Bundle BCU Planning, Population Health and Partnerships Committee 23 April 2024

"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 & Partnership Committee
meeting held in public
on 10 January 2024 13:30 – 15:00
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Clare Budden	Independent Member / Chair of PPHP Committee
Gareth Williams	Independent Member / Vice Chair
Caroline Turner	Independent Member
In Attendance	
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning (Executive Lead)
Teresa Owen	Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer
Other Executive Directors as required by the Chair	
Carol Shillabeer	Chief Executive
Phil Meakin	Acting Board Secretary
Elin Gwynedd	Chief of Staff
Committee Support	
Diane Davies	Corporate Governance Manager

Agenda Item	Action
OPENING BUSINESS	
PP24/1 Welcome, Introduction to Committee and Apologies for Absence **PP24/1.1** The Chair welcomed everyone to the inaugural meeting of the Committee stating that the aim of the meeting was to finalise the terms of reference and agree the cycle of business for the year ahead. Apologies were provided for Dyfed Edwards and no declarations of interest were raised. It was noted that the meeting would be recorded for the benefit of Audit Wales who were not present.	
PP24/2 Review of the Terms of Reference for the Planning, Population Health & Partnership Committee **PC24/2.1** The Chair confirmed that the terms of reference have previously been reviewed at an initial meeting with the Chair, Executive Lead and Acting Board Secretary and are being brought to the Committee to ensure all members are content with the document. The Committee discussed the comments that had been highlighted by the Vice Chair and the Chief Digital and Information Officer. The Executive Director of Public Health suggested optimising the partnership	

space and also focusing on population health in terms of service orientated planning and bringing together public health and primary care. Independent Member, Caroline Turner suggested the need to be clear on what data and information is reported into the Committee and also suggested drawing on relevant studies such as the population needs assessment to inform the Committee. The Chief Executive suggested the Committee has two roles, one relating to assurance in terms of partnership working, focusing on population health and how this underpins our plans. There is also a wider element in relation to developing our strategy and plans to increase our capability as an organisation.	
PC24/2.2 The Chair suggested clarity is needed on the difference between the partnership role of this Committee and the role of the Stakeholder Reference Group. The Chair also suggested the Committee needs to be outward looking by inviting partners to attend meetings and gaining contributions from others in terms of learning and building trust in relationships. There was a discussion around the role of the Committee in relation to the Regional Partnership Board (RPB), influencing the priorities within the area plan and contributing on behalf of the Board. The Chief Executive suggested connecting with the Chair of the RPB to gain feedback directly to the Committee.	
PC24/2.3 There was a discussion around amending the terms of reference to ensure the term population health includes reference to primary care, public health and the social determinants of health, the terms of reference will be amended to reflect this. In terms of population health, the Chair suggested the need to focus on addressing health inequality and improving the health of the population. The Committee discussed the role of the Executive Lead and it was agreed that the Executive Director of Transformation, Strategic Planning and Commissioning would lead on the agenda setting but would gain contributions from the other Executive Directors in relation to agenda items.	**LJ**
PP24/3 Developing a Cycle of Business for the Planning, Population Health & Partnerships Committee **PP24/3.1** The Chair reminded everyone of the purpose of the Committee and asked the Committee to bear this in mind as they go through the cycle of business. The Chief Executive highlighted the value in focusing on a small number of areas and ensuring executive oversight of those areas to provide assurance and delivery. The Chief Executive confirmed that planning is a priority for the Committee and feedback from the planning review will inform our approach to improving our capability on planning. There is also a need to reflect on the status of the multiple partnership plans and how we are delivering and contributing to these plans. The Committee also need to gain a good understanding of where population health and health inequalities feed through to our planning and prioritisation to ensure we build an organisation that is effective in these areas. **PP24/3.2** The Chair suggested an approach where there are fewer items on an agenda to enable the Committee to have meaningful discussions around key	

areas. There was a discussion around how this could work and it was suggested trying this approach and developing it as we move forward. The Committee discussed the population of North Wales and the Chief Digital and Information Officer highlighted the need to gain an understanding of where we are in terms of our population to help inform the development of the strategy. The Chair stated that there will be some timelines to meet in relation to certain areas such as the three year plan which will inform the cycle of business. The Chief Executive highlight the importance of the relationship between this Committee and others such as the Performance, Finance & Information Governance Committee, the organisational development plan and how we develop our organisation to deliver our strategy on behalf of the Board.

PP24/3.3 The Acting Board Secretary highlighted the areas that have been discussed including the planning review, long term plan and the status of multiple partnerships that will form the requirements of the cycle of business. The Vice Chair suggested that the Committee may need to receive regular updates on the long term strategy, the development of the IMTP / annual plan, relevant data and winter resilience and then look into areas such as partnership working. The Director of Partnerships, Engagement and Communications made reference to service change and engagement and also how we engage with certain partners stating that work is being completed and once this is reported it will form the basis for discussion at this Committee. The Chief Executive made reference to horizon scanning in terms of strategic stakeholder partnership work that may have an impact on population health and health requirements. The Chair also highlighted the need for joined up working with local authorities in relation to reduction in services that have an impact on the heath of local communities.

PP24/3.4. The Committee discussed the following areas relating to the cycle of business:
- Civil contingencies and ensuring we meet the legislative requirements - it was agreed that this would be an item for the April meeting.
- Welsh Ambulance Service including WHSSC and EASC and whether these areas should report into this Committee or the PFIG Committee.
- It was suggested that the monitoring of plans is potentially removed from the cycle of business.
- The Digital Strategy in terms of this being an integral part of our broader plans and programme oversight - should this Committee review major programmes?
- Planning needs to be a standing item to cover the relevant areas within this workstream.
- The development of Population Health as this area needs to be strengthened on the cycle of business.
- It was suggested that the clinical services strategy is removed.
- What is the difference between strategies for scrutiny and strategies that are being developed.
- The annual flu and covid vaccination plan are not potentially for the Committee.

PP24/3.5. The Executive Director of Transformation, Strategic Planning and Commissioning stated that the Committee has a role in ensuring that we are developing strategies and once they have been developed, they should then go to PFIG and other Committees. In relation to bigger topics, there is a need to consider how these interact with the Board and Board Development sessions to be clear on the role of the Committee and the overall responsibility of the Board. The Committee discussed whether annual reports may need to come to the meetings for quality assurance purposes and it was suggested that this may be by exception and would be presented with a report from the executive to highlight areas of concern. There was a discussion around the Executive Deliver Groups (EDGs) which were previously in place, some of which are still meeting, and suggested these could be used to produce reports that cover the issues discussed and could be a mechanism for Executive Directors to take issues forward. **PP24/3.3** The Chair suggested that the Committee needs to be self-reflecting at the end of meetings as to whether they are adding value to the items being discussed. The Committee agreed to receive the relevant BAF and CRR at the next meeting to help to identify the risks of not delivering our strategy. It was agreed that a Chairs Assurance Report is required for the Committee to report to the Board. The Committee discussed whether the relevant Executives were present at the meeting and it was agreed that they were. **PP24/3.4** The Committee discussed the length of time until the next meeting of the Committee and suggested it may be useful to hold a development session in February / March. This was agreed and the following items were suggested for the development session agenda: • A stocktake and discussion on our current position in relation to major programmes. • Information / summary (links to key documents) highlighting the key factors surrounding population health and a discussion around what the evidence and data is telling us about the health and demographic of the population. • Discussion in relation to our partnerships	**LJ**
PP24/4 Date of next meeting Committee Development Session - 18 March 2024, 3.30-5pm, Boardroom, Carlton Court, St Asaph Committee Meeting – 23 April 2024, 9.30-1230pm, Boardroom, Carlton Court, St Asaph	

PLANNING, POPULATION HEALTH & PARTNERSHIPS COMMITTEE – Summary Action Log Public Version

Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
ACTIONS FROM MEETING HELD ON 10.01.24				
Laura Jones	**PP24/2.3** It was agreed that the following is included in the ToR to define the term Population Health (i.e. primary care, public health and the social determinants of health)	April 2024	The ToR have been revised to include this addition and this version will go to the next meeting of the Committee	Complete
Laura Jones	**PP24/3.4** It was agreed to hold a Development Session ahead of the next meeting in April 24	April 2024	A PPHP Committee Development Session took place on 18.03.24. The notes from the session have been circulated to Committee members for information and to complete the actions included.	Complete

RAG Status	
	Completed / for closure
	Ongoing
	Outstanding

Teitl adroddiad: ***Report title:***	Overview of Digital, Data and Technology Workstreams
Adrodd i: ***Report to:***	Planning Population Health and Partnerships Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 23 April 2024
Crynodeb Gweithredol: ***Executive Summary:***	Digital, Data and Technology is a core enabler in the delivery of the Health Board's strategic and operational objectives. The previous PPPH Committee received six monthly general updates on Digital, Data and Technology and an Annual review on progress with the previous Digital Strategy "Our Digital Future Digital Roadmap for Health in North Wales 2021 – 2024" which is due its final annual update report in June/July 2024. The priorities for the Health Board in this area are articulated in the Annual Plan : 1. The Health Board will work with stakeholders across BCUHB and Wales to develop and secure agreement for investment in an Electronic Healthcare Record (EHR) transformation. Due to the safety concerns in Mental Health, the Health Board will commence the accelerated procurement and implementation of a tactical Mental Health specific EHR starting in 2024. 2. The Health Board will work to optimise the use of current systems and capabilities to deliver the most value for patients and clinicians, mitigating the risks associated with duplication of systems and processes. 3. The Organisation will continue to modernise the running and delivery of Digital, Data and Technology. This will bring in the minimum capabilities and skills necessary to improve DDaT maturity against industry benchmarks. 4. Essential Services Programme. The Health Board will upgrade infrastructure technology to prevent major IT failures and protect against cyber-attack. SE Learning Organisation. 5. The Health Board will work on safely delivering a defined number of priority projects most of which are critical to service continuity. 6. The Health Board will establish and embed intelligence and insight operating model, governance and architecture. The Chief Digital and Information Officer proposes to present to PPHP what each workstream entails to provide understanding and inform decisions on how the development and delivery of these workstreams can be assured and informed.

Argymhellion: *Recommendations:*	For PPHP to gain an understanding of priority workstreams and provide feedback on how it wants to inform the developments and be assured of progress.			
Arweinydd Gweithredol: *Executive Lead:*	Dylan Roberts, Chief Digital and Information Officer (CDIO)			
Awdur yr Adroddiad: *Report Author:*	Dylan Roberts, Chief Digital and Information Officer (CDIO)			
Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	

| **Lefel sicrwydd:**

Assurance level: | Arwyddocaol
Significant
☐

Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives | Derbyniol
Acceptable
☐

Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives | Rhannol
Partial
☐

Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives | Dim Sicrwydd
No Assurance
☐

Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery |

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	DDaT is core to the delivery of the majority of the Health Board's strategic objectives and Annual Plan. The specific priority areas are articulated above and are in the Annual Plan submission to Welsh Government.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	The Health Board has been subject to numerous regulatory interventions which site the poor DDaT capabilities e.g., the lack of an integrated EHR as gaps that have contributed to harms.
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?*	EqIAs exist for some of this work and will be required for others. A wider EqIA has been developed for BCU's Digital Roadmap, which this programme forms part of

	A wider SEIA has been developed for BCU's Digital Roadmap, which this programme forms part of.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	**BAF SP13** There is a risk of failing to meet the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital Data and Technology enabled projects and change **CRR 23 – 33** There is a risk that Patient Information is not available when and where required. This is due to a lack of access to a single clinical data repository for patient records and unconnected separate clinical systems. This could result in substandard care, patient/staff harm and inability to meet our legislative and Health and Safety responsibilities along with reputational damage and fiscal penalties **CRR 24-07** 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 which could lead to deaths and harm. .
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Significant financial investment is required in this area if Digital is to be core to the future direction and new models of care. e.g., The EHR SOC presents a short list of three options, which provide: Total cost: **£84M**, **£149M** and **£198M**, respectively over a 10-year contract life with benefits: estimated **£84M** cashable and **£342M** non-cash releasing returns on investment.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	N/a at this stage. The progression of this programme will result in a significant transformation in clinical and operational practices that will impact workforces across the organisation.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	These workstreams and the projects that are in them have been developed through consultation with clinicians, operational leads, Executives and some independent members.

	The business need for this capability and transformation is evident and well supported.
	A key challenge identified, aside from securing the funding, is the necessary allocation of extremely busy resources to the change programme and the recruitment of the necessary technical expertise to deliver it.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) **Links to BAF risks:** (or links to the Corporate Risk Register)	Risks are covered above.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) **Reason for submission of report to confidential board (where relevant)**	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** **Next Steps:** **Determine how DDaT reports to PPHP**	
Rhestr o Atodiadau: **List of Appendices:** None	

Teitl adroddiad: *Report title:*	Partnerships, Engagement and Communications Update
Adrodd i: *Report to:*	Planning, Population Health and Partnerships Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Tuesday, 23 April 2024
Crynodeb Gweithredol: *Executive Summary:*	*This paper provides both:* *- a summary of BCUHB's strategic relationships with partners* *- an update on the recent work of the Partnerships, Engagement and Communications team.* *The Committee is asked to note and to discuss the paper.*
Argymhellion: *Recommendations:*	*The Committee is asked to note and to discuss the paper.*
Arweinydd Gweithredol: *Executive Lead:*	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Awdur yr Adroddiad: *Report Author:*	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	An EQIA is not required for the update paper but EQIAs are routinely developed as part of work that the PEC team is involved in, with the outcomes of the analysis informing the work of the team.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	An SEIA is not required for this update paper but SEIAs are routinely developed as part of work that the PEC team is involved in, wiht the outcomes of the analysis informing the work of the team.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	There is a risk to reputation where relationships are not nurtured and developed. There is also a risk to reputation when negative stories about the Health Board are reported. Specific BAF risks are highlighted below.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	There are no direct financial implications associated with this update.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	There are no direct workforce implications associated with this update.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	Strategic Priority P1 Prevention and Health Protection Strategic Priority P11 Wider Delivery Strategic Priority P12 Workforce Strategic Priority P13 Digital, Data and Technology Strategic Priority P14 Estates and Capital Strategic Priority P15 Partnerships Strategic Priority P17 Organisational development Strategic Priority P18 Quality, Innovation and Improvement Strategic Priority P19 Social and Civic leadership and responsibility

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *The PPHP Committee members are asked to note and discuss the report and highlight areas for further development.*	
Rhestr o Atodiadau: Dim *List of Appendices:* *None*	

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

23 April 2024

PARTNERSHIPS, ENGAGEMENT AND COMMUNICATIONS UPDATE

1. Introduction

This report to the Committee is in two parts:
- A summary of BCUHB's strategic relationships with partners
- An update on work and developments in engagement and communications.

Together, these updates provide Committee members with an overview of the current relationships and work taking place to improve improve our engagement with partners and citizens.

2. PART 1: Summary of strategic relationships with partners

2.1 Over many years the Health Board's partnership relations have been adversely affected by the organisational reputation (through Special Measures, Targeted Intervention, adverse publicity and political focus), but there is recognition that in some instances staff turnover, poor behaviours and poor communication have also been a factor.

2.2 The Board acknolwedges that working in true partnership has not always been prioritised in the past and is keen to develop and support new and existing relationships so that partners are involved and are shaping solutions to the shared complex and difficult issues.

2.3 There is a sense of optimism amongst partners that the drive towards stability and the new approach to engagement being taken by the Board will lead to improvements in the provision of health and care services for the people of North Wales.

2.4 The following is a precis of the key partners the Health Board works with and the partnership spaces where joint work takes place.

