

Bundle BCU Planning, Population Health and Partnerships Committee 28 **October 2025**

- 1 09:30 - SUPPORTING PAPERS
- 1.1 09:30 - PP25.99 Supporting Papers for Director of Planning Report
 - PP25.99.1 Maturity Matrices Guidance
 - PP25.99.2 Planning Maturity Matrix 2025
 - PP25.99.3 Planning Maturity Self-Assessment Submission Template
- 1.2 09:30 - PP25.102 Supporting Papers for Substance Misuse in North Wales Briefing
 - PP25.102.1 Appendix 1 North Wales Alcohol Harm Reduction Strategy E (9 6 25)
 - PP25.102.2 Appendix 2 APB Executive report North Wales SMS Reporting period Q4 24-25 FINAL
- 1.3 09:30 - PP25.103 Supporting Papers for Winter Resilience Plan 2025/26
 - PP25.103.2 Local Winter Resilience Planning Assurance V3
 - PP25.103.3 Winter Resilience Planning Assurance Overview



Llywodraeth Cymru
Welsh Government

NHS Wales

**Strategy and Planning Maturity Self-
Assessment Guidance**

September 2025

Planning Maturity Self-Assessment

Submission Guidance

2025

Introduction

This guidance is intended to support NHS Wales organisations in undertaking planning maturity self-assessments and subsequent submission. The Planning Maturity Matrix has undergone a review and has been updated in September 2025.

The matrix has been strengthened with themes identified in each domain to provide further clarification on definitions. Each theme has been produced from elements seen in the previous matrix and made progressive. Nothing additional has been added to the matrix.

Background & Purpose

NHS Wales organisations that are in escalation for planning, strategy and finance are required to undertake planning maturity self-assessments on an annual basis as part of their de-escalation criteria and submit a Board approved return to Welsh Government Planning colleagues. The de-escalation criteria is: *‘Welsh Government’s confidence in delivery, as assessed by the planning maturity matrix’*. The self-assessment, therefore serves as a source of assurance to the organisation’s Board whilst Welsh Government gains insight and confidence in the organisation’s evidence to justify its current maturity level and the robustness of its action plans to progress and develop maturity.

Organisations that are not in escalation are not mandated to undertake self-assessments. However, they may find it beneficial to undertake the exercise to support their evaluation of their planning maturity. We would be happy to receive and review these.

The matrix (Annex 1) which is the version organisations should use, builds on the original maturity matrix which was developed by the Good Governance Institute. It has been further refined over time and in collaboration with NHS Wales colleagues.

The purpose of this exercise is to prompt self-reflection and assessment of planning maturity within an organisation against a defined set of planning maturity levels. It aims to support NHS Wales organisations in setting clear levels, targets, and goals for in planning capability and capacity, with the aim of improving services and outcomes for patients. It also provides an opportunity to raise the profile planning

across the organisation, including opportunities to discuss integrated planning capability and capacity organisation wide at Board and Executive level.

The matrix is a tool to assess the current status of planning and identify areas for improvement. It is also a useful tool for mapping the improvement journey towards de-escalation (where applicable), ultimately leading to greater maturity in planning capability and capacity– resulting in improved services and better outcomes for patients

General Guidance

Part of the de-escalation criteria for planning, strategy and finance is that a self-assessment must be completed and approved by the Board. This ensures that the Board is fully sighted on the organisation’s current position, receives assurance regarding it’s planning maturity, and is confident that the organisation is actively working towards de-escalation; and

It is acknowledged that the assessment submissions will demonstrate an organisation's position at a point in time and that various iterations of submissions should be used to assess an organisation's development journey towards improved planning maturity.

Although there is no prescribed timeline for advancement along the maturity matrices, the organisation is expected to demonstrate a sustained commitment to implementing positive change effectively.

To ensure clarity throughout this document and develop understanding, this is what is meant by domain, then level and element.

		A) Strategy & Plan Development				
		1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Domain	Theme	<p>No CSS or delivery plan in place but strategic framework for its development in development.</p>	<p>Draft CSS developed or in development.</p>	<p>Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.</p>	<p>Approved CSS and CSP Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.</p>	<p>The organisation has a fully implemented CSS and CSP that is continuously refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.</p>
	Strategy & Plan					
	Vision & Purpose	<p>Organisation is developing its vision and purpose. Clear outcomes are not yet defined.</p>	<p>Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.</p>	<p>Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.</p>	<p>Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.</p>	<p>Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.</p>
	Alignment of National Policy and All-Level partnership priorities	<p>National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.</p>	<p>National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.</p>	<p>Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.</p>	<p>Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.</p>	<p>Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.</p>

Scoring

To achieve a defined level of maturity, organisations must demonstrate that they fulfil the requirements of and can robustly evidence elements. Organisations must be able to supply evidence for each element of the domain and level.

As the levels have now been made progressive, evidence for one level of each element is required.

Organisations may identify they can evidence elements at different levels across domains. Highlighting in green as below to show what organisations can evidence may help to demonstrate where the balance of evidence, and therefore scoring, lies. Organisations will then take a **judgement** based on the scoring for each element and what they can evidence and justify to identify their overall maturity score for each domain.

As an example, scoring below reflects a level 2 for Strategy and plan and level 3 for vision & purpose, and alignment with national policy.

A) Strategy & Plan Development					
	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Strategy & Plan	No CSS or delivery plan in place but strategic framework for its development in development.	Draft CSS developed or in development.	Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.	Approved CSS and CSP. Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.	The organisation has a fully implemented CSS and CSP that is continuously refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.
Vision & Purpose	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
Alignment of National Policy and All Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WCFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WCFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.

Conversely, some elements of the matrix may not apply to certain organisations. For example, the requirement for a clinical services plan. Where this is the case, organisations should put N/A.

Evidence

The self-assessment must be supported by robust and well-documented evidence linked to each element. A lack of evidence will undermine the organisation's ability to justify its proposed scores and reach a credible assessment.

Organisations must be able to demonstrate clear evidence for elements in the domain and level to justify their score. Additionally, organisations should record evidence for any higher-level elements they believe they meet. When recording evidence, organisations may wish to consider:

- **Avoid using general statements** such as “*for example*”, “*communication in place*”, “*good performance management*” or “*process in place*”. Be specific and detailed.
- **Consider and demonstrate the impact** the evidence has had - ask the “so what?” and describe the difference it has made.
- **Document new processes** (e.g. new escalation processes), including any supporting documents, the impact they’ve had, and how that impact is being measured.
- **Reference specific key documents** and provide links where appropriate to support transparency and traceability.

Actions

Alongside the evidence of self-assessment, this is the most important element of the process - understanding where the organisation can improve and establishing actions and plans that support improvement.

Good practice was seen in the 2024 self-assessments (but was not limited too) with actions that:

- Were specific, clear, and focussed.
- Had a high-level timeline.
- Had a short description on how the impact would be measured.
- Had a short description on how the impact of the action would be evidenced in future.
- Were linked to the relevant element of the level for each domain where the organisation recognised the need for improvement/ambition.
- Were related not only to products (e.g. clinical service plan) but on the planning capability and capacity of the organisation including the underpinning processes.

Submission

A template for submission (Annex 2) has been developed based on good practice seen in previous year. It has been provided to help organisations based on the advice above. However, organisations may choose whether or not to use this template and can submit in a style to suit them (as long as the content requirements are delivered). Organisations should consider including coloured elements to highlight which elements they believe they can evidence. An example is:

A) Strategy & Plan Development					
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Vision & Purpose	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
Alignment of National Policy and All-Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFVG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFVG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.

Whatever your submission looks like, we would expect to receive a board approved:

- Copy of your maturity scores for each theme and domain
- Copy of the evidence you have used for each judged element
- A copy of your actions for improvement

Please send your submission to hss-planningteam@gov.wales

Receiving Feedback

Feedback will be provided in a realistic but timely manner. The feedback will respond to the six domains in the matrix, rationale, supporting evidence, and the actions identified. An informal conversation will be offered to organisations ahead of any formal feedback, providing an opportunity to discuss the submission, share initial observations and clarify any matters.

Written feedback will be provided by the Director of Strategic Planning who will consult with senior officials in the Health, Social Care and Early Years Group in Welsh Government to ensure that the response is as in depth and rounded as possible.

Feedback is provided in the spirit of support and helpfulness, as the aim of this process is to encourage self-assessment and self-awareness for development. It is intended to support organisations in strengthening their planning approach in a way that promotes and recognises system-wide improvement.

Where possible, examples of good practice will also be shared—not to compare one organisation to another, but to ensure that others can learn from it and encourage a positive, evidence-based planning culture.

Should an organisation wish to seek further clarification or wish to receive further feedback, please contact hss-planningteam@gov.wales

Annex 1



Planning Maturity
Matrix 2025.docx

Annex 2



Planning Maturity
Self-Assessment Subr



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Strategy and Planning Maturity Matrix

The NHS Wales Planning Maturity Matrix has been reviewed and updated in September 2025. The Matrix contains 6 domains and as listed below. Within each domain, themes have been created from the elements within the previous matrix. These themes have been made progressive and are progressed through the 5 levels of maturity.

The 6 Domains and their descriptors are:

Domain	Description
A) Strategy Development/Clarity of Purpose, Vision and Strategy	<ul style="list-style-type: none"> • Evidence of a clear purpose, vision and strategy for the organisation. • Responds to national, regional, local and partnership priorities, and the wider determinants of health. • Translates national policies into local strategy, planning, and delivery.
B) Strategy Alignment and Development of an IMTP	<ul style="list-style-type: none"> • Evidence of alignment of strategy with components of the plan.
C) Dynamic and Engaged Planning	<ul style="list-style-type: none"> • Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. • Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.
D) Operational Planning	<ul style="list-style-type: none"> • Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. • Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements
E) Best Practice Approach to Improvement	<ul style="list-style-type: none"> • Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.
F) Realistic and Deliverable:	<ul style="list-style-type: none"> • Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.

A) Strategy Development/ Clarity of Purpose, Vision and Strategy Plan

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Alignment of National Policy and All-Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.

Key Enablers	Key enablers—such as quality, safety, workforce, finance, digital technology, and research—are identified but not yet aligned to strategic planning. Their role in enabling delivery is recognised but not actively managed or coordinated.	Key enablers are identified, with plans underway to align them with the organisations overarching CSS. Quality expectations are defined, and initial steps taken to coordinate enabler contributions across programmes.	Key enablers are fully aligned with strategic objectives. Their potential is well understood and actively explored to support delivery. Quality expectations are clearly defined and embedded in planning processes, with enablers contributing to strategic coherence.	Key enablers underpin the development and delivery of the CSS and CSP. Opportunities linked to enablers are translated into actionable deliverables. Quality is integrated throughout the key enabling strategies and plans driving performance and improvement.	Key enablers are embedded across all strategic functions and are delivering measurable improvements and are considered best practice. Their impact is tracked through performance metrics, and they are continuously optimised to support innovation, agility, and system-wide transformation. Quality is not only integrated but drives strategic refinement and outcome achievement.
Engagement in Development	The duties of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act) are identified as integral to the development and implementation of the CSS.	Engagement plans are in place to support the development of CSS.	Engagement plans are agreed and reflect strong clinical leadership. Plans meet the requirements of the Act	Plans are being implemented effectively with robust processes in place to capture diverse voices (internal and external) with strong clinical leadership, and where appropriate and necessary, offers opportunities for stakeholder involvement in shaping the development of CSS.	Organisation operates best practice and continuous engagement with both internal and external stakeholders, exemplifying the values seen in the quality and engagement act, ensuring voices from all communities are heard and reflected in the annual review of the CSS.
Population Health Needs Assessment	Plans are in place to undertake a population health needs assessment.	A basic high level population health needs assessment has taken place and is being used to shape the CSS.	CSS and CSP development is informed by population and health needs assessments and incorporates the wider determinants of health.	There is a single, detailed and regularly updated population health needs assessment in place. Strategies are updated regularly to clearly reflect the outcome of the assessment.	Population health needs assessment is recognised as best practice and is recognised and used by partner organisations (such as PSB and RPB) to form a common and shared understanding. CSS/CSP is regularly tested against current, emerging, and future population health needs.
Priorities & Achievability	The organisation does not have a prioritisation methodology or a recorded list of priorities. Planning is reactive and lacks strategic direction.	The organisation has an approved prioritisation framework related to population health needs assessment and has basic understanding of its priorities but is not yet reflected in plans. health needs.	A prioritisation framework is fully implemented. Priorities are recorded and aligned to population health needs assessments and Cabinet Secretary expectations. Early progress is made to reflect priorities in plans,	The organisation has a published, best-practice prioritisation methodology. It is fully aligned to population health needs and Cabinet Secretary expectations. Prioritised services are proactively reviewed and updated, with robust	Prioritisation is embedded across all planning and decision-making processes. The methodology is sector-leading based on the outcome of the population health needs assessment and Cabinet Secretary's expectations. It is co-produced with stakeholders, and continuously refined through evidence, evaluation, and engagement. Priorities are transparently linked to outcomes, resource

			with initial monitoring arrangements in place.	monitoring and governance of decisions embedded in planning cycles.	allocation, and national policy, with real-time monitoring and adaptive planning in place.
Horizon Scanning	Horizon scanning is infrequent and informal, with no structured process or discussion at Executive or Board level. Strategic planning is reactive, lacking foresight into emerging risks, trends, or opportunities.	Annual horizon scanning is conducted to identify key risks and opportunities. Findings begin to inform strategic thinking, but integration into planning and governance remains limited.	Horizon scanning is carried out regularly and used to test and validate strategic plans against future trends and risks. Insights are reviewed annually and inform planning cycles, with growing Board-level engagement.	Horizon scanning is embedded into strategic planning and governance processes. Findings are discussed at Board level annually, and strategies are actively validated and adjusted based on emerging insights. The organisation uses structured methods to anticipate change and mitigate risk.	Horizon scanning is systematic, forward-looking, and published. It informs biannual Board-level strategic discussions and enables flexible, data-driven adjustments to CSS. Insights are used to anticipate future scenarios, align with system-wide priorities, and ensure the organisation remains agile, resilient, and future-ready.

B) Strategy Alignment and Development of an IMTP

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
IMTP Development	Organisation has an annual plan which responds to some but not all elements of planning framework and cannot provide a financially balanced plan over 3 years.	Organisation has an approved IMTP that aligns with the core elements of the planning framework. The plan demonstrates a structured approach to strategic priorities and is informed by baseline data. It includes initial consideration of risks, outcomes, and resource requirements.	IMTP meets almost all policy expectations and is tailored to deliver clear service transformation aligned with an agreed CSP and reflects a shift from operational delivery to strategic impact. Growing maturity in linking planning to measurable impact, return on investment, and strategic priorities. Risks are clearly identified, with evidence of controls and early mitigation strategies.	The IMTP meets all policy expectations and is consistently delivering against the quadruple aim and is embedded across the organisation and transforming services through the CSP. Risks across quality, access, workforce, and finance are actively managed with evidence of controls and mitigation and demonstrates clear alignment between planning, performance, and transformation.	The IMTP exceeds all national policy expectations. It is recognised as a benchmark for excellence, driving system-wide transformation and delivering sustained impact across the quadruple aim. The plan is co-produced, future-focused, and underpinned by robust evidence, innovation, and adaptive governance. It demonstrates clear and advanced triangulation, delivery timelines and milestones, and integrated risks and mitigation.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	Some alignment is visible between the annual plan and CSS with the organisation planning on a continuous annual cycle.	Alignment is clear and coherent between the IMTP and CSS with the organisation planning on a continuous annual cycle.	The IMTP is tailored to deliver clear service transformation in line with an agreed Clinical Services Plan. Plans are directly linked to quality, performance and accountability and informed by detailed and future facing modelling.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation.	Planning is owned by all staff and fully integrated and aligned across organisational tiers and system partners. There is a clear golden thread between local, national and regional strategies and partnerships with dynamic alignment to the CSS and Plan, IMTP, commissioning intentions, resulting from horizon scanning results, detailed population health needs assessment and enabling strategies (e.g. workforce, digital, estates).
Triangulation of Services	Basic high-level triangulation is taking place between services, activity, workforce and finance.	Clear triangulation between services, activity workforce and finance.	Detailed triangulation between services, activity workforce and finance at service level.	Clear detailed and robust triangulation and analysis of activity, workforce and finance which considers other holistic requirements such as	Triangulation is system-wide, predictive, and continuously refined through real-time data and advanced analytics. It informs strategic decision-making, resource optimisation, and service redesign across organisational boundaries. The organisation demonstrates a proactive approach

				training and working regionally.	to managing interdependencies, future workforce needs, financial sustainability, and service demand, with clear links to population health, regional collaboration, and innovation.
Commissioning	The Board sets out high level commissioning intentions primarily focused on statutory requirements and broad service categories. Commissioning is reactive, with limited strategic alignment or stakeholder engagement.	The organisation has an approved and operational commissioning process. Intentions begin to reflect service priorities and are informed by basic population health data and stakeholder input.	Commissioning decisions are prioritised based on service need, population health data, and performance metrics. The impact of commissioned and supporting organisations is actively considered.	The organisation has a clear, transparent commissioning plan that includes a transparent prioritisation framework and actions for both commissioning and decommissioning ensuring risk to patients are minimised. Decisions are evidence-based, responsive to changing needs and communicated effectively to stakeholders.	Commissioning is strategically embedded across the organisation and system, with clear alignment to the population health needs assessment, clinical priorities, and service transformation goals. The process is co-produced with stakeholders with a clear and transparent prioritisation framework, underpinned by robust evidence, and includes pro-active decommissioning where appropriate with detailed communication strategies. Commissioning decisions are transparent, equitable, and continuously evaluated for impact on quality, access, and outcomes.

