governance of potential contract awards and contract interventions, in line with the Scheme of Delegation, prior to onward reporting or scrutiny.
Part 4: Resource oversight	Ensuring rolling visibility of how resources are utilised against Primary Care ring-fence allocations and national funding bids.

Table 1: Summary rationale for each of the four Agenda sections.

Health Board officers involved in leading and delivering Primary Care services agreed to come together to form five delivery groups aligned to the Primary Care Board. Each group would take responsibility for informing the Primary Care Board of matters within scope (scopes being agreed) and to implement decisions arising from the Primary Care Board.

▪ **Substructure: Part 1 - Strategic development**

1a: Strategic Programme for Primary Care Group

The Primary Care Board has agreed that there needs to be a single approach to the management, leadership and strategic direction of Health Board Practices in order for them to function together rather than in silos, and for a clarity of plan as to when a practice should be run as a directly managed practice rather than GMS.

This group is now convening and has been tasked with setting out a proposal for Primary Care Board as to how this brief could be progressed. This proposal will be brought to Primary Care Board as soon as possible.

1b: Directly managed Practices Strategic Development Group

The Strategic Programme for Primary Care (SPPC) is an All-Wales programme supported by the NHS Wales Executive and aligned to "A Healthier Wales".

This group will bring together the work being done within the Health Board in this area in a more coordinated way.

- **Substructure: Part 2 – Operational oversight**

2a: Primary Care Operational Performance Group

This group will provide updates and reporting from the Primary Care operational senior leadership team, including updates on the Primary Care actions within the Health Board Annual Delivery Plan.

This single reporting approach will allow greater consideration of operational performance and risks on a BCU wide footing, allowing the most appropriate prioritisation to occur.

This group has been tasked with agreeing a proposed set of Primary Care metrics for BCU, which the Primary Care Board will then consider. Those metrics that are agreed will then be regularly reported.

2b: Quality and Safety Group

It was considered that there was particular merit for a pan-BCU view of Primary Care Quality and Safety, bridging across individual IHC Q&S monitoring so that trends can be better spotted and shared. This will be delivered by slightly reshaping the primary care Q&S group that formed in December 2023.

- **Substructure: Part 3 – Contract governance**

3: Primary Care Contracting Group

This group will include the current Primary Care Panel and will provide oversight and reporting of contract related issues with all contractor providers, including sustainability assessments.

- **Substructure: Part 4 – Resource oversight**

Further work is required on Part 4 of the agenda, but the expectation is that this will provide real-time monitoring of resource utilisation against the respective Primary Care ring-fence allocations enabling timely, in-year interventions that maximise the capacity of Primary Care services.

- **Next Steps**

The second meeting of the Primary Care Board will occur on 6 June 2024, again in a workshop format in order to continue to develop the above approach. It is anticipated that the reporting against scope will then commence for some groups from the third meeting.

The Committee is asked to **RECEIVE ASSURANCE** on the progress to date and next steps and provide any feedback to be taken forward



Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 18 June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PPHP has oversight.</p> <p>Key changes to note in report:</p> <p>Corporate risk CRR24-07 has been reviewed by the service and duplicate patient numbering has been incorporated into the risk with a new action having been identified within the risk.</p> <p>N.B This report has not yet been approved by Risk Management Group 11/06/24 nor Executive Team Meeting 19/06/24 in line with the normal cycle of report</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the three (1 private) corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p>				



<p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Individual Executive Sign off of CRR reports, Review at next Risk Management Group and subsequent Executive Team Meeting.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>



Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable for this report
Camau Nesaf: Next Steps: 1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle. 2. Submission of Corporate Risks to Board	
Rhestr o Atodiadau: List of Appendices: Appendix 1 – Risk Dashboard, Planning, Population Health & Partnership Committee Appendix 2 – Corporate Risk Register Report: <ol style="list-style-type: none">1. Availability and Integrity of Patient Information2. Population Health	

Corporate Risk Register Report

1) Introduction and Background

What Is a Corporate Risk?

