

Bundle BCU Planning, Population Health and Partnerships Committee 3 July 2025

- 1 09:00 - PRELIMINARY MATTERS
- 1.1 09:00 - PP25/45 Welcome and Apologies - Verbal (Chair)
- 1.2 09:01 - PP25/46 Declarations of Interest - Verbal (Chair)
- 1.3 09:02 - PP25/47 Unconfirmed Minutes of Meeting held on 01.05.25 - Attached (Chair)
PP25.47 Minutes from PPHP Committee 01.05.25 V0.01 Unconfirmed (Public)
- 1.4 09:05 - PP25/48 Matters Arising & Action Log - Attached (Chair)
PP25.48 Summary Action Log PPHP Committee (Updated 23.06.25) Public
- 2 09:10 - STRATEGIC PRIORITIES
- 2.1 09:10 - PP25/49 Item Withdrawn
- 2.2 09:10 - PP25/50 Diabetes Transformation Programme Case for Change Update - Presentation (Executive Director of Public Health)
PP25.50 Diabetes Transformation Programme July 25
PP25.50.1 Diabetes Case for Change July 2025 (Presentation)
- 2.3 09:40 - PP25/51 Well North Wales - Paper (Executive Director of Public Health)
PP25.51 WNW Task & Finish Scoping Report PPHP 030725
PP25.51.1 Well North Wales Task & Finish Scoping Study May 2025
- 2.4 10:05 - PP25/52 Population Health Delivery Reports Q1 2025/26 - Paper (Executive Director of Public Health)
PP25.52 PH Q1 Delivery Report July 25
PP25.52.1 Final Q1 Delivery Report JULY 25
- 2.5 10:15 - BREAK
- 3 10:25 - GOVERNANCE AND ASSURANCE
- 3.1 10:25 - PP25/53 Corporate Risk Register - Paper (Director of Corporate Governance)
PP25.53 Corporate Risk Register Report PPHP July 2025 Public V2
- 3.2 10:35 - PP25/54 Corporate Governance Report - Paper (Director of Corporate Governance)
PP25.54 Corporate Governance Report (Cover paper)
PP25.54.1 Cycle of Business for the PPHP Committee 2025-26 V0.1
PP25.54.2 Draft PPHP Committee Annual Report - 2024-2025 V0.1
PP25.54.3 PPHP Committee Self Assessment Presentation 03.07.25
- 3.3 10:45 - PP25/55 Director of Planning Report - Paper (Interim Executive Director of Transformation and Strategic Planning)
PP25.55 FINAL - PPHP - Director of Planning - 2025-07-03
- 4 10:55 - FOR INFORMATION
- 4.1 10:55 - PP25/56 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)
PP25.56 PPHP Private Session Items Reported in Public
- 4.2 10:57 - PP25/57 Committee Forward Workplan - Paper (Head of Corporate Affairs)
PP25.57 Workplan for PPHP Committee (Live Version as at 23.06.25)
- 4.3 10:59 - PP25/58 Monthly Partnership, Engagement and Communications Report - Paper (Director of Partnerships, Engagement and Communications)
PP25.58 PEC Monthly Report June 25
- 5 11:00 - CLOSING BUSINESS
- 5.1 11:00 - PP25/59 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 5.2 11:02 - PP25/60 Review of Meeting Effectiveness - Verbal (Chair)

5.3 11:04 - PP25/61 Date of Next Meeting - 04.09.25

5.4 11:04 - Resolution to Exclude the Press and Public

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

Betsi Cadwaladr University Health Board (BCUHB)

**UNCONFIRMED Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 1 May 2025
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 of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member
In Attendance	
Dave Harries	Head of Internal Audit (<i>via Teams</i>)
Stuart Keen	Director of Environment & Estates (<i>part meeting</i>)
Jane Moore	Executive Director of Public Health
Dylan Roberts	Chief Digital and Information Officer
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning (<i>via Teams</i>)
Pam Wenger	Director of Corporate Governance
Dylan Williams	Assistant Director of Corporate Planning (<i>part meeting</i>)
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Wendy Hooson	Head of Health Strategy and Planning (<i>part meeting</i>)
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Affairs

OPENING BUSINESS
<p>PP25/23 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and no apologies were noted.</p>
<p>PP25/24 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PP25/25 Unconfirmed Minutes of Meeting held on 18.02.25</p> <p>It was agreed that the minutes of the meetings held on 18.02.25 were a true and accurate record.</p>
<p>PP25/26 Matters Arising & Action Log</p> <p>Electronic Health Records</p> <ul style="list-style-type: none"> There was discussion around the lack of progress in relation to implementing an Electronic Health Records system. It was confirmed that a summit is taking place

next week, a letter has been received from Welsh Government regarding the implementation timeframe for the Mental Health system and an informal session is taking place with the Board in June 2025 to discuss the full system.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

STRATEGIC PRIORITIES

PP25/27 Reflections on the Plan

Members received the report and the Chair, Assistant Director of Corporate Planning and Interim Executive Director of Transformation and Strategic Planning highlighted:

- The purpose of the report is to provide some reflections on both the process and the content of the latest Integrated Medium-Term Plan (IMTP) that has been submitted to Welsh Government and ensure all Board members have the opportunity to provide feedback.
- Following discussion at the Committee, the comments received will be incorporated ahead of further discussion at a Board session to allow additional feedback to be captured.
- The paper outlines the reflections in terms of the corporate planning process, the requirements from Special Measures and the outcome of the Planning Independent Review which all supported the development of a financially balanced IMTP.
- The last planning cycle was designed to improve engagement and the Team were able to engage more widely with staff, via workshops and with the Board.
- The suggestions collated as part of the engagement process have either been incorporated into the planning cycle, implemented or highlighted as areas that required further focus.
- The Team plan to apply a more continuous planning process going forward that provides an overarching focus and includes wider engagement across the organisation and with Stakeholders and ensure all views are incorporated.
- There is a need to bring together activity and data into a single modelling process and format and this will be an area of focus to ensure the information gathered is accurate.
- This will be an area of challenge for the Health Board that requires broad coverage throughout the organisation and includes a high volume of priorities and sub objectives. It is important to have discussions early on in the process to ensure all areas of improvement are integrated into the Plan as we move forward.

As part of the discussion, the Committee:

- Noted the improvements made, stated the importance of staff within the organisation being able to recognise where they fit within the IMTP, engaging in a smarter way with staff and highlighting what is being done differently to create better outcomes.
- Highlighted the need to ensure that the right strategic input has been discussed with the Board at the start of the process to set the direction and tone for the overall message of the document. This will also be key in developing the 10 Year Strategy.
- Queried the term Integrated Single Modelling Activity, it was confirmed that the organisation has the opportunity to bring various points of data together and the

Team are looking to align performance, finance, workforce and activity data as part of this modelling rather than trying to triangulate data at the end of the process.

- Suggested that the well-being objectives need to be embedded and clear in the Plan as well as demonstrating how the Plan delivers an impact externally.
- Stated the need to identify the priorities that require assurance from each Committee and also agree what areas need to report via the Board to enable a more streamlined approach to the assurance role of the Board in terms of delivering the Plan. This would help to inform the work programmes based around the responsibilities and oversight for each Committee.
- Noted the need for triangulation with Finance to ensure the structure of the budget aligns to the structure of the Plan as well as providing clarity around areas of focus including those that are not being pursued to allow the Health Board to identify these areas and provide feedback to Welsh Government around individual requests.
- Suggested there is a need for further work in terms of more meaningful engagement, particularly with clinical teams to gather more robust contributions and utilise updates and channels to demonstrate progress as well as developing the Clinical Services Plan.
- Recognised that there is a distinction between the vision of the 10 Year Strategy and the IMTP but highlighted that the plans need to align and managers need to start shaping the priorities for specific services to ensure staff are aware of what they need to deliver in their areas to contribute to the outcomes of the plans.
- Acknowledged the need for more strategic engagement with divisions and IHCs, strengthen staff awareness by cascading the objectives throughout the organisation via managers to deliver the plan more organically and enhancing the use of continuous planning to enable more structured discussions.
- Suggested the paper is adjusted based on the discussions and gain input and feedback from the Board.

Action:

- **PP25/27.1** Arrange a Board session to allow Board members the opportunity to provide feedback on the IMTP.

It was resolved that the Committee:

- **NOTED** the reflections provided to support a discussion at Committee, along with the next steps going forward.

Wendy Hooson joined the meeting

PP25/28 Well-Being Objectives

Members received the report and the Head of Health Strategy and Planning highlighted:

- Further to the previous updates presented to the Committee, a review of the Health Board's well-being objectives and strategy has now taken place.
- Whilst the primary focus of the review has been on fair work and socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure they remain fit for purpose.
- The review gathered information in relation to the Health Boards position in terms of well-being and identified the gaps and actions required to advance progress.

- The evidence gained as part of the review also included a summary of key Health Board and partnership well-being activities that address health inequalities, prevention, the wider determinants of health and decarbonisation.
- A Well-being Task and Finish Group was established in July 2024 to oversee the work to review the well-being objectives and proposed changes and additional objectives are highlighted in the report.
- There are currently no cost implications or budget required for implementation in respect of this paper however the Procurement Act may be measurable in due course.
- The fair work element links to partnership working and could provide benefits in the future in terms of reducing sickness absence and the use of Bank staff.
- Going forward, the aim is to progress with the long-term strategy, engage and test the objectives with partners and measure and monitor the well-being objectives to track progress in the longer term.
- An Audit Wales report on the 'Lessons from our work under the Well-being of Future Generations Act' will be considered by the Audit Committee and the Review of the Well-being objectives will be considered by the Board in May 2025.

As part of the discussion, the Committee:

- Recognised that the proposed changes suggested were reasonable.
- Suggested the need to address the Health Board's use of fixed term contracts in relation to fair work as this is currently inconsistent.
- Acknowledged that commissioning and social care are fundamental for people living well within local communities and resource is required for organisations to address this issue.
- Proposed that the description of the areas covered under the second new objective is strengthened.
- Highlighted the need to review how the well-being objectives align to the IMTP and the 10 Year Strategy to ensure the objectives run as a thread throughout these documents and the outputs and outcomes are clear in terms of those priorities for example less staff on fixed term contracts.
- Confirmed that the report that goes to the Board will include elements of strategic planning and incorporate the well-being objectives.
- Recognised that this work sits within the 10 Year Strategy and aligns to the IMTP and the Clinical Services Plan in terms of delivery.

It was resolved that the Committee:

- **ENDORSED** the paper prior to presenting to the Board for approval in May 2025.

Wendy Hooson left and Dyfed Edwards joined the meeting

PP25/29 Population Health Delivery Report

Members received the report and the Executive Director of Public Health highlighted:

- The report recognises the discussion by the Board to move into the prevention space and this is highlighted in the document.

- The Public Health Executive Delivery Group has been utilised to review the requirements across the Health Board including the Ministerial priorities to set out the agenda, aligning this to the IMTP.
- Going forward into Quarter 1, there will be a focus on progressing the key areas.
- In terms of smoking cessation and flu vaccinations for over 65s, the Health Board have achieved the highest targets in Wales.
- Work on screening continues and there has been a focus on measles due to the recent rise in cases.
- There are concerns around vaccinations and the need to ensure staff are aware of the importance of being vaccinated, there will be a focus on covid and flu vaccines to attempt to increase the figures in these areas.
- The key indicator relating to deaths and falls for over 65s is being addressed by the six goals emergency care work, work continues in relation to falls prevention to try and identify patients and establish preventative action in advance.

As part of the discussion, the Committee:

- Recognised the low uptake of staff in relation to vaccinations and highlighted concerns in relation to front line staff. It was confirmed that this is a behavioural change in terms of the populations attitude to the value of vaccinations since covid, this issue being discussed more widely with Public Health Wales.
- Considered areas of deprivation where vaccination and screening uptake is low. It was confirmed that funding has been provided in Rhyl and Wrexham however further discussions are required with partners to address inequality issues. The Consultant for Health Inequality is a member of the National Group where this issue is being discussed.
- Acknowledged the ambition of the Three-Year Plan to have a wider understanding of communities and suggested there is a need to discuss the plan to address health inequality and deprivation in more detail. It was suggested that the Committee plan a Development Session to discuss areas including prevention, deprivation, health inequality and social prescribing.
- Highlighted the figures relating to smoking at birth, it was confirmed that an incentive scheme has been taking place which has had an impact however the use of incentive schemes needs to be discussed further.

Action

- **PP25/29.1** Plan a Committee Development Session to discuss areas including prevention, deprivation, health inequality and social prescribing.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the delivery of population health activity set out in the content of the report.

Dylan Williams left the meeting

PP25/30 Decarbonisation Progress Report

Members received the report and the Director of Environment & Estates highlighted:

- The update report provides a summary of the current position highlighting that the Health Board covers approximately half a million square metres with 239 properties of different ages and construction.
- Positive progress has been made and steps are being taken towards net zero however the organisation will be unable to hit the current target.
- The Decarbonisation Action Plan has been approved, this will be monitored against the All-Wales tool and will include areas such as active travel and green areas which will increase over the next twelve months.
- The Health Board currently has 2 significant projects that align with the Action Plan which are the BCUHB Re:Fit Programme and the Ysbyty Gwynedd Solar Farm Development.
- The BCUHB Re:Fit Programme is a Board approved approach and is an 'invest to save' programme supported by Welsh Government. The programme will focus on areas including LED lighting, insulation and improvements to energy control functions.
- The Ysbyty Gwynedd Solar Farm Development is being completed in conjunction with Bangor University and will produce a significant amount of electricity for Ysbyty Gwynedd particularly during the summer months. There is potential for the scheme to be funded through the capital programme and high-level discussions are currently taking place with the Vice Chancellor.

As part of the discussion, the Committee:

- Queried how the work being completed links in with partners and the Public Services Boards in terms of encouraging healthy behaviours and active travel. It was confirmed that discussions are taking place in terms of green initiatives including access to facilities and public transport and this will be included in the Estates Strategy.
- Discussed the cost implications of the Solar Farm, it was confirmed there are no planning uses for the land apart from agriculture which can continue, a high-level assessment has been completed and scrutinised by Shared Services and the next stage is to complete a detailed assessment and design.
- Recognised the narrative in this area of work and the opportunities for wider communication to highlight positive news for the Health Board.
- Noted the limited assurance report received in 2023/24 in relation to carbon reduction stating this is an important area of focus for the Committee to build this into the forward workplan and provide assurance in this area.

Action

- **PP25/30.1** Ensure Decarbonisation is built into the Committee plan to provide assurance.

It was resolved that the Committee:

- **NOTED** the significant progress to the Decarbonisation of elements of the estate.
- **SUPPORTED** the continued delivery of the Re:Fit High Level Appraisal Document submitted by Vital Energy on the basis that any BCUHB funding is approved through the relevant capital fund.

- **SUPPORTED** the progression of the Solar Farm Project at Ysbyty Gwynedd provided always that any binding commitments would be the subject of separate HB approval.

Nesta Collingridge joined the meeting

GOVERNANCE AND ASSURANCE

PP25/31 Corporate Risk Register and Board Assurance Framework

Members received the report and noted the progress to date. In presenting the report, the Head of Risk Management highlighted:

- The risk based on the Operational Planning for Transmittable Diseases and Outbreaks has requested an extension to the target due date as there have been delays in completing the work.
- There are no overdue risks as all risks are currently within tolerance.
- In terms of the Board Assurance Framework, this focuses on the levels of assurance for each Committee and the levels are determined at the Risk Scrutiny Group and Executive Committee as recommendations for the Committees to review.
- All the risks are currently noted as limited assurance, this is a cautious stance and there is a need to address these in further detail to move up to reasonable.

As part of the discussion, the Committee:

- Noted concern around the extent of the delay for the transmittable diseases risk and the target risk significantly below the risk appetite. It was confirmed that target scores should be challenged, the risk appetite has been set by the Board and further discussion may be required in terms of opportunities to amend the risk appetite.
- Confirmed that there has been an extension to the National guidance on highly contagious infectious diseases as this links to the covid enquiry. A major exercise is due to take place across the UK over the next three months to test a scenario of a pandemic from initiation to recovery.
- Stated that due to the length of the Corporate Risk Register this will only be received in full by the Audit Committee and will be noted in the Committee Chair's Reports.
- Highlighted the gaps in assurance, it was noted that this is being reviewed in further detail to ensure consistency and the Team have further work to do to strengthen the document.
- Noted that this is a live document and areas of assurance and gaps can be reflected and realigned as we move forward, confirming that the full Board Assurance Framework will be presented to the Board twice per year.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** for the progression of the corporate risks to which the Committee has overall accountability.

PP25/32 Committee Governance

Members received the report and the Director of Corporate Governance highlighted:

- The Terms for Reference for all Committees are being reviewed, the document is in a different format and follows the model template and these will go to the Board in May.
- A Self-Assessment for each Committee is being developed and circulated to allow members to share their views and provide feedback.

It was resolved that the Committee:

- **APPROVED** the Terms of Reference.

PP25/33 Eye Health Needs Assessment

Members received the report and the Director of Corporate Governance highlighted:

- This is a Ministerial Direction that has been omitted and has been brought to the Committee to ensure this is not noted as a breach.
- The assessment has been to the Executive Committee and has now been published.
- The compliance with reporting Ministerial Directions and Welsh Health Circulars has now been strengthened.
- This has also been noted by the Audit Committee to confirm this will be an area of focus and it will be included in the AAA Report.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the Eye Health Needs Assessment and compliance with Ministerial Directions.

FOR INFORMATION

PP25/34 Summary of Business to be Reported from Private

It was resolved that the Committee **NOTED** the report for information.

PP25/35 Committee Forward Workplan

It was resolved that the Committee **NOTED** the forward workplan for information.

CLOSING BUSINESS

PP25/36 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the Board:

- Note the reflections shared on the process for the IMTP going forward.
- Received the Population health Delivery Report and noted the significant disparities between challenges and preventative measures and uptake.
- Note the work completed in relation to the Decarbonisation Action Plan.
- Alert the Board to the Eye Health Needs Assessment and the aim to strengthen and improve the process.
- Provide assurance on the Well-being objectives and the work completed.

PP25/37 Review of Meeting Effectiveness



It was agreed that there had been good, high level, discussion on strategic elements to assure the Board.

PP25/38 Date of next meeting

Tuesday 3 July 2025, 9.30-12.30pm

Resolution to Exclude the Press and Public

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

Unconfirmed

Planning, Population Health & Partnerships Committee Action Log

Updated 23.06.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP25/29.1	01.05.25	Population Health Delivery Report Plan a Committee Workshop / Development Session to discuss areas including prevention, deprivation, health inequality and social prescribing.	Jane Moore Pam Wenger		Remain Open 23.06.25 A Development Session is being arranged to take place during August / September 25.
2	PP25/09.1	18/02/25	Public Health – Delivery Report Bring back a focus on the work in the most deprived areas.	Jane Moore	Sept 25	Remain Open 23.06.25 This will be covered as part of the Development Session that is being arranged to take place during August / September 25. 12.03.25 We will include reference to activity in relation to vulnerable groups within the Quarterly Delivery Reports. In terms of detail, we will propose a paper focused on vulnerable groups/deprivation is put forward for the PPHP meeting in September as we progress the Health Inequalities Programme.
3	PP24/94.1	10.12.24	Embedding Opportunities to be Active	Jane Moore	April-2025	Remain Open



			<p>with the BCUHB Workplace Item to come back to a future Committee to monitor the adoption and implementation of the programme.</p>		<p>Revised timescale Sept 25</p>	<p>23.06.25 A detailed report on the Active Workplace programme will be provided to the Committee in September following the launch of the programme. 12.03.25 We will provide a brief update as part of the Q4 Delivery Report and bring a paper to the meeting in July 25 as we are in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee. 20.01.25 This has been included on the forward workplan to come back to the Committee in April 25.</p>
4	PP24/11.3	23.04.24	<p>Partnerships, Engagement and Communications Update The Committee agreed that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy to capture themes.</p>	<p>Stephen Powell Helen Stevens-Jones</p>	<p>October 2024 Dec-2024 Revised timescale Sept 2025</p>	<p>Remain Open 23.06.25 It was agreed at agenda setting to put this forward for the next meeting in September 25. 15.04.25 Steve Powell to provide an update on the current position in relation to Third Sector commissioning arrangements. 18.02.25 It was agreed to merge this action with action PP24/49.7</p>



						<p>05.02.25 Further work is required therefore the timescale has been revised to reflect this.</p> <p>02.12.24 Further work is required; an update will be presented to the Executive Team and will come back to the Committee in the next six months.</p> <p>04.10.24 Work is ongoing and a paper to the Committee will follow.</p> <p>20.08.24 HSJ is progressing this action and it will be included as an item for the October meeting. Update in Meeting: have been joined by new colleagues and seen a shift in portfolios – opportunity to bring everyone round the table is opportune -</p>
ACTIONS PROPOSED FOR CLOSURE						
1	PP25/27.1	01.05.25	<p>Reflections on the Plan Arrange a Board session to allow Board members to opportunity to provide feedback on the IMTP.</p>	Paolo Tardivel Pam Wenger		<p>Action proposed for closure 23.06.25 This was discussed during the Informal Board Session on 28.05.25 and is also included on the agenda for the Board Development Session on 26.06.25.</p>
2	PP25/30.1	01.05.25	<p>Decarbonisation Progress Report Ensure Decarbonisation is built into the Committee plan to provide assurance.</p>	Stuart Keen Pam Wenger		<p>Action proposed for closure 23.06.25 The Decarbonisation Action Plan is included on the</p>



						cycle of business for the PPHP Committee.
Closed Actions (as agreed at meeting on 18.02.25)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
	PP25/05.1	18/02/25	SRG Update Check whether the Volunteering Strategy should be monitored by the QSE Committee or P&C Committee.	Pam Wenger	May 2025	14.04.25 Pam and Angela have agreed this should sit with the P&C Committee and this has been included on the forward workplan for the P&C Committee.
	PP25/06.1	18.02.25	Partnerships, Engagement & Communication Update Name the representatives who represent the Health Board at each of the public bodies.	Helen Stevens-Jones	May 2025	13.03.25 A copy of the Partnership Governance – RPBs, PSBs and Leadership Group paper has been circulated to the Committee via email.
	PP25/08.1	18.02.25	Three Year Plan Board Members to be invited to join the PFIG Committee on 18 March 25 to provide final input into the Three-Year Plan.	Philippa Peake-Jones	May 2025	11.03.25 Email circulated to Board members on behalf of Dyfed Edwards with an invitation to join the PFIG Committee on 18.03.25 to contribute to the Plan.
	PP24/49.7	20.08.24	Developing our Partnerships Director of Corporate Governance, Director of Partnerships, Engagement and Communications to work together on a document to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the	Pam Wenger Helen Stevens-Jones Clare Budden	October 24 Revised timescale June 2025	18.02.25 It was agreed to merge this action with action PP24/11.3 and close this action down. 05.02.25 Further work is required therefore the timescale has been revised to reflect this. 02.12.24 Further work is



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University Health Board

			Chair.			required; an update will be presented to the Executive Team and will come back to the Committee in the next six months. 02.10.24 This action is in progress. A meeting has been arranged to take place and an update will be provided at the October meeting.
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Teitl adroddiad: <i>Report title:</i>	Diabetes Transformation Programme Case for Change Update			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnership Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 03 July 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this presentation is to provide the PPHP Committee with an update and assurance on the outputs of the consensus process for the diabetes transformation programme, and an update on the development of the case for change and next steps for the programme.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the presentation and discuss the case for change for Diabetes to inform the next steps.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Charlotte Smith, Consultant in Public Health Sarah Lawrence, Transformation Pathway Facilitator			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience. Health Board Wellbeing Objectives:			

	<ul style="list-style-type: none"> • to improve physical, emotional and mental health and well-being for all. • to target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences. <p>Prevention and Population Health are noted as a Ministerial priority for 25/26. With specific delivery expectations relating the eight care processes.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<ul style="list-style-type: none"> • Equality Act 2010 • Public Sector Equality Duty • Socio-economic Duty • Human Rights Act 1998 • Quality and Health and Care Quality Standards 2023 • Wellbeing of Future Generations Act 2015
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>A baseline EQiA has been undertaken as part of the Diabetes Transformation Programme</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>A baseline SEIA has been undertaken as part of the Diabetes Transformation Programme</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR24-08 There is a risk that the Health Board fails to implement evidence based pathways and co-designed holistic models of care which focus on prevention and can improve population health outcomes. This may be caused by: a lack of population health intelligence to inform decision making and delivery, an inability to identify and address health inequalities and variation in care, the implementation or continuation of models of care which fail to address population health needs. This may lead to increased prevalence and worsening health inequalities and variation in largely preventable non-communicable diseases.</p>

	<p>Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales and increasing pressure on healthcare systems.</p> <p>CRR24-18 There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, M-Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.</p> <p>BAF24-06 - There is a risk of not delivering the required improvements to transform care and enhance outcomes</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are risks to the preventative programmes of work which are largely funded through grant/non recurrent funds. These are captured as part of the Corporate risks and also within specific tier 1-2 risks managed via the Public Health Performance and Risk Management Group.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>We have been collaborating closely with clinicians, management teams, and data analytics colleagues to assess the potential workforce implications of the new model of care. These implications will become clear once the next phase of work is completed, and the service delivery mechanisms are established.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Population Health Executive Delivery Group, chaired by EDoPH. There are also a number of Programme Healthcare Public Health Diabetes Programme Groups and this workstream links to the Diabetes Partnership Board.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>CRR24-08 CRR24-18 BAF 24-06</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>

The PPHP are asked to review the outputs of the consensus process and to make any comment and recommendations with regard to taking this work forward through the case for change

Rhestr o Atodiadau:

Dim

List of Appendices:

Diabetes Transformation Programme - Case for change development – Presentation



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Public Health Diabetes Programme A Case for Change

**Jane Moore, Executive Director of Public Health /
Diabetes Transformation Programme SRO**
Gorffennaf/July 2025



Background to the Diabetes Transformation Programme

Improving services for the prevention of diabetes and early intervention was included within the BCU Major Change programme in March 2024

This programme seeks to understand:

- What would effective models of diabetes care look like in primary and community care, and how is this supported by secondary and specialist services?
- How do we move resources towards prevention and early intervention that is delivered by the new models of diabetes care?
- How do we work with communities and individuals to enable them to support active management of health issues and how do we co-develop and deliver diabetes care with our communities?



Methodology

DIABETES TRANSFORMATION PROGRAMME: DEVELOPING THE CASE FOR CHANGE

INTELLIGENCE GATHERING AND CO-PRODUCING THE WAY FORWARD

April 2024 onwards

Intelligence gathering process began with information from:

- Public Health Wales (engaged for modelling)
- Data profiling - service, best practice and technologies
- Clinically-focused discussions
- Staff and service user feedback
- Online survey
- Face to face events
- Stakeholder group
- MP and MS correspondence
- PALS
- Compliments and complaints
- Integrated Equalities Impact Assessment



22.11.2024

CONSENSUS EVENT ONE

Understanding the current state

All known intelligence was presented to describe the current state and need for change. Design principles were developed based on conversations and circulated for feedback.

Public survey

13.12.2024

CONSENSUS EVENT TWO

Co-developing principles for re-design

Feedback on the principles was discussed to agree the underpinning approach to change as well as discussions on what changes could be made to improve the service.

Stakeholder feedback on principles

21.02.2025

CONSENSUS EVENT THREE

Agreeing the vision

Based on all conversations and intelligence collected, agreement to change was made with a potential future model presented for initial feedback.

Equalities focus group

MAY 2025

CASE FOR CHANGE

Approval to move to an Options Appraisal phase is being sought.

Full feedback collation and phase 2 EQIA

Did you know...

Over 45,000 people are currently living with Type 2 Diabetes in North Wales.

Did you know...

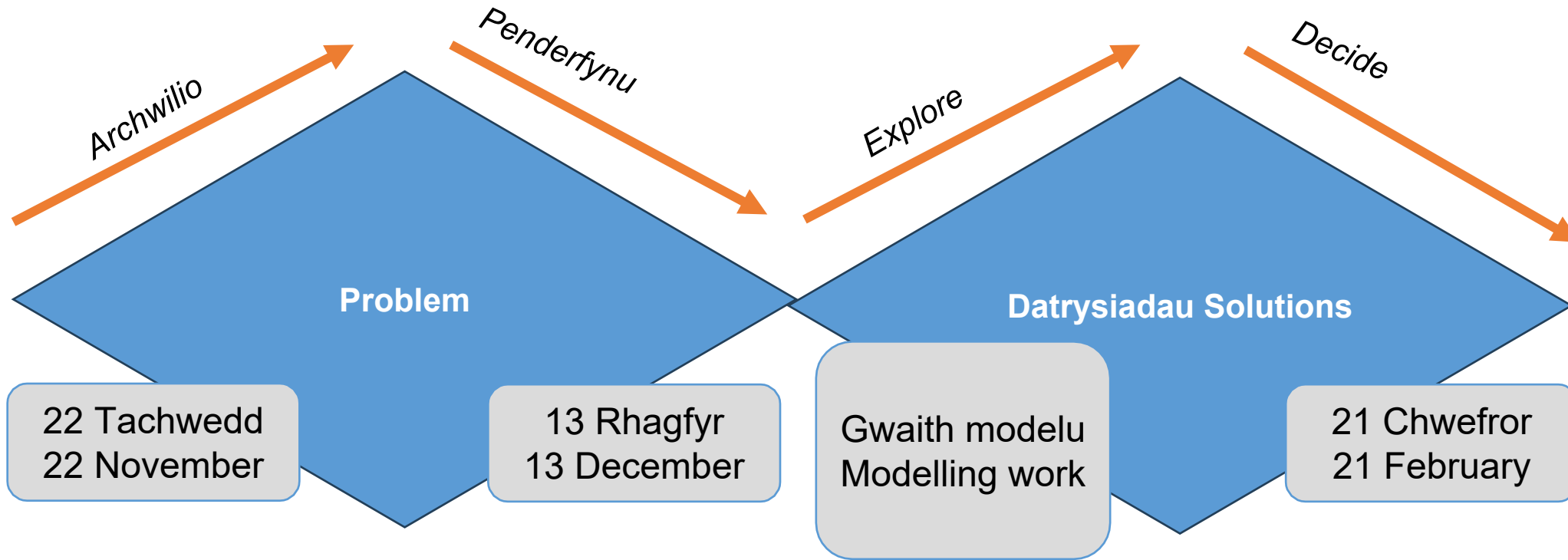
25% more people are expected to be diagnosed with Type 2 Diabetes in the next ten years.

We're working with you to:

- Stop people developing diabetes wherever possible.
- Make sure services are as close to where people live as possible, and,
- Improve the way we plan for and manage diabetes services.



Methodology - Iterative Process Double Diamond



Findings - Data & Evidence - Prevalence of Diabetes



Projected Diabetes Prevalence, 2024

49.28K



Projected Diabetes Prevalence, 2035

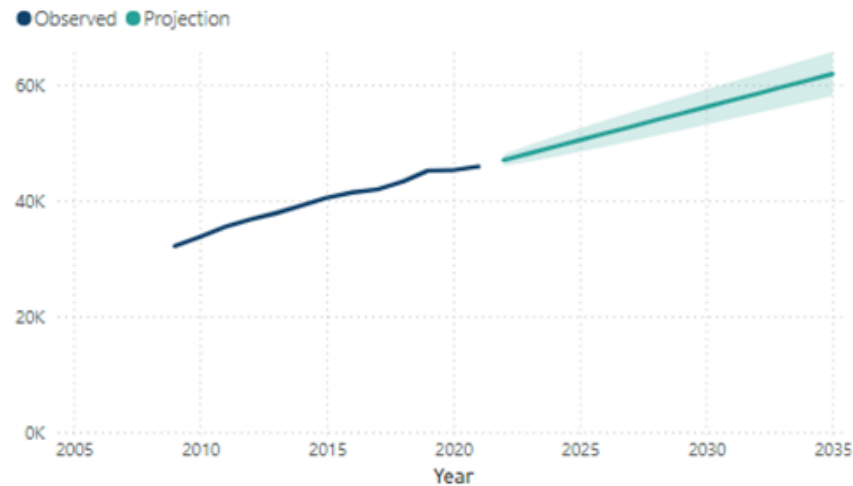
61.86K



Diabetes Prevalence Increase: 2024 to 2035

25.5%

People aged 17+ living with diabetes in BCU



The number of people aged 17+ living with diabetes in BCUHB is projected to increase to over 60,000 by 2035/36 (based on PHW projections). This dashboard explores potential consequences for people and for the health system. Diabetes is associated with a range of complications and with substantial health system activity.

Notes on interpretation:

- This dashboard takes a simple approach to projecting consequences of the rise in diabetes. For the most recent year where data is available on the factor of interest, the rate per person with diabetes is calculated. This is then multiplied by the projected increase in diabetes prevalence.
- This simple approach may miss complexities, such as trends in the factor of interest that are independent of changing diabetes prevalence, the impact of health system actions, or the impact of age of the population with diabetes. However, given data limitations and the goal of looking at a broad range of consequences, it is a practical way to get a quick overview of potential impact.
- The historical trend in the factor of interest is also shown, and can give a sense of how realistic the projected trend is.
- Many of the consequences of diabetes are not coded directly under diabetes. This dashboard describes some of these consequences, but is not comprehensive. For example, under prescribing we look only at diabetes-specific prescribing, and spend data is limited to the programme budget category for diabetes.
- Consequences of diabetes occurring in people with diabetes may not be attributable to diabetes. For example, diabetes raises the risk of cardiovascular disease, but eliminating diabetes would not eliminate cardiovascular disease. In this dashboard, we do not attempt to separate attributable and non-attributable risk (although this may be done in an extension).
- Throughout, year generally refers to financial year (except where otherwise stated).

- 45,850 people aged 17 and over registered with GP as having diabetes (Type 1 & Type 2)
- An increase of 14,000 people (+43%) between 2009/10 and 2021/22.
- The prevalence of diabetes rises steeply with age.
- Recent increase among young people.
- Type 1 and Type 2 diabetes are more prevalent in males compared to females



Findings - Data & Evidence - Prevalence of Diabetes - Risk Factors

- **Overweight/Obesity: accounts for 80-85% of the risk of developing Type 2 diabetes.**
 - Currently around 59% of adults in North Wales are overweight or obese
 - 26% of children in their first year at primary school are overweight or obese in North Wales
- Family history
- Deprivation: more disadvantaged at higher risk
- Ethnicity: people of African-Caribbean; Black African; South Asian descent at higher risk
- History of gestational diabetes: 7-fold increased risk of Type 2 diabetes later in life.
- Low birth weight infants in later life have an increased risk
- Other lifestyle behavioural factors including physical inactivity, smoking and alcohol



Data & Evidence- Complications of Diabetes - Multisystemic - reduction in risk through condition management

Macrovascular – Atherosclerotic CVD leading cause of death in Type 2 DM

CVA- 2 x risk in first 5 years

MI and heart failure - 2.5 x risk

Peripheral arterial disease – contributing to foot ulcers

Microvascular

Diabetic Kidney Disease - leading cause of Chronic Kidney Disease and End-Stage Renal Disease

Retinopathy - leading cause of preventable sight loss - 25% of people with Type 2 DM develop some degree of retinopathy

Diabetic neuropathy – peripheral, autonomic, sensory and motor – around 50% of people with DM affected, significant impact on quality of life



Findings - Data & Evidence - Complications Diabetes - 2

Foot problems – aetiology - PAD and peripheral neuropathy - risk factor for foot ulcers, sepsis and amputation (~70% of amputations in BCUHB)

Metabolic – Dyslipidaemia, Diabetic Ketoacidosis & Hyperosmolar Hyperglycaemic State (Dyslipidaemia as CVD risk - DKA and HSS presenting as life-threatening emergencies)

Psychosocial - Diabetes may negatively impact on quality of life and is associated with an increased risk of anxiety and depression. The prevalence of depression is about twice as high in people with diabetes as in the general population

Reduced Life expectancy - in people with type 2 diabetes, the risk of death is 32% greater than expected, and is mostly in younger people and females. Life expectancy reduced by ~10 years in T2DM



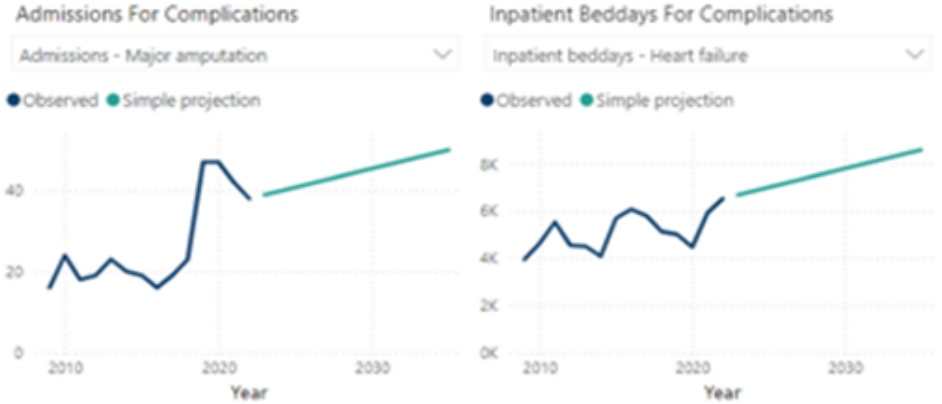
Findings - Hospital Admissions & Emergency Department Attendance

Complications Of Diabetes - Hospital Spells

Data source: APC (PEDW)

Definition:

- Cohort with diabetes identified based on first appearance of diabetes codes E10-E14 (2002 onwards).
- Admissions: Subsequent hospital admission with the complication recorded in primary position on at least 1 episode of spell or the operation recorded in any position.
- Inpatient beddays: Filtered as above. Further filtered to inpatients. Summed over admission-discharge duration (one duration per spell).
- All analysis filtered on provider organisation being BCUHB, so does not include BCUHB residents admitted to other providers but includes non-residents admitted to BCUHB organisations.



Emergency Attendances

Data source: EDM

Definition:

- Emergency department attendances in BCUHB aggregated by year, where diabetes is noted as the A&E diagnosis code.
- All analysis filtered on provider organisation being BCUHB, so does not include BCUHB residents attending other providers but includes non-residents attending BCUHB organisations.

Caveats:

- OCAT guidance states that DHCW emergency data suffers with quality



Marked increases in secondary care attendance due to complications of diabetes since 2020

Projected increases in:

- Emergency attendance,
- Admissions due to complications of diabetes,
- Inpatient bed-days



Hospital Admissions Complications of Diabetes MI and CVA

Data source: APC (PEDW)

Definition:

- Cohort with diabetes identified based on first appearance of diabetes codes E10-E14 (2002 onwards).
- Admissions: Subsequent hospital admission with the complication recorded in primary position on at least 1 episode of spell or the operation recorded in any position.
- Inpatient beddays: Filtered as above. Further filtered to inpatients. Summed over admission-discharge duration (one duration per spell).
- All analysis filtered on provider organisation being BCUHB, so does not include BCUHB residents admitted to other providers but includes non-residents admitted to BCUHB organisations.

