

## **Bundle BCU Planning, Population Health and Partnerships Committee 22** **October 2024**

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PP24/70 Welcome and Apologies - Verbal (Chair)
- 1.2 09:32 - PP24/71 Declarations of Interest - Verbal (Chair)
- 1.3 09:34 - PP24/72 Unconfirmed Minutes of Meeting held on 20.08.24 - Attached (Chair)  
PP24.72 Minutes from PPHP Committee 20.08.24 V0.02 Unconfirmed (Public)
- 1.4 09:37 - PP24/73 Matters Arising & Table of Actions - Attached (Chair)  
PP24.73 Summary Action Log PPHP Committee (Updated 15.10.24)
- 2 09:43 - STRATEGIC PRIORITIES
- 2.1 09:43 - PP24/74 Developing our Partnerships - Discussion (Perspective from Llais North Wales)  
*Geoff Ryall-Harvey, LLais Noth Wales to join the meeting for this discussion*
- 2.2 10:13 - PP24/75 Partnerships, Engagement and Communications Update - Paper (Director of Partnerships, Engagement & Communications)  
PP24.75 Partnerships engagement and communications update PPHP October 2024
- 2.3 10:33 - PP24/76 Review of Well-being Objectives - Paper (Executive Director of Transformation & Strategic Planning)  
PP24.76 Well Being Update PPHP October 24 V1.6
- 2.4 10:48 - PP24/77 North Wales Medical School Update - Paper (Programme Director, North Wales Medical School)  
*Lea Marsden to present this paper*  
PP24.77 PPHP - NWMS Update - Oct 2024
- 3 11:08 - FOR ASSURANCE
- 3.1 11:08 - PP24/78 Civil Contingencies - Emergency Preparedness, Resilience and Response (EPRR) Progress Report - Paper (Acting Executive Director of Public Health)  
*Sharon Scott to join the meeting for this item*  
PP24.78 Emergency Planning Resilience and Response (EPRR) Update Report PPHP Oct 24
- 3.2 11:28 - PP24/79 Public Health Delivery Report - Paper (Acting Executive Director of Public Health)  
PP24.79.1 PPHP Committee Coversheet - PH Delivery Report  
PP24.79.2 FINAL PPHP Delivery report September 2024
- 3.3 11:48 - PP24/80 Influenza (Flu) Vaccination Uptake - Update Report - Paper (Acting Executive Director of Public Health)  
PP24.80 Influenza Vaccination Uptake PPHP Oct 24
- 3.4 11:58 - PP24/81 Health & Wellbeing Profile of the North Wales Population Update - Paper (Acting Executive Director of Public Health)  
PP24.81.1 Coversheet - Health and Wellbeing Profile of the North Wales Population Update  
PP24.81.2 Health and Wellbeing Profile PPHP Oct 24
- 4 12:08 - ROUTINE REPORTING
- 4.1 12:08 - PP24/82 Corporate Risk Register Report - Paper (Director of Corporate Governance)  
PP24.82 PPHP Corporate Risk Register Report October 2024 PW v2
- 5 12:18 - FOR INFORMATION
- 5.1 12:18 - PP24/83 Committee Forward Workplan - Paper (Director of Corporate Governance)  
PP24.83 Workplan for PPHP Committee (Live Version as at 15.10.24)

- 6 12:21 - CLOSING BUSINESS
- 6.1 12:21 - PP24/84 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 6.2 12:23 - PP24/85 Review of Meeting Effectiveness - Verbal (Chair)
- 6.3 12:30 - PP24/86 Date of Next Meeting - 10.12.24

**Betsi Cadwaladr University Health Board (BCUHB)**

**UNCONFIRMED Minutes of the Planning, Population Health and Partnerships  
Committee held in Public on 20 August 2024  
in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Clare Budden	Independent Member (Chair of PPHP Committee)
Caroline Turner	Independent Member
Billy Nichols	Independent Member
<b>In Attendance</b>	
Chris Stockport	Executive Director of Transformation and Strategic Planning (Executive Lead)
Jane Moore	Acting Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer
Dyfed Edwards	BCU Chair ( <i>Observer</i> )
Pam Wenger	Director of Corporate Governance
Nesta Collingridge	Head of Risk Management ( <i>Part meeting</i> )
Tom Barham	Chief Officer, Denbighshire Voluntary Services Council ( <i>Part meeting</i> )
Kathryn Lang	Assistant Director of Data, Intelligence & Insight ( <i>Part meeting</i> )
Russell Caldicott	Interim Executive Director of Finance ( <i>Part meeting</i> )
Denise Roberts	Head of Capital, Compliance and Business Improvement ( <i>Part meeting</i> )
Sam Lauder	Assistant Director for Health Protection ( <i>Part meeting</i> )
Andrew Doughton	External Audit ( <i>Observer</i> )
Olivia Jones	Graduate Trainee ( <i>Observer</i> )
<b>Committee Support</b>	
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>	<b>Action</b>
<b>OPENING BUSINESS</b>	
<b>PP24/45 Welcome and Apologies</b>	
<b>PP24/45.1</b> Apologies were provided for Gareth Williams and Philippa Peake-Jones. The Chair welcomed Tom Barham, Chief Officer, Denbighshire Voluntary Services Council to the meeting.	
<b>PP24/46 Declarations of Interest</b>	
<b>PP24/46.1</b> No declarations of interest were raised.	
<b>PP24/47 Unconfirmed Minutes of Meeting held on 18.06.24</b>	

<p><b>PP24/47.1</b> The minutes were approved as a true and accurate record.</p>	
<p><b>PP24/48 Matters Arising &amp; Table of Actions</b></p> <p><b>PP24/48.1</b> The Director of Corporate Governance made reference to the new format for the action log. The Acting Executive Director of Public Health referred to the action relating to the delivery plan confirming that a delivery plan will be presented to the October meeting and a broader delivery plan is being developed to provide an overview of the population health agenda.</p>	
<p><b>PP24/49 Developing our Partnerships (Perspective from our Voluntary Services)</b></p> <p><b>PP24/49.1</b> The Chair welcomed Tom Barham, Chief Officer for Denbighshire Voluntary Services Council to the meeting. The Chair stated the need for the Committee to start “looking outwards” and building networks and partnerships and inviting Tom Barham to attend the Committee provides an opportunity to hear from a partner perspective, understand how they can support the Health Board in delivering its priorities and also how the Health Board can be a better partner in return. The Chief Officer confirmed that Denbighshire Voluntary Services Council in one of six charities across North Wales who aim to support and develop the third sector. The charities work at a local level but also have a broader partnership with Welsh Government. The Bevan Commission have recently developed a report on the values and value of the third sector focusing on collaboration with the statutory sector to delivery health and social care in Wales, it was agreed to circulate the document outside of the meeting.</p> <p><b>PP24/49.2</b> The Chief Officer highlighted some of the aims of the Voluntary Services Council which include being agile, resilient, trusted, connected into the local communities and value driven. There are approximately 12,000 third sector organisations across Wales who deliver health and wellbeing in some form and are therefore a major partner for the Health Board. The Bevan report identified seven ways to address health and wellbeing which included hospital to home, social prescribing, addressing inequality and early intervention. There is a need to be responsive to the prevention agenda and connect with the local communities to provide wider benefits. Third sector organisations rely on secondary funding such as lottery, grants, and fundraising. There needs to be direct partnership working with the Health Board to address service pressures, financial issues, prevention, and early intervention.</p> <p><b>PP24/49.3</b> The Chief Officer referred to the recommendations in the Bevan report which included making use of existing third sector infrastructure, collaborative working, recognising current successes, early dialogue, prioritising investment and funding the sector appropriately. The Denbigh and Flint Show was highlighted as a recent event where BCU and the third sector joined together and provided a piece of engagement work that was very successful. The opportunities for joint working were also referenced in relation to the development of the Royal Alexandra Hospital. The third sector can help to reach</p>	<p>LJ</p>

people who require consolidated support and put communities at the heart of service design. The Health Board Chair stated that this is the time for the organisation to maximise the resource available within the local communities highlighting the need to be clear on what channels exist at strategic level to ensure the Health Board include third sector community groups as part of the planning process. There is a need to engage from an early stage to ensure the third sector are a central part of our strategic planning and be clear on the funding and delivery of outcomes.

**PP24/49.4** The Executive Director of Transformation and Strategic Planning referred to the positive feedback received in relation to the Denbigh and Flint Show and the need to make this joint working business as usual. Reference was also made to the development of the Royal Alexandra Hospital and the Executive Director of Transformation and Strategic Planning agreed to discuss the work relating to this with the Chief Officer outside of the meeting. The Executive Director of Transformation and Strategic Planning also suggested the need to identify ways to engage more successfully with the third sector, in the past it has been difficult to determine the touch points and stated an interest in understanding how to make changes in that space going forward. The Chief Officer shared the ambition for the third sector to have an independent voice highlighting that leaders within Denbighshire are currently coming together to discuss issues with the council. There is scope for work around innovation and there is a need to develop a structure with third sector groups to ensure longer term planning and strategic engagement.

**PP24/49.5** Independent Member Caroline Turner stated that there can be confusion when trying to understand the role of different organisations. It can be challenging working at strategic and Board level to feed into long term planning and it can also be challenging delivering services on the ground. There is a need to identify ways to connect and engage directly with people in the local communities which is an area where the Voluntary Services Councils can play an important role. The Acting Executive Director of Public Health referred to the focus on prevention and early intervention as this area requires a wide group of partners working together. There is a need to address top-down processes such as the models of care and the support required as well as bottom-up processes which are driven by change within the local communities and link in to wellbeing and the broader health agenda. The voluntary sector bring a range of skills and expertise and there is a need to consider the formal arrangements and build this in to the funding framework and the long-term strategic pathways to ensure better outcomes. There was also reference to Well North Wales and keeping people healthy, this work commenced through the Regional Partnership Board, there is a need for this to become multisector and this work will also form part of the Board workshop in September.

**PP24/49.6** The Director of Partnerships, Engagement and Communications suggested initially there is a need to commence the journey as equal partners and build trust between organisations. The work relating to the Royal Alexandra Hospital provides this opportunity however there is a need to provide a space to take this forward via local level and at Board level. Independent Member

CS

Caroline Turner stated that there are structures in place such as the Regional Partnership Board set up by Welsh Government however the Health Board also need to have direct links with the voluntary sector. Independent Member Billy Nichols queried how to improve engagement with hard-to-reach groups, the Chief Officer stated that the third sector is built around connections within communities therefore collectively we can find a way to reach people more easily. The Director of Corporate Governance stated the need to be specific on how we work better with our partners, develop a structure of partners to work with and create a plan that is realistic and deliverable. The Health Board Chair noted that this is about the whole health and wellbeing agenda and has the potential for greater traction at local level where help and support can be provided to create healthier communities.

**PP24/49.7** The Chair summarised the conversation around early dialogue, funding and engaging with hard-to-reach communities. It was agreed that this area of work needs to feed up to the Board and requires further discussion to confirm the next steps and plans on how to involve partners in our longer-term planning. It was agreed that the Director of Corporate Governance and the Director of Partnerships, Engagement and Communications would work together to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the Chair. The Director of Partnerships, Engagement and Communications referred to a previous action from the April meeting stating that a paper on the third sector is due to be included on the agenda for the October meeting.

The Chair thanked the Chief Officer for joining the meeting and providing a strong offer for partnership working. The Chief Officer thanked the Committee for the opportunity to have the discussion and agree with the practical actions to take this forward.

*Tom Barham left the meeting*

CB/PW/  
HSJ

**PP24/50 Becoming an Intelligence Led Organisation**

**PP24/50.1** The Chief Digital & Information Officer introduced the presentation stating that this links in to workstream 6, becoming an intelligence led organisation which focuses on better use of data to inform decisions. The Assistant Director of Data, Intelligence & Insight took the Committee through the presentation making reference to the aim and starting point highlighting the gap between information provision and intelligence. Work has initially been focussed around planned care with emphasis on culture, confidence, and capability to ensure there is one place where all staff can access the same version of correct data. The team have reviewed the data lifecycle which includes eight stages with the aim of producing data that meets the needs of the organisation to allow this to be used in the right way to gain the biggest impact. There is a need to ensure the data is easy to understand and that there is a standard approach across the organisation. The Chief Digital & Information Officer highlighted the scale of the change required stating the need to address any people and process issues

which is currently being completed by initially focusing on planned care to allow the team to develop and adopt a successful approach that can be rolled out.

**PP24/50.2** The Assistant Director of Data, Intelligence & Insight referred to data maturity and the improvements made to date within planned care. There is a need to ensure that the data being reviewed internally is also the data that is being shared externally therefore the data needs to feed through the organisation in the right way to maintain one source of the truth. The work being completed links in to the Annual Plan and is currently focused on data to intelligence and data governance which includes ensuring staff know what, how and why we are reporting. The team are also looking to introduce a data quality kitemark to give people confidence in the data being used which will help to progress patient pathways in a more timely manner. Independent Member Caroline Turner agreed with the need to ensure staff understand what the data is being used for and where it will be reported such as the Board and the Senedd and queried whether training is being provided. The Assistant Director of Data, Intelligence & Insight confirmed that this requirement has recently been recognised. The Health Board Chair suggested the Board need to lead on this querying how we can combine the information being shared with the Board with the data being produced. The Assistant Director of Data, Intelligence & Insight suggested the need for employees to become intelligence led and putting in the challenge of requesting data to support the information being presented. It was agreed that the report template being developed needs to include reference to the supporting data as a standard requirement and that this is challenged where required.

PPJ/LJ

**PP24/50.3** There was discussion around capturing population health data and it was confirmed that the recent work relating to diabetes links in with this. The Chair suggesting this needs to link in with the cultural change programme and the Assistant Director of Data, Intelligence & Insight agreed to link in with Jason Brannan and Nia Thomas. The Director of Corporate Governance made reference to the Board Development session planned for October which will include discussion on the cultural change programme and queried how this can link in to that session. The Acting Executive Director of Public Health stated that this needs to be at the heart of public health as the data being provided in terms of ethnicity and deprived areas will highlight issues that will start to help the organisation transform services to maximise benefits for patients. The Chief Digital & Information Officer acknowledged the amount of work that has been completed by the team stating that the spider diagram can provide assurance to the Committee in terms of progress. It was agreed that the team would provide an update to the Committee on a bi-annual basis making reference to progress in relation to the spider diagram and the progress on the link to the cultural change programme. The Project Support Manager agreed to circulate the presentation outside of the meeting.

KL/DR

LJ

The Committee agreed that the item had been for assurance rather than to note and were assured by the approach being taken to become an intelligence led organisation and the progress made to date.

## PP24/51 Digital, Data and Technology Strategic Workstreams Update

**PP24/51.1** The Chief Digital & Information Officer presented the item stating that the paper provides an update on progress against the six workstreams included in the Annual Plan. The paper also references the request to provide an understanding of the relationship between Digital Health & Care Wales (DHCW) and the Health Board. It was confirmed that DHCW is a fairly new organisation and was previously NHS Wales Informatics Service (NWIS). The DHCW Executives have recently visited the Health Board and spent time on the wards to understand the impact and issues relating to the introduction of new systems. Reference was made to National programmes that were instigated before the introduction of DHCW, assurance was provided to the Committee that the DDaT Team have taken ownership of those programmes of work to ensure they are successfully completed. The Chief Digital & Information Officer highlighted that DHCW tend to initiate silo projects rather than take a holistic view in terms of healthcare therefore the team are working to manage the introduction of new systems and proposals.

**PP24/51.2** The Chair queried whether there is anything we need to do differently to understand how DHCW function as an organisation. The Director of Corporate Governance stated that a session has recently taken place with DHCW to discuss issues from our perspective and as a result some local actions have been completed. The Chief Digital & Information Officer stated that the Team are working with DHCW to influence how projects can be delivered effectively. The Chair understood the issues that had been raised suggesting that going forward this could be managed on an individual project basis ensuring that the Board are kept informed of any issues that arise. The priority of the Health Board is the health and wellbeing of the population, confirming that we would continue to work positively with DHCW bearing in mind there may be occasions where the Board will need to review business critical issues. The External Audit representative confirmed that Judith Paget has commissioned a review of governance arrangements within the digital space and DHCW would be part of that review.

**PP24/51.3** The Chief Digital & Information Officer provided an update on the workstreams stating that there has been good progress in relation to workstream one. Funding has been secured to further develop the business case for an electronic healthcare record system, the process has been challenged with DHCW and the Health Board will now go forward with an individual case to be presented to Welsh Government. The Team are also due to meet the NHS Wales Executive in October 24 to present the case. In terms of workstream two, work is progressing around rebuilding systems and upskilling staff to address the skills and capability gap. In relation to workstream three, it was highlighted that the Team have struggled to bring in the skills required around service design due to lack of funding but work is taking place to try and address this issue. In terms of workstream four, issues were highlighting around infrastructure backlog and the Team are working to address this by making representation to Welsh Government. A big risk was highlighted in relation to cyber-attack, work is taking place in relation to business continuity arrangements and this is also due to be

<p>included as part of the Board Development session in October. In relation to workstream five, reference was made to the prioritisation list included in the paper. The Director of Corporate Governance suggested the Chief Digital &amp; Information Officer links in with the Head of Risk Management to include reference to DHCW in a future risk update. The Chair made reference to the challenges around resource and the risks of not tackling this issue stating that investment in this area will help to deliver efficiencies in the longer term as well as improving services and performance.</p> <p>The Committee accepted the paper for assurance on the progress made to date relating to the DDaT priorities.</p> <p><i>The Assistant Director of Data, Intelligence &amp; Insight left the meeting</i></p>	<p><b>DR/NC</b></p>
<p><b>PP24/52 Review of Well Being Objectives</b></p> <p><b>PP24/52.1</b> The Executive Director of Transformation &amp; Strategic Planning presented the paper stating it as a progress report relating to the fair working element of the well-being objectives in relation to the Well-being of Future Generations Act. The paper referred to work being completed by the end of Quarter three and this align with the Annual Delivery Plan. The Executive Director of Transformation &amp; Strategic Planning agreed to circulate the definition of “fair work” which is based on the definition from Welsh Government outside of the meeting. The paper refers to a meeting with the Future Generations commissioner and the outcome of that meeting was that our proposed approach is proportionate and right. The organisation were also commended as the only Health Board to request input from the Future Generations commissioner and the work being completed is broadly aligned with other Health Boards. The wider well-being objectives are also being considered and will be addressed as part of the ten-year strategy discussions.</p> <p><b>PP24/52.2</b> The Health Board working group includes broad representation and there are no financial implications relating to the work as set out in the paper. The Executive Director of Transformation &amp; Strategic Planning agreed to bring a fuller paper to the October meeting once work has progressed further. The Director of Partnerships, Engagement and Communications reflected on the discussion with Welsh Government stating that support will be provided to link in with the relevant partners at community level as we move forward. There was discussion around the potential future financial implications, the non-pay element of the pay deal and the equality and diversity impact. The Chair stated that in the next version of the paper it would be good to see reference to procurement to ensure we are providing fair work to those we contract with acknowledging the that may be significant financial implication in the future. The Director of Corporate Governance recognised that this may impact the structured assessment that the Auditor General will be completing later in the year.</p>	<p><b>CS</b></p> <p><b>CS</b></p>

<p>The Committee agreed that the report had not been an update report as expected and received the report stating that the detail of the work underway would be received in the next iteration of the report.</p>	
<p><b>PP24/53 Emerging Approach to Refreshing the Strategy</b></p> <p><b>PP24/53.1</b> The Executive Director of Transformation &amp; Strategic Planning presented the paper highlighting the discussions that had taken place as part of a Board Development session which had then informed an Executive Workshop to address the next steps. Work has commenced in terms of identifying the gap, the current touch points have been established and further work is required to determine the additional touch points required. The Executive Director of Transformation &amp; Strategic Planning stressed the importance of this work highlighting that primary care and prevention are significant aspects of this approach. Independent Member Caroline Turner was pleased to see that the clinical services strategy is being developed in parallel with this work and this was echoed by comments from the Vice Chair. The Health Board Chair made reference to the need to focus on the journey to creating the strategy both internally and externally, the Chair agreed stating that the work needs to be completed in a collaborative way.</p> <p>The Committee received the report on the work underway to refresh the Health Board 10-year strategy, aligned to an interim Clinical Services Plan.</p> <p><i>The Assistant Director for Health Protection joined the meeting</i></p>	
<p><b>PP24/54 Immunisation: Performance Update</b></p> <p><b>PP24/54.1</b> The Acting Executive Director of Public Health presented the paper stating that the focus for population health is around health improvement, weight management and health protection. In terms of health protection this is a clinical discipline and as we move into a post covid period the learning from covid highlights the importance of the immunisation service. A new National immunisation framework is being introduced and work is taking place to bring vaccination services across the organisation into a single service under a single structure. This will enable the Team to manage immunisations more effectively and improve uptake to provide better outcomes for the population. There is currently more resistance to the uptake of immunisations. New vaccines are being introduced including respiratory syncytial virus (RSV) for the prevention of respiratory viruses which accounted for the biggest cause of emergency admissions during December 23 and January 24. There is also ongoing discussion around childhood vaccines including the recent outbreak of monkeypox therefore it is important to create a reliable vaccination service.</p> <p><b>PP24/54.2</b> Independent Member Billy Nichols highlighted that the covid vaccination team are currently going through the organisational change process and queried whether the team is sufficient. The Acting Executive Director of Public Health confirmed that all staff will be fully supported during this process and clear mechanisms had also been put in place across the vaccination</p>	

<p>service. The Committee also discussed the current issues in relation to monkeypox and it was confirmed that all relevant staff had been made aware of the guidance from Welsh Government and sufficient PPE and training is being put in place. There was also discussion around the low level of uptake from staff and the public for the flu vaccination, it was confirmed that work is taking place in this area and the report presented to the October meeting would include an update the uptake of flu vaccines and the use of GPs to encourage uptake.</p> <p>The Committee noted content of the report and endorsed the planned approach to deliver an Integrated Health Board Immunisation service.</p>	<p><b>JM</b></p>
<p><b>PP24/55 Health Protection Service: Service Overview</b></p> <p><b>PP24/55.1</b> The Assistant Director for Health Protection gave a presentation. Reference was made to the local structures that had been developed during covid and the need to retain the skills and knowledge that had been built up around the structures. When we started to move away from covid, Welsh Government provided twelve months of transitional funding to manage the health protection service and develop a whole system approach to protect the local population. Case studies were shared with the Committee to highlight how the teams and systems have been working in partnership to provide services within the local communities. The Health Board Chair queried whether the infection control team link in with the partnership working that has been taking place, the Assistant Director for Health Protection confirmed that there is regular involvement between the teams. The was discussion around working with the Local Authorities and it was confirmed that building strong relationships in this area is essential to effective service delivery. It was agreed that the Acting Executive Director of Public Health and the Assistant Director for Health Protection would provide an update to the Committee in 12 months' time on the progress made within the Health Protection Service. It was also agreed that the presentation would be circulated outside of the meeting.</p> <p>The Committee noted the content of the report and endorsed the approach that has been taken to delivering health protection measures in North Wales.</p> <p><i>The Assistant Director for Health Protection and the Chief Digital &amp; Information Officer left the meeting and the Interim Executive Director of Finance and the Head of Capital, Compliance and Business Improvement joined the meeting.</i></p>	<p><b>JM/SL LJ</b></p>
<p><b>PP24/56 Decarbonisation Action Plan (DAP) and Programme Progress Paper</b></p> <p><b>PP24/56.1</b> The Interim Executive Director of Finance presented the paper confirming that the Health Board has developed a decarbonisation action plan with the aim of becoming net zero by 2030. The team report on a quarterly basis on performance against the actions to move to this position and it was confirmed that there are some areas of concern. Once the Director of Environment and Estates has been appointed, they will take the lead for moving forward with the plan and the decarbonisation group will report into the transformation and</p>	

<p>strategic planning executive delivery group. The plans for 2024 include Health Board vehicles meeting ultra-low emissions standards and the current fleet is in the process of moving across to electric vehicles. Waste segregation is now taking place across the organisation and by 2025 the aim is to convert all lighting to LED. In terms of renewable energy, some buildings will be moving to low carbon heating however this proves challenging as some of the larger buildings also require significant improvement work. There has been engagement with the National agenda in relation to refit and business cases on initiatives are being developed. In relation to electricity consumption, options are being explored including discussions with Bangor University on the use of a potential solar farm.</p> <p><b>PP24/56.2</b> The Acting Executive Director of Public Health referred to active transport to improve health outcomes for staff and the public and also provide an opportunity for decarbonisation. The Interim Executive Director of Finance confirmed that the team are looking to create a transformation sub group to feed into this area of work. There was discussion around plans to introduce electric charging points for vehicles, it was confirmed that there are no current plans to introduce this across the organisation however there are charging points available for the Health Board car fleet. The Chair suggested this is an area that needs to be addressed in the plan going forward. The Director of Corporate Governance queried the governance structure as this was not included in the paper and stated the need to be clear on where the programme of work reports in to. The Interim Executive Director of Finance agreed to share the structure for the Decarbonisation work programme outside of the meeting.</p> <p><b>PP24/56.3</b> The Chair queried how the work links in to the asset strategy and whether this is aligned with future plans. The Interim Executive Director of Finance confirmed that there is a need to align this with the estates strategy however the estates strategy is currently being refreshed and the asset strategy sits with a different Committee. The Director of Corporate Governance agreed to review how both the estates strategy and asset strategy feed into the relevant Committees ensuring there is a link across as appropriate.</p> <p>The Committee noted the update and endorsed the revised approach and governance structure going forward.</p> <p><i>The Interim Executive Director of Finance and the Head of Capital, Compliance and Business Improvement left the meeting and the Head of Risk Management joined the meeting.</i></p>	<p>JM/RC</p> <p>RC</p> <p>PW</p>
<p><b>PP24/57 Corporate Risk Register Report</b></p> <p><b>PP24/57.1</b> The Head of Risk Management presented the paper highlighting that there were two corporate risks with an additional risk to be discussed in the private session. The risk relating to the availability and integrity of patient information had a current score above the tolerance set within the risk appetite, further work is required around this risk to determine whether the actions are progressing sufficiently to decrease the score. In relation to the population health</p>	

<p>risk, it was noted that this had been discussed at the risk action group and a short-term action plan is being developed. The Director of Corporate Governance stated that the risk scrutiny group will start to report in to the Executive Team which will provide some scrutiny at Executive level.</p> <p>The Committee received assurance for the corporate risks to which the Committee has overall accountability and noted that further work was required in relation to the population health risk.</p>	
<p><b>PP24/58 Corporate Planning Update</b></p> <p><b>PP24/58.1</b> The Executive Director of Transformation &amp; Strategic Planning presented the item confirming that planning cycle for 2024/25 is on track to deliver. An Independent Member suggested the need to involve the voluntary sector and other partners in the ten-year plan, it was confirmed that the team are attempting to build partners into the three year plan and that this has been addressed to bring partners into the ten year plan.</p> <p>The Committee noted the report in relation to the work and progress made in developing the planning cycle being used during 2024/25.</p>	
<p><b>PP24/59 Summary of Business to be Reported from Private</b></p> <p><b>PP24/59.1</b> The Director of Corporate Governance noted that a short paper will be provided for future meetings and noted that the cyber security risk will be reported in private.</p>	
<p><b>PP24/60 Draft Cycle of Business</b></p> <p><b>PP24/60.1</b> The Director of Corporate Governance confirmed that further refinement is needed in relation to the cycle of business and once this has been finalised it will come to the Committee on an annual basis.</p>	
<p><b>PP24/61 Committee Forward Workplan</b></p> <p><b>PP24/61.1</b> The Director of Corporate Governance confirmed that items to inform the forward workplan will arise after all meetings therefore the attached document will be included on the agenda on a regular basis to allow members to be aware of items for future meetings.</p>	
<p><b>PP24/62 Agree Items for Referral to Board / Other Committees</b></p> <p><b>PP24/62.1</b> It was agreed that the Developing our Partnerships, Becoming an Intelligence Led Organisation and Decarbonisation Action Plan items would be included in the Chairs Assurance Report to report up to the Board.</p>	
<p><b>PP24/63 Agree Items for Chairs Assurance Report</b></p>	

<p><b>PP24/63.1</b> It was agreed that this item would potentially be removed from agendas going forward.</p>	
<p><b>PP24/64 Review of Meeting Effectiveness</b></p> <p><b>PP24/64.1</b> It was suggested that the planning for meetings could be improved moving forward. It is important to be aware if presentations are to be made and additional colleagues attending to manage the agenda effectively, therefore it was suggested it may be useful for the lead officer to have a pre-meet with Executive Leads before the agenda setting meetings. The Director of Corporate Governance agreed with the need for Executive colleagues to inform the Team of any presentations and colleagues joining as this needs to be considered in terms of the time slot. It was agreed that it had been a very productive Committee in relation to discussions and also the valuable conversation with a partner organisation. It was agreed that the organisation have some other equally important partners that need to be contacted and it was suggested that a Local Authority partner could join the next meeting. It was also agreed that the Director of Corporate Governance would establish a mechanism for agenda planning to ensure there is clarity in terms of items, presentations and attendance to allow meetings to flow more effectively.</p>	<p><b>PW</b></p>
<p><b>PP24/65 Date of next meeting</b></p> <p>Tuesday 22<sup>nd</sup> October 2024, 9.30-12.30pm</p>	
<p><b>PP24/66 Resolution to Exclude the Press and Public</b></p> <p><i>‘Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960’</i></p>	

## Planning, Population Health & Partnerships Committee Action Log

Updated 15.10.24

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PP24/11.3	23.04.24	<p><b>Partnerships, Engagement and Communications Update</b></p> <p>The Committee agreed that a strategic approach to working with the third sector should be discussed further with the Executive Team and that this item would come back to the Committee once further work has been completed with proposals on next steps and future strategy.</p>	Helen Stevens-Jones	<p>October 2024</p> <p>Revised timescale Dec 2024</p>	<p><b>Remain Open</b></p> <p><b>04.10.24</b> Work is ongoing and a paper to the Committee will follow.</p> <p><b>20.08.24</b> HSJ is progressing this action and it will be included as an item for the October meeting.</p>
2	PP24/49.7	20.08.24	<p><b>Developing our Partnerships</b></p> <p>Director of Corporate Governance, Director of Partnerships, Engagement and Communications to work together on a document to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the Chair.</p>	<p>Pam Wenger</p> <p>Helen Stevens-Jones</p> <p>Clare Budden</p>	October 24	<p><b>Remain Open</b></p> <p><b>02.10.24</b> This action is in progress. A meeting has been arranged to take place and an update will be provided at the October meeting.</p>
3	PP24/56.2	20.08.24	<p><b>Decarbonisation Action Plan</b></p> <p>The Acting Executive Director of Public Health agreed to link in with the Interim Executive Director of Finance on the development of a transformation sub group to address options for active transport.</p>	Jane Moore Russell Caldicott	<p>October 2024</p> <p>Revised timescale Dec 2024</p>	<p><b>Remain Open</b></p> <p><b>14.10.24</b> Further work is required to progress this action.</p>



4	PP24/56.2	20.08.24	<b>Decarbonisation Action Plan</b> The Director of Corporate Governance agreed to review how both the estates strategy and asset strategy feed into the relevant Committees ensuring there is a link across as appropriate.	Pam Wenger	October 2024  Revised timescale Dec 2024	<b>Remain Open</b> 14.10.24 Once the Director of Estates and Environment has commenced the strategies will be reviewed and aligned to the appropriate Committees.
<b>ACTIONS PROPOSED FOR CLOSURE</b>						
1	PP24/12.2	23.04.24	<b>Civil Contingencies</b> The Committee discussed the Emergency Preparedness, Resilience and Response (EPRR) and it was agreed that an interim report would come back to the Committee in October highlighting the findings from the initial review, the testing that has been completed and the plans that have been put in place.	Jane Moore	October 2024	<b>Action proposed for closure</b> 16.09.24 EPRR has been included as an item on the agenda for the October meeting.
2	PP24/33.8	18.06.24	<b>Population Health – Focus on System Approaches to Weight Management</b> In terms of progress against the Weight Management programme it was suggested that a delivery plan comes back to the committee to provide assurance. In terms of risk, it was suggested work is completed to review risks that relate to this programme and how the committee have oversight of the risks. The committee agreed to receive a delivery and risk plan as part of the Public Health report.	Jane Moore	October / December 2024	<b>Action proposed for closure</b> 14.10.24 The Public Health Delivery Report is included on the agenda for the October meeting and covers weight management and the current risks. 20.08.24 This will come back to the Committee in October / December 24.
3	PP24/49.1	20.08.24	<b>Developing our Partnerships</b> Circulate the Bevan Commission report on	Laura Jones	October 24	<b>Action proposed for closure</b> 21.08.24 This link was circulated

			the values and value of the third sector outside of the meeting.			on 20.08.24 with the PPHP Committee actions.
4	PP24/49.4	20.08.24	<b>Developing our Partnerships</b> The Executive Director of Transformation and Strategic Planning to make contact with Tom Barham, Chief Officer, Denbighshire Voluntary Services Council to discuss the work relating to the Royal Alexandra Hospital outside of the meeting.	Chris Stockport	October 24	<b>Action proposed for closure 10.09.24</b> A meeting has been arranged to take place on 01.10.24
5	PP24/50.2	20.08.24	<b>Becoming an Intelligence Led Organisation</b> Ensure the report template being developed includes reference to the supporting data as a standard requirement and challenge that where required.	Philippa Peake-Jones Laura Jones	October 24	<b>Action proposed for closure 14.10.24</b> A Board and Committee template has been drafted and will be shared for comment in due course. This has been developed with other NHS Wales organisations and includes the ability to include supporting data within the template.
6	PP24/50.3	20.08.24	<b>Becoming an Intelligence Led Organisation</b> Circulate the Becoming an intelligence led organisation presentation outside of the meeting.	Laura Jones	October 24	<b>Action proposed for closure 21.08.24</b> The presentation was circulated on 20.08.24 with the PPHP Committee actions.
7	PP24/50.3	20.08.24	<b>Becoming an Intelligence Led Organisation</b> The Chief Digital & Information Officer and the team to provide an update to the Committee on Becoming an intelligence led organisation on a bi-annual basis making reference to progress in relation to the spider diagram and progress on the link to	Dylan Roberts / Kathryn Lang	February 25	<b>Action proposed for closure 07.10.24</b> This has been included on the Committee forward workplan for February 2025 and the team are aware of this action.