A corporate risk register is a repository used by services and corporate functions to record significant risks that could impact the strategic objectives and operations of the Health Board. The register provides a comprehensive overview of the key risks facing the organisation. It is a pivotal tool to help proactively strengthen risk oversight and management.

1.1 There are 2 Corporate Risks for People and Culture Committee oversight and assurance. The full details of these risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-07 – Availability and Integrity of Patient Information
- CRR24-08 – Population Health

1) Key Highlights

Corporate Risks Dashboard (Appendix 1) below provides a list of the 2 corporate risks to which the committee is accountable.

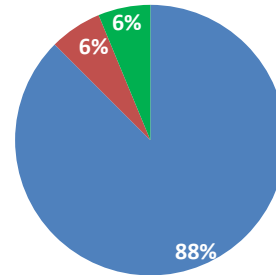
The Committee is asked to note:

CRR24-07 Availability and Integrity of Patient Records – Following the presentation of the Tier 1 operational risk presented by the Digital Data and Technology (DDaT) team at the Risk Management Group on the 9th April 2024 – ‘Duplicate Patient Numbering’ (risk score 20) – ‘*There is a risk that patient information is recorded against different hospital numbers. This may be caused by patients having multiple hospital numbers across BCU due to historical systems requiring a different hospital number per site*’, where it was recommended by the group that the risk be reviewed and incorporated into Corporate risk CRR24-07 for sight and representation. Corporate risk CRR24-07 has been reviewed by the service and duplicate patient numbering has been incorporated into the risk with a new action having been identified within the risk.

Out of the 2 corporate risks, 16 actions have been developed to mitigate the risks. 1 action has been completed, 14 actions are progressing and on track and 1 new action has been identified and progressing. No actions are currently overdue.

ACTION STATUS OF CORPORATE RISKS

- Progressing
- Progressing - new action
- Completed



Next steps

1. Continued scrutiny of the actions, controls and progress of all corporate risks by Executive Team.
2. Submission of Corporate Risks to Board.

Appendix 1 - Corporate Risk Register Dashboard - Planning, Population Health & Partnership Committee

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
CDIO	CRR24-07	Availability and Integrity of Patient Information	4 x 5 = 20 ↔	12	Quality 3 - Open	Planning, Population Health & Partnership Committee	Opened Dec 23, 7 actions identified, 1 completed, 5 progressing, and 1 new action identified. The inherent and current risk scores are both high at 20, indicating the existing controls are not adequate to control the risk.
EDoPH	CRR24-08	Population Health	4 x 5 = 20 ↔	12	Reputational 4 - Seek	Planning, Population Health & Partnership Committee	Redrafted to be more strategic Nov 2023, No change in score, 9 actions identified, 0 completed, 9 progressing. 2026 target date. However, the inherent and current risk scores are both 20 , so the controls are not reducing the risk. Short term SMART actions required. A number of Quality Assurance comments sent to the service lead around gaps in controls and actions which will need to be updated.

Key:

Executive	
Executive Director of Workforce	EDoW
Executive Director of Nursing & Midwifery	EDoN
Executive Director of Finance	EDoF
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH
Executive Director of Operations	EDoO
Executive Director of Therapies and Allied Health Professions	EDoTH

