Bundle BCU Planning, Population Health and Partnerships Committee 5 November 2026

1 09:15 - PRELIMINARY MATTERS

1.1 09:15 - PP26.119 Welcome and Apologies

1.2 09:16 - PP26.120 Declarations of Interest

1.3 09:17 - PP26.121 Consent Agenda

2 09:20 - STRATEGIC PRIORITIES

2.1 09:20 - PP26.122 Case for Change Update

2.2 09:40 - PP26.123 Director of Public Health Annual Report
- PP26.123 Cover Sheet DoPH Annual Report 2026 JM
- PP26.123 DoPH Annual Report E Final
- PP26.123 DoPH Annual Report W Final

2.3 10:00 - PP26.124 Health Inclusion Offer Update
- PP26.124 Cover Sheet Inclusion Health Programme Proposal JM
- PP26.124 Inclusion Health Programme Proposal FINAL
- PP26.124 Infographic Inclusion Health Programme

2.4 10:20 - BREAK

2.5 10:30 - PP26.125 Pharmacy Services
- PP26.125 Community Pharmacy Services Strategy Provision and Future Plans
- PP26.125 Presentation Community Pharmacy Services Strategy Provision and Future Plans

2.6 10:55 - PP26.126 0.5% Resource Shift to Primary & Community Care Plan
- PP26.126 0.5% Resource Shift to Primary & Community Care Plan
- PP26.126 Appendix A -0.5% Resource Shift to Primary & Community Care Plan
- PP26.126 Appendix B -0.5% Resource Shift to Primary & Community Care Plan
- PP26.126 Appendix C -0.5% Resource Shift to Primary & Community Care Plan

2.7 11:15 - PP26.127 Information Governance Quarter 1 2026/27 Key Performance Indicators Report
- PP26.127 Appendix 1 Information Governance Quarter 1 2026 27 Key Performance Indicators Report
- PP26.127 Cover Sheet Information Governance Quarter 1 2026 27 Key Performance Indicators Report
- PP26.127 Information Governance Quarter 1 2026 27 Key Performance Indicators Report

3 11:35 - CONSENT AGENDA

3.1 PP26.128 Unconfirmed Minutes of Meeting held on 03.09.26
- PP26.128 Minutes from PPHP Committee 03.09.26 V0.1 (Public) (4)

3.2 PP26.129 Matters Arising & Action Log

PP26.129 Summary Action Log PPHP Committee (Updated 29.10.26) Public

3.3 PP26.130 Quarter 2 Report on Annual Delivery Plan (ADP)
PP26.130 Quarter 2 Report on Annual Delivery Plan (ADP)

3.4 PP26.131 Director of Planning Report
PP26.131 Director of Planning Report

3.5 PP26.132 Integrated Planning Framework
PP26.132 Cover Sheet Integrated Planning Framework
PP26.132 Integrated Planning Framework 2026 Refresh Update

3.6 PP26.133 Population Health Delivery Report
PP26.133 Cover Sheet EDoPH Report
PP26.133 Q2 Performance Report cover sheet JM

3.7 PP26.134 Partnerships, Engagement and Communications Delivery Plan Quarter 2 2026/27 Progress Update
PP26.134 PEC Delivery Plan Quarter 2 2026 27 progress update

3.8 PP26.135 Corporate Risk Register Report
PP26.135 Appendix Corporate Risk Register Report
PP26.135 Corporate Risk Register Report

3.9 PP26.136 Corporate Governance Report
PP26.136 Corporate Governance Report

3.10 PP26.137 Winter Vaccination Programme
PP26.137 Cover Sheet WINTER FLU VACCINATION PROGRAMME 2026-27

4 11:50 - CLOSING BUSINESS

4.1 11:50 - PP26.138 Agree Items for Referral to Board / Other Committees

4.2 11:52 - PP26.139 Review of Meeting Effectiveness

4.3 11:54 - PP26.140 Date of Next Meeting - 14.01.27

4.4 11:55 - PP26.141 Resolution to Exclude the Press and Public

Planning, Population Health & Partnerships Committee

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2026: USING THE POWER OF COMMUNITIES TO IMPROVE HEALTH AND WELLBEING

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	The Public Health Annual Report project team: Adelle Stopher, Dafydd Gwynne, Emily Bebbington, Hannah Lloyd, Hannah C Lloyd, Rhiannon Mair, Siwan Sutton
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Jane Moore Executive Director Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

The purpose of this report is to provide the Planning, Population Health and Partnerships Committee with an update on the development and key recommendations of the 2026 Director of Public Health Annual Report, 'Using the Power of Communities to Improve Health and Wellbeing'. This statutory and independent report has been produced by the Executive Director of Public Health and focuses on the role of Asset Based Community Development (ABCD) in improving health, wellbeing and reducing inequalities across North Wales.

North Wales has a wealth of community strengths, including strong local identities, active voluntary organisations, valuable community assets and people committed to supporting one another. As the needs of the population continue to evolve, there is an opportunity to build on these strengths to improve wellbeing, strengthen connections and create healthier and more equitable communities. Building on the 2025 Director of Public Health Annual Report, 'Building Health', this year's report explores the three core elements of ABCD: discovering community strengths and assets, connecting people and organisations, and mobilising local action. Through examples from across North Wales, it demonstrates how community-centred approaches are supporting prevention and contribute to improved health and wellbeing outcomes.

The report reinforces the ambitions of the Regional Wellbeing, Prevention and Anchor Framework and highlights the importance of partnership working across public, voluntary and community sectors. It concludes that embedding strengths-based and community-centred approaches requires sustained commitment, workforce development, collaborative leadership and proportionate investment to enable communities to flourish and to maximise opportunities for improved population health. The Planning, Population Health and Partnerships Committee is asked to note the development and key recommendations of the Director of Public Health Annual Report and support the continued promotion of community-centred approaches that contribute to improved health and wellbeing outcomes across North Wales.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Director of Public Health Annual Report Working Group	Jan 2026-Oct 2026	Report developed using evidence review, population health data, stakeholder engagement, community case studies and examples of Asset Based Community Development practice across North Wales.
Public Health Senior Leadership Team		Oversight of report.
Third Sector and Community Partners		Community case studies and images provided.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
ABCD	Asset Based Community Development
BCUHB	Betsi Cadwaladr University Health Board

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2026; USING THE POWER OF COMMUNITIES TO IMPROVE HEALTH AND WELLBEING

1. Y SEFYLLFA / SITUATION

1.1 The purpose of this report is to present the 2026 Director of Public Health Annual Report, titled "Using the Power of Communities to Improve Health and Wellbeing", for noting by the Planning, Population Health and Partnerships Committee. The report fulfils the statutory responsibility of the Executive Director of Public Health to provide an independent assessment of matters affecting the health of the population of North Wales. The report explores how Asset Based Community Development (ABCD) can support improved health and wellbeing outcomes by recognising and mobilising the strengths, assets and capabilities that already exist within communities.

2 Y CEFNDIR / BACKGROUND

2.1 North Wales benefits from many strengths, including strong communities, cultural identity, natural resources and active voluntary and community sectors. However, significant health inequalities remain across the region. The report highlights challenges associated with an ageing population, increasing long-term conditions, social isolation and persistent inequalities in healthy life expectancy. It builds upon the 2025 Director of Public Health Annual Report, Building Health, and aligns with the Regional Wellbeing, Prevention and Anchor Framework, which seeks to improve population health and reduce inequalities through prevention and community-centred approaches.

2.2 The report demonstrates how ABCD provides a practical framework for working with communities by focusing on discovering community assets, connecting people and organisations, and mobilising local strengths to support community-led change. Through a range of case studies from across North Wales, the report illustrates how communities can improve wellbeing, strengthen social connections and contribute to reducing health inequalities when supported to lead action on issues that matter most to them.

2.2.1 The Discover chapter explores how communities can identify and understand their local assets, including people, places, community groups, stories and institutions. Examples of how this is already being delivered across North Wales include:

- Place Shaping and Community Alliances on Anglesey, where listening to communities and recognising local strengths can

help residents identify priorities and shape solutions that matter to them.
- Young people influencing local decision-making in Bro'r Llynnoedd.
- Community-led transport solutions and community garden projects bringing generations together in Crigyll.

2.2.2 The Connect chapter highlights the importance of relationships, social connection and community participation. It explores how connecting people, services and organisations can create opportunities for collaboration, improve wellbeing and strengthen community resilience. Case studies include:
- Tywyn Library, which has evolved into a community hub offering activities, support services and community transport coordination.
- Actif North Wales work in Upper Denbigh, which brought together young people, local organisations and partners around a shared purpose.

2.2.3 The Mobilise chapter focuses on how communities can be supported to turn ideas into action. The report demonstrates how trusted relationships, partnership working and sustained investment can help communities lead change and improve local wellbeing. Examples include:
- The Venture in Caia Park, which has supported community-led development for over 40 years.
- Empowering Parents Empowering Communities (EPEC) Autism programme in Flintshire, which uses peer-led approaches to strengthen local capacity, confidence and support networks.

2.3 The report identifies a number of key enablers required to embed Asset Based Community Development (ABCD) approaches at scale, including system leadership, cross-sector partnership working, workforce capability, and sustained investment through the Regional Wellbeing, Prevention and Anchor Framework.

2.4 The report's formal recommendations are set out in ‘Chapter 6: Building Our Future Together’ and are presented as actions that organisations across North Wales should work together to deliver:

2.4.1 Commit to adopting and delivering the Regional Wellbeing, Prevention and Anchor Framework to build system readiness and enable long-term change, including sharing learning and developing a regional community of ABCD practice.

2.4.2 Commit to cross-sector, multi-agency working through shared goals that align with community priorities.

2.4.3 Address inequality through proportionate approaches, combining asset-based practice with targeted action for communities facing the greatest need and building on learning from Marmot Places, including Denbighshire.
2.4.4 Use Asset Based Community Development (ABCD) within Health Impact Assessments to ensure lived experience, local strengths and community voices inform decisions about health and wellbeing.
2.4.5 Resource ABCD approaches consistently across the region to ensure communities have the conditions needed to mobilise their strengths and lead change.
2.4.6 Build cross-sector workforce capability and confidence in ABCD through integrated training, reflective practice and local learning networks.
2.4.7 Use mixed-methods evaluation approaches that capture process, health, equity and economic outcomes and identify who benefits, who does not, and what can be improve.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

The report identifies several key themes:

3.1 The importance of shifting from deficit-based approaches towards strengths-based approaches that focus on community assets and capabilities.
3.2 The role of social connection, community participation and empowerment in improving health and wellbeing outcomes.
3.3 The contribution of Asset Based Community Development to prevention, reducing health inequalities and strengthening resilience.
3.4 The importance of cross-sector collaboration between public services, voluntary organisations and communities.
3.5 The need for long-term commitment, workforce development and sustainable investment to embed ABCD approaches at scale.
3.6 Opportunities to support delivery of the Regional Wellbeing, Prevention and Anchor Framework through community-centred approaches.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 Failure to strengthen community-centred approaches and address the wider determinants of health may contribute to:
4.1.1 Continued widening of health inequalities.
4.1.2 Increased demand on statutory services resulting from preventable ill health and social isolation.
4.1.3 Missed opportunities to mobilise community assets and local leadership.
4.1.4 Reduced progress towards achieving the ambitions of the Regional Wellbeing, Prevention and Anchor Framework.

4.1.5 Failure to adequately address Corporate risk 25-03 (Population Needs) and Board Assurance Framework risk 24-06 relating to transformation and enhanced outcomes.

5 ARGYMHELLION RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Planning, Population Health and Partnerships Committee is asked to:

5.1.1 **NOTE** the content and key messages of the 2026 Director of Public Health Annual Report, Using the Power of Communities to Improve Health and Wellbeing.

5.1.2 **SUPPORT** the promotion of Asset Based Community Development principles across BCUHB and partner organisations as part of a whole-system approach to prevention and reducing health inequalities.

5.1.3 **AGREE** the report's recommendations, including continued commitment to the Regional Wellbeing, Prevention and Anchor Framework, cross-sector partnership working, workforce development, community involvement and proportionate investment in community-centred approaches.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	1. Focus on Health and Wellbeing If more than one applies, please list below: 3.Improve Access, Outcomes and Experiences
Yr Egwyddorion Dylunio Design Principles	People First Inclusive Design Equity and Accessibility Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Corporate risk 25-03 (Population Needs) Board Assurance Framework risk 24-06 relating to transformation and enhanced outcomes.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The report promotes equitable health improvement and reduction of inequalities.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	The report has a strong focus on reducing health inequalities and improving wellbeing by supporting communities to build on existing strengths and assets. It recognises that communities experiencing greater disadvantage may require proportionate support and investment

		to achieve equitable health outcomes.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Do/Yes: ☐	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	Not required as this is an independent report and does not introduce a service change or policy decision.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	Report supports equitable access to opportunities that influence health and wellbeing however an WP8a form is not required for the independent report.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No separate assessment required; report available bilingually.
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The independent report is presented for noting and does not propose changes to services, policies or resource allocation. There are no specific impacts identified in relation to members of the Armed Forces community.
Ansawdd	Do/Yes: ☐	Naddo/No: ☒

A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd? **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Canlyniad/Outcome:	Not applicable as the report is for information and does not change service delivery.
	Galluogwyr Ansawdd Enablers of Quality Culture and Valuing People	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales A Resilient Wales A More Equal Wales A Wales of Cohesive Communities A Prosperous Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact *(People / Financial)*	

Betsi Cadwaladr University Health Board
Director of Public Health Annual Report 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Using the power of communities to improve health and wellbeing







Connect

Mobilise

Contents

Foreword 3

Acknowledgments 4

Executive Summary 5

1. Introduction: Who We Are, What We Share, What We Can Do 7
   - Our shared aim 7
   - Our population 9
   - Our community assets 11
   - What shapes our health 12
   - Working with our communities 12
   - Asset Based Community Development (ABCD) 14

2. How to do ABCD 17



3. Discovering What Is Strong in Our Communities 18
   - Understanding what is strong in our communities 19
   - How can I understand my local assets? 20
   - A Shift in Roles 21



4. Connecting people, assets, and purpose 23



5. Mobilising strengths for health and wellbeing 27

6. Building our future together 31

References 35

Appendix A: Useful resources 37

Appendix B: Understanding the impact of ABCD – Evaluation Approaches 39

Foreword

I am delighted to introduce this report, which reflects the enthusiasm, insight, and care that communities across North Wales bring to improving health and wellbeing.

Throughout my career I have worked in places that have faced significant challenges, and I have consistently seen communities respond with real purpose when they are trusted and supported. I know how essential it is for public services to listen, to understand the realities of people's lives, and to act in ways that strengthen local confidence and opportunity. Communities in North Wales are proud of their identity, rich in kindness, and full of resourcefulness. Currently it feels as if there are many pressures that undermine health, from the rising support needs of our older population, widening inequalities, and socio-economic challenges that shape daily life. However, our experiences show us that with a commitment to keeping people healthy and a willingness to work differently through partnerships, we can empower our communities to live well.

Asset Based Community Development is an approach that builds from the strengths that are already present in communities and understands and listens to what matters most to local people. It encourages public services to work *with* residents rather than *for* them, and to create the space where ideas, relationships, and local leadership can grow. The examples in this report show what becomes possible when this approach is taken seriously. They show young people shaping priorities in Anglesey, parents supporting one another in Flintshire, and communities in Denbighshire and elsewhere creating practical solutions that improve daily life.

North Wales is ideally placed to build on this work. The Regional Wellbeing, Prevention and Anchor Framework, a commitment to prevention, evidence, and partnership, alongside a willingness to work differently will enable us to maximise the opportunities for our communities to live well. There is a strong foundation for lasting change, and Denbighshire successfully becoming a Marmot place further strengthens our opportunities and commitment to reducing inequalities. My hope is that this report inspires continued collaboration, curiosity, and confidence. Together we can support every community to build on its strengths and shape a healthier future.

Dr Jane Moore
Executive Director of Public Health, Betsi Cadwaladr University Health Board



Acknowledgments

The Betsi Cadwaladr University Health Board Public Health Annual Report is an independent report of the Director of Public Health in North Wales.

We would like to thank everyone who contributed their time, expertise, and insights to help shape this year's report. Your support has been vital in helping us reflect the voices, experiences, and priorities of communities across North Wales.

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Llandudno promenade

Executive Summary



North Wales is a region of remarkable strengths. Its communities, landscapes, and cultural identity offer a powerful foundation for health and wellbeing.

Yet these strengths are not experienced equally. People in some areas live long and healthy lives, while others face challenges that make good health harder to achieve.

The region has an ageing population, growing need for long term health and wellbeing support, and widening inequalities in life expectancy, healthy years of life, and social connection. These pressures require a different way of working, one that begins with communities and the strengths already present in every place.



Asset Based Community Development (ABCD) offers a way to do this. ABCD starts by recognising that every community holds knowledge, relationships, skills, and hopes that can shape local change. Instead of focusing on needs alone, ABCD uncovers what is strong, supports people to connect, and helps communities lead the actions that matter most to them. These ideas are not new. They build on decades of international and UK evidence showing that empowerment improves mental wellbeing, strengthens social connection, and supports fairer health outcomes. Wales has embraced this direction by becoming the first Marmot Nation, and in North Wales, Denbighshire becoming a Marmot Place.

This report builds on last year's Annual Report, 'Building Health', by exploring the core elements of ABCD through discovering the assets, stories, and lived experiences within each community. Connecting people together can help to build trust and purpose, and can mobilise residents to act on their ideas to lead change. Across North Wales, communities, public services, and partner organisations are already putting ABCD into practice.

Examples include the Place Shaping programme led by Medrwn Môn on Anglesey, where Community Alliances support resident-led decision making; the Actif North Wales work with young people in Upper Denbigh showing how connection and partnership can mobilise local action; and long-standing mobilisation through The Venture in Wrexham which illustrates how sustained, place-based investment can support prevention at scale. Together, these examples show that when people are supported to discover strengths, connect around shared purpose, and act together, change becomes more sustainable and meaningful.



Medrwn Môn



Actif North Wales



The Venture

To embed ABCD across North Wales, the region needs to work as an integrated system to help communities to flourish. It requires organisations to show a strategic commitment to shared goals and solutions; developing a confident and skilled workforce that supports communities; and consistent resourcing including committing to routes to scale up projects that are shown to be effective. These enablers will ensure that community voices are central to local decisions and that strengths-based approaches become part of everyday practice.

The future of health and wellbeing in North Wales will depend on how effectively services, communities, and organisations work together. ABCD offers a way to build that future from the ground up, through shared purpose, strong relationships, and the strengths that already exist within every place.

1. Introduction: Who We Are, What We Share, What We Can Do

North Wales is a region rich in natural assets, vibrant communities and strong local identities. From the beautiful coastline and national park to vibrant Welsh culture and a diverse economy, the region has many strengths. However, not everyone benefits from these assets the same way. This has led to avoidable differences in health and wellbeing across the region.

While some people in North Wales enjoy good health, others face daily challenges that make it harder to live well. In some communities, inequalities have increased over time. Where people live strongly influences how long and how well they live, and many people in poorer communities spend more years of their lives in ill health. No single service can tackle this alone; it requires organisations to work together across the whole system and alongside communities, drawing on local strengths and lived experience.

That is why organisations across North Wales are already starting to work together in a different way.

Our shared aim

Organisations from across public, voluntary, and community sectors in North Wales have worked together to co-produce a **Regional Wellbeing, Prevention and Anchor Framework** with a shared aim:

> "To help everyone in North Wales to live longer, healthier lives, and to reduce the gap between those who are better off and those who are not".

The Framework seeks to achieve this aim over the next ten years through influencing the root causes of poor health, wellbeing and inequalities, and through building on the strengths of communities across North Wales.



Llanberis High Street

The Framework includes two tools that organisations across all sectors can use to strengthen their work around wellbeing and prevention, namely:

- **Seven Prevention Missions** that address the wider factors that influence health, such as housing, education, employment, and the environment. Each mission was explored with multiple public and third sector stakeholders to co-produce high impact actions that organisations and partnerships across North Wales can commit to delivering on.
- **A Regional Anchor Charter** that sets out how place-based organisations, such as Betsi Cadwaladr University Health Board (BCUHB), Local Authorities, other Public Sector agencies, and third sector organisations, can use their roles to improve the health and wellbeing of the populations they serve.

Anchor Organisations can influence health and wellbeing through:

- their role in supporting communities and ability to involve them in decision-making,
- how they employ people and look after their workforce,
- how and where they buy goods and services,
- reducing their environmental impact, and
- how they use their buildings and land.



Bala Lake

The Framework builds on lessons from the **North Wales Healthy Travel Charter,** which showed how co-production, simple design, a focus on clear actions, and self-assessment, drove collective action.[1]

The Framework incorporates the Marmot Principles, which are based on strong evidence about how to reduce health inequalities. These principles recognise that everyone should have access to support, but people facing the greatest disadvantage often need more support than others.[2] [3] The Framework also has a strong focus on working with communities, which is important for addressing prevention and improving wellbeing. Evidence shows that involving communities takes time, investment, and long-term commitment, as well as cultural change. By doing so, we can create the conditions where communities can flourish and live healthier and longer lives.

The Framework is also rooted in national policy, particularly the Wellbeing of Future Generations (Wales) Act.[4] The Act is recognised across the world as a unique piece of legislation that focuses on meeting the wellbeing needs of people today while protecting the wellbeing of future generations.

Our population

People in North Wales are living longer than previous generations. However, longer life does not always mean healthier life.

Many people are now spending more years living with long-term conditions, poor mental health, disability, or chronic pain. This is particularly true in our most deprived communities, where people experience poorer health earlier and for longer.

The impact is not only felt in older age. Increasing numbers of working-age adults are also living with significant health problems that affect daily life, employment, financial security, and wellbeing. This creates growing pressure on individuals, families, communities, and public services.

Population snapshot – our ageing population in North Wales



692,000

people live in North Wales



Almost **a quarter** of residents are aged **65 or older** (Wales average 22%)

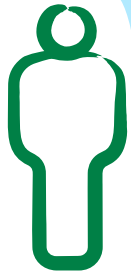
34,000 more people aged over 65 are expected by 2040

Where people live can have a significant influence on their health and wellbeing. In North Wales, men living in the most socio-economically deprived areas spend more than 12 fewer years in good health than those in the least deprived areas. For women, the gap is almost 11 years. This means many people in poorer communities spend a significant part of their lives managing illness or disability that could often be prevented. These differences are unfair, avoidable, and closely linked to the conditions in which people are born, grow, live, and work.

The life expectancy and healthy life expectancy gap between most and least deprived communities in North Wales.

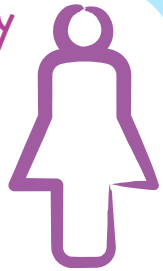
Healthy life expectancy means the number of years people can expect to live in good health.

Life expectancy
7.2 years shorter



Healthy life expectancy
12.2 fewer healthy years

Life expectancy
5.7 years shorter



Healthy life expectancy
10.9 fewer healthy years

Strong social connections are essential for good health and wellbeing. Yet many people across North Wales are increasingly at risk of loneliness and isolation.

Around one in three households in North Wales is a single-person household, and many older people live alone. While living alone does not always mean someone is lonely, social isolation is associated with poorer mental wellbeing, earlier loss of independence, increased risk of dementia, and higher use of emergency healthcare services.

Research also shows that prolonged social isolation can be as harmful to health as smoking 15 cigarettes a day.[5] Improving wellbeing and social connection is therefore not an "extra", it is a core part of improving population health.



Llangollen

Social isolation snapshot in North Wales



One in three
households are occupied by one person

16% of people **aged 66+** live alone



Higher risk of poor mental health, dementia, and emergency hospital use linked to social isolation

As the North Wales population ages, supporting people to stay connected, active, and involved in their communities will become increasingly important for both wellbeing and prevention.

Our community assets

Population = approx. 687,000 residents

197,000 people aged 3+ (29% of the population) able to speak Welsh









31 Castles

24 Theatres



~220 miles of coastline

6 County Voluntary Councils (1 per Local Authority)

242 Town/Community Councils

337 Primary Schools

50 Secondary Schools

9 Special Schools

12 Further Education Colleges

What shapes our health

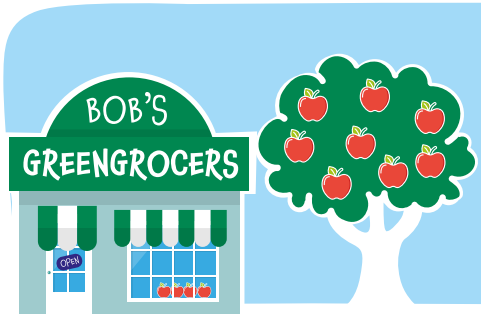
Most of our health is shaped long before we use healthcare services. The places we are born, grow, live, work, and age have the biggest influence on our health. These are often called the "building blocks of health".[6] When people do not have equal access to the building blocks of health, it can lead to differences in how long people live, how healthy they are, and how connected they are to others. Addressing these issues is central to improving population health and wellbeing over the next decade.

The Building Blocks of Health



Working with our communities

Community involvement enables people to have a real say in the things that matter most to them. It goes beyond simply asking people for their views to involving people as equal partners. Community empowerment builds on this by supporting individuals and communities to act on the issues that matter most to them.



Educating / Informing

Doing to
People are passive recipients of service



Consultations / Engagement

Doing for
Engaging and involving people



Co-production /Co-design

Doing with
In equal and reciprocal partnership

When tackling the building blocks of health, evidence shows that people are healthier when they help shape the solutions that affect them.

Working with communities, rather than just informing them, can improve mental health, make services easier to access, and reduce inequalities.[7] [8] The importance of working in this way was highlighted in last year's BCUHB Public Health Annual Report: Building Health (2025), which highlighted the role of community involvement and community-led approaches in shaping good health and wellbeing.[9] In this report, we build on the ambitions set out in last year's report, including working together to reduce inequalities and ensuring that services reflect and build on the assets and strengths of local people and places. Progress is being made through the development and delivery of the Regional Wellbeing, Prevention and Anchor Framework.

Community involvement is a key part of national policy. The Wellbeing of Future Generations (Wales) Act and its "Ways of Working", recognise the important role communities can play in shared decision making across public sector organisations.[10]

The Well-being of Future Generations Act Five Ways of Working. Figure reproduced.[10]



This reflects a shift towards greater involvement and empowerment of communities in shaping services and outcomes that affect them. This approach is supported by strong international and UK evidence. The *Ottawa Charter* (1986) positioned community empowerment as a foundation for improving health and the *Marmot Reviews* (2010, 2020) identified community empowerment as essential to reducing inequalities. [3] [11]

Across Wales, community involvement and empowerment are increasingly being put into practice. Three areas, including **Denbighshire in North Wales**, are now recognised as Marmot Places.[2] These areas will receive support to make it easier for people who need it most to access help, mobilise local skills, strengths and assets, and spread learning across the nation.

It is widely recognised that difficult challenges cannot be solved by services alone. There is a growing shift toward strengths-based questions such as:



This represents a move away from doing *to* communities to working *with* them. These approaches build social cohesion and resilience in ways 'top down' delivery cannot.

Asset Based Community Development (ABCD)

Asset Based Community Development (ABCD) is a way to put community involvement and empowerment into practice. ABCD is already being used by communities and organisations across North Wales to support community-led action and reduce inequalities in health and wellbeing.

ABCD is based on the belief that every community has strengths, knowledge, and assets. Instead of focusing on the problems and what is missing, it starts with what is already there and prioritises working *with communities*, not *doing to them*. In practice, this means listening to what matters to people, making decisions together, building confidence and trust between communities and services. By enabling people to lead local change and tackle issues earlier, we can improve health and wellbeing outcomes for everyone, especially those most at risk of poorer health.

This way of working is evident on the Isle of Anglesey, where place-based approaches have shown how power sharing and relationship building between services and residents can unlock community potential.

Through the **Place Shaping programme on Anglesey**, residents, community groups, County Councillors, local businesses and third sector organisations have formed **"Community Alliances"** to create new ways of working together.[12] By involving residents from the outset, each Alliance has identified local priorities through open conversations and used seed funding to turn ideas into practical action. Communities decide what matters most and how change should happen.



Community Alliances, Anglesey

The coastal path from Crigyll Bay to Aberffraw Bay, Anglesey



Shaping Anglesey Together: Communities at the heart of Change

In **Bro'r Llynnoedd**, more than 200 young people shared their views, shaping new projects in their community and strengthening local leadership. One young person described how being listened to had made a difference:

> "They told us that they wanted the Alliance to come into the school every year to talk about ideas with them...and how young people can get involved."

This kind of shared decision-making has built trust, confidence and capacity across the Island. Elsewhere, residents in Crigyll co-designed a community transport scheme after cuts to local bus services left people isolated. By working together, they restored vital connections, supporting independence and access to essential services.

As one resident explained:

> "I have been so cut off from everything since the bus service stopped. Having transport to link me to the bus services will give me back my independence."



ABCD also supports improvements in wellbeing and connection across generations. In Bro'r Llynnoedd, young people shaped the redevelopment of Parc Mwd, leading to new outdoor facilities that encourage physical activity and multigenerational connection. At RAF Valley, warm social gatherings for residents aged 75 and over now provide food, companionship, and a safe, heated space during the winter months. In Lligwy, volunteers, schoolchildren and older residents came together to create a shared community garden, strengthening relationships and improving village life.

These small but meaningful actions illustrate how ABCD builds momentum by helping people see that change is possible and that it belongs with them. As one local leader reflected:

> "What we are seeing across Anglesey is an important shift. Communities are no longer just being asked for their views; they are leading the work, setting priorities, and shaping solutions that fit their lives. Place Shaping has shown us that real change happens when we trust local people, invest in relationships, and share power. This isn't a temporary project; it's a long-term commitment to working differently, side by side with the communities we serve."
>
> **Lyndsey Campbell-Williams, Chief Officer, Medrwn Môn**

ABCD supports key local, regional and national priorities around prevention, reducing health inequalities, mental wellbeing, primary and community care, and partnership working.[13] By listening to communities, strengthening local connections, and acting earlier, ABCD helps create a fairer and healthier North Wales.

This report starts with communities and organisations working together in a different way. When this happens, confidence grows, connections deepen, and communities lead change. The chapters that follow explore why ABCD matters now more than ever, how North Wales is already using this approach, and how statutory organisations can make ABCD a core way of working alongside the communities they serve.

Key takeaways:

- Focus on prevention and early action
- Create the conditions for community leadership through involvement and local investment
- Use seed funding flexibly and proportionately to enable communities to test new ideas and mobilise action around what matters most to them.



Conwy Old Town

2. How to do ABCD

ABCD supports communities to take the lead in shaping what matters to them. It is made up of small cyclical approaches that communities and organisations can adapt for different places and priorities.

ABCD seeks to:

Discover the skills, strengths, and assets within each place, building a picture of what the community already has and what it cares about.

Connect residents, community organisations and services to build trust, strengthen relationships and create the foundations for collective action.

Mobilise local people and community organisations, providing the support and resources they need to lead action on the issues that matter most to them.



North Wales Coastal Path, Flint Dock

In North Wales, there are already practical examples of how these principles are being applied. As part of a whole system, place-based approach to increasing physical activity, Actif North Wales has developed a simple framework which incorporates the core elements of ABCD (discover, connect, mobilise) to help local coordinators and communities work together (see connect chapter for more information).[14] It draws on the work of McCormick and Russell's *Connected Community*, which emphasises the importance of recognising existing community assets, building trust, and strengthening local capacity.[15] Learning from the project highlighted that while a supporting framework can provide helpful guidance for local Coordinators to work in an ABCD-informed way, flexibility is needed to adapt to the pace, priorities and readiness of each place.

The following chapters explore how communities and organisations across our region are already implementing the core elements of ABCD. Partners are using different approaches to discover, connect and mobilise local assets and are working alongside local people to create positive, meaningful, and long-lasting change.

3. Discovering What Is Strong in Our Communities

Every community has a story. While not captured in official reports, stories live in memories of communities, in the places where people gather, and in the small everyday acts of kindness that hold a neighbourhood together. Uncovering that story is at the heart of ABCD. ABCD invites us to look again at our communities and notice six simple but powerful factors that make our communities strong:[16]

People carry skills, talents, experiences, and passions that often go unrecognised. A retired carpenter, a young person who loves coding, a parent who knows everyone on the street. These diverse talents and experiences drive community action.



Stories connect generations and help people understand who they are together.

Associations such as sports clubs, choirs, gardening groups, faith communities, parent and child groups, book clubs are the centre of local life.

Exchange happens when people share their time, skills, tools, and knowledge, which builds trust and connection.

Institutions including schools, businesses, health services, and community centres play a vital supporting role when they work *with* communities rather than *for* them.

Places such as parks, beaches, libraries, village halls, cafés, and the corner shop create opportunities for people to meet, talk and build relationships.

These building blocks echo national priorities such as *A Healthier Wales* and the *Well-being of Future Generations Act*.[4 17] They emphasise that people and communities must be at the centre of decision-making.

Understanding what is strong in our communities

In ABCD, discovery is an important part of understanding what communities have and what makes a place strong. By identifying the six building blocks, communities can uncover skills, spaces, relationships, lived experiences, and identify shared priorities. This can take weeks, months or years and is based on listening and building trust within the community.

Simple, people-centred tools such as asset mapping, listening conversations, community walks, and story-gathering help to bring these strengths to light. Inclusive approaches which are accessible and culturally appropriate are also important to ensure that the voices of people with protected characteristics are heard.



For example, when **Tywyn Library** began to explore how it could better serve its community, staff spent time listening to residents, noticing what mattered to them and gathering stories about how people wanted to use the space. This discovery process highlighted a wide range of local skills, interests and ideas that may not have been visible through traditional service planning.

By starting with what was already strong, the library was able to identify assets such as the enthusiasm of residents, the adaptability of the building and a strong sense of local pride.

Other activities that support communities to understand their strengths include reviewing population data, stakeholder mapping, skills audits, network analysis and building on existing engagement. Discovering assets works best when it is led by residents, supported by community connectors, local organisations and practitioners who are trusted in the area. Together, they build a clear and realistic picture of local strengths to help shape future action.

This approach was seen in the development of the **"Outside Lives"** community growing space at the Headquarters in Gwernmynydd, Mold.[18] Rather than beginning with a focus on issues such as social isolation or poor mental health, Outside Lives asked a different question: *what strengths already exist here?*

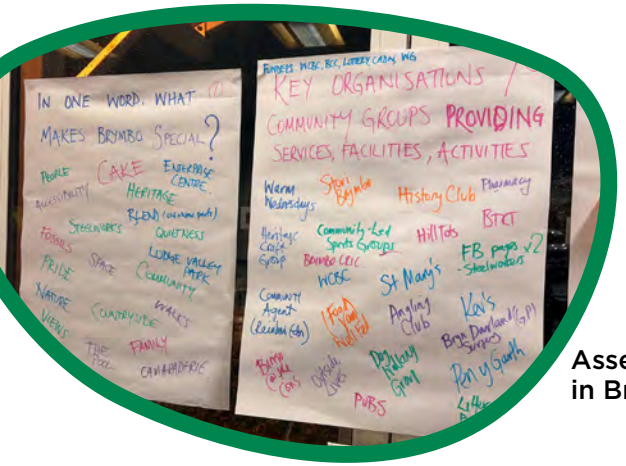
Through conversations at regular Community Days, participants shared their interests and experiences, uncovering hidden assets such as horticultural knowledge, carpentry skills, a passion for cooking, and strong relationships with local primary schools.

These insights moved the focus away from *delivering a service* to *designing a space* that the community could shape and lead themselves.

How can I understand my local assets?

Asset mapping is a practical way to get started. It helps communities identify their own skills, local groups, community spaces and resources. It reminds us that people are not just users of services; they are active contributors with valuable knowledge and skills to share. See appendix A for more useful resources.

In Brymbo, Wrexham the **Stori Brymbo** project provides a strong example of asset mapping in practice. Developed on the former Brymbo steelworks site, the project recognised the area as a key community asset and worked alongside local people to shape a new heritage, community and visitor attraction. Community development workers facilitated workshops that brought together residents, local businesses, and community councillors to explore what was strong about Brymbo, identify local assets and consider how these could be built on.



Asset mapping in Brymbo

Insights were generated through small group discussions and captured visually, enabling the community to collectively reflect on its strengths and future potential.

Digital tools can also support asset discovery. The Public Map Platform, developed by three universities in response to the Wellbeing of Future Generations Act, brings together Census data and open mapping tools so that communities can show what matters to them and influence how local spaces are designed.[19] This provides a practical application of ABCD principles and has future potential in service planning and transformation.



Educational mapping event held at Newborough Forest hosted by the Public Map Platform

There are also a range of practical toolkits available to support communities and professionals throughout the discovery phase. See Appendix A for a selection of strengths-based resources that help guide conversations, encourage inclusive participation, and support a structured approach grounded in local knowledge and insight.

A Shift in Roles

ABCD also means changing how professionals work. Instead of services designing and delivering everything from the top down, in an ABCD approach, professionals become facilitators, connectors and enablers. Their job is to help communities recognise their strengths, link up their assets and take the lead.

This approach can be seen in **Tywyn, Gwynedd** where the library moved from being a service-led space to a community-led hub providing a range of activities including yoga, mindfulness, writing, art groups, cultural evening and children's craft activities. Many of these activities developed because community members were willing to share their time, skills and enthusiasm. The library also became a place where residents could access support through regular drop-ins, digital assistance and its role as a Warm Hub (Croeso Cynnes). Beyond the building, the library now coordinates the town's community transport scheme, matching volunteer drivers with people who need help getting to appointments or activities. This service ensures that residents feel connected and are able to participate in community life, despite some challenges associated with living in a rural area.

'The Library is one of the best I have been in. Very Important part of the community'

'The Library is my happy place made all the better by the wonderful staff here.....'



Tywyn's living library, bringing people together.

Similarly, with the **Actif** project in North Wales, Outside Lives acted as a *facilitator* rather than a *director* at the Headquarters. Participants were not just consulted upon; they were given shared leadership and responsibility for the growing space. Volunteers co-designed raised beds, built planters from reclaimed materials, organised watering rotas and welcomed newcomers. Over time, people who initially attended for support became volunteers and champions, building confidence and a strong sense of ownership.

"Even just coming along and chatting has made me feel more involved in what's going on around me."

"You can see how much stronger things are when people are involved from the beginning. We are all invested and want it to work."



The community coming together for the Outside Lives project, Flintshire

Learning from the **Actif North Wales place-based approach** to physical activity has shown that a shift in roles alone is not enough.[14] To support ABCD and give people real opportunities to have their voices heard, there needs to be on-going investment in staff time, skills, and development to work in an ABCD way.

As communities begin to uncover their strengths, a bigger question emerges: what happens next? Noticing assets is only the first step. Real change happens when people, places and stories are connected. The experiences of Tywyn Library and Outside Lives demonstrate how focusing on what is *strong*, rather than what is *wrong*, can create initiatives that are deeply rooted in what matters most to communities, leading to long-term and community-led change.

Key takeaways:

- Start with what's strong, not what's wrong
- Long-term investment into workforce capacity and development



4. Connecting people, assets, and purpose

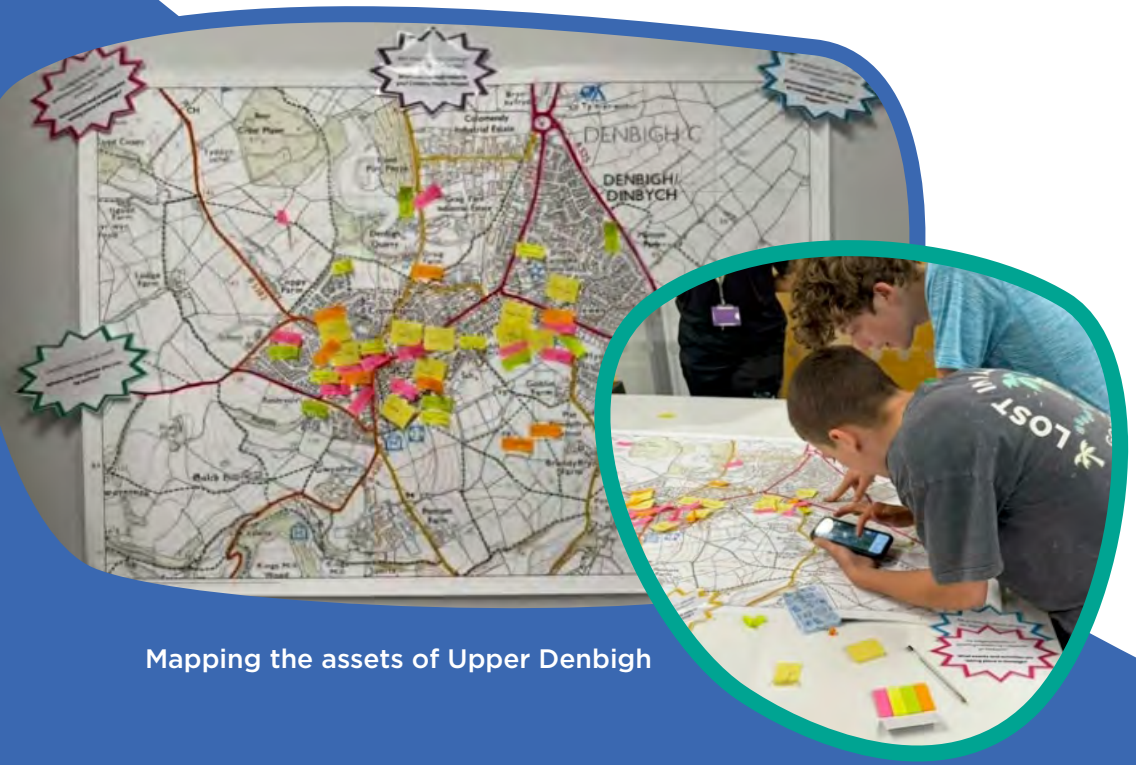
Social connection is important for our health and wellbeing. When people feel connected, they are more likely to be healthy. The World Health Organization highlights that when people are isolated, it can harm their physical and mental health and lead to serious illness.[20]

Building strong social connections is a key part of ABCD. It puts relationships at the heart of how communities grow and thrive. ABCD focuses on connecting residents, local groups, community and service providers with one another, so people can build trust, feel a sense of belonging, and develop a shared purpose. Creating the conditions for people to meet, spark ideas and support one another is essential for ABCD. The diagram illustrates some of the ways communities can build connections through everyday interactions and shared activities. Further resources are available in Appendix A.

How communities can connect through informal interactions, shared activities, and local partnerships.

How communities connect	Types of activities
Enabling informal interactions	• Arrange informal drop ins such as a coffee morning or warm hub • Host a community picnic • Set up a community pop-up tent at a community venue where residents can informally engage and share their ideas
Creating shared activities	• Arrange a community litter picking walk/gardening activity with residents • Hold an arts and crafts workshop • Co-design a community festival or village fete
Supporting partnerships to form	• Host a community neighbourhood meeting • Facilitate a co-production workshop with residents and public and voluntary sector organisations

An example of this can be seen in Upper Denbigh through a **joint project involving Actif North Wales, Grŵp Cynefin and Denbighshire County Council.**[14] The work began by listening to a group of young men who identified a lack of safe and accessible spaces to be active in their community. Their lived experience and local insight became the starting point for building connections between residents, partners and local organisations. Strong partnerships between the local authority and voluntary sector partners meant the work could move quickly. As they were already working in a strengths-based way, they could share staff time, funding and local knowledge, which helped turn ideas into real improvements within a short space of time.



Mapping the assets of Upper Denbigh

Supporting the formation of partnerships is another important element of connection within ABCD.

Activities such as neighbourhood meetings or coproduction workshops can bring residents together with public and voluntary sector organisations, helping to break down silos and foster mutual understanding. In Upper Denbigh, trusted relationships developed through Hwb Dinbych and Grŵp Cynefin ensured that the community was involved from the outset and remained engaged throughout. Working in this way helped to build trust and enabled changes that supported everyday wellbeing, social connection and healthier lives.

Reflection and learning were embedded in the Actif programme (see Appendix B for more detail on evaluation). This helped teams to understand what was working, where challenges existed, and how the approach could continue to improve. What came through strongly was:

- **Trust takes time, but it leads to stronger and longer-lasting change**
- **Relationships are at the heart of everything**
- **Listening leads to better ideas and outcomes**
- **Going where the energy is helps to build natural and sustainable growth**
- **Being flexible leads to better outcomes**

ABCD work often starts small but grows over time. To capture this, Actif North Wales used a tool known as "Ripple Effect Mapping", as a way of showing how one action leads to another. For example, a simple conversation in a community might lead to a new walking group, increased confidence, or new partnerships being formed. These changes can be expected or unexpected, but all are important to capture.

Example of a Ripple Effect Map used in the Actif North Wales programme.



"You can't understand impact through numbers alone and you can't rely on stories alone either. You need both. Most importantly, when you invest in people, relationships, and local strengths, and take time to build trust, real change happens. By going where the energy already is, and supporting people to take the lead, change is more likely to last. It might take time, and it might not always be easy to measure straight away – but it leads to stronger, more connected communities that can keep things going themselves."

(Manon Rees O'Brien, Regional Director, Actif North Wales)

As people build stronger connections, communities become stronger too. These connections create trust, a shared understanding and create support between people. This is often called social capital. Communities with strong social capital are better able to cope with challenges and are more likely to improve their wellbeing over time.[21] Stronger social connections also help communities to be more resilient and self-sustaining, which supports WHO's case for prioritising social connection as a public health issue.



The relationship between connection and confidence is also evident in **Towyn and Kinmel Bay.**[22] In summer 2025, residents were invited to take part in a series of community conversations designed to explore shared challenges and local strengths. Rather than delivering presentations, workshops held at the Town Council offices and Community Centre created space for people to talk, listen and connect. Residents, councillors and partners from health, housing and the voluntary sector gathered for conversation, not consultation.

Through these conversations, people shared what mattered most to them, the strengths they valued locally and the pressures facing their community. Together, they developed shared values focused on people and their strengths, building trust, doing what matters and supporting residents to become changemakers. These values went on to inform the Towyn and Kinmel Bay coproduction plan. As trust continued to grow, community members and service partners were able to reflect honestly on challenges such as communication gaps, shifting priorities and limited resources, while also recognising that siloed working was beginning to reduce and relationships were strengthening.

New voices emerged throughout the process. People who had not previously spoken in public settings contributed ideas, formed new connections and showed leadership. Partners reflected on how their roles needed to shift from directing activity to facilitating connection and working informally in familiar community spaces. Clear next steps were identified, including joint events, improved communication and more coordinated working. These conversations demonstrate how connection builds confidence, trust and momentum, one conversation at a time.

As people become more connected, communities are better equipped to take forward action. The next part of the story focuses on how communities move from conversations to action, by working together to shape solutions and using their assets to make lasting improvements to population health and wellbeing.

Key takeaways:

- Create the conditions and spaces for people to connect and spark new ideas
- Connecting people and organisations is essential for creating collective action

5. Mobilising strengths for health and wellbeing

Helping communities to take action on the things that matter most to them is an important part of ABCD. This is often called community mobilisation and can look very different depending on the local area, relationships and what communities identify as important. At its heart, mobilisation is about creating the conditions where people feel confident, supported, and empowered to make things happen together.

Here are some examples of what mobilisation could look like in practice (see appendix A for useful resources):



Local community-led activities:

Litter picking groups, gardening projects, arts and heritage groups, community cafés



Volunteering opportunities:

Sports coaching, befriending schemes, community health champions



Community networks:

Resident associations, school Parent and Teacher Associations (PTAs), multifaith groups



Co-design opportunities:

Public sector services working alongside communities to co-design health and wellbeing centres, local parks, schools and active travel routes



Multi-agency and community partnership groups:

Public, voluntary and community sector organisations and residents working together to act on local priorities, for example Community Alliance groups

Community mobilisation depends on residents and community groups taking ownership of issues that matter most to them. This means moving from traditional top-down approaches of 'doing to' communities towards approaches that focus on 'doing with' communities. Evidence shows that community mobilisation cannot rely on goodwill or volunteer energy alone. It works best when communities are supported through joined up partnership working, where public, voluntary and community sector organisations work together around shared priorities. Strong relationships with services, trusted local leadership and long-term proportionate investment are especially important in areas facing the greatest inequalities.[23]

A mobilised community can have a positive impact on population health. Benefits include improved mental wellbeing and sense of belonging, stronger social connections, improved access to support and local services, and greater resilience to external public health threats such as climate change or infectious diseases.[24]

Examples from North Wales highlight that mobilisation is a practical way of working that delivers meaningful change for communities. **The Venture in Caia Park,** Wrexham is a good example of how this approach can work at scale.[25] As a trusted community anchor for over four decades, The Venture has supported children, young people and families to play an active role in shaping their community. By working within the community's self-defined sense of place and building long-term, trusted relationships, staff, volunteers and residents act as connectors across families, schools, health and housing services. Children build confidence through play, young people take on leadership roles, and parents find practical and emotional support in a space where their experiences are respected. For one parent, the impact was immediate:

> "Usually she won't go anywhere without being by my side. At The Venture she leaps out of the car... eager to play and meet her friends."



This relational approach enables early conversations, strengthens involvement, and supports families who may be less likely to engage with statutory services. Intergenerational ownership and shared leadership have allowed community strengths to be mobilised over time, supporting prevention, resilience and improved wellbeing across generations. As Chief Officer Malcolm King reflected,

> "When a child pushes a twelve foot pole into the ground and thinks, 'I built that', it creates a powerful sense of ownership. For some families it's now grandparents saying, 'I built that; you can too.'... The greatest gift we can give children is the confidence that they can do things."

Mobilisation is also evident in peer-led approaches that build local capacity and leadership. The Empowering Parents Empowering Communities (EPEC) model provides an example of how mobilising lived experience can strengthen early intervention and reduce pressure on specialist services. In Flintshire, the **EPEC Autism programme** trains local parents as facilitators to support other families, creating sustainable peer-led networks for parents whose children have emerging or diagnosed neurodevelopmental needs.[26] Delivered through familiar Early Years Family Centres and strengthened through partnership working with Early Years CAMHS and learning development teams, the programme has expanded volunteer capacity and responded to increasing demand. Parents consistently describe increased confidence, reduced isolation and improved family relationships, demonstrating the value of mobilising parent strengths to improve outcomes for families.



> 'The group itself and the atmosphere were great. I found that I am not alone. I learnt to understand my child and how to deal with difficult situations'

Children, young people, and families working together at The Venture.

The Welsh Government Community by Design policy illustrates how prevention, early intervention and supported self-management can be delivered when services work alongside communities.[27] Working in a place-based way focuses on understanding what communities already have and how support can be organised to help people look after their health, wellbeing and local environment. Community by Design provides a framework for proportionate investment, ensuring that communities experiencing the greatest inequalities receive the level of support, capacity building and partnership working needed to achieve better outcomes.

Building local capacity through volunteering and community leadership is therefore an essential element of mobilising communities. By discovering and connecting local assets and supporting residents to use their skills and strengths to shape and lead local projects, communities can build confidence, redistribute power and create the conditions for sustainable, community-led change.

Key takeaways:

- Sustained and proportionate investment into local people and communities is needed to build capacity and mobilise change from the ground-up
- Mobilisation works best when cross-sector, multi-agency organisations come together and align around community priorities



Aerial view of
Wrexham University Campus

6. Building our future together





Communities across North Wales already hold enormous strengths, skills, knowledge, relationships, and a strong sense of care for one another. Every day, local people support neighbours, create opportunities, build connections, and respond to the things that matter most in their communities. Many people may not describe this as Asset Based Community Development (ABCD), but they are already working in ways that reflect its core principles, starting with strengths, building relationships, and supporting people to take the lead in shaping their communities.

The future lies in how we continue to work, learn, lead and drive change together. The examples throughout this report show that when local strengths are recognised and supported, communities can play a central role in improving wellbeing, strengthening connection, and reducing inequalities. The opportunity now is to make this way of working part of everyday practice across North Wales, so it becomes a core approach to prevention, wellbeing, and creating healthier communities.

Embedding ABCD requires shared leadership and a commitment to long-term change. It also requires courage. ABCD encourages organisations to shift power, listen carefully, and act only after understanding what matters locally. It relies on strong relationships between individuals, services, and communities. Throughout this report, we have highlighted examples from across North Wales where this is already happening in practice. These examples show that when organisations work alongside communities, the benefits can be far reaching, strengthening belonging, connection, confidence, and trust which are all important foundations for better health and wellbeing.

It is important to understand what difference ABCD approaches are making for people and communities, which can be captured through an evaluation. Evaluation helps us learn what is working well, what could be improved, and whether approaches are leading to meaningful and lasting change. A guide to help measure the impact of ABCD is provided in Appendix B. However, ABCD is not a solution for everything. It does not replace the need for long-term investment in housing, employment, transport, or the wider local economy.[28] If relied upon too heavily, it may overlook the real challenges some people face like poverty and lack of resources. There are also still differences in power between individuals, communities, and services. These inequalities need to be recognised and addressed to make sure approaches like ABCD work for everyone.[29]

North Wales will continue to build on the emerging learning from Denbighshire's journey as a Health Equity Marmot Place. As this work develops, strengthened community partnerships and place-based action will provide valuable insights into how community-centred approaches can help tackle inequalities at neighbourhood level.[2] Learning from organisations such as Medrwn Môn also highlights the importance of creating the conditions for community-owned solutions to grow, where local people, voluntary organisations, and statutory services work alongside one another as equal partners.[12] ABCD works best where communities are supported to lead change themselves, with organisations acting as enablers, connectors, and long-term partners rather than directing action from the top down.



This builds on the ambitions set out in last year's Public Health Annual Report, which highlighted the importance of creating strong foundations for health and wellbeing across North Wales. This included building fairer communities, strengthening community voices, creating healthy places, and embedding wellbeing across all areas of society. ABCD provides one important way of turning these ambitions into action by recognising the strengths that already exist within communities and supporting people and organisations to work differently together.

Throughout this report, we have highlighted the important work already taking place across North Wales to improve health and wellbeing through ABCD approaches. Embedding ABCD does not always require large-scale new programmes. Small changes in how people listen, connect, involve communities, and work together can make a significant difference (Appendix A).

Actions that different groups can take to maximise the benefit of ABCD approaches

Residents and Community Groups:



- Start a conversation with a neighbour or local resident
- Join a local community group
- Share your skills and time to support others in your community

Public Sector Organisations:



- Join local community groups and listen to their views and experiences
- Start with what's strong, not what's wrong
- Involve people in planning and decision making
- Upskill staff to work in an ABCD way
- Build in time to develop meaningful relationships

Third Sector and Voluntary Organisations:



- Provide safe spaces where residents and community groups can connect
- Act as a connector between residents and services
- Work closely with other third sector and voluntary organisations to avoid duplication

Strategic and Partnership Level:



- Work together around shared priorities
- Share data and learning across organisations
- Commit long-term investment and resource into ABCD

The evidence clearly demonstrates that community-centred and asset-based approaches work best when communities have the resources, support, and trusted relationships they need to flourish.[30] North Wales is already making progress through Actif North Wales, Place Shaping, and the experience and leadership of third sector organisations that have long worked in this way. The Regional Wellbeing, Prevention and Anchor Framework now provides an important opportunity to strengthen and scale this work across the region.

The examples and learning throughout this report show that ABCD is most effective when communities and organisations work together over the long term. To strengthen this approach across North Wales, organisations should work together to:

- **Commit to adopting and delivering the Regional Wellbeing, Prevention and Anchor Framework to build system readiness and enable long-term change**, as well as using the Regional Partnership Board's repository to share learning, celebrate notable practice, and grow a regional community of ABCD practice.
- **Commit to cross-sector, multi-agency working** through shared goals that align to community priorities.
- **Address inequality through proportionate approaches**, combining asset-based practice with targeted action for communities facing the greatest need, and building on the developing learning from Marmot Places, including Denbighshire.
- **Use ABCD within Health Impact Assessments** to ensure lived experience, local strengths, and community voices inform decisions about health and wellbeing.
- **Resource ABCD consistently** across the region to ensure communities have the conditions needed to mobilise their strengths.
- **Build cross-sector workforce capability** and confidence in ABCD through integrated training, reflective practice, and local learning networks.
- **Use mixed methods evaluation** approaches that capture process, health, equity, and economic outcomes, and that explore who benefits, who does not, and what can improve.

Now is the time for organisations across North Wales to work alongside communities as equal partners to build on local strengths, share power, and create the conditions for people and places to thrive. The future of health and wellbeing in North Wales will be shaped not only by services, but by the strength, connection, and leadership that already exists within our communities.



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References

1. Healthy Travel Wales. North Wales Healthy Travel Charter. Available from: https://www.healthytravel.wales/northwales.html.
2. Institute for Health Equity. Wales - A Marmot Nation. 2026. https://www.instituteofhealthequity.org/resources-reports/wales---a-marmot-nation.
3. Michael Marmot, Jessica Allen, Tammy Boyce, et al. Health equity in England: The Marmot Review 10 years on. 2020. https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on.
4. Welsh Government. Well-being of Future Generations (Wales) Act 2015: the essentials 2021. Available from: https://www.gov.wales/well-being-future-generations-act-essentials-html#60668 accessed 3rd January 2024.
5. Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 2010;7(7):e1000316. doi: 10.1371/journal.pmed.1000316
6. The Health Foundation. What builds good health? 2024. https://www.health.org.uk/features-and-opinion/features/what-builds-good-health.
7. Bagnall AM, South J, Kinsella K, et al. Community engagement approaches to improve health: a cross-case study analysis of barriers and facilitators in UK practice. *BMC Public Health* 2025;25(1):747. doi: 10.1186/s12889-025-21902-5
8. McElroy E, Ashton M, Bagnall AM, et al. The individual, place, and wellbeing - a network analysis. *BMC Public Health* 2021;21(1):1621. doi: 10.1186/s12889-021-11553-7
9. Betsi Cadwaladr University Health Board. Director of Public Health Annual Report 2025: Building Health. 2025. https://bcuhb.nhs.wales/about-us/key-documents/public-health/public-health-reports/director-of-public-health-annual-report-2025/building-health-report/.
10. Future Generations Commissioner for Wales. Well-being of Future Generations Act 2015. Available from: https://futuregenerations.wales/discover/about-future-generations-commissioner/future-generations-act-2015/.
11. World Health Organization. Ottawa Chater for Health Promotion. 1987. https://www.who.int/publications/i/item/WH-1987.
12. Medrwn Mon. Place Shaping Anglesey. 2025.
13. Betsi Cadwaladr University Health Board. Integrated Medium Term Plan 2025-28. 2025. https://bcuhb.nhs.wales/about-us/key-documents/health-board-wide-strategies-and-plans/three-year-plan-2024-27/integrated-medium-term-plan-2025-28/final-bcuhb-2025-28-imtp/.
14. ACTIF North Wales. Our projects. 2026
15. Russell C, McKnight J. The connected community: Discovering the health, wealth, and power of neighborhoods: Berrett-Koehler Publishers 2022.
16. Kretzmann JP, McKnight J. Building communities from the inside out. 1993
17. Welsh Government. A Healthier Wales: Our Plan for Health and Social Care 2021. https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf.

18. Outside Lives Ltd. Outside Lives. 2024. https://outsidelivesltd.org/.

19. Public Map. Community-made maps that turn lived experience into smarter, greener decisions. https://publicmap.org/en.

20. Organization WH. From loneliness to social connection: Charting a path to healthier societies: report of the WHO Commission on Social Connection. 2025

21. Hall CE, Wehling H, Stansfield J, et al. Examining the role of community resilience and social capital on mental health in public health emergency and disaster response: a scoping review. *BMC Public Health* 2023;23(1):2482.

22. Laing B. Putting Communities at the Heart of Transforming Outcomes 2025. https://bevancommission.org/wp-content/uploads/2026/01/Putting-Communities-at-the-Heart-of-Transforming-Outcomes-Brian-Laing-Sept-2025.pdf.

23. Ward S. Using theory-based evaluation to understand what works in asset-based community development. *Community development journal* 2023;58(2):206-24.

24. Evaluating community-led interventions to maximise the health and well-being of climate change adaptations for extreme events. NIHR School of Public Health Research Annual Scientific meeting; 2023.

25. The Venture Y Fenter. Supporting every child to achieve their full potential. Available from: https://www.theventure.wales/.

26. Flintshire County Council. Empowering Parents Empowering Communities. 2026

27. Primary Care One. Community by Design. https://primarycareone.nhs.wales/topics/community-by-design/.

28. Association LG. A glass half-full: 10 years on review: LGA, 2020.

29. Friedli L. 'What we've tried, hasn't worked': the politics of assets based public health. *Critical public health* 2013;23(2):131-45.

30. Ward S. Using theory-based evaluation to understand what works in asset-based community development. *Community Development Journal* 2021;58(2):206-24. doi: 10.1093/cdj/bsab046

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Appendix A: Useful resources

There are many resources mentioned throughout this document that readers may wish to explore further. This appendix brings together all of the resources discussed in the report.

General resources

- Public Health Annual Report: Building Health, BCUHB (2025) https://bcuhb.nhs.wales/about-us/key-documents/public-health/public-health-reports/director-of-public-health-annual-report-2025/building-health-report/
- North Wales Healthy Travel Charter - Healthy Travel Charter Standards for Wales | Transport for Wales
- Community by Design Policy, Welsh Government https://primarycareone.nhs.wales/topics/community-by-design/

Discovering what is strong in our communities

- Public Map platform https://publicmap.org/en
- East Suffolk Enabling Communities Toolkit https://www.eastsuffolk.gov.uk/community-initiatives/enabling-communities/east-suffolk-enabling-communities-model-and-toolkit
- Place-based learning resources, Sport England https://www.leadingthemovement.org/learning-and-resources/place-based-working/
- Good Life Conversation, Nurture Development - https://www.nurturedevelopment.org/goodlifeconversation/

Connecting people, assets, and purpose

- Co-production Network for Wales Knowledge Base https://info.copronet.wales/
- Participation Cymru Practitioners Toolkit for Community Engagement, WCVA https://wcva.cymru/wp-content/uploads/2020/11/Practitioners-manual-for-public-engagement.pdf

Mobilising strengths for health and wellbeing

- Community organising framework, Community Organisers
  https://www.corganisers.org.uk/what-is-community-organising/our-framework/
- Community Mobilisation: Unlocking the Potential of Community Power, New local
  https://www.newlocal.org.uk/publications/community-mobilisation-unlocking-the-potential-of-community-power/

Case studies

- Place Shaping, Medrwn Mon https://www.medrwnmon.org/copy-of-place-shaping
- Actif North Wales https://gogleddcymruactif.cymru/our-projects/
- Tywyn Library Llyfrgelloedd Gwynedd Library Official: Instagram, Facebook | Linktree
  link to one of the projects in Tywyn Library Taith Home Page
- Outside Lives, Mold https://outsidelivesltd.org/
- Stori Brymbo, Wrexham https://storibrymbo.co.uk/
- Joint project involving Actif North Wales, Grŵp Cynefin and Denbighshire County Council
  https://www.youtube.com/watch?v=n7arBfQO3T8&t=1s
- Towyn and Kinmel Bay https://bevancommission.org/wp-content/uploads/2026/01/Putting-Communities-at-the-Heart-of-Transforming-Outcomes-Brian-Laing-Sept-2025.pdf
- The Venture, Caia Park https://www.theventure.wales/
- EPEC Autism programme, Flintshire
  https://www.flintshire.gov.uk/en/Resident/Flintshire-Early-Years-and-Childcare/EPEC.aspx
- Outside Lives project, Flintshire Outside Lives Ltd

Appendix B: Understanding the impact of ABCD – Evaluation Approaches

Evaluating ABCD is not always straightforward. Every community is unique, and change can look different in each place. To understand whether a project helped (or didn't help) a community usually requires a variety of information to be reviewed. This may include numeric data (e.g. number of participants, costs, measurable changes over time), alongside people's experiences, stories, reflections, and feedback.

Asking simple questions

A useful starting point for communities and organisations is asking a few simple questions that help to understand both the activities delivered and wider impact on people and communities:

- **What did we do?**
- **Why did we do it?**
- **Who was involved?**
- **What difference did it make to people and our community?**
- **What helped change happen?**
- **What could be improved?**
- **What did it cost?**

Using numbers and stories together

To answer these questions, we need both:

- **Quantitative information**: numbers, participation data, and measurable changes over time
- **Qualitative information**: people's experiences, stories, reflections, and feedback

Looking at the numbers (quantitative information)

This helps us understand the scale and reach of activity. This might include:

- **How many** people took part
- **Who** participated (age, gender, where they live)
- **Attendance** and engagement over time
- **Number of activities** developed
- **New partnerships** or community groups formed
- **Changes in wellbeing,** confidence, social connection, or physical activity levels as rated by the participants
- **Costs** of delivering activities and support (overall and per person)

Listening to people's experiences (qualitative information)

This helps us understand what matters most to people and how change is experienced. Collecting feedback over time can also help understand whether changes lasted and whether new needs emerged. This might include:

- **Stories and lived experience:** Sharing real-life experiences in people's own words, through writing, audio, or video. These show how things have improved, like feeling more confident, connected, or being more involved in the community.
- **Group conversations:** Bringing people together to talk honestly about what worked, what didn't, and what could change.
- **Surveys:** Simple questionnaires can gather feedback before, during, and after activities. If questions allow people to write, people can explain things in their own way. These may include questions about confidence, sense of support, wellbeing, relationships, and what people found helpful or challenging.



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Bwrdd Iechyd Prifysgol
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Llanberis

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Defnyddio grym cymunedau i wella iechyd a lles







Darganfod

Cysylltu

Defnyddio cryfderau

Cynnwys

Rhagair 3
Diolchiadau 4
Crynodeb Gweithredol 5
1. Cyflwyniad: Pwy Ydym Ni, Beth Rydym yn ei Rannu, Beth Gallwn ni ei Wneud 7
Ein nod cyffredin 7
Ein poblogaeth 9
Our community assets 11
Beth sy'n siapio ein hiechyd 12
Gweithio gyda'n cymunedau 12
Datblygu Cymunedol sy'n Seiliedig ar Asedau (ABCD) 14
2. Sut mae gwneud ABCD 17
3. Darganfod Cryfderau ein Cymunedau 18
Deall beth sy'n gryf yn ein cymunedau 19
Sut gallaf ddeall yr asedau yn fy ardal leol? 20
Newid Rôl 21
4. Cysylltu pobl, asedau a phwrpas 23
5. Defnyddio cryfderau ar gyfer iechyd a lles 27
6. Adeiladu ein dyfodol gyda'n gilydd 31
Cyfeiriadau 36
Atodiad A: Adnoddau Defnyddiol 38
Atodiad B: Deall effaith ABCD – Dulliau Gwerthuso 40

Rhagair

Mae'n bleser gennyf gyflwyno'r adroddiad hwn, sy'n dangos y brwdfrydedd, y ddealltwriaeth a'r gofal y mae cymunedau ar draws Gogledd Cymru yn eu cyfrannu er mwyn gwella iechyd a lles.

Rwyf wedi gweithio mewn mannau sydd yn wynebu heriau sylweddol drwy gydol fy ngyrfa, ac rwyf wedi gweld yn gyson bod cymunedau yn ymateb gyda brwdfrydedd gwirioneddol pan fyddan nhw'n derbyn cefnogaeth ac ymddiriedaeth. Rwyf yn gwybod ei bod hi'n hanfodol bod gwasanaethau cyhoeddus yn gwrando, yn deall realiti bywydau pobl, ac yn gweithredu mewn ffyrdd sy'n codi hyder a chynnig cyfleoedd lleol. Mae cymunedau yng Ngogledd Cymru yn falch o'u hunaniaeth, ac yn llawn caredigrwydd a dyfeisgarwch. Ar hyn o bryd, mae nifer o ffactorau'n gosod pwysau ar iechyd, o'r galw cynyddol am gymorth ar gyfer ein poblogaeth hŷn, anghydraddoldebau cynyddol, a heriau economaidd-gymdeithasol ym mywydau bob dydd ein trigolion. Ond, mae ein profiadau ni'n dangos, gydag ymrwymiad i gadw pobl yn iach a pharodrwydd i weithio'n wahanol drwy bartneriaethau, y gallwn rymuso ein cymunedau i fyw'n dda.

Mae Datblygu Cymunedol sy'n Seiliedig ar Asedau yn ddull sy'n adeiladu ar y cryfderau sydd eisoes i'w gweld mewn cymunedau, ac sy'n deall ac yn gwrando ar yr hyn sydd bwysicaf i bobl leol. Mae'n annog gwasanaethau cyhoeddus i weithio gyda thrigolion yn hytrach na drostyn nhw, ac i greu'r gofod lle gall syniadau, perthnasoedd ac arweinyddiaeth leol ffynnu. Mae'r enghreifftiau yn yr adroddiad hwn yn dangos beth sy'n bosibl pan fydd y dull hwn yn cael ei weithredu o ddifrif. Gwelir pobl ifanc yn llunio blaenoriaethau yn Ynys Môn, rhieni yn cefnogi ei gilydd yn Sir y Fflint, a chymunedau yn Sir Ddinbych ac mewn mannau eraill yn creu atebion ymarferol sy'n gwella bywyd bob dydd.

Mae Gogledd Cymru mewn sefyllfa ddelfrydol i adeiladu ar y gwaith hwn. Bydd y Fframwaith Rhanbarthol ar gyfer Lles, Atal ac Angori ymrwymiad i atal, tystio a phartneriaethau, ynghyd â pharodrwydd i weithio'n wahanol yn ein galluogi i wneud y mwyaf o'r cyfleoedd i'n cymunedau fyw'n dda. Mae sylfaen gref ar gyfer newid parhaol, ac mae ffaith bod Sir Ddinbych wedi llwyddo i ddod yn ardal Marmot yn cryfhau ymhellach ein cyfleoedd a'n hymrwymiad i leihau anghydraddoldebau. Fy ngobaith yw bod yr adroddiad hwn yn ysbrydoli cydweithredu, chwilfrydedd a hyder parhaus. Gyda'n gilydd, gallwn gefnogi pob cymuned i adeiladu ar ei chryfderau a llunio dyfodol iachach.

Dr Jane Moore
Cyfarwyddwr Gweithredol Iechyd Cyhoeddus, Bwrdd Iechyd Prifysgol Betsi Cadwaladr



Diolchiadau

Mae Adroddiad Blynyddol Iechyd Cyhoeddus Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn adroddiad annibynnol gan y Cyfarwyddwr Iechyd Cyhoeddus yng Ngogledd Cymru.

Hoffem ddiolch i bawb a roddodd o'u hamser, eu harbenigedd a'u dealltwriaeth i helpu i lunio'r adroddiad eleni. Mae eich cefnogaeth wedi bod yn hanfodol er mwyn sicrhau ein bod yn adlewyrchu lleisiau, profiadau a blaenoriaethau cymunedau ar draws Gogledd Cymru.

Awduron yr adroddiad

- **Adelle Stopher**, Uwch-ymarferydd Iechyd Cyhoeddus BIPBC
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Promenâd Llandudno

Crynodeb Gweithredol



Mae Gogledd Cymru yn ardal â chryfderau rhyfeddol. Mae ei chymunedau, ei thirweddau a'i hunaniaeth ddiwylliannol yn cynnig sylfaen gadarn ar gyfer iechyd a lles.

Eto i gyd, nid yw'r cryfderau hyn i'w gweld yn gyfartal. Mae pobl mewn rhai ardaloedd yn byw bywydau hir ac iach, tra bod eraill yn wynebu heriau sy'n ei gwneud hi'n anodd sicrhau iechyd da.

Mae'n ardal lle mae'r boblogaeth yn heneiddio, lle mae angen cynyddol am gymorth iechyd a lles hirdymor, ac anghydraddoldebau cynyddol o ran disgwyliad oes, blynyddoedd o fywyd iach, a chysylltiadau cymdeithasol. Mae'r pwysau hwn yn galw am ffordd wahanol o weithio, un sy'n dechrau gyda chymunedau a'r cryfderau sydd eisoes yn bodoli ym mhob lleoliad.



Mae Datblygu Cymunedol sy'n Seiliedig ar Asedau (Asset Based Community Development, ABCD) yn cynnig ffordd o wneud hyn. Mae ABCD yn dechrau drwy gydnabod bod gan bob cymuned wybodaeth, perthnasoedd, sgiliau a gobeithion a all lunio newid lleol. Yn hytrach na chanolbwyntio ar anghenion yn unig, mae ABCD yn dangos beth yw'r cryfderau, yn cefnogi pobl i gysylltu, ac yn helpu cymunedau i arwain y camau gweithredu sydd bwysicaf iddyn nhw. Nid yw'r syniadau hyn yn newydd. Maen nhw'n adeiladu ar ddegawdau o dystiolaeth ryngwladol a thystiolaeth o'r DU sy'n dangos bod grymuso yn gwella lles meddyliol, yn cryfhau cysylltiadau cymdeithasol, ac yn hybu canlyniadau iechyd tecach. Mae Cymru wedi cofleidio'r cyfeiriad hwn drwy ddod y Genedl Marmot gyntaf, ac yng Ngogledd Cymru, mae Sir Ddinbych wedi dod yn 'Lleoliad Marmot'.

Mae'r adroddiad hwn yn adeiladu ar Adroddiad Blynyddol y llynedd, sef 'Adeiladu Iechyd', drwy archwilio elfennau craidd ABCD wrth ddarganfod yr asedau, y straeon a'r profiadau bywyd o fewn pob cymuned. Gall cysylltu pobl â'i gilydd helpu i feithrin ymddiriedaeth a phwrpas, a gall ysgogi trigolion i weithredu ar eu syniadau i arwain newid. Ar draws Gogledd Cymru, mae cymunedau, gwasanaethau cyhoeddus a sefydliadau partner eisoes yn rhoi ABCD ar waith.

Mae enghreifftiau'n cynnwys y rhaglen Llunio Lle dan arweiniad Medrwn Môn ar Ynys Môn, lle mae Cynghreiriau Cymunedol yn cefnogi gwneud penderfyniadau dan arweiniad trigolion; gwaith AGogledd Cymru Actif gyda phobl ifanc yn Ninbych Uchaf sy'n dangos sut y gall cysylltiadau a phartneriaethau ysgogi gweithredu lleol; a gweithredu hirdymor drwy 'Y Fenter' yn Wrecsam, sy'n dangos sut y gall buddsoddiad parhaus mewn lleoliad penodol gefnogi gwaith atal ar raddfa fawr. Mae'r enghreifftiau hyn i gyd yn dangos pan gefnogir pobl i ddarganfod cryfderau, i gysylltu er mwyn pwrpas cyffredin, a gweithredu gyda'i gilydd, bod newid yn dod yn fwy cynaliadwy ac ystyrlon.

Er mwyn gwreiddio ABCD ar draws Gogledd Cymru, mae angen i'r rhanbarth weithio fel system integredig i helpu cymunedau i ffynnu. Mae hyn yn galw ar sefydliadau i ddangos ymrwymiad strategol i nodau ac atebion cyffredin; datblygu gweithlu hyderus a medrus sy'n cefnogi cymunedau; a darparu adnoddau cyson, gan gynnwys ymrwymo i ffyrdd o ehangu prosiectau sydd wedi'u profi i fod yn effeithiol. Bydd y ffactorau'n galluogi hyn yn helpu i sicrhau bod lleisiau y gymuned yn ganolog i benderfyniadau lleol a bod dulliau sy'n seiliedig ar gryfderau yn dod yn rhan o arferion bob dydd.

Bydd dyfodol iechyd a lles yng Ngogledd Cymru yn dibynnu ar ba mor effeithiol y bydd gwasanaethau, cymunedau a sefydliadau yn cydweithio. Mae ABCD yn cynnig ffordd o adeiladu'r dyfodol hwnnw o'r gwaelod i fyny, trwy rannu pwrpas, perthnasoedd cryf a'r cryfderau sydd eisoes yn bodoli ym mhob lleoliad.







1. Cyflwyniad: Pwy Ydym Ni, Beth Rydym yn ei Rannu, Beth Gallwn ni ei Wneud

Mae Gogledd Cymru yn rhanbarth sy'n gyfoethog o ran asedau naturiol, cymunedau bywiog a hunaniaeth lleol cryf. O'r arfordir hardd a'r parc cenedlaethol, diwylliant Cymreig bywiog ac economi amrywiol, mae gan y rhanbarth lawer o gryfderau. Fodd bynnag, nid yw pawb yn elwa ar yr asedau hyn yn yr un ffordd. Mae hyn wedi arwain at wahaniaethau y gellid eu hosgoi o ran iechyd a lles ar draws y rhanbarth.

Er bod rhai pobl yng Ngogledd Cymru yn mwynhau iechyd da, mae eraill yn wynebu heriau dyddiol sy'n ei gwneud hi'n anodd byw'n dda. Mewn rhai cymunedau, mae anghydraddoldebau wedi cynyddu dros amser. Mae'r man lle mae pobl yn byw yn dylanwadu'n gryf ar ba mor hir a pha mor dda y maent yn byw, ac mae llawer o bobl mewn cymunedau tlotach yn treulio mwy o flynyddoedd yn byw eu bywydau mewn iechyd gwael. Ni all un gwasanaeth unigol fynd i'r afael â hyn ar ei ben ei hun; mae angen i sefydliadau gydweithio ar draws y system gyfan ac ochr yn ochr â chymunedau, gan fanteisio ar gryfderau lleol a phrofiad bywyd.

Dyna pam mae sefydliadau ar draws Gogledd Cymru eisoes yn dechrau cydweithio mewn ffordd wahanol.

Ein nod cyffredin

Mae sefydliadau yn y sectorau cyhoeddus, gwirfoddol a chymunedol yng Ngogledd Cymru wedi cydweithio i gyd-gynhyrchu **Fframwaith Lles, Atal ac Angor Rhanbarthol** gyda nod cyffredin:

> "Helpu pawb yng Ngogledd Cymru i fyw bywydau hirach ac iachach, a lleihau'r bwlch rhwng y rhai sy'n ffynnu a'r rhai nad ydynt yn ffynnu".

Mae'r Fframwaith yn ceisio cyflawni'r nod hwn dros y ddeng mlynedd nesaf drwy ddylanwadu ar achosion sylfaenol iechyd gwael, lles gwael ac anghydraddoldebau, a thrwy adeiladu ar gryfderau cymunedau ar draws Gogledd Cymru.



Stryd Fawr Llanberis

Mae'r **Fframwaith** yn cynnwys dau offeryn cymorth y gall sefydliadau ar draws pob sector eu defnyddio i gryfhau eu gwaith ym maes lles ac atal, sef:

- **Saith Cenhadaeth Atal** sy'n mynd i'r afael â'r ffactorau ehangach sy'n dylanwadu ar iechyd, megis tai, addysg, cyflogaeth a'r amgylchedd. Archwiliwyd pob cenhadaeth gyda nifer o randdeiliaid o'r sector cyhoeddus a'r trydydd sector er mwyn cyd-gynhyrchu camau gweithredu effaith uchel y gall sefydliadau a phartneriaethau ar draws Gogledd Cymru ymrwymo i'w cyflawni.
- **Siarter Angor Ranbarthol** sy'n nodi sut y gall sefydliadau sy'n gweithredu mewn lleoliadau penodol, megis Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC), Awdurdodau Lleol, asiantaethau eraill y Sector Cyhoeddus a sefydliadau'r trydydd sector, ddefnyddio eu rolau i wella iechyd a lles y boblogaeth y maent yn ei gwasanaethu.

Gall sefydliadau angor ddylanwadu ar iechyd a lles drwy:

- eu rôl o ran cefnogi cymunedau a'u gallu i'w cynnwys wrth wneud penderfyniadau,
- y ffordd y maen nhw'n cyflogi pobl ac yn gofalu am eu gweithlu,
- sut a ble y maen nhw'n prynu nwyddau a gwasanaethau,
- lleihau eu heffaith amgylcheddol, a'r
- ffordd y maen nhw'n defnyddio eu hadeiladau a'u tir.


Bala Lake

Mae'r Fframwaith yn adeiladu ar y gwersi a ddysgwyd o **Siarter Teithio Llesol Gogledd Cymru**, a ddangosodd sut ysgogwyd gweithredu ar y cyd gan gyd-gynhyrchu, dyluniad syml, ffocws ar gamau gweithredu clir, a hunanasesiad.[1]

Mae'r Fframwaith yn ymgorffori Egwyddorion Marmot, a seilir ar dystiolaeth gref ynghylch sut i leihau anghydraddoldebau iechyd. Mae'r egwyddorion hyn yn cydnabod y dylai pawb gael mynediad at gymorth, ond bod angen mwy o gymorth ar bobl sy'n wynebu'r anfantais fwyaf.[2 3] Mae'r Fframwaith hefyd yn rhoi pwyslais cryf ar weithio gyda chymunedau, sy'n bwysig er mwyn mynd i'r afael ag atal a gwella llesiant. Mae tystiolaeth yn dangos bod cynnwys cymunedau yn gofyn am amser, buddsoddiad ac ymrwymiad hirdymor, yn ogystal â newid diwylliannol. Drwy hynny, gallwn greu'r amodau lle gall cymunedau ffynnu a byw bywydau iachach a hirach.

Mae'r Fframwaith hefyd wedi'i wreiddio mewn polisi cenedlaethol, yn enwedig Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru).[4] Cydnabyddir y Ddeddf ledled y byd fel darn unigryw o ddeddfwriaeth sy'n canolbwyntio ar ddiwallu anghenion llesiant pobl heddiw tra'n diogelu llesiant cenedlaethau'r dyfodol.

Ein poblogaeth

Mae pobl yng Ngogledd Cymru yn byw yn hirach na'u cyndeidiau. Fodd bynnag, nid yw bywyd hirach bob amser yn golygu bywyd iachach.

Mae llawer o bobl bellach yn treulio mwy o flynyddoedd yn byw gyda chyflyrau hirdymor, iechyd meddwl gwael, anableddau neu boen cronig. Mae hyn yn arbennig o wir yn ein cymunedau mwyaf difreintiedig, lle mae pobl yn profi iechyd gwaeth yn gynt ac am gyfnod hirach.

Nid yr henoed yn unig a effeithir. Mae niferoedd cynyddol o oedolion o oedran gweithio hefyd yn byw gyda phroblemau iechyd sylweddol sy'n effeithio ar fywyd bob dydd, cyflogaeth, diogelwch ariannol a llesiant. Mae hyn yn creu pwysau cynyddol ar unigolion, teuluoedd, cymunedau a gwasanaethau cyhoeddus.

Ciplun o'r boblogaeth – ein poblogaeth, sy'n heneiddio, yng Ngogledd Cymru



692,000

o bobl yn byw yng Ngogledd Cymru



Bron i **chwarter** y trigolion yn **65 oed neu'n hŷn**

(cyfartaledd Cymru 22%)

Disgwylir **34,000** yn fwy o bobl dros **65** oed erbyn 2040

Gall y lle mae pobl yn byw gael dylanwad sylweddol ar eu hiechyd a'u lles. Yng Ngogledd Cymru, mae dynion sy'n byw yn yr ardaloedd mwyaf difreintiedig yn gymdeithasol ac yn economaidd yn treulio mwy na 12 mlynedd yn llai mewn iechyd da o gymharu â'r rhai yn yr ardaloedd lleiaf difreintiedig. I fenywod, mae'r bwlch yn bron i 11 mlynedd. Mae hyn yn golygu bod llawer o bobl mewn cymunedau tlotach yn treulio rhan sylweddol o'u bywydau yn delio â salwch neu anabledd y gellid yn aml eu hatal. Mae'r gwahaniaethau hyn yn annheg, yn rhai y gellir eu hosgoi, ac wedi'u cysylltu'n agos â'r amodau lle mae pobl yn cael eu geni, yn tyfu, yn byw ac yn gweithio.

Y bwlch o ran disgwyliad oes a disgwyliad oes iach rhwng cymunedau mwyaf a lleiaf difreintiedig yn Ngogledd Cymru

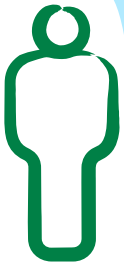
Mae disgwyliad oes iach yn cyfeirio at nifer y blynyddoedd y gall pobl ddisgwyl byw mewn iechyd da.

Disgwyliad oes

7.2 mlynedd yn fyrrach

Disgwyliad oes iach

12.2 mlynedd yn llai o flynyddoedd iach



Disgwyliad oes

5.7 mlynedd yn fyrrach

Disgwyliad oes iach

10.9 mlynedd yn llai o flynyddoedd iach



Mae cysylltiadau cymdeithasol cryf yn hanfodol ar gyfer iechyd a lles da. Ac eto mae llawer o bobl ledled Gogledd Cymru mewn perygl cynyddol o wynebu unigrwydd ac unigedd.

Mae tua un o bob tair aelwyd yng Ngogledd Cymru yn aelwyd un unigolyn, ac mae llawer o bobl hŷn yn byw ar eu pen eu hunain. Er nad yw byw ar eich pen eich hun bob amser yn golygu bod rhywun yn unig, mae unigedd cymdeithasol yn gysylltiedig â diffyg llesiant meddwl, colli annibyniaeth yn gynt, risg uwch o ddementia, a mwy o ddefnydd o wasanaethau gofal iechyd brys.

Mae ymchwil hefyd yn dangos y gall unigedd cymdeithasol hirhoedlog fod yr un mor niweidiol i iechyd ag ysmygu 15 sigarét y dydd.[5] Felly nid yw gwella lles a chysylltiad cymdeithasol yn rhywbeth "ychwanegol" - mae'n rhan greiddiol o wella iechyd y boblogaeth.



Llangollen

Ciplun o unigedd cymdeithasol yng Ngogledd Cymru

Mae un mewn tri



yn aelwyd un unigolyn

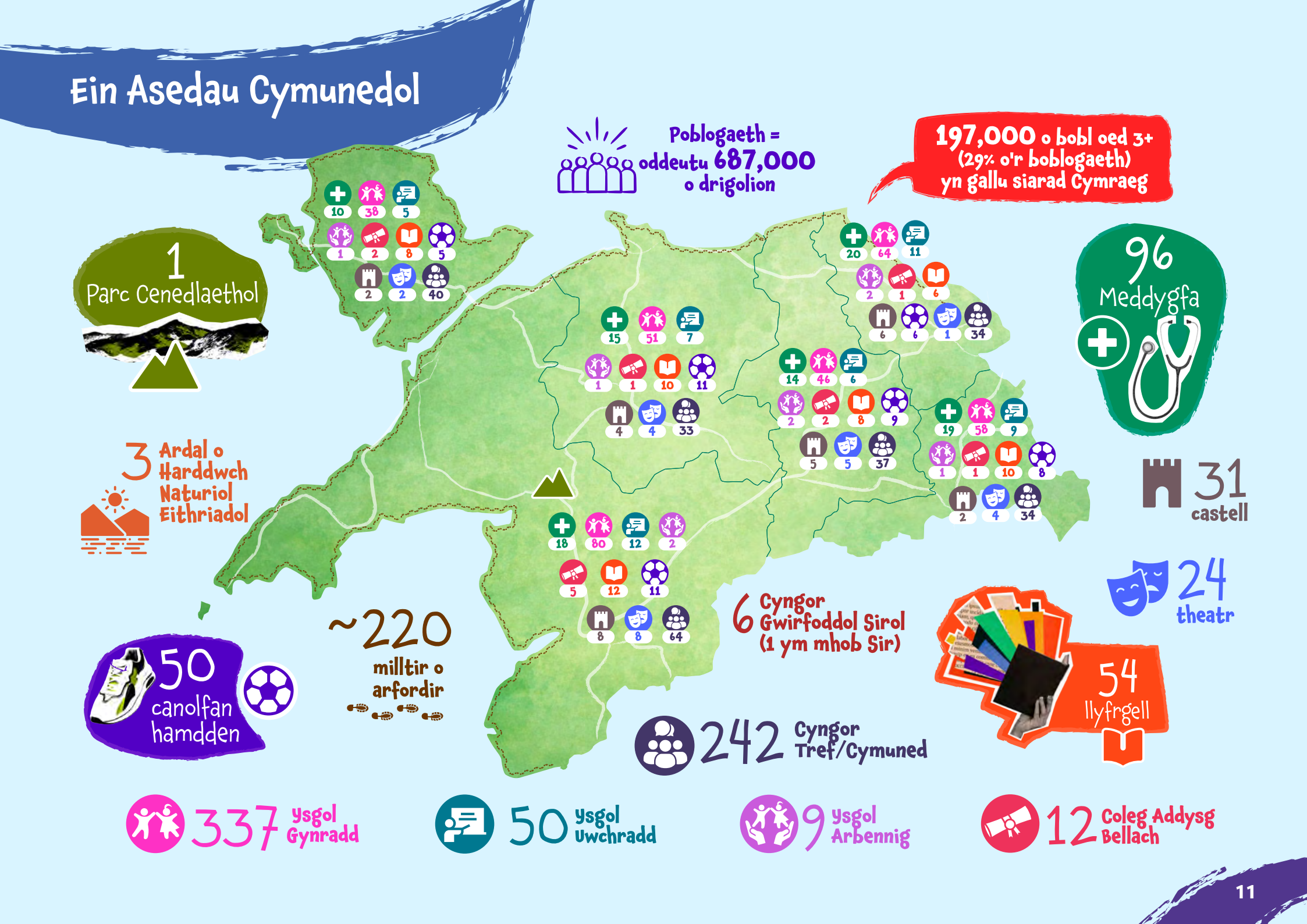
16% o bobl **66 oed neu hŷn** yn byw ar eu pennau eu hunain



Risg uwch o achosion o iechyd meddwl gwael, dementia a defnydd brys o'r ysbyty yn gysylltiedig ag unigedd cymdeithasol

Wrth i boblogaeth Gogledd Cymru heneiddio, bydd cefnogi pobl i aros yn gysylltiedig, yn actif, ac yn rhan o'u cymunedau yn dod yn fwyfwy pwysig ar gyfer llesiant ac atal.

Ein Asedau Cymunedol



Beth sy'n siapio ein hiechyd

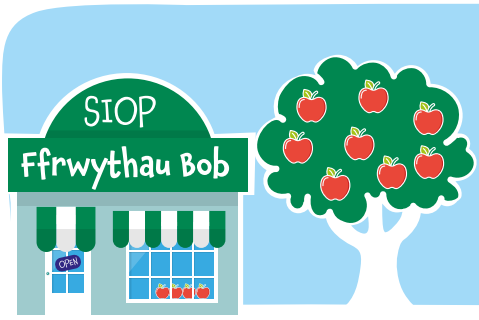
Mae'r rhan fwyaf o'n hiechyd yn cael ei siapio ymhell cyn i ni ddefnyddio gwasanaethau gofal iechyd. Y mannau lle rydym wedi ein geni, yn tyfu, yn byw, yn gweithio ac yn heneiddio yw'r pethau sy'n cael y dylanwad mwyaf ar ein hiechyd. Gelwir y rhain yn aml yn "flociau adeiladu iechyd".[6] Pan nad oes gan bobl fynediad cyfartal i flociau adeiladu iechyd, gall hyn arwain at wahaniaethau o ran hyd oes pobl, eu hiechyd, a pha mor gysylltiedig y maen nhw ag eraill. Mae mynd i'r afael â'r materion hyn yn ganolog i wella iechyd a lles y boblogaeth dros y degawd nesaf.

Blociau Adeiladu Iechyd



Gweithio gyda'n cymunedau

Mae ymgysylltu â chymunedau yn galluogi pobl i gael dweud eu dweud ar y pethau sydd bwysicaf iddynt. Mae hyn yn fwy na gofyn am farn pobl yn unig, mae'n golygu eu bod yn cael eu cynnwys fel partneriaid cyfartal. Mae grymuso cymunedau yn adeiladu ar hyn drwy gefnogi unigolion a chymunedau i weithredu ar y materion sydd bwysicaf iddyn nhw.



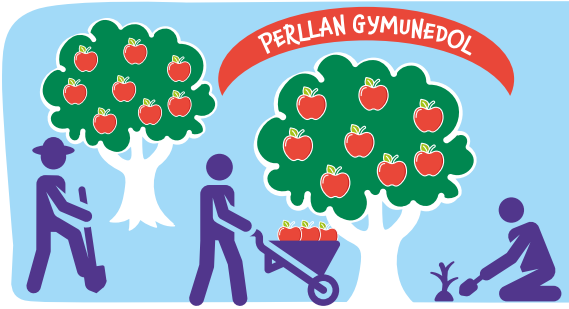
Addysgu / Rhoi Gwybodaeth

Gwneud i
Pobl yn dderbynnwyr goddefol o wasanaeth



Ymgynghori / Ymgysylltu

Gwneud ar gyfer
Ymgysylltu a chynnwys pobl



Cyd-gynhyrchu / Cyd-ddylunio

Gwneud gyda
Mewn partneriaeth gyfartal a chydfuddiannol

Wrth fynd i'r afael â sylfeini iechyd, mae tystiolaeth yn dangos bod pobl yn iachach pan fyddant yn helpu i lunio'r atebion sy'n effeithio arnynt.