C) Dynamic and Engaged Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Stakeholder Engagement	Staff and partners are aware of CSS/CSP and there is a public commitment in place to undertake stakeholder engagement.	Organisational engagement is evident in practice and reflected in the CSS/CSP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Staff engagement at an organisation level is increasing.	Full and proactive continuous engagement including diverse communities which informs, owns and tests all impact assessments. Feedback from engagement activities influences and challenges the plan. Planning is also embedded and co-ordinated throughout the organisation.	Internal continuous engagement sees a fully engaged and informed workforce who are able to co-produce. Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the CSS/CSP.
Service Delivery Risk and Issue Management Approach	Organisation has a service risk management approach in place, but it has not been fully adopted across all areas.	Organisation has service risk management approach embedded across all areas of the organisation and has robust plans in place to address / mitigate risks	A risk management approach is evident and consistent across organisation. The organisation stop fragile services are identified.	The risk management approach enables the early identification of fragile or soon to be fragile services allowing for early intervention to ensure service sustainability. Organisation sees less urgent service changes.	Potential fragile services identified early and robust risk management across organisation pre-emptively responding to emerging service risks and the organisation is able to flexibly adjust plan. The Board are informed and regularly updated on fragile services and organisation rarely sees urgent service changes.
Service Model / Regional Design	Organisation has no route, or route is ineffective to discuss potential opportunities or joint risks. Regional collaboration is minimal, ad hoc, and lacks strategic intent.	Strengthened partnership working arrangements are in place. A methodology for working together is developed, with early efforts to align priorities and build trust.	Opportunities for regional working and shared solutions are identified and developed collaboratively. Planning is increasingly aligned across organisations, with joint priorities and resource sharing.	Agreed proposals for robust regional service models (e.g. consolidation, shared services) are in place and delivery is underway. Governance structures support joint accountability and performance management.	Regional collaboration is fully embedded, strategically led, and continuously evolving. The organisation is a proactive system leader, driving the development, implementation, and optimisation of shared service models and regional solutions. Collaboration is underpinned by co-produced strategies, shared governance, and dynamic intelligence. The organisation anticipates future needs, fosters innovation, and delivers measurable improvements in equity, efficiency, and outcomes across the region.

D)Operational Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Demand & Capacity Modelling	Basic demand and capacity work is undertaken and contains an appropriate level of detail to support service delivery	Demand and capacity planning undertaken at speciality level to support the design of current and future services. Data is more structured and used to inform service-level decisions	Robust and profiled projections of demand and capacity are used to inform the development of individual service plans, the Clinical Services Plan, and the IMTP. Planning is increasingly data-driven and cross-functional.	The organisation uses detailed and advanced modelling capability to support strategic planning. Demand and capacity modelling is embedded in the IMTP and informs transformation, workforce, and financial planning. Predictive analytics and AI tools support long-term planning.	Demand and capacity modelling including modelling projections is at the core of planning processes across the organisation. Predictive analytics and AI tools support long-term planning. Modelling triangulates resources, staff, finance and activity. It is able to undertake modelling at all levels of prevention and illustrates scenarios for improvement for the IMTP.
Clinical Leadership & Input	Clinical leads are identified and their roles are defined. Engagement is limited to basic consultation or information sharing	Clinical leads begin to inform service planning and contribute to performance improvement discussions. Their input is considered but not yet central.	Clinical leads are embedded early in the planning cycle to ensure that service design is clinically credible and patient-centred. Clinical leads co-produce plans and provide leadership in development processes. Their involvement is structured and increasingly strategic.	Clinical leadership is embedded in operational planning. Clinical teams actively shape service direction in alignment contributing to future direction services in line with clinical services plan.	Clinical leadership sits at the heart of planning and performance with a strong focus on quality and improvement. Clinical leaders co-produce plans and drive the future direction of plans through developing a culture of quality, innovation, and continuous improvement, fostering deep engagement and ownership across clinical teams.
Planning Process	Organisation has basic operational plans and planning process in place.	Operational plans are regularly reviewed and remedial action undertaken.	Operational plans have robust triangulation and modelling of plans based on a clear and consistent approach to demand and capacity modelling across the organisation	Coherent aligned and triangulated plans with clear links to CSS and CSP, including, with staff owning, adapting, acting on and learning from variation and inequity.	Operational plans are fully aligned and integrated into the development of IMTP and CSP. Staff own the process and act on opportunities and learning to improve holistic service provision and patient experience.

E) Best Practice Approach to Improvement

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Engagement	Engagement is minimal and reactive. Feedback is collected from patients and staff, but there is no structured approach to measuring the effectiveness of engagement activities or approach. Insights are rarely used to inform decision-making.	The organisation has a visible commitment to best practice, supported by training and an improvement strategy. Engagement with national programmes is active, and structured methods for collecting feedback and measuring impact are in place, though not yet fully embedded.	Organisation is developing an engagement strategy/plan and is proactive in identifying and learning from best practice in engagement to ensure voices are captured from all stakeholders especially clinical, minority and diverse voices.	Engagement is embedded across all organisational activities—planned and unplanned. The engagement strategy ensures robust inclusion of diverse and clinical voices, supported by strong data collection and analysis. Feedback directly informs action, driving continuous improvement.	Stakeholder engagement is transformational—co-designed and co-led by patients, staff, and communities. Real-time feedback tools enable adaptive responses, while inclusive practices ensure diverse voices shape decisions. The organisation is nationally recognised for its leadership in engagement, with a clear link between stakeholder input and measurable improvements
Benchmarking	Organisation is beginning to explore value-based healthcare principles, but planning remains reactive and output-focused. Benchmarking is ad hoc, with limited structure or consistency. There is minimal understanding of how comparative data can drive improvement, and benchmarking is not yet linked to strategic goals.	Value-based planning is gaining traction, and regular benchmarking is conducted with other NHS organisations. The organisation begins to use structured benchmarking methods to identify best practice, though application is inconsistent. Staff awareness is growing, and benchmarking is starting to inform service reviews and improvement discussions.	Benchmarking processes are formalised, consistently applied, and span across Wales and the UK. The organisation uses comparative data to identify performance gaps and inform strategic planning. Benchmarking is aligned with value-based healthcare principles, and results are used to prioritise improvement initiatives. Staff are engaged in interpreting data and applying insights to their areas.	Benchmarking is fully integrated into planning and performance cycles. Staff across the organisation actively lead benchmarking and improvement initiatives, using data to drive decisions and measure impact. There is a strong culture of ownership and continuous learning. Benchmarking includes qualitative and quantitative measures, peer comparisons, and outcome-focused metrics aligned with patient value. Insights are shared across teams and used to scale best practice.	Demonstrates full integration of benchmarking and value-based planning across strategic, operational, and clinical areas. Advanced analytics, including predictive and real-time data, drive proactive improvements and innovation. Recognised as a leader in the NHS, the organisation shapes best practice while fostering a culture where staff lead continuous improvement and scalable innovation.
Governance	Governance arrangements are informal, fragmented, or unclear. Oversight of IMTP development is minimal, with limited	A governance structure has been established to provide direction and oversight for IMTP	A formal governance and accountability framework is in place for IMTP development and	Governance is embedded across the organisation, with a mature CSS and oversight mechanisms that are	Governance is fully integrated, agile, and strategically aligned across all levels. Oversight of the IMTP, CSS and CSP is co-produced with clinical leaders and stakeholders, supported by

	<p>accountability, transparency, or alignment to strategic priorities. There is no structured process for risk management, stakeholder involvement, or performance monitoring.</p>	<p>development. Roles and responsibilities are defined, and basic reporting mechanisms are in place. There is growing awareness of the need for structured governance, but integration with programme-level planning and delivery is still emerging.</p>	<p>monitoring at programme level. IMTP and CSS/CSP governance is aligned with strategic objectives, includes defined escalation routes, and supports performance tracking. IMTP Governance is periodically tested for improvements.</p>	<p>reviewed annually for relevance and effectiveness. IMTP and CSS/CSP governance structures support cross-functional collaboration, robust data use, and continuous improvement. Governance is constantly and pro-actively tested for improvements.</p>	<p>real-time data, predictive analytics, and dynamic risk intelligence. IMTP/CSS/CSP governance structures are benchmarked against national best practice, continuously refined, and used to drive innovation, accountability, and system-wide impact. Decision-making is transparent, inclusive, and outcome-focused.</p>
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F) Realistic & Deliverable

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Risk Identification & Management	Risk identification and management are inconsistent and reactive. Risks to IMTP delivery are not systematically captured or monitored. There is limited ownership or visibility of delivery risks.	A formal risk management process exists and is applied to IMTP delivery at a high level. Risks are identified at the planning stage and tracked through basic registers and reviewed periodically. Ownership is clearer, but integration with delivery assurance is limited. Escalation processes in place but not always followed.	Risk identification and management are embedded in IMTP development and delivery processes. Risks are identified early and linked to specific objectives, milestones, and outcomes. Controls are monitored, and mitigation actions are tracked. Risk registers are dynamic and inform delivery with clear ownership.	Risk management is proactive, strategic, and forward-looking with an agreed and clear risk appetite. Risks are anticipated and identified through horizon scanning, sensitivity analysis and scenario planning. The organisation adapts delivery plans in response to emerging risks with regular reviews. Lessons learnt informs future IMTP cycles.	Risk management is fully embedded across the organisation and system partners and is triangulated across workforce, finance, digital and clinical lenses. It is predictive, real-time, and continuously informs IMTP delivery through live dashboards and predictive analysis. The organisation leads in using risk intelligence to drive improvement, resilience, and transformation. The organisation operates continuous learning and is recognised for excellence in risk-informed delivery assurance.
Development of IMTP and track record	The organisation has a track record of submitting annual plans that do not meet the requirements of the planning framework, Cabinet Secretary expectations or provide a financially balanced plan over 3 years. Planning is largely operational and short-term, with limited strategic integration and has limited clinical or financial planning alignment and limited stakeholder engagement.	The organisation consistently develops robust annual plans that build assurance as a key step toward an approvable IMTP. Plans begin to reflect medium term priorities, include a finance and delivery framework, and show early signs of strategic alignment including financial forecasts and delivery milestones.	The organisation has developed an approvable, outcomes-focused IMTP that reflects strategic priorities, enabling plans and clinical service plans. A robust 3-year sustainable financial plan is included, with clear links to service transformation (with milestones and timelines) with clearly articulated risks and mitigations.	The organisation has a history of submitting high quality IMTP's that are strategically integrated and includes a comprehensive delivery and assurance framework. It demonstrates alignment across all enabling strategies and is informed by detailed modelling, population health intelligence, and with significant stakeholder input.	The organisation is recognised for excellence in IMTP delivery and assurance and has a long history of developing and submitting high quality IMTP's which surpass policy expectations and is recognised as a system-leading exemplar. It is co-produced and informed by detailed analysis and predictive tools to drive transformation across the health system, delivers the quadruple aim.
Monitoring and Delivery	Monitoring of annual plan or IMTP delivery is ad hoc and reactive and focused on immediate operational issues. There is limited visibility of progress, and	The organisation has a structured approach to monitoring annual plan or IMTP delivery with ownership of delivery emerging across services.	Monitoring of IMTP delivery is consistently seen as business as usual and integrated with performance	IMTP delivery is monitored through a robust, outcome-focused framework which includes impact evaluation. The organisation adapts delivery plans based on	IMTP monitoring and delivery are embedded in real-time, system-wide performance and governance structures. The organisation demonstrates strategic leadership in delivery assurance, advanced triangulation, using predictive analytics, scenario planning, and co-

	<p>reporting is inconsistent. Accountability is unclear and delivery risks are not systematically managed.</p>	<p>Key milestones and actions are tracked, and reporting mechanisms are in place through basic dashboards and reported to the Board regularly. Accountability is improving, but integration with performance and risk management is limited.</p>	<p>management reviews and risk assurance processes. Progress is tracked against outcomes, and corrective actions are taken. Delivery is supported by enabling functions and aligned with strategic priorities. Delivery is starting to inform future planning.</p>	<p>performance insights, emerging risks, and system pressures. Staff are engaged in owning and delivering IMTP priorities.</p>	<p>produced improvement plans. Delivery is continuously optimised to achieve the quadruple aim. Continuous improvement cycles are embedded, with clear evidence of impact and the</p>
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Organisation Name

Strategy and Planning Maturity Self-Assessment

November 2025

Domain	Self-Assessment
Strategy Development/Clarity of Purpose, Vision and Strategy	
Strategy Alignment and Development of an IMTP	
Dynamic & Engaged Planning	
Operational Planning	
Best Practice Approach to Improvement	
Realistic & Deliverable	

Strategy Development/Clarity of Purpose, Vision and Strategy

A) Strategy Development/Clarity of Purpose, Vision and Strategy

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Strategy & Plan	No CSS or delivery plan in place but strategic framework for its development in development.	Draft CSS developed or in development.	Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.	Approved CSS and CSP. Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.	The organisation has a fully implemented CSS and CSP that is continuously reviewed and refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.
Vision & Purpose	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
Alignment of National Policy and All-Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.

Key Enablers	Key enablers—such as quality, safety, workforce, finance, digital technology, and research—are identified but not yet aligned to strategic planning. Their role in enabling delivery is recognised but not actively managed or coordinated.	Key enablers are identified, with plans underway to align them with the organisations overarching CSS. Quality expectations are defined, and initial steps taken to coordinate enabler contributions across programmes.	Key enablers are fully aligned with strategic objectives. Their potential is well understood and actively explored to support delivery. Quality expectations are clearly defined and embedded in planning processes, with enablers contributing to strategic coherence.	Key enablers underpin the development and delivery of the CSS and CSP. Opportunities linked to enablers are translated into actionable deliverables. Quality is integrated throughout the key enabling strategies and plans driving performance and improvement.	Key enablers are embedded across all strategic functions and are delivering measurable improvements and are considered best practice. Their impact is tracked through performance metrics, and they are continuously optimised to support innovation, agility, and system-wide transformation. Quality is not only integrated but drives strategic refinement and outcome achievement.
Engagement in Development	The duties of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act) are identified as integral to the development and implementation of the CSS.	Engagement plans are in place to support the development of CSS.	Engagement plans are agreed and reflect strong clinical leadership. Plans meet the requirements of the Act	Plans are being implemented effectively with robust processes in place to capture diverse voices (internal and external) with strong clinical leadership, and where appropriate and necessary, offers opportunities for stakeholder involvement in shaping the development of CSS.	Organisation operates best practice and continuous engagement with both internal and external stakeholders, exemplifying the values seen in the quality and engagement act, ensuring voices from all communities are heard and reflected in the annual review of the CSS.
Population Health Needs Assessment	Plans are in place to undertake a population health needs assessment.	A basic high level population health needs assessment has taken place and is being used to shape the CSS.	CSS and CSP development is informed by population and health needs assessments and incorporates the wider determinants of health.	There is a single, detailed and regularly updated population health needs assessment in place. Strategies are updated regularly to clearly reflect the outcome of the assessment.	Population health needs assessment is recognised as best practice and is recognised and used by partner organisations (such as PSB and RPB) to form a common and shared understanding. CSS/CSP is regularly tested against current, emerging, and future population health needs.
Priorities & Achievability	The organisation does not have a prioritisation methodology or a recorded list of priorities. Planning is reactive and lacks strategic direction.	The organisation has an approved prioritisation framework related to population health needs assessment and has basic understanding of its priorities but is not yet reflected in plans. health needs.	A prioritisation framework is fully implemented. Priorities are recorded and aligned to population health needs assessments and Cabinet Secretary expectations. Early progress is made to reflect priorities in plans,	The organisation has a published, best-practice prioritisation methodology. It is fully aligned to population health needs and Cabinet Secretary expectations. Prioritised services are proactively reviewed and updated, with robust	Prioritisation is embedded across all planning and decision-making processes. The methodology is sector-leading based on the outcome of the population health needs assessment and Cabinet Secretary's expectations. It is co-produced with stakeholders, and continuously refined through evidence, evaluation, and engagement. Priorities are transparently linked to outcomes, resource

			with initial monitoring arrangements in place.	monitoring and governance of decisions embedded in planning cycles.	allocation, and national policy, with real-time monitoring and adaptive planning in place.
Horizon Scanning	Horizon scanning is infrequent and informal, with no structured process or discussion at Executive or Board level. Strategic planning is reactive, lacking foresight into emerging risks, trends, or opportunities.	Annual horizon scanning is conducted to identify key risks and opportunities. Findings begin to inform strategic thinking, but integration into planning and governance remains limited.	Horizon scanning is carried out regularly and used to test and validate strategic plans against future trends and risks. Insights are reviewed annually and inform planning cycles, with growing Board-level engagement.	Horizon scanning is embedded into strategic planning and governance processes. Findings are discussed at Board level annually, and strategies are actively validated and adjusted based on emerging insights. The organisation uses structured methods to anticipate change and mitigate risk.	Horizon scanning is systematic, forward-looking, and published. It informs biannual Board-level strategic discussions and enables flexible, data-driven adjustments to CSS. Insights are used to anticipate future scenarios, align with system-wide priorities, and ensure the organisation remains agile, resilient, and future-ready.