			the cultural change programme.			
8	PP24/50.3	20.08.24	<p><b>Becoming an Intelligence Led Organisation</b> The Assistant Director of Data, Intelligence &amp; Insight to link the Intelligence Led programme into the Cultural Change programme via Jason Brannan / Nia Thomas.</p>	Kathryn Lang	October 24	<p><b>Action proposed for closure 08.10.24</b> Kathryn Lang has made contact with Nia Thomas to join the discussion on the culture and leadership programme and provide a link in to the intelligence led elements.</p>
9	PP24/51.3	20.08.24	<p><b>Digital, Data and Technology Strategic Workstreams Update</b> Chief Digital &amp; Information Officer to link in with the Head of Risk Management to include reference to DHCW in a future risk update.</p>	Dylan Roberts / Nesta Collingridge	October 24	<p><b>Action proposed for closure 07.10.24</b> The risk team are working with DR to ensure this is actioned ahead of the next risk update.</p>
10	PP24/52.1	20.08.24	<p><b>Review of Well Being Objectives</b> The Executive Director of Transformation &amp; Strategic Planning agreed to circulate the definition of “fair work” from Welsh Government outside of the meeting.</p>	Chris Stockport	October 24	<p><b>Action proposed for closure 10.09.24</b> This will feature as part of the revised paper on the Well Being Objectives which has been included on the agenda for the October meeting.</p>
11	PP24/52.2	20.08.24	<p><b>Review of Well Being Objectives</b> The Executive Director of Transformation &amp; Strategic Planning agreed to bring a revised paper (Review of Well Being Objectives) to the October meeting once work has progressed further including a timetable for the implementation plan.</p>	Chris Stockport	October 24	<p><b>Action proposed for closure 10.09.24</b> A paper on Well Being Objectives has been included on the agenda for the October meeting.</p>
12	PP24/54.2	20.08.24	<p><b>Immunisation: Performance Update</b> The Acting Executive Director of Public Health to include an update in the report to next meeting in October in relation to the</p>	Jane Moore	October 24	<p><b>Action proposed for closure 14.10.24</b> The Influenza Vaccination Update Report is included on the agenda for the</p>



			low level of uptake from staff for the flu vaccine and how to maximise the use of GPs to encourage flu vaccine uptake.			October meeting.
13	PP24/55.1	20.08.24	<b>Health Protection Service</b> Circulate the Health Protection Service Overview presentation outside of the meeting.	Laura Jones	October 24	<b>Action proposed for closure 21.08.24</b> The presentation was circulated on 20.08.24 with the PPHP Committee actions.
14	PP24/55.1	20.08.24	<b>Health Protection Service</b> The Acting Executive Director of Public Health and the Assistant Director for Health Protection to provide an update to the Committee in 12 months time on the progress made within the Health Protection Service.	Jane Moore Sam Lauder	August 25	<b>Action proposed for closure 08.10.24</b> An update on the progress made within the Health Protection Service has been included on the forward workplan for August 2025.
15	PP24/56.2	20.08.24	<b>Decarbonisation Action Plan</b> The Interim Executive Director of Finance agreed to share the governance structure for the Decarbonisation work programme outside of the meeting.	Russell Caldicott	October 24	<b>Action proposed for closure 02.10.24</b> The governance structure has been shared and comments have been provided to update in terms of lines of responsibility.
16	PP24/64.1	20.08.24	<b>Review of Meeting Effectiveness</b> Establish a mechanism for agenda planning to ensure there is clarity in terms of items, presentations and attendance to allow meetings to flow more effectively.	Pam Wenger	October 24	<b>Action proposed for closure 02.10.24</b> Executive Team members informed of the process in terms of presentations and reminders sent out to members to confirm with Governance Officer in advance of the meeting.
<b>Closed Actions (as agreed at meeting on 20.08.24)</b>						
Action	Minute	Date	Agreed Action	Lead	Timescale	Status



No.	Ref.					
1	PP24/10.2	23.04.24	There was discussion around whether we are able to influence Digital Health & Care Wales (DHCW) in terms of our priorities as a Health Board and it was suggested that the role of DHCW could be reviewed in more detail at a future meeting of the Committee.	Dylan Roberts	August 2024	This will be included in the DDaT Update paper which will be discussed at the meeting in August 24.
2	PP24/10.4	23.04.24	It was agreed that a regular report on Digital, Data and Technology would be presented to the Committee and the August meeting would receive a deeper dive on data issues and opportunities.	Dylan Roberts	August 2024	A deep dive into “Becoming an Intelligence Led Organisation” has been included on the agenda for the August meeting. This item will then form part of the Board Development session in October 24.
3	PP24/33.4	18.06.24	It was agreed that the Whole System Approach to Healthy Weight presentation would be circulated after the meeting.	Laura Jones / Philippa Peake-Jones	August 2024	The presentation was circulated to members of the Committee.
4	PP24/35.2	18.06.24	It was agreed that Primary Care would be a focus as part of the Board Development Plan.	Pam Wenger	August 2024	This has been included on the Board Development Plan for 31.10.24.
5	PP24/33.6	18.06.24	In relation to healthy weight, it was agreed that the Board would review potential opportunities for investment in prevention at a forthcoming Board Development session.	Pam Wenger	August 2024	This was included on the agenda for the Board Development session on 27.06.24
6	R23/69.2	03.01.24	<b>Action from Remuneration Committee</b> The Vice Chair and Deputy Director of People Services to work with BCU Director of Primary Care to explore and share understanding of GP operation and recruitment.	Original Lead at Remuneration Committee was Jason Brannan / Gareth Williams	August 2024	11.06.24 – Suggest this action is more relevant for the PPHP Committee rather than the People & Culture Committee.  A Primary Care Board Update paper was included on the



		<p><b>Updates from Remuneration Committee Action Log</b></p> <p>11.01.24 - Briefing paper received regarding recruitment to managed practices. Looking to take this work forward through a workstream on primary care which is being put in place by the Interim Executive Director of Operation, and will be chaired by the BCU Vice Chair.</p> <p>22.03.24 - Chief Executive to update in the meeting.</p> <p>11.06.24 - First meeting of the Primary Care Board has been held. This will be transferred to the People and Culture Committee.</p>			<p>agenda for the June 24 meeting. Primary Care is now included on the cycle of business for PPHP.</p>
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<b>Teitl adroddiad:</b> <i>Report title:</i>	Partnerships, Engagement and Communications Update			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health and Partnerships Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 22 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper provides an update on the work of the Partnerships, Engagement and Communications in pursuit of organisational objectives.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The paper seeks to provide <b>ASSURANCE</b> to the Committee. The Committee is asked to <b>DISCUSS</b> and <b>NOTE</b> the paper.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>				

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

<b>Reason for submission of report to confidential board (where relevant)</b>	
<b>Camau Nesaf:</b> Gweithredu argymhellion	
<b>Next Steps:</b>  <i>The PPHP Committee members are asked to note and discuss the report and highlight areas for further development.</i>	
<b>Rhestr o Atodiadau:</b> Dim	
<b>List of Appendices:</b> None	

# PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

22 OCTOBER 2024

## PARTNERSHIPS, ENGAGEMENT AND COMMUNICATIONS UPDATE

### 1. Introduction

This report to the Committee provides an update on progress being made within programmes of work underway in Partnerships, Engagement and Communications.

The work is aligned to:

- The Health Board's Three Year Plan, Objective 3: Creating Compassionate Culture, Leadership and Engagement
- Recommendations made in the independent report: Listening to Citizens, Patients, staff and Partners; the role and effectiveness of citizen, patient, staff and partner engagement and involvement in the transformation, design and delivery of care and services at Betsi Cadwaladr University Health Board.
- The Partnerships, Engagement and Communications Strategy 2022-25

### 2. Partnerships

This section covers updates from the Regional Partnership Board, Public Service Boards and NHS Wales Shared Services Partnership Committee and also proactive work over the last six months to improve how we involve and work with our partners.

#### 2.1 Update from the Regional Partnership Board, Public Service Boards and NHS Wales Shared Services Partnership Committee

##### North Wales Regional Partnership Board

The Regional Partnership Board (RPB) has published its [Annual Report](#), which details its programme of work over the last 12 months.

The RPB's work also includes:

- Launching the [North Wales Supported Employment Strategy for People with Learning Disabilities](#) (2024 to 2029). The strategy aims to empower individuals with learning disabilities by promoting their access to paid employment while respecting their choices and fostering inclusive communities. It underscores the potential for personal growth and improved health and wellbeing when individuals with learning disabilities are gainfully employed which in turn may reduce their need for local authority funded services.
- A focus on children and young people in the early years, including an early years charter with agreed priorities, setting out our interpretation of national guidance and how we can best meet children's needs locally. Including a joint plan for how we will

use funding. It also includes an early years workforce strategy, linked to the North Wales Workforce Board.

- The Children's Regional Partnership Board meeting has focused on how to improve services for children and young people with neurodevelopmental conditions.
- A series of films showing how to live better with dementia continues to be screened across North Wales.
- The RPB is planning the North Wales Digital Social Care Showcase at Venue Cymru, Llandudno on Wednesday 5th March 2025. It will give people who use and provide social care an opportunity to discover and try out digital technology that can help them live their lives to the full. Registration opens in November 2024 with more details available [here](#).

## **Public Service Boards**

### **Conwy and Denbighshire Public Service Board (PSB)**

Recent meetings of the PSB have included discussions on the following topics.

- There was a discussion on the annual report, which included a commitment to progress the Healthy Travel Charter within all organisations, by conducting a baseline assessment of organisations' current activity against the Charter Commitments. This would also identify any gaps and opportunities for development in line with existing organisational plans. Some preparatory work had been undertaken in determining the best approach to undertaking the Climate Change Risk Assessment framework developed by Natural Resources Wales. Contributions were made to the Welsh Language and Employment project led by Gwynedd and Anglesey PSB. Other areas of work were also highlighted within the report including the continuation of collaborative working with other partnerships and national bodies to avoid duplication and to share ideas.
- A verbal update was provided on the climate change risk assessment. The meeting focused on three discussion topics: In what way would undertaking a Climate Change Assessment help the PSB to advance its Well-being Plan, what the opportunities were for the PSB to consider when conducting a Climate Change Risk Assessment, and what was the best approach to progress any opportunities identified at local, regional and community level. The key themes from the discussions within the meeting were that there was a need for clarity around the brief, what the specific statutory obligation was with regards to the Climate Change Risk Assessment and

clarity as to whether undertaking a Climate Change Risk Assessment was a choice or an obligation for PSBs.

- The Board received a verbal update from the Consultant in Public Health officer on the Shaping Places in Wales Programme to the Board

### **Flintshire and Wrexham Public Service Board**

- The PSB published its Wellbeing Plan in May 2023, and has since created a delivery structure that will enable the partner organisations that make up the PSB to work together on those actions where partnership working can make a real impact.
- Community narratives at Sealand and Ty Pawb have been developed using storytelling techniques which focused on mental health and climate change, and working with schools through the Future Leaders programme.
- Local authorities are continuing to adopt a joined-up approach to help children have the best possible start in life.

### **Gwynedd and Ynys Mon Public Service Board**

Gwynedd and Ynys Mon Public Services Board has set out its work programme up until 2025. It addresses three well-being objectives – poverty, children and young people and climate change. These are all in addition to its priority work for the Welsh language. The next meeting of the PSB is scheduled for 9 December 2024

### **NHS Wales Joint Commissioning Committee**

The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf. It most recently met on 17 September 2024 and among the items discussed were the following topics.

- Members agreed the JCC's new [Vision, Mission, Values and Strategic Objectives](#) which had been developed with both the JCC team and Joint Committee members input.
- An update on the progress with developing the [Integrated Medium Term Plan](#) (IMTP) 2025/2028 was received.
- An [Emergency Medical Retrieval and Transfer Service \(EMRTS\)](#) Reviewing recommendation 4 update was received and a 6 week engagement timescale was approved subject to a mid-point review on progress in liaison with Llais. The update included information on the Judicial Review. The Health Board is currently discussing the development of an engagement plan for recommendation 4.
- Members endorsed the [Joint Commissioning Committee Governance Framework](#).

The full agenda and papers can be found [here](#).

### **NHS Wales Shared Services Partnership Committee**

NHS Wales Shared Services Partnership Committee (NWSSPC) is responsible for exercising shared services functions including the management and provision of Shared

Services to the NHS in Wales. Among the items they have recently discussed are the following.

- The financial position at the end of the first quarter which showed a surplus of just over £1 million;
- Laundry services continued to develop well and NWSSP continued to work with all health boards on the transition of service.
- A new electronic staff record system is being developed jointly with NHS England.
- Quantities of personal protective equipment to be kept in storage with amounts to be purchased under discussion with Welsh Government.
- The all-Wales overpayments procedure.
- The refreshing and updating of the Procure to Pay policy.

The full minutes of the committee can be found [here](#).

## **2.2 Regional Partnership Board, Leadership Group and Public Services Board review**

Membership, attendance and oversight of these three groups have been reviewed in the last quarter, taking into account approaches of other Health Boards and what the NHS Wales Regulations allow and inform in relation to membership.

Colleagues attending the meetings will now be supported by a pack that sets out the governance and communication requirements from a Health Board perspective This will be aligned to the frequency of the meetings. In addition, a forward plan will be developed for discussion at Executive Team which will outline future financial and non-financial commitments in line with the Scheme of Delegation and agreements made at RPB and PSBs.

The Director of Partnerships, Engagement and Communication will be the conduit and oversight for reporting with support from Governance colleagues. Future PPHP reports on partnerships will summarise outcomes and decisions of RPB and PSB meetings.

## **2.3 Stakeholder Reference Group**

The Board has made a commitment to using the Stakeholder Reference Group for advice and guidance as early as possible. So far this year, members have been involved in discussions about the three year plan, the next phases of special measures, organisational values and behaviours and the Urgent and Emergency Care Major Change Programme. Membership of the group has been refreshed and is increasing.

Being able to demonstrate to members how they have influenced and shaped services and strategic direction is crucial to maintaining the increased levels of involvement in the Group. An update will be included as part of meeting packs.

## **2.4 Stakeholder briefings and listening to partners**

Regular meetings continue to be held with all North Wales Members of the Senedd and Members of Parliament, with matters raised during the meetings followed up and, where

appropriate, reported to executive leads. Newly elected MPs recently met with the Chair and Chief Executive and introductory meetings with the public affairs team are also taking place.

The number of open correspondence enquiries from MSs and MPs has fallen below 50 for the first time since February 2020, prior to the start of the COVID pandemic. At the same time the number of overdue responses – those that take longer than our target of replying within 15 working days – is also at its lowest level since May 2021. The reduction has been achieved despite significant growth in the number of cases being received and it enables the team to focus more on proactive work.

Work is now underway to deliver a perceptions survey with our partners, with an interim report due in late December and full findings in the Spring.

## **2.5 Strategic partnerships in public health**

In addition to well-established partnership working on the Inverse Care Law innovation clusters, Social Prescribing and Arts in Health, public health colleagues have been working throughout this year to build more effective relationships with a wide range of regional stakeholders in order to prepare the space to define and develop whole system partnership approaches to reducing health inequalities and improving longer-term population health and wellbeing outcomes.

Through the remainder of 2024/25 the team is embarking on two research projects to help shape and inform the whole systems partnership approaches. The first is a Bevan Exemplar to consider ways of engaging communities more co-operatively within the design, delivery and evaluation of our whole systems transformational shift towards prevention, and the second is a task and finish group supported by Improvement Cymru to work with our regional partners to outline a 'Human Learning Systems' approach to scoping and phasing our approach to a transformational shift towards prevention.

## **3. Engagement**

The recommendations from Cath Broderick, the independent engagement advisor to the Health Board when it was placed into Special Measures in 2023 have been integral to the work around engagement. This has included:

### **3.1 Engagement group**

An engagement group was established earlier this year, comprising of colleagues from across the organisation, such as mental health, maternity, patient experience, engagement and colleagues from Llais and the independent engagement advisor. It meets monthly with a focus on developing a comprehensive organisational approach to patient, carer and family involvement. The focus is twofold: an internal support offer to staff and a co-designed framework for engagement with the public and stakeholders.

The workplan has so far delivered:

- A stocktake of engagement work within the organisation, to establish areas of good practice, different ways of engaging and an understanding of how feedback is being used to make improvements. The learning is being used to inform a review and refresh of the offer to support staff in leading engagement within their services.

- An event with staff (key leaders and representatives from frontline staff) to talk about the journey we are on, to showcase good practice and to discuss what support they want to embed engagement - to create a toolkit/capture and share what they are doing in routine way.

A parallel piece of work to inform the organisational approach is taking place with public and stakeholders to establish and agree levels of engagement and ways of working (the 'Betsi way'). We are in discussion with Community Voluntary Councils in Gwynedd, Anglesey, Conwy, Denbighshire, Flintshire and Wrexham and Llais to explore how they can support a wide-ranging conversation with their networks and the public.

### **3.2 Board engagement events**

Last year, the Health Board committed to building a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future.

There have been six sessions so far; in Denbigh, Wrexham, Bangor, Holyhead, Llandudno and Mold. Feedback from each event includes both general themes, such as access to appointments, long waiting times and poor communication and experiences and specific themes; such as challenges faced by the deaf community, poor parking at the Wrexham Maelor Hospital and the need for a 'one stop shop' for health and care in Holyhead. All general feedback is shared with the Health Board in the Citizen's Experience Report and with relevant directors and services where it is specific.

The Board also hears positive feedback at the events. This has included excellent emergency ophthalmology care with a community optician, a GP surgery on the Llyn being highlighted as one of the practices that works well and community hospitals operating in the East area providing good services.

During August, the Health Board has been at a number of high footfall events including the Anglesey Show and Denbigh and Flint Show. These provide a great opportunity to not only promote services, offer advice and support but also listen and receive further feedback.

Engagement has also been undertaken through a number of focus groups discussing experiences of waiting for orthopaedic procedures and our ideas for tackling planned care challenges such as the Llandudno orthopaedic hub.

There have also been a number of *Bitesized Health* events in collaboration with third and community sector and public sector partners to promote health and wellbeing advice and support and to gain insight and feedback. Bitesized Health in the Workplace is being re-launched in October, offering opportunities for people who work to access advice and support in their workplace.

### **3.3 Learning from families**

Work to embed patients, carer and family experiences in the development of vascular services is progressing. The vascular team is currently working with Llais to hold a series of one-off focus groups with people on the Abdominal Aortic Aneurism (AAA) surveillance pathway, and people who have undergone AAA surgical intervention. The results of this engagement work will be analysed and used to support the development of a patient-centric enhanced AAA service. The longer-term plan is to hold regular (quarterly) review sessions

with patients who have recently undergone AAA repair and to set up a patient, carer and family network once the new way of AAA working is fully in place.

Families and carers of people with experience of mental health services were also involved in shaping the health board's response to an invited independent review. This has culminated in the setting up of a review group, chaired by an external independent advisor and involving patients, carers and families with present and past experiences. The group will link to the ongoing improvement work in mental health services and develop a long-term plan and approach.

### **3.4 Citizen's Experience Report to Board**

A Citizen's Experience Report to the Board was launched in January 2024 and is presented at every other Board Meeting. The report summarises the themes from our involvement with citizens. It draws on the day-to-day interactions we have with patients, their carers and families, the conversations we have with the public and partners in their communities and at events, correspondence from Members of the Senedd and Parliament and activities and engagement with citizens undertaken by Llais.

Listening to and understanding the experiences of the citizens of North Wales is essential to improving how we design and deliver care and services. Gathering the insight enables us to understand the issues that matter to our population and it is intended to generate healthy discussion about the issues at the Board Meeting.

## **4. Communications**

The Corporate Communications Team has continued to strengthen its digital engagement with both the public and our staff. By coordinating the way information is shared through a variety of channels the team has helped people to access and understand the Health Board's plan and activities.

For example, new digital hubs have been developed to host information about the work being done as part of the Special Measures arrangements and the new Three-Year Plan. These hubs host regularly updated information and bring to life the work taking place across North Wales through news articles and case studies. The team has also been improving the way key meetings are promoted and shared, such as using videos and newsletters to support BCU Board meetings and the Annual General Meeting.

Working in partnership has been a key part of the team's delivery plans during the years for key public health campaigns, such as numerous vaccination programmes and initiatives to improve lifestyles and healthy living.

This continued focus on improving the way we engage with stakeholders is at the heart of the both the team's and the Health Board's ambitions and objectives.

Teitl adroddiad: <i>Report title:</i>	<b>Review of Well-being Objectives</b>			
Adrodd i: <i>Report to:</i>	<b>Planning, Population Health and Partnerships Committee</b>			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	22 October 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Health Board is required to demonstrate progress towards achievement of The Well-being of Future Generations (Wales) Act 2015, and respond to changes in the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act)</p> <p>The SPPP Act substituted 'decent work' for 'fair work', requiring the Health Board to review its existing well-being objectives and assess compliance with the revised act. Changes to the SPPP Act also placed socially responsible procurement duties on Health Boards which must also be reviewed.</p> <p>In October 2024, Audit Wales will also be undertaking a Structured Assessment of the Health Board's Corporate Planning approach to our well-being objectives.</p> <p>This paper provides an overview of:</p> <p>The approaches taken by the Health Board in overseeing a refresh of our well-being objectives that will also inform the next 10 Year Strategy work.</p> <p>Progress towards analysis of 'Fair Work' compliance, including SPPP Act requirements.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <p><b>RECEIVE</b> this report, and offer guidance on work underway to review the Health Board's well-being objectives.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Dylan Williams Assistant Director Corporate Planning (Interim)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>	Rhannol <i>Partial</i> <input type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

*Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:*

<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	<p>This work aligns to the 'developing strategy and long lasting change' strategic objective for the Health Board - one of the five main areas where improvement is most necessary.</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>The Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act) was passed by the Senedd in March 2023 and received Royal Assent in May 2023. The SPPP Act substitutes 'fair work' for 'decent work' in the 'a prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WFG Act).</p> <p>This amendment to the well-being goal commenced on 1 April 2024 and requires public bodies subject to the well-being duty to review their well-being objectives to assess whether they remain appropriate or not. The SPPP Act also places socially responsible procurement duties on certain contracting authorities.</p> <p>An Audit Review of the process for reviewing our well-being objectives will form part of the scope of the Auditor General to be carried out in the Autumn 2024 in accordance with statutory functions section 61(3) (b) of the Public Audit Wales Act 2004.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>An EqIA is not required in support of this paper, but will be completed as part of the overall programme of work which is being overseen by the Well-being Task and Finish Group.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p>	<p>An SEIA is not required in support of this paper, but will be completed as part of the overall programme of work which is being</p>

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	overseen by the Well-being Task and Finish Group.
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	There are no directly identified risks arising from this report; however, there are significant risks to the Health Board in failing to comply with the requirements of the Well-being of Future Generations Act and a consequent risk of failing to deliver the strategic well-being objectives.
<p>Goblygiadau ariannol o ganlyniad i roi'r <i>argymhellion ar waith</i></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	The financial implications are being identified as part of the on-going assessment, which is being coordinated by the Well-being Task and Finish Group.
<p>Goblygiadau gweithlu o ganlyniad i roi'r <i>argymhellion ar waith</i></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	The workforce implications are being identified as part of the on-going Well-being assessment which is being coordinated by the Well-being Task and Finish Group.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	Not applicable
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Camau Nesaf:</p> <p><i>Next Steps:</i></p> <ul style="list-style-type: none"> <li>▪ Complete well-being refresh to inform future work on 10 Year Strategy.</li> <li>▪ Assess delivery against 'fair work' and social procurement requirements.</li> <li>▪ Continue to liaise with the Office of the Future Generations Commission.</li> <li>▪ Progress engagement plan.</li> <li>▪ Identify budgetary and financial implications.</li> <li>▪ Support Audit Wales structure review.</li> </ul>	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i></p> <p>Dim/None</p>	

# PLANNING, POPULATION HEALTH AND PARTNERSHIP COMMITTEE – OCTOBER 2024

## REVIEW OF WELL-BEING OBJECTIVES

### Introduction

The Well-being of Future Generations Act requires public bodies in Wales to consider the long term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

Our role as anchor organisation provides opportunities to influence health outcomes in accordance with the key principles described within the Social Partnership and Public Procurement (Wales) Act of 2023, and 'A Prosperous Wales' well-being goal within the wider context of the Well Being and Future Generations (Wales) Act 2015.

While preparations are finalised for refreshing our Well-being objectives within the wider context of our 10 Year Strategy, the Health Board is also required to review its well-being objectives, with focus on 'fair work', while also embedding social value in procurement arrangements.

### Context

#### The Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act requires us to **“act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs”**. The health Board has previously reviewed its 10 Year Strategy to ensure alignment with national well-being requirements.



## Legislative changes

In July 2023 Health Boards in Wales received correspondence from the Minister for Social Justice and Chief confirming changes to well-being legislation in Wales. Changes to the Act placed social partnership duties on public bodies and replaced the reference to 'decent work' in the *A Prosperous Wales* well-being goal with a reference to 'fair work'. The Welsh Government definition of 'fair work' is as follows:

*"Fair work is the presence of visible conditions at work, which means workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected. Fair work also enables a working environment which is attentive to the well-being of workers. The actions deployed by an organisation in their pursuit of fair work will depend on the specific circumstances of that organisation. Some actions may not be appropriate or feasible for all organisations, it is for each organisation to determine which actions are."*

*Welsh Government 2023.*

Health Boards were advised to plan for a general review of Well-being objectives from April 2024 onwards, noting that reviews should consider how Health Board objectives were designed to contribute to fair work. The fair work provisions relating to the Health Board commenced on 01 April 2024.

## The Social Partnership and Public Procurement (Wales) Act 2023

The Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act) places a duty on Welsh public bodies to undertake 'socially responsible procurement', in accordance with the sustainable development principle. This is intended to tie public procurement legislation with the Well-Being of Future Generations Act (Wales) 2015.

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### ▪ Well-being key areas of work

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This paper describes approaches and progress to date in refreshing of our Well-being objectives. Our work has focused on two key areas of work as follows:

#### 1. Refresh of Well-being objectives with particular focus on Fair Work.

In line with the requirements of the Well-being of Future Generations Act and the SPPP Act, there is a commitment within the Annual Delivery Plan for 2024/25 to refresh our well-being objectives by the 31<sup>st</sup> December 2024.

There is a specific requirement for all Health Boards to review their well-being objectives to enable delivery of fair work as part of the SPPP Act (Social Partnership and Public Procurement) and the 'a Prosperous Wales' well-being goal. This was the main focus of work during Quarter 2 period.

At present it should be noted that this is focusing upon 'Fair Work' since the final full review of Well-being objectives will be more rounded and productive if undertaken as part of the Health Boards next 10 Year Strategy, which will extend beyond December 2024.

2. **Audit Wales Structured Assessment.** As part of the agreed structured assessment for 2024, Audit Wales will be auditing the Health Board corporate approach to planning, to include 'corporate approach to reviewing well-being objectives in accordance with the sustainable principle'. The audit is to be undertaken in October 2024.

## Well-being refresh journey

The Health Boards well-being refresh journey commenced in July 2024 with reflection on progress achieved to date within the Health Board. While it is recognised that our response to the act was delayed by a number of months, considerable work has been undertaken to recover the position and ensure the correct focus to enable delivery of our milestones within agreed timescales. This has included establishing a Well-being Task and Finish Group, assessing progress to date across the well-being objectives from the perspective of fair work, reviewing engagement arrangements and reviewing impact of changes to national legislation.

In order to ensure a structured approach to refreshing our well-being objectives, the Health Board has liaised with Welsh Government and the Office of Future Generations Commission to ensure alignment to the rest of Wales, linking with other LHBs including Swansea Bay and Aneurin Bevan.



### Task and Finish Group.

The Well-being Task and Finish Group (T&FG) was established in July 2024 for the purpose of assessing initial progress against Well-being objectives.

Group membership has been revised to include trade union representation, and other corporate teams will be co-opted onto the group as required. The following diagram identifies T&FG participants, the outer section confirms external stakeholders that have been actively involved in our review of fair work.



We will continue to link with the Office of the Future Generations Commission and Welsh Government during the remainder of the agreed timelines. Our links via all Wales groups including ADOPS (Assistant Directors of Planning) and DOP (Director of Planning) will also be crucial in gathering intelligence and best practice.

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## ▪ Well-being objectives refresh – progress to date

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Following discussions with Welsh Government and the Office of the Future Generations Commission, a structured approach to the Well-being refresh has been enacted. During Quarter 2 our priority has been to focus on 'fair work' and 'sustainable procurement and contracting'.

The following provides an extract of some areas of work progressed by the T&FG to date. The following summary is not exhaustive but is intended to provide examples of the work being progressed for 'fair work' and also the procurement and contracting requirements, and represents the breadth of the work undertaken to date. They are not listed in any priority order:

### **Fair Work - Work to implement the non-pay elements of the 2022-24 collective agreement.**

The Health Board has implemented a number of measures to support implementation of the non-pay elements of the 2022-24 collective agreement. The work is varied and extends across a number of non-pay elements. Alongside leadership development programmes and staff engagement; the Health Board

is committed to developing a comprehensive CPD strategy for all staff groups. Other areas of work extend from development of a healthy food policies to promoting physical activity in the workplace. A living well handbook for staff has been launched accessible to all staff, providing a comprehensive overview on all health and wellbeing support including information on equalities, people services support and recruitment.

### **Fair Work - Work placements for those furthest from the employment market.**

The T&FG has received confirmation of progress being made towards facilitating work placements via submission of self assessment. In addition to providing the T&FG with the necessary evidence, the following examples demonstrates areas of good practice, where the spirit of the Well-being objective has been embraced for fair work.

- The Health Board offers work placements for those furthest from the employment market. The scheme offers a managed, programme that includes placement opportunities, work experience and training. On successful completion the participant is able to apply for Health Board vacant posts, using their experience on placement as their evidence of suitability for the post and the manager from the placement as referee. The scheme has supported over 400 people back into employment.
- There are currently 3 supported internship / Project SEARCH sites in the Health Board. The programme offers workplace internships to young adults who have a learning disability and / or autism. The programme has run for several years across the Health Board. People with a learning disability are significantly less likely to be in employment, with employment rates sitting at less than 6%. This scheme supports young people into employment. The Health Board employment rate for the programme stands at 70%.

### **Fair Work - Working with and promoting Trade union partnership working.**

The Health Board continued to provide accessible facilities for trade union members. Trade union representatives are encouraged to use Health Board digital facilities for trade union duties. Facilities are also made available for trade union representatives to meet with their members in appropriate settings.

### **Social Procurement - Working with partners to establish modern slavery risk assessments in adult social care.**

The LHB is required to put steps in place that eradicate unlawful and unethical practices from its supply chains. The self-assessments confirm that suppliers are encouraged to sign up to the TISC (Transparency in Supply Chains) register. During Quarter 3 the Health Board will continue to work alongside Local Authorities to set up effective systems that identify and manage the risks of modern slavery in adult social care. Links have also been made with Gang Masters and Labour Abuse Authority, and this work has been taken forward through the Joint Due Diligence Review, and considered as part of Joint Monitoring Arrangements.

## **Social Procurement - Reviewing due diligence procurement and contracting processes and documentation.**

There is currently a Task and Finish Group with a cross section of Health and Local Authority leads reviewing current processes and documentation. The principles of Fair work will be embedded/captured within the revised process. The Due Diligence Process considers Supplier Health and Safety provision and this is reviewed as part of Joint Monitoring Arrangements.

During Quarter 3 the T&FG will continue to develop the well-being self-assessments and other information from within the organisation. This work will inform our well-being review and provide the necessary preparatory work to support 10 Year Strategy discussions. The T&FG is scheduled to meet on the 11<sup>th</sup> October 2024, during which additional progress is expected to be reported in the collection of self-assessment and evidence.

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### **▪ Audit Wales Structured assessment**

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As part of their structured assessment, Audit Wales will be conducting interviews within the organisation during October 2024. The structured review for Well-being will focus on corporate planning systems, with analysis of well-being processes and fit with wider organisational strategy. Learning from the assessment will be applied to future approaches.

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### **▪ Working with our partners & stakeholders**

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#### **Trade Unions**

The Health Board will continue to link with Trade Union representatives throughout the review. Trade Union representation on the T&FG is seen as crucial to ensuring that all aspects of workforce voice is captured.

#### **Public Service Boards**

The Health Board has been a key partner in working with Public Service Boards in producing Well-being Assessments to better understand the specific issues and priorities within local communities, and in producing Well-being plans with objectives that set out to improve the well-being of communities.

The Health Board will continue to strengthen its population health focus and continues to develop an annual delivery plan that responds to the updated Regional Population Needs Assessment for 2023 – 2028. This describes how the Health Board will deliver health and social care activities for North Wales, while also supporting planning activity alongside colleagues on Public Service Boards. The Health Board remains committed to tackling inequalities and our 'Well North Wales' programme continues to provide a focus for this work within the Health Board and through collaborative working with our partners.

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## ▪ Engagement

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The work undertaken by the Task and Finish Group has been discussed with the Office of the Future Generations Commission and Welsh Government. This initial approach was supported acknowledging that a wider programme of engagement will be pursued when developing the Health Board's next 10 Year Strategy.

Engagement with each of the three Public Service Boards is currently underway and a public survey has been produced.

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## ▪ Budgetary / Financial Implications

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It is acknowledged that meeting all well-being requirements will incur additional costs for the organisation.

The budgetary and financial implications of well-being, in particular for fair work and social procurement continue to be quantified. We are working closely with our People & Organisational Development, Finance and Procurement leads to fully understand future impact and associated risks. Our assessment to date has identified areas such as fair reward, pay benefits and responsible procurement, which now require further assessment to fully understand financial impact. An assessment of potential cost impact will be identified at the end of December 2024.

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## ▪ Risk Management

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### **Well-being objectives risk assessment.**

In considering well-being objective risks and wider implications, the T&FG will consider the following:

- The Health Board's well-being objectives provide the foundation for improving how we work as an integrated Health Board to improve health and well-being and address inequalities. Our Three Year Plan 2024 – 2027 and Annual Delivery Plan set out actions for delivery, which underpin the Health Board's long term strategy Living Healthier, Staying Well.
- The Health Board's Strategic Equality Plan (SEP) also sets out detailed actions to address equality and human rights matters. The overarching objectives in the SEP resonate and support BCUHB's well-being objectives.
- A number of Public Health associated risks are known to the organisation, in particular preventative risks. The delivery of our wider Well-being objectives will be informed by these risks, and will be considered by the T&FG in assessing future mitigation requirements.

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## ▪ Equality and Diversity Implications

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This report does not of itself raise any Equality and Diversity implications. Dignity, respect, quality and safety are embedded in our well-being objectives and as referred to above, the Health Board's SEP sets out detailed actions to address equality and human rights matters. An EQIA and SEIA is being progressed.

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## ▪ Next Steps and timeline

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Ref	Action	Deadline
1	Ensure our well-being corporate planning processes are clear, and auditable. Support Audit Wales during their Structured audit review.	30/10/24
2	Complete our 'Fair Work' assessment and refresh of our Well-being objectives to enable delivery of fair work as part of the SPPP Act and Prosperous Wales goal.	31/12/24
3	Continue to support preparatory work to enable conversations within the next 10 Year Strategy work that enable the full completion of the Well-being objectives review.	31/12/24
4	Identify budgetary impact of aligning well-being objectives to fair work and procurement requirements.	31/12/24

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## ▪ Recommendation

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The Committee is asked to:

- **RECEIVE** this report, and offer guidance on work underway to review the Health Board's well-being objectives.