3. Partnerships

3.1 There are a number of partnerships, some statutory and some non-statutory but within Welsh Government advisory guidance or circulars. These include:

3.2.1 North Wales Regional Partnership Board
Regional Partnership Boards (RPBs) were established as part of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered.

Membership is different for each region but Welsh Government state that it can include:

- an elected member from one local authority in the region
- a member of the local health board
- a Director of Social Services from each local authority in the region
- a local authority housing representative

- a registered social landlord
- a local authority education representative
- at least one person from the third sector who works with the local authority and local health board
- a member of the public
- a carer

3.2.2 All Regional Partnership Boards must produce population assessments, a regional area plan, provide a regional annual report and demonstrate citizen engagement and co-production.

3.2.3 There is one RPB in North Wales co-terminus with the health Board. The NWRPB's focus over the last year has been:

- Publishing the Regional Area Plan on how partners will work together to deliver health and social care services.
- Leading on the development of the Regional Integration Fund, which comprises 35 schemes across six models of care with a total investment into schemes and services of more than £57 million during the period 2022-2027.
- The North Wales Together project, working with many different people and organisations, to help people with learning disabilities.
- A Children's Regional Partnership Board was established in January 2024 to provide transparency on what programmes are delivering for this priority population group, and avoid any duplication.
- The Regional Innovation Coordination Hub is coordinating health and social care research, improvement and innovation to support the work of the RPB.
- The RPB developed during the year a 10-year strategic Capital Plan bringing together health, social care, housing, the third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation-based solutions

3.2.4 There is a consensus among partners that the North Wales Regional Partnership Board needs a refreshed approach and work is currently underway to take stock of where we are and where we want to be as partners. This work, which is being led by the North Wales RPB Head of Regional Collaboration, is taking place in quarter one of 2024/25 and includes a review of the Terms of Reference and the shared agenda going forward. At the same time, the BCUHB membership for the RPB is being reviewed.

3.2.5 Current governance/structure:
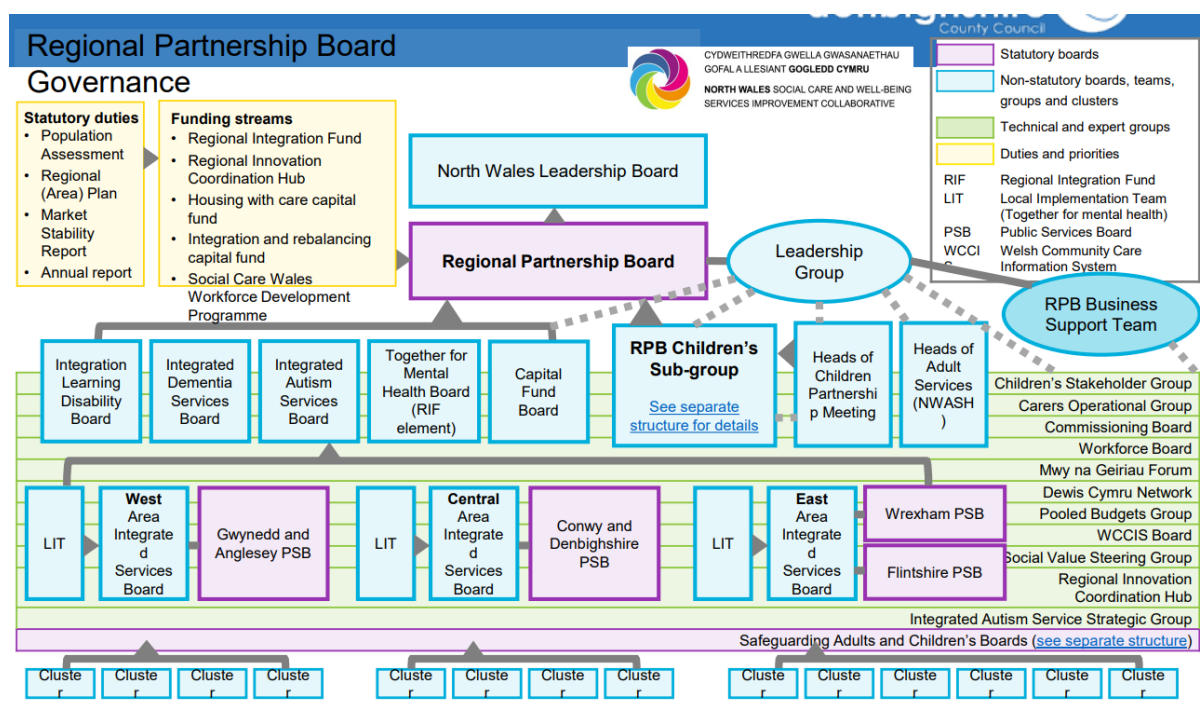
3.3 Public Services Boards (PSBs)

Public Service Boards were established in each local authority area in Wales as part of the Wellbeing of Future Generations (Wales) Act 2015. Powers within the Act have enabled the six north Wales Local Authorities to merge to form three collaborative PSBs:

- Conwy and Denbighshire Public Services Board
- Flintshire and Wrexham Public Services Board
- Gwynedd and Ynys Mon Public Services Board

There have been discussions about merging further, possibly coterminous with the health board and other partnerships footprint, but no decision has yet been made.

3.3.1 The PSB works together to improve the well-being of their county. As a group they are asked with improving the economic, social, environmental and cultural well-being of their areas and set objectives designed to maximise its contribution to the national wellbeing goals. Each has a Well-being Plan based on a local wellbeing analysis.

3.3.2 Membership from BCUHB for PSBs currently includes:

- Local Authority
- Local Health Board
- Fire and Rescue authority
- Natural Resources Wales

In addition, the following are invited to participate:

- Welsh Ministers
- Chief Constables
- Police and Crime Commissioner
- Relevant Probation Services
- At least one body representing voluntary organisations

3.4 North Wales Regional Leadership Board

3.4.1 The North Wales Regional Leadership Board advocates jointly on agreed issues and priorities, representing 'The Voice of North Wales'. The Board develops and drives forward agreed shared priorities, shares information and 'horizon scans' for emerging issues and / or opportunities for collaboration and provides regional governance for collaborative advocacy undertaken on a regional basis and to maintain an overview of regional working

Membership includes:

- The six North Wales Local Authorities, Leaders and Chief Executives
- BCUHB – Chair and Chief Executive
- Natural Resources Wales – Chair and Operations Manager
- North Wales Fire and Rescue – Chair and Chief Fire Officer
- North Wales Police – Chief Constable
- North Wales Police and Crime Commissioner
- Wales Ambulance Services Trust – Chair and Chief Executive
- Wales Local Government Association – chief Executive

3.5 Local Resilience Forum

3.5.1 Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, Natural Resources Wales and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

3.5.2 The North Wales Local Resilience Forum provides a framework for the effective delivery of the statutory duties set out in the Civil Contingencies Act. There are four LRFs in Wales based upon Police Force areas.

3.6 Community Safety and Safeguarding Boards

There is a range of Boards in North Wales:

- Chair of Chairs
- Safer North Wales Partnership Board
- Vulnerability and Exploitation Board
- Criminal Justice Board
- Area Planning Board
- Counter Terrorism Board
- North Wales Safeguarding Adults Board
- North Wales Safeguarding Children's Board

North Wales Safeguarding Boards

North Wales Safeguarding Children's Board — Child Practice Group — Adult Practice Review Group — North Wales Safeguarding Adults Board

Joint Adult & Children Training & Workforce Development

Gwynedd & Mon Safeguarding Children Delivery Group | Conwy and Denbighshire Safeguarding Children Delivery Group | Flintshire and Wrexham Safeguarding Children Delivery Group

Policy and Procedure Group | Adults Policy and Procedure Group

Gwynedd & Mon Safeguarding Adult Delivery Group | Conwy and Denbighshire Safeguarding Adult Delivery Group | Flintshire and Wrexham Safeguarding Adult Delivery Group

3.7   North Wales Regional Skills Partnership

3.7.1   The North Wales Regional Skills Partnership has been developed to inform Welsh Government's strategic approach to the delivery of skills and employment provision by identifying skills gaps and shortages in the region. It acts as a strategic body effectively representing regional interests to inform a demand-led and sustainable skills system, informed by strong industry engagement.

4.   Key Partners

In addition to statutory partnerships, colleagues from across BCUHB meet with key partners on a regular formal basis, on a touch point basis, or on an issue basis as and when needed.

4.1   Local Authorities

4.1.1   Strategically, the BCUHB Chair and Chief Executive meet with their counterparts and BCUHB colleagues meet operationally with colleagues in local authorities. The BCUHB Chair, Chief Executive and Integrated Healthcare Community Directors have also been attending scrutiny meetings.

4.1.2   There is also connection with community councillors in our Strategic Reference Group (SRG). The SRG has recently been re-invigorated and is benefitting from a strong connection with the Board and new members. There is scope for the Board to task the group with specific areas of work

4.2   Welsh Ambulance Services Trust

The Welsh Ambulance Services Trust (WAST) is a key partner in delivering and improving unplanned care services for the people of North Wales.

4.2.1   BCUHB and WAST meeting through multiple forums:

- Six Goals for Urgent and Emergency Care
- Integrated Commissioning Action Plan (ICAP),
- The All Wales Joint Commissioning Committee (formerly the Emergency Ambulance Service Committee) which commissions the Emergency Medical Retrieval and Transfer Service (EMRTS)
- Non-Emergency Patient Transfer
- Executive team to executive team
- Local meetings held within each IHC

4.2.2 The joint work streams are in line with the Six Goals Programme; supporting care closer to home, redirection, and a rapid response in an emergency. Alongside this there is the locality work including elements like in YGC for holding area for handovers at the end of the shift.

4.2.3 The partnership work with WAST is largely operational, though there are executive to executive meetings from time to time as well.

4.3 Third sector partners
There are thousands of third sector partners across North Wales. The Health Board has a strategic relationship with the six Community Voluntary Councils, which are co-terminus with the local authorities.

4.3.1 The main forum at BCUHB for the third sector is the Reaffirming Our Commitment to the Third Sector Steering Group, led by the planning team. It tends to focus on contracting but has the potential for partners to shape and influence. It has had several attempts at re-invigoration but is currently stalled. It would benefit from a greater focus and resource to develop a shared agenda that has real commitment and pace behind it.

4.3.2 In addition, there are relationships at IHC (and more local still) level where the third sector provides services that connect with patients, carers and their families. These relationships are hyper local and have no strategic corporate oversight.

4.3.3 There is also connection with third sector partners in our Strategic Reference Group.

4.3.4 There is real potential to harness the passion and commitment that partners working in third sector have and this is an area for exploration.

5. Housing Associations

5.1 There are six housing associations in North Wales:

- Adra
- Cartrefi Conwy
- Clwyd Alyn Housing Association
- Grŵp Cynefin
- North Wales Housing Association
- Wales and West Housing Association

5.2 The relationship with the housing associations has recently been re-invigorated with the reconvening of the Health and Housing Steering Group. There is a fervent appetite to work together to develop solutions for supporting people in their communities and in their transition from acute hospital care and to develop quality accommodation for staff working in BCUHB. The shared vision and ambition is currently being developed and a work programme will follow.

6. Universities

6.1   It is a condition of University Designated Health Boards to demonstrate improved collaborative working and a shared strategic vision for Research, Innovation and Education activity. We work closely with our two local universities, Wrexham and Bangor and many other organisations across these three pillars.

6.2   Educational activity in North Wales continues to grow with the new medical school programme and discussions in regard to schools for dentistry and pharmacy at Bangor University. Further University partnership working has continued with the implementation of the new and /or increased clinical programmes commissioned in North Wales by HEIW through Bangor, Wrexham and Aberystwyth Universities. Our clinical teams have been involved in shaping the curriculum, placement pathways and in the recruitment and selection of students entering their chosen preregistration field.

6.3   For staff not following a pre-registration career we have worked with partners to support a 'Step in to work' scheme for healthcare assistants and supported volunteer placements for people furthest from the job market, to widen and support access employment within health and social care (delivered jointly with Local Authorities). We have partnered with Further Education to support placements with access to employment after 6-10 weeks and supported internships for education leavers with a learning disability and or autism with a 70% employment success against a national average of 5% employment.

6.4   There is significant opportunity to work with partners to gain further benefits across this portfolio.

PART 2: An update on work and developments in engagement and communications

7.   A commitment to engagement and Communications

7.1   The Health Board is commited to engaging directly with communities. This means not just early, but continuous engagement to enable listening and learning from the experiences and expertise of others.

7.2   This helps to ensure that plans and priorities are informed by what matters to citizens, and that people have the information and support to enable them to maintain and improve their health and wellbeing. This is a clear commitment made with awareness that the Health Board has not always managed this well in the past.

7.3   In the BCHUHB Three Year Plan there is recognition that there is a real opportunity to reframe relationshps with the people of North Wales, to rebuild credibility and trust. A refreshed approach to engagement is endosed by the Health Board and its leaders are committed to increasing visibility and strengthening engagement with communities.

8.   Activites and developments in engagement and communications

8.1   Engaging with citizens in person to understand their experiences and to inform plans and priorities

8.1.1   In recent months, there has been a shift in how BCUHB engages with citizens in person.

8.1.2   This started with a new approach to the public Annual General Meeting, which was held in a community centre in Llandudno and featured stalls from services and teams and updates from clinicans on progress in orthopaedic surgery, mental health and community nursing.

8.1.3   Three community engagement sessions have taken place in community centres Denbigh, Wrexham and Bangor. Each event offered an opportunity for local communities to hear from the Heatlh Board about developments in their area and to talk with Health Board members about what is working well and could be better.

8.1.4   There were general and area specific themes emerging from these conversations. General issues included listening to and involving people in their care and treatment, access to appointments, long waiting times, poor communication and signposting people to the right service and information.

8.1.5   Themes specific to Denbigh included no minor injuries unit in the area, an update requested on the developments planned at the Royal Alex Hospital in Rhyl and the difficulty in getting a GP appointment with a practice in Prestatyn.

8.1.6   Themes specific to Wrexham included the poor parking situation at the Wrexham Maelor Hospital, the need for open and transparent communitation about BCHUB-run GP practices and excellent emergency ophthalmology care with a community optician.

8.1.7   Themes specific to Bangor included a request for better public and partner engagement needed in the planning of the Bangor Health and Wellbeing Hub development, Nefyn Surgery being highlighted as one of the GP practices that works well, community hospitals operating in the area providing good services and the challenges faced by the deaf community as inpatients and at appointments.

8.1.8   The themes from these events will be inclued in the recently introduced Board Report: Citizen's Experiences. This report draws on the day-to-day interactions we have with patients, their carers and families, the conversations we have with the public and partners in their communities and at events, correspondence from Members of the Senedd and Parliament and activites and engagement with citizens undertaken by Llais. It reports on the key themes from those interactions and conversations. It does not go into the detail of how the Health Board is responding to the issues but signposts to those papers in the Board meeting where they are being taken forward.

8.1.9   Next steps in this area are: to build on the engagement programme with communities by attending pre-established groups and forums as well as continuing a bi-monthly BCUHB-led community conversations; to continue to develop the Citizen's Experience report so that board members are appraised of the key themes of interest and concern to the public.

8.2   Engaging with citizens and partners online to build strong connections and positive relationships

8.2.1   There has also been a shift in how BCUHB engages with citizens online with the expansion of a 'content and channel led' approach. This way of working was already established in the digital team and by widening this out to the whole PEC team, there has been a step-change approach and impact with our communities.