Gall gweithio gyda chymunedau, yn hytrach na dim ond eu hysbysu, wella iechyd meddwl, gwneud gwasanaethau'n haws eu cyrchu, a lleihau anghydraddoldebau.[7] [8] Amlygwyd pwysigrwydd gweithio yn y ffordd hon yn Adroddiad Blynyddol Iechyd Cyhoeddus BIPBC y llynedd: Adeiladu Iechyd; BIPBC Adrodddiad Blynyddol 2025 a dynnodd sylw at rôl ymgysylltu â chymunedau a dulliau dan arweiniad cymunedol wrth lunio iechyd a lles da.[9] Yn yr adroddiad hwn, rydym yn adeiladu ar yr uchelgeisiau a nodwyd yn adroddiad y llynedd, gan gynnwys gweithio gyda'n gilydd i leihau anghydraddoldebau a sicrhau bod gwasanaethau'n adlewyrchu ac yn adeiladu ar asedau a chryfderau pobl ac ardaloedd lleol. Mae cynnydd yn cael ei wneud drwy ddatblygu a chyflwyno'r Fframwaith Lles, Atal ac Angor Rhanbarthol.

Mae ymgysylltu â chymunedau yn rhan allweddol o bolisi cenedlaethol. Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) a'i "Ffyrdd o Weithio" (Ffigwr 2) yn cydnabod y rôl bwysig y gall cymunedau ei chwarae wrth wneud penderfyniadau ar y cyd ar draws sefydliadau'r sector cyhoeddus.[10]

Pum Ffordd o Weithio Deddf Llesiant Cenedlaethau'r Dyfodol. Ffigwr wedi'i atgynhyrchu.[10]



Mae hyn yn adlewyrchu'r newid tuag at fwy o ymgysylltu â chymunedau a'u grymuso wrth lunio gwasanaethau a chanlyniadau sy'n effeithio arnynt. Cefnogir yr ymagwedd hon gan dystiolaeth gref o'r DU ac yn rhyngwladol. Gosododd *Siarter Ottawa* (1986) grymuso cymunedau fel sylfaen ar gyfer gwella iechyd, a nododd *Adolygiadau Marmot* (2010, 2020) fod grymuso cymunedau yn hanfodol ar gyfer lleihau anghydraddoldebau.[3] [11]

Mae cynnwys a grymuso cymunedau yn cael eu rhoi ar waith yn gynyddol ar hyd a lled Cymru. Mae tair ardal, gan gynnwys **Sir Ddinbych yng Ngogledd Cymru**, bellach yn cael eu cydnabod fel Lleoliadau Marmot.[2] Bydd yr ardaloedd hyn yn derbyn cefnogaeth i'w gwneud hi'n haws i'r bobl sydd angen hynny fwyaf, gael mynediad at gymorth, ddefnyddio sgiliau, cryfderau ac asedau lleol, a lledaenu dysgu ledled y wlad.

Cydnabyddir yn eang na all heriau anodd gael eu datrys gan wasanaethau yn unig. Mae symudiad cynyddol tuag at gwestiynau sy'n seiliedig ar gryfderau fel:

- Beth sy'n bwysig i ni?
- Pa gryfderau sydd gennym ni?
- Beth allem ni ei adeiladu gyda'n gilydd?

Mae hyn yn golygu symud i ffwrdd o weithio *ar ran* cymunedau i weithio *gyda* nhw. Mae'r dulliau hyn yn meithrin cydlyniant cymdeithasol a gwydnwch mewn ffyrdd na all darpariaeth 'o'r brig i lawr' wneud.

Datblygu Cymunedol sy'n Seiliedig ar Asedau (ABCD)

Mae Datblygu Cymunedol sy'n Seiliedig ar Asedau (ABCD) yn ffordd o sicrhau bod cynhwysiant a grymuso cymunedol yn cael ei roi ar waith. Mae ABCD eisoes yn cael ei ddefnyddio gan gymunedau a sefydliadau ledled Gogledd Cymru i hybu gweithredu dan arweiniad y gymuned a lleihau anghydraddoldebau mewn iechyd a lles.

Mae ABCD wedi'i seilio ar y gred bod gan bob cymuned gryfderau, gwybodaeth ac asedau. Yn hytrach na chanolbwyntio ar y problemau a'r hyn sydd ar goll, mae'n dechrau gyda'r hyn sydd eisoes yno ac yn blaenoriaethu gweithio *gyda* chymunedau, yn hytrach na gweithio *iddyn* nhw. Yn ymarferol, mae hyn yn golygu gwrando ar yr hyn sy'n bwysig i bobl, gwneud penderfyniadau gyda'n gilydd, a magu hyder ac ymddiriedaeth rhwng cymunedau a gwasanaethau. Drwy alluogi pobl i arwain newid yn lleol a mynd i'r afael â materion yn gynt, gallwn wella canlyniadau iechyd a lles i bawb, yn enwedig y rhai sydd fwyaf tebygol o ddioddef iechyd gwaeth.

Gwelir y ffordd hon o weithio eisoes ar Ynys Môn, lle mae dulliau sydd wedi'u seilio ar leoedd wedi dangos sut y gall rhannu pŵer ac adeiladu perthnasoedd rhwng gwasanaethau a thrigolion ddatgloi potensial cymunedol.

Trwy'r rhaglen **Llunio Lleoedd ar Ynys Môn**, mae trigolion, grwpiau cymunedol, cynghorwyr sir, busnesau lleol a sefydliadau trydydd sector wedi ffurfio **"Cynghreiriau Cymunedol"** i greu ffyrdd newydd o gydweithio (Ffigwr 3).12 Drwy gynnwys trigolion o'r cychwyn cyntaf, mae pob Cynghrair wedi nodi blaenoriaethau lleol drwy sgyrsiau agored ac wedi defnyddio cronfa sbarduno i droi syniadau yn gamau ymarferol. Cymunedau sy'n penderfynu beth sydd bwysicaf a sut y dylai newid ddigwydd.



Cynghreiriau Cymunedol, Ynys Môn

Llwybr yr arfordir rhwng Bae Crigyll a Bae Aberffraw ar Ynys Môn.



Llunio Dyfodol Môn Gyda'n Gilydd: Cymunedau wrth Galon Newid

Ym **Mro'r Llynnoedd**, rhannodd dros 200 o bobl ifanc eu barn, gan lunio prosiectau newydd yn eu cymuned a chryfhau arweinyddiaeth leol. Disgrifiodd un unigolyn ifanc y gwahaniaeth roedd cael eu clywed wedi gwneud:

> "Dywedon nhw wrthym eu bod nhw eisiau i'r Gynghrair ddod i'r ysgol bob blwyddyn i siarad am syniadau gyda nhw...a sut y gall pobl ifanc gymryd rhan."

Mae'r ffordd hon o wneud penderfyniadau ar y cyd wedi meithrin ymddiriedaeth, hyder a chapasiti ar draws yr Ynys. Ac yng Nghrigyll, cyd-ddyluniodd trigolion trafnidiaeth gymunedol ar ôl i doriadau i wasanaethau bysiau lleol olygu bod pobl wedi'u hynysu. Trwy weithio gyda'i gilydd, fe wnaethon nhw adfer cysylltiadau hanfodol, gan hybu annibyniaeth a mynediad at wasanaethau hanfodol.

Fel yr eglurodd un preswylydd:

> "Rydw i wedi bod mor ynysig ers i'r gwasanaeth bysiau ddod i ben. Bydd cael trafnidiaeth sydd yn cysylltu â'r gwasanaethau bysiau yn rhoi fy annibyniaeth yn ôl i mi."





Mae ABCD hefyd yn cefnogi gwelliannau mewn lles a chysylltiad ar draws cenedlaethau. Ym Mro'r Llynnoedd, bu pobl ifanc yn llunio cynlluniau ar gyfer ailddatblygu Parc Mwd, a arweiniodd at greu cyfleusterau awyr agored newydd sy'n annog gweithgaredd corfforol a chysylltiad aml-genhedlaeth. Yn RAF Fali, mae cyfarfodydd cymdeithasol cynnes i drigolion 75 oed a throsodd sydd yn darparu bwyd, cwmni, a lle diogel, cynnes yn ystod misoedd y gaeaf. Yn Lligwy, daeth gwirfoddolwyr, plant ysgol a thrigolion hŷn ynghyd i greu gardd gymunedol, gan gryfhau perthnasoedd a gwella bywyd y pentref.

Mae'r camau bach ond pwysig hyn yn dangos sut mae ABCD yn creu momentwm trwy helpu pobl i weld bod newid yn bosibl a bod y newid hwnnw yn perthyn iddyn nhw. Dyma ddywedodd un arweinydd lleol:

> "Mae'r hyn yr ydym yn ei weld ledled Ynys Môn yn newid pwysig. Nid dim ond gofyn am farn cymunedau sy'n digwydd mwyach; nhw sydd yn arwain y gwaith, yn gosod blaenoriaethau, ac yn llunio atebion sy'n addas i'w bywydau. Mae Llunio Lleoedd wedi dangos i ni fod newid go iawn yn digwydd pan fyddwn yn ymddiried mewn pobl leol, yn buddsoddi mewn perthnasoedd, ac yn rhannu grym. Nid prosiect dros dro yw hwn; mae'n ymrwymiad hirdymor i weithio'n wahanol, ochr yn ochr â'r cymunedau yr ydym yn eu gwasanaethu."
>
> **Lyndsey Camphell – Williams Prif Swyddog, Medrwn Môn**

Mae ABCD yn cefnogi blaenoriaethau lleol, rhanbarthol a chenedlaethol allweddol o ran atal, lleihau anghydraddoldebau iechyd, llesiant iechyd meddwl, gofal sylfaenol a chymunedol, a gweithio mewn partneriaeth.[13] Drwy wrando ar gymunedau, cryfhau cysylltiadau lleol, a gweithredu'n gynharach, mae ABCD yn helpu i greu Gogledd Cymru tecach ac iachach.

Mae'r adroddiad hwn yn dechrau gyda chymunedau a sefydliadau'n cydweithio mewn ffordd wahanol. Pan fydd hyn yn digwydd, mae hyder yn cynyddu, mae cysylltiadau'n dyfnhau, ac mae cymunedau'n arwain newid. Mae'r penodau sy'n dilyn yn archwilio pam mae ABCD yn bwysicach nag erioed erbyn hyn, sut mae Gogledd Cymru eisoes yn defnyddio'r dull hwn, a sut y gall sefydliadau statudol wneud ABCD yn ffordd greiddiol o weithio ochr yn ochr â'r cymunedau y maent yn eu gwasanaethu.

Prif gasgliadau:

- Canolbwyntio ar atal a gweithredu cynnar
- Creu'r amodau ar gyfer arweinyddiaeth gymunedol drwy gynhwysiant a buddsoddi lleol
- Defnyddio cronfeydd sbarduno yn hyblyg ac yn gymesur i alluogi cymunedau i brofi syniadau newydd a gweithredu o gwmpas yr hyn sydd bwysicaf iddynt



Hen Dref Conwy

2. Sut mae gwneud ABCD

Mae ABCD yn cefnogi cymunedau i gymryd yr awenau wrth lunio'r hyn sydd bwysicaf iddyn nhw. Mae'n cynnwys dulliau cylchol bach y gall cymunedau a sefydliadau eu haddasu ar gyfer gwahanol leoedd a blaenoriaethau.

Mae ABCD yn ceisio:

Darganfod y sgiliau, y cryfderau a'r asedau ym mhob ardal, gan greu darlun o'r hyn sydd gan y gymuned eisoes a'r hyn sy'n bwysig iddi.

Cysylltu trigolion, grwpiau a gwasanaethau cymunedol er mwyn meithrin ymddiriedaeth, cryfhau perthnasoedd a chreu'r sylfeini ar gyfer gweithredu ar y cyd.

Ysgogi pobl leol a sefydliadau cymunedol, gan ddarparu'r gefnogaeth a'r adnoddau sydd eu hangen arnynt i arwain wrth weithredu ar y materion sydd bwysicaf iddynt.



Llwybr Arfordir Gogledd Cymru, Fflint

Yng Ngogledd Cymru, mae enghreifftiau ymarferol o sut mae'r egwyddorion hyn yn cael eu rhoi ar waith eisoes. Fel rhan o ddull sy'n ystyried y system gyfan ac yn canolbwyntio ar leoliad i gynyddu gweithgarwch corfforol, mae Gogledd Cymru Actif wedi datblygu fframwaith syml sy'n ymgorffori elfennau craidd ABCD (darganfod, cysylltu, ysgogi) i helpu cydlynwyr lleol a chymunedau i gydweithio (gweler y bennod ar gysylltu am ragor o wybodaeth).[14] Mae'n tynnu ar waith McCormick a Russell ar y 'Gymuned Gysylltiedig' (Connected Community), sy'n pwysleisio pwysigrwydd defnyddio asedau cymunedol sydd eisoes yn bodoli, meithrin ymddiriedaeth, a chryfhau capasiti lleol.[15] Amlygodd gwersi o'r prosiect, er y gall fframwaith cefnogol ddarparu arweiniad defnyddiol i gydlynwyr lleol weithio mewn ffordd sy'n defnyddio egwyddorion ABCD, bod angen hyblygrwydd er mwyn addasu i gyflymdra, blaenoriaethau a pharodrwydd pob lleoliad.

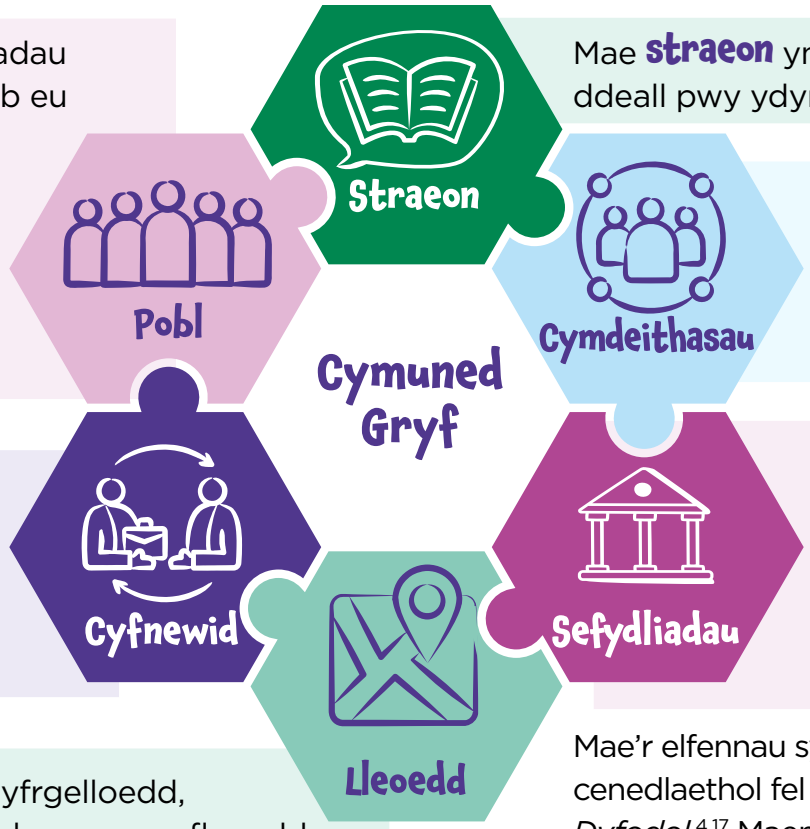
Mae'r penodau canlynol yn archwilio sut mae cymunedau a sefydliadau ar draws ein rhanbarth eisoes yn gweithredu elfennau craidd ABCD. Mae partneriaid yn defnyddio dulliau gwahanol i ddarganfod, cysylltu ac ysgogi asedau lleol, ac yn gweithio ochr yn ochr â phobl leol i greu newid cadarnhaol, ystyrlon a pharhaol.

3. Darganfod Cryfderau ein Cymunedau

Mae gan bob cymuned ei stori. Er nad ydynt yn cael eu cofnodi mewn adroddiadau swyddogol, mae straeon yn byw yng nghof y gymuned, yn y mannau lle mae pobl yn ymgynnull, ac yn y gweithredoedd bach o garedigrwydd bob dydd sy'n cynnal cymdogaeth. Mae datgelu'r storïau hynny wrth wraidd ABCD. Mae ABCD yn ein gwahodd i edrych o'r newydd ar ein cymunedau a sylwi ar chwe ffactor syml ond pwerus sy'n gwneud ein cymunedau'n gryf:[16]

Mae gan **bobl** sgiliau, doniau, profiadau ac angerddau sy'n aml yn mynd heb eu cydnabod. Saer coed sydd wedi ymddeol, unigolyn ifanc sy'n caru codio, rhiant sy'n adnabod pawb ar y stryd. Mae'r doniau a'r profiadau amrywiol hyn yn sbarduno gweithredu cymunedol.

Mae **straeon** yn cysylltu cenedlaethau ac yn helpu pobl i ddeall pwy ydyn nhw gyda'i gilydd.



Mae **cymdeithasau** fel clybiau chwaraeon, corau, grwpiau garddio, cymunedau ffydd, grwpiau rhieni a phlant, a chlybiau llyfrau yn ganolbwynt i fywyd lleol.

Mae **cyfnewid** yn digwydd pan fydd pobl yn rhannu eu hamser, eu sgiliau, eu hoffer a'u gwybodaeth; mae hyn yn meithrin ymddiriedaeth a chysylltiad.

Mae **sefydliadau** – gan gynnwys ysgolion, busnesau, gwasanaethau iechyd a chanolfannau cymunedol – yn chwarae rhan hanfodol wrth gefnogi, pan fyddan nhw'n gweithio gyda chymunedau yn hytrach nag ar ran cymunedau.

Mae **lleoedd** fel parciau, traethau, llyfrgelloedd, neuaddau pentref, caffis a'r siop leol yn creu cyfleoedd i bobl gwrdd, siarad a meithrin perthnasoedd.

Mae'r elfennau sylfaenol hyn yn adlewyrchu blaenoriaethau cenedlaethol fel *'Cymru Iachach'* a *Deddf Llesiant Cenedlaethau'r Dyfodol*.[4 17] Maent yn pwysleisio bod yn rhaid i bobl a chymunedau fod wrth wraidd y broses o wneud penderfyniadau.

Deall beth sy'n gryf yn ein cymunedau

Yn ABCD, mae darganfod yn rhan bwysig o ddeall yr hyn sydd gan gymunedau a'r hyn sy'n gwneud lle'n gryf. Drwy nodi'r chwe elfen sylfaenol, gall cymunedau ddatgelu sgiliau, lleoedd, perthnasoedd a phrofiadau bywyd, yn ogystal â nodi blaenoriaethau cyffredin. Gall hyn gymryd wythnosau, misoedd neu flynyddoedd, ac fe'i seilir ar wrando a meithrin ymddiriedaeth o fewn y gymuned.

Mae dulliau syml, sy'n canolbwyntio ar bobl, fel mapio asedau, sgyrsiau gwrando, teithiau cerdded cymunedol, a chasglu straeon, yn helpu i ddod â'r cryfderau hyn i'r amlwg. Mae dulliau cynhwysol sy'n hygyrch ac yn ddiwylliannol briodol hefyd yn bwysig i sicrhau bod lleisiau pobl â nodweddion gwarchodedig yn cael eu clywed.



Er enghraifft, pan ddechreuodd **Llyfrgell Tywyn** archwilio sut y gallai wasanaethu ei chymuned yn well, treuliodd staff amser yn gwrando ar drigolion, gan sylwi ar yr hyn oedd yn bwysig iddyn nhw a chasglu straeon am sut roedd pobl eisiau defnyddio'r gofod. Daeth y broses ddarganfod ag ystod eang o sgiliau, diddordebau a syniadau lleol I'r amlwg. Elfennau na fyddai efallai wedi bod yn weladwy trwy gynllunio gwasanaethau yn y dull traddodiadol.

Drwy ddechrau gyda'r cryfderau oedd eisoes yn bodoli, roedd y llyfrgell yn gallu canfod asedau megis brwdfrydedd trigolion, hyblygrwydd yr adeilad ac ymdeimlad cryf o falchder lleol.

Mae gweithgareddau eraill sy'n cefnogi cymunedau i ddeall eu cryfderau yn cynnwys adolygu data poblogaeth, mapio rhanddeiliaid, archwiliadau sgiliau, dadansoddi rhwydweithiau ac adeiladu ar ymgysylltiad presennol. Mae darganfod asedau'n gweithio orau pan fydd yn cael ei arwain gan drigolion, ac yn cael ei gefnogi gan gysylltwyr cymunedol, sefydliadau lleol ac ymarferwyr sydd yn cael eu hymddiried yn yr ardal. Gyda'i gilydd, maent yn creu darlun clir a realistig o gryfderau lleol i helpu i lunio gweithgareddau yn y dyfodol.

Gwelwyd y dull hwn yn natblygiad yr ardal dyfu gymunedol **Outside Lives** yn y Pencadlys yng Ngwernmynydd, yr Wyddgrug.[18] Yn hytrach na dechrau drwy ffocysu ar faterion fel unigedd cymdeithasol neu iechyd meddwl gwael, gofynnodd Outside Lives gwestiwn gwahanol: *pa gryfderau sydd eisoes gennym yma?*

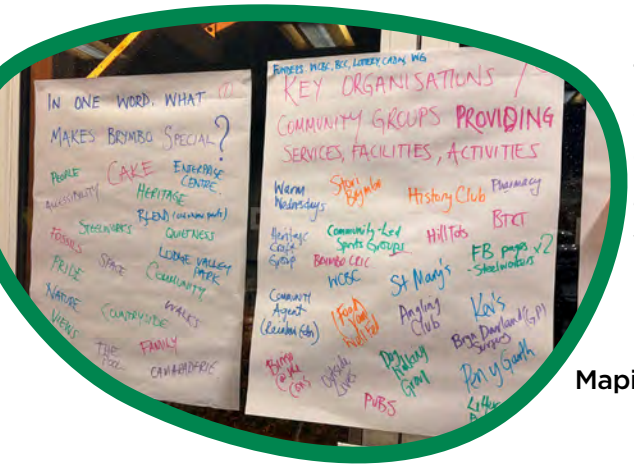
Trwy gynnal sgyrsiau mewn Diwrnodau Cymunedol rheolaidd, rhannodd y cyfranogwyr eu diddordebau a'u profiadau, gan ddatgelu doniau a chysylltiadau megis gwybodaeth arddwriaethol, sgiliau gwaith coed, angerdd dros goginio, a pherthnasoedd cryf gydag ysgolion cynradd lleol.

Drwy weld y rhain, symudwyd y ffocws oddi wrth *ddarparu gwasanaeth* i greu gofod y gallai'r gymuned ei hun ei lunio a'i arwain.

Sut gallaf ddeall yr asedau yn fy ardal leol?

Mae mapio asedau yn ffordd ymarferol i ddechrau ar y gwaith. Mae'n helpu cymunedau i nodi eu sgiliau eu hunain, grwpiau lleol, ardaloedd cymunedol ac adnoddau. Mae'n ein hatgoffa nad defnyddwyr gwasanaethau yn unig yw pobl; maen nhw hefyd yn cyfrannu'n weithredol ac mae ganddyn nhw wybodaeth a sgiliau gwerthfawr i'w rhannu. Gweler Atodiad A am adnoddau defnyddiol eraill.

Ym Mrymbo, Wrecsam, mae prosiect **Stori Brymbo** yn enghraifft gref o roi mapio asedau ar waith. Fe'l datblygwyd ar safle hen waith dur Brymbo, ac mae'r prosiect yn cydnabod bod yr ardal yn ased cymunedol allweddol, gan weithio ochr yn ochr â phobl leol i lunio atyniad treftadaeth, cymunedol ac ymwelwyr newydd. Trefnodd gweithwyr datblygu cymunedol weithdai a ddaeth â thrigolion, busnesau lleol a chynghorwyr cymunedol ynghyd i archwilio cryfderau Brymbo, nodi asedau lleol ac i ystyried sut y gellid adeiladu arnynt.



Mapio asedau ym Mrymbo

Cafwyd mewnwelediadau trwy drafodaethau mewn grwpiau bach ac fe'u cofnodwyd yn weledol, gan alluogi'r gymuned i gyd ystyried ei chryfderau a'i photensial ar gyfer y dyfodol.

Gall offer digidol hefyd gefnogi'r broses o ddarganfod asedau. Mae'r Platfform Mapio Cyhoeddus, a ddatblygwyd gan dair prifysgol mewn ymateb i Ddeddf Llesiant Cenedlaethau'r Dyfodol, yn dod â data'r Cyfrifiad ac offer mapio agored at ei gilydd er mwyn galluogi cymunedau i ddangos beth sy'n bwysig iddyn nhw a dylanwadu ar sut y caiff mannau lleol eu dylunio.[19] Mae hyn yn ddefnydd ymarferol o egwyddorion ABCD ac mae ganddo botensial ar gyfer y dyfodol o ran cynllunio a thrawsnewid gwasanaethau.



Digwyddiad mapio addysgol a gynhaliwyd yng Nghoedwig Niwbwrch ac a drefnwyd gan y Platfform Mapio Cyhoeddus.

Mae hefyd nifer o becynnau cymorth ymarferol sy'n cefnogi cymunedau a gweithwyr proffesiynol yn ystod y cam darganfod. Gweler Atodiad A am gasgliad o adnoddau sy'n defnyddio cwestiynau yn seiliedig ar gryfderau i helpu llywio trafodaethau, annog cyfranogiad cynhwysol, a chefnogi dull strwythuredig yn cynnwys gwybodaeth a mewnwelediad lleol.

Newid Rôl

Mae ABCD hefyd yn golygu newid sut y mae gweithwyr proffesiynol yn gweithio. Yn lle gwasanaethau sy'n dylunio ac sy'n darparu popeth o'r brig i lawr, mewn dull ABCD, mae gweithwyr proffesiynol yn dod yn hwyluswyr, yn gysylltwyr ac yn alluogwyr. Eu gwaith yw helpu cymunedau i gydnabod eu cryfderau, cysylltu eu hasedau a chymryd yr awenau.

Gwelir y dull hwn yn **Nhywyn, Gwynedd,** lle newidiodd y llyfrgell o fod yn ofod dan arweiniad gwasanaethau i fod yn ganolfan dan arweiniad y gymuned sy'n darparu ystod o weithgareddau gan gynnwys dosbarthiadau ioga, meddwlgarwch, ysgrifennu, grwpiau celf, nosweithiau diwylliannol a gweithgareddau celf a chrefft i blant. Datblygodd llawer o'r gweithgareddau hyn oherwydd bod aelodau'r gymuned yn barod i rannu eu hamser, eu sgiliau a'u brwdfrydedd. Daeth y llyfrgell hefyd yn lleoliad lle gallai trigolion gael mynediad at gymorth trwy ddigwyddiadau galw heibio rheolaidd, cymorth digidol a'i rôl fel Hwb Croeso Cynnes. Y tu hwnt i'r adeilad, mae'r llyfrgell bellach yn cydlynu cynllun trafnidiaeth gymunedol y dref, gan baru gyrwyr gwirfoddol â phobl sydd angen help i gyrraedd apwyntiadau neu weithgareddau. Mae'r gwasanaeth hwn yn sicrhau bod trigolion yn teimlo bod ganddynt gysylltiad a'u bod yn gallu cymryd rhan ym mywyd y gymuned, er gwaethaf rhai heriau sy'n gysylltiedig â byw mewn ardal wledig.

'Dyma un o'r llyfrgelloedd gorau yr wyf wedi'i bod ynddi. Mae'n rhan bwysig iawn o'r gymuned'

'Y Llyfrgell yw fy lle hapus, ac mae'r staff yn wych yma...'



Llyfrgell Tywyn yn dod â phobl ynghyd.

Yn yr un modd a phrosiect Gogledd Cymru **Actif** sefydlwyd gweithredodd Outside Lives y Sir y Fflint fel *hwyluswyr* yn hytrach na chyfarwyddwr yn y Pencadlys. Nid ymgynghori â chyfranogwyr yn unig a wnaed; rhoddwyd arweinyddiaeth a chyfrifoldeb ar y cyd iddynt am y gofod tyfu. Cyd-ddyluniodd gwirfoddolwyr welyau wedi'u codi ar gyfer planhigion, fe wnaethant adeiladu cynwysyddion plannu o ddeunyddiau wedi'u hailgylchu, trefnu rotas dyfrio a chroesawu unigolion newydd. Dros amser, daeth pobl a fynychodd i gael cymorth i ddechrau yn wirfoddolwyr ac yn hyrwyddwyr, gan feithrin hyder a ymdeimlad cryf o berchnogaeth.

"Mae hyd yn oed dod draw a sgwrsio wedi gwneud i mi deimlo mwy o gysylltiad â'r hyn sy'n digwydd o fy nghwmpas."

"Gallwch weld faint yn gryfach yw pethau pan fydd pobl yn cymryd rhan o'r dechrau. Mae pob un ohonom wedi buddsoddi ac eisiau iddo weithio."



Llun o'r gymuned yn dod ynghyd ar gyfer y prosiect Outside Lives yn Sir y Fflint.

Mae'r hyn a ddysgwyd o ddull gweithredu Gogledd Cymru Actif yn seiliedig ar le ar gyfer gweithgarwch corfforol wedi dangos nad yw newid rolau yn unig yn ddigon.[14] Er mwyn cefnogi ABCD a rhoi cyfleoedd gwirioneddol i bobl leisio eu barn, mae angen buddsoddi'n barhaus mewn amser, sgiliau a datblygiad staff i weithio mewn ffordd ABCD.

Wrth i gymunedau ddechrau datgelu eu cryfderau, mae cwestiwn pwysicach yn codi: beth fydd yn digwydd nesaf? Dim ond y cam cyntaf yw sylwi ar asedau. Mae newid gwirioneddol yn digwydd pan fydd pobl, lleoedd a straeon yn gysylltiedig. Mae profiadau Llyfrgell Tywyn ac Outside Lives yn dangos sut y gall canolbwyntio ar yr hyn sy'n *gryf*, yn hytrach na'r hyn sydd o'i le, greu mentrau sydd â gwreiddiau dwfn yn yr hyn sydd bwysicaf i gymunedau, gan arwain at newid hirdymor dan arweiniad y gymuned.

Pwyntiau allweddol:

- Dechrau gyda'r hyn sy'n gryf, nid yr hyn sy'n anghywir
- Buddsoddiad hirdymor mewn capasiti a datblygiad y gweithlu



4. Cysylltu pobl, asedau a phwrpas

Mae cysylltiad cymdeithasol yn bwysig ar gyfer ein hiechyd a'n lles. Pan fydd pobl yn teimlo cysylltiad, maent yn fwy tebygol o fod yn iach. Mae Sefydliad Iechyd y Byd yn tynnu sylw at y ffaith y gall unigedd cymdeithasol niweidio iechyd corfforol a meddyliol pobl, a all arwain at salwch difrifol.[20]

Mae meithrin cysylltiadau cymdeithasol cryf yn rhan allweddol o ABCD. Mae'n rhoi perthnasoedd wrth wraidd sut y mae cymunedau'n datblygu ac yn ffynnu. Mae ABCD yn canolbwyntio ar gysylltu trigolion, grwpiau lleol, y gymuned a darparwyr gwasanaethau â'i gilydd, fel y gall pobl feithrin ymddiriedaeth, teimlo ymdeimlad o berthyn, a datblygu pwrpas cyffredin. Mae creu'r amodau i bobl gwrdd, sbarduno syniadau a chefnogi ei gilydd yn hanfodol ar gyfer ABCD. Mae'r tabl yn rhoi enghreifftiau o sut y gall cymunedau gysylltu trwy ryngweithiadau anffurfiol, gweithgareddau ar y cyd, a phartneriaethau lleol (Atodiad A).

Sut y gall cymunedau gysylltu trwy ryngweithiadau anffurfiol, gweithgareddau ar y cyd a phartneriaethau lleol.

Sut mae cymunedau'n cysylltu	Mathau o weithgareddau
Galluogi rhyngweithiadau anffurfiol	• Trefnu digwyddiadau galw heibio megis boreau coffi neu hwb cynnes. • Cynnal picnic cymunedol. • Gosod pabell galw heibio cymunedol mewn lleoliad cymunedol lle gall trigolion ymgysylltu'n anffurfiol a rhannu eu syniadau.
Creu gweithgareddau ar y cyd	• Trefnu taith gerdded codi ysbwriel/gweithgaredd garddio cymunedol gyda thrigolion. • Cynnal gweithdy celf a chrefft. • Cyd-ddylunio gŵyl gymunedol neu ffair bentref.
Cefnogi partneriaethau	• Cynnal cyfarfod cymdogaeth gymunedol. • Hwyluso a chyd-gynhyrchu gweithdy gyda thrigolion a sefydliadau'r sector cyhoeddus a'r sector gwirfoddol.

Gellir gweld enghraifft o hyn yn Ninbych Uchaf drwy **brosiect ar y cyd sy'n cynnwys Gogledd Cymru Actif, Grŵp Cynefin a Chyngor Sir Dinbych.**[14] Dechreuodd y gwaith drwy wrando ar grŵp o ddynion ifanc a nododd ddiffyg mannau diogel a hygyrch i fod yn actif yn eu cymuned. Daeth eu profiad bywyd a'u mewnwelediad lleol yn fan cychwyn ar gyfer meithrin cysylltiadau rhwng trigolion, partneriaid a sefydliadau lleol. Roedd partneriaethau cryf rhwng yr awdurdod lleol a phartneriaid y sector gwirfoddol yn golygu y gallai'r gwaith symud ymlaen yn gyflym. Gan eu bod eisoes yn gweithio mewn ffordd sy'n seiliedig ar gryfderau, gallent rannu amser staff, cyllid a gwybodaeth leol, a helpodd i droi syniadau yn welliannau gwirioneddol o fewn cyfnod byr o amser.



Mapio asedau yn Ninbych Uchaf

Mae cefnogi ffurfio partneriaethau yn elfen bwysig arall o gysylltiad o fewn ABCD.

Gall gweithgareddau megis cyfarfodydd cymdogaeth neu weithdai sydd wedi'u cynhyrchu ar y cyd ddod â thrigolion a sefydliadau'r sector cyhoeddus a'r sector gwirfoddol ynghyd, gan helpu i chwalu seilos a meithrin dealltwriaeth gydfuddiannol. Yn Ninbych Uchaf, sicrhaodd perthnasoedd dibynadwy a ddatblygwyd trwy Hwb Dinbych a Grŵp Cynefin fod y gymuned wedi'i chynnwys o'r cychwyn cyntaf a'i bod yn parhau i fod yn rhan o'r broses. Helpodd gweithio yn y ffordd hon i feithrin ymddiriedaeth a galluogi newidiadau a gefnogodd les bob dydd, cysylltiad cymdeithasol a bywydau iachach.

Roedd myfyrio a dysgu wedi'u hymgorffori yn y rhaglen Actif (gweler Atodiad B am fwy o fanylion am werthuso). Helpodd hyn dimau i ddeall beth oedd yn gweithio, lle'r oedd heriau'n bodoli, a sut y gallai'r dull barhau i wella. Dyma'r hyn a ddaeth i'r amlwg:

- **Mae ymddiriedaeth yn cymryd amser, ond mae'n arwain at newid cryfach a hirdymor.**
- **Mae perthnasoedd wrth wraidd popeth.**
- **Mae gwrando yn arwain at syniadau a chanlyniadau gwell.**
- **Mae mynd lle mae'r egni yn helpu i feithrin datblygiad naturiol a chynaliadwy.**
- **Mae bod yn hyblyg yn arwain at ganlyniadau gwell.**

Mae gwaith ABCD yn aml yn dechrau'n fach ond yn datblygu dros amser. Er mwyn cofnodi hyn, defnyddiodd Gogledd Cymru Actif adnodd o'r enw "Mapio Effaith Crychdonni", fel ffordd o ddangos sut mae un weithred yn arwain at un arall. Er enghraifft, gallai sgwrs syml mewn cymuned arwain at grŵp cerdded newydd, mwy o hyder, neu ffurfio partneriaethau newydd. Gall y newidiadau hyn fod yn ddisgwyliedig neu'n annisgwyl, ond mae pob un yn bwysig i'w cofnodi.

Enghraifft o Fapio Effaith Crychdonni a ddefnyddir yn rhaglen Gogledd Cymru Actif.



"Ni allwch ddeall effaith drwy niferoedd yn unig, ac ni allwch ddibynnu ar straeon yn unig ychwaith. Mae angen y ddau arnoch. Yn bwysicach oll, pan fyddwch yn buddsoddi mewn pobl, perthnasoedd a chryfderau lleol, ac yn cymryd yr amser i feithrin ymddiriedaeth, mae newid gwirioneddol yn digwydd. Trwy fynd lle mae'r egni eisoes, a chefnogi pobl i gymryd yr awenau, mae newid yn fwy tebygol o bara. Gall gymryd amser, ac efallai na fydd bob amser yn hawdd ei fesur ar unwaith, ond mae'n arwain at gymunedau cryfach, mwy cysylltiedig a all gadw pethau i fynd eu hunain."

(Manon Rees O'Brien, Cyfarwyddwr Rhanbarthol, Gogledd Cymru Actif)

Wrth i bobl feithrin cysylltiadau cryfach, mae cymunedau'n cryfhau hefyd. Mae'r cysylltiadau hyn yn creu ymddiriedaeth, dealltwriaeth gyffredin ac yn creu cymorth rhwng pobl. Gelwir hyn yn aml yn gyfalaf cymdeithasol. Mae cymunedau â chyfalaf cymdeithasol cryf yn gallu ymdopi'n well â heriau ac yn fwy tebygol o wella eu lles dros amser.[21] Mae cysylltiadau cymdeithasol cryfach hefyd yn helpu cymunedau i fod yn fwy gwydn a hunangynhaliol, sy'n cefnogi achos Sefydliad Iechyd y Byd (WHO) dros flaenoriaethu cysylltiadau cymdeithasol fel mater iechyd cyhoeddus.



Mae'r berthynas rhwng cysylltiad a hyder hefyd yn amlwg yn **Nhywyn a Bae Cinmel.**[22] Yn ystod haf 2025, cafodd trigolion eu gwahodd i gymryd rhan mewn cyfres o sgyrsiau cymunedol a gynlluniwyd i archwilio heriau cyffredin a chryfderau lleol. Yn hytrach na rhoi cyflwyniadau, creodd gweithdai a gynhaliwyd yn swyddfeydd Cyngor y Dref a'r Ganolfan Gymunedol le i bobl siarad, gwrando a chysylltu. Daeth trigolion, cynghorwyr a phartneriaid o'r sector iechyd, y sector tai a'r sector gwirfoddol ynghyd ar gyfer sgwrs, nid ymgynghoriad.

Trwy'r sgyrsiau hyn, rhannodd pobl yr hyn oedd bwysicaf iddynt, y cryfderau yr oeddent yn eu gwerthfawrogi'n lleol a'r pwysau oedd yn wynebu eu cymuned. Gyda'i gilydd, fe wnaethant ddatblygu gwerthoedd cyffredin a oedd yn canolbwyntio ar bobl a'u cryfderau, meithrin ymddiriedaeth, gwneud yr hyn sy'n bwysig a chefnogi trigolion i ddod yn newidwyr. Aeth y gwerthoedd hyn ymlaen i lywio cyd-gynhyrchiad Tywyn a Bae Cinmel. Wrth i ymddiriedaeth barhau i ddatblygu, roedd aelodau'r gymuned a phartneriaid gwasanaeth yn gallu myfyrio'n onest ar heriau megis bylchau cyfathrebu, blaenoriaethau newidiol ac adnoddau cyfyngedig, gan gydnabod fod gweithio'n annibynnol yn dechrau lleihau a bod perthnasoedd yn cryfhau.

Daeth lleisiau newydd i'r amlwg drwy gydol y broses. Cyfrannodd pobl nad oeddent wedi siarad mewn lleoliadau cyhoeddus o'r blaen syniadau, yn ogystal â ffurfio cysylltiadau newydd a dangos arweinyddiaeth. Myfyriodd partneriaid ar sut yr oedd angen i'w rolau symud o gyfarwyddo gweithgaredd i hwyluso cysylltiad a gweithio'n anffurfiol mewn mannau cymunedol cyfarwydd. Nodwyd camau nesaf clir, gan gynnwys digwyddiadau ar y cyd, cyfathrebu gwell a gweithio mwy cydlynol. Mae'r sgyrsiau hyn yn dangos sut mae cysylltiad yn meithrin hyder, ymddiriedaeth a momentwm, un sgwrs ar y tro.

Wrth i bobl deimlo mwy o gysylltiad, mae cymunedau mewn gwell sefyllfa i fwrw ymlaen â chamau gweithredu. Mae rhan nesaf y stori yn canolbwyntio ar sut mae cymunedau'n symud o sgyrsiau i weithredu, trwy gydweithio i lunio datrysiadau a defnyddio eu hasedau i wneud gwelliannau parhaol i iechyd a lles y boblogaeth.

Pwyntiau allweddol:

- Creu'r amodau a'r gofodau i bobl gysylltu a sbarduno syniadau newydd.
- Mae cysylltu pobl a sefydliadau yn hanfodol ar gyfer creu camau gweithredu cyfunol.

5. Defnyddio cryfderau ar gyfer iechyd a lles

Mae helpu cymunedau i weithredu ar y pethau sydd bwysicaf iddynt yn rhan bwysig o ABCD. Yn aml, gelwir hyn yn ysgogi cymunedau i weithredu, a gall edrych yn wahanol iawn yn dibynnu ar yr ardal leol, perthnasoedd, a'r hyn y mae pobl yn ei ystyried yn bwysig iddynt. Yn ei hanfod, mae ysgogi newid yn ymwneud â chreu'r amodau lle mae pobl yn teimlo'n hyderus, wedi'u cefnogi, a'u grymuso i wneud i bethau ddigwydd gyda'i gilydd.

Dyma rai enghreifftiau o sut y gallai ysgogi cymunedau i weithredu edrych yn ymarferol (gweler atodiad A am adnoddau defnyddiol):



Gweithgareddau dan arweiniad y gymunedol leol: Grwpiau casglu sbwriel, prosiectau garddio, grwpiau celf a chrefft a threftadaeth, caffis cymunedol



Cyfleoedd gwirfoddoli: Hyfforddi chwaraeon, cynlluniau cyfeillio, hyrwyddwyr iechyd cymunedol



Rhwydweithiau cymunedol: Cymdeithasau trigolion, Cymdeithasau Rhieni ac Athrawon (PTAs) ysgolion, grwpiau aml-ffydd



Cyfleoedd ar gyfer cyd-ddylunio: Gwasanaethau'r sector cyhoeddus yn gweithio ochr yn ochr â chymunedau i gyd-ddylunio canolfannau iechyd a lles, parciau lleol, ysgolion a llwybrau teithio llesol



Grwpiau amlasiantaeth a phartneriaethau cymunedol: Sefydliadau a thrigolion y sector cyhoeddus, y sector gwirfoddol a'r sector cymunedol yn cydweithio i weithredu ar flaenoriaethau lleol, er enghraifft grwpiau Cynghrair Cymunedol

Mae ysgogi cymunedau i weithredu yn dibynnu ar drigolion a grwpiau cymunedol yn cymryd perchnogaeth o'r materion sydd bwysicaf iddynt. Mae hyn yn golygu symud o ddulliau traddodiadol o 'wneud pethau i gymunedau' tuag at ddulliau sy'n canolbwyntio ar 'wneud pethau gyda chymunedau'. Mae tystiolaeth yn dangos na all ysgogi newid cymunedol ddibynnu ar ewyllys da nac egni gwirfoddolwyr yn unig. Mae'n gweithio orau pan gefnogir cymunedau trwy waith partneriaeth gydlynol, lle mae sefydliadau'r sector cyhoeddus, y sector gwirfoddol a'r sector cymunedol yn cydweithio o amgylch blaenoriaethau cyffredin. Mae perthnasoedd cryf â gwasanaethau, arweinyddiaeth leol ddibynadwy a buddsoddiad cymesur hirdymor yn arbennig o bwysig mewn ardaloedd sy'n wynebu'r anghydraddoldebau mwyaf.[23]

Gall ysgogi cymunedau i weithredu gael effaith gadarnhaol ar iechyd y boblogaeth. Mae manteision yn cynnwys gwell lles meddyliol ac ymdeimlad o berthyn, cysylltiadau cymdeithasol cryfach, gwell mynediad at gymorth a gwasanaethau lleol, a mwy o wydnwch i fygythiadau iechyd cyhoeddus allanol fel newid hinsawdd neu glefydau heintus.[24]

Mae enghreifftiau o Ogledd Cymru yn tynnu sylw at y ffaith bod ysgogi cymunedau i weithredu yn ffordd ymarferol o weithio sy'n cyflawni newid ystyrlon i gymunedau. Mae **Y Fenter ym Mharc Caia**, Wrecsam, yn enghraifft dda o sut y gall y dull hwn weithio ar raddfa fawr.[25] Fel angor cymunedol dibynadwy ers dros bedwar degawd, mae Y Fenter wedi cefnogi plant, pobl ifanc a theuluoedd i chwarae rhan weithredol wrth lunio eu cymuned. Drwy weithio o fewn ymdeimlad hunanddiffiniedig y gymuned o le a thrwy feithrin perthnasoedd hirdymor a dibynadwy, mae staff, gwirfoddolwyr a thrigolion yn gweithredu fel cysylltwyr ar draws teuluoedd, ysgolion, gwasanaethau iechyd a thai. Mae plant yn meithrin hyder drwy chwarae, mae pobl ifanc yn ymgymryd â rolau arweinyddiaeth, ac mae rhieni'n dod o hyd i gymorth ymarferol ac emosiynol mewn man lle mae eu profiadau'n cael eu parchu. I un rhiant, roedd yr effaith i'w gweld ar unwaith:

> "Fel arfer, ni fydd yn mynd i unman heb i mi fod wrth ei hochr. Yn y Fenter, mae hi'n neidio allan o'r car... yn awyddus i chwarae a chwrdd â'i ffrindiau."



Mae'r dull perthynol hwn yn galluogi sgyrsiau cynnar, yn cryfhau cyfranogiad, ac yn cefnogi teuluoedd a allai fod yn llai tebygol o ymgysylltu â gwasanaethau statudol. Mae perchnogaeth rhwng cenedlaethau ac arweinyddiaeth ar y cyd wedi caniatáu i gryfderau cymunedol gael eu defnyddio dros amser, gan gefnogi atal, gwydnwch a lles gwell ar draws cenedlaethau. Fel y myfyriodd y Prif Swyddog, Malcolm King,

> "Pan fydd plentyn yn gwthio polyn deuddeg troedfedd i'r ddaear ac yn meddwl, 'Fi a adeiladodd hwnna,' mae'n creu ymdeimlad pwerus o berchnogaeth. I rai teuluoedd, neiniau a theidiau sy'n dweud, 'Fi a adeiladodd hwnna; gallwch chithau hefyd.'... y rhodd fwyaf y gallwn ei rhoi i blant yw'r hyder y gallant wneud pethau."

Mae ysgogi'r gymuned i weithredu hefyd yn amlwg mewn dulliau dan arweiniad cymheiriaid sy'n meithrin capasiti ac arweinyddiaeth leol. Mae model Grymuso Rhieni, Grymuso Cymunedau (EPEC) yn darparu enghraifft o sut y gall defnyddio profiad bywyd gryfhau ymyrraeth gynnar a lleihau pwysau ar wasanaethau arbenigol. Yn Sir y Fflint, mae **rhaglen Awtistiaeth EPEC** yn hyfforddi rhieni lleol fel hwyluswyr i gefnogi teuluoedd eraill, gan greu rhwydweithiau cynaliadwy dan arweiniad cymheiriaid ar gyfer rhieni y mae eu plant ag anghenion niwroddatblygiadol sy'n dod i'r amlwg neu wedi'u diagnosio.[26] Wedi'i chyflwyno trwy Ganolfannau Teulu Blynyddoedd Cynnar cyfarwydd a'i chryfhau trwy weithio mewn partneriaeth â CAMHS Blynyddoedd Cynnar a thimau datblygu dysgu, mae'r rhaglen wedi ehangu capasiti gwirfoddolwyr ac wedi ymateb i alw cynyddol. Mae rhieni'n gyson yn disgrifio mwy o hyder, llai o unigedd a gwell perthnasoedd teuluol, gan ddangos gwerth defnyddio cryfderau rhieni i wella canlyniadau i deuluoedd.



> 'Roedd y grŵp ei hun a'r awyrgylch yn wych. Sylweddolais nad wyf ar fy mhen fy hun. Dysgais sut i ddeall fy mhlentyn a sut i ymdopi â sefyllfaoedd anodd'

> Plant, pobl ifanc a theuluoedd yn cydweithio yn y Fenter.

Mae polisi Cymunedol o'r Cychwyn Llywodraeth Cymru yn dangos sut y gellir cyflawni atal, ymyrraeth gynnar a hunanreolaeth â chymorth pan fydd gwasanaethau'n gweithio ochr yn ochr â'r gymuned.[27] Mae gweithio mewn ffordd sy'n seiliedig ar le yn canolbwyntio ar ddeall yr hyn sydd gan gymunedau eisoes a sut y gellir trefnu cymorth i helpu pobl i ofalu am eu hiechyd, eu lles a'u hamgylchedd lleol. Mae Cymunedol o'r Cychwyn yn darparu fframwaith ar gyfer buddsoddi cymesur, gan sicrhau bod cymunedau sy'n profi'r anghydraddoldebau mwyaf yn derbyn cymorth, yn adeiladu capasiti ac yn gweithio mewn partneriaeth i gyflawni canlyniadau gwell.

Felly, mae adeiladu capasiti lleol drwy wirfoddoli ac arweinyddiaeth gymunedol yn elfen allweddol o ysgogi cymunedau i weithredu. Trwy ddarganfod a chysylltu asedau lleol a chefnogi trigolion i ddefnyddio eu sgiliau a'u cryfderau i lunio ac arwain prosiectau, gall cymunedau feithrin hyder, ailddosbarthu grym a chreu'r amodau ar gyfer newid cynaliadwy, dan arweiniad y gymuned.

Pwyntiau allweddol:

- Mae angen buddsoddiad cynaliadwy a chymesur mewn pobl a chymunedau lleol i greu capasiti a sbarduno newid o'r dechrau
- Mae ysgogi newid yn gweithio orau pan fydd sefydliadau traws-sector, amlasiantaeth yn dod ynghyd ac yn cyd-fynd â blaenoriaethau cymunedol



Golygfa o'r awyr o Gampws Prifysgol Wrecsam

6. Adeiladu ein dyfodol gyda'n gilydd





Mae gan gymunedau ledled Gogledd Cymru eisoes gryfderau, sgiliau, gwybodaeth, perthnasoedd, ac ymdeimlad cryf o ofal am ei gilydd. Bob dydd, mae pobl leol yn cefnogi cymdogion, yn creu cyfleoedd, yn meithrin cysylltiadau, ac yn ymateb i'r pethau sydd bwysicaf yn eu cymunedau. Efallai na fydd llawer o bobl yn disgrifio hyn fel Datblygu Cymunedol yn Seiliedig ar Asedau (ABCD), ond maent eisoes yn gweithio mewn ffyrdd sy'n adlewyrchu ei egwyddorion craidd, gan ddechrau gyda chryfderau, meithrin perthnasoedd, a chefnogi pobl i gymryd yr awenau wrth lunio eu cymunedau.

Mae'r dyfodol yn dibynnu ar y ffordd yr ydym yn parhau i weithio, dysgu, arwain ac ysgogi newid gyda'n gilydd. Mae'r enghreifftiau drwy gydol yr adroddiad hwn yn dangos, pan fydd cryfderau lleol yn cael eu cydnabod a'u cefnogi, y gall cymunedau chwarae rhan ganolog wrth wella lles, cryfhau cysylltiadau a lleihau anghydraddoldebau. Dyma gyfle i wneud y ffordd hon o weithio yn rhan o arfer bob dydd ledled Gogledd Cymru, fel ei bod yn dod yn ddull craidd o atal, lles a chreu cymunedau iachach.

Mae ymgorffori ABCD yn gofyn am arweinyddiaeth ar y cyd ac ymrwymiad i newid hirdymor. Mae hefyd yn gofyn am ddewrder. Mae ABCD yn annog sefydliadau i newid grym, gwrando'n ofalus a gweithredu dim ond ar ôl deall beth sy'n bwysig yn lleol. Mae'n dibynnu ar berthnasau cryf rhwng unigolion, gwasanaethau a chymunedau. Drwy gydol yr adroddiad hwn, rydym wedi tynnu sylw at enghreifftiau ledled Gogledd Cymru lle mae hyn eisoes yn digwydd yn ymarferol. Mae'r enghreifftiau hyn yn dangos pan fydd sefydliadau'n gweithio ochr yn ochr â chymunedau, y gall y manteision fod yn bellgyrhaeddol, gan gryfhau perthyn, cysylltiad, hyder ac ymddiriedaeth, sylfeini pwysig ar gyfer gwell iechyd a lles.

Mae'n bwysig deall pa wahaniaeth y mae dulliau ABCD yn ei wneud i bobl a chymunedau, a gellir ei gofnodi drwy werthusiad. Mae gwerthuso yn ein helpu i ddysgu beth sy'n gweithio'n dda, beth y gellid ei wella, ac a yw dulliau'n arwain at newid ystyrlon a pharhaol. Darperir canllaw i helpu i fesur effaith ABCD yn Atodiad B. Fodd bynnag, nid yw ABCD yn ddatrysiad i bopeth. Nid yw'n disodli'r angen am fuddsoddiad hirdymor mewn tai, cyflogaeth, trafnidiaeth a'r economi lleol ehangach.[28] Os dibynnir gormod arno, gallai anwybyddu'r heriau gwirioneddol y mae rhai pobl yn eu hwynebu fel tlodi a diffyg adnoddau. Mae hefyd gwahaniaethau mewn grym rhwng unigolion, cymunedau a gwasanaethau. Mae angen cydnabod yr anghydraddoldebau hyn a mynd i'r afael â nhw i sicrhau bod dulliau fel ABCD yn gweithio i bawb.[29]

Bydd Gogledd Cymru yn adeiladu ar y dysgu sy'n dod i'r amlwg o daith Sir Ddinbych fel Lle Marmot Tegwch Iechyd. Wrth i'r gwaith hwn ddatblygu, bydd partneriaethau cymunedol cryfach a gweithredu sy'n seiliedig ar le yn rhoi cipolwg gwerthfawr ar sut y gall dulliau sy'n canolbwyntio ar y gymuned helpu i fynd i'r afael ag anghydraddoldebau ar lefel gymdogaeth.[2] Mae dysgu gan sefydliadau fel Medrwn Môn hefyd yn tynnu sylw at bwysigrwydd creu'r amodau i ddatrysiadau sy'n eiddo i'r gymuned ddatblygu, lle mae pobl leol, sefydliadau gwirfoddol a gwasanaethau statudol yn gweithio ochr yn ochr â'i gilydd fel partneriaid cyfartal.[12] Mae ABCD yn gweithio orau lle mae cymunedau'n cael eu cefnogi i arwain newid eu hunain, gyda sefydliadau'n gweithredu fel galluogwyr, cysylltwyr a phartneriaid hirdymor yn hytrach na chyfeirio gweithredu o'r brig i lawr.



Mae hyn yn adeiladu ar yr uchelgeisiau a osodwyd yn Adroddiad Blynyddol Iechyd Cyhoeddus y Llynedd, a oedd yn tynnu sylw at bwysigrwydd creu sylfeini cryf ar gyfer iechyd a lles ledled Gogledd Cymru. Roedd hyn yn cynnwys adeiladu cymunedau tecach, cryfhau llais y gymuned, creu lleoedd iach, a gwreiddio lles ar draws pob rhan o'r gymdeithas. Mae ABCD yn darparu un ffordd bwysig o droi'r uchelgeisiau hyn yn weithredu drwy gydnabod y cryfderau sydd eisoes yn bodoli o fewn cymunedau a chefnogi pobl a sefydliadau i weithio'n wahanol gyda'i gilydd.

Trwy gydol yr adroddiad hwn, rydym wedi tynnu sylw at y gwaith pwysig sydd eisoes yn mynd rhagddo ledled Gogledd Cymru i wella iechyd a lles gan ddefnyddio dulliau ABCD. Nid yw ymgorffori ABCD bob amser yn gofyn am raglenni newydd ar raddfa fawr. Gall newidiadau bach yn y ffordd y mae pobl yn gwrando, yn cysylltu, yn cynnwys cymunedau, ac yn gweithio gyda'i gilydd wneud gwahaniaeth sylweddol (Atodiad A).

Camau gweithredu y gall grwpiau gwahanol eu cymryd i wella manteision dulliau ABCD

Trigolion a Grwpiau Cymunedol:



- Dechrau sgwrs gyda chymydog neu drigolyn lleol
- Ymuno â grŵp cymunedol
- Rhannu eich sgiliau a'ch amser i gefnogi eraill yn eich cymuned

Sefydliadau'r Sector Cyhoeddus:



- Ymuno â grwpiau cymunedol lleol a gwrando ar eu safbwyntiau a'u profiadau
- Dechrau gyda'r hyn sy'n gryf, nid yr hyn sydd o'i le
- Cynnwys pobl wrth gynllunio a gwneud penderfyniadau
- Helpu staff i weithio mewn ffordd ABCD
- Gwneud amser i ddatblygu perthnasoedd ystyrlon

Sefydliadau'r Trydydd Sector a Sefydliadau Gwirfoddol:



- Darparu gofodau diogel lle gall trigolion a grwpiau cymunedol gysylltu
- Gweithredu fel cysylltydd rhwng trigolion a gwasanaethau
- Gweithio'n agos gyda sefydliadau trydydd sector a sefydliadau gwirfoddol eraill i osgoi dyblygu

Lefel Strategol a Phartneriaethol:



- Cydweithio ar flaenoriaethau cyffredin
- Rhannu data a dysgu ar draws sefydliadau
- Ymrwymo i fuddsoddi a darparu adnoddau hirdymor i ABCD

Mae'r dystiolaeth yn dangos yn glir bod dulliau sy'n canolbwyntio ar y gymuned ac sy'n seiliedig ar asedau yn gweithio orau pan fydd gan gymunedau'r adnoddau, y cymorth a'r perthnasoedd dibynadwy sydd eu hangen arnynt i ffynnu.[30] Mae Gogledd Cymru eisoes yn gwneud cynnydd trwy Ogledd Cymru Actif, Cynllunio Lle, a phrofiad ac arweinyddiaeth sefydliadau'r trydydd sector sydd wedi gweithio fel hyn ers amser maith. Mae'r Fframwaith Llesiant, Atal ac Angori Rhanbarthol bellach yn darparu cyfle pwysig i gryfhau a graddio'r gwaith hwn ar draws y rhanbarth.

Mae'r enghreifftiau a'r dysgu a gyflwynir drwy gydol yr adroddiad hwn yn dangos bod ABCD fwyaf effeithiol pan fydd cymunedau asefydliadau yn cydweithio dros tymor hir. Er mwyn cryfhau'r dull hwn ledled Gogledd Cymru, dylai sefydliadau gydweithio i wneud y canlynol:

- **Ymrwymo i fabwysiadu a chyflwyno'r Fframwaith Llesiant, Atal ac Angor Rhanbarthol i adeiladu parodrwydd system a galluogi newid hirdymor**, yn ogystal â defnyddio cronfa ddata'r Bwrdd Partneriaeth Rhanbarthol i rannu dysgu, dathlu arfer nodedig, a datblygu cymuned ranbarthol o ymarfer ABCD.

- **Ymrwymo i weithio traws-sector ac amlasiantaeth** drwy nodau cyffredin sy'n cyd-fynd â blaenoriaethau cymunedol.

- **Mynd i'r afael ag anghydraddoldeb drwy ddulliau cymesur**, gan gyfuno ymarfer sy'n seiliedig ar asedau â chamau gweithredu wedi'u targedu ar gyfer cymunedau sy'n wynebu'r angen mwyaf, ac adeiladu ar ddatblygu dysgu o Leoedd Marmot, gan gynnwys Sir Ddinbych.

- **Defnyddio ABCD mewn Asesiadau Effaith Iechyd** i sicrhau bod profiadau byw, cryfderau lleol a lleisiau cymunedol yn llywio penderfyniadau am iechyd a lles.

- **Darparu adnoddau cyson** i ABCD ar draws y rhanbarth i sicrhau bod gan gymunedau'r amodau sydd eu hangen arnynt i ddefnyddio eu cryfderau.

- **Meithrin gallu a hyder y gweithlu ar draws y sectorau** yn ABCD drwy hyfforddiant integredig, ymarfer myfyriol, a rhwydweithiau dysgu lleol.

- **Defnyddio dulliau gwerthuso cymysg** sy'n crisialu prosesau, a chanlyniadau iechyd, tegwch ac economaidd, ac sy'n archwilio pwy sy'n elwa, pwy nad yw'n elwa, a beth all wella.

Nawr yw'r amser i sefydliadau ledled Gogledd Cymru weithio ochr yn ochr â chymunedau fel partneriaid cyfartal i adeiladu ar gryfderau lleol, rhannu grym, a chreu'r amodau i bobl a lleoedd ffynnu. Bydd dyfodol iechyd a lles yng Ngogledd Cymru yn cael ei lunio nid yn unig gan wasanaethau, ond gan y cryfder, y cysylltiad, a'r arweinyddiaeth sydd eisoes yn bodoli yn ein cymunedau.



Digwyddiad Gogledd Cymru Actif



Cyfeiriadau

1. Teithio Llesol Cymru. Siarter Teithio Llesol Gogledd Cymru Ar gael o: https://www.teithiollesol.cymru/.
2. Y Sefydliad Tegwch Iechyd. Cymru - Cenedl Marmot. 2026. https://www.instituteofhealthequity.org/resources-reports/wales---a-marmot-nation.
3. Michael Marmot, Jessica Allen, Tammy Boyce, et al. Health equity in England: The Marmot Review 10 years on. 2020. https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on.
4. Llywodraeth Cymru. Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015): yr hanfodion 2021 Ar gael o: Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015: yr hanfodion [HTML] | LLYW.CYMRU Cyrchwyd 3 Ionawr 2024.
5. Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 2010;7(7):e1000316. doi: 10.1371/journal.pmed.1000316
6. The Health Foundation. What builds good health? 2024. https://www.health.org.uk/features-and-opinion/features/what-builds-good-health.
7. Bagnall AM, South J, Kinsella K, et al. Community engagement approaches to improve health: a cross-case study analysis of barriers and facilitators in UK practice. *BMC Public Health* 2025;25(1):747. doi: 10.1186/s12889-025-21902-5
8. McElroy E, Ashton M, Bagnall AM, et al. The individual, place, and wellbeing - a network analysis. *BMC Public Health* 2021;21(1):1621. doi: 10.1186/s12889-021-11553-7
9. Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Adroddiad Blynyddol Cyfarwyddwr Iechyd Cyhoeddus 2025: Adeiladu Iechyd. 2025. Adeiladu Iechyd; BIPBC Adrodddiad Blynyddol 2025
10. Comisiynydd Cenedlaethau'r Dyfodol Cymru. Deddf Llesiant Cenedlaethau'r Dyfodol 2015. Ar gael o: https://futuregenerations.wales/cym/darganfod/cenedlaethaur-dyfodol-cymru/deddf-cenedlaethaur-dyfodol-2015/.
11. World Health Organization. Ottawa Chater for Health Promotion. 1987. https://www.who.int/publications/i/item/WH-1987.
12. Medrwn Môn. Cynllunio Lle Ynys Môn. 2025.
13. Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Cynllun Tymor Canolig Integredig 2025-28. 2025.bipbc.gig.cymru/amdanom-ni/cynlluniau-adroddiadau-dogfennau/cynllun-tair-blynedd-2024-27/cynllun-tymor-canolig-integredig-2025-28/final-bcuhb-2025-28-imtpcy-terfynol-lluniaupdf/
14. Gogledd Cymru ACTIF. Ein prosiectau. 2026
15. Russell C, McKnight J. The connected community: Discovering the health, wealth, and power of neighborhoods: Berrett-Koehler Publishers 2022.
16. Kretzmann JP, McKnight J. Building communities from the inside out. 1993
17. Llywodraeth Cymru. Cymru Iachach: Ein Cynllun ar gyfer Iechyd a Gofal Cymdeithasol 2021. Cymru Iachach

18. Outside Lives Ltd. Outside Lives. 2024. https://outsidelivesltd.org/.

19. Map Cyhoeddus. Mapiau a wnaed gan y gymuned sy'n troi profiad byw yn benderfyniadau mwy craff a gwyrdd. https://publicmap.org/cy/

20. Organization WH. From loneliness to social connection: Charting a path to healthier societies: report of the WHO Commission on Social Connection. 2025

21. Hall CE, Wehling H, Stansfield J, et al. Examining the role of community resilience and social capital on mental health in public health emergency and disaster response: a scoping review. *BMC Public Health* 2023;23(1):2482.

22. Laing B. Putting Communities at the Heart of Transforming Outcomes 2025. https://bevancommission.org/wp-content/uploads/2026/01/Putting-Communities-at-the-Heart-of-Transforming-Outcomes-Brian-Laing-Sept-2025.pdf.

23. Ward S. Using theory-based evaluation to understand what works in asset-based community development. *Community development journal* 2023;58(2):206-24.

24. Evaluating community-led interventions to maximise the health and well-being of climate change adaptations for extreme events. NIHR School of Public Health Research Annual Scientific meeting; 2023.

25. Y Fenter. Cefnogi pob plentyn i gyflawni ei lawn botensial. Ar gael o: https://www.theventure.wales/.

26. Cyngor Sir y Fflint. Grymuso Rhieni, Grymuso Cymunedau. 2026

27. Gofal Sylfaenol Un. Cymuned trwy Ddylunio. https://primarycareone.nhs.wales/topics/community-by-design/.

28. Association LG. A glass half-full: 10 years on review: LGA, 2020.

29. Friedli L. 'What we've tried, hasn't worked': the politics of assets based public health. *Critical public health* 2013;23(2):131-45.

30. Ward S. Using theory-based evaluation to understand what works in asset-based community development. *Community Development Journal* 2021;58(2):206-24. doi: 10.1093/cdj/bsab046

Hoffem ddiolch i'r holl gymunedau, trigolion, grwpiau cymunedol, sefydliadau gwirfoddol a phartneriaid ledled Gogledd Cymru a rannodd eu profiadau, eu prosiectau a'u hasedau lleol gyda ni. Mae eich cyfraniadau wedi bod yn amhrisiadwy wrth ein helpu i arddangos y cryfderau, y cysylltiadau a'r gweithredu a arweinir gan gymunedau sy'n sail i'r adroddiad hwn.

Hoffem hefyd ddiolch i bawb a fu'n rhan o gynhyrchu fformatau hygyrch yr adroddiad, gan gynnwys y fersiynau Hawdd eu Darllen, Iaith Arwyddion Prydain (BSL) a'r fersiynau wedi'u cyfieithu, gan helpu i sicrhau bod yr adroddiad yn hygyrch i gynifer o bobl â phosibl.

Yn olaf, hoffem ddiolch i Jenney Creative am ddylunio'r adroddiad, gan helpu i gyflwyno'r cynnwys mewn ffordd ddifyr a hygyrch.

Atodiad A: Adnoddau Defnyddiol

Mae llawer o adnoddau wedi'u crybwyll drwy gydol y ddogfen hon y gallai darllenwyr eu defnyddio i edrych arnynt yn y dyfodol. Mae'r atodiad hwn yn dwyn ynghyd yr holl adnoddau a drafodwyd yn yr adroddiad.

Adnoddau cyffredinol

- Adroddiad Blynyddol Iechyd Cyhoeddus: Adeiladu Iechyd, BIPBC (2025) -Adeiladu Iechyd; BIPBC Adrodddiad Blynyddol 2025
- Siarter Teithio Llesol Gogledd Cymru - Safonau Siarter Teithio Llesol ar gyfer Cymru | Trafnidiaeth Cymru
- Polisi Cymunedol o'r Cychwyn, Llywodraeth Cymru - https://primarycareone.nhs.wales/topics/community-by-design/

Darganfod beth sy'n gryf yn ein cymunedau

- Platfform Map Cyhoeddus - https://publicmap.org/cy/
- East Suffolk Enabling Communities Toolkit - https://www.eastsuffolk.gov.uk/community-initiatives/enabling-communities/east-suffolk-enabling-communities-model-and-toolkit
- Placebased learning resources, Sport England - https://www.leadingthemovement.org/learning-and-resources/place-based-working/
- Good Life Conversation, Nurture Development - https://www.nurturedevelopment.org/goodlifeconversation/

Cysylltu pobl, asedau a phwrpas

- Rhwydwaith Gyd-gynhyrchu Cymru, Sylfaen Wybodaeth- https://info.copronet.wales/cy/
- Pecyn Cymorth Ymarferwyr Cyfranogaeth Cymru ar gyfer Ymgysylltiad Cymunedol, WCVA - https://wcva.cymru/wp-content/uploads/2020/11/Practitioners-manual-for-public-engagement.pdf

Defnyddio cryfderau ar gyfer iechyd a lles

- Community organising framework, Community Organisers - https://www.corganisers.org.uk/what-is-community-organising/our-framework/
- Community Mobilisation: Unlocking the Potential of Community Power, New local - https://www.newlocal.org.uk/publications/community-mobilisation-unlocking-the-potential-of-community-power/

Astudiaethau achos

- Cynllunio Lle, Medrwn Môn - https://www.medrwnmon.org/cy/copy-of-place-shaping
- Gogledd Cymru Actif - https://gogleddcymruactif.cymru/cy/ein-prosiectau/
- Llyfrgell Tywyn– Llyfrgelloedd Gwynedd Library Official: Instagram, Facebook | Linktree dolen i un o'r prosiectau yn Llyfrgell Tywyn Taith Home Page
- Stori Brymbo, Wrecsam - https://storibrymbo.co.uk/
- Prosiect ar y cyd yn cynnwys Gogledd Cymru Actif, Grŵp Cynefin a Chyngor Sir Ddinbych - https://www.youtube.com/watch?v=n7arBfQO3T8&t=1s
- Towyn a Bae Cinmel- https://bevancommission.org/wp-content/uploads/2026/01/Putting-Communities-at-the-Heart-of-Transforming-Outcomes-Brian-Laing-Sept-2025.pdf
- Y Fenter, Parc Caia - https://www.theventure.wales/
- Rhaglen Awtistiaeth EPEC, Sir y Fflint - https://www.siryfflint.gov.uk/cy/Resident/Flintshire-Early-Years-and-Childcare/EPEC.aspx
- Prosiect Outside Lives, Sir y Fflint - Outside Lives Ltd

Atodiad B: Deall effaith ABCD – Dulliau Gwerthuso

Nid yw gwerthuso ABCD bob amser yn syml. Mae pob cymuned yn unigryw, a gall newid edrych yn wahanol ym mhob lle. Er mwyn deall a wnaeth prosiect helpu neu beidio, fel arfer, mae angen adolygu amrywiaeth o wybodaeth. Gall hyn gynnwys data rhifiadol (e.e. nifer y cyfranogwyr, costau, newidiadau mesuradwy dros amser), ochr yn ochr â phrofiadau, straeon, myfyrdodau ac adborth pobl.

Gofyn cwestiynau syml

Man dechrau defnyddiol ar gyfer cymunedau a sefydliadau yw gofyn ychydig o gwestiynau syml sy'n helpu i ddeall y gweithgareddau a gyflwynir a'r effaith ehangach ar bobl a chymunedau:

- **Beth wnaethom ni?**
- **Pam wnaethom ni hynny?**
- **Pwy oedd yn rhan ohono?**
- **Pa wahaniaeth a wnaeth i bobl a'n cymuned?**
- **Beth a helpodd i greu newid?**
- **Beth allai gael ei wella?**
- **Beth oedd y gost?**

Defnyddio niferoedd a straeon

Er mwyn ateb y cwestiynau hyn, mae angen y ddau beth isod arnom:

- **Gwybodaeth feintiol:** niferoedd, data cyfranogiad, a newidiadau mesuradwy dros amser
- **Gwybodaeth ansoddol:** profiadau, straeon, myfyrdodau ac adborth pobl

Edrych ar y niferoedd (gwybodaeth feintiol)

Mae hyn yn ein helpu i ddeall maint a chyrhaeddiad y gweithgaredd. Gall hyn gynnwys:

- **Faint** o bobl a gymerodd ran
- **Pwy** a gymerodd ran (oedran, rhywedd, ble maent yn byw)
- **Presenoldeb** ac ymgysylltiad dros amser
- **Nifer y gweithgareddau** a ddatblygwyd
- **Partneriaethau** neu grwpiau cymunedol newydd wedi'u ffurfio
- **Newid i les**, hyder, cysylltiad cymdeithasol neu lefelau gweithgarwch corfforol fel y'u graddiwyd gan y cyfranogwyr
- **Cost** cyflwyno gweithgareddau a chymorth (cyffredinol a fesul unigolyn)

Gwrando ar brofiadau pobl (gwybodaeth ansoddol)

Mae hyn yn ein helpu i ddeall beth sydd bwysicaf i bobl a sut mae newid yn cael ei brofi. Gall casglu adborth dros amser hefyd helpu i ddeall a barhaodd newidiadau ac a ddaeth anghenion newydd i'r amlwg. Gall hyn gynnwys:

- **Straeon a phrofiadau byw:** Rhannu profiadau byw yng ngeiriau pobl eu hunain trwy ysgrifennu, trwy sain neu drwy fideo. Mae'r rhain yn dangos sut mae pethau wedi gwella, megis teimlo'n fwy hyderus, teimlo mwy o gysylltiad neu gymryd mwy o ran yn y gymuned.
- **Sgyrsiau grŵp:** Dod â phobl ynghyd i siarad yn onest am yr hyn a weithiodd, yr hyn na weithiodd, a'r hyn a allai newid.
- **Arolygon:** Gall holiaduron syml gasglu gwybodaeth cyn, yn ystod ac ar ôl gweithgareddau. Os yw cwestiynau'n caniatáu i bobl ysgrifennu, gall pobl esbonio pethau yn eu ffordd eu hunain. Gall y rhain gynnwys cwestiynau am hyder, ymdeimlad o gymorth, lles, perthnasoedd, a'r hyn yr oedd pobl yn ei weld yn ddefnyddiol neu'n heriol.



Digwyddiad Gogledd Cymru Actif

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cysylltwch â ni:

BCU.PHAdmin@wales.nhs.uk



Llanberis

Planning, Population Health & Partnerships Committee

BCUHB INCLUSION HEALTH PROGRAMME PROPOSAL

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Draft Status - Final Version will be Published
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Hannah Lloyd, Principal Public Health Practitioner
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	Endorse for Board Approval

Crynodeb Gweithredol
Executive Summary

This paper seeks PPHP endorsement for the development and implementation of a BCUHB Inclusion Health Programme to improve access, experience and outcomes for people experiencing social exclusion and multiple disadvantage across North Wales. The programme responds to a growing body of evidence demonstrating that inclusion health populations experience some of the poorest health outcomes, face significant barriers to accessing care and make disproportionate use of urgent and emergency healthcare services.

The proposed programme will provide a coordinated, system-wide approach to reducing health inequalities through universal, targeted and specialist approaches, delivered through transformation programmes such as Community by Design. The programme aligns with Welsh Government expectations, the Well-being of Future Generations (Wales) Act, A Healthier Wales and commitments within the BCUHB Integrated Medium-Term Plan (2026-2029).

To lead implementation of the programme, the paper recommends the establishment of an Inclusion Health Clinical Lead role. The role will provide strategic leadership, clinical oversight and will strengthen partnership working across organisational and sector boundaries.

Failure to progress the programme risks widening inequalities, increasing demand on urgent and emergency care services, increasing delayed discharges and limiting the Health Board's ability to meet strategic and policy commitments relating to health inequalities and prevention.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
BCUHB Equalities Team	October 2026	Report reviewed and feedback provided.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	

BCUHB INCLUSION HEALTH PROGRAMME PROPOSAL

1. Y SEFYLLFA
SITUATION

1.1 This paper seeks endorsement from the PPHP committee for the development and implementation of the BCUHB Inclusion Health Programme. The programme seeks to reduce health inequalities and improve outcomes for people experiencing social exclusion and multiple disadvantage across North Wales. The paper also seeks support for the establishment of an Inclusion Health Network, and for the development of dedicated Inclusion Health Care Navigator role(s) and an Inclusion Health Clinical Lead role, subject to the identification of appropriate resources.

1.2 Inclusion health populations experience some of the most severe health inequalities in society, including poorer physical and mental health outcomes, lower life expectancy, greater exposure to adverse social determinants of health and significant barriers to accessing healthcare services. Whilst examples of good practice exist across BCUHB and partner organisations, activity is currently delivered through a range of individual services, projects and initiatives, resulting in variation in across the region.

1.3 The proposed programme brings together existing services, partnerships and resources within a single Inclusion Health Programme. Through a combination of universal, targeted and specialist approaches, it aims to strengthen prevention and early intervention, improve service integration and coordination, and support more effective use of Health Board resources. Community by Design will provide a key vehicle for delivering the ambitions of the programme through place-based, integrated models of care that improve access, experience and outcomes for people experiencing social exclusion and multiple disadvantage.

2. Y CEFNDIR
BACKGROUND

2.1. Over recent years, the BCUHB Public Health Directorate has undertaken a programme of evidence, insight and engagement work focusing on inclusion health populations, including people experiencing homelessness, Gypsy, Roma and Traveller communities, asylum seekers and refugees, people in contact with the criminal justice system and other socially excluded groups. This work has consistently identified barriers to healthcare access, challenges navigating services, variation in service provision, gaps in data collection and opportunities to strengthen partnership working across organisations.

2.2. The proposal aligns with a number of strategic and statutory drivers, including the Well-being of Future Generations (Wales) Act, A Healthier Wales, Welsh Government expectations relating to inclusion health and commitments within the BCUHB Integrated Medium-Term Plan 2026-2029, which includes delivery of the Homelessness Insights work and development of a comprehensive Inclusion Health offer.

2.3. Evidence indicates that although inclusion health populations represent a relatively small proportion of the population, they often experience disproportionately high use of urgent and emergency care services. Local analysis undertaken by BCUHB identified that 50 individuals for whom homelessness had been recorded accounted for an estimated £1.2 million in additional delayed discharge bed day costs over a twelve-month period, highlighting the impact of unmet need on patient outcomes, patient flow and Health Board resources.

3. MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

3.1. The proposed Inclusion Health Programme will be coordinated through a three-tier model comprising universal approaches to prevention and early intervention, targeted service design, and specialist services.

3.2. Delivery will be supported through the establishment of an Inclusion Health Network, bringing together partners from health, housing, social care, local authorities, probation, the third sector and other stakeholders to provide leadership, coordination and shared oversight of inclusion health activity across North Wales.

3.3. To support implementation, the proposal recommends the development of dedicated Inclusion Health Care Navigator role(s) in areas of greatest need and the establishment of an Inclusion Health Clinical Lead role to provide strategic leadership, clinical oversight and system-wide coordination. These proposals are subject to the identification of appropriate funding and resources.

3.4. The programme is expected to improve access to prevention, early intervention and healthcare services, strengthen partnership working, improve patient experience and outcomes, and support more effective use of Health Board resources through reduced inequalities, improved care coordination and reduced avoidable demand on services.

3.5. Committee members are also asked to consider the risks of not progressing the programme, including widening health inequalities, increasing demand on urgent and emergency care services, missed opportunities to improve patient flow and delayed discharges, and failure to deliver key Health Board and Welsh Government commitments.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1. Failure to progress the programme may contribute to widening inequalities in access, experience and health outcomes for Inclusion Health populations.

4.2. Opportunities to reduce avoidable demand on urgent and emergency care services, delayed discharges and associated cost pressures may be missed.

4.3. Lack of dedicated clinical leadership may result in fragmented delivery, reduced accountability and slower implementation of agreed priorities.

4.4. Continued limitations in data quality and identification of inclusion health populations may impact the Health Board's ability to understand need, target interventions and evaluate outcomes.

4.5. Failure to progress the programme may affect delivery of Welsh Government expectations and commitments outlined within the Health Board's IMTP.

2 ARGYMHELLION
RECOMMENDATIONS

2.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:

The Committee/Meeting/Group is asked to:

GWNEUD SYLWADAU/COMMENT:

- On the proposed BCUHB Inclusion Health Programme and associated delivery model.

CEFNOGI/SUPPORT:

- The development and implementation of the BCUHB Inclusion Health Programme and its integration within Community by Design and other Health Board transformation programmes to ensure a coordinated organisational approach to reducing inequalities in access, experience and outcomes.

- Support the creation of Inclusion Health Care Navigator role/s and an Inclusion Health Clinical Lead role, subject to identification of appropriate funding from existing Health Board resources.

- An annual progress report on the implementation of the Inclusion Health Programme, including delivery against agreed priorities, outcomes, impacts and progress in embedding inclusion health principles across Health Board services and transformation programmes.

CYTUNO/AGREE:

- The development and implementation of the BCUHB Inclusion Health Programme.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience
	If more than one applies, please list below: Focus on Health and Wellbeing Enhance Coordination of Care for People Create a Moder, People Centred Healthcare System
Yr Egwyddorion Dylunio **Design Principles**	Inclusive Design
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	No impact
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	No impact
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: To be completed
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Yes (Include further detail below)	
	WG Homelessness and Social Housing Allocation (Wales) Act, 2026.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Failure to implement the recommendations may result in reputational risk through an inability to deliver on the commitments outlined in the Health Boards IMTP (2026 -2029) and Welsh Governments expectations relating to Inclusion Health,	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Funding is being sought from existing Health Board resources to establish an Inclusion Health Clinical Lead post to provide strategic leadership and accountability for the programme.	

BCUHB Inclusion Health Programme Proposal

Author: Hannah C Lloyd, BCUHB Public Health Directorate

October 2026

Contents page:

1. Report aim: 3
2. Introduction: 3
3. Background: 7
4. BCUHB Inclusion Health Programme: 9
5. Enablers across all Tiers 18
6 Impact and Benefits 19
7. Recommendations: 20

Acknowledgments:

The Public Health Directorate would like to thank all those who have contributed to the development of the evidence, insight and engagement work that has informed this paper and the proposed BCUHB Inclusion Health Programme.

This includes colleagues from across Betsi Cadwaladr University Health Board, Local Authorities, housing, probation services, HMP Berwyn, primary care, and third-sector organisations who kindly shared their expertise, knowledge and experience throughout the development process.

We are particularly grateful to the many individuals with lived and living experience of homelessness, seeking asylum, contact with the criminal justice system, and other forms of social exclusion who contributed their time, experiences and perspectives. Their insights have been invaluable in helping to improve understanding of the barriers faced by Inclusion Health populations and in shaping recommendations for future service development.

1. Report aim:

1.1 The aim of this report is to seek endorsement from the BCUHB Planning, Population Health and Partnerships (PPHP) Commitee for the establishment and implementation of a **BCUHB Inclusion Health Programme** . The programme brings together existing services, partnerships and resources to reduce inequalities, improve outcomes and support more effective use of healthcare resources for marginalised and socially excluded groups across North Wales. Implementation will be delivered through a phased approach, including the development of a programme delivery plan, identification of workforce and resource implications and the development of associated business cases where necessary.

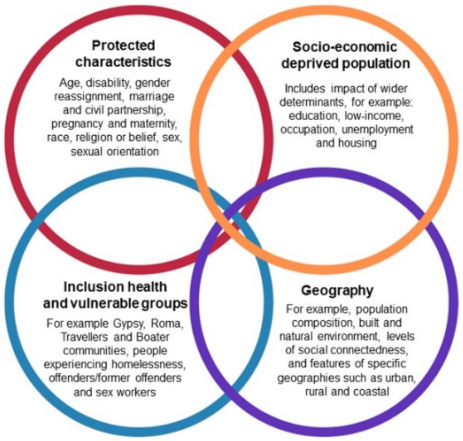
2. Introduction:

2.1 Health inequalities are the unfair and avoidable differences in health outcomes between individuals and groups. These differences are strongly influenced by the conditions in which people are born, grow, live and age, including access to housing, employment, education, and services[1].

2.2 In North Wales, these inequalities remain significant and continue to widen. People living in the most deprived areas experience significantly poorer health outcomes, spend fewer years in good health, and die earlier than those in more affluent communities. This represents not only a major public health challenge, but also a growing pressure on healthcare services.

2.3 The factors that influence health inequalities rarely occur in isolation (figure 1). When individuals experience multiple forms of disadvantage, the impact on health is compounded, increasing the likelihood of complex health needs, poorer health outcomes, and a greater reliance on emergency and unplanned care[2].

Figure 1: Overlapping dimensions of health inequalities:



[1] https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/

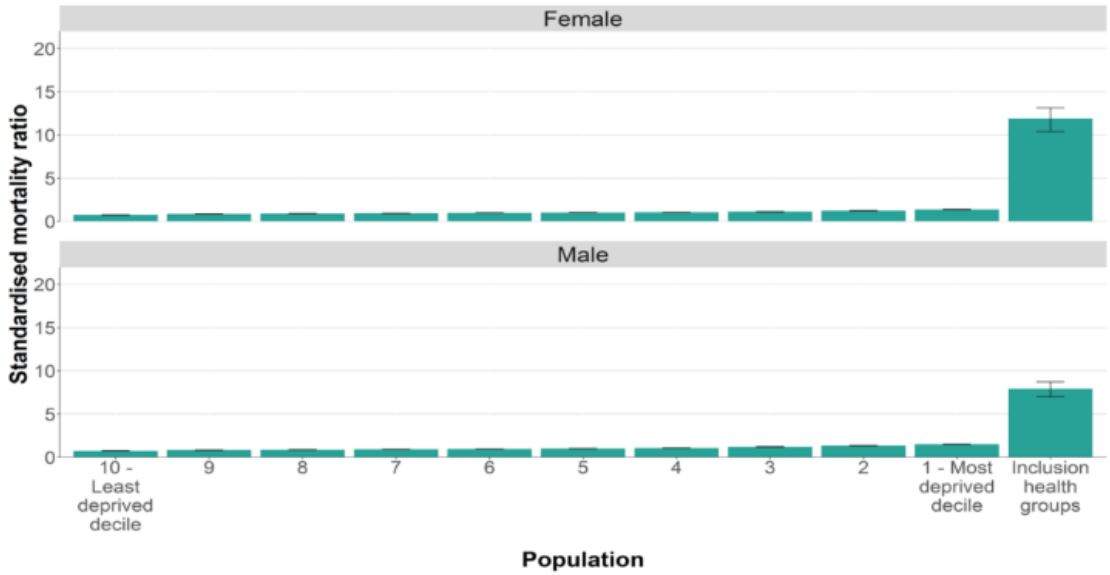
[2] Healthcare for Single Homeless People

2.4 When designing and delivering services, the Health Board and primary and community care partners must consider the needs of all individuals who experience barriers to access. These groups may include:

- People living in poverty or experiencing socio-economic disadvantage
- People who might be marginalised or socially excluded from the general population, such as people experiencing homelessness, care leavers, people in the criminal justice system, lower educational attainment and unemployment.
- People who share protected characteristics under the Equality Act 2010, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- Inclusion Health Groups, including Gypsy, Roma and Travellers, Asylum Seekers and Refugees, sex workers, people at risk of or experiencing homelessness and people within the criminal justice system.
- People in different geographical areas, including rural or remote areas.

2.5 Inclusion health groups experience some of the **most extreme health inequalities** in our society. Evidence shows they are significantly more likely to die earlier and spend more years in poorer health compared to both the general population and those in lower socioeconomic groups (figure 2)[3].

Figure 2. Standardised all-cause mortality ratio for inclusion health groups in England, compared to the general population by deprivation decile



Source: NHS England » A national framework for NHS – action on inclusion health

2.6 Inclusion health groups often have complex health and social needs, experience persistent stigma and discrimination, and face significant barriers in accessing services. As a result, they are less likely to benefit from prevention and early intervention services and are more likely to present in a crisis and require high-intensity urgent and reactive care[4].This can result in disproportionately higher emergency care admissions, longer lengths of stay in hospital and increased use of unscheduled care.

[3] NHS England » A national framework for NHS – action on inclusion health
[4] Healthcare for Single Homeless People

2.8 These inequalities are underpinned by the **Inverse Care Law**. Developed by Julian Tudor Hart in 1971, the Inverse Care Law states that the availability of good healthcare tends to vary inversely for those who need it most. In practice, this means that individuals with the greatest healthcare needs, often driven by the social determinants of health, such as housing, employment and education frequently experience poor access to timely and appropriate healthcare. As a result, those who need healthcare the most, are less likely to receive it.

2.9 The infographic below provides a summary of the health needs and outcomes for different inclusion health populations[5]. The data shows that inclusion health groups have:

- An increased risk of communicable diseases
- An increased risk of chronic health conditions
- Increased lifestyle and behavioural factors
- A significant risk of mental health
- Lower uptake of prevention and early intervention services.

More in-depth rapid evidence reviews for individual inclusion health populations can be found here: [Inclusion Health Evidence Summaries and Infographics - Primary Care One]

Figure 3: Rapid review into the health needs of inclusion health groups.



[5] Inclusion Health Evidence Summaries and Infographics - Primary Care One

2.10 Addressing the Inverse Care Law requires urgent, coordinated, and cross-system action. A shift is needed from **reactive models of care** to accessible and integrated approaches that **prioritise prevention, early intervention, and equitable access**, with a targeted and proportionate focus on those with the greatest need.

2.11 The aim of this report is to present a proposal for the development of an **Inclusion Health Programme** for BCUHB. The programme is built on the inclusion health evidence and insight work undertaken by the Public Health Directorate, including:

- Gypsy, Roma and Traveller Health Needs Assessment. (2023).
- Approved Premises Health and Social Care Needs Assessment, (2024).
- Homelessness Insights Report, (2025).
- Sex Worker Scoping Review, (2026).
- Asylum Seeker and Refugee Health Needs Assessment, (2026).
- Reducing Inequalities in Preventative Health Services for People with a Learning Disability, (2026).

2.12 The inclusion health evidence and insight work identified several consistent and recurring themes across inclusion health groups, including:

- Barriers to accessing healthcare
- Challenges navigating services
- Variation in service provision
- Inconsistent recording and identification of protected characteristics and inclusion health groups
- Difficulties sharing information across organisations
- Opportunities to strengthen partnership working

2.13 Whilst examples of innovative and compassionate practice were identified across BCUHB, the findings highlight the need for a more **coordinated, targeted and consistent approach** to improving access, experience and outcomes for inclusion health and marginalised groups.

2.14 The proposed programme incorporates **both universal, targeted and specialist approaches** to improve outcomes for inclusion health groups, reduce inequalities, and support more effective use of resources as part of the Health Board's broader prevention and population health approach.

3. Background:

3.1 The Well-being of Future Generations (Wales) Act (2015) [6] places a statutory duty on public bodies to work towards a more 'equal and healthier Wales'. It requires organisations to take a long-term, preventative approach; working collaboratively to reduce inequalities and improve wellbeing. This is supported by the Five Ways of Working, including long-term, prevention, integration, collaboration and involvement. Together, they provide a clear foundation for addressing health inequalities and improving outcomes for inclusion health groups.

3.2 This approach aligns with 'A Healthier Wales'[7], which sets out the long-term vision for health and social care in Wales. It calls for a **whole-system shift towards prevention, early intervention**, and more integrated, person-centred services delivered closer to home. Further opportunities to advance health equity and reduce inequalities in access, outcomes and experience through legislation, policy and strategic transformation programmes include:

- Equality Act (2010)
- Socioeconomic Duty (2021)
- Homelessness and Social Housing Allocation (Wales) Act, (2026)
- Anti-racist Action Plan Wales (2024)
- Primary Care Model for Wales (2021)
- Womens Health Plan for Wales (2024)
- Cymru Marmot Nation
- Teg I Bawb (2025)

3.3 Despite this clear policy direction, inclusion health groups continue to experience significant barriers to accessing care and benefit least from mainstream services. This highlights the need for a more **targeted and consistent** approach across the Health Board.

3.4 On the 25th of March 2025, Judith Paget, Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive wrote to all Health Boards in Wales outlining expectations on how organisations should reduce inequity and improve the lived experience of vulnerable groups. Within the letter, NHS organisations are expected to: ***"develop Inclusion Health Services to meet the needs of vulnerable groups".***

3.5 In March 2026, BCUHB published its Integrated Medium-Term Plan (2026 – 2029). The plan provides a key opportunity to adopt system-wide approaches to reducing health inequalities, with a strong and consistent focus on prevention, underpinned by the four new intent statements.

3.6 Within the plan, the Health Board has **committed** to **delivering on the Homelessness Insights work** and **developing a comprehensive inclusion health offer** (Figure 4).

[6] Well-being of Future Generations (Wales) Act 2015: the essentials [HTML] | GOV.WALES
[7] A healthier Wales: long term plan for health and social care | GOV.WALES

Figure 4: BCUHB IMTP (2026 – 2029) Priority: Focus on Health and Wellbeing: 1C.7

	(Links to Section 5 – Working with Regional Partners)				
Inclusion Health	1C.7 – Based on the work in 2025/26 on the homelessness assessment, to comply with the new Homelessness and Social Housing Allocation (Wales) legislation and needs assessments on other inclusion groups, develop a comprehensive inclusion health offer for people in North Wales.	Executive Director of Public Health – PPHP	Q3		N/A
	▪ 1A – Preventative approaches to Health & Wellbeing				

3.7 Data and intelligence on the proportion of inclusion health populations in North Wales demonstrates variation across North Wales between geographical areas and for different population groups. Population data should be interpreted with caution as it does not always reflect the true picture due to inconsistent data collection, underreporting and barriers to disclosing personal information resulting from stigma and discrimination. As a result, the figures are likely to be underestimated. Further information on population data and intelligence can be found here: PHIRE Resources | North Wales Population

3.8 While the number and proportion of inclusion health groups within the population are relatively low, evidence suggests their use of healthcare services is **disproportionately high.** Due to limited and inconsistent data collection across Health Board services, it is challenging to fully understand how inclusion health groups access and experience services.