A) Strategy Development/Clarity of Purpose, Vision and Strategy Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Strategy & Plan			
Vision & Purpose			
Alignment of National Policy and All-Level partnership priorities			
Key Enablers			
Engagement in Development			
Population Health Needs Assessment			
Priorities & Achievability			
Horizon Scanning			
Overall Judged Score			

Strategy Development/Clarity of Purpose, Vision and Strategy Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Strategy & Plan						
Vision & Purpose						
Alignment of National Policy and All-Level partnership priorities						
Key Enablers						
Engagement in Development						
Population Health Needs Assessment						
Priorities & Achievability						
Horizon Scanning						

Strategy and Plan Alignment, and Development of IMTP

B) Strategy and Plan Alignment, and Development of IMTP

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
IMTP Development	Organisation has an annual plan which responds to some but not all elements of planning framework and cannot provide a financially balanced plan over 3 years.	Organisation has an approved IMTP that aligns with the core elements of the planning framework. The plan demonstrates a structured approach to strategic priorities and is informed by baseline data. It includes initial consideration of risks, outcomes, and resource requirements.	IMTP meets almost all policy expectations and is tailored to deliver clear service transformation aligned with an agreed CSP and reflects a shift from operational delivery to strategic impact. Growing maturity in linking planning to measurable impact, return on investment, and strategic priorities. Risks are clearly identified, with evidence of controls and early mitigation strategies.	The IMTP meets all policy expectations and is consistently delivering against the quadruple aim and is embedded across the organisation and transforming services through the CSP. Risks across quality, access, workforce, and finance are actively managed with evidence of controls and mitigation and demonstrates clear alignment between planning, performance, and transformation.	The IMTP exceeds all national policy expectations. It is recognised as a benchmark for excellence, driving system-wide transformation and delivering sustained impact across the quadruple aim. The plan is co-produced, future-focused, and underpinned by robust evidence, innovation, and adaptive governance. It demonstrates clear and advanced triangulation, delivery timelines and milestones, and integrated risks and mitigation.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	Some alignment is visible between the annual plan and CSS with the organisation planning on a continuous annual cycle.	Alignment is clear and coherent between the IMTP and CSS with the organisation planning on a continuous annual cycle.	The IMTP is tailored to deliver clear service transformation in line with an agreed Clinical Services Plan. Plans are directly linked to quality, performance and accountability and informed by detailed and future facing modelling.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation.	Planning is owned by all staff and fully integrated and aligned across organisational tiers and system partners. There is a clear golden thread between local, national and regional strategies and partnerships with dynamic alignment to the CSS and Plan, IMTP, commissioning intentions, resulting from horizon scanning results, detailed population health needs assessment and enabling strategies (e.g. workforce, digital, estates).
Triangulation of Services	Basic high-level triangulation is taking place between services, activity, workforce and finance.	Clear triangulation between services, activity workforce and finance.	Detailed triangulation between services, activity workforce and finance at service level.	Clear detailed and robust triangulation and analysis of activity, workforce and finance which considers other holistic requirements such as	Triangulation is system-wide, predictive, and continuously refined through real-time data and advanced analytics. It informs strategic decision-making, resource optimisation, and service redesign across organisational boundaries. The organisation demonstrates a proactive approach

				training and working regionally.	to managing interdependencies, future workforce needs, financial sustainability, and service demand, with clear links to population health, regional collaboration, and innovation.
Commissioning	The Board sets out high level commissioning intentions primarily focused on statutory requirements and broad service categories. Commissioning is reactive, with limited strategic alignment or stakeholder engagement.	The organisation has an approved and operational commissioning process. Intentions begin to reflect service priorities and are informed by basic population health data and stakeholder input.	Commissioning decisions are prioritised based on service need, population health data, and performance metrics. The impact of commissioned and supporting organisations is actively considered.	The organisation has a clear, transparent commissioning plan that includes a transparent prioritisation framework and actions for both commissioning and decommissioning ensuring risk to patients are minimised. Decisions are evidence-based, responsive to changing needs and communicated effectively to stakeholders.	Commissioning is strategically embedded across the organisation and system, with clear alignment to the population health needs assessment, clinical priorities, and service transformation goals. The process is co-produced with stakeholders with a clear and transparent prioritisation framework, underpinned by robust evidence, and includes pro-active decommissioning where appropriate with detailed communication strategies. Commissioning decisions are transparent, equitable, and continuously evaluated for impact on quality, access, and outcomes.

Strategy and Plan Alignment, and Development of IMTP Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
IMTP Development			
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan			
Triangulation of Services			
Commissioning			
Overall Judged Score			

Strategy and Plan Alignment, and Development of IMTP Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
IMTP Development						
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan						
Triangulation of Services						
Commissioning						

Dynamic and Engaged Planning

C) Dynamic and Engaged Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Stakeholder Engagement	Staff and partners are aware of CSS/CSP and there is a public commitment in place to undertake stakeholder engagement.	Organisational engagement is evident in practice and reflected in the CSS/CSP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Staff engagement at an organisation level is increasing.	Full and proactive continuous engagement including diverse communities which informs, owns and tests all impact assessments. Feedback from engagement activities influences and challenges the plan. Planning is also embedded and co-ordinated throughout the organisation.	Internal continuous engagement sees a fully engaged and informed workforce who are able to co-produce. Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the CSS/CSP.
Service Delivery Risk and Issue Management Approach	Organisation has a service risk management approach in place, but it has not been fully adopted across all areas.	Organisation has service risk management approach embedded across all areas of the organisation and has robust plans in place to address / mitigate risks	A risk management approach is evident and consistent across organisation. The organisation stop fragile services are identified.	The risk management approach enables the early identification of fragile or soon to be fragile services allowing for early intervention to ensure service sustainability. Organisation sees less urgent service changes.	Potential fragile services identified early and robust risk management across organisation pre-emptively responding to emerging service risks and the organisation is able to flexibly adjust plan. The Board are informed and regularly updated on fragile services and organisation rarely sees urgent service changes.
Service Model / Regional Design	Organisation has no route, or route is ineffective to discuss potential opportunities or joint risks. Regional collaboration is minimal, ad hoc, and lacks strategic intent.	Strengthened partnership working arrangements are in place. A methodology for working together is developed, with early efforts to align priorities and build trust.	Opportunities for regional working and shared solutions are identified and developed collaboratively. Planning is increasingly aligned across organisations, with joint priorities and resource sharing.	Agreed proposals for robust regional service models (e.g. consolidation, shared services) are in place and delivery is underway. Governance structures support joint accountability and performance management.	Regional collaboration is fully embedded, strategically led, and continuously evolving. The organisation is a proactive system leader, driving the development, implementation, and optimisation of shared service models and regional solutions. Collaboration is underpinned by co-produced strategies, shared governance, and dynamic intelligence. The organisation anticipates future needs, fosters innovation, and delivers measurable improvements in equity, efficiency, and outcomes across the region.

Dynamic and Engaged Planning Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Stakeholder Engagement			
Service Delivery Risk and Issue Management Approach			
Service Model / Regional Design			
Overall Judged Score			

Dynamic and Engaged Planning Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Stakeholder Engagement						
Service Delivery Risk and Issue Management Approach						
Service Model / Regional Design						

Operational Planning

D)Operational Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Demand & Capacity Modelling	Basic demand and capacity work is undertaken and contains an appropriate level of detail to support service delivery	Demand and capacity planning undertaken at speciality level to support the design of current and future services. Data is more structured and used to inform service-level decisions	Robust and profiled projections of demand and capacity are used to inform the development of individual service plans, the Clinical Services Plan, and the IMTP. Planning is increasingly data-driven and cross-functional.	The organisation uses detailed and advanced modelling capability to support strategic planning. Demand and capacity modelling is embedded in the IMTP and informs transformation, workforce, and financial planning. Predictive analytics and AI tools support long-term planning.	Demand and capacity modelling including modelling projections is at the core of planning processes across the organisation. Predictive analytics and AI tools support long-term planning. Modelling triangulates resources, staff, finance and activity. It is able to undertake modelling at all levels of prevention and illustrates scenarios for improvement for the IMTP.
Clinical Leadership & Input	Clinical leads are identified and their roles are defined. Engagement is limited to basic consultation or information sharing	Clinical leads begin to inform service planning and contribute to performance improvement discussions. Their input is considered but not yet central.	Clinical leads are embedded early in the planning cycle to ensure that service design is clinically credible and patient-centred. Clinical leads co-produce plans and provide leadership in development processes. Their involvement is structured and increasingly strategic.	Clinical leadership is embedded in operational planning. Clinical teams actively shape service direction in alignment contributing to future direction services in line with clinical services plan.	Clinical leadership sits at the heart of planning and performance with a strong focus on quality and improvement. Clinical leaders co-produce plans and drive the future direction of plans through developing a culture of quality, innovation, and continuous improvement, fostering deep engagement and ownership across clinical teams.
Planning Process	Organisation has basic operational plans and planning process in place.	Operational plans are regularly reviewed and remedial action undertaken.	Operational plans have robust triangulation and modelling of plans based on a clear and consistent approach to demand and capacity modelling across the organisation	Coherent aligned and triangulated plans with clear links to CSS and CSP, including, with staff owning, adapting, acting on and learning from variation and inequity.	Operational plans are fully aligned and integrated into the development of IMTP and CSP. Staff own the process and act on opportunities and learning to improve holistic service provision and patient experience.

Operational Planning Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Demand & Capacity Modelling			
Clinical Leadership & Input			
Planning Process			
Overall Judged Score			

Operational Planning Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Demand & Capacity Modelling						
Clinical Leadership & Input						
Planning Process						

E) Best Practice Approach to Improvement

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Engagement	Engagement is minimal and reactive. Feedback is collected from patients and staff, but there is no structured approach to measuring the effectiveness of engagement activities or approach. Insights are rarely used to inform decision-making.	The organisation has a visible commitment to best practice, supported by training and an improvement strategy. Engagement with national programmes is active, and structured methods for collecting feedback and measuring impact are in place, though not yet fully embedded.	Organisation is developing an engagement strategy/plan and is proactive in identifying and learning from best practice in engagement to ensure voices are captured from all stakeholders especially clinical, minority and diverse voices.	Engagement is embedded across all organisational activities—planned and unplanned. The engagement strategy ensures robust inclusion of diverse and clinical voices, supported by strong data collection and analysis. Feedback directly informs action, driving continuous improvement.	Stakeholder engagement is transformational—co-designed and co-led by patients, staff, and communities. Real-time feedback tools enable adaptive responses, while inclusive practices ensure diverse voices shape decisions. The organisation is nationally recognised for its leadership in engagement, with a clear link between stakeholder input and measurable improvements
Benchmarking	Organisation is beginning to explore value-based healthcare principles, but planning remains reactive and output-focused. Benchmarking is ad hoc, with limited structure or consistency. There is minimal understanding of how comparative data can drive improvement, and benchmarking is not yet linked to strategic goals.	Value-based planning is gaining traction, and regular benchmarking is conducted with other NHS organisations. The organisation begins to use structured benchmarking methods to identify best practice, though application is inconsistent. Staff awareness is growing, and benchmarking is starting to inform service reviews and improvement discussions.	Benchmarking processes are formalised, consistently applied, and span across Wales and the UK. The organisation uses comparative data to identify performance gaps and inform strategic planning. Benchmarking is aligned with value-based healthcare principles, and results are used to prioritise improvement initiatives. Staff are engaged in interpreting data and applying insights to their areas.	Benchmarking is fully integrated into planning and performance cycles. Staff across the organisation actively lead benchmarking and improvement initiatives, using data to drive decisions and measure impact. There is a strong culture of ownership and continuous learning. Benchmarking includes qualitative and quantitative measures, peer comparisons, and outcome-focused metrics aligned with patient value. Insights are shared across teams and used to scale best practice.	Demonstrates full integration of benchmarking and value-based planning across strategic, operational, and clinical areas. Advanced analytics, including predictive and real-time data, drive proactive improvements and innovation. Recognised as a leader in the NHS, the organisation shapes best practice while fostering a culture where staff lead continuous improvement and scalable innovation.
Governance	Governance arrangements are informal, fragmented, or unclear. Oversight of IMTP development is minimal, with limited	A governance structure has been established to provide direction and oversight for IMTP	A formal governance and accountability framework is in place for IMTP development and	Governance is embedded across the organisation, with a mature CSS and oversight mechanisms that are	Governance is fully integrated, agile, and strategically aligned across all levels. Oversight of the IMTP, CSS and CSP is co-produced with clinical leaders and stakeholders, supported by

	<p>accountability, transparency, or alignment to strategic priorities. There is no structured process for risk management, stakeholder involvement, or performance monitoring.</p>	<p>development. Roles and responsibilities are defined, and basic reporting mechanisms are in place. There is growing awareness of the need for structured governance, but integration with programme-level planning and delivery is still emerging.</p>	<p>monitoring at programme level. IMTP and CSS/CSP governance is aligned with strategic objectives, includes defined escalation routes, and supports performance tracking. IMTP Governance is periodically tested for improvements.</p>	<p>reviewed annually for relevance and effectiveness. IMTP and CSS/CSP governance structures support cross-functional collaboration, robust data use, and continuous improvement. Governance is constantly and pro-actively tested for improvements.</p>	<p>real-time data, predictive analytics, and dynamic risk intelligence. IMTP/CSS/CSP governance structures are benchmarked against national best practice, continuously refined, and used to drive innovation, accountability, and system-wide impact. Decision-making is transparent, inclusive, and outcome-focused.</p>
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Best Practice Approach to Improvement Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Engagement			
Benchmarking			
Governance			
Overall Judged Score			

Best Practice Approach to Improvement Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Engagement						
Benchmarking						
Governance						

Realistic & Deliverable

F) Realistic & Deliverable

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Risk Identification & Management	Risk identification and management are inconsistent and reactive. Risks to IMTP delivery are not systematically captured or monitored. There is limited ownership or visibility of delivery risks.	A formal risk management process exists and is applied to IMTP delivery at a high level. Risks are identified at the planning stage and tracked through basic registers and reviewed periodically. Ownership is clearer, but integration with delivery assurance is limited. Escalation processes in place but not always followed.	Risk identification and management are embedded in IMTP development and delivery processes. Risks are identified early and linked to specific objectives, milestones, and outcomes. Controls are monitored, and mitigation actions are tracked. Risk registers are dynamic and inform delivery with clear ownership.	Risk management is proactive, strategic, and forward-looking with an agreed and clear risk appetite. Risks are anticipated and identified through horizon scanning, sensitivity analysis and scenario planning. The organisation adapts delivery plans in response to emerging risks with regular reviews. Lessons learnt informs future IMTP cycles.	Risk management is fully embedded across the organisation and system partners and is triangulated across workforce, finance, digital and clinical lenses. It is predictive, real-time, and continuously informs IMTP delivery through live dashboards and predictive analysis. The organisation leads in using risk intelligence to drive improvement, resilience, and transformation. The organisation operates continuous learning and is recognised for excellence in risk-informed delivery assurance.
Development of IMTP and track record	The organisation has a track record of submitting annual plans that do not meet the requirements of the planning framework, Cabinet Secretary expectations or provide a financially balanced plan over 3 years. Planning is largely operational and short-term, with limited strategic integration and has limited clinical or financial planning alignment and limited stakeholder engagement.	The organisation consistently develops robust annual plans that build assurance as a key step toward an approvable IMTP. Plans begin to reflect medium term priorities, include a finance and delivery framework, and show early signs of strategic alignment including financial forecasts and delivery milestones.	The organisation has developed an approvable, outcomes-focused IMTP that reflects strategic priorities, enabling plans and clinical service plans. A robust 3-year sustainable financial plan is included, with clear links to service transformation (with milestones and timelines) with clearly articulated risks and mitigations.	The organisation has a history of submitting high quality IMTP's that are strategically integrated and includes a comprehensive delivery and assurance framework. It demonstrates alignment across all enabling strategies and is informed by detailed modelling, population health intelligence, and with significant stakeholder input.	The organisation is recognised for excellence in IMTP delivery and assurance and has a long history of developing and submitting high quality IMTP's which surpass policy expectations and is recognised as a system-leading exemplar. It is co-produced and informed by detailed analysis and predictive tools to drive transformation across the health system, delivers the quadruple aim.
Monitoring and Delivery	Monitoring of annual plan or IMTP delivery is ad hoc and reactive and focused on immediate operational issues. There is limited visibility of progress, and reporting is inconsistent.	The organisation has a structured approach to monitoring annual plan or IMTP delivery with ownership of delivery emerging across services.	Monitoring of IMTP delivery is consistently seen as business as usual and integrated with performance management reviews and	IMTP delivery is monitored through a robust, outcome-focused framework which includes impact evaluation. The organisation adapts delivery plans based on	IMTP monitoring and delivery are embedded in real-time, system-wide performance and governance structures. The organisation demonstrates strategic leadership in delivery assurance, advanced triangulation, using predictive analytics, scenario planning, and co-

	Accountability is unclear and delivery risks are not systematically managed.	Key milestones and actions are tracked, and reporting mechanisms are in place through basic dashboards and reported to the Board regularly. Accountability is improving, but integration with performance and risk management is limited.	risk assurance processes. Progress is tracked against outcomes, and corrective actions are taken. Delivery is supported by enabling functions and aligned with strategic priorities. Delivery is starting to inform future planning.	performance insights, emerging risks, and system pressures. Staff are engaged in owning and delivering IMTP priorities.	produced improvement plans. Delivery is continuously optimised to achieve the quadruple aim. Continuous improvement cycles are embedded, with clear evidence of impact and the
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Realistic & Deliverable Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Risk Identification & Management			
Development of IMTP and track record			
Monitoring and Delivery			
Overall Judged Score			

Realistic & Deliverable Actions





Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Risk Identification & Management						
Development of IMTP and track record						
Monitoring and Delivery						



CALLING TIME FOR CHANGE

**North Wales Alcohol Harm Reduction Strategy
2025-2028**

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Foreword

This Strategy has now been 'refreshed' for 2025-2028, and builds upon the achievements to date, some of which have benefitted from Area Planning Board funding. These include – making it as easy as possible for the residents of North Wales to access information; support and signposting to services via Rethinking Our Drinking; support the development of the Very Brief Intervention training for workplaces; and supporting the Best Bar None schemes, rewarding pubs, bars and nightclubs to provide a safe, night time economy.

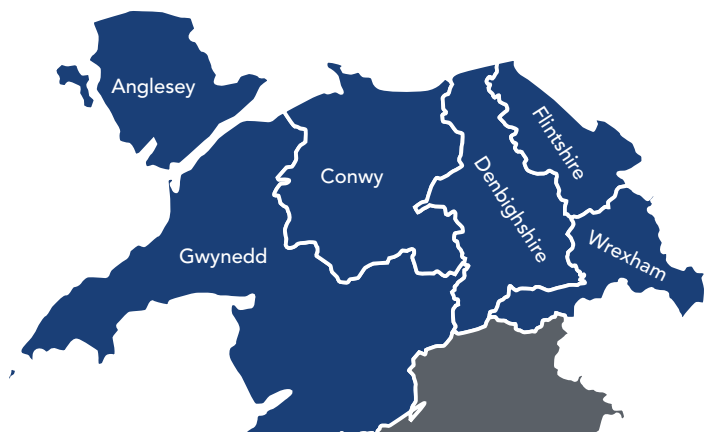
The Strategy for 2025-2028 builds on the work and partnerships developed, and aligns with the Welsh Government Substance Misuse Delivery Plan 2019-2022, which seeks to reduce the harms associated with substance misuse, including alcohol, to the individual and wider society. Alcohol is thoroughly integrated into all aspects of society and our culture, is widely available, and has become increasingly affordable. Where alcohol is drunk sensibly it is enjoyed by many.

However, alcohol is a strong drug with serious health implications. Alcohol misuse has a marked effect on the physical and mental health wellbeing of the individual, as well as affecting their family and wider society. Alcohol misuse is strongly linked to crime and disorder, antisocial behaviour, assault and domestic violence. Compared with the pre Covid-19 period alcohol-specific death rates in Wales have risen.

There is no single organisation well placed to address all the harmful impacts of alcohol. This Strategy sets out our partnership commitment to reduce the harms of alcohol misuse over the next 3 years and requires a collaborative approach across the region whilst also addressing local issues. This is why the Strategy has been 'refreshed' in partnership and is endorsed by me, as Chair of the North Wales Area Planning Board, on behalf of strategic partners for substance misuse (alcohol).