8.2.2   Previously, the focus has been firefighting, with a tendency to be on the backfoot with issues. The focus now is on building strong connections and positive relationships so that we can create a positive environment that enables open dialogue and engagement about the challenges that we face and the opportunities for the future. This requires us to do more planning, more listening and to take control of our own narrative.

8.2.3   BCUHB owns many of its own channels and we are now starting to publish our own narrative across them in a timely and consistent way. This approach was taken for activity for 'One Year On' from being placed into Special Measures. Levels of positive engagement across all BCU owned channels (website, social media, online briefings) increased significantly. This translated into 51% positive media coverage in February for the organisation. The approach, which directed traffic to the BCUHB website, saw average weekly views on the 'one year on' hub of 1,324, compared to a previous average of 9 a week.

8.2.4   We have re-launched our stakeholder bulletin as a digital magazine using software that helps us to ensure we are delivering the content our partners want. We are asking partners to take part in a survey about the content too

8.2.5   **Next steps** in this area are: to adopt the same planning approach for the Three Year Plan engagement campaign and other corporate campaigns; to build our reach with communities by increasing subscriptions to newsletters and reviewing channel interactions with a view to shifting activity to maximise engagement; to analyse our online interaction and develop our content to match what our stakeholders are telling us they want.

8.3   Developing an organisational approach to engagment

8.3.1   Following an analysis of the ten Welsh Goverment reviews (initiated with Special Measures intervention), one of the themes from them was: *Patient, family and carer involvement: A single coordinated approach to maximise involvement and engagement with our patients, their families and carers, using their experiences to guide our ongoing service improvements.*

8.3.2   At the same time, but not a part of the formal Welsh Government reviews, the Director of Partnerships, Engagement and Communications commissioned a review of the role and effectiveness of citizen, patient, staff and partner engagement and involvement in the transformation, design and delivery of care and services at Betsi Cadwaladr University Health Board. The report highlighted that the Special Measures Framework recognises the importance of meaningful engagement, strong relationships, partnerships and communication. Every element of Special Measures is underpinned by the need to put patients, citizens and staff at the heart of the health board's work

8.3.3   The ensuing report highlighted a number of recommendations, which included: developing a task and finish group to explore an organisational approach; assessing the efficacy and impact of patient experience, citizen engagement and

coproduction in pan organisational and specialist services; reviewing the infrastructure for the lay voice in the Health board's committee and scrutiny systems; looking at the governance structure and reporting mechanisms.

8.3.4   In November 2023, an exploratory meeting with key individuals from across BCU was established to discuss and agree a way forward which addressed these recommendations. The initial approach, which was to develop principles and objectives in a workshop in January, stalled as colleagues felt this approach was too top down. Discussions led to agreeing a genuine co-production approach and colleagues agreed that in order to co-produce and embed an engagement approach, we needed to work with patients, carers, families and the public to shape it.

8.3.5   **Next steps** in this area are to hold a workshop in April to map out the groups and partners that we will talk with to explore their views on engaging with BCUHB at all levels. The findings from this will be used to shape a participative in the Summer with patients, carers and families and the public where we map out the shared approach, which will include draft principles and objectives for engagement, as well as models for how people want to engaged.

Teitl adroddiad: **Report title:**	Civil Contingencies Group / Emergency Preparedness, Resilience and Response (EPRR)
Adrodd i: **Report to:**	Planning, Population Health and Partnerships Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	Tuesday, 23 April 2024
Crynodeb Gweithredol: **Executive Summary:**	This paper is to provide assurances in relation to Betsi Cadwaladr Health Boards position as a category 1 responder in line with the Civil Contingencies Act.
Argymhellion: **Recommendations:**	*The Board is asked to note the contents of the paper for assurance.*
Arweinydd Gweithredol: **Executive Lead:**	Jane Moore – Acting Executive Director of Public Health
Awdur yr Adroddiad: **Report Author:**	Geraint Farr – Associate Director for Urgent and Emergency Care.

Pwrpas yr adroddiad: **Purpose of report:**	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: **Assurance level:**	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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: *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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Civil Contingencies Act 2004
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Do/Naddo *N*
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Do/Naddo *N*
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Under review
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety , resulting in a deterioration of care and harm to patients and service users BAF 1.3 Failure to effectively manage unscheduled care demand and capacity

	infrastructure, adversely impacting on quality of care and patient experience BAF 4.1 Significant risk of avoidable harm to patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Amherthnasol / Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations*	
Rhestr o Atodiadau: Dim *List of Appendices:* *None*	

1. Introduction and Purpose

The purpose of this report is to provide the Health Board's Planning, Population Health and Partnerships Committee with an overview of the history of improvement work within the Emergency Preparedness, resilience and response, service across BCUHB in line with the civil contingencies act 2004.

The report concludes by looking ahead to the aspirations of the Service going forward.

2. Background history

The information provided below is intended to provide a potted history of the Civil Contingencies Group / Emergency Preparedness, resilience and response (EPRR) to support ongoing developments within the EPRR national service provision.

Historically BCUHB had a singular EPRR post that was accountable to the Chief operating officer, since 2018 that position increased to include a second EPRR role to ensure compliance with business continuity planning. Following on from the R King review in 2021 it identified the need to develop EPRR in line with the civil contingencies act and alongside JESIP. That resulted in a further position being provided that was originally covered via an agency person. During this period the overarching responsible officer moved from being under planning to Operations and line managed by the regional delivery director.

3. Where are we now?

Over the last 3 years the EPRR requirements have been tested on multiple fronts. Some examples are provided below:

On multiple occasions BCUHB has taken positive feedback from national agencies/ External agencies on not only how the service has responded but also the ability to recover back to business as usual (BAU).

3.0. Assurance Assessment

3.1 Business continuity planning (BCP)

BCUHB currently has 38% of BCP's signed off and valid with a further 30% going through validation totalling a 68% compliance. 32 % are being reviewed/amended in light of locality changes.
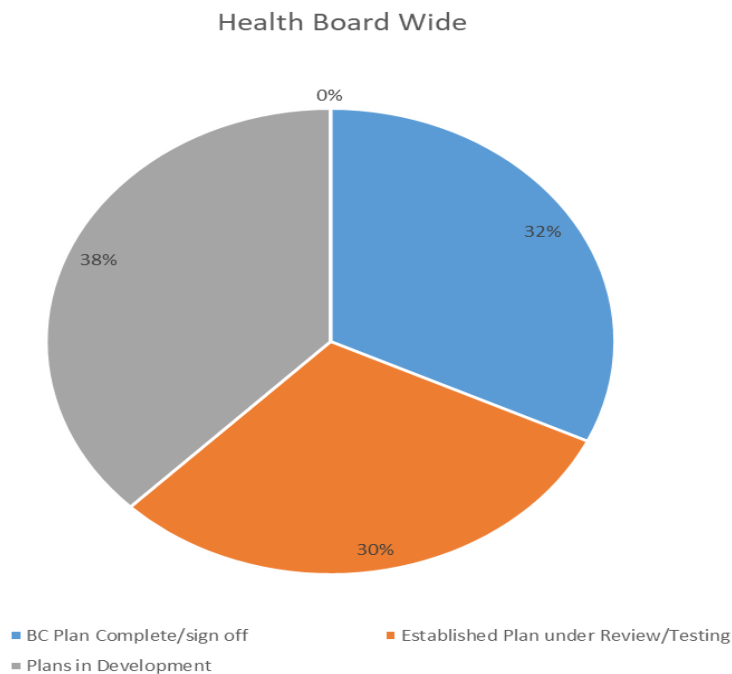
Each service area is responsible for monitoring the BCP's and reviews through their local resilience group meetings that are fed into the IHC EPRR/Major incident group meetings
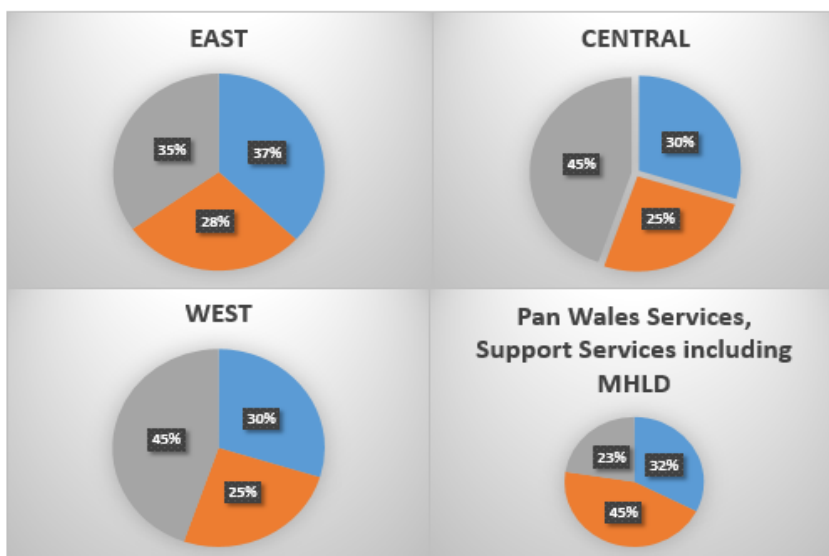
The current position for each IHC above reflects the ongoing work across each area to update the BCPs in line with changes to service provision and learning that is coming out from national reports. As an example the Kerslake Report into the Manchester Arena which was released in March has identified areas for learning for Unscheduled care and responders across North Wales.

3.2 Major Incident Planning (MIP).

All IHC's have a major incident plan in place to support a "Big Bang Event" with local variances around response models along with actions to support managing demand.

The most recent major incident planning exercise was completed in October 2023 with North Wales Resilience forum / All Wales Forum was exercise Mighty Oak that resulted in a Multi-disciplinary response across North Wales with the stepping up of Control Cell with North Wales police.

There is a further exercise planned for June 2024 involving all agencies and a mass casualty scenario in the East Region.

3.3 Risk assessments.

The current risk assessments / BAF are undergoing review with BCUHB risk team to identify any on-going risks that need review along with any additional new risks to be uploaded. There is also some work on going with the North Wales Resilience Forum (NLRF) to identify any joint risks that need to be managed through the all Wales risk pool. It is envisaged that the updated risks should be available for the next quarter report.

3.4 Resilience Planning.

BCUHB play an active part in the North Wales Resilience planning and the national Resilience planning, the service also holds the chair of the mass fatalities LRF group for North Wales.

The service also reviewed and supported each area's infections conditions planning in the build up to COVID. This included maintaining the same standards going forwards ad ensuring each IHC had clear plans in place to support any infectious peaks along with confirming processes were in place should any patients then require any specialist care out of area.

The service pro-actively commenced Winter Resilience planning in April 2023 with the plan signed off at board level. A formal de-brief for planning 2023-2024 is due to take place at the end of April 2024 which in turn will then lead to starting the planning for 2024/2025 using the lessons learnt approach with the intention of a paper to Board by September 2024. The plan was done in conjunction with colleagues from WAST/Social care and voluntary services to ensure joined up planning.

4. Looking ahead

The enormity of the progress made within the EPRR service is a testament to the hard work and dedication of the workforce, who have clear aspirations, once stability has been assured, to more towards achieving excellence in EPRR planning and civil contingencies requirements. This has been noted by the national teams during the recent rounds of industrial action.

As a service it is keen to strengthen its strategic planning arrangements, and ensure
close alignment with the IHC and associated services (Primary care/ Womens/ Mental health as examples) along with ensuring appropriate plans are in place to support the Health Board planning cycle.

Work will commence later in this year to develop a 3–5-year strategic plan for the service, which will be informed by activity, along with developing a business case to ensure appropriate staffing to support the system requirements. The service has just appointed a Head of EPRR who will then look to develop the team by appointing into the current service vacancies.

5. Conclusions

Walking through the history of the North Wales EPRR service highlights the steady progress towards improvement. Whilst there is still much work to be done, and the service remains fragile, it continues to move to a stronger and more sustainable position.

6. Recommendations

6.1. To continue to support the service as fragile but note the significant improvement made and the hard work and dedication of the workforce supporting the service.

6.2. To note the Russell King report, and acknowledge that even with the current progress there is still a requirement to develop the service.

6.3. Recommend a review in 12 months' time, once the head of service is in post, and a deep dive review has been undertaken.

Teitl adroddiad: *Report title:*	PP24/13 Population Health Assurance Report
Adrodd i: *Report to:*	**PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE**
Dyddiad y Cyfarfod: *Date of Meeting:*	Tuesday, 23 April 2024
Crynodeb Gweithredol: **Executive Summary:**	*Standing item for the purpose of informing the the Committee of current health board position in relation to Population Health*
Argymhellion: *Recommendations:*	*The Board is asked to note the contents of the report for assurance.*
Arweinydd Gweithredol: *Executive Lead:*	Dr. Jane Moore, Acting Executive Director of Public Health
Awdur yr Adroddiad: *Report Author:*	Dr. Jane Moore, Acting Executive Director of Public Health Gwyneth Page, Head of Public Health Assurance & Development

Pwrpas yr adroddiad: **Purpose of report:**	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: **Assurance level:**	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	Improving the Health and Wellbeing of the North Wales population
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	n/a

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	*No EQIA required.* Report is for noting in relation to current Health Board position.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	No SEIA required. Report is for noting in relation to current Health Board position.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	**CRR-08 Population Health -** *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.* *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 accesibility of health care services.* *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 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* Links to BAF SP1 Prevention and Health Protection
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	N/A

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Feedback and response shall be shared with the Population Health Executive Delivery Group, IHCs and Corporate Functions accordingly.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**BAF SP1 Prevention and Health Protection** *- There is a risk that the Health Board fails to adequately plan for and deliver improvement of population health and reduce health inequalities. This may be caused by a lack of provision for sustainable services and targetted programmes of activity, and capacity, financial and resource constraints within the Health Board. This may contribute to poorer health outcomes and widening inequalities alongside increasing demand on services across North Wales.* As detailed previously links to CRR-08 Population Health.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: Gweithredu argymhellion ***Next Steps:*** ***Implementation of recommendations –*** Committee is asked to note the contents of the paper, recommendations will be addressed via the Population Health Executive Delivery Group.	
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*	

1.0 Introduction/Background

This report is provided by the Acting Executive Director of Public Health to give the current Population Health position at the commencement of the new financial year.

Addressing the needs of the North Wales population in order to improve health and well-being and tackle health inequalities is a key aim of the Health Board and responds to the findings of the North Wales Regional Partnership Board Population Needs Assessment.

We know that between 2025 and 2040 the number of residents aged over 65 years of age will continue to grow (by 19%), whilst the number of residents aged under 65 years of age will decrease across North Wales. This means that between 2025 and 2040 there will be a net increase in population in North Wales, with an increased proportion of residents over 65 years of age. We also know that more people will be living longer with chronic conditions, many of which can be prevented, reduced, or more effectively treated. Many of these conditions are found at higher prevalence in North Wales than across Wales as a whole. This underlines the importance of ensuring a focus on interventions to prevent future ill-health alongside addressing current ill-health.

Throughout 23/24 the Health Board has made significant progress against a number of key priorities which this report will highlight. Additionally, the report will outline the focus for 24/25.

2.0 Activity and Progress during 23/24

A key item of note is that during 23/24 (January 24) Teresa Owen stepped down as Executive Director of Public Health. The Health Board acknowledges Teresa's long service to the Health Board in this this role and the significant contribution made to population health during this period. Dr Jane Moore was welcomed to the Health Board as Deputy Director of Public Health during October 2023 and is currently Acting Executive Director of Public Health.

During 2023/24 there has been significant progress across a number of key areas. Below provides a summary of some of the activity for noting.

2.1 Annual/3 Year Planning Process

The BCUHB Public Health Team has worked closely with both the Corporate Planning Team and the IHCs to identify and incorporate specific priorities of focus utilising the available data, evidence and research.

