

Bundle Stakeholder Reference Group 1 June 2026

1 PRELIMINARY MATTERS

- 1.1 13:00 - S26.20 Welcome and apologies
Vice Chair
- 1.2 13:01 - S26.21 Declarations of Interest
Vice Chair
- 1.3 13:02 - S26.22 Approval of Minutes for two previous meetings - 1/12/25 and 2/3/26
Vice Chair
 - S26.22.1 01.12.2025 Unconfirmed Minutes V0.2
 - S26.22.2 02.03.26 SRG Draft Minutes V0.2 HSJ
- 1.4 13:07 - S26.23 Action Log
Vice Chair
 - S26.23.1 SRG Action Log updated 22.04.26
- 1.5 13:12 - S26.24 Patient's Story - Enhancing Lives
Rachel Wright, Lead Patient Experience And Carers Service, Pan Betsi
Link to story - Enhancing Lives Team Patient Stories - WELSH SUBTITLES.mov
- 1.6 13:32 - S26.25 Update on Vice Chair - Verbal Update
Pam Wenger, Director of Governance

2 STRATEGIC PRIORITIES

- 2.1 13:37 - S26.26 Intermediate Medium Term Plan Update
Emma Lea, Assistant Director of Corporate Planning
 - S26.26.1 IMTP update (Bilingual)
- 2.2 14:02 - S26.27 Update on Clinical Services Plan & Strategy
Kamala Williams, Head of Health Strategy and Planning
 - S26.27.1 Strategy and CSP Progress Report SRG (Eng)
 - S26.27.2 Strategy and CSP Progress Report SRG (Cym)
- 2.3 14:27 - S26.28 Anchor Framework and Principles Update
Daffyd Gwynne, Strategic Partnerships Manager, Public Health
 - S26.28.1 Developing a Regional Wellbeing, Prevention and Anchor Framework Coversheet (Eng)
 - S26.28.2 Developing a Regional Wellbeing, Prevention and Anchor Framework Coversheet (Cym)
 - S26.28.3 Developing a Regional Wellbeing, Prevention and Anchor Framework Presentation (Bilingual)
- 2.4 14:52 - S26.29 Public Health Equalities on Homelessness
Hannah Lloyd, Principal Public Health Practitioner
 - S26.29.1 Homelessness Report SRG Coversheet (Eng)
 - S26.29.2 Homelessness Report SRG Coversheet (Cym)
 - S26.29.3 Homelessness Presentation (Bilingual)
- 2.5 15:17 - S26.30 Health and Wellbeing Hubs - Verbal Update
Tehmeena Ajmal, Chief Operating Officer

3 FOR ASSURANCE

- 3.1 15:37 - S26.31 Director's Report
Helen Stevens-Jones, Director of Partnerships, Communications and Engagement

4 CLOSING BUSINESS

- 4.1 15:47 - S26.32 Agree Items for Referral to Board / Other Committees
Vice Chair

- 4.2 15:48 - S26.33 Agree Items for AAA Report
Vice Chair

- 4.3 15:53 - S26.34 Review of Meeting Effectiveness
Vice Chair

- 4.4 S26.35 Date of Next Meeting
7th September 2026

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Stakeholder Reference Group
held in Public on 1 December 2025
held in the Elsi Room, Conwy Business Centre, Llandudno Junction and via
Microsoft Teams

Committee Members Present	
Name	Title
Peter Lewis	Independent Member (Chair)
Allen Bewley	Flintshire Local Voluntary Service
Margaret Hollings	St Davids Hospice
Rebecca Hughes	Llais
Ffion Johnstone	Programme Director - Foundations for the Future
Stuart Keen	Executive Director of Environment and Estates
Emma Lea	Head of Business, Planning and Programmes – Central IHC
John Pritchard	Adult Social Services
Helen Stevens-Jones	Director Of Partnerships/communications & Engagement
Sherry Weedall	Denbighshire Voluntary Services Council
Bethan Williams	Gwynedd
Kamala Williams	Head Of Health Strategy & Planning
Committee Support	
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS
<p>S25.43 Welcome and Apologies</p> <p>Apologies were noted from Dyfed Edwards, Alun Roberts, Linda Kinani, Steve Williams, Dilwyn Morgan, Dylan Williams.</p>
<p>S25.44 Declarations of Interest</p> <p>No declarations of interest were received.</p>
<p>S25.45 Unconfirmed Minutes of the Meeting held on 1 September 2025</p> <p>It was agreed that the minutes of the meeting held on 1 September 2025 were a true and accurate record.</p>
<p>S25.46 Matters Arising & Action Log</p> <p>Members received the action log and noted progress against the actions.</p> <ul style="list-style-type: none"> • Action SRG25.36 – advised by the Executive Director of Partnerships, Communications and Engagement that action is being addressed, and can now closed. • Action SRG25.38.1 – an update is to be provided at the next meeting.