For example**,** evidence from the Gypsy, Roma and Traveller Health Needs Assessment (2023) found that between the 1st of April 2021 and 31st of March 2022, there were 205,271 emergency department presentations across the three acute hospital sites in BCUHB. Seventy-nine percent of these presentations (162,073 records) had 'not stated', 'NULL' or 'unknown' recorded against ethnicity. None of the remaining 43,198 records stated Gypsy, Rome and Traveller as the ethnic origin of the patient.

This evidence supports the need to strengthen the collection and use of equality and inclusion health data across Health Board services to better understand inequalities in access, outcomes and experience, inform service planning and support the development of future prevention and intervention approaches.

3.9 The findings from the inclusion health evidence and insight work align strongly with the aims of the Community by Design programme. Across inclusion health groups, stakeholders consistently highlighted the importance of accessible primary and community care, integrated multidisciplinary support, trusted relationships, continuity of care and stronger partnership working. Community by Design provides an opportunity to respond to these challenges through place-based models of care that are tailored to local need and promote more equitable access, experience and outcomes.

3.10 Collectively, these legislative, policy and strategic drivers provide a strong mandate for action on health inequalities across North Wales. They create opportunities to embed health equity, prevention and integrated service delivery across existing services and transformation programmes, supporting the implementation of universal, targeted and specialist approaches described within the Inclusion Health Programme.

4. BCUHB Inclusion Health Programme:

4.1 Building on the information presented, the proposed Inclusion Health Programme brings together existing work, services and partnerships across primary, community and healthcare services to strengthen and improve the coordination of care, rather than creating a new service or adding additional complexity.

4.2 Community by Design provides a significant opportunity to deliver the ambitions of the Inclusion Health Programme through place-based, integrated models of care. The findings from the inclusion health evidence and insight work strongly align with the aims of Community by Design, particularly the need for accessible primary and community care, trusted relationships, continuity of care, multidisciplinary working and stronger partnership approaches. As a result, the Inclusion Health Programme will support and inform Community by Design, ensuring that health equity and inclusion health principles are embedded within service transformation and delivery. Together, these programmes provide an opportunity to reduce inequalities in access, experience and outcomes, whilst addressing the challenges described by the Inverse Care Law.

4.3 Adapted from the Public Health Wales Service Guidance for Inclusion Health[8], the BCUHB Inclusion Health Programme will be delivered through a three-tiered delivery model combining **universal, targeted and specialist approaches** to prevention, early intervention and healthcare delivery (figure 4):

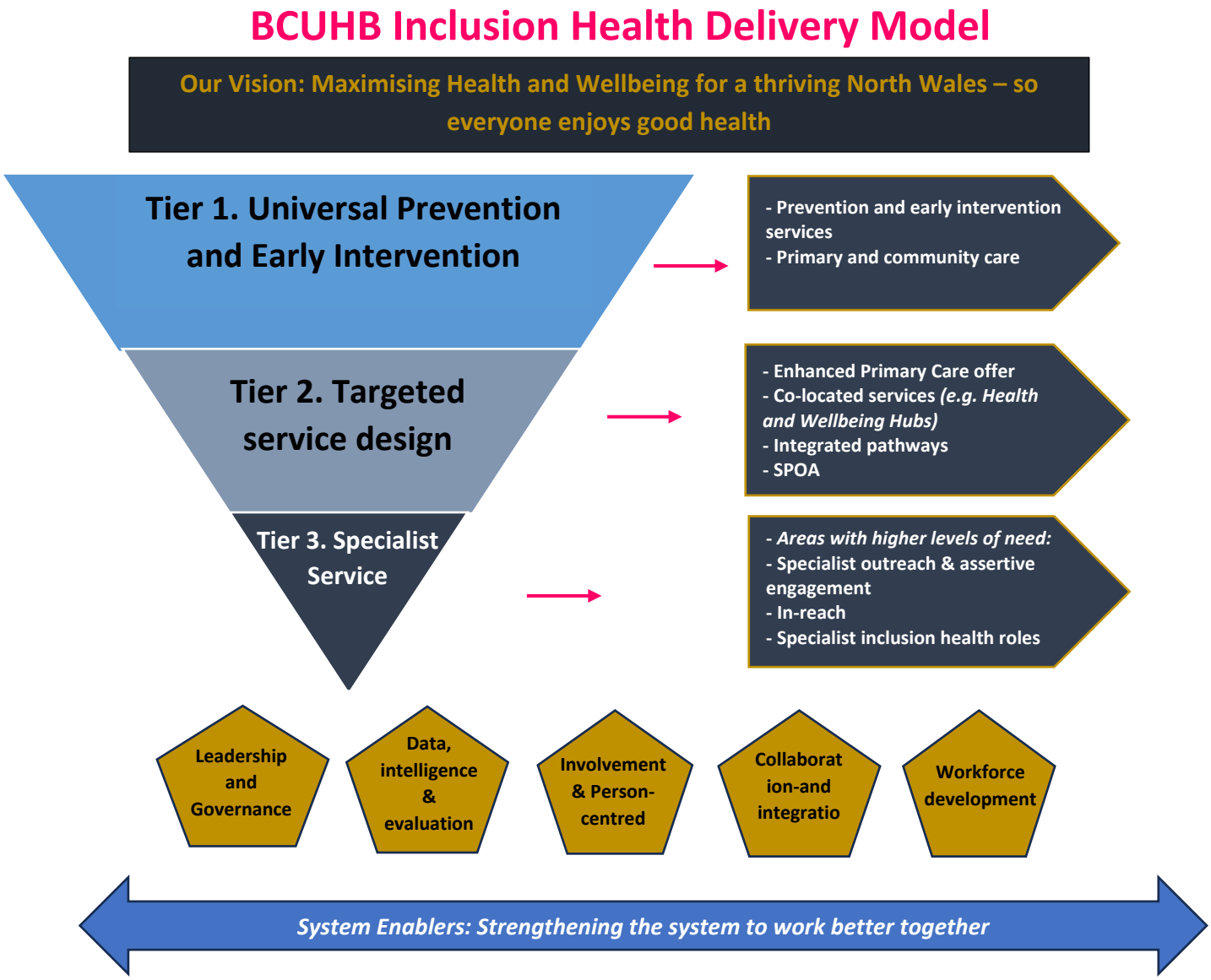
- **Universal approaches** will focus on embedding health equity, prevention and inclusive service design across all services, through existing programmes, including Community by Design.

- **Targeted approaches** will support services to identify and respond to the needs of inclusion health population groups.

- **Specialist approaches** will be developed where evidence demonstrates a dedicated need for enhanced support for people experiencing multiple disadvantage.

4.4 The model is underpinned by a series of system enablers, informed by the evidence and insights work undertaken by BCUHB Public Health Directorate, to support change across culture, strategy and service design

Figure 4:



Building on the evidence and insights work undertaken across North Wales, the following section describes **how** the Health Board, working alongside partners, will develop and implement the Inclusion Health Programme through a three-tiered model of delivery.

4.4 Tier 1: Universal Approaches to Prevention and Early Intervention:

Universal approaches to prevention and early intervention seek to ensure that **primary, community and healthcare services** are **accessible, equitable** and **responsive** to the needs of all population groups. Evidence from the inclusion health reviews undertaken by the Public Health Directorate suggests that many of the barriers experienced by inclusion health groups arise because services are not routinely designed around the needs and lived experiences of those facing the greatest inequalities.

Across North Wales, the evidence has highlighted a range of system barriers, including poor communication, inflexible appointment systems, limited awareness and understanding of inclusion health amongst health board staff, and inconsistent collection and use of equality and inclusion data. These barriers can reduce access to preventative care, delay engagement with services and contribute to widening inequalities and poorer health outcomes. Strengthening universal services through more inclusive design, improved data collection and greater flexibility in service delivery is fundamental to reducing inequalities and ensuring that all individuals can benefit from early intervention and preventative healthcare.

Across the evidence reviews, common themes emerged regardless of the population group, suggesting that many of the barriers experienced by inclusion health populations are systemic rather than population-specific. For example, the BCUHB Gypsy, Roma and Traveller Health Needs Assessment, Approved Premises Health and Social Care Needs Assessment and Sex Worker Scoping Review identified that individuals had lower levels of engagement with prevention and early intervention services including mental health, dental health, smoking cessation, and screening and vaccination programmes compared to the general population. The findings highlight the need to improve service accessibility, increase outreach opportunities and improve knowledge and understanding of inclusion health to enable staff to effectively and confidently engage with different population groups.

Primary and community care is often the first point of contact into the healthcare system and plays a key role in providing care that is accessible, trauma informed and built on trust and relationships. For many inclusion health groups however, evidence from the Public Health Directorates evidence reviews suggests that primary and community care services across North Wales are not always easy to access or navigate. Insights from lived experience engagement work has highlighted several barriers relating to appointment systems, communication, stigma and discrimination and continuity of care. Factors such as this can limit engagement with primary and community services, resulting **in higher unmet needs** and **greater demands on emergency and unscheduled care services.**

In response to these findings, the Public Health Directorate has worked in partnership with the Equalities Team to develop and embed a **Health Equity Maturity Matrix** within strategic planning across the Health Board. The Matrix covers key domains including leadership and governance, data and intelligence, workforce development, community involvement and equitable access. It supports services to assess their current level of maturity, identify opportunities for improvement and embed actions within service plans that aim to reduce inequalities in access, outcomes and experience. Implementation of the Matrix will support a more consistent approach to addressing health inequalities by embedding health equity within organisational culture and strategy. Additionally, the **Teg I Bawb - Fair for All Strategic Action Plan** developed by the Primary Care Programme in Public Health Wales provides a framework to support all actors within the primary care system to reduce inequalities through coordinated, community focused and data driven actions.

Taken together, the evidence suggests that reducing inequalities for inclusion health populations is not solely dependent on developing specialist services. Significant improvements can be achieved through strengthening the accessibility, flexibility and responsiveness of universal services, ensuring that prevention and early intervention reach those most likely to be excluded from mainstream provision.

To strengthen the Health Board's universal approach to prevention and early intervention (Tier 1), the Inclusion Health Programme will help coordinate and support the delivery of the priority actions outlined below.

<table>
<tr><th colspan="2">Tier 1: Universal approaches to prevention and early intervention</th></tr>
<tr><th>Evidence and Insights from the Needs Assessments:</th><th>Priority Actions for Delivery</th></tr>
<tr><td rowspan="7">Lower uptake of prevention and early intervention services amongst inclusion health groups, including screening and vaccination programmes.
Difficulties accessing GP registration and appointments.
Poor recording of ethnicity, inclusion health, and housing status.
Poor communication practices with inclusion health groups
Language and interpretation barriers.
Experiences of stigma and discrimination.
Lack of cultural competence and trauma-informed practice.</td><td>Embed the BCUHB Health Equity Maturity Matrix and Teg I Bawb - Fair for All Strategic Action Plan as a core function within strategic planning across BCUHB prevention and early intervention services and the Community by Design programme.</td></tr>
<tr><td>Improve knowledge and understanding of health equity, cultural competence and trauma information care through on-going workforce training and development, including organisational roll-out of the Cultural Competence training co-produced with the Equalities Team.</td></tr>
<tr><td>Develop a Health Board wide digital Engagement and Co-production Hub to improve the coordination and evaluation of community engagement and outreach work across the Health Board, in collaboration with the Engagement Team.</td></tr>
<tr><td>Support implementation of the BCUHB Screening and Vaccination Equity Plans to improve equity and reduce inequalities in uptake between population groups and geographical areas across North Wales.</td></tr>
<tr><td>Support development of a BCUHB Equality and Inclusion Health Clinical System Procurement Guide to ensure all data and monitoring requirements are built into procurement from the outset.</td></tr>
<tr><td>Improve communication and accessibility of services through implementation of the Accessible Communication Standards and BSL (Wales), Act.</td></tr>
<tr><td>Identify further opportunities to embed health equity and learning within the development and implementation of external strategic partnership programmes and plans such as:
Regional Prevention, Wellbeing and Achor Framework
Flintshire Connect for Change & Thriving Flintshire Together
Marmot Place (Denbighshire).</td></tr>
</table>

	• PSB Wellbeing Assessments & Plans • RPB Plans • Ambition North Wales plans

4.5 Tier 2: Targeted Service Design

The evidence demonstrates that some population groups and geographical areas experience significantly higher levels of need and face barriers that are unlikely to be addressed through universal approaches alone. Targeted models are therefore required to proactively identify need, improve coordination between services and ensure support reaches those most at risk of poor outcomes.

Inclusion health populations often experience multiple and overlapping needs, including poor mental health, substance misuse, homelessness and social exclusion, resulting in higher engagement with multiple health and community services at any one time. However, factors such as unstable living conditions, low health literacy and inflexible service models can make it difficult for individuals to attend appointments or engage consistently with care. This can lead to higher rates of missed appointments and inefficient use of clinic and staff capacity.

Adding to this, evidence and insight work undertaken by the Public Health Directorate has highlighted challenges experienced by external stakeholders, including housing and homelessness partners in navigating and accessing appropriate Health Board services. Stakeholders reported difficulties identifying the right points of contact, coordinating care, and obtaining timely information to support the continuity of care of individuals being discharged into community settings. Partners also highlighted challenges relating to limited awareness of an individual's health and support needs, limited communication between services, and difficulties sharing information across organisational boundaries.

Similar challenges have been identified in relation to the dispersal of asylum seekers from Cardiff into North Wales, where partners described difficulties following up with individuals and establishing timely contact with relevant healthcare services following relocation. This can impact continuity of care, particularly for those with ongoing physical health, mental health or wider support needs.

To address these challenges, **Tier 2: Targeted Service Design** focuses on strengthening integration between services through the development of co-located service models, outreach approaches, integrated care pathways and a Health Board-wide Single Point of Access for inclusion health populations. Too often, services are designed and delivered in isolation, without sufficient consideration of the needs of those facing the greatest barriers to accessing care.

Opportunities to strengthen targeted approaches can be developed through existing transformation and capital programmes, including Community by Design and the development of Health and Wellbeing Hubs and Women's Health Hubs. These programmes provide an opportunity to integrate health, social care and holistic support services within community settings and reduces the need for individuals to engage with multiple organisations across different locations.

Through the Public Health Directorates work, there is growing evidence of a shift in thinking across the system towards **designing services around the needs of people** experiencing multiple disadvantage. Building on the findings and recommendations of the Gypsy, Roma and Traveller Health Needs Assessment, the Public Health Directorate has worked in partnership with Flintshire County Council and Liverpool Hope University to develop a four-year strategic programme aimed at reducing inequalities and improving outcomes for Gypsy, Roma and Traveller communities across Flintshire. Developed through a series of co-production and Theory of Change workshops involving system-wide stakeholders, the programme identified a range actions, including the need for more integrated models of health, social care and community support.

Further opportunities are emerging within existing Health Board services. For example, discussions are underway regarding the integration of a drop-in wound care offer within Substance Misuse Services in Wrexham. This proposal has been informed by evidence and lived experience insights which identified high rates of 'could not attend' appointments within the existing wound care offer. Locating wound care provision alongside Substance Misuse Services would provide a more flexible and accessible model of care, delivered within an environment that is familiar and trusted by service users. This approach demonstrates how targeted service redesign can improve engagement, reduce barriers to access and better meet the needs of individuals experiencing multiple disadvantage.

Mobile outreach services such as the Enhancing Lives Service provide valuable person-centred and relationship-based care and support to individuals experiencing multiple and overlapping health and social care needs. Through a flexible outreach model, the service reaches people who may otherwise struggle to access mainstream healthcare services. Evidence from the service highlights improvements in housing stability, wellbeing and recovery outcomes: Enhancing Lives Team Patient Stories.mov . Building on this learning, the Inclusion Health Programme will seek to expand and develop further mobile outreach and hub and spoke models of care through joint commissioning and partnership opportunities. This approach would extend the reach to marginalised and social excluded individuals living in remote and rural areas of North Wales.

Collectively, these examples demonstrate the value of proactive outreach, care coordination and partnership working. Whilst many of these needs can be addressed through universal services, some individuals require additional support to navigate complex systems, and maintain engagement with services. By strengthening coordination, continuity of care and partnership working, targeted approaches can improve outcomes for individuals whilst making more effective use of health and care resources.

The table below outlines the evidence and insights and priority actions to support the development and implementation of a Tier 2: Targeted Service Design model across BCUHB:

Tier 2: Targeted Service Design	
Evidence and Insights from the Needs Assessments:	**Priority Actions for Delivery**

• Multiple and overlapping health and social care needs • Fragmented care • Inconsistent pathways • High rates of missed appointments • Poor communication between services and organisations • Poor continuity of care between services and lack of service integration.	Establish a Health Board wide **Single Point of Access** for inclusion health groups to improve communication and coordination of care for individuals moving between health, social care and community services, as endorsed within the Homeness Insights Report.
	Co-located and integrated health and social care pathways are established through current and future transformation and capital investment programmes across primary, community and healthcare services *(e.g. Community by Design, Health and Wellbeing Hubs, Women's Health Hubs).*
	Explore the co-commission of **mobile out-reach and hub and spoke models of care** with primary and community healthcare services to reach underserved and marginalised individuals living in remote and rural parts of North Wales.
	Further develop the **Health Road Show** outreach events, building on the learning from the Gypsy, Roma and Traveller and Probation events to reach other population groups and across other geographical areas.

4.6 Tier 3: Specialist Service.

In some localities of North Wales, more specialist approaches are required to meet the needs of people experiencing severe and multiple disadvantage. Specialist services are specifically designed to support inclusion health groups with multiple and overlapping needs through assertive engagement, outreach and person-centred models of care. These approaches are often needed when individuals experience significant barriers to accessing mainstream services and require a more coordinated approach to addressing complex health and social care needs.

The evidence and insights work undertaken by the Public Health Directorate has highlighted examples of good practice in providing specialist support to inclusion health populations. In Wrexham and Flintshire, the Health Board employs a specialist Health Visitor and a Health Care Support Worker to work with Gypsy, Roma and Traveller communities. Additionally, a Health Visitor and Community Staff Nurse are employed to work alongside Asylum Seekers and Refugees in Wrexham and Flintshire to complete reviews/initial screening assessments and support individuals and families to register and access primary care and community provision. These roles provide trauma-informed, culturally appropriate support and continuity of care, enabling families to build trusted relationships with healthcare professionals and improving access to services.

However, despite growth in these population groups and increasing complexity of need, capacity within these services has reduced over time. In addition, these roles are not provided equitably across North Wales. From a Gypsy, Roma and Traveller perspective there is also clear evidence that many individuals and families require

support in relation to a broader range of health and social care needs that sit beyond the traditional remit of health visiting services. As trusted professionals within these communities, Health Visitors are frequently called upon to support with tasks such as interpreting NHS letters, booking appointments, understanding medications and navigating often complex healthcare systems. These additional responsibilities, while vital, place significant pressure on already stretched services.

To strengthen support for inclusion health populations and improve equitable access to care, this proposal recommends the development of dedicated **Inclusion Health Care Navigator** roles in areas of greatest need.

Within the UK, there is emerging evidence that care navigation can[9]:

- Improve patient and carer experience
- Help reduce unnecessary hospital admissions and GP attendance, without necessarily incurring higher costs.
- Help professionals work more effectively by sharing key information and workload, avoiding duplication and inefficiencies for the practical aspects in getting people timely help based on their holistic needs

Working alongside existing primary and community care services, these roles could provide targeted care coordination and navigation, support physical and mental health needs, help individuals access a range of health and social care services, and develop the trusted, long-term relationships that are essential for engaging groups who often experience barriers to care. This approach would complement existing specialist and community support services by providing additional support for individuals with multiple and overlapping needs. Building on the learning from the Gypsy. Roma and Traveller Health Visitor model. the roles could extend to support other inclusion health populations where gaps in provision exist, including people involved in sex work, individuals on probation and other groups experiencing multiple disadvantage.

To prepare the Health Board for the new Homelessness and Social Housing Allocated (Wales) Act, 2026, the Public Health Directorate alongside partners undertook stakeholder engagement work to understand the Health Boards readiness for the duty to ask, act and cooperate. The report highlighted that between March 2023 and March 2025, 50 clinically optimised patients with homelessness recorded generated **£1,077,852.87** in additional bed-day costs, demonstrating the case and need for earlier intervention and coordinated pathways. The proposal recommends that a **specialist hospital in-reach service** is developed as a key component of the Health Boards Tier 3 Specialist Service model. Working alongside community support organisations, the service can help to reduce delays, improve patient flow and provide vital support and advice to vulnerable individuals being discharged into the community.

There are already examples of good practice emerging across North Wales. In Ysbyty Gwynedd and the Hergest Unit, Housing Officers from Gwynedd and Anglesey Council undertake ward rounds and attend hospital discharge MDT meetings to identify individuals with a housing need and provide early help and support. Building on this learning, the Inclusion Health Programme will work with

[9] Care Navigation Competency Framework_Final.pdf

partners to expand the roll out of hospital in-reach work with Ysbyty Glan Clwyd and Wrexham Maelor sites.

Multi-Disciplinary Teams and integrated care require professionals and services from different sectors to work together to meet the needs of individuals, families and communities[10]. Individuals experiencing multiple disadvantage often have complex and overlapping needs that cannot be addressed by one service alone. Coordinated, trauma informed and person-centred approaches are therefore essential to ensure that decisions are based on the needs and experiences of individuals and not organisational boundaries. In North West Flintshire, a Complex Case MDT has been established with primary, community and social care partners. Discussions have recently taken place to extend the membership to housing services, recognising the important role that housing plays in health and wellbeing outcomes and the impact that poor health and wellbeing can have on housing stability.

Taken together, the evidence demonstrates that while universal and targeted approaches can increase access for some individuals and population groups, specialist services can provide more targeted and relationship-based support to help overcome barriers for those with multiple and overlapping needs.

The table below outlines the evidence and insights and priority actions to support the development and implementation of a Tier 3: Specialist Service model across BCUHB.

<table>
<tr><th colspan="2">Tier 3: Specialist Service</th></tr>
<tr><th>Evidence and Insights from the Needs Assessments:</th><th>Priority Actions for Delivery</th></tr>
<tr><td rowspan="4">Multiple and intersectional health and social care needs.
Widening inequalities in access outcomes and experience
Increasing demand on primary, community, emergency and unscheduled care services.
Increased delayed discharges and additional bed-cost days.
Fragmented communication
Unequal availability of specialist inclusion health roles.</td><td>Undertake a workforce review with existing teams to understand demand and capacity requirements.</td></tr>
<tr><td>Develop and establish dedicated Inclusion Health Care Navigator role/s in areas of highest need to provide care coordination and relationship-based support to inclusion health populations,</td></tr>
<tr><td>Expand hospital in-reach models, building on the learning in Ysbyty Gwynedd to identify housing needs and increase access to early help and support for people at risk of or experiencing homelessness.</td></tr>
<tr><td>Promote and support the development of MDT and integrated care approaches to improve health and social care outcomes for individuals experiencing multiple and overlapping needs.</td></tr>
</table>

[10] Multidisciplinary teams: Integrating care in places and neighbourhoods - SCIE

5. Enablers across all Tiers

5.1 In order to provide strategic leadership, oversight and coordination of the Inclusion Health Programme across North Wales, this paper is seeking endorsement for the establishment of an **Inclusion Health Network**. The network will bring together partners from health, social care, primary care, housing, Registered Social Landlords. Probation, HMP Berwyn and the Third Sector to support the development and implementation of the priorities outlined within this paper. The network will also support alignment with the **Community by Design** programme, helping to ensure that inclusion health principles are embedded within place-based service planning and delivery.

5.2 Inclusion health populations often require coordinated action across multiple services and organisations, including primary care, secondary care, mental health, housing, social care and the Third Sector. To successfully deliver the Inclusion Health Programme, dedicated **clinical leadership** is required to drive system-wide change across organisational boundaries. A named **Inclusion Health Clinical Lead** in BCUHB would provide strategic influence and leadership to enable the Health Board to embed inclusion health principles across strategic planning and transformation programmes such as Community by Design. Without dedicated clinical leadership, there is a risk that progress becomes fragmented, and opportunities for improvement are missed.

In addition, the Clinical Lead would:

- Chair the Inclusion Health Network and provide oversight of programme delivery
- Provide expert clinical advice and leadership across the Health Board
- Champion trauma informed, person -centred and relational approaches to care
- Strengthen partnership working across health, housing, social care, Third Sector and the criminal justice system.
- Strengthen and develop integrated clinical pathways and opportunities for enhanced prevention and earlier intervention
- Advocate for inclusion health within strategic planning and transformation programmes
- Lead on service redesign
- Strengthen data collection and evaluation approaches

Given the breadth of the agenda, the number of partners involved and the pan-North Wales remit, this paper recommends that 4 sessions (0.4 WTE) are allocated towards the Inclusion Health Clinical Lead role. Programme delivery will be supported by the Health Inequalities Programme within the Public Health Directorate through a Principal Public Health Practitioner (0.5 WTE) and a Consultant in Public Health (0.1 WTE).

This paper is therefore recommending the establishment of an Inclusion Health Clinical Lead to provide strategic and clinical leadership for the implementation of the Inclusion Health Programme across BCUHB and partner organisations.

6 Impact and Benefits

6.1 Investment in the Inclusion Health Programme and associated clinical leadership is expected to deliver both population health and organisational benefits. The table below outlines the proposed outcomes, benefits and associated indicators that will be used to monitor progress and assess the impact of programme delivery:

Proposed outcomes:	Proposed benefits:	Suggested indicators/measures:
Improved access to prevention, early intervention and healthcare services for inclusion health populations.	Improved uptake of prevention and early intervention services, reduced health inequalities	% increase in GP registrations, vaccinations, screening uptake and BBV testing.
Improved patient experience and engagement with services.	Increased trust and engagement with services, improved continuity of care.	Improvements in Patient Reported Experience Measures (PREMS), reduction in Did Not Attend (DNA) and Could Not Attend (CDA). Qualitative feedback from lived/living experience.
Better identification and recording of inclusion health populations.	Improved understanding of population health needs, enabling better planning, targeting and delivery of services.	% increase in the recording of equality monitoring data and inclusion health status within clinical systems.
More equitable and consistent service delivery across North Wales.	Reduced unwarranted variation, improved population health and wellbeing outcomes.	Reduction in variation in access, outcomes and experience between geographical areas. Increased uptake of pathways and services.
Stronger partnership working across health, housing, social care and the third sector.	Improved coordination of services, reduced duplication, cost savings.	Ripple effect Mapping and Social Network Analysis: increase in partners and partnerships. Increase in MDT activity and partnership participation.
Improved health and wellbeing outcomes for people experiencing multiple disadvantage.	Improved quality of life, reduced inequalities in life expectancy and healthy life expectancy,	Increase in self-reported health and wellbeing scores
Reduced avoidable demand on urgent and emergency care services.	Improved patient flow, decreased demand on acute services,	Reduction in emergency admissions, reduction in discharge delays, reduction in frequent attenders,
Reduced delayed discharges associated with homelessness and socially excluded groups.	Increased bed availability, reduced cost pressures.	Delay to discharge day, reduced readmissions.
BCUHB staff have improved knowledge and understanding of inclusion health and culturally	Improved staff experience and satisfaction.	Increase in knowledge in pre and post training scores. Improvements in Patient

competent and trauma informed care.	Increased trust and engagement with services, improved continuity of care.	Reported Experience Measures (PREMS).

6.2 It is important to also recognise the potential **risks of not taking this programme forward,** and the impacts on population health outcomes and Health Board resources.

- Widening inequalities in access, outcomes and experience
- Widening inequalities in life expectancy and healthy life expectancy
- Increased rates of vaccine preventable diseases
- Increased emergency and unscheduled care demand
- Increased delay to discharge
- Failure to meet Welsh Government and IMTP expectations

6.3 The proposed programme provides a coordinated and proportionate approach to improving access, experience and outcomes for Inclusion Health populations across North Wales. By strengthening leadership, partnership working, service design and the use of data and intelligence, the programme aims to reduce inequalities whilst supporting prevention, and the more effective use of Health Board resources.

7. Recommendations:

7.1 The PPHP committee is asked to:

- Endorse the development and implementation of the BCUHB Inclusion Health Programme and its integration within **Community by Design** and other Health Board transformation programmes to ensure a coordinated organisational approach to reducing inequalities in access, experience and outcomes.
- Support the development of **Inclusion Health Care Navigator** role(s) and an **Inclusion Health Clinical Lead** role, subject to the development of a detailed programme plan, business case development and the identification of appropriate funding and resources.
- Receive an **annual progress report** on the implementation of the Inclusion Health Programme, including delivery against agreed priorities, **outcomes, impacts and progress** in embedding inclusion health principles across Health Board services and transformation programmes.

BCUHB Inclusion Health Delivery Model

A coordinated, proportionate approach to reducing inequalities for marginalised groups across North Wales

OUR VISION Maximising health and wellbeing for a thriving North Wales – so everyone enjoys good health

Why we need it: the evidence and insights

79%
of 205,271 emergency department presentations (2021/22) had no ethnicity recorded

£1.08m
extra bed-day costs from 50 clinically optimised patients recorded as homeless (2023–25)

Up to 12×
higher standardised mortality for inclusion health groups (NHS England)

SIX LOCAL NEEDS ASSESSMENTS AND INSIGHT REVIEWS

- Gypsy, Roma & Traveller HNA **2023**
- Approved Premises HSC NA **2024**
- Homelessness Insights Report **2025**
- Sex Worker Scoping Review **2026**
- Asylum Seeker & Refugee NA **2026**
- Learning Disability prevention **2026**

RECURRING THEMES ACROSS EVERY GROUP

- Barriers to accessing healthcare
- Variation in service provision
- Difficult information sharing
- Challenges navigating services
- Inconsistent recording of groups
- Scope to strengthen partnerships

How we will deliver it: a three-tiered model

Universal for all · targeted where need is higher · specialist where it is greatest

TIER 1 Universal

Tier 1 · Universal prevention and early intervention

Prevention and early intervention services · Primary and community care

DELIVERY APPROACH

- Embed the Health Equity Maturity Matrix and Teg i Bawb in planning
- Cultural competence and trauma-informed workforce training
- Digital Engagement and Co-production Hub
- Screening and Vaccination Equity Plans
- Accessible communication, BSL and inclusive data in new systems

INSIGHTS AND EVIDENCE

- Lower uptake of screening, vaccination and prevention
- Difficulty registering with a GP and getting appointments
- Poor recording of ethnicity, inclusion health and housing status
- Language and communication barriers
- Stigma and discrimination

TIER 2 Targeted

Tier 2 · Targeted service design

Enhanced primary care offer · Co-located services · Integrated pathways · SPOA

DELIVERY APPROACH

- Health Board-wide Single Point of Access (SPOA) for inclusion health groups
- Co-located, integrated pathways through Community by Design and Health, Wellbeing and Women's Health Hubs
- Co-commission mobile outreach and hub-and-spoke care for rural areas
- Grow the Health Road Show outreach events

INSIGHTS AND EVIDENCE

- Multiple, overlapping health and social care needs
- Fragmented care and inconsistent pathways
- High rates of missed appointments
- Poor communication and information sharing between organisations
- Broken continuity of care after discharge or asylum dispersal

TIER 3

Tier 3 · Specialist service

Areas of higher need · Specialist outreach and assertive engagement · In-reach · Specialist roles

DELIVERY APPROACH

- Workforce review of demand and capacity
- Inclusion Health Care Navigator roles in areas of highest need
- Expand hospital in-reach, building on the Ysbyty Gwynedd housing model
- Multi-disciplinary and integrated care for people with multiple needs

INSIGHTS AND EVIDENCE

- Multiple and intersectional needs; widening inequalities
- Rising demand on primary, emergency and unscheduled care
- Delayed discharges and additional bed-day costs
- Specialist inclusion health roles unequally available across North Wales

Leadership and governance
Inclusion Health Network led by a Clinical Lead (0.4 WTE)

Data, intelligence and evaluation
Consistent recording of inclusion health status to plan and measure

Involvement and person-centred
Lived experience and co-production shaping services

Collaboration and integration
Health, housing, social care, justice and third sector working as one

Workforce development
Cultural competence and trauma-informed practice for all staff

System enablers: strengthening the system to work better together

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Source: BCUHB Inclusion Health Programme Proposal, Public Health Directorate, October 2026. Model adapted from Public Health Wales Service Guidance for Inclusion Health. Mortality data: NHS England, action on inclusion health.

BCUHB Inclusion Health Programme

Planning, Population Health & Partnerships Committee

COMMUNITY PHARMACY SERVICES: STRATEGY, PROVISION, AND FUTURE PLANS

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Dr Adam Mackridge, Strategic Lead for Community Pharmacy Lois Lloyd, Chief Pharmacist
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Dr Clara Day, Executive Medical Director

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This item responds to the Committee's request for a strategic view of community pharmacy services: what is offered now and where, plans for the future, and the opportunities and risks in delivering the Health Board's strategic intentions. It covers links to the *Ten Year Strategy* and *Health and Wellbeing Hubs*, and how plans help address risks relating to increasing demand for primary care consultations.

Since the 2022 reform of the Community Pharmacy Contractual Framework, community pharmacy in Wales has moved from a model centred on the supply of medicines to a hybrid clinical role, with a much stronger emphasis on urgent and emergency care, medicines optimisation, long-term conditions and prevention.

North Wales is served by 142 pharmacies. The core clinical offer is available almost everywhere: 141 pharmacies provide the Clinical Community Pharmacy Service and 139 provide flu vaccination. The Pharmacist Independent Prescribing Service is provided by 72 pharmacies (51%), with provision varying by cluster in line with prescriber workforce. Community pharmacy delivered 15,857 urgent and emergency care consultations in August 2026, and a hypertension pathfinder has shown that pharmacy can effectively manage a complete long-term condition pathway, complementing the care provided by the patients' GP.

Community pharmacy provides a complementary offer to Health and Wellbeing Hubs, as a dispersed front door, and joining individual hubs where this fits the model. The main risks to delivery of the strategic plan for community pharmacy relate to workforce, premises, digital integration, commissioning, and sustainable resourcing.

This paper outlines the current community pharmacy offer and its fit with the Health Board's strategic intentions, its role alongside Health and Wellbeing Hubs, the next phase of development in long-term conditions and prevention, and the main challenges to delivery and how these are being addressed.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Pharmacy and Medicines Management Oversight Group & Lois Lloyd, Chief Pharmacist	6 Oct	The content has been considered through strategic planning discussions with the Chief Pharmacist and will inform wider Pharmacy & Medicines Management oversight as appropriate. As an outcome, the Strategic Lead for Community Pharmacy represents the Chief Pharmacist within the national CbD programme workstreams, bringing community pharmacy experience and a Health Board strategic perspective to the programme

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
CCPS	Clinical Community Pharmacy Service
CPCF	Community Pharmacy Contractual Framework
HEIW	Health Education and Improvement Wales
PIPS	Pharmacist Independent Prescribing Service
PNA	Pharmaceutical Needs Assessment

<table>
<tr><th colspan="2">ASESIAD / ASSESSMENT</th></tr>
<tr><td rowspan="2">Cyswllt â'r Blaenoriaethau Strategol
Link to Strategic Intentions</td><td>1. Focus on Health and Wellbeing</td></tr>
<tr><td>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
If more than one applies, please list below:

2. Enhance the Co-ordination of Care for People
3. Improve Access, Outcomes and Experience
4. Create a Modern, People Centred Healthcare System</td></tr>
<tr><td>Yr Egwyddorion Dylunio
Design Principles</td><td>Equity and Accessibility
Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
If more than one applies, please list below:

People First
Digital First
Inclusive Design</td></tr>
<tr><td>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd
Corporate Risks and Board Assurance Framework</td><td>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)
Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)

<table>
<tr><th>Risk</th><th>Mitigation</th></tr>
<tr><td>Patients not able to access medicines and clinical services in a timely manner due to complex and multifaceted pressures and challenges (Datix 4352)</td><td>Temporary closures processes; Liaison Technician Support; supporting extending periods of treatment; Supporting cluster working & workforce development</td></tr>
<tr><td>Suboptimal care from poor communication to/from community pharmacy (Datix 5058)</td><td>Communication guidance, inc. sharing email and healthcare professional Lines; working with DHCW to develop new channels</td></tr>
<tr><td>Lack of budget for medicines supplied via PGD (Datix 5174)</td><td>Virement to partially address; optimising quality and appropriate provision</td></tr>
</table></td></tr>
</table>

	Patients not able to obtain support with medicine adherence *(Datix 5331)*	Raising awareness and escalating. Whole system approach needed to response
	PSR implementation limiting expansion of community pharmacy services, risking patient diversion back into primary care (Datix 5749)	Establishing pathway for commissioning community pharmacy services.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): Public Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service change. Impact assessments will be completed for any future service developments arising from this work.	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service change. Impact assessments will be completed for any future service developments arising from this work.	
Have you completed an Integrated Equality Impact Assessment WP8a?	Canlyniad/Outcome:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm:	

WP8a Template	If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service change. Impact assessments will be completed for any future service developments arising from this work.	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome: Not applicable: report for noting.	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service change. Welsh language impact will be assessed for any future service developments.	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service	

	change. Impact assessments will be completed for any future service developments arising from this work.	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome: This report is for noting and does not propose a service change. Impact assessments will be completed for any future service developments arising from this work.	
	Galluogwyr Ansawdd **Enablers of Quality** Whole-systems Perspective Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Learning, Improvement & Research Data to Knowledge	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service change. Impact assessments will be completed for any future service developments arising from this work.	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: This report is for noting and does not propose a service change. Impact assessments will be completed for any future service developments arising from this work.	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	Further expansion of pharmacy services into long-term condition care is likely to require resources to be aligned with activity. However, any proposals would follow the Health Board's business planning processes.	

Community Pharmacy: Delivering Care Closer to Home Every Day

Community pharmacy delivers on the Health Board's strategic intentions from 142 pharmacies close to where people live and work. It complements Health and Wellbeing Hubs as a dispersed front door, and is capable of taking on more long-term condition care, enabled by workforce growth, digital systems, and access to diagnostics.

Background

The 2022 reform of the Community Pharmacy Contractual Framework represents a major, transformational change. Medicines supply remains the foundation, but with a much stronger emphasis on urgent and emergency care, medicines optimisation, long-term conditions, and prevention. From 2026, all newly qualified pharmacists register as independent prescribers, and this, alongside other development, provides new opportunities to further enhance the role of community pharmacy in North Wales.

Current offer and strategic fit

The core clinical offer is available in almost all pharmacies, and each service maps onto one of the Health Board's four strategic intentions. Other services are targeted to need or growing alongside the prescriber workforce.

Strategic intention	Community pharmacy activities (number of pharmacies)
Focus on health and wellbeing	Flu vaccination (139), Help Me Quit (117), Needle and Syringe Programme (56), STI test kit pilot (20)
Co-ordinate care for long-term conditions	Inhaler reviews (89), care home support (42), discharge medicines reviews, hypertension pathfinder
Improve access, outcomes, and experience	Clinical Community Pharmacy Service, CCPS (141), independent prescribing, PIPS (72), Urgent Medicines Service (10)
Modern, people-centred system	Prescriber workforce, shared digital records, consultation room standards, research with Bangor University

Urgent care and independent prescribing

Community pharmacy is now a major first point of contact for urgent care. It delivered 15,857 urgent and emergency care consultations in August 2026, and averages over 9,200 Common Ailments Service and over 3,100 independent prescribing consultations a month. Across Wales, 96% of patients seen by community pharmacist prescribers would otherwise have used another NHS provider for their care needs.

72 of 142 pharmacies (51%) offer independent prescribing with targets of over 50% of pharmacies in every cluster offering the service by March 2027, and 70% by April

2029. We are supporting pharmacists into training and helping existing prescribers into commissioned services.

Prevention and long-term conditions
People visit pharmacies when they are well, and pharmacies are more concentrated in deprived areas, which makes them a natural setting for prevention. A new Help Me Quit model, with a shared HealthManager record and access to varenicline and cytisinicline, is being piloted in around 10 pharmacies to support the population to quit smoking more effectively.

Our hypertension pathfinder showed that community pharmacy can manage a complete long-term condition pathway: case-finding, diagnosis, treatment, and titration to target, before discharge back to the GP. Across 4 pharmacies and 4 GP practices, 560 people were screened and 51 diagnosed with hypertension; 70% had no previous diagnosis, and 2 new cases of atrial fibrillation were found. This complemented the services offered by GPs and helped to boost the numbers of people who are receiving effective treatment to help promote longer and healthier lives. The key enablers were a shared record, using EMIS Community, access to diagnostics, and strong GP and pharmacy relationships. The pathfinder project was shortlisted as an NHS Wales Awards 2026 finalist.

Health and Wellbeing Hubs
Community pharmacy complements the hubs as a dispersed front door in the communities where people live and work. It will join individual hubs where that fits the hub's model and local providers are interested. For this to work, community pharmacy needs to be an explicit part of hub integration planning and Community by Design, with smooth two-way flow between pharmacies and hubs, and pharmacist access to hub diagnostics such as phlebotomy and point-of-care testing.

What next

- **Long-term conditions and prevention:** scale the hypertension model and explore wider cardiovascular risk, such as raised cholesterol
- **Reducing medicines-related harm:** further develop discharge medicines reviews, inhaler reviews, care home support, and medicines adherence support
- **Consolidating urgent care and public health:** a core condition set for prescribers, a clearer national CCPS and PIPS offer, and HealthManager rollout for Help Me Quit

Challenges and the BCUHB community pharmacy response
The main risks to delivery relate to workforce, premises, digital integration and commissioning, and resourcing. Not every pharmacy currently employs a prescriber, but this constraint is likely to ease sharply over the next three to five years: HEIW supports training for 15 to 20 pharmacists a year in North Wales, and all new

pharmacists are prescribers from 2026. Clinical services need suitable consultation rooms, and a Wales-wide consultation room standard, developed by BCUHB, along with premises funding schemes over recent years is helping to reshape the community pharmacy estate to be more aligned to the future role of the sector.

Long-term condition care at scale needs shared records, access to diagnostics, and a clear commissioning route, supported by HealthManager, the Single Primary Care Patient Record, and the Provider Selection Regime Regulations. Clinical scope has also grown within the national framework. Capacity is being released through longer treatment periods, gluten-free cards, and electronic prescribing, and resource alignment will be key as care moves closer to home.

Trugaredd
Compassion

Agored
Openness

Parch
Respect

Fferylliaeth Gymunedol: Darparu Gofal yn Nes at Adref Bob Dydd

Community Pharmacy: Delivering Care Closer to Home Every Day

Pwyllgor Cynllunio, Iechyd y Boblogaeth a Phartneriaethau

Planning, Population Health and Partnerships Committee

5 Tachwedd 2026 / 5 November 2026

Dr Adam Mackridge, Strategic Lead for Community Pharmacy

Trosolwg a negeseuon allweddol
Overview and key messages

In this presentation

- What community pharmacy offers today, and where
- How it supports our strategic intentions
- Its role alongside Health and Wellbeing Hubs
- The next phase: long-term conditions and prevention
- Challenges, and how we are responding

Three key messages

Already delivering: 142 pharmacies support our strategic intentions, close to where people live and work

Complementing the hubs: a dispersed front door, joined up with Health and Wellbeing Hubs so people move smoothly between them

Ready to do more: long-term condition care is next, enabled by workforce growth, digital systems, and access to diagnostics



Y newid mwyaf ers 1948
The biggest change since 1948

Medicines supply remains the foundation; since 2022, clinical care sits alongside it

1948	2010s	2022	2026	2030
NHS founded. For over 70 years, the contract centred on the supply of medicines	A decade of Welsh pilots and proof of concept for clinical services	Contract reform: urgent care, medicines optimisation, and prevention become core	All newly qualified pharmacists join the register as prescribers	Over 90% of community pharmacists anticipated to be prescribers



Wedi'i adeiladu o amgylch ein bwriadau strategol
Built around our strategic intentions

Strategic intention 1
Focus on health and wellbeing

Prevention and public health

- Flu vaccination: 139 pharmacies
- Help Me Quit: 117
- Needle and syringe: 56
- Blood pressure case-finding

Strategic intention 2
Co-ordinate care for long-term conditions

Medicines optimisation

- Inhaler reviews: 89 pharmacies
- Discharge medicines reviews
- Care home support: 42
- Hypertension pathfinder

Strategic intention 3
Improve access, outcomes, and experience

Urgent and emergency care

- CCPS: 141 pharmacies
- Independent prescribing: 72
- 15,857 consultations in August 2026

Strategic intention 4
Modern, people-centred system

Workforce and digital

- Prescriber workforce
- Shared digital records
- Consultation room standards
- Research with Bangor University

Foundation: medicines supply from 142 pharmacies, close to where people live and work

Pa wasanaethau sydd ar gael, a ble
What is available, and where

Pharmacies providing each service, by cluster, October 2026. Shading shows the share of each cluster's pharmacies.

Area	Cluster	Pharmacies	Prescribing (PIPS)	Inhaler review	Help Me Quit	Needle and syringe	Care home support	Urgent medicines	STI kits (pilot)
West	Anglesey	13	2	11	11	7	5	1	2
	Arfon	9	6	3	9	4	2	1	2
	Dwyfor	12	7	10	12	5	5	2	4
	Meirionnydd	6	2	5	5	3	3	2	0
Centre	Conwy West	13	4	6	11	3	3	0	0
	Conwy East	10	4	5	8	4	1	1	2
	North Denbighshire	15	7	4	12	4	7	1	4
	Central & South Denbighshire	8	3	5	7	2	3	0	0
East	North West Flintshire	7	3	3	3	4	2	0	2
	North East Flintshire	12	10	6	8	3	3	0	1
	South Flintshire	8	5	6	6	3	1	1	1
	North West Wrexham	7	5	6	5	1	2	0	2
	Central Wrexham	12	9	10	11	8	4	1	0
	South Wrexham	10	5	9	9	5	1	0	0
North Wales		**142**	**72**	**89**	**117**	**56**	**42**	**10**	**20**

Core offer everywhere

CCPS (with sore throat and UTI test and treat) in 141 of 142 pharmacies (99%); flu vaccination in 139 (98%)

Growing with workforce

Prescribing varies most: from 2 of 13 on Anglesey to 10 of 12 in North East Flintshire

Targeted by design

Needle and syringe, naloxone, urgent medicines, and STI kits are commissioned where need is greatest

Rhagnodi annibynnol: cynnydd a thargedau
Independent prescribing: progress and targets

72 of 142

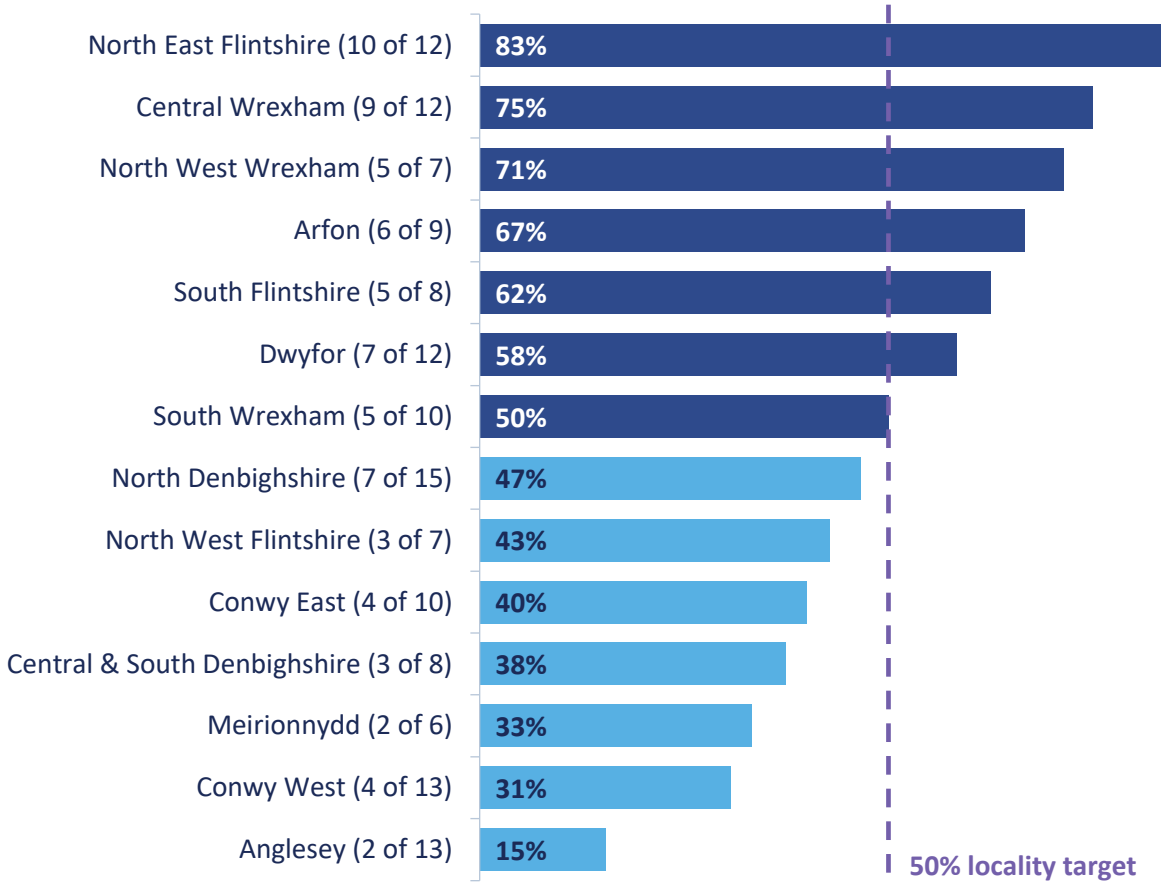
pharmacies offer independent prescribing (51%), October 2026

Target: 90 pharmacies by March 2027

Locality targets: 50% of pharmacies in every cluster by March 2027, 70% by April 2029, moving towards every pharmacy within five years

Now: 7 of 14 clusters at 50% or above

Share of pharmacies offering independent prescribing, by cluster



Gofal brys ar y stryd fawr
Urgent care on the high street

A first point of contact for minor illness and urgent medicines, without a GP appointment

>9,200

Average monthly Common Ailments Service consultations

Jan 2025-Sept 2026

141

pharmacies offer CCPS, including sore throat and UTI test and treat

October 2026

>3,100

Average monthly independent prescribing consultations.

Consistently one of the highest-providing health boards in Wales

Jan 2025-Sept 2026

96%

of patients seen by community pharmacist prescribers in Wales would otherwise have used another provider

Supporting wider primary care offer: same-day care for minor illness, 10 Urgent Medicines Service sites – helps to free up capacity elsewhere for more complex care needs



Atal salwch yng nghalon y gymuned
Prevention at the heart of the community

Why pharmacy?

- People visit pharmacies when they are well, not only when unwell
- Pharmacies are more concentrated in deprived areas (the “positive pharmacy care law”), confirmed locally by our PNA
- Trusted teams with relationships built over generations

139 **Seasonal flu vaccination**
Building on vaccination successes each winter

117 **Help Me Quit in Pharmacy (current service)**
New service model piloting in around 10 pharmacies: single shared patient record, varenicline, and cytisinicline

56 **Needle and Syringe Programme**
Targeted to need, across all provision levels, plus naloxone supply at 10 sites

20 **STI test kit pilot**
Plus blood pressure case-finding through the hypertension pathfinder



Optimeiddio gofal cyflyrau hirdymor
Optimising care of long-term conditions

Exemplar: the hypertension pathfinder, with community pharmacy managing the complete pathway

Case-finding: screening and home blood pressure monitoring → Diagnosis: pharmacist requests and interprets tests → Treatment started by a pharmacist prescriber → Titration to target, then discharge back to the GP

560	36%	51	70%	2
patients screened	needed home monitoring	diagnosed with hypertension	had no previous diagnosis	new cases of atrial fibrillation

How it worked

- 4 pharmacies, 4 pharmacist prescribers, 4 GP practices
- Shared patient record through EMIS Community
- No additional GP workload
- Reached people who rarely attend the surgery

What we learned

- Digital integration is essential for safe prescribing
- Pharmacists need access to diagnostics
- Strong GP and pharmacy relationships speed up implementation
- NHS Wales Awards 2026 finalist

Ategu Canolfannau Iechyd a Lles
Complementing Health and Wellbeing Hubs

Dispersed access where people live and work, linked to the hub both ways



- Pharmacy within a hub where it fits that hub's model and providers want to join

How Community Pharmacy fits in

- **Complement the model:** most pharmacies stay in their communities as dispersed access points, using relationships built over generations
- **Join hubs where it fits:** support interested providers to become part of a hub, e.g. Bangor, linking providers into the plan as it develops

For this to succeed

- Community pharmacy as an explicit part of the hub plans
- Smooth two-way flow between pharmacies and hubs: no wrong front door
- **Pharmacist access to hub diagnostics,** enabling long-term condition care

Beth sydd nesaf
What next

1 Long-term conditions and prevention

- Scale the hypertension model
- Explore wider cardiovascular risk, e.g. raised cholesterol
- Increase effective prescribing of preventative medicines
- Enabled by digital systems (EMIS Community) and diagnostics

2 Reducing medicines-related harm

- Discharge medicines reviews
- Inhaler reviews
- Care home support
- Explore how pharmacy can best support wider work on medicines adherence

3 Consolidating urgent care and public health

- Core condition set for prescribers
- Clearer national CCPS and PIPS offer
- Build on vaccination successes
- HealthManager rollout for Help Me Quit

Care navigation (ongoing): raise awareness and understanding among healthcare staff; improve public understanding, including formal and informal carers; integrate pharmacy to improve flow into and out of its services



Heriau a’n hymateb
Challenges and our response

Workforce

Not every pharmacy employs a prescriber

HEIW-funded training for 15 to 20 pharmacists a year; every new pharmacist a prescriber from 2026

Over 90% of community pharmacists prescribers by 2030

Premises

Clinical services need suitable consultation rooms

Wales-wide consultation room standard, led by BCUHB; national premises funding

Five-year implementation, with commissioning confidence

Digital systems & Commissioning

Shared records, diagnostics, and commissioning

HealthManager for Help Me Quit; Single Primary Care Patient Record; Provider Selection Regime Regulations

Foundation for long-term condition care at scale

Resourcing

Clinical scope has grown within the national framework

Releasing capacity: longer periods of treatment, gluten-free cards, electronic prescribing

Resources aligned with activity as care moves closer to home

Crynodeb a chyfleoedd
Summary and opportunities

In summary

- 142 pharmacies already deliver our strategic intentions, close to where people live and work
- Community pharmacy complements Health and Wellbeing Hubs as a dispersed front door, joining hubs where it fits
- Long-term condition care is the next step, enabled by workforce growth, digital systems, and access to diagnostics

Opportunities ahead

- Building community pharmacy into Health and Wellbeing Hub integration planning, Community by Design, and potential to further integrate community pharmacy into the wider primary care offer
- Developing long-term condition care from the hypertension pathfinder, supported by digital records and hub diagnostics
- Continuing to grow the prescriber workforce, so best practice is available in every community



Trugaredd
Compassion



Agored
Openness



Parch
Respect

Planning, Population Health & Partnerships Committee

BCUHB 0.5% Resource Shift to Primary & Community Care Plan: A Community by Design Enabler

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Vicky Allum, Programme Director Community by Design Lois Jones, Programme Manager Community by Design
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

Following the Primary Care Summit in June 2026, Welsh Government set an expectation that expenditure on primary and community care should increase by 0.5% annually from 2027/28 onwards. This supports the wider ambition to shift the focus of care towards prevention, early intervention and community-based support, enabling people to remain healthy and independent for longer while improving the sustainability of health and care services.

This plan sets out Betsi Cadwaladr University Health Board's initial response and establishes a framework for delivering a progressive and sustainable shift in activity, investment and resources towards primary and community care. Delivery will be coordinated through the Community by Design Major Change Programme, while recognising that resource shift is a whole-organisation responsibility and only one enabler of the broader transformation required. The portfolio will continue to

align with the emerging Clinical Services Plan, Integrated Medium-Term Plan and wider organisational service and financial planning.

A multidisciplinary group has identified an initial portfolio of opportunities spanning prevention and population health, long-term conditions, urgent and same-day care and wider community-based pathways. The portfolio is not yet comprehensive, and further work is required to address known gaps. The initial portfolio has been stratified according to opportunity maturity and the route required for further development, including detailed assessment, internal service redesign, funding reallocation and inclusion within an emerging pipeline for future years. This provides a structured approach to progressing more mature opportunities while strengthening the breadth and depth of the longer-term pipeline required to support sustained resource shift.

Opportunities will be subject to further assessment against strategic alignment, patient and population benefit, resource shift and system impact, value and sustainability, and deliverability and viability. This recognises that success cannot be measured through financial movement alone. Investment and resource reallocation must deliver greater value through improved outcomes, experience, quality and sustainability, while supporting prevention, reducing inequalities and making effective use of the resources available.

The plan also recognises the significant financial and organisational challenges associated with implementation. The Health Board is operating within a financial recovery framework and is not anticipating additional recurrent funding specifically to support increased investment in primary and community services. Creating the conditions for sustainable resource shift will therefore require explicit consideration of investment requirements, pathway redesign, resource reallocation and the organisational enablers needed to support change.

A phased delivery roadmap has been established to mature the portfolio, develop the required organisational enablers, assess implementation readiness and align resource-shift decisions with the Health Board's planning cycle. The initial portfolio provides a route to early progress while also strengthening the organisational capability, evidence and processes required to support larger-scale transformation and resource alignment over subsequent years.

Approval of this plan does not constitute approval of individual investments or service changes, which will be considered through the Health Board's established clinical, quality, financial, planning and business case arrangements, with decisions taken in accordance with the Scheme of Reservation and Delegation.

The Planning, Population Health and Partnerships Committee is asked to:

- **NOTE** the plan as the Health Board's framework for further development and delivery of the 0.5% resource shift ambition, and its submission to Welsh Government on 28 October.

Appendix A: Cabinet Minister for Health and Care Summit Follow-Up Letter
Appendix B: Transformation Board Definition and Options for Financial Baseline
Appendix C: 0.5 Resource Shift Opportunity Assessment DRAFT

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Resource Shift Workshop	6 October 2026	*Outcome:* to establish a Task & Finish Group to further review and stratify the identified opportunities and draft a plan for submission to Welsh Government. Draft of plan shared for review and comments prior to presenting for Executive consideration and assurance ahead of WG submission.
Resource Shift Task & Finish Group	8, 9, 19, 20 October	Multidisciplinary Task and Finish Group established to develop an initial portfolio of stratified opportunities to support the resource shift ambition.
BCUHB Executive Team	15 October	Feedback received through the review process has been considered and incorporated into the updated version of the plan.
BCUHB Board Members	16 October	Feedback received through the review process has been considered and incorporated into the updated version of the plan.
Executive Committee	28 October	*Outcome:* Approval to submit subject to minor amendments.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
ADP	Annual Delivery Plan
BCUHB	Betsi Cadwaladr University Health Board
CbD	Community by Design
CSP	Clinical Services Plan
FeNo Testing	Fractional Exhaled Nitric Oxide Testing
GPwER	General Practitioner with Extended Role
HbA1C	Haemoglobin A1c
IMTP	Integrated Medium Term Plan
IV	Intravenous
LSS	Local Supplementary Service
NICE	National Institute for Health and Care Excellence
PEC	Partnerships, Engagement and Communications
POCT	Point of Care Testing
PSR	Provider Selection Regime
WG	Welsh Government
WGOS	Welsh General Ophthalmic Services

BCUHB 0.5% Resource Shift to Primary & Community Care Plan: A Community by Design Enabler

1. Introduction

Following the Primary Care Summit on 18 June 2026, the Cabinet Minister for Health and Social Care wrote to Health Boards setting out his expectation that expenditure on primary and community care will increase by 0.5% annually from 2027/28 (Appendix A). This supports the vision set out in *A Healthier Wales* to improve health and well-being, provide more care closer to home, and ensure services are sustainable for the future. Achieving this ambition will require services across the whole system to work differently, with greater emphasis on prevention, early intervention and supporting people to remain independent within their communities.

This plan sets out how the Health Board will begin to increase investment in primary and community care in line with the Minister's expectation. Delivery of the 0.5% annual resource shift will be supported through the Community by Design (CbD) Major Change Programme, which provides the strategic framework for transforming models of care and shifting activity closer to home. The 0.5% commitment is an important enabler of Community by Design, creating opportunities to invest in new models of care, redesign pathways, strengthen commissioning approaches and redirect resources towards services that better meet the needs of our population. However, it represents only one element of a much broader programme of transformation. The initial portfolio should therefore be viewed not only as a means of delivering resource shift, but also as an opportunity to test and strengthen the organisation's ability to plan, mobilise and sustain the transfer of activity and resources into primary and community care over the longer term.

This phased approach recognises that meaningful and sustainable change will take time. The initial portfolio is intended to deliver early progress while also helping the Health Board to develop the capability and processes needed to support sustained resource shift in future years. While some benefits will be realised through service redesign and the transfer of activity and resource, others will take longer to realise.

The delivery of the 2027/28 portfolio will take place alongside the continued identification, scoping and development of future opportunities through the CbD Programme, the emerging Clinical Services Plan (CSP) and wider organisational planning processes. This will help establish a growing pipeline

of mature opportunities capable of supporting sustained investment in primary and community care over the medium to longer term. Together, these activities will support a progressive shift in activity and resources towards care closer to home, while creating the conditions for improved outcomes, better population health and a more sustainable health and care system over time, in line with the principles of Community by Design.

2. Context and Strategic Direction

In recent years, the health and social care system has come under increasing pressure, driven by an ageing population, growing complexity of need, increasing demand for services and workforce challenges. Despite a clear national ambition to improve population health and transform models of care, life expectancy and healthy life expectancy in Wales are on a declining trajectory. In response, there is a growing need to rebalance activity and resources towards community-based preventative models of care that better support people to live healthy, independent lives for as long as possible.

Achieving this shift requires a more preventative and proactive approach, with greater emphasis on early intervention, self-management and population health. This will require strengthening community-based services, improving access to coordinated multidisciplinary care, making better use of community assets, reducing inequalities in health outcomes and access to care, and supporting people to maintain their health, independence and wellbeing closer to home. Place-based care is a key enabler of this approach, supporting services to be designed and delivered around the needs of local populations and communities.

This ambition aligns with the vision set out in *A Healthier Wales* which calls for more integrated, preventative and community-based models of care. The CbD Programme is a national programme within the Strategic Programme for Primary Care, supporting delivery of this vision and forming a key component of the Integrated Community Care System (ICCS) for Wales, as illustrated in Figure 1.

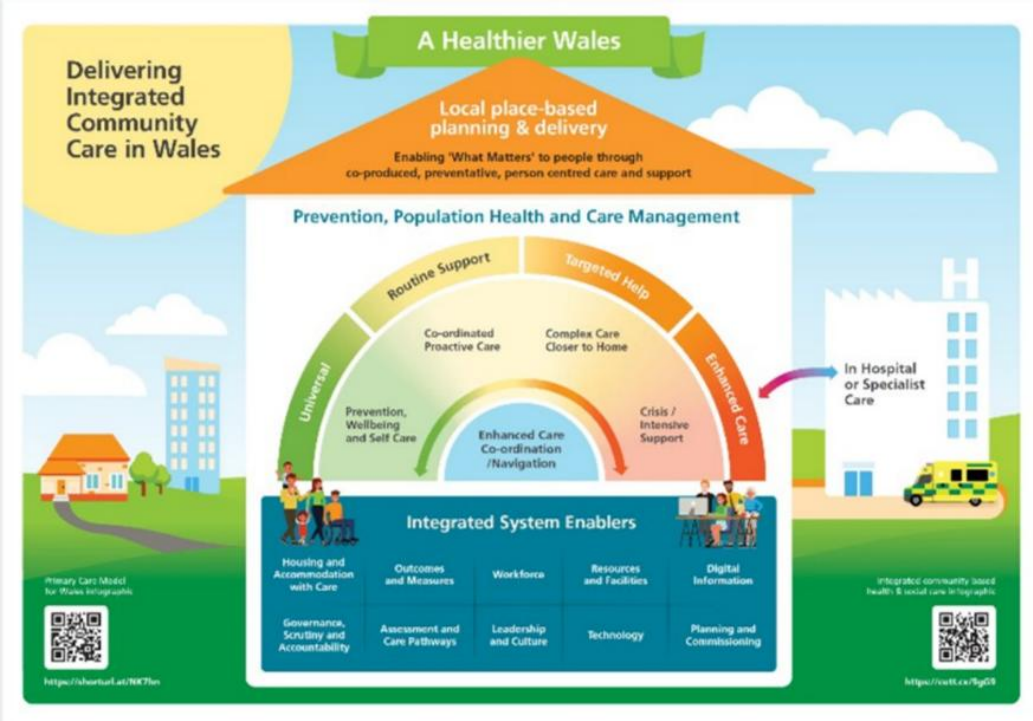


Figure 1: Integrated community-based health and social care model.

Through this approach, Community by Design supports a strategic shift towards:

- prevention and earlier intervention;
- reducing health inequalities and improving population health;
- stronger multidisciplinary and partnership working;
- better coordination of care across organisational boundaries;
- more care delivered closer to home; and
- sustainable use of resources across the health and care system.

These ambitions align strongly with Betsi Cadwaladr University Health Board's (BCUHB) strategic direction and the development of its new 10-year strategy. Together, they support a shared vision of improved population health, reduced inequalities, stronger community-based care and a sustainable health and care system for future generations. Community by Design provides a key vehicle for realising this vision, translating strategic intent into tangible transformation through the redesign of services around prevention, population need and place. Alongside the emerging CSP and wider organisational planning activity, the programme will help accelerate the shift towards more integrated, proactive and community-based models of care. The delivery of

the 0.5% resource shift will be an important enabler of this journey, supporting investment in new models of care and the progressive transfer of activity and resources into community settings.

A Community by Design approach places individuals, communities and population need at the centre of service planning and delivery. It is founded on the principle that community-based care should be the default wherever safe, effective and appropriate, with hospital-based services focused on those with more complex or specialist needs. Achieving this will require strong clinical leadership, meaningful engagement with partners and citizens, and collaboration across organisational boundaries to design services around population need and make the best use of the collective skills and expertise available across the system.

3. Value and Sustainability

The Health Board recognises the financial intent of the 0.5% resource shift as an important enabler of Community by Design. However, success will not be judged by financial movement alone, but by whether the programme enables a sustainable shift towards prevention, earlier intervention and more proactive, community-based care, improving outcomes and reducing inequalities across the population.

Opportunities for investment and resource reallocation will therefore be considered through a population health, value and sustainability lens, taking account of population need and inequalities alongside outcomes, experience, quality, sustainability and resource use. This is consistent with BCUHB's Value & Sustainability approach, recognising value as achieving the best possible outcomes, experience and sustainability from the resources available. This means considering not only the value of individual services or interventions, but their contribution across the pathway and population, including whether they prevent or delay ill health and deterioration, address population need and unwarranted variation, reduce inequalities, support people to remain well and independent, and reduce avoidable demand elsewhere in the system.

Financial Context
Welsh Government has not yet provided confirmation on how the 0.5% target will be calculated. Current indications suggest that the measure will be based on primary and community expenditure as a proportion of total Welsh Government (WG) income (Appendix B). However, there remains significant uncertainty regarding whether adjustments will be applied for factors such as

ring-fenced funding, non-recurrent funding, and fixed costs (for example, depreciation). Clarification is also required as to whether the target will be assessed against budgets, as referenced in the Minister's statement, or against actual expenditure, as more recently indicated.

For the purposes of this plan, the Health Board has assumed that the target will be calculated as 0.5% of total WG income. Based on current funding levels, this equates to a cumulative resource shift of approximately £12m in 2027/28, rising to a cumulative £24m in 2028/29, £36m in 2029/30 and increasing by a further £12m in each subsequent year. The annual requirement will also increase in line with future WG funding uplifts.

Guidance is still awaited regarding the criteria that will be used to determine whether services qualify as primary and community provision. Until this information is available, there can be no assurance that proposed investments or service developments will be recognised as contributing towards delivery of the target. For planning purposes, however, the Health Board has assumed that the transfer of service delivery from secondary care into primary or community care settings will be recognised as contributing towards the required resource shift.

The Health Board will continue to engage with WG to seek clarification and gain a fuller understanding of the requirements underpinning this policy objective.

Organisational Context
The Health Board is currently operating within a financial recovery framework. The approved financial plan for 2026/27 was based on a planned deficit of £43m, and at Month 6 the Health Board is reporting a £14m adverse variance against plan.

Looking ahead to 2027/28, WG funding allocations are expected to increase at a rate below inflation and are therefore unlikely to fully offset the combined impact of inflationary pressures and demand growth. Consequently, the Health Board is not anticipating any additional recurrent funding that could be used to support increased investment in primary and community services.

As part of the Strategic Finance and Resource Alignment enabler, the Health Board will therefore develop an approach to creating and releasing the resource required to support agreed priority initiatives. Consequently, the Health Board may need to create additional financial headroom, including through an increased savings or efficiency requirement, to support initial

investment in priority pathway changes. This should not be viewed as a separate savings exercise, but as part of a deliberate approach to redirecting expenditure towards higher-value and more sustainable models of care. While some benefits may be realised through productivity improvements and pathway redesign, achievement of the annual 0.5% shift will ultimately require the Health Board to make explicit decisions regarding which activities, services or expenditure can be reduced, redesigned or disinvested from in order to create sustainable recurrent funding for reinvestment in primary and community care.

The objective is not simply to increase savings or move budgets administratively, but to create the financial conditions that allow resources to be redirected towards pathways that demonstrate greater value, improved patient outcomes and longer-term sustainability.

4. Opportunity Portfolio and Prioritisation

In response to the WG requirement for Health Boards to develop plans to increase investment in primary and community care, a multidisciplinary task and finish group was established through the CbD Programme. The Group provides a forum for considering opportunities that support a progressive shift of activity and resources from hospital-based services into primary and community care.

A broad range of potential opportunities were identified through existing Major Change Programmes, previous planning exercises, stakeholder engagement, service transformation initiatives and known service developments. Collectively, these opportunities span the three strategic shifts within the CbD Programme; prevention and population health management, long term conditions, urgent and same-day care. An initial workshop involving clinical, operational and corporate stakeholders was subsequently undertaken to review the long list, explore key considerations and identify those with the greatest potential to support resource shift.

Assessment of Initial Opportunities
Recognising that opportunities vary in maturity, scale and complexity, the initial long list was stratified into the following stratums to support further assessment, prioritisation and delivery planning. An overarching Integrated Impact Assessment has been undertaken for the CbD Programme and will be refined as the programme design develops. It will remain a live document throughout the programme lifecycle, informing decision-making and the ongoing assessment of equality and socio-economic impacts.

Stratum 1: Opportunities Progressing to Detailed Assessment	
Descriptor: Identified opportunities requiring additional information and assessment to support prioritisation and progression to implementation.	
Enhanced Community Care including Frailty Services (Phase 1)	Establish link to UEC Pillar 1, new Frailty DSS implementation and review of services already in place to spread and scale impact both in long term support for patients with frailty and urgent support when situations change. Cost estimated approx. £1.8m per annum for Frailty DSS and in excess of £9million for hospital at home.
GP with Extended Roles	A potential future option for referral triage and demand management; initial BCU design has been developed and endorsed by DDaT to enable GPs to screen referrals within BCUs Welsh Clinical Portal (WCP).
Women's Health Hub / Distributed Model	Proposal developed and submitted to Welsh Government for a distributed "hub without walls" model, embedding women's health services across primary, community, and secondary care settings, supported by multiple access points including GP referral, community clinics, and virtual provision. Proposal submitted for 2026/27 total £200k.
Women's Supplementary Services	Ring pessaries management (fitting and monitoring) within Primary Care setting.
Ophthalmology WGOS Pathways	Maximise the WGOS 4 (Referral Refinement and Monitoring) and 5 (Advanced Management and Acute Care) pathways, estimated total cost £972k 2026/27.
Community Cardiac Diagnostics and Heart Failure Service	Community-based cardiac diagnostics and assessment service, primarily focused on heart failure, delivered through a GP and cardiac physiologist multidisciplinary model.
Diabetes Pathway and Management in Primary Care	Maximise diabetes supplementary service and community DSN provision, reducing reliance on secondary care specialist provision. Improve access and 8 care processes and measures.
Community IV Therapy	Assessment and spread and scale of the provision of community IV services including the use of Outpatient Antibiotic Therapy (OPAT) to reduced inpatient stays and deliver care closer to come.
Community Hybrid Closed Loop Service	Extend hybrid closed loop service to Type 1 diabetics with community offering and linking to primary care-based model for type 2.
Community Dermatology – Level 3 service	Extend the Minor Operations Local Supplementary Service (LSS) to Level 3, supporting reduction of Dermatology waiting list.

Community Diagnostics – Point of Care Testing (POCT) (Phase 1)	To evaluate and implement recommendations from recent pilot utilising POCT as part of diabetes annual review. Scoping required to ascertain spread and scale opportunities.
Community Diagnostics – Spirometry & FeNo Testing	Phased approach to enhancing community diagnostics provision – initial focus on Spirometry & FeNo testing to improve access to timely and accurate diagnosis and treatment.
Breathlessness Hubs	Implementation of national pathway; interdependent with community diagnostic approach.
Adult Mental Health Access	Demonstrator Project - Improving access to services and community pathways to prevent escalation and admission.

Stratum 2: Opportunities Internal Service Redesign	
Descriptor: Opportunities deliverable through local redesign and the reconfiguration of existing resources or expenditure.	
First Contact Practitioners (Therapies)	Evaluate current service models and review ability to reconfigure workforce and budget, maximising current capacity and potential shift into primary care and community.
Primary Care Audiology	Evaluate current service models and review ability to reconfigure workforce and budget, maximising current capacity and potential shift into primary care and community.
Homecare Systemic Anticancer Therapy (SACT)	Expansion of homecare services delivering care closer to home, improving patient experience, reducing unnecessary attendance at acute hospital sites, increasing capacity within SACT Units and improving pharmacy efficiency. Indicative £1.4 million saving after investment into new homecare infrastructure.

Stratum 3: Opportunities Requiring Funding Reallocation	
Descriptor: Opportunities that are considered deliverable from 2027/28 but require funding reallocation to primary and community care.	
Stroke Prevention (Phase 1)	Stroke Prevention Nursing team (1x per area) focussed on education, training and practical testing within community settings. Approx. £213k per annum.
Dental Tier 2 Service	Tier 2 dental services are intermediate-level procedures performed by dentists with enhanced skills, bridging routine care and hospital-based specialist treatment. Approx. £200k per annum.

Stratum 4: Emerging Opportunities	
Descriptor: Opportunities at an earlier stage of development that require further refinement before formal assessment can be undertaken. These opportunities form the initial pipeline for 2028/29 and beyond, with the potential to be accelerated where assessment indicates they are sufficiently mature and deliverable.	
Open Access of care model for Adult Mental Health Services	Part of the strategic programme for mental health with demonstrators testing the model and expected outcomes in January 2027
Stroke Prevention (phase 2) - holistic programme development	Enhanced management of hypertension, atrial fibrillation and cholesterol in primary care. Options could include community pharmacy hypertension identification and management pilot expansion, over 40/50 health checks.
Optimised Wound Care	Implementation of clinical audit outcomes undertaken in conjunction with Smith & Nephew - aim to improve wound care and the impact of long-term wounds.
Diabetes prevention – raised HbA1C	Development and implementation of a digital offering for people with hyperglycaemia to prevent progression to diabetes. Cost of £350 per person for 12-month programme.
Weight Management NICE Technology Appraisal	A framework for implementing weight management strategies across specialist weight management services and primary care settings. Pipeline – further work required to scope opportunity.
Osteoporosis – identification and management	Management of metabolic bone disease in a community or primary care setting.
Frailty (Phase 2)	Working with local government and voluntary sector to develop a comprehensive programme of supporting people in the community and preventing admissions through the urgent care system.
Community Diagnostics – Point of Care Testing (POCT) (Phase 2)	Build upon the provision implemented in diabetes care to other areas of POCT diagnostics e.g. Deep Vein Thrombosis

Opportunities identified within *Stratum 1: Opportunities Progressing to Detailed Assessment* will be required to complete an Opportunity Assessment Form (Appendix C) to support a consistent and evidence-based approach to assessment. This will also include opportunity-specific Integrated Impact Assessments.

The outputs of these assessments will inform a formal portfolio assessment exercise through the agreed programme governance arrangements and support decision-making regarding implementation readiness, investment requirements and sequencing of delivery.

The proposed framework will assess opportunities against the following principles:

1. **Strategic Alignment -** Opportunities should align with Community by Design, organisational priorities and the wider strategic direction of health and care services.
2. **Patient & Population Benefit -** Opportunities should improve outcomes and experience for patients and communities, while contributing to the reduction of health inequalities.
3. **Resource Shift & System Impact -** Opportunities should support the sustainable shift of activity, workforce and resources towards community-based models of care and wider system transformation.
4. **Value & Sustainability -** Opportunities should demonstrate value through the effective use of resources and deliver benefits that can be sustained over time.
5. **Deliverability & Viability -** Opportunities should be achievable within the context of system readiness, capacity, dependencies and operational constraints.

These principles provide the foundation for the framework. Further work will be undertaken to develop the supporting criteria, descriptors, scoring methodology and weightings to ensure opportunities can be assessed consistently and transparently via a task and finish group reporting through the CbD Programme governance structure.

The opportunities identified to date represent an initial portfolio and are not intended to be exhaustive. Ongoing scoping and engagement activity will continue to identify, develop and assess additional opportunities, with particular focus on areas that are currently underrepresented within the above portfolio (for example, Community Services, Mental Health and Learning Disabilities, Children's Services, and opportunities arising through the CSP).

Inclusion within this plan does not constitute definitive approval of individual investments or service changes. The opportunities will be subject to the portfolio assessment described above and will be considered through the Health Board's established clinical, quality, financial, planning and business case arrangements, with decisions taken in accordance with the Scheme of Reservation and Delegation.

The portfolio will be reviewed and refreshed regularly to ensure opportunities remain aligned to strategic priorities as part of the organisational planning cycle, service need and future models of care.

Priority will be given to opportunities that are sufficiently mature to progress through assessment and prioritisation, while continuing to develop and refine those requiring further work.

5. Delivery Plan

The plan set out below reflects a phased and realistic approach to delivery, recognising that sustainable transformation requires time to establish the necessary enablers, build organisational readiness and create the conditions for change. While the initial phase focuses on early delivery and foundation-building, it will also generate the framework, learning and evidence needed to inform and strengthen future opportunities and resource shift mechanisms.

	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28
Submit initial plan to WG	●									
Complete gap analysis inc. Community, Children's and Mental Health		●	●							
Confirm national finance guidance and clarify local application		●								
Integrate CbD and shift expectations into BCUHBs planning cycle and emerging CSP		●	●	●						
Identify and develop enabling plans at organisation, system and national level with actions and owners		●	●	●						
Develop communications & engagement approach and plan, building on initial activity		●	●	●						
Complete full 'Opportunity Assessment' for each **Stratum 1** opportunity		●	●							
Complete risk and impact assessments for **Stratum 1** opportunities		●	●							
Complete portfolio assessment of **Stratum 1** opportunities (based on agreed principles)				●						
Confirm investment requirements and resourcing approach for **Stratum 1**				●	●	●				
Agree key performance indicators, benefits measurement, monitoring and reporting approach for **Strata 1-3**		●	●	●						
Develop internal service redesign proposals for **Stratum 2**		●	●	●						
Confirm funding reallocation mechanism for **Stratum 3**			●	●	●					
DECISION POINT 1 – Portfolio Prioritisation and alignment with IMTP and ADP				◆						

	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28
Mobilise **Stratum 1** opportunities [Tranche 1]				●	●	●				
Mobilise **Stratum 1** opportunities [Tranche 2]						●	●			
Complete risk and impact assessments for **Stratum 2** opportunities					●	●				
Confirm investment requirements and resourcing approach for **Stratum 2**					●	●				
Secure commissioning & governance approvals for **Strata 1-3**					●	●				
DECISION POINT 2 – Implementation Readiness						◆				
Implement **Stratum 1** opportunities [Tranche 1]							●	●		
Implement **Stratum 1** opportunities [Tranche 2]								●	●	
Implement **Stratum 2** opportunities							●	●		
Implement **Stratum 3** opportunities							●			
Develop detailed proposals for **Statum 4** opportunities				●	●	●	●	●		
Refresh the **Stratum 4** portfolio and future pipeline in line with emerging strategic priorities (inc. CSP)								●		
Complete portfolio assessment of **Stratum 4** / refreshed pipeline									●	
Contribute to the organisations planning cycle									●	
DECISION POINT 3 – Approve 2028/29 Portfolio and Pipeline Opportunities									◆	
The approach will be reviewed as the Community by Design Major Change Programme and the organisation's approach matures.										

● = Activity / Deliverable | ◆ = Decision Point

Successful delivery of the roadmap outlined above will depend on a range of organisational, system and national enablers.

Together, these provide the capabilities, governance arrangements and supporting infrastructure required to progress the portfolio, manage key dependencies and create the conditions necessary for future phases of the resource shift plan. Enablers and dependencies will be further refined through the assessment and development of individual opportunities.

Category	Enabler / Dependency	Why It Matters
Organisational	Clinical Services Model and Plan	Provides the strategic direction and future service model that should inform resource allocation and investment decisions.
	Clear prioritisation and decision-making processes	Supports timely decisions regarding investment, disinvestment and resource reallocation.
	Financial planning and performance management arrangements	Enables identification, tracking and monitoring of resource shifts and associated benefits.
	Workforce planning and transformation capacity	Supports development and implementation of new models of care and workforce redesign.
	Programme and change management resource	Provides the capacity required to develop, deliver and evaluate change initiatives.
	Digital strategy, infrastructure and interoperability	Provides the local digital capability, systems and interoperability required to support service redesign, information sharing and delivery of new models of care.
System	Alignment with primary care contracting and cluster working	Critical to ensuring investment decisions support sustainable community-based services.
	Strategic commissioning arrangements	Enable delivery of integrated models of care across organisational boundaries.

	Regional, local authority and third sector partnerships	Supports integrated planning and delivery across health, social care and community services.
	Population health intelligence and demand modelling	Informs where resource shifts will have the greatest impact on outcomes and sustainability.
	Stakeholder, clinical and public engagement	Supports ownership of change and informs service redesign decisions.
National	Clarity regarding national resource shift expectations and financial criteria	Required to understand how progress will be measured and assessed.
	National platforms, standards and interoperability requirements	Provides the framework within which local plans are developed and delivered.
	Digital Health and Care Wales and national digital infrastructure	Provides the national platforms, standards and infrastructure required to enable integrated care and information sharing across organisational boundaries.
	National workforce policy and professional frameworks	Influences the pace and scale of service redesign and workforce development.

6. Key Risks and Issues

Given the evolving nature of national guidance relating to the resource shift expectation, together with the scale of organisational change required, a number of risks and issues have been identified. Those considered most significant at this stage are set out below and will be monitored and reviewed through the agreed governance arrangements.

ID	Issue Description	Required Actions
1	Lack of clarity regarding the Welsh Government methodology and financial baseline for the 0.5% resource shift, combined with challenges in categorising expenditure across care settings, is limiting the Health Board's ability to quantify the required resource shift and assess its financial implications.	Clarification will be sought from Welsh Government on the methodology and financial baseline underpinning the 0.5% resource shift requirement. Interim planning assumptions will support plan development, with financial implications reviewed through programme governance and outstanding issues escalated as required.

ID	Title	Risk Description	Inherent Risk Score	Mitigations	Target Risk Score
1	Financial Capacity for Investment	There is a risk that the Health Board is unable to invest in new models of care and create sufficient financial headroom to support resource shift, caused by the organisation's financial position and the potential need for transitional or double-running investment. This could lead to slower implementation of priority pathways and delayed movement of activity and resources towards primary and community care.	9 (3 x 3)	Align resource shift with the IMTP, financial planning and Value & Sustainability work; develop the Strategic Finance & Resource Alignment enabling plan to support future investment and reallocation decisions.	6 (2 x 3)
2	Organisational Readiness & Enablers	There is a risk that organisational and system readiness does not develop at the pace required to implement new models of care, caused by workforce, digital, commissioning/PSR, data, clinical leadership and governance arrangements not progressing alongside service transformation. This could lead to delays in pathway redesign, implementation and the movement of activity and resources into primary and community care.	16 (4 x 4)	Progress the organisational enablers alongside the portfolio, including workforce/HR, digital, commissioning/PSR, clinical leadership, data and governance. Use decision points to assess readiness before implementation.	6 (2 x 3)

3	Release of Hospital Capacity & Resource	There is a risk that the Health Board is unable to release sufficient activity, capacity and resources from hospital-based services for reinvestment, caused by sustained or increasing demand and dependencies within existing hospital pathways. This could lead to slower progress in shifting care and resources towards primary and community settings and may limit the scale of transformation achievable.	12 (4 x 3)	Align resource shift with the CSP, prevention, pathway redesign and wider transformation activity; assess the impact on both the receiving service and the residual hospital service.	6 (2 x 3)
4	Change Readiness & Adoption	There is a risk that new models of care are not adopted or sustained at the pace required, caused by workforce, contractors, partners and stakeholders not being sufficiently engaged, prepared or supported through change. This could lead to delayed implementation, inconsistent adoption and slower realisation of patient and system benefits.	16 (4 x 4)	Use phased implementation, co-production, targeted engagement and structured change management; identify workforce and stakeholder impacts early.	6 (2 x 3)
5	Benefits Realisation	There is a risk that anticipated patient, system and financial benefits are not realised, or take longer than expected to emerge, caused by uncertainty in baseline data, implementation progress or the unintended impact of redesigned pathways. This could lead to reduced confidence in future investment and resource-shift decisions and delay decisions to scale or extend successful models.	9 (3 x 3)	Establish clear baselines, outcome measures and benefits ownership; monitor benefits through the agreed framework and adapt, scale or stop interventions in response to evidence.	6 (2 x 3)
6	Whole-Organisation Ownership	There is a risk that the resource shift is viewed primarily as a CbD Programme responsibility rather than a whole-organisation priority, caused by coordination of the work through the CbD Programme and insufficient ownership across planning, finance, clinical services and operational delivery. This could lead to fragmented decision-making, limited organisational ownership and reduced ability to deliver sustainable resource alignment.	12 (3 x 4)	Embed resource shift within organisational planning, IMTP, the CSP and wider transformation activity, with Executive/Board oversight and clear accountability across the Health Board.	6 (2 x 3)

7. Governance and Accountability

The Board retains overall accountability for the strategic direction and governance of the Health Board's plan to support the intended shift of resources towards primary and community care.

Subject to Board approval, the plan will provide the framework for the further development and assessment of the identified opportunities. Approval of the plan will not constitute approval of individual investments or service changes. These will remain subject to the Health Board's established clinical, quality, financial, planning and business case arrangements, with decisions taken in accordance with the Scheme of Reservation and Delegation.

Delivery will be coordinated through the CbD Programme, alongside the monitoring and reporting of agreed key performance indicators and outcomes. This will provide a single programme route through which the portfolio can be developed, monitored and aligned with the emerging CSP, the Integrated Medium-Term Plan (IMTP) and the Health Board's wider service and financial planning arrangements.

The governance arrangements will ensure that proposals are:

- supported by appropriate clinical, operational, financial, workforce and quality assessment;
- assessed for their impact on access, outcomes, quality and patient safety;
- clear about the activity, capacity and resources proposed for transfer or reallocation;
- supported by a defined financial and performance baseline;
- subject to appropriate engagement and impact assessment;
- assessed for affordability, deliverability and sustainability; and
- supported by measurable benefits and clear accountability for delivery.

Individual proposals will be considered and approved at the appropriate level through the Health Board's established governance arrangements. Proposals involving material investment, resource reallocation, service change or strategic risk will be referred to the Executive Team and, where required under the Scheme of Reservation and Delegation, to the Board.

Assurance to the Board

Progress will be monitored through an integrated programme report and reported through the Health Board's established planning, performance and financial governance arrangements. The relevant Board committee will provide scrutiny and assurance, with material risks, delivery exceptions and decisions outside delegated authority escalated to the Board.

Reporting to the Board and WG will provide a transparent account of:

- progress against the agreed delivery plan and milestones;
- investment in primary and community care;

- resources transferred or reallocated from other parts of the system;
- changes in service activity, capacity and workforce;
- the impact on quality, safety, access and patient outcomes;
- financial and non-financial benefits achieved;
- key risks, dependencies and mitigating actions; and
- any matters requiring further decision or intervention.

Reporting will distinguish clearly between:

1. additional investment in primary and community care;
2. the transfer or reallocation of existing resources and activity; and
3. improvements secured through pathway redesign or more effective use of existing resources.

The Board will receive regular assurance on delivery and will consider any changes required to the plan in response to national guidance, evidence from implementation or changes in the Health Board's strategic and financial position.

8. Next Steps

During the remainder of Quarter 3, activity will focus on strengthening the opportunity portfolio, addressing known gaps across currently unrepresented services, and developing the evidence needed to prioritise and sequence opportunities. This will include clarifying the implications of national financial guidance, developing key enabling plans and aligning with wider organisational planning, including the CSP. Together, these activities will position the organisation to undertake prioritisation and investment decision-making in Quarter 4.

Activity / Deliverable	Owner(s)
Complete the opportunity portfolio gap analysis.	CbD Programme Director & Manager
Confirm national financial guidance and agree the local approach to implementation.	Finance Lead
Progress detailed assessment, including risk and impact assessments, for Stratum 1 opportunities.	Service Leads, supported by CbD Programme
Develop enabling plans, including actions, dependencies and ownership.	CbD Programme Director & Manager
Develop and agree the benefits measurement, monitoring and reporting framework.	CbD Programme Director & Manager, approved by Programme Board
Continue alignment with organisational planning (IMTP/ADP) and the emerging CSP.	CbD Programme Director & Manager
Develop the communications and engagement approach and plan.	CbD Programme Director & Manager, PEC Lead
Commence work to identify and agree the funding reallocation approach for Stratum 3 opportunities.	Finance & Service Leads

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	Choose an item. If more than one applies, please list below: ALL
Yr Egwyddorion Dylunio Design Principles	Choose an item. ALL
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Shifting activity and resources towards primary and community care aims to support more sustainable and resilient services, strengthen care closer to home and mitigate risks relating to workforce, quality, safety and financial sustainability. Specific risk alignment will be confirmed through programme governance.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty:** **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Will be conducted at the relevant stage of the plan.
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	A SEIA has been drafted for the CbD Programme and will be refined as the programme design develops. It will remain a live document throughout the programme lifecycle, informing decision-

		making and the ongoing assessment of socio-economic impacts. Individual SEIAs will be conducted for individual opportunities or initiatives as part of the Resource Shift plan.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	A EQIA has been drafted for the CbD Programme and will be refined as the programme design develops. It will remain a live document throughout the programme lifecycle, informing decision-making and the ongoing assessment of equality impacts. Individual EQIAs will be conducted for individual opportunities or initiatives as part of the Resource Shift plan.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above

Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	As above
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As above
	Do/Yes: ☐	Naddo/No: ☒

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	As abive
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	Approval of the plan will not constitute approval of individual investments or service changes, which will be considered through the Health Board's established clinical, quality, financial, planning and business case arrangements and decided in accordance with the Scheme of Reservation and Delegation.	

Mabon ap Gwynfor AS/MS
Gweinidog Cabinet dros Iechyd a Gofal
Cabinet Minister for Health and Care

Llywodraeth Cymru
Welsh Government

6 July 2026

Dear Chair,

I am writing to you following the Graduate and Primary Care Summits held on 18 June 2026.

Graduates Summit

The Graduate Summit was convened to take stock of the current employment position for summer 2026 nursing, midwifery and paramedic graduates, and to agree immediate and short-term actions to maximise employment and development opportunities for this year's graduates; and to mitigate the likelihood and impact of similar challenges for future cohorts.

The Graduate Summit was constructive, well attended and solution focused. I was encouraged by the strength of engagement from all partners and by the clear shared commitment to supporting graduates, maximising employment opportunities and addressing the structural issues which have contributed to the current position. The discussion demonstrated that, while the challenges are significant, there is a strong collective will across the system to respond quickly and to use this moment to strengthen our future workforce model.

Stakeholders were clear that immediate, coordinated action is required to support the 2026 cohort, particularly those graduates who have not secured substantive posts through the current streamlining process. There was also strong consensus that communication with graduates must be clear, consistent and proactive, and that NHS Wales must make best use of existing vacancies, bank arrangements, flexible deployment models and opportunities across primary, community, preventative and third sector settings.

I am therefore asking each NHS Wales Chair to ensure their organisations work at pace with HEIW, Welsh Government officials and system partners to maximise employment opportunities for the 2026 graduate cohort by the end of August. I ask that organisations actively support the development and delivery of all-Wales graduate transition programmes, increase the use of bank and flexible deployment arrangements, and ensure a consistent national support offer is available for graduates who do not immediately secure posts.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Mabon.apGwynfor@llyw.cymru
Correspondence.Mabon.apGwynfor@gov.wales

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn yr iaith honno ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I also ask that Chairs ensure this work has visible senior leadership within their organisations, that work is ongoing to identify any further employment opportunities that can be brought forward, and ensure local workforce, finance and operational teams are aligned to support delivery. This includes considering opportunities across service settings, reducing avoidable reliance on agency staffing where possible, and removing practical barriers that may delay graduates entering employment.