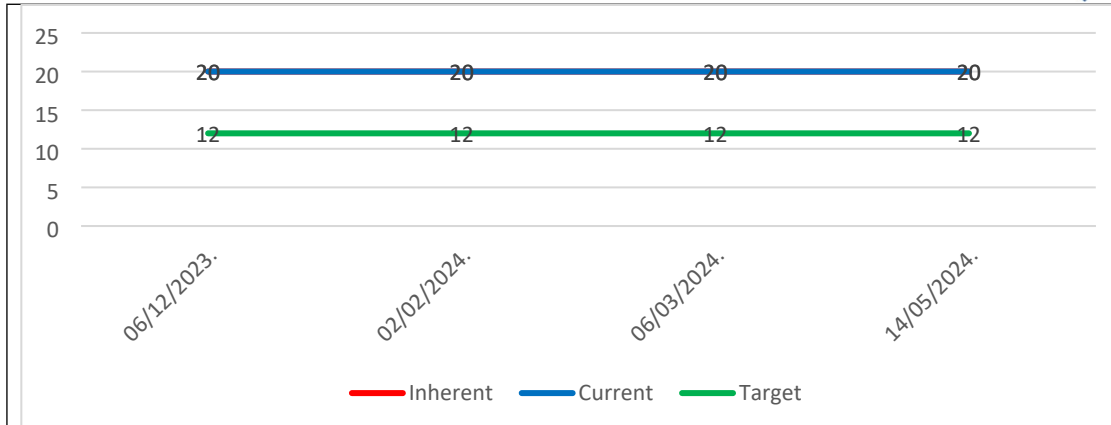
Appendix 2 – Corporate Risk Register Report - Planning, Population Health & Partnership Committee

CRR 24-07	Risk Title: Availability and Integrity of Patient Information		Date Opened: 06/12/2023
	Assuring Committee: Partnerships, People and Population Health Committee		Date Last Committee Review: 23/04/2024
Date Last Reviewed: 14/05/2024	Director Lead: Chief Digital and Information Officer	Link to BAF: SP13	Target Risk Date: 31/03/2029
There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.			
Mitigations/Controls in place	Lines of Assurances		Additional Controls required
<ol style="list-style-type: none"> 1. Current paper file identified as the Master Copy of the full record. 2. Access to current clinical systems to print clinical information ready to store in the Master File. 3. CITO Contract in place to house scanned document as a repository. 4. Mandate process in place to control the adoption of new functionality within existing systems to capture patient data. 5. Current system training and standard operating procedures around searching for and registering new patients to prevent the creating of duplicate records in place. 6. Standard operating procedures involving searching for and storing patient information to prevent harm in cases where duplicate records exist is in place within Patient Administration System. 7. Lack of quality within the content of current patient records. Meeting organised with Office Medical Director to consider address improvements in the quality of record keeping moving forward. 	1st – eg. Operational:		<ol style="list-style-type: none"> 1. Establish and implement the governance arrangements for overall management of the Electronic Health Record Programme. Steering Group set up and will be captured as part of the outline business case requirement. 2. Lack of current system capabilities systems to integrate into the fuller Electronic Health Record. Optimisation programme underway with a focus on EPOC, EPRO, WCP and CITO to review current systems interoperability and functionality. 3. Availability of current paper records within digital environment. The Electronic Health Care Record outline business case will analyse resource requirements to consider scanning or dual processing of records. 4. Patient Records Group currently not meeting. A review of the remit and establishment is underway with the Senior Information Risk Owner and Caldicott Guardian. 5. Standard practice registration across the three acute sites. Proposal developed including resource funding required
	<ol style="list-style-type: none"> 1. Information Governance Toolkit embedded with operational group oversight and monitoring. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee which focuses on performance indicators. 		
	2nd – eg. Risk and Compliance:		
	<ol style="list-style-type: none"> 1. Risk Management Group 2. Executive Team meeting 		
	3rd – eg. Independent:		
	<ol style="list-style-type: none"> 1. Information Commissioners Office Audit. 2. Internal Audit Annual Information Governance Compliance Audit. 		