2.2 Risk Management

As part of the review and refresh of the risk management framework and associated processes, population health related risks have been reviewed through the Public Health Performance and Risk Management Group and revised to reflect the current position.

2.3 Tobacco Control

The Health Board continues to support people in North Wales to quit smoking. Quitting smoking remains the most significant thing a person can do to improve their health. During 23/24 the Health Board met the National targets associated with smoking cessation. The target has been met across each of the local authority areas, indicating the wide success of the Help Me Quit programme and service.
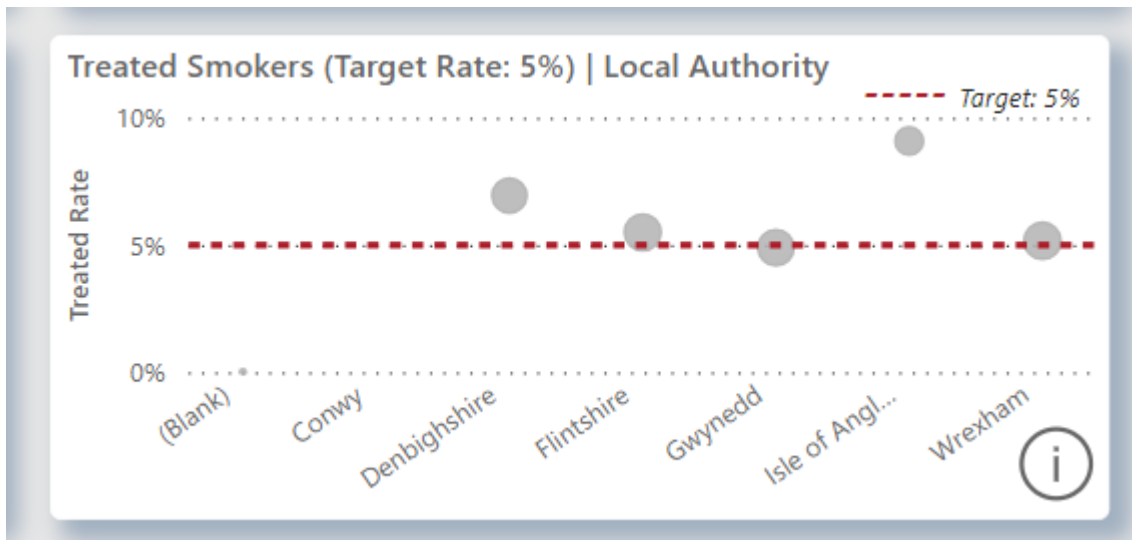
During 23/24, our Health Board Public Health team have also worked closely with Anglesey Council to establish the first 'Smoke Free' Beaches in North Wales, with the aim of de-normalising smoking in public places.

2.2 Immunisation and screening

The Health Board has had comparatively strong performance in vaccination rates. Target levels are set high to maximise the opportunities of 'mass immunity' and the Health Board was within five percentage points of target for Human Papillomavirus (HPV) vaccination and influenza vaccination in those aged over 65 years.

The Health Board has the highest vaccination rates for childhood vaccination within Wales and continues to strengthen efforts to improve this further given the increasing risks of measles outbreaks.

We continue to target Covid-19 vaccination rates, having average performance compared to the rest of Wales.

Uptake of new-born baby screening programmes has remained high and use of colonoscopy screening has improved steadily, with the Health Board having one of the highest rates, but with further scope for improvement.

2.3 Healthy Weight and Physical Activity

The Health Board have been working closely with various partners across North Wales to implement a whole system approach to tackling obesity and unhealthy weight.
Our work during 23/24 has included the launch of the Healthy Weight Healthy Wales Strategic Delivery Plan for North Wales. The priorities within the plan are to:

- support access to healthy and affordable foods
- enable children to eat well and be active at school

- support healthy eating and being active in the workplace

We have strengthened our partnership working with local authorities and Actif North Wales to increase opportunities for active travel, worked together on Local Delivery Plans, responding to planning applications such as for fast food outlets and helped workplaces make healthier choices in the provision of food and drink.

2.4 Inverse Care Law Programme

The programme, moving into its third year, saw a number of workshops across North Wales attended by a wide range of partners all of whom showed really energy and commitment to tackling the phenomenon of the Inverse Care Law, first described by the Welsh GP Julian Tudor Hart, in 1971, describes how those that most need care are least likely to receive it. The evaluation of the work carried out during and following the workshops will provide strong foundations for continuation of this and the wider Well North Wales Programme.

2.5 Arts in Health and Wellbeing

In December 2023 the Health Board launched the Arts in Health three year plan which was developed with local partners, artists and staff. We have also benefitted from successful bids to the Arts Council for Wales which has allowed successful projects at Ty Llewelyn and CAMHS.

2.6 Best Start

Annually, approximately 6,300 individuals, including women, men, and families from across North Wales, visit Betsi Cadwaladr Health Board webpages, to seek information and support to access specific services before, during, and between pregnancies.

During 2023, we worked collaboratively with over 50 specialists from across BCU Health Board to develop and launch the Best Start Hub section on the BCU website. Additionally, valuable input has been provided by groups such as Gynae Voices, Maternity Voices, Health Visiting and School Nursing Teams and the North Wales Perinatal Mental Health Steering Group.

2.7 Healthcare Public Health – Diabetes

Healthcare Public Health and population health approaches to support BCUHB to shift towards a focus on prevention and early intervention to prevent conditions arising or where they do, to reduce the serious consequences of those conditions. As part of Special Measures, the Health Board carried out review and scoping of the current and potential Healthcare Public Health activity. A programme of work focused on diabetes has been agreed.

2.8 Health Protection

During 23/24, the Health Board received confirmation of the continuation of the local Health Protection Team as part of its workforce. The team provides source of expertise to the Health Board and its partners along with providing response to outbreaks/

3.0 Our focus 2024-27

As set out in 2023-24 Executive Director of Public Health Annual report, BCUHB are committed to working with partners (internal and external) to develop and implement evidence informed system approaches to improving the health and wellbeing of our population.

Our priorities as set out in the 3 Year Plan recently submitted to Welsh Government, contribute to delivering two major strands to our population health:

1. Well North Wales Programme which will focus on keeping people healthy, so that we maximise their ability to live healthy and fulfilling lives and contribute fully to their communities.

2. Healthcare Public Health and population health approaches to support BCUHB to shift towards a focus on prevention and early intervention to prevent conditions arising or where they do, to reduce the serious consequences of those conditions.

Both strands are focussed on tackling and reducing inequalities, leading to differential outcomes for different groups in North Wales. Our programmes of work for 24/25 reflect this.
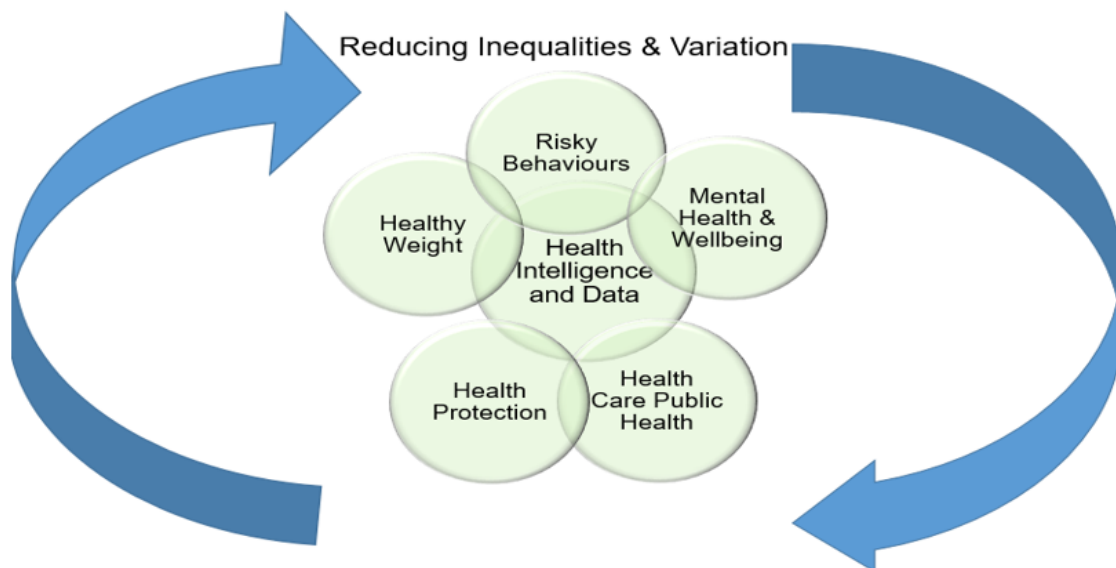
The need to address health inequality is the key step in preventing avoidable ill health. Our plan considers public and population health data, intelligence and evidence of the population, communities and their needs. This is demonstrated through programmes of work which seek to tackle variation and inequity in services and protect the most vulnerable.

We will respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities.

Working with partners, the Well North Wales programme will focus on a regional approach through collaborative working and the development of sustainable models for services which target prevention and early intervention. The programme brings together already established aspects of work, some of which contribute to more immediate outcomes such as smoking cessation and benefits associated with Social Prescribing along with

programmes such as the Inverse Care Law (ICL) which influence behaviours and environmental factors.

The Health Board will continue to develop the framework that makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities.

Our Programmes contribute to delivery of the two major strands through reducing inequalities and variation:

3.1 Risky Behaviours

Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030. The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy.
The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh.

3.2 Healthy Weight

The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway.
We will also continue to work with partners to support and encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives.

3.3 Mental Health & Wellbeing

Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff.

3.4 Health Protection

The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, cases of Measles are on the increase and the Health Board is delivering targeted campaigns for increased delivery of MMR vaccination levels.
We will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis.

3.5 Health Care Public Health

The intelligence and evidence suggests three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. These are: Preventing people developing diabetes, developing effective primary

and community models of care for diabetes and improving the intelligence to plan and manage diabetes care. The Public Health Team will continue to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales.

3.6 Health Intelligence & Data

We will continue to develop the work of the Health Board pathways of care to maximise prevention and a public health approach within them.

4.0 Continuing Assurance to the Planning, Population Health and Partnerships Committee

The Population Health Executive Delivery Group will review its Terms of Reference and membership in line with organisational governance.

The group will receive progress reports from services in relation to delivery of key aspects of the Health Board Plan, making recommendations and taking action as required. The group will also monitor risks associated with Population Health and report progress accordingly to the Risk Management Group where appropriate, in line with the risk management process.

The Public Health Team will continue to provide evidence based approaches to improving population health alongside and supported by the latest available data and intelligence.

Future PPHP Committees will receive papers on specific items and our programmes pertinent to the Population Health priorities, recommendations, progress or escalations.

Teitl adroddiad: *Report title:*	Primary Care Assurance Report
Adrodd i: *Report to:*	**PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE**
Dyddiad y Cyfarfod: *Date of Meeting:*	Tuesday, 23 April 2024
Crynodeb Gweithredol: *Executive Summary:*	This report has been written in response to a request to provide an overview of how Primary Care ensures robust planning for population health, and partnership working. The purpose of this report is to provide initial background and detail to the committee to encourage discussion. It is proposed that future reports would then be more succinct and tailored to the direction of the committee having considered this paper.
Argymhellion: *Recommendations:*	The Committee is asked to - note the current overview position of Primary Care - agree future reporting preferences, themes and requirements for regular Primary Care reporting to the committee
Arweinydd Gweithredol: *Executive Lead:*	Chris Stockport, Executive Director of Transformation and Strategic Planning
Awdur yr Adroddiad: *Report Author:*	Ffion Johnstone, Integrated Health Community Director (West)

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	Strategic Priority P2 Primary Care WG have clearly identified the requirement for Cluster plans to be developed not only to drive the delivery of the national Primary Care Model for Wales, and the strategic document A Healthier Wales, but to also be firmly embedded in the planning processes of the Health Board and supporting longer-term strategy.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	There are no direct legal implications to consider. It should be noted that Cluster engagement is part of the GMS, Community Pharmacy and Opometry contracts. Contributing to Cluster Plans is a requirement of GMS contract.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	This is not applicable for this report.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	This is not applicable for this report.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	CRR24-01 People, Culture and Wellbeing CRR24-05 Financial Sustainability CRR24-06 Suitability and Safety of Sites CRR24-07 Availability and Integrity of Patient Information CRR24-08 Population Health CRR24-09 Community Care Provision CRR24-10 Urgent and Emergency Care CRR24-11 Planned Care CRR24-12 Areas of Clinical Concern CRR24-13 Timely Diagnostics CRR24-15 Health and Safety
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	Amherthnasol

Financial implications as a result of implementing the recommendations	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Amherthnasol Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	This paper has been shared with the Director of Primary Care.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	Strategic Priorities: P1 Prevention and Health Protection P2 Primary Care P3 Planned Care P4 Urgent and Emergency Care P11 Wider Delivery P12 Workforce P13 Digital, Data and Technology P14 Estates and Capital P15 Partnerships P17 Organisational development P18 Quality, Innovation and Improvement P19 Social & Civic leadership and responsibility
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations*	
Rhestr o Atodiadau: *List of Appendices:* Glossary of Terms	

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE
TUESDAY, 23rd APRIL, 2024
PRIMARY CARE ASSURANCE

Introduction

Primary Care is the term given to healthcare services typically provided in community settings, where patients first present for their healthcare needs. Most primary care services are delivered for the Health Board by commissioning independent contractors using nationally agreed contracting frameworks, for example the General Medical Services (Wales) contract, and the General Dental Services (Wales) contract. In addition to this a growing number of patients receive their primary care medical, and dental, services through practices run directly by the Health Board.

Within the Health Board oversight responsibility of Primary Care services has been held by each Integrated Health Community (IHC) for their geographical areas reporting to the Chief Operating Officer and supported by corporate teams, including a corporate Primary Care contracting team.

Across Wales, Health Board primary care teams work collaboratively with colleagues from the NHS Wales Executive to deliver the 'Strategic Programme for Primary Care' (SPPC).

1. Primary Care Planning

Consideration of Primary Care service delivery is expansively included within the Health Board Three Year Plan for 2024-2027. Firstly with specific sections focused upon Primary Care, Early Intervention and Clusters, but then alongside being woven into the remainder of the Three Year Plan. This recognises the key role that successful Primary Care delivery has upon wider Health Board successful delivery, and also that many other areas of the plan, for example cancer care, mental health care, urgent care, children's services, and non-clinical areas such as service transformation, relate to primary care as well as secondary care.

Specific priorities for Primary Care set out within the plan include:

- Improving Access across services
- Supporting Managed Practices
- Supporting the management of chronic conditions
- Improving sustainability of primary care services

In 23/24 a Health Board Primary Care Programme was established to oversee delivery of the 23/24 annual plan actions. Good progress has occurred but with a number of areas where work is ongoing to complete actions or where subsequent actions have resulted from this work. These will be included in the programme for 24/25.

2. Clusters

The Health Board is implementing the Accelerated Cluster Development (ACD) Programme, which is a key element of the national Strategic Programme for Primary Care and aims to deliver a more rapid

implementation of the contemporary Primary Care Model for Wales, sharing learning across Health Boards. The programme builds upon the existing Cluster structure first introduced following the Welsh Government 'Setting the Direction' delivery programme in 2009, and seeks to move clusters from being predominated by Primary Medical service considerations to wider, more holistic, place-based health and well-being considerations. During 23/24 this has seen the introduction of Professional Collaboratives in addition to existing GP collaboratives, and Pan Cluster Planning Groups (PCPGs) that mirror Local Authority footprints, enabling broader collaboration.