Data source: APC (PEDW)

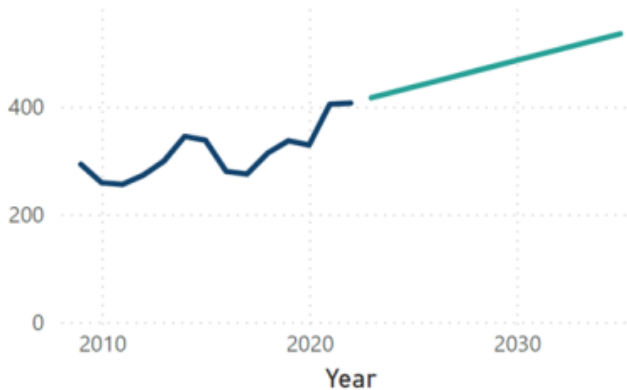
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Admissions For Complications

Admissions - Myocardial infarction

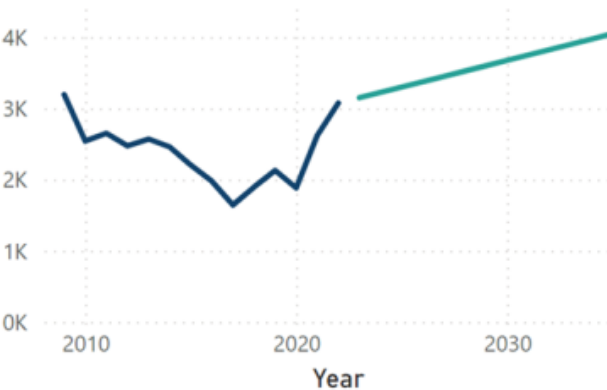
● Observed ● Simple projection



Inpatient Beddays For Complications

Inpatient beddays - Myocardial infarction

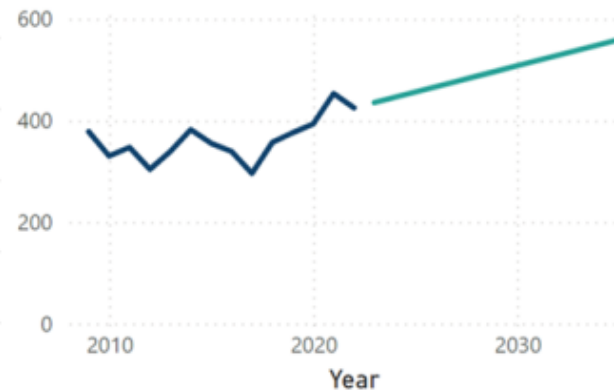
● Observed ● Simple projection



Admissions For Complications

Admissions - Stroke

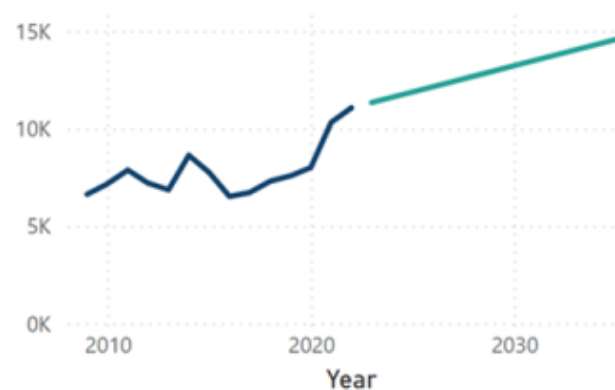
● Observed ● Simple projection



Inpatient Beddays For Complications

Inpatient beddays - Stroke

● Observed ● Simple projection



Hospital Admissions Complications of Diabetes Heart Failure & Dialysis

Data source: APC (PEDW)

- Definition:
- Cohort with diabetes identified based on first appearance of diabetes codes E10-E14 (2002 onwards).
 - Admissions: Subsequent hospital admission with the complication recorded in primary position on at least 1 episode of spell or the operation recorded in any position.
 - Inpatient beddays: Filtered as above. Further filtered to inpatients. Summed over admission-discharge duration (one duration per spell).
 - All analysis filtered on provider organisation being BCUHB, so does not include BCUHB residents admitted to other providers but includes non-residents admitted to BCUHB organisations.

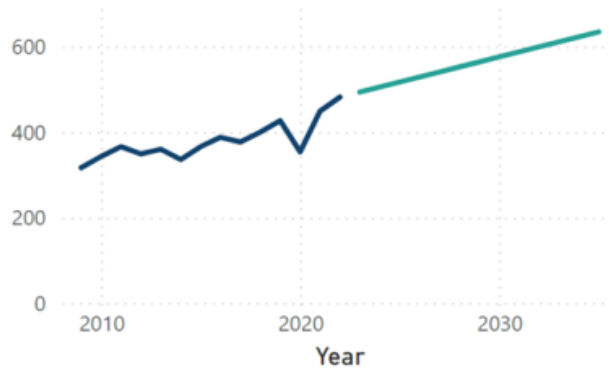
Data source: APC (PEDW)

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- Cohort with diabetes identified based on first appearance of diabetes codes E10-E14 (2002 onwards).
 - Admissions: Subsequent hospital admission with the complication recorded in primary position on at least 1 episode of spell or the operation recorded in any position.
 - Inpatient beddays: Filtered as above. Further filtered to inpatients. Summed over admission-discharge duration (one duration per spell).
 - All analysis filtered on provider organisation being BCUHB, so does not include BCUHB residents admitted to other providers but includes non-residents admitted to BCUHB organisations.

Admissions For Complications

Admissions - Heart failure

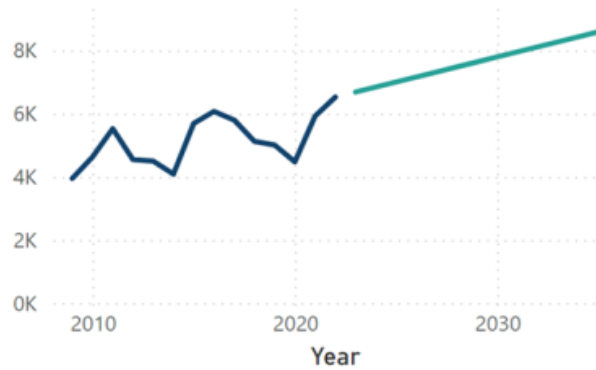
● Observed ● Simple projection



Inpatient Beddays For Complications

Inpatient beddays - Heart failure

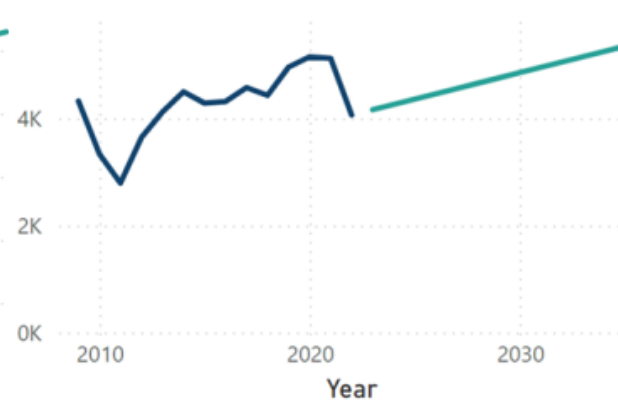
● Observed ● Simple projection



Admissions For Complications

Admissions - Renal replacement therapy

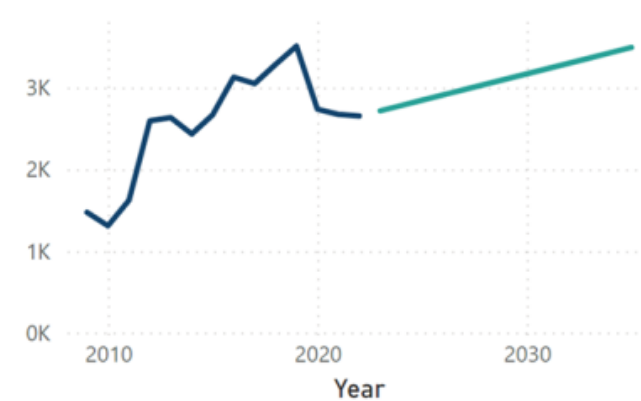
● Observed ● Simple projection



Inpatient Beddays For Complications

Inpatient beddays - Renal replacement therapy

● Observed ● Simple projection



Findings –Specialist and Secondary Diabetes Care

- Diabetes care and management is across broad range of secondary care services including; endocrinology, dietetics; outpatients; structured education; specialist psychology, ophthalmology,
- Over 2,300 Emergency Department attendances with principal diagnosis of diabetes between April 2021 and November 2023.
- Over 17,000 diabetes related spells (excluding amputations), with an emergency, elective or transfer admission method; the average cost is around £5,200 per spell (2021/22).
- Type 2 diabetes accounts for majority of diabetes emergency admissions. The highest number of admissions were among those aged 80 years and over, and were higher for males compared to females.
- The percentage of total inpatients with any mention of diabetes is higher for residents from the most disadvantaged areas compared to the least deprived.
- Inpatient mortality for people with diabetes (20.6%) is considerably higher than for people who do not have diabetes (8.1%).

Specialist diabetes: The Super Six (WITHIN ACUTE TRUST)

1. A) Patients in hospital

In-patient care

Peri-operative care

B) MDT services:

- 2. Antenatal diabetes
- 3. Foot diabetes
- 4. Pumps
- 5. Adolescent/Type 1 Diabetes (poor control)
- 6. Renal (eGFR between 20-40 and less-in joint conjunction with Renal)



Evidence and Data –Prevention of complications - NICE Treatment Targets

1.	HBA1c \leq 58 mmol/mol
2.	Blood Pressure \leq 140/80
3.	Statins for combined* prevention of CVD

In 2021-22, just over **27%** of patients with diabetes in BCUHB received all three treatments recommended by NICE, compared to just over **31% in 2019-20**.

Achieving these three treatment targets, alongside the eight care processes, reduces the incidence of complications of diabetes and as part of a holistic model of care can support people with diabetes to avoid or delay the onset of complications.



Findings - Primary Care

Eight Care Processes

Data source: [DIVA dashboard](#)

People with diabetes should have the Eight Care Processes carried out every year. However, currently this target is far from being obtained in BCU.

Definition:

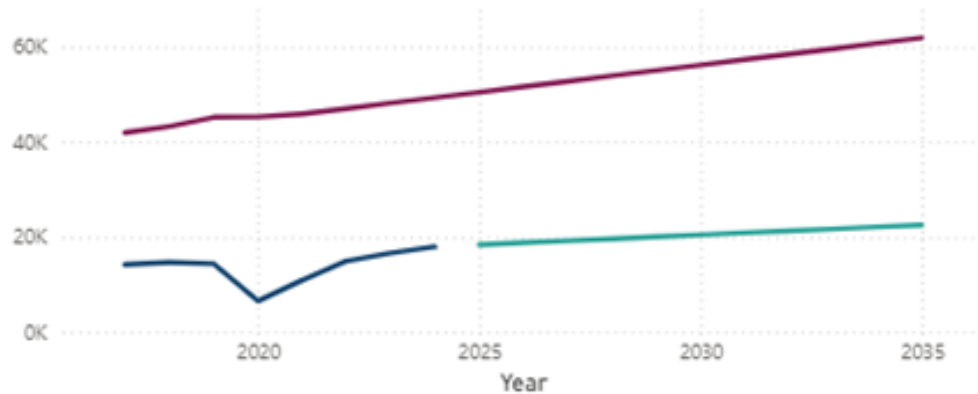
- This chart shows the number of care processes with current compliance (and projection).
- It also shows number of care processes needed to deliver the care processes for everyone with diabetes.

Metric

Care process - All Eight Care Processes

Care process - All Eight Care Processes

● Observed - current compliance ● Required (historic/projected) ● Simple projection - current...



NICE recommends that adults with diabetes have the following eight annual checks as part of clinical management of their diabetes -

1. HbA1c	Blood test for glucose control.
2. Blood Pressure	Measurement of cardiovascular risk.
3. Serum Cholesterol	Blood test for cardiovascular risk.
4. Serum Creatinine	Blood test for kidney function.
5. Urine Albumin/Creatinine Ratio	Urine test for kidney function.
6. Foot Risk Surveillance	Foot examination for foot ulcer risk.
7. Body Mass Index	Measurement for cardiovascular risk.
8. Smoking History	Question for cardiovascular risk

These processes help identify risks, reduce complications, and guide self-management.

In 2023-24 –around 38% or people with type 2 diabetes had all eight care processes recorded.

Currently around 30,000 people with unmet need, rising by around 13,000 by 2035 if current levels continue.



Key findings current service offers – Service offer and insights

Prevention: Whilst areas of good practice exist - no coherent prevention offer in North Wales leading to variations in access and outcomes.

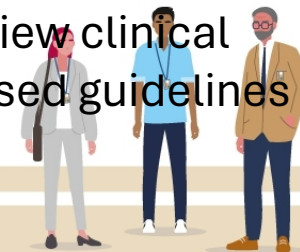
Primary Care: Areas of good practice and innovation but key issues identified: fragmented early intervention and secondary prevention offer, lack of clarity around management of Type 1 diabetes, widening gap between need and delivery/capacity. Access to accurate and timely data and consideration of how enhanced primary care offer can be delivered.

Specialist & Secondary Care: Increasing demand within secondary and specialist care driven by increases in complications of diabetes and rising prevalence. Specific issues exist around timely access to psychological support, upgrading clinical data systems, workforce recruitment and sustainability of specialist roles such as the Diabetes Specialist Nurse.



Evidence -core elements of care for people living with diabetes

- **Early referrals, regular monitoring, and assessment:** this approach emphasises the importance of early referrals and early diagnostics.
- **Individualised Treatment Plans:** plans that are tailored to meet the unique needs of each patient.
- **Patient Education and Self-Management:** Education and Self-Management support are integral components of a comprehensive model of Diabetes care.
- **Multidisciplinary Care Team (MDT):** importance of a multidisciplinary working in ensuring that patients receive holistic care that addresses their physical, emotional, and psychosocial needs. This may include primary care physicians, endocrinologists, nurses, dietitians, pharmacists, diabetes educators, podiatrists, and mental health professionals.
- **Integrated Care Coordination:** Integrated care coordination is essential for seamless communication and collaboration among members of the care team, as well as with other healthcare providers involved in the patient's care.
- **Continuous Quality Improvement:** Healthcare providers should regularly review clinical outcomes, variation, patient satisfaction data, and adherence to evidence-based guidelines to identify and implement quality improvement initiatives.



Development of the Model

Through the review of multiple sources of data, a collection of key areas emerged, including **community involvement**, **prevention**, **multidisciplinary care**, and **psychological safety**, which fed into larger overarching themes. The process also revealed differing perspectives, making it difficult to create a single approach that works for everyone, reflecting the challenge of gathering diverse input and balancing different priorities.

The model is built around four connected layers:

- Population-Based Prevention – Focuses on preventing diabetes through education and lifestyle changes.
- Integrated Primary Care & Early Intervention – Supports early detection and management in community settings.
- Secondary & Specialist Care – Provides more advanced treatment for those with complex needs.
- Workforce & System-Wide Enablers – A foundation that supports all layers through staff training, digital tools, and efficient systems.

A circular design was chosen to represent the seamless, connected nature of care, ensuring all layers work together as part of a larger system.

Each layer incorporates proven strategies like family-focused prevention, digital education, coordinated care teams, and intensive remission programs. The model is designed to be adaptable, meeting national standards while improving diabetes care across North Wales.



System-Wide Enablers

Objective: Empower staff and optimise system-level enablers and collaborative approaches.

Secondary and Specialist Care

Objective: Deliver advanced management and interventions for complex cases.

Integrated Primary Care and Early Intervention

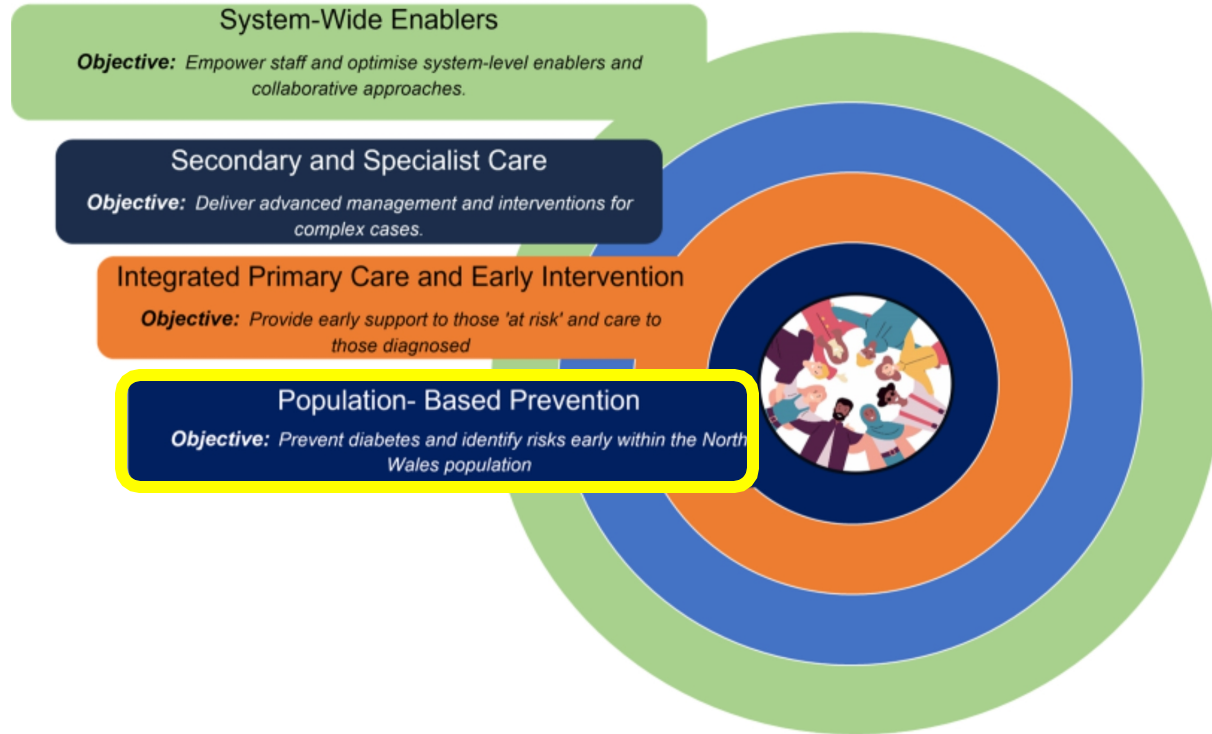
Objective: Provide early support to those 'at risk' and care to those diagnosed

Population- Based Prevention

Objective: Prevent diabetes and identify risks early within the North Wales population

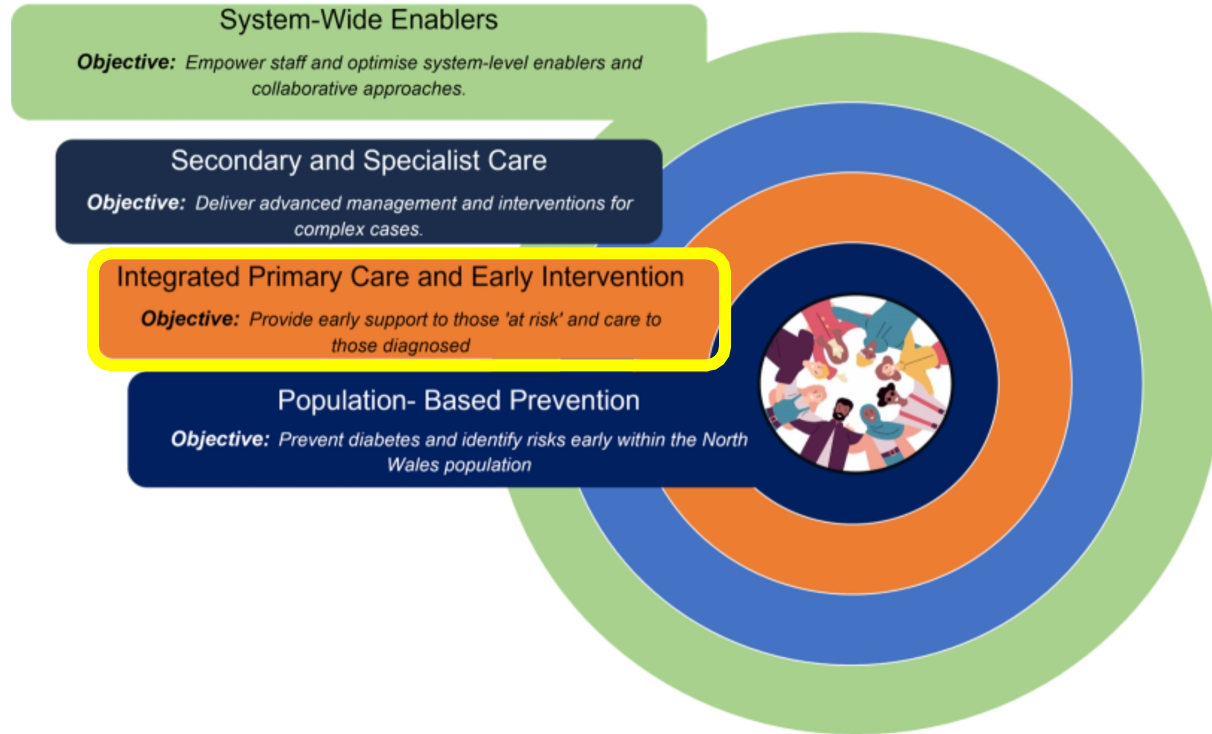


Population-based Prevention



- The model is focused on individuals, their families and the communities they live in.
- At the heart of this is keeping people healthy so there is a strong focus on population based prevention.
- Supported strongly within the data, evidence and identified throughout engagement.
- Around half of all type 2 diabetes can be prevented or delayed.
- Population based programmes include those that increase physical activity, promote healthy weight and weight management, as well as approaches that address the determinants of health.

Integrated Primary Care and Early Intervention



The model is underpinned by effective and integrated prevention and early intervention offer delivered through primary care.

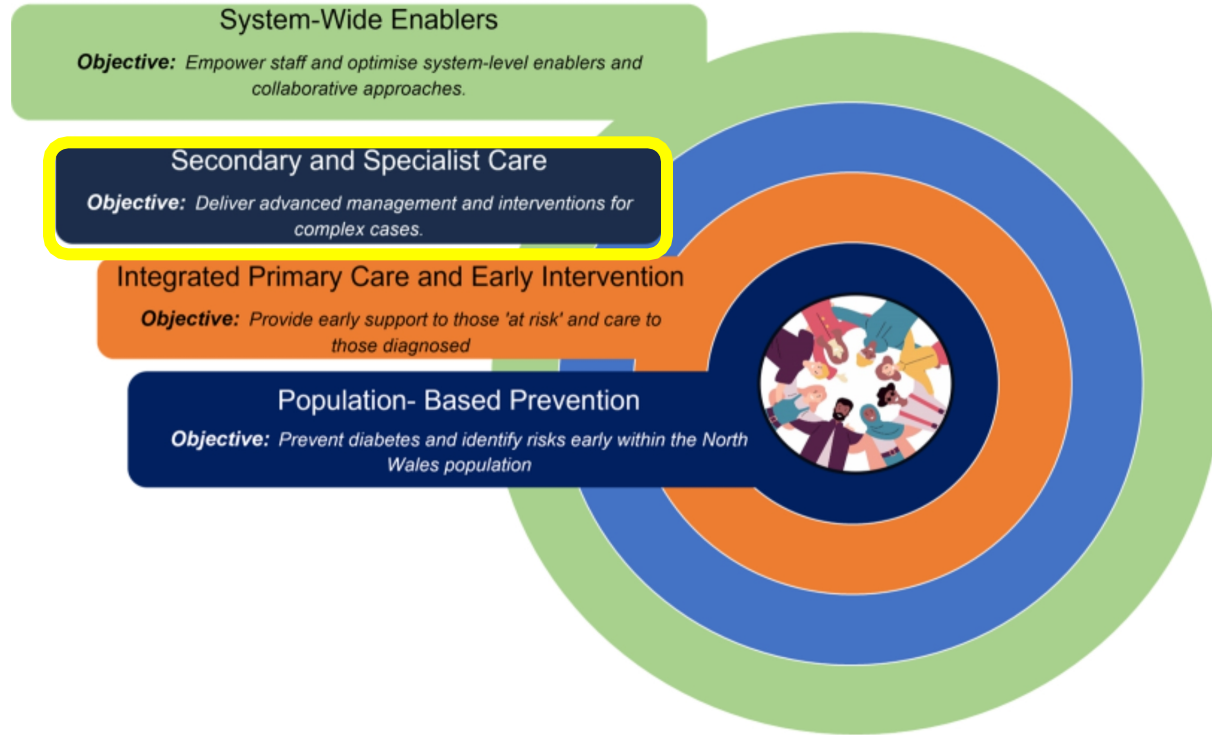
This should include boarder prevention offers, as well as managing those at risk of diabetes and supporting those with diabetes to remain healthy and avoid complications.

Data, evidence and stakeholder intelligence showed that a strong prevention focus and holistic, patient orientated delivery model, was needed to deliver this.

It was identified that transformative change was needed within primary care to develop an effective offer.

Example: For people who are at a higher risk of developing diabetes, there is evidence that structured lifestyle support can prevent or delay the onset of type 2 diabetes – this could be linked to primary care and delivered as part of a wider (primary care plus) offer.

Secondary and Specialist Care



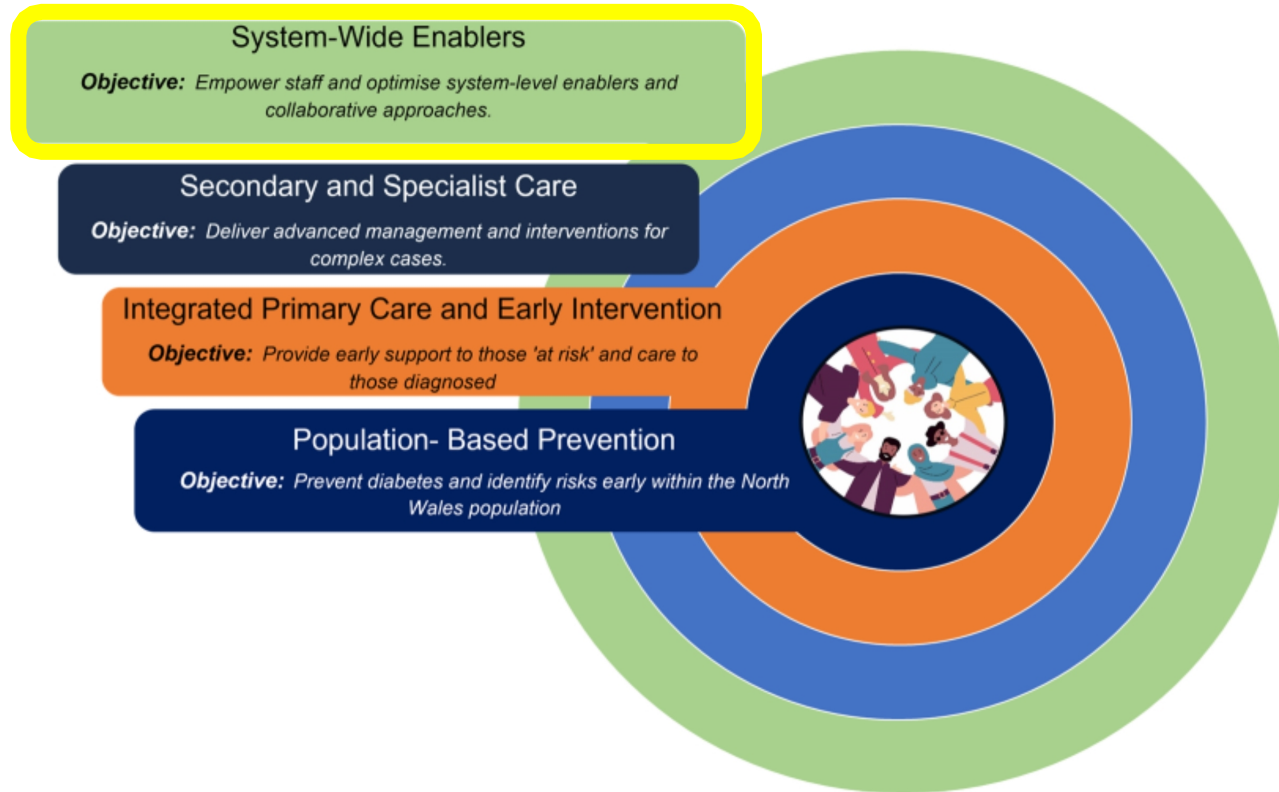
The need for effective secondary and specialist care which integrates with primary care, identified through data, evidence, stakeholder intelligence and strong theme within consensus workshops.

This includes treatments, clinical management, and complications associated with diabetes that would be most effectively delivered in specialist and secondary care settings.

Need to maximize use of these services to keep people living with diabetes well and to avoid complications.

Example: Psychological support is important specialist service for people living with diabetes as evidence shows that people with diabetes who experience depression and anxiety are more likely to develop complications.

System-Wide Enablers



Key to the model are enablers that wrap around all elements of care and services, recognizing cross-cutting requirements for successful pathways, and advancements in technologies and evidence-based interventions this includes:

- Workforce
- Data and Intelligence
- Digital offers
- Technology
- Behavioral and peer based support systems

These are the factors that support self-care and effective self-management.

Next Steps

Three core elements -

Immediate improvements - What we can do to improve our current services to reduce impact of diabetes on individuals, families, their communities and the health and care system, and in order to achieve progress against the cabinet secretary priorities.

North Wales Diabetes Plan – Overarching plans that sets out what we will do both as a Health Board (and in partnership) - consideration of approaches to this

Transformation – Look at how we develop the overarching model of care into a service delivery model for North Wales?

The next steps are being developed with Planning and Transformation, and with Primary Care to ensure synergy with Clinical Services Plan, 10 year Strategy, and with plans around Primary Care.





Teitl adroddiad:	Well North Wales: Task & Finish Scoping Study
Report title:	
Adrodd i:	Planning, Population Health & Partnerships Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 03 July 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>As a continuation of discussions from the Health Board development session (27.06.24) the Public Health team has been working with internal BCUHB stakeholders and regional partners to shape the Discovery Phase of this regional programme of work. This report summarises the work of a regional Task & Finish Group which was formed following an RPB workshop <i>'Building a healthier North Wales together'</i> (Sept 2024) and a report on <i>'Well North Wales'</i> to BCUHB Health Board (Oct 2024). Membership was sought through volunteers and nominated key stakeholders across the regional partnership space. Full membership of the Group can be found in Appendix A of the full report attached.</p> <p>This Scoping Review was established to inform the vision, scope and longer-term delivery for this preventative programme of work in a truly collaborative approach with regional stakeholders. Through the work of this Task & Finish Scoping Group (Dec 2024 – May 2025) regional partners have been working with Improvement Cymru who commissioned a Research and Development partner to support initial scoping of a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems.</p> <p>Through the course of this Scoping Study it was really encouraging to learn of so much good work being delivered across the region which will already be helping to shift the dial on prevention and improving longer-term population health outcomes. Some examples of this can be seen throughout Section 3.</p> <p>The summary findings included in Section 4 provide an overview of the outputs and reflections of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales.</p> <p>The report concludes that a whole systems shift towards prevention across the Regional Partnership space will require the</p>

	<p>commitment of senior and strategic leaders to provide sufficient air cover, and to empower those who do the work (our workforce and communities) to define and deliver the change. The general principles for change can be summarised as:</p> <ul style="list-style-type: none"> • A bottom-up approach – with a bi-directional flow of insight and shared accountability for outcomes across the whole system • Ensuring everyone is in the room - addressing power imbalances, and maintaining focus and buy-in. It is recognised that achievement of longer-term outcomes will require patience and balanced optimism. • An ongoing iterative evolution – a ‘big bang’ approach will not be possible or feasible. Partners will need to prepare to adopt a culture of experimentation, honing & improving over time, innovating, adapting, scaling & spread. <p>Whilst there are some clear deficits and plenty of work to do, this is a predominant message of hope. There is plenty for North Wales to be proud of, and a very real opportunity for the region to lead the way on shifting toward prevention and improving population health outcomes.</p> <p>Our Task & Finish Scoping Group has formed an early coalition of the willing with an interest and enthusiasm to explore this further. Through this work a network of partners have begun organically developing new and established relationships, a shared deeper understanding of the challenge, and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.</p> <p>It is our hope that we can now take forward this work forward with a wider and even more diverse network of stakeholders with a view to embedding it into the DNA of North Wales, and the various entities which operate across the region.</p>
<p>Argymhellion: Recommendations:</p>	<p>The Task & Finish Group make 5 recommendations for change (see Executive Summary page 2 of attached report) seeking approval from the RPB (03.07.25).</p> <p>Executive Team is asked to support these recommendations and consider how the Health Board can work with regional partners to drive this work forward.</p> <p>In addition the Executive committee are asked to note how this work supports our role as an anchor organisation. The Health Anchors Learning Network (HALN) note that as well as providing health services, the NHS and other health & care organisations can use their</p>

	<p>resources and influence to maximise social, economic and environmental impacts (social value) to improve the wider socio-economic determinants of health, health outcomes and reduce health inequalities.</p> <p>In this way, it is proposed that the work of our various regional Anchor Organisations can be aligned to meet the emerging Living Well North Wales programme which is identifying how partners can work together more strategically in order to contribute towards the whole systems shift to prevention through addressing the wider socio-economic determinants of health & wellbeing.</p> <p>It is noted that several regional partners already have work in progress to develop their own organisational strategies and policies to become more responsible Anchor Organisations, the Health Board has opportunity to work alongside our partners to ensure this work is strategically aligned and linked to deliverables which can help shift the dial on population health & wellbeing outcomes.</p> <p>It is recommended that the Health Board take the lead by example to engage and influence our regional partners to co-design and deliver a regional framework which can be adopted across North Wales.</p>			
Arweinydd Gweithredol: Executive Lead:	Dr Jane Moore – Executive Director of Public Health			
Awdur yr Adroddiad: Report Author:	Brian Laing – Strategic Partnerships Manager, Public Health Membership of Well North Wales Task & Finish Scoping Group			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	As part of the BCUHB 3 year plan 2024-2027 the Well North Wales Programme contributes towards delivery of priority '4b			

Prevention' and reduction of avoidable ill-health.

A Healthier Wales: our Plan for Health and Social Care (2021) called for a "revolution from within" to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales'.

The Health Board response to this aligns with supporting delivery of Welsh Government policy and legislation including:

- The Well-being of Future Generations (Wales) Act 2015
- The Health and Social Care (Quality and Engagement) (Wales) Act (2020)
- The Social Services and Wellbeing (Wales) Act 2014
- The NHS (Wales) Act 2006
- The Equality Act 2010 (Wales)
- Social Partnership & Public Procurement Act (2023)

In addition to statutory duties noted above, this programme of work aligns to various other national and regional strategies and plans, including but not limited to: Strategic Programme for Primary Care, Building a Healthier Wales, Shaping Places for a Healthier Wales.

The Darzi report (2024) positions NHS performance within the changing and challenging external environment it has operated in over the last few decades. It recognises that many of the factors that have contributed to the NHS's current challenges are outside of its direct control. Whilst focussed on the state and decline of the NHS in England, much of the report echoes similar challenges familiar to health leaders across the whole UK, and points to issues the NHS Confederation has advocated for change on for some time.

The recently published Welsh Government Mental Health & Wellbeing Strategy (2025-

	<p>35) highlights a need for “a shift from a health-led system to a health and social care-led system, recognising that many people who need support will not need specialist mental health services and that most mental health issues are underpinned by wider social and welfare issues” acknowledging that the root causes of poor mental health & wellbeing are affected by many socio-economic factors including money, housing, education & employment. These have clearly been exacerbated in recent times in a post-pandemic world suffering a prolonged ‘cost of living’ crisis.</p> <p>Given the raised profile of the challenges faced by the NHS within UK Government, in addition to the strong policy and legislative context in Wales, there is a great opportunity for Health Boards and Regional Partners in Wales to align under the shared mission objective of transitioning towards a wellbeing economy.</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>There are no known regulatory implications for this work. We work with a range of services and teams to ensure financial governance and compliance with health board policies and procedures. We undertake risk assessments on a project-by-project basis, follow guidance and policies by funders, and stay up to date with sector best practice.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>It is recognised that an EqIA will need to be conducted by BCUHB and partners as the wider Living Well North Wales Framework is developed.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p> <p>As above. It is recognised that an SEIA will need to be conducted by BCUHB and partners as</p>

	<p>the wider Living Well North Wales Framework is developed.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF SP1 – Population Health There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. Mitigation: The Executive Director of Public Health provides consistency to the regional strategic approach and prioritisation.</p> <p>Inherent risk 20 target risk 12</p> <p>CRR2408 - Delivering a population health approach to health and wellbeing</p> <p>Additional actions required: There is no secured long term funding to support implementation and growth of the whole system approach across North Wales at scale</p> <p>Inherent risk 20 target risk 12</p> <p>It is noted that 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.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Whilst there are no immediate financial implications associated with the recommendations to commit to a regional partnership approach to developing a Living Well North Wales Framework, it should be noted that core budgets and</p>

	<p>annual grant funding availability is currently stretched.</p> <p>Consideration will need to be given to allocation of longer-term resources and financial commitments required to shift away from secondary and acute care, into primary prevention and earlier interventions.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>As noted above, consideration will need to be given to longer-term resources required to lead on sustainable delivery of a 3-5 year programme (and beyond).</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The full report was authored in a truly collective and collaborative approach with support of membership of the Task & Finish Scoping Group throughout March – May 2025.</p> <p>High-level overview of the approach, summary findings and recommendations was presented to RPB Leadership Group (23.05). This full report will return for approval (27.06) prior to onward submission to RPB in July (03.07).</p> <p>High-level overview of the approach, summary findings and recommendations was presented to BCUHB Stakeholder Reference Group (02.06) for information.</p> <p>The report and recommendations to RPB were approved by BCUHB Executive Team (11.06)</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)</p>	<p>BAF SP1 / CRR2408</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p>	

Next Steps:

Indicative timescales for implementation of recommendations

Action Required	Action Owner	Indicative Timescales
Invite expressions of interest from the RPB to form a cross-sector working group to develop the Regional Wellbeing/Prevention Framework	RPB	Q1-2
Commence development of a communications and engagement plan, identifying resources required for delivery	RPB / Public Health	Q2
Completion of Wellbeing/Prevention Framework (incorporating an Anchor Organisation Framework)	All partners	Q3
Seek regional governance approvals for Framework	All partners	Q3
Final outputs delivered as part of a launch process, informed by a communication and engagement plan	RPB / Public Health	
Launch regional framework	RPB	2026/27 Q1

Subject to PPHP approval (03.07) seeking onward submission to full Health Board (31.07)

Rhestr o Atodiadau:**List of Appendices:**

Well North Wales Task & Finish Scoping Study – English
Well North Wales Task & Finish Scoping Study – Cymraeg

Executive Summary

A Healthier Wales: our Plan for Health and Social Care (2021) called for a "revolution from within" to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales'. This Scoping Study identifies how we can respond to this strategic requirement by working together with regional partners across North Wales.

Given the raised profile of the challenges faced by the NHS within UK Government, in addition to the strong policy and legislative context in Wales, there is a great opportunity for Health Boards and Regional Partners in Wales to align under the shared mission objective of transitioning towards a wellbeing economy.

This report summarises the work of a regional Task & Finish Group which was formed following an RPB workshop '**Building a healthier North Wales together**' (Sept 2024) and a report on '**Well North Wales**' to BCUHB Health Board (Oct 2024). Membership was sought through volunteers and nominated key stakeholders. Full membership of the Group can be found in **Appendix A**.

This Scoping Review has been established to inform the vision, scope and longer-term delivery plan for this programme of work in a truly collaborative approach with regional stakeholders. The scope of this study can be seen on **page 11**, and the progress and further actions required are summarised on **page 43**.

Through the work of this Task & Finish Scoping Group (Dec 2024 – May 2025) regional partners have been working with Improvement Cymru who commissioned a Research and Development partner to support initial scoping of a regional place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems. The method and approach is outlined in **Section 2**.

Through the course of this Scoping Study it was really encouraging to learn of so much good work being delivered across the region which will already be helping to shift the dial on prevention and improving population health outcomes. Some examples of this can be seen throughout **Section 3**.