- **Action SRG24.32** – a further email will be shared with members following the meeting requesting nominations for Vice-Chair of the group.
- **Action SRG24.27** – item to be discussed in today's meeting. Agreed to close.

It was resolved that the Committee:

- **AGREED** to close the actions that were proposed for closure.

The Executive Director of Environment and Estates updated regarding the current estates strategy, following discussion at the previous meeting. The following points were highlighted:

- The current estates strategy requires updating, and is currently awaiting confirmation of clinical strategies to aid this work.
- It is expected that a proportion of BCU estate could be utilised better.
- Through an example given, it was advised data is being collated on some sites using the Occupy system. It is thought that changes to work setup, e.g. increased use of hybrid working for office working since the COVID19 pandemic, is a large contributor to this.
- An update regarding Mental Health estates developments will be brought to the next meeting.

Following the update, the Group:

- Discussed hybrid working policies, and agreed for an update to be given on the current BCU policy at the next meeting.
- Clarified that as part of due diligence, prior to approval of a business case, room and building utilisation is reviewed, to establish need.

The following actions were agreed:

- **Action S25.46.1:** An update on Mental Health estates developments to be given at the next meeting.
- **Action S25.46.2:** An updated on the BCU hybrid working policy to be given at the next meeting.

STRATEGIC PRIORITIES

S25.47 IMTP Progress Update

The Head of Business, Planning and Programmes for CIHC presented the paper and highlighted the following:

- The IMTP is a statutory requirement, currently in BCUIB there is an IMTP 2025-2029.
- Work is currently ongoing to update and refresh the plan, to ensure a continuous planning process, and the importance of service level planning was emphasised.
- The IMTP is being delivered through a two-step approach: 1. Service-Level planning, and 2. IMTP integration and submission.
- The organisation is linked in with a number of partnership forums and mechanisms to enable engagement, to ensure stakeholder's input is reflected in the IMTP, and to ensure service plans are delivered with robust outcome measures.

- Partners are asked to identify where their priorities align with the IMTP focus areas, whilst providing evidence and insight to strength strategic planning and to the development of joint objectives.

In discussing the item, the group:

- Emphasised the importance of engagement at all levels, both strategic high level and operational front line to ensure conversations and information shared through stakeholder organisations.
- Advised that due to organisational structures, at times there can be a lot of “filtering” of information as it passes along a communication chain, and further it gets from the source, which can also provide limited feedback opportunities.
- Were advised that the directorate is working with services to ensure plans are connected and aligned operationally.
- Were advised that the forums and mechanism used for engagement will be pre-existing groups, however if a gap is found, this will be reviewed and explored as appropriate.
- Emphasised the importance of ensuring outcome measures are in place from the outset to monitor impact and enable shared learning. The importance of considering performance data was highlighted, as well as areas such as workforce profiles, digital and estates strategies.
- Agreed for any further questions to be shared via email if required.
- Noted the engagement event through the Bevan Commission that took place on 8th October, and how this was beneficial to services. It was felt that the three priority areas shared following the day were reflective of discussions held at the event.

It was resolved that the Group:

- **NOTED** the report.

[Ffion Johnstone joined the meeting].

S25.48 Strategic Intent Progress Update

The Head of Health Strategy and Planning presented the paper and highlighted the following:

- The previous strategy has been updated, as the previous strategy “Living Healthier, Staying Well” brought in in 2018 due to developments, was felt to not be reflective of the Health Boards current priorities.
- A Discover, Design and Deliver approach is being adopted, with the organisation currently being in the Discover and Design element.
- An engagement event took place on 8 October 2025, including stakeholders, with a report being shared highlighting the outcomes of the day.
- Feedback is requested on the strategic intentions summarised within the report.
- Public feedback so far indicates that the system can be difficult to navigate at times from a user perspective.

In discussing the item, the group:

- Noted the objectives appeared well focused.



It was resolved that the Committee:

- **NOTED** the report.

S25.49 Foundations for the Future Progress Report

Ffion Johnstone, Programme Director – Foundation for the Future

The Programme Director of Foundations for the Future presented the paper and highlighted the following:

- A discover, design and deliver approach is being adopted, with the programme currently in the design phase.
- An evidence-based approach is being taken.
- The new model has “pillars”, each with a lead executive identified.
- The scheme of delegation was approved at the Board in September 2025.
- The programme focuses on aligning services across BCUHB, as well as alignment with the Local Authorities, and streamlining corporate functions.