Teitl adroddiad: Report title:	North Wales Medical School Update			
Adrodd i: Report to:	Planning, Population Health & Partnerships Committee			
Dyddiad y Cyfarfod: Date of Meeting:	22/10/24			
Crynodeb Gweithredol: Executive Summary:	This paper is provided to update the Committee on the progress to establish the North Wales Medical School and partnership working with Bangor University.			
Argymhellion: Recommendations:	The Committee is asked to be assured on the progress to establish the North Wales Medical School and partnership working with Bangor University.			
Arweinydd Gweithredol: Executive Lead:	Dr Nick Lyons – Executive Medical Director			
Awdur yr Adroddiad: Report Author:	Lea Marsden – Programme Director North Wales Medical School Lynne Grundy – Associate Director for Research & Development Heather Keating - Lead Manager for Medical & Dental Education			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi For Noting <input checked="" type="checkbox"/>	I Benderfynu arno For Decision <input type="checkbox"/>	Am sicrwydd For Assurance <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  High level of confidence/evidence in delivery of existing mechanisms/objectives	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  General confidence / evidence in delivery of existing mechanisms / objectives	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  Some confidence / evidence in delivery of existing mechanisms / objectives	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  No confidence / evidence in delivery

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p>	<p>5A – University Partnership</p>
<p>Link to Strategic Objective(s):</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>There are no known regulatory or legal implications relating to the content of this paper.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>An Equality Impact Assessment has not been undertaken at this stage but will be done as part of the development of the business case if required.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>A Socio-Economic Impact Assessment has not been undertaken at this stage but will be done as part of the development of the business case if required.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</p>	<p>The main risks associated with the establishment of the Medical School are outlined in section 6.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>This paper is provided as an update on the progress of planning for the new Medical School. Resources for medical education will be met through Service Increment for Teaching (SIFT) funding. Capital requirements and any estate related revenue will be incorporated into a Programme Business Case for approval by the Board prior to consideration by WG.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>At this stage workforce implications are assumed to be met through additional SIFT income which will become payable based on the placements undertaken by students. This assumption will be fully tested and analysed through the development of a Programme Business Case for approval by the Board prior to consideration by WG.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>This paper has been provided to the Formal Executive Team Meeting.</p>
<p>Cysylltiadau â risgiau BAF:</p>	<p>None</p>

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Next Steps:</p> <p>The programme will continue with the establishment of the School and further partnership working with Bangor University.</p>	
<p>List of Appendices:</p> <p>Appendix A – Background to the North Wales Medical School Appendix B – Programme Governance Structure</p>	

**Planning, Population Health & Partnerships Committee**  
**20th August 2024**  
**North Wales Medical School Update**

**1. Introduction**

- 1.1. The establishment of the independent North Wales Medical School (NWMS) is a programme which is being jointly delivered with Bangor University (BU). This paper provides an update on progress as outlined in the Annual Delivery Plan (University Partnership 5A.1).
- 1.2. Information on the background to the establishment of the independent School is included at Appendix A.
- 1.3. Joint governance arrangements with BU (Appendix B) are in place to support the delivery of the school and wider partnership working. Each of the joint governance groups are led by co-chairs from both organisations.

**2. Background**

- 2.1. The Strategic Case for the independent NWMS was submitted in July 2020 and, following consideration by the Minister for Health and Social Services, received Welsh Government (WG) support. National arrangements progressed the proposal in phases between the autumn of 2020 and January 2023. This culminated in an announcement by the Minister for Health and Social Services on 26<sup>th</sup> January 2023 which confirmed that funding for up to 140 medical student places, through direct intake to BU, would start from 2024.
- 2.2. A Business Case Scoping document detailing the context and approach to the capital and revenue investment arising from the development of the independent NWMS was initially submitted in February 2023. The scheme has also been discussed at the regular Capital Review Meetings between the Health Board and WG.
- 2.3. A more detailed scoping document was invited by WG capital colleagues on 23<sup>rd</sup> June 2023 for submission in November 2023. Following approval at the Health Board's Performance, Information Governance and Finance Committee (PFIG) on 2<sup>nd</sup> November 2023, the proposals were duly submitted to WG.
- 2.4. A further discussion with WG regarding the proposals took place on 2<sup>nd</sup> July 2024 which, following correspondence from the Minister for Health and Social Services, also included the University's proposals. This meeting concluded with agreement to develop a Programme Business Case between the Health Board and BU so that proposals can be considered by Ministers in their entirety. Work to develop this programme business case is underway.
- 2.5. The collaborative partnership with BU stretches beyond the NWMS into Research and Innovation which is covered in the report below.
- 2.6. More recently work to establish closer links between Betsi Cadwaladr University Health Board (BCUHB) and BU in relation to employment opportunities has been discussed. Work has begun to establish systems and processes to maximise the

opportunities for students and improve recruitment for the Health Board. Updates regarding this area will be covered in future papers for the Committee.

### 3. Student Numbers

- 3.1. The NWMS launched in September 2024 with 69 undergraduate entry places in Year 1 and 11 graduate entry places in Year 2. The intake for undergraduate entry will then grow by 10 students per year in each of the five successive years. The graduate entry places will not change from 2024 numbers (20) until 2029 at which point there will be a further 10 places available. Having reached a total of 30 places there is no further growth beyond this point for graduate entry students.
- 3.2. Whilst entry numbers appear relatively small, the total number of students also increases year-on-year as the higher intake for the NWMS flows through the five-year programme. The combined effect of these two factors has been taken into account when considering the resources and capacity required to accommodate and educate NWMS students.
- 3.3. The table below is based on the numbers and phasing agreed between BU and WG, and takes account of both growth factors described above. Numbers highlighted in 2024/25 through to 2026/27 represent the number of students who will complete their studies under existing arrangements for the C21 North Wales programme which is taught by BU but awarded by Cardiff University under franchise arrangements. Steady-state is reached in 2033 and the NWMS will have total of 670 students from this point onwards.

Academic Year - August to July										
	2024/ 25	2025/ 26	2026/ 27	2027/ 28	2028/ 29	2029/ 30	2030/ 31	2031/ 32	2032/ 33	2033/ 34
<b>Year 1</b>	60	70	80	90	100	110	110	110	110	110
<b>Year 2</b>	20	80	90	100	110	130	140	140	140	140
<b>Year 3</b>	30	20	80	90	100	110	130	140	140	140
<b>Year 4</b>	23	30	20	80	90	100	110	130	140	140
<b>Year 5</b>	20	23	30	20	80	90	100	110	130	140
<b>Total Students</b>	<b>153</b>	<b>223</b>	<b>300</b>	<b>380</b>	<b>480</b>	<b>540</b>	<b>590</b>	<b>630</b>	<b>660</b>	<b>670</b>

- 3.4. BCUHB also provides medical education to students from other medical schools which are in addition to the numbers described above and are assessed as being broadly equivalent to an 80-place medical school. Whilst not included above, the detailed timetabling undertaken to determine capacity within the education centres, has taken account of current commitments to these programmes.
- 3.5. The assessment of capacity, based on current environments and the full student numbers for the NWMS, indicates that growth during the early years can be met, however, there is a need to plan now for future years. The tipping point occurs in 2027 across all estate environments within the scope of the proposed business case.

## 4. Establishing the School

- 4.1. The Curriculum, Placement and Assessment Workstream provides oversight and direction to three sub groups which are specific to the years of the course – Years 1 & 2, Year 3 and Years 4 & 5. The work of each group is supported by delivery plans to ensure that preparation is in place and that the experience of students is positive.
- 4.2. BCUHB provides Case-based Clinical Learning (CCL) placements in years 1 and 2 and we are currently exploring the possibility of providing Student Selected Component (SSC) opportunities in year 2. This will be delivered by our West Medical Education team.
- 4.3. Education managers in the West are currently working on clinic placements for year 1 students and are working with Health Board and University colleagues to finalise details. Year 2 capacity has been identified and confirmed and placements are ready to be allocated to.
- 4.4. We are also preparing for years 3, 4 and 5 and have developed a staffing structure to support the new numbers in both the clinical environment, and in our education teams. The teams in each Integrated Health Community (IHC) have prepared a memorandum of understanding to be agreed with each of the clinical supervisors. Undergraduate tutors are leading on these discussions, and we are in the final stages of agreeing these.
- 4.5. Colleagues from Bangor University and BCUHB are currently scoping travel and accommodation needs of students attending placements across North Wales, and undertaking a piece of work to understand our current position in respect of Primary care placements. This work will be completed in October and shared with the Curriculum Placement and Assessment group.
- 4.6. The team will shortly be reviewing relevant Standard Operating Procedures and induction materials to ensure NWMS student needs are incorporated ready for the first intake. The sub-group has also recommended that we begin to consider how we will share information regarding student wellbeing and additional needs. This work is ongoing.

## 5. Business Case Development

- 5.1. Following the submission of the Business Case Scoping Document and a subsequent meeting on 2nd July 2024, WG has requested that a joint Programme Business Case is developed between BU and BCUHB so that the totality of capital and revenue implications can be considered by Ministers.
- 5.2. The curricular model and its consequent placement requirements developed for BU's medical degree programme will have implications for the following NHS estate:
  - 5.2.1. **The three existing education centres at the district general hospital (DGH) sites in Wrexham, Bangor and Glan Clwyd:** Each centre has been scoped for the new numbers by timetabling teaching and learning activities for the increase in student numbers as well as existing commitments for education

and an options appraisal has been undertaken. This has recommended the Do Minimum options on all three sites.

5.2.2. **Eight of the eighteen community hospitals across North Wales:** Work is underway to assess community site needs, including scheduled site visits to ensure the required facilities are available and to identify where additional resource is required. The outcomes of this work will be included in the Programme Business Case being prepared for WG.

5.2.3. **General practice estate across North Wales, sufficient to deliver 140 placements for a Longitudinal Integrated Clerkship (LIC):** The proposed inclusion of general practice (GP) estate responds to the requirements of the LIC undertaken in primary care during Year 3 of the degree, and reflects the unique medical educational opportunities across the North Wales region. The assumption that additional learning space will potentially be needed to provide the full 140 LIC placements has been based on:

- the BCUHB Estate Strategy, which is based on the most recent assessment of primary care (Lambert, Smith, Hampton 2016), in which the summary of findings concludes that:
  - the physical condition is assessed as either poor or unacceptable in 45% of properties;
  - there is a high level of non-compliance to Equality Act / Disability Discrimination Act in 57% of properties;
  - the available space is either fully utilised or over-crowded in 90% of properties.
- a stakeholder engagement exercise with a range of representation, including the Local Medical Committee (LMC) and Health Education and Improvement Wales (HEIW), which identified the need for fit-for-purpose estate;
- an engagement session with current GP tutors at the North Wales GP Tutors' Conference held in May 2023, through which estate capacity was identified as a potential barrier to achieving the planned growth in student numbers;
- information provided by practices in response to a survey performed in August 2023.

5.3. In addition to the impact on NHS estate, the IT Infrastructure available will need to provide connectivity that is sufficiently robust to support the delivery of virtual sessions between locations and ensure that students have access to appropriate teaching and learning resources. A specific review of the infrastructure and equipment has been undertaken to inform the estimated costs to be included in the business case.

## 6. Research & Innovation

6.1. Research drives improvements and developments in patient care. There is strong evidence that demonstrates that all patients receiving care in research active hospitals have better health outcomes and improved survival rates.

6.2. *Advancing health: The impact of UK medical schools' research (2023)* recognises that “a core part of medical schools' work is research. The development of new treatments, as well as improvement to current ones, is essential for meeting the population's changing health needs...”

6.3. BCUHB has a very active Research and Development (R&D) department, overseeing and supporting between 350 – 400 research studies across a broad range of disease areas. Recognising these factors and the opportunities that are presented by the development of the NWMS) at BU the Research and Innovation task and finish group was formed, with membership as below:

- Pro Vice-chancellor - College of Medicine and Health, BU
- Pro Vice- chancellor – Research, BU
- Both Deans of Research - College of Medicine and Health, BU
- Director of Research North Wales Medical School, BU
- Head of Strategic Partnerships & Projects, BU
- Deputy Executive Medical Director, BCUHB
- Associate Director Research and Development, BCUHB
- Programme Director - North Wales Medical School, BCUHB

6.4. The Group meets regularly and has agreed eight strategic aims, underpinned by a delivery plan, to support the delivery of its work, with the purpose currently outlined as follows:

- Identify and agree joint clinical/medical research themes, support their development (including through new teaching and research (T & R) posts in NWMS), and ensure appropriate oversight
- Identify non-clinical and life science areas where there is potential for collaborative research and innovation and ensure appropriate oversight
- Identify joint research outputs and/or collaborative projects
- Provide opportunities for discussions - at different levels - relating to collaborative research and innovation activity, and establish an effective means of communication between the two organizations
- Undertake review of research and impact support provision including alignment of policies and processes for joint working between University's Integrated Research and Impact Service (IRIS) and the NHS Research and Development Department
- Establish a staff reward and recognition framework
- Engage with stakeholders
- Enable continuous improvement

6.5. Alongside the planned appointments made by BU, a joint appointment in cancer has been agreed and is about to be advertised and a number of BCUHB staff have been nominated for honorary research appointments.

6.6. A recent joint workshop has been held to bring together key individuals in BCUHB and BU. The event was facilitated by Dr Nicky Williams, Director Support and Delivery Centre, Health and Care Research Wales. Colleagues addressed contributed and discussed what works well currently, identified challenges and where further opportunities are. The feedback is currently being analysed and will inform the progression of the group's objectives and a follow up event is being planned to maintain engagement and momentum in this area.

6.7. An innovation multi-disciplinary team has been set up in partnership with BU, where staff with innovative ideas can present to a panel. The panel will provide advice and signposting to maximise potential of the idea or concept, and support the enhancement of contacts and collaboration within BCUHB and BU.

## 7. Risk Management

7.1. Risk management within the programme is supported by a joint, excel-based, risk register to ensure that all risks can be reviewed together be they Health Board risks, University Risks or joint risks. Health Board risk are also entered into Datix to ensure that the Health Board's risks are managed and reported in line with the Health Board's Risk Management policy. The risk register is reviewed and updated by the Risk Management Sub Group with oversight and scrutiny of the risks provided by the Joint Delivery Group on a monthly basis.

7.2. There are two risks on Datix which are currently rated as high, risk ID 5063 and risk ID 5064 both of which relate to estate capacity and are detailed below:

Risk ID	Risk Title	Risk Description	Current Risk Rating
5063	Risk of insufficient teaching environments in primary care should WG not approve capital investment via BCUHB	There is a risk that Welsh Government do not approve the proposal to develop additional space within GP Practices. This may be caused by the capital costs and agreement to build a business case. This may lead to insufficient capacity for students undertaking the Longitudinal Integrated Clerkship in Year 3.	12
5064	Risk of insufficient teaching environments in the 3 education centres should WG not approve capital investment for BCUHB	There is a risk that Welsh Government do not approve the proposal to develop additional space within the education centres on each of the DGH sites. This may lead to poor student experience and satisfaction which could then lead to a reduction in the number / quality of applications of students applying to Bangor University. This may also lead to/ impact on the inability to accommodate other developments (e.g., North Wales Pharmacy School) or the increased requirements of existing education programmes across multiple professions.	12

## **Background to the North Wales Medical School**

Betsi Cadwaladr University Health Board (BCUHB), in partnership with Bangor University (BU), is committed to increasing the number of clinical medical students studying wholly in North Wales through the establishment of an independent medical school. Evidence from around the world suggests that medical graduates are likely to undertake postgraduate training close to where they studied, so the aim is to encourage students to develop lifelong careers within North Wales, benefitting the local population and its communities.

Cardiff University School of Medicine has placed medical students in their clinical years within North Wales for many decades. The provision of undergraduate medical education for small classes of students based entirely in North Wales began in 2019 through the delivery of the C21 North Wales Medicine programme (C21NW). The programme was created through a partnership between BU and Cardiff University (CU) under franchise arrangements and, uniquely amongst UK medical schools, places students in their first year of clinical studies and, in Year 3, places students mainly in primary care where they are embedded within local communities in urban and rural environments. Proposals for an independent school built on these arrangements and a Strategic Case was developed through a collaborative process, involving BU, CU and BCUHB, during 2020.

The role of CU as a key partner is recognised; they developed the C21NW programme in collaboration with BU and BCUHB, support its transition to an independent medical programme to be provided by BU and are playing an essential role as the Contingency Partner required by the General Medical Council's (GMC) process for the approval of new medical schools.

The Strategic Case for the NWMS was submitted in July 2020 and, following consideration by the Minister for Health and Social Services, received WG support. Arrangements to consider and develop proposals further were established at a national level to ensure that the NWMS was considered on an all-Wales basis and in acknowledgement of the existing medical schools at Swansea and Cardiff Universities.

National arrangements progressed the proposal in phases between the autumn of 2020 and January 2023. This culminated in an announcement by the Minister for Health and Social Services on 26th January 2023 which confirmed that funding for up to 140 medical student places, through direct intake to BU, would start from 2024.

A key strategic aim of the programme is to ensure that the NWMS's curriculum can evolve, over time, to reflect BCUHB's long term strategies for the health and well-being of the local population. This approach offers opportunities, unique to North Wales, through co-terminus boundaries and the collaborative relationship that has been built between BCUHB, as the only Local Education Provider, and BU.

The establishment of the medical school, opportunities for research and innovation and the collaborative relationship with BU directly support the continued delivery of activities required by the University Designation Criteria.

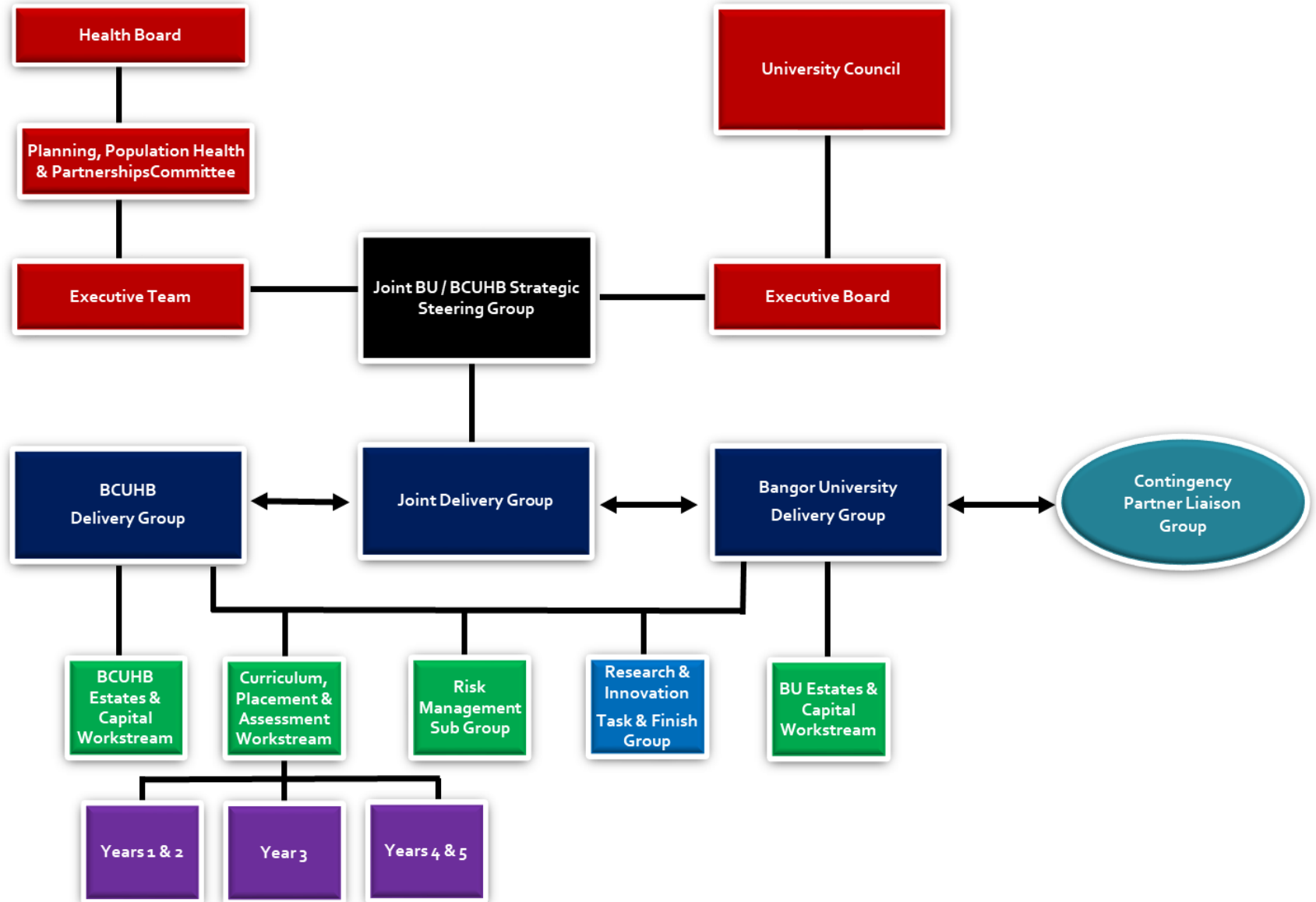
## **The Role of BCUHB**

BCUHB is a GMC-approved Local Education Provider (LEP) of medical education and is therefore responsible for meeting the General Medical Council (GMC) standards of the learning environment and clinical culture in its primary, secondary and community sites. The quality of medical education provided by LEPs is formally evaluated on an annual basis and BCUHB has consistently provided undergraduate medical education that is above the national average, and frequently the best, for Wales

Requirements of BCUHB are determined by the curriculum for the NWMS and its consequent placement requirements. At its establishment in 2024, the NWMS's curriculum will be based closely on that of the C21NW programme, with some adaptations agreed with CU. Adoption of the C21 curriculum supports the requirements of the GMC accreditation process for new medical schools and has facilitated the establishment of the NWMS by 2024, ahead of the WG's programme for government target for 2025.

One significant difference in establishing the NWMS, compared with the current C21NW programme, is that students will commence their studies in the region from Year 1 of the degree, replacing the Year 2 only entry of mainly graduate entrants under current franchise arrangements.

# NWMS Governance Structure - Current





<b>Teitl adroddiad:</b> <b>Report title:</b>	Civil Contingencies - Emergency Preparedness, Resilience and Response (EPRR) Progress Report			
<b>Adrodd i:</b> <b>Report to:</b>	Planning, Population Health and Partnerships Committee			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Tuesday, 22 October 2024			
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	This paper is to provide a progress update in relation to Betsi Cadwaladr Health Board's position as a Category 1 Responder in line with the Civil Contingencies Act 2004.			
<b>Argymhellion:</b> <b>Recommendations:</b>	The PPHP Committee are asked to note the contents of this report for assurance.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Dr Jane Moore – Acting Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Sharon Scott – Emergency Preparedness, Resilience and Response Lead			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Civil Contingencies Act 2004</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Do/Naddo N</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Do/Naddo N</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Under review</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable – this paper is for assurance</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable – this paper is for assurance</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>BAF 1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users.</p> <p>BAF 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience.</p> <p>BAF 4.1 Significant risk of avoidable harm to</p>

	patients and staff, due to a failure by the Health Board provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b>Next Steps:</b> Implementation of recommendations	
<b>List of Appendices:</b> None	

## 1. Introduction

A paper to the Health Board's Planning, Population Health and Partnership (PPHP) Committee in April 2024 set out an overview of the history of improvement work within the Emergency Preparedness, Resilience and Response (EPRR) service across BCUHB in line with the Civil Contingencies Act 2004.

At that time, the committee were unable to note the paper for assurance and requested a further review. This review began following the commencement in post of a new EPRR lead from 1st July 2024. It should be noted that until that time the service had been without a full time EPRR lead and support structure since December 2023.

This report will therefore aim to provide an updated view following the initial findings, and immediate actions taken to date to strengthen planning activities. This paper will also describe areas where the service has provided support and guidance in response to incidents and events during Q2 (response) together with plans to move forwards at pace following recruitment to full establishment.

## 2. Background

Emergency Planning, Resilience and Response (EPRR) is a statutory function of the Health Board and is identified as a Category 1 Responder in line with the Civil Contingencies Act 2004 and as such Boards of NHS organisations must be assured that the following statutory duties are undertaken:

Assess risks to inform contingency arrangements

1. Put in place Emergency Plans
2. Put in place Business Continuity Management arrangements
3. Share information with other organisations to enhance coordination and efficiency
4. Cooperate with other organisations to enhance coordination and efficiency
5. Have appropriate arrangements to warn, inform and advise the public/others, in an emergency
6. EPRR lessons identified and lessons learned procedure within the organisation that feed into NHS Wales Emergency Planning Advisory Group (EPAG)

Whilst the previous paper outlined where the Health Board's EPRR planning and response requirements have been tested on multiple fronts (including Industrial Action, loss of infrastructure, bridge closure, Covid-19, adverse weather and M-Pox) and also sought to describe positive feedback from National and external agencies. This level of response and engagement has continued over recent months. The service has responded to a number of challenging events alongside establishing new networks with internal and external stakeholders and addressing gaps in EPRR (in terms of resourcing, planning, exercise and training).

To support the above statutory duties 9 key EPRR priorities have been agreed and signed off by Board at the September meeting. These priorities are identified below together with progress to date made within Q2.

### 3. 9 Key Priorities - Progress to Date (Q2):

	9 Key priorities as set out in the EPRR Annual Report	Progress (Q2)
1	The current EPRR structure is under review having appointed a new EPRR Lead with their commencement date being July 2024 the intention is then allow the new starter to develop their service going forwards.	<p>Recruitment to 2 senior EPRR posts (8a) to support the EPRR work programme is expected to commence during October 2024.</p> <p>This dedicated resource will enable the EPRR Lead to focus on the key risks and strategic direction of the service and support year round operational surge and escalation planning pan BCU.</p>
2	On-going deep dive into current BCUHB preparedness, plans, external reviews (e.g. R King July 2021) and governance arrangements to identify immediate priorities and gaps.	<p>Significant review and engagement work has been undertaken with IHC Directors and service leads to re-build networks, review and reinstate IHC level Major incident (MI) and Business Continuity (BC) Governance structures and groups.</p> <p>Partly due to gaps in workforce resource, IHC Major Incident / Business Continuity Planning and Pan Health Board plans had reduced or stalled.</p> <p>The BCU EPRR lead is currently supporting the newly reformed groups to ensure planning at IHC level is consistent and compliant with EPRR legislation and guidance.</p>
3	To support priority 2 above, seek urgent confirmation from IHC Directors to confirm IHC EPRR Director, Operational and Clinical leads. Once fully established the EPRR service will support IHC leads to identify priorities and rectify gaps in resilience at IHC level across all sites and services.	<p>IHC support has been identified.</p> <p>Business Continuity Planning is a key priority that requires further development and support. Whilst approximately 66% of business continuity plans were previously assessed as either “complete, signed off” or “under review and testing” with a further third in development, it is clear from the review that the majority of plans have now become out of date.</p> <p>Update is being led at IHC level with EPRR support and guidance. Whilst within the current EPRR establishment (1 x wte) it has not been possible to review all business continuity plans, this is a priority focus once future recruitment takes place. This will include a more tailored Business Continuity support structure across IHCs and Corporate Teams. In addition this will include testing of updated plans with the expectation to commence a testing and exercise schedule from Q1 2025/26 (subject to full recruitment in place and update of existing plans).</p> <p>In the interim, service leads are directed to the online Business Continuity site on Betsinet where a suite of planning guidance and material is available (Business Continuity toolkits, impact assessments and templates).</p> <p>Senior EPRR leadership has and will continue to be provided across IHCs and Corporate Services – this has included Digital, Womens, Pharmacy, Nursing and Health Protection.</p>
4	Review the Health Boards EPRR Governance arrangements and re-establish the Health Board's Civil Contingencies Assurance Group and its sub-groups to strengthen	<p>IHC level Major Incident and Business Continuity Groups have being reviewed and re-established.</p> <p>Highlight reports and updates will be taken to the Health Board's Civil Contingencies Assurance Group at its next meeting.</p>

	governance arrangements across the Health Board, identifying risks, immediate priorities and longer-term goals.	
5	Further develop stakeholder relationships and multi-agency partnerships including local area teams, other health board and national teams	<p>BCUHB continues to play an active part in the North Wales Resilience planning forum with active membership across a number of national resilience planning forums.</p> <p>The service also holds the chair of the mass fatalities LRF group for North Wales and is supporting the development of EPRR Core Standards for Wales NHS.</p>
6	<p>Develop the 2024/25 EPRR work programme to include but not limited to:</p> <ul style="list-style-type: none"> <li>• Major incident plans and all associated policies and guidance</li> <li>• Business Continuity plans and all associated policies and guidance</li> <li>• Risk assessment &amp; Horizon scanning</li> <li>• Training and Exercise programme</li> <li>• Strategic training (Gold)</li> <li>• Tactical training (Silver)</li> <li>• Operational training (Bronze)</li> <li>• EPRR specialist training</li> <li>• Loggist training</li> <li>• Governance</li> <li>• Collaboration and information sharing</li> <li>• Warning and informing</li> <li>• Pandemic preparedness and learning from the Covid-19 Inquiry</li> </ul>	<p>A “Preparing For Emergencies” workshop has been developed with roll out across IHC’s commencing with Central IHC on 8 November 2024.</p> <p>The aim is to deliver a minimum of 1 workshop per IHC pre Christmas with follow up sessions in the new year.</p> <p>This is a 1 day face-to-face, interactive, session covering EPRR Command and Control, JESIP (Joint Emergency Services Interoperability Principles), decision making and record keeping.</p> <p>In response to requests to provide on call training the workshop will also include interactive scenario based discussions around incidents that may require the rapid establishment of special measures (eg fire, evacuation, lockdown, Cyber attack) together with an interactive media awareness and training session.</p> <p>A training needs analysis will be undertaken to identify capability and training gaps, the above “Preparing For Emergencies” training will be supplemented with additional Strategic, Tactical and Operational training in line with multi-agency working and JESIP principles as required.</p> <p>Further resource is required to fully develop and deliver the EPRR work programme this is a priority focus once the team is fully established.</p>
7	Work alongside operational and clinical teams to embed year-round surge and escalation resilience strategies across IHCs in support of operational flow and provision of safe services	<p>Whilst winter planning pro-actively commenced in April 2024, the EPRR lead will lead Winter Planning arrangements across the Health Board linking closely with IHCs and Corporate Teams in conjunction with colleagues from WAST/Social care and voluntary services to support an integrated approach to planning and risk mitigation.</p> <p>To inform the BCUHB winter planning arrangements and Board sign off, IHC Winter plans will include cancer and planned care activity, surge and escalation plans will require system wide IHC Director sign off. Winter planning will take in to account learning from previous winters, recent bank holiday and industrial action. Planning will be based on a risk assessment identifying mitigation, gaps, residual risk and any mutual aid requirements.</p> <p>The following principles will be included:</p> <ul style="list-style-type: none"> <li>• No bedding in DOSA, no cancellations of elective care without COO/CNO sign off</li> </ul>

	<ul style="list-style-type: none"> <li>• No bedding in SDEC, Frailty without COO/CNO sign off</li> <li>• Protect clinically urgent cases, cancer, long waits (&gt;104 weeks)</li> <li>• Protect tertiary and regional services</li> <li>• Stroke capacity to be protected</li> <li>• Escalation protocol refreshed with COO/CNO oversight and clinically informed risk based approach to boarding</li> </ul> <p>Following review and assessment of IHC Winter Plans Confirm and Challenge sessions per IHC together with corporate services where required will take place.</p> <p>Work has commenced with the UEC Business Support team to collate, and review IHC and Corporate winter plans with the establishment of a Winter Group to oversee and monitor the implementation and review of plans moving into Winter.</p> <p>To support the above work a review of System Lead arrangements is being planned to enhance Operational and Clinical leadership at times of surge and escalation.</p>
8	<p>Once fully established, develop a strategic plan for the service, which will be informed by activity, along with developing a business case to ensure appropriate staffing to support the system requirements.</p> <p>The EPRR service it is keen to strengthen its strategic planning arrangements, and ensure close alignment with the IHC and associated services (Primary care/Womens/Mental health as examples) along with ensuring appropriate plans are in place to support the Health Board planning cycle.</p>
9	<p>Once fully established and stability has been assured, to move towards achieving excellence in EPRR across all statutory legislation and supporting guidance.</p> <p>Further steps will be taken once recruitment has taken place.</p>

#### 4. Response

Alongside the work undertaken to progress the priority areas as identified above the EPRR Lead has responded to a number of emergencies and risks that threatened to disrupt service delivery these include:

- On the 15<sup>th</sup> August 2024, the World Health Organisation (WHO) declared that the upsurge of Mpox (Clade I) cases in the Democratic Republic of Congo represented a public health emergency of international concern. In response, Public Health Wales (PHW) and the Chief Medical Officer (CMO) issued advice to the Health Board on changes to the case definition and on how to manage any possible cases. PHW confirmed that Clade I Mpox is a high consequence infectious disease (HCID), which may be more severe and transmissible than the Clade II Mpox which has been present in Wales since 2022.

To support planning and oversight a Health Board HCID Strategic Planning Group, chaired by EPRR was rapidly established. Scenario testing has taken place via a Pan Wales Mpox table top Exercise (Fad Fallen) alongside health and local authority partners. Further testing of conveyance and Epishuttle transfer routes between WAST and the identified isolation areas on the 3 main sites has been undertaken.

The HCID strategic group will continue to support planning across the IHCs and corporate services to support all HCID risk and threats including the recent notification and identification of Marburg in Rwanda (viral haemorrhagic fever with >50% mortality).

- Support has also been provided to service leads in response to a number of incidents involving lockdown, threat to staff, identification of a suspect package, loss of key systems (including rota and postal services) and a suspected case of Mpox Clade 1.

## **5. Budgetary / Financial Implications**

There are no budgetary implications associated with this paper this paper is for assurance purposes only.

## **6. Risk Management**

The current risk assessments/BAF will undergo review with BCUHB risk team to identify any risks that need review along with any additional new risks to be uploaded. There is also some work on going with the North Wales Resilience Forum (NLRF) to identify any joint risks that need to be managed through the all-Wales risk pool.

## **7. Conclusions**

Following the commencement of a dedicated senior EPRR lead some progress has been made to strengthen internal and external stakeholder relationships, strengthen current planning arrangements at IHC and corporate level, develop staff training for on call colleagues (with the intention to further strengthen this with a training and exercise training needs analysis). Work to support the Health Boards outbreak management processes has enabled key strategies and plans to be enacted in response to HCID. Winter planning and operational surge and escalation arrangements have commenced to support winter preparedness and response and key steps have been taken to recruit to senior EPRR posts.

That being said, it is clear that there remains a large-scale and complex EPRR work programme to deliver and the service does remain fragile. Once the service is fully recruited to work will commence at pace to build a stronger and sustainable EPRR service across all statutory legislation and supporting guidance.

## **8. Recommendations**

- 6.1. To continue to support the service as fragile but note the significant progress made to reinvigorate planning and response arrangements at IHC level and Pan Health Board.
- 6.2. Support the delivery of the training and exercise programme
- 6.3. Continue to support the 9 key priorities
- 6.4. Recommend a further review in 6 months' time to review progress against 9 key priorities and learning from Winter.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Public Health – Delivery Report			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health and Partnership Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 22 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper provides detail of delivery within the Public Health Directorate.			
<b>Argymhellion:</b> <i>Recommendations:</i>	This paper is to give assurance to the PPHP Committee that the Health Board is delivering against its prevention priorities. However, this time the aim is to use this report to enable a discussion to support the development of the report as this is the first attempt to produce a prevention delivery report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Gwyneth Page, Head of Public Health Assurance and Development			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience.			

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

<p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>prevention and early intervention activity undertaken by the Public Health Directorate.</p> <p>Specific projects and programmes of work are subject to SEIA in accordance with health board policy.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p><b>CRR24-08</b> There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p><b>CRR24-18</b> There is a risk that the Health Board does not plan adequately for outbreaks of transmittable diseases such as (but not solely) Measles, M-Pox, Covid. This may be caused by the unpredictability of when the disease may first occur, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate), the scale of potential outbreaks, the difficulties in protecting specific and vulnerable groups in a timely way. This could lead to exposure of the public to preventable illness, increased cases and spread of disease and in some cases death.</p> <p><b>BAF SP01</b> There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population.</p> <p>Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accesibility of health care services.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-</p>

	morbidities. It may also lead to to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales.
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	There are risks to the preventative programmes of work which are largely funded through grant/non recurrent funds. These are captured as part of the Corporate risks and also within specific tier 1-2 risks managed via the Public Health Performance and Risk Management Group.
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	There are a number of operational service staff who are on fixed term contracts due to the uncertainty of grant funds continuing. CFOs and Service leads are informed and managing this.
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	The work of the Public Health team forms a regular part of the Population Health Executive Delivery Group. There are also a number of Programme groups such as Tobacco Control, Weight Management and the Healthcare Public Health Diabetes Programme which provide oversight.
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	CRR24-08 CRR24-18 BAF SP01
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	Not applicable
<p>The PPHP are asked to feedback on content of this paper but also to consider:</p> <ul style="list-style-type: none"> <li>• Content required for future Population Health Delivery Reports to give assurance that the Health Board is improving the health and wellbeing of the population?</li> </ul> <p>Agree quarterly receipt of the Population Health Delivery Report.</p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b><i>List of Appendices:</i></b> None</p>	



# Delivery Report September 2024 - Public Health Directorate

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## 1.0 Introduction

Keeping the population of North Wales healthy requires a shift to prevention and early intervention across all organisations in North Wales. The Public Health team are integral in the provision of insight, intelligence led use of data, improvement, evaluation of measurement of impact and health protection across not only the Health Board but our partners and public.