The summary findings outlined in **Section 4** provide an overview of the outputs and reflections of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales.

The report concludes that a whole systems shift towards prevention across the Regional Partnership space will require the commitment of senior and strategic leaders to provide sufficient air cover, and to empower those who do the work (our workforce and communities) to define and deliver the change. The general principles for change can be summarised as:

- **A bottom-up approach** – with a bi-directional flow of insight and shared accountability for outcomes across the whole system
- **Ensuring everyone is in the room** - addressing power imbalances, and maintaining focus and buy-in. It is recognised that achievement of longer-term outcomes will require patience and balanced optimism.

- **An ongoing iterative evolution** – a ‘big bang’ approach will not be possible or feasible. Partners will need to prepare to adopt a culture of experimentation, honing & improving over time, innovating, adapting, scaling & spread.

The Task & Finish Group make the following recommendations for change:

RECOMMENDATION 1:

The initial outputs of this Task & Finish Group be used to form the basis of an overarching Prevention Portfolio – A repository of regional activity (place based and whole systems approaches) to be maintained by the RPB which would enable a better shared understanding of notable practice, challenges, and provide assurance of indicative timescales to achieving expected outcomes

RECOMMENDATION 2:

A regional ‘(Living) Well North Wales Framework’ should be developed and all organisations requested to sign-up to a charter prioritising the shift towards prevention in order to deliver improved population health & wellbeing outcomes. Delivery of a forward virtual ‘programme of work’ to be grafted onto existing regional governance arrangements (through RPB and PSBs)

RECOMMENDATION 3:

In order to provide the best chance of successfully achieving outcomes - our regional prevention-based work should ensure it adopts each of the following 3 principles:

- Relationally focussed and place-based
- Whole systems approach
- Continuous iterative improvements within a culture of learning

RECOMMENDATION 4:

Partners should be empowered and supported to create conditions for learning.

It is recognised that applying the process of learning at each of the system levels provides valuable output and insight demonstrating how we can shift the dial more effectively & efficiently to have a greater impact on meaningful population health & wellbeing outcomes.

RECOMMENDATION 5:

The further work of developing a Regional Prevention Framework should follow an agreed set of Design Principles. The Group suggest an outline set of design principles (*page 41*) which were developed iteratively throughout the course of the Task & Finish scoping study and should be considered to take this work forward across the wider region.

Whilst there are some clear deficits and plenty of work to do, this is a predominant message of hope. There is plenty for North Wales to be proud of, and a very real opportunity for the region to lead the way on shifting toward prevention and improving population health outcomes.

Our Task & Finish Scoping Group has formed an early coalition of the willing with an interest and enthusiasm to explore this further. Through this work a network of partners have begun organically developing new and established relationships, a shared deeper understanding of the challenge, and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.

It is our hope that we can now take forward this work forward with a wider and even more diverse network of stakeholders with a view to embedding it into the DNA of North Wales, and the various entities which operate across the region.

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1 Introduction

1.1 Background & Context

This Scoping Review has been established to inform the vision, scope and longer-term delivery plan for this programme of work in a truly collaborative approach with regional stakeholders. This scoping review will seek to establish the governance framework required to embed mechanisms for strategic oversight and operational delivery of a whole system approach to addressing the wider determinants of health which influence population health outcomes, and are the key enablers to shifting to preventative models of health and wellbeing.

'Well North Wales', with secretariat support of the Health Board Public Health team, have been working with internal stakeholders and regional partners as part of the business and financial planning cycles to strengthen resilience and effectiveness of Primary, Community and Social Care services. Through creating effective frameworks which enable an environment to work collaboratively with third sector and community groups, Well North Wales has considered opportunities to co-design, co-produce and co-evaluate services. It has sought to create sustainable offers delivered through partnerships with voluntary sector and community groups, to actively lead on initiatives to reduce health inequalities and improve health and wellbeing outcomes.

1.2 Strategic Context

A Healthier Wales: our Plan for Health and Social Care (2021) called for a "revolution from within" to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales¹.

Our North Wales response to this aligns with supporting delivery of Welsh Government policy and legislation including:

- **The Health and Social Care (Quality and Engagement) (Wales) Act (2020)** which ensures considerations are made for improving quality of health services, and considers how change affects those who use services.
- **The Social Services and Wellbeing (Wales) Act 2014** which requires the Health Board to co-operate with Local Authorities to develop services that meet population health needs, including preventative action.
- **The NHS (Wales) Act 2006** under which the Health Board has a statutory duty to engage and consult citizens in planning to provide services, developing proposals for change to how services are provided and making decision that affect how those services are provided.
- **The Equality Act 2010 (Wales)** which requires the Health Board to involve people who it considers representative of those with different characteristics and those who have an interest in how an authority carries out its functions.
- **Social Partnership & Public Procurement Act (2023)** which outlines how public bodies must work better together and spend money responsibly to deliver public services in a fair and responsible way.

In addition to statutory duties noted above, this programme of work aligns to various other national and regional strategies and plans, including but not limited to: Strategic Programme for Primary Care, Building a Healthier Wales, Shaping Places for a Healthier Wales.

In Wales, **The Well-being of Future Generations (Wales) Act** underpins all strategy and policy contained within the Programme for Government which aims to improve the social, economic, environmental and cultural wellbeing of Wales in order to meet the national well-being goals.

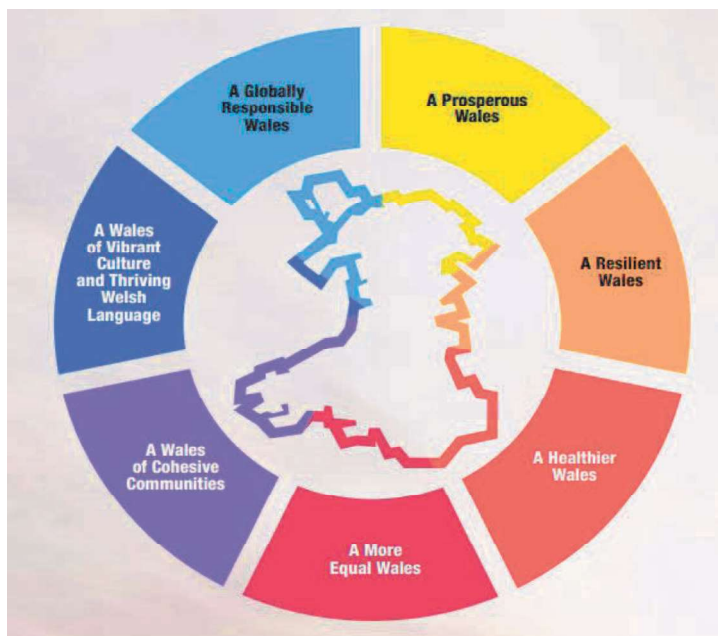


Fig 1 – 7 Wellbeing Goals (FGWA 2015)²

The Act provides a legally-binding common purpose aligning all public bodies through seven Wellbeing Goals (*fig 1 above*).

The Act also puts in place ‘sustainable development principles’ (*fig 2 below*) which provide 5 ways of working designed “to help us work together better, avoid repeating past mistakes and tackle some of the longer-term challenges we face”.²

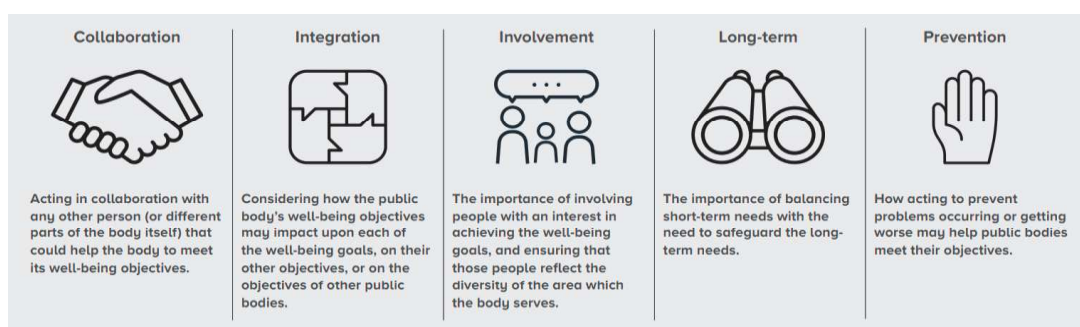


Fig 2 – 5 Ways of Working (Sustainable Development Principles)²

1.3 A Preventative Shift

The recently published Welsh Government Mental Health & Wellbeing Strategy (2025-35)⁴ highlights a need for “a shift from a health-led system to a health and social care-led system, recognising that many people who need support will not need specialist mental health services and that most mental health issues are underpinned by wider social and welfare issues” acknowledging that the root causes of poor mental health & wellbeing are affected by many socio-economic factors including money, housing, education & employment. These have clearly been exacerbated in recent times in a post-pandemic world suffering a prolonged ‘cost of living’ crisis.

Similarly, the 2024 Darzi report³ found the NHS in England is in a ‘critical condition’ amid surging waiting lists and a deterioration in population health and wellbeing. It points to four heavily interrelated drivers of current performance: austerity and constrained funding; impact of the pandemic; lack of patient voice and staff engagement; and management structures & systems.

The Darzi report positions NHS performance within the changing and challenging external environment it has operated in over the last few decades. It recognises that many of the factors that have contributed to the NHS’s current challenges are outside of its direct control. Whilst focussed on the state and decline of the NHS in England, much of the report echoes similar challenges familiar to health leaders across the whole UK, and points to issues the NHS Confederation has advocated for change on for some time.

Given the raised profile of the challenges faced by the NHS within UK Government, in addition to the strong policy and legislative context in Wales, there is a great opportunity for Health Boards and Regional Partners in Wales to align under the shared mission objective of transitioning towards a wellbeing economy.

1.4 Scoping a Whole Systems Shift for North Wales

The World Health Organisation (1948) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Given the breadth of this definition, it can be accepted that our health and wellbeing are influenced, or determined, by a broad range of factors. This concept is captured in the model below, developed by Dahlgren and Whitehead (1991), which describes these factors as layers of determinants of health. Whilst we need to take action across all these layers of determinants in order to create the conditions for us to flourish and reduce inequalities, evidence suggests that those that have the greatest impact on our health and wellbeing are those referred to as the wider determinants of health e.g. housing, transport, employment and our environment.

In order to effectively address these, our traditional ways of working are not likely to succeed, and we to utilise approaches that seek to influence the whole system.

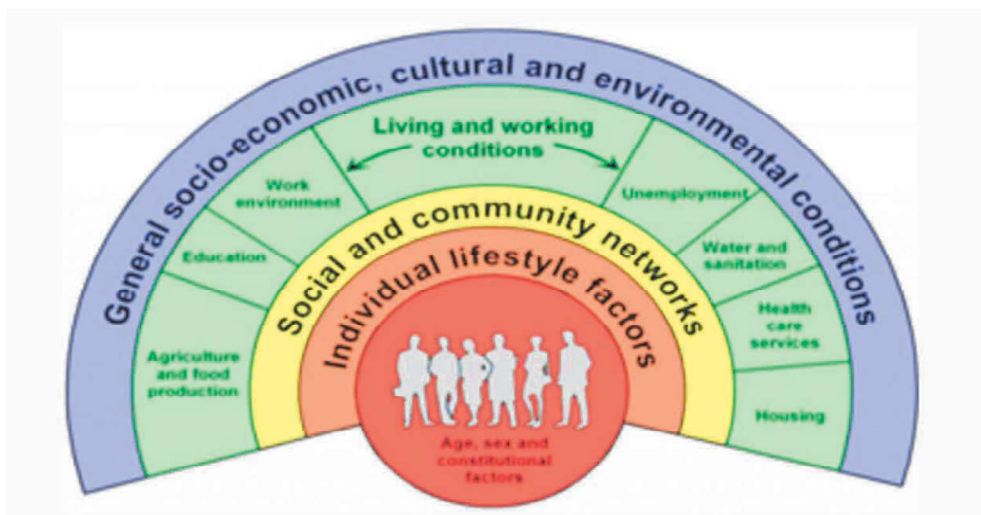


Fig 3 – Social Determinants of Health & Wellbeing (Dahlgren & Whitehead 1991)⁵

Public Health Economics researchers at Centre for Health Economics and Medicines Evaluation (CHEME), Bangor University recognise that moving from solely focusing on a concept of well-being to a concept of well-being and well-becoming acknowledges the influence that socioeconomic and other conditions in a particular life-course stage have on subsequent life-course stages, and the cost-effectiveness of intervening across the life-course.

CHEME have developed a new infographic (*fig 4 below*) reflecting an underlying concept of “the wheel of life” is presented. It shows movement through the life-course at its centre, with concentric rings summarizing personal, local, and national and global factors that have an impact on well-being and well-becoming of individuals through the life-course

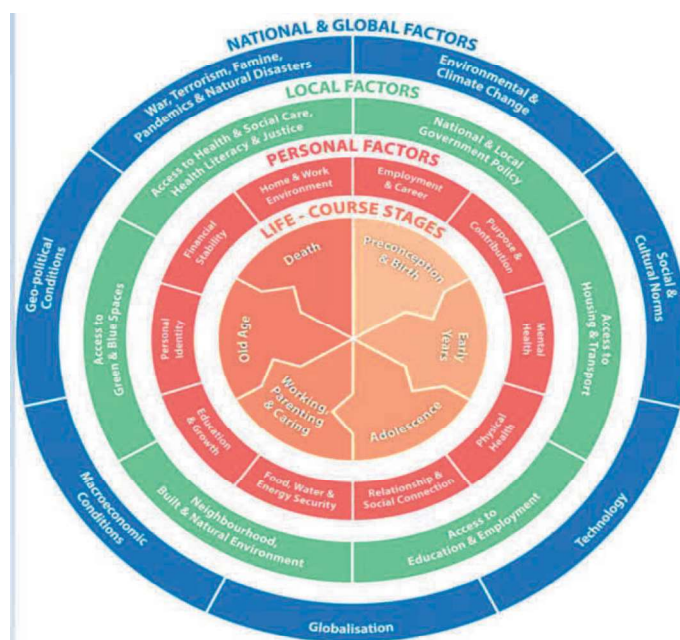
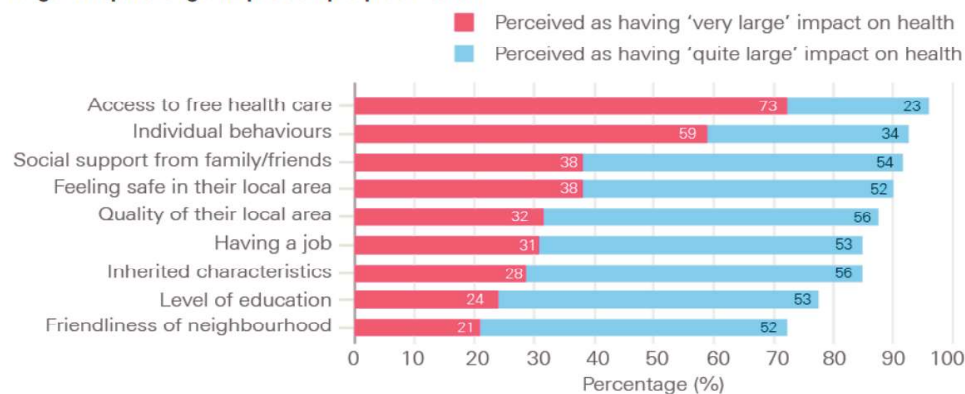


Fig 4 – The Well-being and Well-becoming ‘Wheel of Life’ (Tudor Edwards 2022)⁶

Research by the Health Foundation and Frameworks UK⁷ using the 2017 British Social Attitudes Study identified that public understanding of health and the impacts of various determinants on health outcomes do not usually think about health through the lens of the wider social determinants.

Figure 1: Proportion of people who think that different determinants have a 'very large' or 'quite large' impact on people's health



Source: British Social Attitudes survey 2017 (n=2,942).

Fig 5 – Public perceptions of the impact upon health outcomes (The Health Foundation 2019) ⁷

The study identified that there are three distinct ways in which people usually think about the concept of 'health':

1. Individualism – perception of personal lifestyle choices (e.g diet, physical activity, risky behaviours)
2. Overly Medicalised – access to affordable or free health care services (professionals, medicines and treatments)
3. It is the absence of ill health – rather than wellness being considered the default

This is a stark contrast to the prevailing Public Health and Health Economic evidence around the wider socio-economic determinants, and alarming that despite these decades of research and evidence the general public consideration of the wider determinants are usually missing from view. In response to these findings, the Health Foundation have developed a communications toolkit⁸ to support partnerships working together in this space to influence and affect the wider complex systems in order to improve population health and wellbeing outcomes.

This report of the Well North Wales Task & Finish Group outlines the case for change for whole systems shifting from traditional overly medicalised models of healthcare, towards adoption of more holistic frameworks across the wider system infrastructures.

The report also identifies opportunities for improving regional partnership working with communities, third sector and our local statutory public services to reduce health inequalities and improve longer-term population health and wellbeing outcomes.

As part of the Discovery Phase, and ongoing throughout 2025/26 the Health Board and regional partners have been working together on the following research projects to build evidence to inform and shape a regional approach to tackling socio-economic root causes in order to improve longer-term population health and wellbeing:

- Bevan Commission Exemplar project “*How to put communities truly at the heart of transforming outcomes?*” The project is seeking to test and evaluate innovative approaches of community engagement and co-production in a more collective and collaborative manner with local partners.
- Work with Improvement Cymru who provided a fully-funded research and development partner to help scope and plan our place-based approach to shifting to preventative models of improving wider determinants of health and wellbeing across whole systems.

These research projects will collate insight and lessons from adapting to radically different ways of working in a complex system. Research findings will be shared and used by regional partners to shape and inform more effective longer-term programme planning across system and organisational boundaries and shape the longer-term programme of work required to continue to support the compelling case for change.

The Health Board have also been working closely with the Regional Partnership Board to inform and shape a regional approach to shifting whole systems towards improving the wider determinants of health and wellbeing.

An RPB workshop “*Building a Healthier North Wales Together*” (Sept 2024) resulted in a regional Task & Finish Group to scope the phasing and defined outcomes of developing a joined-up regional approach to delivery of the Well North Wales Programme.

The recommendations outlined in this report summarise the outputs of the Task & Finish Group outlining how to evidence impacts of whole system shifts to prevention, and how partners can work together more effectively to deliver sustainable system-wide health and care services across North Wales.

1.5 Task & Finish Group - Scope & Aims

Membership of the Task & Finish Scoping Group has been sought through volunteers or nomination from their respective organisations or sector. Members of the Group are responsible for reporting back to their own organisations, and also to regional counterparts and colleagues across the wider sector that they represent. The Membership list of the group is included as **Appendix A**.

The agreed role and scope of work of this Task & Finish Scoping Group was to look at three areas: *i*. Mapping and Gap Analysis *ii*. Evidence and Measurement and *iii*. Recommendations and Next Steps

Mapping and Gap Analysis

- Map existing local, regional and national strategic work which is addressing ‘wellness’ or tackling the underlying wider determinants of health in order to understand current context and challenges
- Identify areas of notable practice which can be shared and built upon to maximise & maintain momentum across local areas
- Identify where there are any gaps or variation in practice across the region in relation to: wider determinants of health, local place-based approaches, targeted approaches to meet the needs of vulnerable groups, and access to available funding sources

Evidence and Measurement

- Consider *what* to measure and *how* to evidence impacts of taking a regional whole systems approach
- Develop a knowledge base of aggregated information and lessons accrued from activities, initiatives, projects and partnerships arising from Well North Wales that evidence the shift towards prevention and inform future projects
- Identify the resources required to build local expertise and capacity to effectively support a regional whole systems transformational shift to prevention

Recommendations and Next Steps

- Make recommendations for a long-term regional programme of work and associated governance to support a whole system shift to prevention

The Task & Finish Group formed a coalition of the willing with a shared interest and enthusiasm to explore this subject matter further. The Group aligned around a broad mutual understanding of the importance of the **Why?** and **What?** and were able to articulate this through early development of visioning and mission statements (*see fig 6 below*).

Group discussions have largely been around **How?** to bring together work to date & early learnings in order to scale & spread across a regional approach.

This is intended to be through developing relationships, a shared understanding and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.

2 Method & Approach

Colleagues across the Public Sector in Wales have been working with Improvement Cymru to consider emerging academic theory and practice around the concepts of [Human Learning Systems](#) as a set of principles, ideas and practical methods to support transformational change in the way that public services can be designed and delivered in a more relational way to support people and communities to thrive and flourish.

Through these connections with Improvement Cymru and Q Lab Cymru, Well North Wales was selected as one of two place-based test beds to work with a learning and development partner and trial the early application of these principles in relation to regionally identified complex systems changes.

Collaborate CIC, an innovative social consultancy pioneering collaborative thinking and practice to tackle complex societal challenges [Home - Collaborate](#) were commissioned by Improvement Cymru as the learning and development partner to work with Well North Wales and Hywel Dda UHB.

Throughout January – April 2025 colleagues at Collaborate worked with the Public Health team and RPB to facilitate a series of three Action Learning Exercises based around the HLS principles which could help the Well North Wales Task & Finish Group to shape and inform a longer-term regional programme of work.

2.1 Understanding our system

The first of these facilitated workshop sessions focussed on ‘Understanding the System’ and looked at the wider complex system context of addressing the shift towards prevention, and of maximising and maintaining wellness.

Through the lens of the Wider Determinants (*fig 3 above*) the Group considered draft high-level mission statements which could be applied to focus the whole system change required in order to shift towards prevention at a regional level.



Fig 6 – Example ‘Well North Wales’ Mission Statements (Sept 2024)

The Group recognised that systems involve all of the ‘actors and factors’ that produce an outcome, and that it is therefore important to focus on the interactions and relationships, not just the individual pieces.

The first facilitated Action Learning Exercise involved using the ‘Waters of System Change’ model⁷ which looks at the foundations involved in systems change, bringing focus the least explicit and most powerful conditions for change, and what it means to shift these conditions. The model uses an inverted triangle model as outlined below:

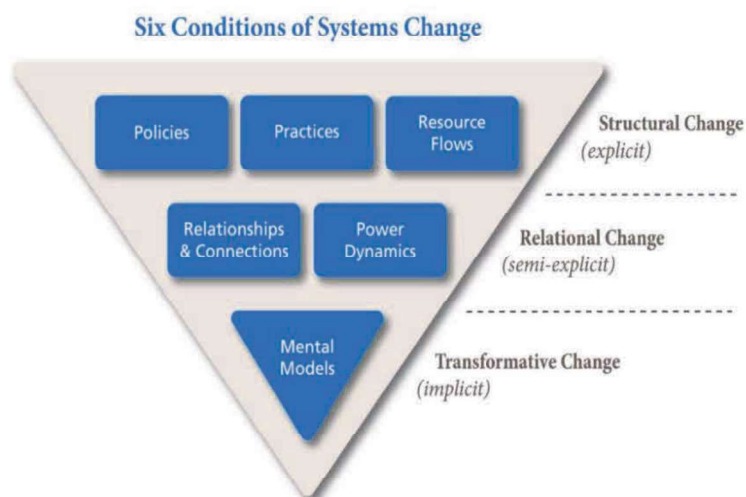


Fig 7 – ‘Waters of Systems Change’ Model⁹

The theoretical model outlines three key takeaway points:

1. Systems change is about advancing equity by shifting the conditions that hold a problem in place
2. To fully embrace systems change, funders should be prepared to see how their own thinking must also change as well
3. Shifts in system conditions are more likely to be sustained when working at three different levels of change (explicit, semi-explicit and implicit)

Using this model to facilitate thinking about the conditions holding a problem in place, the model was applied to this to each of the 7 Well North Wales ‘missions’ proposed by the Task & Finish Group. This helped to surface the different conditions that might need to be addressed through the regional work (e.g. policies and mind sets).

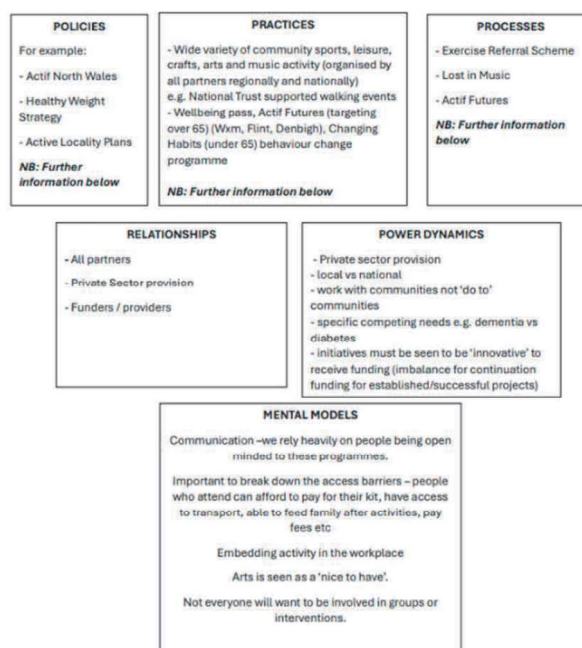


Fig 8 – Worked Example Waters of Systems Change Model output of session 1 (28.01.25)

The following common factors and themes emerged when the model was applied across each of the 7 wider determinant 'missions' modelled that might point towards types of interventions to further test & evaluate:

Challenges to overcome

- Access barriers (transport, cost etc) and rural isolation
- Communication and messaging (non-blame culture)
- Role of private sector/ market players - broken markets, social economy
- Hierarchies and power disparities and competition
- Generational/age disparities, social mobility

Factors to capitalise upon / prioritise for early action

- Importance of community, neighbourhood, peer and volunteer provision
- Meeting specific needs (disability, poverty etc)
- Importance of measures and indicators (getting them right)
- Flow of funding, use of resources, social value
- Importance and influence of Welsh culture

Full details of the session outputs are included as **Appendix B**.

2.2 Being Human – putting people and places at the heart

The second of these facilitated workshop sessions focussed on 'Being Human' and looked at what it would mean to put people and communities at the heart of this work - through the two lenses of 'mission' and place.

The group made the following reflections in relation to starting with the mission:

- There would likely be more effort in connecting people to the mission
- If you start with mission, there would be an element of redefining it according to the people you engage with so it connects to them
- It's less daunting - at least you know what you're going to be working on!

Reflections from applying a place-based lens included:

- Place offers a natural place to start, because you can build on what's already there
- You could lose focus on what you're trying to do, this diversion might not always sit well with your 'responsibilities'
- The scale of place to start with is a difficult choice, ideally you'd start with what the community themselves views as boundaries

The Group consensus was that the ideal approach would include a bit of both mission and place, and that a strategic regional approach might include starting with a place where early progress is being made which could be scaled and spread, whilst also focussing on regional priority missions where the evidence and local data insight makes a compelling case to do so.

The Group then considered what success might look like at three different levels when it comes to putting people and communities at the heart of this work: Individual, Social and Structural.

Personal Success Metrics: What will be different for individuals?

- Individuals feel like they're being heard
- Happiness
- Improved Health and Wellbeing
- Health Equality / Improved Health Span
- Self-Management / Greater individual knowledge
- Change agents and community champions

Social Success Metrics: What will be different for civil society and communities?

- Community Spirit / Social Integration / Mutual Aid / community voice
- Communities feel empowered, included and engaged / able to participate
- People feel connected to the work they have engaged with
- Seeds have started / Ripple effect (as a measure)
- Influence at all levels / aligned strategies / policies / Internal markets
- Start of change being seen but we're not going to change the world in 3 years / pilots started

Structural Success Metrics: What will be different for the economy, government and places?

- A Shift to Prevention / maintaining wellbeing mind set & priorities
- More common language between organisations
- More understanding of partners working together
- Organisations reporting differently, in ways which speak to people's experiences and aren't focused on KPIs
- Rethinking Accountability- Reporting Differently- Long term outcomes/thinking- Measuring & Valuing what is important to people
- Organisations embracing 'safe to fail'
- Combined funding pots
- Engage and consult *FIRST* at all levels then build legislation/policies/strategies, then fund the implementation
- More equitable outcomes and lack of variation across system / localities
- Health & Wellbeing workforce is:
 - supported with education & training
 - supported in its own wellbeing and access to services
 - supported by compassionate leadership
 - recognising in smaller teams what 'good' looks like

Full details of the session outputs are included as **Appendix B**.

2.3 Continual Improvement and Development

The third and final of these facilitated workshop sessions focussed on 'Learning' and the Group explored the importance of continual improvement and development as an approach, and recognising the value of using this learning as a strategy for improvement and adaptation when working in complex systems.

Through discussion the Group came to define learning as: ***“an ongoing and active process involving the application of insight to inform what to do and how to do it.”***

It was recognised that learning should be approached strategically as a continuous process that occurs across all system levels (individual, organisation, and place) and provides a mechanism to discuss and share learning and insight into **how** we can shift the dial to take a whole system approach to improving population health & wellbeing outcomes.

The Group devised an outline approach that recognises that learning isn't a substitute for measuring, but that without learning we can't know *why* a particular measure has changed or a target hasn't been met, and learning is what helps us do better the next time around.

The Group was asked to think about learning at three different levels of the work – at practitioner, programme and whole system levels, and to come up with learning questions which we might want to explore through the longer-term work programme.

Applied Learning at Practitioner Level

Questions considered by the Group included:

- *How will we maintain the focus on what matters?*
- *Who do we want to listen to?*
- *How can we listen better to people?*
- *How will we build trust with the people we work with?*
- *How will we empower communities?*
- *How will we enable people to speak freely?*
- *How do we share information as practitioners and harness the intelligence of practitioners?*

Applied Learning at Programme Level

Questions considered by the Group included:

- *What is in scope for this programme of work?*
- *Where are our boundaries?*
- *How can we make best use of the resources we have?*
- *What assets are there in the locality that already work?*
- *What are the unintended consequences if we disrupt those elements?*
- *What is our risk appetite?*
- *How do we disrupt the system and become comfortable with being uncomfortable?*
- *Are we willing and able to move out of our comfort zones? (comfort > stretch > challenge)*
- *How do we communicate all of this back in our organisations?*
- *What is our shared language?*
- *What are our shared goals and beliefs?*
- *What time period do we have to do this?*
- *How do we reduce the time-lag on intention/action and outcome?*

Applied Learning at System Level

Questions considered by the Group included:

- *How might we build an understanding of the wider system and the environment/context that this programme will operate in?*
- *What are the structures and the shared challenges?*
- *What are the drivers in relationships?*
- *What constraints and interdependencies exist between the various organisations and sectors?*
- *How can we improve collaboration across organisations and sectors?*
- *What impact are all of the different moving parts having?*
- *What are all the different metrics? / How will we evidence the learning?*
- *How do we graft the governance of this programme of work onto existing governance structures across each of the different constituent parts of the system?*

Full details of the session outputs are included as **Appendix B**.

2.4 Creating Conditions for Learning

Given the Group's definition of learning as "*an ongoing and active process involving the application of insight to inform what to do and how to do it*", it was agreed that this learning should be approached strategically as a continuous process that occurs across all system levels (practitioner, programme and whole system) as outlined in the previous section.

The Group outlined an approach that recognised that learning isn't a substitute for measuring, but that without learning we can't know *why* a particular measure has changed or a target hasn't been met, and learning is what helps us do better the next time around. The Group then considered ways in which Well North Wales could be used to create conditions for learning across the wider region / systems, by encouraging sharing of:

- a) Experiences that have been helpful for creating a good learning environment and examples of good foundations for learning
- b) Barriers that exist to prevent applying learning and the areas (missions and/or places) in need of the most investment and development

This generated a lot of discussion, data and insight, the full details of the session outputs is included as **Appendix B**.

The Group was also asked to consider *methods* and *approaches* to learning which might be useful when applied to this programme. Initial reflections included:

- This will require conscious effort to create an environment that fosters learning and good judgment.
- Learning should be structured and supported rather than left to uncoordinated experimentation.
- Learning Capabilities (sense-making: Interpreting both qualitative and quantitative data within context, open discussions, creating safe spaces for varied voices to be heard, ensuring all voices contribute to decision-making, becoming comfortable with ambiguity, continually assessing and adapting approaches).
- A learning culture that encourages curiosity, openness to uncertainty, and shared values that support continuous learning.
- A learning infrastructure that is establishing data-sharing mechanisms, spaces for discussion, and systems for collective learning.
- Traditional methods for collecting learning data (eg surveys, interviews, financial analysis).
- Human-centred learning data (e.g. journals, ethnography, focus groups, stories, most significant change, magic moments).
- The process of gathering this data can itself foster trust and relationships.

Other reflections included:

- Using learning frameworks (e.g. Wider Determinants *fig 3 p6* and CHEME *fig 4 p7*) to structure and share knowledge.
- Ensuring strong feedback loops so insights from practitioners, communities, and leaders inform shared learning
- Capturing and organising intangible / tacit task knowledge is crucial for effective work.
- Clear communication is key to ensuring that insights lead to actionable change.

- Language plays a critical role in shaping perceptions and effectiveness.
- Celebrating good practice
- Learning as a local system across all levels (wider Wales = wider learning)
- Developing and understanding learning for funders
- Developing and understanding appetite for risk across stakeholders and levels
- Being comfortable to use someone else's ideas

The Group also explored the longer-term role of the group to act as 'stewards' of learning within the programme / across the wider system and were asked to give consideration to the following questions:

How will you nurture the foundations for learning?

How will you ensure learning flows between different levels of the system?

Again, these questions generated rich discussion and insight including:

- Whether the concept of 'stewardship' is a group or individual responsibility.
- Key traits of a good 'steward' should be: system-agnostic thinking, optimism, patience, confidence to share learning.
- Recognising and promoting good practices rather than assuming they are already known.

Formal vs. Informal Learning Spaces

- Formal: structured learning sets, ALS, communities of practice.
- Informal: day-to-day conversations, experiences, and interactions.
- The ripple effect: small informal learnings can create significant system-wide impact.
- Building Learning Structures

Stewardship as a virtual centre of excellence

- Facilitating lessons learned across different teams and organisational boundaries.
- Documenting best practices and repository of case studies.
- Ensuring diverse participation and rebalancing power of shared accountability & decision-making processes.
- Avoiding unnecessary bureaucracy while still promoting shared learning.
- Being objective
- Refining key learning questions.

Challenges in Learning & System Change

- Translating discussions into tangible change – how to measure what goes on in the margins?
- Overcoming organisational silos and power imbalances.
- The emotional toll of long-term systems change work.
- The role of peer support in sustaining motivation and energy.

Embedding a Learning Culture

- Encouraging small, consistent incremental learning efforts that scale & build over time.
- Avoiding blame
- Leading by example - Using champions and facilitators to drive learning and change.
- Sharing & facilitating learning
- Securing buy-in across all levels
- Creating a balance in space & time - resources, optimism, patience, competing priorities
- Celebrating successes and sharing progress to build momentum.
- Having the confidence to share good news
- Creating a supportive environment for ongoing learning.
- Maintaining a culture that models the change desired in the system.

In summary the Group saw the role of *systems stewarding* as key to emphasising collaborative learning, perseverance, and the importance of informal learning opportunities in driving system-wide change.

2.5 Design Principles

In the first workshop session the Group were encouraged to think about design principles for this Task & Finish scoping work. These principles were then reviewed and iterated throughout the process and at each of the subsequent workshop sessions as the shared understanding and mutual vision developed.

The Group have agreed the following outline set of design principles which should be considered to take this work forward across the wider region.

Put people first – we will put people at the heart of our thinking

Collaborate for inclusive design – our work should ensure a wide representation of organisations, sectors and communities to enable effective partnership working and co-production

Inform wise investment decisions – our work should inform decisions to achieve value for money on public expenditure and other sources of funding which can deliver proven benefits and maximise effectiveness in our communities

Simplify, standardise and adopt best practices – we will work together to achieve shared learning which can be applied across our organisations, sectors and wider systems

Develop a culture of learning - we will seek to instil conditions for learning across all levels of the system which encourages curiosity, openness to uncertainty, and a shared appreciation for the value of learning in order to drive continuous iterative improvement & development

Equity and accessibility – we will strive to reduce avoidable inequalities and ensure that our work can contribute towards improving equity of access, experience and outcomes for our communities

Ensure consistency with organisational values – we will ensure that the work of this Group can remain consistent with the values of each of the organisations represented

3 Findings

3.1 Mission-based Approaches

Through the lens of the Wider Determinants (*fig 3 page 8*) the Group considered seven draft high-level mission statements which could be applied to focus the whole system change required in order to shift towards prevention at a regional level.

Early progress, conditions for systems change and suggested areas for further action against each of these missions (*See fig 6 page 12*) are summarised alphabetically by mission in the sections below.

3.1.1 Mission: Active & Creative Lifestyles

Being active in our everyday lives is one of the main factors for improving health and wellbeing and reducing the risk of premature death. When we move more, this benefits our physical and mental health and can make us feel better, as well as reducing stress and anxiety and improving workplace sickness absence. Even at a low level, being active on a daily basis confers a whole range of benefits, especially in relation to mental wellbeing, and also helps us to live happier and healthier lives¹⁰

There is growing evidence of the benefits of the arts and creativity for our health and wellbeing (*see Dow et al. 2023 and HARP 2022*) with a range of recommendations made by the National Centre for Creative Health (Creative Health Review 2023) for policy and practice.

Well North Wales Context:

The percentage of adults (16 years and over) in North Wales who meet the recommended guidelines for physical activity (45.8%) is statistically significantly lower than Wales average (55.4%).

Across the region, percentages range from 39.4% in Conwy to 54.9% in Denbighshire.

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales are engaged in physical activity and opportunities for creativity”

Engaging in the arts and being creative can support health and wellbeing in a range of ways, including:

- Contributing to preventing, supporting and sustaining health and wellbeing through attending creative activities that promote healthy behaviours, community engagement, and support health literacy
- Transforming care through creative approaches (e.g. dance for falls prevention or singing for respiratory health)
- Fostering welcoming and healing environments (e.g. through well-designed less clinical looking spaces, creating ownership of health spaces), or opportunities for reflection or other emotional needs
- Providing creative approaches to managing illness that support overall benefits to health and wellbeing (e.g. offering diversion and distraction, providing relief and stimulation, reducing feelings of isolation, and supporting skills building and self-esteem as well as opportunities for self-expression).

The Group developed the following Waters of Systems Change model in relation to this mission:

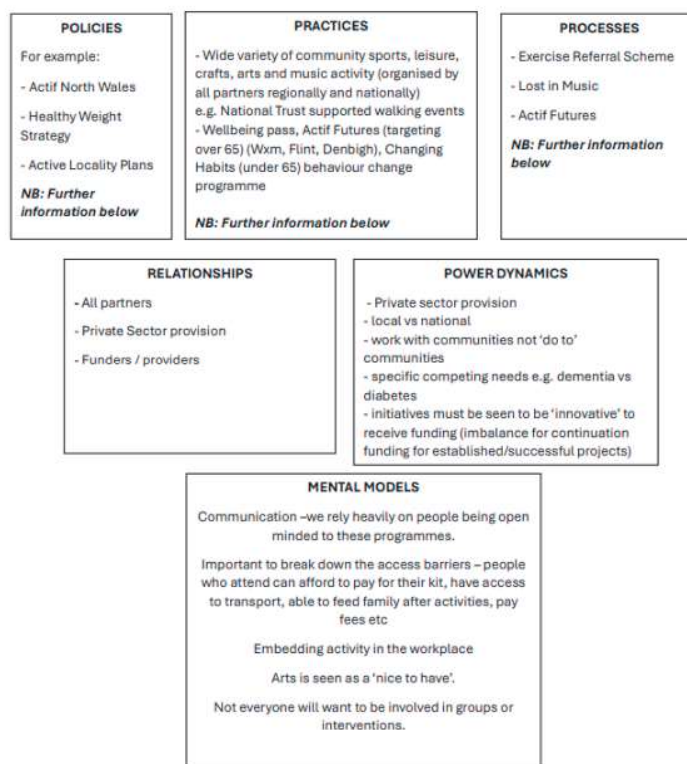


Fig 8 – Waters of Systems Change Model 'Active & Creative Lifestyles' output of session 1 (28.01.25)

What is helping?