Changing a culture and our relationship with alcohol is a long process consisting of incremental changes over a period of time. This Strategy sets out the priority areas required to achieve the long-term goal of reducing the harmful patterns and impacts of alcohol consumption and highlights the need for a whole system approach of collaborative partnership working to address the multiple harms of alcohol consumption.

Andy Jones
Chair - North Wales Area Planning Board



Introduction

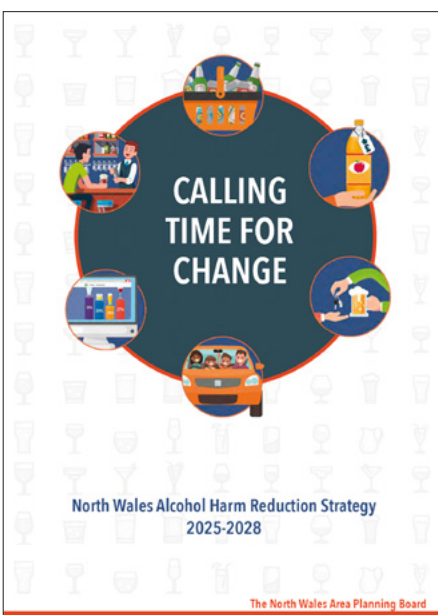
The ambition is to have a culture in North Wales that promotes and enjoys a positive relationship with alcohol, where non-drinking or low level alcohol consumption is valued and considered the norm. In addition, where alcohol adversely impacts on lives, abstinence is supported as a choice.

Our Area Planning Board (APB) is a partnership, which supports the planning, commissioning and performance management of substance misuse services for people across the whole of North Wales. Its role is to deliver the aims of the Welsh Government's Substance Misuse Delivery Plan 2019 – 2022 'Revised in response to Covid-19' outlined below -

- Prevent harm
- Support those who misuse substances to improve their health and maintain recovery
- Support and protect families
- Tackle the availability of substances, and protect individuals and communities through enforcement
- Develop stronger partnerships; workforce development and service user involvement
- Improve the experience and quality of care for individuals and families through greater engagement and involvement

This Strategy aligns to the five ways of working in the Well-being of Future Generations Act (Wales) 2015². This legislation ensures that all decisions taken by public bodies in Wales support sustainable development, thus ensuring that what we do today to meet the needs of our population does not compromise the ability of our future generations to meet their needs.

How the Strategy has been developed



The APB prioritised the development of a Strategy for reducing the harm from alcohol. Across the different partners that make up the APB there are differing interpretations of what harm reduction means. It was therefore important to identify a range of partners to contribute to and develop the Strategy for 2020-2024 and the refresh for 2025-2028.

This local Strategy aligns with the National Alcohol Misuse Prevention Partnership (NAMPP) alcohol harm reduction multifaceted approach and adopts an Alcohol Theory of Change (ATOC) framework. The ATOC is a mechanism used to link evidence-based activities to the aims and outcomes of alcohol harm reduction. Presenting the strategic priorities and activities in this way informs and shapes future work on developing an implementation/action plan, and how progress and effectiveness can be monitored.



Aim

The aim of the Strategy is to reduce alcohol related harms through:

- Promotion of a safe and sensible approach to alcohol consumption
- Protection of families and wider communities from adverse impacts of alcohol
- Reducing the impact of alcohol related harms
- Producing robust working relationships and referral pathways between service providers

The Strategy informs the APB future programme of work in respect of Alcohol Harm Reduction, and further supports the Board in highlighting areas likely to contribute to the reduction of harm from alcohol that lie outside its sphere of control. The Strategy shapes future allocation and spend of APB monies and resources that are separately put in by partner agencies and consumers.

What we know about the harm from alcohol



Alcohol is **74%** more affordable than it was in 1987³. Minimum unit pricing aims to reduce alcohol-related harm by making alcohol less affordable.



There were **109 alcohol-specific deaths** (all persons) in North Wales in 2023, an increase since 2019 when there were 89 alcohol-specific deaths⁵

Alcohol misuse is the **biggest risk factor** for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages⁶

In 2021-2023 in Wales, the alcohol-specific death rate was **16 per 100,000 persons**, rising from 13.7 in 2019-2021⁵.



The average drinker in the UK spends **£62,899** on alcohol in a lifetime⁴.



Individuals **aged 50 and over** accounted for **65 per cent** of all those admitted to hospital for alcohol-specific conditions in 2022-23⁷.



Alcohol is a causal factor in more than **200 medical conditions**⁸.

Drinking behaviour

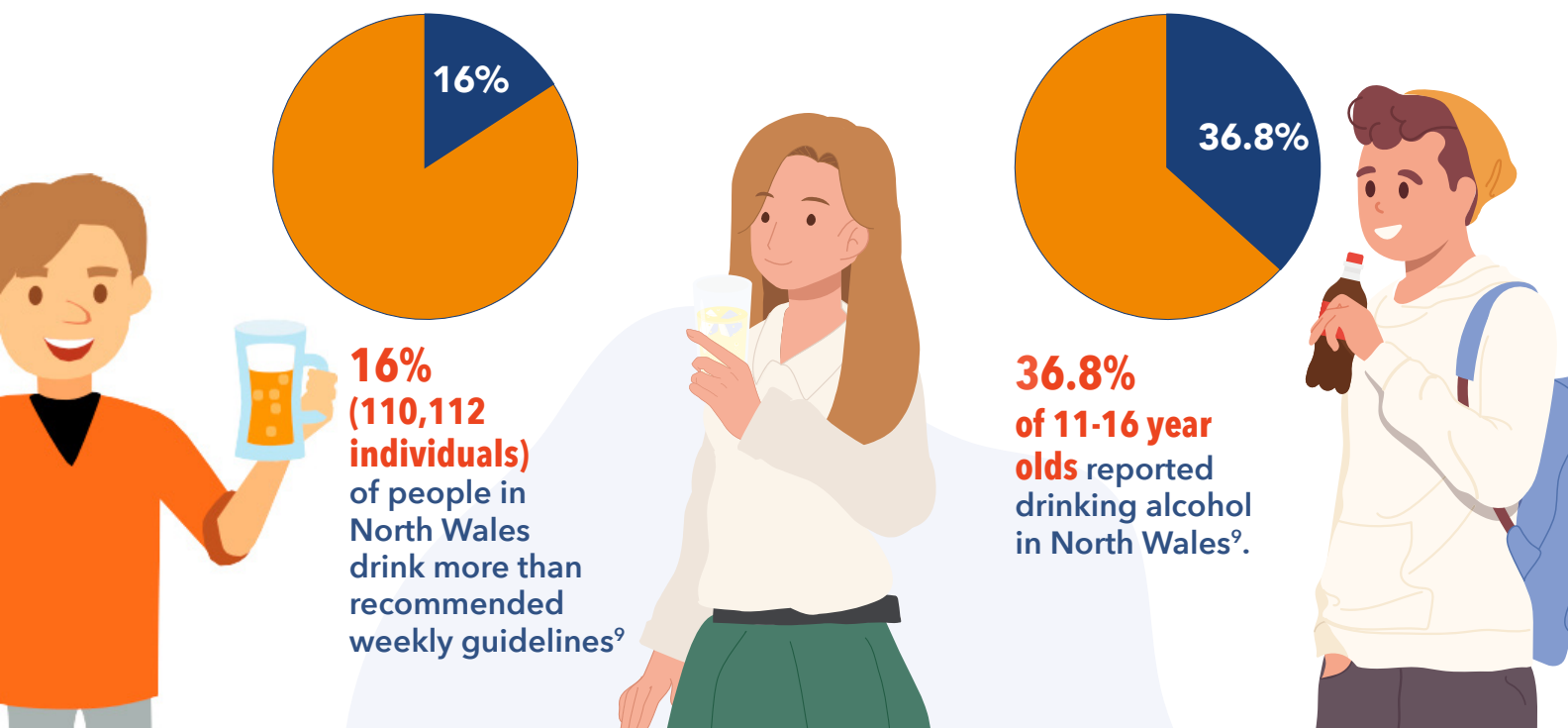
The current guideline states that to keep health risks from alcohol to a low level it is safest for men and women not to drink more than **14 units a week on a regular basis and spread drinking over 3 more days if regularly drinking as much as 14 units a week**. Table 1 gives an overview of the numbers of estimated adults in North Wales who drink above the current guidelines.



Table 1: Adults drinking above guidelines - age-standardised and age-specific percentage of adults (aged 16 or over) who reported drinking above guidelines (14 units a week)^{9,10}.

	Total population (2022 mid-year estimate ONS)	Estimated numbers drinking above recommended amounts*	Age Standardised percentage	Change since 2021/22
Isle of Anglesey	57,688	6115	10.6	↓
Gwynedd	100,124	17,221	17.2	↓
Conwy	96,367	17,057	17.7	↑
Denbighshire	80,182	7938	9.9	↓
Flintshire	128,665	26,247	20.4	↑
Wrexham	111,605	17,298	15.5	↓

* Figures calculated using data from Public Health Wales Observatory⁹ and the mid-2023 ONS population estimates¹⁰.



Impact of alcohol misuse on families and communities

Alcohol and substance misuse in parents has increased following the Covid-19 pandemic, this can increase the number of domestic incidents and parental mental health problems, which may result in children being at risk of harm¹¹.

Table 2: Children receiving care and support due to parental substance or alcohol use in 2023

County	Children receiving care and support due to parental substance or alcohol use - N (%)
Anglesey	340 (37%)
Gwynedd	755 (32%)
Conwy	535 (29%)
Denbighshire	490 (26%)
Flintshire	630 (39%)
Wrexham	370 (17%)
Total North Wales	3120



In 2023 in North Wales there were **3120 children** aged over 10 receiving care and support due to **parental substance use or alcohol use**, an increase of 7% since 2022¹².

Table 3: Children receiving care and who have a reported problem with alcohol or substance use in 2023

County	Children receiving care and had a reported problem with alcohol or substance use (N)
Anglesey	10
Gwynedd	45
Conwy	25
Denbighshire	(no data*)
Flintshire	35
Wrexham	25
Total North Wales	140

**To minimise the risk of unwanted disclosure of personal data, all figures have been rounded to the nearest five. Where there are less than five children in any group, the actual number has been suppressed.*



In 2023 in North Wales, **over 140 children** aged over 10 were receiving care and **had a reported problem with alcohol or substance use**¹².



Where are we now

Much work has taken place in the development of partnerships in the region to tackle alcohol related issues and the delivery of services to support those that experience, directly or indirectly, the harms of alcohol. A high proportion of this partnership working has taken place at a local level with a limited reach.

Learning from the various alcohol projects in North Wales supports the need for a coordinated, regional multi-agency approach to tackling alcohol related harms.

Whilst the broad and diverse range of organisations engaged in dealing with alcohol related issues across the region demonstrates effective partnership working, further work is required to strengthen early identification of hazardous and harmful drinkers across all age groups, in addition to supporting prevention and early intervention approaches. This work needs to be embedded at a population, organisational, community, family and individual level.

Future Vision

The vision for this Strategy is that through partnership working across the region, a change in the drinking culture in North Wales will be achieved, reducing the harm caused by alcohol to individuals, families and communities, and creating an environment where low level or abstinence from alcohol consumption is the norm and where harmful and hazardous drinkers are identified early and supported via intervention programmes.

This change can only be brought about by the active engagement and involvement of APB partners, public, volunteer and 3rd sector bodies across the region, working in a collaborative and integrated manner. The vision is to effect cultural change. Any cultural change takes time; both for the passing of old aspects of a culture and the adoption and embedding of new behavioural norms and attitudes. This is reflected in the long-term nature of the Strategy.

This Strategy articulates how the APB, together with its partners and stakeholders across North Wales will bring about that cultural change.

Priority 1

Safe and Supportive Environment

We will promote responsible retailing and support a safe, vibrant and diverse night-time economy, through working in partnership with local alcohol businesses to reduce alcohol related harm.

We will work with partners to provide supportive environments in the workplace and school settings.

What do we know?

Supportive environments offer people protection from factors that can threaten good health and make healthy choices the easiest choices. Settings refer to environments where people live, learn, work & play, such as schools, hospitals, workplaces and cities.



Alcohol and the night-time economy

- A vibrant night-time economy plays a crucial role in not only sustainable growth, but also by making a positive contribution to Welsh life and culture. Night-time economies are a valuable asset to Wales. However, growth in the night-time economy has been associated with increasing levels of anti-social behaviour, unintentional behaviour, accident and emergency admissions, criminal activity and substance misuse¹³. There is a balance needed to retain the economic benefits but reduce the costs imposed by irresponsible drinking.
- Research was undertaken on the impact of the Covid-19 pandemic on young people's perceptions and use of the nightlife environment and drinking behaviours within North Wales. The methodology of the research included a scoping review, focus groups and surveys¹³.

Findings suggested that although patterns of alcohol use were mixed, there was some evidence of a trend towards young people consuming more alcohol during the Covid-19 pandemic than before, particularly binge drinking. In the focus group, when prompted to discuss alcohol-related harms within nightlife, the health issues related to the misuse of alcohol were not discussed. Instead, young people largely felt that some of the most problematic areas of nightlife were related to drugs and violence victimisation, whether it be the safety issues related to drug use within nightlife, witnessing or experiencing spiking, or witnessing and experiencing sexual violence¹³.



Alcohol and the workplace

- Alcohol misuse increases the risk of injury, absenteeism, poor performance and unemployment¹⁵ and is a significant cause of low productivity. A number of studies indicate that drinking can impair people's performance at work¹⁴. Research amongst North Wales residents during the Covid-19 pandemic suggested that working from home and reduced travel to attend the workplace increased alcohol consumption¹⁵.



Alcohol and Schools

- In Wales, there were 912 pupils excluded from school for a fixed-term of any length due to drug and alcohol use in 2022/23 (10.2% of fixed-term exclusions for any reason). This is an increase from the pre-pandemic data of 463 pupils excluded from school for a fixed-term in 2019/20 (3.3% of fixed-term exclusions for any reason)¹⁶.



Drink Driving

- There is strong evidence of a direct relationship between the amount of alcohol consumed and the ability to drive safely. Young people aged 20-24 are more likely to be involved in alcohol-related road collisions, with 19 collisions per 100,000 driving licence holders compared to 6 per 100,000 licence holders aged 50-59 years¹⁷.
- In Wales, in 2021, 320 people were killed on the roads where a driver was over the alcohol limit, this is a decrease from 550 in 2011¹⁸.

What has been achieved so far?

- ✓ **The Best Bar None (BBN)**¹⁹ scheme currently operating in Wrexham and Conwy is a national scheme to improve safety in licensed premises and reduce alcohol-related violence. The APB have provided funding for the ongoing delivery of the BBN scheme.
- ✓ The APB led a multi-agency learning event on **alcohol in the workplace** which culminated in the launch of the **Very Brief Interventions tool**. The training features within the Workforce Development programme delivered by Adferiad²⁰.
- ✓ **Street Pastors**²¹ work in the night time economy across the region offering a friendly, caring and non-judgmental assistance to vulnerable people within the night time economy
- ✓ **'Hafan y Dref'**²² welfare centre in Wrexham provides a safe space where people who have become vulnerable due to consuming too much alcohol or taking drugs, can receive medical attention and support. The centre received funding from the APB.
- ✓ All counties across North Wales have received funding since 2020/1 from the Home Office for the **'Safer Streets'**²³ initiative to improve public safety and feelings of safety. Interventions include preventing violence against women and girls in public, neighbourhood crime and anti-social behaviour.
- ✓ The **Drink and Drug Driving** campaign led by North Wales Police targets those driving whilst under the influence.
- ✓ **School policies for Substance Misuse** are in place across North Wales and provide a clear reference for teachers, families and pupils to identify where support is available and how schools respond to particular situations when they occur.



What will we do differently?

- Continue to work with Licensing Authorities to ensure Licensing Policies reflect and are supportive of the priorities of the Alcohol Harm Reduction Strategy.
- Evaluate the Best Bar None initiative in improving standards in the night time economy.
- Link with the Community Safety Partnerships where prevention of alcohol related violence is included in delivery plans.
- Support all workplaces (public and private) to promote safer drinking (recommended units), develop an alcohol-free policy during working hours and develop a supportive culture with links to support services and promotion of mutual aid.
- Work with educational leads to attain the highest minimal standards for educational settings in relation to alcohol across the region.
- Seek out good/best practice and ensure, where appropriate, that it is replicated/rolled out across the region.

Priority 2

Changed attitudes and social norms

We will increase knowledge and understanding of alcohol related harms and enable people in North Wales to have a positive relationship with alcohol and work towards a culture in which non-drinking or a low level of alcohol consumption is valued and accepted as a norm.

What do we know?

Trends in alcohol consumption constantly change. They are influenced by many different factors: age, gender, socio-economic status, cultural beliefs, social and peer pressure and where people live. How alcohol is marketed, its availability and legislation also influence people's attitudes towards drinking²⁴.

In Wales, around 17% of people do not drink at all, a figure which is increasing, particularly among young people²⁵. In general, higher earners are more likely to drink alcohol than those on lower incomes, although those in more deprived circumstances are more likely to experience serious alcohol harms. The older generations are more likely to drink regularly. Men are more likely to binge drink than women, apart from in the younger age groups, where women and men are equally likely to binge drink²⁴. There is also some evidence that binge drinking may be increasing in younger age groups¹³.

Most of the alcohol sold in the UK is bought by people who drink heavily. The very heaviest drinkers, who make just 4% of the UK population, consume around 30% of all the alcohol sold. About a quarter of profits made by the alcohol industry arise from these very heavy drinkers²⁴.

During the Covid-19 pandemic, changes were viewed in people's attitudes towards alcohol, when drinking at home became more of a social norm. In 2020 there was greater access to alcohol purchased online, many people temporarily increased their alcohol use at home as a means of coping with mental health issues such as stress and loneliness¹³.



Adults:

Across Wales there is **higher prevalence of drinking above guidelines in males**, it is double that of females, in addition, **a quarter of adults** across Wales aged 45-64 years drink above guidelines.