Beyond the immediate response, the Summit reinforced the need for longer-term reform. I will expect NHS Wales organisations to contribute fully to work to strengthen workforce planning, improve the use of data and modelling, align education commissioning more closely with service demand, and develop more flexible workforce and career pathways that reflect population need and the future direction of care.

Welsh Government officials will work with HEIW to monitor progress and support a coordinated national approach. I would be grateful for your active engagement in this work and for early assurance on the actions your organisation is taking to maximise opportunities for the 2026 cohort and support a more sustainable workforce position for future cohorts.

Primary Care Summit

I am determined we collectively bring renewed energy and pace to drive the shift towards prevention and care closer to home so that we create a more sustainable NHS able to meet the needs of the people of Wales. This work will continue to be led and coordinated through the Community by design Transformation Programme

The purpose of this summit was to identify further priorities and opportunities to inform the delivery plan for the Community by Design Transformation Programme.

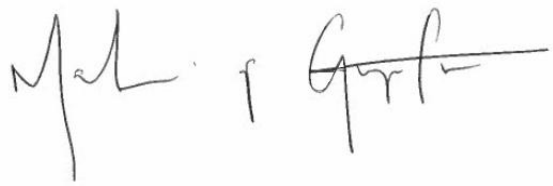
The summit was well attended by senior NHS leaders with great energy and willingness to focus on solutions to move our collective aspiration forwards. There was strong consensus across the discussions that the direction of travel is right, but that the main challenge is delivery. Participants consistently acknowledged the need to move from policy agreement to practical implementation, with clear accountability.

My officials will issue a full summit report together with clear and agreed actions for delivery, largely via the Community by Design Transformation Programme, to you, the Chief Executives and summit attendees.

It remains a priority for Health Boards to increase their spending on primary care by 0.5% each year from 2027-28. An urgent step over the summer is to agree which services make up the baseline for measuring the increase against and identify which services and workforce will shift to support this objective. I would like to see Health Board plans for this increase by the end of October.

Thank you for your continued leadership and commitment to supporting our future NHS Wales and its workforce.

Yours sincerely,



Mabon ap Gwynfor AS/MS
Gweinidog Cabinet dros Iechyd a Gofal
Cabinet Minister for Health and Care

Defining Primary Care Expenditure: Options for Measuring the 0.5% Commitment

Background

The Government has committed to securing agreement with Health Boards that the share of total health board expenditure devoted to primary care will increase by 0.5% each year from 2027/28. To measure delivery, officials are developing a baseline using existing NHS Wales finance data. The transformation board are asked to provide a steer on the scope of expenditure that should form part of this baseline and how progress should be measured over time.

This work sits within the timetable set by recent Ministerial and programme correspondence. The Cabinet Minister's letter of 6 July asks Health Boards to provide sight of their plans for delivering the 0.5% increase by the end of October, with the expectation that the Community by Design Transformation Programme will agree the baseline over the summer. The letter from Alex Slade and the Chief Medical Officer on 2 July sets a formal deadline of September for confirming the baseline approach.

Recommendation to the Community by Design Transformation Board

- Agree that the baseline should measure primary and community care expenditure, rather than contractor services alone.
- Agree that the Welsh Costing Return should be used as the starting dataset.
- Agree that expenditure should be treated as a proxy measure, supplemented by workforce, activity and outcome reporting.

Strategic context

Historically, primary care expenditure has often been understood as expenditure on the four independent contractor groups: GMS, community pharmacy, dentistry and optometry. That would provide a clear and measurable baseline, but it would not capture many of the services expected to deliver care closer to home, including community nursing, community mental health, therapies, rehabilitation, integrated community teams, telehealth and continuing care.

Conversely, defining primary and community care as all expenditure outside hospitals would be too broad. It would risk measuring expenditure growth in large non-acute budgets rather than genuine transformation, weakening the link between the 0.5% commitment and the Government's policy intent.

Proposed definition

NHS-funded revenue expenditure on primary care contractor services and community-based health services that provide first-contact care, prevention, early intervention, diagnosis, treatment, rehabilitation, urgent care, care coordination and ongoing support for physical health, mental health and wellbeing. These services are

intended to support people to remain well, independent and safely managed closer to home wherever possible, reducing avoidable reliance on hospital-based care.

The definition excludes expenditure primarily attributable to hospital services, except where those services form part of an agreed community-based model of care or provide direct support to the delivery of community services. This recognises that care closer to home depends on integrated pathways across primary, community and specialist services.

Expenditure should normally meet all three criteria, exceptions may be made where a service demonstrably supports an agreed community-based model of care:

- the service is primarily delivered in a primary care, community, home, school, care home, virtual or outreach setting;
- the service provides prevention, early intervention, access, diagnosis, treatment, rehabilitation, urgent/same day care, discharge support, medicines optimisation or care coordination;
- the service supports the Government's strategic ambitions related to care closer to home.

Exclude where expenditure:

- relates primarily to acute/hospital pathways
- relates to inpatient, day case, theatre, critical care or emergency department activity
- cannot be directly attributed to an included service
- is capital rather than recurring revenue

Limitations

Expenditure will only provide a proxy measure of transformation. Increased spending on primary and community care does not, in isolation, demonstrate that services, workforce or activity have shifted out of hospital settings. Growth may reflect pay awards, inflation, prescribing pressures, contract uplifts, demographic change or statutory obligations. For this reason, the baseline should be accompanied by supplementary reporting on workforce, activity, outcomes and Health Board narrative on service change.

Options for the baseline approach

Option 1: Contractor Only Baseline

- Provides the narrowest and most directly measurable interpretation of primary care expenditure, focused on the four contractor groups.
- Excludes many services that would expect to drive shift from acute settings to the community and undermines wider transformation ambitions.

Option 2: Welsh Costing Review (WCR) Primary and Community Care baseline

- Baseline will be captured using existing WCR data submitted to NHS P&I from HBs.
- Broadens baseline beyond contracted services, to better reflect the range of services that support the Government's wider transformation ambitions.
- Includes expenditure that may not be directly linked to hospital-to-community resource shift, making attribution of transformation more difficult.

Option 3: WCR baseline, supplemented with service descriptors and transformation reporting

- Retains the existing WCR dataset as the primary baseline. Avoids the need for new financial returns or extensive changes to Health Board coding structures.
- No expenditure is added to or removed from the baseline.
- Community by Design service areas are monitored separately through service descriptors and supporting narrative on workforce, activity and service change.
- Provides additional insight into transformation while maintaining a simple and consistent national financial baseline.

Option 4: New Community by Design Transformation Baseline.

- Redefines the baseline so that only nationally agreed transformation-focused services count towards the measure.
- Includes expenditure that can be reasonably linked to prevention, care closer to home, admission avoidance and community-based alternatives to hospital care.
- Excludes expenditure that cannot be clearly attributed to transformation.
- Requires significant national agreement on service definitions, coding approaches and governance arrangements before implementation.

Recommendation:

The CbD Financial Baseline Group recommend Option 3, using the WCR as the starting dataset for establishing a consistent baseline, supplemented by service descriptors and narrative reporting on workforce, activity and outcomes.

This provides a practical route to implementation while strengthening alignment with Community by Design and reducing the risk that the metric measures reclassification or inflationary growth rather than genuine resource shift.

Costing Community Feasibility Feedback:

Support Option 3 as a pragmatic development approach, but not a 'ready to implement' solution. Delivery will require further feasibility work before the baseline methodology can be finalised. Supplementary service reporting will need to be developed through a structured feasibility exercise.

Early testing indicates that some supplementary service areas, as identified by the baseline group, may be reportable. This is only once national definitions are agreed, and Health Boards have tested whether they can be identified consistently within existing reporting.

Descision Required: The Board is asked to agree Option 3 as the preferred development approach, noting that the final baseline methodology will be confirmed following feasibility testing with finance and service delivery colleagues.

Next Steps

Action	**Owner**
Confirm approach to primary and community care baseline, noting recommendation to proceed with Option 3	Community by Design Transformation Board
If recommendation is approved, the following actions are appropriate to push work forward	
Note the dependency on robust activity data and consider establishing a separate workstream to agree activity definitions and improve activity reporting consistency nationally.	Community by Design Transformation Board
Test whether 2024/25 or 2025/26 will be used as the baseline year given costing system data quality limitations.	PCC Baseline Group
Agree that full economic cost should be used unless there is value in separating overheads	PCC Baseline Group
Agree which services currently reported in the Welsh Costing Returns will be used in the baseline and agree the supplementary service information required. Establish a short, focused workstream involving service leads and finance to agree definitions for the supplementary services identified.	PCC Baseline Group

DRAFT VERSION 0.1 - Subject to further refinement through the Task and Finish Group.

0.5% Resource Shift to Primary & Community Care - Opportunity Assessment

Purpose:
To support a consistent assessment of opportunities to shift activity and resources towards primary and community care. The assessment will inform further development, prioritisation and investment decisions through the agreed governance process. Completion of this assessment does not constitute approval to proceed or confirmation of funding.

Opportunity Title:	
Clinical Lead:	
Assessment Lead:	
Date Submitted:	

Section 1: Opportunity and Case for Change

Current Service Model:

Proposed Future Service Model:

	Current Model	Future Model
Delivery Setting		
Workforce Model		
Annual Activity Volume		
Average Appointment/Intervention Time		
Cost Per Activity		
Total Annual Cost	0	0

Has the current pathway been mapped?
(if yes, submit copy with this assessment)

Yes	No
☐	☐

Evidence Supporting the Proposed Change (e.g., NICE, GIRFT)

Has an Integrated Impact Assessment been undertaken?
(if yes, submit copy with this assessment)

Yes	No
☐	☐

Potential for Activity Shift	
Total Annual Activity	
Clinically Suitable for Shift (%)	
Expected Adoption Rate (%)	
Expected Activity Shifted	0

Section 2: Patient & Population Benefits

	Current Position	Expected Benefits	Proposed Measure	Evidence / Data Source
Timeliness of Care				
Equity of Access				
Travel				
Care Closer to Home				
Patient Experience				
Clinical Outcomes				
Independence and Wellbeing				

Other:

Section 3: Resource to Enable Delivery

	Quantity	Cost (£)
Additional Workforce Requirement (WTE)		
Training / Competencies		
Equipment / Consumables		
Digital & Information Requirements		
Estates		
Project & Implementation Support		
Total Investment Required		0

Section 4: Capacity & Resource Released

Capacity & Resources Released

	Annual Impact
Clinical hours released	
Clinical WTE capacity released	
Admin WTE capacity released	
Clinic sessions released	
Estate / room capacity released	
Additional activity enabled	

Proposed Use of Released Capacity

	Intended Reinvestment
Consultant capacity	
Clinical team capacity	
Admin capacity	
Clinic / estate capacity	
Other	

Section 5: Financial Impact

	Value (£)	Basis of Estimates & Key Assumptions
Current annual cost of activity proposed for shift		
Future annual cost of delivering proposed model		
Recurring financial benefit/additional recurring investment required	0	
Total one-off implementation cost		

Section 6: Deliverability & Viability

	Yes	In Development	No
Is there a credible implementation plan?	☐	☐	☐

	Period (Months)
Anticipated lead time to implementation:	

	Confidence Rating *(High, Medium, Low)*
Patient outcomes can be maintained or improved	
Released capacity can be clearly identified and measured	
The proposed use or reinvestment of released capacity is clear and	
The required workforce model is achievable and sustainable	
Operational requirements and dependencies can be addressed	
Implementation requirements and timescales are clear and achievable	
Responsibilities and key dependencies are clearly defined	
Financial assumptions are robust and supported by evidence	
Overall Deliverability and Viability Rating	

Key:

High	Robust evidence; no significant barriers identified.
Medium	Reasonable assumptions; further validation or mitigation required.
Low	Limited evidence, significant uncertainty or material barriers.

Section 7: Outcome

Section to be completed during portfolio assessment exercise through the agreed programme governance arrangements

Progress to prioritisation	Retain in future pipeline
☐	☐
Further Work Required Before Decision	**Do not progress at this stage**
☐	☐

Decision Rationale & Required Next Steps:

Trugaredd
Compassion

Agored
Openness

Parch
Respect

Atodiad 1 - Dangosyddion Perfformiad Allweddol

Chwarter 1 – Ebrill i Mehefin 2026

Appendix 1 - Key Performance Indicators

Quarter 1 – April to June 2026

Appendix 1 - Key Performance Indicators: Quarter 1 – April to June 2026.

Freedom of Information (FOI) Compliance

In Quarter 1 2026/27, the Information Governance (IG) Team handled 193 Freedom of Information (FOI) requests, representing a 27% decrease from Quarter 4 (263 requests). These requests generated a total of 809 individual questions requiring responses from services across the organisation. Compliance improved from 66% to 71% during the quarter. Processing these requests required a total of 1,016 staff hours, equating to an estimated resource commitment of £25,400 based on the Freedom of Information Act's notional rate of £25 per hour. A detailed analysis of the reasons for delays, together with divisional compliance performance, is provided later in this report.

FOI Exemption and internal reviews - Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	4	-	-
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	10	1	Not Upheld
Section 22		4	-	-
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7	1	Not Upheld
Section 42 – Legal Professional Privilege	Public Interest Test applied	1	-	-
Section 43 – Commercially Sensitive	Public Interest Test applied	3	-	-
No Exemption applied	N/A	164	5	3 x Partially Upheld 2 x Ongoing
Total		193	7	

Highest reported reasons for delays/breaches for non compliant cases:	Divisions with the lowest compliance performance
• 27 delays reported due to receiving the information from Divisional Leads. • 24 delays due to Executive approval. • 3 delays due to unable to identify correct lead. • 1 delay due to information or records missing. • 1 delay due to delay in IG formulation.	• Transformation & Planning – 1 out of 1 (100%) non-compliant. • AHP & Health Science – 6 out of 10 (60%) non-compliant. • Environment & Estates – 2 out of 4 (50%) non-compliant. • Corporate Governance – 3 out of 7 (42.9%) non-compliant. • Medical Director – 10 out of 34 (29.4%) non-compliant. • Finance – 5 out of 17 (29.4%) non-compliant.

Trends in Freedom of Information Subject - The themes remain largely consistent with Q4.

- **Clinical treatment, medicines and patient outcomes (52)** is the largest category, covering requests relating to cancer services, rheumatology biologics, diabetes care, ADHD and neurodiversity services, maternity services, urology, physiotherapy, allergies, immunology medicines, rare diseases, prescribing, diagnostics, and treatment pathways.
- **Workforce, staffing and employment matters (31)** with requests relating to vacancies, recruitment, agency staffing, sickness absence, management qualifications, overseas recruitment, staff policies, training, nursing provision, and workforce metrics across a range of services.
- **Governance, policy, audits and organisational assurance (29)** including requests for policies, internal audit reports, reviews, governance arrangements, complaints handling, special measures, committee-related information, contract management, and organisational accountability.
- **Access, waiting times and service performance (23)** focusing on referral pathways, waiting lists, assessments, operations, emergency care performance, community services, mental health provision, and demand for specialist services.
- **Finance, procurement, commissioning and outsourced services (21)** including insourcing and outsourcing arrangements, continuing healthcare packages, contracts, rebates, consultancy expenditure, funding allocations, and procurement reviews.
- **Digital, information management and medical technology (15)** covering patient monitoring technology, system documentation, server and storage infrastructure, Power BI licensing, information sharing, medical equipment, and digital records systems.
- **Estates, facilities, fleet and environmental matters (10)** including environmental information requests, drinking water and contamination risks, fleet vehicles, district nurse accommodation, and estate-related infrastructure issues.

Subject Access Request Compliance
Overall Subject Access Request compliance remained above 99% at 99.4%. A total of 2,383 Subject Access Requests were received during the reporting period. Non-clinical Subject Access Request compliance was 98%, with 40 requests received, of which 39 were processed within the statutory timescale. Despite continued high demand, compliance across both services remained strong. During this reporting period, the Information Governance Team continued to focus on ensuring Subject Access Requests are appropriately scoped at the earliest opportunity. Requestors are increasingly being provided with clearer guidance on the types of information that can be requested and disclosed, helping to improve understanding of the process and manage expectations from the outset. Where requests are broad or unclear, requestors are encouraged to provide more specific details to support proportionate and targeted searches. This approach has helped to reduce the need for subsequent clarification, minimise resource-intensive mailbox-wide searches, and support the timely and efficient processing of requests while maintaining compliance with statutory requirements and information governance obligations.
2026/27 Improvement Actions
The Information Governance and Access to Health Records Teams will continue to build on the positive joint working arrangements already established for managing complex requests. Ongoing efforts will focus on maintaining effective communication with requestors through clear explanations of processes, expected timescales and the scope of information that can be provided, helping to support transparency and manage expectations. The teams will also continue to work closely with the Health Board's Complaints Team to ensure a consistent and coordinated approach where complaints transition into information requests. By sustaining these established practices, we aim to maintain high levels of compliance, provide a positive user experience and deliver an efficient, user-focused service while meeting statutory requirements.

Information Governance Incidents and Complaints Information Quarter 1 – April to June 2026.

Incident Category	Sub Category	Number of incidents	Number of complaints	Self-Reported to ICO & WG	Complaints received from ICO
Confidentiality Breach (External)	E-mail	10	1	-	1
	External Mail	14	1	-	-
	PPI in public place	5	-	-	-
	Prescription/Form/Letter Error	10	-	-	4
	Records	5	-	-	-
	Social Media	1	-	-	-
Confidentiality Breach (Internal)	Data Loss	3	-	-	-
	E-mail	1	-	-	-
	PPI in public place	7	-	-	-
	Prescription/Form/Letter Error	1	-	-	-
	Records	2	-	-	-
Information Management & Technical Security	BCU Device Loss	1	-	-	-
	ID Badge Loss	10	-	-	-
Non Compliance with Policies & Procedures	IG01 – Records Management	3	-	-	-
	IG08 – E-mail Procedure	1	-	-	-
	IG13 – Confidentiality Code of Conduct	**14**	-	-	-
	IG14 - IM&T Security Procedure	**17**	-	-	-
	IG15 - Safe Storage & Transport of Personal Data	**11**	**1**	-	-
	IG16 – Disclosing Personal Data Procedure	**1**	**2**	-	-
	IG17 – Photography, Video & Audio Recording Procedure for a Non-Clinical Purpose	**3**	-	-	-
Total		**120**	**5**	**0**	**5**

Information Governance incidents remained stable during Quarter 1, increasing marginally by 0.8% from 119 incidents in Quarter 4 to 120 incidents. Most were assessed as low risk and resolved within required timescales, with none meeting the threshold for reporting to the Information Commissioner's Office or Welsh Government. Ongoing staff training, awareness activities and process improvements continue to strengthen compliance and reduce repeat incidents.

Outcomes

- Strengthened controls over the use and disclosure of personal information by reinforcing verification checks before sending emails, letters, prescriptions and patient documentation, reducing the risk of misdirected communications and inappropriate disclosure.
- Improved information handling and records management through reminders on the secure storage, transport and disposal of patient information, alongside enhanced checks to prevent lost, misplaced or incorrectly issued records.
- Maintained effective management of lost ID badges and devices through prompt deactivation, removal of access permissions and reissue processes, minimising the risk of unauthorised access to systems and premises.

Allegations	**Legal Claims**
In Quarter 1, no new allegations relating to inappropriate access, disclosure, or misuse of information were recorded. This is an improvement from Quarter 4, when 1 allegation was reported, and continues the positive trend in reducing reported Information Governance breaches.	In Quarter 1, 1 legal claim was received in May 2026. The claim relates to an alleged data breach involving staff information, concerning the inappropriate disclosure of staff records/information at HMP Berwyn. The claim has been classified as an Information Governance and Confidentiality matter and remains under investigation.

Complaints

In Quarter 1, 5 Information Governance-related complaints were received. Lessons learned from these complaints have been used to support service improvement and strengthen Information Governance practices.

- Allegation that patient information was shared with a charity without consent. Investigation confirmed consent had been obtained and no breach occurred. **Closed**.
- Concern regarding discussion of another patient's information within an Endoscopy service. Information Governance support was provided and the matter was addressed locally. **Closed**.
- Complaint relating to district nursing notes found in a public location. Information Governance support was provided and the matter was managed as a clinical issue. **Closed**.
- Complaint regarding a letter received opened, displaying patient identifiers on the address label. Advice was provided and the complainant chose not to pursue the matter further. **Closed.**
- Allegation that confidential psychiatric information was disclosed during a Community Mental Health Team assessment. Information Governance advice and support were provided. **Open.**

Lessons Learnt

- Verification of patient consent and clear documentation of information sharing decisions are essential in responding to concerns regarding disclosure of personal information.
- Secure handling of records and correspondence remains critical to protecting patient confidentiality and maintaining public trust.
- Early Information Governance involvement supports effective investigation, proportionate decision-making and timely resolution of complaints

Information Commissioners Office (ICO) Complaints

Self-reported incidents to the Information Commissioners Office Quarter 1

In Quarter 1, no self-reported incidents were submitted to the Information Commissioner's Office (ICO), maintaining the position reported in Quarter 4 2025-26.

Complaints received from the Information Commissioners Office Quarter 1

In Quarter 1, 5 complaints were received from the Information Commissioner's Office (ICO). One complaint related to the alleged disclosure of personal information via email, one concerned an Access to Health Records request, and three related to Freedom of Information requests. During the quarter, two complaints were closed. One FOI-related complaint was closed following the issue of an ICO Decision Notice, which concluded that the Health Board had correctly applied the relevant exemptions but identified learning in relation to the provision of advice and assistance under Section 16 of the Freedom of Information Act and compliance with statutory response timescales. No further action was required by the Health Board. A second complaint concerning data protection issues was also closed following submission of the Health Board's response to the ICO, including details of actions taken and lessons learned to strengthen internal complaint handling processes. At the end of Quarter 1, 3 complaints remained open and were progressing through the ICO's investigation process. While the number of ICO complaints received by the Health Board remains relatively low, it should be noted that the ICO has reported a significant national increase in data protection complaints, receiving 76,743 complaints during 2025/26, an increase of more than 80% compared to the previous year. The ICO has attributed this rise to growing public awareness and engagement with information rights. This wider national trend may contribute to increased complaint volumes experienced across NHS organisations and the public sector.

Lessons Learnt

- Continued emphasis on Information Governance training remains important to ensure staff understand their responsibilities when handling personal information.
- Additional care should be taken when sending emails to reduce the risk of information being disclosed to unintended recipients.
- ICO complaints continue to highlight the importance of maintaining compliance with Freedom of Information and Access to Health Records requirements, including providing clear and timely responses to applicants.

Information Governance Training and Budget Information Quarter 1 – April to June 2026.

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay).	Year To Date Variance
T410	880,925	161,905	58,301 underspend (not a true reflection, please see below comments)

Please note that the reason for the underspend this quarter is due to:

1. Delays in invoicing for confidential waste expenditure;
2. Continued agile / home working thus reducing travel costs;
3. Flexible Working arrangements;
4. Service reduced run rate to support overall Health Board Financial Position with scrutiny of spend.

The underspend reflects reduced expenditure due to restricted budget usage, agile working arrangements, delayed invoicing, and a vacant post.

Information Governance Mandatory Training

During Quarter 1, three mandatory Information Governance training sessions were delivered, with 34 staff members in attendance. The Health Board currently has 30 nominated Information Governance Champions, 19 of whom have completed specialist training, enhancing, local knowledge and providing additional support for Information Governance compliance across services.

In addition, 3015 staff members have completed their Information Governance training online during this quarter.

Overall compliance with mandatory Information Governance training across the Health Board increased to from 85.2% to **86.4%** in Quarter 1, surpassing the national target of 85%. Regular reminders continue to be issued through meetings and organisational bulletins to maintain compliance and encourage timely completion of training.

National Intelligent Integrated Auditing Solution (NIIAS), Service Desk and IG10 Information Quarter 1 – April to June 2026.

IG10

A total of **10** IG10 requests were submitted in Quarter 1, all of which were approved. This is a decrease from the 13 reported in Q4. The IG10's approved in this quarter were from a number of different areas and no trends were identified.

The breakdown of request types is as follows:

- Video Surveillance – 4
- System Activity – 4
- Email Records – 1
- Swipe Card Access – 1

Service Desk – Information Governance Portal

The total number of HALO queries decreased to 42 in Quarter 1, compared to 62 in Quarter 4. While this indicates a reduction in queries logged through HALO, members of the Information Governance team continue to receive a significant number of enquiries directly via email and Microsoft Teams. In many cases, these relate to urgent matters requiring an immediate response and are therefore not always recorded within HALO. The team recognises the importance of ensuring all appropriate enquiries are logged to provide a complete picture of workload and demand, and work will continue to improve the consistency of query recording. Despite the reduction in HALO-recorded queries, the team continues to provide advice and support through multiple communication channels.

Some key trends identified during the quarter were:

- Sharing information with other Health Boards
- Local & National Research Projects
- Policies & Procedures

NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 1, 89 NIIAS notifications were received relating to potential inappropriate access to Health Board records. This is a decrease from the 125 reported in Quarter 4. Of the 89 notifications received, 51 have been investigated and closed. Of these, 34 were confirmed as legitimate first notifications requiring action, whilst 17 were determined to be false positives.

Cases involving People Services.

Area	Case not proven	Informal Action	No Case to Answer	Referred to Hearing	To be confirmed
West	0	0	3	0	0
Central	0	1	0	0	2
East	0	0	0	0	2
Pan BCU	0	1	0	0	0

Caldicott Guardian Decisions, Data Protection Impact Assessments, Compliance Audits & Asset Register Quarter 1 – April to June 2026.

Compliance Audits

During Quarter 1, one face-to-face Information Governance compliance audit was completed across BCUHB sites. The audit provided assurance that key Information Governance controls were in place and highlighted good staff awareness of Information Governance responsibilities, appropriate information handling practices, and continued commitment to compliance requirements. Any recommendations arising from the audit have been shared with the service to support continuous improvement. No remote audit pre-assessments were undertaken during Quarter 1. In parallel, significant progress has been made in addressing previously identified risks relating to physical records management. A total of 40 site-wide audits were completed collaboratively by the Information Governance Team and the Patient Records Team. These audits focused on the secure storage, management, and ownership of physical records across BCUHB sites. The findings have provided valuable assurance regarding current practices while identifying opportunities to further strengthen records management arrangements, improve consistency, and support compliance with Information Governance requirements. Work will continue to implement recommendations and monitor improvements across services.

Data Protection Impact Assessments (DPIAs)

As at 30th June 2026, 5 Data Protection Impact Assessments (DPIAs) were approved during Quarter 1. Activity levels remain high, with a total of 53 DPIAs currently in progress. Of these, 26 are under active review by the Information Governance Team or project leads, 6 require further information to enable progression, and 21 remain with project teams pending initial submission. This reflects the continued demand for DPIA support across a broad range of projects and initiatives being undertaken across the organisation.

Asset Register

Good engagement has been achieved from Information Asset Owners (IAOs) and Information Asset Administrators (IAAs) following targeted communication with those identified as not having commenced activity on the Information Asset Register (IAR). This engagement has resulted in increased progress across the organisation, with 78 Record Assets submitted to the Asset Register during Quarter 1.
Work continues to support IAOs and IAAs in the identification, recording and review of information assets, with ongoing guidance and engagement helping to improve the completeness and quality of the IAR. Risk assessment activity for information assets is also continuing to progress.

Caldicott Guardian Decisions

During Quarter 1, no matters requiring formal consideration by the Caldicott Guardian were submitted. As a result, no Caldicott decisions or approvals were issued during the reporting period. This includes requests relating to Information Sharing Agreements, Data Disclosure Contracts, and other complex information-sharing arrangements that would ordinarily require Caldicott Guardian review.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

INFORMATION GOVERNANCE QUARTER 1 2026/27 KEY PERFORMANCE INDICATORS REPORT INFORMATION GOVERNANCE GROUP CHAIRS ASSURANCE REPORT AUGUST 2026

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	**Information Governance Q1 KPI 2026-2027 Report** Carol Johnson Head of Information Governance **Information Governance Group August 2026 Chairs Assurance Report** Dr James Risley Deputy Executive Medical Director
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Justine Parry Acting Director of Digital, Data and Technology

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

Information Governance Q1 KPI 2025-2026 Report

BCUHB has a responsibility to ensure robust Information Governance arrangements are in place to protect patient, personal and corporate information. This report provides assurance across key areas including information rights, data protection, incidents, complaints, records management, information security and mandatory training.

During Quarter 1, Freedom of Information compliance improved to 71%, Subject Access Request compliance remained high at 99.4%, and mandatory Information Governance training increased to 86.4%, remaining above the Welsh Government target. Information Governance incidents remained stable with no incidents

requiring notification to the ICO or Welsh Government. Progress has also continued across the Information Asset Register, records management audits, DPIAs and AI governance.
As statutory timescales apply to FOI and SAR requests, KPI reports can only be produced after the end of each quarter. The figures presented reflect the position at the time of reporting and will be updated in subsequent reports as cases close.

Information Governance Group August 2026 Chairs Assurance Report
The Information Governance Group met on 25 August 2026 and received assurance that Information Governance arrangements remain effective. Strong performance was maintained across Subject Access Requests, training compliance, incident management and complaints, with further improvement seen in Freedom of Information compliance. Significant progress was also reported in relation to the Information Asset Register, records management audits, cyber security and Artificial Intelligence governance.
The Group noted ongoing risks relating to Corporate Records Management, physical records security, legacy systems and CCTV compliance. Members were assured that appropriate mitigations and governance arrangements remain in place. The Group also highlighted the continued lack of Integrated Health Community representation and agreed this should be escalated through appropriate governance routes. Overall, the Group was satisfied that key risks continue to be effectively managed and monitored.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Information Governance Group	25/08/2026	Presented to group, chaired by Dr James Risley. Included in minutes and Chairs Assurance Report.
Senior Leadership Team	03/09/2026	Chairs Assurance Report presented and agreed by group.
Executive Committee	09/09/2026	Both reports presented and agreed for forwarding by group.

Appendices / Atodiadau	
Appendix 1	Information Governance – Q1 KPI 2026-27
Appendix 2	Information Governance Group Chairs Assurance Report August 2026.

1. **Y SEFYLLFA**
SITUATION

1.1 The reports provide the board with an overview of current performance across key statutory and operational information governance functions, including compliance with data protection obligations, response timeliness, and governance activities. The report highlights areas of assurance as well as emerging risks where performance has fallen below expected standards. These trends have the potential to impact organisational compliance, resource demand, and the health board's overall assurance position. Board oversight is required to note the performance position and consider any actions needed to support improvement.

2 **Y CEFNDIR**
BACKGROUND

2.1 The framework is designed to provide the Board with clear and timely assurance on the Health Board's performance against key statutory, regulatory, and internal IG requirements. Regular monitoring and reporting of IG KPIs support effective oversight of compliance, highlight areas of emerging risk, and enable early identification of any themes or pressures that may impact organisational assurance. The report forms an essential part of the Board's governance arrangements, ensuring transparency in how the Health Board manages personal data, responds to information requests, and maintains robust information governance standards.

3 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

3.1 **Patient record storage risk:** Significant and recurring organisational risk relating to capacity, security, and inappropriate storage practices, requiring continued Executive oversight and escalation.

3.2 **Information Asset Register (IAR):** Progress made, but incomplete coverage remains a key dependency for risk management, cyber response, and DPIA activity; further engagement and population required.

3.3 **FOI demand and performance:** Record high volumes with improved compliance (71%), but sustained pressure on resources and response times.

3.4 **Information security and CCTV compliance:** Below required standards due to legacy systems and infrastructure gaps, requiring targeted improvement action

4 **RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO**
KEY RISKS / MATTERS FOR ESCALATION

4.1 The issues highlighted in Section 3.1 require escalation to the Executive Committee.

5 **ARGYMHELLION**

RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- **NOTE** – The updates outlined in the Executive Summary and also the matter requiring escalation.

ASESIAD / ASSESSMENT	

Cyswllt â'r Blaenoriaethau Strategol
Link to Strategic Priorities
	4. Create a Modern, People Centered Healthcare System
	The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:
	• Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016 and the Freedom of Information Act 2000 (FOI Act):
	  • Continue to develop and improve systems for Records of Processing Activity (ROPA);
	  • Ensure privacy by design and default is considered at all stages of service design, system procurement and partnership working;
	• Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation including social media and Artificial Intelligence (AI).
	• Develop and implement a system and process for the regular review of information sharing agreements / protocols both nationally and locally.
	• Continually look at ways to improve, monitor for assurance and report on the Systems and Records Assets held within the Information Asset Register
	• Continue to meet the Information Governance training national target of 85% to help improve staff understanding and continuous awareness.
	• Strengthen relationships with IHC clusters to improve Information Governance compliance with Primary Care Contractors.
	• Increase service user and Regulator confidence in the Health Board and its staff with increased visibility and working relationships, including a refresh of the IG

<table>
<tr><td></td><td>Webpages and the exploration of introducing IG Champions.
• Encourage and support the professional development of team members by providing opportunities for training, skill enhancement, and knowledge acquisition in relevant areas and to include the development of training programmes.</td></tr>
<tr><td></td><td>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
If more than one applies, please list below:</td></tr>
<tr><td>Yr Egwyddorion Dylunio Design Principles</td><td>Simplify, Standardise, and Adopt Best Practices
Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
If more than one applies, please list below:</td></tr>
<tr><td>Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd
Corporate Risks and Board Assurance Framework</td><td>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board’s ability to protect the privacy of their information.

<table>
<tr><td colspan="5">Risk Register - Tier 2</td></tr>
<tr><td>ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr>
<tr><td>ID5238 - Development and ongoing management of Corporate Records Management function</td><td>15</td><td>12</td><td>6</td><td>Unchanged</td></tr>
<tr><td>ID5239 - BCU site wide audit to identify health and corporate records store</td><td>15</td><td>12</td><td>4</td><td>Unchanged</td></tr>
</table>
</td></tr>
</table>

	in vulnerable locations				
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable				
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:				

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** All Apply	**Meysydd Ansawdd Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant	Not Applicable	

Wellbeing of Future Generations Act – Wellbeing Goals	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Yes (Include further detail below)	
	Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act	

	2018, UK GDPR and European GDPR 2016 and the Freedom of Information Act 2000 (FOI Act): • Continue to develop and improve systems for Records of Processing Activity (ROPA); • Ensure privacy by design and default is considered at all stages of service design, system procurement and partnership working;
Enw Da **Reputational**	Yes (Include further detail below)
	Underperformance against these KPIs may present a reputational risk to BCUHB by reducing confidence in the Health Board's information governance practices. Conversely, strong performance supports organisational assurance and reinforces public and stakeholder trust in our management of personal information.
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

25th August 2026

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Information Governance Group Chair's Report

Name of Group:	Information Governance Group
Meeting date:	25th August 2026
Name of Chair:	James Risley – Deputy Executive Medical Director
Responsible Director:	Justine Parry - Acting Director of Digital, Data and Technology
Summary of business discussed:	The Information Governance Group met virtually on 25 August 2026. The meeting was deputised by Dr James Risley, Deputy Executive Medical Director in the absence of the Dr Clara Day, Executive Medical Director. The Chair noted apologies from a number of key members, including the substantive Chair, SIRO, DPO and senior Information Governance representatives. During opening discussions, members highlighted concerns regarding the absence of clinical and Integrated Health Community representation and considered whether sufficient representation was available to support all governance and approval functions of the Group. The importance of ensuring appropriate clinical and operational engagement within IGG governance arrangements was recognised. The Group reviewed progress against previous actions. Most actions had been completed, with outstanding actions relating principally to development of executive reporting concerning asset ownership and business continuity risks, wider awareness materials relating to overseas working, and completion of executive reporting on audit findings. The following updates were provided during the meeting: **Information Governance Workplan Q1 2026/27** The Group reviewed progress against the Information Governance operational workplan and noted continued progress across key priorities. Significant developments included implementation of the approved Artificial Intelligence Governance Procedure, expansion of the Information Governance Champions programme, completion of the Health Board-wide records audit programme and continued development of the Information Asset Register. Most actions remain

	on track with only limited delays outside the direct control of the Information Governance Team. **Information Governance KPI Report Q1 2026/27** The Group received assurance from the Quarter 1 KPI report. Freedom of Information compliance improved to 71%, Subject Access Request compliance remained high at 99.4%, mandatory Information Governance training increased to 86.4% and incidents remained stable with no breaches requiring notification to the Information Commissioner's Office or Welsh Government. The Group noted continuing challenges relating to FOI response times in some service areas and increasing demand across statutory information rights functions. **Information Governance Risk Register** The Group reviewed departmental risks relating to Data Flow Mapping and Records of Processing Activities (IG20), Corporate Records Management (IG21) and Site-Wide Records Audits (IG22). Corporate Records Management remains a significant organisational risk due to the lack of dedicated resource, whilst improvements to the Information Asset Register continue to provide mitigation against data flow mapping risks. Audit work completed across Health Board sites has enabled further reduction in uncertainty surrounding physical records risks. **Information Asset Register Update** Significant progress was reported with 568 record assets and 46 system assets now submitted onto the Information Asset Register, with a substantial number remaining in progress. The Group discussed improvements in engagement from Information Asset Owners and Administrators and noted that asset register completion remains fundamental to compliance, cyber security, business continuity and Records of Processing Activities requirements. A number of high-risk record and system asset issues remain under active management. **Mandatory Training Update** The Group noted that mandatory Information Governance training compliance had increased to 86.4%, remaining above the Welsh Government target. The development of a national Information Governance, Records Management and Cyber Security e-learning package was also discussed, with consultation currently underway across Wales.

	Site-Wide Audit Programme The Group received final updates following completion of approximately 100 site-wide records management audits across the Health Board. Findings provided assurance regarding records management practices whilst identifying areas requiring improvement including records storage, ownership arrangements, physical security controls and records retained within vulnerable locations. Particular attention was drawn to findings from Abergele Hospital and other sites where security and records management improvements remain necessary. **Confidential Waste Contract Update** Members received an update on the confidential waste contract procurement process. The existing contract remains extended whilst a new procurement exercise progresses. Five bids have been received and evaluated, with contract award anticipated in September prior to implementation in October 2026. A revised Confidential Waste Procedure will be presented once the procurement process is completed. **Security & CCTV Update** The Group received an update on security and CCTV arrangements. Members noted the continuing work to strengthen compliance in response to known CCTV governance gaps and discussed security matters associated with physical estate and records management risks identified through recent audit activity. **Access to Health Records Update** The Group received assurance that the Access to Health Records Service continues to perform well despite a 24.6% increase in demand compared to the previous year. Compliance remained at 99.4% for GDPR Subject Access Requests and 96.6% for requests made under the Access to Health Records Act. Work continues with clinical services to improve records retrieval times and reduce delays associated with disclosure requests. **Cyber Security Update** The Group reviewed the Cyber Security Assurance Report and received assurance regarding ongoing management of cyber risks. Updates included progress in reducing dormant accounts, reviewing generic accounts, strengthening supplier cyber assurance arrangements and delivery of cyber awareness activities. The Group

	also noted continuing strategic risks associated with legacy systems, workforce capacity, asset visibility, third-party access and supply chain security. **Artificial Intelligence Assurance Framework** An update was provided on the implementation of the AI Governance Procedure and development of supporting assurance arrangements. The Group noted continued progress in establishing governance controls for the safe and compliant implementation of Artificial Intelligence technologies, including Microsoft Copilot. **Policy Approval – HR1e Guidance on the Management of Patient Records for Gender Identity/Reaffirmation** The Group reviewed amendments to HR1e and approved the updated guidance. Changes reflected legislative updates and clarified arrangements relating to the management of patient demographic information and records where changes to gender identity or patient identifiers are requested. **Data Protection Impact Assessment (DPIA) Update** The Group received assurance that DPIA activity remains high, reflecting significant organisational digital and service change activity. Fifty-three DPIAs remain in progress across a range of projects, with ongoing Information Governance support being provided. No significant concerns requiring escalation were identified. **Information Governance Incidents** The Group reviewed current Information Governance incidents, complaints and lessons learnt. Incident levels remain low and stable. Common themes continue to include confidentiality breaches involving emails, records management issues and information handling errors. No incidents met the threshold for reporting to the Information Commissioner's Office. **Office 365 Update** The Group discussed future reporting through Microsoft 365 and opportunities to utilise Power BI functionality to improve performance reporting and information governance oversight. Further development work will continue before future reports are brought to the Group.

	Issues of Significance from Information Governance Management Advisory Group (IGMAG) Members received a summary of national Information Governance developments including updates relating to the Data Use and Access Act, national records management developments, data quality concerns, information sharing governance, misdirected mail activity, national digital programmes and the development of the new Information Governance, Records Management and Cyber Security training package. The Group also discussed issues arising from the Information Governance Toolkit return and implications of national assurance requirements relating to legacy systems and CCTV compliance. **Lessons Learnt and Any Other Business** The Group reviewed emerging lessons learnt from incidents, cyber awareness activities and national governance developments. No further significant issues were raised under any other business. Matters proposed for inclusion within the Chair's Report focused on records storage risks, asset ownership and assurance arising from the site-wide audit programme.
Key assurances provided at this meeting:	The Group received assurance that Information Governance arrangements continue to operate effectively across the Health Board despite increasing statutory, technological and organisational demands. Strong performance has been maintained in Subject Access Request compliance, mandatory Information Governance training, incident management and complaint handling, whilst Freedom of Information compliance has shown further improvement during the reporting period. Significant progress has been made in the development of the Information Asset Register, strengthening assurance around data flows, asset ownership, cyber resilience and records management. The completion of the Health Board-wide records audit programme has provided greater visibility and oversight of physical records storage risks, with action plans in place to address identified concerns. The Group also received assurance regarding ongoing cyber security monitoring, supplier assurance arrangements, access management controls and the development of Artificial Intelligence governance arrangements. Whilst risks remain in relation to corporate records management capacity, legacy systems, physical security of records and national Information Governance Toolkit compliance requirements, appropriate mitigating actions are in place and these risks continue to be actively monitored and escalated through established governance processes.
Key risks including mitigating actions and milestones	The Group reviewed key risks relating to Corporate Records Management, Data Flow Mapping, physical records security, cyber resilience and national compliance requirements. Mitigating actions

	remain in place, including continued development of the Information Asset Register, completion of the Health Board-wide records audit programme, ongoing cyber security improvement activity and executive oversight of legacy technology and CCTV compliance issues. Whilst a number of significant organisational risks remain, the Group received assurance that appropriate controls, action plans and governance arrangements are in place to manage and monitor these risks.
Targeted Intervention Improvement Framework Domain addressed	• Strategy, planning and performance. • Leadership (including governance, transformation and culture). • Engagement (patients, public, staff and partners).
Issues to be referred to another Committee	The Group noted the continued absence of Integrated Health Community (IHC) representation despite previous actions to strengthen membership and engagement. Members agreed that effective operational and clinical representation is essential to provide assurance, support local ownership of Information Governance risks and ensure actions are appropriately progressed within services. This matter will be escalated through appropriate executive and governance routes to seek appropriate operational and clinical representation and engagement from IHC representatives. In addition, ongoing themes relating to physical records storage, Information Asset Register compliance and organisational accountability for information assets will continue to be raised through relevant governance forums.
Matters requiring escalation to the Board:	None for immediate Board escalation. However, the Group noted ongoing executive oversight of Corporate Records Management risks, Information Asset Register compliance, physical records storage risks identified through the site-wide audit programme and the need to improve Integrated Health Community representation and engagement.
Well-being of Future Generations Act Sustainable Development Principle	The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by: • Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. • Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.
Planned business for the next meeting:	• Quarter 2 Information Governance performance and assurance reporting. • Continued development and oversight of the Information Asset Register and associated risks. • Progress updates on actions arising from the Health Board-wide records audit programme. • Cyber Security and Artificial Intelligence governance updates.

	• Ongoing DPIA activity and Information Governance support for key organisational projects. • Update on Information Governance Toolkit improvement actions and national compliance requirements. • Review of Integrated Health Community representation and engagement within the Group. • Confidential Waste Contract implementation and related policy updates. • Update on Corporate Records Management risks and mitigations.
Date of next meeting:	**Tuesday 17th November 2026 | 12:30 – 14:30 | MS Teams**

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the Planning, Population Health and Partnerships Committee held in Public on 3 September 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Clare Budden	Independent Member (Chair of PPHP Committee)
Caroline Turner	Independent Member
Gareth Williams	Independent Member
In Attendance	
Natalie Anderson	Denbighshire County Council Marmot Pilot Project Manager *(part meeting)*
Dyfed Edwards	Health Board Chair
Dafydd Gwynne	Strategic Partnership Manager, Public Health *(part meeting)*
Stuart Keen	Director of Environment and Estates
Alison Kemp	Associate Director, Primary Care and Community Services *(part meeting)*
Sam Lauder	Assistant Director of Health Protection *(part meeting)*
Emma Lea	Interim Assistant Director of Corporate Planning: Transformation and Improvement *(part meeting)*
Phylis Makurunje	Aspiring Board Member
Jane Moore	Executive Director of Public Health
Geraint Parry	*(part meeting)*
Justine Parry	Acting Director of Digital, Data and Technology *(via Teams)*
Helen Stevens-Jones	Director Partnerships, Engagement and Communications
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Helen Vaughan-Evans	Denbighshire County Councillor *(part meeting)*
Pam Wenger	Director of Corporate *Governance (via Teams)*
Committee Support	
Clare Craig	Corporate Governance Officer *(via Teams)*
Laura Jones	Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
PP26.90 Welcome and Apologies The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Billy Nichols.
PP26.91 Declarations of Interest No declarations of interest were raised.

Unconfirmed

PP26.92 Consent Agenda

The Chair noted the introduction of a consent agenda which has been adopted to help manage the volume of Committee business and allow for in depth discussions where required.

It was confirmed that items have been placed in the consent agenda where appropriate and queried whether any items needed to be removed from the consent agenda and considered under the main agenda.

- The Executive Director of Public Health highlighted that the report on the Annual Update from the Health Protection Service 2025-2026 provided an opportunity for the Board to be assured on the delivery of Health Protection and also welcomed a discussion relating to the Health Improvement Menu of Interventions as this relates to a larger programme of work to support the integration of prevention into core practice. It was agreed to move both items into the main agenda for discussion.
- The Executive Director of Public Health agreed for the Executive Director of Public Health Report to remain in the consent agenda highlighting the volume of content and invited members to seek clarification on any points where required.

PP26.93 Estates Strategy – Update

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

- It has been agreed that the Committee will oversee the Health Board's Estates Strategy, which is being presented as part of an SBAR (Situation, Background, Assessment and Recommendations) Report and provides a summary on the current and future Estates Strategy position noting that the current Health Board Strategy has been in place for approximately three years.
- Audit Wales recently undertook a review of Estates and provided a report, comments have been collated and submitted to Audit Wales ahead of final publication.
- The approach for developing the strategy considered the current position, future ambition and plans to achieve these goals.
- Work has been taking place to review the current condition of the estate, function suitability and localities.
- There is a need to focus on the clinical strategy, partnership working, alignment to All Wales strategies and the overall Health Board's strategic direction to determine the approach required and the options available.
- The background report provides an update on the current progress against the key metric included in the Estate Strategy and highlights a range of positive and negative progress.
- Since the Estates Strategy was drafted there has been a 17% increase in properties as well as an increase in accommodation sustainability and space utilisation which demonstrates a successful focus on essential repairs.
- The use of 'OccupEye' (Utilisation assessment software) has identified utilisation of 43% in the Royal Alexandra, noting that the use of the software could be considered when developing the estate.
- The initial agreed priorities included in the report have all made progress over the reporting period and ongoing programmes are also underway.

Unconfirmed

- The Estate Strategy listed nine metrics to measure performance noting that the these have not been achieved due to an increase in the property portfolio suggestions this element requires further consideration.
- The current position remains appropriate however a number of baseline assumptions require review noting that progress has commenced to produce a list of properties including tenures and leases taking into consideration the information received from Welsh Government.
- Key data is also being collated on the condition of the estate and will link in with opportunities from a digital perspective.
- Ongoing discussions are taking place with Local Authorities in relation to future redevelopment prospects.
- Going forward there is a need to align with the Clinical Services strategies and the move towards Health and Wellbeing Centres including any additional areas under development.
- It is recommended that the Health Board continue to comply with the 2023-2033 Estates Strategy until a new Strategy is developed, mobilise the review of the current strategies to include the Estate Strategy and commence data collection to inform future strategy setting.

In discussing the item, the Committee:

- Emphasised the need for clear communication and engagement regarding any planned reduction in the estate, recognising public expectations around new facilities. It was confirmed that there is a need to provide a rationale and impact on clinical space as we move forward.
- Queried the occupancy method used by Audit Wales and any discrepancy in the figures provided. It was confirmed that the figures do not align with observations and may be based on assumptions.
- Highlighted the work of the Strategic Planning Programme Board to collate all Health Board strategies including digital, workforce, finance and clinical services noting the importance of visibility and awareness as these strategies evolve.
- Sought assurance that ligature risks within the Mental Health Estate are being addressed. It was confirmed that ligature expenditure is prioritised through the capital process with risks mitigated in line with policy rather than providing a wholly ligature-free environment.
- Stated that the Audit Wales Report is in the final stages, work is being completed Nationally around the Estate across NHS Wales, and this may need to be taken into consideration.
- Suggested oversight of the Estates Strategy may need to be considered as we move forward in relation to elements which may align with the Performance, Finance and Information Governance Committee to provide greater assurance to the Board.
- Highlighted the ambition from Welsh Government to reduce the Estate footprint by 40% and emphasised the Board's role in defining an ambitious, affordable Estate that enables transformation and supports the delivery of high-quality services. It was confirmed that further work is required to understand the Estate requirements including clinical services noting that this could improve efficiency and release investment.
- Confirmed that the Estates Strategy should align with the Ten Year Strategy and Clinical Services Plan and this can be revised as we move forward. In relation to the short to medium term, it was queried what assurance can be provided that resource

Unconfirmed

will be utilised appropriately while the longer term strategy is developing. It was confirmed that a Capital prioritisation process is in place and work is ongoing to identify opportunities to mitigate key risks.

It was resolved that the Committee:

- **NOTED** the content of the report.

PP26.95 Planning Maturity Matrix Self-Assessment 2026

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

- The Welsh Government self-assessment report was originally presented to the Board in November 2025.
- The assessment provides a balanced and honest appraisal, identifying improvements across a range of areas noting that the report demonstrates continued compliance with key de-escalation criteria.
- The self-assessment has been reconsidered during 2026 ahead of the timetable set by Welsh Government and this proactive approach had enabled the assessment to be utilised to support organisational learning, reflection and future planning.
- Progress had been made across all six planning domains and includes strengthening planning architecture, implementation of the Integrated Planning Framework and improved integration of enabling functions.
- A more rigorous and evidence-based approach has been taken to the assessment process this year, building on lessons learnt and Welsh Government feedback. The focus had shifted from assessing the existence of planning frameworks and processes to evaluating how effectively they inform decision-making and prioritisation, with the findings being utilised to drive further improvements in planning arrangements.
- The overall scores have remained unchanged from the previous assessment; however, improvements have been demonstrated within a number of sub-domains, supported by a stronger evidence base. Members heard that the assessment now provides a more realistic and robust position, reflecting ongoing progress and informing future improvements.
- The next steps will be onward submission to the Board and subsequently to Welsh Government in line with the required timescales noting that this will form part of the Health Board's annual reflection process and support continuous improvement.

In discussing the item, the Committee:

- Noted the ability to demonstrate positive progress but queried the timescales to identify improvements. It was confirmed that improvement can been evidenced across several sub-domains through strengthened horizon scanning, integrated planning and strategic development, with further progress anticipated over the coming months. Any future advancement would be based on robust evidence and continuous learning.
- Queried whether the effort involved in completing the Planning Maturity Matrix was proportionate. It was confirmed that work has been undertaken to strengthen the evidence base noting that future assessments would be streamlined to simplify reporting arrangements and focus on delivery.

Unconfirmed

- Noted that further work is required to strengthen the alignment between financial planning and strategic priorities, recognising this as an ongoing area for development.
- Sought clarification on the approval process. It was agreed that the Committee will approve the submission on behalf of the Board and reflect this within the Chair's Assurance Report, with subsequent ratification by the Board, to avoid duplication noting that the recommendations would be revised to reflect this.

It was resolved that the Committee:

- **NOTED** the findings and proposed maturity ratings within the 2026 Planning Maturity Matrix Self-Assessment.
- **APPROVED** the Planning Maturity Matrix Self-Assessment 2026 on behalf of the Board.

PP26.96 Quarter 1 Report - Annual Delivery Plan

Members received the report and the Interim Assistant Director of Corporate Planning: Transformation and Improvement highlighted:

- The Quarter 1 Report notes positive progress across a number of priority areas, including Planned Care, Mental Health, and community-based care, with work ongoing to strengthen the link between delivery, performance and reporting.
- Overall delivery remains below target, with around one-third of deliverables assessed as at risk or having low delivery confidence. Recovery actions are underway to enable focus on priority areas and future deliverables.
- Key delivery challenges remained in relation to Cancer, fragile services and dementia alongside delays and funding pressures related to Capital and infrastructure.
- Early indications suggest continued delivery challenges into Quarter 2 noting that monthly monitoring will support early identification of issues and help to mitigate risks.
- The Annual Delivery Plan report has been revised to combine a number of reports to improve alignment, streamline reporting and provide a more integrated overview of delivery.
- In relation to the Major Change Programmes, the Community by Design Programme is beginning to mobilise, a Programme Director has been appointed, and a Programme Board is being established to move forward.
- The Clinical Services Plan is progressing with work taking place on the future clinical services model noting that a Programme Board will be mobilised for this programme.
- Planned Care and Urgent and Emergency Care programmes are focused on recovery with progress continuing to implement a single waiting list approach across the Health Board to support more consistent and integrated service delivery.
- The Urgent and Emergency Care Programme has been reshaped with significant focus on ambulance handover performance and reducing 12-hour Emergency Department delays.
- In relation to the Key Programmes, work on the Llandudno Orthopaedic Hub is progressing with completion expected by the end of the month noting that an opening date is yet to be agreed.
- The Value and Sustainability Programme has identified a number of savings which exceed the £46m target noting that the programme is evolving to place greater emphasis on quality outcomes and patient experience.

Unconfirmed

- The Foundations for the Future programme remained off track noting that the programme has been paused.
- Implementation of the Laboratory Information Management System (LIMS) has experienced further delays, with the microbiology go-live taking place later than planned. This had impacted subsequent phases of the programme and created risks around support for legacy systems, with mitigating actions continuing to be explored.
- Progress against the Mental Health Electronic Healthcare Records (EHR) Programme is moving into the contracting phase following engagement with suppliers.
- In relation to the Health and Wellbeing Hubs, Welsh Government have requested further review of the Caledfryn Health and Wellbeing Hub Strategic Outline Case and risks remain in relation to the Pen y Groes development with options being explored to address the issues.
- There has been positive progress on the Royal Alexandra Hospital development although Phase 2 has been paused by Welsh Government pending further progress on Phase 1.
- Progress continues to develop the Fragile Services Framework, including work to strengthen the assessment of fragile services and the application of the framework.
- The change control requests are included in the report, which relate primarily to changes in executive leadership and sponsorship arrangements.

In discussing the item, the Committee:

- Discussed how the Annual Delivery Plan reporting could be streamlined to provide a clearer focus on key risks, delivery confidence and performance. It was suggested that the relevant Committees have sight of the deliverables within their remit where delivery confidence is low to ensure accountability and detailed scrutiny is undertaken through the appropriate Committee. Each Committee would be required to report progress back to the Planning, Population Health and Partnerships Committee which will maintain oversight and provide assurance, highlighting any areas of risk to the Audit Committee and the Board.
- Sought assurance that reporting would identify deliverables carried forward from previous years to provide greater visibility of recurring areas of non-delivery. It was confirmed that a number of actions have been incorporated into revised deliverables through the change control process and that future portfolio reporting could include greater insight into persistent delivery issues and progress over time.
- Noted that the volume of activity remained significant and future planning cycles should focus on a smaller number of key organisational priorities, supported by broader service-level plans. Members also reflected on the lessons learnt from the current planning cycle, including the need to align resources, programme mobilisation and governance arrangements earlier in the process.
- Reflected that ongoing work to strengthen operational governance would support delivery by ensuring momentum is driven through operational structures, with executive oversight focused on enabling and unblocking progress where required.

Action:

- **PC26.96.1** A report highlighting deliverables that are not on track for delivery to be shared with the relevant Committees to undertake detailed scrutiny and report back via the Planning, Population Health and Partnerships Committee.

Unconfirmed

It was resolved that the Committee:

- **NOTED** both the progress achieved and the risks identified and seek assurance that appropriate recovery actions are in place.

PP26.97 Enhancing Care through Digital Development Report

Members received the report and the Acting Director of Digital, Data and Technology highlighted:

- The report provides an overview of the key digital programmes, risks and mitigations noting that the Digital Roadmap is being revised to align with the Clinical Services Plan.
- The Digital Roadmap provides a clear strategic direction for digital services, focused on strengthening digital foundations, improving digital maturity, preparing for the future Electronic Healthcare Records and supporting innovation. The Digital Roadmap is being refined and will be presented back to a future meeting of the Committee.
- The governance arrangements have been strengthened supporting a more structured approach to demonstrating the value of digital investment and improving readiness for digital transformation programmes.
- A prioritisation exercise has been completed across 23 digital projects ensuring resources are focused on the highest-priority programmes.
- There has been successful implementation of the BadgerNet maternity services system noting that the second phase of work is underway to deliver the remaining system interfaces, with progress dependent on resolving national constraints.
- The Outline Business Case for the Connecting Care Community Health Record Programme has been approved, and procurement of the system is now underway.
- There are ongoing risks associated with the Laboratory Information Management System (LIMS) Programme due to continued national delays. Contingency planning has been in place for 12 months, with further delays recently announced. Work is underway to explore available options and mitigate programme risks.
- Progress on the Electronic Healthcare Records Programme remains constrained by national dependencies and resources.
- There has been positive progress in relation to the NHS App programme, with further developments dependent on confirmation of the national direction from Welsh Government.
- A number of local digital projects are being impacted by funding and capacity constraints arising from the current financial climate.
- Coding performance has significantly improved, moving from the lowest-performing Health Board in Wales to achieving the national target for coding completeness within one month of discharge.
- There has been continued progress with the Data Quality Kitemark Programme, including its application to referral to treatment times and waiting times data.

In discussing the item, the Committee:

- Raised concerns regarding the ongoing delays to the Electronic Healthcare Records Programme, emphasising its importance to patient safety and staff effectiveness.
- Noted the significant progress made in relation to clinical coding, with its impact reflected through reporting to the Quality, Safety and Experience Committee and suggested this is highlighted via the Chair's Assurance Report.

Unconfirmed

- Referred to the delays to the National Laboratory Information Management System Programme and the associated consequences noting that this is being discussed in further detail at the private Quality, Safety and Experience Committee and is also being reported to the Executive Committee in relation to contingency planning.
- Highlighted the importance of transformation at both organisational and local levels, empowering staff to work more effectively and fostering a culture of innovation.
- Emphasised the importance of aligning service transformation with the Health Board's strategic direction.
- Welcomed the positive findings from the Cyber Security Review and emphasised the importance of recognising areas of good practice.
- Agreed to alert the Board to concerns around the delays in relation to the Electronic Healthcare Records Programme and Laboratory Information Management System Programme noting that work continues in relation to digital operability and infrastructure to ensure the architecture is in place ahead of implementation.

Action:

- **PP26.97.1** A revised version of the Digital Roadmap to be presented back to a future meeting of the Committee.

It was resolved that the Committee:

- **NOTED** the progress made and ongoing activity across the Digital, Data and Technology portfolio.
- **TOOK ASSURANCE** from the governance and mitigation arrangements in place to manage delivery of the Digital, Data and Technology portfolio and associated risks.

PP26.98 North Wales Approach to Prevention: Wellbeing, Prevention, Anchor Framework and Marmot Place

Members received the report and the Executive Director of Public Health, Strategic Partnership Manager, Public Health, Denbighshire County Council Marmot Pilot Project Manager and Denbighshire County Councillor highlighted:

- The report focuses on the importance of understanding how the prevention agenda is being progressed across North Wales through partnership working and links with the Marmot Place approach.
- The prevention agenda has already been endorsed by the Public Service Board and will be a key focus for the Leadership Group to address the proposed approach, with further Board discussion required on embedding the missions.
- There are concerns across North Wales in relation to declining healthy life expectancy and widening inequalities, recognising the significant influence of the wider determinants of health. The Well North Well work that was undertaken 18 months ago identified the need for a more systematic approach to addressing health inequalities.
- Extensive co-production has been taking place and the feedback received highlighted a positive approach, while recognising the need to simplify the language to clearly demonstrate how contributions have shaped the work.
- Ongoing work continues with the Regional Partnership Board to mobilise the prevention missions and the Anchor Charter, with emerging evidence of their adoption by partners.
- A report has been shared with the Strategic Planning and Service Change Group

Unconfirmed

- and the Board have agreed to progress the role of an anchor organisation, with continuous learning identified as a key feature of the approach.
- The Denbighshire County Council colleagues noted that the Marmot pilot's focus has been on inequality in life expectancy and the need for collaborative action by a range of organisations to address the wider factors affecting health.
- The work provides areas of key learning including the opportunity to strengthen and embed existing partnerships, while recognising further connections are needed to support the Marmot Place approach.
- The value of the Anchor Charter is to provide practical actions that contribute to a collective mission of reducing health inequalities and the Committee play a key role in this area of partnership working.
- The Denbighshire County Council colleagues welcomed continued two-way dialogue through the Committee suggesting regular updates and discussions continue on a bi-annual basis.

In discussing the item, the Committee:

- Thanked colleagues for the collaborative work and highlighted the importance of ensuring the Anchor Charter is widely understood and promoted across the organisation.
- Recognised that reducing life expectancy inequality requires a coordinated partnership approach, with the report providing a unified perspective to support this work and emphasised the need for the Health Board to utilise its resources to make a significant impact, suggesting this is embedded into the medium and long term planning approach.
- Emphasised the need to maintain robust partnerships, supported by appropriate Service Level Agreements, local engagement, effective information sharing and early involvement with partners.
- Questioned how the renewed focus on prevention would deliver tangible change and sustain pilot initiatives. It was confirmed that this work would inform the development of wellbeing plans, providing a clearer basis for future priorities, investment and disinvestment decisions.
- Acknowledged the partnership work taking place and referred to the importance of shared outcomes to reduce health inequalities, supported by clear organisational contributions and milestones for delivery.
- Stressed the importance of wider ownership, drawing on learning from the work completed by Denbighshire County Council and shared data to support sustainable communities and improved health outcomes. There is a need for a collective, community-led approach that empowers communities and embeds health equity across all areas of the Health Board's work.
- Agreed that this area of work will be integrated into the developing Ten-Year Strategy and the Clinical Service model as we move forward and progress to report back to the Committee in six months time.

Actions:

- **PP26.99.1** The discussion around the North Wales Approach to Prevention to be integrated into the developing Ten Year Strategy and the Clinical Service models.
- **PP26.99.2** Progress against the North Wales Approach to Prevention to report back to the Committee in six months time.

Unconfirmed

It was resolved that the Committee:

- **SUPPORTED** the Regional Partnership Board, Public Service Boards, and individual member organisations to utilise the Prevention Missions and Anchor Charter as key tools in informing the development of associated plans, building on the findings from the Regional Needs Assessment / Wellbeing Assessments.
- **ENCOURAGED** organisations and services to share examples of notable practice in relation to prevention and early intervention, aligned to the Prevention Missions and Anchor Charter.
- Continue to **SUPPORT**, and secure alignment with, the Marmot Place work in Denbighshire by contributing to the Steering Group, building on existing good practice to address inequalities, and sharing learning.
- **NOTED** and **ENDORSED** the work undertaken with partners to co-develop the Prevention Missions and Anchor Charter.

PP26.99 Winter Resilience Planning 2026/27

This item was withdrawn from the agenda

PP26.100 North Denbighshire Sustainability Programme: Healthy Prestatyn Iach Boundary Change

Members received the report and the Associate Director, Primary Care and Community Services highlighted:

- Work has been ongoing for some time to improve the sustainability of practices in North Denbighshire, including opportunities to reprofile services and realign patient populations.
- There has been a longstanding decline in the Healthy Prestatyn Iach patient list and the subsequent proposal to reduce the practice boundary and realign patients.
- Following advice from Llais, an eight-week public engagement exercise has taken place and gained a range of feedback.
- The feedback received has informed revisions to the proposals, including boundary adjustments, patient transfers and mitigations to address concerns.
- A paper has been received by the Primary Care Panel who supported the proposed boundary change, with implementation from 1 January 2027 to allow practices time to prepare, followed by a phased transition over 10–12 weeks.
- The appropriate Equality Impact Assessments (EQIA) and project management arrangements are being put in place, along with changes to the Healthy Prestatyn Iach staffing model and associated financial flow of funding.

In discussing the item, the Committee:

- Welcomed the amendments made in response to the consultation period, demonstrating that local views had informed the proposals.
- Recognised the consultation as a model of good practice and highlighted the importance of clear processes for similar matters in future.
- Noted that the matter fell within the remit of the Primary Care Panel, with assurance to be provided to the Board through the Chair's Assurance Report.

Unconfirmed

It was resolved that the Committee:

- **NOTED** the decision of the Primary Care Panel and ratification by the Strategic Planning and Service Change Group to approve the application to change the Healthy Prestatyn Iach Practice boundary and partial list dispersal.

PP26.107 Pharmaceutical Needs Assessment

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

- The report sets out the comprehensive process undertaken, including consideration of statutory requirements and evidence, noting that the proposal has been amended in response to consultation feedback.
- The Committee expressed thanks to the Community Pharmacy Team for the work completed and approved the Pharmaceutical Needs Assessment.

It was resolved that the Committee:

- **NOTED** the process and outcome of the statutory 60-day consultation.
- **NOTED** that only one minor change to the draft PNA was required as a result of the consultation responses.
- **APPROVED** the final Pharmaceutical Needs Assessment for publication by 1 October 2026.

PP26.105 Annual Update from the Health Protection Service 2025-2026

This item was moved from the consent agenda section into the main section of the agenda to provide assurance to the Committee.

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

- The Health Protection Service has now stabilised with a focus on maximising its impact across the Health Board and building on strong relationships with external partners.
- Service Level Agreements are now in place with all Local Authority through the department of Public Protection.
- The key risk is the organisations preparedness to respond effectively to communicable and high-consequence infectious diseases.
- Exercise Pegasus identified opportunities to strengthen support for specific patient groups and also demonstrated successful partnership working with Local Authorities.

In discussing the item, the Committee:

- Agreed to request that the Quality, Safety and Experience Committee monitor Health Protection Services and the risk around the organisations preparedness to respond effectively to communicable diseases from a quality perspective.

Action:

- **PP26.105.1** Quality, Safety and Experience Committee to monitor Health Protection Services and the risk relating to the organisations preparedness to respond effectively to communicable diseases from a quality perspective.

It was resolved that the Committee:

Unconfirmed

- **RECEIVED ASSURANCE** from the content of the report.

PP26.106 Health Improvement Menu of Interventions Report

This item was moved from the consent agenda section into the main section of the agenda to provide assurance to the Committee.

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

- The report highlights the importance of embedding health inequalities and prevention across the Health Board, in line with Strategic Intention 1.
- The Health Board recognises the need to embed prevention systematically and assess the impact of interventions through a staged approach.
- The first phase will focus on major lifestyle factors where the Health Board can have the greatest impact, particularly smoking as a key contributor to premature mortality, alongside consideration of Primary Care.
- The second phase will focus on the major causes of ill health and a small number of targeted service-level interventions.
- The third phase will focus on early intervention to reduce the impact of disease and prevent complications.
- Further discussion was welcomed outside the meeting.

In discussing the item, the Committee:

- Queried how the recommendations will be explored further outside the meeting, with a focus on what the Health Board needs to do differently. It was confirmed that further work is required to understand the barriers to embedding these interventions and how this can be translated into practice.

It was resolved that the Committee:

- **NOTED** why developing this document matters.
- **NOTED** the dynamic and developmental approach taken to develop this document with a second iteration in December 2026 to include the six major diseases.
- **NOTED** that further work will be underway in quarter 3 to develop an operational governance approach to deliver the document and alongside how it can be integrated into existing and the emerging major change programmes.
- **APPROVED** the work and approach taken to develop this first iteration of the Health Improvement Menu of Interventions for further dynamic development.

CONSENT AGENDA

The Committee **NOTED** and **APPROVED** the following consent agenda items in a single motion:

- PP26.101 Unconfirmed Minutes of Meeting held on 2 July 2026
- PP26.102 Matters Arising & Action Log
- PP26.103 Citizen Experience and Engagement Report
- PP26.104 Executive Director of Public Health Report
- PP26.94 Director of Planning Report
- PP26.108 Welsh General Ophthalmic Services (WGOS) Annual Report 2025-2026

Unconfirmed

- PP26.109 Board Assurance Framework 2026-2027
- PP26.110 Corporate Governance Report

CLOSING BUSINESS

PP26.111 Agree Items for Referral to Board / Other Committees

It was agreed to alert the Board to the concerns raised around the delays in relation to the Electronic Healthcare Records Programme and Laboratory Information Management System Programme and note the significant progress made in relation to clinical coding, with its impact reflected through reporting to the Quality, Safety and Experience Committee

It was noted that the Winter Resilience Planning 2026/27 item had been withdrawn from the agenda and the Chair of the Committee would have oversight of the document ahead of being presented to the Board for approval.

PP26.112 Review of Meeting Effectiveness

It was agreed that valuable discussions had been held on issues informing future planning, with a need for greater visibility and consideration of which items are included on the consent agenda. It was confirmed that guidance has been developed on the use of the consent agenda, with consideration being given to a pre-Board session to support members in its effective use.

PP26.113 Date of Next Meeting

Thursday 5 November 2026, 9.15am

PP26.114 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 (Public)

Updated 29.10.26

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	**PC26.96.1**	03.09.26	**Quarter 1 Report - Annual Delivery Plan** A report highlighting deliverables that are not on track for delivery to be shared with the relevant Committees to undertake detailed scrutiny and report back via the Planning, Population Health and Partnerships Committee.	Paolo Tardivel Pam Wenger	Jan 27	**Remain Open** **29.10.26** This is being discussed and will report back to the committee in due course
2	**PP26.97.1**	03.09.26	**Enhancing Care through Digital Development Report** A revised version of the Digital Roadmap to be presented back to a future meeting of the Committee.	Jutine Parry	Jan 27	**Remain Open** **22.10.26** Paper will be received at the committee in January 27
3	**PP26.99.1**	03.09.26	**North Wales Approach to Prevention: Wellbeing, Prevention, Anchor Framework and Marmot Place** The discussion around the North Wales Approach to Prevention to be integrated into the developing Ten Year Strategy and the Clinical Service models.	Jane Moore Paolo Tardivel	Jan 27	**Remain Open** **29.10.26** This is in discussion, and will be considered as part of the developing 10 Year Strategy
4	**PP26.76.1**	02.07.26	**Climate Adaptation and Decarbonisation Strategy Review** Director of Environment and Estates to ensure the Climate Adaptation and	Stuart Keen	Jan 27	**Remain Open** **29.10.26** The new Director of Environment and Estates will

			Decarbonisation Strategy are discussed further by the Executive Committee to consider the next steps for strengthening organisational coordination and strategic approach as well as developing a clear plan to support Board-level discussion.			take this forward once they commence in post. **27.08.26** This will be taken forward and an update will be provided in due course.
ACTIONS PROPOSED FOR CLOSURE						
1	**PP26.99.2**	**03.09.26**	**North Wales Approach to Prevention: Wellbeing, Prevention, Anchor Framework and Marmot Place** Progress against the North Wales Approach to Prevention to report back to the Committee in six months time.	Jane Moore	Mar 27	**Action Proposed for Closure** **29.10.26** This has been included on the forward work plan for March 2027
2	**PP26.105.1**	03.09.26	**Annual Update from the Health Protection Service 2025-2026** Quality, Safety and Experience Committee to monitor Health Protection Services and the risk relating to the organisations preparedness to respond effectively to communicable diseases from a quality perspective.	Corporate Governance Team	Nov 26	**Action Proposed for Closure** **29.10.26** This has been included on the transfer log for QSE Committee
3	**PP26.70**	02.07.26	**Matters Arising & Action Log: Ablett Mental Health Unit** Interim Executive Director of Transformation and Strategic Planning to collate a position statement to confirm the proposed approach to the Ablett Mental Health Unit.	Paolo Tardivel Teresa Owen	Nov 26	**Action Proposed for Closure** **29.10.26** A position statement has been circulated outside of the meeting **27.08.26** This is being discussed in further detail and an update will be provided in due course.
Closed Actions (as agreed at meeting on 03.09.26)						

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
4	**PP26.105.1**	03.09.26	**Annual Update from the Health Protection Service 2025-2026** Quality, Safety and Experience Committee to monitor Health Protection Services and the risk relating to the organisations preparedness to respond effectively to communicable diseases from a quality perspective.	Corporate Governance Team		
1	**PP26.71.1**	02.07.26	**Director of Planning Report** Director of Corporate Governance to share concerns raised in relation to the suspended development of the Electronic Healthcare Records system and suggest a joint Chairs approach is adopted with Welsh Government.	Pam Wenger	Sept 26	**27.08.26** Welsh Government approval has been received with conditions.
2	**PP26.71.2**	02.07.26	**Director of Planning Report** Director of Corporate Governance to reinforce the concerns raised by the Committee in relation to the Electronic Healthcare Records system in the presentation for the Escalation Board meeting.	Pam Wenger	Sept 26	**27.08.26** Welsh Government approval has been received with conditions.
3	**PP26.71.3**	02.07.26	**Director of Planning Report** People and Culture Committee to review the themes raised by staff during the engagement activity undertaken in relation to the Clinical Services Plan around the perception that staff do not feel enabled to	Pam Wenger Laura Jones	Sept 26	**27.08.26** This action has been transferred to the P&C Committee.

			implement the transformation required to change clinical services.			
4	**PP26.71.4**	02.07.26	**Director of Planning Report** A strategic Board discussion to take place in relation to the Foundations for the Future Programme to determine opportunities to continue the full Organisational Change Programme or accelerate selected changes to improve stability, capacity and performance.	Pam Wenger	Sept 26	**27.08.26** This was discussed at the private session of the P&C Committee held on 13 August 2026.
5	**PP26.72.1**	02.07.26	**Integrated Medium Term Plan 2026-2029 Reflection and Learning Report** Performance, Finance and Information Governance Committee to review zero based budgeting to ensure budgets are fit for purpose moving forward and review the position routinely throughout the year.	Philippa Peake-Jones	Nov 26	**27.08.26** This action has been transferred to the PFIG Committee.
6	**PP26.53.1**	07.05.26	**Population Health Delivery Report** Executive Director of Public Health to recirculate the report outside of the meeting once the final year end figures have been calculated.	Jane Moore	Sept 26	**27.08.26** A copy of the report has been circulated outside of the meeting which includes figures updated to year end. **24.06.26** Data is still being collated and the information will be circulated outside of the meeting once available.
7	**PP26.48.1**	07.05.26	**Key Programmes Report** Acting Director of Digital, Data and Technology and Director of Corporate Governance to review progress and current status of the Mental Health Electronic	Justine Parry Pam Wenger	Sept 26	**27.08.26** An update has been circulated outside of the meeting. **22.06.26** The Chairs of BCU and CTM along with the CEOs have formally written to the

			Healthcare Records system and circulate an update outside of the meeting.			Cabinet Minister for Health and Social Care this week in relation to the Mental Health Electronic Healthcare Records system and are awaiting a response. This has been shared with members of the PPHP Committee via email.
8	**PP26.48.2**	07.05.26	**Key Programmes Report** Director of Corporate Governance to share the draft Capital review commissioned by the Chief Executive relating to Llandudno Orthopaedic Hub and future project delivery.	Pam Wenger	Sept 26	**27.08.26** A copy of the Capital Governance Arrangements Advisory Report has been circulated outside of the meeting. **22.06.26** The Capital Report is currently with the CEO for sign off and will be shared with members of the PPHP Committee once approved.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

QUARTER TWO REPORT ON ANNUAL DELIVERY PLAN (ADP)

Date of Meeting	05 November 2026
Publication Status	Open / Public Not Applicable
Report Author name and title	Emma Lea, Assistant Director of Corporate Planning (Interim) Geraint Parry, Assistant Director of Transformation (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)

Report Purpose	For Assurance

Executive Summary

The Quarter 2 assessment shows that organisational delivery is currently off trajectory against the Annual Delivery Plan, with forecast year-end performance indicating that only around half of planned deliverables are likely to be achieved. Progress has been made in several areas, including planned care recovery, mental health services, prevention initiatives and digital developments; however, these achievements are outweighed by increasing delivery risk across a number of strategic programmes.

The second half of the year requires a stronger organisational focus on delivery, implementation and benefits realisation. Executive attention should now be concentrated on recovering delayed milestones, accelerating delivery within high-risk programmes and ensuring resources are prioritised towards those actions that will have the greatest impact on organisational performance, patient outcomes and progress towards de-escalation from Special Measures.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Executive Committee	28th October 2026	Approved for onward submission and executive intervention strengthened

Acronyms / Glossary of Terms

BJC	Business Justification Case
COO	Chief Operating Officer
DHCW	Digital Health and Care Wales
IMTP	Integrated Medium-Term Plan

IRCF	Integration and Rebalancing Capital Fund
OBC	Outline Business Case
PPHP	Planning, Population Health and Partnerships
PMO	Portfolio Management Office
SRO	Senior Responsible Officer
SOC	Strategic Outline Case
WG	Welsh Government
UAT	User Acceptance Testing
DHCW	Digital Health and Care Wales

QUARTER TWO REPORT ON PERFORMANCE AGAINST THE ANNUAL DELIVERY PLAN

1. SITUATION

Progress at the halfway point of the year remains behind the level required to achieve full delivery of the Annual Delivery Plan. Whilst a number of programmes have delivered important improvements and milestones, overall delivery confidence has reduced and forecast performance indicates that a significant proportion of annual commitments remain at risk.

The principal risks to delivery continue to be workforce capacity, operational pressures, financial constraints and delays within a number of major transformation programmes. Unless delivery is accelerated during Quarters 3 and 4, a substantial number of commitments are unlikely to be achieved by year-end.

2. BACKGROUND

The Annual Delivery Plan (ADP) 2026/27 sets out the organisation's priorities and commitments for the year, aligned to strategic objectives, Special Measures requirements and national planning expectations. This report provides the Quarter 2 assessment of progress against those commitments, including delivery performance, forecast year-end position and key risks requiring management action.

Mid-year reporting is intended to provide an objective assessment of delivery confidence and identify areas where additional intervention, prioritisation or support are required to improve the likelihood of achieving planned outcomes by year-end.

3. SPECIFIC MATTERS FOR CONSIDERATION

ADP Update

This section provides an assessment of delivery against the Annual Delivery Plan at the end of Quarter two. The position reflects updates submitted by programme and reporting leads following the closure of Quarter two and includes both completed deliverables and delivery confidence assessments for the remainder of the year. Full narrative updates are included within Appendix 2.

At the end of month 6 (September), 31 of the 48 (65%) quarter 1 deliverables have now been fully achieved and completed. This represents 9.7% of the total 2026/27 deliverables completed.

For the same time period, 24 of the 66 (36%) quarter 2 deliverables have been fully achieved and completed.

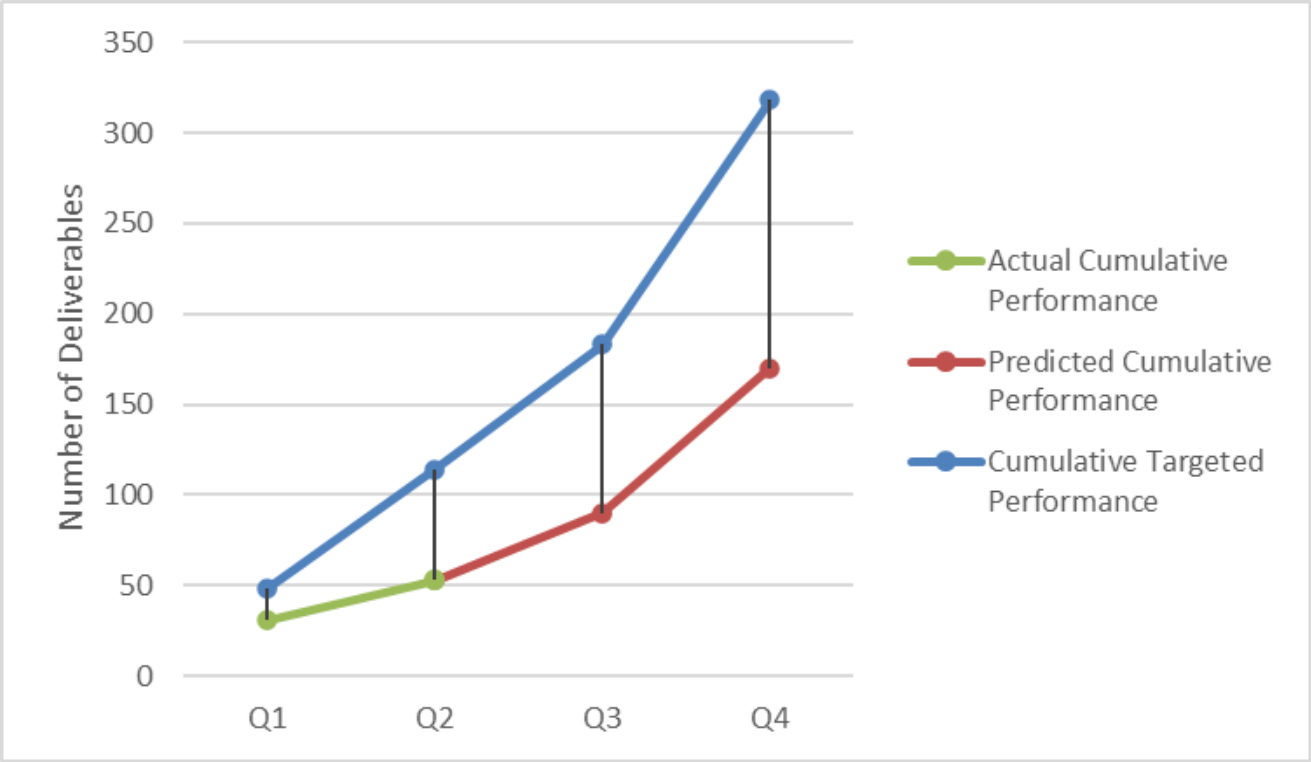
It should be noted that there are 69 deliverables set for delivery within quarter 3 and 135 in quarter 4 in addition to the remaining quarter 1 and 2 deliverables that are yet to be completed.

Table 1 below shows the delivery status against all 318 ADP deliverables with a delivery confidence for year-end delivery. This shows a current predicted completion rate of 57% (180/318), with a further 25.8% "at risk" and 12.9% currently have low delivery confidence. 4.7% are unable to assure due to no update received.

Table 1 – 2026/27 Annual Delivery Plan Overall Assurance Assessment

Strategic Priorities	Complete	On Track to deliver *(2026/27)*	At risk of not completing by end of Quarter *(2026/27)*	Unlikely to complete by end of Quarter *(2026/27)*	No update provided *(2026/27)*	Total
Focus on Health and Wellbeing	4 1.3%	25 7.9%	4 1.3%	0 0%	0 0%	33 10.4%
Enhance the co-ordination of care	1 0.3%	7 2.2%	10 3.1%	9 2.8%	2 0.6%	29 9.1%
Improve access, outcome and experiences for all	25 7.9%	41 12.9%	37 11.6%	18 5.7%	6 1.9%	128 40.3%
Create a modern, people-centred healthcare system	28 8.8%	49 15.4%	31 9.7%	14 4.4%	7 2.2%	128 40.3%
Overall	**58 18.2%**	**122 38.4%**	**82 25.8%**	**41 12.9%**	**15 4.7%**	**318 100%**

The chart below visually demonstrates the number of completed deliverables (green line), the predicted number of deliverables to be completed by year end (red line) and the total number of deliverables in the ADP (blue line). Overall, the chart demonstrates a growing gap between planned and forecast delivery over time, highlighting increasing challenges in achieving the full annual programme of work despite good performance during the first quarter of the year.



Key headlines messages at the halfway point of the year:

- Overall delivery confidence is deteriorating, with only 58 of 318 (18%) deliverables completed by the mid-point of the year and forecast delivery indicating that only around 57% of all annual commitments are likely to be achieved by year-end without further intervention.
- The gap between planned and forecast delivery is widening, demonstrating that progress made during the first half of the year has not translated into sufficient momentum to deliver the full Annual Delivery Plan.
- While there have been notable achievements, these successes are being outweighed by the scale of delivery risk across the wider portfolio and are not yet translating into the level of organisational improvement required.
- The second half of the year requires a clear organisational shift from programme mobilisation and planning activity towards demonstrable delivery, implementation and measurable impact, with a sharper focus on those actions that will most improve patient outcomes, service sustainability and de-escalation from Special Measures.
- Executive teams and programme leads should prioritise recovery of delayed milestones and accelerate delivery in areas with low confidence ratings.
- Without strengthened delivery grip, prioritisation and focused intervention during quarters 3 and 4, a significant proportion of Annual Delivery Plan commitments are unlikely to be achieved by year-end.

Response Plan

Mid-Year delivery has been formally reviewed at the Executive Committee with escalations enacted. Executive colleagues are reviewing individual packs for their areas and making direct interventions to course correct and the Corporate Directorate Reviews are being scheduled in priority order based upon areas of challenge.

Whilst more detailed reviews are provided further down in the report across all areas the following highlights key areas of challenge currently assessed as Red and steps being taken.

Clinical Services Plan

Current state

The programme remains **Red**. A major clinical engagement day and subsequent focus groups have been completed, with outputs informing the CSP Framework and Future Clinical Services Model. However, delays remain in agreeing the methodology, confirming priority services and commencing formal assessments. This has been associated with capacity of executive colleagues and a change in approach recognising the need for external expertise. The delay in implementation of Foundation of the Future has also delayed some aspects. Milestones for 2026/27 and 2027/28 are therefore likely to require re-baselining.

Actions underway

A revised delivery approach is being progressed with Executive colleagues with a particular focus on refinement of the methodology and delivery model. This includes the need to secure the appropriate external specialist capacity and expertise needed to develop and mobilise the programme with appropriate financial support. Increasing clinical support to the programme is underway. The fragile services programme enables confirmation of priority services, with further review ongoing.

Laboratory Information Management System (LIMS)

Current state

The programme remains **Red**. National delays to LIMS 2.0 continue, with the revised Programme Plan not yet approved and critical defects affecting progression of Blood Sciences (Tranche 4), with a consequential impact on Blood Transfusion (Tranche 5). There is now a significant risk that implementation will not be achieved before the current Blood Transfusion system reaches end of life in March 2027. This creates a material infrastructure and patient safety risk, as operation without a functioning LIMS would require manual processes and is considered unsupportable.

Actions underway

BCUHB continues to work closely with DHCW and the other affected Health Boards to secure a six-month extension to support for the existing Blood Transfusion system. In parallel, contingency planning includes potential procurement of an alternative system should an extension not be achievable. The programme remains under close Executive oversight, with escalation to DHCW and awareness through NHS Wales P&I and Welsh Government. Local teams continue testing,

cutover planning, readiness activity and validation of Blood Transfusion data migration while national issues are progressed.

Health and Wellbeing Hubs

Current state

Delivery of a number of these projects remains behind schedule and there is a requirement for a re-prioritisation exercise to take place following Welsh Government (WG) feedback. Waunfawr and Porthmadog are supported to proceed given the urgency of these schemes however there is a requirement to review the spend profile for each of the schemes and revenue considerations before WG will fully consider the schemes. Both Bangor and Penrhos are being led by the Local Authorities and there are additional schemes which do not involve the Health Board therefore the role of the Regional Partnership Board is critical as part of this prioritisation exercise.

Actions underway

A review was recently undertaken at the Strategic Planning and Service Change Group (SPSCG) where it was agreed to implement an overarching Programme Board to oversee the individual projects. The first task for this Programme Board will be to undertake the prioritisation exercise and a develop a spend profile for the schemes. The approach to the revenue consequences of the schemes will be considered further with a recommendation presented to SPSCG and longer term implications will be aligned to the Clinical Services Plan and Estates Strategic Plan.

Llandudno Orthopaedic Hub

Current state

The project is progressing through the final stages of construction, witnessing and commissioning activities. Practical Completion is anticipated during November 2026, subject to successful completion of the remaining witnessing, commissioning and remedial activities. Planning assumptions currently support commencement of clinical activity in early January 2027, following the required mobilisation period and confirmation of organisational readiness.

Actions underway

Following handover, a mobilisation period will be required to facilitate service transfer from Abergele Hospital, workforce readiness and final operational preparations/familiarisation. The project remains focused on ensuring the facility opens safely and is fully prepared to deliver the activity and benefits outlined within the Business Case.

Extensive clinical and operational planning has been undertaken to support safe delivery of the approved High Volume Low Complexity (HVLC) orthopaedic model. This work has been led by multidisciplinary clinical teams and has resulted in the development of agreed pathways, standard operating procedures and escalation arrangements supporting the patient journey from pre-operative assessment through to discharge and follow-up. This includes a North Wales Rapid Recovery Arthroplasty Pathway (NWRAP) applicable to all primary arthroplasty patients, including patient selection criteria, peri-operative standards, rehabilitation and discharge arrangements and standardised inpatient recovery, therapy and discharge pathways designed to support early mobilisation and reduced length of stay.

Workforce readiness is underway with completion of the Organisational Change Process (OCP) for staff transferring from Abergele and recruitment to additional posts across multiple services.

Major Change Programmes

Across the Health Board, there are four Major Change Programmes. This section outlines the progress during this quarter and delivery confidence against delivery of the full year's Annual Delivery Plan. Full details can be found in the appendix.

Programme	Progress against ADP	Delivery Confidence
Urgent & Emergency Care (3A)	A Recovery Director commenced in August 2026, providing dedicated senior leadership and oversight of urgent and emergency care recovery while strengthening alignment between immediate operational improvement and the UEC Major Change Programme. Programme outputs are increasingly being translated into operational delivery through 90-day improvement cycles within each Integrated Health Community (IHC), supporting implementation of evidence-based standards, GIRFT Corridor Care guidance and other priority improvement interventions. A key focus is ensuring that immediate recovery actions and longer-term transformation activity operate as a single, integrated pathway from stabilisation and recovery through to sustainable service improvement. There are some encouraging early signs in the right direction, with reductions in the proportion of 12-hour waits and improved performance against ambulance handover trajectories demonstrating early progress. However, these improvements are not yet sufficiently consistent or sustained to mitigate the significant operational, quality and safety risks that remain across the urgent and emergency care pathway. Performance continues to display significant variation, with increasing absolute numbers of long waits, long waits for initial clinical assessment, and delayed discharge presenting ongoing challenges. The programme is therefore rated Amber, reflecting meaningful progress and strengthened leadership arrangements while recognising that further work is required to embed improvements in patient flow and clinical decision-making and address the underlying system drivers of demand and discharge across the whole pathway during the remainder of 2026/27.	
Planned Care (3B)	During Q2, over 14,000 patient pathways were validated, resulting in 2,676 pathway closures, whilst patient validation activity has already removed 5% of long-waiting patients through patient choice. Referral	

	optimisation has expanded through WAP-Full, Community Health Pathways and Teledermatology, with further progress made in follow-up transformation, backlog reduction and implementation of PIFU/SOS pathways. These improvements are strengthening waiting list management, improving patient experience and supporting a more sustainable planned care system. Delivery confidence is impacted by ongoing leadership vacancies, workforce and digital capacity constraints, financial pressures, and reliance on time-limited funding. The programme remains under active management with five projects on track and mitigations in place for the projects reporting off track. These steps will ensure progress is maintained, however the risks require continued management to ensure delivery of planned benefits within 2026/27.	
Clinical Services Plan (4C)	The programme has continued to mature, with valuable stakeholder engagement completed, emerging outputs informing the development of both the Clinical Services Plan (CSP) Framework and Future Clinical Services Model and strengthened governance arrangements now being established. However, progress has been slower than planned as the scale, complexity, interdependencies and resource requirements of the programme have become clearer. Key foundational elements, including agreement of the CSP methodology, confirmation of priority service areas, operationalisation of the CSP process, and commencement of formal assessment activity, remain outstanding. A revised delivery approach has been developed and is being tested with Executive colleagues to ensure the programme is deliverable, appropriately governed, and supported by the capacity and expertise required for successful implementation. Greater clarity is required regarding external support, organisational capacity and delivery timescales, which means it may be necessary to review and re-baseline the 2026/27 and 2027/28 deliverables and milestones, this reflects the red rating.	
Community by Design (2B)	The Community by Design Major Change Programme is in the mobilisation phase, bringing Frailty, Enhanced Care and Breathlessness Hubs together under a single programme structure. Funding from the Strategic Programme for Primary Care has enabled the appointment of a Programme Director and Programme Manager until 31st March 2027.	