- The structures and policies are in place to support if the processes can be developed & improved
- Lots of activities cut across different themes and encompass the ways of wellbeing
- Good community engagement and support from local Councillors & volunteer organisations

- Many initiatives do not need to be 'sold' – word of mouth & social media can be harnessed

What is not helping?

- Activities are heavily reliant on funding availability, often short-term
- Volunteer-led projects risk failure when volunteers step down
- More political will is need to support longer-term sustainability
- Language is important – moving away from individualism & 'blame' which often ends up counter-productive

Notable Practice:

- National Trust Wellbeing Pass – used for groups supported by 3rd sector partners to access green spaces for walks & activities
- Active Futures (over 65s) and Changing Habits for Life (fitness & behaviour change support)
- Cymraeg i Blant – groups for new parents and babies to form social support through creative and physical activities (eg baby yoga, painting)
- Libraries and creative hubs across N Wales offer a variety of creative & cultural activities
- Park runs – across N Wales
- Music Perspective (COPD patients)
- Lifestyle Service – 12 week behaviour change programme pre-surgery
- Weight Management Services
- Art projects, interventions and commissions
- Local Authority Arts Officers and various third sector providers
- Lost I Art – Dementia focussed
- Wellbeing Choirs

3.1.2 Mission: Communities

Community engagement is essential to health and wellbeing. NICE (2016) emphasises that co-producing services with communities not just delivering to them leads to more effective, equitable, and sustainable outcomes. This means building lasting partnerships that reflect local needs and empower people to take ownership of their health.

Health is shaped by social connections and environments. WHO (2020) highlights that community engagement is foundational to person-centred care and resilient health systems. Empowering communities to lead change fosters trust, supports behaviour and policy shifts, and is vital for achieving universal health coverage and social justice.

In Wales, civic participation strengthens community wellbeing. The Welsh Government (2024) notes that democratic health where people feel heard and involved enhances public trust, safety, and cohesion. Active engagement in local governance is key to building healthier, more resilient communities.

A sense of community is a national indicator for Wales. It is the age-standardised percentage of people aged 16 years and over, agreeing with all three community cohesion questions: belonging to the area; that people from different backgrounds get on well together; and that people treat each other with respect and consideration.

Well North Wales Context:

The percentage of people in North Wales reporting to feel a sense of community (65.4%) is slightly above Wales average (63.8%).

Across the region, percentages range from 61.1% in Flintshire to 71.2% in Gwynedd.

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales live in safe, supportive and resilient communities”

The Group developed the following Waters of Systems Change model in relation to this mission:

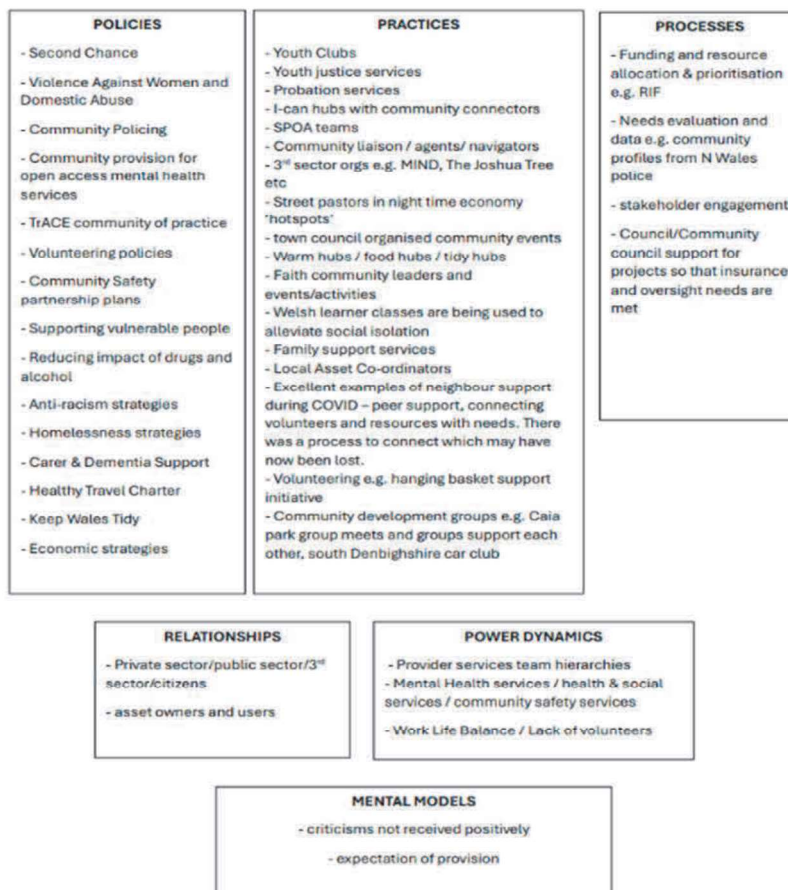


Fig 9 – Waters of Systems Change Model ‘Safe, Supportive & Resilient Communities’ output of session 1 (28.01.25)

What is helping?

- Partnerships and working together
- Moving towards what matters to the community approaches
- Feeding back progress as reward not incentive
- Paying attention to lived experience
- Recognising different communities have different needs, and different parts within a community will also have different perceptions of feeling safe
- Building local resilience – eg ICAN hubs, Family Centres

What is not helping?

- Lots of reaching out, but not always listening – or where listening is happening on the ground it is not always filtered upwards (connect the conversations!)
- Not using the language of the community / talking to what matters
- Not building community resilience or managing disagreements
- Misinformation / not honest engagement – telling people its ok when it is not ok
- Competing needs and not always making the ‘right’ decision on **who** to listen to
- Need better mechanisms for collecting & prioritising the needs
- People not having a sense of belonging
- Gaps in community safety across wider community
- A lot of effort & resource required to get community-led projects off the ground – and to become self-sustaining / succession planned
- Lack of trust in community co-production
- Disconnect between neighbours and not being aware of people’s needs around us – constant reminder during COVID to look out for vulnerable people. This has now sadly gone

3.1.3 Mission: Education & Lifelong Learning

Access to education and lifelong learning opportunities is a key determinant of health, influencing employment, income, and social participation. Further education, though often undervalued, provides essential vocational training and supports adults in insecure employment to transition into healthier, more stable work. Investment in lifelong learning can reduce health inequalities and improve local economic outcomes, aligning with broader levelling-up goals (Health Foundation, 2021).

Lifelong learning is recognised as a vital contributor to social and economic well-being in Wales. Policy on adult education highlights the need for accessible, high-quality learning opportunities throughout life to foster resilient communities, reduce inequalities, and support better health outcomes. Continuous learning is seen as a pathway to improved employability, greater social inclusion, and a more equitable society (Welsh Government, 2018). However participation in education decreases with age, in 2019 only 11.2% of 25-30-year-olds in Wales were engaged in any form of education (Wales Centre for Public Policy, 2022).

Well North Wales Context:

There is a gap in educational attainment by parental income level, which continues throughout the different stages of a child’s education.

*In Wales, there is a **27 percentage point attainment gap** between pupils eligible for free school meals and those not eligible at 16 years of age (Joseph Rowntree Foundation, 2023).*

The evidence and national context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales have access to high quality education and lifelong learning opportunities”

The Group developed the following Waters of Systems Change model in relation to this mission:

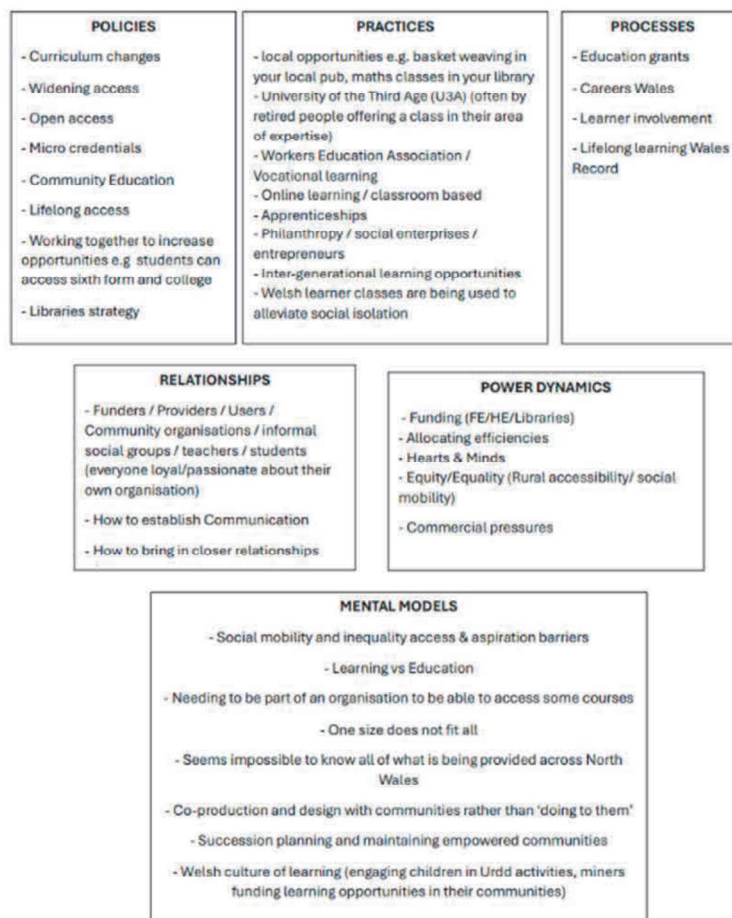


Fig 10 – Waters of Systems Change Model ‘Education & Lifelong Learning’ output of session 1 (28.01.25)

Unfortunately this was the least represented area within the short timescales of our Task & Finish Scoping. It was therefore difficult for Group members to comment on what is / is not working and any areas of notable practice across the region.

In taking this forward, partners should consider suitable stakeholders to best represent the mapping and scoping of this wider determinant mission.

3.1.4 Mission: Employment

Employment is a key contributor to health and wellbeing, but it is the quality of work that makes the greatest impact. Fair work defined as secure, fairly rewarded, inclusive, and respectful of rights enhances individual wellbeing and supports a healthier, more equitable society. Promoting fair work is essential for building a resilient economy and improving population health (Public Health Wales, 2023)¹¹

The percentage gap between the employment rate for those with a long-term health condition and the overall age specific employment rate in persons aged 16-64 years.

Well North Wales Context:

The percentage gap in employment rate for 16-64 year olds with a long-term condition and the overall employment rate across North Wales (11.1%) is slightly lower than the Wales average (12.2%)

Across the region, percentages range from 7.9% in Conwy to 16.1% in Wrexham.

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales have access to valuable and fair paid employment, training and development opportunities”

The Group developed the following Waters of Systems Change model in relation to this mission:

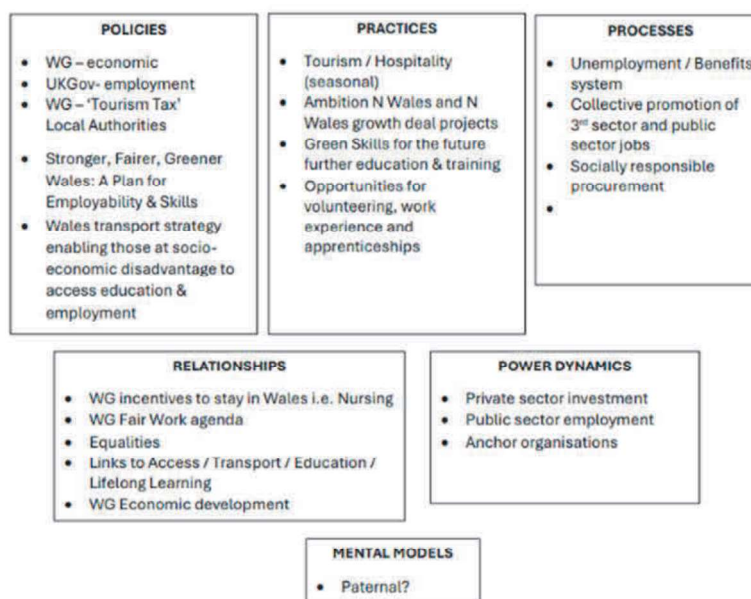


Fig 11 – Waters of Systems Change Model ‘Employment’ output of session 1 (28.01.25)

What is helping?

- Incentivisation
- Green energy opportunities
- Sectoral strengths – e.g. public sector, Airbus

What is not helping?

- Remoteness from centres of economic decisions
- Transport links
- Outward migration of young people – particularly skilled & higher education
- Inward migration of older people
- Mismatch of pan North Wales organisational structures and local structures

3.1.5 Mission: Environment

Urbanisation is reducing people’s exposure to and connection with natural environments, which can negatively impact mental wellbeing. However, regular contact with nature is associated with improved mood, reduced stress, and enhanced overall wellbeing. Nature-based interventions such as green social prescribing and outdoor therapy are not only effective in supporting mental health but are also cost-effective (NHS Forest, 2021).

Outdoor air pollution is the largest environmental risk to health in Wales. Long-term exposure to pollutants such as fine particulate matter (PM_{2.5}) and nitrogen dioxide (NO₂) increases the risk of heart and lung diseases, and is linked to conditions such as dementia, low birth weight, and diabetes. Children are particularly vulnerable, with risks including poor lung development and asthma. In Wales, air pollution is estimated to contribute to the equivalent of 1,000 to 1,400 deaths annually (Public Health Wales, 2020).

Access to clean, safe water is fundamental to public health. In Wales, public water supplies are generally well-regulated and safe, but private water supplies can vary significantly in quality. Poor water quality can lead to gastrointestinal illnesses and other health risks, particularly in rural areas where private supplies are more common. Ensuring effective monitoring and treatment of water sources is essential to protect population health (Public Health Wales, 2023)

Quality of air we breathe: this is a national indicator and measures the average NO₂ concentration (µg/m³) in residential dwellings.

Well North Wales Context:

Air quality across North Wales (5.5µg/m³) is higher quality than the Wales average (7.7µg/m³)

Across the region, percentages range from 7.7µg/m³ in Flintshire & Wrexham to 3.0µg/m³ in Gwynedd.

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales live in a healthy & sustainable natural environment”

The Group developed the following Waters of Systems Change model in relation to this mission:

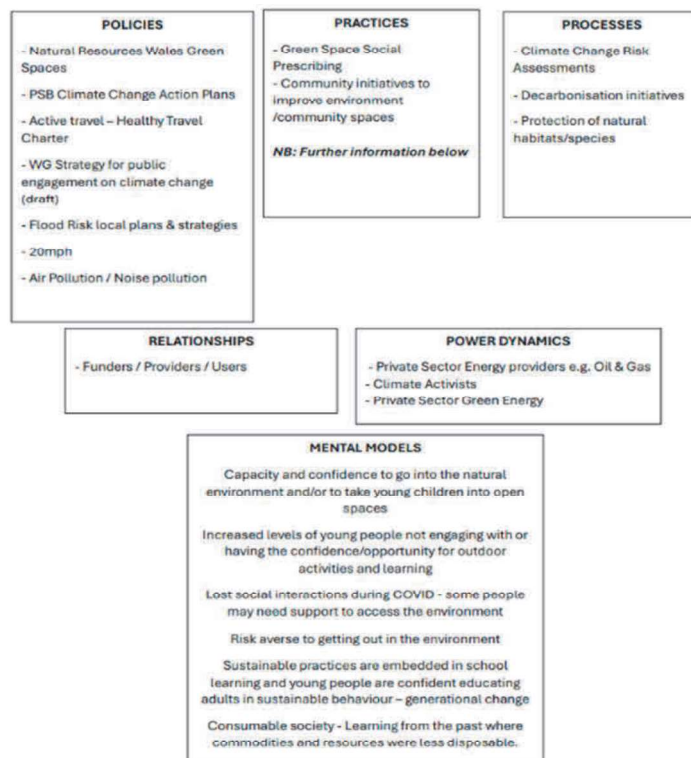


Fig 12 – Waters of Systems Change Model ‘Environment’ output of session 1 (28.01.25)

What is helping?

- Geography of North Wales – great access to green and blue spaces
- Peer support access to green spaces
- Public awareness and strategies (Eg recycling, active travel)

What is not helping?

- Geography of North Wales – remote rural communities often = isolation
- Disconnect between neighbours and not being aware of people's needs around us – constant reminder during COVID to look out for vulnerable people. This has now sadly gone
- Expected levels of service provision and societal reluctance to change (Eg recycling vs regular black bin collections / public transport vs private car use)
- Lack of access to equipment or kit

Notable Practice:

- COVID response gave us a a greater appreciation of our natural environment and encouraged people to explore their immediate local environments
- Promoting health & biodiversity through local social prescribing & green health opportunities
- Protecting biodiversity and natural habitats
- Climate Change Risk Assessments
- Decarbonisation activity – carbon storage and activities to mitigate effects of climate change
- Maximising sustainable tourism offer
- Improving community spaces
- Recycling performance
- Actif North Wales

3.1.6 Mission: Food

Community engagement is vital for promoting healthy eating. Co-producing services with communities leads to more effective and sustainable outcomes (NICE, 2016), while empowering people to shape local food systems fosters trust and healthier behaviours (WHO, 2020). In Wales, civic participation enhances wellbeing through initiatives like community gardens and food co-ops that improve access to nutritious food (Welsh Government, 2024).

Food poverty is a key barrier to health equity. Healthier foods cost significantly more per calorie, making them unaffordable for many low-income households (Food Foundation, 2025). Rising food bank use reflects deepening need, with over 3.1 million parcels distributed in a year (Trussell Trust, 2024). Food insecurity is linked to poor health outcomes, especially among vulnerable groups (Public Health Wales, 2023), highlighting the need for coordinated, community-based responses.

The Healthy Weight: Healthy Wales strategy recognises the link between food poverty and obesity, calling for systemic change to make healthy food accessible and affordable (Welsh Government, 2019). It supports local initiatives like food co-ops and cooking programmes,

particularly in deprived areas. The Community Food Strategy further strengthens this approach by promoting sustainable, equitable food systems across Wales (Welsh Government, 2023).

Well North Wales Context:

*Between April 2023 and March 2024, Trussell Trust reported the distribution of **46,263 food parcels** from the 36 distribution centres across North Wales*

*(This equates to an average of **127 food parcels per day**)*

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales are able to access affordable, nutritious food”

The Group developed the following Waters of Systems Change model in relation to this mission:

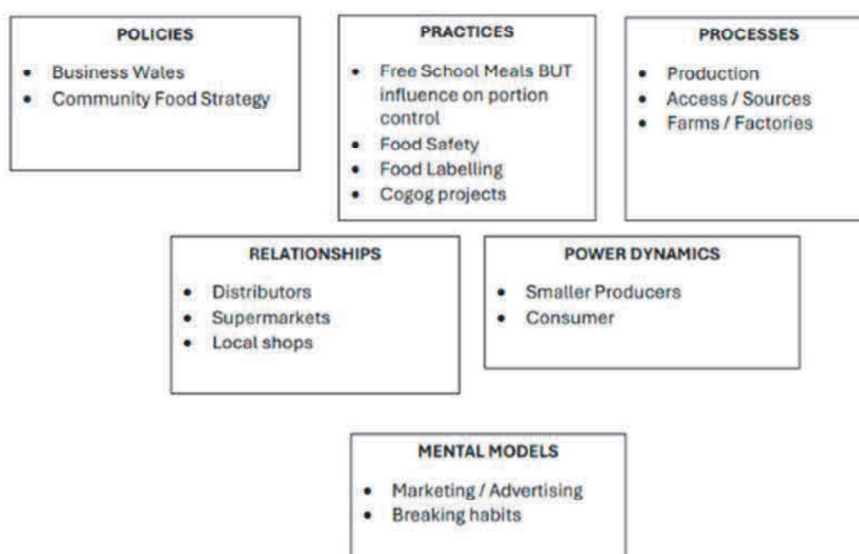


Fig 13 – Waters of Systems Change Model ‘Food’ output of session 1 (28.01.25)

What is helping?

- Impact & awareness of allergens
- Links to Healthy Living campaigns

What is not helping?

- Interfaces at different system levels
- Inappropriate food advertising and marketing to poor lifestyles

Notable Practice

- Can Cook / Well Fed in Flintshire – UK's first zero UHP production kitchen
- Early progress & concept design for food lockers and vending machines for affordable nutritious food which can support workplaces / vulnerable communities

3.1.7 Mission: Housing

Housing is one of the fundamental building blocks for a healthy life and all aspects of our homes and where we live affect our physical and mental health and well-being (Public Health Wales 2025)¹²

The World Health Organisation recognise that improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change. Cold and damp housing is associated with increased risk of respiratory conditions, cardiovascular disease, and poor mental health. Children, older adults, and those with pre-existing health conditions are particularly vulnerable (WHO 2018)¹³

The percentage of housing assessments which are free from category 1 hazards according to Housing Health and Safety rating system. Where hazards are identified as Category 1, local authorities have a duty to take the appropriate enforcement action. This is a national indicator.

Well North Wales Context:

The percentage of houses free from category 1 hazards in North Wales (80.5%) is higher than Wales average (67.9%).

Across the region, percentages range from 93.2% in Conwy to 27.3% in Ynys Môn.

The evidence and local context led the Group to consider the following draft mission statement in relation to this building block of a Well North Wales.

“People in North Wales live in good quality, secure and affordable housing”

The Group developed the following Waters of Systems Change model in relation to this mission:

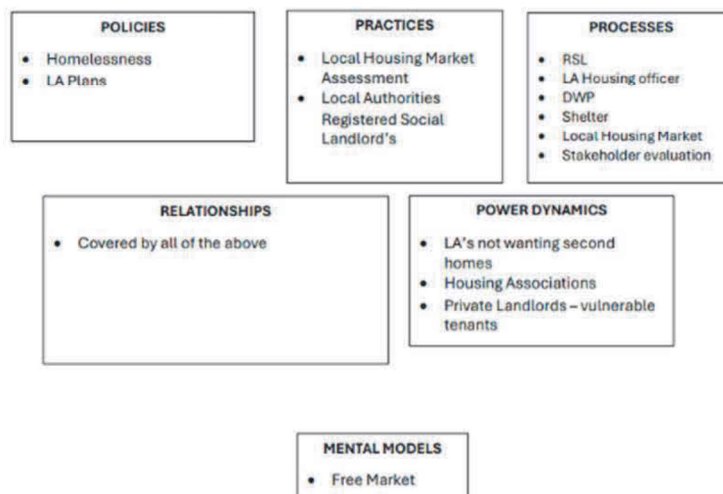


Fig 14 – Waters of Systems Change Model 'Housing' output of session 1 (28.01.25)

What is helping?

- National & local strategies & policies
- Good local Social Housing Associations
- Local housing market
- Local Authorities RSL lists

What is not helping?

- Local housing market
- Second homes debate
- Free market – property as investment portfolio rather than family homes

3.2 Place-based Approaches

Place based working considers the unique strengths, characteristics and resources of a specific geographical place through a person-centred, bottom up approach to address the social, economic, environmental and cultural challenges within a place. Place-based working requires people and cross-sector organisations to work collaboratively to understand and respond to the complex challenges faced by communities and enable long-term sustainable change.

Case Study: Actif North Wales place-based approach

Moving is essential for good health and well-being. However, the number of people of are physically active across north Wales is declining. Data indicates that those facing the greatest inequalities are least likely to be active. The reasons for this are complex and requires a different way of thinking about how inequalities in physical activity are addressed. Place-based working is one approach that considers the different factors that impact on people's ability to move more by understanding the specific skills, strengths and context of people and the place they live in to create sustainable and community driven change. In September 2023, Actif North Wales, with UK Shared Prosperity Funding tested a new 'place-based approach to physical activity in areas across north Wales.



Drawing on the work of Cormac Russell and John McKnight (The Connected Community, 2022), the project adopted an Asset-Based Community Development (ABCD) approach to work alongside and empower residents to consider the strengths of their place and explore what matters most to them about how they use local spaces and places be active and improve their health and wellbeing. A range of community engagement tools and techniques were applied to build trust and relationships with residents and identify local priorities based on 'what matters most' conversations and engagement. The learning from the pilot has informed a new commissioning model with Sport Wales investment which is adopting a whole-system, place based approach to physical activity across the region.

Video case studies summarising Actif North Wales Partnerships can be found here: [Gogledd Cymru Actif North Wales - YouTube](#)

Case Study: Bro Llew Regeneration Area, Gwynedd



The Bro Llew Regeneration Area, focusses on community-led participatory co-design in the areas of Dyffryn Nantlle and Penygroes. Residents identified the following priorities when encouraged to participate in the conversations to shape and deliver services to meet local needs.

What changes would you like to see happen in Bro Llew and Nantlle in the next 15 years, that would make the area a better place to live?	Number of times the theme was prioritised
• Plans to strengthen the area's health, care and well-being resources	99
• Schemes to ensure suitable and affordable housing for local people to buy or rent	98
• Plans to secure high value work and jobs locally	92
• More facilities for young people in the area and plans to encourage them to take an active part in the community by joining local committees etc	89
• Plans to tackle poverty	78
• Greener area – environmental improvements, tree planting, renewable energy, plastic free area, charging points and a plan to ensure the area is ready to cope with climate change e.g. flooding	77
• Legislation and plans for better management of summer homes and second homes	68
• Plans to develop accessible, integrated and appropriate public transport for local needs	66
• More support for businesses to thrive locally	62
• Upgrade broadband infrastructure	45
• Plans and support for activities that promote the Welsh language and culture and support for Welsh learners	43
• An effective Sustainable Tourism Scheme to better control tourism and maximise the economic potential for local people	43
• Improvements in education provision	42
• More leisure and sports facilities	31
• Better collaboration between local organisations, enterprises and community councils and better communication between the area's Community Councils and Cyngor Gwynedd	25

Fig 15 – Community responses priorities to improve Bro Llew & Dyffryn Nantlle (2022)¹⁴ sample size 211

The following insights and reflections were made when reviewing the approach to community-led co-design by the National Development Team for Inclusion (NDTi) gained through a series of discussions with partners and community groups that took place March – April 2023:

- **An overwhelming sense of Community spirit and pride shone through every conversation.**
- **A willingness to understand how to do things differently that will improve the lives of citizens, staff experience and relationships locally.**
- **Strong partnership working and leadership is evident at several levels.**
- **Some wonderful approaches and examples of coproduction with local communities that needs to continue to be embraced and modelled as part of any work going forward.**

3.3 Evaluation of Outcomes

Throughout the course of the three workshop sessions the Group also considered how we might define *what would good look like?* in respect of this new whole system shift towards prevention, and how we might design the measurement and evaluation into the system to support delivery and shared accountability of more meaningful outcomes.

A 1976 study by psychologist and social scientist Donald Campbell noted that “It is a special characteristic of all modern societies that we consciously decide on and plan projects designed to improve our social systems. It is our universal predicament that our projects do not always have their intended effects. Very probably we all share in the experience that often we cannot tell whether the project had any impact at all, so complex is the flux of historical changes that would have been going anyway, and so many are the other projects that might be expected to modify the same indicators.”¹⁵

Noting this inherent gamification across the system in respect of performance measurements gave rise to ‘Campbell’s Law’¹⁴ which notes: “*The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor.*”

Some suggested methodologies to measure the more qualitative and less tangible elements of the system change include the following:

Ripple Effects Mapping (REM)

- Ripple Effect Mapping (REM) is a way of mapping and understanding the intended and unintended consequences over time. It is therefore capable of capturing some of the wider impacts of a systems approach
- REM is a participatory evaluation approach that brings key stakeholders together to map the impacts and explore the way the wider system might have changed
- It is therefore capable of capturing some of the wider impacts of a systems approach
- One tool to complement a range of other tools

Social Network Analysis (SNA)

- Social Network Analysis (SNA) is an established technique that identifies and analyses the inter-connections and influences between different people or organisations within a system (organisations are made of people).
- The aim of Social Network Analysis is to understand the relationships in a system, as part of a network.
- This helps us to learn how information and resources are shared across the network and who might be more influential in creating change.

4 Conclusions and Recommendations

4.1 Summary Findings

Understanding Our System

The Group recognised that any shift towards prevention through the lens of wider socio-economic determinants would need to be cogniscent of the wider complex system. The following three points were identified in relation to whole systems change:

1. Systems change is about advancing equity by shifting the conditions that hold a problem in place
2. To fully embrace systems change, funders should be prepared to see how their own thinking must also change as well
3. Shifts in system conditions are more likely to be sustained when working at three different levels of change (explicit, semi-explicit and implicit)

A detailed summary of identified shared challenges to overcome and some suggested factors which could be capitalised upon for early gains can be seen on page 12.

Being Human – Towards relational and place-based co-design

The Group recognised that there was not a 'one size fits all' approach and that this societal shift fundamentally needs to be shaped by communities themselves.

Notable benefits were identified that could be achievable through a more relational and place-based co-design, and these would be seen across all levels of the system:

Individuals would be better equipped and empowered for self-management. People would be able to act as change agents and community champions.

At a societal level, communities would feel more empowered, included and engaged. Communities would be able to participate in design and feel connected to the work they have engaged with.

At an organisational and regional level we would start to see a more common language between organisations. Organisations reporting differently, in ways which speak to people's experiences and aren't focused on KPIs, and regionally we would be better able to rethink accountability. By measuring what matters to our communities and reporting differently, organisations could work better together towards longer-term outcomes and thinking.

Continual Improvement and Development – Creating Conditions for Learning

In recognising that that there was not a 'one size fits all' approach, the Group acknowledges that there will therefore be a requirement for experimentation, innovation and adaptation. This learning should be structured and supported rather than left to un-coordinated experimentation.

It is recognised that developing a structure and support for this experimentation and learning, will present a challenge in itself. Rather than attempt to manage and control this as a programme of work, the Group suggests that it would be better enabled to flourish and thrive within a learning culture that encourages curiosity, openness to uncertainty, and shared values that support continuous learning.

This would require conscious effort by all regional partners to create and foster an environment that enables learning and good judgment. The following Learning Capabilities were highlighted for further exploration and development:

- Becoming comfortable with ambiguity
- Sense-making: Interpreting both qualitative and quantitative data within context
- Creating safe spaces for open conversations where varied voices could be heard & contribute to decision-making
- Continual iterative assessment and adaptation of approaches

General Principles for Change

The Group recognises and acknowledges the complexity of the systems and inter-connectedness of all the moving parts at play. In order to make meaningful change to the system the Group understands the futility in attempting to *manage* the system change, and such complexity can never truly be tamed.

Once this is accepted, there is a shared understanding that the only way to make meaningful and lasting change is to work together across the whole system with shared principles and culture towards a shared vision and goal.

Working in such complexity and uncertainty, it must be acknowledged that it is ok not to have the answers. There is not a model that can definitively solve this, or methodology that can be followed to achieve the desired outcomes. Instead the starting point must be to bring the various stakeholders together to define the boundaries of the challenge, and understand the appetite and horizon for delivery.

In reflecting upon this work in the process of compiling this report the Group were made aware of Myron's Maxims:

- 1. People own what they help create**
- 2. Real change happens in real work - those who do the work, do the change**
- 3. Start anywhere, follow everywhere**
- 4. Connect the system to more of itself**
- 5. The process you use to get to the future is the future you get.**

The Group makes the below recommendations for how this work can be carried forward to build upon the early learnings and trust relationships which are emerging from this Task & Finish Scoping exercise.

4.2 Further Identified Work Required

Throughout the course of the workshop sessions the Group identified that given more time to scope and shape a preventative shift programme that further work would be required in respect of exploring shared challenges and opportunities which could be presented through applying the principles and methodologies to the two areas of Funding and Governance.

Applying the workshop approaches and facilitated conversations to the topics of Funding and Governance across 3 levels micro to macro as per all previous work of the Task & Finish Group would be beneficial to helping ensure sustainability, resilience and shared accountability for collaborative preventative work across the region.

It is hoped that this could be carried forward as part of the recommendations below.

4.3 Recommendations for Change

The Task & Finish Group makes the following recommendations for change to be taken forward by local partners through the governance of the Regional Partnership Board and aligned to the Public Service Boards of North Wales:

Through the course of this Scoping Study it was really encouraging to learn of so much good work being delivered across the region which will already be helping to shift the dial on prevention and improving population health outcomes. The Group collated an evidence base of some of this work, and associated strategies and policies and it was noted that this was by no means exhaustive or definitive, but rather to be used as a tool to help guide conversations throughout the workshop sessions and retain a shared focus on the preventative shift.

It is suggested that this exercise could be used as foundations to build upon and maintain across the region.

RECOMMENDATION 1: The initial outputs of this Task & Finish Group be used to form the basis of an over-arching Prevention Portfolio – A repository of regional activity (place based and whole systems approaches) to be maintained by the RPB which would enable a better shared understanding of notable practice, challenges, and provide assurance of indicative timescales to achieving expected outcomes

RECOMMENDATION 2: A regional ‘(Living) Well North Wales Framework’ should be developed and all organisations requested to sign-up to a charter prioritising the shift towards prevention in order to deliver improved population health & wellbeing outcomes. Delivery of a forward virtual ‘programme of work’ to be grafted onto existing regional governance arrangements (through RPB and PSBs)

The Health Anchors Learning Network (HALN) note that public sector bodies and large private sector employers can use their resources and influence to maximise social, economic and environmental impacts (social value) to improve the wider socio-economic determinants of health, health outcomes and reduce health inequalities.

In this way, it is proposed that the work of our various regional ‘Anchor Organisations’ can be aligned to meet the emerging Well North Wales programme which is identifying how partners can work together more strategically in order to contribute towards the whole systems shift to prevention through addressing the wider socio-economic determinants of health & wellbeing.

This strategic work on wider determinants is in addition to our ability to influence & affect behavioral lifestyle changes across a larger regional workforce improving immediate & longer-term health & wellbeing benefits for a significant population size. It is recommended that to ensure this work is strategically aligned and linked to deliverables which can help shift the dial on population health & wellbeing outcomes that a Regional Anchor Organisation

Framework is included within the work to develop a regional '(Living) Well North Wales Framework'.

RECOMMENDATION 3: In order to provide the best chance of successfully achieving outcomes – it is recommended that our regional prevention-based work should ensure it adopts each of the following 3 principles:

- Relationally focussed and place-based
- Whole systems approach
- Continuous iterative developments within a culture of learning

A whole systems shift towards prevention across the Regional Partnership space will require the commitment of senior and strategic leaders to provide sufficient air cover, and to empower those who do the work (our workforce and communities) to define and deliver the change.

- **A bottom-up approach** – with a bi-directional flow of insight and shared accountability for outcomes across the whole system
- **Ensuring everyone is in the room** - addressing power imbalances, and maintaining focus and buy-in. It is recognised that achievement of longer-term outcomes will require patience and balanced optimism.
- **An ongoing iterative evolution** – a 'big bang' approach will not be possible or feasible. Partners will need to prepare to adopt a culture of experimentation, honing & improving over time, innovating, adapting, scaling & spread.

RECOMMENDATION 4: Partners should be empowered and supported to create conditions for learning.

It is recognised that applying the process of learning at each of the system levels provides valuable output and insight demonstrating **how** we can shift the dial more effectively & efficiently to have a greater impact on meaningful population health & wellbeing outcomes.

RECOMMENDATION 5: The further work of developing a Regional Prevention Framework should follow an agreed set of Design Principles. The Group suggest the following outline set of design principles which were developed iteratively throughout the course of the Task & Finish scoping study and should be considered to take this work forward across the wider region.

Put people first – we will put people at the heart of our thinking

Collaborate for inclusive design – our work should ensure a wide representation of organisations, sectors and communities to enable effective partnership working and co-production

Inform wise investment decisions – our work should inform decisions to achieve value for money on public expenditure and other sources of funding which can deliver proven benefits and maximise effectiveness in our communities

Simplify, standardise and adopt best practices – we will work together to achieve shared learning which can be applied across our organisations, sectors and wider systems

Develop a culture of learning - we will seek to instil conditions for learning across all levels of the system which encourages curiosity, openness to uncertainty, and a shared appreciation for the value of learning in order to drive continuous iterative improvement & development

Equity and accessibility – we will strive to reduce avoidable inequalities and ensure that our work can contribute towards improving equity of access, experience and outcomes for our communities

Ensure consistency with organisational values – we will ensure that the work of this Group can remain consistent with the values of each of the organisations represented

Through the course of this Task & Finish Scoping Study, our coalition of the willing have developed cross-sectoral relationships, a shared understanding of the challenges to be addressed, and shared language to focus on the building blocks of health and wellbeing as a means to shifting towards a preventative and more equitable system.

The approach which has been followed in order to begin this journey, and share early learnings should be used as firm foundations to build upon, maintain and further improve. In reference to the fifth of Myron's Maxims:

“The process you use to get to the future, is the future you get”

4.4 Further Work / Next Steps...

Progress and further actions are summarised below with reference to the original intended scope of this Task & Finish Group (see p10-11)

Scope & Objectives	Progress & Further Actions
Mapping and Gap Analysis	
Map existing local, regional and national strategic work which is addressing 'wellness' or tackling the underlying wider determinants of health in order to understand current context and challenges	Included as Appendix B Covered in Recommendation 1
Identify areas of notable practice which can be shared and built upon to maximise & maintain momentum across local areas	Included throughout Section 3 Covered in Recommendation 1
Identify where there are any gaps or variation in practice across the region in relation to: wider determinants of health, local place-based approaches, targeted approaches to meet the needs of vulnerable groups, and access to available funding sources	Included throughout Section 3 and Appendix B Further work required – to be picked up through Recommendation 2
Evidence & Measurement	
Consider <i>what</i> to measure and <i>how</i> to evidence impacts of taking a regional whole systems approach	Further work required - to be picked up through Recommendation 2
Develop a knowledge base of aggregated information and lessons accrued from activities, initiatives, projects and partnerships arising from Well North Wales that evidence the shift towards prevention and inform future projects	Included throughout Section 3 and Appendix B Covered in Recommendation 1
Identify the resources required to build local expertise and capacity to effectively support a regional whole systems transformational shift to prevention	Further work required - to be picked up through Recommendation 2
Recommendations & Next Steps	
Make recommendations for a long-term regional programme of work and associated governance to support a whole system shift to prevention	Covered in Recommendations 1-5

At the time of compiling this report of our regional Task & Finish Group, Public Health Wales have just published a Prevention Based Framework for Health and Care which recognises that if ever there was a time for us to shift to prevention, it has to be now.¹⁶

“The future of health in Wales is centred on our ability to deliver a preventative approach alongside addressing the deep-seated health inequalities that persist across our communities”

– Judith Piaget, Chief Executive NHS Wales

Partners should take opportunity to review this recently published work and work together to ensure that work to develop our own regional framework work aligns with the principles outlined in the PHW Framework.