### Delivering this shift in the Health Board 24/25 we are focusing on:

- Understanding the impact of the preventive services we deliver
- Working with IHCs and Corporate services on identifying and delivering the prevention actions in plans
- Improving the linkage between population data and clinical data to enable the Health Board to understand the impact on different communities/groups of our service delivery
- Developing a case for change for new models of care for Diabetes

### Working with partners we are developing:

- Inverse Care Law approaches to develop collaborative approaches with communities, the third sector and primary care to reduce health inequalities
- A partnership approach to delivering equitable, effective social prescribing and social interventions
- Addressing the wider determinants of health – First thousand days – Developing systems approaches and children's right approaches that recognise the anchor organisation role of statutory organisations

This report provides the current progress during 24/25 across identified Public Health programmes and priority areas within the Public Health Directorate, to tackle modifiable risk factors, improve health outcomes and reduce health inequalities for our population.

## 2.0 Priorities 2024-25

The Board has a statutory duty to comply with all equality related legislation including.

- Equality Act 2010
- Public Sector Equality Duty
- Socio-economic Duty
- Human Rights Act 1998
- Quality and Health and Care Quality Standards 2023
- Wellbeing of Future Generations Act 2015
- Welsh Language Standards

Our vision for North Wales: “Maximising health and wellbeing for a thriving North Wales – so everyone enjoys good health” contributes to meeting these duties.

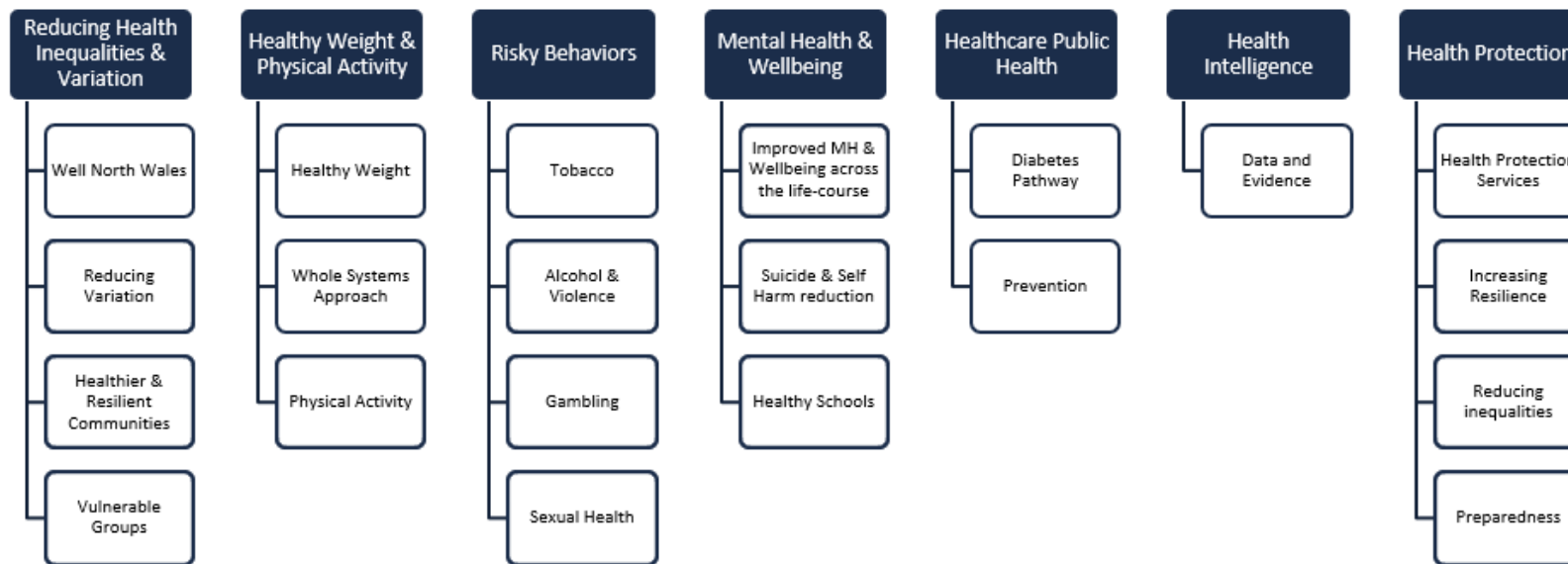
Our work is focused on influencing and informing strategic direction across North Wales and increasing impact through supporting the health board and our partners to **shift to preventative and early intervention models** in order to:

- i) reduce avoidable health inequalities, and
- ii) improve long-term population health & wellbeing outcomes.



### 3.0 Current Programmes

The BCUHB Public Health team has seven programmes of work in 2024/25, with workstreams contributing to delivery of identified objectives.



#### 3.1 Reducing Health Inequalities & Variation

Our programme is focused on working with a wide range of regional stakeholders to define & develop whole system partnership approaches to reducing health inequalities and improving longer-term population health & wellbeing outcomes. In addition to working with internal stakeholders across Primary & Community Care in all 3 IHCs, we are working with both strategic & operational level colleagues across all 6 Local Authorities, all 6 Local Voluntary Service Councils, Housing organisations, Office of the Police & Crime Commissioner and working with various partners in the research and academic sector both across the local region and wider UK. We are also working with national colleagues at Public Health Wales, NHS Executive, Future Generations Commissioner & Welsh Government. Dialogue with some commercial organisations, governing

bodies of national organisations (eg FAW, WRU, Museum Wales, Arts Council Wales) has also commenced alongside engaging with political stakeholders at national, regional and local levels of the democratic systems.

Focus	24/25	Impact
<p><b>Improving co-design, contracting and co-commissioning of social prescribing and social interventions to create sustainability and increase impact</b></p>	<p>Our focus has been on building relationships and trust across a wide variety of partners to enable the Health Board to 'be a good partner', to facilitate partners to work together with communities and key stakeholders to co-design and co-produce solutions based on evidenced local needs.</p>	<p>Working with our regional partners to support scoping of a whole-system shift to prevention, and tackling health inequalities together through addressing the wider-determinants of health &amp; wellbeing. We have been successful in a Bevan Exemplar application and will be working with the Bevan Commission to consider <i>"How to put communities truly at the heart of transforming outcomes?"</i> by testing innovative approaches of tackling socio-economic root causes to improve longer-term population health &amp; wellbeing.</p>
<p><b>Furthering the opportunities provided through the Inverse Care Law programme within Primary &amp; Community care</b></p>	<p>Our work to evaluate the Inverse Care Law innovation cluster pilots is being disseminated as learning into Primary &amp; Community care across our health systems with a view to reducing avoidable health inequalities through partnership approaches.</p>	<p>BCUHB have led an innovative programme of work to address the Inverse Care Law (ICL) to kick-start a whole systems approach to addressing local health inequalities through building system capabilities. The ICL programme operated across three 'innovation clusters' in Ynys Môn, Central and South Denbighshire, and North West Flintshire. The transformation partnership approach has supported collective action to address health inequalities through scoping &amp; delivery of 38 local project innovations.</p>
<p><b>Ensuring our most vulnerable groups and communities are considered in planning</b></p>	<p>We have published: <a href="#">Gypsy Roma and Traveller (GRT) Health Needs Assessment (HNA)</a> and established the north Wales GRT Partnership Group to implement recommendations for addressing the health needs of GRT communities. <a href="#">Approved Premises HNA</a> and now working with internal BCUHB colleagues to increase access to community care and prevention services.</p> <p>We have also delivered</p> <ul style="list-style-type: none"> <li>• HMP Berwyn Health Improvement Plan and implemented the roll out of suicide prevention train the trainer training for prisoners and prison staff, and delivered smoking cessation engagement sessions.</li> <li>• Established the BCUHB Homelessness Prevention Implementation Group, to improve health outcomes and reduce inequalities among people experiencing or at risk of homelessness in North Wales</li> </ul>	<p>Vulnerable groups experience the greatest inequalities in life expectancy and healthy life expectancy. Poor access to healthcare, socio-economic factors, and the wider determinants of health contribute to the widening gap in health outcomes for vulnerable people compared to the general population. Our work has provided:</p> <ul style="list-style-type: none"> <li>- Increased knowledge of health and wellbeing outcomes and uptake of healthcare and preventative services for the GRT population, which is now being used to inform regional, multi-agency priorities to meet the health needs of this population.</li> <li>- Increased knowledge of health and wellbeing outcomes and experiences of accessing preventative services for Approved Premises residents, with recommendations now being implemented e.g. improving access to mental health services in this population</li> <li>- 8 x family smoking cessation engagement sessions and 6 x staff smoking cessation engagement sessions held at HMP Berwyn (4 onward referrals made to community Help Me Quit service).</li> </ul>

		<p>6 x prisoners (peer mentors) and 6 x prison staff trained as suicide prevention trainers and 33 prisoners trained in suicide prevention with further dates to be rolled out.</p> <p>- Pre and post questionnaires demonstrate increased knowledge/understanding of suicide prevention amongst prisoners.</p>
<p><b>Creating opportunities across the region to improve health and wellbeing through arts in health</b></p>	<p>We continue to embed the Arts in Health and Wellbeing Strategic delivery plan. The Arts in Health team were successful in year 2 funding for Arts and Minds continuing arts activities with detained men residing in a medium secure unit. We have submitted a further bid to the Arts Council/Baring Foundation for year 3.</p>	<p>Evaluation has demonstrated significant impact on wellbeing of patients in Ty Llewellyn and they have recently received recognition from the Koestler Awards.</p> <p>Our Arts in health plan supports the wider Well North Wales approaches.</p>

Our focus on vulnerable groups will continue through:

- Co-development of a regional GRT action plan through the work of the regional multi-agency GRT strategic group based on the findings and recommendations of the GRT HNA
- Provision of the planning response template to enable BCUHB to respond appropriately to proposed GRT accommodation sites, ensuring consideration of the long-term impact on health and wellbeing
- Co-development of a Homelessness Prevention action plan through the Homelessness Prevention Implementation Group, to implement recommendations in the BCUHB Homelessness Guidance and Welsh Government Homelessness White Paper
- Further suicide prevention train the trainer training and offer additional suicide prevention training for two further house blocks in HMP Berwyn .
- Working with Primary Care to understand uptake of screening for adults with a Learning Disability and lead the implementation of local projects to reduce variation in screening uptake.
- Supporting IHCs to understand how the health and wellbeing needs of Asylum Seekers and Refugees are supported and agree a long-term approach to ensure services meet the needs of this group.

Our Well North Wales programme and associated research projects will collate insight from different ways of working within a complex system providing shared learning to inform more effective longer-term programme planning across system & organisational boundaries. The outputs will help to scope & shape the longer-term programme of work required, making the compelling case for change.

We are working closely with the RPB and a Task & Finish Group has recently been formed to scope and shape the longer-term programme of work required. This group will be working with Improvement Cymru who are providing a fully-funded Research and Development partner to help scope and plan our iterative 'action learning' approach to delivery of a regional place-based approach to shifting to preventative models of improving wider determinants of health & wellbeing across whole systems.

The intention is that from 2025/26 onwards Well North Wales will act as the vehicle to build momentum and drive forward true whole systems approaches to improving population health & wellbeing across organisational boundaries. Working together with communities and our regional partners to define and agree a longer-term portfolio of work which will shift from treating illness to providing the building blocks of wellness.

### 3.2 Healthy Weight & Physical Activity

In North Wales, 59% of adults and 25.9% of children and young people are living with overweight or obesity.

In response to this Welsh Government launched their national "[Healthy Weight: Healthy Wales](#)" (HWHW) Strategy.

Our activity is supported by Prevention and Early Years grant funding (Welsh Government) and Healthy Weight Healthy Wales grant funding supporting the Whole System Approach to Healthy Weight programme (Public Health Wales).

As part of the BCUHB Annual Delivery Plan (24/25), BCUHB Public Health Team committed to:

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

#### Next steps

- Launch refreshed Healthy Weight Healthy Wales Whole System Approach Strategic Delivery Plan
- Consult on and finalise Food and Drink Retail Policy and Integrated Equality Assessment
- Work with HMP Berwyn to improve the experiences of women who need to breastfeed during prison visits and support HMP Berwyn to become a Breastfeeding Welcome Scheme venue – a first for Wales.
- Work with PIPYN colleagues to secure the legacy of the project on Anglesey as it draws to a close.
- Seek to implement Active Soles and Active Workplace Toolkit and Policy within BCUHB.
- Evaluate the impact of the place-based physical activity pilot projects.

#### Activity 24/25

Refreshing the Healthy Weight Healthy Wales Whole System Approach Strategic Delivery Plan

Responding to and **influencing 30 planning applications** of public health significance and one Local Development Plan Delivery Agreement Consultation

Responding to the Welsh Government Food Environment Consultation on behalf of the health board

Establishing **3 Breastfeeding Welcome Communities** and working to create 3 more, to ensure that each local authority will have a Breastfeeding Welcome Community. This will add to the existing **115 new venues** across North Wales that have joined the Breastfeeding Welcome Scheme since April 2023.

Childhood Measurement Programme (CMP) information/consent letters which will be delivered electronically and results letters to provide families with more information to support them to help their children maintain a healthy weight

Implementing a place-based approach to physical activity project in **four** Local Authority areas

Active Workplace Toolkit and Policy to support organisations to embed movement across the working day

#### Impact

Planning applications starting to be **refused with health as a contributing factor** and / or with conditions added (e.g., HFT not opening during school hours)

First draft of Food and Drink Retail Policy and Integrated Equality Assessment has been produced - **influencing healthier options**

**Increasing friendly, accessible spaces for breastfeeding** supported via an easy access database of Breastfeeding Welcome Scheme venues developed with **Dewis Cymru**; Breastfeeding Welcome Scheme and Communities has generated interest across Wales, with colleagues in other Health Boards working to replicate these.

Moving the CMP information/consent letter to electronic delivery is anticipated to reduce the amount of travel School Nursing teams undertake, which will provide a **cost and time saving** to the Health Board, and provide teams with **more time to support schools**. The updated results letters **provide families with information on their child's CMP result and signposts to further information**.

Local community assets and the challenges to being active have been identified for each pilot area, **helping to inform place-based approaches to maximising physical activity**.



### 3.3 Risky Behaviours

In the BCUHB Annual Delivery Plan (24/25) the Public Health Team is committed to support the following:

- Continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking cessation services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030.
- The Health Board will continue to deliver to the Smoke Free Regulations (2030) and the Board's No Smoking policy.
- The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-2024 and contribute to the refresh.

#### Activity 24/25

#### Impact

### Tobacco

Development of a Help Me Quit in Hospital implementation plan in response to national programme requirement.  
 Development of an IHC Tobacco Control Plan to include smoke free regulations and policy actions together with focus on referring smokers to services.  
 Development of a Reducing Smoking in Pregnancy implementation plan and establishment of local delivery group.  
 Development and implementation of a communications plan to encourage smokers to service.

HMQ services **treated 1,041 patients in Q1 24/25** which **exceeds Tier 1 target** (834 per quarter), it is expected that the numbers of smokers treated during Q2 will also achieve target.

- HMQ for Baby incentive scheme has resulted in an **8.5% increase in referrals**, a **27% increase** in number of women attending an initial assessment session and a **50% increase** in the numbers achieving a CO validated quit at 4 weeks. This has led to Public Health Wales submitting a funding bid for scheme continuation from Welsh Government.

- **33 alcohol licensing applications** were received from Local Authorities across North Wales. Screening has resulted in refusal by the committee to one application with Chair noting that public health representation was a key factor in the refusal

- **Thirty-four** premises have signed up to be a distributor for community STI testing kits.

Stopping smoking even for a short time reduces post operative complication; reduces likelihood of readmission and reduces hospital stay;

Smoking during pregnancy increases chances of miscarriage, ectopic pregnancy, low birth weight, still birth and abnormalities.

Alcohol increases the risk of a range of preventable diseases including high blood pressure, cancer, stroke and depression.

Early detection of STI can prevent the spread of infection and allow early intervention and treatment.

### Alcohol & Substance misuse

Secured £20k through the Area Planning Board to support delivery of the North Wales Alcohol Strategy, allocated to deliver accredited licensed premises scheme and promotion of DAN24/7.

Systematic literature review undertaken on 'The use of incentives to engage with harm reduction services among adults living with substance use' to support Area Partnership Board and WG discussion on funding allocation.

A survey was produced to understand young people's experience and opportunities for earlier intervention C&YP Drug and Alcohol teams.

### Sexual Health

Delivered a briefing on the C. Card scheme and community STI testing kits to 90 participants to include schools nursing services, health visitors, Healthy School Scheme co-ordinators, youth workers and third sector partners.

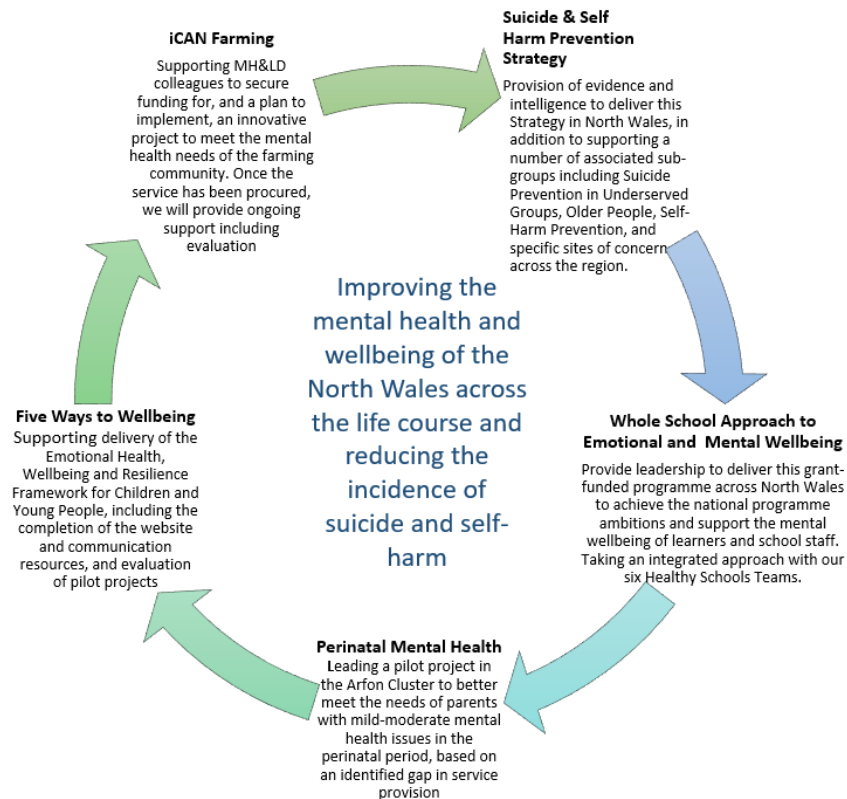
BCUHB Public Health Team is working together with a range of diverse internal and external statutory and non-statutory partners our plans for the remainder of 24/25 into 25/26 will:

- Support evaluation of Smoking in pregnancy incentive pilot to influence national partners and continued delivery of Reducing Smoking in Pregnancy implementation plan.
- Deliver of Help Me Quit communications plan to encourage smokers to HMQ services.
- Continue to support smokers on their quit journey from HMP Berwyn to Approved Premises.
- Through discussions with Ash Wales and Local Authorities seek extension of smoke free beaches in North Wales.
- Deliver 'No Ifs No Butts' illegal and illicit campaign.
- Refresh the NW Alcohol Strategy with stakeholders and members of the North Wales Alcohol strategy group.
- Continue to build on our approach to respond to licensing applications, engaging with Licensed officers in Local Authorities and Substance Misuse Services and Mental Health services to support with providing evidence when responses are submitted.
- Analyse the C&YP alcohol survey results and make recommendations for future service delivery.
- Work with IHCs and partners to identify potential premises to roll out the Community STI testing kits across North Wales.

### 3.4 Mental Health & Wellbeing

Our Mental Wellbeing Programme works in close partnership with a range of teams in the MH&LD Directorate, including CAMHS, Perinatal MH, and Adult MH. We also work closely with a number of partners and partnerships, including the Together for Mental Health Partnership Board where we provide public health support focused on prevention and early intervention. We have delivered presentations on the Whole School Approach and provided a detailed response to the consultation on the national Mental Health and Suicide Prevention Draft Strategies. We have also provided input to the ongoing work to address physical health outcomes of people living with a mental health problem, and are currently drafting a mental health prevention component to improve patient care, Children's Regional Partnership Board and associated sub-groups, Healthy Schools Teams and individual schools, and a broad range of public sector, voluntary and community groups and organisations.

Key work within the programme this year has been focused on:



During the remainder of 24/25 we will continue to work with our colleagues in the Health Board and partners to deliver the Whole School Approach to Emotional and Mental Wellbeing programme, ensuring that maintained schools with secondary aged learners have a clear plan in place to implement the WSAEMH framework which is linked to the school's improvement planning process. This will create sustainability for 25/26 onwards.

We will also:

- support the Together for Mental Health Programme Broad to integrate the new National Strategies for Mental Health and Suicide and Self-Harm Prevention
- evaluate the perinatal mental health pilot
- providing high quality intelligence and evidence to the Suicide Prevention Groups
- supporting the evaluation of the iCAN Farming Project

Having good mental health and wellbeing is a core part of enabling people to live healthy, fulfilled and productive lives.

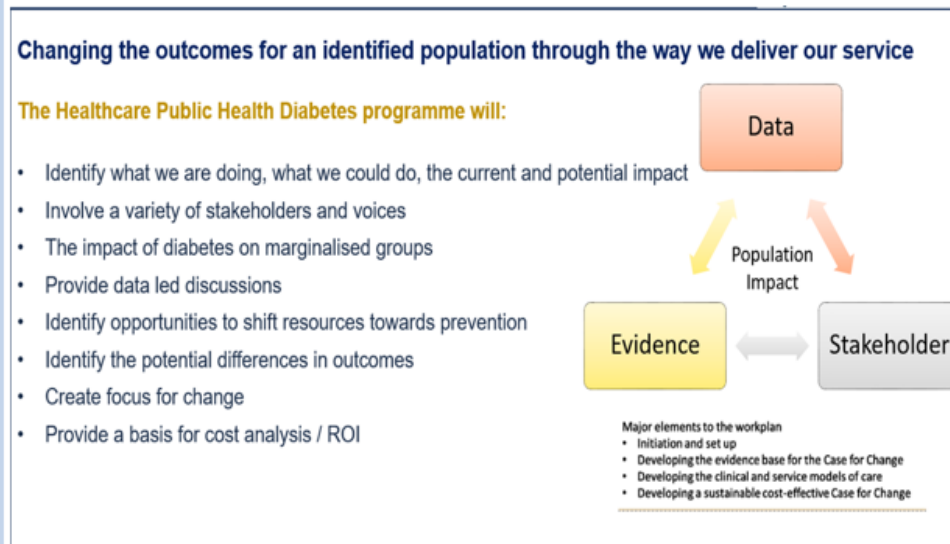
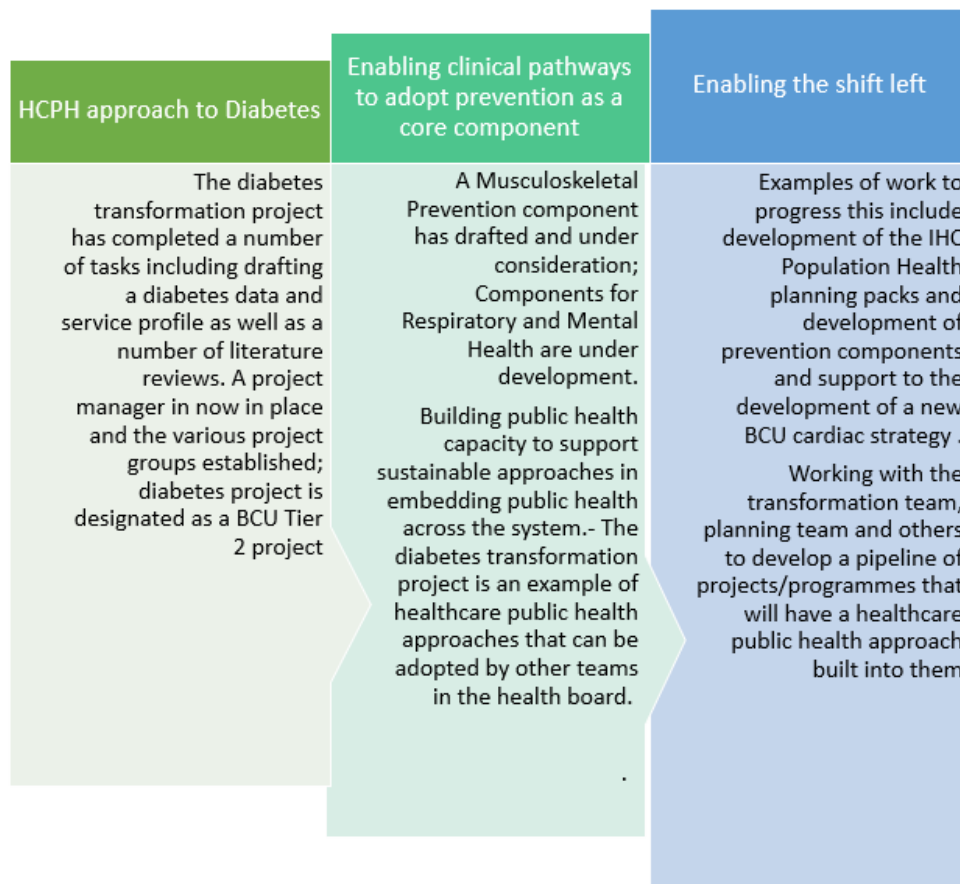
Improving population mental health and wellbeing, and reducing associated inequalities, is as important to improving overall population health as improving physical health.

Poor mental health and wellbeing amongst the workforce remains one of the most frequently reported causes of staff sickness absence.

### 3.5 Healthcare Public Health

Healthcare Public Health is focused on Improving the health of the population by ensuring that health services are of a high quality and that they are evidence-informed and value-based, enhancing effectiveness, efficiency, and equity. The programme operates around embedding healthcare public health approaches, prevention as a key element of pathways and bringing a population health perspective to work areas within the Health Board.

This year the programme deliverables are progressing through:



The healthcare public health resource is working in close partnership with the BCU Data & Insight Team, BCU Transformation team, BCU Planning Team, BCU Workforce and Organisational Development Team and BCU Medical and Nursing Directorates. It also works through a number of groups and committees including: BCU Clinical Effectiveness group; BCU Reducing Avoidable Mortality Group; IPFR Committee; BCU Clinical Pathway Groups; BCU Dementia Delivery and Transformation Group; BCU Cardiac Group; BCU Cancer Board; BCU Diabetes Group; BCU 3 Ps group

The work in Healthcare Public Health is designed to utilise public health knowledge and skills to improve the quality of healthcare services provided to North Wales residents and to embed healthcare public health approaches at the heart of service development. Examples of impact include prevention being at the heart of the new cardiac strategic plan for the health board. In addition, a number of clinical pathways, for example heart failure, now have a prevention component built into them.

During the remainder of 24/25 our work will continue in transforming diabetes services in North Wales through developing a case for change. We will also work to develop prevention components for respiratory disease and mental health, as well as refining a component for musculoskeletal disease.

## 3.6 Health Intelligence

The public health intelligence function works closely with other BCUHB Teams including DDAT Data and Insight team, Planning, Transformation and Clinical Libraries Service. It also works with a range of external partners including Local Authorities and Public Health Wales Data Knowledge and Research Directorate's Observatory and Cancer Intelligence Team and Knowledge and Evidence Service.

### Activity 24/25

**Our Health Intelligence function uses data and intelligence to help health and care systems to improve population health and wellbeing and reduce health inequalities and unwarranted variation in North Wales. During 24/25 we have provided:**

- A comprehensive diabetes data and service profile informing the work of the BCUHB Diabetes Transformation Programme.
- Literature reviews on modelling the future impact of diabetes and technologies in the management of diabetes to inform the BCUHB Diabetes Transformation Programme's Clinical Models of Care Group.
- Work has also been undertaken together with the Public Health Wales Data Science Unit to model the impact of diabetes in North Wales if we do not change the model of care for diabetes services.
- A data profile of the prevalence of respiratory diseases in North Wales and their impact on services has supported and informed the BCUHB Transformation pathway redesign work.
- Assistance to the developers of the Local Data Insight tool to improve the data offer to staff in BCUHB.

**We have also influenced the Health Board plans towards the shift towards prevention and early intervention within its services. Examples of work to progress this include:**

- Development of population health data packs to inform IHC and Cluster planning work
- Public health intelligence input to support and inform the development of a new BCU cardiac strategic plan.

**We have been providing public health intelligence support to a range of BCUHB groups:**

- Screening data summaries to inform a screening report for the BCU Cancer Board
- avoidable mortality data updates to the BCU Reducing Avoidable Mortality Steering Group
- quarterly alcohol and substance misuse data to the Area Planning Board;
- Public Health Outcome Framework update reports to the Population Health EDG.

### Impact

The work of the Public Health Intelligence function helps to:

- identify the needs of the population of North Wales, improve population health;
- reduce health inequalities;
- inform service planning and provision;
- influence partners;
- provide position statements on where relevant local areas such as unitary authorities or Primary Care Clusters are in relation to North Wales and Wales.

The Public Health Intelligence Resource collects feedback from users of its services including asking about impact. For example, the production of the diabetes data and service profile has ensured that the diabetes transformation programme has the best intelligence available to plan services for the future

We will continue to support the diabetes transformation work, including the modelling of future scenarios. An update report on avoidable, treatable and preventable mortality report within BCUHB will be provided including provide recommendations to the Reducing Avoidable Mortality Steering Group. Also, we will continue to support BCUHB colleagues in the use of public health intelligence to inform their work through organising training on the new Local Data Insight online resource. We will provide a refresh of the presentation of the population of North Wales to inform work and presentations to partners, as well as a health profile to the Health Board's PPHP Committee.

## 3.7 Health Protection

Established on the 1<sup>st</sup> April 2023, the Betsi Cadwaladr University Health Board Health Protection Service (HPS) supports health protection partner services and organisations in their response to health protection threats and needs across North Wales.

In addition to responding to acute health protection issues and providing much-needed resilience and reducing pressure within the wider health protection system, the HPS supports the delivery of proactive, preventative work streams to strengthen and prepare particular settings and sectors against current, new and emerging threats. There continues to be continued commitment/capacity to deliver surge support in the event of a large incident or outbreak

### Sampling and Assessment

- The development of a number of communicable disease sampling pathways for community deployment, available 7-days a week
- Support to incidents and outbreaks – including the coordination of sampling activities across several local authority areas over a weekend during a Cryptosporidium outbreak
- Supporting the BCUHB Respiratory team to re-engage individuals seeking sanctuary with TB services which included red flag assessments and TB/BBV sampling

### Health Protection Programmes

- Supporting the Harm Reduction Team with additional sampling capacity during a High Intensity Test and Treat project achieving an additional 585 Hepatitis B&C samples
- Provision of a weekly Hepatitis B&C sampling and Hepatitis B vaccination service in both blood borne virus (BBV) clinics and probation services across North Wales
- Leading on measles outbreak preparedness activities within the Health Board and contributing to preparedness measures for managing High Consequence Infectious Diseases (notably Mpox Clade I)
- The provision of vaccinator capacity to a number of vaccination campaigns including peer-to-peer influenza vaccines within the Health Board, MMR uptake in school children and influenza vaccinations for vulnerable housebound citizens

### Protect

- The introduction of a IPC champions network and training programme for care homes in North Wales
- The design, development and deployment of an infection prevention and control (IPC) support programme for residential care homes including annual on-site reviews of IPC measures, follow-up interventions, investigation and management of COVID-19 incidents and reactive visits in the event of identified escalating concerns
- Introduction of infection prevention control training for special procedures practitioners

Understanding and tackling risk within population health and particularly vulnerable parts of the population, we have identified a number of key milestones and outputs for the period 2024/25 which we are progressing:

- A project to support IPC in domiciliary care agencies
- A project to support IPC in nursing homes
- The delivery of IPC level 2 training courses for Special Procedures Practitioners
- A project to support improvements in IPC measures in early years and primary school settings
- Gaining access to the national case and incident management system – Tarian
- Delivery of HIV testing during HIV testing initiatives and supporting the HIV Fast track cities task and finish group .
- Delivery of a Directly Observed Therapy pathway for patients receiving treatment for Hepatitis C

Our current headline statistics are as follows:

Item	Stat/Data
<b>Residential Care Home work (Protect)</b>	
1.	216 out of a total of 217 residential care homes received an IPC review between April 2023 and March 2024
2.	2,461 IPC action points and recommendations generated for residential care homes (Completion rate of 80.5%)
<b>IPC Champions training (Protect)</b>	
3.	8 Champions training events have been delivered to 113 residential care home staff since January 2024 (52% attendance from the sector)
<b>Incident/Outbreak Response (Sampling &amp; Assessment, Protect)</b>	
4.	Acute Respiratory Infection PCR sampling deployed to 19 care homes since 1 <sup>st</sup> April 2024, sampling 57 residents resulting in the management of 10 COVID-19 incidents
<b>Vaccination and Immunisation (Health Protection Programmes)</b>	
5.	3000 flu vaccinations provided to BCUHB staff during 2023/24 peer to peer influenza vaccination campaign
6.	Support provided to school nursing teams with immunisations in 54 schools
7.	21 Hepatitis B vaccinations given from April 2024 in substance misuse service clinics
<b>Support for those seeking sanctuary in North Wales (Sampling and Assessment)</b>	
8.	In November 2023 – 29 adults re-engaged with TB services and red-flag assessment and sampling undertaken, with 18 children referred onto paediatric services for assessment
9.	From April 2024, 8 adults have received red flag assessments and QuantiFERON venous sampling
<b>Infected Blood Inquiry (Health Protection Programmes)</b>	
10.	19 citizens supported with requests relating to sampling following the publication of the infected blood inquiry
<b>Hepatitis B &amp; C elimination (Health Protection Programmes)</b>	

11.	Supported the blood borne virus team to achieve 650 dried blood spot samples from June – October 2023, resulting in a 129% increase in sampling and BBV testing (95% of those samples have never been samples for Hepatitis B&C). Sampling resulted in 142 Hep C antibody positive and 47 Hep C antigen positive who were referred into treatment pathways.
12.	175 Hepatitis B and C samples obtained between 1 <sup>st</sup> April and 1 <sup>st</sup> October 2024 in probation services in North Wales

In addition to the identified deliverables, the Health Protection Service remains a reactive, clinical service that must flex to accommodate new and emerging hazards, which take priority over some of the steady-state programmes outlined above. In particular, the work to ensure preparedness for Measles and Mpox.