	Progress includes development of a frailty proposal, establishment of a Breathlessness Hub delivery group, appointment of a Clinical Lead for Community Diagnostics, and completion of Community Nursing establishment reviews. Governance and delivery arrangements for 2026/27 continue to be refined. Benefits realisation remains limited while service models and governance structures are finalised. Quarter 2 also saw the commencement of activities to develop the Health Board's 0.5% Resource Shift Plan. This involves identifying and prioritising opportunities to transfer activity and investment closer to home, assessing delivery readiness, and aligning proposals with the Clinical Services Plan. This work will be developed more fully during Quarter 3. Progress has been made in establishing programme leadership and priority workstreams. However, key decisions regarding governance, service models and delivery arrangements remain outstanding. As a result, measurable benefits have yet to be realised and delivery confidence remains Amber until implementation plans are agreed and enacted.	

Key Programmes

Across the Health Board, there are Key Programmes. This section outlines the progress during this quarter and delivery confidence against delivery of the full year's Annual Delivery Plan. Full details can be found in the appendix.

Programme	Progress against ADP	Delivery Confidence
Ablett Mental Health Unit (3D.10)	The Adult and Older People Mental Health Unit Redevelopment Programme made positive progress during the early part of the financial year, securing Welsh Government approval to proceed with a revised capital budget of £108.1m. This has enabled continued development of the scheme, including preparations for the Supply Chain Partner procurement process and ongoing engagement with Welsh Government stakeholders. Discussions undertaken since have also provided reassurance that the programme's strategic objectives, including modernising inpatient facilities and improving access to care closer to home, remain aligned with current service needs. While approval to proceed represents an important milestone, the programme's trajectory remains dependent on resolving a number of significant issues. Clarity is required on the scope, timescales and implications of emerging All-Wales mental health bed planning work to confirm alignment with the proposed redevelopment. As a result, the timeline for the delivery of the project is uncertain. In parallel, the	

	procurement strategy is under review and there is a risk that the current project is not affordable within the £108.1m funding envelope. Revenue pressures are also an issue which is being addressed through the project board.	
Electronic Health Record (3D.9) Mental Health (All Ages) Electronic Health Record	Progress continues within the All-Ages Mental Health EHR project, with contract negotiations advancing and approval expected following conclusion of discussions in October. Organisational readiness for digital convergence also continues, with governance and planning arrangements in place to support future implementation. The Acute and Community EHR project remains paused in line with Welsh Government direction while a national roadmap is developed. Rated Amber due to the nationally mandated pause on Acute and Community EHR activity and uncertainty regarding recurrent funding beyond the current financial year, which may impact future workforce capacity and delivery timescales. Despite this, Mental Health EHR procurement and organisational readiness activities continue to progress.	
Foundations for the Future (4A)	The Foundations for the Future Programme continued to make progress during Q2, focusing on governance, organisational design, leadership and culture, and the organisational approach to change. Work has strengthened alignment between strategy, workforce capability and operating model development, supporting organisational readiness for future phases of transformation. Amber delivery confidence reflects progress against planned activity; however, delivery remains challenged by organisational capacity constraints, complex interdependencies and the scale of change being undertaken. Key milestones remain achievable, but continued focus is required to manage dependencies, maintain stakeholder engagement and progress consultation readiness. The decision to sequence the structures consultation following the well-led review remains the key underlying factor for being behind initial timescales.	
Health & Wellbeing Hubs	Progress has continued across the portfolio despite a number of externally driven delays. Key achievements during the quarter include advancement of the Strategic Outline Case in Bangor, progression of site acquisition and procurement preparations in Waunfawr, and Outline Business Case development in Penygroes. Further progress has been made in Porthmadog and Holyhead through options appraisal, revision activity and partnership engagement respectively, and WG have requested a revised plan for Caledfryn.	

	Key risks remain centred on external dependencies, including funding approvals, business case approvals, legal agreements and governance decisions. These are impacting progress at Penygroes, Porthmadog, Caledfryn and Holyhead, whilst delays to site acquisition continue to affect Waunfawr. Without timely resolution of these dependencies, further milestone slippage is likely across a number of schemes which reflects the delivery confidence.	
Laboratory Information Management System – LIMS (3B.19)	The LIMS 2.0 Programme continues to face significant national delays and uncertainty, with approval of the revised Programme Plan still outstanding. Proposed further slippage to the Blood Sciences (Tranche 4) go-live date and ongoing concerns regarding critical defects, including Aliquots and Electronic Test Requesting functionality, continue to impact delivery confidence. Despite these challenges, local teams have maintained progress with testing, cutover planning, readiness activities and Blood Transfusion data migration validation. However, ongoing programme delays, compressed timescales, and uncertainty around future delivery dates continue to create significant operational, resource and financial pressures. Red delivery confidence reflects the significant risk to achieving planned implementation dates due to continued national programme delays, unresolved critical defects, and uncertainty surrounding approval of the revised Programme Plan. Continued slippage is increasing operational and financial risks, including potential impacts to service continuity, resource availability and contractual time constraints, resulting in very low confidence in successful delivery to the current timetable.	
Llandudno Orthopaedic Hub (3C.15)	The programme continues to make progress across key capital, commissioning and mobilisation workstreams. Positive advancement has been reported in ventilation, ward infrastructure and commissioning activities, with further assurance and witnessing processes planned. Clinical engagement remains strong, with anaesthetic consultant walkarounds completed and generating positive feedback. Work to support implant rationalisation and service readiness continues, with mobilisation planning progressing and clinical colleagues actively engaged in operational preparations. Delivery confidence remains Red due to the absence of a confirmed facility completion and handover date. Current planning assumptions indicate handover in December 2026, leaving a significantly constrained timeframe for mobilisation, operational readiness activities and	

	commencement of patient services. The uncertainty surrounding completion dates creates a high risk to achieving planned service opening timescales.	
Value & Sustainability (4G.12)	The Value & Sustainability Programme is forecasting £47.5m savings, exceeding target by £1.5m and plan by £2m, with a further £10.9m pipeline identified. However, only £31.8m is currently budget-releasing, leaving a £14.2m gap that requires further scheme development. Work is also underway to identify additional opportunities to support the organisation's stretch ambition of achieving financial balance. Progress continues on the value-led benefits framework, with implementation of the enhanced reporting approach scheduled for early Q4. Delivery remains Amber as forecast savings exceed target, but there is continued reliance on identifying and delivering additional budget-releasing schemes to close the £14.2m gap and support the wider financial balance objective. While mitigations are being actively pursued, delivery of the full financial ambition is not yet assured.	

Fragile Services

The Fragile Services work in 2026/2027 comprises of two core elements; existing challenged services and the development of a Fragile Services Framework.

Development of the **Fragile Services Framework** has continued during the reporting period, building on learning from the former Challenged Services programme and Phase 1 of Clinical Service Planning (CSP). Fragility indicators have been developed, reviewed with stakeholders and incorporated into a draft assessment methodology that brings together workforce, quality, performance, service delivery, external assurance and financial intelligence to support more consistent identification of services at risk of deterioration. The methodology is currently being tested using Urology as the first pilot service, enabling refinement of the assessment approach and providing an opportunity to better understand the factors contributing to service fragility and how this intelligence can inform improvement, planning and transformation activity.

Alignment with the Quality Management System (QMS) has progressed through mapping the framework to the four domains of quality planning, quality control, quality improvement, and quality assurance. Links have also been strengthened with Annual Delivery Plan (ADP) and planning processes, including the development of supporting narrative for planning guidance to ensure service sustainability risks are more systematically considered within organisational planning and prioritisation discussions. The framework is also helping to provide a more structured evidence base to inform CSP priorities, workforce planning, and future clinical model development.

In parallel, initial work has commenced with Digital, Data and Technology (DDaT) colleagues to explore the feasibility of an automated fragile services dashboard. This would bring together key workforce, quality, performance and operational indicators into a single organisational view, supporting earlier identification of emerging risks, improved organisational oversight and more timely intervention where services show signs of deterioration.

The table below draws out the key headlines as at the end of quartet two for each service.

Programme	Progress against ADP
Dermatology (3C)	At Month 6, progress across the Dermatology programme is mixed. Development of both the interim pan-North Wales networked Dermatology model and the longer-term sustainable service model through the Clinical Services Plan has not progressed as planned and remains off track, with further stakeholder engagement required to align proposals with Foundations for the Future and wider service planning. Delivery continues to be constrained by funding pressures, workforce recruitment challenges and ongoing reliance on insourcing arrangements, particularly within the West IHC, and both objectives are now considered undeliverable within the original timeframe. In contrast, work to shift activity closer to community settings is progressing, with Community Health Pathways supporting referral triage and Teledermatology continuing to expand across North Wales, supported by insourcing and plans to recruit two locum consultants to increase capacity. A Directed Enhanced Service for very low-risk basal cell carcinoma has also been introduced in the West, enabling more patients to be managed within primary care. While Teledermatology capacity is approaching target levels, further pathway development, workforce recruitment and service redesign work remain necessary to achieve sustainable delivery and reduce demand on secondary care services.
Gastroenterology (3C)	At Month 6, progress across Gastroenterology and Endoscopy remains mixed, with work continuing to develop more standardised referral and treatment pathways across primary and secondary care. Progress on pathway redesign has been constrained by the absence of a Gastroenterology clinical lead, workforce pressures and the need to coordinate across multiple departments, with further discussions planned through the Quality, Safety and Experience governance process and an issues log being developed to support resolution of key challenges. An interim out-of-hours GI bleed rota introduced in July continues to operate safely, with no reported incidents or concerns regarding weekend on-call arrangements, although staffing remains a significant dependency. Longer-term sustainability of Endoscopy services remains challenging, with workforce shortages, estate constraints and delays to decontamination facility relocation impacting progress towards Joint Advisory Group (JAG) accreditation and reducing reliance on insourcing and outsourcing. Business cases outlining the workforce requirements for a sustainable in-house service and proposals for a new endoscopy unit are being progressed, recognising that full benefits from workforce expansion are likely to be realised over a number of years following approval.
Ophthalmology (3C)	At Month 6, significant progress has been made in implementing a regional Ophthalmology model, with pan-BCU one-stop pre-operative assessment clinics now embedded, high-volume low-complexity (HVLC) cataract pathways established in Central and progressing in West and East, and work underway to expand primary care management through WGOS pathways and enhanced

Programme	Progress against ADP
	workforce roles. Strong improvements in data quality have been achieved through the Eye Care Data Quality and Improvement Programme, including the development of standardised regional coding, enhanced reporting processes, and a reduction of over 5,400 clinical coding nulls. Workforce planning and review activity continues, with engagement sessions completed and local leadership strengthened, although long-standing vacancies, funding uncertainties and competing clinical demands have impacted pace and resulted in a revised delivery timetable for some workforce-related objectives. Teach and Treat programmes in Medical Retina and Independent Prescribing continue to develop community-based specialist capacity, while the Glaucoma programme has been temporarily paused due to university workforce constraints, with mitigating actions in place. Good progress has also been made in modernising digital infrastructure through implementation of OPERAi and OpenEyes, although further delivery remains dependent on national funding decisions, product development timelines and workforce availability. Overall, delivery remains on track, with regional collaboration, workforce transformation and pathway standardisation supporting more sustainable and accessible eye care services across North Wales.
Orthodontics (3C)	At Month 6, progress continues across the Orthodontics and Maxillofacial programme, although workforce and service sustainability challenges remain. Recruitment efforts for substantive consultants are ongoing, with revisions being made to the consultant job description following feedback from the Royal College of Surgeons prior to progressing recruitment. Work is also underway to strengthen workforce planning, succession planning and role development, supported by engagement with workforce colleagues to articulate the challenges facing the specialty. Development of a more equitable and sustainable service model continues, including proposals for a single North Wales waiting list approach to improve oversight of demand and enable patients to access care across sites where appropriate, although estate limitations and the ongoing impact of historic insourcing arrangements remain significant constraints. A key milestone has been achieved through the appointment of a provider to deliver a pan-North Wales Cone Beam CT (CBCT) service under a two-year NHS Wales contract, improving access to specialist imaging, reducing the need for patient travel, and establishing clear performance expectations for timely appointment scheduling and reporting across the region.
Orthopaedics (3C)	At Month 6, progress within the Orthopaedics programme is mixed, with continued delays to the opening of the Llandudno Orthopaedic Hub impacting several associated objectives. Capital works and commissioning activity are progressing well, including ventilation, ward infrastructure and clinical readiness planning, with strong clinical engagement supporting mobilisation. However, the absence of a confirmed opening date, governance arrangements and operational leadership structure for the hub is constraining implementation of key initiatives, including delivery of high-volume low-complexity surgery and the ambition to achieve 90% of arthroplasty lists with four primary joints. Work to rationalise hip and knee implants has restarted through the newly established Trauma and Orthopaedic Operational Delivery Group (ODG), providing a formal governance route to progress standardisation and value-for-money improvements. The ODG is also driving implementation of national orthopaedic pathways, with work underway on condition coding and SOS/PIFU pathway standardisation. In parallel, progress has been made on the outsourcing review, with commissioning approvals secured to support RTT

Programme	Progress against ADP
	recovery and spinal pathway arrangements, although longer-term sustainable commissioning solutions require further development. Overall, delivery remains dependent on confirmation of the Llandudno Hub opening timetable and associated leadership arrangements.
Urology (3C)	At Month 6, progress across the Urology programme is mixed, with continued work to improve service sustainability, diagnostic performance and access to specialist care. Development of a preferred future on-call model has progressed through the steering group, although further review is required before a final decision can be made, resulting in continued reliance on locum consultants and associated financial and service continuity risks. Significant improvements have been achieved in flexible cystoscopy performance, with eight-week breaches reducing from 715 in February to 117 by the end of September, supported by insourcing activity and additional Welsh Government funding. Progress has also been made in developing strategic robotic-assisted surgery partnerships, with patients now being referred to Arrowe Park for prostatectomy and a pilot arrangement established with Spire Wirral to further improve access to treatment closer to home. The North Wales vasectomy service procurement has advanced, with the service specification agreed and submitted to procurement, although tender timescales remain a risk. Strong improvements have also been delivered within the prostate cancer pathway, with the biopsy waiting list reducing by 69% since March and early evidence indicating shorter waits from listing to procedure. While workforce recruitment, training and estate dependencies continue to present challenges, mitigation plans are in place and overall delivery remains within agreed tolerances.
Vascular (3C)	At Month 6, progress continues across the vascular improvement programme. For the review of open abdominal aortic aneurysm (AAA) outcomes, the first draft report has been reviewed by the Executive Medical Director and is being strengthened ahead of progressing through Health Board governance processes and subsequent engagement with national clinical bodies to determine future service delivery arrangements. Work to reduce outpatient waiting times is advancing, with plans being developed to utilise SAS doctors to provide greater continuity of clinic cover and minimise cancellations, while Vascular Nurse Specialist-led urgent review clinics are being established in the East to support management closer to patients' local areas and reduce transfers. Progress has also been made in strengthening the learning culture across the network, with the appointment of an Educational Clinical Lead, consultant pledges to support the Safe Learning Charter, and development of a maturity matrix to drive continuous improvement. These activities also support implementation of the national Quality Statement for Vascular Disease. No material risks have been identified, and all programmes remain within agreed delivery tolerances.

Change Control Requests

The following summary table categorises a number of change control requests which the Committee is asked to give final approval to:

Number of requests	Summary
1	Change to internal BCU trajectory
2	Update to deliverable descriptor
2	Change in reporting lead
3	Change in Executive lead
2	Change in delivery quarter
2	Retirement of deliverable due to duplication

Further details regarding each of the changes summarised are included in Appendix 1.

4. **RISGIAU ALLWEDDOL / METERION I'W HUWCHGYFEIRIO**
   KEY RISKS / MATTERS FOR ESCALATION

- ADP delivery is off trajectory, with current progress indicating that a significant proportion of annual commitments are unlikely to be achieved without accelerated delivery in the second half of the year.
- Workforce fragility remains the principal delivery risk, limiting operational resilience and reducing capacity to implement transformation programmes.
- Major transformation programmes are experiencing delays, increasing the risk that strategic benefits and planned outcomes will not be realised within expected timescales.
- Financial, digital and infrastructure dependencies are constraining progress in several priority areas and increasing programme delivery risk.
- Delivery confidence is deteriorating, with a number of programmes reporting increased risk compared with earlier in the year.

Executive intervention is required to prioritise delivery of the highest-risk commitments, remove barriers to implementation, and accelerate recovery actions to maximise achievement of Annual Delivery Plan objectives during the second half of the year.

5. **ARGYMHELLION**
   RECOMMENDATIONS

The Committee is asked to:

A) Take assurance and note the progress made to date including the challenges highlighted within the report.
B) Note and approve the Change Control Requests.
C) Support the onward submission of the Report to Board.

Appendix 1 – Change Control Requests

<table>
<tr><th>ADP Ref</th><th>Deliverable</th><th>Change Requested</th><th>Type of Change</th><th>Outcome</th></tr>
<tr>
<td>2627
003
1B.6</td>
<td>1B.6 - Support improvement and reduce variation in performance and compliance in relation to Diabetes priorities including: 8 Care Processes and reducing variation.</td>
<td>Following a challenge by the Chief Executive a request has been made to amend the performance expectations target related to the percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. The request is to amend the target and associated delivery trajectory from 46.8%, as specified in the Ministerial Delivery Expectations to 50% by the end of Q4 in order to be more ambitious.

Revised quarterly delivery trajectory is as below;

<table>
<tr><th colspan="5">Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.</th></tr>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Current</td><td>44.3%</td><td>45.5%</td><td>46.1%</td><td>46.8%</td></tr>
<tr><td>Proposed</td><td>43%</td><td>45.3%</td><td>47.7%</td><td>50%</td></tr>
</table>

Following the Change Control review it has also identified that the wording contained within the IMTP and ADP Performance Expectations in 1B Proactive strategies for disease prevention and 2A Primary Care, related to the above, need to be amended to correctly match wording specified in Ministerial Delivery Expectations Target.</td>
<td>Change to trajectory</td>
<td>Request approved and BCU internal expected trajectory to be updated</td>
</tr>
<tr>
<td>2627
004
1A.2</td>
<td>1A.2 - Implementation of the recommendations in the Weight Management Review,</td>
<td>To align the performance measures for Q1 with the data now being reported and we need to request a change to the Level 2 Adult Weight Service measure below.

1. The description needs changing to include digital i.e. Level 2 Adult Weight Service – Increase Digital Activity Rates by 10%
2. The 10% increase is based on having enrolled 370 onto the digital offer during 25/26. Starting from zero, by end of 26/27 the target will be to have enrolled</td>
<td>Updated deliverable descriptor to align to Performance Framework wording.</td>
<td>Request approved</td>
</tr>
</table>

	increasing activity in Level 2 Adult weight services.	407 (10% increase on the previous year). Therefore, the quarterly activity rates are going to be cumulative from zero and that looks like fig 2.	& Change to Trajectory figures	
2627 005 1D.2	1D.2 - Develop the GP and Identified Validated Sample (IVS) collaborative to improve uptake in the RSV 75 plus cohort.	An incorrect acronym has been included within the wording of deliverable 1D.2 – with IVS standing for Integrated Vaccination Service and not Identified Validation Sample as written in ADP. Change control requested to change wording of deliverable to "1D.2 – Develop the GP and Integrated Vaccination Service (IVS) collaborative to improve uptake in the RSV 75 plus cohort".	Admin Error	Request approved
2627 006 4J.8	4J.8 - Agree the strategic model for the delivery of dermatology services in north Wales.	Change Control Request Received from Georgina Roberts to re-assign deliverable to Kay Hannigan	Change of Lead	Request approved
2627 007 3B.8	3B.8 - Agree the strategic model for the delivery of dermatology services in north Wales.	Work to agree the strategic model for delivery of dermatology services in North Wales is being progressed by the Dermatology Lead as part of the 3c.7 - Engagement and implementation of interim pan North Wales networked Dermatology service model, to better utilise resources (staff and funding) across North Wales. This is ahead of the full Clinical Services Plan work due to urgency around service sustainability especially in the West. Reporting of work undertaken and progress to date is currently being undertaken by the Dermatology Lead through the challenged services reporting. Therefore permission is requested to retire deliverable 3b.8 as this is a duplicate of 3c.7	Retire deliverable	Executive approval requested

2627 008 2C.5	2C.5 - Conwy West Integrated Health & Well-being Centre – finalise site location, progress the parallel elements of the programme plan.	Change Control Request Receive to retire Deliverable as it is not being actively progress during this financial year. Deliverable has been included within the 26-27 ADP in error. The BCU Board deferred the project until April 2028 and the funding was returned to Welsh Government in October 2025.	Retire deliverable	
2627 009 3C.23	3C.23 - Full workforce review, succession planning, skills mix, expansion of roles such as Optometrists, Orthoptists, Advanced Clinical Practitioners, to support more sustainable services.	Following review and consultation with Strategic Eye Care Group the Project Team have requested a revised delivery deadline of Q4 due to project lead vacancy impacts on project commencement. This amended deadline was reviewed and agreed in Eye Care Strategic Steering Group	Defer Delivery	Executive approval required
2627 010 3C.24	3C.24 - Ensure sufficient nursing and Healthcare Support Workers to enable High Volume Low Complexity Theatre lists - Cataract 90% of lists to have 7 Cataracts per list.	Following review and consultation with Strategic Eye Care Group the Project Team have requested a revised delivery deadline of Q4 due to project lead vacancy impacts on project commencement. This amended deadline was reviewed and agreed in Eye Care Strategic Steering Group	Defer Delivery	Executive approval required

2627 022 4G.3	4G.3 - Address variation reported in the National Outcomes Framework and National Clinical Audit and Outcome Review Programme.	A challenge has been raised by the current reporting delegate that the scope of this deliverable sits outside of their current responsibility and remit of current exec lead. Following internal discussion change control request to reassign deliverable to Office of Exec Medical Director and assign Joanne Shillingford as lead.	Change of Lead	Request approved
2627 023 4H.14	4H.14 - Provide direction and oversight through the organisation's Quality governance for the application of appropriate best practice within the national Quality Statements - the ones not covered elsewhere in the plan are: Care of the critically ill, Respiratory Disease, Heart conditions, Kidney Disease, Liver Disease, Musculoskeletal health,	A challenge has been raised by the current reporting delegate that the scope of this deliverable sits outside of their current responsibility and remit of current exec lead. Following internal discussion change control request to reassign deliverable to Office of Exec Medical Director and assign Joanne Shillingford as lead.	Change of Lead	Request approved

	Neurological conditions, Stroke, Infection prevention and control, Osteoporosis and bone health.			
2627 027 2B.5	2B.5 - Develop a strategic delivery plan for Palliative, End of Life and Bereavement Care (PEoLBC) in line with the All Wales Service Specification for the delivery of Palliative and End of Life care in Wales and All Wales Competency Framework. This will include consideration of how to increase weekend capacity for specialist palliative care nursing.	Executive Lead to change to Executive Director of Nursing Reporting Committee to change to QSE	Change of Lead Change of Reporting Committee	Request approved
2627 028 4C1-4	Clinical Services Planning	Following successful recruitment Samantha Pritchard will be the person responsible for 4C.1 - 4 - Change Control to re-assign Responsible lead on portal.	Change of Lead	Request approved

Appendix 2 – Full Quarter Two Key Priority Report

Annual Delivery Plan Quarter 1 - Overview by Key Priority				
KEY:	**High Delivery Confidence**	**Medium Delivery Confidence**	**Low Delivery Confidence**	**Complete**

1A Preventative approaches to Health & Wellbeing	Executive Director of Public Health	Overall Delivery Confidence

1A.1 Develop a proposal to support referrals to appropriate support following participation in Child Measurement Programme (e.g. to CAMHS, Children's, Dietetics, Weight Management).	Q3
1A.10 Embed Making Every Contact Count (MECC) brief intervention training into organisational processes to increase numbers of trained staff.	Q4
1A.2 Implementation of the recommendations in the Weight Management Review, increasing activity in Level 2 Adult weight services.	Q4
1A.3 Deliver approved Grant funded Programmes of work (Prevention and Early Years, Whole School Approach, Whole System approach to Healthy Weight)	Q4
1A.4 Provide education and targeted approaches to healthy choices through supporting schools, early years environments and families through Dietetics - early years programmes (Come & Cook, Tiny Tums).	Q4
1A.5 Act on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact including: 1) influence planning applications 2) work with the Alcohol Partnership Board and Public Service Boards (PSBs) to implement their plans 3) contribute to developing the environment through local development plans and Actif North Wales to consider green and blue spaces.	Q4
1A.6 Agree and commence a phased implementation of an enhanced Health Improvement offer within the Health Board and with partners across the health system that increases access to evidence-based opportunities to improve health and wellbeing outcomes.	Q4
1A.7 Produce gap analysis and opportunities from the potential and current state to shape the enhanced Health Improvement offer for services.	Q4

1A.8 Embed Health Improvement into the following areas: 1) delivery planning to support Statement 2 & 4 of the National Mental Health & Wellbeing Strategy (led by Mental Health Services / Public Health Wales), 2) refresh the Preconception Strategic Plan, 3) response plan developed from the weight management review recommendations.	Q4
1A.9 Healthy Travel Charter – increase the number of participating organisations each quarter, supporting Public Service Boards (PSBs) and wider partners to register organisational commitment at a regional and national level.	Q4

Overview

Most care delivery in the NHS now relates to long-term conditions the majority of which have significant preventable factors. Preventable health measures should consider all stages across the life course – from pre-conception and into older age. This can reduce the likelihood and severity of chronic illness, reducing flow towards acute settings. Encouraging healthy behaviours can prevent illness reducing demand across public services, including hospital services, GP appointments, emergency care, and long-term social care. It can also reduce costs of treatment over long periods and free up capacity in the health and care system to focus on more complex or urgent care needs. Population health and wellbeing is crucial for North Wales's socioeconomic resilience and the resilience of its communities. Preventative approaches empower people to take an active role in their own health including improving individual mental wellbeing, maintaining independence which can lead to a better quality of life as people age. Through whole system approaches, conditions can be created for good health through focused approaches which prevent problems arising in the future, build resilience, reduce the incidence of disease and encourage healthy behaviours. Much of this can be delivered outside of the acute setting and by working collaboratively across sectors.

Key Delivery Priority Quarterly Update

1A.1: Strengthening of the Child Measurement Programme approach and development of a plan for the Tier 1 pathway
1A.2: Responding to the PHW review and 2026/27 ministerial priority on healthy weight and includes the prevention grant funded programmes and Healthy Weight, Whole System Approach.
1A.3: MOUs developed and agreed for 26/27 with Service Leads. Quarterly review meetings held and reports received on delivery progress.
1A.4: Healthy eating programmes continue to be delivered.
1A.5: physical activity pathway developed within the iCAN provision, planning applications and alcohol licencing applications continue to be reviewed in accordance with the agreed protocol,
1A.6: Development of a Health Improvement Menu of Interventions has seen its presentation and approval at the SPSCG and PPHP Committee in Q2. Workstreams have been developed for Six Major Diseases; Making Change Happen Toolkit; Expert Panel Mobilisation and Mapping activity into Q3.
1A.7: Mapping of Health Improvement Activity is a workstream which is being developed in early Q3 that will set out a phased approach to this activity commencing in Q4
1A.8: Weight management review recommendations included in the Healthy Weight Ministerial priority action plan for 26/27 with quarter 1 actions delivered.
1A.9: Healthy Travel Charter

Regional Partnership has been formed. Engagement continues with the first regional meeting taken place in Q1 with clear actions for organisations to take away. Public Service Board summary report created and circulated to support.
1A.10: Making Every Contact Count
Developed MECC conversation cards that are to be piloted. Comms plan developed and in place. Two campaigns successfully delivered.

WHAT IMPACT (BOTH QUALITATIVE AND QUANTITATIVE) HAS THE WORK HAD ON THE POPULATION OF NORTH WALES COMPARES TO WHAT IT SET OUT TO ACHIEVE?
1A.1-1A.4 Healthy Weight
Work is designed to maximise the reach of the weight management offer that is provided both through secondary care services and in the community setting aligned to the Weight Management Service Review and the Ministerial Priorities. A range of performance measures serve as proxy indicators whilst outcomes, short, medium and long term are agreed.

1A.5-1A.8 Health Improvement
During quarter 2 the team responded to planning applications of which the impact has public health significance. Recent applications have seen conditions added re: opening hours and application use and applicants actioning public health recommendations and the refusal of fast food outlet in Wrexham.

1A.9 Healthy Travel Charter
Improved collaboration across North Wales through the establishment of the regional partnership group, with positive feedback highlighting the value of the practical guidance and support provided to signatory organisations.

1A.10 MECC
Increased awareness and engagement with MECC through targeted campaigns, co-developed conversation cards and a communications plan. Reach was further extended through promotion by colleagues across the Health Board, including Occupational Health (People Managers Forum) and Health Inequalities (Parkrun Practices), highlighting the value of partnership and matrix working.

WHAT ACTIONS AR WE UNDERTAKING TO ENSURE WE ARE ON TRACK TO DELIVER THE FULL OVERARCHING AIM AND ASSOCIATED IMPACT BY THE END OF MARCH 2027?
Delivery oversight is based on a robust programme management approach utilising the portal to manage the plan in terms of milestones and task, risks and issues. Portal programme reports are presented at the Public Health Programme Group with escalations including deviations to plan, risks and issues for information or action and risks managed with mitigation action plans.

1B Proactive strategies for disease prevention, falls & frailty	Executive Director of Public Health	Overall Delivery Confidence

1B.2 Develop and launch a suite of health intelligence resources that support improved, evidence-based decision-making in service planning and help identify and reduce inequalities.	Q2
1B.1 Develop and agree a comprehensive road map that outlines priorities, roles, data requirements and phased delivery actions to support the development of the Population Health Management (PHM) Programme.	Q3
1B.10 Produce local plans to support new National Public Health Wales Human Papillomavirus (HPV) self-sampling programme.	Q3
1B.3 Establish a Population Health Management (PHM) programme with the Digital Team (DDAT) through development of a comprehensive road map, that will facilitate sustainable healthcare transformation in future years by targeting interventions that prevent ill health, improve care and support for people with ongoing health conditions, and reduce inequalities in health outcomes.	Q4
1B.4 Complete implementation of the focused Diabetes High Value High Impact pathway.	Q4
1B.5 Identify place-based approaches within Primary and Community care and develop options which respond to population need and deliver holistic patient centred care for people living with diabetes.	Q4
1B.6 Support improvement and reduce variation in performance and compliance in relation to Diabetes priorities including: 8 Care Processes and reducing variation.	Q4
1B.7 Implement appropriate best practice within the national Quality Statement for Diabetes.	Q4
1B.8 Support the introduction of the National Lung Screening Programme (commence 2027).	Q4
1B.9 Create a plan together with Public Health Wales to support delivery of the National screening uptake targets and improvement against National performance indicators and to reduce variation.	Q4

Overview

Over 60% of NHS activity is linked to chronic long-term conditions which impact significantly on capacity, and demand for services. Most care delivery in the NHS now relates to long-term conditions many of which are preventable or have risks that can be modified. The North Wales population is ageing and falls and frailty are a significant driver of demand across primary and acute NHS Services and is expected to increase. Preventing falls and frailty is crucial to the NHS because it protects people's health, preserves independence, and reduces avoidable pressure on already stretched services. In order to reduce the prevalence and impact of disease, falls and frailty on health services, it is vital to shift focus towards prevention, early intervention and detection, and the prevention of deterioration through greater use of population and clinical intelligence. This includes bringing together available academic evidence, local data and evidence (e.g. patient experience feedback) and stakeholder involvement to improve services and outcomes. Applying data and evidence through population health

management will allow the organisation to target action within identified population groups towards where there is a strong likelihood of a health risk occurring, develop tailored interventions to prevent or reduce the impact of health risks which would contribute to preventing further deterioration, and optimise how the early stages of disease is detected. Intervening in the early stages of disease can prevent the disease from progressing, allows people to self-manage their health, improves health outcomes, prevents the individual developing other health conditions and ensures that people can continue to live their lives fully within their families and communities.

Key Delivery Priority Quarterly Update
During Quarter 2 the health board has delivered on key actions and milestones including recruitment to PHM posts which will contribute to developing and strengthening the Health Board understanding of population needs and how best to address these needs. PHM posts will help to develop the population approaches to delivering improvement, and launching a resource to support access to data, intelligence and evidence for health and care planning and improvement.

High Value High Impact / Diabetes - task and finish group structures and governance structures to support delivery of the programmes of work have been approved, and are in operation with task and finish groups forming to support service change and improvement, and provide the mechanisms for assurance and decision making to support diabetes prevention and care in North Wales with the aim of improving outcomes and reducing unwarranted variation in access an outcomes of care. This includes providing a focus on the HVHI diabetes pathway priorities.

1C Health Inequalities	Executive Director of Public Health	Overall Delivery Confidence

1C.2 Regional Vaccine Equity Plan co-developed and launched.	Q2
1C.5 Work with Local Authorities to secure jointly commissioned social prescribing services and expand creative offers with the Third Sector across North Wales.	Q2
1C.7 Based on the work in 2025/26 on the homelessness assessment, to comply with the new Homelessness and Social Housing Allocation (Wales) legislation and needs assessments on other inclusion groups, develop a comprehensive inclusion health offer for people in North Wales.	Q3
1C.1 Implement plans which reduce inequity in the uptake in the most and least deprived areas in preventing ill-health, especially in relation to vaccination, screening and diabetes prevention and care. By utilising population health intelligence and evidence, target approaches to reduce variation and health inequalities within inclusion health groups and areas of deprivation.	Q4
1C.3 Regional Screening Equity Plan co-developed and launched.	Q4

1C.4 Work with primary care partners to reduce variation in vaccine uptake between primary care clusters.	Q4
1C.6 Supporting Marmot principles work towards a whole system shift to prevention and addressing inequalities by increasing the number of organisations/partnerships committing to, and evidencing early delivery against, the missions and Anchor Charter in the Regional Wellbeing, Prevention and Anchor Framework (missions: Environment, Communities, Housing, Food, Employment, Life-Long Learning, Active Lifestyles, Creative Lifestyles)	Q4

Overview

Healthy life expectancy is reducing and the gap in healthy life expectancy and life expectancy is widening. The gap between those in affluent areas and from non-vulnerable groups is widening too, compared to those from the least affluent areas and from inclusion groups (e.g. homeless, Gypsy, Roma, Traveller communities, etc). This could drive demand and increase costs for health services. The Health Board has a key role in reducing health inequalities by delivering equitable access, experience and care, and also to meet the requirements of the Wellbeing of Future Generations (Wales) Act 2015, The Equality Act (2010), the Public Sector Equality Duty and the Socio-economic Duty. Those living in the most deprived areas, and those experiencing extreme disadvantage (e.g. inclusion health groups) need services the most, however these groups experience poorer access which is driving widening inequalities in health outcomes. Inequalities will continue to widen if we do not embed population health approaches in pathways and service plans that can enable the organisation to target resources proportionate to need. Through understanding the needs of communities, the Health Board can better enable provision of care in the right way, in the right place, and at the right time. To drive this change, the organisation must consider the role of health inequalities as a core component of prevention, early intervention and improving population health. The Health Board cannot reduce health inequalities alone. Many factors which impact on health and wellbeing require commitment and coordinated action across public sector organisations, enabled through the organisation's role and opportunity as an Anchor institute. Together, the right social, economic and environmental conditions can be created that allow health and wellbeing to flourish. Working together through developments such as Community by Design and the integrated approach to Social Prescribing, the Health Board will work with local authority colleagues, primary care, the voluntary sector and stakeholders to develop effective offers at place level, improve the economy, provide better opportunities for accessing environments which promote wellbeing, provide fairer procurement, offer employment and improve housing availability and safety. Improving these factors can delay or prevent the onset of ill health and help the population to live well for longer in their communities. One of the way's the Health Board is contributing to this is through supporting Denbighshire County Council as one of the three places in Wales selected to work with the University College London Institute of Health Equity Wales Team to maximise benefits related to the Welsh Government's ambition to become a Marmot Nation.

Key Delivery Priority Quarterly Update

During Q2 the findings from the Health Needs Assessment carried out in Q1 have been used to inform the Inclusion Health Programme which contributes to delivery of 1C.1 and 1C.7 - improving equity and reducing variation in most deprived areas.

The health equity checklist developed in Q1 has been trialled with BCU Cardiology services and is being embedded into Health Board Planning processes.

The regional vaccine equity plan has been co-developed with partners and launched. This also contributes to reducing variation and improving access across target groups. Work continues to progress with developing an integrated vaccine delivery programme with primary care partners including GPs.

New Social Prescribing contracts with Local Authorities have all been co-commissioned for all six Local Authorities. Contracts are with Local Authorities with delivery by third Sector Partners. New contracts ensure county wide provision and a targeted approach to ensure social prescribing is accessible to those with greatest need. Quarterly monitoring is in place to measure delivery and impact.

The Regional Wellbeing, Prevention and Anchor Framework has been approved by Health Board Committees, with commitment secured for BCUHB to work towards adopting the anchor charter. The Anchor Charter self-assessment tool has been developed and trialled with Cyngor Gwynedd and Medrwn Mon and has identified strengths and opportunities for improvement. We are collaborating with the PSBs and North Wales Insight Partnership to utilise the Prevention Missions to inform the next iteration of their Well Being Plans. In addition, we continue to work closely with Denbighshire County Council to inform their 'Marmot Place' programme

1D Health Protection	Executive Director of Public Health	Overall Delivery Confidence

1D.3 Implementation of phase 2 Childhood Immunisation Schedule recognising changes to the immunisation schedule for 2026, protecting children across a range of disease and illness.	Q3
1D.4 Deliver the funded Health Protection plan including establishing a Health Protection partnership with a Service Level Agreement in place with the 6 North Wales Local Authorities.	Q3
1D.1 Through targeted programmes of work for each vaccine / immunisation, implement the vaccine equity plan and work with partners (e.g. schools) to deliver the National Immunisation Framework targets to improve take up rates.	Q4
1D.2 Develop the GP and Identified Validated Sample (IVS) collaborative to improve uptake in the RSV 75 plus cohort.	Q4
1D.5 Enhance the delivery of health board services to protect people in North Wales against existing, new and emerging health protection threats and hazards by supporting screening and vaccination programmes, and disease elimination activities (Hepatitis B and C, and TB).	Q4
1D.6 Deliver evidence-based approaches to protecting and preventing ill health within specific sectors and settings e.g. delivery of infection prevention control interventions in residential Care Homes.	Q4

Overview

Health Protection is an important element of preventing and responding to the threat of communicable disease, environmental and other health risks. Health Protection focuses on preventing harm before it happens and keeps communities safe from communicable and other notifiable illness that could affect large numbers of the population at scale. Risk of infectious diseases include Flu, Measles, and M-Pox, with disease outbreaks having a significant impact on closed settings such as care homes and schools. Health Protection includes the management of vaccine preventable disease risks such as measles, outbreak control planning, and training and education in settings to support Infection Prevention Control (IPC). There is also opportunistic screening and testing for disease such as blood borne viruses and sexually transmitted diseases to contribute to the control of further transmission and support the elimination of diseases like Hepatitis B and C, HIV and TB. Health Protection considers an 'all hazards' approach and includes environmental public health issues arising, zoonotic infection and vector-borne disease. Health protection supports the health and wellbeing of the whole population not just individuals and brings together a range of partners including Local Authorities, Environmental Health, Emergency planning, Public Health Wales and Community services to strengthen resilience across the whole system. It is essential for preventing harm, reducing inequalities, maintaining public confidence, and protecting healthcare capacity.

Key Delivery Priority Quarterly Update

During Quarter 2, further progress has been made in supporting health board services to protect people in North Wales against communicable diseases, and to protect and prevent ill health within specific sectors and settings. Proactive, preventative Infection Prevention Control (IPC) interventions have continued across Residential Care Homes in North Wales. These have been enhanced with the delivery of monthly IPC Champions education sessions on key topics, and the provision of hand-hygiene training. This has further strengthened provision of health protection across North Wales settings.

The Health Board has continued to prepare for High Consequence Infectious Disease (HCID) threats. The Health Protection Service has led the coordination of preparedness measures within the Health Board whilst also engaging with wider partners. This has included education sessions for medics, additional capacity for HCID PPE training, oversight of HCID plans and pathways, and the provision of information and advice for BCUHB staff.

The impact of the above activities includes improved preparedness for HCIDs within the Health Board (including a greater number of staff trained in HCID PPE, formalized pathways for the identification, assessment, sampling and management of suspected or confirmed HCID cases), a greater understanding of Health Board areas of weakness for managing a potential HCID case and/or future pandemic, improved resilience within the residential care home sector for the control and management of communicable diseases, progress towards the elimination of Hepatitis B and C, and a reduced number of presentations to EDs for the provision of Rabies post-exposure prophylaxis

With regards the funded partnership between the Health Board and the six Local Authority Environmental Health teams to further strengthen protection across the region, service agreements have now been distributed to each Local Authority with commissioning plans agreed for the remainder of this year.

Campaigns across all Vaccination and immunisations are underway. The winter flu, Covid and RSV campaigns are in progress, led by the Integrated Vaccination Service and involving GP practices. The focus this year remains to reduce inequalities in uptake supported by the Vaccine Equity Plan which has been approved for use.

Alongside the Integrated Vaccination Service, the BCUHB Health Protection Service provides additional support the delivery of national vaccination programmes, helping to identify areas of low uptake and providing opportunities to improve accessibility. This includes provision of childhood immunisations in partnership with school nursing services, provision of Hepatitis B vaccinations in substance misuse services and supporting the BCUHB occupational health service with peer-to-peer influenza vaccinations.

2A Primary Care	Chief Operating Officer	Overall Delivery Confidence

2A.1 Ensure the new General Dental Service (GDS) contract is in place and embedded, with a clear plan for the procurement of new services including commissioning of tier 2 dental services where appropriate.	Q2
2A.2 Undertake a review of primary care dental services to assess current capacity, patient access, and service utilisation. Work with commissioned providers and system partners to identify opportunities to increase access for patients.	Q2
2A.3 Procure a robust digital system within the Community Dental Service (CDS) to support the management of patient records, and replace the current outdated system.	Q2
2A.6 Develop a costed primary care-led frailty model to enable proactive, coordinated care closer to home, as part of the Community By Design work. Identify the impact that current initiatives are having on maintaining patients at home.	Q3
2A.4 Continue to deliver the Strategic Programme for Primary Care (SPPC) national 'Strategic Workforce Plan for Primary Care in Wales', with the aim of developing a sustainable, skilled workforce to meet the evolving healthcare needs of the population of North Wales over the next five years. Fully utilise the Work Based Learning Funding allocated to Primary Care to support delivery.	Q4
2A.5 The Health Board will strengthen the model of integrated primary and community care across North Wales by designing and delivering strategic priorities that align with the national Community by Design Transformation Programme. The key areas of focus will include urgent and same day care, management of chronic conditions in the community and prevention and population health management.	Q4
2A.7 Finalise a proposal to increase the use of the Audit Plus Frailty Tool in the community to ensure that patients receive proactive care in line with their agreed care plans.	Q4
2A.8 Support the implementation and roll-out of the NHS Wales app in primary and community care services by developing and implementing an action plan to promote the NHS app including patient education, staff training and monitoring of uptake.	Q4

Overview

In the NHS most patient contacts occur in Primary Care, making it the foundation of a sustainable and accessible healthcare system. It encompasses a broad range of community-based services that provide accessible, person-centred care, including general medical services (GP practices), community pharmacies, dental services, and optometry. Primary care also includes multi-disciplinary teams such as nurses, allied health professionals, social prescribers, and community mental health support, working together to deliver proactive, preventative care as well as care for people with longer term conditions. The Health Board recognises the importance of stable, resilient Primary Care services to ensure that the residents of North Wales receive care at the right time and in the right place, medicalised only when necessary. Primary Care plays a critical role in early intervention, prevention, and supporting people to manage their own health and wellbeing, thereby reducing avoidable demand on hospital and specialist services. Strengthening Primary Care also helps tackle health inequalities by

ensuring timely access to local, community-based support, particularly for those with complex needs or living in rural and deprived areas. A well-functioning Primary Care system is therefore essential to improving population health outcomes, supporting the shift towards prevention and early intervention, and delivering a more sustainable, prudent healthcare model for the future. The areas within this objective will all align to and form part of the Community By Design Programme.

Key Delivery Priority Quarterly Update
What have we delivered so far this year towards the aim?

General Dental Services (GDS) Contract Reform and Service Commissioning The new General Dental Services (GDS) contract has been successfully implemented across 100% of dental practices in North Wales, providing a consistent contractual framework for service delivery. In parallel, the Health Board has progressed planning for the commissioning of Tier 2 dental services, establishing the foundations for a more structured and sustainable approach to specialist care pathways within primary dental services.

To support improved access and service provision, £1.9m of additional dental commissioning investment has been secured and allocated through permitted contract modifications during 2026/27, including £1.313m recurrent and £686k non-recurrent funding. Executive approval has been secured for both recurrent and non-recurrent commissioning plans, with implementation now underway.

Community Dental Services Digital Transformation Significant progress has been made towards procurement of a replacement Electronic Patient Management System (EPMS) for the Community Dental Service. The Outline Business Case has received both Executive Committee and Health Board approval, recognising the need to replace the current unsupported and obsolete system. Procurement specifications are nearing completion and governance arrangements are established to support progression to procurement and Full Business Case development.

Primary Care Workforce Development Work continues to support delivery of the Strategic Programme for Primary Care workforce plan, maximising available Work Based Learning funding and supporting development of a sustainable primary care workforce capable of meeting future population need. Delivery remains on track against agreed milestones.

Community by Design Transformation Programme The Community by Design Programme governance arrangements have been established, including creation of the programme board, development of programme documentation and recruitment of key leadership positions including a Programme Director. Welsh Government guidance has provided greater clarity regarding programme workstreams and priorities, enabling work to progress at pace.

Frailty Care Transformation Progress has been made in establishing governance arrangements for frailty transformation through submission of a proposal to establish a multidisciplinary task and finish group. This work will oversee development of the Health Board's strategic approach to frailty, including implementation of the new Directed Supplementary Service (DSS) and development of a primary care-led frailty model.

Audit Plus Frailty Tool Work has continued with Digital Health and Care Wales (DHCW) to support implementation of the Audit Plus Frailty Tool within primary care. Preparatory work has been undertaken to establish baseline data and ensure alignment with wider frailty programme objectives, enabling benefits realisation monitoring once the tool is fully deployed.

NHS Wales App The Health Board has maintained engagement with national partners regarding implementation of the NHS Wales App. Progress remains dependent upon national programme decisions and capacity within DHCW.

What impact has the work had on the population of North Wales compared to what it set out to achieve?

Implementation of the new GDS contract across all practices has ensured contractual stability and continuity of NHS dental services for the population of North Wales. Additional commissioning investment of almost £2m is expected to increase available clinical capacity, improve access to dental care and support delivery of services in areas of greatest patient need.

Progress towards commissioning Tier 2 dental services will improve patient access to enhanced care closer to home, reducing reliance on secondary care services and strengthening local treatment pathways.

Approval of the Community Dental Service digital replacement programme has reduced the strategic risk associated with continued reliance on an unsupported patient management system. Once implemented, the new system will improve service resilience, information governance, reporting capability and patient record management.

The Community by Design Programme has created the organisational framework required to transform care delivery across primary and community services. By establishing programme governance and leadership arrangements, the Health Board has positioned itself to deliver future improvements in urgent care, long-term condition management and population health outcomes.

Frailty transformation work has laid the foundations for a more proactive and coordinated model of care. The intended benefits include reduced avoidable hospital admissions, improved patient experience, enhanced support for people to remain safely at home and stronger integration between health, social care and third sector partners.

Whilst the NHS Wales App programme has not progressed as originally anticipated due to national dependencies, the Health Board remains ready to support future implementation and adoption once national timescales are confirmed.
What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?
Dental Services -Finalise and implement the commissioning plan for Tier 2 dental services. -Continue delivery of recurrent and non-recurrent dental investment programmes to maximise patient access and clinical capacity. -Monitor the impact of contract reform and mitigate the risk of any future contract hand-backs through engagement with providers.

Community Dental Services Digital Programme -Complete the procurement specification and obtain final ICT and clinical sign-off. -Progress procurement of the replacement EPMS. -Develop and secure approval for the Full Business Case, including formal confirmation of funding arrangements, benefits realisation measures and implementation plans.

Primary Care Workforce -Continue delivery of the Strategic Workforce Plan for Primary Care. -Maximise uptake and utilisation of Work Based Learning funding to strengthen workforce sustainability and skills development across primary care services.

Community by Design -Finalise and approve the Programme Initiation Document (PID). -Mobilise programme workstreams focused on urgent and same-day care, chronic condition management, prevention and population health.

Frailty -Establish the frailty task and finish group and agree programme priorities. -Implement the Directed Supplementary Service for People Living with Frailty in Their Own Homes. -Develop a costed, scalable primary care-led frailty model aligned to Community by Design priorities. -Quantify and evaluate the impact of existing frailty initiatives on patient outcomes, hospital utilisation and independence at home.

Audit Plus Frailty Tool -Support rollout of the tool across primary care following national release. -Establish baseline and ongoing performance monitoring. -Use intelligence generated through the tool to support proactive identification and management of people living with frailty.

NHS Wales App -Maintain engagement with Welsh Government and DHCW regarding national implementation plans. -Develop local adoption, communications and training plans so that rollout can commence at pace once national dependencies have been resolved.

2B Community Care	Chief Operating Officer	Overall Delivery Confidence

2B.4 Develop a proposal for creating an investment fund for community groups and third sector organisations to work with the Health Board on community based solutions to some of the largest challenges facing the system.	Q1
2B.12 Diagnostic Provision in the Community will be reviewed including undertaking a needs assessment for diagnostics and working with current providers to review and agree the most efficient delivery mechanism.	Q2
2B.2 Undertake a demand and capacity review to understand the levels of community nursing that are required across the Health Board, including weekend working.	Q2
2B.8 Undertake a review of urgent care services available in the community including general practice, optometry, dental and pharmacy. Identify how services may be optimised and expanded.	Q2
2B.11 Develop a proposal to establish local breathlessness hubs to provide specialised support and care for people experiencing chronic breathlessness.	Q3
2B.1 Develop Community by Design as a Major Change programme, working with partners to ensure it reflects national priorities and local needs.	Q4
2B.10 Implement appropriate best practice within the national Quality Statement for Older people and people living with frailty.	Q4
2B.3 Map current Enhanced Community Care services across North Wales, identifying where services are located and the differences. Develop a proposal that offers recommendations as to how to further reduce unnecessary hospital conveyance and admissions.	Q4
2B.5 Develop a strategic delivery plan for Palliative, End of Life and Bereavement Care (PEoLBC) in line with the All Wales Service Specification for the delivery of Palliative and End of Life care in Wales and All Wales Competency Framework. This will include consideration of how to increase weekend capacity for specialist palliative care nursing.	Q4
2B.6 Agree an approved Quality Improvement Plan for End-of-Life Care Decision Making	Q4
2B.7 Implement appropriate best practice within the national Quality Statement for Palliative and End of Life Care.	Q4
2B.9 The Health Board will enhance the coordination of care for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care.	Q4

Overview

The Health Board will continue to prioritise the delivery of care closer to home, recognising that community-based services are essential to improving outcomes through prevention, early intervention, and supported self-management. Providing care within local communities makes services more accessible, improves user experience, and helps reduce inequity by removing practical, geographical, and socioeconomic barriers to care-based services which is essential to improving outcomes through prevention, early intervention, and supported self-management. The Primary Care Model for Wales emphasises local delivery through integrated cluster working, enabling multidisciplinary teams to meet needs proactively within community settings and as this shifts toward a Community by Design approach this will be built upon. In parallel, the NHS Wales Decarbonisation Strategic Delivery Plan highlights the need for a shift toward nonacute, community delivered healthcare supported by expanded use of digital technology, including remote monitoring, virtual support, and enhanced homebased care. Increased use of community hubs and outreach models will support seamless health and social care closer to people's homes. By strengthening community services, the Health Board can ensure that hospital-based care is reserved for cases requiring more complex or escalating clinical intervention. This approach not only supports prudent healthcare principles but also improves service sustainability, reduces pressures on acute settings, and enables people across North Wales to receive timely, person-centred care within their own communities.
Key Delivery Priority Quarterly Update The Community By Design Major Change Programme is being established and the existing workstreams are being aligned to the Programme. SPPC funding grant has funded the appointment of a Programme Director and Programme Manager. Workstreams aligned to the CbD programme include Frailty, Enhanced Care and the establishment of Breathlessness Hubs. A proposal has been developed for an overarching group to coordinate the development of community frailty services. A decision on leadership of the group and to confirm its mandate is awaited. A group has also been established to deliver breathlessness hubs. A Clinical Lead for the Community Diagnostics workstream has also been agreed and a survey of clinicians is underway. Establishment reviews have been undertaken of Community Nursing teams and these are being reviewed. The proposals remain in development phase, so limited impact to date. The Associate Directors of Primary Care are working closely with colleagues in the Transformation team to establish the governance and groups to deliver the key objectives for 2026/27. Heads of Nursing for Community Nursing and for Palliative Care are continuing to progress service developments with their teams.

2C Integrated Health & Well-being Hubs	Chief Operating Officer	Overall Delivery Confidence

2C.2 Waunfawr Integrated Health & Well-being Centre – sign heads of terms to secure purchase of a site, progress the parallel elements of the programme plan.	Q1
2C.7 Holyhead Integrated Health & Well-being Centre – agree memorandum of understanding with Local Authority, thereafter progress the programme plan.	Q1
2C.8 Rhyl (Royal Alexandra Hospital - Phase 1) Integrated Health & Well-being Centre – commence construction, and progress the programme plan for delivery. Develop the case for Phase 2 later in the financial year.	Q1
2C.1 Bangor Integrated Health & Well-being Centre – work with partners on a strategic outline case	Q2
2C.4 Porthmadog Integrated Health & Well-being Centre – revise options appraisal for location, progress the parallel elements of the programme plan.	Q2
2C.5 Conwy West Integrated Health & Well-being Centre – finalise site location, progress the parallel elements of the programme plan.	Q2
2C.6 Denbigh (Caledfryn) Integrated Health & Well-being Centre – finalise funding strategy, thereafter progress the programme plan.	Q2
2C.3 Penygroes Integrated Health & Well-being Centre – develop an outline business case, progress the parallel elements of the programme plan.	Q3
2C.9 Finalise Integrated Rebalancing Capital Fund (IRCF) prioritisation.	Q3

Overview

Health and Wellbeing Hubs are essential to transforming how care is delivered across North Wales. With an ageing population, falling healthy life expectancy and widening inequalities, particularly in deprived and rural communities, a new model of care is required to ensure people receive timely, coordinated support closer to home.Hubs bring together physical health, mental health, social care and community wellbeing services in one accessible location, creating a “no wrong door” approach that enables earlier intervention, smoother referrals and more holistic care. By embedding prevention and public health activity within local communities, they help address the wider determinants of health, promote independence and reduce avoidable demand on acute services. This integrated model directly supports Welsh Government’s A Healthier Wales vision and BCUHB’s Strategic Intents to strengthen primary and community care and shift the balance towards prevention and early intervention. Several hub schemes are already underway across the region, such as Bangor, Holyhead, Caledfryn in Denbigh and the Royal Alexandra Wellbeing Hub in Rhyl, and each is being developed in partnership with Local Authorities, housing associations and third sector organisations, reflecting the multi agency model required to deliver integrated, community based care. The Health Board’s IMTP prioritises a coordinated

programme approach to ensure these developments are aligned to population need, strategically governed, and deliver maximum impact for the communities they serve.

Key Delivery Priority Quarterly Update

What have we delivered so far this year towards the aim?

Progress has continued across the Health and Wellbeing Hubs programme, with the Bangor Strategic Outline Case nearing completion, Waunfawr progressing land acquisition and procurement preparations, and the Holyhead Memorandum of Understanding close to agreement. Development work has also continued at Penygroes and Porthmadog, while the regional IRCF programme has been refreshed to support future investment priorities.

What impact has the work had on the population of North Wales compared to what it set out to achieve?

Whilst most hubs remain in development and have not yet delivered direct population outcomes, the programme has strengthened partnerships between BCUHB, local authorities and Welsh Government, progressed key enabling activities, and maintained momentum towards delivering integrated health, wellbeing and community services closer to home. This supports the longer-term aim of improving access, prevention, early intervention and coordinated care.

What actions are we undertaking to ensure we are on track to deliver the full aim by March 2027?

Key actions include securing governance approval for Bangor, progressing procurement and site acquisition at Waunfawr, finalising partnership arrangements in Holyhead, and seeking Welsh Government support for business case development in Penygroes and Porthmadog. Work is also underway to review and revise the Caledfryn proposal and to ensure capital investment is prioritised through the refreshed IRCF programme. However, funding, affordability and prioritisation challenges at Caledfryn, Conwy West and Royal Alexandra Phase 2 mean continued risk management is required, resulting in an Amber status.

3A Urgent and Emergency Care (UEC)	Chief Operating Officer	Overall Delivery Confidence

3A.1 Reduce avoidable ambulance conveyances and ED admissions from Care Homes through providing falls lifting equipment and level one falls prevention training to be delivered to 30 Care Homes across North Wales.	Q1
3A.12 Implement appropriate best practice within the Getting it Right First Time (GIRFT) Corridor care improvement guide.	Q1
3A.3 Reduce avoidable ambulance conveyances and ED admissions from the community by developing a proposal to use Six Goals Programme funding to increase Community Resource Teams (CRT) capacity, focused on mobilising Band 3 therapy support staff as a dedicated pan BCU community falls response resource.	Q1
3A.6 Provide more suitable pathways for frail patients that ensure they have shorter lengths of stay within acute hospitals in line with the national Acute Frailty Service (AFS) model. Undertake baseline assessment and gap analysis for current Acute Front Door Frailty Services across all acute sites, identifying current service provision, workforce utilisation, SDEC alignment and opportunities to strengthen early frailty assessment and intervention.	Q1
3A.13 Implement appropriate best practice within the national Quality Statement for Care in Emergency Departments.	Q2
3A.2 Reduce avoidable ambulance conveyances and ED admissions from the community through producing an options appraisal for the National Six Goals Team to support funding for St John's Level 1 falls training and lifting equipment for Community Resource Teams (CRTs), ensuring a consistent pan North Wales approach to community-based falls response.	Q2
3A.7 Adopt national best practice in relation to implementation of safe, fast, and consistent ambulance handover processes at the ED front door.	Q2
3A.8 Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by standardising triage and streaming processes across all sites (majors, minors, SDEC, frailty).	Q2
3A.9 Reduce ambulance hours lost, improve hospital-wide flow and ambulance handover times by strengthening senior clinical decision-maker presence at the front door, especially during periods of high demand.	Q2
3A.10 Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, by strengthening application of community Discharge to Recover and Assess (D2RA) pathways, ensuring faster discharge options for frail patients.	Q3
3A.5 Improve pathways of care delays out of the hospital through working more closely with the Local Authority Social Care Information Advice and Assistance (IAAs) team to improve referral pathways out of hospital.	Q3

3A.11 Reduce the number of people delayed in hospital and their length of stay, thereby reducing the potential for deconditioning, through implementation of Optimal Hospital Flow facilitators, utilisation of the Transport Coordination hub and enabling a 7-day discharge model across all acute sites.	Q4
3A.4 Reduce avoidable ambulance conveyances and ED admissions by transitioning from the current Single Integrated Clinical Assessment and Triage (SICAT) model to the Single Point of Access model (SPOA) with a broader Multi-Disciplinary Team (MDT) that is able to better sign post the most appropriate alternate to hospital treatment routes. This will ensure there is sufficient resource to operate the SPOA 7 days a week, 12 hours a day.	Q4

Overview

Urgent and Emergency Care (UEC) is vital to keeping people in North Wales safe, healthy and supported when they need help most. But growing demand and pressure across the system are creating delays throughout the whole pathway, with an impact of reducing hospital flow, and affecting patient experience and safety. These challenges also disrupt planned care, widen health inequalities, and contribute to the Health Board's ongoing Special Measures status. Improving UEC requires action across the whole pathway, including prevention and community support, efficient hospital processes, and safe and timely discharge. The potential of preventative actions in areas such as falls, frailty and inclusion health is important to reduce the growing demand for UEC services. No single part of the system can resolve this alone. Strong partnership working with the Welsh Ambulance Service (WAST), Local Authorities, primary and community care, and the voluntary sector is essential. At the same time, there are key improvements within the Health Board's direct control that must progress at pace, including better discharge coordination, strengthened clinical pathways, and more effective use of workforce and capacity. As one of the Health Board's Major Change Programmes, UEC underpins delivery of the national Six Goals for Urgent and Emergency Care. The aim is to build an integrated, responsive system where people receive the right care, in the right place, at the right time, supporting better outcomes, restoring confidence, and contributing to sustainable improvement across the whole Health Board. This area is being supported by the Intensive Support Team (sponsored by the partnership of the Health Board, Welsh Government and NHS Performance and Improvement). In addition to the workstreams and deliverables set out below there will be the development of detailed Operational Improvement Plans at both service level (currently Integrated Health Communities) and a pan BCU level. These Operational Improvement Plans are being informed by the work of the external experts following the 6As assessment and the use of other diagnostic tools. The Operational Improvement

Plans will have rapid cycle actions (90 day cycles) and will focus on the implementation of standards/protocols of practice (clinical and operational) across the system, improving safety and building sustainability. The use of best practice such as GIRFT Corridor Care Guidance (and other best practice standards) will drive the Operational Improvement Plan approach. Outputs from the Major Change Programme will also inform the rapid cycle actions to enable transfer and implementation from the Programme into practice.

Key Delivery Priority Quarterly Update

Urgent and Emergency Care remains under significant and sustained pressure, driven by high demand, constrained patient flow, delayed discharge and workforce fragility. These pressures continue to affect patient safety and experience, staff wellbeing and wider organisational performance. While there are emerging signs of improvement, performance remains volatile and key access measures continue to fall short of national standards and Special Measures de-escalation expectations.

Progress and impact

There has been improvement in a number of key UEC measures. Emergency Department 12-hour performance improved from 24% in June to 16%, although the absolute number of long waits has increased and performance remains above the national target of 10%.

Ambulance handovers exceeding 45 minutes are performing better than the Quarter 2 trajectory, representing positive progress toward the Handover-45 requirement. However, the number of delays remains significantly above the Welsh Government expectation of zero.

These improvements demonstrate that focused intervention can have an impact, but they are not yet sufficiently consistent or embedded to demonstrate sustainable recovery.

Key challenges and risks

Patient flow remains the principal system constraint, with interconnected pressures across ambulance handover, Emergency Department exit block, Pathways of Care Delays (POCD) and timely discharge.

Timeliness of initial clinical assessment is a particular concern, with only 29% of patients assessed by a clinician within 60 minutes, compared with the national standard of 100%. Alongside continued 12-hour waits and ambulance handover delays, this represents an ongoing quality and safety risk and a material gap against the Health and Care Quality Standards for timely, safe and person-centred care.

The underlying causes extend beyond Emergency Departments. Sustainable improvement requires effective action across prevention, primary and community care, hospital flow and discharge, supported by close partnership working with WAST, Local Authorities and the wider care system.

Recovery and transformation response
A Recovery Director commenced in August 2026, providing dedicated senior leadership and oversight of UEC recovery and supporting alignment between immediate operational improvement and the UEC Major Change Programme.

In response to Welsh Government Escalation Board recommendations, 90-Day UEC Improvement Plans have been developed for each Integrated Health Community, aligned to quarterly delivery plans. These focus on
the highest-risk elements of the pathway:

- reducing ambulance handover delays and progressing Handover-45;
- reducing ED exit block and 12-hour breaches;
- reducing Pathways of Care Delays and strengthening discharge management; and
- improving the timeliness of senior clinical decision-making.

These plans are being strengthened through Intensive Support and external diagnostic work, including the 6As assessment, to establish consistent clinical and operational standards across the Health Board. The UEC Major Change Programme provides the framework for longer-term transformation, aligned to the national Six Goals for Urgent and Emergency Care. Outputs from the programme will increasingly be translated into operational delivery through 90-day rapid improvement cycles, including implementation of evidence-based standards and GIRFT Corridor Care guidance.

Forward focus
The immediate priorities are to:

- sustain improvement in 12-hour Emergency Department performance and progress toward the 10% national target;
- accelerate reduction in ambulance handover delays and delivery of Handover-45;
- strengthen early and senior clinical decision-making, with particular attention to the significant gap in assessment within 60 minutes;
- reduce ED exit block by improving internal hospital flow and discharge processes;
- reduce Pathways of Care Delays through stronger system-wide discharge management and partnership working;
- strengthen preventative and community alternatives, particularly around falls, frailty and inclusion health, to moderate avoidable demand;
- use the 90-day improvement approach to standardise effective clinical and operational practice across all IHCs; and

- ensure that immediate recovery actions and the Major Change Programme operate as a single route from stabilisation through recovery to sustainable transformation.

Executive assessment

The direction of travel is improving, with reductions in the proportion of 12-hour waits and performance against ambulance handover trajectory providing evidence of progress. However, UEC remains a high-risk delivery area, with performance volatility, increasing absolute numbers of long waits, poor timeliness of initial clinical assessment, exit block and delayed discharge continuing to present material quality, safety and operational risks.

Executive focus should remain on converting the 90-day improvement plans into measurable and sustained improvements in patient flow, handover and clinical decision-making, while ensuring that the UEC Major Change Programme addresses the underlying causes of demand and flow across the whole system. Dedicated recovery leadership and Intensive Support provide stronger delivery infrastructure, but consistent implementation across all sites and pathways will be critical to achieving Special Measures de-escalation and sustainable improvement.

3B Planned Care, Cancer & Diagnostics	Chief Operating Officer	Overall Delivery Confidence

3B.15 WS6b – Diagnostics: Complete replacement of both Linear Accelerators at Ysbyty Glan Clwyd.	Q1
3B.20 Finalise delivery strategy and financial model for the Nuclear Medicine consolidation project, including PET-CT scanner for North Wales.	Q1
3B.7 Secure continuation of additional external capacity within dermatology, endoscopy, radiology and urology to meet existing demand into 2026/27. (Investment from Planned Care fund).	Q1
3B.10 Finalise the oncology clinical strategic plan for north Wales.	Q2
3B.13 Review outstanding requirements not yet met within the Cancer Quality Statement and produce proposals for implementations.	Q2
3B.14 Introduce a 'breast pain only' pathway to ensure women receive the most appropriate care in a timely manner. (Dependent on national funding).	Q2
3B.16 WS6b – Diagnostics: With the support of the NHS Wales Performance and Improvement (NHS Wales Performance & Improvement) develop diagnostics plans which are safe, sustainable and fit for the future. This includes the full implementation of digital technology as a key service enabler to address workforce shortages.	Q2
3B.8 Agree the strategic model for the delivery of dermatology services in north Wales.	Q2
3B.9 Agree the strategic model for the development of robotic assisted surgery in north Wales.	Q2
3B.19 Continue to work with Digital Healthcare Wales (DHCW) and partners to implement the national Laboratory Information Management System (LIMS)	Q3
3B.5 WS5 – Follow-up Pathways: Modernise outpatient services management of follow-up care through ensuring consistent and best practice application of See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) across all specialties and undertaking pathway validation and data quality cleanse of the follow-up waiting lists in line with the National Clinical Information Network (CIN) pathways and discharge protocols.	Q3
3B.1 WS1 – RTT Pathway Validation: Consistent clerical and clinical validation will be in place incorporating national guidance and a suite of initiatives included expanding the reach of the EBO Virtual 'chat bot' for patient validation.	Q4
3B.11 WS6a – Cancer: Increase compliance with national optimal pathways with particular focus on increasing straight to test rates.	Q4

3B.12 Deliver opportunities for streamlined follow-up to improve patient care (e.g. Patient Initiated Follow-up – PIFU or See on Symptoms – SOS).	Q4
3B.17 Progress national business justification case for digital cellular pathology, enabling the service to fully realise clinical and operational benefits, including overall increased reporting performance for routine cases in addition to those of higher clinical priority.	Q4
3B.18 Effective commissioning of additional diagnostic capacity in key specialties where core capacity and Waiting List Initiatives (WLIs) are insufficient to meet forecast demand.	Q4
3B.2 WS2 – Referral Pathway Refinement: A range of initiatives to support a reduction in referrals to outpatients in high volume specialities, adopting best practice in waiting list management including the continuing roll out of the community health pathways, to ensure better prioritisation of available capacity for the longest waiting patients with a particular focus on unwarranted variation and associated referral threshold management.	Q4
3B.3 WS3 – Booking Services: Reduce variation in outpatient waiting times and improve communication with patients on the waiting lists by adopting best practice including modernisation and standardisation of centralised booking services.	Q4
3B.4 WS4 – Pre-operative & Operative Effectiveness: Adopt best practice in theatre management through standardising pre-operative assessment process, and driving theatre productivity across North Wales. Undertake the national Surgical Hub Accreditation to support improved efficiencies and High Volume Low Complexity listings.	Q4
3B.6 Effective commissioning of planned care services in key specialties where core capacity and Waiting List Initiatives (WLIs) are insufficient to meet forecast demand.	Q4

Overview
Timely access to planned care, cancer services and diagnostics is central to improving outcomes, experience and confidence in health services across North Wales. Feedback from patients and communities highlights the consistently high quality of care delivered by staff, and our continued focus is on ensuring that people are able to access this care as quickly and seamlessly as possible. Across planned care, cancer pathways and diagnostics, the past year has demonstrated that targeted action, strong leadership and collaborative working can deliver meaningful improvement, creating a strong foundation for the next phase of

transformation. Work has also demonstrated many ways to improve efficiency and thus patient access. Demand continues to grow across all three areas, driven by demographic change, advances in treatment and increasing complexity of care. Cancer services exemplify this: the Health Board diagnoses nearly 5,000 new cases every year, with numbers rising, and earlier diagnosis supported by timely diagnostics offers the greatest opportunity to improve survival and reduce inequalities. Approximately 4,000 people each month following assessment including diagnostics are told they do not have cancer; an increasing trend. This volume of patients is putting pressure on capacity and hence mobilising new ways of working will continue to be a major part of how services adapt to this increase with little additional available resource. Planned care recovery likewise depends on efficient diagnostic pathways, with imaging, endoscopy and pathology capacity underpinning every stage of treatment planning and delivery. Diagnostics therefore sit at the heart of system improvement. Despite record levels of activity, demand has continued to outpace capacity, but the introduction of the new Radiology Information System (RISP) and the progression of major business cases create significant opportunities for service modernisation. Moving from short-term recovery solutions toward sustainable, year-round capacity will support more consistent performance and ensure diagnostics can meet future needs, including the growing role of genomics and AI-enabled technologies. A specific focus on diagnostics medium-term clinical and service plan will help identify key pathway efficiencies and modernisation opportunities from initial referral through to follow-up and surveillance. The Planned Care Major Change Programme provides the framework to integrate pathway redesign, national best practice, GIRFT recommendations and value-based healthcare principles. Strengthened clinical leadership, robust demand and capacity planning, and modernised diagnostic infrastructure will together enable more responsive pathways, improved patient experience and better outcomes for the population of North Wales, reflecting the organisation's commitment to continuous improvement and high-quality, sustainable services. This area is being supported by the Intensive Support Team (sponsored by the partnership of the Health Board, Welsh Government and NHS Performance and Improvement). In addition to the workstreams and deliverables set out below there will be the development of detailed Operational Improvement Plans at both service level (currently Integrated Health Communities, Womens, Diagnostics and Cancer Service Divisions) and a pan BCU level. These Operational Improvement Plans are being informed by the work of the external experts. The Operational Improvement Plans will have rapid cycle actions (90 day cycles) and will focus on the implementation of standards/protocols of practice (clinical and operational) across the system, improving effective deployment of resources and building sustainability. The use of best practice such as GIRFT Guidance (and other best practice standards) will drive the Operational Improvement Plan approach. Outputs from the Major Change Programme will also inform the rapid cycle actions to enable transfer and implementation from the Programme into practice.

Key Delivery Priority Quarterly Update

The Planned Care Programme continues to drive recovery and transformation across North Wales, focusing on reducing waiting times, improving patient access and experience, and developing a sustainable planned care model. During Q2, the programme has progressed from mobilisation into implementation, embedding improvement initiatives across care pathways and aligning delivery with the emerging Planned Care Recovery Plan. Despite significant leadership challenges, including the absence of a substantive SRO and dedicated clinical lead, progress has been maintained through established governance arrangements, operational leadership, and the continued commitment of programme and service teams.

Key activities delivered in Q2 include:

- A tranche version of the 'Patient Validation' Chatbot was successfully deployed, contacting around #3,500 Stage 1 patients waiting more than 52 weeks. In the 1st two weeks, an initial 5% have been safely removed through patient choice from waiting lists, with further reductions expected as the 4-week cycle completes.
- Clerical Validation' continues improve; recruitment to expand the Core Validation Team is almost complete with new starters in October, overtime has funded through the WG Recovery Programme mid-September and enabled the safe closure of around #200 patient pathways in Q2. Pathway an RTT Training has been delivered in Gastro and Diagnostics (ongoing) to support sustainable improvements in pathway management.
- 'Clinical Validation' guides have been developed with local and national specialty leads and issued to support consistent validation in line with BCU policy and SOPs. Services have also been reminded to record validation activity through WPAS pathway notes.
- Referral optimisation increased through; the rollout of WAP-Full digital referral management system (10 services live and a Q2 outturn of 7.4% returned through advice and guidance), 255 localised Community Health Pathways pages (109 in progress) supporting more consistent referral thresholds and ensuring patients are directed to the most appropriate care, and expansion and embedding of the Teledermatology service across North Wales with a 56% discharge rate.
- Partial booking trial commenced ahead of schedule with early monitoring providing valuable insight to inform future outpatient booking arrangements.
- CIN Optimisation Framework Self-Assessments were completed and agreement on the top three priorities for action per speciality is underway based on the local and national outturns.
- Follow-Up (PIFU) and See on Symptom (SOS) continue to in line with Clinical Implementation Network guidance, with Gynaecology Cancer PIFU and SCC Skin Cancer SOS pathways live, and Breast Cancer Self-Directed Aftercare, Dermatology, Gynaecology and T&O CIN protocols underway.
- Follow-up Backlog Validation trial (Tier 1) was resulting in a 55% [453] removal return within the Gynaecology cohort [18% overall], informing the roll out to all services.

Whilst workforce availability, digital capacity and financial constraints continue to present delivery risks, programme governance arrangements remain in place to support mitigation and delivery of planned objectives.

What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?

Quantitative impacts:

Validation:

- Clerical validation of just under 14,000 patient pathways during Q2, resulting in: 2,676 pathway closures (19%) for patients >104 tip in to end of March 2027.
- Patient Validation resulted in 5% of patients being safely removed from waiting lists through patient choice
- Community Health Pathways has now delivered 255 localised pathway pages, 574 registered users, and 48,558 page views recorded during the period.

- Teledermatology continued to exceed its planned performance trajectory, maintaining high discharge rates of around 56% and reducing demand for traditional outpatient appointments.
- Follow-up Backlog Validation trial (Tier 1) was resulting in a 55% [453] removal return within the Gynaecology cohort [18% overall]

Qualitative impacts:

- Increased confidence in waiting list data used to support operational and strategic decision-making.
- Improved consistency of referral management and pathway thresholds across North Wales.
- Enhanced patient experience through the trial return to partial booking, increased use of digital engagement tools [EBO Patient chat-bot] and self-management approaches [application of CIN Discharge protocols].
- Greater alignment between planned care recovery priorities and transformation activity through a single programme framework.
- Improved understanding of opportunities to increase productivity through specialty optimisation reviews and evidence-based service redesign.

Key Planned Care priorities for the remainder of 2026/27 include:

- Confirming programme leadership arrangements, including appointment of a Senior Responsible Owner and clinical leadership to support delivery, governance, and clinical engagement.
- Confirming access to Welsh Government funding to deliver; the Health Screening Questionnaire (HSQ) & Standardised POA pathway to improve Pre-Operative Assessment capacity and step up a GP screening model to improve referral management.
- Maintaining and expanding waiting list validation activities across priority specialties through the core expansion and the overtime activity, supporting sustainable change through pathway and RTT training.
- Maximising the benefits delivered through Community Health Pathways whilst developing a sustainable successor referral optimisation solution ahead of the planned cessation of national CHP funding in March 2027.
- Evaluating the partial booking pilot and, subject to demonstrated benefits, developing proposals for expansion across additional specialties and services.
- Support the delivery of recommendations arising from specialty optimisation reviews and theatre productivity work.
- Continue with preparatory work for Surgical Hub Accreditation (Cohort 2, circa Jan 2027) by progressing evidence gathering, commencing service reviews and operational readiness activity.
- Progression of the One Waiting List model and implementation of associated operational processes.
- Further expansion of PIFU and SOS pathways in line with national guidance.
- Continued reduction of follow-up backlogs through dedicated validation and transformation activity.
- Identification of sustainable arrangements for initiatives currently supported through time-limited funding streams.

Collectively, these actions will support delivery of the programme's overarching aim of improving access, outcomes and patient experience whilst creating a more sustainable and equitable planned care system across North Wales.

Cancer

Cancer performance remains a concern at 57.1% in July and 56.5% in August, with pressures particularly evident across skin, breast, urology, colorectal and head and neck pathways. Diagnostic bottlenecks, workforce fragility and increasing demand continue to affect pathway performance. However, both performance measures remain above the 55% de-escalation criteria set by Welsh Government. Immediate priorities remain improve cancer pathway performance through targeted pathway redesign and increased diagnostic capacity

Diagnostics

Although diagnostic waits have improved considerably, 8,465 patients remained over the eight-week standard at the end of June, against a national ambition of zero. Endoscopy, Imaging and Pathology remain key constraints, alongside a histopathology reporting backlog of approximately 4,000 cases. Continued use of insourcing within some services also highlights the need to develop sustainable year-round capacity. Immediate priorities remain too progress toward the Special Measures de-escalation expectation of 75% of diagnostic patients waiting less than eight weeks.

3C Fragile Services	**Chief Operating Officer**	**Overall Delivery Confidence**

3C.1 Finalise and implement a network-wide plan to facilitate improvements in vascular theatre utilisation, ensuring GIRFT principles are maintained.	Q1
3C.15 Open Llandudno Orthopaedic hub	Q1
3C.33 Agree immediate model for out of hours Gastro-Intestinal (GI) bleed provision, in order to provide safe and high-quality care.	Q1
3C.36 Further development of QMS to provide structured view and understanding of the drivers behind fragile services, through the triangulation of broad range of key data points.	Q1
3C.39 Review and implement improvements to the governance surrounding services of concern, including establishment of both risks and separate issues logs.	Q1
3C.41 Build upon work already completed to create a central monitoring, oversight and reporting to ensure effective responses to recommendations from the Royal Colleges, HIW and other reviews, ensuring they are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	Q1
3C.7 Engagement and implementation of interim pan North Wales networked Dermatology service model, to better utilise resources (staff and funding) across North Wales. This is ahead of the full Clinical Services Plan work due to urgency around service sustainability especially in the West.	Q1
3C.2 Commence implementation of vascular service review as part of the first tranche of Clinical Services Plan reviews, to:-Help strengthen integrated working across hub and spoke sites, -Support development of a skilled, happy and sustainable workforce,-Improve patient outcomes across key pathways-Ensure greater alignment with national guidance and best practice.	Q2
3C.20 Complete outsourcing review to identify repatriation opportunities as well as long-term strategic partnerships.	Q2
3C.23 Full workforce review, succession planning, skills mix, expansion of roles such as Optometrists, Orthoptists, Advanced Clinical Practitioners, to support more sustainable services.	Q2
3C.24 Ensure sufficient nursing and Healthcare Support Workers to enable High Volume Low Complexity Theatre lists - Cataract 90% of lists to have 7 Cataracts per list.	Q2
3C.28 Develop plan and seek approval to support a sustainable model for flexible cystoscopies, to contribute to improvements in the Urology 8-week diagnostics.	Q2
3C.32 Standardisation of Gastroenterology referral and treatment pathways, supported by triage, across primary and secondary care, to ensure appropriate use of Health resources. Including access to Endoscopy.	Q2

3C.37 Use the new QMS capability to map the highest priority services of concern as part of the Clinical Services Plan work, capturing the main KPIs for each that will be tracked to measure improvement.	Q2
3C.40 Design and implement a support package for services of concern in order to support their improvement, incorporating learning from the Clinical Services Plan Phase 1 work on Challenged Services.	Q2
3C.9 Balancing Dermatology work between primary and community and secondary care – Further development of the Community Health Pathways and Teledermoscopy in order to reduce avoidable referrals into secondary care.	Q2
3C.11 Building upon the progress in improving this service to date, closing key vacancies and forming stronger multi-professional working, renewed recruitment efforts to appoint substantive consultants.	Q3
3C.14 Develop proposals to increase access to Cone Beam capable CT scanners, improving capacity and patient experience and travel.	Q3
3C.18 Rationalisation of hip and knee implants, reducing variation to those referenced in GIRFT reports, improving value for money. Starting in Llandudno and then rolling out across all sites.	Q3
3C.19 Implement national standard pathways for Orthopaedics across all sites, reducing pathway variation.	Q3
3C.21 Develop proposals for pan North Wales models of care for Ophthalmology, working within the Clinical Services Plan framework, including potential strategic partnerships.	Q3
3C.22 Improve data quality and completeness through standardised regional coding for all sub-specialties, clinical and non-clinical validation, to support improved reporting and service planning.	Q3
3C.26 Continue to work with DHCW and CAVHB to implement the national Eye Care referral and patient record systems.	Q3
3C.27 Present the final on call options appraisal to Operational Leadership Team (OLT) and Executive Committee and secure a preferred option decision, in order to address unsustainable use of locum consultants due to recruitment and retention issues related to an unattractive on-call rota.	Q3
3C.3 Review elective and emergency open AAA outcomes from November 2024 for patients treated at University Hospital North Midlands (UHNM). With support from the Vascular Society, Royal College of Surgeons and National Leads, make clear recommendations to the Health Board for the ongoing delivery of open Aortic Aneurysm surgery together and implement a clinical plan that will ensure delivery of best possible outcomes for the people of North Wales.	Q3
3C.30 Award of Vasectomy contract within North Wales via appropriate procurement routes and mobilisation of referrals to successful provider, in order to improve patient experience and care closer to home. Patients currently have to travel into England for this service.	Q3
3C.31 Develop sustainable Health Board processes for multi-professional delivery of Local Anaesthetic Transperineal Prostate (LATP) biopsies for diagnosis of prostate cancer.	Q3

3C.38 Ensure that services of concern monitoring, escalation and de-escalation processes, governance and reporting are adequately covered within the latest Performance and Accountability framework, covering both Executive and Board Member visibility. Including capturing how people's care and treatment outcomes are monitored and how they compare to similar services.	Q3
3C.10 Balancing Dermatology work between primary and community and secondary care – Directed enhanced service in place to allow low risk cancers to be managed in the community.	Q4
3C.12 Design of a clear service delivery model based on equity, sustainability, and estate capacity.	Q4
3C.13 Full workforce review, succession planning, skills mix, expansion of roles such as Dentists with special interests, Orthodontic Therapists, to support more sustainable services.	Q4
3C.16 Mobilise and deliver HVLC Orthopaedic activity in Llandudno - Deliver a sustained HVLC programme targeting 85% theatre utilisation.	Q4
3C.17 90% of elective arthroplasty lists to have 4 primary joints, supporting improvements in theatre utilisation.	Q4
3C.25 Deliver the next tranche of Teach and Treat course delivery to support hospital service demand reduction and care closer to home: with graduates providing extended "community first" workforce (Independent Prescribing, Glaucoma and Medical Retina capacity) within community optician practices.	Q4
3C.29 Develop proposal for strategic partnership as close to North Wales as possible, on major urology cancer service, including timelines for full Robotic Assisted Surgery (RAS) transition which will improve Urgent Suspected Cancer (USC) performance and patient experience through care closer to home. Patients are currently traveling to London for RAS prostatectomy and nephrectomy.	Q4
3C.34 Develop a regional Integrated Digestive Disease Service (IDDS) with strong multi-professional working, in order to provide a safe and effective care for patients with gastro-intestinal disease.	Q4
3C.35 Establish sustainable model for Endoscopy service provision across North Wales including Joint Advisory Group (JAG) accreditation (national accreditation). Including considering proposals for a new endoscopy unit and reducing reliance on insourcing and outsourcing.	Q4
3C.4 Reduce waiting times for new and review out-patient appointments by increasing the number of clinics delivered by our non-consultant workforce, in-line with vascular society guidance and professional standards.	Q4
3C.5 Embedding a culture of safe learning through adopting the 'Safe Learning Charter' across the network, both self-assessment via the associated maturity matrix as well as incorporating learning from HEIW's report on training and education and the PPA service review into culture and behaviour.	Q4
3C.6 Implement appropriate best practice within the national Quality Statement for Vascular Disease	Q4
3C.8 Involvement in the full Clinical Services Plan work to design the long-term sustainable Dermatology model.	Q4

Overview

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is challenging. The initial set of services were identified as part of the Special Measures escalation process, namely Urology, Vascular, Ophthalmology, Dermatology, Plastic Surgery, Oncology, Orthopaedics and Orthodontics. Since then, the Health Board has been both making improvements in those services and continuing to develop its approach to identifying and supporting other fragile services. The entry in this year's IMTP is a mixture of both services identified under Special Measures as well as one self-identified by the Health Board. Two of the services identified under Special Measures, Oncology and Plastics, have not been drawn out in the IMTP as they have addressed the identified issues sufficiently to be considered for de-escalation. Whilst at the time of writing that decision had not been made, the Health Board are satisfied that their service level plans are sufficient to monitor their progress, making space for those services identified by the Health Board. Work in this area has formed part of the first phase of the Clinical Services Plan (CSP), addressing issues that could not wait until the full CSP was underway. The CSP priority area will cover the longer-term transformational changes for these services, with this section continuing to focus on the short-term actions necessary to address the most urgent issues.

Key Delivery Priority Quarterly Update

The fragile services portfolio continues to show a mixed but improving position, with tangible progress across a number of historically challenged services. Recovery initiatives, pathway redesign, insourcing and alternative models of care have reduced long waits and improved access, productivity and oversight. Notable progress includes a significant reduction in long waits within Urology, sustained improvement within Vascular, a reduction in Stage 1 Orthodontic waits through insourcing, and Plastics maintaining zero patients waiting over 104 weeks. Recruitment within Oncology has also strengthened the service's position.

Despite this progress, workforce sustainability remains the principal cross-cutting risk, alongside continuing demand and capacity pressures, clinical and operational leadership gaps and infrastructure constraints. Gastroenterology currently has no agreed clinical or operational leadership to drive improvement; Dermatology is experiencing increased waits for suspected skin cancer patients; long waits remain within Ophthalmology; and the opening of the Llandudno Orthopaedic Hub has been delayed due to completion of the capital contract. These issues continue to affect the pace and sustainability of recovery.

Alongside the recovery of individual services, work is progressing to transition from the former externally defined Special Measures 'Challenged Services' approach towards a proactive Health Board-led approach to identifying and managing service fragility. Plastics and Oncology have moved out of the current IMTP cohort, while Gastroenterology has been added. Development of the Fragile Services Framework has progressed during Q2, with the identification and assessment approach being refined and tested. The Framework is aligned with the Quality Management System (QMS) and Clinical Services Planning (CSP) and is designed to support earlier identification and consistent assessment of services at risk. Further work during Q3 will focus on refining and testing the organisational response, with wider operationalisation planned through Q4.

The Framework is also being increasingly connected to wider organisational processes. Agreement has been reached to include the Fragile Services Framework within Part C of the Planning Guidance, strengthening its connection with the annual planning cycle. Work continues to agree and embed appropriate governance arrangements, with operational services retaining responsibility for delivery of improvement actions, executive oversight supporting performance

and recovery, and CSP providing a route for consideration of wider structural issues such as workforce sustainability, service configuration and future service design.

The immediate focus therefore remains twofold: continuing to stabilise individual services and address priority risks, while completing the development and testing of the Fragile Services Framework. This will support a progressive move from reactive management of challenged services towards earlier identification, coordinated organisational response and longer-term service sustainability.

Executive assessment: reflecting delivery against the ADP priority. Improvement is evident across a number of services and good progress has been made in developing the Fragile Services Framework. However, persistent workforce, capacity, leadership and infrastructure risks remain, and elements of the organisational response, governance arrangements and wider operationalisation of the Framework will continue to be progressed through Q3 and Q4.

3D Mental Health & Learning Disabilities	Executive Director of Allied Health Professionals and Health Science	Overall Delivery Confidence

3D.2 Train inpatient staff on the use of ReQol 10 Patient Reported Outcome Measures (PROMS) alongside the National Programme Safety team.	Q1
3D.3 Agree and develop with partners a phased Open Access Mental Health Service model with a view to implementing the demonstrator site by Q4 based on the international evidence base.	Q1
3D.8 Establish a digitally delivered specialist All-Wales gambling harm and treatment service.	Q2
3D.1 Engage with National Patient Safety Programme to improve quality and safety across services with the implementation Safe Discharge and 72-hour follow-up standards.	Q4
3D.10 Strengthen the strategic case for the development of the purpose-built, future-proof Adult and Older People Mental Health Unit at the Ysbyty Glan Clwyd site with the aim of presenting a full business case to Health Board for the approval by the end of Q4.	Q4
3D.11 Progress the 13 key areas supported by the Board in the Scope of Mental Health Oversight and Development Group, including but not exhaustively; strategic plan and models of care, outcomes framework, performance, service user engagement, standards of clinical practice, workforce planning, estate and physical environment, culture and organisational development, leadership and management, legacy reviews, finance, dementia care and psychological therapies.	Q4
3D.4 Engage with the National workstream to Improve Physical Health of People with Severe and enduring Mental Illness including review and alignment of the BCU MHLD physical health policy in line with national developments.	Q4
3D.5 Deliver a material reduction in the number of out of area placements through robust clinical and patient safety management (inclusive of community and acute staff) aligned to the implementation of the Crisis Care Model.	Q4
3D.6 Reduce Health Inequalities for people with learning disabilities by increasing the uptake of the annual health checks and public health screening initiatives across services.	Q4
3D.7 Define and formally adopt a tiered crisis response framework for LD services with clear pathways for prevention, early intervention, urgent response, intermediate care provision in partnership with the Local authorities and post-crisis stabilisation.	Q4
3D.9 Continue to progress the Electronic Healthcare Record (EHR) Transformation Programme which will reduce paper records and be a key enabler for service transformation, through commencing the implementation of the All Ages MHLD and continued engagement with WG regarding a wider EHR.	Q4

Overview

Adult Mental Health and Learning Disabilities (MH&LD) services are redesigning, expanding and improving services aligned to the national strategies for both Mental Health and Wellbeing and Learning Disability with support and direction from NHS Wales Performance and Improvement to deliver on the emerging Strategic Programme for Mental Health. This will enable the Health Board to deliver stepped care models across MH&LD services, ensuring service users receive the appropriate level of care based on their specific needs and circumstances including crisis and long-term needs. The development of an open access model with a focus on recovery along with the introduction of an electronic health record will be the most significant step in the redesign of our services since the implementation of the Mental Health Measure. Mental Health and Learning Disabilities will focus on improving the quality and safety of the care delivered within, community, inpatient and specialist services. Engagement with the distinct national quality and safety programmes will support training, embed learning and tools and introduce safety and outcome measures across services that will ensure we are delivering bilingual care that meets service user needs, addresses physical health care needs and reduces risk. It is important to reduce the gap in health outcomes for people with mental health and learning disabilities, supported by a focus on prevention, early intervention and reducing health inequalities. We continue to invest in long term capital plans to improve mental health and learning disabilities environments, making them safer through, for example, ligature reduction measures and more therapeutic settings to support our engagement approaches with service users, visitors and staff. The Board has identified the continued improvement of mental health services as a key priority, with open and transparent public Board reporting of progress and challenges at least twice per year. The Royal College of Psychiatrists 'Review of Reviews' has featured strongly during 2024 and 2025. The Board in January 2026 approved the establishment of a Mental Health Oversight and Development Group, chaired by the Chief Executive with a 'whole-organisation' emphasis on improving sustainable, modern, high-quality services.

Key Delivery Priority Quarterly Update

Progress continues across the MH&LD transformation programme. The integrated Open Access Mental Health model has now been designed, with the next phase focused on implementation planning alongside development of community and crisis care services. Enhanced Home Treatment provision continues to support the crisis care model and management of out of area (OOA) placements.

The Patient Safety Programme has progressed, with established reporting of 72-hour follow-up standards and Safe Discharge action plans being developed across sites. The MH&LD Electronic Healthcare Record procurement has progressed with a successful provider identified, supporting future service transformation and improved information management. The specialist All-Wales Gambling Harms Treatment Service continues to operate following its April launch, with governance, performance monitoring and reporting arrangements established. The Mental Health Oversight and Development Group programme is now firmly established across five strategic workstreams, incorporating recommendations from previous external reviews and strengthening organisational oversight of mental health.