An indicative timeline for moving forward with a regional (Living) Well North Wales Framework is outlined below:

Action Required	Action Owner	Indicative Timescales
Invite expressions of interest from the RPB to form a cross-sector working group to develop the Regional Wellbeing/Prevention Framework	RPB	Q1-2
Commence development of a communications and engagement plan, identifying resources required for delivery	RPB / Public Health	Q2
Completion of Wellbeing/Prevention Framework (incorporating an Anchor Organisation Framework)	All partners	Q3
Seek regional governance approvals for Framework	All partners	Q3
Final outputs delivered as part of a launch process, informed by a communication and engagement plan	RPB / Public Health	
Launch regional framework	RPB	2026/27 Q1

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Appendix A: Group Membership

Name	Role	Organisation
Ann Woods	Chief Officer	Flintshire Local Voluntary Council
Bethan Williams	Supporting Health & Wellbeing Manager / Age Friendly Lead	Cyngor Gwynedd
Brian Laing	Strategic Partnerships Manager	BCUHB Public Health
Caroline Tudor-James	Chief Officer	Rainbow Foundation
Cllr Cathy Augustine	Cabinet Lead Children, Families & Safeguarding	Conwy CBC
Dawn Leoni	Head of Speech & Language Therapy	BCUHB West IHC
Cyng Dilwyn Morgan	Cabinet Lead Health & Wellbeing / Chair RPB	Cyngor Gwynedd / RPB
Emma Adamson	Consultant Midwife	BCUHB
Faye Sheldon	Consultant in Public Health	BCUHB Public Health
Gareth Williams	Independent Member / Vice Chair	BCUHB
Gethin Morgan	Regional Collaboration Manager	RPB
Hannah Fleck	Community Wellbeing Service Manager	Conwy CBC
Hannah Lloyd	Principal Public Health Practitioner	BCUHB Public Health
Helen Stevens-Jones	Director of Partnerships & Engagement	BCUHB
Joanna Seymour	Director of Partnerships & Development	Warm Wales
Karen Littler-Jones	Secretariat Support	RPB
Lindsey Duckett	Business Support Manager	RPB
Liz Grieve	Head of Housing & Communities Service	Denbighshire CC
Cllr Liz Roberts	Social Care & Health Scrutiny Committee	Conwy CBC
Dr Lorelei Jones	Academy of Health Equity	Bangor University
Lydia Orford	Principal Public Health Practitioner	BCUHB Public Health
Michael Butler	Professor of Management	Bangor University
Michael Carter	Chartered Clinical Psychologist	Third Sector
Nathan Crimes	Children's Head of Nursing	BCUHB West IHC
Nick Horn	Clinical Psychologist	BCUHB Mental Health
Peter Salami	Health & Justice Partnership Co-ordinator	HM Prison & Probation Service
Roger Seddon	Retired RPB Member	Service User
Siân Williams	Executive Director People, Culture & Communications	Clwyd Alyn Housing
Siân Wyn Griffiths	Wellbeing Team Leader	Cyngor Gwynedd
Susan Brierley-Hobson	Assistant Director Allied Health Professionals	BCUHB
Tom Barham	Chief Officer	Denbighshire Voluntary Services Council
Vicky Jones	Head of Integrated Strategy & Development	BCUHB Mental Health

Appendix B: Session Outputs



Teitl adroddiad: <i>Report title:</i>	Population Health Q1 25/26 Delivery Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnership Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 03 July 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides detail of Q1 25/26 Population Health activity (to June 25) and latest available metrics which contribute to progression of key prevention activity.			
Argymhellion: <i>Recommendations:</i>	The committee is requested to note the content of the report and for assurance that activity is on track.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Gwyneth Page, Head of Public Health Assurance and Development			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience.			

	<p>Health Board Wellbeing Objectives:</p> <ul style="list-style-type: none"> • to improve physical, emotional and mental health and well-being for all. • to target our resources to those with the greatest needs and reduce inequalities. • to support children to have the best start in life. • to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. • to listen to people and learn from their experiences. <p>Prevention and Population Health are noted as a Ministerial priority for 25/26. The 25/26 Q1 Delivery Report supports governance and reporting associated with the Health Board’s commitment and responsibility to improving the health and wellbeing of the North Wales population.</p> <p>The paper provides an opportunity to discuss and consider how as a Health Board we describe delivery of prevention across our services and functions, and further information or evidence which needs to be included as the whole organisation ‘shifts to prevention’.</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<ul style="list-style-type: none"> • Equality Act 2010 • Public Sector Equality Duty • Socio-economic Duty • Human Rights Act 1998 • Quality and Health and Care Quality Standards 2023 • Wellbeing of Future Generations Act 2015
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to EQIA in accordance with health board policy.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This paper is for information to update the PPHP Committee in regards to prevention and early intervention activity undertaken by the Public Health Directorate. Specific projects and programmes of work are subject to SEIA in accordance with health board policy.</p>

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR24-08 There is a risk that the Health Board fails to implement evidence based pathways and co-designed holistic models of care which focus on prevention and can improve population health outcomes. This may be caused by: a lack of population health intelligence to inform decision making and delivery, an inability to identify and address health inequalities and variation in care, the implementation or continuation of models of care which fail to address population health needs. This may lead to increased prevalence and worsening health inequalities and variation in largely preventable non-communicable diseases. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales and increasing pressure on healthcare systems.</p> <p>CRR24-18 There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, M-Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.</p> <p>BAF24-06 - There is a risk of not delivering the required improvements to transform care and enhance outcomes</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are risks to the preventative programmes of work which are largely funded through grant/non recurrent funds. These are captured as part of the Corporate risks and also within specific tier 1-2 risks managed via the Public Health Performance and Risk Management Group.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are a number of operational service staff who are on fixed term contracts due to the uncertainty of grant funds continuing. CFOs and Service leads remain informed in order to consider in plans. Workforce implications are considered as part of wider Programmes of work.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Population Health Executive Delivery Group, chaired by EDoPH. There are also a number of Programme groups such as Tobacco Control, Weight Management, Health Protection, Immunisations and the Healthcare Public Health Diabetes Programme which provide oversight.</p>

	There are also regular ministerial reviews against key indicators and progress of the Health Board Plan and associated deliverables.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	CRR24-08 CRR24-18 BAF 24-06
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
The PPHP are asked to review the current delivery for provision of assurance – highlighting any areas which need to be considered for future papers/reporting, and also agree proposed content for Q2 25/26 report.	
Rhestr o Atodiadau: Dim List of Appendices: None	

Population Health – Q1 2025/26 Delivery Report

Produced by Public Health Directorate (June 25)

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1.0 Quarterly Progress Update (up to June 2025)

The Health Board Plan 25-28 acknowledges the commitment to delivering prevention focused approaches to improving population health and delivering health and wellbeing service which reduce avoidable health inequalities and improve long-term population outcomes.

During Quarter 1 2025/26 there has been significant focus on:

1.1 Delivery 25/26

Quarter 1 has prepared for and progressed key deliverables associated with the 25/26 components of the current Health Board Plan (2025-20287). Appendix A provides details of Prevention and Early Intervention deliverables.

Ministerial Priorities in 25/26 - Two have been classed as 'prevention' which have required outline plans:

- Delivery of Vaccination and immunisation targets (national performance framework)
- Increase % those aged 12+ receiving the 8 Care Processes for Diabetes

The Diabetes Pathway Case for Change programme established in 24/25 will support improvement of the ministerial priority as part of the wider transformation work within the programme as it moves into implementation phase during 25/26. Deliverables associated with Diabetes and the Ministerial priority can be found in Appendix B.

There are also a number of national performance measures related to prevention activity which will appear in section 2.0.

Grant funded activity – the Health Board has submitted plans for 25/26 associated with the recently confirmed Welsh Government and Public Health Wales grants allocated for 25/26. Outline plans were provided to PPHP Committee as part of the Q4 24/25 report. Grants include Prevention and Early Years, Whole School Approach to Emotional and Mental Wellbeing, Healthy Schools, Whole System Approach to Healthy Weight.

1.2 Planning 26/27-27/28

Health Board Plan – The sub-category 'Prevention & Early Intervention' has been developed to reflect the paper provided to PPHP Committee on 10/12/24 - *Overview – Prevention Plan 2025-2028*. The work committed to as part of 25/26 will continue, develop and inform future plans over the three year period.

The Public Health Directorate plan – there are now draft programme plans for each of the four priority programmes - Health Protection, Healthcare Public Health, Health Improvement and Health Inequalities. These have been added to the Health Board Programme Management Portal to support development and utilisation of the new system. The next steps are to link the programmes to wider Health Board Major Change Programmes and start to record impact. Utilising the portal will create a continuous planning and delivery process.

2.0 Key Population Programmes - Performance Indicators (Metrics)

2.1 Smoking

For 24/25, 7.0% (4,688) of the North Wales smoking population were treated by HMQ Services exceeding the annual target of 5%. The self-reported quit rate at 4 weeks was 46.3%, with the CO-validated quit rate at 19.7%. The percentage of CO-validated quit rate remains low at 19.7% (n=923) against a target rate of 40%, this is also reflected in other Health Board areas where telephone support remains a popular choice with service users. It is expected that the newly negotiated national Pharmacy

Level 2 local enhanced service will support achievement of this target when implemented in the current financial year with pharmacies offering CO validation to service users upon collection of their stop smoking medications.

Fig. 1 BCUHB HMQ Q1 to Q4 2024-25 (extracted from BCUHB Community Information Hub, Smoking Cessation, Tobacco Control Dashboard 02/06/2025) *



*For noting the data included in Figure 1 does not include the full-year data for treated smokers by HMQ, this data will be available in early June.

Figures for Q1 of 25/26 are not available yet, however in April the treated smoker number was 345 against the monthly target of 278.

In March 25 HMQ services ran a small pilot in Primary Care sending an SMS to smokers within 4 GP practices in the East area. The evaluation report will be available soon and early results are promising. We are looking to roll the pilot out to other practices across BCU in 25/26.

Women’s Service and HMQ Services continue to meet regularly to deliver the Reducing Smoking in Pregnancy programme which is embedded within the Saving Babies Lives (SBL) delivery plan, with a focus on outcomes. The smoking in pregnancy incentivisation pilot report will be taken to Women’s Board and to East IHC to discuss next steps.

2.2 Weight

Operational Weight Services (via Therapies/IHCs) are supported by recurrent Healthy Weight Healthy Wales and non-recurrent Prevention and Early Years funding. The Service achieved Welsh Government’s Chair objective of increasing capacity of Level 2 and 3 weight management service by 10% for 24-25. PEY funding will support the recruitment of a data administrator and there is ongoing work to ensure that a dashboard is created to support service monitoring and evaluation. The model of Weight Management Services is planned to be subject to an external review by end of Q2 to inform service redesign for 26/27.

Overall summary of weight management service referrals 1 April 2024 – 31 March 2025

Referrals	Type of referral	Deprivation decile
-----------	------------------	--------------------

6,154*	Self-referral	Health professional	1 (Most deprived)	2	3	4	5 (Least deprived)
	1,327	4,826	860 (14.1%)	1,274 (20.7%)	1,486 (24.1%)	1,439 (23.4%)	1,042 (16.9%)

*All referrals – some patients may have been referred more than once from different services and via self-referrals

Individual assessments – offered to patients with BMI over 45 or other complexities 1 April 2024 – 31 March 2025

	Booked to attend	
Referred	In person	Telephone
1,097	320	484

KindEating – In-house 12-week group based in person or online weight management intervention for participants with programmes starting 1 January 2024 – 31 December 2024

Offered KindEating	Attended	Completed intervention & data available	
2,168	1,066	466 (44%)	
		Achieved ≥3-5% weight loss	123 (26.3%)
		Achieved ≥5% weight loss	133 (29.3%)

Second Nature – Commissioned App based weight management service for participants starting 1 January 2024 – 31 December 2024 (collated and provided by Second Nature)

Offered Second Nature	Engaged with the intervention	Completed intervention & data available	
1,343	439	107 (24%)	
		Achieved ≥3-5% weight loss	24 (22.4%)
		Achieved ≥5% weight loss	53 (50%)

2.3 Screening

Screening services and screening data are provided via Public Health Wales. Due to the impact of COVID and staff availability issues, PHW are delayed with their annual reports. Therefore, some of the data reported here may feel quite out of date, but it is the most recent data we have.

Breast screening

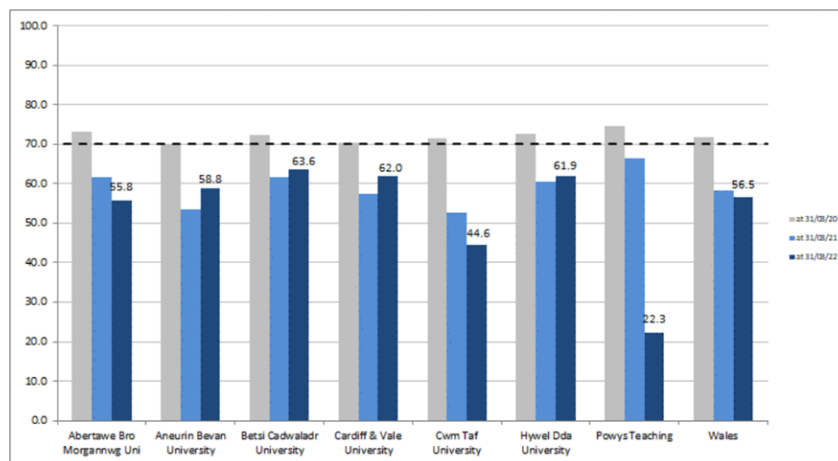
The most recent Breast Test Wales Annual Statistical Report was published in August 2024 by PHW. This report relates to the screening period 2021-22. More granular data relating to uptake at health board, local authority and GP cluster level was published previously in May 2021 and relates to the “latest screening round per GP practice as at May 2021. **This is the most recent data we have on breast cancer screening.**

The Breast Test Wales Annual Statistical Report 2021-22 reports on coverage. This is defined as the percentage of women residents and eligible for breast screening at a particular point in time, who have been screened within the previous three years. Ineligible women include those who have undergone a bilateral mastectomy.

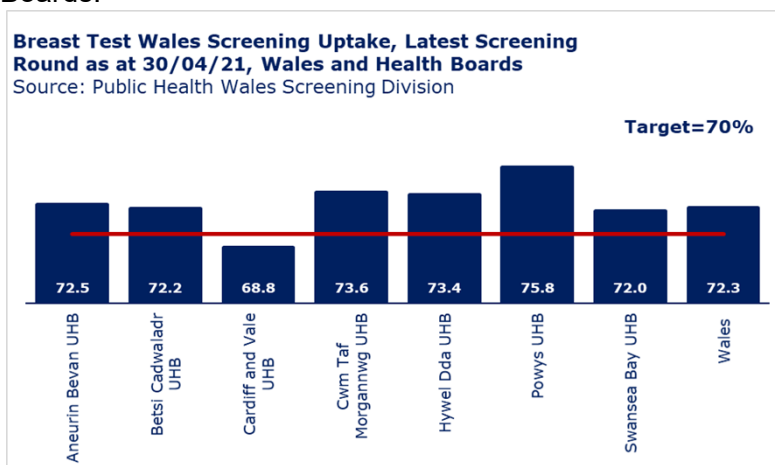
Both uptake and round length (invitations issued within 36 months of previous screen) can affect coverage. To allow all women time to have received their first invitation, the coverage is presented for the 53-70 age range.

The Breast Test Wales Annual Statistical Report 2021-22 highlights that the period reported on includes COVID and so coverage was impacted on the temporary pause of the breast screening programme and then reduced capacity on it restarting in August 2020. The graph below shows the impact of COVID on coverage with all health boards falling beneath the 70% target. It should be noted however, that BCUHB had the highest coverage across all health boards at 63.6% at 31/08/2022.

Graph 1: Breast screening coverage percentage (%), women aged 53-70, by health board of residence, 2020-2022



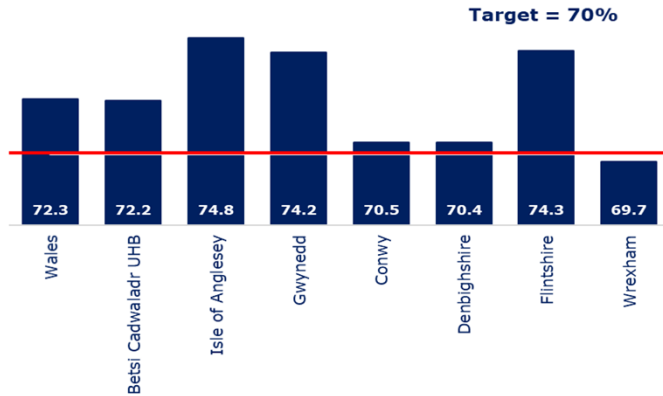
Uptake is the percentage of women routinely invited for breast screening who take up their invitation and are screened within six months. Data (as at 30/04/2021) shows BCUHB uptake at 72.2%. This is above the 70% target. Our uptake is similar to the other Health Boards.



Uptake is above the national target in all Local Authority areas in North Wales except Wrexham (69.7%).

Breast Test Wales Screening Uptake, Latest Screening Round as at 30/04/21, Wales Betsi Cadwaladr UHB and unitary authorities

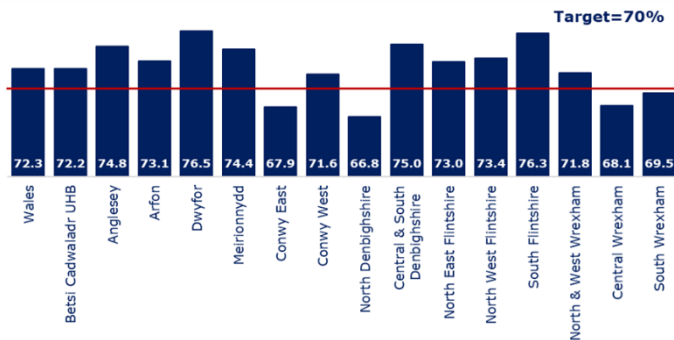
Source: Public Health Wales Screening Division



At primary care cluster level, four areas are below the target: Conwy East (67.9%), North Denbighshire (66.8%), Central Wrexham (68.1%) and South Wrexham (69.5%).

Breast Test Wales Screening Uptake, Latest Screening Round as at 30/04/21, Wales, Betsi Cadwaladr UHB and Primary Care Clusters

Source: Public Health Wales Screening Division

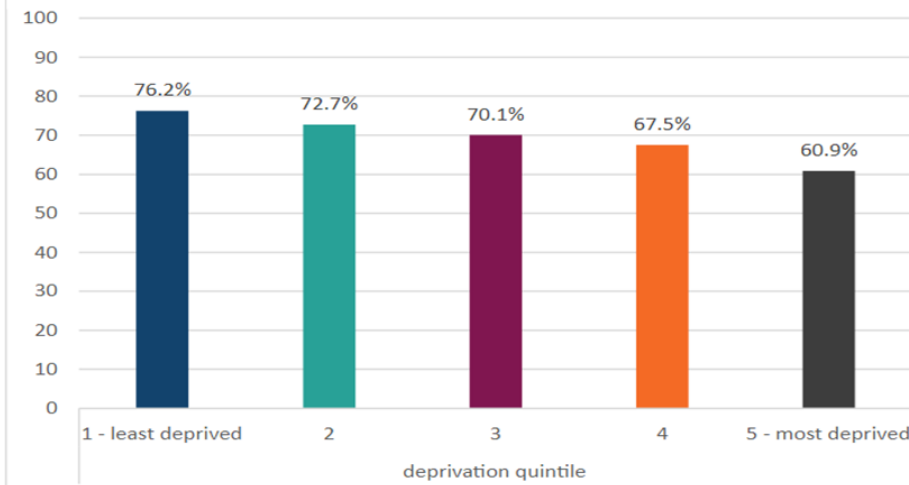


There is evidence that women living in more deprived areas are less likely to access breast screening. The primary care cluster areas listed above as having the lowest uptake include some of the most deprived areas in North Wales. Of the four areas North Denbighshire is in quintile 2 (10-20% most deprived - the lowest ranking of any of the primary care clusters in North Wales), two are in quintile 3 (20-30% most deprived - Conwy East & Central Wrexham) and South Wrexham is in quintile 4 (30-50% most deprived).^[4]

Caveat: in the chart below PHW have named the least deprived quintile as quintile 1, however, this is usually labelled as quintile 5. The rankings listed above relating to the primary care clusters works on quintile 1 being the 10% most deprived and quintile 5 being the 50% least deprived. Please be aware of this difference when reading this chart.

Uptake of Breast Screening by deprivation quintile – all Wales 2021/22

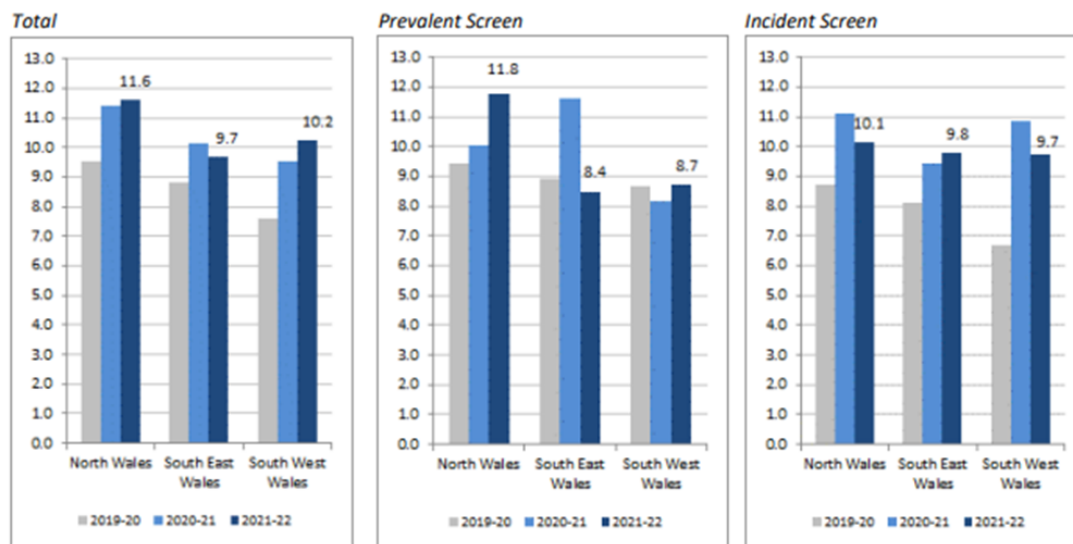
Source: Public Health Wales Screening Division



Total breast cancer detection rate in North Wales has increased since 2019, to 11.6 per 1,000 screened in 2021-22. This is higher than both South East and South West Wales. Cancer detection rate in BCUHB in prevalent screens (screening of women never previously screened within the NHS breast screening programme) is 11.8 per 1,000, and for incident screens (screening of women previously screened within NHS breast screening programme) is 10.1 per 1,000 (see Figure 3).

Cancer detection rate per 1,000 screened, by invite type, by screening unit, 2019-20 to 2021-22.

Source: [Breast Test Wales Annual Statistical Report 2021-2022](#)

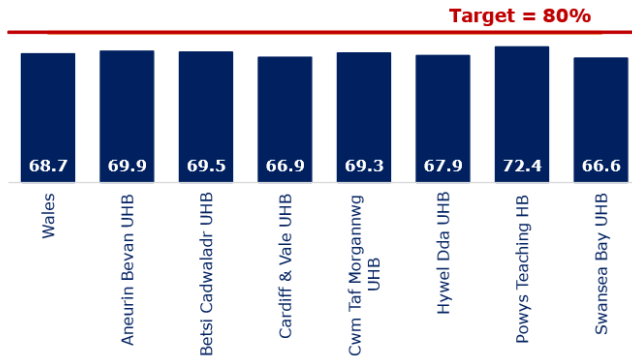


Cervical screening

PHW has published data in May 2025 for cervical screening reporting on coverage as at 01/04/2024. This data covers Wales, Health Boards, Local Authorities and GP clusters. The data below shows the coverage at Wales and Health Board level. Nowhere in Wales is meeting the 80% target. BCUHB is in line with the other health boards with a coverage of 69.5%. BCUHB has slightly higher coverage than the Wales average (68.7%).

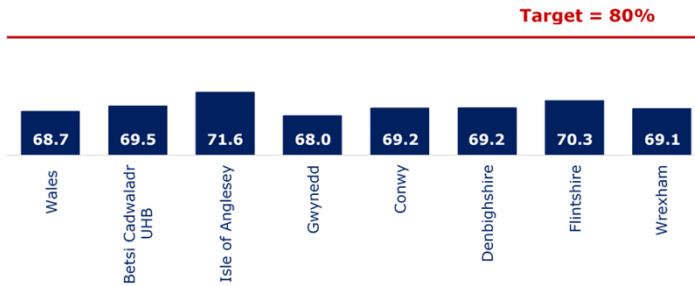
Cervical Screening Age Appropriate Coverage as at 01/04/24, females aged 25-64 years, Wales and health boards

Source: Public Health Wales Screening Division



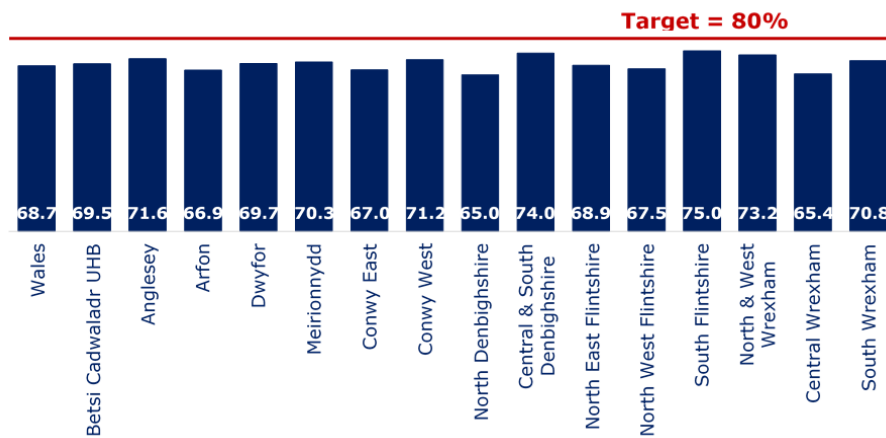
In North Wales, all the Local Authority areas are below the 80% target. The Isle of Anglesey is highest at 71.6% with Flintshire close behind at 70.3%. Gwynedd is the lowest with 68%.

Cervical Screening Age Appropriate Coverage as at 01/04/24, females aged 25-64 years, Wales, Betsi Cadwaladr UHB and unitary authorities



At primary care cluster level, all areas are below the target, with North Denbighshire (65%) and Central Wrexham (65.4%) having the lowest uptake. South Flintshire has the highest uptake at 75% meaning there is a 10% difference in cervical cancer screening coverage within North Wales between the highest and lowest primary care clusters.

Cervical Screening Age Appropriate Coverage as at 01/04/24, females aged 25-64 years, Wales and Betsi Cadwaladr UHB Primary Care Clusters

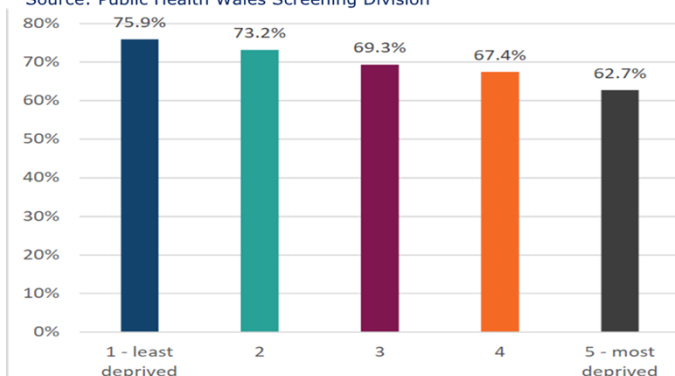


There is evidence that cervical screening coverage is affected by deprivation, the chart below shows coverage decreases by each quintile from least deprived to most deprived.

In North Wales, the two areas with the lowest coverage both experience high levels of deprivation (North Denbighshire is in quintile 2 (10-20% most deprived) and Central Wrexham in quintile 3 (20-30% most deprived)).⁴ South Flintshire (75%) which has the highest coverage is in quintile 5 (50% least deprived).

Caveat: in the chart below PHW have named the least deprived quintile as quintile 1, however, this is usually labelled as quintile 5. The rankings listed above relating to the primary care clusters works on quintile 1 being the 10% most deprived and quintile 5 being the 50% least deprived. Please be aware of this difference when reading this chart.

Coverage of Cervical Screening by deprivation quintile – all Wales 2021/22
Source: Public Health Wales Screening Division



Detection rates are not reported for the cervical screening programme. Data is available in terms of colposcopy referrals by colposcopy clinic. In 2021-22 in Wrexham, there were 535 Cervical Screening Wales (CSW) direct referrals, equating to a CSW direct referral rate of 82.4%. In Ysbyty Gwynedd, there were 449 CSW direct referrals, or a CSW direct referral rate of 69.4%. In Ysbyty Glan Clwyd, there were 458 CSW direct referrals, or a CSW direct referral rate of 89.6%. At an All Wales level, the CSW direct referral rate was 64.6%.

Number of colposcopy referrals by source of referral and colposcopy clinic. Source: [Cervical Screening Wales Programme Reports](#)

Colposcopy Clinic	CSW Direct Referral	Other Referral	TOTAL	% CSW Direct Referral	% Other Referral
Brecon	111	10	121	91.7%	8.3%
Bronglais	129	128	257	50.2%	49.8%
Cardiff and Vale	1,387	866	2,253	61.6%	38.4%
Glan Clwyd	458	53	511	89.6%	10.4%
Neath Port Talbot	880	222	1,102	79.9%	20.1%
Nevill Hall	390	168	558	69.9%	30.1%
Newtown	134	35	169	79.3%	20.7%
Prince Charles	339	624	963	35.2%	64.8%
Royal Glamorgan	385	592	977	39.4%	60.6%
Royal Gwent	57	19	76	75.0%	25.0%
Singleton	615	297	912	67.4%	32.6%
West Wales General	402	283	685	58.7%	41.3%
Withybush	205	236	441	46.5%	53.5%
Wrexham	535	114	649	82.4%	17.6%
Ysbyty Gwynedd	449	198	647	69.4%	30.6%
Ysbyty Ystrad Fawr	1,190	357	1,547	76.9%	23.1%
All Wales	7,666	4,202	11,868	64.6%	35.4%

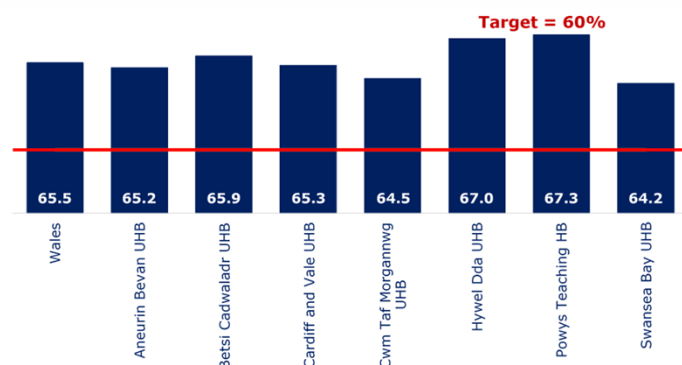
Bowel screening

PHW has published data in May 2025 for bowel screening reporting on coverage for the financial year 2023-24. This data covers Wales, Health Boards, Local Authorities and GP clusters.

The data below shows the coverage at Wales and Health Board level. All areas in Wales have met the 60% target. BCUHB is in line with the other health boards with a coverage of 65.9%. BCUHB has slightly higher coverage than the Wales average (65.5%).

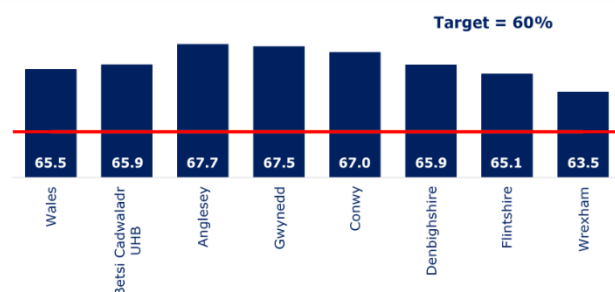
Bowel Screening Uptake, 2023-24, Wales and Health Boards

Source: Public Health Wales Screening Division



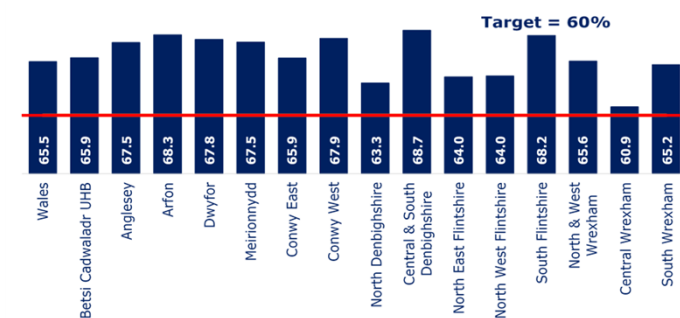
In North Wales, all the Local Authority areas are above the 60% target. The Isle of Anglesey is highest at 67.7% with Gwynedd (67.5%) and Conwy (67%) close behind. Wrexham has the lowest uptake with 63.5%.

Bowel Screening Uptake, 2023-24, Wales, Betsi Cadwaladr UHB and unitary authorities



At primary care cluster level, all areas are above the target, however Central Wrexham has only just achieved this at 60.9% uptake.

Bowel Screening Uptake, 2023-24, Wales, Betsi Cadwaladr UHB and Primary Care Clusters



Data shows that our residents living in the most deprived areas are less likely to take part in bowel screening with a coverage in quintile 1 of 52.7%. This is below the 60% target. There is a 15.7% difference in bowel screening coverage between the most deprived quintile and the least deprived quintile in BCUHB. Central Wrexham, the primary care cluster with the lowest uptake in BCUHB, is in quintile 3 (20-30% most deprived).⁴

Bowel Screening Coverage (within 2.5 years), %, by deprivation quintile and health board of residence, as at 1 October 2023

Health Board	Coverage %					Total coverage
	Q1 - most deprived	Q2	Q3	Q4	Q5 - least deprived	
Aneurin Bevan UHB	55.5	61.5	63.7	67.7	70.5	63.3
Betsi Cadwaladr UHB	52.7	58.4	62.8	65.8	68.4	63.2
Cardiff and Vale UHB	51.2	56.4	59.7	64.0	70.2	62.7
Cwm Taf Morgannwg UHB	56.4	61.3	62.6	66.1	70.9	62.6
Hywel Dda UHB	55.7	61.6	64.1	67.1	68.5	64.2
Powys Teaching HB	56.2	59.8	63.4	65.8	67.7	64.4
Swansea Bay UHB	54.4	60.2	62.0	65.9	69.1	62.2
Unknown	N/A	N/A	N/A	N/A	N/A	56.3
All Wales	54.4	60.2	63.0	66.2	69.6	63.1

Bowel cancer detection rates are only available at an all Wales level. In 2022-23, the cancer detection rate was 10.1%, the polyp detection rate was 73.4% and the adenoma detection rate was 56.7%. Detection rates at screening colonoscopy have consistently exceeded the accepted screening standard over the past 3 year period.

Bowel Screening Programme Detection rates, 3 year trend, Wales. Source: [Bowel Screening Programme Reports](#)

	2022-23 (N=3,725) ^a		2021-22 (N=3,440) ^a		2020-21 (N=1,823) ^a	
	Number Detected	Percentage Detected	Number Detected	Percentage Detected	Number Detected	Percentage Detected
Cancer detection rate	376	10.1%	357	10.4%	211	11.6%
Polyp detection rate	2,733	73.4%	2,522	73.3%	1,342	73.6%
Adenoma detection rate	2,112	56.7%	2,031	59.0%	1,052	57.7%

Detection rates are calculated as the proportion of participants that attend an index colonoscopy/flexible sigmoidoscopy procedure. For polyp detection, one, or more, polyp(s) must also be removed during the procedure.

^aN denotes total index procedures attended.

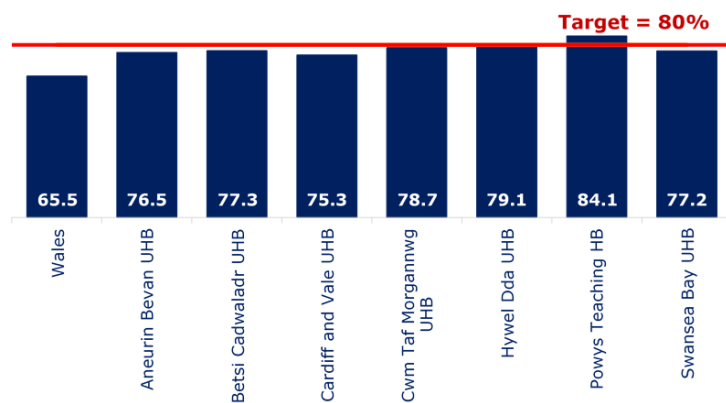
Abdominal aortic aneurysm screening

PHW has published data in May 2025 for bowel screening reporting on coverage for the financial year 2023-24. This data covers Wales, Health Boards, Local Authorities and GP clusters.

The data below shows the coverage at Wales and Health Board level. Only one Health Board (Powys) has met the 80% target. BCUHB is fourth at 77.3%. BCUHB has higher uptake than the Wales average (65.5%).

AAA Screening Uptake, 2023-24, Wales and health boards

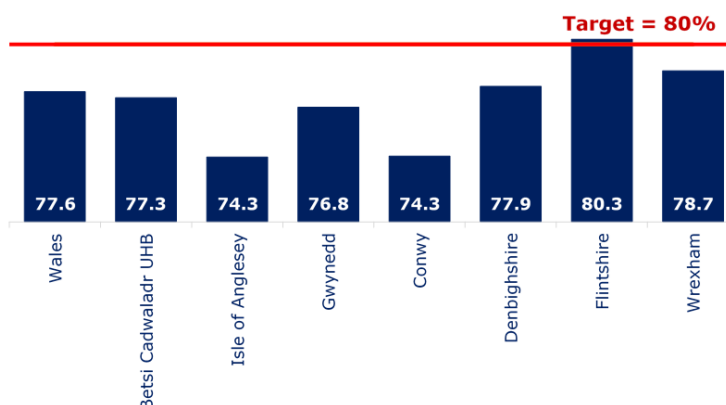
Source: Public Health Wales Screening Division



In North Wales, only one Local Authority area, Flintshire (80.3%) met the 80% target. The other areas had between 76-78% uptake, except for the Isle of Anglesey and Conwy which both had uptake at 74.3%.

AAA Screening Uptake, 2023-24, Wales, Betsi Cadwaladr UHB and unitary authorities

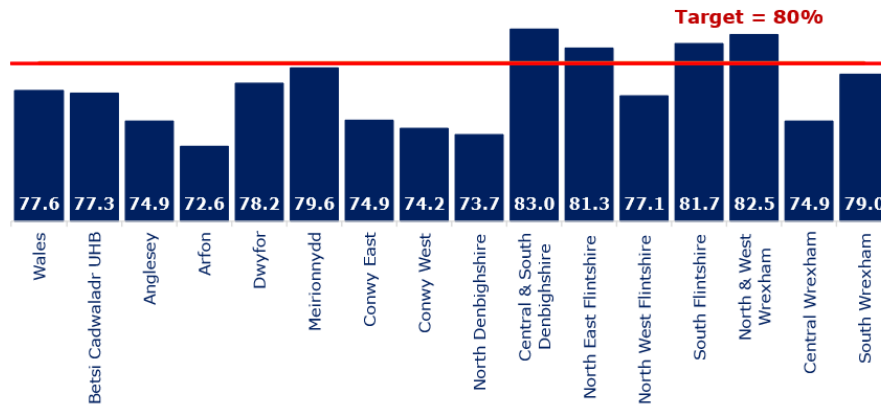
Source: Public Health Wales Screening Division



At primary care cluster level, four areas were above the target; Central & South Denbighshire (83%), North & West Wrexham (82.5%), South Flintshire (81.7%) and North East Flintshire (81.3%). The other areas ranged from 79.6% in Meirionnydd to 72.6% in Arfon. This equates to a 10.4% difference in uptake between the highest primary care cluster and the lowest in BCUHB.

AAA Screening Uptake, 2023-24, Wales, Betsi Cadwaladr UHB and Primary Care Clusters

Source: Public Health Wales Screening Division



Data shows that our residents living in the most deprived areas are less likely to take part in AAA screening with a coverage of 69%. This is well below the 80% target. There is a 17.1% difference in AAA screening coverage between the most deprived quintile and the least deprived quintile in BCUHB.