There are 14 Clusters across the Health Board and all have submitted Cluster IMTPs for 2024/25 which have contributed to the Health Board Planning process. These plans demonstrate the initiatives supported at a Cluster level reflecting local priorities and need; thus Clusters are the most local level of service planning and coordination and responsible for:

- Planning of services best delivered at the Cluster level
- Integrating primary and community based services between health, social and voluntary sectors, physical and mental health services, with partners
- Providing innovative and effective alternatives to traditional models of care
- Understanding and responding to the full spectrum of health and social care needs of the population serviced by the Cluster with a particular focus on the needs of vulnerable groups
- Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate
- Providing oversight of the work programme of the Cluster to translate national strategic direction into action

Each plan presents Cluster specific priorities with themes including:

- Accelerated Cluster Development
- Chronic Disease Management
- Unhealthy Behaviours
- Cluster funded scheme evaluation

To allow capacity to set-up and develop, an agreement was made with the SPPC that PCPGs in Betsi Cadwaladr University Health Board (BCUHB) would not be required to produce plans for 2024/25; however, there is an expectation that all PCPGs will submit plans for 2025/26.

In addition, it is noted that there is a requirement to ensure clear alignment between Cluster and Pan-Cluster plans, the Plans of the Regional Partnership Board and the Health Board's IMTP.

During 23/24 Clusters have been working on an improved approach for evaluating Cluster projects to ensure the best use of limited Cluster funds. This has involved Clusters working closely with Public Health colleagues to develop an evaluation tool which has supported the assessment of these ongoing projects by a Panel, using defined criteria to inform recommendations before then being submitted to the IHCs for review. More robust project proposal documentation has also been developed to ensure that the measurement and impact of a project can be captured in order to support any future business case development.

3. Partnership Working

- **Professional Collaboratives within clusters**

The implementation of Professional Collaboratives as part of the national ACD Programme is with the intention of supporting Primary Care Clusters to become more multi-agency and multidisciplinary. The focus to date has been on initiating collaboratives in each cluster for Optometry, Community Pharmacy, Community Nursing as well as working with GPs to continue to develop and maintain the GP Collaboratives. Whilst most collaboratives operate on a cluster footprint, some have adopted a wider geographical approach including Allied Health Professionals (AHP) who have established a Pan BCUHB collaborative. Dental Collaboratives and Social Care Collaboratives are delayed at this current time whilst formal arrangements are being established on an All-Wales basis. However efforts are being made to secure engagement within individual clusters.

In addition to Professional Collaborative Group Leads attending and feeding into the clusters, membership also includes representation from the Third Sector, Llais, Mental Health, Public Health and Medicines Management in order to improve partnership working at a local level and to support wider expertise to inform cluster priority settings and analysis of local needs.

- **Pan Cluster Planning Groups**

As part of the ACD programme there is an expectation that all Health Boards implement the Pan Cluster Planning Groups referenced above drawing together clusters into a county level or IHC level grouping. The Health Board and Local Authority partners are working hard to establish these as a place for more strategic collaboration across clusters, sectors and services and at present they are at different stages of maturity and development. Initially it was determined that each County should implement a PCPG, however partners in the West agreed to operate one PCPG across both counties to mirror the IHC footprint, while there are two in the Centre on an individual county footprint. The East are taking a similar approach to West, establishing an IHC level PCPG, and this is due to start meeting imminently. Securing engagement to the PCPGs has been challenging and although now established, work is still needed to embed these groups within existing local architecture. Terms of Reference have been adopted (with a stipulation that these can be added to but not downgraded) and PCPG governance is being developed and established.

Although conversations have taken place with the RPB, further work is required to build relationships between the PCPGs and RPB.

- **Optometry**

Primary Care Optometry services also have partnership arrangements with secondary care which include pathways whereby some historic secondary care services are now being provided in more local settings by Optometrists. These include:

- complex contact lens service (15 providers),
- diabetic retinopathy data capture service (11 providers),
- glaucoma data capture service (5 providers).

6

- An Independent Prescribing Optometry Service (IPOS) (10 providers) offering a capacity of around 3000 appointments per year, reducing the demand on hospital eye casualty services.

Additional moves in care to community settings are planned within 2024.

The optometry team is currently working with Cardiff University to run a Train and Treat centre at Holywell Hospital, delivering training placements for Optometrist Higher Qualifications. This provides additional capacity for BCU patients on secondary care waiting lists whilst simultaneously training increased capability and capacity within community settings to further support a shift from hospital based care.

- **Primary Care Academy**

The Primary Care Academy has demonstrated further examples of partnership working within Primary Care.

The Academy has a well-established partnership with the Welsh Ambulance Service Trust (WAST), and implemented a BCU-WAST Advanced Paramedic Practitioners (APP) programme in 2019. A total of 26 Paramedics have now been supported through their MSc in Advanced Clinical Practice in Primary Care. There are currently 20 Paramedic APPs working in a rotational model across WAST and BCU Primary Care, 12 of which are Independent Prescribers working in Independent and Health Board practices.

BCU was the first Health Board in Wales to establish a Primary Care Academy approach. The innovative work that had started in North Wales had been recognised nationally as bridging a gap at a service level and since 2022 Health Education and Improvement Wales (HEIW) have invested in funding posts to establish Academy models in all Health Boards in Wales. The Academy continues to work in partnership with HEIW and the other Academies in Wales via the National Academy Network and regular contributes local schemes to be to the national programme of schemes.

Other partners include Royal College of General Practitioners (RCGP), the Strategic Programme for Primary Care team, and local further and higher education institutes in North Wales.

4. Population Health

A rationale for Clusters having footprints that cover populations of around 25,000 to 50,000, is that this allows consideration of the unique characteristics of each Cluster and the impact this has upon population need. For this reason Clusters are committed to designing services and projects based upon their local population needs. Population needs information is available to Clusters through various public health needs assessments with Primary Care Cluster Profiles produced nationally by Public Health Wales. Local pen-profiles have been shared with some Professional Collaboratives and they have started service gap and population need discussions.

The Clusters have worked closely with the Inverse Care Law Programme, the aim of which is to enable 'a place-based, partnership approach to address health inequalities across North Wales by building on shared capabilities, assets, insights and relationships across sectors to grow, implement and share

local innovation.' The programme has focused on three 'innovator Clusters' across the North Wales – Anglesey, South Denbighshire and North West Flintshire, exploring ways in which to facilitate joint working on the wider determinants that cause health inequality, and supporting partners to work together to find solutions that collectively address health inequalities.

There are several examples of initiatives being commissioned by Primary Care based on the need of the local population:

- **Access Medication in Rural Settings**

This includes piloting a 'Medicines Machine' which allows patients to access remotely released medication in the South Meirionnydd Cluster via an automated system out of hours, in order to serve the needs of the population within a rural locality.

- **Improving Patient Outcomes**

Diabetes has been recognised as a priority within the North Denbighshire Cluster. The Cluster is funding a Long Term Conditions Hub to focus on improving diabetes management. The hub provides comprehensive care, including Point of Care Testing (POCT) and expert guidance to patients with diabetes. The findings from the first 18 months appear to be positive and the Cluster is seeking to operate the hub for a further 12 months, during which time it will be more comprehensively evaluated with further evidence and metrics.

The hub is staffed with trained Health Care Assistants and equipped with Point-of-care testing (POCT) equipment, allowing a 'one stop' screening and review service for people with diabetes with results available within the same clinical appointment. This immediate feedback allows healthcare providers to make quicker decisions and tailor patient care plans accordingly. Cluster-based nurses and specialist practitioners with Long Term Condition management experience provide support to the hub offering follow up reviews 'on the day' where possible. Onward referrals are provided where necessary and relevant (e.g. podiatry, dietetics, third sector). It has been demonstrated that the hub offers a significantly higher percentage of essential care process completion (compared to other North Wales Clusters and wider) and has very positive patient experience measures.

- **Improving Unhealthy Behaviours**

Community Pharmacies across the Health Board provide smoking cessation services to patients who require support to quit smoking. This is more accessible, and achieves better quit rates, than previous GP delivered smoking cessation prescribing. Further expansion is now underway to move other health promotion prescribing from GP surgery settings to more accessible community pharmacy settings, including contraception services (emergency contraception and bridging and quick start contraception). Certain Community Pharmacies within the East and West are also providing 'Healthy Start Vitamins' for young children and to those who are pregnant, with a plan to roll out this service in the Centre.

There are plans to expand the Blood Borne Virus Screening service from three Community Pharmacies across the Health Board to 23 Pharmacies, providing more services to the wider

population. The 23 sites have been agreed with the Harm Reduction Team in Public Health, forming part of the Health Board Hepatitis B & C Elimination Action Plan.

- **Optometry**

A new Optometry contract was introduced in October 2023, and this includes delivery of 'Making Every Contact Count' interventions, currently focussing upon giving smoking cessation advice and onward signposting if smoking cessation products are requested. The contract also includes a wider scope of practice in the mobile setting including emergency appointments, cataract assessments and prescribing services. This enables care closer to home, better serving an often vulnerable population.

5. Improving Access in GMS Medical Care

The Health Board contracting team monitor GMS (General Practice) practices against the Welsh Government required 'Access Commitment' which was introduced in May 2022.

The principles of the Access Commitment are:

- A more planned and forward-looking approach, where contact is supported throughout the day in order to resolve issues around the '8am bottleneck' and repeated attempts at contacting and/or obtaining a consultation or other help and support. The release of all appointments at 8am (or other narrow window of time) is no longer acceptable.
- All practices must provide a telephony service that fully meets the needs of patients and provides sufficient incoming and outgoing lines.
- All practices must offer a digital means of access in addition to telephone and in-person. The digital platform is for non-urgent access and only necessary for use during core hours.

All 96 practices (GMS and Managed) in the Health Board reported achieving the required contractual standards at the end of Q3 2023/24.

The Health Board is also working to support those who struggle to obtain same-day access to services by providing additional services via Urgent Primary Care Centres. These go some way towards limiting the number of individuals attending Emergency Departments with urgent Primary Care problems.

6. Challenges

Despite the ongoing work and effort within Primary Care, Primary Care continues to face significant challenges.

- **Workforce**

Both nationally (Wales and wider UK) and locally there are significant workforce challenges in Primary Care, with staff shortages across most professional groups and at all levels, including medical, clinical and non-clinical roles. This impacts contractor services and health board managed services.

Due to the contractor-delivered nature of most primary care services it is difficult to obtain accurate workforce data from within North Wales and from across other parts of the UK. However the limited information that is available suggests that North Wales has a comparatively older primary care medical workforce than most other geographical areas in the UK.

Welsh Government is expected to launch a five year national Workforce Strategy for Primary Care in 2024 designed to stabilise, renew and transform in order to build a sustainable workforce model fit for the 21st century. This will build upon the Strategic Programme for Primary Care.

There is positive work ongoing with the development of the Medical School, School of Pharmacy, the Primary Care Academy and Dental Academy, but it is important to note the long lead times from commencing training to full, independent practice.

- **Financial Stability in Primary Care**

All four contractor services are reporting concerns of financial stability in light of the cost of living crisis. A number of GP practices are concerned about their financial stability exacerbated by the late conclusion of GMS contract negotiations this year and what is considered by GPs to be a substantially inadequate level of funding.

The Health Board has seen a number of closures of community pharmacies in recent years. National Community Pharmacy contractual framework negotiations are underway but it is unclear presently when they will be completed and whether these will influence the risk of any further Community Pharmacy closures.

Within Optometry the market rate for salaries and locum fees has seen a marked increase in recent years presenting a challenge to practice sustainability and the further shift to community settings.

Within Dental services, the current national dental contract allows greater flexibility for contractors than historic contracts. Even still, we are competing for Dental contractor time against an active demand for private practice.

- **Population Changes**

There is increasing pressure on Primary Care arising from caring from an increasingly ageing population living with multiple needs. The potential of new housing developments such as significant new proposals in the Wrexham and Conwy will also impact on service capacity, as could the proposed Anglesey Freeport. The Health Board is involved in the Local Development Plan process.

- **Mainstreaming Innovation**

Whilst activity is being shifted into Primary Care, the resource has not always followed. This has been evident in the Clusters, where funding has been committed to pilot schemes which deliver care closer to home. While the intention of the Cluster funding was to pilot innovations with the aim of mainstreaming activity, in reality it has proved difficult to agree exit strategies for the funding, and at the same time there has been no appetite to cease services which are delivering benefits. Without

releasing these funds, and without a shift of resource for additional activity, acceleration of Cluster development will not be possible.

- **Health Board Practices**

Around 1 in 7 patients in North Wales now received their primary medical care from a directly run Health Board Practices (HBP).

Practices that come into direct Health Board management generally need additional support to stabilise, and to resolve the impact of historic sustainability challenges that pre-dated the transfer. In addition staff typically require support in a number of ways as they transition from being the staff of independent contractors to directly employed NHS staff. For these reasons, practices that transfer to Health Board management often require higher levels of financial support for a number of years (compared to equivalent GMS practices) to become more sustainable. Having a large directly managed practice service gives opportunities to centralise some back-office support functions in ways that would be more resource efficient whilst also improving service standards, but to date the Health Board primary care team have struggled to identify the capacity to prioritise this.

- **Access**

Current Secondary Care backlog challenges also impact upon Primary Care service delivery, particularly in GMS and Optometry since it is resulting in an increased workload of Primary Care having to follow up e.g. patients expecting appointments and test results from Secondary Care. This uses up capacity in Primary Care and, in turn, compounds Primary Care access issues.

- **Estates**

There are a number of estates issues for GMS with a number of practices that have specific issues around leases some of which are quite complicated. Responsibility for the provision of Primary Care premises remains with the GMS contract holder, but many premises are now dated and not fit for purpose. Historically GMS contractors had access to capital improvement grant support for premises improvements and Third Party development schemes but in both cases access is much more difficult as a result of the challenging wider capital environment.

This is of particular concern in relation to the new Medical School which will need to place circa 140 students in GP practices by 2031. Many existing premises do not have the capacity for this, and without funding opportunities Primary Care will struggle to support.

Several practices also require SLAs to be agreed or updated in relation to building management services and costs.

7. Governance

Whilst recruitment of a Chief Operating Officer is underway, the Executive leadership for Primary Care services is being covered by the Executive Director of Transformation and Strategic Planning. As part of this arrangements to establish a Primary Care Board are being progressed, with a two part

agenda to ensure that strategic focus and oversight to develop primary care is not lost or diluted within day to day activities focused upon operational delivery. The three IHCs, Managed Practice Accountability Group, GP Out of Hours and Primary Care Academy will feed into this board.

2.6 Conclusion

In conclusion, noting the challenges detailed above, Primary Care is undertaking an active role to ensure that it contributes and is considered within wider planning, which is evidenced by the submission of the Primary Care Annual Plan Actions, Ministerial Priorities for Primary Care, Cluster plans and the Primary Care Programme overseeing and monitoring actions. It is essential to continue in this way and produce future Cluster and PCPG plans that align with key strategies at a local and regional level.

As well as monitoring contractual requirements, the ACD Programme and Primary Care contractors are ensuring that Primary Care considers population health within service design and delivery. It has been demonstrated how Primary Care and the ongoing establishment of Professional Collaborative Groups and PCPGs together with widening the Cluster membership has resulted in effective partnership working. It has been shown how partnerships are becoming core to Cluster working ensuring that partners can collaborate and work together.