In 2022-23, the rate of alcohol specific admissions to hospital in Local Authority areas across North Wales ranged from 253 per 100,000 persons in Anglesey, to 386 per 100,000 in Denbighshire. Gwynedd, Anglesey, and Wrexham were the only Local Authority areas in North Wales that have seen an increase in hospital admission rates due to alcohol-specific conditions since 2018-19⁷.

There is a higher rate of alcohol related hospital admissions for those living in areas of deprivation. The proportion of all patients admitted for alcohol specific conditions who lived in the 10 per cent most deprived areas was 2.9 times higher than those from the least deprived areas⁷.



Awareness of risks:

Many people who choose to drink alcohol are aware that drinking alcohol carries a number of risks, both in terms of what it can do to a person's body and in terms of the risks associated with being drunk.



Parents as a positive influence on their children's attitudes to alcohol

The family is an important influence on children's views about normal and acceptable drinking. Young people who have parents/carers with less restrictive attitudes towards their alcohol use are more likely to start drinking alcohol than their peers. They are also more likely to drink and get drunk more frequently²⁶.



Schools and colleges include alcohol education in the curriculum

Schools and colleges have an important role to play in helping children and young people consider the harmful consequences of alcohol. NICE recommends a whole school approach to alcohol including alcohol education in the curriculum²⁷.



Alcohol industry marketing is regulated

Despite clear evidence to show the harm from alcohol, commercial companies continue to promote alcohol products to boost sales²⁸. Expanding their customer base and encouraging existing customers to buy more, means that younger drinkers in particular are targeted, providing significant profits for the alcohol companies in the future^{29, 30, 31}.

The marketing strategies used by the alcohol industry serve to distort messaging around the evidence of the harm that alcohol can do, for example suggesting that alcohol problems are confined to a small minority of drinkers, whereas robust evidence shows that there is a risk to health from alcohol across all types of drinkers. The social, mental and physical harms associated with drinking alcohol are actually attributable to both heavy drinkers and moderate drinkers^{28, 29, 30, 31}.

What has been achieved so far?

- ✓ **Drink Less Enjoy More** is a multi-agency harm reduction project in Wrexham addressing binge drinking among young people, with a focus on reducing preloading. It involved training to young people and door staff, test purchasing and a public awareness campaign.
- ✓ **Research was undertaken on the impact of Covid-19 pandemic on young people's perceptions and use of the nightlife environment and drinking behaviours within North Wales.** Findings suggested that the Covid-19 pandemic had adverse effects on mental health and wellbeing of young people, and resulted in changes in young people's drinking habits¹³.
- ✓ Healthy Working Wales is delivered by Public Health Wales and provides a range of **digital resources** for employers to focus on health and wellbeing including substance misuse³².
- ✓ **Research** into **alcohol harm** across North Wales was commissioned by the Betsi Cadwaladr University Health Board (BCUHB) Public Health Team during the Covid-19 pandemic led to the production of insights for specific audience groups on their attitudes and behaviours related to alcohol¹⁵.
- ✓ Preventative information is delivered to all primary schools across North Wales through the **Don't Touch – Tell programme** funded by the APB, delivered by Adferiad³³.
- ✓ **Adferiad** produce an annual 'Workforce Development programme'²⁰ funded by the APB providing free courses for those wanting to increase their knowledge and skills on a range of topics including alcohol.



What will we do differently?

- Challenge the cultural norm of drinking alcohol, highlighting the role of the social environment in normalising drinking alcohol and making it difficult for others to change their consumption behaviours.
- Deliver initiatives aimed at reducing preloading and serving alcohol to people who have drunk excessively.
- Promote the availability of training to bar staff and door staff to enable them to effectively recognise the signs of vulnerability and how to support affected individuals.
- Make it as easy as possible for residents to obtain information relating to alcohol harm and reduction support services, minimising their efforts to find this.
- Promote strategies to parents and carers that will contribute to minimising harm to their children and promote social norms and positive attitudes around alcohol that contribute to their healthy and safe development.
- Promotion of alcohol-free drinks and development of dry bar events.
- Advocate for tighter regulation of alcohol advertising at a national level.

Priority 3

Reduced Availability

We will reduce alcohol related crime, disorder and anti-social behaviour by preventing and tackling alcohol related offending by individuals and irresponsible alcohol retailing.

We will ensure that robust and appropriate licensing policy is in place and compliance is tested.

What do we know?

Work focussed on the following areas has been proven to be successful in reducing alcohol related harms:

- Fewer areas with a high density of outlets selling alcohol
- There are limits on the opening hours of outlets selling alcohol
- Robust and appropriate statements of licensing policy are in place
- Alcohol is not available for children aged 17 and under



Density of Licensed Premises

Evidence shows that areas with a high concentration of outlets selling alcohol are associated with higher and more frequent levels of alcohol consumption, violence, injuries, road traffic crashes, disorder, sexually transmitted infections, child abuse and suicides³⁴. Areas of high deprivation are more likely to have high outlet density and this may contribute to health inequalities. There is evidence that limiting opening hours, and particularly late-night opening hours of outlets selling alcohol reduces alcohol related harm. Research in England shows that there is a marked relationship between alcohol availability in local areas and hospital admissions³⁵.



Alcohol & Licensing policy

An effective licensing process is an important mechanism to control the availability of alcohol and minimise related harm. Local Best Bar None¹⁹ and Pubwatch³⁶ schemes have been implemented throughout the region with the aim of achieving a safer drinking environment in all licensed premises throughout the UK.



Alcohol and Children

Drinking under the age of 18 is associated with increased risk taking, health harming behaviour and a range of social, health and educational problems. Parents are one of the main sources of alcohol for under-age drinking, and other common ways that children obtain alcohol are from friends, or to ask someone else to buy it. Developments in new technologies and social media also makes alcohol available beyond an average teenager's normal peer group²⁶.



Alcohol and Violence

In North Wales around 10% of violence offences against another person happen when the offender is under the influence of alcohol. This percentage has remained relatively stable since 2022. Of this group, between around 4% and 6% of offences occurs when the offender is the partner or ex-partner of the victim.

In 2024, there were 24,586 crimes of violence against a person in North Wales³⁷, in around 38% of these crimes, the offender was perceived to be under the influence of alcohol¹⁸.

What has been achieved so far?

- ✓ Organisations across North Wales have responded to the Serious Violence Duty by coming together to produce the '**North Wales Without Violence**' Strategy (2024)³⁸. Alcohol intoxication is often associated with aggressive and violent behaviour⁴³.
- ✓ An improved **data** environment to respond to alcohol related violence. Sharing data and information between organisation such as Emergency Departments and Police reduces costs associated with violence.
- ✓ **Test Purchasing** is managed by a memorandum of understanding with local policing and licensing authorities within each Local Authority across North Wales; for example, within one month Wrexham County Borough Council have undertaken 8 underage test purchases with 2 failures for alcohol.
- ✓ The density of **licensed premises** is managed by responsible authorities under the Licensing Act 2003.
- ✓ The Restorative Justice programme is led by the Public Protection officers in Wrexham County Borough Council and responds to those that purchase/or facilitate the purchase of alcohol by **fake or borrowed ID**. The system provides positive support to licensees and their staff and deters the use of false ID. It also seeks to improve compliance with underage drinking law and provides a single point of contact to reduce police involvement. There were 67 forms of identification collected during 2024 with a value of £1,802.



What will we do differently?

- Work to ensure that sufficient resources are in place so that the law on underage sales is effectively enforced.
- Support the delivery of the 'North Wales without Violence'³⁹ Strategy where prevention of alcohol related violence is referenced.
- Produce information for the hospitality industry on arranging alcohol free events and information for participants on staying alcohol free.
- Consider substance misuse treatment providers attending large events to promote awareness and education about substance misuse and encourage engagement with treatment where needed.
- Work with Public Health Wales to update the 'Guide to Public Health and Alcohol Licensing in Wales'⁴⁰.

Priority 4

Reduced affordability

We will assist Welsh Government and Local Authorities to ensure that alcohol is not available at a very low cost per unit of alcohol.

What do we know?



Wales introduced minimum unit pricing (MUP) of alcohol to 50p in 2020. The formula for calculating the MUP is designed to target high-alcohol content drinks, which tend to be consumed by those who are more at risk of alcohol harms⁴¹. Initial evidence from October 2020 found that 10% of drinkers had reduced their alcohol consumption. The effects of the Covid-19 pandemic, however has meant that understanding the effects of MUP on alcohol consumption is challenging⁴².

What has been achieved so far?

- ✓ MUP forms an important part of Welsh Government's overall Strategy for reducing alcohol-related harm, due to its ability to target the habits of those individuals who are most likely to suffer illness and death; and those people who drink at hazardous and harmful levels, including young people. It is designed to target alcohol products, which are sold at very low prices relative to their alcohol content.
- ✓ The effect of the Covid-19 pandemic has created difficulties in understanding the influence of MUP specifically on drinking habits, because of the many changes as a result of the lockdowns associated with Covid-19 pandemic⁴². Currently, there is some evidence of a positive effect of MUP on drinking habits in Wales⁴³.



What will we do differently?

- Work with Welsh Government and Local Authorities to ensure that appropriate **monitoring and evaluation** remains in place to understand how MUP is working and what changes may be indicated, including elsewhere in the system.
- Support Local Authorities in the **enforcement** of MUP⁴³.

Priority 5

Support for behaviour change

We will improve individual's health and well-being through promoting healthier choices, the provision of early help to those wanting to change and effective alcohol recovery services for those who need them.

What do we know?



In **North Wales 16%** of adults were drinking above the weekly guidelines in 2022-2023, which is lower than the Welsh average of 17.2%. Most local authority areas in Wales have seen a reduction in the percentage of adults drinking above the weekly guidelines since 2017, except for **Flintshire which has seen a rise from 16.7% in 2017 to 20.4% in 2023**⁹.



Since 2021, the Welsh Health Survey has measured levels of 'harmful' drinking, showing that around **3% of drinkers consume more than 50 units** of alcohol every week. This percentage has remained stable since 2021 when the data was first collected⁹.

The National Survey for Wales in 2019-20 highlighted that **13.4% of drinkers in Wales reported very heavy binge drinking** on the heaviest day of the previous week. This is a decrease from the 2017 figure of 19%⁹.



The alcohol specific mortality rate in Wales for 2021 was **15 per 100,000**, a rise from 12.5 per 100,000 in 2015. Compared with the pre Covid-19 pandemic period, alcohol-specific death rates have risen in all four UK countries. This is likely due to changes in alcohol behaviour during the pandemic, particularly among heavier drinkers, and the fact that alcoholic liver disease typically takes many years to develop²⁵.

Alcohol specific mortality per 100,000 during the 2020-2022 period in North Wales was **highest in Conwy (16.4)** and **lowest in Gwynedd (11.7)**. All areas of North Wales have seen an increase in rates since 2017, except for Flintshire where rates have remained similar. The sharpest increase is in Conwy which has risen from 11.7 per 100,000 to 16.4 per 100,000²⁵.



The Covid-19 pandemic has had an impact on drinking behaviour. Surveys suggest that although most people did not change their drinking habits in the long-term as a result of the pandemic, those who already consumed alcohol at higher levels were more likely to have increased their drinking, and sustained that increase post-pandemic⁴⁴.



Males aged 55-64 had the highest levels of drinking in Wales in 2022-23, with 32% drinking above 14 units of alcohol in a usual week, compared to females aged 55 – 64, 14% of whom drink above 14 units of alcohol a week⁴⁵.

What has been achieved so far?

- ✔ Support to stop or reduce alcohol intake is available across North Wales; **DAN 24/7** is the Wales drug and alcohol helpline providing free phone and online alcohol support 24 hrs a day 7 days a week. Resources are available to raise awareness of DAN 24/7. BCUHB's **Substance Misuse Service** provides confidential, non-judgemental, professional and accessible support which aims to reduce the harm caused by alcohol.
- ✔ **iCAN Mental health** provides easy to access support on various issues that may cause worry or affect mental well-being. iCAN hubs are available in all six local authority areas along with iCAN Primary care in GP surgeries across North Wales.
- ✔ **'Rethinking Our Drinking'** provides all year around messaging on the BCUHB website and social media platforms⁴⁶. The APB funded data and insight to develop targeted educational messages to enable people to accurately assess their drinking patterns (including units consumed) during Alcohol Awareness Week.
- ✔ **'Dry January'** is the one-month alcohol free challenge run by Alcohol Change UK.
- ✔ **'Blue Light' training** courses led by Alcohol Change UK are funded by the APB. The training helps develop new skills to work more effectively with those drinking at harmful levels.
- ✔ **BCU HB Substance Misuse** deliver an integrated criminal justice substance misuse provision across the six counties of North Wales as well as within the regions three main Custody Suites. The project offers brief interventions, community mutual aid signposting, group work programmes and recovery workbooks.

Multiple mutual aid and peer led groups across North Wales, including:

- ✔ **North Wales Recovery Community:** based on the concept of mutual aid, individuals are supported to develop the positive support network and social capital necessary to develop meaningful lives, breaking the cycle of substance use, offending and homelessness.
- ✔ **Cyfle Cymru** peer mentors across North Wales help people to develop confidence, and provide support to access training, qualifications, and work experience. Helping people affected by substance misuse and/or mental health conditions to gain the skills necessary to enter the world of work.
- ✔ **Champions House** (Wrexham) is a supportive environment for people seeking help to recover. Offers support from a local recovery network for anyone who is looking towards a future without addiction.
- ✔ The Department of Work and Pensions (DWP) identify and build relationships with local drug & alcohol treatment providers, mutual aid groups and peer-led services and help them understand any changes in benefit rules or provide them with **jobcentre practice**. They encourage customers who disclose substance use issues to seek support through a local network of providers. Service users are able to apply for a 6-month drug & alcohol conditionality easement for those in structured recovery treatment.



What will we do differently?

- Review current brief intervention programmes, identify areas trained, numbers of staff trained, gain insight into barriers and facilitators to inform future planning of programme delivery e.g. supporting staff to be released for training.
- Review evidence and statistics to identify specific areas in which the brief intervention programme would be beneficial and target those areas e.g. brief advice in primary care is cost effective.
- Work jointly with partners to ensure referral pathways to alcohol treatment are clear and develop a 'no wrong door' system. Ensure all agencies are able to support any individual requiring alcohol assistance by giving up to date information, accurate and relevant advice and signposting to the most appropriate agency for that individual.
- Monitor and review alcohol treatment and alcohol liaison service to ensure robust and comprehensive service delivery across North Wales.
- Launch Phase 2 of the Alcohol Very Brief Intervention training.
- Support the Alcohol Related Brain Damage (ARBD) pathway focussing on awareness, education and training.
- Ensure that the 'Ask and Act' initiative is implemented and delivered in North Wales cognisant of alcohol frequently being a causative factor in domestic abuse and sexual violence. Ensure that where alcohol related domestic abuse is identified there are processes / services in place which seek to address the issue.
- Establish Alcohol Conditional Bail – in cases of more serious alcohol related offences, for example assault and drink driving.
- Alcohol Treatment Requirements (ATR) – used for offenders with severe alcohol misuse or dependency who are at high-risk of re-offending because of their alcohol use.
- Review utilisation of resources and support of DAN 24/7 to better raise awareness of the impacts of alcohol.



Priority 6

Children, Young People and Families

We will protect children, young people and families from alcohol related harm and support them to achieve better outcomes through early identification, safeguarding and interventions.

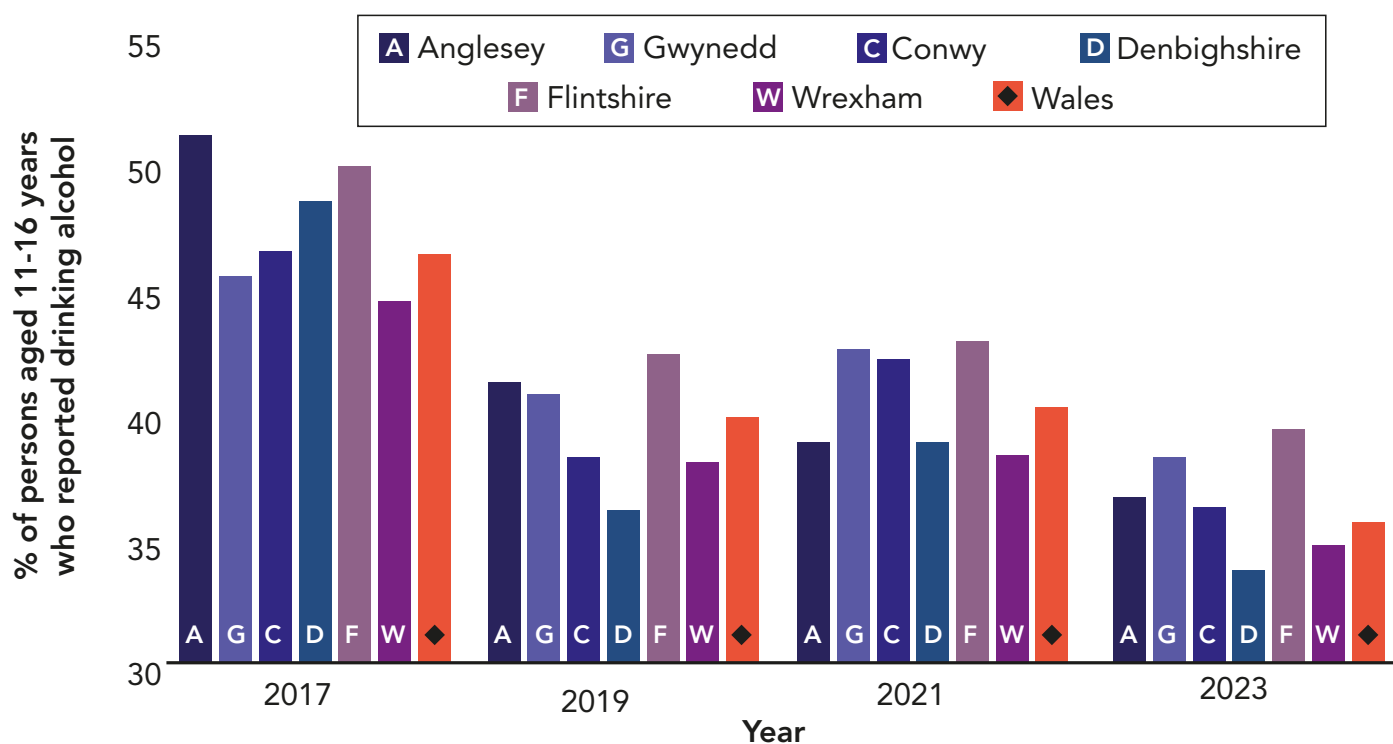
What do we know?