However, the primary care cluster areas with the highest uptakes ranged between quintiles 3-5. Central & South Denbighshire, which achieved the highest AAA screening uptake in North Wales, is in quintile 5 (50% least deprived), North and West Wrexham is quintile 4 (30-50% most deprived), South Flintshire is quintile 5 (50% least deprived) and North East Flintshire is in quintile 3 (20-30% most deprived).⁴

Abdominal aortic aneurysm screening uptake by deprivation quintile and health board of residence (%)

Health Board	Uptake %					Total Uptake %
	Q1 - most deprived	Q2	Q3	Q4	Q5 - least deprived	
Aneurin Bevan University	69.4	73.7	75.1	78.2	86.0	76.0
Betsi Cadwalader University	69.0	75.4	77.0	82.2	86.1	79.5
Cardiff & Vale University	58.2	69.7	68.8	77.4	82.2	73.4
Cwm Taf Morgannwg University	69.4	75.4	76.1	79.3	86.2	76.4
Hywel Dda University	65.4	78.1	79.1	84.2	85.5	80.1
Powys Teaching	71.9	78.8	81.1	84.1	83.1	82.1
Swansea Bay University	68.6	76.5	77.1	83.3	82.8	77.3
Unknown	N/A	N/A	N/A	N/A	N/A	100.0
All Wales	67.2	75.3	76.9	81.7	84.4	77.6

'Unknown' refers to men who cannot be allocated to a health board, these are included in the all-Wales total.

AAA detection rates are available at Health Board and all Wales levels. In 2022-23, there was a total of 42 AAA detected in BCUHB, a detection rate of 1.0%. This was slightly higher than the all Wales detection rate of 0.9%.

Number of those screened that have an AAA (≥3cm) detected by health board of residence, 2022-23 (PHW Screening Division, AAA Annual Statistical Report 2022-23)

Health Board	Attended	AAA Total	Detection Rate (%)
Aneurin Bevan University	3,697	36	1.0
Betsi Cadwalader University	4,384	42	1.0
Cardiff & Vale University	2,549	14	0.5
Cwm Taf Morgannwg University	2,880	27	0.9
Hywel Dda University	3,337	33	1.0
Powys Teaching	1,070	8	0.7
Swansea Bay University	2,796	29	1.0
Unknown	4	0	0.0
All Wales	20,717	189	0.9

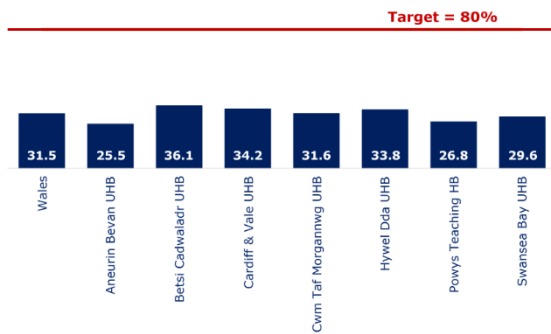
Unknown refers to men who cannot be allocated to a health board, however they are included in the all-Wales total.

Diabetic eye screening

The most recent data for diabetic eye screening relates to the year April 2022 to the end of March 2023. This was published by PHW in November 2024. This data covers Wales, Health Boards, Local Authorities and GP clusters.

No areas in Wales have met the national target of 80%, with all health boards in Wales falling far short of this target. Though BCUHB with screening coverage of 36.1% has the highest coverage in Wales.

Diabetic Eye Screening, screening coverage, Wales and health boards, 2022-23
Source: Public Health Wales Screening Division



Amongst the local authority areas in North Wales, Flintshire has the highest screening coverage at 42.1%, with Conwy the lowest at 30.2%. There is therefore a 11.9% difference in screening coverage across North Wales.

Diabetic Eye Screening, screening coverage, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022-23
Source: Public Health Wales Screening Division

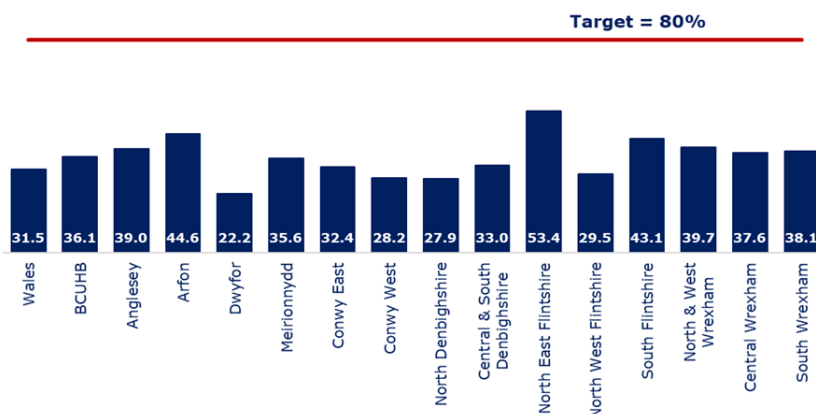


Uptake also differs between primary care clusters with a 31.2% difference in screening coverage between North East Flintshire (53.4%) with the highest and Dwyfor (22.2%) with

the lowest. The coverage in North East Flintshire is nearly 10% higher than the next highest area, Arfon (44.6%).

Diabetic Eye Screening, screening coverage, Wales, Betsi Cadwaladr UHB and Primary Care Clusters, 2022-23

Source: Public Health Wales Screening Division



Uptake is influenced by deprivation with only 33.8% coverage in the most deprived quintile compared to 40.4% in the least deprived quintile. However, in relation to the highest and lowest coverage in North Wales, Dwyfor (22.2%) is in quintile 5 (least deprived) and North East Flintshire (53.4%) is in quintile 3 (20-30% most deprived). It is therefore important to consider other factors which may be impacting on the low coverage for diabetic eye screening. PHW screening team have suggested the following reasons may also be impacting diabetic eye screening coverage:

- rising demand (increasing diabetes prevalence resulting in around 1400 new referrals to the programme a month across Wales)
- reduced capacity following the pause during covid that has led to a backlog of participants who are waiting longer than they should be to be screened.
- lack of venues within North Wales to provide diabetic eye screening.
- diabetic eye screening is often considered to be external to routine core care for diabetes

Diabetic eye screening coverage by deprivation quintile 2022-23

LHB	Most deprived 1	2	3	4	Least deprived 5	Total
Aneurin Bevan UHB	23.0	23.4	25.1	28.9	31.1	25.5
Betsi Cadwaladr UHB	33.8	32.3	34.6	38.3	40.4	36.1
Cardiff and Vale UHB	30.5	34.5	36.4	33.3	37.0	34.2
Cwm Taf Morgannwg UHB	32.9	33.3	34.0	25.7	28.0	31.6
Hywel Dda UHB	25.1	32.3	34.3	38.3	28.2	33.8
Powys Teaching LHB	20.6	24.7	29.0	26.4	28.2	26.8
Swansea Bay UHB	25.7	30.9	31.1	29.3	33.0	29.6
All Wales	28.0%	30.5%	32.1%	33.2%	34.6%	31.5%

Retinopathy detection rates are available at Health Board and all Wales levels. In 2022-23, 21.94% of people screened in BCUHB had any retinopathy present. This is slightly lower

than the Wales average of 22.68%. BCUHB had the highest percentage of inadequate image across Wales at 7%.

Presence of retinopathy, 2022-23 (PHW Screening Division, Diabetic Eye Screening Report)

Health Board	Results reported	No retinopathy	%	Any retinopathy	%	Inadequate image	%
Aneurin Bevan UHB	10,552	7,582	72.0	2,336	22.14	634	6.0
Betsi Cadwaladr UHB	15,381	10,925	71.0	3,374	21.94	1,082	7.0
Cardiff and Vale UHB	9,199	6,272	68.2	2,407	26.17	520	5.7
Cwm Taf Morgannwg UHB	9,818	6,837	69.6	2,342	23.85	639	6.5
Hywel Dda UHB	8,902	6,260	70.3	2,061	23.15	581	6.5
Powys Teaching LHB	2,250	1,586	70.5	526	23.38	138	6.1
Swansea Bay UHB	7,124	5,407	75.9	1,294	18.16	423	5.9
All Wales	63,611	45,148	71.0	14,424	22.68	4,039	6.4

2.4 Immunisation and Vaccinations

The Immunisation and Vaccination Service provision has progressed against targets as below with a key focus on delivering;

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

Influenza

A series of lessons learned meetings have been conducted to comprehensively capture insights from the previous Influenza Programme.

These sessions have documented key actions, critical information, and strategic decisions that will inform and strengthen the planning and delivery of the upcoming programme, scheduled to commence in September.

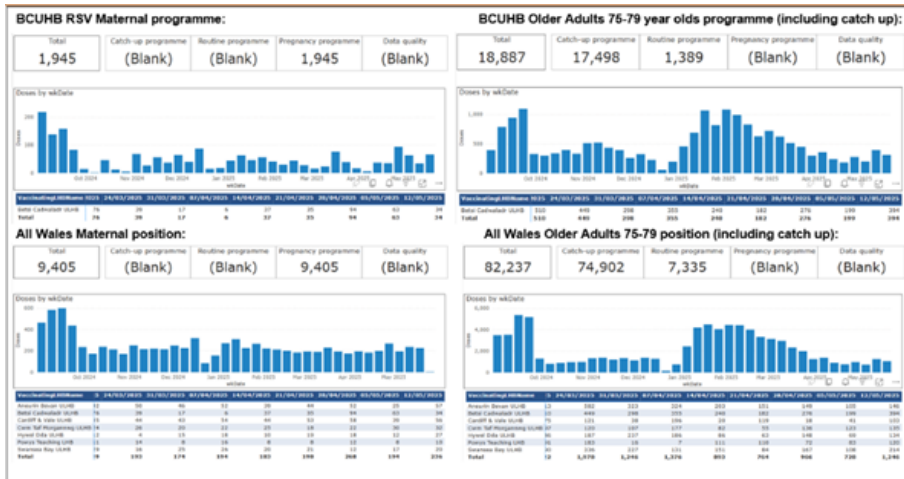
All captured insights will be presented at an upcoming service away day with key stakeholders. The outcomes of these discussions will form a valuable foundation for continuous improvement and more effective programme execution.

Respiratory Syncytial Virus (RSV)

The RSV vaccination campaign was introduced on the September 1st, 2024. GP surgeries continue delivering the RSV older adult programme for those turning 75 years of age.

Reflecting on the data demonstrated below, a review of the delivery is underway to increase uptake and improve equity of access.

Figure 1: RSV Uptake Data for Maternal and Older Adults Programmes (National and BCUHB, as of 27/05/25)



COVID 19

The Covid-19 Spring 2025 Campaign commenced on 1st April 2025, with the main campaign scheduled to run until 30th June 2025. A total of 104,035 citizens are eligible to receive a single dose of the Covid-19 vaccine during this period.

As of 2nd June 2025, a total of 41,929 Spring Booster vaccinations have been administered, representing 40.39% of the eligible population. Currently, there are 30,511 bookings in the system, with appointment invitations issued to eligible individuals to attend their local community-based vaccination centres.

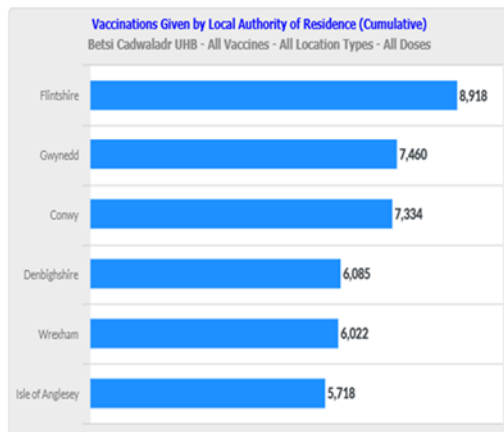
The Did Not Attend (DNA) rate across the programme stands at 19.8%, indicating the proportion of individuals who DNA their scheduled appointments.

To support the careful management of vaccine supplies and mitigate wastage, stock checks are conducted on a weekly basis

Figure 2: Spring 2025 Covid-19 Vaccines Administered as of 02/06/25

Areas	House Bounds		Care Homes		Over 65s		Immunosuppressed	
	Overall (eligible cohort excluding opt-outs)							
BCUHB	2932	71.4%	3,443	86.8%	34,922	57.2%	3,501	21.9%
East	377	26%	1,045	75.6%	13,582	56.3%	799	11%
Centre	1374	83.0%	1,337	78.8%	10,915	52.6%	1,106	22.4%
West	1181	80.0%	1,061	79.3%	10,425	64.6%	1,596	39.4%

Figure 3: BCUHB Vaccinations Given by Local Authority of Residents (Data correct as of 02/06/25)



During Quarter 1 (Q1), significant progress was made in the continued development and implementation of a more effective and efficient integrated cluster working model in collaboration with primary care stakeholders. This model aims to enhance coordination, streamline service delivery, and strengthen partnerships within local health systems for the forthcoming Winter Respiratory Framework 2025/2026 (Covid -19 and flu).

The initiative will continue into Quarter 2 (Q2), with a particular focus on applying the cluster-based approach. Emphasis will be placed on the timely co-delivery of Covid-19 and Influenza vaccinations to maximise uptake and resource utilisation

This strategic approach directly supports the local implementation of the National Immunisation Framework, ensuring alignment with national priorities while addressing the specific needs of local populations.

Childhood Immunisations

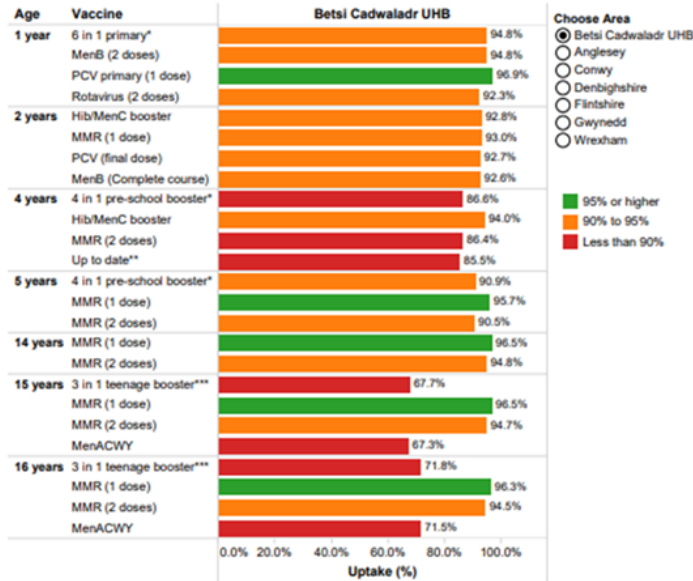
Pre-School Immunisations

The specialist immunisation nurses have been prioritising translations for children who have transferred into BCUHB from abroad and preparing and delivering staff training. Preparedness for the pending changes to the pre-school schedule which will commence on the 01/07/2025 has commenced following the release of the WHC/2025/019.

A shared email has been developed for clinical immunisation queries for staff across primary care and the health board. The aim is to respond within a timely manner and to build a repository of answers.

Figure 4: BCUHB COVER data for childhood immunisations (January – March 2025)

Betsi Cadwaladr UHB & LA Summary Chart (Jan2025-Mar2025)



School-Age Immunisations

Programme Delivery and Catch-Up Efforts

Across BCUHB, school immunisation teams are nearing the completion of the 2024/25 secondary school vaccination programmes. As this phase concludes, the teams will shift their focus to delivering catch-up vaccinations to children who were unable to receive their scheduled doses during the main campaign.

E-Consent Application Development

Development of the electronic consent (e-Consent) application continues. However, due to unresolved technical challenges, the app was not ready for deployment during this year’s secondary school programme. Active testing and refinement are ongoing, with a view to launching the system in time for the upcoming Live Attenuated Influenza Vaccine (LAIV) programme.

Planning for the 2025/26 Influenza Programme

Preparations for the 2025/26 influenza vaccination programme have commenced. Owing to time constraints, the decision has been made to utilise paper-based consent forms for this year’s campaign. BCUHB has adopted the updated national influenza consent form, which reflects the inclusion of a pork gelatine-free alternative vaccine for school-aged children.

Communications and Public Engagement

BCUHB continues to work closely with the Communications Team to ensure consistent and timely updates across its social media platforms. This collaborative effort supports ongoing public engagement and helps promote vaccine uptake across school communities.

Data Improvement Initiatives

A task and finish group has been established to improve data collection processes for the LAIV programme. The group is working towards the development of a live dashboard to enable real-time monitoring and facilitate targeted delivery in areas identified as having low vaccine uptake.

2.5 Health Protection Indicators

The Health Protection Service continues to support health protection partner organisations in their response to health protection threats and needs across North Wales.

The service contributes to Welsh Governments vision to ‘prepare, prevent and respond’ to protect the people of Wales against existing and future health protection threats and hazards, to minimise harm and save lives through a whole systems approach.

Headline objectives for 2025/26 include:

- Developing capacity within the Health Board to prepare for and respond to health protection threats
- Enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards
- Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales

Key indicators from quarter 1 include:

No.	Health Protection Service Programme Objective	Project/ Priority Area	Indicator (Annual Target)	Outputs for Quarter 1 (April – May only)
1.	Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales	Delivery of infection prevention control (IPC) support to residential care homes in North Wales	95% of residential care homes accepting an IPC review to have received a review by 31 st March 2026	41 out of 225 care homes received interventions. 18% complete.
			75% of residential care homes identified for follow-up to have received a follow-up intervention by 31 st March 2026	0% complete
			40% of residential care homes represented at IPC Champions training sessions by 31 st March 2026	45 out of 225 residential care homes represented at IPC champions training sessions 20%
2.	Enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards.	Supporting disease elimination agendas (Hepatitis B and C, HIV and TB)	200 Hepatitis B and C samples obtained in probation services and approved premises in North Wales by 31 st March 2026	32
			60 Hepatitis B and C samples obtained during targeted community sampling projects by 31 st March 2026	20
			30 Hepatitis B vaccinations provided through substance misuse services and related venues/projects by 31 st March 2026	6

		Supporting the delivery of the National Immunisation Framework to ensure a high up-take of vaccinations and equity of access and opportunity	Provision of 5000 influenza vaccinations to BCUHB by 31 st March 2026 (to commence in Q3)	Flu not due to start until Q3
			Provision of 1,000 additional childhood immunisations in support of school nursing services by 31 st March 2026	429
3.	Developing capacity within the Health Board to prepare for and respond to health protection threats	Establishing a robust Health Board response to communicable disease incidents/outbreaks	Delivery of an approved Health Board plan for the management of communicable disease incidents and outbreaks by 31 st March 2026	A strategic preparedness group has been established and terms of reference produced. Group are to commence a mapping exercise to consider current resources within the Health Board
		Management of health protection enquiries/incidents received by the Health Protection Service	100% of health protection enquiries received by the Health Protection Services responded to within 24 hours	100%

Other Health Protection Data – for information

No.	Health Protection Service – Function	Workstream	Overview	Outputs for Quarter 1 (April – May only)
1.	Sampling and Assessment	Sampling response to outbreaks and wider health protection threats in North Wales	Number of clinical samples obtained to support the health protection response to outbreaks/threats.	12
2.	Protect	Incident management support	IPC advice provided to care homes in Acute Respiratory Illness incidents.	4
			Number of COVID-19 incidents managed by the Health Protection Service	1

2.6 Public Health Outcomes Framework (PHOF)

The PPHP Committee will be updated fully in relation to BCUHB position against the PHOF at half yearly intervals (next due September).

The following indicators were updated in March, 2025:

- deaths from injuries
- premature deaths from non-communicable diseases
- deaths from road traffic incidents, suicides
- quality of the air we breathe
- hip fractures in older people
- adolescents who smoke
- adolescents using alcohol
- physical activity in adolescents
- adolescents drinking sugary drinks once a day or more
- smoking in pregnancy
- life expectancy at birth,
- healthy life expectancy at birth
- tooth decay among 5 year olds

3.0 Population Health Updates

3.1 Health Board Plan

Appendix A outlines the Prevention and Early Intervention deliverables for 25/26. There is good progress against Q1 and Q2 items. Further details regarding completion of these deliverables will be provided as part of Q2 report (given the timescale to produce and approve the Q1 report ahead of PPHP), however the programme updates below identify areas of key focus and the workstream which form integral components of delivering the Health Board Plan.

The Terms of Reference for the Population Health Executive Delivery Group (PHEDG) are being revised to support the delivery of the plan and wider Prevention agenda, with a focus on improved membership and reporting. The PHEDG will seek assurance in relation to wider Preventive activity and deliverables across the Health Board.

3.2 Health Protection

In months 1 and 2 the Health Protection Service has made positive progress against each of the three headline objectives and their corresponding milestones.

[Developing capacity within the Health Board to prepare for and respond to health protection threats](#)
The development of a Health Board plan for managing communicable disease incidents and outbreaks is progressing with the establishment of a strategic preparedness group. However, progress is dependent on input from other Health Board services, departments and the three IHCs, which may impact upon delivery by end of Quarter 4.

[Enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards](#)

The evaluation of the 6-monthly Hepatitis B and C sampling pilot is nearing completion. Support continues to be provided to vaccination programmes across North Wales where

existing teams are lacking capacity. Targeted Hepatitis B and C sampling activities continue in a variety of settings in North Wales, including large food production facilities.

[Developing collaborative, evidence-based approaches to protecting and preventing ill-health within specific sectors and settings in North Wales](#)

All residential care homes have been risk assessed, and IPC reviews have commenced. IPC champions training provided in accordance with programme for 25/26. Early years IPC interventions – the pilot study is to be evaluated ahead of the second pilot phase. Pilot project on IPC interventions in domiciliary care settings is progressing.

3.3 Health Improvement Programme

The health improvement programme has been established for 2025/26 to deliver improved health and wellbeing outcomes and reduce health inequalities for the North Wales population. The programme will also support the delivery of local and national health improvement activity with three key projects delivered:

[Maximise delivery of grant funded programmes](#)

A desktop review is in progress for the Prevention and Early Years (PEY) grant and the Health & Wellbeing promoting schools, Healthy & sustainable pre-schools and Whole School Approaches to Emotional Health and wellbeing grants. A budget management process has been strengthened, and funding has been agreed with external and internal partners. Memorandum of Understanding (MOUs) are in development which include performance management and reporting expectations. Meetings have been held with all Service leads to clarify delivery expectations.

[Identify, maximise delivery and support Health Improvement activity](#)

Work is underway on agreed health improvement areas for focus: alcohol licensing; gambling; Making Every Contact Count [MECC]; Infant Feeding and Decarbonisation. Several other health improvement areas require scoping, which has commenced. Mental wellbeing and Women's Health are currently under review.

[Identify and develop an effective health improvement model/offer for the Health Board](#)

A comprehensive literature and evidence review has been undertaken to identify effective health improvement frameworks; building on this, a subsequent evidence review on the evidence of effective health improvement interventions will soon commence. The project context, outline and funding proposal has been produced with options for discussion following which, a business plan will be completed for submission.

3.4 Health Care Public Health - Health Intelligence & research

[Population Health Management \(PHM\) Programme](#)

The Public Health Team and DDAT are jointly leading this project and working closely with colleagues in other Health Boards to learn from approaches from elsewhere. A PHM report, detailing the plans for this work, has been presented to the Executive Committee in May 2025. A further in-depth discussion has been requested by this Committee and will be held in the near future. Stakeholder scoping is underway.

[Data and Evidence](#)

Data support is increasing to inform progress with all our prevention work across our Public Health Programmes. We are scoping our data sources to create a joint data and evidence portal with the aim of helping BCUHB staff to access readily available data and evidence with ease to support their work. Updates of key reports, including Public Health Outcomes Framework and IHC population data packs, is underway. There are also multiple external

and internal ad hoc data requests, with twenty already received in April and May which are being responded to.

A number of evidence reviews will inform progress supporting prevention work across our Public Health Programmes. The BCUHB Library Services are kindly undertaking the literature searches to inform the reviews. A key objective for Q1 is to develop a Standard Operating Procedure (SOP) for undertaking evidence reviews, which will be useful to the Public Health Directorate and wider the Health Board. A working draft has been finalised and will be ready for circulation early in Q2.

Research & Evaluation

Scoping past and current research and evaluation activity within the Public Health Team will inform a baseline and identify opportunities for additional focus in 25/26 and beyond. This will include identifying opportunities for formalising how we share and publish our work, and also building stronger links with our academic partners, including Bangor and Wrexham Universities.

3.5 Health Care Public Health - Strategic Programmes

The Health Care Public Health Strategic Programme work stream has been established for 2025/26 to support the health board and wider partners in applying population health methodologies to planning, delivery and evaluation of health and care service. This programme aims to improve health and wellbeing and reduce inequalities in outcomes for the population, through maximising the impact of health and social care.

The programme will provide health care public health input to major change programmes, health board strategy, planning and transformation workstreams and will support implementation and sustained change required to deliver transformational change within the Diabetes programme, UEC, Planned Care, Mental Health and Primary and Community Care and other priority workstreams identified.

Diabetes Change Programme

Following on from work undertaken in 2024/25 to triangulate evidence, data and modelling, and stakeholder intelligence, through a series of consensus events in order to develop an overarching holistic model of care for diabetes the case for change is currently being developed in collaboration with the Health Board Executive Committee and key stakeholder, once completed this will set out the work to date around Diabetes and the proposed next phase in the Diabetes Change Programme within North Wales.

Alongside this work is underway to support plans developed in response to the Population Health and Prevention ministerial Priority for 2025/26 around diabetes.

Strategy and Planning, and Major Programmes

Work is underway to scope out population health and prevention input to the Clinical Services Plan and the 10 Year strategy. With some specific focus on challenged (fragile services).

Additionally scoping work to support Health Board major work programmes this includes a specific focus around work being undertaken as part of UEC pathway work in developing a complete falls pathway including prevention and early intervention.

3.6 Health Inequalities

The health inequalities programme has been established for 2025/26 to support the health board in meeting the needs of inclusion health groups and reducing health inequalities in healthy life expectancy as outlined in the Annual Delivery Plan. Work is being delivered

across 3 key workstreams:-

Whole systems approaches (WSA) to prevention and early intervention

The annual delivery plan for the WSA to healthy weight has been developed outlining 25/26 delivery against the grant. Early progress to date has included completion of a food partnership scoping report and drafting a new process within the directorate for responding to planning applications. The WSA workstream is also expanding its remit to consider how to upskill colleagues within the health board and partners in utilising WSA methodologies to prevention and early intervention.

Reducing variation in population health

Work is underway to map the existing partnership landscape, and to understand the evidence base and existing best practice to inform an “inclusion health” offer for the health board to meet the needs of our most vulnerable groups in North Wales.

Community-based health and care

The outputs from the Well North Wales (WNW) Task & Finish Group have been collated into a co-produced report, detailing key learning in answering *how we can deliver a whole systems shift to prevention and address the wider determinants of health*. Early progress is now underway to consolidate outputs from WNW to co-develop a regional wellbeing/prevention framework delivered via the RPB, which incorporates opportunities as anchor organisations to support people to live well.

3.4.1 Local Area Planning

During Q4 24/25 the Public Health team responded to and influenced 5 planning applications of PH significance and two Local Development Plan Delivery Agreement Consultations

2024 –2025 Planning applications	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Total	14	19	17	10	5	65

The process for how the Public Health team respond to planning applications has been updated and rolled out to the whole team to allow sharing the responsibility and to build capacity and capability across the team. This new process is currently being rolled during quarter one 2025/2026.

3.7 Active Workplace Update

PPHP Committee have requested an update on progress in relation to the Active Workplace offer. A detailed report on the Active Workplace programme will be provided to PPHP committee in Q3 (allowing for governance process / submission dates) following the launch and review at the end of Q1.

Active Workplace Toolkit and Policy:

The launch the toolkit across BCUHB is underway and regionally with partner organisations in collaboration with Actif North Wales (the regional partnership for physical activity and sport). A joint communications and engagement plan has been developed, and work has commenced on an Active Workplace webpage hosted by Actif North Wales that will house the toolkit and associated resources. BCUHB is working with Bangor University and Clwyd Alyn to capture case studies on how other organisation across north Wales are embedding physical activity in the workplace to share as part of the comms work.

Translation related issues have led to a delay in the toolkit launch. It is anticipated that the active workplace webpage and comms dissemination will go live at the end of Q1. The Active Soles campaign will launch alongside the toolkit as an intervention to support movement within the workplace, targeted specifically at non-clinical staff.

An internal task and finish group has been established involving Union Reps, Communications Team, Workforce and Organisational Development, Occupational Health, Equalities Team, Health Improvement Team (East IHC) and chaired by BCUHB Public Health Directorate to take forward the Active Workplace Policy, An EQIA is in progress and a staff engagement survey has been developed to capture views on the draft policy and recruitment of staff to support its development going forward. It is anticipated that the policy will be ready for implementation by end of Q3.

Active Workplace Videos:

The Public Health Directorate has commissioned a series of guided, web-based Active Workplace videos to support staff to move more during the working day. The bi-lingual videos are led by a qualified Instructor and are between three- and eight-minutes long and suitable for a range of abilities. The activities can be carried out in a chair or standing and contain a range of strength, mobility and aerobic based movements. Staff will be encouraged to complete the videos during the working day to reduce sedentary behaviour in the workplace and improve health and wellbeing. The videos will be launched as part of the Active Workplace Toolkit at the end of Q1.

Healthy Travel Charter:

An SBAR was developed and presented to the new Director of Environment and Estates to introduce the Healthy Charter and the role of the Health Board in supporting healthy travel to improve population health and wellbeing and its impact on climate change. A meeting is scheduled in June to discuss next steps in how the Health Board will implement the Healthy Travel Charter. A Speciality Registrar in Public Health has been assigned to support implementation across the organisation.

5.0 Key Risks

There remains two significant Corporate Risks in relation to:

- Population Health (Score 16)
- Health Protection (Score 16)

These are reviewed monthly as part of the Corporate Risk governance structure and are supported by action plans and programmes of work.

Both Risks have recently been fully refreshed with the draft Population Health Risk being reviewed by both the Risk Management Group (in May) and the Executive Committee.

6.0 Quarter 2 25/26 Delivery Report

In the next report we will provide:

- PHOF update
- Grant activity update

A 'Substance Misuse Services (SMS) and Area Planning Board (APB) Update' paper will be provided separately to PPHP (September 2025).

Appendix A

4A: Prevention and Early Intervention						
4A.1. Build on our existing work to understand the needs of inclusion health groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveller communities) to target resources for our most vulnerable which will contribute to reducing inequalities in healthy life expectancy						
4A.1.1	Agree scoping document for Weight Management Service review	Jane Moore	Q1			
4A.1.2	Completion of the Weight Management Service review	Jane Moore		Q2		
4A.1.3	Build evidence for a holistic intervention model which considers those at risk of and those living with long-term conditions	Jane Moore			Q3	
4A.1.4	Map and evaluate existing prevention programmes to create a baseline of current activity across the Health Board and partners	Jane Moore				Q4
4A.1.5	Co-design BCUHB Prevention Framework for North Wales which considers the role of Anchor organisations	Jane Moore				Q4
4A.1.6	Deliver against approved prevention grant-funded plans	Jane Moore				Q4
4A.2. Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved						
4A.2.1	Major priorities within BCUHB are enabled to shift to prevention through access and use of public and population health intelligence	Jane Moore			Q3	
4A.2.2	Development of the Population Health Management Programme with DDaT to ensure that Health Board is intelligence-led	Jane Moore				Q4
4A.2.3	Major priorities within BCUHB are enabled to measure the impact and outcomes which affect population health	Jane Moore				Q4
4A.3. Develop proposals for Health Board to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards						
4A.3.1	Increased capacity within the Health Board to prepare for and respond to health protection threats	Jane Moore				Q4
4A.3.2	Enhanced delivery of Health Board services to protect people in North Wales against existing, new, and emerging health protection threats and hazards	Jane Moore				Q4
4A.3.3	Collaborative, evidence-based approaches to protecting and preventing ill health within specific sectors and settings in North Wales are developed	Jane Moore				Q4

4A.4. Our vaccination and immunization service will implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation

4A.4.1	Achieve the ministerial priority "BCUHB Integrated Vaccination & Immunisation Service - Achievement of vaccinations targets in the performance framework"	Jane Moore				Q4
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Appendix B

4P: Diabetes						
<p>4P.1. The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes by:</p> <p><i>Evaluating the limitations and sources of data being utilised to report the position</i> <i>Understanding why variation exists in primary care and prescribing</i> <i>Identifying improvement for data collection and instigating improved reporting from clusters</i> <i>Evaluating the limitations and sources of data being utilised to report the position</i> <i>Understanding why variation exists in primary care and prescribing</i> <i>Identifying appropriate resources required for patients for managing diabetes</i> <i>Providing appropriate management plans for individuals with Type 1 diabetes across primary and secondary care which tackle duplication and variation in care</i> <i>Implementing improvement plans in relation to use of medication in line with NICE guidelines</i> <i>Evaluating the improvement and shared peer learning</i> <i>Utilising insight from 8 Care Processes to inform Primary Care model for 26/27</i></p>						
4P.1 .1	Change Programme: Establish Programme Delivery/supporting function and Programme Board	Jane Moore	Q1			
4P.1 .2	Care Processes: Consider feasibility of switching to Welsh Information System for Diabetes (WISDM) across all three secondary care sites for diabetes specialist services	Jane Moore	Q1			
4P.1 .3	Care Processes: Review variation in prescribing. (linked to 4M.2)	Jane Moore		Q2		
4P.1 .4	Change Programme: Define baseline data set for the Diabetes Change Programme -this baseline data will include, but is not limited to metrics for the 8 care processes, including data around Children and Young People – over 3 years, as per NICE requirements	Jane Moore		Q2		
4P.1 .5	Change Programme: Draft Programme level plan, identification of significant projects required to support delivery	Jane Moore		Q2		
4P.1 .6	Change Programme: Define the model and required resources to deliver, accounting for changes in current delivery, including digital requirements	Jane Moore		Q2		
4P.1 .7	Care Processes: Work on a cluster/sub cluster footprint to focus on 8 care processes to identify: - Data access and input issues & existing resources - Variation – understand why the variation exists (descriptive – how common issues are, range of issues, barriers at practice level – eg phlebotomy availability, transport, staff) - Workforce / use of resources (eg Accelerated Cluster Developer, pharmacy, specialist diabetes nurse / data input)	Jane Moore		Q2		
4P.1 .8	Care Processes: Identify managed practices for specific data collection and appropriate use of support for patients for managing diabetes	Jane Moore		Q2		
4P.1 .9	Care Processes: Clusters are supported to collect and improve data	Jane Moore			Q3	
4P.1 .10	Care Processes: Clusters to identify and work with practices not signed up to insulin initiation DES establishing how	Jane Moore			Q3	

	patients in these practices could be supported via the wider cluster					
4P.1 .11	Care Processes: Primary Care, Secondary Care - develop / commence implementation delivery plans on specific elements of 8 Care Processes	Jane Moore			Q3	
4P.1 .12	Care Processes: Review plans in relation to latest NICE guidelines for medication use for diabetes	Jane Moore			Q3	
4P.1 .13	Change Programme: Identify opportunities for improvement in relation to those who have recently been diagnosed.	Jane Moore				Q 4
4P.1 .14	Care Processes: A process is developed to support individuals with Type 1 across primary and secondary care which avoids duplication and variation in care	Jane Moore				Q 4
4P.1 .15	Care Processes: Evaluation of improvement and shared peer learning	Jane Moore				Q 4
4P.1 .16	Care Processes: Utilise insight from 8 Care Processes to inform future Primary Care model	Jane Moore				Q 4
4P.2. Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding						
4P.2 .1	Completion of Business Case	Tehmeena Ajmal				Q 4
4P.3. The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations						
4P.4. In adult diabetes teams a more comprehensive service model will be required to deliver diabetes technology to people with Type 1 diabetes in line with the national directive						

Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report (May 2025)			
Adrodd i: <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP) (Public)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 03 July 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which the Committee has oversight.</p> <p>All 3 risks have been reviewed and updated by the relevant service.</p> <p>Following risk re-drafted to update with current risk position:</p> <ul style="list-style-type: none"> • CRR24-08 'Delivering a population health approach to health and wellbeing' – Risk has been re-drafted by the service to update with current risk position and to reflect the work that has been undertaken in 24/25 (as indicated in the new wording for the risk descriptor, controls, gaps) and also to pick up the links to planned delivery in 25/26. 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the progression of the corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

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

Camau Nesaf:	
Next Steps: <ol style="list-style-type: none">1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.2. Submission of Corporate Risks to Board.	
Rhestr o Atodiadau:	
List of Appendices: <p>Appendix 1 – Corporate Risk Dashboard (May 2025) - Planning, Population Health & Partnership Committee (PPHP)</p> <p>Appendix 2 – Corporate Risk Register Report (May 2025) - Planning, Population Health & Partnership Committee (PPHP)</p>	

Corporate Risk Register





Corporate Risk Register Report

1.0 Purpose

1.1 The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-07 – Availability and Integrity of Patient Information
- CRR24-08 – Delivering a Population Health Approach to Health and Wellbeing
- CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks

2.0 Key Highlights

- **CRR24-08** 'Delivering a population health approach to health and wellbeing' – Risk has been re-drafted by the service to update with current risk position and to reflect the work that has been undertaken in 24/25 (as indicated in the new wording for the risk descriptor, controls, gaps) and also to pick up the links to planned delivery in 25/26.

2.1 Changes in Score

None

2.2 New Risks

None

2.3 Overdue/Delayed Actions

None

2.4 Risks above Health Board 24/25 appetite

None

All three risks reported to committee score **within** the tolerance range set in the appetite.

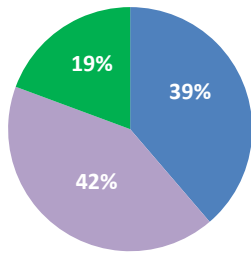
Risk Ref	Reduced Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-07	Fragmented Patient Care Record	Chief Digital Information Officer	16	Quality <16
CRR24-08	Delivering a Population Health Approach to Health and Wellbeing	Executive Director of Public Health	16	Quality <16
CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	Executive Director of Public Health	16	Quality <16



2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ New Action ■ Completed



Out of the 3 corporate risks, 31 actions have been developed to mitigate the risks. 6 actions have been completed, 12 actions are progressing and on track of which 13 new action following re-draft of CRR24-08.

Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board.

Appendix 1 - Corporate Risk Register Dashboard - Planning, Population Health & Partnership Committee (PPHP) (May 2025)

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
CDIO	CRR24-07	Fragmented Patient Care Record	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Dec 23, 7 actions identified, 7 progressing (with 7 revised dates) Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-08	Delivering a population health approach to health and wellbeing	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened Nov 2023. 19 actions identified, 6 closed with 13 new actions identified following re-draft of the risk. Risk revised and re-draft to align with current risk position. Reduction in current risk score from 20 to 16 – September 2024.
EDoPH	CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	4 x 4 = 16 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	Opened June 24. 5 actions identified, 5 actions progressing with revised due date. Reduction in current risk score from 20 to 16 - November 2024, resulting in the risk now within the tolerance set within the risk appetite.