Teitl adroddiad: *Report title:*	PP24/15 Chairs Assurance Report from Population Health Delivery Group
Adrodd i: *Report to:*	**PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE**
Dyddiad y Cyfarfod: *Date of Meeting:*	Tuesday, 23 April 2024
Crynodeb Gweithredol: *Executive Summary:*	Standing item for the purpose of informing the the Committee of recent activity of the Population Health Executive Delivery Group. The group meets monthly and is chaired by the Executive Director of Public Health. This report will provide an overview of the period October-March 2024. Subsequent reports will reflect the group activity between PPHP Committee meetings.
Argymhellion: *Recommendations:*	*The Board is asked to note the contents of the report for assurance.*
Arweinydd Gweithredol: *Executive Lead:*	Dr. Jane Moore, Acting Executive Director of Public Health
Awdur yr Adroddiad: *Report Author:*	Dr. Jane Moore, Acting Executive Director of Public Health

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	Improving the Health and Wellbeing of the North Wales population
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	n/a
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	No EQIA required. Report is for noting in relation to the activity of the Population Health Executive Delivery Group
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	No SEIA required. Report is for noting in relation to the activity of the Population Health Executive Delivery Group.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	**CRR-08 Population Health -** *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.* *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 accesibility of health care services.* *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 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* Links to BAF SP1 Prevention and Health Protection
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	N/A

Financial implications as a result of implementing the recommendations **Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith** *Workforce implications as a result of implementing the recommendations*	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Feedback and response shall be shared with the Population Health Executive Delivery Group, IHCs and Corporate Functions accordingly.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	**BAF SP1 Prevention and Health Protection** *- There is a risk that the Health Board fails to adequately plan for and deliver improvement of population health and reduce health inequalities. This may be caused by a lack of provision for sustainable services and targetted programmes of activity, and capacity, financial and resource constraints within the Health Board. This may contribute to poorer health outcomes and widening inequalities alongside increasing demand on services across North Wales.* As detailed previously links to CRR-08 Population Health.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable

Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations* **–** Committee is asked to note the contents of the paper, recommendations will be addressed via the Population Health Executive Delivery Group.
Rhestr o Atodiadau: Dim *List of Appendices:* *None*

1.0 Introduction/Background

This report is provided by the Acting Executive Director of Public Health as the current Chair of the Population Health Executive Delivery Group.

2.0 PHEDG Governance

A key item of note is that during 23/24 (January 24) Teresa Owen stepped down as Executive Director of Public Health and as the Chair of the PHEDG. Dr Jane Moore was welcomed to the Health Board as Deputy Director of Public Health during October 2023 and is currently Acting Executive Director of Public Health and Chair of the PHEDG. Helen Stevens-Jones, Director of Partnership, Communication and Engagement continues as Vice-Chair to the PHEDG.

During the period October 2023 – March 2024, the PHEDG met monthly with the exception of December 2023 due to number of apologies and January 2024 due to the departure of the DPH.

The current purpose of the PHEDG as per the Terms of Reference is as described below. However the group has acknowledged a need to revisit the Terms of Reference in accordance with the review date due and is currently awaiting guidance in relation to the function and role of all EDGs.

1. *The purpose of the Population Health EDG is to;*
   - *Support delivery of the BCUHB strategic goals and the Transformation Agenda*
   - *Shape organisational strategies and the supporting plans for delivery*
   - *Oversee the delivery of plans which support the organisational strategies*
   - *Receive assurance and escalations from the Operational Service Leadership Team*
   - *Provide actions and escalations to the Executive Team related to Population Health*
   - *Connect with other EDGs as appropriate to Population Health programmes of work*

2. *Each EDG will take responsibility for co-ordinating and providing the Health Board with evidence informed assurance regarding programmes of work to enable the Executive Team to expedite the role of strategic leadership and operational leadership. This does not replace the responsibility that each Health Board Service has for Population Health.*

3. *Provide evidence informed and timely advice to the HBLT, Executive Team, Board, and the Committees on associated risks and concerns.*

4. *Lead the strategic change and implementation of Population Health EDG identified programmes*

5. *Utilise the evaluation from programmes of work associated with the Population Health EDG to inform future organisational strategy and planning*

6. *Receive progress and exception reports regarding individual programmes to ensure effective delivery.*

7. *Provide regular assurance to the Executive Team regarding Population Health programmes.*

8. Provide advice and assure the Health Board Leadership Team, Executive Team, Board and Committees in relation to the alignment of Population Health strategies to Living Healthier Staying Well and relevant national strategies

9. Enhance and inform decision making across the organisation through strong engagement with the Operational Service Leadership Team and Sub Groups. The EDG will be chaired by the Executive Director for Public Health.

The Population Health EDG has fulfilled its duties in relation to the current role and function during the reporting period.

3.0 Standing and regular agenda Items

Standing and regular agenda items for the PHEDG include:

- DPH update
- Feedback from Risk Management Group
- Planning
- Peformance
- Delivery against grant funds

4.0 Items of significance and discussion

During the reporting period, the PHEDG has recieved a number of key items and reports for discussion. These include:

- Half and full year reports regarding the delivery of the Prevention and Early Years plans which are funded by Welsh Government grants focused on tobacco and healthy weight
- Draft proposal for use of the Prevention and Early Years grant fund for 24/25
- The Children's Charter – presented to the group for support prior to committee.
- Reports regarding the progress of the Healthy Weight Whole System Approach which is funded through Public Health Wales grant funds
- Public Health Outcomes Framework – latest updates and data
- Arts in Health three year Strategic Plan
- Revised BAF and Corporate Risks pertinent to Population Health
- Green Health – report on current activity and progress
- Report published by Public Health Network Cymru – Systems Thinking in Public Health
- Gypsy Roma & Traveller Health Needs Assessment
- Vaping – update on latest guidance and resources for schools
- Social Prescribing Report – outlining current and propsed approaches across North Wales
- Eliminating hepatitis (B and C) as a public health threat in North Wales - progress update for 2023/2024 action plan
- Public Health priorities – presentation of key programmes and focus for 24/25 to support the Health Board plan

5.0 Continuing Assurance to the Planning, Population Health and Partnerships Committee

The Population Health Executive Delivery Group will review its Terms of Reference and membership in line with organisational governance and will work with IHCs, Corporate Functions and Services to:

- Develop greater understanding of the preventative work they are already undertaking
- Identify how they can expand their prevention work to maximise health and wellbeing for a thriving North Wales.

The current membership of the PHEDG requires revisiting given that some key services/functions are regularly under or not represented.

The group will receive progress reports from sub/programme groups and services in relation to delivery of key aspects of the Health Board Plan, making recommendations and taking action as required. The group will also monitor risks associated with Population Health and report progress accordingly to the Risk Management Group where appropriate, in line with the risk management process.

6.0 Chair's reflections

To date there has been a greater focus on population health and prevention programmes that sit within the Public Health directorate. Shifting the Health Board agenda towards prevention and early intervention requires the Population Health EDG to focus on how IHC and Corporate Services are preventing ill Health and intervening early to stop ill health progressing. Therefore this year, we are going to concentrate on working with the IHCs and Corporate Services on three areas:

1. Assessing the evidence for the impact of the preventive services we provide
2. Increasing the focus on prevention across the Services the HB provides
3. Improving the population data linked to clinical data to ensure we understand the impact of our Services on different communities in North Wales

Report title:	North Wales Social Prescribing Study 2024		
Report to:	Planning, Population Health & Partnerships Committee		
Date of Meeting:	Tuesday 23rd April 2024		
Executive Lead:	Jane Moore – Acting Executive Director Public Health		
Report Author:	Brian Laing – Strategic Partnership Manager, Public Health		
Purpose of report:	*For Noting* ☐	*For Decision* x	*For Assurance* x

Executive Summary:

Following the launch of the National Framework for Social Prescribing in Wales, this report provides a high-level overview of current Social Prescribing activity across the north Wales region and the associated challenges and opportunities that commissioners and providers of services face.

This report collates the available evidence and makes recommendations for how regional partners can meet the identified challenges and successfully implement the National Framework.

By adopting the recommendations outlined in this report partners can work together more effectively to ensure that investment of funding is maximised, and that there is shared accountability for reducing health inequalities and improving longer-term population health and wellbeing outcomes across the region.

Social Prescribing is a structured approach for linking individuals with appropriate community resources. Its purpose is to improve individual wellbeing, help to promote individual problem solving skills and create new opportunities to form useful and often long lasting community and neighbourhood relationships. It recognises that a person's health and wellbeing is multi-dimensional, not only secured by certain physical attributes but also that there are social, emotional and environmental factors which are equally as important. (Wallace et al 2018)

In Wales, this means that the start of the social prescribing journey usually involves a person with a problem presenting themselves at a GP surgery, via a call to a Social Services duty team or through a community service often led by the third sector. The type of problem could include a mild to moderate mental health issue which has an underlying cause, for

example due to a housing or debt issue, loneliness, social isolation, low self-esteem or confidence

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or Practice Nurses (Buck 2017).

Evidence suggests that Social Prescribing can take pressure off the NHS by reducing the need for GP appointments and for medical prescriptions. With an ageing population and rising rates of loneliness, poverty and instability in housing and employment we need to address the social factors that influence people's health.

Whilst many people can find support for issues like loneliness or financial problems by independent means, many people face barriers that prevent or restrict access to the support required. These could include health problems, disabilities, caring responsibilities, financial problems, anxiety about trying something new or simply not knowing what's out there and where to start. In some cases, there may be barriers to good health or access to healthcare because of ethnicity, gender, age, geographical location or many other factors. Social prescribing can look at the circumstances that make people unhealthy and their symptoms.

Social Prescribing can be an effective tool for not only helping people to find the support they need, based on their unique situation, but can also provide a mechanism for reducing health inequalities and improving longer-term population health and wellbeing outcomes.

Recognising that health and wellbeing is determined mostly by a range of social, economic and environmental factors; Social Prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health and wellbeing.

Following the launch of the National Framework for Social Prescribing in Wales (07.12.23) Regional Partnership Boards were tasked with leading on local implementation within their geographic regions.

The scope of this full report is to:

- Provide a high-level overview of current Social Prescribing activity across the north Wales region.
- Provide insight into the challenges and opportunities faced by commissioners and providers of services.

	• Give consideration to a regional programme of work which would be required to successfully implement the national Framework most effectively across the local region.

The study comprises of a comprehensive literature review of the available evidence and latest academic research regarding the various models of delivery and evidence of outcomes. Primary research was also conducted in the form of a survey to gather quantitative and qualitative data from commissioners and providers of Social Prescribing services across north Wales.

Through the course of compiling this research it is evident that north Wales is already slightly ahead of the curve in terms of a regional approach to rolling-out a Social Prescribing model. This is thanks to the many years of work previously conducted by Glynne Roberts and key partners across various organisations which presents opportunity for us to continue this strategic partnership approach and build upon firm foundations. |
| **Recommendations:** | The report collates and presents the available evidence across each local area / sub-region before drawing any relevant conclusions and making the following five recommendations for how regional partners can meet the identified challenges and successfully implement the National Framework:

1. **Developing a shared purpose and vision** – regional partners should develop and agree a shared purpose and vision for Social Prescribing which enables a joined-up coherent shared approach to implementation and delivery with a particular focus on inequalities with a realistic chance of keeping people healthy and out of health and care services.

2. **Agree clear reporting and evaluation of outcomes** – a regional group should be supported with its aims to develop agreed data and reporting standards which can contribute to more effective intelligent-led decision making through identification of potential gaps in service provision across north Wales.

3. **Working at the community level, Local Action Groups should be empowered to meet the identified needs of communities** – all partners should come together in each Local Authority geographic area to form a Steering Group to inform the localised requirements for Social Prescribing and Community Hubs. |

	4. **Partners will need to bring together and maximise all available funding sources and allocate according to identified needs** – a more strategic oversight of the various (public and non-public) funding opportunities will be required to rise to the challenges facing communities
	5. **Embed a clear and robust governance framework** – partners should establish the regional, sub-regional and local governance required to make well-informed decisions based on identified needs, to ensure that there is accountability for the outcomes delivered and that all stakeholders are appropriately represented.
	By adopting the recommendations outlined in this report regional partners can work together more effectively to ensure that investment of funding is maximised, and to improve the sustainability of health and care services being delivered across the north Wales region.
	Furthermore, by working together in a strategic partnership approach across the whole system there are real opportunities for north Wales to lead the way by further building and developing the evidence and evaluation of the impacts of Social Prescribing.
Regulatory and legal implications:	
Details of risks associated with the subject and scope of this paper, including new risks	
Financial implications as a result of implementing the recommendations	
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	Full report compiled in consultation with regional partners across the 6 Local Authorities and 6 Voluntary Service Councils of north Wales.

Report approved by Public Health EDG 15.03.24 and Executive Team 10.04.24 |

Next Steps:

The attached full report and high-level overview slide deck to be presented to Regional Partnership Board (10.05.24) and Regional Commissioning Board (14.05.24)

List of Appendices:

North Wales Social Prescribing Overview Document

North Wales Social Prescribing Final Report

Reporting Committee:	**Together for Mental Health (T4MHPB) Partnership Board**
Committee Chair:	Gareth Williams
Date of last meeting:	19th January 2024
Paper prepared by:	Gareth S. Williams
	Vice-Chair, Betsi Cadwaladr UHB

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The main items covered were:

- A service user story from Cyngor Gwynedd which highlighted the importance of finding the right sort of social interaction through volunteering for people with both mental health and physical health problems who are not able to engage with traditional services

- An update from the Welsh Government highlighting the imminent publication of consultation documents on a new Mental health Strategy and a new Suicide and Self-Harm Prevention Strategy both of which would be open for a 16 weeks consultation; the publication of the first annual report on real time suicide or suspected suicide surveillance; and the fact that the draft budget had protected the ring-fence for mental health and increased it slightly to £800 million

- An update on Special Measures from the Health Board

- A discussion on the plans for the much delayed launch of the interim NW4TMH Strategy and the appropriateness or otherwise of using Public Service Boards to deliver the strategic priorities in the strategy

- A briefing from the North Wales RPB business support team on progress on the regional capital estates strategy

- A presentation from North Wales Police on the first stage of the implementation of the Right Care, Right Person plan (the police response to requests for a welfare check). In the first week, 35 incidents were declined by the police. The expectation was that when fully implemented 58% of declined calls would be dealt with by WAST, and only 8% less than one a day) by BCUHB

- Agreement that a stocktake of the integration of Local Authority and Health Board community mental health services should be undertaken which would be presented to a future meeting of the Partnership Board.

A report by the North Wales Co-occuring Mental Health and Substance Misuse Implementation Group was deferred to the next meeting.

ITEMS TO BE ESCALATED TO THE BOARD
N/A
NEXT MEETING
19th April 2024

Teitl adroddiad: *Report title:*	Board Assurance Framework
Adrodd i: *Report to:*	Planning, Population Health & Partnership Committee (PPHP)
Dyddiad y Cyfarfod: *Date of Meeting:*	Tuesday, 23 April 2024
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this report is to provide Committee with information and assurance of the management of one risks identified, as a requirement of a completed Board Assurance Framework (BAF) but in relation to the 23/24 Annual Plan Organisational Deliverables. SP13- Digital, Data and Technology - Risk remains at a score of 20 with actions within the deliverable plan noted as Red (3) and Amber (4).
Argymhellion: *Recommendations:*	The Committee is asked to note and **receive partial assurance** on the management of one BAF risks to which it has accountability for.
Arweinydd Gweithredol: *Executive Lead:*	Pam Wenger, Director of Corporate Governance
Awdur yr Adroddiad: *Report Author:*	Nesta Collingridge, Head of Risk Management

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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: Actions within the Digital risk identified are being controlled however deliverables have not been met.