A priority area in the BCUHB plan relates to ongoing implementation of plans to support disease elimination agendas, notably Hepatitis B&C and TB. The HPS support the Hepatitis B&C Elimination Steering Group and provide significant additional sampling capacity through existing health board services.

With prevention identified as a significant objective for improving quality and outcomes within North Wales, the Health Protection Service (HPS) is already demonstrating a significant contribution through work undertaken with Care Homes and preparedness activities within the Health Board for cases, incidents and outbreaks of communicable disease.

The anticipated National Health Protection Framework and Welsh Governments aims to ensure that the people of Wales are protected against existing and future health protection threats, that harm is minimised and lives are saved through a whole systems approach. We will be working with colleagues and partners to develop a Health Protection Delivery Plan which realises Welsh Governments key principles for health protection within BCUHB.

A fundamental element of the HPS has been the development of partnerships and working in collaboration with key stakeholders including Public Health Wales, Environmental Health and other Health Board Services. The service organogram in Appendix 1 demonstrates the relationships established with stakeholders and the system-wide support offered by the HPS.

## 4.0 Area Specific activity

In the delivery of our programmes the BCUHB Public Health Team also works on the IHC footprint to embed prevention through strategic planning and partnership work. This approach enables the team to embed a ‘health in all policy’ approach by working strategically with partners to reduce health inequalities through a wider determinants of health lens.

This work is an integral part of BCUHB’s commitment to ‘being a good partner’ in the 24/24 annual delivery plan. This work includes:

- Supporting area Public Service Boards across North Wales in their duties including training in whole system approaches, carrying out Well-being Assessments and associated local Well-being plans.
- Supporting Local Authorities in considering and responding to planning applications with a focus on health improvement and reducing inequalities
- Developing Local Authority Place Making plans
- Production of key data and intelligence to inform planning and development
- Working with Food Partnership groups to influence the strategic approach to tackling food poverty, sustainability and food and nutrition skills and education
- Developing the North Wales Healthy Travel Charter – embedding into local plans and gaining commitment

- Establishing the Healthy Weight Whole System Approach across PSBs
- Increasing the number of Breastfeeding Welcome community venues
- Increasing the number of community distributors for STI tests

We have seen impact from our work this year as follows:

#### East

- 29 senior leaders across Wrexham and Flintshire trained in whole-system working
- Whole system approach to healthy weight adopted as a PSB priority
- PSB endorsement of Healthy Travel Charter obtained
- 3 organisations signed up to the North Wales Healthy Travel Charter with two more on-boarding in Q3.
- Responded to 11 planning applications
- Influenced strategic approach to tackling food poverty, sustainability and food and nutrition skills and education within Wrexham and Flintshire Food Partnerships
- Eating well and being active embedded as a priority in Shotton Place Making Plan. Physical activity place-based project aligned to Flintshire Council place-making towns to maximise impact and collaboration.
- Rivertown Church architect plans adapted to include a dedicated clinic space for Health Board use to provide preventative place-based care to vulnerable groups

#### Central

- Physical activity place-based projects aligned to Corwen and Denbigh place-making towns.
- PSB sign up in principle to the Healthy Travel Charter
- PSB involved in national Shaping Places Programme
- Responded to 16 planning applications.
- Public health priorities embedded within the Food Partnerships
- 8 premises have joined the Breastfeeding Welcome scheme since April (73 venues across both counties) with a further 6 in progress in Rhyl.
- 13 premises have signed up to be a community distributor for STI testing kits.

#### West

- Physical activity place-based projects aligned to Blaenau Ffestiniog and Dolgellau in Gwynedd, and Llangefni and Llannerch-y-Medd in Anglesey
- Responded to 9 planning applications
- Public Health Team leadership provided to embed a Whole System Approach to Healthy Weight with our partners, including the PSB, PIPYN project, local Food Partnerships, and the West IHC Population Health LDG
- 18 premises have joined the Breastfeeding Welcome scheme
- 14 premises have signed up to be a community distributor for STI testing kits
- Support provided through our Gwynedd Healthy Schools Team, including Ysgol Hafod Lon ac Ysgol Edern achieving the Healthy Schools National Quality Award, and distribution of education contraception kits to all Gwynedd secondary schools

## 4.1 Population Health Planning Packs

Following the positive feedback from health board colleagues from 24/25 and also the independent review of planning (March 2024), the team has again this year produced Population Health Planning Packs to support the Health Board three year plan development 2025-28. The Packs offer an extensive range of data alongside a 'headline report' which outlines key priorities for informed IHC and service planning in relation to prevention activity.

## 5.0 Current Risks

There are currently two live Corporate Risks relating to Population Health which our work contributes to and a BAF entry. It should be noted that mitigating the risks and reducing the risk score to the target levels can only be achieved through organisational, partner and system wide commitment, actions and approaches. During 24/25-27/28 the Public Health team will continue to develop, influence and strengthen plans which support the shift to prevention.

<b>CRR24-08</b>	<p>There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>
<b>CRR24-18</b>	<p>There is a risk that the Health Board does not plan adequately for outbreaks and incidents of communicable disease such as (but not solely) Measles, M.Pox, COVID-19, Pertussis etc.. This may be caused by the unpredictability of when the disease may first occur, the variety of new and emerging threats, the variations in the nature of the required response to specific diseases, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate, contact tracing, sampling, vaccination, communications), the scale of potential outbreaks, the difficulties in protecting specific vulnerable groups and members of staff in a timely way. This could lead to greater exposure of the public and staff members to communicable diseases causing an increase in cases, further transmission, interruption of health board services and in some cases death.</p>
<b>BAF SP01</b>	<p>There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities. This may be caused by a lack of sustainable services, financial and resource constraints within the Health Board, dependency on grant funding to support prevention activity and demand for delivering the urgent and immediate healthcare needs of the population.</p> <p>Population health improvement and protection may also be impacted by population behaviours and beliefs, modifiable risk factors, wider determinants of health (eg Housing, Education, Employment), the local demographics, the living environment, food production and consumption, local planning, socio-economic factors or the accessibility of health care services.</p> <p>This may lead to continuation and increases in largely preventable non-communicable diseases including Type 2 Diabetes, Respiratory conditions, Cardiovascular disease, Cancer, Musculoskeletal conditions, mental health and wellbeing and multiple co-morbidities. It may also lead to increasing rates of infectious disease. Failure to address the risk could potentially lead to avoidable morbidity and mortality within the population of North Wales</p>

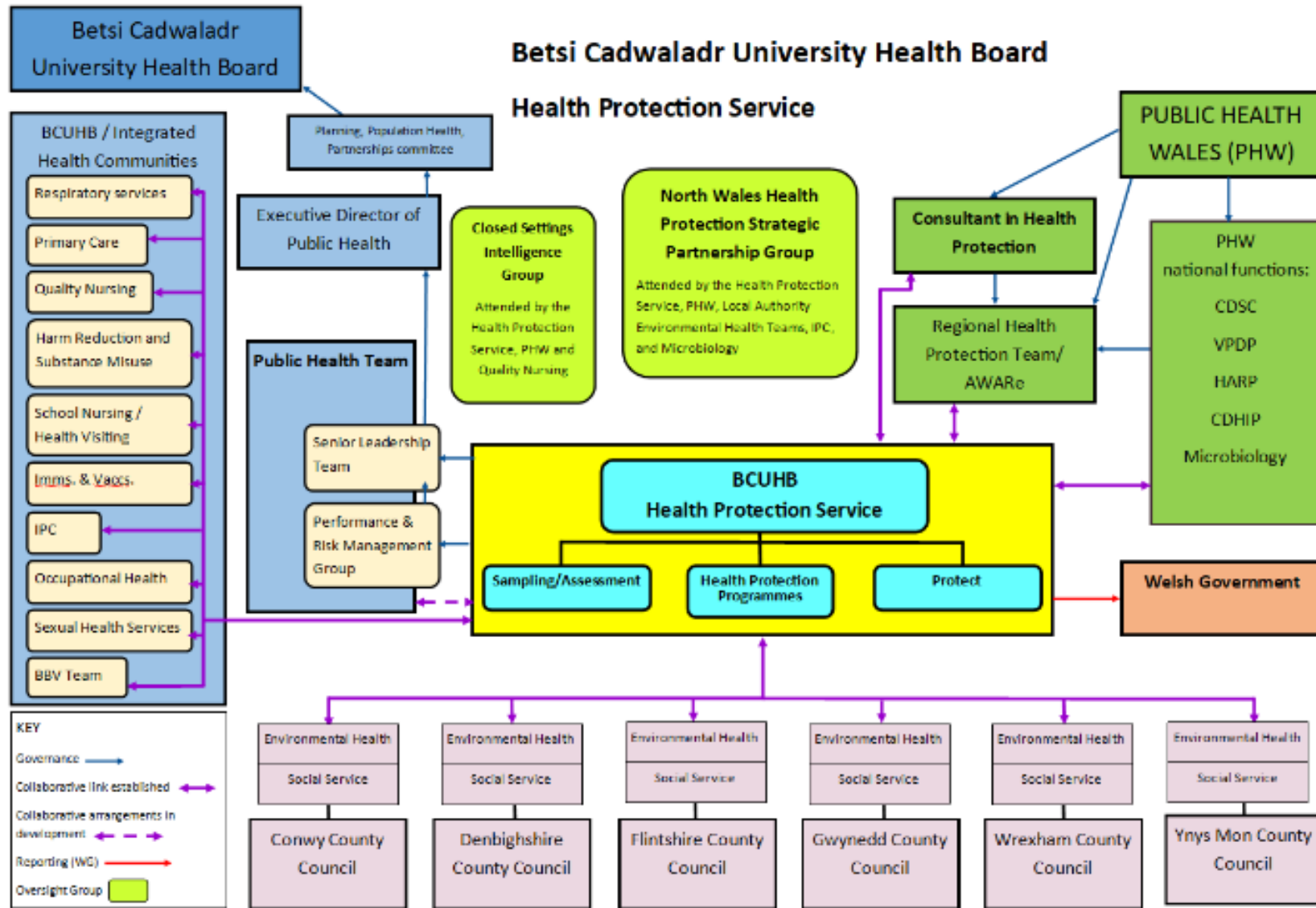
There are a further two Tier 1 risks attributed to Healthy Weight which are linked to CRR24-08 and a further Tier 1 risk attributed to CRR24-18 linked to accessibility of data in relation Childhood immunisation records which is currently under development.

There is an inherent risk to delivery of several significant aspects of preventative work within the programmes caused by non-recurrent grant funding. We continue to work with the grant providers to establish continuation of these funds and sustainability.

We have reduced a Tier 1 risk attributed to prevalence of smoking to Tier 2, due to a number of key initiatives delivered through the Help me Quit Service and our wider partner work in relation to smoke free places and tobacco control.

# Appendices

Appendix 1 - Service organogram demonstrating the relationships between the HPS and other services, organisations, and stakeholders



## Appendix 2 - Progress against Health Board Prevention deliverables 24/25

Ref	Milestone	Due Date	Status	Delivery Confidence
3C.3	The Health Board will seek to achieve greater integration of services, shared approaches to improving the wellbeing of the population and innovative and transformative ways of working that tackles much wider social, economic and environmental factors. Working in this way will enable a shared values approach, where community is at the heart of decision-making	31/03/2025	In Progress	High
4B.1	Diabetes. The intelligence and evidence suggests three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. These are: Preventing people developing diabetes, developing effective primary and community models of care for diabetes and improving the intelligence to plan and manage diabetes care. The Public Health Team will continue to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales (see also Priority 4D)	30/06/2024	Complete	High
4B.10	Mental well-being. Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff	31/03/2025	In Progress	High
4B.11	Continue to develop the work of the Health Board pathways of care team to maximise prevention and a public health approach within them	31/03/2025	In Progress	High
4B.12	The Health Board will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis	31/03/2025	In Progress	High
4B.2	Immunisation. The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, Board is delivering targeted campaigns for increased delivery of MMR vaccination levels cases of Measles are on the increase and the Health	30/09/2024	In Progress	High

4B.8	Respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities	31/12/2024	In Progress	Medium
4D.2	Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes	31/03/2025	In Progress	Low
4B.2	Immunisation. The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, Board is delivering targeted campaigns for increased delivery of MMR vaccination levels cases of Measles are on the increase and the Health	30/09/2024	In Progress	High
4B.3	Well North Wales and associated programmes. The Health Board will continue to develop the framework that makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities	30/09/2024	In Progress	High
4B.4	Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030. The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy	31/12/2024	In Progress	High
4B.5	Healthy Weight. The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway	31/12/2024	In Progress	High
4B.6	Physical activity. The Health Board will continue to work with partners to support and encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives	31/12/2024	In Progress	High
4B.7	Alcohol – The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh	31/12/2024	In Progress	High



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Influenza (Flu) Vaccination Uptake – Update Report</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health and Partnerships (PPHP) Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 22 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This report addresses the action item PP24/54.2 from the Planning, Population Health, and Partnerships (PPHP) Committee.</p> <p>The action focuses on two key areas</p> <ol style="list-style-type: none"> <li>1. Providing an update on the low level of staff flu vaccine uptake for 2023/24 and recommendations for maximising uptake this season; and</li> <li>2. Outlining strategies to maximise the use of General Practitioners (GPs) in encouraging flu vaccine uptake for the eligible North Wales population.</li> </ol>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<b>The Committee is asked to note the content of the report and endorse the planned approach to improve flu vaccine uptake across the workforce and eligible North Wales population.</b>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Jane Moore, Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Lois Lloyd, Chief Pharmacist & SRO for Vaccination & Immunisations			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	<p>This programme of work will contribute to the following strategic objective:</p> <p>Objective 4 – Improving quality, outcomes and</p>			

	Experience.
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	<a href="#">Welsh Health Circular: Winter Respiratory Framework 2024 to 2025</a> [WHC (2024) 037]
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	In June 2023 an EqIA assessment was completed and approved by the BCUHB Strategic Immunisation Group (SIG).  Available <a href="#">here</a> .
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	The following Datix risk are linked to this work:  ID 5146 – Tier 1 – Population Health. There is a risk that the Health Board fails to adequately support the improvement of population health and reduce health inequalities.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	See above Corporate Risk Register.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <i>Reason for submission of report to confidential board (where relevant)</i>	
<b>Camau Nesaf:</b> <i>Next Steps:</i>	
<ul style="list-style-type: none"> <li>Performance against the expectations as set out in the Welsh Health Circular: Winter Respiratory Framework 2024 to 2025, will be monitored via the health board's Influenza group via weekly meetings and appropriate escalations made via the Strategic Immunisations Group or direct via SRO to the Executive lead.</li> </ul>	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> <i>NIL</i>	

## **Influenza (Flu) Vaccination Uptake – Update report**

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### **1. Introduction**

Vaccination is a public health tool that prevents serious illness, protecting people, communities and the NHS in Wales. The World Health Organisation estimates that vaccination prevents up to 3 million deaths worldwide every year. We are fortunate to have a breadth of vaccination programmes in Wales that protect our health across the life course, from vaccinations offered during pregnancy and the early years, to school-age children, working age adults, and older people.

Whilst we are performing well overall, we note that the uptake rates across the influenza and staff influenza vaccination programmes are not equally distributed across all groups, be that differences in relation to geography, deprivation, or in groups sharing certain characteristics or vulnerabilities. Whilst these differences reflect broader inequities seen across other health outcomes, the theme of '*leaving nobody behind*' in terms of benefiting from vaccination remains as important as ever in our drive to reduce inequities in health in North Wales.

This report is prepared in response to the action PP24/54.2 assigned during the last PPHP Committee meeting. The aim is to provide data-driven insights into the lower uptake of flu vaccination among health board staff in 2023/24 and identify opportunities for improvement. Additionally, the report outlines strategies for engaging General Practitioners (GPs) to enhance flu vaccine uptake as part of a broader integrated vaccination service.

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### **2. Objectives**

- To analyse staff flu vaccine uptake for 2023/24, identify trends, and compare them with previous years and other health boards.
  - To explore strategies to increase flu vaccine uptake, including the role of GPs in promoting vaccine adoption.
  - To provide actionable recommendations for the 2024/25 flu vaccine campaign.
- 

### **3. Methodology**

Data was collected from Occupational Health records and vaccination reports, detailing the flu vaccine uptake among staff for 2023/24. Comparative analysis was also performed using available data from other health boards, with particular attention to health boards which saw increased uptake last year. Additionally, insights from the health board COVID-19 vaccination team were gathered regarding the role of GPs in maximising vaccine uptake.

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### **4. Findings and Results**

#### **4.1. Staff Flu Vaccine Deployment**

In 2016, the peer-led model to deliver flu vaccines to staff was introduced by the health board. This followed evidence of increase uptake by taking the flu vaccine to the staff in the workplace and the respective ownership by service area for delivery of the flu plan within their areas to protect the staff and patients they cared for.

## Trend Analysis:

The table below illustrates the trend in staff flu vaccination uptake, showing a steady increase that culminated in a peak of 70.35% during the 2020/21 season. This surge in uptake occurred at the height of the COVID-19 pandemic, when no specific COVID-19 vaccine was yet available. Notably, 80% of all flu vaccinations that year were administered by peer vaccinators.

In the subsequent year, staff vaccine uptake declined by just over 10%, though it remained higher than pre-pandemic levels, with peer vaccinators still delivering 68% of the vaccinations. However, the downward trend has persisted, with uptake falling by 37.25% from its 2020/21 peak, reaching a low of 33.10% in the most recent season.

Year	Total vaccinated	Total staff	Percentage vaccinated	Model used	Percentage given by Local Vaccinator
2017/18	9,397	17,452	54.10%	Peer-led & Occ Health	58%
2018/19	9,112	17,778	51.30%	Peer-led & Occ Health	62%
2019/20	10,068	18,036	55.82%	Peer-led & Occ Health	70%
2020/21	12,822	18,225	70.35%	Peer-led only	80%
2021/22	11,121	18,634	59.68%	Peer-led & Occ Health	68%
2022/23	8,456	19,348	43.80%	Peer-led & Vacc Centres	Data not available
2023/24	6,805	20,576	33.60%	Peer-led & Vacc Centres	Data not available

Further analysis by staff group, such as clinical versus non-clinical, will provide valuable insights for targeted interventions this season, focusing on areas where vaccine uptake was particularly low in the previous year.

## Comparison with other Health Boards:

During the 2019/20, 2020/21, and 2021/22 seasons, BCUHB achieved staff flu vaccine uptake rates above the national average, reaching the highest level in Wales in 2020/21. However, by 2023/24, BCUHB had the lowest uptake rate in Wales, despite consistently administering the highest number of staff vaccinations overall.

Across Wales, flu vaccine uptake has declined by 22.6%, dropping from a peak of 63.4% in 2020/21 to a low of 40.8% in the 2023/24 season, as shown in the table below.

Year	Percentage vaccinated in BCUHB	Range of percentage vaccinated in Wales HB's	Average percentage uptake in Wales	Position of BCUHB uptake	Most vaccines given
2017/18	54.10%	50.1 - 59.8	55.4%	6th	BCUHB
2018/19	51.30%	46.0 - 60.5	53.4%	5th	BCUHB
2019/20	55.82%	47.3 - 59.5	55.1%	5th	BCUHB
2020/21	70.35%	53.8 - 70.35	63.4%	1st	BCUHB
2021/22	59.68%	52.0 - 62.4	55.7%	2nd	BCUHB
2022/23	43.70%	40.6 - 54.8	46.2%	5th	BCUHB
2023/24	33.60%	33.6 - 54.0	40.8%	7th	BCUHB

## 5. Analysis and Discussion

The annual flu vaccination campaign is a critical element in protecting healthcare staff, patients, and the wider community from the influenza virus. The 2023/24 flu vaccination season has presented several challenges, reflecting ongoing trends in vaccine uptake across healthcare settings. Despite sustained efforts to encourage participation, staff flu vaccination rates have been impacted by a range of factors, including the lingering effects of the COVID-19 pandemic. This section aims to

explore these factors, offering insights into why some healthcare workers may be hesitant or unable to participate in the flu vaccination program at the same rates as seen in previous years.

The reflections are based on feedback from staff via the Occupational Health teams, observations from vaccination teams, and analysis of organisational data related to vaccine uptake. They highlight issues such as vaccine fatigue, logistical barriers, and changing attitudes toward vaccination following the COVID-19 pandemic. Additionally, operational challenges, such as staff shortages and the accessibility of vaccination services, have further compounded the difficulties in achieving higher vaccination rates. Understanding these reflections is crucial for shaping future vaccination strategies and ensuring that staff are adequately protected against influenza, which remains a significant public health threat.

By addressing these issues, this section provides a foundation for discussing potential improvements in vaccination campaigns, with the ultimate goal of safeguarding healthcare environments from preventable illness and ensuring service continuity during flu season.

### 5.1. Reflections on 2023/24 Staff Flu Vaccination Uptake

- **Vaccine fatigue:** Ongoing since the peak in 2020/21, with many staff feeling discouraged after receiving COVID-19 vaccines and still falling ill, leading to reduced flu vaccine uptake.
- **Non-mandated vaccination:** Staff have the choice to refuse the vaccine, increasing risks of spreading influenza among colleagues and to patients cared for, exacerbating staff shortages.
- **Peer Vaccinator challenges:** Lack of time for peer vaccinators due to high work demands and shortages, affecting their ability to provide vaccinations and attend training.
- **Accessibility issues:** Some staff face difficulty attending vaccination centres due to limited personal time outside of work and competing needs for computer access hampers completion of online training or reporting vaccine uptake.
- **Data loss:** Vaccinations obtained from GPs or Community pharmacies may not be consistently reported to the organisation, leading to gaps in data.
- **Education gap:** Not all staff can access educational materials on vaccination, and roadshows have been useful but logistically challenging across a large geographical area.
- **Mixed messaging:** The focus on COVID-19 vaccinations over recent years has maybe taking priority over the need for influenza vaccination, resulting in lower uptake.
- **Leadership engagement:** Promoting vaccinations has maybe been deemed to shift to being the vaccination team responsibility, with less engagement from service operational leads around prioritising staff time for vaccination in own areas.

### 5.2. Opportunities for 2024/25 Staff Influenza Vaccination Campaign:

The opportunities outlined for the 2024/25 flu vaccination campaign have been identified through an analysis of challenges experienced during the 2023/24 season. Additionally, lessons learned from best practices across other health boards and healthcare organisations have informed these recommendations. By addressing the shortcomings of previous campaigns and leveraging successful strategies from similar environments, these opportunities aim to improve vaccine uptake, protect staff and patients, and ensure operational continuity during flu season.

- **Enhanced Peer Vaccinator recruitment:** Strengthen recruitment in clinical areas and reduce workload impact by having more registered vaccinators, ensuring minimum disruption to their duties.
- **Improved access:** Offering flexible options like Office 365 calendar bookings and combined influenza-COVID-19 vaccination appointments at vaccination centres to increase convenience and alternative access.
- **Targeted communications:** Advanced communication on vaccine availability and locations, clearer roles for peer vaccinators, managers, and leads to streamline operations and accountability.

- **Manager involvement:** Strengthen the distribution of action cards to managers, reinforcing their role in giving time for training and encouraging professional responsibility to protect patients.
- **Roadshows and education:** Continue providing roadshows using behaviour change models (MECC principles) to educate staff and address vaccine hesitancy, with a focus on accessibility across all sites.
- **Weekly reporting to Executive teams:** Extend weekly reports on vaccination rates to the Executive team to encourage leadership-driven accountability and increase staff engagement.
- **Combat misinformation:** Address false information circulating online and promote positive, fact-based messages about the benefits of vaccination.
- **Behaviour change strategies:** Develop interventions that account for personal, cultural, and socio-economic factors to encourage healthy behaviour changes, such as getting vaccinated.
- **Targeted Campaigns:** Tailor communication strategies to specific staff groups, particularly those with low uptake last year.
- **Best Practices from other health boards:** Identifying and learning from best practice could help address similar access barriers locally.

## 6. Recommendations

### 6.1. Maximising Staff Flu Vaccine Uptake

The following actions have been prioritised based on an analysis of the key challenges that impacted flu vaccination uptake during the 2023/24 season. The prioritisation reflects the need to address vaccine fatigue, improve accessibility, and enhance communication, all of which were major barriers identified in occupational health feedback and organisational data. The overarching goal is to maximise staff participation by making the vaccination process as convenient, transparent, and engaging as possible.

- I. **Enhanced Peer Vaccinator Recruitment:** to directly address the shortage of peer vaccinators, ensuring that more staff can receive their vaccine without disrupting clinical operations. The introduction of themed days like "*Well Wednesdays*" and "*Flu Fridays*" makes the campaign more visible and convenient, which is critical for increasing spontaneous participation.
- II. **Digital Appointment Booking (Office 365):** prioritised to streamline the process, making it easier for staff to schedule appointments around their shifts. Offering combined flu and COVID-19 vaccinations addresses logistical challenges and saves staff time. This system also enhances access and reduces administrative burdens for staff involved in coordinating vaccinations.
- III. **Targeted Communications:** prioritised to focus efforts on staff groups or services with historically lower uptake. Customised messaging ensures that no groups are overlooked and reinforces the importance of vaccination for every role, from frontline workers to support staff.
- IV. **Addressing Vaccine Fatigue:** prioritised due to the observed decrease in vaccine enthusiasm after the COVID-19 pandemic. By promoting flu vaccine benefits through workplace campaigns and providing incentives, the aim is to re-engage staff and mitigate the effects of vaccine fatigue, ensuring a renewed focus on flu prevention.
- V. **Weekly Reporting to Executive Teams:** ensures ongoing leadership involvement and accountability. Engaging leadership through regular updates allows for timely interventions and promotes a top-down approach in encouraging flu vaccine uptake.

## 6.2. Maximising the Use of GPs to Encourage Flu Vaccine Uptake in the Community

General Practitioners play a pivotal role in the success of vaccination programs, including flu vaccine uptake. GPs are often the first point of contact for patients and hold established, trusted relationships with their communities, making them uniquely positioned to influence health behaviours. By integrating GPs more effectively into flu vaccination efforts, the health board can leverage their direct access to vulnerable populations, such as the elderly, those with chronic conditions, and those who may face logistical or socio-economic barriers to care. Their influence can also combat vaccine hesitancy, as many patients are more likely to accept a vaccine when recommended by a trusted healthcare provider. Strengthening the role of GPs in flu vaccination enhances coverage and ensures that eligible individuals, especially those most at risk, are protected.

The following strategies outline how primary care and GPs can be more optimally integrated into the flu vaccination campaign, helping to ensure its success.

### I. Integrated Vaccination Service

*Collaboration with GPs:* Develop an integrated health board approach for vaccination in collaboration with GPs, aiming to improve access, bolster capacity for deployment and reach across all eligible groups. Stakeholder sessions are currently underway to explore various methods of collaboration.

### II. Scoping Commissioning Criteria

*Alignment with Objectives:* Develop commissioning criteria for flu vaccination services that prioritise maximising uptake and address specific barriers to access, particularly for vulnerable populations. Engage GPs in the development process to ensure criteria are practical and relevant to their practices.

### III. Cluster Partnership Working

*Enhanced Collaboration:* Foster stronger partnerships between GP practices, community pharmacies, and local health boards to create a unified effort in flu vaccination deployment. This collaboration should facilitate the sharing of best practices and resources among clusters to reach a common goal.

### IV. Additional Considerations:

*Community Vaccination Hubs:* Leverage community vaccination hubs in partnership with GPs and health board-managed practices to provide convenient access to flu vaccinations, particularly in underserved areas.

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## 7. Conclusion

The report outlines the declining trend in staff flu vaccine uptake in 2023/24 and provides a comparative analysis with other health boards. Learning from last year's challenges, this report offers recommendations to increase uptake, including the introduction of digital tools and targeted campaigns. Additionally, the role of GPs is highlighted as a key factor in improving flu vaccine accessibility in the community through cluster partnerships and the health board's ambition in establishing an integrated vaccination service aligned to the National Immunisation Framework from April 2025.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Health & Wellbeing Profile of the North Wales Population: Update			
<b>Adrodd i:</b> <i>Report to:</i>	PPHP Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 22 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<i>The purpose of this paper is to provide the committee with an updated summary of the health &amp; wellbeing of the North Wales population to allow members to keep abreast of the health status of the region.</i>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<i>The Committee is asked to:  Note the updated summary. It is recommended that further updates are provided to the committee on an annual basis.</i>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Jane Moore, Acting Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Claire Jones, Public Health Intelligence Specialist; Cllr Dr Rob Atenstaedt, Consultant in Public Health			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input checked="" type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Nil			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	N/A
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	N/A
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	N/A
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	N/A
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Amherthnasol Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps: Implementation of recommendations</i></p> <p><i>An annual update to be provided to the committee</i></p>	
<p>Rhestr o Atodiadau: Dim</p> <p><i>List of Appendices: None</i></p>	





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Betsi Cadwaladr  
University Health Board

# Health & Wellbeing Profile of the North Wales Population: Update

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PPPH committee, Betsi Cadwaladr University Health Board

**Purpose and Summary of Document:**

To provide the PPPH committee with an updated overview of the key determinants of population health in North Wales, the health status of the population, life expectancy and mortality, as well as further sources of information.

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## **Key Messages**

### **Population Projections**

The overall population of Betsi Cadwaladr UHB is set to increase by 1.5% by 2040, a smaller increase compared to Wales (2.9%).

The populations of Gwynedd and Conwy UAs are expected to increase by 3.8% and 3.1%, while the Isle of Anglesey and Wrexham UAs are expected to experience a decrease in their resident population.

The numbers of children and young people are predicted to decline in all UAs across BCUHB.

The number of people aged 16 to 64 years is expected to decline across the six UAs with the biggest decline occurring in Wrexham UA and the smallest decline in Gwynedd.

The numbers of older people aged 65 years and over are expected to increase across the region, with Conwy and Denbighshire UAs experiencing the largest percentage change.

### **Ethnicity**

BCUHB has a lower percentage of non-white residents compared to the average for Wales. At UA level, Wrexham has the highest proportion of people who are Black, Asian and Minority Ethnic (4.5%).

### **Welsh Language**

The proportion of the BCUHB population able to speak Welsh (29.1%) is higher than the average for Wales (17.8%). At a regional level, the proportion of Welsh speakers ranges from 12.2% in Wrexham UA to 64.4% in Gwynedd.

### **Deprivation**

BCUHB has some of the most deprived areas in Wales, particularly along the North Wales coastline. Rhyl West 2 and Rhyl West 1 are the first and second most deprived LSOAs in Wales.

The percentage of children living in poverty in North Wales has increased between 2015 and 2021; the highest increases have been in Conwy (6.2%) and Denbighshire (6.1%).

### **Healthy lifestyles and behaviours**

BCUHB compares well with Wales for adults reporting to smoke; being overweight or obese; and drinking alcohol above recommended guidelines. BCUHB compares less well with Wales for healthy eating, meeting physical activity guidelines.

There are stark differences in healthy lifestyles and behaviours between different socio-economic groups; for example, 21.8% of adults report smoking in the most deprived areas of Wales compared to 7.1% in the least deprived areas.

### **Health Status**

The percentage of working-aged adults reporting to be in good health across BCUHB compares well to Wales.

### **Life expectancy and mortality**

Life expectancy for males and females in BCUHB is similar to Wales. Life expectancy for females is around four years longer than males.

Healthy life expectancy for males and females in BCUHB is statistically significantly higher than Wales and compares well at unitary authority level.

Males living in the most deprived areas of North Wales can expect to seven years less than males living in the least deprived areas and around 12 years less in good health compare to those in the least deprived areas. The gap in life expectancy for females is almost six years and almost 11 years less in good health.

Cancers are the main cause of death in BCUHB, accounting for almost 23% of deaths, followed by diseases of the circulatory system (21%).

The premature death rate in BCUHB is the same as the Wales average (311 per 100,000 population aged 30 to 70 years). Across the health board, rates range from 288 per 100,000 on the Isle of Anglesey to 330 per 100,000 in Denbighshire.

There are stark differences in premature mortality rates between the least and most deprived communities in Wales.

### **Children & Young People**

The number of 0-15 year olds in North Wales is expected to decline by 5% between 2025 and 2040.

The percentage of low birth weight babies in BCUHB (6.0%) is similar to the average for Wales (6.1%). Across the region, figures range from 5.0% in Flintshire to 6.9% in Denbighshire.

### **Older People**

The population aged 65 years and over in BCUHB is predicted to increase by 16.1%, which is similar to the whole of Wales (16.5%). Across BCUHB, increases range from 13.6% in Anglesey and Gwynedd unitary authorities to 18.6% in Conwy.

The rate of hip fractures in Wrexham (694 per 100,000 population aged 65 years and over) is the highest of the six unitary authorities, above the BCUHB (605 per 100,000) and Wales averages (599 per 100,000).

Primary Care data from the QAIF disease registers identifies just under 5,500 patients registered with North Wales GPs who have a dementia diagnosis. Analysis by the North Wales Regional Innovation Coordination Hub suggests only 47% of people living with dementia have a diagnosis and perhaps 6,150 people are undiagnosed.

### **Mental Health & Wellbeing across the Life-Course**

In 2018-19, adults across BCUHB had a mental wellbeing score of 52.4, which was higher than the average for Wales, 51.4.

In 2020-21 just over 12% of people (aged 16 years and over) in BCUHB reported feeling lonely, this was similar to the Wales average. Across BCUHB, the percentage ranged from 9% on the Isle of Anglesey to 13.2% in Wrexham.

It was estimated that in 2020, around 93,800 people in North Wales would have had a common mental disorder such as anxiety and depression.

During the period 2018-2022, the BCUHB suicide rate (12.2 per 100,000 persons aged 10 years and over) is similar to Wales (12.3 per 100,000 persons aged 10 years and over). Over the health board, rates range from 10.7 per 100,000 in Conwy to 14.3 per 100,000 in Wrexham.

# 1. Demography of North Wales

## 1.1 Population numbers and structure

Betsi Cadwaladr UHB has a population of around 691,990. Flintshire UA in the north east has the largest population and the Isle of Anglesey in the north west has the smallest resident population (Table 1).

The East Integrated Health Community (IHC) has a younger population compared to the rest of the BCUHB region (Table 2). The populations in the Central and West IHCs have a higher proportion of older people than the average for Wales. In Conwy UA, 3.9% of the population are aged 85 years and over compared to 2.7% across Wales (Table 3).

**Table 1: Population estimates, all persons, all ages, Betsi Cadwaladr UHB & unitary authorities, 2023**

Betsi Cadwaladr UHB	691,991
Isle of Anglesey	69,291
Gwynedd	119,173
Conwy	114,410
Denbighshire	97,156
Flintshire	155,812
Wrexham	136,149

Source: Office for National Statistics (MYE, 2023)

**Table 2: Population estimates, all persons, by age group, Betsi Cadwaladr UHB & unitary authorities, 2023**

	0-15 years	16-24 years	25-44 years	45-64 years	65 years and over	85 years and over
Betsi Cadwaladr UHB	117,360	63,957	157,027	188,299	165,348	21,299
Isle of Anglesey	11,603	5,594	14,293	19,011	18,790	2,410
Gwynedd	19,049	14,549	26,336	31,314	27,925	3,811
Conwy	18,043	8,937	23,596	31,849	31,985	4,412
Denbighshire	16,974	8,399	20,957	26,504	24,322	3,137
Flintshire	27,147	13,686	37,515	43,418	34,046	4,062
Wrexham	24,544	12,792	34,330	36,203	28,280	3,467

Source: Office for National Statistics (MYE, 2023)

**Table 3: Percentage population estimates, all persons, by age group, Wales, Betsi Cadwaladr UHB & unitary authorities, 2023**

	0-15 years	16-24 years	25-44 years	45-64 years	65 years and over	85 years and over
Wales	17.3	10.7	24.6	25.8	21.6	2.7
Betsi Cadwaladr UHB	17.0	9.2	22.7	27.2	23.9	3.1
Isle of Anglesey	16.7	8.1	20.6	27.4	27.1	3.5
Gwynedd	16.0	12.2	22.1	26.3	23.4	3.2
Conwy	15.8	7.8	20.6	27.8	28.0	3.9
Denbighshire	17.5	8.6	21.6	27.3	25.0	3.2
Flintshire	17.4	8.8	24.1	27.9	21.9	2.6
Wrexham	18.0	9.4	25.2	26.6	20.8	2.5

Source: Office for National Statistics (MYE, 2023)

## 1.2 Population Projections

The overall resident population of Betsi Cadwaladr UHB is set to increase by 1.5% by 2040, a smaller increase compared to Wales (2.9%). The populations of Gwynedd and Conwy UAs are expected to increase by 3.8% and 3.1%, while the Isle of Anglesey and Wrexham UAs are expected to experience a decrease in their resident population (Table 4).