		<p>based on the East Health Records service coverage.</p> <p>6. No agreement to fund additional Health Records staff to address backlog of duplicate patient records / identifiers. Standardised procedures in place to prevent re-occurrence.</p> <p>7. Establishment of a Change Advisory Board led by Clinicians to standardise the collection, storage and access of digital patient information.</p> <p>8. Although agreement in principle to fund additional patient record staff to undertake the duplicate patient record issue, funding stream still not approved.</p>
--	--	---

Actions	Due Date	Progression Analysis
Assessment to be undertaken of what is required for the development of an Outline Business Case for an Electronic Health Record (EHR) Business Justification Case to seek funding for compilation of Outline Business Case being completed with submission due in September 2024.	30/12/2024	Progressing
Seeking approval and funding for the Strategic outline case for Electronic Health Record	31/12/2024	Completed
Establish the cost and resource requirements to back scan all live records	31/01/2025	Progressing
Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams Paper will be presented mid-June to DDaT SLT for discussion and decision on prioritisation.	31/03/2025	Progressing
Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record report will be available in mid June for presentation at the DDaT SLT meeting for decision and prioritisation agreement.	30/04/2025	Progressing
Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project) BCUHB only Business Case due to be finalised 24th May 2024. A multi-disciplinary steering group has been set up, and continuing to work collaboratively on an All Wales basis.	30/04/2025	Progressing
Recruitment of additional health records staff to standardise the registration practice across three acute sites. Funding request submitted for approval to Executive Team.	30/11/2024	New action



N.B. Inherent and Current score lines stacked as both are 20

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		3 - Open

Rationale for Corporate Risk

Organisational wide risk based on potential patient safety and negative impact if the risk were to materialise. In addition the financial and resource requirement to implement the controls and mitigations required are significant.

CRR 24-08	Risk Title: Population Health		Date Opened: 01/11/2023
	Assuring Committee: Partnerships, People and Population Health Committee		Date Last Committee Review: 23/04/2024
Date Last Reviewed: 15/05/2024	Director Lead: Executive Director of Public Health	Link to BAF: SP1	Target Risk Date: 31/03/2026
<p>There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population.</p> <p>Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accessibility of health care services.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease such as: Hepatitis, Measles, Mumps, Rubella, HIV, E-Coli, sexually transmitted infections. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>			
Mitigations/Controls in place	Lines of Assurances		Additional Controls required
<ol style="list-style-type: none"> Population Health Executive Delivery Group (meets monthly) provides strategic direction. Planning, Population Health and Partnership Committee has oversight and receives regular reports. Welsh Government provides oversight of grant funded activity supporting prevention and early years. The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Public Health Team. The Deputy Director of Public Health is currently Acting Executive Director of Public Health. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise and guidance. Public Health Team provide review and feedback on planning applications. Health Protection Team work in partnership with Local Authorities to provide expertise and management of risks and issues. 	1st – eg. Operational: <ol style="list-style-type: none"> Population Health Executive Delivery Group and the Public Health Senior Leadership Team. The Public Health Team provide the Health Board, its partners and the public with evidence informed information and approaches to improve health and wellbeing. The Public Health Team support population needs analysis and provide professional expertise to support the development of Health Board and partner plans. Prevention is embedded in the Living Healthier, Staying Well Strategy and a 'life-course' approach is promoted. 		<ol style="list-style-type: none"> In order to implement a system wide approach it is necessary for commitment from partners wider than the Health Board to prioritise the implementation of evidence informed practices and proposals. The North Wales region is not operating at the pace or scale required to meet the current and forecast needs of the population. Resources and current pressures for all partners and the Health Board presents significant challenge to increasing the activities required. It is acknowledged that this is a long term risk which cannot be mitigated and fully evidenced within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long
	2nd – eg. Risk and Compliance: <ol style="list-style-type: none"> Risk Management Group Executive Team. A 'Whole System Approach' is being implemented across a number of key priority areas Annual development of Public Health work plan to reflect current and emerging need. The Health Protection Team have established funding in 24/25 Health Board allocation. 		