BAF risks to be reviewed and aligned to Objectives

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	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	Appendix 2 -BAF highlights the link between Tier 1 risks and CRR.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	It is essential that the 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.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary ben undertaken?*	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	CRR and BAF paper prepared for committee
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	BAF risks approved by Executives as the lead for the risk
Cysylltiadau â risgiau BAF:	BAF paper which further links Tier 1 and CRR.

(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) **Links to BAF risks:** *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	N/A

Camau Nesaf:

Next Steps:
  1. Provide Audit Committee and Board with a plan to develop the risks in line with the Objectives of the Health Board now approved.

Rhestr o Atodiadau:

List of Appendices:
Appendix 1 - PPHP Strategic Priority Risk scoring and progress.
Appendix 2 - PPHP BAF Risk Reports.

Introduction/Background

1. The purpose of the Board Assurance Framework (BAF) is to inform and assure the Board with controls and action plans for identified high-extreme risks that relate to any possibilities of not delivering on the Annual Strategic Priorities of the Health Board.

   Where risks are deemed to be high or extreme, a risk report (Appendix 2) outlines controls/mitigations and action plans in relation to ensuring deliverable of the plan.

   SP13- Digital, Data and Technology - Risk remains at a score of 20 and actions within the deliverable plan noted as Red (3) and Amber (4) but controls noted in place to manage the risk.

Summary

PPHP is asked to receive partial assurance on the management of one identified high risk to which the Committee has overall responsibility for.

Next steps

1. Provide Audit Committee and Board with a plan to develop the risks in line with the Objectives of the Health Board now approved.

Appendix 1 – PPHP Strategic Priority Risk scoring and progress.

Title	Score	Revision	Annual Plan Analysis	Risk Management Commentary
No changes this reporting cycle				
Strategic Priority P13 Digital, Data and Technology	20	- ⬌	Overall 'Amber' Delivery Confidence With multiple priorities having red or amber delivery confidence. 5 actions completed, 4 Amber, 3 Red.	Risk has been updated remains at 20.

Appendix 2- BAF No changes to report

BAF Digital, Data & Technology	**Executive:** Director of Digital (Chief Digital Information Officer (CDIO))	**Date Opened:** July 2022
	Committee: Performance, Finance and Information Governance Committee *(Will revert to Partnerships, People and Population Health Committee or equivalent once the meetings recommence)*	**Date Last Reviewed:** March 2023
	Strategic Priority: P13 / **Link to CRR:** Availability and Integrity of Patient Information **Link to Tier 1's:** 2819, 3659, 4595, 4603, 4766	**Last Date Reviewed at Committee:** 07/03/2024
		Target Risk Date: May 2024

There is a risk of failing to meet the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.

Mitigations/Controls in place	Gaps in Controls	Current Risk Score		
1. Minimal controls in place with the introduction of rigor and governance to the commissioning of new Digital, Data and Technology project requests through a Project and Portfolio Management function that will ensure prioritisation, impact assessment in terms of deliverability, best use of technology, interoperability, longevity and value for money. This includes insisting that for all new projects the business change element and service design aspect up front which includes the users is built in. 2. Where possible the Health Board will bring in the necessary expertise from external service providers that the Health Board do not currently possess. 3. To set the expectations with the Health Board and Welsh Government on the inability to effectively architect and deliver Digital, Data and Technology projects and realise benefits in line with the strategy of the Health Board.	1. Funding currently not secured to implement the new operating model. 2. Unable to deliver new models of care with local and national strategies. 3. No clear technology plan, future blueprints or architectural considerations with due regards for the whole. 4. No single integrated digital health care record to address the fragmented care record concerns to deliver the special measures framework requirements. 5. Unable to replace or decommission obsolesce systems due to no funding to manage replacement or consider new ways of working. 6, Significant gaps in workforce in specific patient records and IT areas, which is resulting in decreased support for the Health Board which will impact on patient care.			
		Impact	**Likelihood**	**Score**
		4	5	20
		Movement since last Qtr: Increased likelihood from 4 to 5 since August 2023. NB. The tolerate score for this risk is 16 which is a high level of tolerance for the risk due to an inability to fund necessary resources.		

Actions and Due Date	
Action Detail	**Due Date**
1. Costed proposals (£1.7m recurrent) and plans have been produced, validated and presented to Partnerships, People and Population Health Committee and Board for the implementation of a new operating model for Digital, Data and Technology which requires new capabilities and capacity to effectively deliver. This includes new functions for: Intelligence and Insight, Digital Project Management Office, Architecture Software engineering, service design and clinical change. These proposals were dependent on funding £500K of which was provided by the Health Board with due regards to other priorities for investment.	April 2023

April 2024 |
| 2. Alternative plans to be developed within the current funding constraints that will have a small but positive impact over time. | April 2024 |
| 3. Commission external service providers to fill the gaps in capabilities and skills to support the delivery of objectives and special measures requirements. | |

Lines of Defence			Overall Assessment
1	**2**	**3**	**Next steps:**
1. Digital, Data and Technology Objectives and Operating Plan reviewed quarterly by Digital Senior Leadership Team. 2. Benchmarking the service against external assessments, e.g. Gartner Group IT Score. 3. National Cyber Security Centre. 4. Cyber Essentials+ 5. Information Governance Toolkit. 6. Access to external service providers to support in critical areas. 7. Government Digital Service Digital, Data and Technology roles and possibly SFIA assessments.	1. Regular Assurance Reporting to Chief Digital Information Officer and Executive Team as well as RMG	1. Internal Audit	The Board previously agreed a high risk tolerance score of 16, which may need to be reviewed.

Risk has increased in likelihood due to significant financial pressures and Health Board. |

Annual Plan for Reference

<table>
<tr>
<td colspan="6" style="background-color:#1F3864;color:white">Strategic Priority P13
Digital, Data & Technology: key actions for 23/24</td>
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<tr>
<th>Ref</th>
<th>Organisational Delivery Objective</th>
<th>Lead</th>
<th>Specific Ministerial or Special Measures Priority</th>
<th>WG Quad. Aim</th>
<th>Completion Timescales (quarters)</th>
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<td>P13.1</td>
<td>Implement the actions within the Special Measures Response Plan 90 day cycle that support improvement including:</td>
<td>CDIO</td>
<td>☐ SM</td>
<td>QA2</td>
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<td>▪ Development of Strategic and tactical plans to improve access to a more integrated care record</td>
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<td>▪ Develop a proposal to raise the organisations maturity in using data and intelligence for improving service planning and identification of emerging service issues</td>
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<td>P13.2</td>
<td>Progress the implementation of current Digital Programmes including:</td>
<td>CDIO</td>
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<td>▪ Welsh Patient Administration System</td>
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<td>▪ Laboratory Information Network System (LINC)</td>
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<td>▪ Medicines Transcribing and E discharge (MTED)</td>
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<td>▪ Welsh Nursing Care Record</td>
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<td>▪ Eye care digitisation programme</td>
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<td>▪ Welsh Community Care Information System</td>
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	▪ Cito – Electronic Health Record				☐☐☐☐
P13.3	Commence Major Digital, Data and Technology Programmes, including:	CDO		QA2	
	▪ Welsh Patient Referral Service Phase 2				☐☐☐☐
	▪ Electronic Prescribing and Medicines Administration (ePMA)				☐☐☐☐
	▪ Radiology Information System (RISP)				☐☐☐☐
	▪ Welsh Intensive care Information System (WICIS)				☐☐☐☐

Teitl adroddiad: ***Report title:***	Corporate Risk Register Report
Adrodd i: ***Report to:***	Planning, Population Health & Partnership Committee (PPHP)
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 23 April 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PPHP has oversight. Key changes to note in report: CRR24-07 Availability and Integrity of Patient Information has two overdue actions and in relation to an operational risk around patient records, raised at Risk Management Group. Appendix 1 Risk Dashboard Appendix 2 Detailed Risk Reports of two risks (further risk in private papers)
Argymhellion: ***Recommendations:***	The Committee is asked to **receive assurance** for the three (1 private) corporate risks to which the Committee has overall accountability.
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger, Director of Corporate Governance
Awdur yr Adroddiad: ***Report Author:***	Nesta Collingridge Head of Risk Management

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	Links to the BAF detailed in respective CRR reports
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	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.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary ben undertaken?*	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Links to the BAF detailed in respective CRR reports
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Individual Executive Sign off of CRR reports, Review at next Risk Management Group and subsequent Executive Team Meeting.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	See the individual risks for details of the related links to the Board Assurance Framework.

Links to BAF risks: *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: ***Next Steps:*** 1. CRR24-07 Availability and Integrity of Patient Records to be further updated and strengthened following discussion at RMG. 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:
      1. Availability and Integrity of Patient Information
      2. Population Health	

Corporate Risk Register Report

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 – Two overdue actions noted and are in relation to a 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'.* it was recommended by the group that the risk be reviewed and incorporated into the Corporate risk CRR24-07 for sight and representation. The DDaT team are reviewing the risk for inclusion on the next iteration of the Corporate Risk report.

Next steps

1. CRR24-07 Availability and Integrity of Patient Records to be further updated and strengthened following discussion at RMG.
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 / Appetite Level	Lead Board Committee	Risk Management Commentary
CDIO	CRR24-07	Availability and Integrity of Patient Information	5 x 4 = 20 ⬌	12	Quality / 3 - Open	PPPH	Newly developed strategic risk Dec 23, 6 actions identified, 0 completed, 4 progressing, **2 overdue**. The overdue actions to develop the business cases for an Electronic Patient Record require progress but target date is 2029. The inherent and current risk scores are both high at 20, indicating the existing controls are not adequate to control the risk. Resource requirements and system integration remain a concern to address this risk.
EDoPH	CRR24-08	Population Health	5 x 4 = 20 ⬌	12	Reputational / 4 - Seek	PPPH	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. Issues remain around securing long-term funding, partner abilities to prioritise population health, and the wider determinants of health.

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
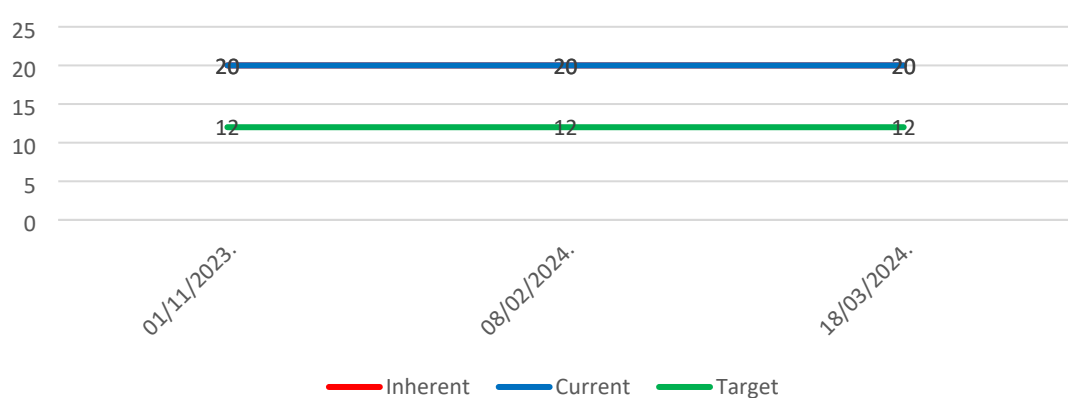
CRR 24-07	**Risk Title:** Availability and Integrity of Patient Information		**Date Opened:** 06/12/2023
	Assuring Committee: Planning, Population Health & Partnership Committee		**Date Last Committee Review:** 22/02/2024
Date Last Reviewed: 06/03/2024	**Director Lead:** Chief Digital and Information 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 which could lead to deaths and harm.

Mitigations/Controls in place	Lines of Assurances	Additional Controls required
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 as a potential document repository.	**1st** – eg. Local Assurances: 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. 3. Internal Audit Annual Information Governance Compliance Audit. 4. Risk Management Group 5. Executive Team meeting **2nd** – eg. Board/Committee Assurances: 1. Partnerships, People and Population Health Committee **3rd** – eg.External Assurances: 1. Information Commissioners Office Audit.	1. Establish and implement the governance arrangements for overall management of the Electronic Health Record. This will be captured as part of the full business case requirement. 2. Lack of current system capabilities systems to integrate into the fuller Electronic Health Record. Full optimisation programme underway to review all current systems interoperability and functionality. 3. Availability of current paper records within digital environment. Full 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 underway with the Senior Information Risk Owner and Caldicott Guardian.

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)	30/12/2024	Overdue

Seeking approval and funding for the Strategic outline case for Electronic Health Record	31/12/2024	Overdue
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	31/03/2025	Progressing
Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record	30/04/2025	Progressing
Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project)	30/04/2025	Progressing

	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

Chart (values over dates 06/12/2023, 02/02/2024, 06/03/2024):
- Inherent: 20, 20, 20
- Current: 20, 20, 20
- Target: 12, 12, 12

Legend: Inherent, Current, Target

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

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: Planning, Population Health & Partnership Committee		**Date Last Committee Review:** 20/02/2024
Date Last Reviewed: 18/03/2024	**Director Lead:** Executive Director of Public Health	**Link to BAF:** SP1	**Target Risk Date:** 31/03/2026

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.

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 accesibility of health care services.

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 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

Mitigations/Controls in place	**Lines of Assurances**	**Additional Controls required**
1. Population Health Executive Delivery Group (meets monthly) provides strategic direction. 2. Planning, Population Health and Partnership Committee has oversight and receives regular reports. 3. Welsh Government provides oversight of grant funded activity supporting prevention and early years. 4. 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. 5. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales and with IHC areas, providing expertise and guidance. 6. Public Health Team provide review and feedback on planning applications. 7. Health Protection Team work in partnership with Local Authorities to provide expertise and management of risks and issues.	**1st** – eg. Local Assurances: 1. Population Health Executive Delivery Group and the Public Health Senior Leadership Team. 2. The Public Health Team provide the Health Board, its partners and the public with evidence informed information and approaches to improve health and wellbeing. 3. The Public Health Team support population needs analysis and provide professional expertise to support the development of Health Board and partner plans. 4. Prevention is embedded in the Living Healthier, Staying Well Strategy and a 'life-course' approach is promoted. **2nd** – eg. Board/Committee Assurances: 1. Health Board progress is reported to Regional Partnership Board and PPPH Committee. 2. A 'Whole System Approach' is being implemented across a number of key priority areas 3. Annual development of Public Health work plan to reflect current and emerging need. 4. The Health Protection Team have established funding in 24/25 Health Board allocation. **3rd** – eg.External Assurances:	1. 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. 2. 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. 3. 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

	1. Representation by senior Public Health team members at Public Service Boards, Partner Boards, Regional Partnership Board and National forums. 2. A number of national programmes of work are underway including implementing the Weight Management Pathway and Smoke Free Sites regulations. 3. National Performance Framework measures. 4. Grant funding (Welsh Government, Public Health Wales, Arts Council for Wales) has been secured for 24/25 for a number of small projects	term approaches) which support the strongest evidence base for success. 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)	31/12/2024	Progressing
Tobacco Control Legislation (including Smoke Free Sites) / Welsh Government Tobacco Control Plan	31/03/2026	Progressing
All Wales Weight Management Pathway 2021	31/03/2026	Progressing
Health Care Public Health Programme (also linked to Special Measures Plans and chronic disease pathways)	31/03/2026	Progressing
Together for Mental Health Strategy (local / national)	31/03/2026	Progressing
Well North Wales targeted partner programmes	31/03/2026	Progressing
Health Board Annual Plan / 3 year milestones and associated activity	31/03/2026	Progressing
Working in partnership across BCUHB, PHW and LA to reduce the risk associated with infectious diseases	31/03/2026	Progressing
Immunisation Strategy 2023-2026	31/03/2026	Progressing