Tables 5 to 7 show population projections by broad age groups. The numbers of children and young people are expected to decline in all UAs across BCUHB. The number of people aged 16 to 64 years is also expected to decline across the six UAs with the biggest decline occurring in Wrexham UA and the smallest decline in Gwynedd UA. In contrast, the numbers of older people aged 65 years and over are expected to increase across the region, with Conwy and Denbighshire UAs experiencing the largest percentage change.

**Table 4: Population projections, all persons, all ages, Wales, Betsi Cadwaladr UHB and unitary authorities, 2025 to 2040**

	2025	2030	2035	2040	Change (number)	Change (%)
Wales	3,193,600	3,229,300	3,260,700	3,290,300	96,700	2.9
Betsi Cadwaladr UHB	704,900	708,300	711,800	715,900	11,050	1.5
Isle of Anglesey	69,800	69,600	69,500	69,500	-300	-0.4
Gwynedd	126,300	128,300	129,900	131,300	5,050	3.8
Conwy	119,200	120,500	121,700	123,000	3,800	3.1
Denbighshire	96,500	97,100	97,600	98,400	1,850	1.9
Flintshire	158,200	159,200	160,100	161,300	3,050	1.9
Wrexham	134,800	133,700	132,900	132,500	-2,350	-1.8

Source: StatsWales (WG) 2018-based population projections

**Table 5: Population projections, all persons aged 0 to 15 years, Wales, Betsi Cadwaladr UHB and unitary authorities, 2025 to 2040**

	2025	2030	2035	2040	Change (number)	Change (%)
Wales	560,800	542,200	535,500	540,400	-20,400	-3.80%
Betsi Cadwaladr UHB	122,000	116,800	115,200	116,100	-5,850	-5.00%
Isle of Anglesey	11,700	11,100	10,800	10,800	-900	-8.40%
Gwynedd	20,700	20,400	20,700	21,100	450	2.10%
Conwy	18,900	18,100	17,700	17,700	-1,200	-6.70%
Denbighshire	17,000	16,100	15,800	15,800	-1,150	-7.30%
Flintshire	28,600	27,700	27,400	27,600	-950	-3.50%
Wrexham	25,100	23,500	22,900	23,000	-2,050	-9.00%

Source: StatsWales (WG) 2018-based population projections

**Table 6: Population projections, all persons aged 16 to 64 years, Wales, Betsi Cadwaladr UHB and unitary authorities, 2025 to 2040**

	2025	2030	2035	2040	Change (number)	Change (%)
Wales	1,922,700	1,914,200	1,899,800	1,899,200	-23,450	-1.20%
Betsi Cadwaladr UHB	408,800	402,600	395,100	392,200	-16,600	-4.20%
Isle of Anglesey	38,600	37,700	36,700	36,200	-2,450	-6.80%
Gwynedd	76,000	76,200	75,700	75,900	-100	-0.10%
Conwy	64,900	63,500	62,200	61,800	-3,100	-5.00%
Denbighshire	54,500	53,500	52,500	52,100	-2,350	-4.50%
Flintshire	94,200	92,900	91,500	91,200	-2,950	-3.20%
Wrexham	80,700	78,700	76,500	75,000	-5,700	-7.60%

Source: StatsWales (WG) 2018-based population projections

**Table 7: Population projections, all persons aged 65 years and over, Wales, Betsi Cadwaladr UHB and unitary authorities, 2025 to 2040**

	2025	2030	2035	2040	Change (number)	Change (%)
Wales	710,200	772,800	825,400	850,700	140,550	16.50%
Betsi Cadwaladr UHB	174,100	188,900	201,400	207,600	33,550	16.10%
Isle of Anglesey	19,400	20,800	22,000	22,500	3,050	13.60%
Gwynedd	29,600	31,700	33,500	34,300	4,650	13.60%
Conwy	35,400	38,900	41,900	43,500	8,050	18.60%
Denbighshire	25,100	27,400	29,400	30,400	5,350	17.60%
Flintshire	35,500	38,600	41,200	42,400	6,950	16.40%
Wrexham	29,100	31,400	33,400	34,500	5,450	15.70%

Source: StatsWales (WG) 2018-based population projections

### 1.3 Ethnicity

Table 8 shows the percentage of the population by ethnicity. BCUHB has a lower percentage of non-white residents compared to the average for Wales. At UA level, Wrexham has the highest proportion of people who are Black, Asian and Minority Ethnic (4.5%) (Table 9).

**Table 8: Percentage of population by ethnicity, Wales & Betsi Cadwaladr UHB, 2021**

	Wales %	BCUHB %
White - British	90.6	93.9
Other white	3.3	3.5
Mixed ethnic group	1.6	1.1
Other ethnic groups	4.6	2.1

Source: ONS Census 2021

**Table 9: Ethnicity by ethnic group, Wales and BCUHB unitary authorities, June 2023**

	Total population (1)	White	Black, Asian and minority ethnic	Percentage of people who are Black, Asian and minority ethnic (2)
Wales	3,143,500	2,984,300	158,700	5
Isle of Anglesey	69,900	68,400	1,500*	2.2
Gwynedd	124,100	120,800	3,300*	2.6
Conwy	115,500	112,900	2,600*	2.2
Denbighshire	95,800	93,200	2,500*	2.7
Flintshire	156,000	154,700	**	**
Wrexham	140,800	134,500	6,400*	4.5

Source: StatsWales (WG); Annual Population Survey (Office for National Statistics)

**Notes:**

(1) includes those who did not specify ethnicity

(2) calculated based on those who responded to the question

\* based on small number of responses therefore of low statistical quality

\*\* disclosure or not sufficiently robust for publication

## 1.4 Welsh Language

For many Welsh speakers, being able to access services in Welsh significantly improves their overall experience of healthcare and, in many cases, improves their health and wellbeing outcomes. The proportion of the BCUHB population able to speak Welsh (29.1%) is higher than the average for Wales (17.8%). At a regional level, the proportion of Welsh speakers ranges from 12.2% in Wrexham UA to 64.4% in Gwynedd (Table 10).

**Table 10: Percentage of population (aged 3 years and over) able to speak Welsh, 2021**

	%
Wales	17.8
Betsi Cadwaladr UHB	29.1
Isle of Anglesey	55.8
Gwynedd	64.4
Conwy	25.9
Denbighshire	22.5
Flintshire	11.6
Wrexham	12.2

Source: Census 2021 (ONS)

## 1.5 Deprivation

Deprivation is strongly associated with reduced life expectancy and healthy life expectancy, as well as health care use.

BCUHB has some of the most deprived areas in Wales, particularly along the North Wales coastline. Rhyl West 2 and Rhyl West 1 are the first and second most deprived LSOAs in Wales.

Denbighshire has the highest percentage of LSOAs in the most deprived 10% LSOAs in Wales (Table 11) as well as the highest number (Table 12).

Figure 1 shows the distribution of deprivation across North Wales. The numbers and percentage of people living in the most deprived areas at Primary Care Cluster level are shown in Table 13.

**Table 11: Percentage of LSOAs by deprivation fifth, Betsi Cadwaladr UHB and unitary authorities, 2019**

	Most deprived 10% LSOAs in Wales (ranks 1 - 191) (2)	Most deprived 20% LSOAs in Wales (ranks 1 - 382) (3)	Most deprived 30% LSOAs in Wales (ranks 1 - 573) (4)	Most deprived 50% LSOAs in Wales (ranks 1 - 955) (5)
Betsi Cadwaladr UHB	5	11	20	38
Isle of Anglesey	2	14	18	39
Gwynedd	3	5	8	34
Conwy	6	13	20	41
Denbighshire	12	16	22	47
Flintshire	3	11	20	32
Wrexham	7	12	28	41

Source: Welsh Government, WIMD 2019

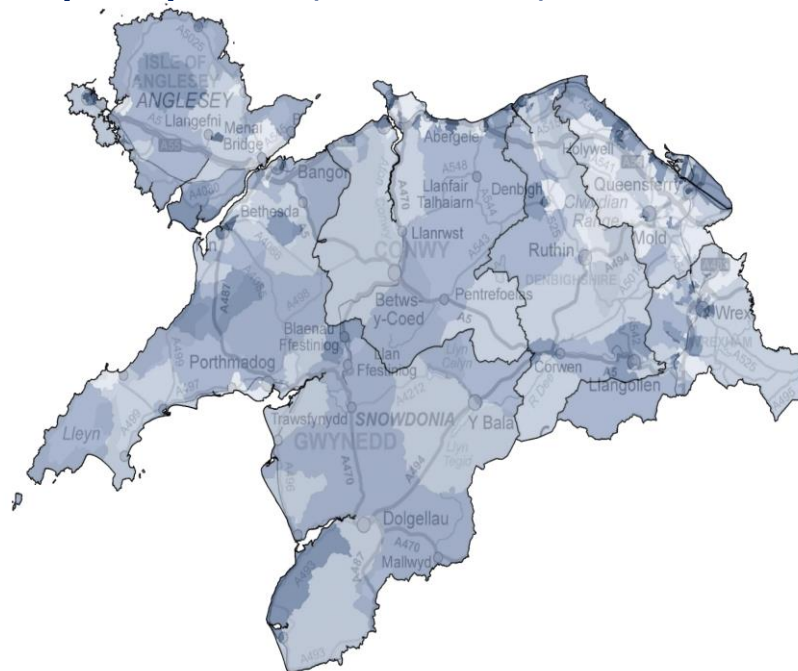
**Table 12: Number of LSOAs by deprivation fifth, Betsi Cadwaladr UHB and unitary authorities, 2019**

	Number of LSOAs	Most deprived 10% LSOAs in Wales (ranks 1 - 191)	Most deprived 20% LSOAs in Wales (ranks 1 - 382)	Most deprived 30% LSOAs in Wales (ranks 1 - 573)	Most deprived 50% LSOAs in Wales (ranks 1 - 955)
Betsi Cadwaladr UHB	423	23	48	83	162
Isle of Anglesey	44	1	6	8	17
Gwynedd	73	2	4	6	25
Conwy	71	4	9	14	29
Denbighshire	58	7	9	13	27
Flintshire	92	3	10	18	29
Wrexham	85	6	10	24	35

Source: Welsh Government, WIMD 2019

**Figure 1: Lower Super Output Areas by fifths of deprivation, Overall Welsh Index of Multiple Deprivation, North Wales, 2019**

- Most deprived (48)
- Next most deprived (74)
- Middle (98)
- Next least deprived (112)
- Least deprived (91)
- Local authority boundary



Produced by Public Health Wales Observatory, using WIMD 2019

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**Table 13: Deprivation based on number and percentage of cluster population in most deprived 20% of WIMD, April 2023**

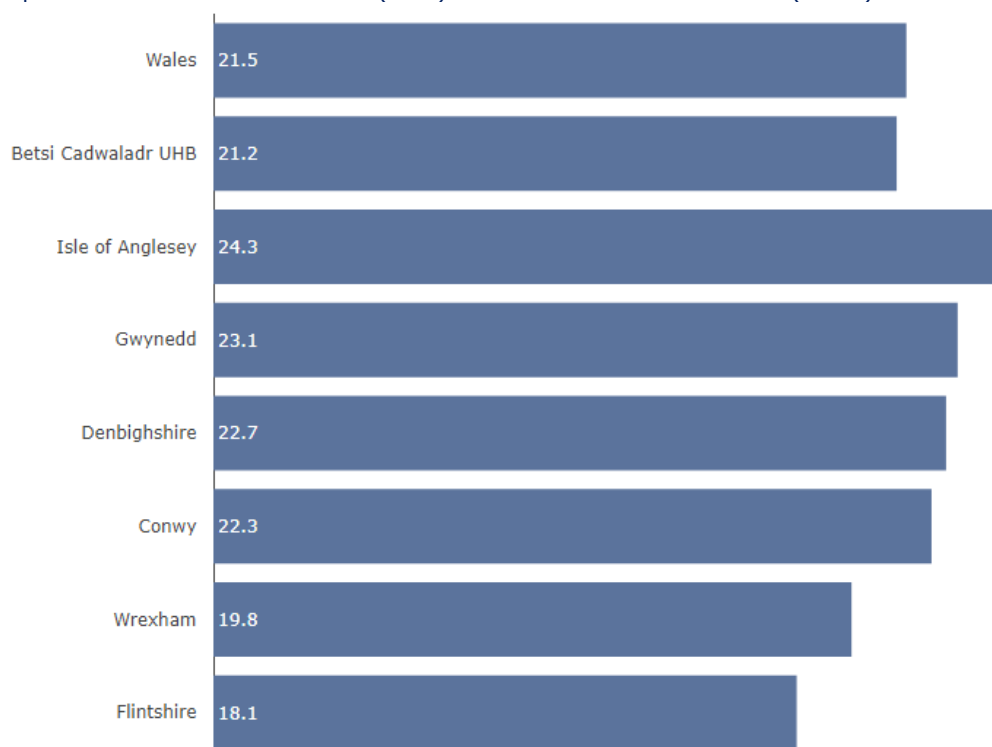
	Cluster population	Number of patients living in most deprived 20% of WIMD	Percentage of patients living in most deprived 20% of WIMD	Cluster deprivation quintile
Anglesey	66,120	9,703	14.7	3
Arfon	67,369	7,494	11.1	3
Central & South Denbighshire	42,174	1,465	3.5	5
Conwy East	52,547	10,981	20.9	3
Conwy West	64,123	3,769	5.9	4
North East Flintshire	62,159	8,247	13.3	3
Dwyfor	37,371	2	0.0	5
North West Flintshire	40,609	7,539	18.6	3
Meirionnydd	19,078	-	0.0	5
South Flintshire	52,202	1,460	2.8	5
North Denbighshire	61,662	16,551	26.8	2
South Wrexham	46,799	4,094	8.7	4
North & West Wrexham	36,060	3,024	8.4	4
Central Wrexham	57,603	9,854	17.1	3

Source: StatsWales

Figure 2 shows the percentage of children living in poverty in North Wales is similar to Wales as a whole. Across the region, percentages range from 18.1% in Flintshire to 24.3% on the Isle of Anglesey.

**Figure 2: Percentage of children living in poverty (before housing costs), Wales, Betsi Cadwaladr UHB and UAs, 2022/23\***

Produced by Public Health Wales, using the Registration and Population Interaction Database (RAPID), Department for Work and Pensions (DWP) and HM Revenue and Customs (HMRC)



\*Data for 2022/23 has been calibrated using only two years of HBAI data and should therefore be interpreted with caution.

## 2. Lifestyles and behaviours

### 2.1 Smoking

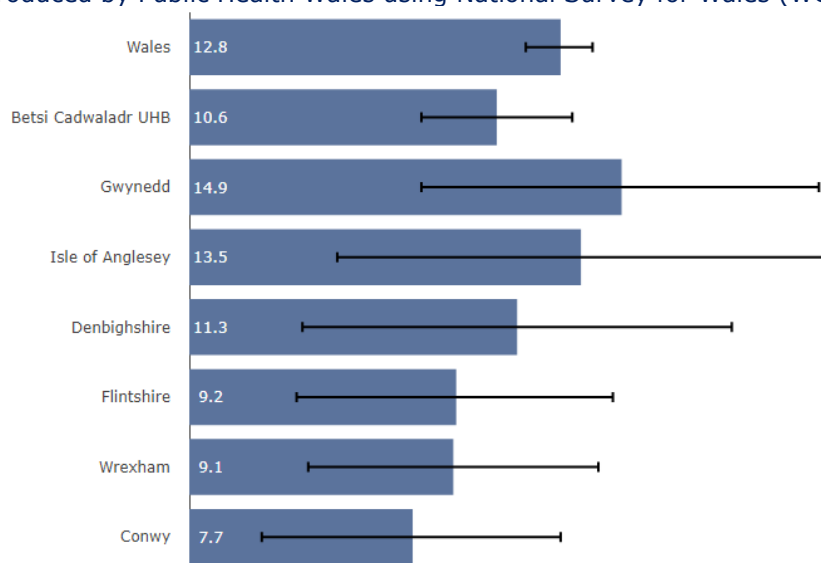
Smoking is a major cause of premature death and one in two long-term smokers will die of smoking related diseases (BCUHB, 2015). It increases the risk of developing more than 50 serious health conditions, including multiple cancers, coronary heart disease, stroke, COPD (Chronic obstructive pulmonary disease) and pneumonia and has negative effects on mental health (NHS, 2018).

In BCUHB, just under 11% of adults report smoking compared to almost 13% across Wales. At a local level, smoking ranges from 7.7% in Conwy UA to 14.9% in Gwynedd (Figure 3).

There are stark differences in smoking prevalence between different socio-economic groups, with 21.8% of adults reporting to some in the most disadvantaged areas of Wales compared to 7.1% in the least deprived areas (Figure 4).

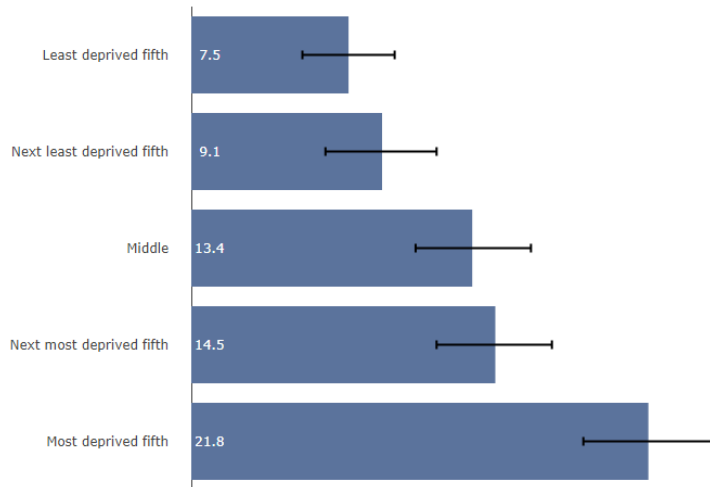
**Figure 3: Adults who smoke, age-standardised percentage, persons aged 16+, Wales, Health Board, Local Authority, 2022/2023**

Produced by Public Health Wales using National Survey for Wales (WG)



### Figure 4: Adults who smoke, age-standardised percentage, persons aged 16+, Wales by deprivation fifth, 2022/2023

Produced by Public Health Wales using NSfW (WG) & WIMD (2019)

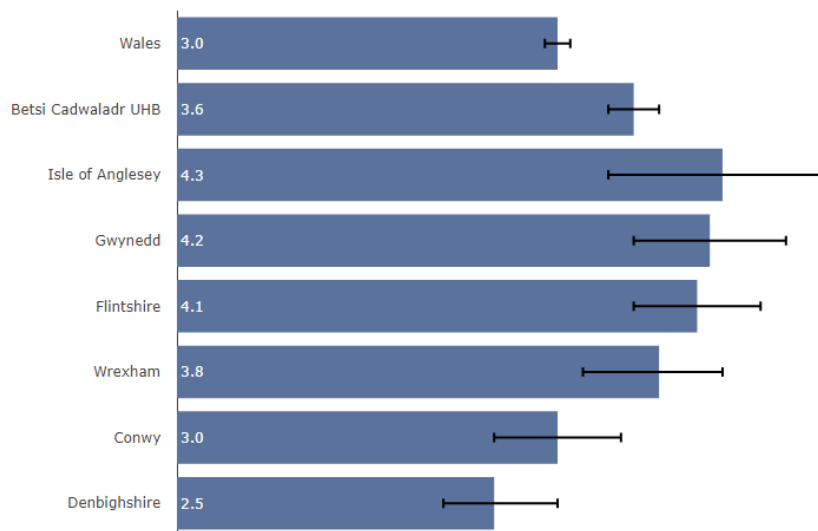


### Children and Young People

Self-reported survey data shows smoking among 11-16 year olds in BCUHB, Anglesey, Gwynedd, Flintshire and Wrexham is significantly higher than Wales (Figure 5).

### Figure 5: Adolescents who smoke, percentage, persons aged 11-16, Wales, Health Board, Local Authority, 2021

Produced by Public Health Wales, using SHRN data



## 2.2 Overweight and Obesity

Self-reported data from the National Survey for Wales shows that the percentage of adults reporting to be overweight and obese is below the average for Wales; at UA level, percentages range from 54.3% in Denbighshire to 62.7% in Conwy. The percentage of adults who report being obese in BCUHB is lower than the Wales average and ranges from 17.1% in Denbighshire UA to 29.8% in Gwynedd UA (Table 14).

**Table 14: Adults aged 16 years and over reporting to be overweight & obese or obese, age-standardised percentage, Wales, Betsi Cadwaladr UHB & UAs, 2021-22 & 2022-23**

	Overweight & Obese (BMI 25+)	Obese (BMI 30+)
	%	%
Wales	61.8	25.4
Betsi Cadwaladr UHB	58.9	23.4
Isle of Anglesey	57.9	28.1
Gwynedd	59.6	29.8
Conwy	62.7	24.8
Denbighshire	54.3	17.1
Flintshire	58.0	23.2
Wrexham	59.4	19.6

Source: National Survey for Wales (WG)

Figure 6 shows the percentages of adults reporting to be obese in Wales since 2003/04. Although the data cannot be directly compared due to changes in survey methodologies, there have been overall increasing trends in males and females.

**Figure 6: Percentage living with obesity (BMI 30+), males and females, Wales**

Source: Public Health Wales Observatory using Welsh Health Survey and National Survey for Wales (Welsh Government)

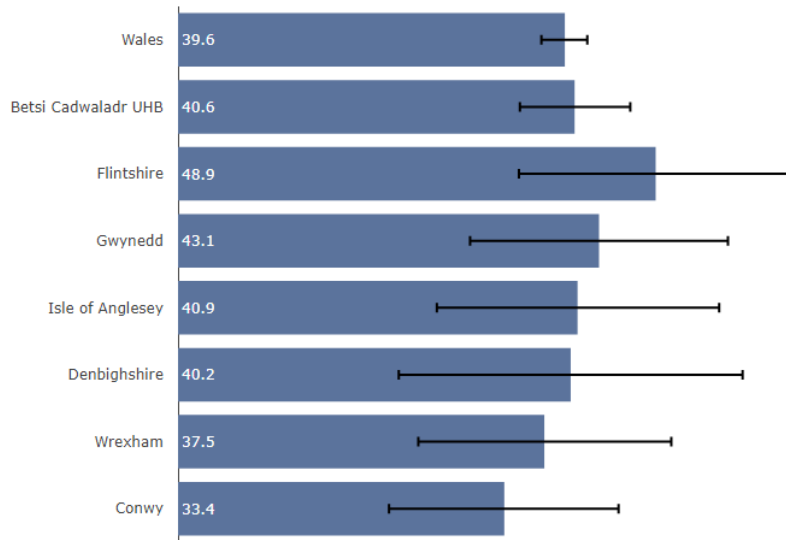


### Older adults

Figure 7 shows the proportion of older adults of healthy weight across North Wales, with the lowest proportion in Conwy UA (33.4%) and the highest proportion in Flintshire (48.9%). Females are more likely to report being a healthy weight (Figure 7).

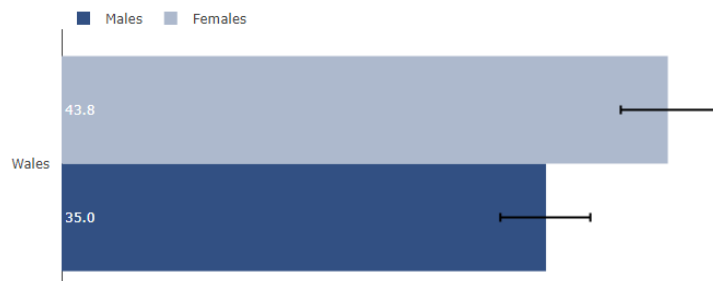
**Figure 7: Older people of healthy weight, age-specific average, persons aged 65 years and over, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022/23**

Source: Public Health Wales using NSfW (WG)



**Figure 8: Older people of healthy weight, age-specific average, males and females aged 65 years and over, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022/23**

Source: Public Health Wales using NSfW (WG)



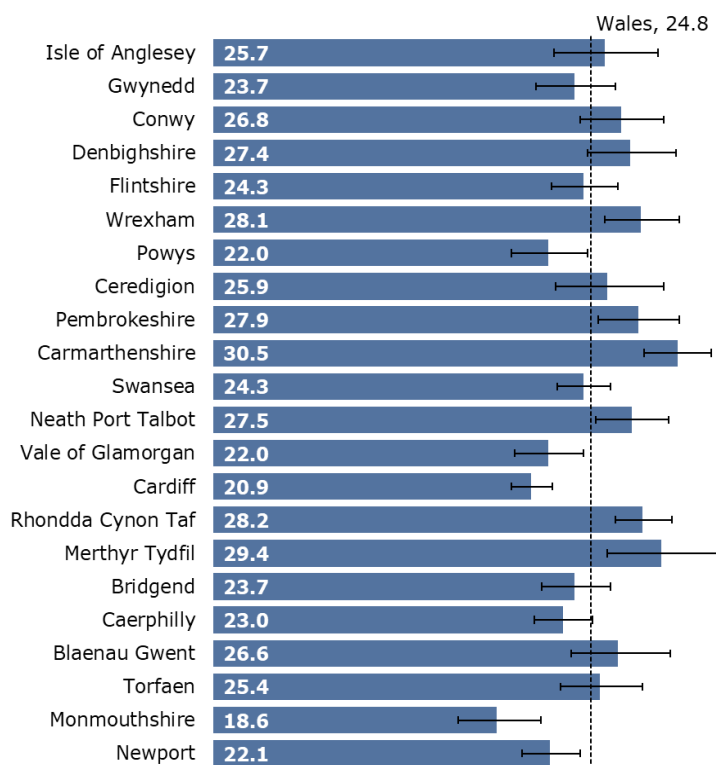
## Children & Young People

Information is also available regarding overweight and obesity in children aged 4-5 years, given in Figure 9. Obesity in younger age is a risk factor for obesity in older age.

**Figure 9: Percentage of children aged 4 to 5 years with overweight or obesity, Child Measurement Programme, Wales unitary authorities, 2022/23**

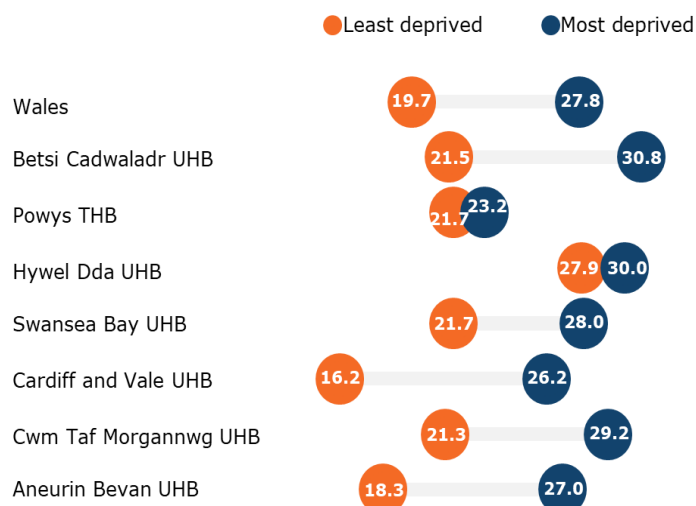
Produced by Public Health Wales, using CMP data (DHCW)

— 95% confidence interval



**Figure 10: Percentage of children aged 4 to 5 years with overweight or obesity, difference between most and least deprived (health board deprivation fifths), 2022/23**

Produced by Public Health Wales Observatory using CMP (DHCW) and WIMD 2019 (WG)

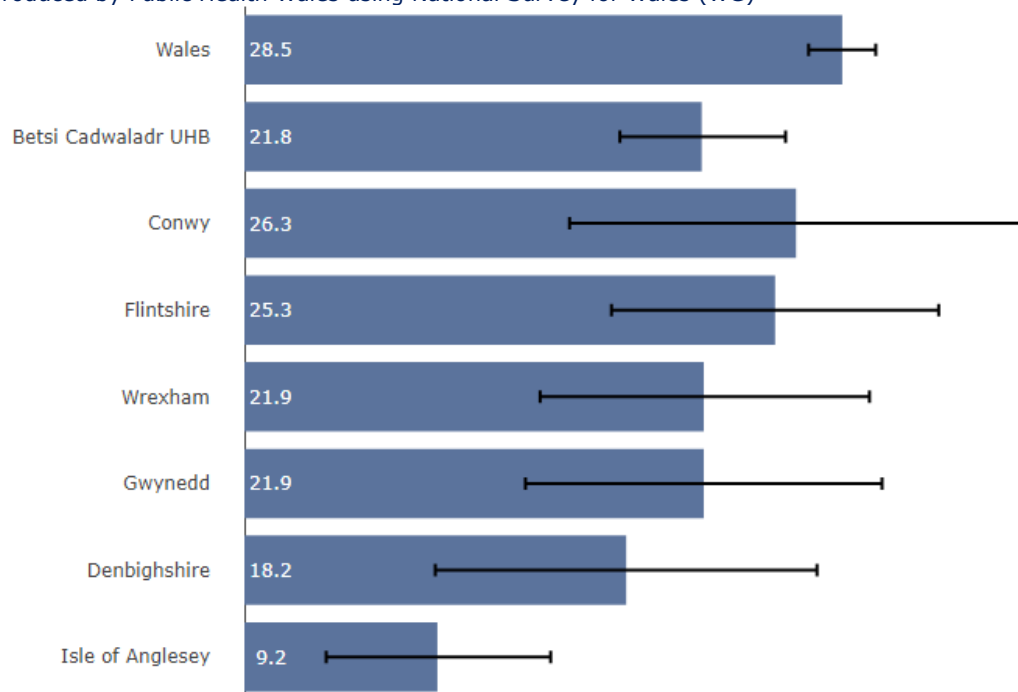


### 2.3 Healthy diet

A healthy balanced diet is important for good health and a healthy weight. Figure 11 shows the proportion of adults in BCUHB (21.8%) who report eating the recommended portions of fruit and vegetables is statistically significantly lower than the average for Wales (28.5%). The Isle of Anglesey UA has the lowest proportion of adults reporting to eat five portions of fruit and vegetables (9.2%) and is also statistically significantly lower than Wales.

**Figure 11: Adults aged 16 years and over who report eating five portions of fruit & vegetables daily, age-standardised percentage, Wales, Betsi Cadwaladr UHB & UAs, 2022/2023**

Produced by Public Health Wales using National Survey for Wales (WG)

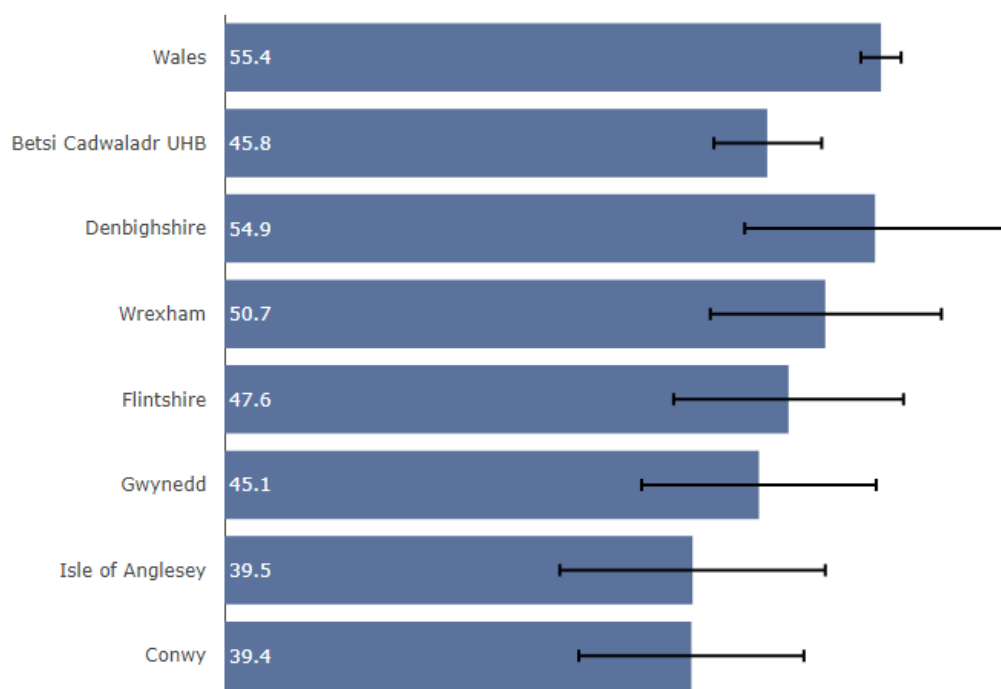


## 2.4 Physical Activity

Figure 12 shows that less than half of adults (45.8%) across BCUHB report meeting recommended levels of physical activity; the average for Wales is 55.4%. At UA level, proportions range from 39.4% in Conwy UA to 54.9% in Denbighshire.

**Figure 12: Adults aged 16 years and over who report meeting recommended levels of physical activity, age-standardised percentage, Wales, Betsi Cadwaladr UHB & UAs, 2022/2023**

Produced by Public Health Wales using National Survey for Wales (WG)

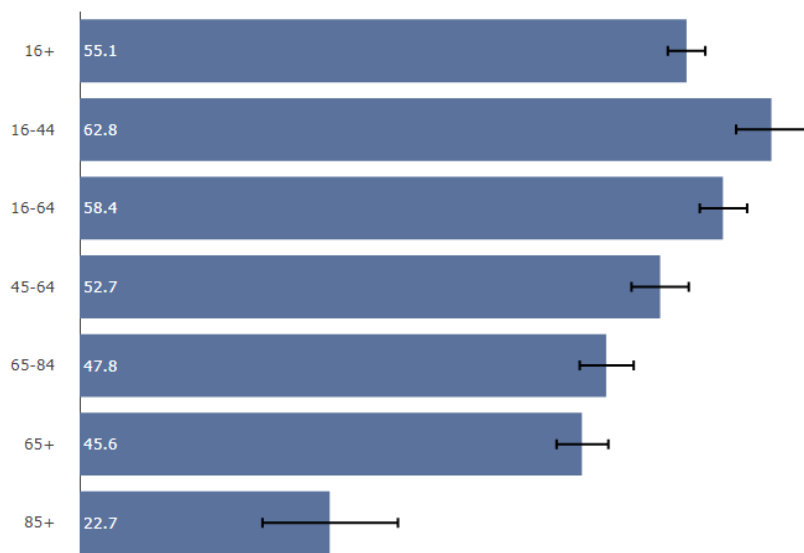


## Older adults

Data for Wales shows that the percentage of adults meeting recommended levels of physical activity declines with age (Figure 13).