Key:

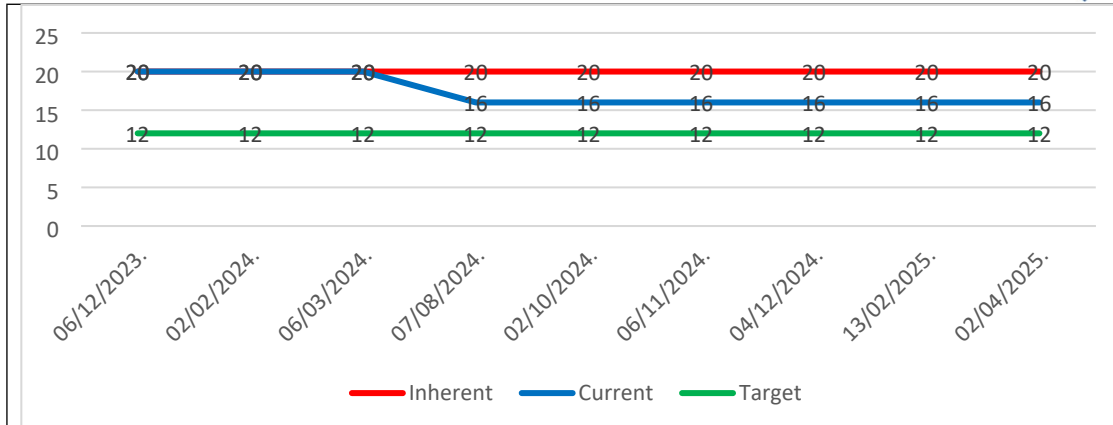
Executive	
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH

Appendix 2 – Corporate Risk Register Report - Planning, Population Health & Partnership Committee (PPHP) (May 2025)

CRR 24-07	Risk Title: A Fragmented Patient Care Record		Date Opened: 06/12/2023
	Assuring Committee: Partnerships, People and Population Health Committee		Date Last Committee Review: 01/05/2025
Date Last Reviewed: 02/04/2025	Director Lead: Chief Digital and Information Officer	Link to BAF:	Target Risk Date: 31/03/2029
There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling under a single patient identifier, which could lead to deaths and harm.			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Current paper file identified as the Master Copy of the full record. 2. Access to current clinical systems to print clinical information ready to store in the Master File. 3. CITO (System Supplier) Contract in place to house scanned document as a repository. 4. Mandate process in place to control the adoption of new functionality within existing systems to capture patient data. 5. Current system training and standard operating procedures around searching for and registering new patients to prevent the creating of duplicate records in place. 6. Dashboard in place which flags any new duplicate patient record created to allow record merge. 7. Standard operating procedures involving searching for and storing patient information to prevent harm in cases where duplicate records exist is in place within Patient Administration System. 8. Optimisation Programme in place for the four main patient administration systems to review usage and reduce duplication across the systems. This will also support the removal of obsolete systems. 9. Assistant Director of Patient Records now member of Clinical Effectiveness Group and Patient Safety and Quality Group to ensure harms associated with patient records are addressed. 		<ol style="list-style-type: none"> a. Lack of current system capabilities to integrate into the fuller Electronic Health Record. Optimisation programme underway with a focus on Electronic Point of Care (EPOC), EPRO (Digital Dictation System Supplier) and Welsh Clinical Portal (WCP) to review current systems interoperability and functionality. CITO has been agreed as the Electronic Document Management System for the Health Record. b. Availability of current paper records within digital environment. The business case for a scanning strategy for the Health Board is currently in draft and will provide options, costs and resource requirements for scanning of records. c. Standard practice registration across the three acute sites. Proposal developed including resource funding required based on the East Health Records service coverage. Non-recurrent allocation of resource secured, which will support addressing the standardisation across the three sites on a limited timeframe. Further request has been presented to secure recurrent funding. d. No agreement to fund additional Health Records staff to address backlog of duplicate patient records / identifiers. Standardised procedures in place to prevent re-occurrence 	

<p>10. The work underway with the Mental Health Electronic Health Record Programme is the first part of the future Electronic Health Record journey with the governance route agreed.</p> <p>11. Clinical Design Authority now in place with agreed terms of reference and meeting on a bi-monthly basis to ensure that the design and use of digital systems does not compromise the safety, quality and effectiveness of care.</p> <p>12. Patient Numbering update provided regularly to the WPAS Operational Steering Group and the WPAS Programme Board.</p>	<p>with request for additional resources currently being presented for consideration.</p> <p>e. Lack of quality within the content of current patient records. Office of the Medical Director accepted ownership and will consider as part of professional standards.</p> <p>f. Correct use of current clinical systems. Current review underway to establish usage with a future plan including training on the use and capability of all systems.</p> <p>g. Standardised use of NHS number across the Health Board. Work underway with DHCW to import all NHS numbers for North Wales patients.</p>	
Actions	Due Date	Progression Analysis
<p>Develop a Health Board Scanning Strategy</p> <p><i>Work is continuing and still on target to complete the business case by the end of May 2025.</i></p>	31/10/2025	Progressing (revised date from 31/03/2025)
<p>Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams</p> <p><i>The Draft Optimisation blueprint has been presented and approved at the DDaT Senior Leadership Team meeting held on the 27th March 2025. A Workplan is being prepared to focus optimisation activities on key clinical systems which will be approved by the Clinical Design Authority.</i></p>	30/06/2025	Progressing (revised date from 31/03/2025)
<p>Undertake a review of all current systems to ensure these can be integrated into an Electronic Health Record</p> <p><i>The Electronic Health Record Outline Business Case is in its final stages of review. Further readiness activities are being planned post Outline Business Case socialisation which will incorporate more detailed work in relation to current and future integration of systems.</i></p>	30/09/2025	Progressing (revised date from 30/04/2025)
<p>Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project)</p> <p><i>This is still progressing through procurement activity with Invitation to Tender to be published within the coming weeks.</i></p>	30/11/2025	Progressing (revised date from 30/04/2025)

<p>Recruitment of additional health records staff to standardise the registration practice across three acute sites.</p> <p>Proposal submitted to Planned Care Board, awaiting outcome of future funding.</p>	31/07/2025	Progressing (revised date from 31/11/2024)		
<p>Engage with the Estates Rationalisation Programme to secure the future of "fit for purpose" file libraries for legacy paper records.</p> <p>Proposal to move the action due date to September 2025 to align with the records audit cycle. This will help to identify areas of risk, which will include a recent proposal to demolish the Ablett Unit. This will have a significant impact on the Patient Records Service as it stores over 55,000 patient records. This will also impact on patient care and the ability to provide paper records at the point of care if they have to be stored off site. Introductory meeting to be set up with the new Director of Estates and Facilities to raise this matter.</p>	30/09/2025	Progressing (revised date from 30/06/2025)		
<p>Following completion of the Baseline assessment of the location of all records, a review and recommendations will be developed and presented Planning, Population Health and Partnerships Committee.</p> <p>Bringing community and acute findings into 1 area report which will then be presented to the West Integrated Health Community Governance Meeting.</p> <p>Due date extended to coincide with the above action and allow the risks associated with each site to be identified.</p>	30/11/2025	Progressing (revised date from 31/08/2025)		
		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	3	12
	Risk Appetite	Quality		<16
Position & Intended Outcome for 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: Delivering a Population Health approach to Health and Wellbeing		Date Opened: 01/11/2023
	Assuring Committee: Partnerships, People and Population Health Committee (PPHP)		Date Last Committee Review: add (risk since revised risk considerably)
Date Last Reviewed: 02/04/2025	Director Lead: Executive Director of Public Health	Link to BAF:	Target Risk Date: 31/03/2028
<p>There is a risk that the Health Board fails to implement evidence based pathways and co-designed holistic models of care which focus on prevention and can improve population health outcomes. This may be caused by: a lack of population health intelligence to inform decision making and delivery, an inability to identify and address health inequalities and variation in care, the implementation or continuation of models of care which fail to address population health needs.</p> <p>This may lead to increased prevalence and worsening health inequalities and variation in largely preventable non-communicable diseases (both individually and as multiple co-morbidities) including: Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental ill-health and poor wellbeing, alongside increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales and increasing pressure on healthcare systems.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Population Health Executive Delivery Group provides strategic direction ensuring alignment with health priorities and effectively mitigating the risk of misalignment or lack of focus in population health initiatives 2. Consultants in Public Health are linked to delivery of key programmes of work, Public Health Wales, transformation and with IHC areas, providing expertise and guidance. 3. The Diabetes Case for Change provides opportunity to test out the population health focused approach to major conditions. 4. Funding associated with Healthy Weight Healthy Wales which was formerly non-recurrent grants has now been added recurrently to the Health Board core budget. The Weight Management Service review provides an analysis of the current offer to inform a service redesign for 26/27. 5. Prevention and health inequalities form a key part of the Health Board Integrated plan 25-28, ensuring that these critical areas are prioritised and 		<ol style="list-style-type: none"> a. Clinical services have a clear focus on opportunities for early intervention and prevention identifying the resources required to deliver interventions enabling people to live with major conditions. b. Developing primary and community care models to keep people at home for longer, designed with communities c. Develop whole system and system leadership approach to keeping people healthy d. Developing the role of clusters and pan-clusters to lead the development of preventive models of primary and community care e. Improved management of non-acute patients outside of acute settings and better associated controls f. Controls associated with empower people to manage their health and wellbeing, so that they can access the right 	



integrated into strategic initiatives to mitigate the risk of neglecting health equity and prevention efforts

6. Digital and Public Health Team shared deliverables in relation to progressing linked clinical and population health data.
7. Well North Wales Paper received by Board, outlining the direction for this integral programme approved (Oct 24). This provides a framework for change which supports the reduction of health inequalities in collaboration with partners.
8. Strategic Arts in Health Plan received by Board, approved (Oct 24). This provides clear direction together with partners to support health and wellbeing through the use of arts.
9. Health Protection Corporate Risk CRR24-18 and associated plan.
10. A continuation of non-recurrent grant funds for Smoking and Weight (prevention and early years fund) and also Healthy Schools and Whole School Approach to Mental wellbeing have been confirmed for 25/26.
11. Prevention budget 25/26 enables the development of key areas identified in the programme plans.
12. Core funding identified as part of budget setting 25/26.
13. Key Programmes within Public Health are linked to Health Board Prevention priorities with activity captured on the PMO Portal.

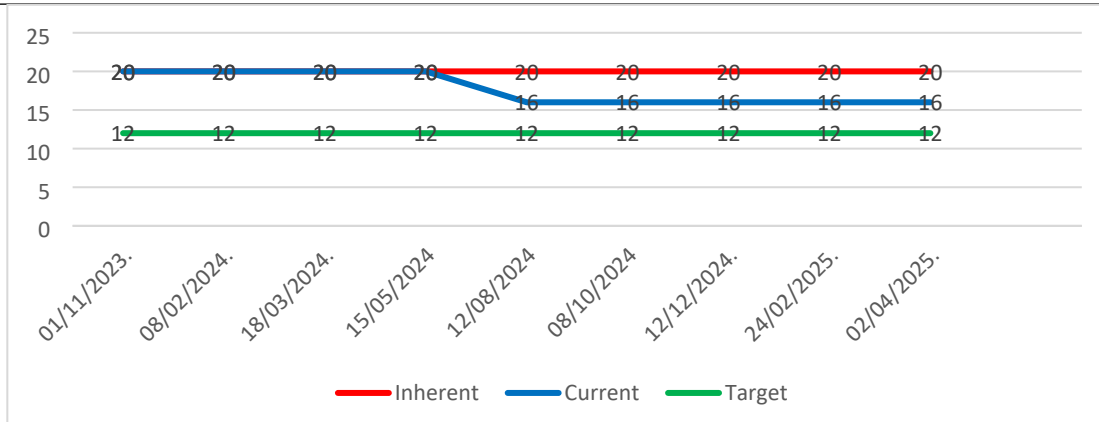
services at the right time, using approaches including self management and digitally supported care

- g. Integrated prevention services and community based diagnostics
- h. Better linkage of data and analysis – whilst we may be able to easily access data in regard to postcodes or age, it is not always easy to identify the groups of people who are likely to most drive specific demands.
- i. Risk stratification – utilising population health management approaches, develop greater understanding of low, medium and high risk groups on health systems to improve cost effectiveness and quality of provision
- j. Use of data to ensure we understand impact of services we deliver on different groups in the population - Person level data is required to understand where to prioritise for greatest impact.
- k. The use of population health data to identify variation in access, experience and healthcare outcomes between different groups and communities
- l. Recognising that there are similar preventable factors affecting health of the individual across all major conditions (e.g. socio-economic, housing, access) and develop an integrated health improvement offer for the health board and population
- m. Progress and embed Well North Wales programme – working on collaborative and sustainable models including funding which support holistic approaches to health and wellbeing
- n. Ensure that we can address the health needs of vulnerable groups and communities by having appropriate health inclusion and service delivery models



Actions	Due Date	Progression Analysis
Deputy Director of Public Health post to be appointed to	31/07/2025	New action
Population Health EDG membership and activity reflects prioritisation of prevention and early intervention within the health board Currently under review	31/07/2025	New action
Health Intelligence Programme - deliverables are met 25/26	31/03/2026	New action
Healthcare Public Health Programme - deliverables are met 25/26	31/03/2026	New action
Health Improvement Programme - deliverables are met 25/26	31/03/2026	New action
Health Inequalities Programme - deliverables are met 25/26	31/03/2026	New action
Health Protection Programme - deliverables are met 25/26	31/03/2026	New action
Ministerial priority – Vaccination and Immunisations performance targets 25/26	31/03/2026	New action
Ministerial priority - % Diabetes patients 12+ who receive 8 Care processes 25/26	31/03/2026	New action
Commence change programme Diabetes – 25/26 Case for change report – April 2025 which outline options	31/07/2025	New action
Weight Management Service review – A plan to implement changes Review is in progress	30/09/2025	New action
Health Board population health needs assessment	30/09/2025	New action
The revised/new Health Board Strategy establishes the health board position and activities which will happen to shift to prevention – population health profile	31/03/2026	New action

IHC Plans (as part of the Health Board 3 year plan) 25/26-27/28 evidence response to the IHC Population Health data packs and deliverables. BCU Planning Framework has now been approved. The BCUHB draft 3 year plan December 2024 acknowledges Prevention as a key theme.	31/03/2025	Completed
A review of the impact of specific preventative services has commenced. This action will be closed given the inclusion in Health Board plan, however new actions added below which reflect further activity to respond to the risk.	31/03/2025	Completed
Health Board Annual Plan / 3 year milestones and associated activity. The Health Board plan approved for 24-27 reflects prevention priorities and deliverables. BCU Planning Framework has now been approved. BCUHB Plan December 2024 evidences Prevention as a key cross cutting theme. Delivery Plan reflects actions to address the risk.	31/03/2025	Completed
Executive Director of Public Health will agree the Prevention Priorities and Prevention Deliverables as part of the BCUHB Plan development 25-28, as the identified Executive lead – which contribute to delivery of the Health Board 5 Strategic Objectives. Draft deliverables have been submitted and approved by the Executive Director of Public Health. Delivery Plan reflects actions to address the risk.	31/03/2025	Completed
The Public Health Team will carry out a review of existing programmes of work and agree Directorate priorities 25/26. Programmes of work have been agreed and included in the health board plan 25-28. Supporting infrastructure is now being developed to ensure delivery.	31/03/2025	Completed
Programme plans developed for Health Protection, Health Improvement, Health Inequalities and Healthcare Public Health which contribute to the additional controls required. Programme Plans have been uploaded to the PMO Portal.	31/03/2025	Completed



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

Rationale for Corporate Risk



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Life expectancy / healthy life expectancy is declining, and there are worsening health inequalities. This 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. Worsening health outcomes, increasing ill health and widening inequalities directly affects the Health Board's ability and capacity to deliver excellent healthcare services, meaning the Health Board's purpose must retain clear focus on prevention and early intervention to improve the health and wellbeing of the population

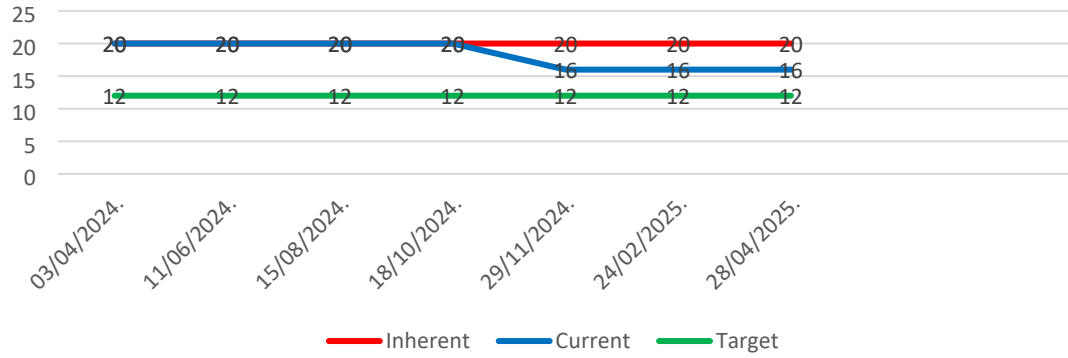
CRR24-18	Risk Title: Operational Planning for Transmittable Diseases and Outbreaks - Health Protection		Date Opened: 03/04/2024
	Assuring Committee: Planning, Population Health and Partnerships Committee		Date Last Committee Review: 01/05/2025
Date Last Reviewed: 28/04/2025	Director Lead: Executive Director of Public Health	Link to BAF:	Target Risk Date: 31/03/2026
<p>There is a risk that the Health Board does not plan adequately for outbreaks and incidents of communicable disease such as (but not solely) Measles, M.Pox, COVID-19, Pertussis etc.. This may be caused by the unpredictability of when the disease may first occur, the variety of new and emerging threats, the variations in the nature of the required response to specific diseases, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate, contact tracing, sampling, vaccination, communications), the scale of potential outbreaks, the difficulties in protecting specific vulnerable groups and members of staff in a timely way. This could lead to greater exposure of the public and staff members to communicable diseases causing an increase in cases, further transmission, interruption of health board services and in some cases death.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Health Protection Service established within BCUHB with a clear remit for enhancing the response to incidents and outbreaks in North Wales in accordance with the Communicable Disease Outbreak Control Plan for Wales. 2. Standard Operating Procedures relating to community sampling for specific diseases, including Measles, M pox, Avian Influenza, COVID-19 (although some remain to be developed) 3. Pathways established for response measures to specific diseases, for example, HNIG pathway and vaccination outbreak response for measles. 4. Health Protection Service responsible for the management of COVID-19 incidents in closed settings in North Wales 5. Strong links with Health Protection Partners including Public Health Wales and each of the 6 Local Authority Environmental Health teams. 6. Strong links with the Communicable Disease Surveillance Center to support the monitoring of trends in communicable diseases 7. Multi-agency simulation exercise undertaken in September 2023 in North Wales to test preparedness measures for specific outbreaks. 		<ol style="list-style-type: none"> a) No approved comprehensive procedure/plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB (and as a result, there is no testing/simulation of approved plans to ensure effectiveness) b) Communicable disease preparedness group identified with a first meeting planned for 29th April 2025. c) Initial discussions begun around exercise Pegasus – to take place in Autumn 2025 d) BCUHB representatives attending exercise Solaris on 30th April, a national multi-agency exercise to test pandemic response arrangements 	



8. Access to and use of the national Case and Incident Management System: Tarian
9. Significant lessons identified from preparedness activities associated with national increase in Measles cases, leading to the development of tools, assets and pathways that could be adapted for use with other communicable diseases
10. IHC engagement with outbreak planning and preparedness activities highlighted in the IHC packs 24/25
11. Appointment of an EPRR Lead who is able to support with the development of an outbreak plan for the Health Board
12. Additional focus placed on staff (occupational health) vaccinations, with additional support provided for staff influenza and MMR uptake from the Health Protection Service
13. Strategic group established within the Health Board to lead on the development of plans and pathways for the management of suspected and confirmed cases of High Consequence Infectious Diseases (particular focus on Mpox Clade I). Preparedness activities to date include the testing of 'green routes' with the WAST Epi-Shuttle on each acute site, the preparation and testing of IPC guidance and sampling plans, confirmation of appropriate isolation areas on each acute site. and the initiation of preparedness activities within each IHC for the management of suspected and confirmed HCID cases.
14. National multi-agency simulation event to test local preparedness plans and processes for HCID Mpox Clade I – 'Fad Felen'
15. Contributions made to the development of national action cards for HCID cases.
16. NHS Executive audit of HCID preparedness measures identified areas of good practice in relation to highlighting the HCID pathway within primary care
17. Awareness sessions held with primary care practices across North Wales in December and January to highlight responsibilities for the identification and management of possible HCID cases.



<p>18. Multi-agency training event (PHW, Local Authorities) attended in February 2025 on enteric fevers and the management of food-borne illness.</p> <p>19. Identification of scope of health-protection medicines to include in a BCUHB communicable disease plan</p> <p>20. BCUHB are representing other Health Board Health Protection services on a national group to discuss arrangements for health protection medicines.</p>			
Actions	Due Date	Progression Analysis	
<p>To establish an operational group within BCUHB for the developing and shaping a communicable disease outbreak management plan</p> <p>The High Consequence Infectious Disease (HCID) group has been officially stood-down, but will be reconvened on 29th April 2025 as a Strategic Communicable Disease Preparedness Group. Terms of Reference and membership to be confirmed.</p>	01/05/2025	Progressing (revised date from 01/03/2025)	
<p>To prepare a draft copy of a communicable disease outbreak management plan</p> <p>This will extend as Strategic Communicable Disease Preparedness Group will be meeting for the first time on the 29th April 2025.</p>	01/10/2025	Progressing (revised date from 01/12/2024)	
<p>To run a simulation exercise across the Health Board to test the functionality and contents of the communicable disease outbreak management plan</p>	01/02/2026	Progressing (revised date from 01/02/2025)	
<p>Further revision of the plan following simulation exercises</p>	14/02/2026	Progressing (revised date from 01/04/2025)	
<p>Approval and agreement of the communicable disease outbreak management plan with an agreed schedule of simulation events.</p>	31/03/2026	Progressing (revised date from 31/03/2025)	



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Quality		15-19

Position & Intended Outcome for Risk

There are a number of unpredictable situations that could arise and would have a potentially significant impact on the population.



Teitl adroddiad: <i>Report title:</i>	CORPORATE GOVERNANCE REPORT			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 03 July 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Committee with an update on key Corporate Governance matters and to provide an update to the Committee on a range of corporate governance matters as well as assurance.			
Argymhellion: <i>Recommendations:</i>	Members are asked to: <ul style="list-style-type: none"> • APPROVE the Planning, Population Health and Partnerships Cycle of Business 2025-2026; • APPROVE the Committee Annual Report • NOTE and DISCUSS the Committee Self-Assessment 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Governance			
Pwrpas adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence in evidence</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence in evidence</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence in evidence in delivery</i>

	<i>mechanisms/objectives</i>	<i>delivery of existing mechanisms / objectives</i>	<i>delivery of existing mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>		<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>		<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>		<p>This is not applicable for this report.</p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>		<p>This is not applicable for this report.</p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>		<p>The effective management of Governance 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 and less waste</p>	

<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>BAF24-01 Building an Effective and Accountable Organisation</p> <p>CRR-16 – Leadership/Special Measures</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
<p>List of Appendices:</p> <p>Appendix 1 The Planning, Population Health and Partnerships Cycle of Business 2025-2026 Appendix 2 The Committee Annual Report Appendix 3 The Committee Self-Assessment</p>	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Committee with an update on key corporate governance matters.

2. ANNUAL BUSINESS CYCLE 2025-26 (Formal, Informal and Board Development)

The Business Cycle for the Planning, Population Health and Partnerships Committee for 2025-26 is attached at **Appendix 1**

3. DRAFT COMMITTEE ANNUAL REPORT

Under Standing Order 10.2.3, each Committee of the Board is required to submit an annual report “setting out its activities during the year and detailing the results of a review of its performance”. This first annual report from the Planning, Population Health and Partnerships Committee details the activities and performance for the Committee for the reporting period 2024-2025.

4. COMMITTEE SELF ASSESSMENT

The results of the Committee Self-Assessment are available in Appendix 3 of the report.

5. RECOMMENDATIONS

Members are asked to:

- **APPROVE** the Planning, Population Health and Partnerships Cycle of Business 2025-2026;
- **APPROVE** the Committee Annual Report
- **NOTE** and **DISCUSS** the Committee Self-Assessment



Betsi Cadwaladr University Health Board

Planning, Population Health and Partnerships Committee

Cycle of Business (1 April 2025 – 31 March 2026)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Committee Cycle of Business cover the period 1 April 2025 to 31 March 2026.

The Committee Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Planning, Population Health and Partnerships Committee is set out in the Terms of Reference which is available here: [Insert here]

Committee Chair Clare Budden	Independent Members Caroline Turner William Nichols	Executive Members Paolo Tardivel (Interim Executive Director of Transformation & Strategic Planning) – Executive Lead Jane Moore (Executive Director of Public Health) Helen Stevens-Jones (Director of Partnerships, Engagement and Communications) Dylan Roberts (Chief Digital and Information Officer)	In Attendance Pam Wenger (Director Corporate Governance) Stuart Keen (Director of Environment and Estates)
Committee Vice Chair Gareth Williams			

DRAFT PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Planning, Population Health and Partnerships Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Clare Budden

Chair of the Planning, Population Health and Partnerships Committee

DRAFT

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed on 13 April 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 – 25.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 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.
 - 2.1.2 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.
 - 2.1.3 provide oversight, delivery and monitoring (by exception) of Population Health improvement and health inequalities strategies, policies and performance informed through Population Need's Assessment.
 - 2.1.4 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. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Laura Jones.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Planning, Population Health and Partnerships Committee.

4.2 The new Committee Cycle of Business for the Planning, Population Health and Partnerships Committee is being presented for approval on 3 July 2025, however the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on six occasions with member attendance as follows:

Name	(XX) Committee (out of xx possible meetings)
Clare Budden (Committee Chair)	Six out of six meetings
Gareth Williams	Four out of six meetings
Caroline Turner	Five out of six meetings
William Nichols (Trade Union Representative)	Four out of six meetings

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;

- a) Integrated Medium Term Plan / Three Year Plan
- b) Major Change / Key Programmes
- c) Developing our Partnerships
- d) Engagement and Communication
- e) Digital, Data and Technology
- f) Population Health Delivery
- g) Review of the Outline Prevention Plan 2025-28
- h) Review of the Well-Being Objectives
- i) Civil Contingencies / Emergency Preparedness, Resilience and Response
- j) Corporate Risks and BAF Risks associated with the Committee

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the Planning, Population Health and Partnerships Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- The formation of the Committee
- The Monitoring of the Planning, Population Health and Partnerships part of the organisation
- Hearing from our partners as part of “Developing our Partnerships”
- The work on the Integrated Medium Term Plan / Three Year Plan and Key Programmes work
- The progress being made within the areas of Digital, Data and Technology
- The aim of the work in relation to prevention, intervention and deprivation

8. Key Challenges

8.1 As indicated earlier in the report a focus for the Committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.

8.2 Finally, although these challenges remain, the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

9.2 A Committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:
[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)



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Betsi Cadwaladr
University Health Board

Planning, Population Health and Partnerships Committee Self-Assessment Results Corporate Governance July 2025



Purpose

- Present results of the 2024–25 Planning, Population Health and Partnerships Committee self-assessment.
- Provide insights into strengths gaps, and opportunities.
- Recommend next steps for continuous improvement.

Following Special Measures: “**BCUHB is committed to strengthening governance, accountability, and decision-making**”

- This self-assessment ensures the Committee function effectively, driving continuous improvement and delivering better outcomes.

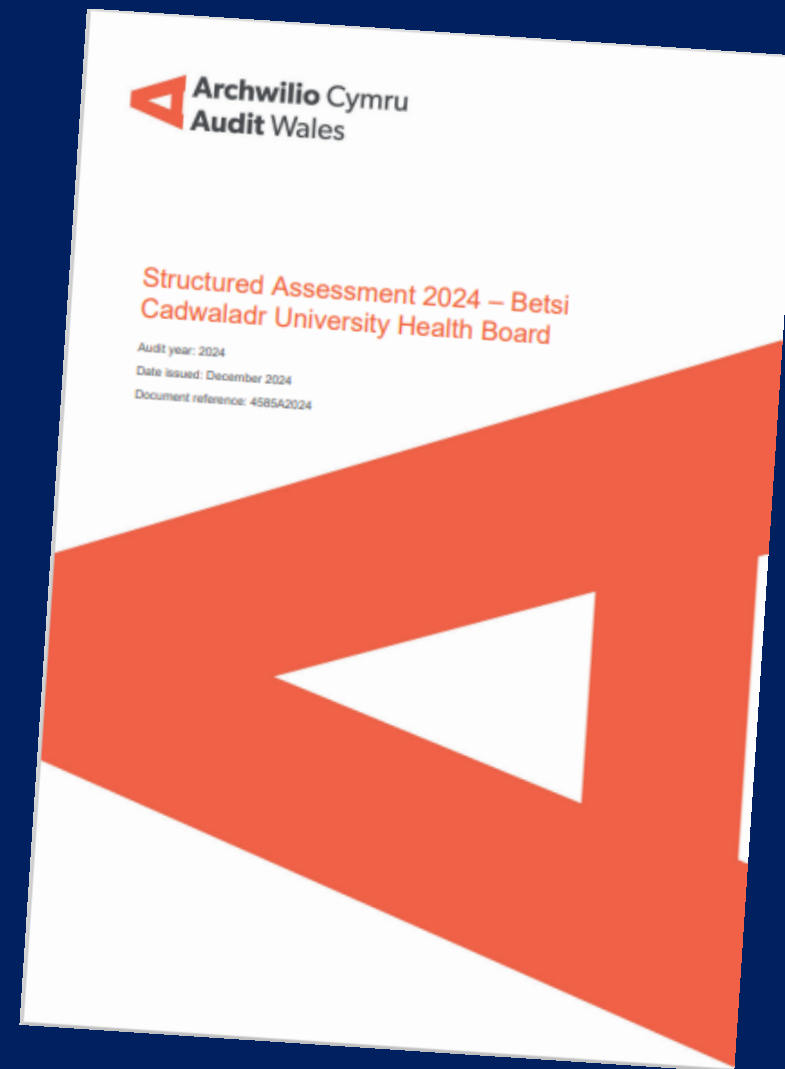
Why It Matters

- **Accountability & Assurance:** Strong governance builds trust and oversight.
- **Strategic Focus:** Ensures alignment with key priorities for improvement.
- **Continuous Learning:** Identifies strengths and areas needing development.
- **Sustained Progress:** Supports long-term transformation and cultural change.
- **By embedding effective governance, BCUHB can move forward with confidence, clarity, and impact.**



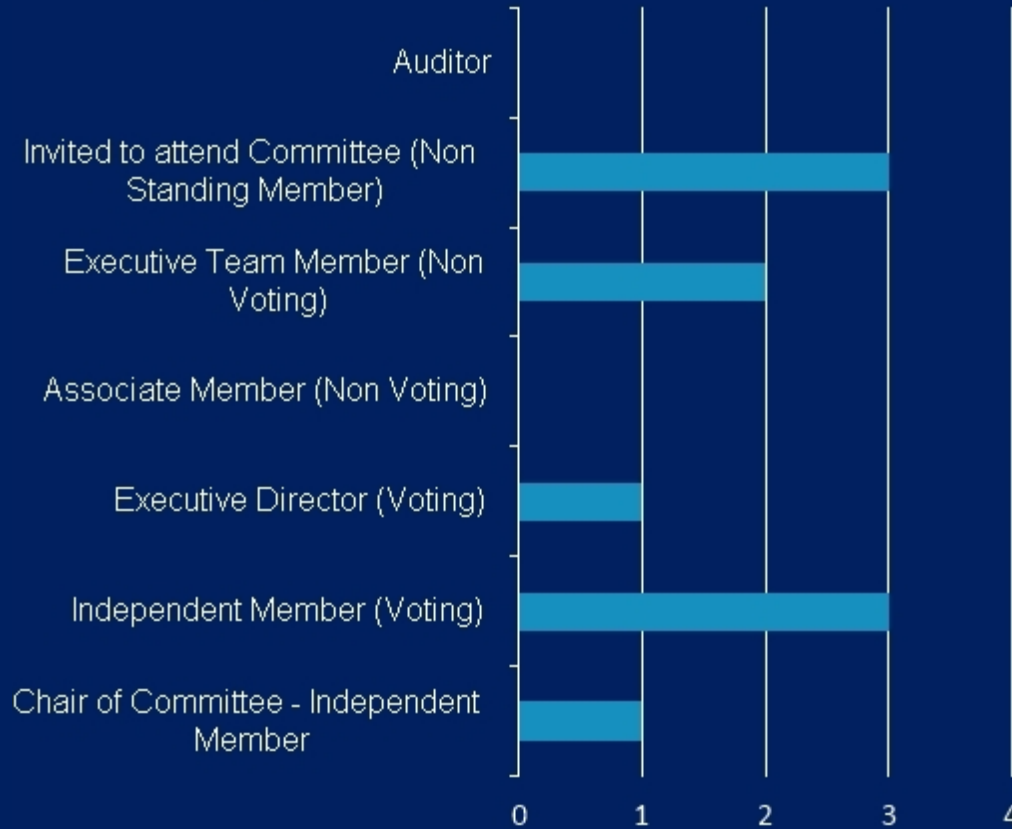
Ensuring ‘Sound Governance’

- “We found that Board and Committee meetings are conducted appropriately and effectively, but there is scope to further improve...”
- “Length & quality of papers”
- “...focus on more strategic issues”
- “Remuneration Committee... effectiveness”
- “Transparency of Board and Committee business, 2023 ongoing”



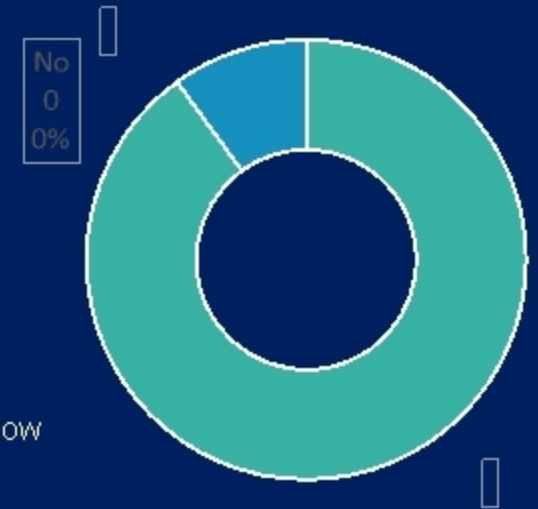
Role Response

Role Response Breakdown

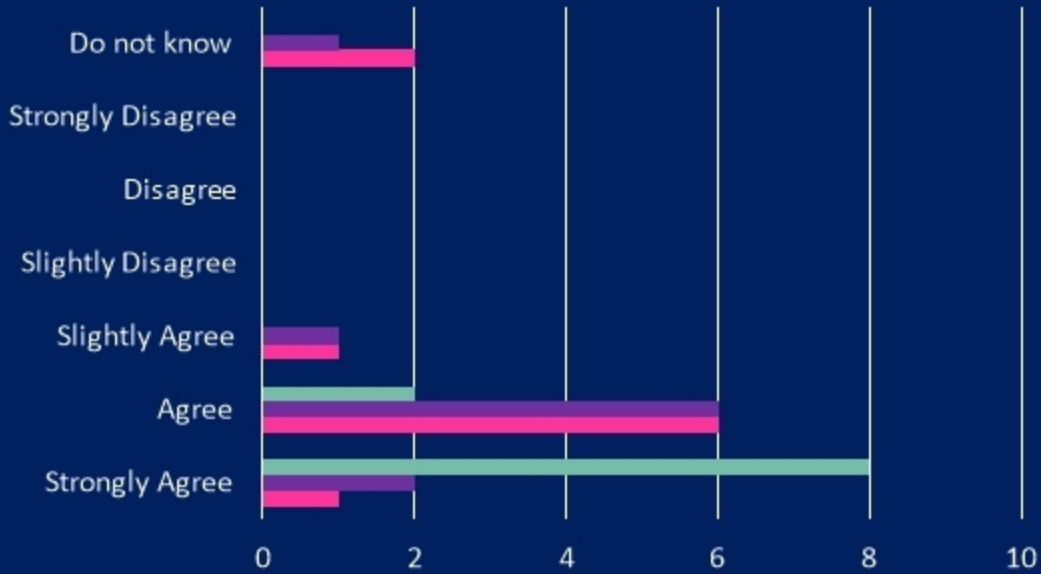


Does the Committee have written Terms of Reference, which adequately define its role in accordance with Welsh Government guidance?

Yes
No
Do not know



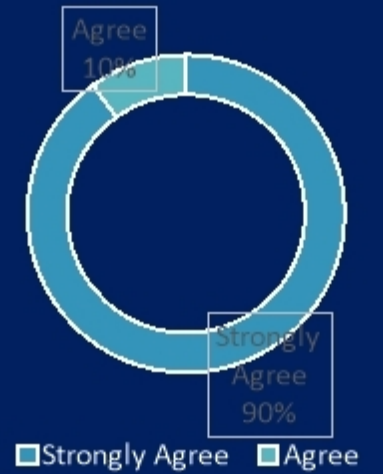
Role Response



- The atmosphere at Committee meetings are conducive to open and productive debate
- The Committee meets sufficiently frequently to deal with planned matters and enough time allowed for questions and discussions
- The Committee has been provided with sufficient authority and resources to perform its role effectively

The behaviour of all members and attendees is courteous and professional

Response	Percentage
Yes	50%
No	10%
Do not know	40%



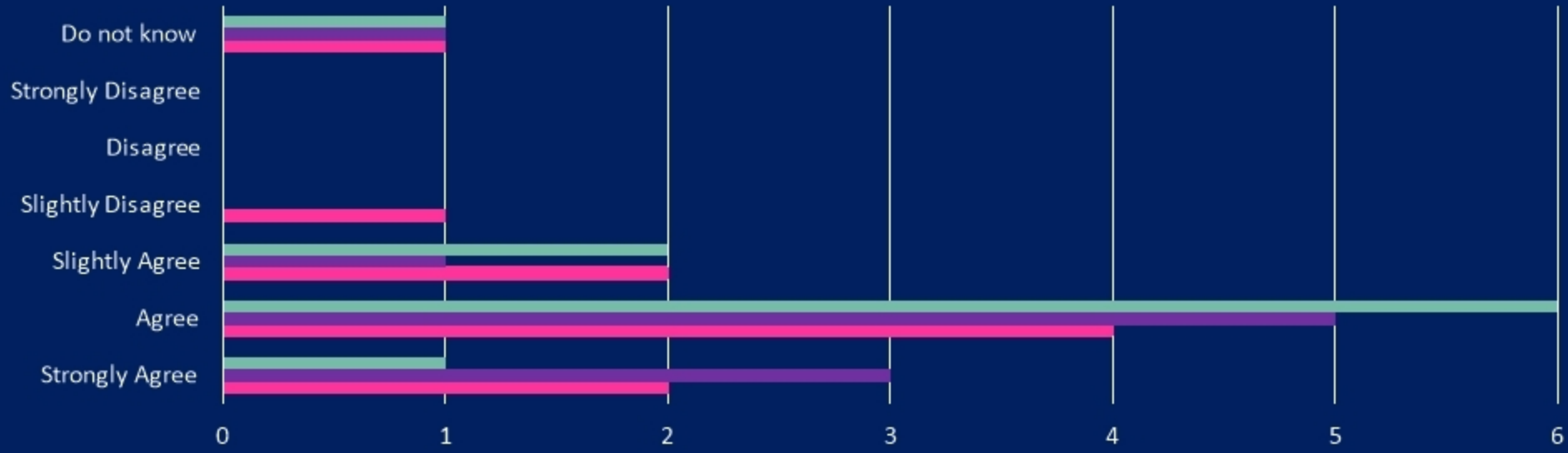
Does the Committee prepare an Annual Report on its work and performance in preceding year, for consideration by the Health Board?

Has the Committee established a cycle of business to be dealt with across the year?