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

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

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

TERMS OF REFERENCE
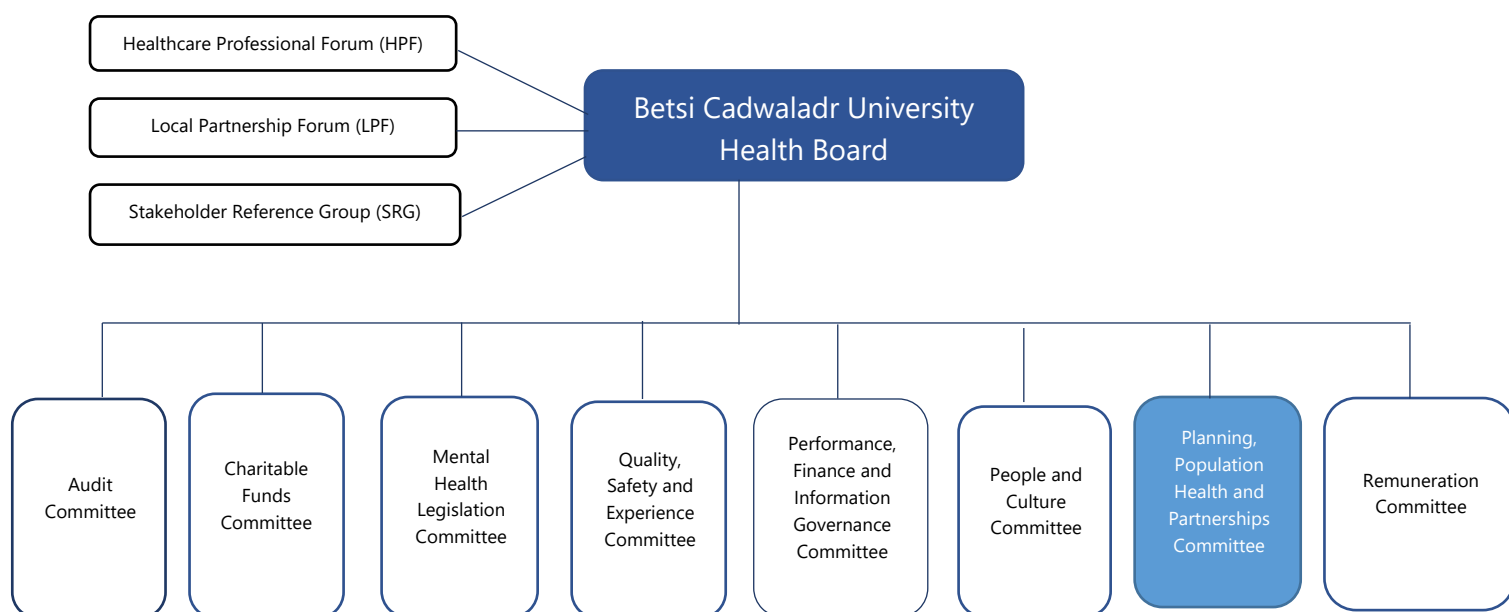
Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Committee Chair & Executive Lead	14/12/23	Developed as a draft for review with Committee Chair and Executive Lead. This was also reviewed at the introductory meeting of the PPHP Committee held on 10/01/24
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V1.00 Approved		25/01/24	Approved by the Health Board

1) Introduction

1.1   The Betsi Cadwaladr University Health Board (BCUHB) shall establish a Committee to be known as the Planning, Population Health and Partnerships Committee. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The detailed operating arrangements in respect of this Committee are set out below.

2) Purpose

The purpose of the Planning, Population Health and Partnerships Committee is to:

2.1   Provide advice and assurance to the Board with regard to the development and oversight of the Health Board's long term planning, Integrated Medium Term Plan and Annual Operating Plan ensuring that enabling strategies are aligned to these plans.

2.2   Ensure effective partnership arrangements are in place to improve Population Health (i.e primary care, public health and the social determinants of health) and reduce health inequalities.

2.3   Provide oversight, delivery and monitoring (by exception) of Population Health improvement and health inequalities strategies, policies and performance informed through Population Need's Assessment.

2.4   Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

3) Responsibilities of the Planning, Population Health and Partnerships Committee

The Planning, Population Health and Partnerships Committee shall provide advice, assurance and support to the Board as follows:

3.1   Providing advice, assurance and support to the Board on compliance with legislation, guidance and best practice relevant to the Planning, Population Health and Partnerships agenda, learning from work undertaken nationally and internationally, ensuring the Health Board can continually improve the quality of healthcare for the population.

3.2   Providing advice and insight to the Board on the implementation of the strategies related to the Committee's remit and assurance that it is consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.

3.3   Providing advice, assurance and insight to the Board on the organisation's ability to create and manage strong planning, population health and partnership arrangements, including through a robust data strategy.

3.4   Providing the Board with advice and insight on the development of the Health Board's Integrated Medium Term Plan (IMTP), and long term planning based on robust business intelligence and modelling, and assuring the development of delivery plans within the scope of the Committee including their alignment to the Population Health Needs assessment.

3.5   Seeking assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with partner organisations.

3.6   Receiving assurance through any update reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.7   Receiving assurance on the development of plans for Digital and Information Management, noting that operational assurance of Information Governance requirements is under the remit of the Health Board's Performance, Finance and Information Governance Committee.

3.8   Seeking insights and relevant information from Committee Advisory Groups where relevant to the remit of this agenda.

3.9   Assuring the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards, Quality Management and the Civil Contingencies Act ensuring the Board is supported to make strategic decisions from a quality perspective.

4) Membership

4.1   Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

4.2   The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Transformation, Strategic Planning and Commissioning (Executive Lead)
Executive Director of Public Health
Director of Partnerships, Engagement and Communications
Chief Digital and Information Officer
Other Attendees
Other Executive Directors as required by the Chair
Other Associate Directors as required by the Chair
Llais to be invited to attend – dependent on the agenda and if requested by the Chair

4.3   The membership of the Committee reflected above shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

4.4   Membership of the Committee will be reviewed on an annual basis.

5) Quorum and Attendance

5.1   A quorum shall consist of no fewer than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the 'In Attendance' members.

5.2   Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

5.3   The Committee may also co-opt additional independent external experts from outside the organisation to provide specialist skills.

5.4   Should any 'In Attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

5.5   The Committee may ask any or all of those who normally attend but who are not members to withdraw in order to facilitate open and frank discussion of particular matters.

6) Agenda and Papers

6.1   The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of Transformation, Strategic Planning and Commissioning) at least six weeks before the meeting date.

6.2   The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3   All papers must be approved by the Executive Lead.

6.4   The agenda and papers will be distributed/published seven days in advance of the meeting.

6.5   A draft table of actions will be issued within two working days of the meeting. The minutes and table of actions will be circulated to the Committee Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.

6.6   Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for final review.

7) In Committee

7.1   The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8) Meetings

8.1   The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.

8.2   The Committee may be convened at short notice if requested by the Chair.

8.3   Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

8.4   The Committee may, subject to the approval of the Health Board, establish groups to carry out on its behalf specific aspects of Committee Business.

8.5   Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

8.6   The Committee Secretary shall be determined by the Director of Corporate Governance.

9) Reporting

9.1   The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing information.

9.2   The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities;
- Bring to the Board's specific attention any significant matter under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.3   The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

10) Accountability, Responsbility and Authority

10.1   Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

10.2   The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

10.3   The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10.4   The Committee shall embed the corporate goals and priorities, e.g. equality and human rights through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-being of Future Generations Act.

11) Review Date

11.1   These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)									
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
Opening Business									
Apologies			✓	✓	✓	✓	✓	✓	
Declarations of Interest			✓	✓	✓	✓	✓	✓	
Minutes from the Previous Meeting			✓	✓	✓	✓	✓	✓	
Matters Arising & Table of Actions			✓	✓	✓	✓	✓	✓	
Report of the Chair: • Chair's action • Feedback from Board	This can be used as a placeholder if required (by exception)		✓	✓	✓	✓	✓	✓	
Notification of matters referred from other Committees			#	#	#	#	#	#	
Strategic Priorities									
Committee Development Session	To develop the priorities for consideration of the Committee								This session will take place in February 2024
Strategies for scrutiny prior to submission to Board for approval including:		Executive Lead / Strategic Lead	#	#	#	#	#	#	
Annual Review of Digital Strategy		Chief Digital Information Officer	✓						
Annual Plan 2024/25		Executive Lead			✓	✓	✓	✓	

Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)									
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
Transformation Plans		Executive Lead	✓					✓	
Asset Management (non-Estate)		CEO		✓					
Annual Winter Resilience Planning		Executive Director of Operations			✓				
Annual Flu & Covid Vaccination Plan		Executive Director of Public Health			✓				
Monitoring Strategies on behalf of the Board including:		Executive Lead / Strategic Lead	#	#	#	#	#	#	
Clinical Services Strategy		Executive Medical Director	✓		✓		✓		
Corporate Strategy: Living Healthier, Staying Well (bi-annual refresh)		Executive Lead		✓			✓		
Annual Review of Estates Strategy		Executive Director of Finance					✓		There will be a need to consider this as an enabler for this Committee. PFIG Committee oversees Finance of Estates Strategy
NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030		Executive Director of Finance		✓					
No Wrong Door Strategy		IHC					✓		
IMTP / Annual Operational Plan / Operational Plan Monitoring Report		Lead Executive	✓	✓	✓	✓	✓	✓	

	Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)								
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
Mental Health Strategy		Executive Director of Public Health			✓				Suggest this could be a composite report taken to October meeting
Learning Disability Strategy		Executive Director of Public Health				✓			
Dementia Strategy		Executive Director of Public Health					✓		
Issues Related to Key Risks									
Board Assurance Framework related to Committee		Director of Corporate Governance	✓	✓	✓	✓	✓	✓	
Corporate Risk Register related to Committee		Director of Corporate Governance	✓	✓	✓	✓	✓	✓	
Placeholder for any agenda items deriving from the BAF & CRR		Director of Corporate Governance	#	#	#	#	#	#	
Audit Wales Reports to be monitored by Committee			#	#	#	#	#	#	
Partnership Governance Arrangements		Director of Corporate Governance	✓			✓			
For Assurance									
Medical & Health Sciences School progress update		Executive Medical Director		✓		✓		✓	
Research & Development Annual Report		Executive Director of Therapies & Health Sciences					✓		Consider incorporation of Innovation within this report

Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)									

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
University Status Update		Executive Director of Therapies & Health Sciences		✓					
EPRR - Civil contingency / business continuity progress & end of year update (inc Major Incident Plan)		Executive Director of Operations	✓			✓			
Partners Strategy Presentation - T4MH		Executive Director of Public Health	#	#	#	#	#	#	
Endorse relevant policies reserved for Board approval		Director of Corporate Governance	#	#	#	#	#	#	
Agree relevant policies / guidance reserved for Committee approval		Director of Corporate Governance	#	#	#	#	#	#	
Policy status update including relevant policies reserved for Executive approval		Director of Corporate Governance		✓			✓		
Population Health Assurance Report (Including Adverse Child Experience, Smoking Cessation, Healthy Lives, Well North Wales Inequalities, Alcohol Use, Vulnerable Groups – *scheduling to be advised*)		Executive Director of Public Health	✓	✓	✓	✓	✓	✓	
Digital Assurance Report (inc KPIs)		Chief Digital Information Officer		✓		✓		✓	

Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)									
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
CEO Digital Health & Care Wales Update		External (CEO of DHCW)		✓		✓		✓	
Digital Partner Organisations Arrangements (other partners to be identified)		Chief Digital Information Officer							
Partnerships, Engagement & Communications Strategic Plan Monitoring (by exception) Report (inc Consultations & Engagement Outcomes Report)		Director of Partnerships, Engagement & Communications	✓			✓			
Primary Care Assurance Report (in the context of this Committee)		Executive Director of Operations	✓		✓			✓	
Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response			✓						
Committee Annual Report to Board		Secretariat						✓	
Review Committee Terms of Reference		Secretariat	✓					✓	
Welsh Language Service Annual Monitoring Report inc WL Standards		Executive Director of Public Health			✓				
Public Health Annual Report		Executive Director of Public Health				✓			

	Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)								

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Area Planning Board – Substance Misuse Annual Report		Executive Director of Public Health			✓				
Independent Assurance Reviews			#	#	#	#	#	#	
Internal Assurance Reviews			#	#	#	#	#	#	
Chairs Assurance Reports from Strategic and Tactical Delivery Groups: Population Health Delivery Group		Executive Director of Public Health	✓	✓	✓	✓	✓	✓	
Partnership Meetings • Regional Partnership Board • Public Service Board – Gwynedd and Anglesey* • Public Service Board – Flintshire* • Public Service Board – Wrexham* • Public Service Board – Conwy and Denbighshire* • Together for Mental Health Partnership Board		To be confirmed	✓+ ✓* ✓*	✓ ✓	✓ ✓*	✓+ ✓*	✓ ✓* ✓*	✓ ✓* ✓*	NB: Wellbeing plans to be submitted next in 2028 via Committee prior to Board

Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)									GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
• Mid Wales Joint Committee • *= and IHC Director to report Area Integrated Service Board • += invite Head of Collaboration to support RPB item			✓		✓		✓	✓	
Relevant Audit Reports			#	#	#	#	#	#	
Closing Business									
Agree Items for referral to Board / other Committees			✓	✓	✓	✓	✓	✓	
Review of Risks highlighted in the meeting for referral to Risk Management Group			✓	✓	✓	✓	✓	✓	
Agree items for Chairs Assurance Report			✓	✓	✓	✓	✓	✓	
Summary of Private Business to be reported in Public			#	#	#	#	#	#	
Review of Meeting Effectiveness			✓	✓	✓	✓	✓	✓	
Date of Next Meeting			✓	✓	✓	✓	✓	✓	
Part B Rolling Programme of Ad-hoc Items									
TBC									

Planning, Population Health and Partnerships Committee Cycle of Business (April 2024 – March 2025)									
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
TBC									
# = As Required									

Planning, Population Health and Partnerships Committee Cycle of Business Summary Version for Committee Development Session in February 2024 (April 2024 – March 2025)				
Item of Business	**Purpose**	**Lead**	**February 2024 Committee Development Session**	**Informs Future Cycle of Business for April, June, August, October, December, February meetings from the following Items**
Overview of BCUHB Strategy and Strategies	Gain an informed picture of the Health Board position on Plans and Strategies. Promote alignment of strategies under the Health Board Plan	Executive Director Transformation and Strategic Planning	✔ Items of business to be developed to inform future cycle of business	**Planning, Population Health and Partnerships Strategic Level Categories of Business** • Planning Review • Long Term Plan • IMTP • Capability and Capacity for Planning and Major Programmes • Status and impact of partners plans • Population Heath influence on plans including wider determinants of Health. • Winter Resilience Planning • EPRR (Civil Contingencies Act)
Summary of Population Health in North Wales	An overview of the evidence provided to support the work of the Committee	Director responsible for Public Health		
Overview of key stakeholders and	This will support the work of the Committee and	Director of Partnerships,		

Planning, Population Health and Partnerships Committee Cycle of Business Summary Version for Committee Development Session in February 2024 (April 2024 – March 2025)				
Item of Business	**Purpose**	**Lead**	**February 2024 Committee Development Session**	**Informs Future Cycle of Business for April, June, August, October, December, February meetings from the following Items**
partnerships of the Health Board	inclusion in Plans and associated strategies	Communications and Engagement		• Service change and engagement • Monitoring of strategies by exception
Other Business may be determined by the Chair with the support of Exec Leads				