The work is beginning to demonstrate measurable improvements in access, quality and delivery. At the end of September only one person is in an acute out of area placement which marks a significant and sustained improvement. The Gambling Harms Service continues to demonstrate demand and accessibility, with approximately 197 referrals received by 31st Aug 2026. Patient safety improvements include routine monitoring of 72-hour follow-up standards, electronic availability of discharge summaries through the Welsh Clinical Portal and a minimum seven-day supply of take-home medication on discharge. For people with learning disabilities, Health Liaison Teams continue to support access to Annual Health Checks, screening and reasonable adjustments, alongside strengthened partnership working with Primary Care to address health inequalities and improve access to preventative healthcare.

All key workstreams continue to be managed through established programme and divisional governance arrangements, with performance, risks and dependencies monitored and escalated as required. The Mental Health Oversight and Development Group chaired by the CEO provides organisation-wide oversight across strategic planning and service models, quality and performance, patient and carer engagement, estates and environment, and culture and leadership.

3E Child and Adolescent Mental Health (CAMHs) & Neurodevelopment (ND)	Chief Operating Officer	Overall Delivery Confidence

3E.5 Improved Access to Information, Guidance, and Assessment - Establish Clear, consistent access pathways in line with NEST/NYTH principles. Including streamline ND assessment prudent pathways to improve efficiency – introducing standard audit mechanisms and use of same day assessments for clear cases, enhance joint working across services and sectors - building links with education, CAMHS and third sector and piloting multi-agency ND input in schools.	Q2
3E.2 Improve access to CAMHS services by reducing and sustaining waiting times under the Mental Health Measure (MHM) and improving patient pathways to deliver better outcomes and experiences for Children and Young People (CYP). Including: exploring options for embedding Open Access principles, map and standardise pathways across the region using clinical guidelines and WG Community CAMHS service specification.	Q3
3E.1 Early Help - Strengthen Early Intervention and Prevention. Develop and embed CAMHS Early Help systems and processes within the new model with partners across IHCs and regionally, to align with Flexible Open Access Mental Health Support and NYTH/NEST. Including: integration of schools in-reach, establishing reliable data reporting and measurement of impact, and establishing plans for secondary prevention that targets those at greatest risk of developing mental health problems.	Q4
3E.3 Deliver a transformed and sustainable crisis model through full implementation and embedding of the crisis enhanced service model. Including working with adult mental health and partners on plans for an Open Access North Wales demonstrator project, develop and initiate plans for further Alternative to Admission, operationalisation of the 24/7 regional crisis consultation and advice line.	Q4
3E.4 Early Identification & Family Centred Support - Co-design new needs led model of care across children's neurodevelopmental (ND) services collaboratively with Children's Regional Partnership Board. Including: referral process review and improvement, roll out of standardised profile of need tool to be used prior to specialist ND referral is considered, ensure clear pathways and local points of access into ND services across all age groups, development of neuro affirmative communities.	Q4
3E.6 Improved post assessment/diagnostic support - Co-designed post-assessment support to ensure continuity, tailored interventions. Including: Map support offers regionally, align services to provide targeted post diagnostic support, ensure consistent signposting and	Q4

referral pathways for support following diagnosis, develop ND transfer & transition protocols to provide seamless transition between child and adult services across agencies.	

Overview

CAMHS provides specialist assessment, care and treatment for children and young people experiencing significant mental health difficulties. Delivered by multidisciplinary teams, including psychiatrists, psychologists, nurses, allied health professionals and therapeutic practitioners, CAMHS also supports the wider children's workforce to respond effectively to mental health needs. Rising complexity, increasing demand and pressure across pathways make CAMHS a key priority for service improvement. All service development is aligned with the National Strategic Mental Health Programme, ensuring more equitable access, improved safety, and high value pathways from early intervention through to inpatient care. A whole system approach is essential, with close collaboration through the Children's Regional Partnership Board (RPB) to reduce duplication, build shared learning and ensure responses wrap around children and young people's needs. Plans focus on enabling timely access to the right level of support, embedding trauma informed and rights based practice, and delivering the Welsh Government's "no wrong door" approach. CAMHS will help children and young people achieve better outcomes, build resilience, and experience improved mental health and wellbeing across North Wales. ND services deliver multidisciplinary assessments for children and young people presenting with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and other neurodevelopmental differences. Demand for assessments has grown significantly, with waiting lists now exceeding 6,500 and some families waiting more than three years. These delays can negatively impact wellbeing and increase pressure on other services, including CAMHS. Improving ND services is therefore a critical priority. It is important to reduce the gap in health outcomes for young people with mental health and learning disabilities, supported by a focus on prevention, early intervention and reducing health inequalities. The ND Improvement Programme works in partnership with education and social services, supported by the Children's Regional Partnership Board (RPB), to meet the expectations of the National Neurodivergence Improvement Programme and the Code of Practice for the Delivery of Autism Services. A key focus is shifting from a diagnosis driven model to a needs led approach, ensuring timely early help, reasonable adjustments and consistent support for families. Priorities include reducing waiting times, redesigning pathways, strengthening workforce capability and improving post assessment support. Delivering these improvements relies on strong cross sector collaboration and sustained whole system commitment to meeting the needs of neurodivergent children and young people in North Wales.

Key Delivery Priority Quarterly Update

3E.1

A gap analysis has been completed for the national School In Reach specification highlighting where each service is meeting the specification and where actions are needed, an implementation plan will now be developed. The implementation of the Early Help model continues with draft definitions circulated for approval.

All facilitators have completed the training for the Body Project Open Access national demonstrator pilot. Pilot sites are being reviewed, with packs developed to support. Meetings held with other sites that provide the training including Gloucester University and NHS Lothian with useful information gleaned to support the pilot.
Provision of the Friends Resilience programme across education settings continues to develop. Current reporting arrangements are being reviewed with a view to develop to support service planning. Resources are being explored to support with future training in addition to the expansion of use of clinical outcome measures.

3E.2
Significant increases in demand for assessments and therapy has posed challenges in sustaining the Part 1 targets across the region in Quarter 2 with a 20% increase demand for assessments and 9% increase in demand for therapy. The Part 1A target was achieved in July and August however dipped slightly to 77% in September, for Part 1B the target was achieved in July however was slightly below target in August and September at 78% and 79% (September position to be fully validated for both targets).
The expansion of the group offer continues to widen the service offer with individual modality pathways being developed to support seamless provision of the most appropriate therapy.
Leads are engaging with the Childrens RPB to commission the mapping of current emotional wellbeing and mental health pathways for children and young people and the services available, this will then allow us to explore how these could align with an Open Access model in line with the national Programme directive. Staff have attended national OAAT (One at a Time) training with positive feedback in relation to gaining a clearer understanding of Open Access direction and principles

3E.3
The primary focus has been the relocation of the Central IHC Crisis A2A Hub to facilitate the commencement of enabling works associated with the wider RAH development programme. Working in close partnership with Capital, Operational Estates, and CAMHS USC colleagues, a smooth and efficient transfer of the hub has been achieved while maintaining uninterrupted A2A service delivery through the establishment of temporary clinic facilities within RAH. The hub is expected to relaunch in early Q3, providing a dedicated base to support the further development and implementation of the regional USC Consultation and Advice Line, which will operate from the hub.
In West IHC, the USC team has also introduced Alternative to Admission pathways, utilising available clinical space within Talarfon and the YG Children's Outpatients Department. These pathways provide a more appropriate response for children and young people presenting in mental health crisis, enabling diversion away from Emergency Departments where clinically appropriate and reducing avoidable paediatric admissions. This supports improved patient experience, more timely access to specialist mental health support, and more effective use of acute healthcare resources.
Engagement with AMH on the Open Access North Wales demonstrator project continues with presentation to the RPB and robust engagement with partners. Governance arrangements within BCUHB have been reviewed and are to be clarified.

3.E4
The new referrals form developed has been widely consulted on and a final referral form agreed and circulated; this will support partners in submitting referrals and reduce the number of inappropriate referrals submitted to the teams for triage. Additionally, the information contained within the new referral forms should allow assessments to proceed without any delays for additional information once commenced.
Training for the profiling tool for partners continues with training dates arranged for the Autumn and Winter across the region. A response to the new ND national standards was submitted, we await the final standards which are due imminently. Following the NHS Performance and Improvement made to BCU in June a draft report including recommendations has been received and is currently with the teams for review.

3.E5

The first round of team job planning has completed across the teams and reviewed on a regional basis for consistency with some minor amendments required for final review in the regional ND Performance meeting in October. The prudent assessment review has completed, in conclusion additional training is required to help teams fully understand the prudent principles and embed within their services; a regional training day has been arranged for 19th November.
A request to modify the ND contract has been submitted to Procurement which will allow additional referrals to be sent to the provider to fully utilise the WG ND Improvement funding. Additional funding streams continue to be explored for additional assessments to address all-over three-year waits. A waiting list validation exercise has been completed by all teams to ensure accuracy of the list and improve engagement and attendance rates both with local teams and the provider.

3.E6
The transfer/transition task and finish group has agreed a data-set for collation to inform the demand for young people transitioning to adult services. An understanding of the demand levels will allow discussions to develop with a view to agreeing a transfer/transition policy with both MHLD and the IAS.
Local Children's Area Group (CAG) meetings were stood down over the Summer period, meetings to re-start in Q2 with partners in each IHC Area to develop initiatives for new ways of working, utilising the agreed Information Sharing Protocol (ISP), overseen by Regional Strategic ND group led by CRPB. With the ISP in place this has enabled BCUHB to share data with partners to allow them to review and determine how they support those C&YP and families currently on the assessment waiting list

3F Children and Young People Services	Chief Operating Officer	Overall Delivery Confidence

3F.3 Undertake a review of specialist nursing team roles and delivery of care for children with complex needs.	Q1
3F.8 Work with the Partnership Transformation Programme to commence the development of a strategic plan for children with a learning disability, and reduce inequalities for consultation.	Q1
3F.5 Ensure that children with diabetes have timely provision of insulin pumps and CGM	Q2
3F.2 Working with partners, undertake a gap analysis of the requirements to fully implement the Healthy Child Wales 2 Programme and submit proposals to the Health Board for implementation.	Q3
3F.4 Commence developing a service specification for delivery of community nursing care for children with complex care needs	Q3
3F.6 Assess compliance with Diabetes NICE Guidance in readiness for the launch of the Type 1 diabetes screening programme for children	Q3
3F.7 Set out the proposal to the Health Board based on the service specification gap analysis related to the submitted Paediatric Palliative Care in Wales self-assessment, including specialist palliative care nursing.	Q3
3F.9 Finalise and implement the Transition Pathways for children into adult services across all long-term conditions (respiratory, endocrine, cardiac and neurological conditions, cancer, CAMHS and Learning Disabilities).	Q3
3F.1 Delivery of school age immunisation programme by immunisation team with targeted work in low uptake areas.	Q4

Overview

Improving access, outcomes and experience for children and young people is fundamental to delivering high quality, high value and sustainable care across North Wales. As part of Strategic Intent 3, Children and Young People Services are prioritised because early life health is one of the strongest predictors of lifelong wellbeing, and timely, well-coordinated pathways can prevent escalation, reduce inequalities and improve long-term outcomes. Health inequalities have a significant and lasting influence on children's health. When children grow up in circumstances that limit access to healthy environments, stable housing, nutritious food, safe play, high quality early years provision, and timely healthcare, their health outcomes are measurably poorer. These inequalities increase the likelihood of low birth weight, delayed development, poorer mental health, chronic illness, and reduced educational attainment. Without targeted action, particularly prevention and early intervention, the gap in outcomes widens between the least and most deprived, as children grow, shaping long term health and wellbeing and contributing to preventable illness in adulthood. The Health Board's integrated model, spanning community care, hospital care and specialist care, supports children and their families up to age 18, and beyond where additional needs exist, ensuring continuity across critical developmental stages and transitions. By strengthening pathways, reducing unwarranted variation, enhancing multidisciplinary working, and delivering care as close to home as possible, the aim is to provide safe, compassionate and seamless services that respond to what matters to children and young people. This section sets out how the

Health Board will align with national priorities, improve flow and access, embed evidence based clinical models, and modernise services so that every child and young person in North Wales can benefit from improved experiences, better outcomes and equitable, sustainable care.

Key Delivery Priority Quarterly Update

Children's Services continue to prioritise focus on early intervention within core services, with timely care throughout the pathways. During q2 the service has made progress on the following:

Targeted immunisation delivery in communities and schools where there is low uptake, with good uptake. Planned catch up sessions over the summer were fully booked and the delivery of Meningitis B programme was implemented.

Submission of the workforce gap analysis required related to implementation of the Healthy Child Wales Programme 2 has resulted in a national review of the timeline for implementation, awaiting an update from WG.

The Review of the Children's Community Nursing Team has commenced, further work is required to validate the workforce and review of the service offer is being collated. This will assist in defining Levels of Care and the service offer, to ensure that there is equity across North Wales.

Children with diabetes are supported with their care in accordance with NICE guidance. Children are supported with insulin pumps and continuous glucose monitoring in a timely manner

Palliative care for children is provided by the community nursing teams and Consultant in palliative care, a business case is required to fund the gap in funding for this post and for a lead nurse as required by the national standards and evidenced within the self assessment submitted by the Health Board.

Developing the strategy for children with learning disabilities is now progressing. The Partnership Transformation Programme have been working with the service to plan a conference focussed on this, this is scheduled for a date in October

Pathways supporting children to transition to adult services be that disease and treatment focussed or life long support is due to commence with leadership from the office of the medical director.

3G Women's Health	Chief Operating Officer	Overall Delivery Confidence

3G.4 Develop an implementation plan to deliver the outstanding commitments in the National Perinatal Engagement Framework (2025), including a paid Chair for Maternity and Neonatal Voices Partnership.	Q2
3G.10 Participation in national digital and data development initiatives such as Women's Health Dashboard.	Q3
3G.2 Receive and analyse the findings of the Perinatal National Assurance Assessment Report (expected in Q4 2025/26), together with the key priorities outlined in the 2025 Quality Statement for Maternity and Neonatal Services, and develop a comprehensive proposal for local implementation inclusive of detailed costing.	Q3
3G.1 Progress the rollout of Phase 2 of the Digital Maternity Cymru System, with a focus on implementing maternity electronic health records to enhance the quality of care and improve communication for pregnant individuals.	Q4
3G.3 As part of the Clinical Services Plan, undertake a comprehensive review of the configuration of Pan–North Wales Perinatal Services to ensure the delivery of safe, high-quality and sustainable care.	Q4
3G.5 Collaborate with Health Education and Improvement Wales (HEIW) to prioritise year two service actions to ensure the Perinatal Strategic Workforce Plan is delivered within the Health Board.	Q4
3G.6 Support the local delivery of the NHS Wales Women's Health Plan across North Wales, to include work on Menstrual Health, Endometriosis and Adenomyosis, Contraception – Postnatal Contraception and Abortion Care, Preconception Health, Pelvic Health and Incontinence, Menopause, Violence Against Women – Domestic Abuse and Sexual Violence, Ageing Well and Long-Term Conditions and strengthening community pathways.	Q4
3G.7 Address variation in services such as Contraception, Menopause support and Pelvic Health.	Q4
3G.8 Deliver improvements to Women's Health prevention and early intervention, including preconception health and earlier identification of women's health conditions.	Q4
3G.9 Expand Women's Health service offering, currently focused via the Llandudno Womens Health Hub.	Q4

Overview

Women's Services within the Health Board are delivered through a comprehensive network which includes all three District General Hospitals, and Community and Primary Care settings. This integrated pathway approach ensures accessibility, continuity, and high-quality care for women and families across North Wales. The Service provides regional oversight and governance, working in close collaboration with Third Sector partners to deliver person-centred, safe, and effective services. The Health Board's commitment is to maintain and enhance standards of care, reduce health inequalities, and respond to the evolving needs of the

population through innovation, workforce development, and strategic planning. Health outcomes for women are worsening especially for women from the most deprived and disadvantaged communities, a focus on prevention and reducing the differences in women's access to health care and interventions is required to reverse this. The NHS Wales Women's Health Plan for Wales represents a significant commitment to improving health services for women, ensuring that their voices are heard and their health needs are prioritised. By addressing systematic inequalities and enhancing research and education the plan aims to create a more equitable health care system to enhance health outcomes for women locally and nationally. This plan details 64 measurable actions across 8 priorities to improve outcomes for women and girls across their lifetime. Specific key actions for the Service will continue to inform its priorities. The Maternity and Neonatal Quality Statement in Wales outlines the expected standards for maternity and neonatal services, emphasising the importance of high-quality care for women and their families. The statement aims to address the complexities of pregnancy, including the increasing prevalence of conditions such as diabetes and mental health issues and to improve outcomes for women ensuring that every child receives the best start in life. It also focusses on the need for inclusive policy making and the involvement of service users in shaping the services they need.

Key Delivery Priority Quarterly Update

What have we delivered so far this year towards the aim?

Significant progress has been made across the maternity and women's health agenda during 2026/27, including:

- Completion of benchmarking exercise against the Perinatal National Assurance Assessment Report.
- Baseline assessments completed against the recommendations and expectations within the 2026 national perinatal reports, including relevant actions arising from the Ockenden and Amos reviews, to identify areas of good practice, progress and requiring improvement. Further national direction regarding action prioritisation is awaited from Welsh Government.
- Benchmarking against the National Perinatal Engagement Framework, including implementation of three of the five national maternity surveys, with the remaining two to be implemented in line with national discussions.
- Development of a proposal for a paid Maternity and Neonatal Voices Partnership (MNVP) Chair through the Women's Health Hub programme. Funding remains outstanding.
- Preparation and submission of a Women's Health Plan funding proposal to Welsh Government. Funding remains outstanding
- Continued improvement in patient waiting times with focus on >104 week cohort. A series of Educational Sessions (Pelvic Health, Urogyane) are being progressed with the first taking place on the 25th September

What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?

Qualitative Impacts

- Benchmarking and baseline assessments have provided a clearer understanding of current performance, highlighting areas of good practice as well as opportunities for further improvement.

- The work has supported alignment with national maternity, neonatal and women's health priorities and strengthened the evidence base for future planning and service development.
- Patient and public involvement has been enhanced through maternity surveys and the development of the MNVP model, helping to ensure that the experiences of women and families inform service improvements.
- Continued reductions in waiting times are improving access to care, particularly for those waiting the longest for treatment.
- The introduction of patient education sessions is supporting women to better understand their condition and treatment options, while promoting self-management and improving their overall experience while waiting for care.
- Collectively, these actions are helping to strengthen the quality, safety and experience of services for women and families across North Wales.

Quantitative Impacts

- Completion of two benchmarking exercises against national maternity, neonatal and women's health frameworks.
- Baseline assessment completed against recommendations arising from the 2026 national perinatal reports, including Ockenden and Amos.
- Implementation of 3 of 5 national maternity surveys, with plans in place to implement the remaining surveys.
- Development of 1 proposal for a funded MNVP Chair role.
- Submission of 1 Women's Health Plan funding proposal to Welsh Government.
- The service achieved a better than forecast position for patients waiting over 104 weeks in Quarter 1, supporting progress in reducing long waits for treatment.
- Delivery of the first patient education session in September 2026, with further sessions planned.

What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?

To ensure delivery remains on track; the following actions are being progressed:

- Continuing to monitor progress against agreed priorities and delivery plans.
- Identifying and addressing emerging risks, challenges and dependencies.
- Ensuring national guidance and recommendations are reflected in local plans and improvement activity (where financially able to)
- Monitoring performance and outcomes to identify areas requiring further focus.
- Continuing to deliver improvement initiatives that enhance quality, safety, access and patient experience.
- Progress is monitored through the Women's Services Senior Leadership Team, with updates and assurance provided to the Women's Board.

3H Pharmacy and Medicines Management	Executive Medical Director	Overall Delivery Confidence

3H.1 Commission and publish a Pharmaceutical Needs Assessment (PNA) and agree an action plan from this to ensure pharmaceutical services are aligned to population need, address gaps in provision, and support equitable, sustainable care delivery.	Q3
3H.2 Support General Pharmaceutical Council (GPhC) Step 4 accreditation for the Bangor University MPharm programme (confirming regulatory provisional accreditation to deliver the programme) and enrol Cohort 2 to strengthen the local pharmacy workforce pipeline and support sustainable service provision.	Q3
3H.6 Following completion of implementation, fully embed Electronic Prescribing and Medicines Administration (ePMA) by establishing clear pharmacy clinical ownership to lead safe prescribing configuration, formulary oversight, system optimisation and structured change control.	Q3
3H.3 Launch and develop the North Wales Transforming Access to Medicines (TrAMs) programme, as one of three national transformation hubs, to modernise pharmacy technical services and strengthen regional collaboration, including scoping pharmacy provision to support advanced therapies within a national hub model.	Q4
3H.4 Continue to work with Community Pharmacy Wales (CPW) and Health Education and Improvement Wales (HEIW) to support community pharmacy contractors to expand the number of Pharmacies offering the Pharmacist Independent Prescribers Service (PIPS), strengthening prescribing capacity and improving access to care.	Q4
3H.5 Ensure full implementation of the High Value Medicines Value & Sustainability Board programme by supporting clinicians to adopt best-value prescribing practices, optimising procurement and product selection, reducing low-value prescribing, and strengthening performance oversight to deliver sustainable financial and quality benefits.	Q4
3H.7 Work with primary care and community services, via the Local Enhanced Clinical Effectiveness Service, to support evidence-based patient reviews that reduce inappropriate gabapentinoid prescribing in line with NICE guidance, extend periods of treatment, and increase the use of low Global Warming Potential inhalers in line with the All-Wales respiratory treatment pathway.	Q4
3H.8 Engage with national genomics leads and clinical networks to scope the potential role of pharmacogenomics in clinical pathways, explore opportunities to develop local champions, and raise awareness through shared learning and engagement.	Q4
3H.9 Deliver the risk prioritised components of Electronic Prescribing Service (EPS) that sustain safe, reliable digital services, covering devices, network/telephony, core infrastructure, and clinical platforms.	Q4

Overview

Pharmacy and medicines management are central to delivering high-quality, safe and sustainable healthcare. As demand rises and treatments become more complex and costly, we must maximise the clinical value of medicines, reduce unwarranted variation and ensure best use of resources while improving patient outcomes. A coordinated regional approach to technical services is needed to support specialised and emerging therapies, alongside clear oversight of population need and equitable access to pharmaceutical services. Continued digital development in prescribing and medicines intelligence will improve oversight, provide clearer information to support decision-making, and strengthen the safe and effective use of medicines across the system.

Key Delivery Priority Quarterly Update

1. **What have we delivered so far this year towards the aim?**

• The Pharmaceutical Needs Assessment has been completed and published.
• The second cohort has enrolled on the Bangor University MPharm programme and the first cohort has progressed into Year 2. The GPhC Step 5 visit has been scheduled for 16-17 March 2027.
• The North Wales TrAMs Project Board and project team are established and meeting regularly. The Target Operating Model has been approved nationally, facility sizing work has been completed, advanced therapies have been incorporated into scope and initial site feasibility work has commenced.
• PIPS provision has increased to 48% of community pharmacies (69 pharmacies), with continued growth in service activity. Patient contacts have increased from around 2,900 contacts in July 2025 to around 3,500 contacts in June 2026.
• Progress has been made in strengthening medicines value and sustainability oversight through expansion of Blueteq, continued review of high-cost medicines and implementation of value-based prescribing initiatives. The health board's medicines management Value & Sustainability programme is overachieving on planned targets and highest performing in NHS Wales health boards. The Local Enhanced Clinical Effectiveness Service (LECES) has also been introduced to support prescribing priorities in primary care.
• The ePMA Programme has now formally closed following successful implementation across all inpatient areas in BCUHB. BCUHB became the first Health Board in Wales with all inpatient areas live on ePMA and the first organisation to write prescribing information to the national Shared Medicines Record.
• The Local Enhanced Clinical Effectiveness Service has been introduced to support evidence-based prescribing reviews in primary care, including reduction of inappropriate gabapentinoid prescribing, optimisation of prescribing intervals and promotion of lower Global Warming Potential inhalers.
• Continued engagement with national genomics and pharmacogenomics programmes and clinical networks, with North Wales represented within national workstreams. We also look forward to hosting the NHS Wales National Genomics Showcase in Llandudno on 19 November 2026, providing an opportunity to raise awareness and strengthen collaboration across Wales.

2. **What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?**

• Publication of the Pharmaceutical Needs Assessment provides a comprehensive assessment of current and future pharmaceutical need across North Wales and will support future service commissioning, workforce planning and identification of gaps in provision.
• The Bangor University MPharm programme is strengthening the future pharmacy workforce pipeline for North Wales, with two student cohorts now enrolled and progressing through training. This supports long-term workforce sustainability and future access to pharmaceutical care.

• Progression of the TrAMs programme has established the foundations for a more sustainable and resilient medicines manufacturing service in North Wales, supporting future access to aseptic medicines, radiopharmaceuticals and advanced therapies.
• Increased PIPS activity is improving access to prescribing services within community pharmacy settings, with patient contacts increasing from around 2,900 to 3,500 over the last year.
• Improved oversight of high-cost medicines and medicines value programmes is supporting equitable access to approved treatments whilst promoting effective use of NHS resources.
• Completion of Health Board-wide ePMA implementation has delivered a single electronic prescribing and medicines administration platform across inpatient services, supporting safer medicines management, improved access to prescribing information and more consistent medicines governance. The programme also provides the data and infrastructure required to drive future quality improvement and medicines safety initiatives.
• Primary care prescribing data demonstrates improvement against a number of national prescribing indicators, including reduced growth in gabapentin prescribing, improved prescribing intervals and increased use of dry powder inhalers. These changes support safer medicines use, reduce exposure to avoidable harms associated with gabapentinoids and contribute to more environmentally sustainable prescribing across North Wales.
• Participation in national pharmacogenomics programmes is helping position North Wales to benefit from future advances in personalised medicine, supporting development of the knowledge, networks and infrastructure required for future adoption of pharmacogenomics within routine care.

3. What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?

• The Pharmaceutical Needs Assessment has now been completed and published. Focus will shift to using the findings to inform future pharmaceutical service commissioning, workforce planning and identification of gaps in provision across North Wales.
• Complete preparation for the GPhC Step 5 accreditation visit and supporting submission, ensuring the Bangor University MPharm programme remains on track to support future workforce sustainability in North Wales.
• Progress the North Wales TrAMs programme through development of site options, facility requirements, workforce modelling and business case development, whilst aligning future Nuclear Medicine service demand with radiopharmacy and TrAMs planning to support a sustainable North Wales service model. This work will ensure service configuration, capacity planning and future investment decisions are based on a single integrated demand profile.
• Continue working with Community Pharmacy Wales, HEIW and community pharmacy contractors to increase the number of pharmacies able to provide the Pharmacist Independent Prescriber Service and strengthen prescribing capacity within primary care.
• Expand use of Blueteq, strengthen oversight of high-cost medicines and deliver medicines value and sustainability initiatives through established governance arrangements.
• The implementation phase of ePMA has now been completed and the programme formally closed. Focus has moved to benefits realisation, including use of ePMA data and reporting capabilities to support medicines safety, quality improvement, reduction in unwarranted variation and improved patient outcomes across North Wales.

• Deliver the Local Enhanced Clinical Effectiveness Service and targeted prescribing improvement programmes focused on safer gabapentinoid prescribing, optimisation of prescribing intervals and increased use of lower Global Warming Potential inhalers.
• Maintain engagement with national genomics and pharmacogenomics programmes and clinical networks to support future adoption of pharmacogenomics within clinical pathways and medicines optimisation services in North Wales

3I Dementia	Executive Director of Nursing	Overall Delivery Confidence

3I.1 Complete a review of existing dementia care provision within Emergency Departments to include benchmarking against areas of best practice.	Q1
3I.4 Undertake a review and training needs analysis of existing dementia training approaches and align national guidance and best practice standards, informing the development of a training programme for the workforce, building on the work completed for the bitesize training.	Q2
3I.6 Undertake environmental assessments to review the Health Board's current assessment of appropriate and suitable dementia friendly environments for all care settings and make proposals as appropriate.	Q2
3I.2 Review analyse and make recommendations to the Health Board on the requirements to implement a Dementia Care Pathway for Emergency Departments.	Q3

3I.3 Design and deliver bespoke dementia patient and carer experience review for ED.	Q3
3I.5 Design and implement a programme tailored to the needs of the workforce to enable a consistent service delivery through agreement of a core minimum standard of dementia education across the Health Board.	Q3
3I.7 Recommendations and proposals collated and presented to the Health Board, working with Estates, to align any recommended improvements to Estates strategy and available budget.	Q4
3I.8 Design and implement a staff campaign to raise awareness of prevention as it affects dementia.	Q4

Overview

Dementia is a major and growing priority for the Health Board due to the rapidly ageing population of North Wales and the significant impact the condition has on individuals, families, communities and the wider health and care system. Forecasts show substantial increases in both the 65+ and 85+ population, alongside rising multimorbidity and frailty, meaning many more people will live with dementia and increasingly complex needs in the years ahead. Dementia is identified nationally as one of the major neurological conditions driving demand across the NHS, and locally it already contributes to high levels of unplanned care, prolonged hospital stays and pressure on carers and community services. At the same time, inequalities across North Wales, particularly in areas of high deprivation, are associated with poorer dementia outcomes, later diagnosis and reduced access to support. Addressing dementia is therefore essential to improving population health, delivering person-centred, bilingual, compassionate care, strengthening community based pathways, and ensuring the Health Board can meet future demand sustainably while supporting people to live well for longer. Dementia Care will be one of the areas that becomes a focus on the newly established Mental Health Oversight and Development Group, chaired by the Chief Executive, and will report to Board at least twice per year.

Key Delivery Priority Quarterly Update

1. An ED Task group continues to meet monthly to coordinate ED improvement including identifying existing good practice/gaps in provision and visits to exemplar ED Depts in the UK are planned following scoping and ED tours across BCUHB with the Consultant Nurse for Dementia (Corporate Nursing). An ED-specific people's experience review is well underway. A reduced offer of a Pathways Practitioner to lead ED pathway development has been implemented for two months now extended to three months, then review. This gap has been added to the Corporate Nursing Risk register as originally the pathway resource allocation was 1-2 years but was withdrawn by Transformation and Improvement. IHCs/Divisions have identified areas to be assessed using recognised dementia environment assessment tools to be complete by December 2026 (already fully complete in West IHC). Training needs analyses completed in MHLD and other IHCs/Divisions on schedule. Funding identified (subject to procurement/finance approvals) to create dementia-friendly design principles for future refurbishments/capital works in BCUHB.

2. It is too early for impact and any impact from this kind of intervention/s cannot be expected to have discernible impact on population outcomes. Instead, they can be expected to impact in the longer term on such things as patient/family experience, reduction in complaints and concerns, safety, staff satisfaction, retention etc but again some of these are hard / impossible to measure with any rigour. Future environmental changes will affect care quality and satisfaction and reduce distress. Future enhanced education in response to training needs analyses will improve staff confidence and skills.

3. Various strategies (support, written guidance, meetings, escalations, close monitoring, bespoke local reporting tools etc) are in place and working well to ensure teams deliver improvements. There is strong confidence that some aspects of the aim will be achieved but this only relates to those actions that are in the direct control of the Consultant Nurse for Dementia and key clinical staff in the ED settings e.g. review of literature, exemplar ED visits, patient experience review etc.

However, the majority of the aim - development of a pathway for emergency care for people with dementia - remains at significant risk of not being achieved by March 2027. The specialised Pathways Practitioner resource (0.6 WTE) has unexpectedly been reallocated to another BCU priority (Community by Design). This impact (failure of the aim) will occur in Q3 if no solution is found. The pathways resource is too specialised and large to be picked up by existing resources in Emergency Departments and the Consultant Nurse Dementia. Appropriate escalations have taken place.

4A Foundations for the Future	Chief Executive	Overall Delivery Confidence

4A.3 Complete the revised Integrated Leadership Development Framework.	Q1
4A.4 Complete Competency Frameworks, which includes the competencies and skills required for particular roles by banding, equipping staff with the skills to deliver their roles.	Q1
4A.9 Implement a new governance model as part of the revised operating model, ensuring sharper accountability, fewer/streamlined meetings, focusing on delivery and transparency.	Q2
4A.10 Publish to BCUHB Board the collated lessons learned from Phase 1, including outcomes from the consultation process, evaluation of performance and benefits measurement and how FFTF supports de-escalation by improving governance and accountability.	Q3
4A.11 Publish the Operating Framework, including how business partnering will operate with the Service Groups, and the directory of services reflecting the new organisational model.	Q3
4A.13 Co-produce with staff and partners an organisational approach to change framework that supports teams to successfully design, deliver and sustain change.	Q3
4A.5 Review and improve the Establishment Control Review (ECR) process, to ensure it is more streamlined and fully supported.	Q3
4A.6 Review and improve the process for creating, reviewing, and approving business cases.	Q3
4A.7 Implement the Foundations for the Future design and thereby establish a clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care.	Q3
4A.1 Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29. The delivery plan is structured into five areas. 1. Vision and Values, 2 Goals and Performance, 3. Learning and Innovation, 4. Support and Compassion, 5. Teamwork. Year one focusses on embedding systems and processes in these areas to improve leadership quality, employee engagement, psychological safety and practically embedding the agreed values and behaviours.	Q4
4A.12 Engage with partners (JCC, NWAS, Local Government, Third Sector) to review the operating model and identify changes to the ways we operate and define operating policies and/or updated MOUs where applicable.	Q4
4A.2 Complete the transition to new senior posts and establish new service groups and corporate directorates, supported by cross-functional operating agreements and ongoing team and leadership development.	Q4

4A.8 Complete the design of Phase 2. This will include reviewing the structures of the organisation at bands 8b and below, a plan for the effective integration of Mental Health and Learning Disabilities, and a rapid review of phase 1 implementation across all 5 pillars of the Programme.	Q4

Overview

Delivering high quality, equitable and sustainable services for the people of North Wales depends on BCUHB operating as a coherent, effective and agile organisation. A highly effective organisation aligns strategy, culture, people, processes and structures into a unified operating model that enables good governance, timely decision making and clear accountability. Strengthening these foundations is essential not only to improve services today, but to ensure the Health Board can adapt and respond to the complex demands of the future. Work undertaken to evaluate the Operating Model agreed in 2022 highlighted significant gaps as detailed in the Discovery Report developed in November 2024. While it examined structural arrangements, other critical elements of an effective operating model, including organisational culture, strategic alignment, people capability and process design, were not sufficiently addressed. Over time, it has become increasingly clear that aspects of the current model do not provide the flexibility expected of a large integrated Health Board. Challenges remain in achieving consistency across divisions, reducing duplication, ensuring equitable service provision, and enabling decisions to be taken at the right level and at the right time. These issues are not unique to this health board; across the UK, large healthcare organisations are seeking operating models that support system wide working, improve integration and better leverage scale. The Foundations for the Future Programme directly responds to this need. It applies a recognised organisational change methodology (Tushman and O'Reilly's 'Leading Organisational Change and Renewal') to create an operating model that strengthens ways of working as one Health Board. The programme provides greater clarity of purpose, enable more agile and accountable decision making, and embed the conditions required for sustainable improvement. By establishing clear foundations, strategically, culturally, structurally and operationally, the Health Board will be better equipped to deliver its strategic objectives and, most importantly, improve outcomes and experiences for the population of North Wales. This is a

significant programme of change for the organisation and as such will continue to require refinement moving forward. The first phase of the Delivery will be implemented and next phase of the Programme will therefore get underway during 2026/27. It is envisaged that the programme will be complete by the final quarters of 2027/28.

Key Delivery Priority Quarterly Update

1. **What have we delivered so far this year towards the aim?**

The Foundations for the Future Programme has continued to make progress in developing a more coherent, effective and agile operating model for BCUHB. During Q2, work has focused on refining organisational structures, strengthening governance and decision-making arrangements, advancing leadership and culture initiatives, and developing the organisational approach to change. Progress has also been made in aligning strategic planning, workforce capability and operating model design to support future phases of the programme.

2. **What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?**

As a transformational programme, most benefits will be realised over the medium to longer term. During Q2, the programme has strengthened organisational readiness by improving clarity around governance, accountability and decision-making arrangements, while supporting greater alignment between strategy, culture, people and operational delivery. This work is helping establish the foundations required to improve organisational effectiveness, consistency and sustainability in the delivery of services for the population of North Wales.

3. **What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?**

The programme will continue to focus on consultation readiness, including finalising governance and operating model products, embedding leadership and culture initiatives, and further developing the organisational approach to change. Ongoing programme governance, stakeholder engagement, risk management and dependency management activities will support delivery of future phases of the programme, whilst continuing to address delivery challenges, dependencies and organisational capacity constraints associated with a complex programme of organisational change.

4B Strategy and Planning	Executive Director of Transformation & Strategic Planning	Overall Delivery Confidence

4B.1 Complete the Discovery Phase of the new 10-year Health Board Strategy by finalising evidence gathering, synthesising insights from key stakeholders, and undertaking structured engagement across the organisation and wider partners. This will culminate in an agreed Discovery Report, to inform the subsequent Design Phase of the Strategy. This work will also cover some specific requirements within the NHS Wales Planning Guidance:A review of the organisation's Well-being objectives and how they fit within the Health Board's overarching strategic objectives. Provide clarity on the full suite of underpinning strategic plans (such as the Clinical Services Plan, Estates Strategic Plan and Digital Strategic Plan) and timelines for their development. Incorporate the Health Board's ambitions relating to Advanced Therapies and Genomics.	Q1
4B.4 Co-create a Third Sector Partnership Working Framework with Third Sector Partners to move to more proactive and strategic collaborative approach.	Q1
4B.5 Draw on support from NHS Performance and Improvement (NHS P&I) colleagues to develop proposals on an improved approach to a unified modelling across demand, capacity, skills mix, activity, performance, finance and workforce, incorporating benchmarking against other Health Boards – to be utilised in the 2027-30 IMTP planning cycle.	Q1
4B.6 Undertake an annual reflection and learning exercise in relation to the annual planning cycle, incorporating the planning maturity matrix self-assessment tool and involving internal and external stakeholders.	Q1
4B.8 Update the BCUHB Integrated Planning Framework and associated more detailed planning guidance in light of annual reflection and learning exercise, emphasising the importance of clinical leadership, Community by Design principles and patient feedback in service planning.	Q2
4B.9 Contribute to the broader organisational capability development work, specifically in relation to development of skills in planning.	Q2
4B.10 Develop an organisational approach to de-prioritisation and de-commissioning for teams to utilise in reaching and implementing decisions of this nature, ensuring the full range of clinical and operational perspectives are central to the approach.	Q3
4B.2 Complete the full strategy design phase by translating the insights from the discovery phase into a validated strategic framework, including defined goals, strategic priorities, delivery roadmaps, and governance model, culminating in a final Strategy ready for Board approval. This will include structured engagement with key stakeholders throughout the design process to test assumptions, refine options, and build organisational alignment, ensuring aspects such as the Marmot principles (relating to early childhood, education, employment, preventing ill-health, housing and community well-being) are covered within the scope.	Q3
4B.11 Support delivery of commitments set out in the IMTP through monthly monitoring and timely escalation of any risks to delivery as well as quarterly reporting of delivery against the IMTP and Special Measures de-escalation framework.	Q4

4B.3 Implementation of the strategy will be via key underpinning quality impact assessed strategic plans (e.g. Clinical Services Plan) and their key deliverables falling within the 2027-30 IMTP.	Q4
4B.7 Deliver improvements in the organisation's approach to planning through delivery of the planning capability action plan that is informed by feedback from key stakeholders, annual learning cycles and contains actions from the planning maturity matrix self-assessment. Aiming to progress to level 3 and above across all areas.	Q4

Overview

Developing a refreshed 10-Year Strategy and strengthening organisational planning are interdependent priorities that will shape how the Health Board responds to changing population needs, rising demand, workforce pressures and a challenging financial environment. Together, they provide the clarity, coherence and discipline needed to move from short-term reactive approaches to sustained, proactive transformation. The renewed strategy will build on the co-created strategic intents developed with partners in 2025/26 and will articulate a clear long-term direction that reflects the scale of challenge, the need for new models of care, and the importance of prevention, early intervention and reducing health inequalities. It will place population health and regional collaboration at its core, ensuring that future service design is informed by evidence, demographic trends and meaningful engagement with communities, clinicians and partners. Effective planning is the mechanism through which this strategic intent becomes deliverable action. Good planning translates ambition into clear decisions about resources, service change, workforce and financial trajectories, supported by robust risk and performance frameworks. By triangulating workforce, financial and activity modelling, planning ensures that long-term goals are realistic, affordable and operationally grounded. It also strengthens accountability, enabling the organisation to track progress, intervene early when delivery risks arise and maintain alignment with national policy and statutory obligations. Strong partnership working across North Wales, including with local authorities, the Third Sector and regional bodies, is essential to both the strategy and the planning process, ensuring shared priorities and coordinated solutions. A credible 10-Year Strategy, underpinned by mature, integrated planning, will provide the foundation for stability, consistent decision-making and sustainable improvement. This combined approach will support the Health Board to prioritise effectively, deploy limited resources where they have greatest impact, and communicate transparently with the public about the case for change. Ultimately, it will equip the organisation to deliver high-quality, resilient services that meet the needs of the population now and over the longer-term.

Key Delivery Priority Quarterly Update

1. **What have we delivered so far this year towards the aim?**

During the first six months of 2026/27, the Health Board has made substantial progress in strengthening its strategic planning arrangements and laying the foundations for the future delivery of high-quality, sustainable healthcare services across North Wales.

Key milestones achieved include completion of the discovery and evidence-gathering phase for the Health Board's new long-term strategy, establishment of enhanced programme governance arrangements, completion of the annual organisational planning reflection and learning exercise, and development of a unified planning and modelling approach to better integrate service, workforce, performance and financial planning.

The Health Board has also strengthened its planning framework, planning capability and delivery monitoring arrangements, providing greater organisational oversight and assurance in relation to the delivery of strategic priorities.

2. **What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?**

The work undertaken to date has strengthened the Health Board's ability to plan and deliver services that are aligned to population need, informed by evidence, and sustainable for the future. Extensive engagement with staff, stakeholders and partners has informed the development of the Health Board's long-term strategic direction, helping to ensure that future priorities reflect the needs of the people of North Wales. Improved integration of planning, performance, workforce and financial information is supporting more informed decision-making and enabling clearer alignment between organisational priorities and available resources.

Whilst the majority of benefits associated with these deliverables are strategic and enabling in nature, a number of planned milestones have been achieved during the first half of the year, providing a stronger foundation for service improvement, resource allocation and long-term system sustainability. The programme remains focused on delivering the intended benefits for patients, communities and partner organisations across North Wales.

3. **What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?**

The Health Board continues to maintain a strong focus on delivery of the overall strategic planning programme through strengthened governance, programme management and executive oversight arrangements. Priorities for the remainder of the year include progressing the next phases of the long-term strategy, embedding the revised planning framework, implementing improvements identified through the organisational reflection and learning exercise, and further

developing integrated planning and modelling capabilities. Continued engagement with stakeholders and partners will ensure that strategic priorities remain aligned to population needs and wider system objectives.

Enhanced monitoring and reporting arrangements are in place to support early identification and management of risks and dependencies. Collectively, these actions provide assurance that the Health Board remains on track to deliver the intended outcomes and benefits of the Strategy and Planning work programme by March 2027.

4C Clinical Services Planning, Leadership and Interprofessional Working	Executive Medical Director	Overall Delivery Confidence

4C.1 Agree the CSP methodology and first tranche of areas to be prioritised and establish the CSP Programme by developing the programme structure, governance, and delivery approach, supported by targeted internal engagement and awareness raising activities to build understanding and organisational buy in. Success will be demonstrated through formal approval of the methodology, confirmation of programme governance, and evidence of staff awareness and engagement across key teams including the first major engagement event held.	Q1
4C.5 Job descriptions with roles with responsibilities and appropriate remuneration in place for all clinical leadership posts with Foundations for the Future organisation structure, across primary, community and secondary care.	Q1
4C.9 Provide clarity over best practice clinical and operational multi-professional working, in line with the new operating model structures roll out, both roles and responsibilities and effective team working. Across primary, community and secondary care.	Q1
4C.2 Operationalise the CSP Programme by finalising detailed delivery plans for the process (pertaining to the first tranche of areas), establishing programme reporting and risk management processes, and initiating structured engagement with leads to prepare for CSP assessments. Success will be demonstrated through approved delivery plans, active reporting cycles, and evidence of areas' readiness to enter the CSP process in Q3.	Q2
4C.10 Provide organisation development support to ensure newly formed teams are working effectively together across clinical and operational inter-professional disciplines. Across primary, community and secondary care.	Q3
4C.3 Deliver the full CSP assessment process for the first tranche of priority services, including evidence gathering (including use of key population level intelligence, assessment workshops, option development and prioritisation. This will be supported by structured engagement with leads and clinical and operational teams from the full set of professional groups to ensure clarity, collaboration and	Q3

high-quality outputs. Success will be demonstrated through completed CSP assessment documentation and agreed prioritisation outcomes for all first tranche areas that demonstrates Community by Design principles, maximise pathway redesign and strengthened joint working between primary and secondary care and partners.	
4C.6 Commence implementation of a menu of formal training programmes informed by training and development needs analysis for all within clinical leadership positions, across primary, community and secondary care.	Q3
4C.4 Finalise and submit the first tranche of CSP service change proposals for formal approval by the CSP Programme Board. This will include refining proposals based on feedback, completing required documentation, and ensuring alignment with strategic, operational and financial considerations. Success will be demonstrated through Programme Board approval of all first tranche service change proposals and confirmation of readiness for wider Health Board governance approvals and implementation planning.	Q4
4C.7 Generalised upskilling related to modern NHS needs via Clinical Services Plan programme to include strategic planning, value-based health care, population health management etc, across primary, community and secondary care.	Q4
4C.8 Develop a clear and attractive career path and development package for those in or aspiring to Clinical Leadership position, drawing on internal and external expertise and support including NHS P&I and CMO. Across primary, community and secondary care.	Q4

Overview

Delivering sustainable, high-quality services for the people of North Wales requires a clear, forward-looking Clinical Services Plan (CSP) supported by strong, skilled and collaborative clinical leadership. Together, these elements provide the foundations for moving from reactive service management to a proactive, coherent approach that aligns strategic ambition with the realities of clinical practice, workforce capability and population need. The CSP sets out how services will evolve to provide person-centred, preventative and evidence-based care, reducing unwarranted variation and ensuring that models of care reflect the principles of Community by Design and the priorities of the Health Board's long-term strategy. Central to achieving this vision is empowered, multi-professional clinical leadership. Modern healthcare demands leaders who can balance quality, performance and sustainability, work across traditional boundaries, use data intelligently and make value-driven decisions. These skills are essential for guiding the redesign work underway through the first phase of the CSP work, where clinically led assessments of challenged or fragile services are informing options for consolidation, redesign or new models of care. This is being built upon in the 'Fragile Services' section of the IMTP, which will identify and address clinical services that meet the principles for fragility in the National Clinical Framework (AR-13). As the CSP progresses, effective leaders will be needed across all sectors; primary, community and secondary care, to drive change at pace, support colleagues through transition and ensure that service improvements translate into better outcomes for patients. To enable this, clearer role definitions, strengthened leadership development offers and more robust job planning and remuneration models will be required. Creating attractive, well-supported clinical leadership roles is essential to engaging clinicians in shaping the future of services and ensuring that redesign is grounded in practical experience and professional insight. By integrating structured clinical service planning with strong inter-professional leadership, the Health Board will be better equipped to make consistent, transparent decisions, strengthen regional working, improve workforce resilience and deliver sustainable, high-value care. This combined approach is critical to realising the ambitions of the 10-year strategy and creating a modern, resilient and equitable healthcare system for North Wales.

Key Delivery Priority Quarterly Update

Progress across the 4C programme has continued, particularly in refining the overall Clinical Services Plan (CSP) approach, strengthening stakeholder engagement, and developing governance arrangements. A major engagement event and subsequent focus groups have been completed, with outputs informing both the CSP Framework and the Future Clinical Services Model. Job descriptions for medical leadership roles have been agreed and training needs analysis work has commenced through collaboration with Medical Education.

However, delivery of the CSP programme remains significantly behind plan. Formal approval of the CSP methodology and agreement of the first tranche of priority service areas have not yet been secured, resulting in delays to programme mobilisation, operationalisation, assessment activity, and development of service change proposals. Consequently, milestones associated with CSP assessments, prioritisation activity, and approval of service change proposals are unlikely to be achieved within the original 2026/27 timescales and are expected to require re-phasing.

The principal factors affecting delivery are limited organisational capacity, competing corporate priorities, ongoing Welsh Government intervention arrangements including the Well-Led Review, senior leadership changes, and delays associated with implementation of the Foundations for the Future programme. In addition, no identified funding currently exists for the specialist external support required to progress the programme at the required pace, while procurement and market capacity risks may further impact recovery timescales.

A revised CSP delivery approach has been developed and is being tested with Executive colleagues. This includes strengthened governance arrangements through the Strategic Planning Programme Board, refinement of the programme methodology and delivery model, and proposals to secure additional specialist capacity and expertise. Subject to Executive approval and the availability of external support, the programme will move forward with revised delivery plans, governance, reporting and risk management arrangements. Given current progress and dependencies, a review and re-baselining of 2026/27 and 2027/28 milestones is likely to be required to ensure deliverables remain realistic and achievable.

Overall, whilst foundational work has progressed and strategic direction is becoming clearer, the programme remains Red, reflecting significant delays to key milestones, dependency on executive decisions and external support, and the need to re-phase delivery to achieve the intended long-term outcomes.

4D Digital, Data and Intelligence	Director of Digital, Data & Intelligence	Overall Delivery Confidence

4D.13 Implement a comprehensive Digital Skills Assessment and publish Training Needs Analysis and Academy plan on LMS landing page.	Q1
4D.14 Programme of training and development of resources around the principles of Making Data Count to enhance competency in use and presentation of data across the organisation.	Q1
4D.3 Develop and commence implementation a programme of data governance audits to provide assurance on data processing and reporting accuracy.	Q1
4D.6 Develop and implement a Clinical Coding quality dashboard to facilitate improved clinical coding error detection and correction.	Q1
4D.1 Identify and commence implementation of best practice and tools available to support improved organisation wide demand and capacity planning.	Q2
4D.16 To develop a Strategic Outline Case for the digitalisation of paper-based patient records that clearly defines the strategic need, benefits, risks, and options for the project.	Q2
4D.17 Completion of a gap analysis against the requirements of the newly released Cyber Assessment Framework (CAF) version 4 – this will be the tool used by our regulators to measure compliance.	Q2
4D.18 Create and establish a robust AI framework to ensure the appropriate processes, people and governance arrangements are in place. This will provide assurance that the approval/review process in place provides structure for the appropriate and safe use of AI tools which considers all 7 AI principles, covering safety, confidentiality, research, evaluation, partnership, ethics, transparency, and data quality.	Q2
4D.7 Undertake review around opportunity for AI and automation of clinical coding.	Q2
4D.11 Further enhance existing information products to introduce elements of Population Health Management (PHM) e.g. deprivation analysis, further identification of patient cohorts for targeted interventions.(Shared objectives with Public Health Team on PHM).	Q3
4D.4 Develop a data quality framework that makes clear the responsibilities and accountability associated with the collection and management of data across the health board.	Q3
4D.5 Develop proposals for a Robotic Process Automation (RPA) approach and associated implementation plan.	Q3
4D.10 Develop proposals for move from on premises to on cloud analytics, to improve processing speeds, reliability and enabling a broader suite of tools.	Q4

4D.12 Create a suite of population health measures based on existing approaches that will facilitate sustainable healthcare transformation by targeting interventions that prevent ill health, improve care & support for people with ongoing health conditions, and reduce inequalities in health outcomes.	Q4
4D.15 Progressively and systematically decommission and archive unsupported systems and devices in line with available resources, while maximising the efficient use of current supported systems to reduce technical debt, support costs, and safety risk.	Q4
4D.19 To review the organisational wide Digital Roadmap to take into account the 10 year strategy and Clinical Service Plan.	Q4
4D.2 Further development and roll out throughout the year of the data quality kite mark to provide assurance on data quality and accuracy.	Q4
4D.20 Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board, and undertake regular board development sessions to develop digital and data competence.	Q4
4D.8 Move to an internal specialty focused training plan for clinical coding trainees, that improves recruitment and retention as well as efficiency.	Q4
4D.9 Work with the Universities on potential applications of advanced analytics and mathematical modelling for use in service planning.	Q4

Overview

Strengthening the Health Board's digital, data and intelligence capability is fundamental to delivering safer, more efficient and more personalised care across North Wales. Digital systems, high-quality data and robust analytical capability are mutually reinforcing; together, they enable clinicians and operational teams to access reliable information, support timely decision-making and create the foundations for modern, technology-enabled care pathways. As the organisation moves away from fragmented systems and paper-based processes, establishing interoperable, stable and user-centred digital platforms will provide the confidence and consistency needed to support day-to-day care while enabling future transformation. A core part of this shift is improving the quality, governance and usability of data. When data is accurate, standardised and linked across services and organisations, it becomes a powerful asset for population health management, pathway redesign and proactive care. Enhanced analytical tools and improved clinical coding will help unlock insight into patient journeys, variation in care, resource use and opportunities for prevention. This intelligence-led approach allows the Health Board to plan more effectively, reduce duplication, minimise administrative burden and better target interventions to meet the future needs of communities. Digital reliability and data integrity must sit alongside strong cyber security. With the increasing frequency and sophistication of cyber threats to healthcare, integration of resilient infrastructure, clear organisational response plans and strong staff awareness is essential to protect patient information and maintain public trust. A secure environment is also a prerequisite for harnessing innovation, whether through advanced analytics, AI-supported decision-making or more integrated digital pathways. Together, these developments form a coherent, interdependent programme of modernisation. By aligning digital improvement with strengthened data governance, intelligence capabilities and robust cyber security, the Health Board will create a more connected, insight-driven and resilient system landscape, supporting better clinical decisions, a more seamless patient experience and sustainable service improvement across North Wales.

Key Delivery Priority Quarterly Update

1. What have we delivered so far this year towards the aim?

Progress has been made across the Digital, Data and Intelligence programme to strengthen data quality, governance, analytical capability and service planning.

Key deliverables completed or progressed include:

- Maintenance of Clinical Coding performance above the 95% completeness target
- Development and implementation of a Clinical Coding Quality Dashboard covering approximately 75% of common coding errors and now embedded within operational practice.
- Establishment of a prioritised programme of data governance audits.
- Continued development and rollout of the Data Quality Kite Mark, including application to key datasets.
- Development of demand and capacity planning work, including forecasting activity and a bed-modelling pilot.
- Completion of an options assessment and recommendations for future automation of Clinical Coding.
- Completion of a Robotic Process Automation proof of concept and development of draft automation proposals.
- Establishment of collaboration with Bangor University, including creation of a Data for Research Oversight Group.
- Development of draft proposals relating to Artificial Intelligence and future Clinical Coding training models.

- Enablement of DataPlex within BCUHB's area of the National Data Analytics Platform and development and testing of cloud-based submission processes.
- Publication of the AI Governance Procedure (IG31) and progression into implementation planning. (From objective 4D.18 update provided.)
- Completion of the Cyber Assessment Framework gap analysis. (From objective 4D.17 update provided.)
- Continued development of the DDaT Roadmap and progression of the Outline Business Case for digitisation of paper-based records. (From objectives 4D.16 and 4D.19 updates provided.)

2. What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?

The majority of work completed to date has focused on establishing the governance, data quality, analytical and digital foundations required to support future service improvement and transformation.

Impacts evidenced to date include:
- Clinical Coding completeness has been maintained above 95%.
- A Clinical Coding Quality Dashboard covering approximately 75% of common coding errors has been implemented and embedded within operational practice to support monitoring of coding quality.
- Data quality assurance has been strengthened through continued rollout of the Data Quality Kite Mark and establishment of a prioritised audit programme.
- Additional demand, capacity and forecasting information has been developed to support planning activity.
- Population Health Management capacity has been strengthened through recruitment activity and the establishment of collaborative arrangements with research and academic partners.
- Cloud analytics foundations have been developed through the creation of a conceptual architecture, enablement of DataPlex and testing of cloud-based submission arrangements.
- Governance arrangements have been strengthened through publication of the AI Governance Procedure, continued oversight of digital risks and completion of the Cyber Assessment Framework gap analysis. (From objectives 4D.17, 4D.18 and 4D.20 updates provided.)

At this stage, the updates provided do not evidence measurable changes in population health outcomes, waiting times, service access, efficiency savings or health inequalities. The principal impacts realised to date relate to improved data quality, governance, assurance, analytical capability and organisational readiness for future transformation.

3. What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?

Actions currently underway include:

- Continuing rollout of demand and capacity planning methods, forecasting approaches and bed-modelling activity.
- Extending the Data Quality Kite Mark and implementing the data governance audit programme.
- Developing and finalising the organisational Data Quality Framework. (From objective 4D.4 update provided.)
- Expanding the Clinical Coding Quality Dashboard to cover additional indicators.
- Progressing Robotic Process Automation opportunities and implementation planning.
- Progressing recommendations arising from Artificial Intelligence and Clinical Coding options assessments.
- Continuing collaboration with Bangor University, research partners, local authorities and Public Health colleagues to support advanced analytics, research and Population Health Management activity.
- Developing cloud analytics capability through ongoing work with Digital Health and Care Wales and the National Data Resource Programme. (From objective 4D.10 update provided.)
- Implementing governance and assurance arrangements arising from publication of the AI Governance Procedure. (From objective 4D.18 update provided.)
- Maintaining oversight of digital clinical safety, cyber security and information governance risks through established governance arrangements. (From objective 4D.20 update provided.)
- Progressing approval of the DDaT Roadmap and development of the Outline Business Case for digitisation of paper-based records. (From objectives 4D.16 and 4D.19 updates provided.)

Based on the updates provided, delivery remains ongoing across the programme, with governance, monitoring and implementation activity continuing against the March 2027 objectives.

4E Research, Development and Innovation	Executive Medical Director	Overall Delivery Confidence

4E.1 RD&I strategic plan and delivery plan approved, aligned to health board strategic intentions and national performance metric.	Q1
4E.2 Develop a proposal for a self-sustaining innovation centre, working with industry and academia, prioritising digital innovations and medical technology, aligned with the NHS Wales Technical Planning Guidance 2026-29 Digital and Innovation enabling plan, and Welsh Government's Innovation Strategy delivery plan.	Q3
4E.3 Work with People Services colleagues to develop and implement a plan to normalise research as a core part of clinical practice by embedding research expectations within job descriptions, appraisal objectives, and job plans for identified priority staff groups, supported by guidance and manager training.	Q4
4E.4 Increase the number of non-commercial and commercial research studies opened by the Health Board and recruitment to those studies, through proactive engagement with sponsors and streamlined feasibility and approval processes.	Q4
4E.5 Work with local academic partners to identify and implement to increase joint appointments and/or honorary contracts, closely working with the Academic Careers Community of Interest, ensuring that posts add value to research and innovation activity and support the above actions.	Q4

Overview

Research, Development and Innovation (RD&I) is essential to the Health Board's ability to deliver high quality, modern and sustainable healthcare for the population of North Wales. It provides the evidence base for transforming services, improving outcomes and ensuring that clinical decisions and organisational priorities are grounded in what works. RD&I enables the Health Board to test new technologies, redesign pathways and adopt innovations that improve productivity, enhance safety and reduce unwarranted variation, which are key requirements for recovery, transformation and long-term sustainability. Research active organisations consistently achieve better patient outcomes, attract and retain skilled staff, and foster a culture of continual learning and improvement, all of which are critical for BCUHB as a University Health Board and as an organisation in Special Measures. RD&I also plays a vital role in addressing major system pressures by supporting new models of care, improving diagnostic and treatment options, and generating solutions that help meet rising demand within constrained resources. Strong RD&I capability supports national priorities such as A Healthier Wales and value-based healthcare, while expanding opportunities for citizens to access cutting edge treatments and innovative approaches. Embedding RD&I into everyday practice therefore strengthens organisational resilience, accelerates transformation and directly contributes to better outcomes and experiences for the people of North Wales.

Key Delivery Priority Quarterly Update

Research and innovation continue to play a vital role in improving healthcare delivery across the Health Board. By generating and applying new evidence, supporting innovation adoption and working collaboratively with partners, we are helping to improve the quality and effectiveness of services, enhance patient outcomes and create opportunities for staff and patients to engage in research-driven improvement.

Challenges remain in relation to research support service capacity, particularly within pharmacy support services. A funded research pharmacist and technician team has been agreed, however challenges regarding recruitment of pharmacists has delayed expected recruitment timelines. These factors continue to impact the pace at which some studies can be initiated and supported. Actions remain underway through the agreed recovery plan to strengthen infrastructure, improve resilience and ensure sustainable delivery of research services across the organisation.

Positively, additional funding has been secured from Welsh Government to strengthen support for commercial research activity. This investment will help enhance research delivery capacity, support growth in commercially sponsored studies and maximise opportunities for patients to access innovative treatments and interventions through research participation.

We continue to play an active role in national and local initiatives to embed research and innovation within routine NHS practice, recognising their importance in improving quality, supporting workforce development, driving transformation and delivering better outcomes for the population of North Wales.

4F Education Partnership and Projects, Academic Careers and Strategic Alignment of Education	Executive Director of People Services & Organisational Development	Overall Delivery Confidence

4F.1 Work with Further and Higher Education Partners to capture their contribution to the development of the Health Board's clinical services plan so that education provision across the region can reflect the future development of healthcare.	Q1
4F.6 Commence full business case for the North Wales Medical school in partnership with Bangor University.	Q1
4F.7 Conduct an analysis as to the key barriers in establishing academic careers and update the pathway framework accordingly.	Q2
4F.8 Having established an Academic Careers Community of Practice to bring together academics across BCUHB, develop a delivery plan which will outline how we should enhance their work and maximise its impact within BCUHB.	Q2
4F.9 Develop a proposal for an interprofessional governance structure setting out clear governance routes and alignment of education to strategic workforce planning and the quality, safety and experience of our services.	Q2
4F.2 Review and set out proposals to the Health Board on requirements to meet Memoranda of Understanding with Further and Higher Education Partners and reflect in delivery plans aligned to national programmes and strategies, with agreed key metrics and baselines.	Q3
4F.3 Review opportunities for BCUHB to support the Tertiary Alliance formed between Bangor University, Wrexham University, Grwp Llandrillo Menai and Coleg Cambria.	Q3
4F.10 Progress to the Design Phase for education and training, agreeing priorities together with the development of an underpinning Strategic Education Plan which aligns to HEIW and local commissioning of education and training.	Q4
4F.11 Collaboration with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act.	Q4
4F.4 Continue to support the development of the proposed Dental School and input into associated business cases.	Q4
4F.5 Submit an evaluation of progress against the aspirations set out in the Memoranda of Understanding with Further and Higher Education Partners, providing recommendations on how performance against key metrics may be enhanced.	Q4

Overview

As a University Health Board, we are proud of the opportunities and responsibilities that come with this status. In addition to research, development and innovation, being a university-designated organisation strengthens our commitment to high quality education and training, our partnerships with Higher and

Further education and our development of academic careers. These areas are crucial for building a skilled workforce, improving the quality of our services, and making North Wales an appealing place for current and future healthcare professionals. Our approach is supported by clear internal governance and strong partnerships with universities and national bodies. These relationships help ensure our work in education, research and innovation supports national expectations as well as local priorities. In Year 1 of this plan, we will build on the progress made in 2025/26, including our memoranda of understanding with universities and further education colleges, the creation of the Education Steering Group, and the establishment of the Academic Careers Community of Practice. Our focus will be on delivering key milestones, strengthening governance, commencing workforce planning to aid most effective working with Higher Education Partners to consolidate professional pipeline and creating the conditions for visible and meaningful improvements. This will build upon our Discovery Report as we progress our work through Design into the Delivery Phase. We will continue to play an active role in national programmes such as Health Care Research Wales (HCRW) academic careers programme and Health Education and Improvement Wales (HEIW) emerging education strategy. We also anticipate new opportunities from the Tertiary Alliance, which brings together further and higher education institutions across North Wales. Years 2 and 3 will consolidate our progress, strengthen our regional impact with partners and embed continuous improvement so that the delivery of education and development of academic careers remain central to how we deliver care. BCUHB has achieved University Designation Status, a Wales-wide accreditation awarded to organisations that demonstrate strong and purposeful activity in research, education, and innovation. This status reflects BCUHB's robust strategic partnerships, particularly with universities, which help shape shared priorities in training, research, and innovation. It also supports long-term academic collaborations that enhance staff development, attract and retain a skilled workforce, and ultimately improve patient care and outcomes. While centred on university partnerships, the designation also encompasses wider collaboration with both Higher and Further Education institutions, strengthening the pipeline of the future healthcare workforce. For BCUHB, University Designation Status reinforces its role as a research active, education focused organisation and supports service quality, workforce sustainability, and better outcomes for the population it serves.

Key Delivery Priority Quarterly Update

Partnerships with academic institutions continue to strengthen, supported by progress on university agreements, establishment of the Interprofessional Education Group and the launch of the first regional MPharm cohort.

Progress has been made in strengthening partnerships with academic institutions and developing the structures required to support education, research, innovation and workforce development across North Wales.

Memoranda of Understanding with key universities have continued to progress, providing a stronger framework for collaboration and shared priorities across education, research and innovation. Collaborative working with academic partners has also expanded, supporting joint activity in research, innovation and workforce planning.

The Health Board has established an Interprofessional Education Group to strengthen multidisciplinary education, workforce development and organisational capability. This supports a more coordinated approach to developing the future workforce and enhancing learning across professional groups.

A significant milestone has been the launch of the first Master of Pharmacy (MPharm) cohort, supporting the development of the future pharmacy workforce within North Wales and strengthening links between academic education and clinical practice.

Overall, delivery during the period has focused on strengthening academic partnerships, workforce development arrangements and collaborative working with Higher Education partners to support future education, research, innovation and workforce priorities.

4G Value & Sustainability	Executive Director of Finance	Overall Delivery Confidence

4G.4 Develop a Clinical Variation programme to deliver against the core thematic, which have been identified through the national Clinical Variation & Service Reconfiguration Group, with a particular focus on reducing unwarranted clinical variation, minimising waste, improving efficiency and ensuring sustainable service configuration.	Q1
4G.5 Develop a Non-Pay & Procurement programme to deliver against the core thematic, which have been identified through the national Non-Pay & Procurement Value & Sustainability Group, with a particular focus on reducing clinical variation to maximise benefits in relation to price and product standardisation.	Q1
4G.6 Develop a Medicines Management programme to deliver against the seven priority areas, which have been identified through the Directors of Pharmacy's Medicines Value and Sustainability Delivery Assurance Group and endorsed by the NHS Value and Sustainability Board.	Q1
4G.7 Develop a CHC programme to deliver against the seven priority areas, which have been identified through the national CHC Value & Sustainability Group.	Q1
4G.9 Develop a robust benefits framework for the programme, which allows for the effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.	Q1
4G.1 Review current progress with the implementation of the Value & Sustainability Board 'Bone Health' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation.	Q2
4G.2 Review current progress with the implementation of the Value & Sustainability Board Diabetes' High Value High Impact (HVHI) pathway and produce a proposal to support further implementation. This is to be managed as part of the Primary Care IMTP plans.	Q3

4G.10 Use Value Based Health Care (VBHC) guidance for designing services, responding to key population level intelligence including OECD PaRIS report 2025 - Value in Health and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement. This is to be managed as part of the Clinical Services Plan	Q4
4G.11 As part of our refined planning process, we will utilise the value-based approach that provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All of our major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used. This is to be overseen by the Planning Team.	Q4
4G.12 Deliver a refreshed Value & Sustainability programme that realises the agreed recurrent savings target for 26/27, aligned with the national value and sustainability structure and associated priorities and which also ensures that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis.	Q4
4G.3 Address variation reported in the National Outcomes Framework and National Clinical Audit and Outcome Review Programme.	Q4
4G.8 Develop a 'bottom-up' value programme for staff to register their value ideas/initiatives, with advice, guidance and resource provided where appropriate to mature ideas into delivery.	Q4

Overview

The Health Board supports the national focus on Value and Sustainability (V&S) and will implement V&S initiatives identified internally, by other Health Boards, or through the national Value and Sustainability Board. Focusing on the value of care helps ensure resources are used in ways that improve the outcomes that matter most to individuals. By weighing the costs against these outcomes, the Health Board can make decisions that deliver the greatest impact with available resources. Sustainability is a key part of Quality Planning. Services struggling with sustainability also often face challenges in Quality Control and the subsequent capacity to improve quality. The Health Board has made progress in developing a formal approach to its V&S goals, including embedding Value-Based Healthcare principles across the organisation. This approach focuses on workstreams that deliver better quality outcomes, experiences, and resource use, while contributing to and benefiting from the national Value and Sustainability Board's work. This national work covers six work-streams: 1) Clinical Variation, 2) Workforce, 3) Continuing Healthcare (CHC), 4) Medicines Management, 5) Non-Pay & Procurement and 6) Value Based Healthcare (VBHC).

Key Delivery Priority Quarterly Update

As per the M5 national monitoring return, the Value & Sustainability programme has developed and initiated an improvement programme forecast to deliver £47.5m savings at year end, with a further £10.9m 'Pipeline' schemes. This is £1.5m above the initial target for the programme and £2m above plan.

However, only £31.8m of forecast delivery is budget releasing, therefore work continues to identify appropriate schemes to mitigate the £14.2m gap.

Work continues to identify schemes of a value over and above target (£17m), in order to achieve the stretch target of financial balance at year end.

The programme continues to prioritise the development of a value-led benefits framework to monitor and report against a wider subset of value metrics, over and above simple financial delivery (outcomes, experience, productivity, efficiency and environmental sustainability). The programme' benefits framework was approved at Programme Board in Q2 and meetings are being held with senior leads for the Major Change Programme to map their initiatives (including impact) with the drivers of value and report progress/impact within the programme.

The wider reporting framework is scheduled to be live in early Q4

4H Quality	Executive Director of Nursing	Overall Delivery Confidence

4H.4 Deliver on findings of internal audit of NICE compliance by focussing on areas where NICE guidance not implemented with clear process of reviewing impact and addressing if significant risk.	Q1
4H.5 Develop programme of Tier 2 audits based on current quality risks.	Q1
4H.1 Develop a comprehensive organisational plan, aligned to Foundations for the Future, to embed the QMS into all core business processes and fully onboard every service to the QMS Maturity App, enabling systematic identification and response to fragile services.	Q2
4H.11 We will reduce severe and catastrophic incident numbers and monitor improvement and learning through the Integrated concerns Hub.	Q2
4H.3 Re-design and implementation of quality governance framework to include implementation of quality issues log.	Q2
4H.8 Refresh of NatSSIPs programme to address recent Never Events and reintroduce a revised ward accreditation programme in line with the QMS methodology.	Q2
4H.9 Implement the new Listening to People Regulations and deliver on the 40% national performance target.	Q2
4H.10 Meet the nationally set Infection Prevention trajectories and reduce the incidents of infections (including C-Diff and E.Coli) and associated harm, through implementation of the IPC improvement plan.	Q3
4H.12 We will reduce the number of avoidable falls and HAPU through continuing to implement the actions identified in the associated improvement groups.	Q3
4H.7 Develop a programme of work and governance framework to address digital safety.	Q3
4H.13 We will fully implement the learning repository and have clear outcomes with regard to robust and sustained organisational learning and how it positively impacts outcomes.	Q4
4H.14 Provide direction and oversight through the organisation's Quality governance for the application of appropriate best practice within the national Quality Statements - the ones not covered elsewhere in the plan are: Care of the critically ill, Respiratory Disease, Heart conditions, Kidney Disease, Liver Disease, Musculoskeletal health, Neurological conditions, Stroke, Infection prevention and control, Osteoporosis and bone health.	Q4
4H.2 Develop and begin implementation of a Health Board–wide Quality Accreditation Framework aligned to QMS and regulatory standards, recognising and incentivising excellence.	Q4

4H.6 Develop programme of work to address priority programmes and actions within National Patient Safety Strategy including key performance indicators to measure improvement.	Q4

Overview

High quality and safe care is the Health Board's foremost priority. Delivering safe, effective, compassionate and person centred services is fundamental to building confidence, meeting statutory duties, and improving outcomes for the population we serve. Quality is not an isolated function; it is the collective responsibility of every part of the organisation and underpins our ability to meet safety standards, performance expectations, deliver value, and use our resources effectively. Sustained operational pressures, workforce constraints, financial challenge and rising demand all increase the risk of variable quality and unmet need. In this context, a consistent, transparent and well governed approach to quality is essential. A mature Quality Management System (QMS) provides the structure required to plan for high quality, intervene early where fragility exists, improve care where needed, control variation, and assure the Board and public of the standard of safe services delivered. Building on our current QMS, the organisation will systematically identify fragile and high risk services and ensure improvement plans are driven by real time intelligence and evidence of impact. Expanding quality control measures to include locally meaningful indicators will strengthen frontline ownership of quality, while reviewing and modernising our governance framework, aligned with internal audit recommendations, external scrutiny, and national policies, will reinforce interprofessional accountability. This includes the introduction of a Quality Issues Log to complement the risk framework and ensure clearer escalation, thematic analysis, and organisational learning. Quality and safety must also be rooted in learning.

Strengthening our approach to mortality review, harm analysis, patient safety incidents and complaints will ensure that learning translates into meaningful improvement for patient safety, experience and performance. Close partnership with operational teams is essential so that insights become action, and assurance reflects real change. 2026/27 brings several statutory and national changes that heighten the importance of a consistent approach to quality. These include: Listening to People Regulations, National Cleaning Standards, Duty of Quality and Duty of Candour and Infection Prevention national targets. Leadership in these areas is critical, along with ensuring that patients always have the option to converse through the medium of Welsh, which should also be considered an issue of quality and safety. The Health Board maintains strong governance structures aligned with the NHS Wales Safeguarding Network, which has highlighted national priorities such as improved child protection medical assessments, strengthened pathways for vulnerable groups, and enhanced support for professionals through reflective supervision. Embedding these requirements within our QMS and governance structures is essential to ensure compliance, transparency, and progress towards de escalation from targeted intervention. Quality is therefore a critical enabler of organisational recovery, sustainable improvement, and the delivery of safe, effective and equitable care for our communities. Our 2026/27 priorities align to the statutory NHS Wales Planning Framework 2024–2027, which emphasises integrated, sustainable improvement within the constraints of unprecedented operational and financial pressures. These commitments support the Health Board's role in protecting the most vulnerable, reducing avoidable harm, and ensuring the safety and wellbeing of the population we serve. The Health Board is open regarding its biggest quality challenges, incorporating safety, effectiveness and experience. Access to services presents the single greatest quality problem in a number of areas, most visibly in urgent and emergency care pathways and in planned care, diagnostics and cancer pathways. Improving access will improve safety, effectiveness and experience and simultaneously will help improve colleagues well-being and fulfilment in the workplace. This is why the Board places such emphasis on operational service planning and improvement in delivery, and the reason for external expertise being secured to help both target and accelerate the improvement work in this area.

Key Delivery Priority Quarterly Update

During Quarter 2, the Health Board has continued to strengthen its approach to quality and safety, with a focus on improving oversight, identifying areas of concern earlier and ensuring that improvement activity is informed by clear evidence and intelligence.
Some further progress has been made in integrating the Quality Management System (QMS), including strengthening quality measures and improving the visibility of quality information at service level. There is an increased focus on using meaningful quality metrics alongside patient feedback, incidents, concerns and other sources of intelligence to better understand the quality and experience of care being delivered.

Some quality metrics are highlighting areas of challenge and opportunities for improvement. These are being actively reviewed with services to better understand the issues, identify appropriate actions and monitor improvements. Executive oversight is being prioritised where required to ensure appropriate focus, support and accountability, particularly where challenges are sustained or present increased quality and safety risks.

Oversight of fragile and high-risk services remains a priority. Quality, performance and risk information continues to be reviewed through established governance arrangements, with greater emphasis on identifying emerging concerns, escalating risks appropriately and demonstrating that actions taken are making a difference. The Quality Issues Log continues to support this approach and provides a clearer organisational view of significant quality concerns.

Learning from patient safety incidents, mortality reviews, complaints and harm remains important. Work continues to strengthen the connection between learning and improvement, recognising that identifying learning alone is not sufficient and that there needs to be evidence of changes in practice and improved outcomes for patients.

The Health Board continues to progress its responsibilities in relation to the Duty of Quality, Duty of Candour, Listening to People, Infection Prevention and Control, National Cleaning Standards and safeguarding. Welsh language considerations remain an important part of providing safe, equitable and person-centred care.

There remain significant challenges. Access to timely care continues to be one of the Health Board's most significant quality risks, particularly across urgent and emergency care, planned care, diagnostics and cancer pathways. Delays can affect patient experience, safety and outcomes, and this continues to be reflected within patient feedback and quality intelligence. Reducing delays and understanding their impact on patients therefore remain key areas of focus.

4I Environment and Estates	Director of Environment & Estates	Overall Delivery Confidence

4I.3 Plas Gororau (Wrexham) Phase 2 - Commence construction.	Q1
4I.4 Develop and commence implementation of an organisation wide anti-ligature programme.	Q2
4I.7 Ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate and the reduction in the number of leases.	Q2
4I.8 Implement a computer aided facilities management system to support the management of the estate and the implementation of AI based energy management applications.	Q2
4I.9 Development of a pan-BCU approach to managing car parking for staff and patients.	Q2
4I.11 Maximising the access to grant funding through the Refit Framework to deliver a programme of works to support carbon reduction.	Q3
4I.6 Commence engagement regarding the potential future redevelopment of the Wrexham Maelor Hospital site.	Q3
4I.1 Develop long-term plans for the delivery of the key estates projects including 1) Business continuity scheme for Ysbyty Gwynedd, 2) Electrical infrastructure replacement scheme for Ysbyty Glan Clwyd, 3) Business Continuity scheme for Wrexham Maelor Hospital, 4) Replacement helipads at Ysbyty Gwynedd and Ysbyty Glan Clwyd.	Q4
4I.10 Develop a BCUHB Climate Adaptation plan aligned with the NHS Wales Decarbonisation Plan and in parallel implement estate decarbonisation programmes.	Q4
4I.12 Commence construction of the photo-voltaic array at Ysbyty Gwynedd as part of adopting renewable energy technologies.	Q4
4I.2 Royal Alexandra Hospital (Rhyl) Phase 2 – Complete the schedule of accommodation and strategic outline case	Q4
4I.5 Agree the approach to developing a revised Estates Strategic Plan, in line with the Health Board's 10-year Strategy and Clinical Services Plan.	Q4

Overview

The Health Board's estate is a valuable asset with the potential to create environments which are efficient and effective. The quality of the physical environment is a key element of the Health Board's strategic intent to create a modern, people-centred healthcare system. It is fundamental to the provision of patient care, and to staff well-being. The estate is ageing with over £240m of backlog maintenance recorded and therefore the Health Board should maximise opportunities to replace and refurbish estate using capital funding. In parallel, the Health Board should review the estate to explore opportunities to reduce space which can

be undertaken allied to other objectives such as the move to community health care as well as prevention – a reduction in just 2% of the poorest or least used estate could support more cost effective operations. The Health Board has a current Estate Strategy which was completed in January 2023 with many areas still relevant such as Rationalisation and the implementation of Health and Wellbeing Hubs, but it requires refreshing and potentially alignment with developing clinical service plans. The capital programme seeks to be a balance of investment in assets to address compliance, mitigate risks to service delivery and support the Health Board and Welsh Government priorities within the current plan. The programme contains capital projects that have followed a robust process of being evaluated and prioritised within the limited resources. The Health Boards capital programme comprises a number of potential funding sources, namely the All-Wales Capital Programme, project specific grant support, discretionary capital, property sale receipts and charitable funding. The Targeted Estates Fund has supported major refurbishments and energy efficiency programmes. The development of partnership schemes is important as part of the Health Board's obligations as an anchor institution in North Wales, as well as being part of the focus on health and wellbeing through every stage of life and supporting enhanced coordination of care.NHS Wales has a Decarbonisation Strategic Delivery Plan. The Health Board recognises the need to adapt to irreversible climate change and will respond at a range of levels aligned to the Plan. The response will include Buildings and land, Fleet, Staff Travel and Homeworking, Procurement and Supply Chain, Clinical Services and Waste utilising the relevant stakeholders within the Health Board. The objective will be to develop strategies and progress decarbonising our operations as much as possible. Through coordinated and innovative approaches, we can deliver a fit for purpose, resilient, efficient and effective estate from which to deliver sustainable health care.

Key Delivery Priority Quarterly Update

Progress during Quarter 2 demonstrates continued advancement of the Health Board's strategic estates and infrastructure programme, with a number of key capital and sustainability initiatives progressing through planning, procurement and construction phases. Construction has commenced on the Electrical Infrastructure Replacement Scheme at Ysbyty Glan Clwyd and the replacement helipad at Ysbyty Gwynedd, representing important investments in business continuity, resilience and operational infrastructure. Development work is continuing on the business continuity schemes for both Ysbyty Gwynedd and Wrexham Maelor Hospital, with discussions underway to define scope and future delivery requirements.

The Health Board has also made progress in strengthening the management and utilisation of its estate. Work to support the disposal of surplus estate has advanced through the development of a proposal for consideration within the Value and Sustainability programme, while an advisory audit of estate utilisation has identified opportunities to further strengthen space management arrangements and improve the use of existing assets. Progress has also been made towards reducing the environmental impact of the estate, with both a Computer Aided Facilities Management (CAFM) system and an AI-enabled Energy Management Application selected and progressing through contract award and procurement processes.

Significant progress has been achieved in relation to decarbonisation objectives. A Re:Fit contractor has been appointed and the Investment Grade Proposal for the estate decarbonisation programme has been completed, with Board approval being sought prior to submission to Welsh Government for Invest to Save funding. However, some programmes have experienced delays. Welsh Government has directed that development of the Royal Alexandra Hospital Phase 2 Strategic Outline Case be paused to prioritise delivery of Phase 1 activities. Similarly, governance arrangements are yet to be agreed to enable progress on future redevelopment discussions for the Wrexham Maelor Hospital site. The proposed photovoltaic array at Ysbyty Gwynedd has encountered significant site

constraints, including aviation and land ownership issues, requiring alternative options to be explored; consequently, construction is no longer expected to commence during the current year.

Overall, Quarter 2 delivery reflects positive progress in strengthening estate resilience, modernising infrastructure, improving asset management and advancing decarbonisation ambitions, whilst recognising that a number of strategic schemes remain dependent upon external approvals, governance decisions and the resolution of site-specific constraints.

4J Workforce	Executive Director of People Services & Organisational Development	Overall Delivery Confidence

4J.1 Review of Consultant job plans – Operational Services to be targeted to reach >90% to ensure improved workforce productivity and alignment to demand and capacity. This will be measured through the Job Planning Dashboard and follows on from work undertaken in 2025/26.	Q2
4J.2 Review of agency expenditure. Operational Services to be targeted with a 30% reduction in agency expenditure. All services to be targeted with no off-contract agency use and not Admin and Clerical, Estates and Ancillary and Health care Support Worker agency use through effective workforce planning, optimising the benefits of the newly insourced medical bank resource and management controls. This will be measured through the Value & Sustainability (V&S) Group.	Q2
4J.3 Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular by continuing to reduce agency requirements and incentivise substantive positions through flexible working, effective rostering and employee health and wellbeing programmes of work.	Q4
4J.4 Work with operational and corporate directors to implement and deliver the Health Board's sickness absence delivery plan to improve workplace attendance levels and to meet national sickness absence and local stretch targets. Progress will be monitored through the People and Culture Committee.	Q4
4J.5 Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29.	Q4
4J.6 Review and respond to staff survey feedback to support an improvement in staff engagement and satisfaction.	Q4
4J.7 Implement in partnership strategic workforce planning across the organisation, improving alignment with Clinical Service Plans, use of technology, Financial Plans linked to IMTP objectives. Progress will be measured through the Foundations for the Future programme board. Plans will proactively identify any workforce capacity, skills and talent gaps and set out initiatives to address these in order to meet organisational objectives.	Q4

4J.8 Prepare the annual social partnership report outlining what the Health Board has done to comply with the Social Partnership Duty, agreeing it with Trade Unions and submitting to the Social Partnership Council (SPC) as soon as possible after the end of the financial year.	Q4

Overview

Workforce planning is a core organisational priority because the Health Board's ability to deliver safe, effective and sustainable care depends on a workforce that is strategically aligned, with the right and capabilities, in roles designed to be adaptable to changing population needs. The system continues to face increased clinical complexity, rising demand for services, complex population health needs and inequalities, all within a constrained financial environment. A structured, evidence-based approach to workforce planning is essential to ensuring that staffing models are directly aligned to service redesign, use of technology and the broader transformation ambitions underpinned by the Clinical Services Plan and Community by Design, as set out in the IMTP. Embedding Health Education and Improvement Wales' (HEIW) Six Steps Workforce Planning Methodology supports this strategic shift, enabling services to base decisions on robust data, demand modelling and integrated workforce, finance and activity assumptions. A clear example of the importance of this approach is the progress made within the qualified nursing workforce. Over the next three years, the Health Board expects to reach full establishment for registered nurses for the first time in over a decade, creating stability. As these pressures begin to ease, workforce planning allows the organisation to pivot toward emerging and persistent shortage areas, such as medical specialties with national supply challenges, mental health, primary care, and hard to recruit allied health and diagnostic professions. This shift will be supported by designing multidisciplinary teams around new roles, including Advanced Clinical Practitioners, ensuring that workforce models reflect the changing needs of patients/service users and the future direction of care delivery. Effective workforce planning also reduces reliance on agency staffing, strengthens job planning and improves quality, safety and productivity, supporting a more stable and attractive working environment. Ultimately, embedding workforce planning as a core organisational discipline ensures services remain clinically viable, financially sustainable and capable of delivering high quality, person-centred care for the population of North Wales, both now and in the years ahead.

Key Delivery Priority Quarterly Update

Workforce planning remains a critical enabling programme underpinning the Health Board's ability to deliver safe, sustainable and financially viable services. Workforce and education planning support is increasingly embedded across strategic programmes of work, Fragile Services and all Major Change Programmes, with greater use of workforce intelligence to identify risks and inform sustainable workforce solutions.
The Interprofessional Education Group is strengthening the connection between future workforce requirements and education and training activity, bringing together multi-professional perspectives and identifying a list of priorities to take forward.

Engagement with HEIW continues to support future workforce modelling and planning approaches, with work also due to commence with NHSW P&I targeted support to look at the development of a workforce planning methodology to ensure triangulation of workforce, finance and performance data is available going forward.

Focus will remain on progressing Fragile Service workforce plans, delivering the SWPF engagement programme, strengthening governance and further aligning workforce planning with education commissioning and workforce supply.

Delivery against workforce productivity priorities has continued. The Job Planning Protocol (JPP) has been approved jointly by the organisation and the LNC. Work has started on the rollout plan and will lead to significant benefits in terms of job planning compliance and medical productivity going forward. Although progress has been impacted by delays in ratification of the revised Consultant Job Planning Policy, the fragility of senior medical leadership and pressures from current reviews, operational teams continue to work towards improving compliance wherever possible, however, there is a delay in reaching the target of over 90% consultant job compliance by the end of Q2. Now the JPP is agreed it is still felt to be achievable within 26/27.

Work to reduce temporary staffing reliance and optimise workforce deployment remains a key focus, with positive progress made year to date. The 30% agency reduction target remains on track, with a 27% reduction in spend achieved compared with the same period last year. Zero agency usage remains on track with mitigations, with current usage limited to planned care recovery activity; however, off-framework agency usage remains off track. Strengthened controls are in place to sustain progress, with further targeted action through the Value & Sustainability Programme and Grip and Control arrangements to reduce agency and off-framework usage. Delivery remains achievable, although sustained service pressures and the workforce capacity required to drive further efficiencies remain key risks.

Workforce wellbeing and attendance continue to receive targeted attention. Enhanced localised sickness absence reporting has been introduced, enabling People Services and operational teams to focus interventions on identified hotspot areas. Progress is being monitored through local performance arrangements and the People and Culture Committee, supported by a detailed delivery plan aimed at improving attendance rates and achieving both national and local performance targets. Current capacity of workforce teams to support ongoing delivery due to current budgetary pressures is a challenge.

Progress has also been made in implementing the Culture, Leadership and Engagement Improvement Plan and responding to staff feedback. A number of foundational initiatives are now underway, including development and pilot testing of a values-based appraisal framework, strengthening organisational culture and behavioural expectations, enhancing induction and transition arrangements, reviewing governance processes to support more effective decision-making,

and developing organisational metrics to measure cultural improvement and staff engagement. Further work is progressing on staff recognition, leadership role redesign and organisational development activities through the Foundations for the Future programme.

Social Partnership continues to be embedded as a core way of working, with engagement and partnership activity taking place throughout the year. Preparatory work for the Annual Social Partnership Report is progressing through routine workforce and partnership arrangements, ensuring compliance with statutory duties and continued collaboration with Trade Union partners.
Overall, progress demonstrates continued movement towards a more strategic, integrated and evidence-based approach to workforce planning. Whilst some key enablers, notably consultant job planning policy approval, have impacted the pace of delivery in specific areas, the Health Board is strengthening the systems, governance and workforce intelligence required to support sustainable workforce transformation, reduce temporary staffing dependence and align future workforce capacity and capability with service, financial and population health priorities.

4K Finance & Commissioning	Executive Director of Finance	Overall Delivery Confidence

4K.2 Contribute to the broader performance accountability agreements to ensure that budget owners are clear on their budget for the year and their accountabilities in relation to delivery within budget.	Q1
4K.1 Maintain financial control measures from start of financial year, with a view to step them down as assurance and confidence is being gained in delivery of the financial plan. Particularly important due to FFTF structure changes mid-year that could otherwise cause some disruption in delivery of financial plan.	Q2
4K.3 Contribute to all the workstreams within the Value & Sustainability programme with a particular focus on those that are more traditionally related to financial management such as Non-Pay and ensuring there is a focus and visibility associated to savings in non-core areas and overheads to prioritise front-line services.	Q2
4K.5 Develop and commence implementation of a Commissioning Strategic Approach for all externally commissioned healthcare activities, that provides direction to the organisation on the role of commissioned services as part of longer-term strategic planning. Forming strategic partnerships will be an important part of the Clinical Services Plan work.	Q2
4K.10 Develop robust commissioning plans for planned care services to secure additional capacity that addresses service backlogs and demand beyond internal capability. Establish and implement a comprehensive process that defines internal resource requirements and incorporates the full procurement, governance, and mobilisation pathway needed to deliver the required capacity.	Q3
4K.12 Work with the Joint Commissioning Committee (JCC) to develop a financially balanced plan for the delivery of specialist services for the Health Board's population. Ensure consistent and effective representation from BCU at all JCC meetings and support a constructive approach to handling challenges. Proactively engage with the JCC to contribute to:- Efficiency and productivity schemes that collaboratively manage demand and cost pressures e.g. referral management.- New clinical models in relation to Emergency Ambulance Services.- Save a Life Cymru (SALC) defibrillator awareness. New air bases for the Emergency Medical Retrieval Service (EMRTS).Adult Critical Care Transfer Service (ACCTS) in line with the Health Board's emerging Clinical Services Plan.Non-Emergency Patient Transport Service (NEPTS) transformation.Neonatal Transport (CHANTS) & Major Trauma pathways.Clinical engagement and partnership in Sexual Assault Referral Centres (SARC).Improved commissioning and strategic partnerships with hospices and the Voluntary Sector.A strategic review of Mental Health, Learning Disabilities and Vulnerable Groups commissioning.Strategic reviews and deep dives relating to specialised services commissioned services across Cancer & Blood, Cardiac, Kidney, Neurosciences and Women & Children's services.	Q3
4K.13 Prepare and commence execution of a robust and sustainable recovery plan, as detailed within Standing Financial Instructions, following submission of an in year deficit outturn	Q3

4K.4 Repeat the exercise to quantify current spend on primary and community services to compare against the baseline produced in 2025/26, in order to ascertain whether the required strategic move to proportionately increasing investment into primary and community care when compared to secondary care is happening.	Q3
4K.6 Create an Integrated Commissioning Framework that includes commissioning assurance, and clarity of roles and responsibilities, ensuring that everyone across the organisation is clear on roles to enable effective commissioning with a focus on value, quality and patient outcomes.	Q3
4K.8 In advance of the annual review of all services, undertake a risk-based review of contracts to ensure they are delivering value against current population need.	Q3
4K.11 Complete a review of performance monitoring arrangements for all existing commissioned services, ensuring that an appropriately broad set of performance metrics are covered along with consistent periodic commissioned services partner review meetings.	Q4
4K.7 Individual services to undertake an annual review of all their commissioned and contracted services as part of the IMTP process to ensure that the right strategic decisions are made on what the organisation should provide or commission. This should trigger de-commissioning, re-commissioning, as well as commissioning of new services where that best meets the needs of the population.	Q4
4K.9 Undertake a review to provide assurance that the Health Board is operating in accordance with the national hospice commissioning guidance in relation to palliative and end of life care.	Q4

Overview

The core purpose of the Financial Plan is to reflect the financial impact of the decisions and service developments contained within the IMTP and support the fundamental aims and strategic objectives of the Health Board. As a Health Board there is a statutory duty to breakeven against the resource limit set by Welsh Government, over a three-year period. The financial planning element of the IMTP plays a critical role in ensuring the organisation can meet its obligations both to the public and to Welsh Government. A strong financial plan reflects the financial consequences of service choices, prioritises what can be delivered, and ensures that the organisation remains viable and resilient in the face of increasing pressure and demand. Given the financial climate facing the NHS, the priority placed on effective organisational planning, especially financial planning, now is greater than ever. As the Health Board enters 2026/27, it does so against a backdrop of ongoing financial challenge, with underlying deficits and rising service pressures continuing from 2025/26. Even with an uplift in funding, achieving financial sustainability requires robust financial governance, disciplined prioritisation, a credible savings programme, optimisation of resources, and a clear understanding of the three-year financial trajectory. The plan therefore focuses on delivering an ambitious but realistic position, whilst laying the foundations for a productive, efficient and financially sustainable workforce capable of delivering high quality care. The Health Board needs to strengthen its internal commissioning function to improve services contracted from other organisations, including healthcare providers, local authorities and third-sector partners. This will support the 'shift left' and de-medicalisation of some services in line with "A Healthier Wales." Following the pandemic, many services were contracted on a

block basis, limiting the ability to focus on quality and outcomes. Moving towards a commissioning approach that better considers population needs, priorities, and quality monitoring will improve the value of these services and support local and third-sector involvement. A timely and systematic commissioning framework will also help partners plan and promote integrated care across North Wales. The Health Board has struggled to recover and improve the efficiency of planned care post-pandemic. Strengthening operational planning and applying commissioning principles will help improve this process. Prioritising these efforts will allow the Health Board to refocus contracts on value and quality, improving demand and capacity planning for better service procurement.