13.2% of referrals to the BCUHB Substance Misuse Midwife in 2024/5 were related to the harms associated with alcohol, and referrals have doubled during 2024-5⁴⁷. The UK has one of the highest international rates of drinking alcohol during pregnancy, which translates to one of the highest prevalence rates of foetal alcohol spectrum disorder (FASD) and other child-related developmental and behavioural problems⁴⁸. The Royal College of Obstetricians & Gynaecologists (2018) highlight the safest approach is not to drink alcohol at all if you are pregnant, or thinking about becoming pregnant or breastfeeding⁴⁹ as it can affect the baby’s development, growth and long-term health⁵⁰.

Children develop an awareness of alcohol at an early age through social media, television, advertising, and their home environments and by age five have already formed basic attitudes and opinions about alcohol. Factors that influence young people’s alcohol use include: curiosity, the need for acceptance and belonging, peer pressure, urge to rebel, boredom, copying habits they see in their environment (home, peer groups, community) and as a coping mechanism and a confidence boost⁵¹.

Table 4 shows a gradual reduction in the percentage of children who report drinking alcohol. Aged 11-16 year olds between 2017-2023 can be viewed in all Local Authority areas across North Wales.

Table 4 - Persons aged 11-16 years who reported drinking alcohol, percentage, North Wales Local Authority areas⁷



A higher prevalence of alcohol use is found amongst vulnerable groups including those who: are in contact with Young Offender Teams, have mental health problems, receive care or support, have carers or families who misuse substances, are not in education, employment or training and school excludees⁵¹.

In Wales, alcohol specific admissions to hospital for under 25s have declined by 68.7% over the last 10 years, from 1280 admissions in 2012-13 to 401 admissions in 2022-23. 50% of the admissions in 2022-23 were males.

Research shows that parental alcohol misuse can have a considerable negative effect on children, young people and the family. Regular heavy drinking reduces the time and resource that parents are able to spend with their children and alcohol misuse is often a factor in cases of child abuse and neglect⁵². Adverse Childhood Experiences (ACEs) are stressful events occurring during childhood, which can include growing up in a household in which alcohol misuse is present. ACEs can have a detrimental impact on health across the life course, contributing to increased health inequalities and mortality⁵². The Covid-19 pandemic greatly affected the mental wellbeing of many young people, and although the links remain unclear, several studies have suggested that this has resulted in greater reliance on alcohol, or an increase in binge drinking among some young people^{53, 54}.

What has been achieved so far?

- ✔ A range of initiatives delivered through Local Authority departments, which support children, young people and families with alcohol related problems such as **Flying Start** and **Integrated Family Support Service**.
- ✔ **Pre-conception care** offered to women in BCUHB.
- ✔ ACE Hub Wales has been working with the Substance misuse sector to adopt the **TrACE (Trauma & Adverse Childhood Experience) informed** organisations toolkit.
- ✔ **Research** was undertaken with pregnant women and parents across North Wales including an online survey and telephone interviews. Key insights were gained which related to their attitudes and behaviours relating to alcohol, and engaging with these groups to develop messages on alcohol harm.
- ✔ The **'Best Start' hub**⁵⁵ provides useful information, advice and support for families during the stages of planning pregnancy through to a baby's early years and beyond.
- ✔ **Alcohol awareness sessions** take place in primary and secondary schools as part of a comprehensive substance misuse programme, delivered by the 'All Wales School Liaison Core Programme', the Healthy Schools' Team and In2Change substance misuse team.
- ✔ The APB commissions substance misuse services across North Wales to Children, Young People and Families: **Wrexham In2change and Inspire, Flintshire Sorted, Barnardo's in Conwy and Denbighshire and Be di'r Sgor in Gwynedd and Anglesey**. The services provided are universal, prevention, early intervention as well as structured treatment services and specialist support treatment to young people identified as having substance misuse issues. A survey has been developed to gather views of young people's experience of the services to inform improvement.
- ✔ The APB has commissioned **Familial Services** in each county seeking to reduce the negative impact of parental substance misuse and reduce the risk of young carers becoming involved in substance misuse themselves.

- ✓ The North Wales **Families Affected by Imprisonment (FABI)** programme is funded by the Office of the Police and Crime Commissioner for North Wales. The programme works jointly with multi-agency professionals for families, children and young people.
- ✓ A commissioned service between Child and Adolescent Mental Health Services (CAMHS) and District General Hospitals providing assessments and interventions for young people with substance misuse issues presenting at each of the three District General Hospitals in North Wales. Ensuring follow up and intervention on discharge.
- ✓ The North Wales Substance Misuse **Workforce Development programme**²⁰, delivered by the Adferiad Learning and development team is commissioned by the APB. The programme offers a range of courses addressing substance use and mental health issues for Youth Services, teachers and other young-person-facing services to raise awareness of issues and signposting.



What will we do differently?

- Continue to support the role of the Specialist Substance Misuse Midwife providing specialist care and advice to pregnant women with substance misuse problems including alcohol.
- Develop a Foetal Alcohol Spectrum Disorder awareness and educational campaign for health professionals and the general public to raise awareness of the impact of alcohol on unborn babies. Establish selective preventative strategies aimed at women of childbearing age.
- Review the School Health Research Network (SHRN) data on alcohol consumption and support the production of resources to deliver the Welsh Network of Healthy School scheme.
- Review utilisation of resources and support of DAN 24/7 to better raise awareness of the impacts of alcohol.
- Consider the findings of the research undertaken on the impact of Covid-19 pandemic on young people's perceptions and use of the nightlife environment and drinking behaviours within North Wales; including binge drinking and safety issues including sexual violence and assaults.
- Adferiad will produce a 'Bitesize' training video on alcohol related issues for a range of professionals working with young people; particularly those working in District General Hospitals.
- Raise awareness with parents of the harmful effects of alcohol for children under the age of 18 years.
- Arrange a Best Practice forum to support the development of alcohol resources / interventions to be used by Children and Young People and Practitioners.
- Explore the provision of Tier 4 Inpatient Services for young people requiring detox or rehabilitation support.
- Engage and listen to the voice of children and young people to inform the development of preventative measures with respect to alcohol use.
- Ensure that the impact of alcohol on the lives of excluded young people feature as part of intervention programmes.
- Develop a drug and alcohol diversion scheme via a regional Out of Court policy.

Implementation of the Strategy

This Strategy identifies actions that will rebalance the relationship that the population of North Wales has with alcohol. In order to affect that change and cultural shift to a place where non-drinking or a low level of alcohol consumption is valued and accepted as a norm, thereby reducing the harms associated with alcohol consumption, engagement across a range of bodies is required, which include:

- Primary Care
- Health Board
- Local Authorities
- Police and Criminal Justice System
- Educational services and Services for Young People
- Hospitality/Leisure and retail outlets and other settings which sell alcohol
- Housing sector
- Third sector

Local partnerships already exist which can form a focus for reducing the harms caused by alcohol misuse and are excellent examples of good practice. There is a need to build on that to create a better coordinated and multiagency collaborative approach to reducing alcohol related harm in North Wales. A strategic approach to communications needs to be adopted to ensure effective sharing of information, data and good practice across harm reduction initiatives in the region.

This Alcohol Harm Reduction Strategy sets the foundation for the development of the APB Action Plan for tackling the impacts of alcohol misuse in North Wales over the next 5 years.

There needs to be links between national policy, regional and local area work. Delivery at the regional and local level must retain the flexibility to meet local priorities whilst operating under the overarching Strategy objectives of reducing harm. Local partnerships need to be able to tailor their approach to meet their particular needs of their communities in line with the resources available.

More work needs to be undertaken in the early identification of those that are engaged in hazardous and harmful drinking and their subsequent transition to support networks to reduce the harms of alcohol.

A clear framework of directional indicators to work towards and monitoring arrangements needs to be developed, allowing measurement of progress toward the overarching objective of reducing harm.

There needs to be engagement with partners and the public in relationship to Minimum Unit Pricing to improve understanding and support continued lobbying for its introduction and implementation in the future.



Performance Indicators



Priority 1: Safe and supportive environments

Indicators:

- Alcohol-related recorded crime.
- Alcohol-related violent crime.
- Alcohol-related sexual crime.
- Reduction in Drink-Driving offences.
- Children excluded from school due to drug and alcohol use.
- Screened breath tests in Wales by police force area.
- Mortality on the road due to alcohol.
- Motoring offences in court due to alcohol.



Priority 2: Changed attitudes and social norms

Indicators:

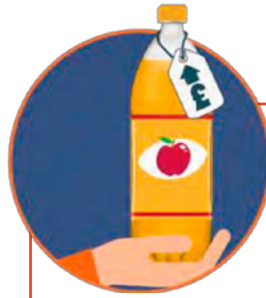
- Accident and emergency attendances for alcohol.
- Proportion of adolescents using alcohol.
- Proportion of adults drinking above guidelines.
- Under-18 alcohol-specific hospital admissions.
- Alcohol-specific hospital admissions (working age adults 18-64).
- Alcohol-specific hospital admissions (older adults 65+).



Priority 3: Reduced availability

Indicator:

- No specific indicators for reduced availability but above indicators will be proxy measures.



Priority 4: Reduced affordability

Indicator:

- No specific indicators for reduced affordability but other indicators on this page will be proxy measures.



Priority 5: Support for behaviour change

Indicators:

- Proportion of adults drinking hazardously.
- Proportion of adults drinking harmfully.
- Number of people in treatment where alcohol was identified as their primary substance.
- Alcohol-related deaths.
- Reduction in alcohol related liver disease.
- Presentations for substance misuse treatment (alcohol).
- Successful completion of substance misuse treatment (alcohol).
- Adults in substance misuse treatment who successfully engage in community based structured treatment following release from prison.



Priority 6: Children, Young People and Families

Indicators:

- Reported cases of domestic abuse associated with alcohol misuse.
- Under-18 alcohol-specific hospital admissions.
- Children in care because of parental drinking.
- Children in care who have issues with drinking

APB Members

- Betsi Cadwaladr University Health Board; Director of Public Health, Planning representative and Clinical representative
- North Wales APB team
- Each Local Authority covered by the APB; Isle of Anglesey County Council, Gwynedd County Council, Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Wrexham County Borough Council
- North Wales Police
- Office of the Police and Crime Commissioner
- HMP Berwyn
- Probation Service
- Supporting People / Homelessness / Housing representative
- CANIAD
- Adferiad
- Welsh Government

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Substance Misuse Services Quarterly Performance Report

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Performance:

Performance Data

This report has been produced to supplement the monthly data provided to Welsh Government, detailing performance and treatment outcomes measures delivered by BCUHB Substance Misuse Services (SMS).

BCUHB SMS Treatment data

	2024 - 2025				
	Q4 (Jan – Mar)	Q1 (Apr-Jun)	Q2 (Jul – Sept)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Number of referrals received	940	915	957	936	1097
Numbers of assessments offered	940	915	957	936	1097
Total Number of service users open to the service	2973	3270	3044	3457	3453
Number of community detoxifications undertaken	3	7	1	8	4
Number of Hafan Wen detoxifications	42	53	46	38	37
Number of Hafan Wen detoxifications for alcohol	29	43	41	28	28
Number of Hafan Wen detoxifications for drug	13	10	5	10	9
Number of service users in residential rehabilitation	12	13	15	19	13
Number of service users commenced on substitute medication	238	407	222	226	246
Accumulative number of service users prescribed OST	1,540	1,492	1,450	1,430	1,439

There has been a increase in the number of individuals who have been referred into services during Q4, this can be attributed to the changes within the criminal justice contract.

We have reviewed how we report on the number of service users commenced on substitute medication by utilising the new reporting element to the prescribing system. This reporting system shows an accurate reflection of those who commenced on substitute medication throughout the quarter.

BCUHB SMS KPI data

The narrative below details the Welsh Government Key Performance Indicators (KPIs), used to measure performance outcomes.

- KPI 1 - DNA post assessment
- KPI 2 - Waiting time from referral to treatment
- KPI 3 - TOPs reduction in substance use
- KPI 4 - TOPs improvement in quality of life
- KPI 5 - Number of service users closed as treatment complete

	KPI 1: baseline <20%	KPI 2: baseline >80%	KPI 3: baseline >86.5%	KPI 4: baseline >84.2%	KPI 5: baseline >76.9%
2024 - 25 Q3	2.00%	91.95%	85.69%	84.79%	91.49%
2024 - 25 Q2	2.04%	91.08%	86.53%	84.78%	92.29%
2024 - 25 Q1	2.15%	85.49%	86.32%	86.39%	91.89%
2023 - 24 Q4	1.19%	84.64%	87.09%	84.07%	92.76%

To update when March data becomes available

Governance Compliance

		2024 - 2025				
		Q4 (Jan – Mar)	Q1 (Apr – Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan – Mar)
Mandatory compliance	Training	93.29%	92.15%	93.83%	93.15%	93.46%
Performance and Development Reviews (PADR)	Reviews	92.93%	95.08%	95.68%	100%	97.65%

Compliments/Concerns

During Q4 a total of 53 compliments were received from service users and staff. There had been no concerns highlighted.

Good News stories:

Image 1

Image 2



Image 1:

SMS facilitated presentation at Archway recovery group to discuss the service and to outreach. Email received the following day:

Just want to say a massive thank you to you and the team for last night it was brilliant and so informative, It could've gone on all night. Really exciting times ahead as we work together In the trenches. The group loved the session you provided!

Image 2:

From service user to keyworker: Thank you for supporting me to get to Hafan Wen and spending the time to get me to rehab. I really appreciate all the work and time you have spent with me. I have made a canvas for you as a 'thank you'. I started with dark colours to show my feelings when I arrived in Hafan Wen and finished with brighter colours to show I'm feeling happier after my journey

Enhancing lives services:

Worker who has demonstrated effective interpersonal skills to work alongside a gentleman in promoting engagement at a critical time whereby the gentleman's physical health is a real concern. Without support worker in place this gentleman's physical health would be in a much worse situation. Worker has gone above and beyond, he has been spending time improving the gentleman's home environment and also has spent time playing chess. Interventions such as chess are often overlooked, however it is these interventions which support the development of interpersonal relationships. The patient has developed a trusting therapeutic relationship in a short period and speaks highly of him. Worker has managed to support the patient to appointments which he would of missed.

Conwy

From ex-service user to keyworker: I have been sober for 16 months now and I finally feel as though I've conquered it, planted the flag on the top etc. It's hard to believe I have gone this long without a single drink and I know finally that I'll not bother with it again, I don't miss it anymore and I've finished grieving my friend the booze.

Image 3

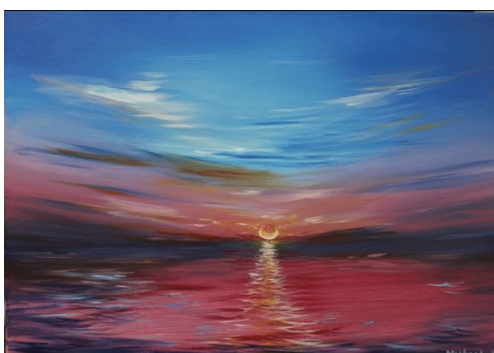


Image 4



Image 3:

Service user- previously isolated and not forthcoming with engaging. Has been working with keyworker and with keyworker support has been doing Art Work again and has been visiting local art galleries. Client has expressed thanks to keyworker for making him laugh and making him feel more hopeful with life again.

Image 4:

A 'Thank you' plaque received for our Physical Health Nurse for all her support with a very unwell service user. Physical Health Nurse had linked her in with other health services and built a good rapport.

Specialist SMS Midwifery

	2024 - 2025				
	Q4 (Jan – Mar)	Q1 (Apr– Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
No. of Women referred	7	16	9	14	16
No. of Women open to services	26	21	8	10	12

In Quarter 4 compared to Quarter 3, the number of women referred had seen a slight increase with an increase in open cases. The main substances referred were cannabis and alcohol/cocaine which has been consistent across the quarter updates. Women were offered assessments from referrals although it was noted some DNA's or declined the service. Liaison with the referrer is an important to provide an outcome of the referral and to offer support to professionals working with pregnant women not receiving support from the service.

Psychology / Recovery Groups

The SMS Consultant Clinical Psychologist, has offered one to one therapy for complex, often trauma-related issues that underpin substance misuse.

Due to long-term sickness in this period only a total of 13 sessions were offered during this reporting period, with service users attending 11 of these, (equating to a 85% attendance rate).

Group interventions have also been provided by SMS in the form of, 'Moving On In My Recovery '(MOIMR), groups.

A total of 11 MOIMR sessions were offered online, generating a total of 113 treatment contacts for service users. Face-to-face MOIMR groups were also offered in Conwy with 10 sessions held and 88 contacts generated, and a further 7 sessions in Flintshire generating 69 contacts.

Psychology Clinical Contacts

	2024 - 2025				
	Q4 (Jan- Mar)	Q1 (Apr-Jun)	Q2 (Jul – Sept)	Q3 (Oct– Dec)	Q4 (Jan- Mar)
Psychology Sessions Offered (Including trainee psychologist)	35	51	43	13	26
Psychology Sessions Attended	26	38	33	11	25
MOIMR Sessions	11 online sessions - (81 contacts) 12 face to face sessions Conwy - (72 contacts) 12 face to face sessions Flintshire - (84 contacts)	10 online sessions – (81 contacts) 8 face to face sessions Conwy – (41 contacts) 4 face to face sessions Flintshire - (36 contacts)	11 online sessions - (105 contacts) 11 face to face sessions Conwy - (88 contacts) 11 face to face sessions Flintshire - (55 contacts)	11 online sessions - (103 contacts) 10 face to face sessions Conwy - (88 contacts) 6 face to face sessions Flintshire - (48 contacts)	13 online sessions - (113 contacts) 10 face to face sessions Conwy - (88 contacts) 7 face to face sessions Flintshire - (69 contacts)
Nudge Sessions	22	8	5	16	N/A

Psychology Training

A lecture sharing the work of clinical psychology in SMS was delivered to nursing students at Bangor University and separately to clinical psychology trainees

		2024 - 2025				
		Q4 (Jan- Mar)	Q1 (Apr-Jun)	Q2 (Jul-Sept)	Q3 (Oct- Dec)	Q4 (Jan- Mar)
Training (2 hour lectures):	Medical Students / Clinical Psychology Trainees, / Mental Health Nurses	5 x medical students 11 x clinical psychology trainees	25 x student mental health nurses, Bangor University 13 x clinical psychology trainees	44 x medical students 18 x nudge training (SMS staff)	One-to-one Structured Workbook Training (1 Day) x9 SMS staff	2-hour Lecture x60 MSc Students

Service Development / Updates

Criminal Justice

The final phase of structured transfer of patient from Dechrau Newydd to SMS took place in March with final meetings taking place over teams. SMS will continue discussions with HMPPS in planned fortnightly meetings. These meetings are to build communication and relationships between SMS and probation staff, and to share feedback in a timely and effective manner for those individuals who are open to the criminal justice system. TUPE was agreed for two staff members and SMS now have a new Band 5 nurse within Central, and a prison in reach practitioner in the East who sits under the Harm Reduction Team. Both workers are in the induction phase and are settling in well. Recruitment of the new practitioners in the East and Central were successful, and the West are due to commence advertisement in the coming month. The additional capacity is being supported by our existing staff base on an overtime basis and is working well at present.