<p>8. Funding associated with Healthy Weight Healthy Wales which was formerly non-recurrent grants has now been added recurrently to the Health Board core budget.</p> <p>9. Grant funding associated with Prevention and Early Years, Whole System Approach to Healthy Weight, Whole School approach to Mental Health and Healthy Schools/Healthy Pre-schools awarded via Public Health Wales has been confirmed for 24/25</p> <p>10. Prevention and health inequalities form key part of the Health Board Integrated plan 24-27.</p> <p>11. The RIGA process has agreed continuation of funding for 24/25 to support the Well North Wales programme including ICL.</p>	<p>3rd – eg. Independent:</p> <ol style="list-style-type: none"> 1. Internal Audit 2. Representation by senior Public Health team members at Public Service Boards, Partner Boards, Regional Partnership Board and National forums. 3. A number of national programmes of work are underway including implementing the Weight Management Pathway and Smoke Free Sites regulations. 4. National Performance Framework measures. 5. Grant funding (Welsh Government, Public Health Wales, Arts Council for Wales) has been secured for 24/25 for a number of small projects 	<p>term approaches) which support the strongest evidence base for success.</p> <ol style="list-style-type: none"> 4. Investment in prevention at the levels required within the health board through investment of core funding. 5. Partners within geographic area ability to commit resources at required levels to population health and prevention activity due to financial and capacity constraints 6. Response to the demographic profile and the current and forecast prevalence of chronic conditions and their effect on demand. 7. There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale. 8. The current cost of living crisis will adversely affect those most at risk. 9. The current financial position of the Health Board and its partners will impact on investment and delivery of programmes which support this work. 10. The current position of the Health Board within escalatory measures and associated short term focus to meet ministerial and special measures priority actions may reduce focus on longer term priority work aimed at prevention and early intervention. 11. The availability of data and intelligence to support strategic focus at the local level and subsequent planning is not available. 12. The Deputy Director of Public Health post is currently vacant as the post holder is Acting Executive Director of Public Health.
--	--	---

Actions	Due Date	Progression Analysis
Infant Feeding Strategy 2019 (current refresh underway to 2025) forms part of Public Health team deliverables in conjunction with Womens Directorate	31/12/2024	Progressing
Tobacco Control Legislation (including Smoke Free Sites) / Welsh Government Tobacco Control Plan confirmation that all smoke free site officers are in place.	31/03/2026	Progressing
All Wales Weight Management Pathway 2021 continuation of funding for 24/25 to support weight management services.	31/03/2026	Progressing
Health Care Public Health Programme (also linked to Special Measures Plans and chronic disease pathways) the HCPH Diabetes programme is part of deliverables within the Health Board approved integrated plan.	31/03/2026	Progressing
Together for Mental Health Strategy (local / national) delivery managed via MH&LDS Directorate	31/03/2026	Progressing
Well North Wales targeted partner programmes Extension of Strategic Partner Development Manager post confirmed to 31/3/25. Discussion paper to PPHP in June.	31/03/2026	Progressing
Health Board Annual Plan / 3 year milestones and associated activity The Health Board plan approved for 24-27 reflects prevention priorities and deliverables.	31/03/2026	Progressing
Working in partnership across BCUHB, PHW and LA to reduce the risk associated with infectious diseases Confirmation of the funding to support the Health Protection Team. Development of processes for data sharing across organisations. Training and development for LAs and Partners. Measles response plans.	31/03/2026	Progressing
Immunisation Strategy 2023-2026 under review	31/03/2026	Progressing

Date	Inherent	Current	Target
01/11/2023	20	20	12
08/02/2024	20	20	12
18/03/2024	20	20	12
15/05/2024	20	20	12

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		3 - Open

N.B. Inherent and Current score lines stacked as both are 20.

Rationale for Corporate Risk

The population health of North Wales is worsening and has significant impact on demand for services and potentially on the wider community due to the loss of people from the workforce, and through the subsequent economic impacts on our communities through loss of involvement. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board ability to deliver excellent healthcare services meaning the Health Board purpose must retain clear focus on improving the health and wellbeing of the population