Key Delivery Priority Quarterly Update

1. What have we delivered so far this year towards the aim?

Significant progress has been made in strengthening the Health Board's commissioning and financial governance arrangements.
Key milestones delivered include:
• Approval of the Commissioning Assurance Framework (CAF) by the Board on 28 May 2026, establishing the governance framework for commissioning oversight and contract assurance.
• Commencement of implementation planning for a dedicated Executive Commissioning and Contracts Group to oversee delivery of the CAF.
• Active participation in regional and national commissioning programmes, including specialist services through the Joint Commissioning Committee (JCC) and hospice commissioning through the North Wales Joint Commissioning Committee (NWJCC).
• Continuation of enhanced financial recovery and monitoring arrangements following submission of the Month 3 Monitoring Return, including strengthened divisional accountability, savings monitoring and executive scrutiny processes.
• Submission of the Month 3 Monitoring Return reporting a year-to-date deficit of £17.1m and implementation of recovery planning arrangements in accordance with Standing Financial Instructions.

2. What impact (both qualitative and quantitative) has the work had on the population of North Wales compared to what it set out to achieve?
At this stage, the primary impact has been the establishment of the governance, assurance and commissioning infrastructure required to support longer-term service improvement and financial sustainability.

• Maintenance of the annual financial forecast aligned to the approved 2026/27 planned deficit of £43m, despite a reported year-to-date variance of £6.4m adverse to plan at Month 3.
As implementation remains in the early stages, direct population-level impacts on access, quality or outcomes are not yet evidenced and are expected to emerge through delivery of the commissioning review programme and associated service changes during 2026/27.

3. What actions are we undertaking to ensure we are on track to deliver the full overarching aim and associated impact by the end of March 2027?
The Health Board is progressing the following actions:

• Implementing the Commissioning Assurance Framework across NHS-to-NHS, independent sector and subsequently wider commissioned services through a phased, risk-based approach.
• Establishing the Executive Commissioning and Contracts Group to provide strategic oversight and assurance of delivery.
• Undertaking annual reviews of commissioned services through the IMTP process to support commissioning, recommissioning and decommissioning decisions based on population need, quality and value.
• Continuing collaborative work with the JCC, NWJCC, local authorities, the voluntary sector and providers to strengthen commissioning arrangements and develop financially sustainable service models.
• Progressing work to align performance monitoring arrangements across commissioned services, including development of broader performance metrics and regular contract review processes.
• Maintaining enhanced financial recovery arrangements, including monthly executive scrutiny, divisional accountability processes, savings delivery monitoring and recovery planning actions.
Overall, delivery remains focused on establishing the governance, assurance, commissioning and financial management arrangements required to support improved value, service quality, integrated care and longer-term financial sustainability for the population of North Wales by March 2027.

ASSESSMENT	
Link to Strategic Priorities	
	2. Developing strategy and long-lasting change
	If more than one applies, please list below: 4. Improving quality, outcomes and experience
Design Principles	Consistency with Organisational Values If more than one applies, please list below: All design principles applied through the various key programmes.
Corporate Risks and Board Assurance Framework	Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)
	Not Applicable
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	*Individual programmes will complete as appropriate.*
	Yes: ☐	No: ☒

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Outcome:	
	If no, please include rationale:	*Individual programmes will complete as appropriate.*
Have you undertaken a Quality Impact Assessment Screening?	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	*Individual programmes will complete as appropriate.*
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	*Individual programmes will complete as appropriate.*
	If no, please include rationale:	
Data Protection Impact Assessment	Yes: ☐	No: ☒
	Outcome:	

Have you undertaken a Data Protection Impact Assessment Screening?	If no, please include rationale:	*Individual programmes will complete as appropriate.*
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	*Individual programmes will complete as appropriate.*
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

DIRECTOR OF PLANNING REPORT

Date of Meeting	05 November 2026
Publication Status	Closed / Private
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)

Report Purpose	For Assurance

Executive Summary
This report provides the Planning, Population Health and Partnerships Committee (PPHP) with an update on key strategic, planning, and transformation activities across the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
N/A		

Acronyms / Glossary of Terms	
PPHP	Planning, Population Health & Partnerships Committee
QSE	Quality, Safety & Experience Committee
PFIG	Performance, Finance & Information Governance Committee
IMTP	Integrated Medium-Term Plan
ADP	Annual Delivery Plan
CSP	Clinical Services Plan
UEC	Urgent and Emergency Care
SRO	Senior Responsible Officer
SPSCG	Strategic Planning and Service Change Group

DIRECTOR OF PLANNING REPORT

1) SITUATION

The purpose of this report is to provide stakeholders with an update on a range of strategy and planning matters. This is a regular report to the Strategic Planning and Service Change executive group (SPSCG) and Planning, Population Health and Partnerships (PPHP) Board Committee with any key updates provided directly to the Board, it may also be used in other key governance when required.

2) BACKGROUND

This report does not seek to rehearse the background to each of the specific matters for consideration as it acts as a vehicle to provide high level assurance on key progress being made in each area. The full background and detail of each area is subject to separate more detailed reports and can be provided should they be required.

3) SPECIFIC MATTERS FOR CONSIDERATION

3.1: 10-YEAR STRATEGY

The Integrated 10-Year Strategy Programme will establish a long-term framework to improve population health outcomes, reduce inequalities and support sustainable, high-quality services across North Wales. Building on the Strategic Intent Statements developed through co-design during 2025/26, the programme will provide the overarching strategic framework for the Health Board, supporting alignment between future service models, organisational planning, transformation programmes and enabling strategic plans.

The programme for this reporting period has primarily focused on completing the Case for Change, producing a draft Discovery Report, further refinement of the programme plan and timeline and developing an Output Report following the Board Development Session which took place in August 2026. In parallel the first two meetings of the Strategic Planning Programme Board took place on the 8th September and 8th October 2026.

Priority activity over the coming weeks includes approval of the Discovery Report, programme plan and timeline; Board Member input to the draft Case for Change; and consideration by PPHP on 5th November of the draft Case for Change, with

endorsement sought to proceed to stakeholder engagement and development of the final Case for Change for Board approval.

3.2: CLINICAL SERVICES PLAN

The Clinical Services Planning (CSP) Programme seeks to provide a structured, evidence-informed approach to shaping sustainable, high-quality clinical services across North Wales, aligned to the Health Board's strategic ambitions and wider system priorities. The programme combines clinical leadership, stakeholder insight and co-production to inform future service models and improve quality, outcomes, experience and sustainability.

The programme is focused on establishing three key products which will be delivered in two stages:

Stage 1:

- A Future Clinical Services Model, setting out the overarching direction for clinical services across North Wales;
- A Clinical Services Planning (CSP) Framework, providing a consistent framework for service assessment, option appraisal and decision-making; and

Stage 2:

- Application of the Framework to develop a suite of Individual Service Area Plans, translating the agreed approach into service-specific recommendations and implementation priorities aligned to the Future Clinical Services Model.

During Q1 and early Q2, activity has focused on programme mobilisation, early stakeholder engagement and development of the Programme Initiation Document (PID). While progress has been made in refining the programme scope and approach, mobilisation has been slower than anticipated due to competing organisational priorities and inconsistent engagement across parts of the organisation, resulting in key activities extending beyond their original timescales.

Over the next three months, priority will be given to establishing the programme governance and leadership arrangements required to support delivery, including establishment of a dedicated CSP Programme Board. Work will also focus on securing Executive Team direction regarding external consultancy support, identifying a funding solution, and further developing the proposed phased approach to programme delivery. The implications for programme milestones, ADP deliverables and future delivery timescales will be reviewed as the programme approach and supporting arrangements continue to mature. Alignment with the

emerging Ten-Year Strategy, wider strategic planning portfolio and IMTP will remain critical to ensuring a coherent approach to future service planning and transformation.

3.3: INTERNAL SERVICE CHANGE

This Internal Priority Service Change update provides an oversight of three priority service change programmes: Penley Community Hospital, Tywyn Community Hospital and Healthy Prestatyn. Each programme seeks to address challenges relating to workforce sustainability, service resilience, population health need, quality of care and the effective use of public resources whilst supporting the Health Board's strategic ambitions around care closer to home and Community by Design. All three programmes have progressed in line with agreed plans during the reporting period.

The consultation on the future of services provided at **Penley** Community Hospital concluded its 12-week (6 weeks extended by 6 weeks due to summer holidays) consultation period on 7 October and has now entered the analysis phase with an independent analysis company. Arrangements are being explored to support Board Members with the Conscientious Consideration phase of this work leading up to the Board decision now in March. An Informal Board session at the end of November or in December is being proposed for this.

At the meeting of the Health Board on 30 July 2026, it was agreed to move to full public consultation in **Tywyn**, for a period of 12 weeks (extended by 2 weeks for Christmas), for the future of services at Tywyn Community Hospital. As previously described, consultation preparations began immediately with a proposed consultation launch in autumn 2026. An October start date was being worked to, but due to the volume of feedback and updates to the documentation, requiring iterations to Welsh translation and then to the designers (who also had some sickness within their team), this was not possible and a mid November start date is being targeted. This along with re-assessing the time required to conduct the assessment of potential alternative suggestions from the consultation have meant that a May Board decision is now being targeted.

The North Denbighshire Sustainability Programme has approved changes to the **Healthy Prestatyn** Iach (HPI) practice boundary to support the long-term sustainability of GP services across the area, following a significant reduction in HPI's patient population and extensive engagement with patients, staff and stakeholders. The approved proposal will enable the phased transfer of approximately 4,600 patients living outside the revised boundary to neighbouring GP practices from January 2027, supported by comprehensive mitigations to protect continuity of care, maintain local access to services, and ensure receiving practices have sufficient capacity. The decision was approved by the Primary Care Panel,

ratified by Strategic Planning and Service Change Group (SPSCG) and an update provided to PPHP in September. The programme is now moving in to the mobilisation phase.

3.4: IMTP DEVELOPMENT – 2026-29

The Integrated Medium-Term Plan (IMTP) planning cycle remains a core component of the Health Board's strategic planning framework, providing the mechanism through which strategic, service, workforce, financial, quality, performance, digital and partnership priorities are aligned within a single integrated planning process. The Health Board continues to implement its continuous planning approach, established through the Integrated Planning Framework (IPF), to support improved planning maturity, organisational alignment and a more proactive, evidence-led approach to planning.

The organisation is now in the Build phase of the IMTP 2027-30 planning cycle. During the current reporting period, the draft 2027/28 planning approach and timeline have been further developed alongside the three-part planning pack: Part A (planning narrative), Part B (supporting workbook/data and assumptions) and Part C (resources and signposting). The approach is intended to provide a clearer, more integrated planning ask, reduce duplication and strengthen the line of sight from need and risk through to priorities, dependencies, deliverables, measures, resources and outcomes.

Planning guidance and supporting documentation are being finalised for issue from Friday, 9th October, with targeted soft-launch sessions with services and directorates thereafter. External engagement has also been made more visible within the planning timeline, reflecting the need for partner and stakeholder input to inform, test and refine plans throughout the cycle rather than at a single point in time.

The Unified Modelling Proposal was considered by SPSCG on 30 September and supported in principle. The proposed staffing/resource model was not endorsed at this stage; the Chief Executive will determine the appropriate Executive leadership for the work. The modelling approach will therefore continue to develop alongside the planning cycle, with common assumptions and available intelligence used to support service planning while leadership and resource arrangements are resolved.

3.5: SPECIAL MEASURES

The next Welsh Government Escalation Board is scheduled for mid to late November (location and date being confirmed at the time of writing). This is following a break in these monthly meetings whilst the Well-led review was

conducted. The meeting will be with the Cabinet Minister and a selection of both Executive and Independent Member Board Members.

Welsh Government has published a new Accountability and Support Framework that replaces the previous escalation and intervention framework with a more integrated approach covering routine accountability, operational assurance, escalation, improvement and intervention support, recovery, turnaround, de-escalation and earned autonomy. The framework is set around the four pillars of Quality, Finance / Planning, Workforce and Delivery / Performance and a Leadership (well-led) foundation domain. These replace the domains of Finance Strategy and Planning, Performance and Outcomes, Clinical Services, Governance and Leadership, Quality of care, and Population Health and Prevention in the previous escalation and intervention framework.

There will be a Tripartite meeting between Audit Wales, Healthcare Inspectorate Wales and Welsh Government in mid-November that will consider the escalation levels of all Health Boards against the new Accountability and Support Framework. Following this a new set of de-escalation criteria will be provided to each Heath Board.

3.6: PORTFOLIO MANAGEMENT

This programme of work has been established to enhance the organisation's approach to portfolio, programme and project management, improving oversight, consistency and delivery confidence across Major Change Programmes (MCPs), Key Programmes and Fragile Services.

During the reporting period, programme leadership capacity has been strengthened through the appointment of a Programme Director for Community by Design (CbD) and Programme Managers for both CbD and the Clinical Services Plan (CSP). Additional funding has also been secured for two CbD Project Manager posts. Alongside these appointments, PMO support has focused on programme mobilisation activity, including readiness planning, governance development and the production of core programme documentation. Progress has continued in strengthening portfolio governance, reporting and assurance arrangements. The draft Programme Delivery Framework has been socialised with stakeholders and will now be refined ahead of formal consideration through governance channels. In parallel, work has commenced to strengthen collaboration across MCPs through the identification of interdependencies, alignment opportunities and a more coordinated portfolio approach.

Progress has also been made in mobilising the CbD Programme, with Programme Board membership agreed and the inaugural Programme Board scheduled for November 2026. Work has further supported organisational discussions regarding Sponsor and Senior Responsible Owner roles and responsibilities. However, progress in establishing the Health and Wellbeing Hubs as a single programme has been slower than anticipated, with sponsorship and accountability arrangements remaining under consideration.

Over the next three months, the focus will be on securing approval and implementation of the Programme Delivery Framework, supporting the mobilisation of CbD and CSP programmes, strengthening cross-programme coordination and enhancing organisational oversight through improved assurance, reporting and benefits management processes.

Strengthened leadership capacity, secured funding and maturing governance arrangements provide a solid foundation for delivery. Continued organisational commitment, stakeholder engagement and a sustained focus on embedding new ways of working will be critical to ensuring that strategic programmes deliver meaningful benefits and improved outcomes for the population of North Wales.

3.7: ORGANISATIONAL CAPABILITY

The Organisational Capability workstream remains on track for delivery. This programme of work has been established to strengthen the organisation's capability to lead, support and sustain transformational change by developing accessible and scalable learning pathways across programme and project management, planning, and improvement. By investing in capability development, the organisation is building the skills, confidence and capacity required to deliver strategic priorities, improve service outcomes, and embed a culture of continuous improvement.

The discovery phase has been successfully completed, incorporating comprehensive stakeholder engagement and needs analysis. Feedback from stakeholders and service leaders identified a clear requirement for a more flexible, accessible and role-specific learning offer, particularly for operational staff who face barriers to accessing existing development opportunities. These insights are directly informing the design of learning pathways that are responsive to organisational needs, support broader workforce engagement, and enable greater consistency in the application of improvement and transformation methodologies across the organisation.

Good progress has been achieved, including the development of a draft prospectus setting out the proposed learning pathways and delivery model, completion of

stakeholder scoping sessions, identification of key organisational capability gaps, and creation of learning content for deployment. The Change Hub will provide a central point of access and in-house training materials, resources, tools and templates, supporting a more coordinated and standardised approach to capability development while reducing duplication and improving the accessibility of change-related resources.

Activity continues to focus on finalising learning pathway content, launching bitesize learning resources, implementing a communication and engagement strategy, establishing an evaluation and benefits realisation framework, and deploying a Power App to streamline training administration, monitoring and reporting. This will be supplemented by bespoke training for Sponsors and SROs.

The initial rollout will focus on a pilot cohort that will serve as a test bed for the new learning package. Evaluation findings and participant feedback will be used to refine the content, format and delivery approach prior to wider implementation.

3.8: ORGANISATIONAL APPROACH TO CHANGE

The development of a consistent Organisational Approach to Change continues to progress on schedule and is now approaching completion of the Design Phase. Building on the findings from the Discovery Phase, the programme has focused on engaging staff and stakeholders to refine the proposed organisational change principles, identify practical tools and resources, and shape the development of a Change Hub that will provide a single point of access to guidance, support and best practice. Feedback gathered through stakeholder discussions, staff networks and drop-in sessions has reinforced the need for a simple, practical and people-centred approach that can be applied consistently across both large-scale transformation programmes and local service change.

Engagement activity remains ongoing, with a final workshop scheduled to review emerging outputs, validate recommendations and agree priorities for implementation. The involvement of staff networks, including the Neurodiversity Network, has strengthened consideration of inclusion, accessibility and staff experience throughout the design process.

Subject to completion of the remaining design activity, the programme will move into the finalisation of the Framework, Toolkit and Change Hub, with consideration through Executive Governance in December followed by PPHP thereafter.

Overall, the work remains on track to deliver a co-produced, practical and scalable organisational approach to change that will support more consistent delivery, improve staff experience and strengthen the organisation's capability to lead and sustain change effectively.

3.9: THIRD SECTOR PARTNERSHIP UPDATE

Work is progressing to develop a Third Sector Partnership Framework that will strengthen how BCUHB works with voluntary, community and third-sector organisations, including their involvement in engagement, co-production and future service change activity.

The survey has now been launched and circulated across the sector, to gather stakeholder feedback to inform development of the Framework. A mid-point review confirmed that responses are being received from partner organisations and stakeholders across the sector. The survey will close on Monday 19 October 2026, after which responses will be analysed to identify key themes, opportunities and any gaps in participation.

The main risk remains limited or uneven participation, which could affect the breadth and representativeness of feedback received. This is being mitigated through the targeted promotion across third sector networks, direct engagement with partner organisations, and circulation through BCUHB colleagues' established contacts. Confirmation of the co-production workshop date is also a key dependency for the next phase of work and will be communicated once arrangements have been finalised.

4) KEY RISKS / MATTERS FOR ESCALATION

As this report demonstrates, there is a large number of important pieces of work being orchestrated through this portfolio, all requiring concurrent focused development and delivery work. This does generate capacity challenges across the team, which are difficult to mitigate leading up to organisational structural changes and in the current and future financial climate.

A number of challenges exist within the Service Change, Key Programmes and Major Change Programmes, which are being managed and mitigated through their own individual governance and reporting.

5) RECOMMENDATIONS

The group is asked to:

- **NOTE** and take **ASSURANCE** on the content of the report.

ASSESSMENT	
Link to Strategic Intentions	
	4. Create a Modern, People Centered Healthcare System
	If more than one applies, please list below:
Design Principles	Simplify, Standardise, and Adopt Best Practices If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	▪ BAF24-01 - Not Fully Building an Effective and Accountable Organisation ▪ BAF24-02 - Not Delivering Strategic Development and Digital Transformation ▪ BAF24-03 - Not Achieving Long Term Financial Sustainability ▪ BAF24-04 - Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability ▪ BAF24-05 - Not Engaging with Citizens, Partners and Communities ▪ BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes ▪ BAF24-07 - Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk ▪ BAF24-08 - Not Implementing Evidenced Based Improvement and Innovation
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
	Yes: ☐	No: ☒

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Outcome:	
	If no, please include rationale:	
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

PLANNING, POPULATION HEALTH & PARTNERSHIP COMMITTEE

INTEGRATED PLANNING FRAMEWORK 2025-27 - 2026 REFRESH

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author(s) name and title**	Emma Lea, Assistant Director of Corporate Planning (Interim) Janerose Buyiekha, Corporate Planning Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Paolo Tardivel, Interim Executive Director of Transformation & Strategic Planning

Pwrpas yr Adroddiad **Report Purpose**	For Noting and Endorsement

Crynodeb Gweithredol
Executive Summary

The Integrated Planning Framework (IPF) 2025-27 was approved by the Health Board in November 2025, with a commitment to annual review to ensure continued relevance and alignment with organisational planning arrangements. This paper presents the 2026 refresh of the existing framework; it does not replace the approved IPF or alter its three-year timeframe.

The refresh reflects learning from the 2026 Planning Maturity Matrix (PMM), IMTP Reflection and Learning activity, and developments in the Health Board's strategic planning approach. The core principles and purpose of the framework remain unchanged.

Updates focus on:

- strengthening the emphasis on annual planning and planning quality;
- clarifying the relationship between the IPF, the developing 10-Year Strategy, Clinical Services Plan and IMTP;
- updating planning lifecycle guidance, including modelling, forecasting and evidence-based planning;
- refreshing organisational planning capability, roles and responsibilities; and

- clarifying the relationship between the enduring framework and annually issued IMTP Planning Guidance.

PPHP is asked to note and endorse the completion of the annual review and approve the 2026 refresh of the framework.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Corporate Planning Team / planning colleagues	August-September 2026	Review of the approved 2025-27 IPF undertaken as an annual refresh, informed by the 2026 PMM, IMTP Reflection and Learning and progress in strategic and integrated planning. A targeted confirmation tracker has been used to identify matters requiring specialist validation rather than reopening the framework in full. Final factual updates will be incorporated before onward submission to the Board.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
IPF	Integrated Planning Framework
IMTP	Integrated Medium-Term Plan
PMM	Planning Maturity Matrix
PPHP	Planning, Population Health & Partnership Committee
CSP	Clinical Services Plan
BAF/CRR	Board Assurance Framework / Corporate Risk Register

INTEGRATED PLANNING FRAMEWORK 2025-27 - 2026 REFRESH

1. Y SEFYLLFA
SITUATION

1.1 The Integrated Planning Framework 2025-27 (IPF) was approved by the Health Board in November 2025 with a commitment to annual review. This paper presents the 2026 refresh of the approved framework, maintaining its existing purpose, scope and timeframe.

1.2 The refresh incorporates learning from the 2026 PMM, IMTP Reflection and Learning activity and developments in organisational planning arrangements. It also strengthens alignment between the IPF and the annually issued IMTP Planning Guidance.

2 Y CEFNDIR
BACKGROUND

2.1 Since approval of the IPF, the Health Board has continued to strengthen its planning arrangements and organisational planning maturity. Progress identified through the 2026 PMM includes improvements in strategic planning, governance, engagement and integration across planning disciplines.

2.2 The IPF remains the organisation's overarching framework for integrated planning and operates alongside the Risk Management and Integrated Performance Frameworks. The 2026 refresh updates the framework to reflect organisational learning and evolving planning practice while retaining the principles and approach approved in 2025.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

3.1 The 2026 refresh retains the approved structure and principles of the IPF. Key updates include:

3.1.1 Updated strategic context, including the developing 10-Year Strategy, Clinical Services Plan, commissioning arrangements and the Health Board's Anchor Institution role.

3.1.2 Strengthened guidance on annual planning and the introduction of a "What Good Planning Looks Like" section.

3.1.3 Enhanced planning lifecycle content covering evidence, forecasting, horizon scanning, scenario planning and integrated modelling.

3.1.4 Updated organisational planning capability, training, roles and responsibilities.

3.1.5 Clarified relationship between the IPF and annual IMTP Planning Guidance, which provides cycle-specific requirements, assumptions and planning tools.

3.2 A dedicated "2026 Review and Refresh" section has also been added to the framework to summarise the purpose of the annual review and the principal updates made.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

4.1 The principal risk remains inconsistent application of the Integrated Planning Framework across the organisation rather than the absence of a planning framework.

4.2 The refresh seeks to mitigate this by clarifying expectations, strengthening guidance and reinforcing alignment with annual IMTP Planning Guidance. Effective implementation, supported through governance, capability development and planning assurance arrangements, remains critical to achieving the intended benefits.

5 ARGYMHELLION
RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The PPHP is asked to:

- **NOTE** that the Integrated Planning Framework remains the approved 2025-27 framework and that the 2026 exercise is an annual refresh, not a change to the framework period.
- **ENDORSE** the 2026 refresh of the framework and the updates summarised in this paper.
- **NOTE** that the IPF will continue to be supported by annual IMTP Planning Guidance and associated planning tools and resources.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	The refreshed IPF continues to support all four Strategic Intentions by providing a common approach for translating strategic direction into coherent, affordable and deliverable plans. The 2026 refresh also reflects the Health Board's Anchor Institution role and strengthens consideration of wider determinants of health, inequalities and sustainable social, economic and environmental value where relevant. It describes the

	developing strategic context and links between longer-term strategy, clinical services planning and IMTP delivery.
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	The refresh supports mitigation of planning-related organisational risk by strengthening strategic alignment, integrated resource planning, prioritisation, delivery confidence, governance and assurance. It also supports clearer identification and management of risks to delivery within individual plans. The current BAF/CRR cross-reference should be confirmed before onward formal submission.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	EqIA to be refreshed before final approval.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	To be completed before final approval.
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	Due regard addressed through the refreshed EqIA.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	See refreshed EqIA.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm:	EqIA to be refreshed before final approval.

	If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	See refreshed EqIA.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Welsh language requirements are embedded in the IPF; assessment to be confirmed.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	See refreshed EqIA.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	QIA screening to be confirmed before final approval.
	Galluogwyr Ansawdd **Enablers of Quality** All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	All Apply.

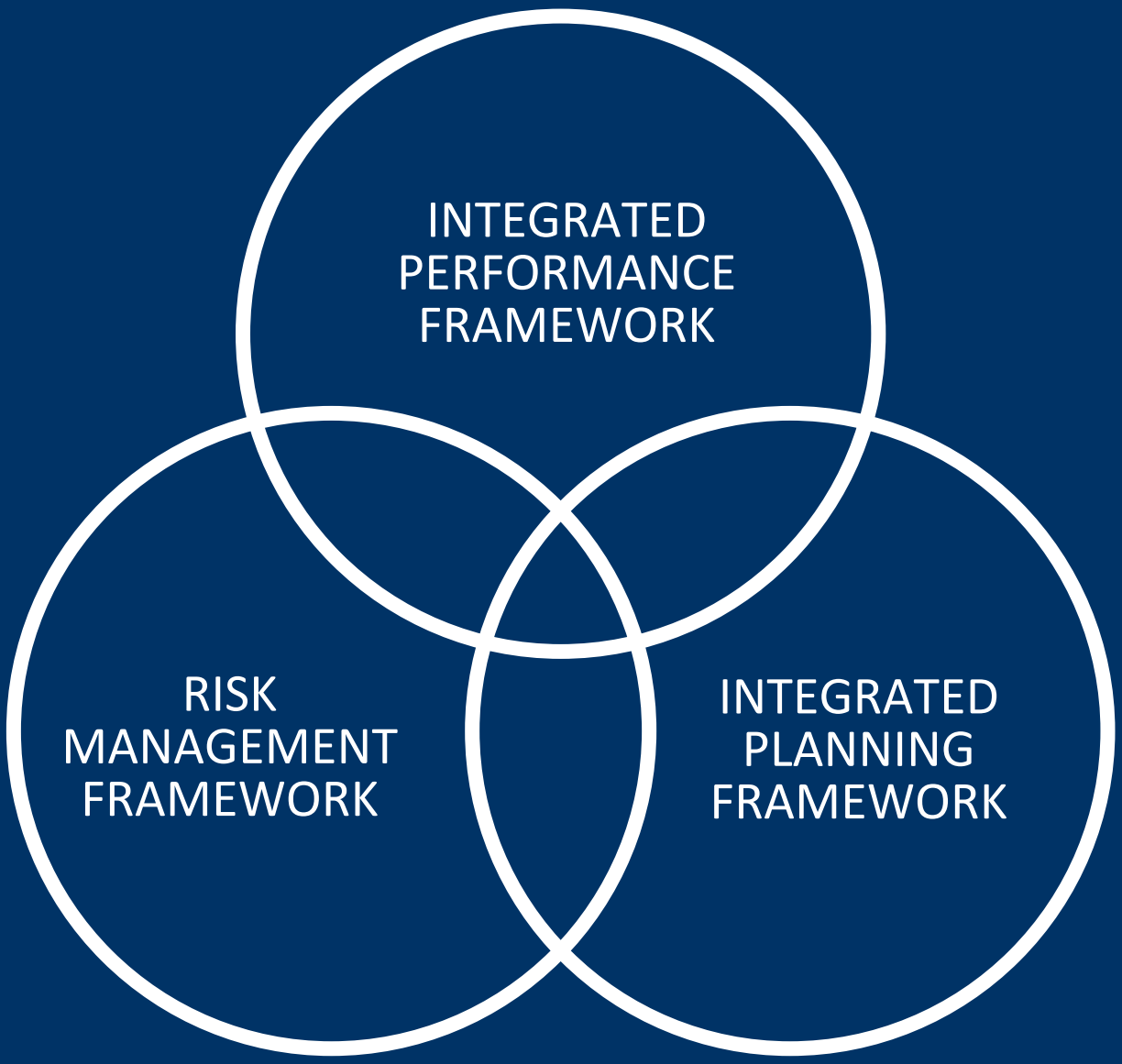
	If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Sustainability considered proportionately within planning.	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	No direct impact; 5Rs considered where relevant.
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	No new personal-data processing; screening to be confirmed.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No new personal-data processing.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	No specific impact identified.
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No specific impact identified.
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
	The framework reflects the principal statutory requirements relevant to planning. Specialist validation of impact-assessment and other statutory requirements will be completed before final approval/publication.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

	A clear and systematically applied planning framework should support organisational confidence by improving transparency, consistency and evidence of deliverability. If the framework is not embedded effectively, this could weaken confidence in the Health Board's ability to demonstrate coherent, realistic and integrated planning.
Effaith ar Adnoddau *(Pobl / Ariannol)*	There is no direct impact on resources as a result of the activity outlined in this report.
Resource Impact *(People / Financial)*	There is no direct additional resource requirement arising solely from approval of the framework. Its purpose is to improve how existing service, workforce, financial, digital, estates and other resources are planned and aligned. Implementation will require proportionate staff time across services and enabling functions and will be supported through existing planning arrangements, the Planning Portal, capability development and the Planning Improvement Programme.

INTEGRATED PLANNING FRAMEWORK

2025-27

Updated 2026



Contents

Contents....2
Introduction....3
Broader strategic context....5
Quality Management System....8
Types of plans....9
Lifecycle of a plan....10
Annual Planning Cycle....14
Business cases....15
Impact assessments....18
Roles and responsibilities....18
Organisational Capability....20
What Good Planning Looks Like....25
Implementation and review....27

Reviewed and updated – September 2026

2026 Review and Refresh

The Integrated Planning Framework 2025-27 was approved by the Health Board in November 2025 with a commitment to annual review. The 2026 review retains the core purpose and principles of the approved framework while updating and developing specific areas to reflect organisational progress, learning and changes in the planning environment.

Introduction

Overview

The Integrated Planning Framework (IPF) sets out the Health Board's long-term commitment to developing planning as a core organisational discipline that drives delivery, accountability, improvement and learning across the organisation and with partners. ensuring Health Board plans are aligned, sustainable, and capable of meeting the changing needs of the population.

Over its two year life cycle, this framework will guide how the Health Board strengthens planning capability and embeds evidence-based approaches into everyday practice. Effective planning is not simply about meeting annual requirements; it is central to shaping strategic direction, commissioning and delivering high-quality services, and improving outcomes for the communities in North Wales.

This will be particularly important to support the changes to the operating model under the Foundations for the Future programme, where the organisation moves towards pan-North Wales services. Planning will be a core part of the role for those leading these services and this framework and its underpinning collateral will seek to support consistent application of best practice across the organisation.

The IPF defines the principles and standards that will underpin planning, sets the context within national policy and legislation, and provides a structured foundation for continuous improvement. By embedding planning as a discipline, the Health Board will enhance resource stewardship, strengthen partnership working, and ensure the organisation is equipped to deliver sustainable, person-centred healthcare and well-being services well into the future.

Supporting the IPF are more detailed guidance that focus on specific aspects of planning. There is the annual Planning Guidance associated with three year Integrated Medium-Term Planning (IMTP) that provides a timeline and detailed process, the most up to date planning assumptions and requirements and templates to complete to support the process. There is also in development a set of planning toolkits to support the generation of each different type of plan outlined in this framework, providing more detail on approaches, processes and templates. More information on these supporting materials can be found on the Corporate Planning BetsiNet site.

To ensure the IPF remains current, a mid-point review has been undertaken and the IPF has updated to reflect improvements to the organisations planning approach and maturity.

The organisation has been on a journey to build the right foundations in effective planning. The Special Measures Independent Review of Planning produced in March 2024 (which can be found here) highlighted the need to create a fit for purpose planning system, to develop an organisational strategic route map and to create a baseline plan to fully understand the Health Board's commitments around change. The organisation has continued to build on the improvements which led to the first ever financially balanced IMTP submitted in March 2025. Further improvements have seen the introduction of a Continuous Planning Cycle and development of supporting planning infrastructure. The review of the 2026 Planning Maturity Matrix self-assessment has identified

progress in the foundations for strategic planning, governance, engagement, integrated planning, risk management and long-term strategy development and highlights the further work required to embed these arrangements.

Other frameworks

This framework is designed to work in conjunction with and to complement other organisational frameworks:

1) **Risk Management Framework** - Important for plans to support mitigation of organisational risks and for the risks to delivery of the plans themselves to be appropriately identified and managed.
2) **Integrated Performance Framework** - Crucial to ensure that every plan identifies and tracks the intended impact and value in relation to outcomes, experience and cost.

There are a number of other frameworks in development that are also important to ensure they are aligned e.g. Decision Making and Prioritisation, Workforce Planning, Commissioning Framework, Performance and Accountability, Fragile Services, Annual Service Planning, Clinical Services Plan and the Organisational Approach to Change, as well as supporting tools such as an organisational approach to unified modelling. The Fragile Services Framework is integrated within the Quality Management System, the Annual Service Planning Framework and the Clinical Services Plan.

Legislative requirements

There are a number of legislative requirements that need to be taken into consideration when planning. Some relate to specific planning activity, such as the development of an Integrated Medium-Term Plan (IMTP), whereas others are more generally applicable to all planning activity. The main relevant legislation is listed below, further information can be found on the Welsh Government web site.

- Welsh Language Act 1993 and Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011 - Statutory duty to deliver services to the public in both Welsh and English.
- NHS (Wales) Act 2006 - Contains the primary statutory duty to prepare an integrated plan for improving the health as well as the provision of health care to the population.
- Equality Act 2010 - Health Boards must involve people whom it considers representative of those with different protected characteristics and those who have an interest in how it carries out its functions.
- NHS Finance (Wales) Act 2014 - annual statutory requirement for expenditure not to exceed resource limits over a 3-year period.

- Social Services and Well-being (Wales) Act 2014 - Requires health boards to co-operate with Partners in the formation of a Regional Partnership Board (RPB) to prepare and publish a 5-Year Area Plan.
- Well-being of Future Generations (Wales) Act 2015 - Relates to improving the social, economic, environmental and cultural well-being of Wales. Requires health boards to: 1) consider the long-term impact of decisions, 2) to achieve the seven Well-being Goals, applying the '5 Ways of Working' to do so, 3) to set out well-being objectives and to work in partnership through Public Service Boards to develop a local Well-being Plan.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020 - Relates to the Duty of Quality - ensuring health boards improve the quality of services, and the Duty of Candour – requiring health boards to be open and honest with people receiving care and treatment.

Broader strategic context

When planning it is important to take into consideration the broader strategic context. This can take many forms, but some of the main elements to consider can be found below.

National

1) **A Healthier Wales (link)** - Published in 2018 and refreshed in 2024, this is Welsh Government's 10-Year strategy to create a whole system approach to health and social care, that focuses on health and well-being and the prevention of illness and the shift of services out of hospitals to communities.
2) **National Clinical Framework (link)** - Published in 2021, this sets a coherent vision for the strategic and local development of NHS clinical services.
3) **Chief Scientific Advisor for Health report – NHS in 10+ years (link)** - Published in September 2023, the report outlines the changes in population demographics and health care needs expected over the next decade.
4) **Ministerial Priorities** - Each year the Cabinet Secretary for Health and Social Care publishes their priorities focusing on the following financial year.
5) **NHS Wales Escalation Status (link)** - Covering the requirements associated with the 5 levels of escalation a Health Board could be in, from Level 1 (Routine Arrangements) to Level 5 (Special Measures).
6) **NHS Wales Planning Framework** - Alongside the annual publication of the Cabinet Secretary's priorities, NHS Wales produce a technical planning framework that details the activity required to satisfy the conditions of producing an approvable 3-Year Integrated Medium-Term Plan (IMTP).
7) **NHS Wales Performance Framework** - This accompanies the NHS Wales Planning Framework and sets out the measures and targets expected to be achieved for the following financial year.

8) **Quality Statements (link)** - Set out the Welsh Government's policy and commissioning expectations for health boards to plan towards. Demonstrating delivery of services in line with the quality statements through Health Boards' IMTPs evidences delivery against the Duty of Quality.

9) **Horizon Scanning** – Involves identifying emerging medical innovations, technologies and trends to inform future planning, including technology appraisal, budget planning and workforce planning.

Regional

It is important to take into consideration the strategic landscape across North Wales and adjacent areas. This includes:

1) **Joint population needs assessment (link)** - Produced with partners via the Regional Partnership Board (RPB).

2) **Partner strategies and long-term plans** - Taking into consideration public sector, third sector and voluntary sector strategies and long-term plans – including but not limited to Regional Partnership Board (RPB) and Public Service Boards (PSBs).

3) **Commissioning and wider regional arrangements** - Taking into account relevant regional and national commissioning arrangements, including the NHS Wales Joint Commissioning Committee (JCC), including opportunities and dependencies that extend beyond North Wales.

Local

Any plans developed need to fit with and further the Health Board's long-term local strategy and plans:

1) **Strategic Intent co-developed with Partners –** Outlining a joint purpose and vision with partners, detailing a number of strategic intent statements.

2) **Health Board 10-Year Strategy (in development) –** Covering a 10-Year period, this document sets out the agreed choices and principles which will help the Health Board realise its strategic intent and fulfil its other obligations. It will be delivered through a number of underpinning plans e.g. Clinical Services Plan.

3) **Health Board Clinical Services Plan (in development) -** 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.

4) **Health Board Integrated Medium-Term Plan (IMTP) -** A three-year plan outlining how the Health Board will use its resources to deliver healthcare services that fulfil its strategic objectives and other obligations.

5) **Organisational Design Principles** - These design principles serve as a common and consistent set of considerations to be applied during planning and service development.

6) **Anchor Institution** – The role the organisation plays within North Wales, acknowledging its ability to influence wider determinants of health and wellbeing through employment, procurement, estates, environmental sustainability, community engagement and partnership working.

Organisational Design Principles - These design principles serve as a common and consistent set of considerations to be applied during planning and service development.

Principle	Overview	Considerations
1) People centred	Prioritise a people centred approach to support better health and well-being outcomes.	▪ Am I improving outcomes for people? ▪ Whose life am I making better? ▪ The Health Board's Wellbeing Objectives
2) Inclusive	Bring together the right people to collaborate and co-design services.	▪ Have key stakeholders' been involved? For example, service users, carers, families, staff, other partners and those with relevant technical expertise.
3) Wise spending	Best value (outcomes, experience, cost)	▪ Will this decision improve value in terms of outcomes, wise spending, and cost
4) Simplify, standardise and adopt best practice	Recognise complexity, streamline and reduce inappropriate variation.	▪ Learn from others and apply best practice ▪ Is there a recognised standard, process or policy to benchmark against? ▪ Have the different aspects/consequences of change been considered? ▪ Keep it simple for the public
5) 'Digital first'	Adopt and promote new ways of working, harnessing the potential of digital innovation.	▪ Seek advice and guidance from the Health Board's Digital, Data and Technology Team.
6) Equity and accessibility	Equitable and accessible services which take account of the diverse needs of the communities we serve.	▪ Does this decision promote fairness and equality of access? ▪ Seek advice and guidance from the Health Board's Equalities Team ▪ Consider the requirements of the Welsh Language Standards
7) Consistent with the Health Board's Values	The Health Board values, guide behaviours and decision making.	▪ Does this decision align with the organisation's values?

Table 1: *Organisational Design Principles*

Quality Management System

The Duty of Quality Act applies to all NHS bodies in Wales, with two overarching aims:

- To improve the quality of healthcare services.
- To improve outcomes for people in Wales.

The guidance sets out a definition of quality and describes the need for NHS bodies to strengthen their Quality Management Systems (QMS) to achieve these aims.

A QMS enables an organisation to maintain a consistent and coordinated approach to meet the needs and expectations of the local communities. This will be achieved through joined up structures, systems and processes that allow for quality to be built into all activities with people and patients at the heart of all decision making and planning.



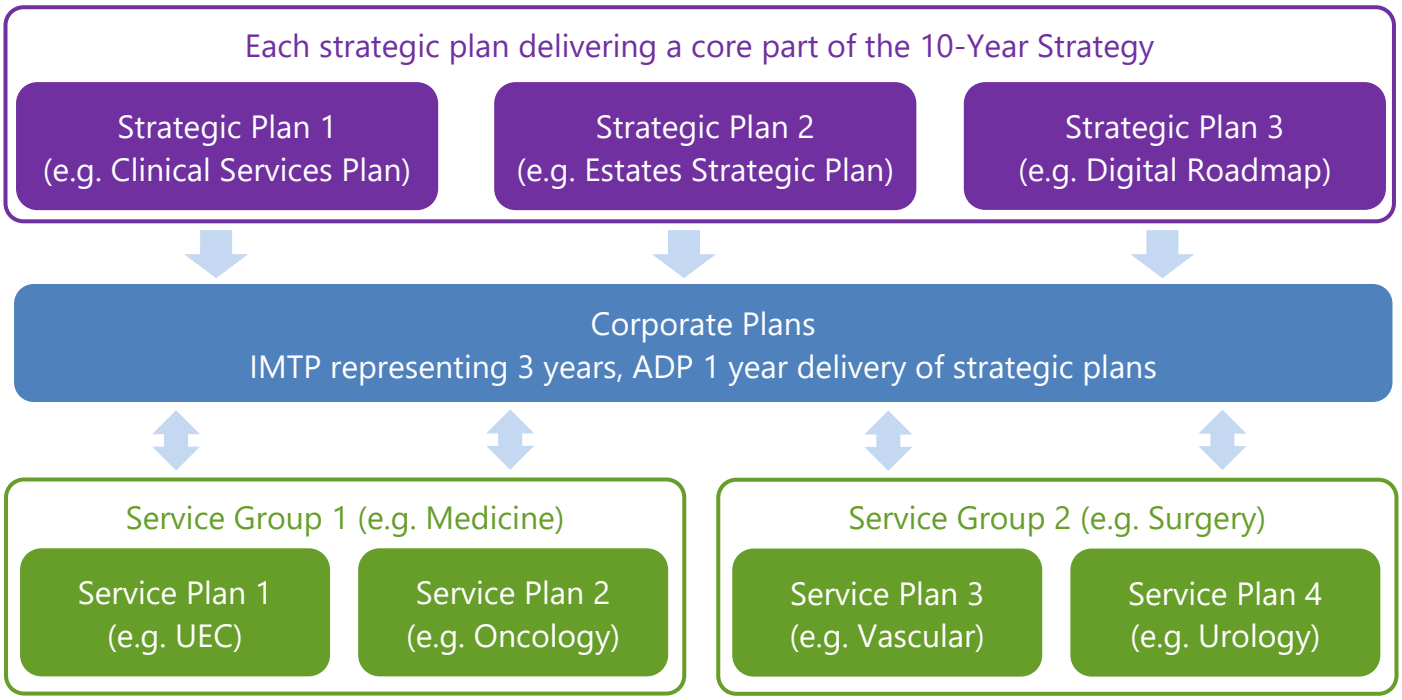
As can be seen in the graphic above, there are four elements to a QMS: Quality Planning, Quality Improvement, Quality Control and Quality Assurance. This framework focuses on ensuring effective Quality Planning but also touches on other areas in less detail and also includes the Fragile Services Framework.

Quality Planning is all about understanding needs and can be summarised into:

- Understand the standards and models that provide the best outcomes and experience.
- Evaluate current services with the input of those who provide and use them.
- Assess the gap between current and potential quality.
- Design services to meet the needs and provide the best outcomes and experience, as well as sustainability for the longer term.
- Identify the culture, systems, processes and structures needed to deliver the best quality model.

Types of plans

Given the broad applications of planning as a discipline, there are many different forms of plans, at varying levels and time horizons. This section seeks to articulate the main types of plans in relation to those most commonly used within the Health Board in delivery of the Health Board's long-term strategic objectives.



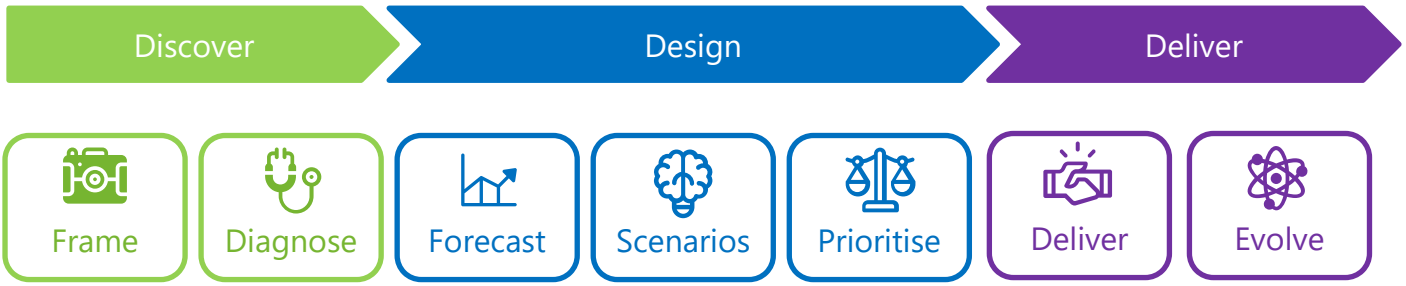
- **Strategic plans** - These represent the longest time horizon plans that span multiple years to support delivery of the Health Board's 10-Year Strategy. There will be a small number of strategically important plans that align with and deliver the organisation's strategic objectives, such as the Clinical Services Plan, Estates Strategic Plan, Digital Strategic Plan.
- **Corporate plans** – These plans are the primary delivery vehicle for the strategic plans, translating them into short to medium-term priorities and actions for delivery. The 3-Year Integrated Medium-Term Plan (IMTP) and the 1-Year Annual Delivery Plan (ADP) are examples of these.
- **Operational service and improvement plans** – These are more detailed Service Group (e.g. Medicine / Surgery etc) and individual improvement (e.g. UEC / Oncology / Vascular / Urology etc) plans. They have a reciprocal relationship with the more strategically focused Corporate Plans in that they both inform and support delivery of the higher-level priorities. Modelling is an important part of this activity, to ensure there is a collective endeavour to produce connected activity, performance, workforce and finance projections for the service. These are multi-faceted plans that describe the approach for effective management of a service or department, covering safety, service, finance and people.
- **Supporting plans** – There are many other types of specific plans that support delivery, such as workforce plans, business plans, engagement plans and project-based plans. The guidance and

toolkits that support this framework will provide more detail and guidance relating to these plans.

Lifecycle of a plan

The organisation continues to use the Discover > Design > Deliver phased approach to planning and delivery. This section explores in a bit more detail the component steps within each phase.

The Health Board will continue to use the established Discover > Design > Deliver approach as a practical lifecycle for individual plans and change. As part of the 2026 refresh, this sits within the wider Continuous Planning Cycle, recognising that planning does not end at approval: delivery, monitoring, learning and adaptation provide intelligence for the next iteration of planning. The stages below should therefore be applied proportionately according to the scale and complexity of the plan.



Discover

Frame

- Plans should clearly outline the strategic context and statutory requirements they address, while demonstrating alignment with the Health Board's strategic objectives. They must also define their scope from the outset, highlighting key objectives and the services, staff, and patients affected. Any areas explicitly excluded should also be noted.
- Organisational risk is often a key driver for the creation of plans and whether it is the primary driver or not, impact on the most important risks is something that should be explicitly identified.
- When considering the scope, the Tushman and O'Reilly model of considering: Strategy, People, Process, Culture and Structures is a useful model.
- Engagement in plans from the outset is pivotal to their success. Whether that be staff, patients, families, carers, communities, partners or stakeholders, everyone will have something to contribute to planning from the very beginning of and throughout the process. An important part of this, across discover, design and deliver phases is ensuring that everyone can engage in

the process through the medium of Welsh. This ensures the widest possible involvement and that issues, solutions and learning are well understood by all.

- Clinical leadership should be embedded within planning from the outset, ensuring plans are clinically credible and patient-centred, and owned by the services themselves.
- Examples of external requirements for consideration in plans are: Welsh Government requirements (set out in the section above), or those of a body like Health Inspectorate Wales (HIW) or National Institute for Health and Care Excellence (NICE), whose requirements must be met in the design and delivery of the plan.

Diagnose

- This phase is all about gathering together and triangulating across as broad a range of insights as possible in order to develop the most holistic plan possible.
- Plans should be informed by current and projected population health needs, using evidence such as Population Needs Assessment and Well-being Assessment to identify priorities and reduce health inequalities. They must also include an assessment of current service provision, highlighting risks, sustainability challenges, and any gaps that could impact performance or outcomes.
- As referenced in the section on QMS, quality, safety and experience are of paramount importance to every level of plan. Insights can be drawn from multiple sources to inform intelligence on current quality delivery and identify any gaps to an appropriate quality standard.
- The current performance of an area, across the broadest set of metrics possible, is important insight to be analysed and triangulated in order to ensure plans to improve performance are robust.
- Using internal and external benchmarking provides important insights to inform plans. This helps identify potential areas of unwarranted variation and opportunity for improvement.

Design

Forecast

- Plans should include horizon scanning to take a forward-looking assessment of internal and external factors to identify emerging trends, anticipate challenges, identify opportunities, and adapt accordingly.
- They must also integrate long-term financial, workforce, digital, and change management considerations, assess current performance using benchmarking where appropriate, and focus on achieving better outcomes and value for money.

- Every plan should clearly outline its financial requirements and impact of the plan, including identifying appropriate sources of funding (both revenue and capital). A common issue is not identifying exit strategies in relation to non-recurrent sources of funding.
- Where plans have a workforce requirement or impact, this needs to be considered carefully.
- Recruitment challenges are common, requiring innovative modern workforce models and skill-mix solutions.
- Ensuring that an appropriate and unified modelling exercise is conducted that takes in a wide range of factors for the type of plan in question. For a service plan for example this would cover well informed demand projections, productivity utilisation and efficiency assumptions, modern workforce models, that then generate connected activity, performance, workforce and finance projections.

Generate scenarios

- Plans should always start by considering the possibility of prevention of ill-health and improving well-being, rather than treatment alone. This is the only way the health service will be able to cope with the long-term future demand of an aging and increasingly ill population.
- Plans must also be grounded in evidence and co-design with service users, carers, staff and key stakeholders, drawing on lived experience, professional standards, and input from statutory and non-statutory groups.
- Plans should use both internal and external sources of best practice to inform plans is important to benefit from the learning of others on what does and does not work. Whether that be across North Wales, Wales, UK or the World. Useful sources of best practice include: Getting It Right First Time (GIRFT), Royal Colleges, National Institute for Health and Care Excellence (NICE) Guidelines, National Programmes, Clinical Implementation Networks.
- It is important to ensure that every aspect of delivery of a plan is considered and making sure that enabling infrastructure such as digital or estates work is included. This will ensure plans are well-rounded and appropriately balanced in their composition.
- Consider opportunities to work regionally, both internal to the organisation but also with partners. This involves co-producing shared plans and working together to create innovative integrated service models.
- Plans should make a determination as to whether there is sufficient demand and or in house capacity or capability to provide a service internally ('make') or whether the population would be better served by another provider commissioned by the Health Board ('buy').
- Plans should take a logic model approach to be clear on both process (inputs, activities, outputs) and outcomes (short-medium, and long-term) to ensure that they really focus on driving the right outcomes and to support effective evaluation of the plan.
- Ensure that all objectives within the plans are SMART (Specific, Measurable, Achievable, Relevant and Timebound).

Prioritise

- Prioritisation and de-prioritisation are essential to managing the complex challenges facing the Health Board. The Decision Making and Prioritisation Framework mentioned earlier in this document will bring a clarity and consistency in approach.
- Prioritising in a system where the need is great but resources are constrained means difficult decisions need to be taken. Attempting too much with limited resources undermines delivery. Applying a consistent set of criteria, focused on delivery of strategic priorities, is key to a successful organisation.
- It is important that all plans ensure good value in relation to use of taxpayers' money. Value in this context refers to the right balance between outcomes, experience and cost. Value in its broadest sense should inform a broad ranging benefits case for each plan.
- Qualitative as well as quantitative benefits should be taken into account when prioritising to ensure that all aspects that will make a difference to the population are taken into consideration, whether they are easy to quantify or not.
- Understanding and taking into consideration the potential risks to delivery during the design phase is important to ensure decisions to proceed are made with all relevant factors. This also enables early planning of mitigating actions to reduce the risk to the delivery phase.

Deliver

Deliver

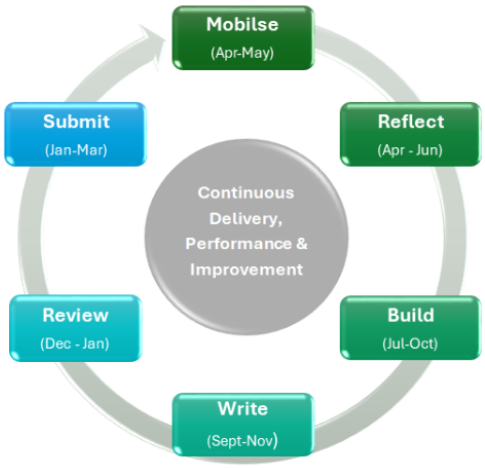
- Having engaged with those impacted by plans from the outset, using their experiences to inform the discovery phase, then co-designing ideas and solutions in the design phase, it is equally as important to continue this engagement and involvement through co-production in the delivery phase.
- Ensuring all aspects of delivery are aligned is vital for successful change. Whether plans span different geographical or organisational boundaries, or different aspects such as service, people and infrastructure, ensuring the plan is considered as a whole and is delivered as such is important.
- Continuing to monitor risks and their controls identified during the design phase, and identifying any emerging risks and mitigating actions as soon as possible, is crucial in successful delivery.
- Clinical leadership during the delivery phase ensures that the plans are delivered and owned within the services themselves and not 'done on to' from outside the team. This is the only way to make truly sustainable change.

Evolve

- Plans should be monitored after they have been deployed to measure and assess their impact, taking any learning in order to adapt the current implementation or inform future ones. This is important for effective benefits realisation and feed directly into the organisation's continuous planning and annual Reflection and Learning arrangements.
- Ensuring the 'value' in its broadest sense is taken into consideration, both qualitatively and quantitatively, with a keen focus on real changes to outcomes is key.
- Some plans, especially where they are targeting long-term improvements in health and well-being through preventative interventions addressing wider determinants of health, require the use of leading indicators to monitor future impacts. It is important to note however that not all preventative interventions have long lead times in term of their impact.

Annual Planning Cycle

In 2026 the organisation implemented a 'Continuous Planning Cycle' recognising that planning is a continuous process and not a stop/start activity and enables a more agile way of planning able to adapt to changing operating environments.



The cycle can be understood through six connected activities and ongoing activities to develop an IMTP: Mobilise, Reflect, Build, Write, Review, and Submit

They provide a common rhythm through which strategic direction, service planning, enabling functions and governance can remain aligned to the annual IMTP process.

Mobilise
Annual Delivery Plan approved; Portal go-live; translation and publication; mobilisation and communication activity; reporting arrangements established

Reflect
Reflection and Learning Review; stakeholder engagement; Welsh Government feedback review; Planning Maturity Matrix refresh; Board strategic reflection

Build
Refresh Integrated Planning Framework; planning guidance and assumptions; modelling and intelligence development; planning portal development; planning launch

Write
Development of service plans; workforce, finance and performance plans; enabling strategies; integration of planning outputs; IMTP drafting

Review
Executive review; committee scrutiny; quality assurance; financial challenge and performance review; refinement of draft IMTP
Submit
Final Board approval; Welsh Government submission; publication and mobilisation of approved plan

Business cases

Why are business cases important?

Strategies and plans will only achieve their spending objectives and deliver benefits if they have been scoped robustly and planned realistically from the outset and the associated risks taken into account. The business case, both as a product and a process, provides decision-makers, stakeholders, and the public with a management tool for evidence-based, transparent decision-making and a framework for the delivery, management and performance monitoring of the resultant scheme.

The organisation has a history of creating a large number of business cases throughout the year, for a variety of reasons and not always aligned with the annual planning cycle. It is important that everyone across the Health Board is clear on the organisational approach and process associated with business cases, to ensure consistency of approach, clarity of expectations and that effort is not wasted developing cases that cannot be supported. It is important to note, however, that investment is not always necessary in order to make improvements.

A business case is required where funding is required in addition to a service's delegated budget, with all approval routes in accordance with the Scheme of Reservation and Delegation (here – see Table 5b). The Corporate Planning team should be contacted before developing a business case to confirm whether a business case is the appropriate route for the change.

The Five Case Model

The Five Case Model is HM Treasury's approved standard for the production of public sector business cases, under the wider Green Book guidance on how to appraise policies, programmes and projects, (more information can be found here). The Better Business Case approach uses the Five Case Model to provide a structured approach by evaluating projects across five interconnected dimensions: Strategic, Economic, Commercial, Financial, and Management. The framework ensures that proposed projects align with strategic objectives, provide value for money, are financially affordable, and can be realistically delivered.

Strategic case	That the intervention is supported by a compelling case for change that provides holistic fit with other parts of the organisation and public sector.
Economic case	That the intervention represents best public value.
Commercial case	That the proposed Deal is attractive to the market place, can be procured and is commercially viable.
Financial case	That the proposed spend is affordable – both capital and revenue.
Management case	That what is required from all parties is achievable.

Table 2: The Five Case Model overview from Green Book 2022

The Business Case Development Stages

Single stage business cases are appropriate for low to medium value and risk initiatives, however where there are high value (over £2 million) and risk, the three-stage business case process should be applied:

- **Strategic Outline Case (SOC)** - The 'early' business case and first stage in the development of a business case for a significant project, which sets out the case for change and appraises available options**.**
- **Outline Business Case (OBC)** - The 'intermediate' business case and second stage in the development of a business case for a significant project, which identifies the option offering the best public-value, confirms the Deal and affordability, and puts in place the arrangements for successful delivery.
- **Full Business Case (FBC)** - The completed business case and third stage in the development of a business case for a significant project / programme, which confirms the most economically advantageous offer after procurement, confirms affordability and puts in place the detailed arrangements for successful delivery.

Further detail on the process and relevant templates can be found in the supporting guidance and toolkits.

Funding streams

The annual planning cycle will define a number of discrete funding streams and associated requirements for their use. It is important to confirm whether funding is recurrent or non-recurrent; for non-recurrent funding, an appropriate exit strategy must be defined from the outset. Prior to a business case being written it is important to identify and confirm that the case will be eligible for one of the defined funding streams. If it is not then the service must be clear on what it is proposing to de-prioritise in order to fund the scheme.

Envelopes and prioritisation

Each funding stream will set an envelope of funding that is available to be drawn down through the year by individual qualifying business cases. Those business cases that are eligible for a particular funding stream and meet the required standard during the IMTP development window will be prioritised against available funding. For cases that arise in-year, they will be prioritised against any unallocated funding and in exceptional circumstances prioritised against any schemes committed during the IMTP window that are able to be de-committed. The organisation's Decision Making and Prioritisation Framework will be used to make consistent and effective prioritisation decisions, ensuring that a view of the whole service is provided, not just the additionality requested. It is important that all prioritisation exercises are channelled through a single organisational approach, in particular in relation to the development of an IMTP. Areas that contain enabling works, such as digital or estates, which are often vital in the delivery of broader clinical service change, need to be viewed in the context of the complete service change and be prioritised through the IMTP process.

Governance

The Executive Committee has established the *Service Reconfiguration and Revenue Investment Oversight Group (SRRIOG)* this group will review qualifying business cases, in order to ensure they are supported to achieve the required standard. The Executive Committee, Performance, Finance and Information Governance (PFIG) Committee, Health Board and Welsh Government will then be used as appropriate to sign off qualifying business cases, dependent on their value.

The remit of the group is to consider business cases and ensure that they meet the required standard, with the Executive Committee Performance, Finance and Information Governance (PFIG) Committee, Health Board and Welsh Government retaining the decision making and approval authority in line with the Scheme of Delegation. The group will oversee these scenarios both for visibility of service reconfigurations that require no additional resource or approval as well as assessing those that suggest they do.

The group will report to the Executive Committee where the decision-making authority sits within the current scheme of delegation. The group will provide their assessments on the cases and recommendations to the Executive Committee, with the Executive Committee making the final assessment and decisions.

The group and business case authors will need to be supported by the corporate teams in relation to best practice. It is proposed that the Transformation and Strategic Planning Directorate act as a single point of contact for this, drawing in expertise from other departments where appropriate.

Evaluation and Benefits Realisation

Gateway reviews will be conducted at appropriate stages within the lifecycle of each business case, including the final Post Implementation Review in order to understand the impact of delivery and any future learning. The Welsh Government Infrastructure Investment Guidance (here) provides some more detailed guidance in this regard.

Impact assessments

There are a number of important impact assessments that need to be considered when planning. These impact assessments should be completed early in the planning process to proactively inform the plans.

- **Equality Impact Assessment (EQIA) -** Ensures that plans consider and address the needs of diverse population groups, promoting fairness and eliminating discrimination in access, experience, and outcomes.
- **Quality Impact Assessment (QIA) -** Evaluates how proposed plans may affect the safety, effectiveness, and patient experience of care, helping to safeguard and improve service quality.
- **Socio-economic Impact Assessment (SEIA) -** Assesses how plans may affect individuals and communities experiencing socio-economic disadvantage, supporting efforts to reduce health inequalities and improve equity.
- **Environmental Impact Assessment (EIA) -** Considers the environmental consequences of plans, including carbon emissions, **resource** use, and sustainability, aligning with **NHS** Wales' decarbonisation and climate goals.
- **Data Protection Impact Assessment (DPIA) –** General Data Protection Regulation (GDPR) stipulates that organisations must complete a DPIA when data processing is likely to result to result in a high risk to the rights and freedoms of individuals.
- **Health Impact Assessment (HIA)** - Impact assessments should be proportionate, commenced early enough to influence plan development, and include quality, equality, socio-economic, health equity, Welsh language, environmental/sustainability, data protection and other statutory considerations as applicable.

Roles and responsibilities

Whilst this framework applies to all Health Board staff, this section outlines the roles and responsibilities of some key groups.

Unitary Board

Collectively responsible for the leadership, governance, and strategic direction of the Health Board's strategic plans.

- Sets strategic priorities aligned with national policy.
- Approves the 3-Year Integrated Medium-Term Plan (IMTP) and ensures it reflects population needs, financial sustainability, and service transformation.
- Provides oversight and assurance on delivery, risk management, and performance.

- Ensures public accountability and transparency in decision-making.
- Promotes a culture of quality, safety, and continuous improvement.

Independent Members

Bring independent scrutiny, community insight, and governance expertise to the development and delivery of key strategic plans.

- Challenge and support the Executive Team in developing and delivering key strategic plans.
- Ensure plans are evidence-based, equitable, and patient-centred.
- Represent the public interest, advocating for transparency and inclusion.
- Chair and participate in Board Committees to monitor strategic plan delivery, progress and risks.
- Promote collaboration with external partners and community stakeholders.

Executive Team

Leads delivery of key strategic plans to achieve the Health Board's objectives.

- Develops key strategic plans, ensuring alignment with national, regional and local priorities.
- Leads service transformation, workforce planning, and financial strategy.
- Oversees performance, quality, and risk management.
- Engages with stakeholders to ensure plans are co-produced and inclusive.
- Drives innovation, digital transformation, and value-based healthcare.

External Partners

Support collaboration and alignment between the Health Board and external partners, such as local authorities, voluntary organisations, social care providers, and community stakeholders.

- Co-produce integrated plans that reflect local population needs and priorities.
- Collaborate on joint commissioning, service delivery, and workforce development.
- Provide community intelligence and lived experience to shape services.
- Support prevention, early intervention, and place-based integrated care models.
- Help ensure plans are inclusive, equitable, and locally relevant.

Management Teams

Management Teams translate strategic objectives into operational delivery plans and oversee performance across divisions, departments, or service areas.

- Translate strategic plans and objectives into operational delivery plans.
- Manage budgets, workforce, and service performance.
- Lead change management and service redesign initiatives.
- Monitor KPIs, risks, and improvement actions.
- Ensure staff engagement and alignment with organisational priorities.

Corporate Teams

Teams supporting the planning, monitoring, and reporting processes across the organisation. They support services to develop robust plans but do not replace Executive, clinical or operational accountability for plan ownership and delivery.

- Provide technical expertise and infrastructure to support integrated planning across areas such as: Planning, Performance, Finance, Workforce, Digital, Governance and Risk, Estates, Quality, Commissioning.
- Ensure compliance with national frameworks, reporting, and assurance processes.
- Support data analysis, modelling, and forecasting.
- Facilitate internal and external engagement and communications.
- Enable digital transformation, workforce sustainability, and financial governance.

Clinical and Operational Teams

Clinical and operational team engagement is crucial to ensure that their expertise, patient experience, and frontline insights shape planning and performance monitoring.

- Deliver safe, effective, and person-centred care.
- Provide clinical leadership in service design and pathway development.
- Identify service pressures, risks, and improvement opportunities.
- Engage in multi-profession planning and delivery.
- Champion quality improvement, patient safety, and value-based care.

By clarifying these roles, the framework ensures:

- A common baseline for how planning and performance management should be conducted.
- Consistency and integration of plans across all levels of the organisation.
- A shared planning approach for delivering safe, high-quality, patient-centred services that are aligned with strategic objectives.

Organisational Capability

Organisational capability in planning within the Health Board is critical for delivering high-quality, efficient, sustainable and patient-centred care. The Health Board is committed to strengthening the organisational capability in planning across the whole organisation, so every service is capable of planning for the future and delivering against those plans. By focusing on developing consistent planning approaches, embedding best practice, and building confidence and expertise across teams, the Health Board can foster a culture of proactive and effective planning that supports short, medium, and long-term priorities.

The efforts to improve the organisational capability in planning are focused in the areas outlined below.

Strategy development

A crucial part of effective planning is ensuring that plans align and contribute to delivery of the organisation's overarching strategy. Since the original paper was written in October 2025, the organisation has moved further on its journey to transition between the previous strategy Living Healthier Staying Well published in 2018 and development of a new strategy.

This strategy development work introduced three interlinked strategic products, provide the framework for development of the Health Board's Integrated Medium-Term Plan (IMTP) and Annual Delivery Plan (ADP).

1. **Strategic Intent:** The 'big things' (strategic aims) the Health Board will seek to deliver over the next 5 to 10 years; a cornerstone of the Strategy. A 'Strategic Intent for health and wellbeing for the population of North Wales co-created with partners.
2. **Strategic Intentions:** Four Strategic Intentions were developed, signed off by the board and rolled out across the Health Board to align the organisation to the same direction of travel.
2. **10 Year Strategy:** The choices and principles that will enable the Health Board to realise its Strategic Intent and fulfil its other obligations. This work is progressing but at the time of writing has not completed.
3. **Clinical Services Plan (CSP):** One of the Health Board's strategic plans which details how clinical services will be configured to maximise quality, performance and value.

At the time of the review of the IPF in 2026, that work continues to be progressed.



Figure 1 *– Strategy Programme architecture (September 2026)*



Embedding Planning in the Annual Performance Cycle

To ensure planning becomes part of everyday business across the organisation, there are a number of structural and cyclical processes that help with embedding planning practices. The first of these is bottom-up engagement in the Integrated Medium-Term Plan (IMTP) process to ensure that services are fully represented in the process and subsequent delivery plans. The Annual Delivery Plan (ADP) that covers the first year of the IMTP needs effective cascade at the start of the new financial year, so that everyone across the organisation is clear on their objectives for the coming year and how they contribute to delivery of the organisation's strategic goals. With the ADP disseminated through everyone's annual objectives, this provides a platform for teams to discuss

during team meetings and managers to review progress at monthly one-to-ones. Executing this annual cascade effectively is vital in ensuring that the whole organisation moves in lock step and is focused on delivering the strategic priorities throughout the year.

Investing in Staff Skills and Training

It is important to ensure that all managers across the organisation have the necessary skills, tools, guidance and support to enable them to develop and deliver the various types of plans outlined in this framework. This is one of the core management competencies that will be supported through a rolling training programme that covers the whole organisation. Relevant planning tools and resources will be available to support managers, along with access to further advice and guidance from the Corporate Planning team when necessary.

- Level 1 – **Planning Bitesize**: A two-hour virtual course introducing the main concepts, principles and processes in planning as a discipline.
- Level 2 – **Planning Basics**: A series of half day virtual / face to face sessions building upon the Bitesize course with some practical application of planning in action, using the tools and templates.
- Level 3 – **Diploma in Healthcare Planning**: Cardiff Business School have developed and are managing the level 7 Diploma, which runs as an 18-month programme, accredited through Cardiff University. More details on the Diploma and the broader All Wales Planning Programme for Learning (PP4L) can be found here.

Numerate Plans

Whilst it is important to have appropriate narrative within plans, it is equally if not more important for plans to be numerate. This means that appropriate modelling has taken place on things like forecast demand, planned productivity and service model to generate activity profiles, performance trajectories and workforce and finance forecasts. This unified modelling approach gives complete line of sight from key assumptions, planned improvements and intended impact. This will require specialist support from Corporate Teams in order to make the data, tools and processes available to teams to work with. This will be a key part of the investment in skills and training.

At the time of the 2026 review, the Health Board's Unified Modelling approach is in development. The Unified Modelling Proposal forms part of the Health Board's planning maturity journey and wider development of the Integrated Planning Framework. Currently stewarded through Planning, reflecting its role in strategic coordination and the integration of planning processes, the proposal is intended to evolve as an organisational capability that draws upon expertise, evidence and insight from across services and corporate functions.

The Health Board currently utilises a range of planning, performance, workforce, operational and financial modelling approaches to support decision-making. The proposal seeks to strengthen the

connections between these approaches, improving the alignment of assumptions, methodologies and outputs to support a more integrated understanding of organisational demand, capacity, workforce requirements, quality, patient safety, performance and financial sustainability.

The proposal is aligned to the ambitions set out within the Planning Maturity Matrix and wider developments in integrated planning. As planning maturity evolves, there is increasing recognition of the need to connect strategic, operational, workforce, quality, safety and financial planning through a common evidence base to support informed decision-making. Recognising that unified modelling capability remains at an early stage of development, both within the Health Board and more broadly across NHS Wales, development will be iterative and proportionate, building on existing planning processes and available resources.

The longer-term ambition is to develop a unified organisational modelling capability that supports a single evidence base for planning, prioritisation and decision-making. Its success will depend upon collective organisational engagement and ownership, enabling the Health Board's most pressing challenges to be increasingly understood through a common framework and supporting more transparent, evidence-based decision-making across the Health Board.

Planning Maturity Matrix

The Welsh Government Planning Maturity Matrix self-assessment tool provides a useful barometer of where the organisation is and where it needs to be in regards to Planning, across the six domains in the table below. The self-assessment process is conducted once a year and submitted to Welsh Government, with an accompanying action plan of improvements to be made over the subsequent year.

Domain	Description
A) Strategy Development / Clarity of Purpose, Vision and Strategy	▪ Evidence of a clear purpose, vision and strategy for the organisation. ▪ Responds to national, regional, local and partnership priorities, and the wider determinants of health. ▪ Translates national policies into local strategy, planning, and delivery.
B) Strategy Alignment and Development of an IMTP	▪ Evidence of alignment of strategy with components of the plan.
C) Dynamic and Engaged Planning	▪ Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. ▪ Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.
D) Operational Planning	▪ Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. ▪ Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements
E) Best Practice Approach to Improvement	▪ Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.
F) Realistic and Deliverable:	▪ Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.

Table 3: *Welsh Government NHS Wales Planning Maturity Matrix six domains and descriptors*

What Good Planning Looks Like

Why planning standards matter

Effective planning is essential to ensuring that organisational effort, resources and decision-making are aligned around shared objectives. While plans vary in purpose, scale and complexity, all should follow a consistent approach that supports transparency, accountability, affordability, delivery and improved outcomes for the population. Detailed requirements, templates and supporting tools are provided separately through planning guidance and the Planning Portal.

Minimum Standards for Plans

All material plans should demonstrate, proportionate to their scale, complexity and risk:

- A clear purpose, scope, ownership and governance arrangements.
- Alignment with strategic priorities, statutory requirements and organisational objectives.
- An evidence-based understanding of current performance, future need and opportunities for improvement.
- Appropriate engagement with clinical, operational, staff, partner and public stakeholders.
- Consideration of quality, equality, health equity, Welsh language, sustainability and other statutory requirements.
- Clear risks, dependencies, resource requirements and mitigating actions.
- Affordability and workforce implications.
- Defined outcomes, benefits and measures of success.
- Arrangements for delivery, monitoring, evaluation and learning.

Maintaining clear line of sight

Plans should not be developed in isolation. Each plan should demonstrate a clear line of sight from population need and strategic priorities through to delivery and measurable outcomes.

The Health Board's planning architecture provides this 'golden thread', linking:

Population Need → Strategic Intentions → 10-Year Strategy → Strategic Plans → IMTP → Service and Corporate Plans → Delivery and Outcomes

This ensures that planning activity across the organisation remains aligned, integrated and focused on achieving shared goals.

Evidence, Modelling and Assurance

Good planning combines an understanding of the current position with consideration of future opportunities and challenges. Plans should be informed by appropriate evidence, including population needs, quality and performance information, benchmarking, research, stakeholder insight, workforce intelligence and financial information. Planning assumptions should be transparent, evidence-based and reviewed regularly.

Where appropriate, plans should be supported by integrated modelling that brings together demand, capacity, activity, workforce, finance and performance assumptions to provide confidence that proposals are realistic, affordable and deliverable. Consideration should also be given to delivery confidence, including workforce availability, infrastructure requirements, dependencies, timescales, risks and organisational capacity for change.

Planning governance and assurance arrangements should provide clarity regarding who develops, reviews, approves, delivers and monitors plans. Proportionate assurance should ensure plans meet organisational standards, remain aligned with strategic priorities and support continuous monitoring, learning and adaptation as circumstances change.

Implementation and review

Implementation

This updated Framework will be disseminated through the Health Board management structures and the planning leads' networks. The implementation of the framework will commence through the annual planning cycle for development of corporate plans and also through the actions required to grow organisational capability in planning outlined above. It is recognised that it will take time to implement fully all the requirements of the framework and it is intended to support incremental improvement, including that identified within the PMM Self-assessment.

This framework concentrates on the Quality Planning phase of the Quality Management System (QMS). Other frameworks focus on the other phases of the QMS, for example the Organisational Approach to Change framework that is in development and associated with the Quality Improvement phase of the QMS.

Review

The framework will be reviewed annually through the Reflect phase of the Continuous Planning Cycle. This will give insight to help assess how this framework is being embedded and to refine the content and approach. The Planning Maturity Matrix self-assessment tool and associated action plan will also be a key part of the annual reflection and learning and it is important that this framework remains aligned to them. Any changes to the framework will be brought through the appropriate Board and committee governance routes.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

EXECUTIVE DIRECTOR OF PUBLIC HEALTH REPORT

Date of Meeting	05 November 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	
Lead Executive Team Member name and title	Executive Director of Public Health

Report Purpose	For Approval

Executive Summary
This report provides the Planning, Population Health and Prevention (PPHP) Committee with an update on key prevention, population health and early intervention activities across the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
N/A		

Acronyms / Glossary of Terms	
N/A	

Executive Director of Public Health Report

1. SITUATION

1.1. The purpose of this report is to provide Committee(s) with an update on a range of strategy and delivery matters. This is a regular report to PPHP with any key updates, it may also be used in other Committees when required.

2. BACKGROUND

2.1. This report replaces the former Population Health Quarterly Delivery Report (introduced in 2025). This report is focused on providing assurance or matters of interest to the Committee.

The four principal areas of focus for 2026/27 are:

- 1A – Preventative Approaches to Health & Wellbeing.
- 1B – Proactive strategies for disease prevention, falls & frailty
- 1C – Health Inequalities
- 1D – Health Protection

2.2. It should be noted that prevention is an integrated theme across each of the priorities within the Strategic Intent which form the strategic framework for the IMTP.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1. STRATEGIC PRIORITY 1 – FOCUS ON HEALTH AND WELLBEING THROUGH EVERY STAGE OF LIFE

3.1.1. Planning 27/28 – The Public Health Directorate has commenced the development of plans supporting delivery of Strategic Priority 1 and contribution to all four priorities as part of the Health Board IMTP. The groundwork and foundations established during 26/27 will provide the basis for the 27/28-30 priorities. These focus on delivery and impact across each of the four principal areas and wider health board delivery framework.

4. 1A Preventative Approaches to Health & Wellbeing

4.2.1 Active Workplace - BCUHB has launched a new staff wellbeing webpage focused on supporting staff to be more active before, during and after work. The resource brings together practical information, support and opportunities to increase physical activity, including access to local leisure centre discounts, the Cycle 2 Work scheme, wellbeing resources and physical activity initiatives across North Wales.

The webpage also promotes Active Soles, a health board-wide initiative encouraging staff to wear comfortable footwear and incorporate more movement into their working days. The webpage has received over 1,300 views, with users spending an average of one minute engaging with the content.

BCUHB has established a partnership with parkrun Wales to increase awareness and uptake of free, inclusive community physical activity opportunities across North Wales. Through the dedicated BCU-X-parkrun hub, staff can access information on local parkrun events and join the Health Board's parkrun community. To date, the hub has attracted over 350 visits and 26 staff have joined the BCUHB parkrun club through the parkrun app.

A monthly programme of featured parkrun events is being promoted to staff, aligned to relevant health and wellbeing campaigns. Four spotlight articles highlighting North Wales parkrun locations have reached approximately 3,500 staff, generating 13 comments and 47 likes, demonstrating positive staff engagement and interest.

To further embed physical activity within organisational culture, a new BCUHB Active Workplace Policy has been developed and is currently progressing through the Health Board's policy approval process prior to staff consultation. Once approved, BCUHB will become the first organisation in North Wales to adopt the Active Workplace Policy, demonstrating a commitment to creating a healthier, more active workforce.

4.2.2 Weight Management Service Review - Update against key findings

i. Develop and implement preferred service models – *hybrid models including digital for level 2 and adult level 3, as well as children's level 2 with the aim of increasing capacity.*

The weight management model at Aneurin Bevan University Health Board has been reviewed and informed the development of the BCUHB approach. Procurement of an **expanded digital Adult Level 2** offer is now underway, ahead of expiry of the current contract on 7 January 2027. The offer provides approximately 5,000 places over two years, an improvement on the current baseline digital capacity of approximately 400 places annually. There are an estimated 131,000-175,000 adults potentially eligible for Level 2 or above support. The expanded offer has the potential to increase current digital capacity approximately four-fivefold.

A small number of **digital adult Level 3** places have also been commissioned on a pilot basis during 2026/27. Uptake to date has been lower than anticipated and work is continuing to understand and address this before determining the future model. Development of **Level 2 provision for children and young people** has not progressed to the same extent, reflecting the

more limited availability of suitable digital options for this population. Review of options continues.

Implementation is also being aligned with the national **Obesity Pathway Innovation Programme (OPIP), MyPath Cymru.** Approximately £8m of national funding has been confirmed to support this. The programme seeks to develop an NHS-app-integrated pathway across Levels 1-3, including a digital front door, digital self-management, hybrid community Level 2 support and medication/MDT supported care at higher levels of need.

ii. Enhance public and professional communication – *drive referrals* Development of a regional communications approach and strengthened professional engagement are scheduled within the Health Board Annual Delivery Plan and Ministerial Priorities. The Weight Management Service Review found inconsistent awareness of existing services, eligibility criteria and referral routes across primary and secondary care.

Promotion of services needs to be appropriately sequenced, with expansion of service capacity. Following completion and award of the Level 2 procurement exercise, the communications plan will be implemented to reduce the risk of stimulating additional demand before sufficient capacity is available to respond. The expanded offer will provide an opportunity for coordinated communication with the public and professional referrers.

iii Streamline and integrate referral pathways; iv Automate triage and offer allocation v. Strengthen data and digital referral form - *consolidated Response for Recommendations:*

Dedicated DDAT capacity has now been commissioned from 1 September 2026 to 31 March 2027, using Prevention and Early Years funding. The work has been explicitly commissioned to deliver recommendations from the Weight Management Review alongside the Annual Delivery Plan and Ministerial Priority commitments. Two interconnected workstreams are being delivered:

- an integrated dashboard bringing together referral, activity and outcome data across weight management programmes, with alignment to emerging national reporting requirements; and
- an adult referral and triage workflow, including development and testing of a standardised digital referral form, improved referral management, and opportunities for automated triage.

The referral workflow is expected to be piloted in at least two GP practices or referral sites before recommendations and a roadmap for wider implementation are developed.

This work provides an important foundation for shifting from labour-intensive referral and triage model towards the single point of access and digitally enabled pathway. Progress is also being made nationally through

development of the Weight Management Minimum Data Set (MDS), led by Digital Health and Care Wales. Timescales for completion of the national MDS have not yet been confirmed. Local dashboard and data developments will remain sufficiently flexible to align with national requirements as these emerge.

vi. Ensure consistent governance, monitoring and evaluation
A Strategic Weight Management and Healthy Weight Steering Group provides oversight of implementation and associated indicators. Representation at the group includes Dietetics, Weight Management, Public Health, DDAT, Pharmacy, Health Visiting, and Midwifery.

4.2.3 Gambling Harms prevention

The UK Government introduced the Statutory Gambling levy in April 2025 on the gambling industry to reduce gambling related harms across Great Britain (England, Wales & Scotland). The levy funding is directed to research (20%), prevention (30%) and treatment (50%) in line with the requirements under section 123 of the Gambling Act 2005.

Welsh Government has appointed Public Health Wales (PHW) as the 'Lead Prevention Coordinator for Wales', to manage the 30% allocation of funding to prevention.

The Population Health Service are awaiting confirmation of Welsh Government ring fenced Statutory Gambling Levy funding for Health Boards to embed a population health approach to gambling harm prevention. Discussions with PHW, the Substance Misuse Service (providing the new All Wales Gambling Treatment Service and 24/7 Helpline for Wales) along with the Area Planning Board have identified areas of focus on prevention & early intervention once confirmation is received. In the meantime, the Population Health Service will be producing a plan by January 2027 outlining areas of work to support gambling harms prevention.

5. 1B Proactive strategies for disease prevention, falls & frailty

5.1. **IMTP 27/28-30** - The Public Health Directorate has prepared a range of supporting data and intelligence to support the organisation IMTP development.

5.2. Following a review of the governance and structures for the Diabetes programme a new structure is being implemented which will facilitate service improvements and escalation of risks and issues.

5.3. **Winter Planning** - The winter vaccination campaign is underway including Covid, Flu and RSV (separate paper to PPHP November as part of bundle) providing protection to our most vulnerable communities and individuals, as well as protecting our staff.

5.4. **Living Well Service** - The Living Well Service is a multidisciplinary North Wales service providing personalised assessment, care planning and self-management support to help people who have chronic or long-term conditions to maintain their health, wellbeing and independence. This important work supports keeping people well and reduces impact on acute settings.

6. Health Inequalities

6.1. **Social Prescribing** – the process of securing joint-commissioning arrangements for social prescribing services with each Local Authority has been completed, ensuring delivery of the associated Q2 ADP objective. This has involved a combination of developing new service specifications in some areas, and enhancing existing specifications in others, depending on existing local commissioning arrangements.

Anticipated benefits include an additional focus on ensuring equitable access to social prescribing for communities in greatest need, reduced duplication of service offer, greater integration with other holistic and preventative assets and services, and county wide provision. Quarterly monitoring meetings have been established at a local authority area level between BCUHB, the LA and the third sector providers to ensure compliance with service specifications and to capture impacts, in line with the National Framework for Social Prescribing.

6.2. **Spatial Planning and Health –** During Q2, BCUHB Public Health Directorate responded to seven planning applications and one Local Development Plan consultation.

During this period, two planning applications were refused on health grounds: a hot food takeaway in Rhyl and a McDonald's restaurant in Wrexham.

This represents a significant milestone and reflects the Public Health Directorate commitment, expertise, and perseverance in advancing public health objectives across North Wales. It demonstrates how robust evidence, effective partnership working, and sustained relationship-building can influence decision-making and contribute to meaningful systems change that supports healthier environments for our communities.

This achievement forms part of a wider programme of work focused on the food environment within the Healthy Weight: Healthy Wales whole-systems approach workstream.

7. 1D Health Protection

7.1. Health Protection Service

A full report was provided to the recent September PPHP. Progress against the workplan continues.

7.2. **Vaccination & Immunisation Service** *A report from the service has been submitted to PPHP Committee as part of the November agenda.*

8. Emergency Preparedness, Resilience and Response (EPRR)

8.1. The EPRR annual work programme position is 32/64 milestones complete, 17 remain on track for delivery by 31st March and 17 have been raised as a delivery risk. The work programme remains aligned to the Wales Resilience Framework and our statutory obligations under the Civil Contingencies Act 2004.

8.2. A review of the Civil Contingencies Act 2004 requested BCU to provide comments, alongside the developing Core Standards for Wales.

8.3. Ketone Supply shortage incident required internal IMT to be established. Following a week of actions and mitigations, BCU's position improved and sustained. National P&I IMT stood up following requests from Health Boards as required mutual aid from each other and updates on potential stock arriving into the UK to increase resilience. This incident is ongoing, however, BCU are in a stable position and resilience, continuity of service sustained.

8.4. The EPRR team have been shortlisted for the NHS Wales Team Culture Award and the team will represent BCU at the awards ceremony in Cardiff 12th November.

8.5. A total of 14 incidents (internal & external) re reported and supported by EPRR in Q2, 4 debriefs conducted (internal & external) and 7 exercises conducted and attended, with a further 5 internal exercises scheduled through October and November.

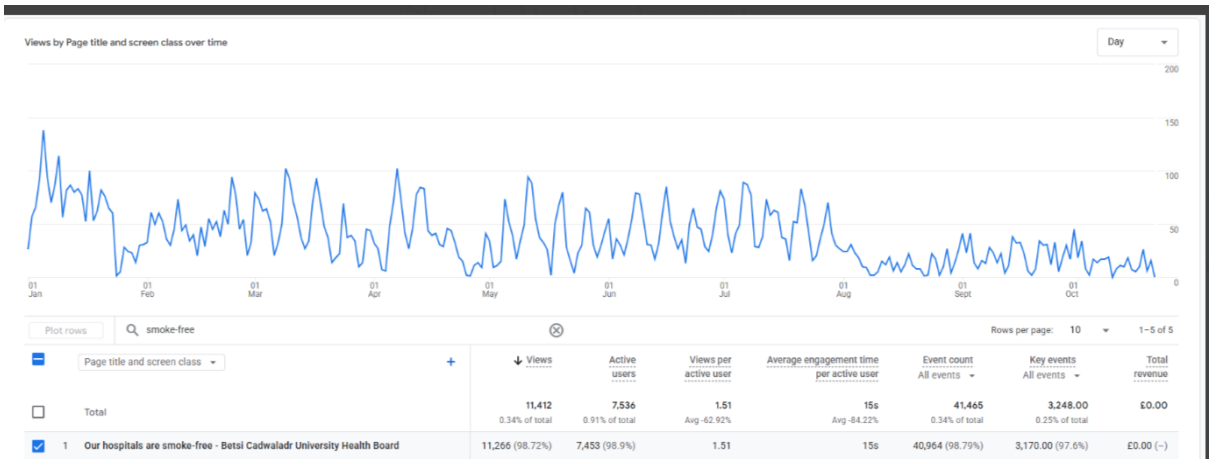
8.6. EPRR Q3 and Q4 focus is on the programme delivery risks Business Continuity, CBRNe and Pandemic Response, with a further focus on the newly established Clinical Major Incident Group and continuous representation at the LRF and National P&I subgroups and completion of the IMTP 27/28 documentation.

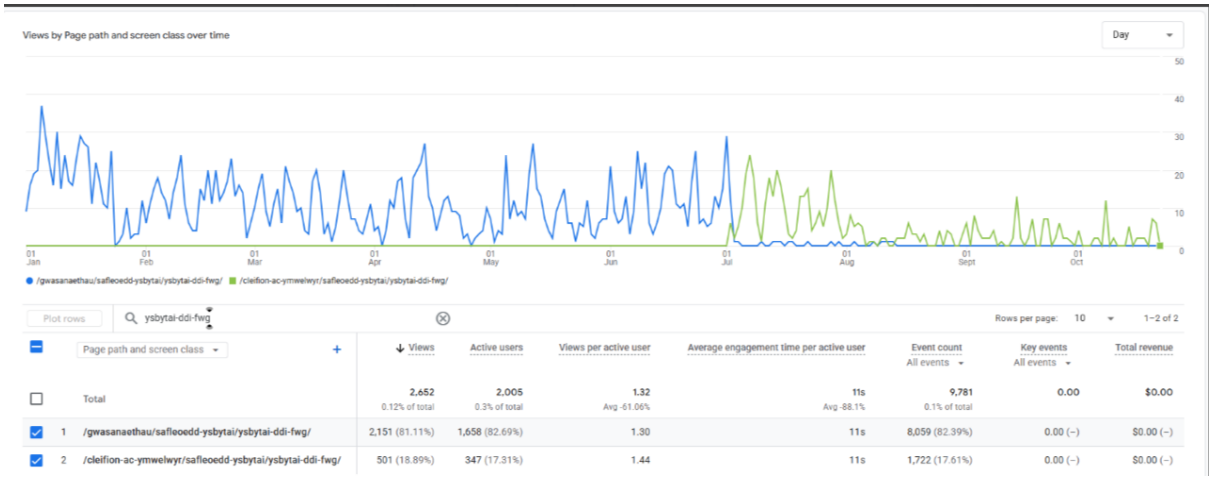
9. KEY RISKS / MATTERS FOR ESCALATION

9.1. Further to the last PPHP report which identified the removal of non-smoking reminders from patient reminder texts, a clinical risk will be raised in response to the identified drop in numbers accessing the smoking cessation site.

The text was removed on 27/7/26. The reduction in access to the support site could in turn impact on numbers signposted to Help Me Quit services

and numbers making a quit attempt. The below demonstrates drop off (English / Welsh sites):





9.2. There is a risk in relation to the completion of the procurement exercise in relation to the expansion of the digital weight service offer. This is due to reported capacity issues in NWSSP. This may impact on the timeframe available for delivery in 26/27.

10. RECOMMENDATIONS

The Committee is asked to:

- **COMMENT** on the content of the report.
- NOTE the risks.

ASSESSMENT	
Link to Strategic Intentions	
	3.Improve Access, Outcomes and Experience
	If more than one applies, please list below: • Building an effective organisation • Developing strategy and long lasting change
Design Principles	People First If more than one applies, please list below: • Inclusive design • Equity and accessibility
Corporate Risks and Board Assurance Framework	▪ BAF24-01 - Not Fully Building an Effective and Accountable Organisation ▪ BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes ▪ BAF24-07 - Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk ▪ BAF24-08 - Not Implementing Evidenced Based Improvement and Innovation
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** All Apply	**Domains of Quality** All Apply

	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No implications
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No implications
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No implications
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

QUARTERLY POPULATION HEALTH DELIVERY REPORTING 26/27 - QUARTER 2

Dyddiad y Cyfarfod Date of Meeting	05 November 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Business Sensitive
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Gwyneth Page, Head of Public Health Assurance and Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Dr Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad Report Purpose	For Approval

Crynodeb Gweithredol Executive Summary
1. Quarter 2 performance target scorecard 2. EDoPH Public Health Annual Report 2025 – Actions update 3. Emergency Preparedness, Resilience and Response – performance update

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
PHAR	Public Health Annual Report
MMR	Measles, Mumps, Rubella

MenACWY	quadrivalent meningococcal vaccine
RSV	Respiratory Syncytial Virus
CO validation	readings of carbon monoxide (CO) in exhaled breath
EPRR	Emergency Preparedness, Resilience and Response

QUARTERLY POPULATION HEALTH DELIVERY REPORTING 26/27 - QUARTER 2

1. Y SEFYLLFA
SITUATION

During the 2026/27 there are a range of key prevention and early intervention focused performance indicators and targets which are being worked towards both nationally and locally as part of the National Performance Framework, Ministerial Priorities, national and local improvements as part of key programs of work.