Occupational Therapist post

SMS and Community Occupational Team service managers carried out interviews for the three OT posts across North Wales. One candidate was successful plans are for them to commence into post in the coming month. Round two of interviews will take place in April. This is an exciting opportunity for SMS, and we look forward to seeing the role develop and to support our patients with future occupations and their recovery journey.

Harm Reduction Team

The North Wales Harm Wales, providing NSP, Naloxone supply, BBV testing, basic wound care, non-fatal overdose reviews, brief alcohol interventions, and advice on, safer injecting, safer drug use, sexual health and IPED within the Reduction Team (HRT), continue to work with service users across North community.

No. of sessions undertaken:

	2024 - 2025				
	Q4 (Jan – Mar)	Q1 (Apr - Jun)	Q2 (Jul – Sept)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
In-reach/clinic	35	42	69	42	38
Static Outreach	35	21	34	15	12
Street Outreach	41	50	51	41	42
Roaming Outreach	213	226	152	139	253

No. of service user contacts:

	2024- 2025				
	Q4 (Jan – Mar)	Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Number of contacts	428	470	447	370	398
Number of new contacts	34	35	44	36	36

Over the past few months, the North Wales Harm Reduction Outreach Team has undertaken several initiatives to support individuals who use substances. The team have also organised 2 training sessions around Image Performance Enhancing Drugs to improve confidence & awareness for professionals working with individuals who use these substances. The team continue to do 2 monthly sessions for professionals around overdose awareness/naloxone & harm reduction messaging. In February the team also did another session within Glyn Dwr University nursing students a session on harm reduction and overdose awareness. This is all supportive of the wider agenda to ensure that naloxone provision across North Wales continues to grow.

The team have also supported Public Health Wales in their test & treat initiative for Tuberculosis. This involved a 2-day testing event held in Wrexham with The Elms SMS car park and was jointly supported by Harm Reduction & SMS. As part of the testing BBV testing was also offered. Total number of individuals supported to attend was 45, which was a great achievement. None of the individuals tested positive for TB. The Harm Reduction Team supported in educating service users prior to the event around the benefits of getting tested and also supported service users to attend the event.

The outreach mobile units continue to be utilised, to try and support and engage individuals within the harder to reach areas. They continue to play a key role in building positive relationships with individuals and providing a safe space to share their challenges and support them to feel more informed and empowered within the choices they make. This is a great foundation for supporting individuals to engage with or be signposted to services to try and aid the foundations for potential recovery work.

From the data this quarter Naloxone distribution continues to improve and NSP dispensing and engagement continues to be accessed with an increase individuals accessing the service this last quarter.

Over the next 12 months, the team are looking at ways to widen their engagement with those individuals who may not be open to other services. This will support the continuing awareness to be raised around what the harm reduction service offer. This in turn should help services link individuals who may not be known to treatment services to access the team.

The team continue to progress Naloxone awareness and distributing to service users, their families and other professionals.

No. of Naloxone kits distributed:

	2024- 2025				
	Q4 (Jan – Mar)	Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Total no. Naloxone kits issued	64	152	81	80	85
Total no. of individuals receiving a kit	48	105	57	62	68
Total no. of individuals receiving their first kit	15	46	36	42	32
No. of people at risk of overdose receiving a kit	39	47	15	17	23
No. of professionals receiving a kit	9	54	41	45	44
No. of friends / family members receiving a kit	0	4	0	0	1

Needle & Syringe Programme:

	2024 - 2025				
	Q4 (Jan – Mar)	Q1 (Apr – Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
No. individuals accessing NSP	99	111	88	77	80
No. of NSP transactions	177	194	148	152	158
No. of sharps boxes returned	33	29	42	35	46
No. of syringes dispensed	16,675	16,968	15,872	16,764	16,092
No. condoms dispensed	60	20	64	100	0

There is an engagement event taking place on May 8th within Flintshire, organised by the resettlement team within the local authority, to support engagement within the Gypsy, Roma & Traveller community. The engagement day will involve an opportunity for services to attend and provide table top information on what their services offer, to help improve healthcare access for this hard to reach group. Both BBV & Harm Reduction Outreach plan to attend to provide information about our services in hope of encouraging engagement.

The team have seen a fluctuation in the requests for or ability to give out condoms since the pandemic. This is due to multiple factors, a main reason being the access into the local parlours to access vulnerable individuals involved in sex work. The team actively offer condoms to both

males and females at every opportunity and have identifies that this is an area that may need more focus over the next year. Overall, the previous data numbers have been largely in the east locality and the west locality report very low uptake of the requests or offers for condom distribution.

Enhancing Lives Team:

	2024-2025	
	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Number currently open	50	54
Number of referrals received	59	28
Number accepted	21	10
Number did not meet criteria (sign posted)	38	18
Number discharged	4	6

The Enhancing Lives Team continue to develop as a service and already the service is highlighting the positive impact this model of working is having for individuals who are under the service. This recognition is shared via service users and other professionals. The team continue to operate the model of a referral window. During Q4 the team had 1 referral window for Conwy due to increased capacity to accept 4 new referrals and 1 referral window for the West locality. The west remains a high referrer into the service and on this occasion the team had capacity to accept 7 new referrals. The team continue to utilise the NDT scoring to support referral appropriateness and continue to work within the agreed criteria and accept individuals seen as presenting with the highest risk factors, that are impacting on their ability to remain engaged with their existing services. Although referral appropriateness is improving, the team continue to work with services to support identification of appropriate individuals within the new criteria.

All referrals not accepted, the team Co-ordinator has a discussion with the referrer to explain why they have not been accepted or met criteria & are provided with signposting and guidance on potential ways for the referrer to try, in order to improve engagement. Outside of the referral windows, the Enhancing Lives Co-ordinator and Nurse continue to offer advice and guidance to services on potential interventions/signposting and where appropriate will attend the requesting teams MDTs. This supports teams to consider interventions or approaches, that may benefit the service user and in turn improve engagement with their existing services, which prevents deterioration and possible requirement for onward referral to the Enhancing Lives Team.

BBV

No. of tests / new treatment episodes:

	2024 - 2025				
	Q4 (Jan – Mar)	Q1 (Apr - Jun)	Q2 (Jul – Sept)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Overall Testing	223	132	218	191	196
Referral into treatment following diagnosis	1	8	15	11	23

Testing continues to be positive. The team is now up to full staffing following long term sickness.

Testing continues to increase, and referrals to treatment have been maintained at 100%. Overall, referrals increased. All treatments were carried out in the community, with no input from Hepatology services.

Routine Hepatitis B vaccination clinics in SMS continue to be successful. We have recorded a 90% completion of schedule this quarter.

As part of the ongoing work within the BCUHB Hepatitis B & C Elimination Plan, the BBV team are going to complete a quality improvement project to understand and improve BBV testing within our SMS Service. This will provide us with the information and tools to understand the barriers for testing and hopefully improve keyworks confidence in carrying out DBS.

Collaborative working with colleagues from the Health Protection Service continues to be successful, with a number of projects planned for the next year.

Joint working with colleagues from sexual health services has now commenced, with events planned for the summer 2025.

Two people have expressed interest in becoming involved in sharing their positive experience of undergoing treatment. BCU communications team are now in contact to discuss how they wish to progress.

Call Helpline

	2024 - 2025				
	Q4 (Jan – Mar)	Q1 (Apr - Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Overall contacts logged	9427	9699	8064	7713	7779
Received via phone calls		7748	7765	7062	7075
Received via text messaging service		1739	11		
Received via email		212	288	651	667

**Quarterly statistics of calls are taken from National database*.*

We've logged more calls in Q4 than we did in Q3. Q4 period included new promotional material for each of the helplines.

We are still showing roughly 700 fewer calls in Q4 compared to Q1 and Q2 but we're hoping through promotional events and mail shot.



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Substance Misuse Services Quarterly Performance Report

Local health and care system resilience plans for Winter (1 December 2025 – 31 January 2026)

Please provide details of the anticipated position for key service areas outlined below for the winter period (1 December 2025 – 31 January 2026). To be returned to UrgentAndEmergencyCare.GovernmentBusiness@gov.wales by no later than **31 October 2025**.

This Winter Plan is a working, live document that remains under ongoing development. The content will continue to be reviewed and refined on a weekly basis as we test and implement elements of the plan, and as further actions are developed as part of the enhanced provision.

To support assurance and transparency, a complementary RAG-rated document has been developed to identify which areas have been completed, the level of assurance each section provides, and where further work is required.

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
Enhanced management of key areas of urgent and emergency care community demand 1. L1 and L2 falls management 2. Symptoms of breathlessness 3. Care homes (conveyance / admission avoidance)	1. Falls Management: BCUHB submitted a business case to the Six Goals for Urgent and Emergency Care programme, seeking additional funding to support the implementation of the National Framework. The case was approved, with funding allocated to the following initiatives: Falls Management Level 1 training for 40 care homes, and both Falls Management training and lifting equipment provision for a further 30 Care Homes. BCUHB are in the process of identifying the Care Homes in a training plan which we aim to start delivering in November in order to meet the national trajectories	Availability of Care Home staff to attend training Variation in equipment and space	Training offer must be flexible for all Care Homes to book onto. Pre training needs assessment to be completed	Steve Grayston
	2. Symptoms of breathlessness A data dashboard is in place to monitor trends and target support where demand is highest. Work is ongoing with WAST to utilise rapid specialist advice, helping manage chronic patients in the community and avoid unnecessary hospital admissions.	Insufficient capacity within community respiratory services to respond to increased referrals or advice requests.	Prioritisation of high-risk patients through anticipatory care planning, with support from primary care.	Clara Day

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>Community respiratory teams are supporting early identification and anticipatory care planning for high-risk patients, ensuring rescue packs and management plans are in place. Alongside this, efforts are focused on redirecting patients to the most appropriate service, strengthening links with pulmonary and cardiac rehabilitation, and supporting care homes when residents present with respiratory concerns. These combined actions aim to reduce conveyance and admission for respiratory conditions, improve patient experience, and ease pressure on urgent and emergency care services.</p> <p>3. Care homes (conveyance / admission avoidance):</p> <p>North Wales – Winter Planning Webinars for Care Homes and Domiciliary care – Delivery of winter-focused webinars to care providers aimed at enhancing staff competence, educating on best practices, and reducing avoidable hospital admissions. Topics include chronic disease management, infection prevention, influenza, COVID-19/RSV, UTIs, and chest infections.</p> <p>Clinical Quality Support Tools & Resource packs – BCU’s practice development and health protection teams complete the Quality Development Teams CQST’s on an annual basis. They each focus on one of the 11 Fundamentals of Care to identify documentation, training, and education gaps through action plans. These are supported by tailored BCU/local/national guidance, resources, and updated contact details for further specialist support.</p> <p>North Wales – Monthly Provider Briefing - Delivered every month via online SWAY for care homes & domiciliary care providers covering: COVID & flu updates, changes to regional/national guidance, public health alerts/posters, etc. December’s briefing includes community pharmacy Christmas and bank-holiday opening hours. Additional focus on a “topic of the month” (e.g., infection control), with contact information from BCU Health Protection for outbreak management. The team will continue providing winter-pressure guidance each month — covering themes to aid admission avoidance, discharge planning, and winter readiness for 2025/26.</p>	<p>Patients presenting late due to lack of understanding of self-management plans.</p> <p>Limited access to clinical support or escalation advice out-of-hours</p> <p>Inconsistent communication between hospitals and care homes regarding discharges</p> <p>Infection outbreaks impacting care home capacity</p>	<p>Strengthened patient education through community respiratory teams, pharmacy input, and public communications to encourage early recognition and intervention.</p> <p>Ongoing promotion through monthly provider briefings ensures staff know who to contact and when, reducing reliance on 999 or ED conveyance.</p> <p>Continuation of Adverse Discharge Meetings across all three acute sites, ensuring lessons learned are shared promptly with care home managers and social care partners.</p> <p>Reinforced infection prevention training through webinars and updated posters in the Provider Briefing</p>	<p>Tehmeena Ajmal</p>

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>Trusted assessor work - Across the health board, five pilot projects in place—2 in Gwynedd, 1 in Ynys Môn, 1 in Flintshire, and 1 in Wrexham—outcomes are indicative of success in facilitating early, safe discharges and strengthening trust between the health board and participating care homes. Central pilots remain on hold pending assignment of a TA role, with coordination efforts underway with the Site Manager at YGC.</p> <p>Adverse discharge meeting and lesson learnt - Monthly discharge-improvement meetings are hosted by the three acute hospitals to review adverse discharges into care homes flagged by homes, local authorities, or social workers. Key lessons and themes are identified and shared with hospital colleagues and care home managers. The meetings also include domiciliary care representatives via local authorities.</p> <p>Palliative Care workstream- Implementation of an equitable approach pan North Wales to enhance palliative and end-of-life care in care homes. Workstream includes: providing education/training & resources on advance care planning and end-of-life care principles; development of palliative care flowchart including contacts for out-of-hours services, palliative medications, and support via SICAT and 111, and; updates in winter edition of Provider Briefing including information on out-of-hours support services.</p> <p>Care Home Awareness – Care home managers and QDNs in Area West have delivered training sessions for acute and community hospital teams to improve local collaboration and ensure safe, sustained discharges to the care home sector. Additional, live and virtual sessions were delivered to Bangor University's student nurses in September 2025, with plans to repeat in January 2026.</p> <p>Clinical Skills Sessions / Identifying a deteriorating patient residing in a Nursing home – Partnership work with Llandrillo college to support senior carers in residential homes to identify early signs of deterioration in residents. Clinical skills education includes completing set of general clinical observations (temperature, BP, oxygen saturations etc). The education gives ability to trained carers</p>		<p>reduces transmission risk.</p>	

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>to deliver clinical information to other health professionals using SBAR templates to identify changes in condition. These skills can be delegated from DNs/GPs to gain early access to clinical information to identify if an onsite visit is necessary or not/if further escalation is required.</p> <p>FLU/COVID Support for winter campaign – 2025/26 flu & covid-19 vaccination campaign information and associated advice & support delivered to providers via August & September provider briefings. This included: vaccine access, Flu/Covid-19 planned webinars. Additional flu vaccination access letters shared with all social care staff and sent out to all care home and domiciliary providers in preparation for start of campaign 01.10.2025.</p> <p>Infection Prevention & Control (IPC) – Attendance at fortnightly Closed Setting Intelligence Group meeting in place during winter months. Health Protection Team completing IPC CQSTs within Nursing homes to support IHC PDN teams locally, in addition to Residential Homes Pan BCU, including creation of supportive action plans and delivery of care home specific advice & guidance/resources. Webinars delivered September 2025: Norovirus, ARIs, Flu, Covid-19 -managing outbreaks & antiviral pathways.</p> <p>Area cluster meetings: QDNs are attempting to attend local cluster meetings to gather and share intelligence on care home sector which can be fed into QAF workstreams and identify any early areas of concern/where support should be targeted. Improving local working connections for each locality.</p>			
<p>Community and primary care capacity</p> <p>(inc. GP in-hours capacity)</p> <p>Specifically provide assurance that processes are in place to</p>	<p>Corporate communication to be circulated week commencing 15th December 2025, to remind patients to order prescriptions timely and how to access services on the Bank Holidays. GMS practices will also circulate communications via their usual methods. Community Pharmacy colleagues will also share communications.</p> <p>Patients who are more complex and vulnerable are identified and agreed care plans between practice and Community Resource</p>	<p>Winter Supplementary Service not reflected to actual need and provided too late. Engagement and management of identified 0.5% high risk patients ongoing.</p>	<p>Comms need to be agreed, translated and circulated timely, for practices to circulate and inform patients, to limit short notice requests.</p>	<p>Tehmeena Ajmal</p>

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<p>ensure repeat prescribing ordering has been brought forward ahead of the Christmas period (applicable to all GP practices and especially dispensing doctor practices)</p> <p>Provide planned District Nursing levels each day over the period as a % of the average weekday day capacity.</p>	<p>Teams, are put in place, to ensure appropriate support over the winter.</p> <p>Priority 1 & 2 visits scheduled to allow for any unscheduled work and calls to be responded to in a timely manner. As usual a lead will be available alongside community matron of the day.</p> <p>Boxing day – will roster at roughly 70% to pick up priority 2 calls and those who cannot be moved etc, clinical leadership will be as above.</p> <p>Centre – ANPs have been asked to work across boxing day to provide a level of cover, not currently on weekend.</p> <p>West - No ANPs currently rosters Xmas day or boxing day historically have never worked this period or an agreement for enhancements.</p> <p>East - ANPs have not been rostered on Xmas day or boxing day.</p> <p>Weekend 27-28th – Additional staff will be rostered over and above the usual % in all areas due to the long period, again visits will be prioritised.</p>			
<p>Palliative and end of life care</p>	<p>Existing 7 day service covering the acute and community for Specialist advice where the generalists are unable to support with uncontrolled symptoms and complex psychological support.</p> <p>Existing access 7 days a week to an out of hours specialist Palliative Medicine advice line via St Kentigern’s Hospice.</p> <p>Hospice at home model in the East which extends into some areas of Central to support patients at end of life to be cared for in their own home, working closely with district nurses.</p> <p>Close links with all of the local hospices and where patients cannot be safely cared for at home, would look for an appropriate</p>	<p>Medical and nursing shortfalls could potentially limit delivery of normal services.</p>	<p>Mitigating actions would include timely recruitment, good sickness management and seeking support from adjacent teams to support in times of high absence levels.</p>	<p>Angela Wood</p>