100%

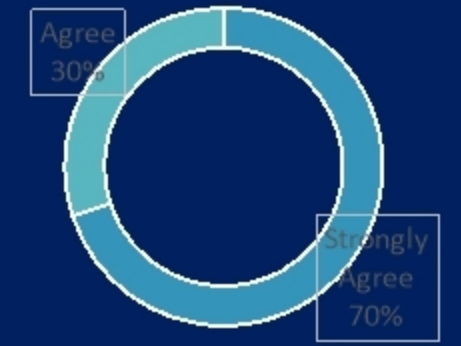


Committee Response



- The Committee is focused on seeking assurance and providing robust scrutiny and does not stray into managing business / operational detail
- The Committee has a clear remit, aligned with organisational priorities
- Committee outcomes positively influence Board decisions

Committee meetings are chaired effectively and with clarity of purpose and outcome?



■ Strongly Agree ■ Agree



Key Findings – Governance & Function

- 90% confirmed written Terms of Reference are reviewed annually taking into account governance developments and the remit of other Committees, 29% were unsure.
- Positive feedback was received relating to private meetings being used appropriately.
- It was agreed that meetings are chaired effectively, the Committee Chair provides clear information to the Board on the activities of the Committee and the Committee is adequately supported.
- The assessment highlighted that the Committee is adequately supported by the Executive Directors in terms of attendance, quality and length of papers and response to challenges and questions.

Key Findings – Information & Risk

- There was slight uncertainty in terms of oversight of the risks for which the Committee is responsible for as well as reports received in a timely manner and have the right format and content in relation to internal controls and risk management.
- The assessment highlighted uncertainty in relation to reviewing the robustness of the organisation's internal assurance system.
- There was slight agreement that the Committee effectively monitors the implementation of management actions from Audit Reports.

Key Findings - Training & Development

- The majority felt confident in fulfilling their role and do not require additional training however a small percentage were unsure if additional training is required.

Improvements

Of 28 questions, there were...

Response	Number of responses
Do not know	29
Slightly Disagree	2
Disagree	0

Slightly Disagree The Committee effectively monitors the implementation of management actions from Audit Reports and the Committee outcomes positively influence Board decisions.



Comments:

In relation to Committee Effectiveness –

“The Committee runs very well and is chaired excellently”

The Committee is chaired very well and starting to really focus on the key areas including strategy development and the Integrated Medium Term Plan”

In relation to Internal Controls and Risk Management –

“The Committee is focused on the risk but further work is required in relation to the risk appetite and the number of historic actions reported”

In relation to Composition, Establishment and Duties –

“The Committee is extremely well chaired and the invitation of Partners to attend the Committee certainly helps me to understand better our relationships with our many partners”



**Planning, Population Health and Partnerships
Committee
Self-Assessment
Corporate Governance
July 2025**

Diolch yn Fawr





Teitl adroddiad: <i>Report title:</i>	Director of Planning Report			
Adrodd i: <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	3 rd July 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this report is to provide the Committee with an update on a range of strategy and planning matters. As this report develops a regular Director of Planning Report will be reported through PPHP and any key updates directly to the Board.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To deliver against the organisation's key strategic objectives			

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

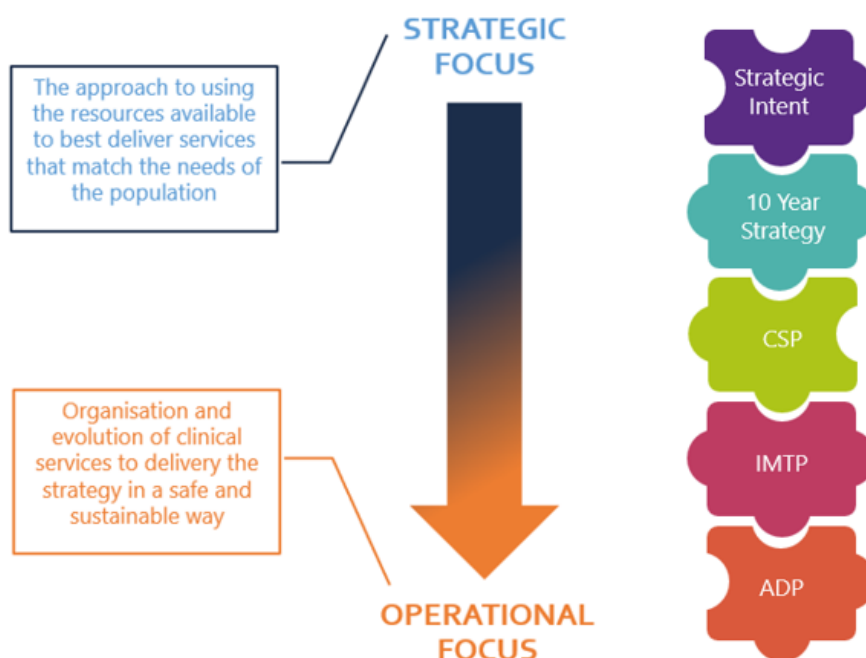
Planning, Population Health and Partnerships Committee 3rd July 2025

Director of Planning Report

The purpose of this report is to provide the Committee with an update on a range of strategy and planning matters. As this report develops a regular Director of Planning Report will be reported through PPHP and any key updates directly to the Board. As this is the first report a number of the areas have been introduced to ensure the reader is orientated around the context. It is therefore anticipated that future reports will be shorter in length.

▪ Strategy

The following diagram seeks to illustrate the connection between the different strategic and corporate planning products.



The products that fit within the strategic planning end of the spectrum are; the Strategic Intent, 10-Year Strategy and Clinical Services Plan (CSP). The Integrated Medium Term Plan (IMTP) then sets out the first 3 years delivery of the strategy work, with the Annual Delivery Plan (ADP) representing priorities for in year delivery. An overview of the three tiers of the strategic planning products can be found below:

- **Strategic Intent** – High level ambition for the population of North Wales, developed with partners.
- **10-Year Strategy** - This document sets out the agreed choices and principles which will help the Health Board realise its strategic intent and fulfil its other obligations.
- **Clinical Services Plan (CSP)** - Set over three years and regularly refreshed, the CSP details how, aligned with the Health Board’s strategy, clinical services will be configured to maximise

quality and performance. This is being discharged by taking a phased approach, with phase 1 focusing on the urgent issues associated to the organisation's 'challenged services' (see section below) that either don't require service re-configuration or cannot wait for phase 2, and phase 2 tackling the more complex service re-configuration work.

Whilst there was some work undertaken in this space during 2024/25, it had to be paused due to capacity issues during the height of the IMTP cycle. There have been a number of discussions with the Chief Executive in this space, examining the history, lessons learned and approach going forward and a sub-group of Executive Committee called the Strategic Planning and Service Change (SP & SC) Group has now been established to oversee the work. There has also been a Strategic Direction paper that went to Board in May, focussing on the updated Well-being objectives and service changes at Tywyn and Penley, which was the pre-cursor to a broader standing report that will come out of the SP & SC Group.

There is an Informal Board Development session scheduled on 26th June to formally mobilise this work with Board Members. The aim is to ensure all Board Members have an equal understanding of the history of strategy and clinical services planning work in BCU, along with the lessons learned and contribute to the strategic direction of this work going forward.

There is a workshop on the Strategic Intent at the Regional Partnership Board (RPB) scheduled for 11th July to engage stakeholders on the 'Strategic Intent for North Wales' work. This is intended to act as a strategic 'umbrella' to the Health Board's strategy work, taking a broader view of public sector contributions to the overall health and wellbeing of the population of North Wales. This approach is being taken following feedback at the Stakeholder Reference Group (SRG) towards the end of 2024 when they asked not just to be engaged in the Health Board's strategy, but work together on a 'strategy for North Wales'.

Following the Informal Board and RPB sessions, a detailed timeline will be developed for all this work across 2025/26 and 2026/27.

▪ Challenged Services

There are a number of 'challenged' (or 'fragile' as they were originally referred to by Welsh Government) services that were highlighted by Welsh Government through Special Measures. They are; Urology, Vascular, Ophthalmology, Dermatology, Orthopaedics, Orthodontics, Oncology and Plastics. These services have been the focus of improvement work for some time, but the Challenged Services Plans have been mainly driven by responding to recommendations from external reviews.

Quality Management System (QMS)

More recently there has been work to take a Quality Management System (QMS) approach to addressing the issues in these services, with a particular focus on the Quality Planning (QP) and Quality Improvement (QI) quadrants of the QMS. This work represents phase 1 of the Clinical Services Plan work outlined above.

Welsh Government Meetings

There are monthly meetings with Welsh Government to review the Challenge Services plans, the most recent of which took place on 20th June focusing on the first four services listed above, with the following four being reviewed on 18th July. The meeting was received positively, both in terms of coverage of the key issues as well as progress made, resulting in the Welsh Government officials suggesting that the meetings move to quarterly after July.

▪ Service Change

The Service Change work seeks to cover both internal and external service changes to BCU, ensuring that this important work is managed appropriately in terms of its impact to communities and also the Health Board.

Internal Service Change - Tywyn and Penley Community Hospitals

The main areas of service change within BCU at present are around Tywyn and Penley community hospitals, the detail of which was covered in the May Health Board paper. It is important to note that whilst these are both examples of service change within BCU, they are separate pieces of work with different issues and considerations and therefore are being managed as such. An oversight group has been established, which meets fortnightly due to the challenging timescales involved in meeting timelines shared with the Board in May. Paolo Tardivel and Tehmeena Ajmal are acting as joint Senior Responsible Officers (SROs) for this work given how it spans both operational and planning portfolios. Due to the lack of recent experience in undertaking this kind of work within BCU, external Strategic Advisors are being engaged to support the BCU team undertaking this work. A significant amount of the pre-engagement work has been completed and will be reviewed by the Strategic Advisors prior to engagement commencing.

External Service Change - Hywel Dda Clinical Services Plan

In terms of service change external to BCU, the main focus at present is on the Hywel Dda clinical services plan consultation. Hywel Dda are consulting on a series of options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology and Stroke) within scope in response to service fragilities or unsustainability. The options being consulted upon detail changes to the way services are delivered across their four acute hospital sites (Bronglais, Glangwili, Prince Philip and Withybush). The deadline for contributing to the consultation is 31st August 2025 and the BCU team are in regular contact with the Hywel Dda team, with a particular focus on impacts relating to Bronglais Hospital in Aberystwyth. A paper on the BCU response will be brought to Board Members in advance of the deadline.

▪ Corporate Planning

Feedback on IMTP Submission

The Health Board submitted its first ever financially balanced IMTP this year and at the time of writing there has not been any formal feedback from Welsh Government on whether they have approved it or not. In discussion with Welsh Government during the last period they have however emphasised

that in order to get an approved IMTP the plan needs to be both financially balanced and meet all the necessary performance expectations.

IMTP Planning Cycle Feedback

As well as collecting feedback throughout last year's planning cycle, the Corporate Planning team have also engaged with a number of key stakeholder groups including Executive Team, PPHP, SRG, HPF, LPF, RPB and Board Members. This has been collated and is in the process of being incorporated into an updated Integrated Planning Framework that will go to Board for sign off in July. It will be shared with PPHP members prior to submission to Board.

Planning Maturity Matrix

Welsh Government have developed a Planning Maturity Matrix and has asked Health Boards to conduct a self-assessment against it. It covers five themes (strategy development, strategy alignment and IMTP development, dynamic and engaged planning, operational planning and best practice approach to improvement) and asks Health Boards to score themselves out of 5 (0 – no progress, 1 – basic level, 2 – early progress, 3 – results, 4 – maturity, 5 – exemplar). The Corporate Planning team are conducting a desktop exercise initially to inform a baseline scoring and will then engage senior stakeholders in a fuller assessment later on in the year to support measuring progress.

2025/26 IMTP Process

This year's IMTP process is taking more of a 'continuous planning' approach as one of the key learnings from last year. Instead of trying to fit the whole process into a few short months between Q3 and Q4, it enables plans to be built more organically throughout the year. Whilst it will take time to onboard all areas with this approach, the Challenge Services mentioned above are a good example of operating in this way already. The Planning didn't stop at the 31st March 2025 and they are on track to have plans for the 2026-29 IMTP well before Q3.

Engagement

Engagement with Board Members is happening much earlier this year as well, with a session at Informal Board taking place on 26th June where early strategic direction will be provided on the structure and priority areas of the next plan. Stakeholders are also being engaged earlier via the Regional Partnership Board (RPB) holding a workshop session on 11th July on areas of collaboration within the IMTP, following the session mentioned above on Strategic Intent.

Special Measures

Special Measures monitoring continues as part of the broader Annual Delivery Plan monitoring. This work has now transferred to the Corporate Planning team who are busy sharing evidence with Welsh Government against completed Special Measures priorities and Independent Review action plans. This along with the latest insight against the six Special Measures domains is being shared with Welsh Government ahead of their next quarterly report due mid-July.

▪ Key Programmes

As outlined in the report that went to Board in May, the list below forms what are now being referred to as BCU's 'Key Programmes'. These are separate from the four 'Major Change Programmes' of Planned Care, Urgent and Emergency Care, Value and Sustainability, and Foundations for the Future.

- Mental Health Electronic Healthcare Record (EHR)
- Organisation wide Electronic Healthcare Record (EHR)
- Maternity Electronic Healthcare Record
- LIMS and RISP replacement programmes
- Electronic Prescribing and Medicines Administration (ePMA)
- Llandudno Planned Care Hub
- Ablett Mental Health Unit
- Royal Alexandra Hospital
- Well-being hubs: Caledfryn, Conwy West, Holyhead, Bangor, Penygroes

The report that went to Board in May was just the first iteration of the report and focussed on the background, current position, key challenges and the plan looking ahead for each programme. Going forward more of a portfolio management approach will be taken to ensure a broader view of progress, risks, issues and dependencies are drawn out. It will also ensure that the whole service change is being considered, not just the estates or digital element, which are a means to an end not the end itself. A mapping exercise is being undertaken on that front to ensure that each of these key programmes are set up for success in this regard.

▪ Major Change Programmes

The four 'Major Change Programmes' of Planned Care, Urgent and Emergency Care, Value and Sustainability, and Foundations for the Future are at varying stages of their programme lifecycle. Foundations for the Future is now getting into detailed design and Value and Sustainability is closing the gap on its financial target as well as broadening its coverage to other areas of 'Value'. Urgent and Emergency Care is pressing forwards with its plans with a new SRO in Tehmeena Ajmal and Planned Care is undertaking a reset with Carol Shillabeer as SRO and Danielle Edwards as Programme Director. As part of this, the Transformation and Improvement team are rightsizing the support they are providing to each programme, which will shortly go through Executive approval.

The Major Change Programmes are now being hosted in the Transformation and Strategic Planning directorate. This is in order to more easily share best practice between each programme and also to ensure that the operational day to day 'firefighting' doesn't impede taking a systematic approach to addressing issues pan BCU i.e. 'fitting the smoke detectors'. There will however be constant engagement with operational and clinical teams in both directions to ensure that efforts are informed by each other and align accordingly.

The Health Board has as part of its cycle of business got rotational deep dives on each of the Major Change Programmes. Foundations for the Future was held in May, with Planned Care scheduled for July, Urgent and Emergency Care in September and Value and Sustainability in November.

▪ Organisational capability

The Transformation and Strategic Planning directorate is continuing to support growing the organisational capability in the professional disciplines relating to transformation and planning. At present there continues to be an active improvement training programme, with the aim of expanding the approach to other professional disciplines such as project / programme management and planning. There are also plans to better target the training to groups that would most benefit from it, rather than a self-nominated process that is in place today.

The team are evolving different methods of support, for example working alongside programmes for a period of time to support consistent application of best practice. This is the approach being tested in the Major Change Programmes, Key Programmes and Challenged Services spaces. This is in the spirit of 'making change happen', rather than just issuing advice and guidance.

▪ Recommendation

The Committee is asked to **NOTE** the content of the report.



Cyfarfod a dyddiad: Meeting and date:	Planning, Population Health & Partnerships Committee					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public					
Cyfarwyddwr Cyfrifol: Responsible Director:	Pam Wenger, Director of Corporate Governance					
Awdur yr Adroddiad Report Author:	Philippa Peake-Jones, Head of Corporate Affairs					
Craffu blaenorol: Prior Scrutiny:	None					
Atodiadau Appendices:	None					
Y/N to indicate whether the Equality/SED duty is applicable						N
Argymhelliad / Recommendation:						
The Committee is asked to note the report.						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information ✓
Sefyllfa / Situation:						
To report in public session on matters previously considered in private session.						
Cefndir / Background:						
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.						
Asesiad / Assessment						
The Committee considered the following matters in private session:						
1 May 2025						
<ul style="list-style-type: none"> • Corporate Risk Register Report • Partnership Engagement 						

Planning, Population Health & Partnerships Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
12.03.25	Discussed with DR 12.03.25 Email from DR (following DR discussion with CB) Laure to check with Dylan Roberts whether any of these items need to go forward for a future Committee.	Dylan Roberts	DDaT Workstreams Update	To include: Transforming the DDaT Operating Model & Essential Services Programme Digital Roadmap	Dylan Roberts	Dylan Roberts	03.07.25	Digital, Data & Technology Enabled Portfolio of Projects & Programmes on agenda for July meeting, this will align with 2D in ADP
13.01.25	Email from Gwyneth Page 12.03.25 Email from Pam Wenger and PPJ 13.01.25	Pam Wenger	Arts in Health & Wellbeing Put forward to July - AiH will be aligned as part of WNW Programme.	Arts in Health & Wellbeing – Three Year Strategic Framework (This was approved by Board in Sept 24, PPHP to consider progress)	Gwyneth Page	Jane Moore	04.09.25	An annual update against progress with be reported to the Committee in Sept
01.04.25	Email from HSJ 01.04.25	Helen Stevens-Jones	Partnerships Survey	This will go to PPHP on 01.05.25 as part of the Partnerships Arrangements item in Private and will go to the July meeting for information.	Helen Stevens-Jones	Helen Stevens-Jones	04.09.25	HSJ confirmed this will go to Sept meeting
10.12.24	Email from Gwyneth Page 12.03.25 Discussion at PPHP and action from Dec meeting PP24/94.1	PPHP Committee	Embedding Opportunities to be Active with the BCUHB Workplace Following discussion at the Dec 24 meeting, this should come back to the Committee to monitor the adoption and implementation of the programme.	A brief update included in Q4 Delivery Report to May meeting and a paper to go to July PPHP (Team in the process of evaluating the programme to date and this will allow more detailed content / greater insight to share with the Committee)	Faye Sheldon Gwyneth Page	Jane Moore Jane suggested at agenda setting for July meeting to put this forward for Sept meeting	04.09.25	This will report to the Committee in Sept 25 and will align with Strategic Item 4 in the ADP
15.04.25	Action from PPHP Committee PP24/11.3	PPHP Committee	Third Sector	Action states that a strategic approach to working with the Third Sector should be discussed further with the Executive Team and come back to the Committee. Steve Powell leading on Third Sector Commissioning Arrangements.	Helen Stevens-Jones Steve Powell	Helen Stevens-Jones Steve Powell	04.09.25	This will report to the Committee in Sept 25 and will align with Strategic Item 2B in the ADP
14.05.24	Actions from April & August Meetings PP24/11.3 & PP24/49.7	PPHP Committee	Partnership Working (strategic approach to working with the third sector)	HSJ confirmed that an update and discussion on next steps will go to ET and come to PPHP in July 25 (see email from HSJ 03.12.24)	Helen Stevens-Jones	Helen Stevens-Jones	04.09.25	This aligns to 2G in the ADP
27.03.25	Action from Board 25/53.1	Board	Engagement with Third Sector and development of Partnership Working	PPHP Committee to monitor how the Health Board could engage more effectively with the third sector in terms of prevention and early intervention and re-examine how the organisation work with community groups. PPHP Committee to also	Jane Moore Helen Stevens-Jones	Pam Wenger Clare Budden	04.09.25	This will report to the Committee in Sept 25 and will align with Strategic Item 2B in the ADP

				focus on the work with partners to develop partnership working further and provide evidence that our partners have influenced our planning and join outcomes.				
27.03.25	Action from Board 25/53.2	Board	IMTP Continuous Planning	PPHP Committee to discuss how continuous planning in relation to the IMTP and focus for the next ten to fifteen years can be facilitated and monitored going forward.	Paolo Tardivel	Pam Wenger Clare Budden	04.09.25	This aligns to Strategic Item 2 in the ADP
20.08.214	Action from August Meeting PP24/55.1	PPHP Committee	Health Protection Service	Update on the progress made within the Health Protection Service.	Sam Lauder	Jane Moore	04.09.25	This aligns to Strategic Item 4A in the ADP
07.04.25	Email from Clare Budden 07.04.25	Clare Budden	Substance Misuse	Kirsty Brooke to present a item on substance misuse (Kirsty to join PPHP on 1 st May)	Kirsty Brooke	Jane Moore	04.09.25	This has been requested by the Chair
12.03.25	Email from Gwyneth Page	Public Health Team	Health Inequalities Paper on Vulnerable Groups / Deprivation	A paper focused on vulnerable groups/deprivation as we progress the Health Inequalities Programme.	Gwyneth Page	Jane Moore	04.09.25	This will be covered as part of the Development Session
12.03.25	Discussed with DR 12.03.25 Email from DR (following DR discussion with CB)	Dylan Roberts	DDaT Portfolio of Projects	Update and prioritisation of Digital, Data and Technology Enabled Portfolio of Projects and Programmes	Dylan Roberts	Dylan Roberts	06.11.25	This will align with Strategic Item 2D in the ADP
12.03.25	Discussed with DR 12.03.25	Dylan Roberts	Intelligence Led May be covered in a Board Development Session – PW to confirm	Progress on Intelligence Led Organisation	Dylan Roberts	Dylan Roberts	06.11.25 (TBC)	This will align with Strategic Item 5D in the ADP
21.11.24	Action from Oct Meeting PP24/74.1	PPHP Committee	Llais Annual Report / Experience Paper	Llais Annual Report / Experience Paper to be reported to PPHP (and QSE) annually Annual Report shared at Feb meeting – Experience paper to follow	Geoff Ryall-Harvey	Helen Stevens-Jones	May 2025	This will align with Strategic Item 3C in the ADP
08.04.25	Email from PW confirming EPRR Annual Report go in July not May	Sharon Scott Joanne Gauntlett	EPRR Annual Report	EPRR Annual Report to go to PPHP and Board in July ahead of submission to NHS Wales.	Sharon Scott Joanne Gauntlett	Jane Moore	03.07.25	CLOSED Went to Comm 03.07.25
28.04.25	Email trail including Katie Spruce and Jane Moore	Katie Spruce	Winter Debrief Learning Event 2024/25	Findings and Recommendations for Implementation Winter Plan 2025/26.	Katie Spruce	Jane Moore	31.07.25	CLOSED Went to Comm 03.07.25
24.04.25	Email discussion with Pam Wenger and Jane Moore	Jane Moore Team	Diabetes Case for Change	Discussion on emerging themes from Diabetes and how the case for change is being developed.	Charlotte Smith Sarah Lawrence	Jane Moore	03.07.25	CLOSED Went to Comm 03.07.25
18.11.24	Email from Gwyneth Page 12.03.25 Action from Board 24/191	Health Board	Well North Wales Put forward to July as team are currently reviewing 24/25 and formalising the activity and governance for 25/26. The WNW paper needs to go SRG in June and RPB in July.	Consider role of SRG and PPHP Committee in relation to the Well North Wales work (Scoping work still taking place to help frame the role of PPHP in relation to WNW)	Gwyneth Page	Jane Moore	03.07.25	CLOSED Went to Comm 03.07.25
20.08.24	Action from August Meeting PP24/52.2	PPHP Committee	Review of Well Being Objectives (See email from WH 07.11.24)	Revised paper once work has progressed further including a	Chris Stockport	Chris Stockport	01.05.25	CLOSED

			Agreed at agenda setting 13.01.25 to move forward to April meeting.	timetable for the implementation plan. (The Fair Work Element of the well-being objectives is being presented to the P&C Committee)				Went to Comm 01.05.25
15.01.25	Discussion with Natalie Morrice-Evans	CoB	Decarbonisation	The CoB includes NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 and the Committee received the Decarbonisation Action plan in Aug, new Director of Environment to confirm what's required to come to Committee?	Director of Environment	Russell Caldicott	01.05.25	CLOSED Went to Comm 01.05.25
04.11.24	Email from Gwyneth Page re: PH Forward Plan	Public Health Team	Population Health (Q4) Quarterly Delivery Report	For Assurance	Gwyneth Page	Jane Moore	01.05.25	CLOSED Went to Comm 01.05.25
20.08.24	Action from August Meeting PP24/50.3	PPHP Committee	Progress on becoming an intelligence led organisation	DR and team to provide an update on progress on Becoming an intelligence led organisation. This will take place on a bi-annual basis making reference to progress in relation to the spider diagram and progress on the link to the cultural change programme.	Kathryn Lang Stephen Powell	Dylan Roberts	18.02.25	CLOSED Went to Comm 18.02.25
04.11.24	Email from Gwyneth Page re: PH Forward Plan	Public Health Team	Population Health (Q3) Quarterly Delivery Report	For Assurance	Gwyneth Page	Jane Moore	18.02.25	CLOSED Went to Comm 18.02.25
10.12.24	Discussion at PPHP	PPHP Committee	Draft BCU Annual Plan	As not going to Private Board in Jan, this will be a position paper and update since presented to PPHP in private in Dec.	Chris Stockport	Chris Stockport	18.02.25	CLOSED Went to Comm 18.02.25
25.11.24	Discussion at PPHP	PPHP Committee	Feedback from SRG	An update on the progress of SRG against the key priorities agreed by the Board - Mike Parry to join the meeting (see email from HSJ 25.11.24)	Helen Stevens-Jones	Helen Stevens-Jones	18.02.25	CLOSED Went to Comm 18.02.25
21.11.24	Action PP24/78.1 and discussion with Pam Also links to action AC24/127.2 from AC	PPHP Committee	EPRR Risks This will form part of the CRR item	Include a substantive item on the agenda for the February meeting focussing on the EPRR Risks.	Sharon Scott	Jane Moore	18.02.25	CLOSED Went to Comm 18.02.25
25.10.24	Email from Hannah Lloyd, Public Health	Pam Wenger	Active Workplace Bundle	Item going to ET in Oct / Nov, Hannah Lloyd linking with Glesni re: the process on policy development, Board being asked to sign up to the NW Healthy Travel Charter.	Pam Wenger	Pam Wenger	20.12.24	CLOSED Went to Comm 10.12.24
08.10.24	Item from PPHP CoB	Chris Stockport	Primary Care and Community Care & Clusters	Paper not ready for October meeting so being put forward for December meeting.	Ffion Johnstone	Chris Stockport	10.12.24	CLOSED Went to Comm 10.12.24
09.08.24	Corporate Planning Update paper to PPHP 20.08.24	Chris Stockport Paper	Draft BCU Plan	Shaping and testing of draft BCU Plan with PPHP (see presentation in paper PP24/58)	Chris Stockport	Chris Stockport	10.12.24	CLOSED Went to Comm 10.12.24 in private
14.05.24	Original PPHP CoB (Links to 5A in ADP)	Laura Jones via Nick Lyons	North Wales Medical School Update	High level update on progress on the development of the school & main risks	Lea Marsden	Jim / McGuigan Nick Lyons	22.10.24	CLOSED Went to Comm 22.10.24

18.06.24	Action from June Meeting PP24/33.8	PPHP Committee	Progress against the Weight Management Programme	A delivery plan to be presented to the Committee to provide assurance. Also a review of risks that relate to the programme. A delivery and risk plan will form part of the Public Health Report	Lydia Orford Hannah Lloyd	Jane Moore	22.10.24 / 10.12.24	CLOSED Covered in Public Health Delivery Report to Comm 22.10.24
05.08.24	Request from Helen Stevens-Jones	Helen Stevens-Jones	Partnerships, engagement and communications update	Request from HS-J for discussion.	Helen Stevens-Jones	Helen Stevens-Jones	22.10.24	CLOSED Went to Comm 22.10.24
20.08.24	Action from August Meeting PP24/54.2	PPHP Committee	Flu Vaccinations	Include an update in the report to next meeting in October in relation to the low level of uptake from staff for the flu vaccine and how to maximise the use of GPs to encourage flu vaccine uptake.	Jane Moore	Jane Moore	22.10.24	CLOSED Went to Comm 22.10.24
08.08.24	Request from Rob Atenstaedt via Rhian Baker	Rob Atenstaedt	Health & Wellbeing	Health & Wellbeing Profile of the North Wales Population	Rob Atenstaedt	Jane Moore	22.10.24	CLOSED Went to Comm 22.10.24
23.04.24	Action from April Meeting PP24/12.2	PPHP Committee	Emergency Preparedness, Resilience and Response (EPRR)	An interim report to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place.	Sharon Scott	Jane Moore	22.10.24	CLOSED Went to Comm 22.10.24
23.04.24	Action from April Meeting PP24/10.4	PPHP Committee	Deep dive into data issues and opportunities	Deep dive to take place after a Board Development session on "Being an Intelligence Led Organisation"	Dylan Roberts	Dylan Roberts	20.08.24	CLOSED Went to Comm 20.08.24
23.04.24	Action from April Meeting PP24/10.2	PPHP Committee	The role of DHCW	Discussion around whether we are able to influence DHCW in terms of our priorities as a HB	Dylan Roberts	Dylan Roberts	20.08.24	CLOSED Went to Comm 20.08.24
08.05.24	Email from Natalie Morris-Evans	Natalie Morris-Evans	NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	Decarbonisation Programme Board to feed into PPHP (Action from AC for PPHP to consider – reference to Internal Audit Report – email 18.03.24 from CB)	Russell Caldicott	Russell Caldicott	20.08.24	CLOSED Went to Comm 20.08.24
15.05.24	Original PPHP CoB	Laura Jones via Suzanne Didcote	Well Being of Future Generations Act (Audit Wales)	This came from the original PPHP CoB and has also been queried by Pam W	Kamala Williams / Wendy Hooson	Chris Stockport	20.08.24	CLOSED Went to Comm 20.08.24

BCUHB Report

Monthly

**PARTNERSHIP ENGAGEMENT AND
COMMUNICATIONS**





Report



MAY 2025

Digital Performance

During May, Health Board channels saw a large increase in impressions and engagement. This was mainly due to a number of awareness events such as International Nurses and Midwife days, and key service awareness opportunities such as Stroke Prevention Month and Dementia Action Week.

<p>Betsi Cadwaladr Mon 5/5/2025 7:08 pm BST</p> <p>Today is International Day of the Midwife, where we celebrate the vital role midwives play throughout the pregnancy journey...</p>  <table border="1"> <tr> <td>Engagement Rate (per Impression)</td> <td>45.7%</td> </tr> <tr> <td>Impressions</td> <td>29,910</td> </tr> <tr> <td>Engagements</td> <td>13,668</td> </tr> </table>	Engagement Rate (per Impression)	45.7%	Impressions	29,910	Engagements	13,668	<p>Betsi Cadwaladr Mon 5/12/2025 4:56 pm BST</p> <p>Diwrnod Rhyngwladol y Nyrsys Hapus i Chil Heddiw, rydym ni'n dathlu ein nyrsys, myfyrwyr nyrsio a staff cymorth...</p>  <table border="1"> <tr> <td>Engagement Rate (per Impression)</td> <td>22.1%</td> </tr> <tr> <td>Impressions</td> <td>16,589</td> </tr> <tr> <td>Engagements</td> <td>3,661</td> </tr> </table>	Engagement Rate (per Impression)	22.1%	Impressions	16,589	Engagements	3,661	<p>Betsi Cadwaladr Tue 5/20/2025 11:57 am BST</p> <p>Jane Berry, Patient Experience Lead for Child and Adolescent Mental Health Services, was recognised for the work in...</p>  <table border="1"> <tr> <td>Engagement Rate (per Impression)</td> <td>16.1%</td> </tr> <tr> <td>Impressions</td> <td>15,667</td> </tr> <tr> <td>Engagements</td> <td>2,521</td> </tr> </table>	Engagement Rate (per Impression)	16.1%	Impressions	15,667	Engagements	2,521	<p>Betsi Cadwaladr Mon 5/5/2025 4:54 pm BST</p> <p>Danni, our Community Midwifery Manager in Anglesey, has some useful information about what to expect at...</p>  <table border="1"> <tr> <td>Engagement Rate (per Impression)</td> <td>16.4%</td> </tr> <tr> <td>Impressions</td> <td>7,487</td> </tr> <tr> <td>Engagements</td> <td>1,229</td> </tr> </table>	Engagement Rate (per Impression)	16.4%	Impressions	7,487	Engagements	1,229
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TOTAL REACH **1,247,984** ↑ 65%

TOTAL ENGAGEMENTS **98,081** ↑ 94%

ENGAGEMENT RATE **7.9%** ↑ 11%
HEALTH INDUSTRY AVERAGE 1.9%
source: hootsuite

TOTAL CLICKS **7,227** ↑ 17%

Digital Inbound Themes

Key themes from Direct Messages we received for May 2025:

- A number of issues in relation to people struggling to log in to the Dental Access Portal and being able to accept an offer
- Parking issues at hospital sites
- Praise and thanks for nurses and midwives on International Nurses and Midwives days

Engagement Update May 2025

Menopause the Musical

Last month, the continence team proudly hosted a health promotion stand at William Ashton Hall in Wrexham ahead of Menopause the Musical on 25 May, engaging with more than 600 women to raise awareness around continence care and pelvic health.

The Engagement Team arranged a stand prior to the show to provide information and support on a range of women's health issues, with a strong focus on continence and pelvic health. The team's stand featured a range of resources including educational leaflets on pelvic floor exercises, fluid intake advice, menopause symptom management, and referral pathways for further support.

Health and wellbeing event in collaboration with North Wales African Society

This event was a collaboration between NWSAS and BCUHB and focused on stress and how to manage it. It was also an opportunity to introduce Maternity services and Public Health to connect with the group.

Bitesize Health Events

A number of Bitesize Health events took place during May at places including Llangefni Council, Rhyl College campus and the 2 Sisters factory in Chirk, where a mix of BCUHB services and third sector organisations attended, reaching more than 200 people in total.

Wrexham Well Fest

The BCUHB Health Improvement Team attended this community event at Llwyn Isaf on 17 May. They spoke to between 40 and 50 people who took information about free activities taking place in the area. Mental Health services also engaged with the public, including children and young people and the Dental team were very busy on the day promoting Smile Month.



Internal Communications

GREAT-ix Hits – Look back at some of April's examples of excellence

Greatix Hits showcases the wealth of innovation, improvement, kindness and empathy our whole workforce has in abundance.

[View GREAT-ix Hits](#)

- BetsiNet Facebook reached 1,000 followers this month.
- International Nurses Day: celebrated the compassion and professionalism of our nursing staff across the Health Board. This included coverage of this year's Nursing Awards.
- BCUHB colleagues recognised nationally for Clinical Audit Excellence.
- Dementia Action Week. North Wales services joined forces to launch a new dementia support tool – improving awareness and access to resources for staff and patients. As part of dementia action week, we also shared resources on the Herbert Protocol, and the new Dementia Care Improvement Plan.
- Coeliac Awareness Month – 1 hour webinar held for staff. Shared resources available to staff.
- Foundations for the Future – key updates for staff on the FftF programme were shared ahead of board. More than 2,500 staff have accessed and read the update.



BetsiNet Facebook reaches 1,000 followers.

This growth follows a targeted push on Loop and the weekly bulletin, in addition to sharing good news stories and team accomplishments. This approach encouraged teams to join the page to congratulate their colleagues and spread the word, resulting in positive engagements and strengthening connections.

Coverage and media

Managing the media - Media enquiries and interview requests managed: 25

Positive coverage

- Jane Berry, Patient Experience Lead for Child and Adolescent Mental Health Services (CAMHS), was recognised for the work in championing the rights of children and young people across health services in North Wales with an invitation to attend the King's Royal Garden Party at Buckingham Palace.
- A grateful patient, Robert Leslie Williams, 87, praised the Vascular Nurses Outreach Service at Ysbyty Gwynedd for their life-changing support over seven years of treatment.
- A new joint initiative has been launched to offer accessible, trusted support via the new Linktree tool to people living with dementia, and those who care for them across North Wales.

Issues

- There was further media coverage about the future of both community hospitals in Tywyn and Penley.
- The latest NHS Wales performance statistics showed BCU to be the lowest performing against the four-hour waiting time target for Emergency Departments.
- There was significant adverse coverage following the inquest into the tragic death of baby Etta in July 2023.



Campaign activity and impact

- We continue to work with the health board’s immunisation team to promote uptake of the Spring COVID–19 vaccine to eligible people at highest risk from the virus
- We are progressing our plans to support residents and visitors to North Wales to use health board services appropriately during the summer months
- We are working with colleagues across the organisation to confirm campaign activity which will support the health board’s Annual Plan for 2025/26



Impact of our campaign work

- Our activity to promote the health board’s Help Me Quit smoking cessation service helped to attract more than 4,600 people to the service last year – with more than 2,000 quitters marking another record period for uptake. Early evaluation of an HMQ text messaging pilot in primary care (in partnership with the Public Health Wales Behavioural Science Unit) has shown promising results, including a five-fold increase in self-referrals.
- Our support for the flu vaccination campaign helped to support a 3.8% increase in the number of flu vaccines given to eligible people cross North Wales during the 2024/25 season, a 5% increase in uptake among health board staff, and a 9.7% increase in uptake amongst front line health board staff.



Public Affairs



During May we received 83 new enquiries from MSs and MPs. This was a significant increase of 20 over the total number received during the previous month. Despite the increase in case work we still responded to 75 enquiries or just over 70%, within our 15 working day deadline.



Waiting times across a number of services continue to be the main theme, but particularly in ED and for neurodevelopmental assessments.



There are some emerging issues, however, with further questions regarding our decision to end our contract with the Red Cross, and requests for clarification over the decision to close Penley Hospital.



Although the Public Affairs team assumed responsibility for co-ordinating responses to questions raised by Llais in May, it has been hampered by the lack of a dedicated email address. This was finally resolved on the 28th May, so we should be in a position to provide details of their emerging themes in the June update.



Public Affairs managers have attended eight meetings during the month with political staff to further develop good working relationships. There have also been meetings with two politicians.



Plans are being made to invite local politicians to view progress on the new orthopaedic hub at Llandudno Hospital during the summer.

The month ahead: key things to be aware of

Awareness Days/weeks

- June: Pride Month
- 16 – 22 June: Diabetes Awareness Week
- 16 – 22 June: Learning Disability Week
- 18 June: National Healthcare Estates and Facilities Day

Updates

- **Murder trial:** The trial of Kerry Ives, 45, and Michael Ives, 46, from Garden City has started this month. The couple are accused of murdering their two-year-old grandson, Ethan Ives Griffiths. A number of Health Board staff are due to appear as witnesses during the trial, but there is no criticism of the Health Board in connection with the case.
- **Annual Plan:** We will share content this month to promote the Annual plan. This will include a video and summary document to help inform and engage our communities and signpost further information about Health Board's plan.

Latest lines

- **Penley Hospital:** Whilst re-opening the beds at Tywyn and Penley remains an option, given the challenges that involves the Health Board is duty bound to consider other ways of delivering safe, sustainable high-quality services that meet the needs of the respective local communities. To do this in an open and transparent way, it is proposed a formal service review and options appraisal will be undertaken for both services. The process would also include consultation over any options developed.
- **Dental services:** We are pleased to announce that additional dental activity worth £5.5m is being introduced across the region over the coming months, as part of our ongoing efforts to improve access to dental treatment. Our latest round of commissioning includes £4m of additional general dental practice in Flint, Conwy, Bangor, Mold, Wrexham, Llanrwst, St Asaph and Abergel. Further commissioning is anticipated, and as with previous exercises, this will prioritise those areas with greatest need.