2. PERFORMANCE SCORECARD

Quarterly Measures	Target	Plan Trajectory	Q2 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Q2 26/27	Welsh Benchmark
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster and second MMR dose)	95%	91%	*90.2%*	88.8%	90.5%	89.7%	87.6%	**89.0%**	*RIA*	2nd of 7 (at Jun 26)
Percentage of children who are up to date with second MMR by age 5	N/A	91.0%	*91.1%*	90.1%	90.3%	90.9%	89.3%	**90.7%**	*RIA*	
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the end of year 8	N/A	63%	-	61.4%	63.1%	0.1%	23.9%	**62.1%**	*RIA*	
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the end of year 9	N/A	76%	-	68.6%	70.4%	63.3%	64.5%	**67.7%**	*RIA*	
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	76%	*78.2%*	71.7%	72.3%	70.3%	70.8%	**72.4%**	*RIA*	6th of 7 (at Jun 26)
Percentage of teenagers receiving the MenACWY vaccination by the end of year 9	N/A	TBC	-	62.7%	66.4%	21.1%	55.9%	**63.3%**	*RIA*	
Percentage of teenagers receiving the MenACWY vaccination by the end of year 10	N/A	71%	-	71.9%	72.5%	67.4%	70.0%	**71.9%**	RIA	
Percentage of teenagers receiving the MenACWY vaccination by the end of year 11	N/A	77%	-	73.8%	74.8%	**73.1%**	74.5%	**75.4%**	*RIA*	
Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 25/26: 5%	TBC	*3.6%*	2.3%	4.2%	6.0%	8.1%	**1.7%**	*RIA*	3rd of 7 (at Jun 26)
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40%	40%	*19.4%*	24.9%	25.2%	22.0%	22.5%	**29.6%**	*RIA*	2nd of 7 (at Jun 26)
Tiny Tums – increase number of settings who achieve Tiny Tums award	10%↑	121	-	98	104	116	121	125	**125**	
Come and Cook - increase family programmes via schools	12	6	-	4	0	3	1	4	**4**	
Level 2 adult weight service - increase digital activity	10%↑	204	-	-	-	-	370	138	**259**	

Monthly Measures	Target	Plan Trajectory	Sep 25	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep 26	Welsh Benchmark
Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes	Equival-ent month increase	44%	41.4%	43.7%	43.2%	43.0%	43.6%	44.1%	**44.1%**	7th of 7 (at Mar 26)
Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months	80%	67%	66.0%	67.4%	66.3%	65.5%	65.5%	65.6%	**65.2%**	5th of 7 (at Sep 26)
Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months	80%	65%	60.8%	65.3%	64.8%	64.4%	64.9%	65.3%	**65.1%**	5th of 7 (at Sep 26)
Inequalities: Number of clusters achieving 40% of 8 care processes completed	N/A	14	9	11	11	10	10	9	9	
Rate of babies being fed breast milk exclusively at birth (via breast or bottle)	N/A	45%	58.5%	59.8%	59.0%	56.9%	50.3%	55.5%	RIA	
Rate of babies being fed breast milk exclusively at 10 days (via breast or bottle)	N/A	48.5%	45.6%	54.3%	54.8%	54.7%	46.1%	45.8%	RIA	
Rate of babies being fed breast milk exclusively at 6 weeks (via breast or bottle)	N/A	TBC	40.8%	43.2%	46.6%	37.9%	19.4%		RIA	
Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	70%	50%			52.6%	55.0%	54.8%	54.8%	RIA	3rd of 7 (at Jul 26)
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	12.2%	8.6%	11.9%	17.6%	36.8%	RIA	RIA	4th of 7 (at Jun 26)
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80%	TBC	95.9%	97.6%	97.5%	94.2%	95.1%	96.2%	RIA	1st of 7 (at Jun 26)

Reporting by exception – where items are off track or flagged

To note: The 2026-2027 flu campaign commenced on the 1st October 2026. Full reporting from Vaccine Preventable Disease Programme (VPDP) is anticipated as follows:

- 65 years and older, and clinical risk groups on 15/10/2026 - Reporting in Q3
- Healthcare workers on 22/10/2026 - Reporting in Q3
- Influenza Vaccination Online Report (IVOR) dashboards available on the VPDP intranet (Internal NHS users only) by 15/10/2026 - Reporting in Q3
- School-level reports are currently in development based on data entered data into WIS, and these will be shared with Health Boards when they are available.

Performance Indicator	**Childhood and school immunisations.**
Risks and constraints to delivery	• Vaccine uptake / hesitancy • Data • Declining uptake in secondary vs primary school and primary vs pre-school • Inequity between high/low areas
Current Forecast year end position (impact under current conditions)	**1.1** Reporting in arrears – data for Q2 not yet available
Corrective actions required and by when	• Vaccine Equity plan is a key deliverable in 26/27 that will inform planning and provision • Workshop and framework developed to support reduction in inequity of access • Review of uptake data in community-based sessions to inform planning and optimisation of uptake • Continuing to work towards trajectory. • Review of treatment queues to target practice level support. • MECC principles applied during other vaccination stream clinics such as teen men B campaign.

	• Progress of Vaccine equity plan, looking at uptake per deprivation quintile.
Delivery confidence – to meet actual target in year	Low to meet actual national target however performance on 25/26 is anticipated to improve.
Performance Indicator	**% Uptake RSV - 75 year**
Risks and constraints to delivery	• Public awareness • Primary care capacity
Current Forecast year end position (impact under current conditions)	**2.1** Improvement achieved month on month reporting – increased uptake • VPDP report for Sept 26 reports that BCUHB has an uptake of 66.4% in RSV delivery to those over 75 years of age. This is above the All Wales average of 64.6%. • Uptake exceeds 70% in our least deprived quintile but is 10% less in our most deprived quintile suggesting the need to review possible barriers to access within our most deprived communities. • Uptake within our care home residents is 72% which is 4% above the All Wales National average
Corrective actions required and by when	• Currently, there is monthly improvement on the position. • Plans are succeeding in driving uptake; however, it is unlikely that the national target will be achieved.
Delivery confidence – to meet actual target in year	Low to meet actual national target, high in terms of meeting local ambition to see growth in uptake on 25/26
Performance Indicator	**% patients offered index colonoscopy within 4 weeks booking screening specialist practitioner assessment appointment**
Risks and constraints to delivery	• Capacity and demand across screening services. Nationally led screening activity.
Current Forecast year end position (impact under current conditions)	**3.1** Note: these figures are the wait time for index colonoscopy within 4 weeks of booking (target to achieve is 90%)
Corrective actions required and by when	• Public Health Wales are working with BCU Endoscopy Network Manager • Updated performance figures are being presented to BCU Cancer Partnership Board • Part of wider BCU planned work in relation to reducing variation in uptake across screening programmes to include bowel screening
Delivery confidence – to meet actual target in year	Low to meet national target.
Performance Indicator	**Diabetes 8 Care Processes Percentage of patients with all eight care processes recording in primary care patient record and percentage of patients with foot surveillance / urine albumin tests recorded in primary care patient records**
Risks and constraints to delivery	• Work is underway with clusters and GPs who deliver Diabetes Care processes as part of annual clinical review to understand key issues and constraints. • Key issues identified to date are around data accuracy and completion of care within secondary care not recorded into GP patient records and limited access and offer within General Practice.
Current Forecast year end position (impact under current conditions)	**4.1** Unchanged
Corrective actions required and by when	• A newsletter has been issued to clusters setting out performance details this has been used as an engagement tool. GPs with the lowest uptake of all eight care processes have been issued a letter requesting a plan for improving uptake in Q3 onwards and making an offer of support.
Delivery confidence – to meet actual target in year	Remains on track within current trajectory - for the eight care processes, - There is less certainty about achieving the national 80% target for foot care and urine albumin with a further position update once targeted improvement work has commenced.

Performance Indicator	**Diabetes – inequalities – clusters achieving 40% 8 Care Processes**
Risks and constraints to delivery	• Work is underway with clusters and GPs who deliver Diabetes Care processes as part of annual clinical review to understand key issues and constraints. • Key issues identified to date are around data accuracy and completion of care within secondary care not recorded into GP patient records and limited access and offer within General Practice.
Current Forecast year end position (impact under current conditions)	• Unchanged
Corrective actions required and by when	• A newsletter has been issued to clusters setting out performance details this has been used as an engagement tool. GPs with the lowest uptake of all eight care processes have been issued a letter requesting a plan for improving uptake in Q3 onwards and making an offer of support.
Delivery confidence – to meet actual target in year	Confidence in delivery in moderate - whilst year on year position is improving fluctuations in completion and data recording are evident. A position update will be possible once further targeted cluster engagement and practice improvement work has been completed
Performance Indicator	**Smoking Cessation – CO-Validated at 4 weeks**
Risks and constraints to delivery	• There have been further delays in the implementation of the national Pharmacy Level 2 local enhanced service with pharmacies offering CO validation to all HMQ Service users upon collection of their stop smoking medications. There is currently a pilot underway with 7 sites now live. There are a number of fixes needed to the system as a result of the pilot, and these are being reviewed by Tobacco colleagues in PHW Cardiff as there are potential development costs. • Telephone support remains a popular choice with service users. • There is a risk due to reduced team capacity and reduced capacity in pharmacy that the annual target of 7.5% treated smokers will not be reached this year.
Current Forecast year end position (impact under current conditions)	**5.1** Reporting in arrears – data for Q2 not yet available. **6.1** Q1 submission sent to Welsh Government mid-September – 851 treated smokers, 252 CO verified quits, 427 self-reported quits **7.1** The population figures have been refreshed using the 2025 mid-year population estimates. As a result, the estimated smoking population has been recalculated. Based on the revised figures, our Q1 performance (inc L3 pharmacy figures) was 67 treated smokers below target.
Corrective actions required and by when	**8.1** Currently there are early indications of an improvement on 25/26 figures however with slower than expected rollout of new pharmacy specification it is unlikely the 40% will be reached by the end of Q4.
Delivery confidence – to meet actual target in year	Low to meet actual national target, high in terms of meeting local ambition to see growth in uptake on 25/26
Performance Indicator	**% of babies who are exclusively breast fed at 10 days old**
Risks and constraints to delivery	There is a data discrepancy in reporting which is currently being investigated.
Current Forecast year end position (impact under current conditions)	There is a discrepancy in the wording and measure associated with breastfeeding nationally and locally. We are seeking to confirm whether the measure is: 'exclusively' breastfed of 'All' breastfed. The local trajectory is based on the latter ('All babies breastfed at 10 days') which incorporates both exclusive and breast + bottle fed..
Corrective actions required and by when	Confirm the correct measures for national and local reporting. We will continue to use the measure as described in the Health Board Annual Delivery Plan.
Delivery confidence – to meet actual target in year	The position is under trajectory however we note the data recording issue.

3. PUBLIC HEALTH ANNUAL REPORT 2025 – ACTIONS UPDATE

3.1 PHAR Actions - Progress Against the Building Health Ambitions

Progress against the 2025 Public Health Annual Report ambition
The 2025 Public Health Annual Report, *Building Health*, set out five ambitions for creating a healthier and fairer North Wales through action on the wider determinants of health. The examples below provide an update on progress since the report was published.

1. **Build Strong Foundations: Enabling Babies, Children and Young People to Thrive**

   Support every child and young person to grow up with the opportunities, environments and support needed to achieve good health and wellbeing, including early years development, education, housing, family wellbeing and community connection.

   Progress update: Progress includes work on smoking in pregnancy, infant feeding and breastfeeding, development of a Tier 1 Weight Management pathway for Health Visiting and School Nursing, and delivery of Tiny Tums and targeted Come and Cook programmes. North Wales Emotional Health, Wellbeing and Resilience resources have also been developed for children, young people and families.

2. **Build Fairer Communities: Amplifying Voices and Unlocking Local Strengths**

   Reduce inequalities by working alongside communities, particularly those experiencing disadvantage, to ensure services are shaped through co-production, inclusive engagement and an asset-based approach that builds on local strengths.

   Progress update: Work with communities experiencing poorer health and greater barriers to accessing services has continued. Engagement with socially excluded and marginalised groups has informed the development of a Health Board-wide Inclusion Health Programme, which is being taken forward for Executive endorsement. In addition, prevention and early intervention outreach offers were co-designed with Gypsy, Roma and Traveller communities to improve access to vaccination, screening, smoking cessation and dental health, with similar work established with the Probation Service and Rhyl Women's Centre. Additionally, the BCUHB Vaccine Equity Plan has also been developed with health, housing and Third Sector partners, informed by engagement and co-production with communities.

3. **Build Healthy Places: Designing Environments that Support Wellbeing**

Develop places and environments that promote health through improvements in housing, transport, green spaces, air quality, sustainability and the built environment, making healthy choices easier for everyone.

Progress update: The Healthy Travel Charter now involves around 25 organisations across North Wales, with work continuing to support healthier and more sustainable travel. BCUHB Planning and Public Health have continued contributing to local authority planning decisions. During 2025, the Public Health Directorate responded to 28 planning applications across North Wales, covering housing, schools, environmental issues and hot food takeaways. Two applications were subsequently refused on health grounds in 2026, relating to a hot food takeaway in Rhyl and a McDonald's restaurant in Wrexham, both in areas experiencing high levels of socio-economic deprivation.

Additionally, there have been contributions made to alcohol licensing decisions. During the first two quarters of 2026/27, 106 licensing applications were reviewed across the six North Wales local authorities and four formal representations were made due concerns about health and wellbeing. There were subsequently a number of licences refused, or granted with reduced operating hours and additional conditions.

4. **Build Health and Wellbeing Across the System: Making Wellbeing Part of Everyday Life**

Embed health and wellbeing into decision-making, policies, partnerships and service delivery across organisations and sectors, recognising that improving health is everyone's responsibility.

Progress update: Work on Making Every Contact Count (MECC) has continued across the Health Board. MECC is now included in PADRs, Health and Wellbeing Champions, People Managers Forums, culture change programmes and health equity work programmes. Three organisation-wide awareness campaigns have generated more than 3,100 engagements, and a bilingual Conversation Card has been developed and distributed to help staff have conversations about health and wellbeing. BCUHB has also been invited to share its approach with the National MECC Working Group as an example of good practice.

The Regional Wellbeing, Prevention and Anchor Framework was co-produced with partners during 2025/26. Public Services Boards are looking at how its Prevention Missions can inform their next Wellbeing Plans, while an Anchor Charter self-assessment tool has been developed and trialled. BCUHB has committed to undertaking the assessment to inform future planning.

5. Create a Collaborative Network for Building Health

Develop and sustain a North Wales network that brings together partners focused on improving the building blocks of health and wellbeing. The network will share learning, identify opportunities for collaboration, champion good practice and support collective action to address the wider determinants of health.

Progress update: The Regional Wellbeing, Prevention and Anchor Framework has provided a focus for bringing organisations together around prevention and the wider determinants of health. It was developed with partners from across the North Wales system under the leadership of the Regional Partnership Board, with support from the Public Health Directorate.

A System Engagement Event in March 2026 brought together regional and national leaders to consider the Framework and supported its adoption across North Wales. A further System Learning Event is planned with the Regional Partnership Board for March 2027, which will include an opportunity for organisations to sign the Regional Anchor Charter. Examples of practice are also being captured and shared through new webpages on the Regional Partnership Board website.

There are also opportunities to connect regional and local approaches. Public Services Boards are considering the Prevention Missions as they develop their next Wellbeing Plans, while partners in Denbighshire are taking a place-based approach to the Marmot Principles through Marmot Place status. This provides an opportunity to share learning from local work on the wider determinants of health across North Wales.

4. EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)

EPRR programmes of work – position at end of Q2 with 32/64 milestones complete, 17 raised as delivery risks and 17 on track for completion 31st March 2027:

Workstream / Project	Position against 26/27 annual plan project	Expected Completion
Governance	90%	31st March 2027
Duty to Maintain Plans	80%	31st March 2027
Command & Control	80%	31st March 2027
Training & Exercising	70%	31st March 2027
Response	100%	Complete
Warning & Informing	80%	31st March 2027

Co-Operation	100%	Complete
Business Continuity	50%	Delivery Risk
HAZMAT / CBRNe	40%	Delivery Risk
Cyber	90%	31st March 2027
Pandemic Response	60%	Delivery Risk

Business Continuity Position as of 05/10/26 is – **209** plans identified, **139** live plans on Betsinet and **51** plans are ready for testing. An overall increase in Plan compliance within BCU of **4.3%** in Q2. Monthly area workshops continue with services across BCU to support while we target those plans in RED and BLACK status and ready for testing and supporting winter resilience.

Training compliance of management on call colleagues which is aligned to the National Occupation Standards has reached **87.6%** across the health board and the EPRR team now start to move training focus to clinical teams, including CBRN and Pandemic response arrangements. However, training will continue to be rolled out.

A draft Corporate CBRN / HazMat Response Procedure is in development. This procedure is being written to fit the Corporate Procedure Template that must be used. The procedure will reflect the site-specific information from each Acute Hospital site.
A total of 14 incidents (internal & external) were reported and supported by EPRR in Q2, 4 debriefs conducted (internal & external) and 7 exercises conducted and attended, with a further 5 internal exercises scheduled through October and November.

EPRR Q3 and Q4 focus is on the programme delivery risks Business Continuity, CBRNe and Pandemic Response, with a further focus on the newly established Clinical Major Incident Group and continuous representation at the LRF and National P&I subgroups and completion of the IMTP 27/28 documentation.

5. MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

5.1 As we continue into quarter 3 2026/27, we have made progress across all major programmes of work and will see increasing efforts through the Autumn campaigns to improve delivery and take up of staff vaccinations. We are also looking at continuing improvement against the 8 Care Processes for Diabetes and progression of the wider Diabetes programme.

6. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

6.1 Delivery against ADP and associated metrics forms a significant element in reducing the risk score for Corporate Risk (CRR25-03) – Population Health, currently above tolerance (16) and also the Board Assurance Framework 26-01 - Failure to deliver improved population health and reduced inequalities - The Corporate Risk has been refreshed and links directly to programmes of work which are reflected in the Health Board plan. Progress against the plan will contribute to delivering controls which support reduction of risk score over time.

7. ARGYMHELLION RECOMMENDATIONS

7.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee is asked to:

- **Comment –** As the Q3 report is not due to PPHP until March as per cycle of business, and given there are a number of indicators which have not been updated for Q2 (due to data availability at the point of report submission), the Committee is asked whether they require an interim report in December which will include Flu uptake.
- **Note** the content of the report and progress to date, plus corrective actions.
- **Note** the PHAR 2025 Actions update.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Strategic Objective 1 – Building and effective organisation, Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience. Health Board Wellbeing Objectives: • 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.

	Strategic Priority 1 – Focus on Health & Wellbeing through every stage of life. Prevention and Population Health are Ministerial priorities for 26/27 with specific deliverables.
Yr Egwyddorion Dylunio Design Principles	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Consistency with organisational values Inclusive Design Equity & Accessibility Wise Spending Simplify, standardise and adopt good practice
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	CRR25-03 – Population Health *There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population.* BAF26-01 - *Failure to deliver improved population health and reduced inequalities.*
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is a Performance update against agreed National and Local Delivery targets

requirements of the Welsh Language Standards)		
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This paper is a Performance update against agreed National and Local Delivery targets
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** Whole-systems Perspective	**Meysydd Ansawdd Domains of Quality** Person Centred
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
	Data to knowledge	Efficient Safe
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is a Performance update

A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?		against agreed National and Local Delivery targets
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is a Performance update against agreed National and Local Delivery targets
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	This paper is a Performance update against agreed National and Local Delivery targets
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Planning, Population Health & Partnerships Committee

PARTNERSHIPS, ENGAGEMENT AND COMMUNICATIONS DELIVERY PLAN QUARTER 2 2026/27 PROGRESS UPDATE AND FORWARD LOOK

Dyddiad y Cyfarfod Date of Meeting	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Helen Stevens Jones Director of Strategic Partnerships, Engagement and Communications
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Helen Stevens Jones Director of Strategic Partnerships, Engagement and Communications

Pwrpas yr Adroddiad **Report Purpose**	For assurance and noting

Crynodeb Gweithredol **Executive Summary**

Delivery during Quarter 2 of 2026/27 has continued across engagement, communications and public affairs. Community activity has included Bite Size Health sessions, agricultural shows and women's health events, alongside support for service change engagement and consultations and preparation for engagement on the Strategy and Clinical Services Plan. Communications support has continued across corporate and service priorities, while 81% of political correspondence responses have been issued within four weeks in the calendar year to date, exceeding the 70% target.

The directorate restructure is a key enabler for achieving the team's ambitions for engagement, insight and communications. An integrated approach will align complementary skills and expertise around common objectives, improve coordination, planning and accountability, and support the more effective and flexible use of resources. This in turn will strengthen the directorate's ability to deliver *Foundations for the Future*, the Health Board's Strategy, Clinical Services Plan and major service change programmes.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
PEC	Partnerships, Engagement and Communications
MS	Member of the Senedd
MP	Member of Parliament
IHC	Integrated Health Community
DDaT	Digital, Data and Technology

Progress report for Quarter 2 2026/27

1. Situation

1.1 This report updates the Committee on delivery of the Partnerships, Engagement and Communications Delivery Plan during Quarter 2 of 2026/27 and priorities for Quarters 3 and 4. It includes early Quarter 3 developments reported in October 2026. Correspondence performance is reported on a calendar-year-to-date basis.

1.2 The directorate restructure is key to unlocking the collective potential of the team and delivering its ambitions for engagement, insight and communications. Embedding an integrated approach will bring complementary expertise together around shared priorities, strengthen planning and accountability, and enable more flexible deployment of resources to support the Health Board's Strategy and Clinical Services Plan and service change.

1.3 Core activity has continued across the directorate. The timing of some development work has been adjusted to reflect delays to some Health Board wide programmes and the need to align delivery with the new directorate arrangements. The focus remains on sustaining delivery while ensuring that improvements are embedded in the wider organisational direction.

2. Specific matters for consideration

2.1 Engagement and involvement

The engagement programme has continued to support the Health Board's 2026/27 objectives to strengthen community involvement, support service change and strategic planning, develop partnerships and improve how engagement insights are captured and used.

A range of community engagement activities has been completed, including Bite Size Health sessions, attendance at the Denbigh and Flintshire Shows, and women's health events. These have provided opportunities to hear directly from communities, discuss health and service issues and support the wellbeing and prevention agenda. Working with partners also enables the team to reach people through workplaces, community networks and local events, broadening opportunities for involvement beyond formal Health Board meetings.

The team has supported service change engagement and consultation, including work relating to Tywyn and Penley Community Hospitals. This brings together community engagement, communications, digital and public affairs expertise to help people understand the proposals, raise questions and contribute their views.

Support and preparation for engagement on the Health Board's 10-year Strategy and Clinical Services Plan have also continued, building on the initial Clinical Services Plan workshop and stakeholder mapping. The timing and scope of further activity will align with

the revised development timetable, ensuring that staff, partners and communities have meaningful opportunities to shape the emerging plans.

Alongside direct engagement, work is progressing to strengthen coordination and the use of insight across the organisation. An engagement activity template has been developed for consultation with colleagues, and the Engagement Register continues to be monitored. These provide a foundation for drawing together feedback, identifying common themes and informing service improvement and reporting, including the Citizen Experience Report. The planned survey with staff will help establish the range and extent of engagement across the Health Board and the barriers staff experience.

Partnership working remains central to this approach, with continued links with wellbeing facilitators, voluntary councils and third sector organisations.

2.2 Public affairs

Following the May election, the number of Senedd Members representing North Wales constituencies increased from 14 to 24. The Public Affairs Team has continued to meet its correspondence response target while establishing relationships with new Members and their office teams and supporting the eight existing MPs and their staff. Feedback is informing meetings, briefings, service visits and the Citizen Experience Report.

Positive working relationships have been established with staff appointed to new MS offices, supporting agreed processes and efficient handling of constituent enquiries. Formal meetings to explain those processes will continue in Quarter 3 as remaining offices become established. No specific delivery risk has been identified.

Online party group briefings involving the Chair and Chief Executive were held on 6 July and 9 October 2026. Feedback on their format and frequency has been positive, although concerns about Health Board performance remain. The next session is planned for late January 2027. No delivery risk has been identified, but future Health Board representation requires confirmation in light of uncertainty in Board leadership arrangements.

In the calendar year to date, 81% of responses have been issued within the four-week target, exceeding the objective of maintaining the 2025 performance of 70%. Of all responses, 71% were issued within three weeks and 86% within five weeks. These are cumulative measures, rather than separate categories.

Performance remains dependent on team capacity and the ability of colleagues across the Health Board to investigate issues and provide draft responses. Sickness or unexpected absence, and competing demands on the Band 8a Team Lead, including support for Tywyn consultation activity, could affect completion rates. The latter is not currently expected to have a significant impact.

Work is progressing on a more resilient correspondence logging and reporting system using Microsoft Lists and Power BI, following assessment of DATIX as unsuitable. Template

development is continuing, with launch planned for the start of 2027 to maintain continuity and minimise disruption to calendar year reporting.

Delivery depends on DDaT colleagues being able to provide the resource required to establish the bespoke system. The work remains on track against the revised timetable, but this dependency presents a delivery risk.

Themes and emerging issues from political correspondence continue to inform the Citizen Experience Report and engagement with elected representatives. The new system is intended to strengthen the capture of themes and trends. No additional risk has been identified for the ongoing contribution to the report.

Local authority drop-in sessions are being arranged for Quarter 3, following the time required to secure local authority agreement. Flintshire is scheduled for 2 November 2026; the Gwynedd date remains to be confirmed. IHC operational pressures may move the Gwynedd session into Quarter 4.

2.3 Communications and digital engagement

Communications activity has supported the Annual Plan, Annual General Meeting, Annual Report and Well-led Review. Proactive support for key Health Board plans and progress remains on track.

Communications support has continued across the service portfolios throughout Quarter 2, covering urgent and emergency care, planned care, women's and children's services, mental health and learning disabilities, cancer, prevention, and research and development. Portfolio arrangements will be reviewed following the restructure, with the new way of working beginning in Quarter 4. This is not expected to affect delivery of ongoing portfolio support.

The monthly PEC activity and insight report, including a fact sheet for senior leaders on key themes and topics, is being developed for completion in Quarter 3. It will improve visibility of activity, issues and opportunities and support consistent senior leadership messaging.

The communications operating model will be finalised in Quarter 3 in line with the directorate restructure and Foundations for the Future. Aligning these arrangements will support shared planning, clearer accountability and effective use of the team's capacity.

The review of online staff Communities and proposals for their strategic use is underway and will be taken forward through the restructured digital function across Quarters 3 and 4.

This will align channel development with the new operating arrangements and improve opportunities for staff communication and engagement.

2.4 Priorities and forward look

The Quarter 3 priorities focus on sustaining operational delivery while implementing the directorate restructure and strengthening integrated working across engagement, communications and public affairs

Engagement and involvement

Provide engagement support for the consultation on future services at Tywyn Community Hospital, helping to inform a long-term solution for the use of the staff, facilities and funding associated with the ward. Support and prepare for continued engagement on the Health Board's 10-year Strategy and Clinical Services Plan, with the programme aligned to their revised development timetable. Continue service change engagement and consultation support as required.

Undertake the planned staff survey to understand the range and extent of engagement across the Health Board and the barriers staff experience. Continue to share and collate the engagement activity template, monitor the Engagement Register and draw together insights to inform service improvement and reporting.

Support planned engagement on health and wellbeing hubs (where still needed); convene the quarterly wellbeing officer information and networking meeting; and progress the planned Future Nurses events at Ysbyty Gwynedd and Ysbyty Glan Clwyd with Bangor University and Careers Wales.

Communications and digital engagement

Complete the monthly PEC activity and insight report and finalise the communications operating model alongside the directorate restructure. Develop the image library planned for Quarter 3 to improve the quality and availability of content assets.

Progress the review and proposals for online staff Communities across Quarters 3 and 4 through the restructured digital function. Continue proactive communications for corporate plans, service portfolios, transformation and capital programmes, including the planned quarterly video updates. Review portfolio arrangements in preparation for the new way of working in Quarter 4.

Public affairs and partnerships

Continue meetings with newly established MS office teams. Deliver the Flintshire drop-in on 2 November 2026 and confirm the Gwynedd arrangements, recognising that operational pressures may move Gwynedd into Quarter 4. The original Quarter 3 objectives also provide for a second Ynys Môn session and a Denbighshire session; their timing will need to be confirmed alongside the wider programme.

Progress the correspondence logging and reporting system for launch at the start of 2027, subject to DDaT capacity. Maintain correspondence performance, contribute themes to the

Citizen Experience Report and continue political briefings and communications supporting strategic change. The next online political group briefing is planned for late January 2027.

Across these priorities, the emphasis is on sustaining operational delivery and embedding integrated working. Implementation of the restructure will help align expertise and resources with the organisation's evolving programme of work. Subsequent reporting will confirm progress and any further changes to timing.

3. Recommendations

The PPHP Committee is asked to:

- Note continued delivery across engagement, communications and public affairs, including community activity, service change support and correspondence performance.
- Note the role of the directorate restructure in supporting a more integrated approach to engagement, insight and communications and enabling delivery of strategic priorities.
- Receive assurance on the progress described and note the priorities for embedding integrated working and strengthening delivery during Quarters 3 and 4.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Intentions**	1. Focus on Health and Wellbeing Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: This work directly supports the Health Board's strategic objectives by strengthening meaningful engagement, transparent communication and effective partnership working as core enablers of high-quality, person-centred care, good governance, workforce engagement and public confidence. Specifically aligned to: • Developing strategy and long-lasting change • Creating compassionate culture, leadership and engagement • Improving quality, outcomes and experience

Yr Egwyddorion Dylunio Design Principles	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Communications and public affairs activity supports management of risks relating to reputation, responsiveness, stakeholder relationships and public confidence. Current delivery risks relate to staff capacity, timely responses from services, DDaT resource for the new correspondence system, external scheduling and restructure dependencies. No revised corporate risk score is proposed in this report.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** Public Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Accessible and inclusive communications should remain part of delivery. This progress update does not itself evidence a fresh assessment of compliance with the Public Sector Equality Duty.	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Communication and engagement planning should consider socio-economic barriers to accessing information and participating. No new strategic service decision is sought through this paper.	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
		No new service model is proposed in this update. Assessment requirements for the restructure and individual delivery changes should be considered through

		their respective processes.
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	WP8a not needed for this paper. Engagement and communications activity promotes transparency, inclusion and participation, supporting the organisation's commitment to respecting and protecting individual rights.
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Communications and public affairs activity should continue to meet Welsh Language Standards. This update does not provide a separate assessment of compliance.	Naddo/No: ☐
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	No specific change affecting Armed Forces communities is proposed through this progress report.	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	A standalone Impact Assessment is not required for this report. Impact Assessments are undertaken where appropriate for individual service change and engagement programmes.
	Galluogwyr Ansawdd **Enablers of Quality** All Apply	

Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	Use of online briefings and digital reporting may reduce travel and paper use. Environmental benefits have not been quantified in this update.
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	The report contains no constituent-level personal data. Data protection and information governance requirements for the new correspondence system should be addressed before launch.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No specific counter fraud risks arise from this report. Strengthened governance and reporting support transparency and accountability.
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
	No new legal decision is sought. Delivery remains subject to applicable information governance, equality and Welsh language requirements.	
Enw Da Reputational	Yes (Include further detail below)	
	Timely correspondence and coordinated communications support public confidence. Delays, reduced capacity and	

	continuing concerns about performance may affect stakeholder confidence.
Effaith ar Adnoddau *(Pobl / Ariannol)*	There is no direct impact on resources as a result of the activity outlined in this report.
Resource Impact *(People / Financial)*	No additional funding approval is sought through this paper. Delivery of the bespoke correspondence system depends on DDaT capacity. Staff availability, service response capacity and implementation of the restructure remain material dependencies.

Corporate Risk Register

Planning, Population Health & Partnership Committee– 5th November 2026



GIG CYMRU NHS WALES

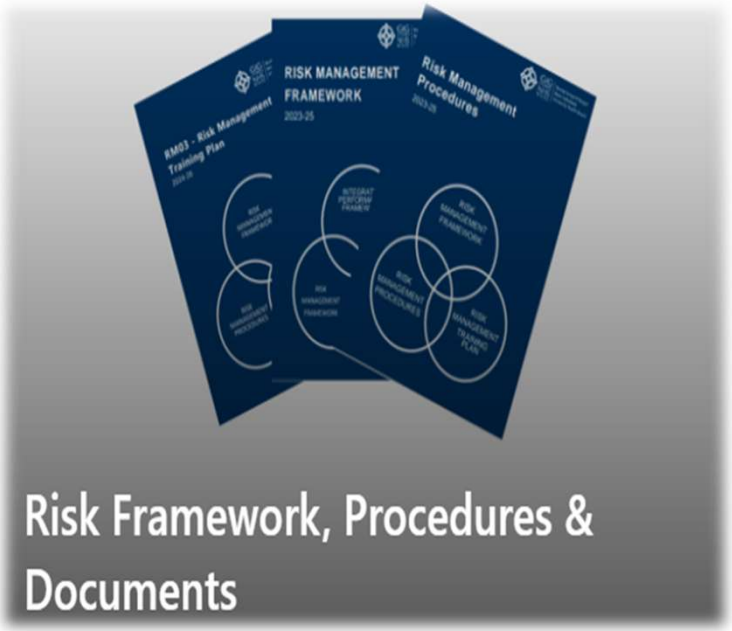
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Corporate Risk Register

This report provides the Planning, Population Health & Partnership (PPHP) Committee with an update on the Corporate Risk Register (CRR) risk within its remit, specifically:

- CRR25-03 ‘Population Needs’
- CRR25-05 ‘Strategic Change – Impacting Care and Staff Delivery’

Each risk sets out the current position, including progress against the delivery of associated mitigating actions.

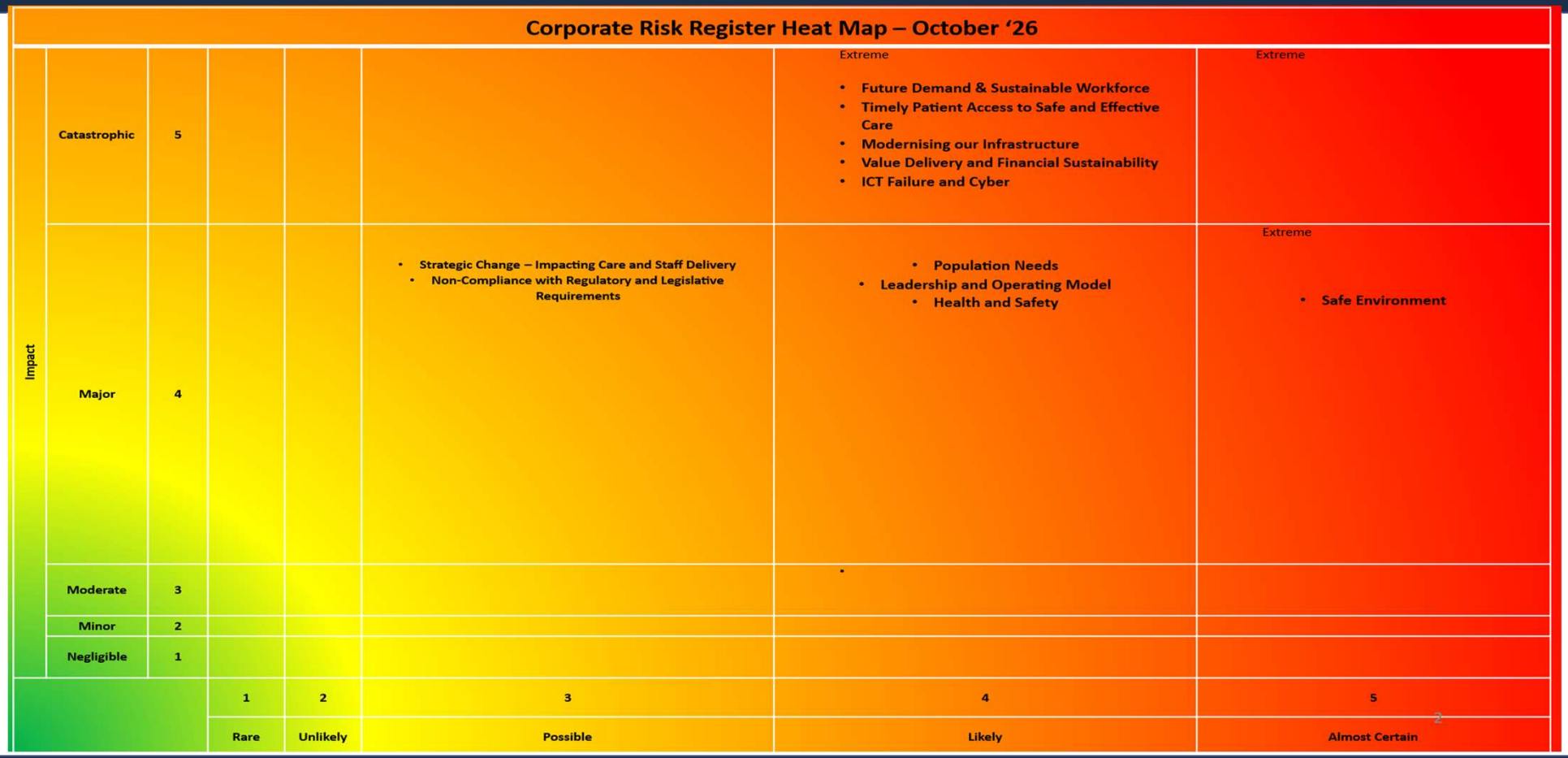


Appendix 1 - Dashboard

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level	Lead Board Committee	Action Progression Total	Completed	Delayed or Overdue	Risk Management Commentary
EDoPH	CRR24-03	Population Needs	4x4 16	12	Quality (<15) Above Tolerance	Planning, Population Health and Partnerships Committee	9	0	0	9 actions identified, all progressing with 4 actions proposed to be moved to operational risk for oversight and management.
EDoTSP	CRR24-05	Strategic Change – Impacting Care and Staff Delivery	4x3 12	8	Quality (<15) In Tolerance	Planning, Population Health and Partnerships Committee	3	1	1	1 action progressing with 1 action completed. 1 action is now overdue.

Executive	
Executive Director of Public Health	EDoPH
Executive Director of Transformation and Strategic Planning	EDoTSP

Appendix 2 - Heatmap



Appendix 3 – Corporate Risk Register (PPHP)

CRR REF: 25-03 - Risk Title: Population Needs		
Director Lead: Executive Director of Public Health		**Date Opened:** 21/08/2025 *(version 2 refined from 2023)*
Assuring Committee: Planning, Population Health & Partnership Committee		**Date Last Committee Review:** 02/07/2026
Date Last Reviewed: 24/08/2026	**Link to BAF**: BAF26-01	**Target Risk Date:** 31/03/2028
Risk Detail: ***There is a risk that*** the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population. ***This may be caused by*** a failure to embed appropriate health prevention responses including areas such as immunisation, outbreak management and screening, failure to deliver interventions that improve people's health, increasing pressures in primary care, rising demand for chronic condition management, and insufficient capacity in children's, dental, and mental health services. ***This may lead to*** unmet health needs, preventable and communicable diseases, poorer health outcomes and widening inequalities for the North Wales population.		
Mitigations/Controls in place		
1. Recurrent funding secured for Healthy Weight / Healthy Wales programmes 2. Diabetes Programme established 3. Healthcare Public Health programmes support the integration of population health approaches within patient pathways 4. Approved Communicable Disease Plan in place with supporting procedures in place for some communicable diseases. 5. Primary Care Board and subgroups (dental, community pharmacy, optometry, GMS) provide cluster-level governance. 6. CHC (Community Health Council) teams and community escalation frameworks in place 7. Welsh Government Neurodevelopment transformation programme funding to support longest waiters 8. National referral pathways in orthodontics and Dentist with Enhanced Skills / Tier 2 provision. 9. Prevention, Population Health & Early Intervention Executive Delivery Group provides oversight of delivery.		

10. The IMTP and National Planning Guidance 26/27 outline the requirement for health board focus on the development of population health intelligence and the submitted health board plan responds to this – Strategic Intent 1
11. Development of the Health Board Strategy, Clinical Services Plan and major programmes such as Community by Design and Foundations for the Future provide opportunity to integrate Prevention and Population Health into plans and are informed by identified population heath priorities.
12. Regional Wellbeing, Prevention and Anchor Framework agreed by Health Board and Partners
13. Improvement on uptake against National Immunisation Framework achieved 25/26.
14. Health Needs Assessment and a scoping/insight review completed to understand the health needs and experiences of inclusion health groups (including Homelessness, Sex Workers and Asylum Seekers and Refuges).
15. Homelessness Insights paper prepared with recommendations to the Health Board for the upcoming duty to Ask, Act, and Cooperate within the Homelessness and Social Housing Bill (Welsh Government, 2026)
16. A community outreach offer designed to improve access to prevention and early intervention services for inclusion health groups.
17. Evaluation framework designed to measure the impact of the primary care continuity of care pathway for prison leavers.
18. Identification of unauthorised Encampments across North Wales and their proximity to GP practices, to increase access to primary care provision for Gypsy, Roma and Traveller people.
19. Health Equity Checklist to support the Health Board's strategic planning by ensuring that services are deigned and delivered in ways that address health inequalities.
20. Inclusion of Prevention and population health priorities are implicit in Strategic intent priorities 2,3 and 4 and the Corporate Risk has been updated to reflect gaps in controls which are addressed through integrated deliverables throughout the Health Board Annual Delivery Plan.

Gaps in Controls	Actions	Action Owner	Due Date	Progression Analysis
Limited system-wide prevention leadership and prevention not consistently prioritised	Weight Management Steering Group to develop a plan which addresses recommendations from the BCUHB Weight Management Service review **Outcome:** Improved organisational oversight of provision to support weight management and improvement of population healthy weight priorities **Metric:** Access to services and success rates **Expected Impact on Risk Score Reduction:** Services reflect the needs of the population with a prevention and health improvement focus. **Action Update:** 26/8/2026 – progressing to plan in relation to increasing digital offer.	IHC Director – Weight Management Services	31/03/2027	Progressing
The plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB requires testing / simulation and socialising to ensure effectiveness	Health Board can demonstrate robust plans are in place and tested for Communicable disease outbreak management across its services and functions. **Outcome:** Improved preparedness for the identification and management of communicable disease threats. **Metric:** The Health Board response to communicable disease threats, the existence of plans and pathways for the management of	Assistant Director Of Health Protection, Public Health	30/09/2026	Progressing

	communicable disease threats, the numbers of staff trained in preparedness measures (including HCID PPE training, and FFP3 face fit testing), the existence and delivery of health board simulation exercises. The evaluation of data on disease incidence and infection rates within BCUHB settings. **Expected Impact on Risk Score Reduction:** Strengthened preparedness within the Health Board for the identification and management of communicable disease threats. **Action Update:** 16/8/2026 – Service Level Agreements have been drafted and are with Local Authorities for signing. This provides a strengthened funded health protection partnership across North Wales.			
~~Inconsistent commissioning approach across community and primary care services.~~	~~Develop a Community and CHC Strategic Plan with Local Authorities.~~ **Legacy item 24/25 CRR Framework - This does not form control for this Corporate Risk**	~~Acting Assistant Director Care Homes Support & CHC Commissioning~~	31/03/2026	~~Progressing~~
	~~Implement surge and escalation plans with Local Authority partners for community flow~~ **Legacy item 24/25 CRR Framework - This does not form control for this Corporate Risk**	~~Acting Assistant Director Care Homes Support &~~	31/03/2026	~~Progressing~~

		~~CHC Commissioning~~		
~~Fragility of Neurodevelopment workforce and reliance on temporary funding~~	~~Management of CYP (Children and Young People) needs, ND workforce business case submitted to the Executive Team, decision on the case deferred pending a broader review of funding priorities~~ ~~- No approval received in relation to business case submitted, focus for this financial year is on utilising additional non-recurrent funding received from WG to reduce longest waiters~~ ~~Two private providers commissioned for ND assessments over 3 years, one provider delivering as per contract, the other provider is in breach of contract in relation to the assessments completed, as such there will be approximately 700 over 3-year waiters at the end of March. Awaiting communication from WG re 26-27 ND funding for assessments, plan is to continue use of one provider, all procurement and contract arrangements are in place. A briefing update has been shared with WG colleagues.~~ **Legacy item 24/25 CRR Framework - This does not form control for this Corporate Risk - this is a service level issue**	~~CAMHS Programme Management Business Lead, Child & Adolescent Health~~	31/03/2026	~~Progressing (revised date from 31/12/2025)~~

~~Lack of restorative dentistry service and workforce pipeline~~	~~Undertake a dental diagnostic deep dive to inform strategy~~ - ~~In 2025 a review of the primary care dental service was undertaken to look at the current challenges in both General Dental Services (GDS) and the Community Dental Service (CDS). Key issues were identified in areas including leadership, performance, process, finance and people management. Progress within the service is now being monitored at a senior level via the IPEDG group, and a senior clinical review of the service is being planned for earlier 2026.~~ **Legacy item 24/25, 25/26 CRR Framework - This does not form control for this Corporate Risk - this is a service level issue* - Restorative Dentistry service is not part of this risk.*	~~Assistant Director Of Primary Care (Dental)~~	~~31/03/2026~~	~~Progressing~~
Develop and improve system-wide prevention through consistent prioritisation and integration with a **focus on health improvement**	1) Progress **Strategic Intent Priority 1 deliverables 'Focus on Health and Wellbeing'** Workstream **1A – Preventative Approaches to health & wellbeing** **Outcome:** Healthier communities with fewer people smoking, more people with healthy weight and in better physical and mental health. Greater preventative focus across the life course.	Consutant in Public Health (Health Improvement Programme)	31/03/2027	Progressing

	Metric: • Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. • % Improvement in Breastfeeding rates at birth and at 10 days • Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. • Level 2 Adult weight service – increase activity rates • Tiny Tums – increase number of settings who achieve Tiny Tums award • Increase family programmes via schools – Come and Cook **Expected Impact on Risk Score:** Most care delivery in the NHS now relates to long-term conditions the majority of which have significant preventable factors. Preventable health measures should consider all stages across the life course – from pre-conception and into older age. This can reduce the likelihood and severity of chronic illness, reducing flow towards acute settings			

	24/08/26 – All identified workstreams as part of 1A are progressing with delivery due in quarter 3 and 4. Healthy Weight - progressing, responding to the PHW review. Strengthening of the Child Measurement Programme approach and development of a plan for the Tier 1 pathway. Healthy eating programmes continue to be delivered. Development of a health improvement framework has seen the completion of a set of recommended priorities with stakeholder engagement. Making Every Contact Count - developed MECC conversation cards that are to be piloted.			
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on **Healthcare Public Health including disease prevention and managing health outcomes**	2) Progress **Strategic Intent Priority 1 'Focus on Health and Wellbeing'** Workstream **1B** – **Proactive strategies for disease prevention, frailty & falls** **Outcome:** More proactive care of frail people, reducing falls and the need for healthcare services. Increased screening services for cancer improving early identification and management. Fewer complications linked to diabetes due to improved monitoring and management.	Consutant in Public Health (Health Care Public Health & Population Health Management Programmes)	31/03/2027	Progressing

	Health Board can demonstrate a clear prevention and health inequalities focus in its major strategic plans and services. **Metric:** • Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. • Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months. • Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months. • National screening targets. **Expected Impact on Risk Score:** Falls and frailty are a significant driver of demand across primary and acute NHS Services and is expected to increase. Applying data and evidence through population health management will allow the organisation to target action within identified population groups towards where there is a strong likelihood of a health risk occurring, develop tailored interventions to prevent or reduce the impact of health risks which would contribute to preventing further deterioration, and optimise how the early stages of disease is detected.			

	Intervening in the early stages of disease can prevent the disease from progressing, allows people to self-manage their health, improves health outcomes, prevents the individual developing other health conditions and ensures that people can continue to live their lives fully within their families and communities. 24/8/26 - Appointment to Population Management Intel post. High Value High Impact / Diabetes - task and finish group structures and governance structures to support delivery of the programmes of work have been developed. The structures provide the mechanisms and assurance to quality improvement and transformation work linked to Diabetes, prevention and care in North Wales with the aim of improving outcomes and reducing unwarranted variation in access an outcomes of care.			
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on **reducing health inequalities**	3) Progress the **Strategic Intent Priority 1 'Focus on Health and Wellbeing'** Workstream **1C** – **Health Inequalities** **Outcome:** Reduced risk factors linked to the wider determinants of health such as environmental, social and economic factors.	Consultant in Pubic Health (Health Inequalties Programme)	31/03/2027	Progressing

	Improved equity of access between most and least deprived areas in relation to vaccinations, screening and diabetes care. All services and strategic plans should have metrics that enable them to assess the potential health inequalities in delivery. **Metric:** • Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and Diabetes prevention and care. • National screening uptake targets - reduction in variation, increase in uptake from inclusion groups • Vaccination targets - reduction in variation, increase in uptake from inclusion groups • Diabetes 8 Care Processes – reduction in variation, increase in uptake from inclusion groups **Expected Impact on Risk Score:** Inequalities will continue to widen if we do not embed population health approaches in pathways and service plans that can enable the organisation to target resources proportionate to need. Through understanding the needs of communities, the Health Board can better enable provision of care in the right way, in the right place, and at the right time.			

	The Health Board cannot reduce health inequalities alone. Many factors which impact on health and wellbeing require commitment and coordinated action across public sector organisations, enabled through the organisation's role and opportunity as an Anchor institute. Together, the right social, economic and environmental conditions can be created that allow health and wellbeing to flourish. **24/8/2026 –** Health Needs Assessment for inclusion health groups has been completed which provides the basis for developing the Health Board offer to those populations that experience poor access to healthcare services. To further support improved access, planning documents supporting the vaccine equity plan and screening inequalities data have also been produced. A draft health equity checklist has been developed with key partners which provides a basis for services to utilise when carrying out planning. New Social Prescribing contracts with Local Authorities are progressing well. These look to adopt co-commissioning approaches. There has been some delay experienced with a couple of Local Authorities, but detailed plans are in place to ensure the revised timescales are supported to deliver in year. Service specifications which have been co-produced with Local Authorities, BCUHB Public Health and Primary and Community Care			

	are being finalised, having be reviewed by legal teams. Engagement events have taken place with stakeholders and partners to further develop 'missions' within the Regional Wellbeing, Prevention and Anchor Framework which further supports health board contribution to addressing inequalities and supporting long-term wellbeing in our most vulnerable groups. As part of this, we continue to support Denbighshire County Council with the 'Marmot Nation' Health Equity Wales Local Authority funded project.			
Develop and improve system-wide prevention through consistent prioritisation and integration with a focus on **health protection**	4) Progress the **Strategic Intent Priority 1 'Focus on Health and Wellbeing'** Workstream **1D** – **Health Protection** **Outcome:** More people in the population are protected from increased uptake of vaccinations with a particular focus on vulnerable groups. People are protected against existing, new and emerging health hazards. Communicable outbreak plan developed and tested, providing assurance to the Health Board and partners. **Metric:** • *Percentage uptake of the following targeted measures:* • Children who are up to date with all routine scheduled vaccinations by age 5.	Assistant Director Health Protection / Deputy Director Vaccs & Imms	31/03/2027	Progressing

	• Children receiving the Human Papillomavirus (HPV) vaccination by the age of 15. • Influenza vaccination amongst adults aged 65 years and over Applicable during: 01.09.2026 - 31.03.2027. • Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old. • Influenza <65 at risk • Influenza - Staff • MenACWY Cml (Y10) **Expected Impact on Risk Score:** Health Protection focuses on preventing harm before it happens and keeps communities safe from communicable and other notifiable illness that could affect large numbers of the population at scale. Risk of infectious diseases include Flu, Measles, and M-Pox, with disease outbreaks having a significant impact on closed settings such as care homes and schools. Health Protection includes the management of vaccine preventable disease risks such as measles, outbreak control planning, and training and education in settings to support Infection Prevention Control (IPC). **24/8/26-** proactive, preventative Infection Prevention Control (IPC) interventions have been			

	undertaken across Residential Care Homes in North Wales. These have been enhanced with the delivery of monthly IPC Champions education sessions on key topics, and the provision of hand-hygiene training. Health Protection Service has continued to support disease elimination agendas through blood borne virus sampling in key workplaces (major employers) and in other settings and services, including in Substance Misuse Services, Probation and Women's Centres. The service has also been deployed to provide TB sampling for Asylum Seekers in the East Area IHC. In response to two significant High Consequence Infectious Disease threats, the Health Protection Service has lead the coordination of preparedness measures within the Health Board whilst also engaging with wider partners. This has included a system briefing for all partners in North Wales, education sessions for medics, additional capacity for HCID PPE training, oversight of HCID plans and pathways, and the provision of information and advice for BCUHB staff. In addition, the Service coordinated and delivered a HCID response simulation exercise for the Health Board. The impact of the above activities include improved preparedness for HCIDs within the Health Board (including a greater number of staff trained in HCID PPE, formalized pathways for the			

	identification, assessment, sampling and management of suspected or confirmed HCID cases), a greater understanding of Health Board areas of weakness for managing a potential HCID case and/or future pandemic, improved resilience within the residential care home sector for the control and management of communicable diseases, progress towards the elimination of Hepatitis B and C, and a reduced number of presentations to EDs for the provision of Rabies post-exposure prophylaxis Campaigns across all Vaccination and immunisations are being developed or underway. A particular focus this year on reducing inequalities in uptake and this is being supported by the development of the Vaccine Equity Plan. The Health Board is focusing on delivery at scale and utilising the Primary Care partners to enhance delivery.			
Develop and improve system-wide prevention through consistent prioritisation and integration with a **focus on Primary and Community Care**	5) Progress against the **Strategic Intent Priority 2 - Enhanced Co-ordination of Care** deliverables which will directly contribute to improving population health and keeping people well for longer. **This includes focused deliverables:** - *Development of Health and Wellbeing Hubs*	AD Primary & Community Care	31/03/2027	Progressing

	- *Primary Care contracting inc Dental* - *Progression of Community by Design* - *Delivery of Frailty and falls prevention models* - *Delivery of Weight Management and smoking cessation services* - *Diabetes management* - *Health and wellbeing of Children & Young People* **Outcome:** More co-ordinated care in the community for people with long term conditions. Better access to community based preventative care. **Metrics:** • Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS) • Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS) • Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. • Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months.			

	• Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months. • Percentage of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. • Number of staff undertaking MECC **Expected impact on Risk Score:** A well-functioning Primary Care system is essential to improving population health outcomes, supporting the shift towards prevention and early intervention, and delivering a more sustainable, prudent healthcare model for the future. Community-based services are essential to improving outcomes through prevention, early intervention, and supported self-management. Providing care within local communities makes services more accessible, improves user experience, and helps reduce inequity by removing practical, geographical, and socioeconomic barriers to care-based services which is essential to improving outcomes through prevention, early intervention, and supported self-management. Health and Wellbeing Hubs bring together physical health, mental health, social care and			

	community wellbeing services in one accessible location, creating a “no wrong door” approach that enables earlier intervention, smoother referrals and more holistic care. By embedding prevention and public health activity within local communities, they help address the wider determinants of health, promote independence and reduce avoidable demand on acute services. **24/8/26 –** 2A - A review of primary care dental services is in progress. A plan has been agreed for recurrent and non-recurrent funding which will increase access for the population of North Wales. Plans with timelines are in place to ensure delivery of targets in 2026/7. 2B - A proposal has been developed for an overarching group to coordinate the development of community frailty services. A decision on leadership of the group and to confirm its mandate is awaited. A group has also been established to deliver breathlessness hubs and a reference group is proposed to support the broader agenda of increasing access to diagnostics in community settings. 2C – Health & Wellbeing hubs programme continues to make progress against plans for implementation – different stages for different hubs			

Develop and improve system-wide prevention through consistent prioritisation and integration with a **focus on secondary care, clinical pathways and specialist services**	6) Progress against the **Strategic Intent Priority 3 - Improve Access, outcomes and experience for all** deliverables which will directly contribute to improving population health and keeping people well for longer. **This includes deliverables which focus on:** – *BCU community falls response resource* – *Providing falls prevention training across Care Homes* – *BCU MHLD physical health policy in line with national developments.* – *Reducing inequality and variation in access to services and pathways* – *Digitally delivered specialist All-Wales gambling harm and treatment service* – *CAMHS Early Help systems and processes* – *Healthy Child Wales 2 Programme* – *Childhood diabetes – prevention and management* – *Women's Health - prevention and early intervention, including preconception health and earlier identification of women's health conditions* – *Support the National Lung Screening Programme and other National screening programmes including reducing of variation* – *Support staff to complete MECC training*	ADs / Programme Leads – UEC, Planned Care, C&YP CAMHS, MH & LD, Womens	31/03/2027	Progressing

	Outcomes: People who fall in the community are treated outside of acute hospitals where they are more likely to de-condition. Patients are directed to the most appropriate service, freeing up resources such as ambulances and emergency departments. . A modern, people-centred healthcare system A clear long-term vision and strategy for our clinical services across North Wales, and an organisational structure that enables its delivery. Improved quality of maternity services including reduced perinatal mortality rates. Improved waiting times for people of all ages with Mental Health, Learning Disabilities and Neurodevelopment. More people supported with substance misuse. **Metrics:** • Reduce avoidable ambulance conveyances and ED admissions from Care Homes through providing falls lifting equipment and level one falls prevention training to be delivered to 30 Care Homes across North Wales. • Reduce avoidable ambulance conveyances and ED admissions from the community by developing a proposal to use Six Goals Programme funding to increase Community Resource Teams (CRT) capacity, focused on mobilising Band 3 therapy support staff			

	as a dedicated pan BCU community falls response resource. • Reduce Health Inequalities for people with learning disabilities by increasing the uptake of the annual health checks and public health screening initiatives across services. • Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) • Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment • National screening targets • Childhood Measurement Programme participants • Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment • Number of staff undertaking MECC **Expected impact on risk score:** Earlier diagnosis leading to better health outcomes. Prevention of deterioration and ill health or worsening conditions which impact on health and wellbeing.			

	Reducing the gap in health outcomes for people with mental health and learning disabilities, supported by a focus on prevention, early intervention and reducing health inequalities. An integrated, responsive system where people receive the right care, in the right place, at the right time. Reduction in health inequalities and variation within clinical pathways of care. **24/8/2026 -** 3A - activity has primarily focused on creating the infrastructure needed to deliver long-term improvements. Early impacts include: • Enhanced support for care homes through falls training, equipment provision and follow-up arrangements, KPI monitoring established. 3D.6 - continued monitoring of Annual Health Check uptake and screening participation across Learning Disability services. Strengthened promotion of annual health checks, reasonable adjustments and access to screening programmes, supporting people with learning disabilities to engage with preventative healthcare. Improved collaboration with Primary Care colleagues to identify and support individuals requiring targeted interventions to reduce health inequalities. 3F Children's Services continue to prioritise focus on early intervention within core services, with timely care throughout the pathways. Targeted			

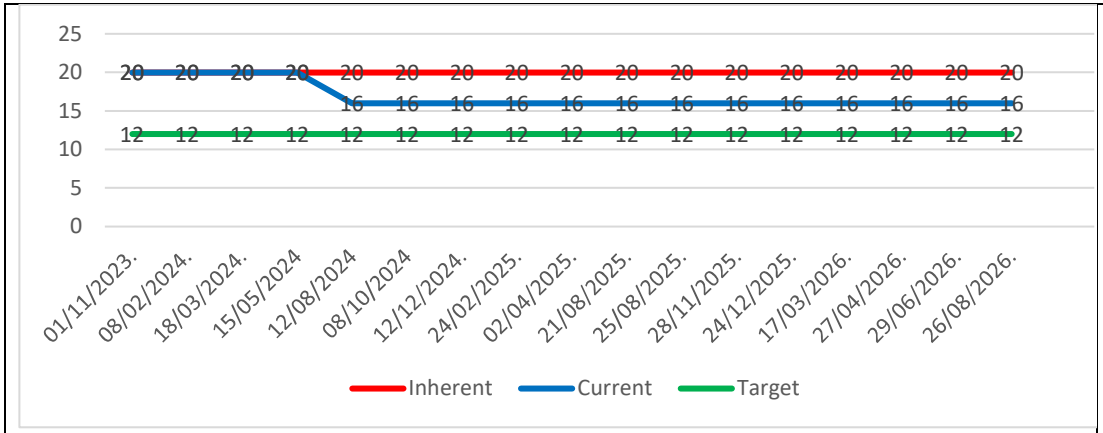
	immunisation delivery in communities and schools where there is low uptake, with good uptake. Planned catch up sessions over the summer are fully booked some localities. Planning for delivery of Meningitis B programme completed with letters to eligible cohort sent. National review of the timeline for implementation of the Healthy Child Wales Programme 2. Children with diabetes are supported with their care in accordance with NICE guidance. Children are supported with insulin pumps and continuous glucose monitoring in a timely manner 3G - Completion of the Pathfinder Women's Health Hub phase and commencement of a formal evaluation to inform future service design.			
Develop and improve system-wide prevention through consistent prioritisation and integration with a **focus on system-wide approaches, Enabling services, strategy and pan BCU delivery**	10)Progress against the **Strategic Intent Priority 4 - Create a modern people centred healthcare system** deliverables which will directly contribute to improving population health and keeping people well for longer. **This includes deliverables which focus on:** - *Population health management* - *Development of key plans and strategies* - *Embedding prevention as a core component and enabler of major programmes*	AD Planning / DDAT, Transformation, Estates, Finance, VBH	31/03/2027	Progressing

	- *Develop organisational understanding of population health needs and priorities* - *Develop collaborative partnership working which tackles wider factors which impact on population health and wellbeing such as employment and environment.* - *Funding models which support movement of services towards primary and community settings* **Outcomes:** Improved and more resilient systems, data and insights to support better day to day delivery of safe services and their improvement. More research and innovation projects and collaboration with education partners to provide improved health care for the future. Improved value for money services ensuring that precious resources are spent to deliver maximum benefit to the population. Better experience and outcomes for the population. **Metrics:** • Develop the measures of success in relation to both population and patient outcomes as well as the strategy development process. • Planning maturity matrix self-assessment scores (Population Needs Assessment is part of this)			

	• Develop the measures of success in relation to both population and patient outcomes as well as the CSP process for those areas selected in the first tranche of the CSP. • High Value High Impact pathway analysis • Increase proportionate spend on Primary and Community Services **Expected Impact on risk score:** The Health Board can evidence informed decision making based on population health management data and intelligence. The Health Board can demonstrate response to population need and the impact on service delivery and resourcing. 24/8/2026 - 4B/C – Development of Strategy and Clinical Services Plan continues and considers prevention and population health. 4D.11/12 – work continues with Local Authority colleagues to inform the warm homes initiative in time for Autumn activities. This includes identification of the cohort of people that would benefit from a scheme, based on previous hospital activity and deprivation indices. A draft research protocol has been developed, with the study proposing to collect environmental, housing and survey data over a full heating season to better understand health inequalities associated with cold homes and inform future			

	policy, service planning and targeted interventions. Recruitment activities for three key Population Health Management (PHM) roles are progressing, with interviews scheduled for two posts in August and the third currently out to advert. 4K – a review of spend over 3 years in relation to preventative activity is underway in the Health Board as part of the office of the Future Generations Commissioner programme of work.			

	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	Not in Tolerance	
Position & Intended Outcome for Risk			



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

CRR REF: 25-05 - Risk Title: Strategic Change – Impacting Care and Staff Delivery		
Director Lead: Executive Director of Transformation and Strategic Planning		**Date Opened:** 21/08/2025 *(version 2 refined from 2023)*
Assuring Committee: Planning, Population Health & Partnership Committee		**Date Last Committee Review:** 02/07/2026
Date Last Reviewed: 31/08/2026	**Link to BAF**: BAF26-01 / BAF26-02 / BAF26-03 / BAF26-04 / BAF26-05	**Target Risk Date:** 26/11/2026

Risk Detail:

There is a risk that patients may not benefit from planned improvements in care, access, and outcomes if the HB does not effectively develop and then implement its long term strategy and future clinical services model.

This may be caused by a lack of momentum, support and or capacity to develop the long term strategy and future clinical services model in a challenging and contended operational and political environment.

This may lead to the Health Board continuing to operate in a highly medicalised, acute hospital centric, ill health treatment model, missing opportunities to move to a more sustainable long term model of care that prioritises preventing ill health, delivering care closer to home, with a modern agile and digitally enabled workforce - ultimately leading to better outcomes, access and quality of service for the population.

Mitigations/Controls in place

1. Scrutiny and oversight of strategy development work by the Strategic Planning and Service Change Group (SP&SC Group a sub-group of the Executive Committee), Planning Population Health and Partnerships (PPHP) Board Committee and the Health Board to ensure robust governance arrangements and timely escalation; which are important for enabling foundations for successful delivery of strategic change and co-production of the 1) Strategic Intent for North Wales with partners, 2) 10 Year Strategy for the Health Board, 3) Clinical Services Plan
2. Priority change programmes in place for the organisation 1) Major Change Programmes (Planned Care; Urgent and Emergency Care; Value and Sustainability; and Foundations For The Future), 2) Key Programmes (grouped into: Mental Health; Llandudno Planned Care hub; Improving safety, efficiency and effectiveness through digitisation; Diagnostics

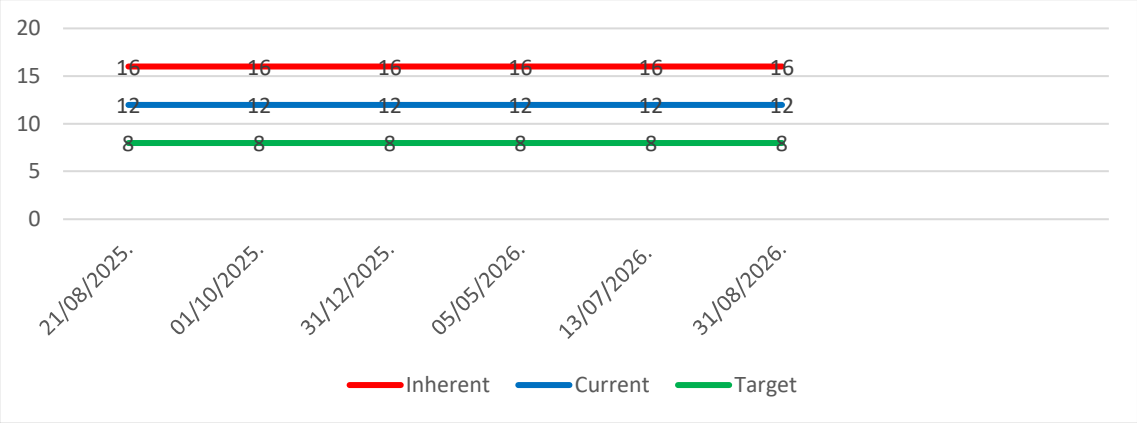
improvement; and Health and Well-being Hubs), 3) Challenged Services (Dermatology, Ophthalmology, Vascular, Urology, Oncology, Plastics, Orthopaedics, Orthodontics).

3. Change programmes controls in place and monitored by the Transformation and Improvement team to ensure they are run consistently and best practice project, programme and portfolio management is applied. As well as providing an objective and independent assessment of progress and areas of risk.
4. Oversight and scrutiny of the Major Change Programmes tracking progress, risks, and dependencies by the Executive Committee, relevant Board Committee and Health Board. The Key Programmes reports into SP&SC Group, PPHP and Health Board.
5. The Challenged Services report into SP&SC Group for review and oversight, Quality, Safety and Experience Committee (QSE) and Health Board.
6. External oversight and scrutiny is provided by Welsh Government via IQPD and JET as well as quarterly Challenged Services review meetings.
7. Terms of References for all groups with clear routes to escalation.
8. Legal and policy compliance including adherence to Welsh Government (WG) service change guidance.
9. Continued development of the portfolio management and reporting approach for all priority change programmes, including monthly monitoring of high risks across all priority programmes.
10. Mobilisation of the Challenged Services oversight group that will report into the SP&SC Group.

Gaps in Controls	Actions	Action Owner	Due Date	Progression Analysis
G2 Organisational approach to change management to be developed and implemented.	Organisational approach to change developed as one of the enabling products within Foundations for The Future programme **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** The End of Discovery phase report was presented to the Strategic Planning and Service Change Group on the 27th July,	Assistant Director of Transformation and Improvement (Interim), Transformation & Strategic Planning	26/11/2026	Progressing (revised date from 31/03/2026

	where the findings were noted along with the development of 10 key change principles. The Design phase has now commenced with a key group of stakeholders and planned activities are well underway. The change principles are being tested with the group, along with the development of a toolkit for use. A workshop is scheduled for October, which will be opened by the Interim Executive Director of Transformation and Strategic Planning.			
Gaps in Controls/	**Action**	**Action Owner**	**Due Date**	**Progression Analysis**
G3	Complete the diagnosis phase of the Health Board's 10 Year Strategy, including an implementation plan for the remaining programme of work **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:** The Diagnosis Phase is now complete and the final report was approved by the Strategic Planning and Service Change Group on the 26th August 2026.	Head of Health Strategy and Planning, Transformation & Strategic Planning	30/06/2026	Complete
G4	Complete preparations for phase 2 of the Clinical Services Planning (CSP) work, including an implementation plan **Expected Impact on Risk Score Reduction:** Impact rating not expected to change. Overall likelihood is expected to reduce from 3 to 2 when all 6 actions are complete but individual actions alone will not affect the score. **Action Update:**	Head of Health Strategy and Planning, Transformation &	30/06/2026	Overdue

	Preparations are yet to fully conclude and are now overdue. The work is impacted by broader considerations around the structure of the work of the 10yr Strategy and development of supporting strategic plans. The first Strategic Planning Programme Board will take place on the 8th September, and there is an organisational commitment to engage some external expertise for the development of the Clinical Services Plan, which will be key to concluding this action.	Strategic Planning		



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	3	12
Target Risk Score	4	2	8
Risk Appetite	Quality <15		In Tolerance

Position & Intended Outcome for Risk

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

CORPORATE RISK REGISTER

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Anthony Hughes, Risk Assurance Manager Jody Evans, Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

The Committee is asked to **receive assurance** of the two updated Corporate Risks and will fall under the remit and oversight of the Planning, Population Health and Partnership Committee:

- CRR25-03 'Population Needs'
- CRR25-05 'Strategic Change – Impacting Care and Staff Delivery'

No proposed changes in risk scoring. CRR25-03 'Population Needs' risk has a current risk score which sits outside the risk tolerance level set within the risk appetite.

CRR25-03 – Population Needs:
CRR25-03 Population Health includes a proposal to remove four actions from the Corporate Risk and transfer them to relevant operational risks for management and monitoring by responsible services (see Appendix 3).

CRR25-05 – Strategic Change – Impacting Care and Staff Delivery;
Significant updates have been proposed to CRR25-05 – 'Strategic Change – Impacting Care and Staff Delivery' to reflect the current position, and update to the risk description to better reflect the scope and impact of the risk. (see Appendix 3).

Whilst governance and oversight arrangements continue to mature, there has been limited movement in residual risk scores. Future reporting will place greater emphasis on risk trajectory, delivery of mitigating actions and evidenced risk reduction, rather than solely focusing on the maturity of governance arrangements. Whilst assurance can be taken from the strengthening of risk management processes and governance oversight, overall assurance regarding the effectiveness of current controls remains moderate, reflecting the limited movement in risk scores and the number of risks that continue to operate outside the Health Board's agreed risk appetite.

A programme of risk-specific meetings with Executive Leads is being established to further refine individual risks, to ensure actions are sufficiently targeted, and support delivery of measurable reductions in risk scores within the agreed risk appetite.

The Committee is asked to:

- Review and scrutinise the current risks and level of assurance provided.
- Provide feedback to support further refinement ahead of submission to the Board.

N.B Two risks which fall under the remit of the Planning, Population Health & Partnership Committee have been removed from this report to be presented to the Private session.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Risk Scrutiny Group (RSG)	08/09/2026	Risk Scrutiny Group stood down due to lack of quoracy for the meeting. The report was subsequently reviewed by the executive Team.
Executive Committee (EC)	23/09/2026	Full CRR presented to the Executive Committee.
Executive Committee (EC)	21/10/2026	Full CRR presented to the Executive Committee.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
CRR	Corporate Risk Register
RSG	Risk Scrutiny Group
BAF	Board Assurance Framework

CORPORATE RISK REGISTER

1. Y SEFYLLFA / SITUATION

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.

Two consolidated Corporate Risks fall under the remit and oversight of the Planning, Population Health and Partnership Committee:

- CRR25-03 'Population Needs'
- CRR25-05 'Strategic Change – Impacting - Care and Staff Delivery'

2. Y CEFNDIR / BACKGROUND

The Committee is asked to scrutinise and endorse two Corporate Risks within its remit prior to submission to the Board:

Both risks have been mapped over to the newly approved Corporate Risk Register template. This provides improved clarity and consistency in the articulation of risk position, and strengthens the alignment between identified control gaps, mitigating actions and intended outcomes.

The Committee is invited to review the risks in their current form and provide feedback to support further refinement ahead of Board consideration.

3. MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

- **CRR25-03 'Population Needs'** has been reviewed and it is proposed that four existing actions are removed from the corporate risk. The actions have been assessed as being more appropriately managed at an operational level, where accountability, oversight, and delivery sit within the relevant service areas. Consequently, these actions will be transferred to the associated operational risks to ensure they continue to be actively monitored and managed.

- **CRR25-05 - 'Strategic Change – Impacting - Care and Staff Delivery'** Significant updates have been proposed to CRR25-05 – 'Strategic Change – Impacting Care and Staff Delivery' to reflect the current position, and update to the risk description to better reflect the scope and impact of the risk. (see Appendix 3).

Overdue/Delayed Actions

One action is now overdue within '**CRR 25-05 'Strategic Change – Impacting Care and Staff Delivery'** to complete preparations for phase 2 of the Clinical Services Planning (CSP) work. The action is overdue due to preparations yet to fully conclude and are now overdue. The work is impacted by broader considerations around the structure of the work of the 10yr Strategy and development of supporting strategic plans.

The first Strategic Planning Programme Board was due to take place on the 8th September, and there is an organisational commitment to engage some external expertise for the development of the Clinical Services Plan, which will be key to concluding this action.

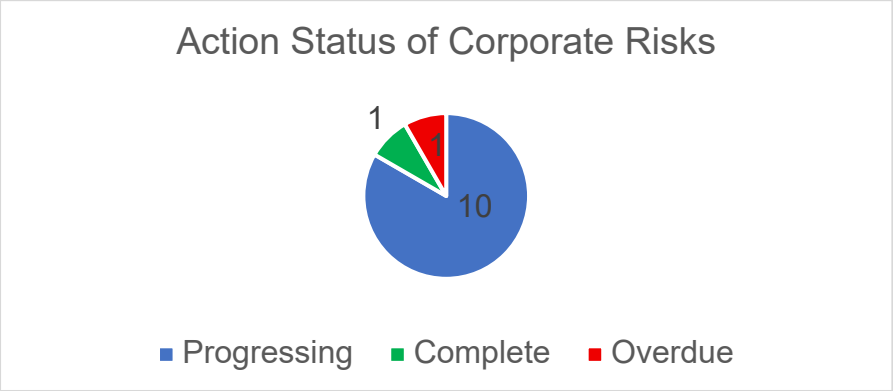
Risks above Health Board 25/26 appetite

One risk reported to committee scores ***outside*** the tolerance range set in the risk appetite – CRR25-03 - Population Needs.

One risk CRR25-05 - Strategic Change – Impacting Care and Staff Delivery remains ***within*** tolerance with a current risk score of 12.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR25-03	Population Needs	Executive Director of Public Health	**16**	Quality <15

Action Plan status of Corporate Risks



Out of the 2 corporate risks, 12 actions have been developed to mitigate the risks, with 10 open actions progressing and on track. 1 action has been completed, with 1 action overdue. 4 actions are proposed to be moved and managed under operational risks.

4. ARGYMHELLION RECOMMENDATIONS

Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee is asked to:

- **REVIEW and SCRUTINISE** the corporate risks set out in the report, including consideration of the current risk position, existing controls, and identified gaps.
- **ENDORSE** the risks for submission to the Board, noting that one risk remains above the Health Board's risk appetite and therefore represent a continued exposure.
- **NOTE** that a programme of risk-specific meetings with Executive Leads is being established to further refine individual risks, ensure actions are sufficiently targeted, and support delivery of measurable reductions in risk scores within the agreed risk appetite.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Corporate Risk Register and Board Assurance Framework - Betsi Cadwaladr University Health Board

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 **Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	No impacts identified – administrative report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	No impacts identified – administrative report

Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	No impacts identified – administrative report
	Galluogwyr Ansawdd **Enablers of Quality** Whole-systems Perspective Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	No impacts identified – administrative report
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	As per detail relating to resources within risk and actions.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Planning, Population Health & Partnerships Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	05 November 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
Members are asked to: • **NOTE** the summary of business considered in private session to be reported in public • **NOTE** the forward workplan

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
N/A	

CORPORATE GOVERNANCE REPORT

1. Y SEFYLLFA
SITUATION

1 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.

2 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.

3 Y CEFNDIR
BACKGROUND

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

4 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

4.1 Summary of Business Considered in Private

4.1.1 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.

4.1.2 The below item were considered in private at the meeting held on 26 September 2026:

- No private items were considered at this meeting.

4.2 Committee Forward Work Plan

4.2.1 The Forward Work Plan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely, and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

5 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

5.1 There are no matters for escalation.

6 ARGYMHELLION RECOMMENDATIONS

6.1 Gofynnir i'r Pwyllgor:
The Committee is asked to:

- **NOTE** the matters considered in private at the meeting held on 26 September 2026.
- **NOTE** The Committee forward workplan.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Intentions**	1. Building an effective organisation Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol? **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report

Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not necessary for this report
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Planning, Population Health & Partnerships Committee

WINTER FLU VACCINATION PROGRAMME 2026-27

Dyddiad y Cyfarfod **Date of Meeting**	05 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Kailey Ben-Sassi Deputy Director for Vaccination and Immunisation
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Jane Moore, Executive Director of Public Health

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

BCUHB will deliver the Winter Flu Vaccination Programme 2026-27 through a predominantly co-administration model, enabling eligible citizens to receive both seasonal influenza and COVID-19 vaccinations within a single appointment wherever possible. Delivery will be undertaken through a partnership between the Integrated Vaccination Service (IVS), General Practice and Community Pharmacy.

The model has been designed to maximise uptake, improve accessibility, reduce vaccination-related inequalities and ensure the population receives protection ahead of peak winter respiratory disease activity. A total of 85 GP practices and 123 community pharmacies have been commissioned to support programme delivery, supplemented by targeted Health Board-run clinics coordinated by the IVS.

Particular emphasis will be placed on achieving high vaccination rates before December 2026, ensuring optimal protection for vulnerable populations and supporting system resilience across urgent and emergency care services during winter pressures.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
SIG	Sept 26	
Presentation at Head of Nursing Meeting	June 26	Approval of support to promote staff flu/ peer vaccinators

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
Wesh Immunisation System	WIS
Integrated Vaccination Service	IVS
Strategic Immunisation Group	SIG
Live Attenuated Influenza Vaccine	LAIV
Making Every Contact Count	MECC

WINTER FLU VACCINATION PROGRAMME 2026-27

1. Y SEFYLLFA
SITUATION

1.1 BCUHB will deliver the Winter Flu Vaccination Programme 2026-27 through a predominantly co-administration model, enabling eligible citizens to receive both seasonal influenza and COVID-19 vaccinations within a single appointment wherever possible. Delivery will be undertaken through a partnership between the Integrated Vaccination Service (IVS), General Practice and Community Pharmacy.

1.2 The model has been designed to maximise uptake, improve accessibility, reduce vaccination-related inequalities and ensure the population receives protection ahead of peak winter respiratory disease activity. A total of 85 GP practices and 123 community pharmacies have been commissioned to support programme delivery, supplemented by targeted Health Board-run clinics coordinated by the IVS.

1.3 Particular emphasis will be placed on achieving high vaccination rates before December 2026, ensuring optimal protection for vulnerable populations and supporting system resilience across urgent and emergency care services during winter pressures.

2 Y CEFNDIR
BACKGROUND

2.1 BCUHB will deploy a predominantly co-administration approach across the Winter 2026-27 vaccination programme. Both the Health Board's Integrated Vaccination Service (IVS) and the majority of commissioned primary care partners (GP practices and Community Pharmacies) will offer influenza and COVID-19 vaccinations during a single appointment where clinically appropriate.

2.2 The IVS has commissioned all primary care partners wishing to participate in programme delivery and will coordinate Health Board clinics to complement existing primary care provision. Clinic planning has been informed by geographic coverage, population demographics and anticipated demand to ensure equitable access across North Wales.

Programme Priorities

September 2026

The programme will prioritise:

- Staff influenza vaccination for staff under the age of 65 years and without any clinical risk factors; through IVS-led delivery, and supported by Health

protection vaccinator colleagues and a peer vaccinator delivery model. Staff 65 years and over will be offered vaccination from October 1st in line with clinical guidance to minimise vaccine waning during the peak flu season.

- LAIV vaccination for children aged 2 and 3 years through General Practice.
- Influenza vaccination for pregnant women through General Practice.

This phased approach ensures that priority groups receive early protection while creating capacity for wider population delivery during October and November.

October 2026

The main Winter Vaccination Programme will commence from 1 October 2026, when vaccination will be offered to all eligible citizens and eligible BCUHB staff in line with national programme requirements.

Delivery will be provided through a coordinated network of IVS clinics, GP practices, community pharmacies and school- based programmes with a strong emphasis on co-administration of influenza and COVID-19 vaccinations wherever clinically appropriate. This approach will maximise convenience for patients, improve uptake and support equitable access across North Wales.

Maximising Protection Before Winter

The IVS is working closely with General Practice and Community Pharmacy colleagues to maximise vaccine administration before December 2026. Delivering vaccinations before anticipated increases in respiratory virus circulation remains a key strategic objective and will support:

- Reduced winter morbidity.
- Reduced hospital admissions.
- Reduced pressure on urgent and emergency care services.
- Improved resilience across health and social care systems.

MECC Delivery Principle

The IVS and primary care stakeholders have jointly agreed to operate a "Make Every Contact Count" (MECC) approach across both flu and COVID-19 programmes.

This principle aims to ensure no eligible citizen is turned away from vaccination regardless of point of presentation. The consistent use of the Welsh Immunisation System (WIS) at the point of care will support safe delivery, reduce duplication, minimise clinical risk and maintain contemporaneous patient records.

School-Based Influenza Vaccination Programme

The school-based influenza vaccination programme will continue to be delivered through the Integrated Vaccination Service (IVS), providing the Live Attenuated Influenza Vaccine (LAIV) nasal spray to eligible school-aged children across North Wales.

The programme plays a critical role in reducing influenza transmission within schools, households and communities, whilst also supporting wider health and care system resilience during the winter period. Delivery will be undertaken through a coordinated programme of school visits, working closely with education partners to maximise uptake and minimise disruption to educational activities.

The primary vaccine offered through the school programme will be the Live Attenuated Influenza Vaccine (LAIV) administered as a nasal spray. Recognising that LAIV contains porcine gelatine and may not be suitable or acceptable for all children and families, the programme will also offer the inactivated intramuscular (IM) influenza vaccine as an alternative where clinically indicated or requested on religious, cultural or ethical grounds. The availability of a non-porcine alternative supports informed choice, promotes equitable access to vaccination and helps maximise overall programme uptake whilst respecting individual preferences. Appropriate consent and clinical pathways are in place to ensure eligible children can access the most suitable vaccine option.

Introduction of Electronic Consent

For the first time, the 2026-27 programme will introduce an electronic consent (e-consent) solution for the school-based vaccination programme. The introduction of e-consent represents a significant step forward in modernising programme delivery, improving the experience for parents and carers and reducing administrative burden for schools and vaccination teams.

The e-consent system will provide:

- A more accessible and convenient method for parents and carers to provide consent.
- Improved timeliness and completeness of consent returns.
- Reduced reliance on paper-based processes.
- Enhanced data quality and governance.
- Better visibility of programme performance and uptake in real time.
- Improved operational efficiency for school nursing and vaccination teams.

The introduction of e-consent is expected to support higher consent return rates, strengthen information governance arrangements and improve programme agility, enabling vaccination teams to focus resources on delivery and follow-up activity.

Programme delivery will commence early in the vaccination season to maximise population protection ahead of peak respiratory virus circulation. Uptake and coverage data will be monitored through the Welsh Immunisation System (WIS), allowing the IVS to identify schools or cohorts requiring additional support and enabling timely mop-up activity where required.

To further strengthen programme oversight and improve the timeliness of vaccination data, the IVS is currently recruiting five additional administrative staff to support the recording of school immunisations onto WIS. This will enhance data quality, strengthen governance arrangements and improve the agility of programme planning and operational decision-making.

Staff Flu Vaccination Programme

The staff influenza vaccination programme remains a key priority within the Winter 2026-27 campaign and is designed to maximise uptake across the BCUHB workforce ahead of the peak respiratory virus season.

In recognition of the importance of early protection for healthcare workers, Health Boards have been given a permissive approach to commence vaccination of staff aged under 65 years who do not have underlying health conditions from September 2026. All remaining eligible staff cohorts will be offered vaccination from 1 October 2026.

The Integrated Vaccination Service (IVS) will deliver a multi-channel programme to maximise accessibility and convenience for staff, comprising:

- Bookable appointments through Microsoft 365.
- Drop-in vaccination clinics across Health Board sites.
- Outreach vaccination sessions delivered directly within clinical and non-clinical work areas.
- Targeted vaccination opportunities for hard-to-reach staff groups and those working outside standard office hours.

Peer Vaccinator Model

The peer vaccinator model has been reviewed for the 2026-27 programme to ensure an appropriate balance between maintaining convenient access to vaccination and strengthening governance arrangements.

The revised approach seeks to:

- Maintain vaccination accessibility for staff working across a range of settings and shift patterns.
- Improve oversight of vaccine storage, handling and administration.
- Strengthen assurance around clinical governance and record keeping.
- Reduce vaccine wastage and improve stock management.
- Ensure consistent recording of vaccinations within agreed digital systems.

This refreshed model is expected to support both high vaccine uptake and robust governance standards while ensuring resources are deployed as efficiently as possible.

Staff Flu Vaccination Incentivisation and Engagement

For the 2026-27 programme, the IVS will introduce a refreshed staff engagement and incentivisation approach designed to encourage vaccine uptake whilst strengthening opportunities for staff feedback and continuous service improvement. The programme will utilise staff feedback survey throughout the campaign to:

- Understand barriers and facilitators to vaccine uptake.
- Inform real-time service improvements.
- Shape outreach and clinic provision based on staff preferences.
- Evaluate the effectiveness of communications and engagement activities.
- Support future workforce vaccination programme planning.

Staff who have completed a survey, regardless of their vaccination statue will be entered into a weekly draw to receive a £50 gift voucher. This intelligence will be used to inform both in-year improvements and the development of future vaccination campaigns

Mop-Up and Recovery Arrangements

Learning from previous campaigns has informed an earlier and more proactive mop-up strategy.

The IVS will monitor delivery trajectories across participating providers and intervene earlier where uptake is lower than expected or where population cohorts remain under-vaccinated.

Planned actions include:

- Direct IVS support for practices not achieving agreed delivery trajectories.
- IVS delivery of LAIV vaccination to eligible 2 and 3 year olds from November 2026 where required.
- Additional targeted clinics in areas of lower uptake.
- Use of real-time WIS data to identify gaps in coverage.

Walk-In Provision

From mid-December 2026, the IVS will introduce walk-in vaccination clinics that do not require a prior appointment.

These clinics will provide additional flexible access for:

- Citizens who have not yet been vaccinated.
- Hard-to-reach populations.

- Individuals unable to attend scheduled appointments.
- Opportunistic vaccination following healthcare contacts.

Workforce and Operational Readiness

The IVS continues to maintain a predominantly registered vaccinator workforce, providing a robust and experienced staffing model for programme delivery.
The impact of Regulation 235A on workforce availability has been minimal, and no significant delivery risks have been identified as a consequence.

Collaborative Workforce Model

The IVS has established close working arrangements with vaccinators within the Health Protection Service who will provide additional support through:

- Delivery of the staff influenza vaccination programme.
- School-based LAIV delivery.
- School-based inactivated influenza vaccine (IM) delivery where required.

This integrated workforce approach strengthens programme resilience and provides additional surge capacity during peak delivery periods.

Data and Governance Capacity

The IVS is currently recruiting five additional staff members to support the timely recording of school-based immunisations within the Welsh Immunisation System (WIS).

This investment is expected to deliver:

- Improved data quality and governance.
- Enhanced performance reporting.
- More responsive programme management.
- Increased agility in targeting populations requiring additional intervention.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

The Committee is asked to review and approve the details and recommendations set out within the document. Any comments, amendments, or concerns should be raised during discussion prior to approval.

4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

Key Risks and Mitigations

Risk	Mitigation
Delayed uptake in priority cohorts	Early delivery focus during September and October, supported by regular performance monitoring
Variation in delivery performance between providers	Earlier IVS intervention and targeted support for providers below trajectory
Citizens presenting at alternative vaccination providers	MECC approach supported by real-time WIS recording
Workforce pressures during peak delivery periods	Integrated workforce model with Health Protection Service support
Incomplete vaccination data affecting decision-making	Recruitment of additional WIS administration staff and enhanced data governance

5 ARGYMHELLION
RECOMMENDATIONS

Executive Committee Assurance

The programme benefits from:

- Extensive provider participation across North Wales.
- A coordinated co-administration model with COVID-19 vaccination.
- Early prioritisation of key population groups.
- Agreed MECC principles to maximise uptake and minimise missed opportunities.
- Strengthened workforce arrangements.
- Enhanced data management capability.
- Earlier and more proactive mop-up arrangements than previous campaigns.

These measures provide assurance that BCUHB is well positioned to maximise influenza vaccine uptake, protect vulnerable populations and support system resilience throughout Winter 2026-27.

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

Assure itself that the actions in this paper will enable the staff of BCUHB and the people of North Wales the maximum opportunities to be vaccinated where they fall within the groups recommended for vaccination.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	If more than one applies, please list below: Strategic Objective 1 – Building and effective organisation, Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience. Health Board Wellbeing Objectives • 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. Strategic Priority 1 – Focus on Health & Wellbeing through every stage of life. Prevention and Population Health are Ministerial priorities for 26/27 with specific deliverables.
Yr Egwyddorion Dylunio Design Principles	Consistency with Organisational Values Inclusive Design Equity & Accessibility Wise Spending Simplify, standardise and adopt good practice

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol	3. Improve Access, Outcomes and Experience
Link to Strategic Intentions	https://www.gov.wales/national-immunisation-framework-wales https://www.gov.wales/sites/default/files/publications/2022-10/national-immunisation-framework-for-wales.pdf

Yr Egwyddorion Dylunio Design Principles	Equity and Accessibility Vaccine equity strategic plan – currently in draft
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	Insufficient Accommodation Capacity to Support Current and Future IVS Service Delivery and impact of a non-imminent move to Bryn Tirion The IVS has experienced significant growth in both activity and programme complexity. Responsibilities now extend beyond the seasonal influenza and COVID-19 vaccination programmes to include school-based immunisation programmes, maternal RSV vaccination, workforce vaccination, community outreach, primary care commissioning support, vaccine logistics, workforce training, governance, and increasing Welsh Immunisation System (WIS) data management requirements. Current accommodation arrangements for the East team based at Eryl Don are increasingly unable to support the service's operational, administrative, governance, training and storage requirements. Without access to larger and more suitable accommodation as identified and secured at Bryn Tirion. Further delays to relocation of the West team and a merge at Bryn Tirion with the central team introduces a risk that the service will be unable to effectively support current programmes or respond to additional national vaccination programmes commissioned in the future. The significant financial gain through termination of the lease at the central Sector House base is also noted Potential Consequences • Reduced operational efficiency due to insufficient office and collaborative workspace. • Inability to accommodate growth in workforce numbers required to support expanding vaccination programmes. • Limited capacity to host programme planning meetings, training events and stakeholder engagement sessions.

	• Reduced ability to accommodate additional administrative staff supporting timely WIS data entry and programme governance. • Increased reliance on remote and dispersed working arrangements, potentially impacting team cohesion and communication. • Reduced organisational resilience during peak campaign periods when multiple vaccination programmes are delivered concurrently. • Potential adverse impact on staff wellbeing, recruitment and retention if accommodation remains overcrowded or unsuitable.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):u	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☒	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: x
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	Person Centred All apply
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act	Do/Yes: ☐	Naddo/No: ☒

Have Human Right based concerns been addressed within WP8a	Canlyniad/Outcome:	Person Centred All apply
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Person Centred All apply
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Person Centred All apply
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Person Centred All apply
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Person Centred All apply
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Person Centred All apply
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	