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>admission to hospice if there is a bed available (community patients always take priority).</p> <p>Marie Curie run a planned sitting service for families at end of life to keep them at home and this service is accessed through District Nurses. They also have a rapid response team that work 7 nights per week to support patients and families at home. This team sits in GP OOH and they work closely with DN services.</p>	<p>Staffing shortfalls within Marie Curie can limit the availability of both services.</p>	<p>In the absence of Rapid response services, DN teams will pick up the activity.</p>	
Enhanced Community Care	<p>Enhanced care capacity for step up and step down in the community will be made available where possible and partnership working between primary, community and secondary care will be prioritised to enable acceptance of appropriate patients timely.</p> <p>Centre – ANPs have been asked to work across boxing day to provide a level of cover , not currently on weekend.</p> <p>West - No ANPs currently rosters Xmas day or boxing day historically have never worked this period or an agreement for enhancements.</p> <p>East - ANPs have not been rostered on Xmas day or boxing day.</p>	<p>ANP shortfalls/ gaps can cause delays in discharge from acute beds.</p>	<p>Ensure robust processes and communication in place to identify appropriate patients for enhanced care and adequate provision in place in the community.</p>	Tehmeena Ajmal
GP out-of-hours capacity	<p>GPOOH Pan North Wales have an existing capacity and demand forecast and rota is adjusted to allow for the extra demand expected during this period. BCI plan if demand increase above forecast to reduce risk to other services.</p> <p>Front ended by 111 who also have their own escalation winter plan.</p>	<p>None identified.</p>	<p>N/A</p>	Tehmeena Ajmal / Clara Day
Community pharmacy out-of-hours capacity	<p>We are currently identifying which pharmacies will be open for commercial reasons during this period and will aim to commission a rota service to cover any gaps where feasible.</p> <p>At present, we commission nine Urgent Medicine Hubs each within a 35-minute drive for most patients to stock a defined list of palliative care and urgent medicines, including select</p>	<p>Public and professional awareness of the Urgent Medicines Hub network</p>	<p>A joint communications campaign with local authorities, GP Out-of-Hours services, and the Regional Partnership Board will raise awareness among clinicians, patients, and</p>	

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>antibiotics and antivirals. We are optimistic that an additional hub, enhancing Sunday access in the West, will be commissioned ahead of this period.</p>	<p>Workforce capacity challenges within community pharmacy during peak demand periods</p>	<p>carers. Information will be included in winter comms materials, 111 Wales directories, and relevant care coordination systems.</p> <p>Collaborative planning across the network will ensure rotas are aligned to forecasted demand and cover peak weekends and bank holidays. The Health Board Pharmacy team will provide additional support and monitoring to ensure resilience during critical periods.</p>	
<p>In-hospital acute and community site bed capacity</p> <p>(I.e. ability to open temporary capacity at times of pressure. Please provide additional bed numbers, where appropriate)</p>	<p>Across the Health Board, each Integrated Health Community (IHC) has identified local plans to maximise in-hospital and community capacity during periods of sustained winter pressure. While flexibility varies across sites, all areas are focused on optimising patient flow, discharge coordination, and escalation management in partnership with local authority and community teams.</p> <p>West IHC</p> <p>During the peak winter period, the West IHC has identified additional in-hospital and community bed capacity that can be mobilised as pressures increase.</p> <ul style="list-style-type: none"> • Acute sites: At Ysbyty Gwynedd, escalation plans include the potential to open to 4 additional NIV beds (with a minor reduction in core respiratory beds), repurpose day-case beds for up to 29 paediatric admissions, and utilise 	<p>Workforce shortages (medical, nursing, therapy)</p> <p>Inability to safely open escalation beds</p> <p>Prolonged ED/ward stays due to discharge delays</p>	<p>Enhanced rota planning, additional registrar/consultant cover, flexible deployment, bank/agency use</p> <p>Escalation only if staffing is available; prioritisation of urgent care; use of MDU and CLD to decompress</p> <p>Use of D2RA pathways, pre-booked NEPTS,</p>	<p>Tehmeena Ajmal</p>

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>recovery or theatre areas for critical care overflow if required.</p> <ul style="list-style-type: none"> • Flow improvement: Medical and Surgical Directorates will enhance throughput through greater use of the Medical Day Unit, development of Criteria-Led Discharge (CLD) pathways, and increased senior clinical presence over weekends and Bank Holidays. Trauma patients will continue to be managed through ambulatory pathways to reduce inpatient demand. • Community sites: Up to 6 additional community beds (Alltwen 2, Eryri Padarn 2, Eryri Peblig 1, Dolgellau 1) could be opened across the community hospitals, supported by Tuag Adref admission-avoidance and enhanced CRT in-reach. Capacity remains contingent on workforce availability, mitigated through flexible staffing, redeployment, pre-emptive surge rotas, and strengthened discharge planning. <p>East IHC In the East, acute escalation capacity within Wrexham is minimal, with limited scope for additional flex beds on site. Any increase in system capacity is likely to be realised through local authority-led community expansion and robust discharge pathways.</p> <ul style="list-style-type: none"> • Community sites: All available community beds will be fully allocated, with transfers coordinated via the Home First Bureau (HFB). • Operational coordination: Monday – Friday 08:00- 20:00 Weekends – 08:00-17:00 During the weekend - all community hospital discharges will be managed through the Community East HFB – On duty Monday to Friday 08.00 to 17.00. Weekend HFB 08.00 to 16.00 to support with hospital discharge. Any issues with planned transfers to community hospitals should be escalated through matron of the day in East. • Acute Escalation: Very minimal within Wrexham as no flex escalation capacity available. Additional capacity 	<p>Critical care bottlenecks</p> <p>Community hospital staffing limits</p>	<p>weekend therapy/pharmacy enablement</p> <p>Mutual aid, internal surge areas (recovery/theatre), monitoring escalation via safety huddles</p> <p>Dynamic allocation via CRT, HFB in-reach, oversight via daily huddles and ward boards</p> <p>Managed daily and supported by senior nursing and operational management</p>	

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>may be realised depending on LA actions to increase capacity outside of the acute footprint. Hospital Full additional capacity is described within the relevant policy.</p> <p>Centre IHC In the Centre, escalation arrangements mirror the East in terms of operational structure.</p> <ul style="list-style-type: none"> • Community sites: All available beds will be allocated with transfer coordination through the HFB (Monday–Friday only; no weekend or Bank Holiday cover). The Matron of the Day (Monday–Friday 08:00–20:00; weekends 08:00–17:00) will manage community hospital discharges, escalating any issues as required. • Acute escalation: Staged escalation actions are activated prior to the Hospital Full Protocol, ensuring proactive management of site pressures. 			
<p>In-hospital staffing capacity (including plans for surge capacity)</p>	<p>Maintaining safe staffing levels across acute and community sites is a core component of winter preparedness across all three Integrated Health Communities (IHCs). Each area has implemented proactive measures to strengthen workforce resilience, manage leave and sickness, and ensure rapid deployment of surge capacity when required.</p> <p>West IHC The West IHC recognises staffing resilience as critical to maintaining safe and effective care during periods of peak winter demand.</p> <ul style="list-style-type: none"> • Medical cover: Surge rotas are established across General Surgery, Medicine, and Paediatrics, including additional registrar and consultant cover during peak weeks, with second consultants and middle-grade doctors rostered to maintain clinical oversight. 	<p>Staffing vacancies, winter sickness, burnout, and reliance on bank and agency staff in key services such as ED, community hospitals, and pharmacy.</p>	<p>Mitigations include enhanced rostering, early recruitment to vacant posts, redeployment of experienced staff, and increased use of automation (e.g. pharmacy dashboards, discharge tracking tools). Medical teams are also developing role descriptors and escalation protocols to ensure consistent</p>	<p>Tehmeena Ajmal</p>

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<ul style="list-style-type: none"> • Nursing, therapies and pharmacy: Enhanced weekend and bank holiday cover has been planned, supported by bank staff. Therapies teams are prioritising key flow-enabling pathways such as respiratory, stroke, and Discharge-to-Recover-and-Assess (D2RA), offering additional hours as required. Pharmacy services are operating with extended weekend rotas to ensure timely discharge and medicines optimisation. • Workforce risk management: Flexible deployment, redeployment options, and strengthened discharge coordination are in place to maintain patient flow and mitigate workforce-related risks. <p>East IHC The East IHC has embedded structured rostering and escalation processes to ensure staffing levels remain safe and responsive.</p> <ul style="list-style-type: none"> • Community hospitals: <ul style="list-style-type: none"> • All rosters will be completed as per roster KPI guidance and roster policy • All roster will be produced a minimum of 6 weeks in advance of the start date • All rosters will be created to adequately cover patient and service requirements, utilising substantive staff proportionately across all shifts • Staffing will be reviewed and overseen by WM and Matrons and shortfalls escalated to DHoN/HoN as required for support • EAST Area complete a monthly roster scrutiny meeting with matrons, HONs and DHoN. • East Area have a daily morning huddle meeting with all community areas and CMOD on duty • Surge capacity: will be reviewed as required (Level 4/HF enacted) to support patient safety and flow. Additional capacity within acute is limited and risk assessed, community additional capacity is available if beds not already occupied – this is detailed within the HF policy. • Acute hospitals: Rosters have been provided by the three acute directorates and are under ongoing review to 		<p>senior presence at the front door.</p> <p>Across all services, workforce wellbeing and flexible working arrangements are being actively promoted to support retention and resilience.</p> <p>Monthly roster review meetings and submission of roster review tool to ensure compliance</p> <p>Monthly workforce meetings</p>	

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>ensure appropriate cover. Surge plans and triggers (e.g. >30 patients boarding in ED, >6 ambulances waiting, full Resus) are defined within the Hospital Full Protocol.</p> <p>Centre IHC The Centre IHC follows a similar structured approach to rostering and surge preparedness.</p> <ul style="list-style-type: none"> • Community hospitals: <ul style="list-style-type: none"> ○ Rosters are produced six weeks in advance in line with KPI standards and policies, ensuring equitable distribution of substantive staff and full shift coverage. ○ Oversight is provided by Ward Managers and Matrons, with escalation to senior nursing leadership as required. ○ Sickness and annual leave are monitored and managed through regular review and workforce support. • Surge capacity: will be reviewed as required (Level 4/HF enacted) to support acute – additional capacity will be considered when all beds have been allocated (max surge capacity 4 beds in HCH) • Acute hospitals: Directorate rosters have been submitted and are under ongoing review to ensure safe cover. Escalation thresholds and surge protocols are detailed within the Hospital Full Protocol. 			
<p>Residential / nursing care home capacity</p> <p>(Including nursing and residential care homes. Please provide additional bed numbers where appropriate)</p>	<p>Total bed capacity for the following Older Peoples’ homes is as follows:-</p> <p>General Nursing and EMI Nursing – 2467 beds General Residential and EMI Residential – 3236 beds This is taken from the Care Inspectorate Wales listing. (Please note this excludes Mental Health & Learning Disability and Supported Living)</p> <p>We also receive a snap-shot of bed availability for General Nursing and EMI Nursing homes each week from IHCs.</p>	<p>Staffing vacancies, winter sickness, burnout, and reliance on bank and agency staff in key services such as ED, community hospitals, and pharmacy.</p>	<p>Rota planning well in advance, to mitigate against staffing gaps.</p>	<p>Angela Wood</p>

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	<p>Last week’s position was as follows:-</p> <table border="1" data-bbox="409 188 1211 352"> <thead> <tr> <th colspan="2"></th> <th colspan="2">EAST</th> <th colspan="2">CENTRE</th> <th colspan="2">WEST</th> <th>TOTAL AVAIL</th> </tr> <tr> <th>DATE (w/c)</th> <th>CATEGORY</th> <th>WREXHAM</th> <th>FLINTSHIRE</th> <th>CONWY</th> <th>DENBIGHSHIRE</th> <th>GWYNEDD</th> <th>YNYS MON</th> <th></th> </tr> </thead> <tbody> <tr> <td>22.09.25</td> <td>GN</td> <td>11</td> <td>7</td> <td>25</td> <td>21</td> <td>10</td> <td>2</td> <td>76</td> </tr> <tr> <td>22.09.25</td> <td>EMI</td> <td>3</td> <td>1</td> <td>8</td> <td>12</td> <td>2</td> <td>0</td> <td>26</td> </tr> </tbody> </table> <p>This data is not available for Residential homes.</p>			EAST		CENTRE		WEST		TOTAL AVAIL	DATE (w/c)	CATEGORY	WREXHAM	FLINTSHIRE	CONWY	DENBIGHSHIRE	GWYNEDD	YNYS MON		22.09.25	GN	11	7	25	21	10	2	76	22.09.25	EMI	3	1	8	12	2	0	26			
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<p>Social care packages (including domiciliary care availability)</p>	<p>The Welsh Government has allocated, through a Pathways of Care Transformation Grant, £30m to local authorities to boost investment in community-based social care. The grant should support timely assessment and provide packages of care to ensure people can leave hospital when they are medically fit to do so, helping to reduce the level of pathway of care delays. The fund can also be utilised to strengthen community-based care services to support people to stay well at home. Each local authority has submitted their plans to the health board.</p>	<p>Variation in delivery pace across the six local authorities</p> <p>Delays in commissioning or implementing additional care packages</p> <p>Workforce capacity and recruitment challenges in the domiciliary and reablement sectors</p>	<p>The Regional Partnership Board (RPB) will maintain oversight of local delivery plans to ensure consistency of approach and alignment with system priorities.</p> <p>Joint operational planning between BCUHB discharge teams and local authority social care leads will ensure that resources from the grant are directed toward areas of greatest pressure.</p> <p>BCUHB will continue to work closely with local authority partners to align discharge and community resource team capacity to mitigate workforce shortfalls.</p>	<p>Gethin Morgan</p>																																				

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
		Timing of funding release and potential underspend	Joint forward planning between Health Board and local authorities will help profile expenditure across the winter period to avoid late or unspent allocations.	
<p>Escalation</p> <p>Executive level presence / support over 22 December 2025 – 3 January 2026</p> <p>(e.g. gold command)</p>	<p>We have created an operational plan, which breaks down every day from 15th December 2025 to 31st January, which we are in the process of populating. This matrix ensures alignment of key services between Health Board and Local Authorities as well as the leadership arrangements in place for the Health Board.</p> <p>We will be ensuring that there will be Executive Level support in place every day throughout the period (Gold), supported by a Silver on Call every day and a System Lead during the day (excluding bank holidays). Each IHC will be providing director level leadership every day (excluding Bank Holidays) and Bronze level site leadership every day.</p>	Short notice sickness could present challenges in putting into place replacements.	Replacements will be sought through the pool of Gold, Silver, Bronze and System Lead colleagues via contacts lists.	Tehmeena Ajmal
<p>Additional communications plans</p>	<p>This winter we will deliver the national “Help Us Help You” campaign, which is aimed at keeping people well and out of crisis, and signposting them to the most appropriate source of care and support when they need it. This campaign is now in its fifth year and will focus on primary care services, in particular pharmacy services and the Common Ailments Scheme. This campaign will be supported through a schedule of television, radio and digital advertising.</p> <p>We will amplify the national messaging and advertising campaign locally, with details of specific schemes and services in place to support our communities and NHS services. We will promote NHS111 Wales (and press 2) as the primary point of access for people to help them get the care and support they need in the most appropriate place. We will use case studies to generate</p>	<p>Low take up of vaccinations and subsequent rise in infections, leading to greater strain on services</p> <p>People not understanding options correctly and reverting to ED admission</p>	<p>A coordinated communications approach is in place to encourage vaccination uptake across priority groups, delivered jointly by BCUHB, local authorities, and Public Health partners.</p> <p>Targeted communication campaign will ensure the public clearly</p>	Tehmeena Ajmal

Service Area	Enhancements to capacity planned for 1 December – 31 January	Risks	Mitigating actions	Executive lead
	<p>media coverage and ensure up-to-date information about local services is available through our channels.</p> <p>Our local campaign activity will also aim to encourage the behaviours required to stop further spread and harm from Flu, COVID-19 and other respiratory infections, through the promotion of vaccine programmes and good hygiene advice. To increase the reach and impact of our campaign across North Wales we will work closely with our partners (local authorities, police, ambulance, and fire, among others) to deliver our key messages.</p>	<p>Risk that non-reactive comms could exacerbate pressures on localised services</p>	<p>understands the range of available services, including NHS 111, community pharmacies, Same Day Emergency Care, and Minor Injury Units.</p> <p>A joint proactive protocol between BCUHB and local authority partners will ensure timely, consistent, and coordinated messaging during periods of system pressure.</p>	

Item	Service Area	Completed By	Exec lead	Assurance RAG
1.1	Enhanced management of key areas of urgent and emergency care community demand: Falls	Claire Manuel / Steve Grayston	Steve Grayston	Green
1.2	Enhanced management of key areas of urgent and emergency care community demand: 2.Symptoms of breathlessness	Claire Manuel in the absence of Geraint Far	Clara Day	Red
1.3	Enhanced management of key areas of urgent and emergency care community demand: Care Homes	Kara Roberts		Green
2	Community and primary care capacity	Beth Bailey & Alison Kemp	Tehmeena Ajmal	Green
3	Palliative and end of life care	Haley Jones	Angela Wood	Green
4	Enhanced Community Care	Alison Kemp	Tehmeena Ajmal	Yellow
5	GP out-of-hours capacity	Sefton Brennan	Tehmeena Ajmal / Clara Day	Green
6	Community pharmacy out-of-hours capacity	Adam Macridge		Green
7	In-hospital acute and community site bed capacity	IHC Leads	Tehmeena Ajmal	Yellow
8	In-hospital staffing capacity	IHC Leads	Tehmeena Ajmal	Yellow
9	Residential / nursing care home capacity	Kara Roberts	Angela Wood	Green
10	Social care packages	Taken from the submitted plans	Gethin Morgan	Green
11	Escalation	David Hutton	Tehmeena Ajmal	Green
12	Additional communications plans	Andrew Rogers	Carol Shillabeer	Green