**Figure 13: Adults meeting physical activity guidelines, age-specific percentage, persons, Wales by age, 2022/2023**

Produced by Public Health Wales using NSFW (WG)



## Children and Young People

In BCUHB and Wales, 37.4% of children aged 11 to 16 years report exercising vigorously out of school time at least four times a week. Exercise levels are considerably higher among males (Table 15).

**Table 15: Percentage of children aged 11 to 16 years reporting vigorous exercise outside of school time at least 4 times a week, Wales, Betsi Cadwaladr UHB and unitary authorities, 2021**

	Persons %	Males %	Females %
Wales	37.4	46.1	29.4
Betsi Cadwaladr UHB	37.4	45.9	29.7
Isle of Anglesey	39.4	48.2	32.5
Gwynedd	38.7	47.9	30.0
Conwy	39.2	48.9	30.9
Denbighshire	37.1	46.0	28.9
Flintshire	36.8	43.7	30.3
Wrexham	34.6	43.0	26.9

Produced by Public Health Wales Observatory, using SHRN data

## 2.5 Alcohol

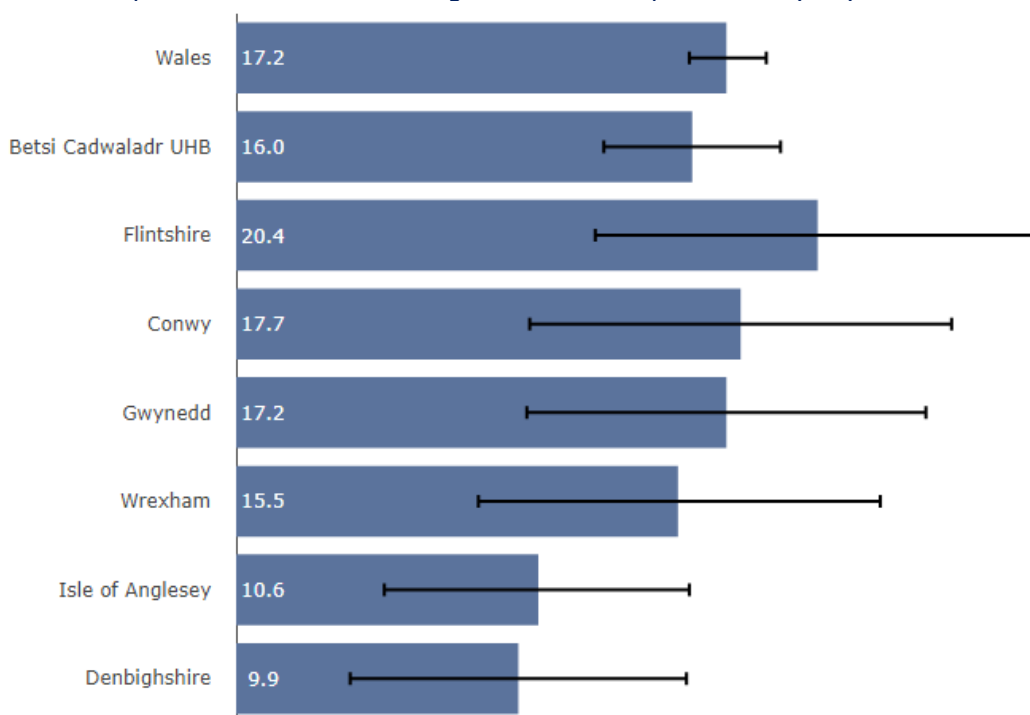
Alcohol is a significant risk factor for the major causes of premature death and a direct cause of 5% of all deaths in Wales (BCUHB, 2015). As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness.

In BCUHB, 16% of adults report drinking alcohol above the weekly recommended guidelines compared to 17.2%. Across the region figures range from 9.9% in Denbighshire UA to 20.4% in Flintshire (Figure 14).

Data shows that drinking alcohol above recommended guidelines is higher among adults in the least deprived areas (21.3%) compared to the most deprived areas of Wales (14.6%) (Figure 14).

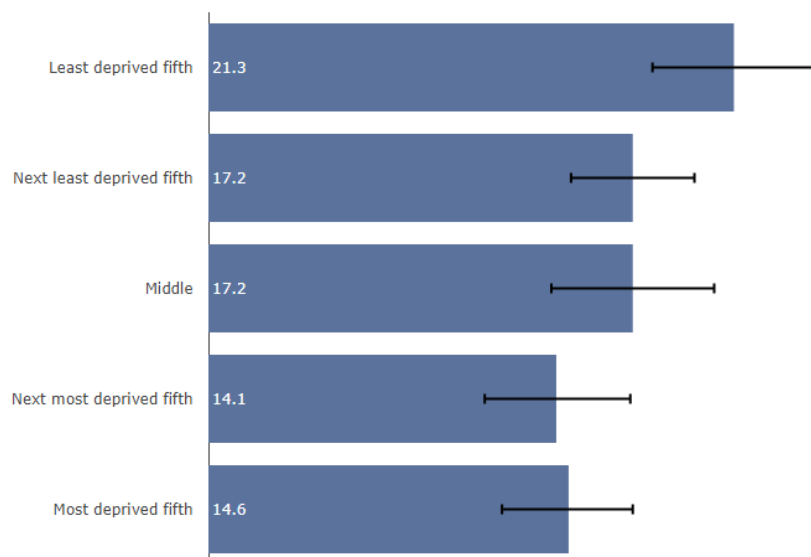
**Figure 14: Adults (16 years and over) drinking alcohol above guidelines, age-standardised percentage, Wales, Betsi Cadwaladr UHB and unitary authorities 2022/2023**

Produced by Public Health Wales using National Survey for Wales (WG)



**Figure 15: Adults drinking above guidelines, age-standardised percentage, persons aged 16+, Wales by deprivation fifth, 2022/2023**

Produced by Public Health Wales using NSfW (WG) & WIMD (2019)



**Children and Young People**

Across BCUHB, the percentages of 11-16 year olds reporting to drink alcohol ranges from 38.3% to 42.8%; the average for Wales is 40.2% (Table 16).

**Table 16: Reported drinking alcohol, percentage, persons, aged 11-16, local authorities, Wales, 2021**

	%
Wales	40.2
Isle of Anglesey	38.8
Gwynedd	42.5
Conwy	42.1
Denbighshire	38.8
Flintshire	42.8
Wrexham	38.3

Source: Public Health Wales Observatory; SHRN Dashboard

### 3. Health Status

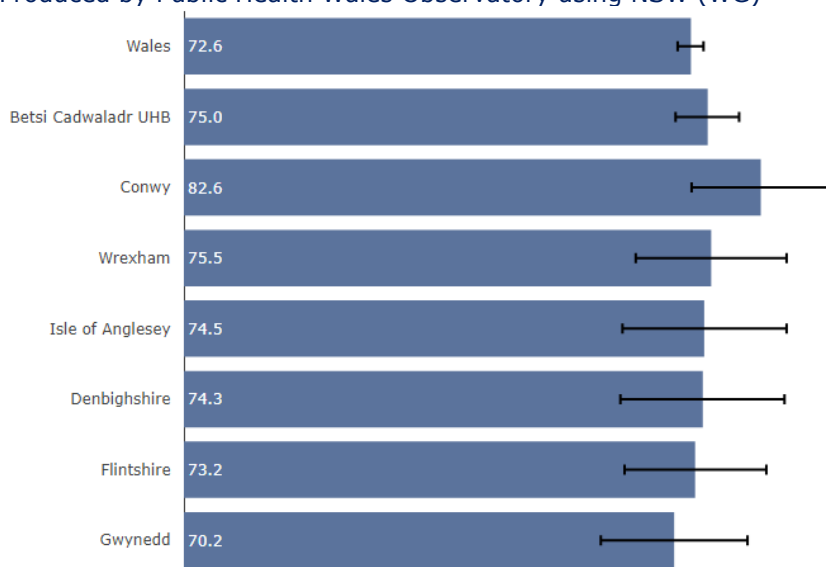
The percentage of working-age adults reporting to be in good health in BCUHB (75%) is higher than Wales but not statistically significantly higher. Across the region, percentages range from 70.2% in Gwynedd UA to 82.6% in Conwy (Figure 16).

Across BCUHB, the percentage of working age adults reporting to be free from limiting long-term illness is also highest in Conwy UA (83.7%) which is above the average for BCUHB (72.1%) and is statistically significantly higher than Wales (68.7%) (Figure 17).

Life satisfaction among adults in BCUHB is similar to across Wales (Figure 18).

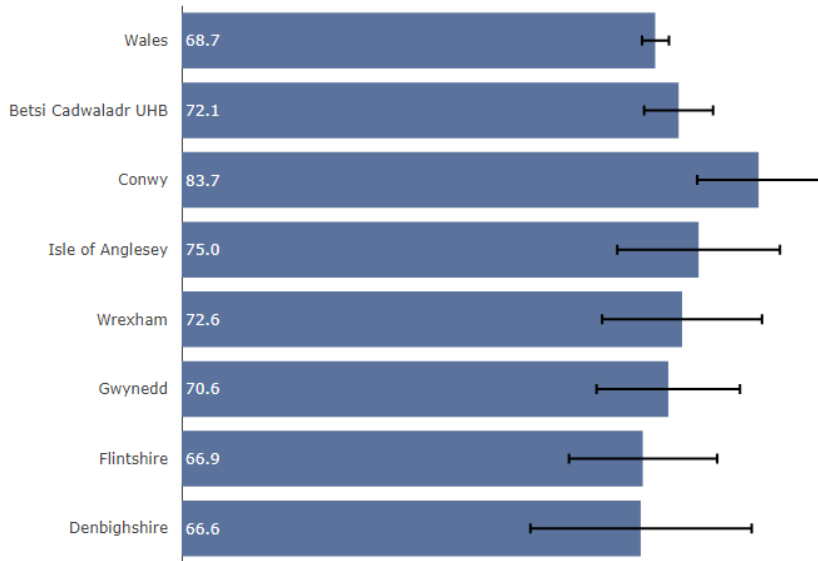
**Figure 16: Working age adults in good health, age-specific average, persons aged 16-64, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022/23**

Produced by Public Health Wales Observatory using NSW (WG)



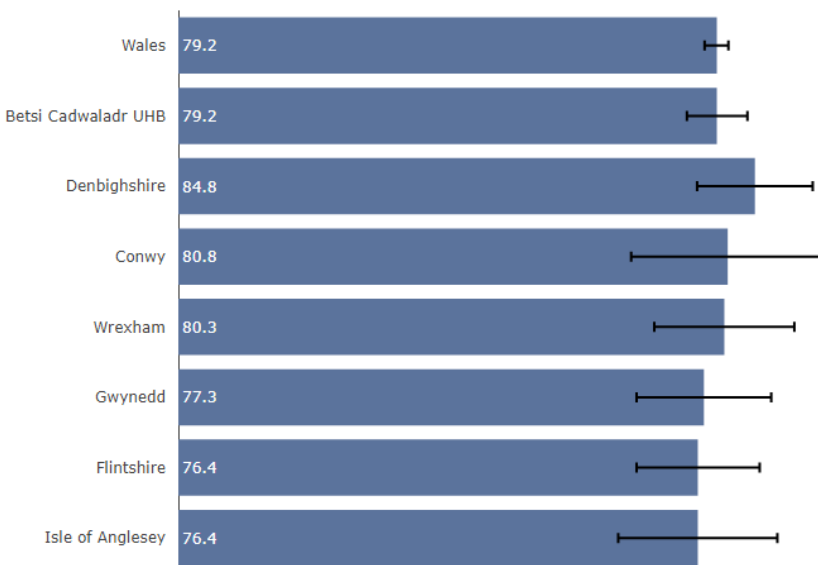
**Figure 17: Working age adults free from limiting long-term illness, age-specific percentage, persons aged 16-64, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022/23**

Produced by Public Health Wales Observatory using NSW (WG)



**Figure 18: Life satisfaction among working age adults, age-specific percentage, persons aged 16-64, Wales, Betsi Cadwaladr UHB and unitary authorities, 2022/2023**

Produced by Public Health Wales Observatory using NSW (WG)



## 4. Life expectancy and causes of mortality

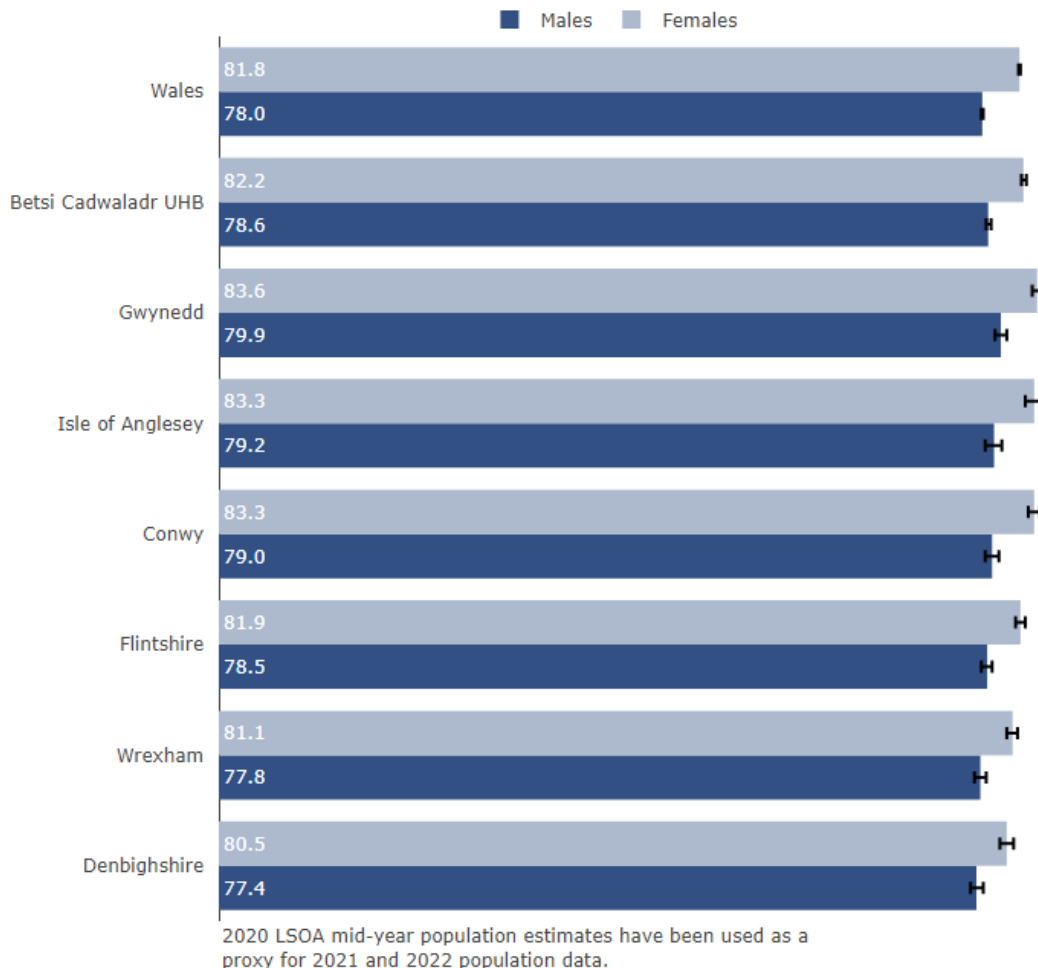
Figure 19 shows life expectancy for males and females in BCUHB is similar to Wales. Life expectancy for females is around four years more than males.

Healthy life expectancy is the number of years males and females can expect to live in good health. Healthy life expectancy for males and females in BCUHB is statistically significantly higher than Wales and compares well at UA level (Figure 20).

Males living in the most deprived areas of North Wales can expect to live seven years less than males living in the least deprived areas and around 12 years less in good health compared to those in the least deprived areas. The gap in life expectancy for females is 5.7 years and almost 11 years less in good health (Figures 21 and 22).

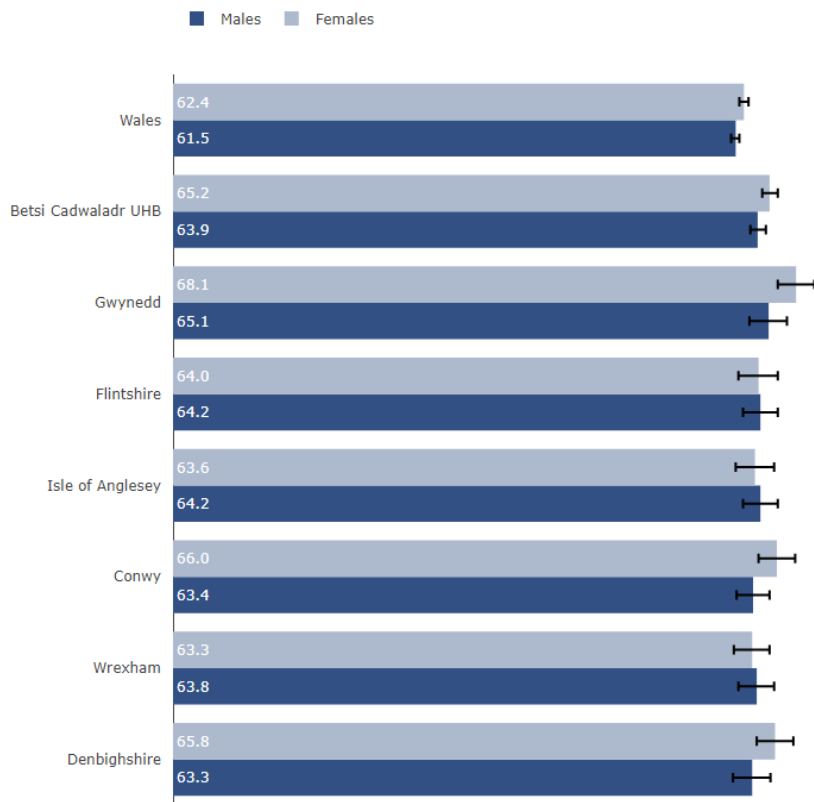
**Figure 19: Life expectancy at birth, years, males and females, Wales, Health Board, Local Authority, 2020-2022**

Produced by Public Health Wales using PHM, MYE (ONS)



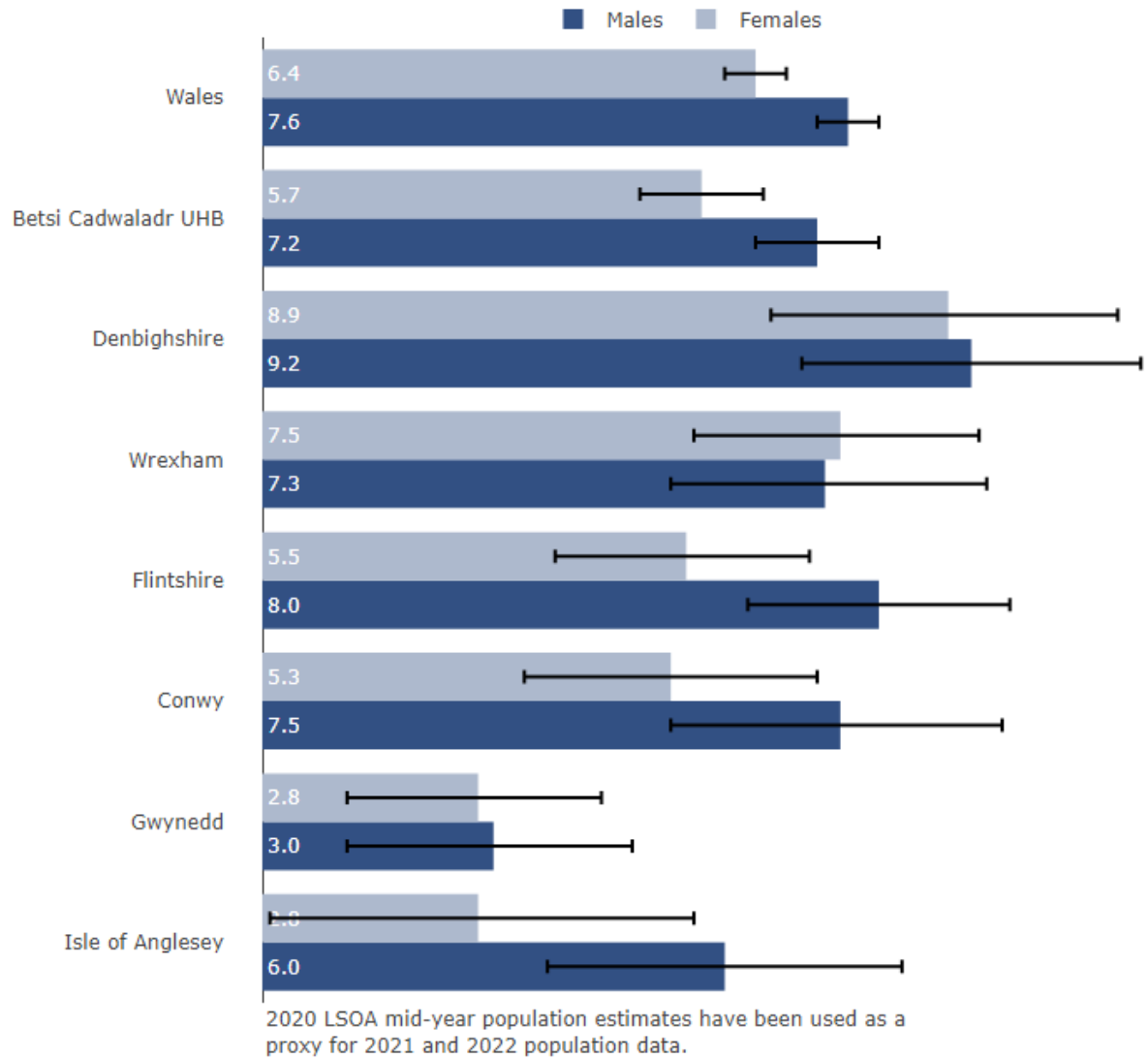
**Figure 20: Healthy life expectancy at birth, years, males and females, Wales, Health Board, Local Authority, 2018-2020**

Produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS)



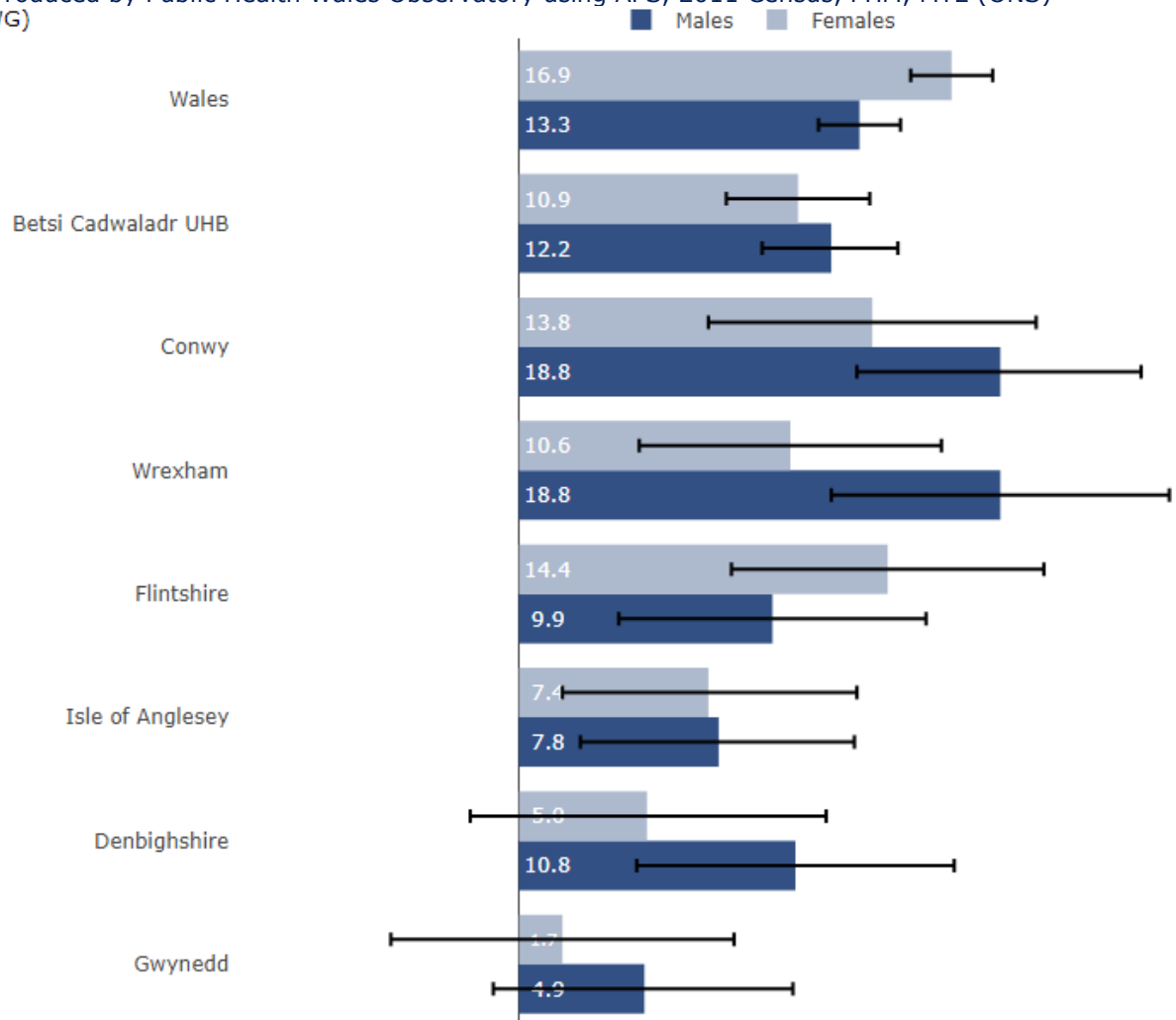
### Figure 21: Gap in life expectancy (years) at birth between the most and least deprived fifth, 2020-2022

Produced by Public Health Wales Observatory PHM, MYE (ONS) & WIMD (WG)



## Figure 22: Gap in healthy life expectancy (years) at birth between the most and least deprived fifth, 2018-2020

Produced by Public Health Wales Observatory using APS, 2011 Census, PHM, MYE (ONS VG)



### Causes of mortality in BCUHB

Cancers are the main cause of death in BCUHB, accounting for almost 23% of deaths, followed by diseases of the circulatory system (21%).

**Table 17: Main causes of death, Betsi Cadwaladr UHB, 2022**

Cause of death	%
Neoplasms (Cancers)	22.7
Diseases of the circulatory system	21.0
Diseases of the respiratory system	9.9
Mental and behavioural disorders	6.1
Diseases of the nervous system	4.5

Source: Office for National Statistics

### Premature mortality from non-communicable diseases

Premature mortality from non-communicable diseases consists of deaths among persons aged 30 to 70 years from the following causes:

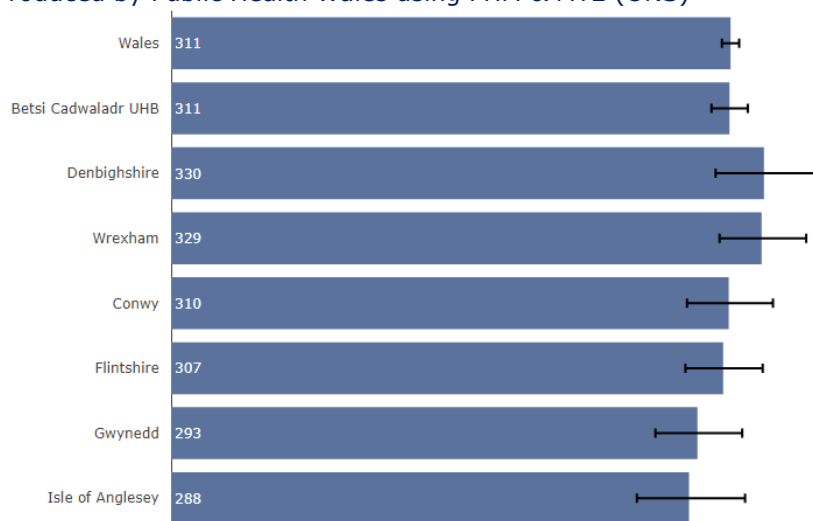
- Diseases of the circulatory system (ICD-10 codes I00-I99)
- Malignant neoplasms (ICD-10 codes C00-C97 excluding C44)
- Diabetes mellitus (ICD 10 codes E10-E14)
- Diseases of the respiratory system excluding infectious (ICD 10 codes J30-J99)

The premature death rate in BCUHB is the same as the Wales average (311 per 100,000 population aged 30 to 70 years). Across the health board, rates range from 288 per 100,000 in the Isle of Anglesey UA to 330 per 100,000 in Denbighshire (Figure 22).

Figure 23 shows the stark differences between premature mortality rates in the different socio-economic groups in Wales. The rate for people living in the most deprived areas is more than double than for those in the least deprived areas (485 compared to 203 per 100,000 population).

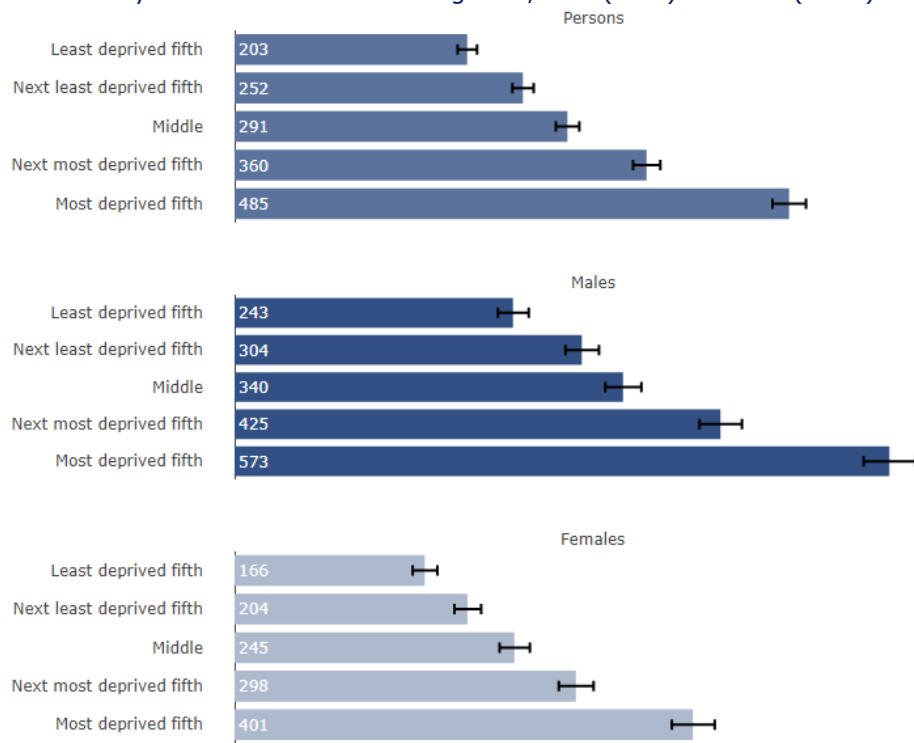
**Figure 23: Premature deaths from key non-communicable diseases, EASR per 100,000, persons aged 30-70, Wales, Health Board, Local Authority, 2020-2022**

Produced by Public Health Wales using PHM & MYE (ONS)



**Figure 24: Premature deaths from key non-communicable diseases, EASR per 100,000, persons, males and females aged 30-70, Wales by deprivation fifth, 2020-2022**

Produced by Public Health Wales using PHM, MYE (ONS) & WIMD (2019)



## 5. Focus on Children & Young People

In 2025, it is estimated there will be around 122,000 residents aged between 0 and 15 years. This number is expected to fall to 116,100 by 2040, a decline of 5%. This decline will be experienced by five of the UAs with the largest fall expected in Wrexham UA (9%). Only Gwynedd is expected to experience a growth in its young population of around 2%. It is predicted that Wales as a whole will experience a fall of 3.8% (Table 18).

**Table 18: Population projections, 0-15 year olds, Wales, Betsi Cadwaladr UHB & unitary authorities, 2025 to 2040**

	2025	2030	2035	2040	Change (number)	Change (%)
Wales	560,800	542,200	535,500	540,400	-20,400	-3.80%
Betsi Cadwaladr UHB	122,000	116,800	115,200	116,100	-5,850	-5.00%
Isle of Anglesey	11,700	11,100	10,800	10,800	-900	-8.40%
Gwynedd	20,700	20,400	20,700	21,100	450	2.10%
Conwy	18,900	18,100	17,700	17,700	-1,200	-6.70%
Denbighshire	17,000	16,100	15,800	15,800	-1,150	-7.30%
Flintshire	28,600	27,700	27,400	27,600	-950	-3.50%
Wrexham	25,100	23,500	22,900	23,000	-2,050	-9.00%

Source: StatsWales (WG) 2018-based population projections

Low birth weight, defined as singleton live-births whose birth weight is below 2,500g, has a clear link with deprivation and poor health.

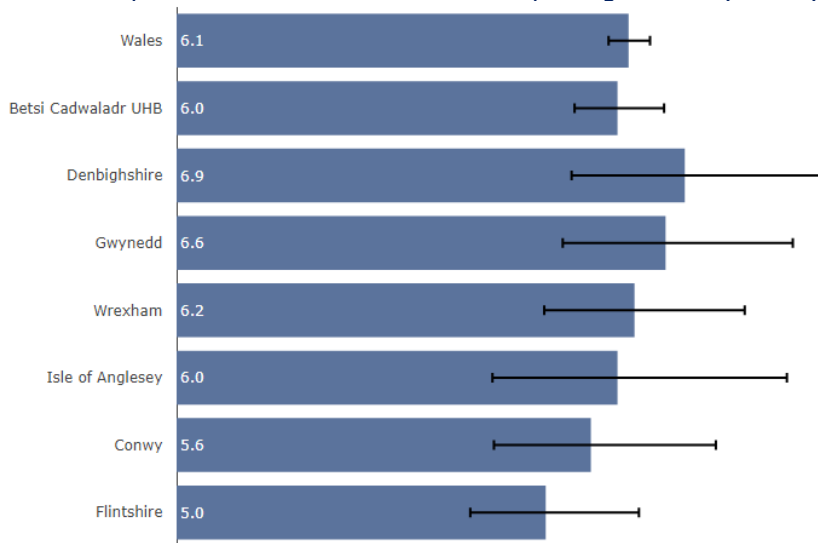
The percentage of low birth weight babies in BCUHB (6.0%) is similar to the average for Wales (6.1%). Across the region, figures range from 5.0% in Flintshire UA to 6.9% in Denbighshire (Figure 25). The percentage of low birth weight babies in the most deprived areas of Wales (7.9%) is considerably higher than in the least deprived areas at 4.6% (Figure 26).

The recognised benefits of breastfeeding include reduced childhood obesity and hospitalisations and improved oral health. The percentage of babies being breastfed at 10 days in BCUHB (35.2%) is similar to Wales (36.3%). Across the health board, the figure ranges from 30.7% in Denbighshire UA to 39.1% in Gwynedd (Figure 27).

Childhood vaccination is a highly effective method for preventing diseases and saving lives of babies and children. The percentage of four year olds in BCUHB who are up-to-date with their routine vaccinations (88.5%) is just above the Wales average (87%). Across BCUHB, percentages range from 84.6% in Conwy UA to 93.1% on the Isle of Anglesey (Figure 28).

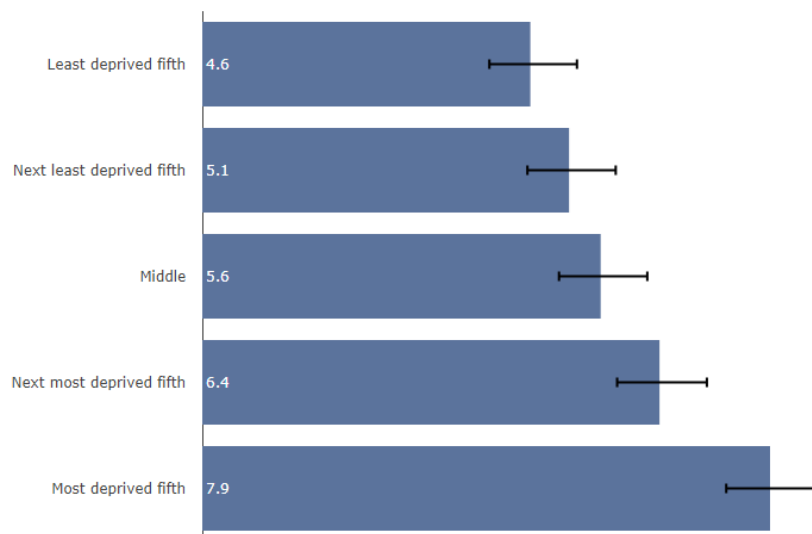
**Figure 25: Percentage of singleton live births with low birth weight, Wales, Betsi Cadwaladr UHB & unitary authorities, 2022**

Produced by Public Health Wales Observatory using NCCHD (DHCW)



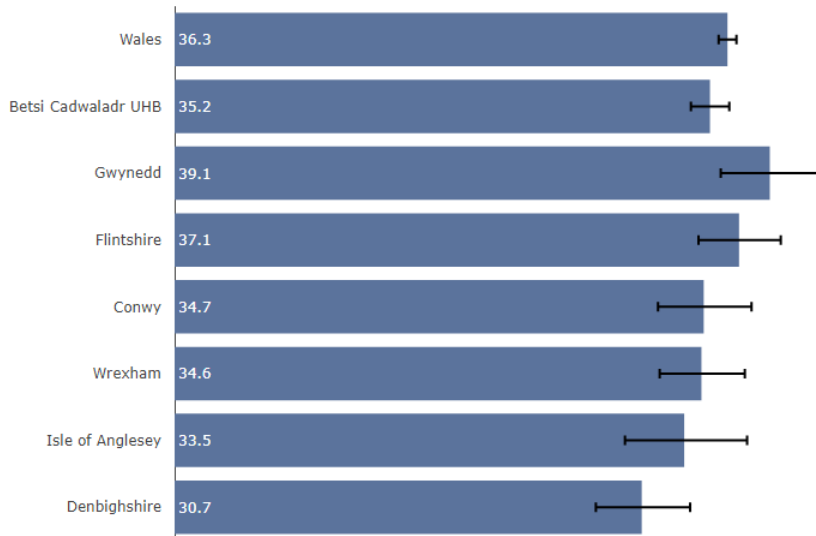
**Figure 26: Low birth weight, percentage, persons, Wales by deprivation fifth, 2022**

Produced by Public Health Wales using NCCHD (DHCW) & WIMD (2019)



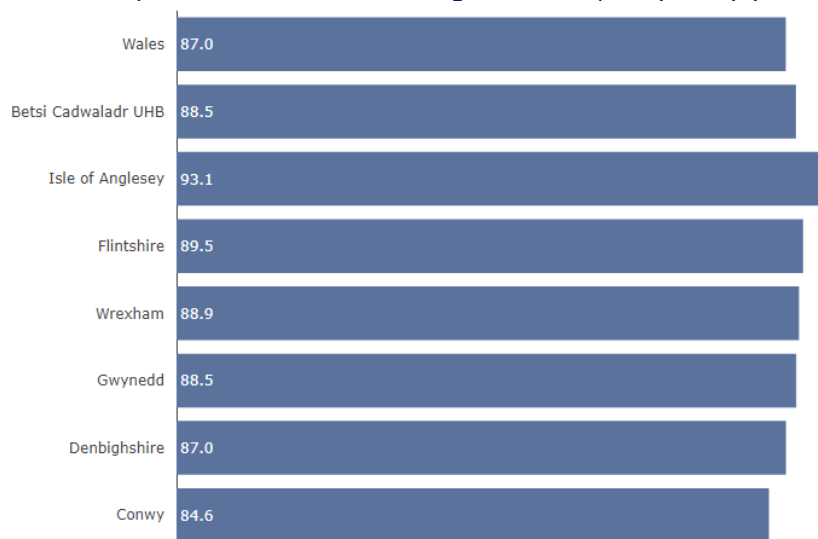
**Figure 27: Breastfeeding at 10 days, percentage, persons, Wales, Betsi Cadwaladr UHB & unitary authorities, 2022**

Produced by Public Health Wales using NCCHD (DHCW)



**Figure 28: Vaccination rates at age 4, percentage, persons, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021/22**

Produced by Public Health Wales using COVER Report (VPDP) (PHW)



## 6. Focus on Older People

In 2022 there were around 163,500 residents aged 65 years and over in BCUHB. Between 2025 and 2040, this number is predicted to rise to 207,600, an increase of 16.1%, which is similar to the whole of Wales (16.5%). Across BCUHB, increases range from 13.6% in Anglesey and Gwynedd UAs to 18.6% in Conwy (Table 19).

**Table 19: Population projections, 65 years and over, Wales, Betsi Cadwaladr UHB & unitary authorities, 2025 to 2040**

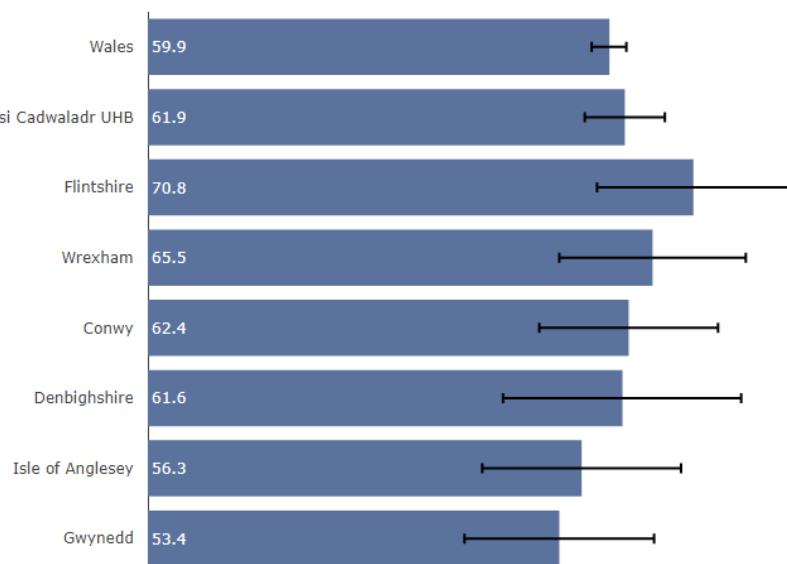
	2025	2030	2035	2040	Change (number)	Change (%)
Wales	710,200	772,800	825,400	850,700	140,550	16.50%
Betsi Cadwaladr UHB	174,100	188,900	201,400	207,600	33,550	16.10%
Isle of Anglesey	19,400	20,800	22,000	22,500	3,050	13.60%
Gwynedd	29,600	31,700	33,500	34,300	4,650	13.60%
Conwy	35,400	38,900	41,900	43,500	8,050	18.60%
Denbighshire	25,100	27,400	29,400	30,400	5,350	17.60%
Flintshire	35,500	38,600	41,200	42,400	6,950	16.40%
Wrexham	29,100	31,400	33,400	34,500	5,450	15.70%

Source: StatsWales (WG) 2018-based population projections

In BCUHB, the percentage of older reporting to be in good health (61.9%) is just above the average for Wales (59.9%). Flintshire UA has the highest figure (70.8%) and Gwynedd has the lowest at 53.4%. (Figure 29).

**Figure 29: Older people in good health, age-specific average, persons aged 65+, Wales, Betsi Cadwaladr UHB & unitary authorities, 2022/2023**

Produced by Public Health Wales using NSfW (WG)

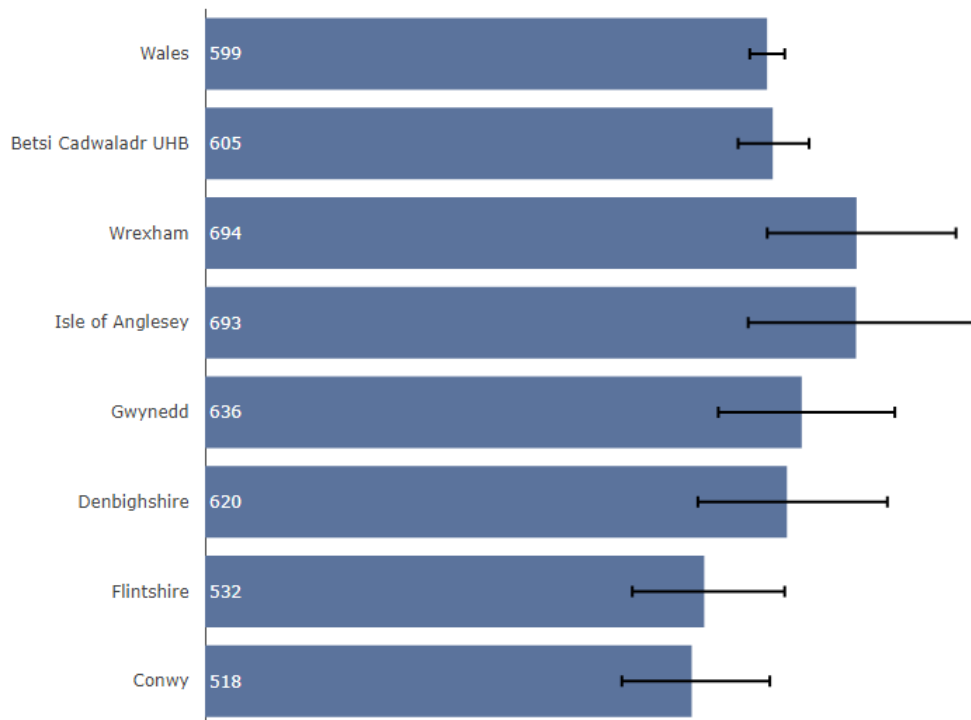


Falls are a significant risk to older people and injuries caused by falls, including hip fractures, are a particular concern.

The rate of hip fractures in Wrexham (694 per 100,000 population aged 65 years and over) is the highest of the six UAs, above the BCUHB (605 per 100,000) and Wales averages (599 per 100,000) though not statistically significantly so (Figure 30).

**Figure 30: Hip fractures among older people, EASR per 100,000, persons aged 65+, Wales, Betsi Cadwaladr UHB & unitary authorities, 2022/23**

Produced by Public Health Wales using PEDW (DHCW) & MYE (ONS)



Dementia is an important mental health condition of old age, as it is a significant cause of morbidity, mortality and health care use. As people live longer, the prevalence of dementia is likely to increase.

Table 20 shows the estimated numbers of people in BCUHB with diagnosed and undiagnosed dementia. Primary Care data from the Quality Assurance and Improvement Framework (QAIF) disease registers (for September 2022) identifies just under 5,500 patients registered with North Wales GPs who have a dementia diagnosis. According to analysis by the North Wales Regional Innovation Coordination Hub (2023), only 47% of people living with dementia have a diagnosis and perhaps 6,150 people are undiagnosed.

**Table 20: Estimates of diagnosed and undiagnosed people with dementia in North Wales, 2021**

Area	Total estimate	Diagnosed number	Diagnosed percent	Undiagnosed number	Undiagnosed percent
Anglesey	1,300	500	39.4%	750	60.6%
Gwynedd	2,050	800	39.9%	1,200	60.1%
Conwy	2,350	1,000	43.3%	1,300	56.7%
Denbighshire	1,700	1,000	58.4%	700	41.6%
Flintshire	2,300	1,000	42.8%	1,300	57.2%
Wrexham	1,900	1,200	61.8%	750	38.2%
<b>North Wales</b>	<b>11,550</b>	<b>5,500</b>	<b>47.5%</b>	<b>6,050</b>	<b>52.5%</b>

Numbers have been rounded so may not sum to total.

Total estimates were calculated using mid- year population estimates (ONS) and consensus estimates of prevalence of dementia (Prince, 2014).

Sources: North Wales Regional Innovation Coordination Hub; Quality Assurance and Improvement Framework (QAIF) disease registers 2021-22, Welsh Government

## 7. Mental Health & Wellbeing across the Life-Course

### 7.1 Children & Young People

Mental health problems can start at an early age and can have lifelong consequences. Opportunities to promote and protect good mental health begin at conception and continue throughout the life-course, from childhood to old age (Joint Commissioning Panel for Mental Health, 2013).

It is estimated that one in ten children in the UK has a mental health problem. Half of all lifetime cases of diagnosable mental illness begin by age 14 years and three-quarters of lifetime mental illness arise by mid-twenties. However, the Royal College of Psychiatrists report that between 60 and 70% of children and adolescents who experience clinically significant mental health problems are not offered evidence-based interventions at the earliest opportunity for maximum life-time benefit (Joint Commissioning Panel for Mental Health, 2013 & Royal College of Psychiatrists, 2010).

Estimates show that in BCUHB, around 9,280 children aged 5 to 16 years have a mental health disorder (Table 21).

**Table 21: Estimated number of children aged 5 to 16 years, with any mental health problem, Betsi Cadwaladr UHB & unitary authorities, 2020**

Betsi Cadwaladr UHB	9,280
Isle of Anglesey	874
Gwynedd	1,566
Conwy	1,446
Denbighshire	1,300
Flintshire	2,167
Wrexham	1,927

Source: Daffodil Cymru Database

Risk factors for mental illness in childhood include: parental alcohol, tobacco, and drug use during pregnancy; maternal stress during pregnancy; poor parental mental health; a parent in prison and parental unemployment. Children who experience child abuse; looked-after children; young offenders; children with intellectual disability; 16-18 year olds Not in Employment, Education or Training (NEETs); young carers and young people with a physical illness are also at higher risk of mental illness (Royal College of Psychiatrists, 2010).

Poor mental health has a significant impact on a range of outcomes for children and young people, including: poor educational attainment; a greater risk of suicide and substance misuse; antisocial behaviour; and offending. Poor mental health in childhood is also associated with a range of poor outcomes in adulthood, including higher rates of mental illness, unemployment and criminal activity (Royal College of Psychiatrists, 2010).

### **Suicide in children and young people**

Deaths by suicide in children and young people are thankfully rare in North Wales. Across Wales, the suicide rate in teenagers is lower than that in the general population, although self-harm is more common.

The Thematic Review of Deaths of Children and Young People through Probable Suicide, 2013-2017 (Public Health Wales, 2019) examined 33 cases of 10 to 18 year olds who died from suicide and found that issues surrounding these suicides included: substance misuse; poverty; sexual abuse and assault; bereavement; shame; difficulties in education, employment, and training; and lack of awareness around self-harm.

## **7.2 Adults**

In 2018-19, adults across BCUHB had a mental wellbeing score of 52.4, which is higher than the average for Wales (51.4). Across the region, mental wellbeing scores range from 50.9 in Wrexham UA to 53.5 in Flintshire. A higher score indicates stronger mental wellbeing. There have been some improvements in scores in Gwynedd, Conwy, and Flintshire between 2016-17 and 2018-19.

Feeling lonely can be caused by having a mental health problem as well as having a negative impact on your mental health. Loneliness can be caused by a range of reasons including life events, certain times of the year or certain circumstances such as being estranged from your family, mobility problems or lack of money (Mind, 2019).

Just over 12% of people (aged 16 years and over) in BCUHB report feeling lonely, this is similar to the Wales average. Across BCUHB, the percentage ranges from 9% in the Isle of Anglesey UA to 13.2% in Wrexham.

### **Mental illness**

Approximately one in four people in the UK will experience a mental health problem each year (Mind, 2017).

In England, one in six people report experiencing a common mental health problem, such as anxiety and depression, in any given week (MIND, 2017).

It is estimated that in 2020, around 93,800 people in North Wales have a common mental disorder (Institute of Public Care, 2017).

### **Suicide in adults**

The causes of suicide are complex. A summary of evidence on suicide prevention cited a number of factors associated with an increased risk of suicide including: gender (male); age (15-44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide.

During the period 2018-2022, the BCUHB suicide rate (12.2 per 100,000 persons aged 10 years and over) is similar to Wales (12.3 per 100,000 persons aged 10 years and over). Across the health board, rates range from 10.7 per 100,000 in Conwy UA to 14.3 per 100,000 in Wrexham.

It is important that recognition is given to the fact that suicides are an uncommon occurrence. Small area analyses should be interpreted with caution, as rates can vary dramatically due to a small number of cases; suicide data is also subject to a number of caveats.

### **7.3 Older People**

Older people are vulnerable to experiencing mental health problems. They are at risk of social exclusion, reduced income, age related degeneration and poor physical health, which are all risk factors for poor mental health. Mental illness among older people may be under diagnosed due to the nature of the symptoms and many older people living alone.

Depression and dementia are the most common mental health problems in older people, but they can also have all the other mental health problems experienced by adults of working age, including psychoses, bipolar affective disorder, alcohol & substance misuse, anxiety, and obsessive-compulsive disorder.

## 8. Conclusion

Under current predictions, the estimated change in the North Wales population by 2040 is not especially positive. The region's population is predicted to decline as a proportion of the all-Wales population, especially in the Isle of Anglesey and Wrexham UAs. Furthermore, there is going to a marked decrease in the number of children and young people in BCUHB, as well as a decline in the proportion of working age adults. In contrast, the number of older people will continue to rise, with a corresponding increase in chronic health conditions.

All North Wales agencies need to look at how they can halt this decline in children and young people and working age adults by ensuring that there are more opportunities in further and higher education and training schemes/apprenticeships to help retain our young people in the region, as well as increasing the number of jobs available for them when they complete their studies. In addition, all agencies should consider how they can refashion the region as a more attractive place to live for the younger demographic. All agencies need to plan for the aging of the population and the greater health and social care needs that will arise from this change, using innovative solutions where available.

North Wales contains pockets of significant material deprivation, and there remain stark differences in the health experience of different communities. For example, males living in the most deprived areas of North Wales can expect to live seven years less than males living in the least disadvantaged areas and around 12 years less in good health compare to those in the least deprived areas. Therefore, all agencies need to continue their work to reduce health inequalities, for example by supporting the Health Board's Inverse Care Law programme.

BCUHB compares well with Wales for adults reporting to smoke, drinking alcohol above recommended guidelines and being overweight or obese (although half of adults are still overweight or obese). However, the region compares less well with Wales for healthy eating and meeting physical activity guidelines. It should also be remembered that these comparisons are with Wales, rather than the best in the UK. All agencies must persevere with their work to improve the lifestyle behaviours of the North Wales population, as these behaviours determine in part both health status and longevity.

Cancers are the main cause of death in North Wales, accounting for almost 23% of deaths, followed by diseases of the circulatory system (21%). Both of these conditions can in large part be prevented by reducing smoking rates, increasing participation in physical activity, improving diet and drinking alcohol in moderation. It is also important that these conditions are diagnosed early and that individuals receive high quality and timely treatment.

Children & young people and older people are both important population groups where effective health interventions e.g. vaccination can make a material impact on health.

There is much that can be done by all agencies to improve mental health and wellbeing, for example by promoting the 5 Ways to Wellbeing, as well as ensuring that individuals get the right support at the right time.

## 9. Further Information Resources

### [North Wales Population Needs Assessment](#)

A partnership report using data and evidence to describe the population of North Wales and understand the needs of local residents.

### [Regional Innovation Coordination Hub \(northwalescollaborative.wales\)](#)

A range of research bulletins and statistical bulletins for North Wales using the most recent 2021 Census data.

### [Inverse Care Law Dashboard](#)

A dashboard using data on wider determinants of health to highlight health inequalities at a local level across North Wales.

### [Public Health Wales Observatory](#)

A website providing a range of data and evidence resources to help understand the health and wellbeing of the population of Wales.

### [A view of poverty - Data Cymru](#)

A web resource providing a summary of data to help understand how deprived local authority areas are.

## 10. References

Betsi Cadwaladr University Health Board, 2015. Executive Director of Public Health Annual Report 2015 [\*A Healthier, Happier & Fairer North Wales\*](#).

Institute of Public Care (2017) *Daffodil: Projecting the need for care services in Wales*.

Joint Commissioning Panel for Mental Health, (2013). [\*Guidance for commissioning public mental health services\*](#).

Mind (2019). [\*Loneliness\*](#).

Mind (2017). [\*Mental health facts and statistics\*](#).

NHS (2018, Oct 9). [\*What are the health risks of smoking?\*](#)

North Wales Regional Innovation Coordination Hub, 2023. [\*Estimates of the prevalence of dementia in North Wales - September 2023 \(northwalescollaborative.wales\)\*](#).

Public Health Wales (2019). [\*Data mining Wales. The annual profile for substance misuse 2018-19\*](#).

Royal College of Psychiatrists (2010). [\*No health without public mental health, the case for action\*](#).

Royal College of Psychiatrists (2020). [\*May 2020 Briefing\*](#).



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	Planning, Population Health & Partnership Committee (PPHP)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 22 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PPHP has oversight.</p> <p>Of the 3 risks to which the Committee has overall accountability, no overdue actions are aligned to the risks.</p> <ul style="list-style-type: none"> <li>• CRR24-07 'Availability and Integrity of Patient Information' – Current score of the risk has been reduced from 20 to 16 resulting in the risk now within the tolerance set within the risk appetite of the Health Board.</li> <li>• CRR24-08 'Delivering a population health approach to health and wellbeing' – Risk title and content updated to highlight operational aspect of the risk. A reduction in the current risk score from 20 to a score of 16.</li> <li>• Escalated Risk CRR24-18 'Operational Planning for Transmittable Diseases and Outbreaks' – Service to be invited to carry out a deep dive into the risk at the November 2024 Risk Scrutiny Group to discuss the rationale for the current scoring of the risk. The risk scoring is currently above the tolerance set within the risk appetite (20).</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>receive assurance</b> for the four (1 private) corporate risks to which the Committee has overall accountability.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Anthony Hughes, Risk Assurance Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>



	darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lie bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>Links to the BAF detailed in respective CRR reports</p>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>Not applicable for this report</p>			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b></p>	<p>Not applicable for this report</p>			
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>Links to the BAF detailed in respective CRR reports</p>			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>			
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>			



<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>Individual Executive Sign off of CRR reports, Review at next Risk Management Group and subsequent Executive Team Meeting.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (<i>or links to the Corporate Risk Register</i>)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Not applicable for this report</p>
<p><b>Camau Nesaf:</b></p> <p><b><i>Next Steps:</i></b></p> <ol style="list-style-type: none"><li>1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.</li><li>2. Submission of Corporate Risks to Board</li></ol>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b><i>List of Appendices:</i></b></p> <p>Appendix 1 – Risk Dashboard, Planning, Population Health &amp; Partnership Committee</p> <p>Appendix 2 – Corporate Risk Register Report (Risk score above tolerance set within the risk appetite)</p> <ol style="list-style-type: none"><li>1. <b>Operational Planning for Transmittable Diseases and Outbreaks</b></li></ol>	

## Corporate Risk Register Report

### 1) Introduction and Background

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1.1 There are 3 Corporate Risks for Planning, Population Health & Partnership Committee oversight and assurance. The full details of those risks where the risk score is above tolerance set within the risk appetite are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-07 – Availability and Integrity of Patient Information
- CRR24-08 – Population Health
- CRR24-18 – Operational Planning for Transmittable Diseases and Outbreaks.

### 1) Key Highlights

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Corporate Risks Dashboard (Appendix 1) below provides a list of the 3 corporate risks to which the committee is accountable.

This paper presents all risks to which Planning, Population Health & Partnership Committee has oversight, with details (Appendix 2) of those risks that currently have a risk score above the tolerance set within the risk appetite.

The Committee is asked to note and receive assurance, following review of the risks:

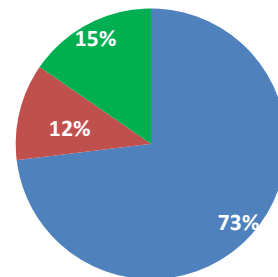
- **CRR24-07** 'A Fragmented Patient Care Record' - Following feedback from the Risk Scrutiny Group the risk title has been amended more representative of the risk (Previous risk title – Availability and Integrity of Patient Information). A reduction in the current risk score from 20 (Impact -4 x Likelihood -5) to a score of 16 (Impact -4 x Likelihood -4) following a review of the number of actual incidents reported in connection with this risk, the current impact score has been reduced to 4 to take into account the level of mitigations in place.
- **CRR24-08** 'Delivering a population health approach to health and wellbeing' – Risk title and content updated to highlight operational aspect of the risk, with further review to consider strategic objectives and Board Assurance Framework aspect of the risk with longer term actions reflected on the BAF risk register. A reduction in the current risk score from 20 (Impact -4 x Likelihood -5) to a score of 16 (Impact -4 x Likelihood -4).
- Escalated Risk **CRR24-18** 'Operational Planning for Transmittable Diseases and Outbreaks' – Service to be invited to carry out a deep dive into the risk at the November 2024 Risk

Scrutiny Group to discuss the rationale for the current scoring of the risk. The risk scoring is currently above the tolerance set within the risk appetite (20).

Out of the 3 corporate risks, 26 actions have been developed to mitigate the risks. 4 actions have been completed, 19 actions are progressing and on track and 3 new actions has been identified and progressing. No actions are currently overdue.

#### ACTION STATUS OF CORPORATE RISKS

- Progressing
- Progressing - new action
- Completed



#### Next steps

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

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

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
CDIO	CRR24-07	Availability and Integrity of Patient Information	4 x 4 = 16 ↓	12	Quality	Planning, Population Health & Partnership Committee	<p>Opened Dec 23, 10 actions identified, 1 completed, 9 progressing.</p> <p>Risk Title has been amended.</p> <p>A reduction in the current risk score has been proposed from 20 to a score of 16 following a review of the number of incidents reported in connection with this risk, the current impact score has been reduced to 4 to take into account the level of mitigations in place.</p>
					Open 15-19		
EDoPH	CRR24-08	Population Health	4 x 4 = 16 ↓	12	Reputational	Planning, Population Health & Partnership Committee	<p>9 actions identified, 1 completed, 8 progressing. 2026 target date.</p> <p>Risk title and content updated to highlight operational aspect of the risk.</p> <p>A reduction in the current risk score has been proposed from 20 to a score of 16.</p>
					Seek 20-25		
EDoPH	CRR24-18	Operational Planning for Transmittable Diseases and Outbreaks	4 x 5 = 20 ↔	12	Quality Open 15-19	Planning, Population Health & Partnership Committee	<p>Opened June 24. 7 actions identified, 5 progressing and 2 actions completed.</p> <p>Inherent and Current score both 20, likelihood score reviewed by the service with no proposed reduction as there will not be a reviewed, agreed and tested outbreak management plan in place within the next month with the likelihood of communicable disease outbreaks occurring remains as 'almost certain'.</p>

### Key:

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

## Appendix 2 – Corporate Risk Register Report - Planning, Population Health & Partnership Committee (Risks not within tolerance set within the risk appetite)

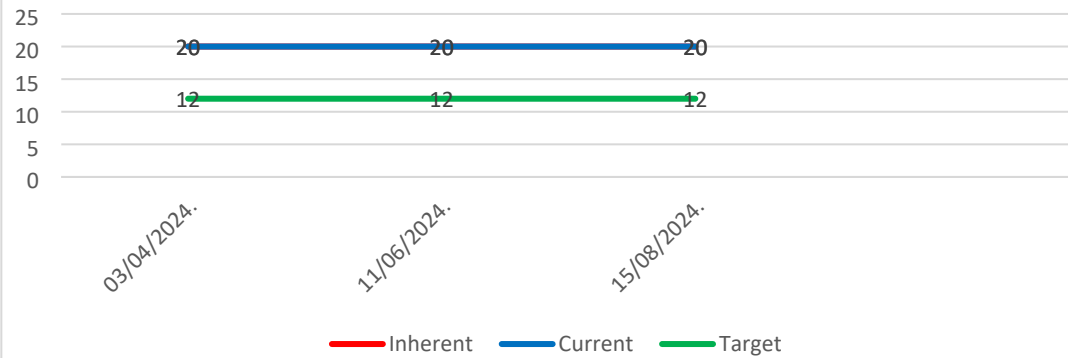
CRR24-18	<b>Risk Title:</b> Operational Planning for Transmittable Diseases and Outbreaks - Health Protection		<b>Date Opened:</b> 03/04/2024
	<b>Assuring Committee:</b> Planning, Population Health and Partnerships Committee		<b>Date Last Committee Review:</b> New Risk
<b>Date Last Reviewed:</b> 15/08/2024	<b>Director Lead:</b> Executive Director of Public Health	<b>Link to BAF:</b> SP01	<b>Target Risk Date:</b> 31/01/2025
<p>There is a risk that the Health Board does not plan adequately for outbreaks and incidents of communicable disease such as (but not solely) Measles, M.Pox, COVID-19, Pertussis etc.. This may be caused by the unpredictability of when the disease may first occur, the variety of new and emerging threats, the variations in the nature of the required response to specific diseases, the availability and cost of associated resources (e.g. pharmaceutical products, workforce, estate, contact tracing, sampling, vaccination, communications), the scale of potential outbreaks, the difficulties in protecting specific vulnerable groups and members of staff in a timely way. This could lead to greater exposure of the public and staff members to communicable diseases causing an increase in cases, further transmission, interruption of health board services and in some cases death.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>Health Protection Service established within BCUHB with a clear remit for enhancing the response to incidents and outbreaks in North Wales in accordance with the Communicable Disease Outbreak Control Plan for Wales.</li> <li>Standard Operating Procedures relating to community sampling for specific diseases, including Measles, M pox, Avian Influenza, COVID-19 (although some remain to be developed)</li> <li>Pathways established for response measures to specific diseases, for example, HNIG pathway and vaccination outbreak response for measles.</li> <li>Health Protection Service responsible for the management of COVID-19 incidents in closed settings in North Wales</li> <li>Strong links with Health Protection Partners including Public Health Wales and each of the 6 Local Authority Environmental Health teams.</li> <li>Strong links with the Communicable Disease Surveillance Service to support the monitoring of trends in communicable diseases</li> <li>Multi-agency simulation exercise undertaken in September 2023 in North Wales to test preparedness measures for specific outbreaks.</li> </ol>		<ol style="list-style-type: none"> <li>No approved comprehensive procedure/plan in place for the management of communicable disease outbreaks (in and out-of-hours) within BCUHB. (this point deleted as this is an aspect of a comprehensive outbreak plan)</li> </ol>	



<p>8. Access to and use of the national Case and Incident Management System: Tarian</p> <p>9. Significant lessons identified from preparedness activities associated with national increase in Measles cases, leading to the development of tools, assets and pathways that could be adapted for use with other communicable diseases</p> <p>10. IHC engagement with outbreak planning and preparedness activities highlighted in the IHC packs 24/25</p> <p>11. Appointment of an EPRR Lead who is able to support with the development of an outbreak plan for the Health Board</p> <p>12. Additional focus placed on staff (occupational health) vaccinations, with additional support provided for staff influenza and MMR uptake from the Health Protection Service</p>				
Actions		Due Date	Progression Analysis	
Establish the link with EPRR lead to scope arrangements for a communicable disease outbreak management plan.		1 October 2024	Complete	
Production of a draft outline of a communicable disease outbreak management plan		1 October 2024	Complete	
To establish an operational group within BCUHB for the developing and shaping a communicable disease outbreak management plan (full list of members can be provided if required here) ***		31 October 2024	Progressing	
To prepare a draft copy of a communicable disease outbreak management plan		1 December 2024	Progressing	
To run a simulation exercise across the Health Board to test the functionality and contents of the communicable disease outbreak management plan		1 February 2025	Progressing	
Further revision of the plan following simulation exercises		14 February 2025	Progressing	
Approval and agreement of the communicable disease outbreak management plan with an agreed schedule of simulation events.		31 March 2025	Progressing	
		Impact	Likelihood	Score
Inherent Risk Rating		4	5	20
Current Risk Rating		4	5	20
Target Risk Score		4	3	12
Risk Appetite		Quality		15-19



### Rationale for Corporate Risk



There are a number of unpredictable situations that could arise and would have a potentially significant impact on the population. The likelihood is seen as 5 due to the history of outbreaks over the last decade or more.

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

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

(1 April 2024 – 31 March 2025)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
02.08.24	Request from Helen Stevens-Jones	Helen Stevens-Jones	Market Shaping with the Third Sector on Social Prescribing	Paper from Brian Laing re: models for working with the third sector in relation to social prescribing. The paper will go to the RPB in September before PPHP in Oct	Helen Stevens-Jones	Brian Laing	10.12.24	Following BL attendance at Board in Sept, put forward to Dec meeting – check if still needed at AS
14.05.24	Action from April Meeting PP24/11.3	PPHP Committee	Partnership Working (focussing on our strategic approach and commitments to the Annual Plan)	To close action PP24/11.3 Agreed at agenda setting 16.09.24 for HSJ, PW and CB to discuss further	Helen Stevens-Jones	Helen Stevens-Jones	10.12.24	HSJ confirmed work is ongoing and a paper to Comm will follow
09.08.24	Corporate Planning Update paper to PPHP 20.08.24	Chris Stockport Paper	Draft BCU Plan	Shaping and testing of draft BCU Plan with PPHP (see presentation in paper PP24/58)	Chris Stockport	Chris Stockport	10.12.24	Put forward from Oct to Dec meeting
08.10.24	Item from PPHP CoB	Chris Stockport	Primary Care and Community Care & Clusters	Paper not ready for October meeting so being put forward for December meeting.	Ffion Johnstone	Chris Stockport	10.12.24	Put forward from Oct to Dec meeting
20.08.24	Action from August Meeting PP24/52.2	PPHP Committee	Review of Well Being Objectives	Revised paper to the October meeting once work has progressed further including a timetable for the implementation plan.	Chris Stockport	Chris Stockport	20.12.24	Paper went to Oct meeting, Wendy H requested put forward for Dec meeting
20.08.24	Action from August Meeting PP24/50.3	PPHP Committee	Update on becoming an intelligence led organisation	DR and team to provide an update to the Committee on Becoming an intelligence led organisation on a bi-annual basis making reference to progress in relation to the spider diagram and progress on the link to the cultural change programme.	Kathryn Lang	Dylan Roberts	18.02.25	
20.08.214	Action from August Meeting PP24/55.1	PPHP Committee	Health Protection Service	Update on the progress made within the Health Protection Service.	Sam Lauder	Jane Moore	Aug 2025	
14.05.24	Original PPHP CoB (Links to 5A in ADP)	Laura Jones via Nick Lyons	North Wales Medical School Update	High level update on progress on the development of the school & main risks	Lea Marsden	Jim / McGuigan Nick Lyons	22.10.24	<b>CLOSED</b> Went to Comm 22.10.24
18.06.24	Action from June Meeting PP24/33.8	PPHP Committee	Progress against the Weight Management Programme	A delivery plan to be presented to the Committee to provide assurance. Also a review of risks that relate to the programme. A delivery and risk plan will form part of the Public Health Report	Lydia Orford Hannah Lloyd	Jane Moore	22.10.24 / 10.12.24	<b>CLOSED</b> Covered in Public Health Delivery Report to Comm 22.10.24
05.08.24	Request from Helen Stevens-Jones	Helen Stevens-Jones	Partnerships, engagement and communications update	Request from HS-J for discussion.	Helen Stevens-Jones	Helen Stevens-Jones	22.10.24	<b>CLOSED</b>

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