In discussing the item, the group:

- Highlighted the issues experienced by patients and other stakeholders due to cross boundaries and the requirement to attend different hospital sites depending on the service or care required. It was advised that the new programme is hoping to align services to having one waiting list, rather than three different lists across BCUHB areas.
- Referenced transport issues experienced across the region, and the limitations this can cause.
- Noted the importance of gaining patient perspective for this work.
- Agreed for further feedback and points for noted to be submitted via secretariat for the group.

The following actions were agreed:

- **S25.49.1** Slides presented to be shared with members for feedback.

It was resolved that the Committee:

- **NOTED** the report.

FOR ASSURANCE

S25.50 Director’s Report

The Director of Partnerships, Engagement & Communications presented the report and highlighted the following:

- The Maggie’s Centre opened on the Ysbyty Glan Clwyd site earlier this year.
- The Health & Wellbeing hubs were discussed at the November Board meeting. A strategic approach is being taken to establish the hubs. This links with the work highlighted under items S25.47 and S25.48 discussed previously in the meeting.

An update was provided on BCUHB’s current position with Welsh Government:

- On 24th October, the latest quarterly Welsh Government statement on progress was published. This noted improvement within BCUHB in particular areas, such as financial governance, corporate governance, clinical leadership, board leadership,

quality, safety and engagement. However, emphasised that expected improvements in performance, particularly Planned Care and Urgent Care had not yet been seen.

- On 19th November, Welsh Government announced additional support for the Health Board through the addition of improvement directors.
- On 27th November, a further statement announced suspension of referral to treatment time data from BCUHB. This is to allow an external investigation into the quality and governance of the referral to treatment time data.
- Members were encouraged to review the Public Health Annual Report, shared as part of the Board papers in November.
- Highlighted the community by design approach being adopted across the Health Board.
- Emphasised the importance of stakeholder input, specifically regarding capital developments.

In discussing the item, the group:

- Agreed for a further update regarding the community by design approach to be given at the next meeting, following an internal event scheduled for December.

The following action was agreed:

- **Action S25.50.1:** Update on community by design approach to be given at the next meeting.

It was resolved that the Committee:

- **NOTED** the report.

S25.51 Governance Arrangements for SRG

The Chair advised that requests for Vice Chair of the group would be shared over the coming weeks.

In discussing the item, the following was highlighted:

- The involvement of a representative for homelessness for the group is being explored. The Director of Partnerships, Engagement & Communications is leading this, and is in the process of identifying a member. Once agreed, this decision will be submitted to the Board for approval.

It was resolved that the Committee:

- **NOTED** the report.

FOR INFORMATION

S25.52 Welsh Language Update

In reviewing the report, the group:

- Requested the option of translation facilities to be explored for use in future meetings to allow utilisation of the Welsh Language if preferred by users.

The following actions were agreed:

- **S25.52.1** Welsh Language verbal update to be received at the next meeting.



CLOSING BUSINESS

S25.53 Review of Meeting Effectiveness

It was agreed that:

- The meeting ran well, and the Chair thanked the group for their updates.

S25.54 Date of next meeting

2 March 2026.

Unconfirmed

Betsi Cadwaladr University Health Board (BCUHB)

**Unconfirmed Minutes of the Stakeholder Reference Group
held in Public on 2 March 2026**

**held in the Elsi Room, Conwy Business Centre, Llandudno Junction and via
Microsoft Teams**

Committee Members Present	
Name	Title
Peter Lewis	Independent Member (Chair)
Gareth Evans	St Davids Hospice
Emma Lea	Head of Business, Planning and Programmes – Central IHC
John Pritchard	Adult Social Services
Helen Stevens-Jones	Director Of Partnerships, Engagement & Communications
Sherry Weedall	Denbighshire Voluntary Services Council
Paolo Tardivel	Interim Executive Director of Transformation and Improvement
Geraint Parry	Interim Assistant Director of Transformation and Improvement
Alan Lawrie	Primary Care Associate Director
Eleri Hughes-Jones	Head Of Welsh Language Services
Committee Support	
Fiona Lewis	Minute Taker

PRELIMINARY MATTERS
<p>S26.01 Welcome and Apologies</p> <p>The Chair welcomed attendees to the meeting noting that there were insufficient stakeholders present, and the meeting was therefore declared non-quorate. All matters on the agenda would be discussed, but any decisions would be deferred until the next meeting.</p> <p>Apologies received from: Margaret Hollins, Bethan Williams, Cllr Penny Andow, Dilwyn Morgan, Dylan, Williams, Carol Shillabeer, Dyfed Edwards, Lyndsey Campbell-Williams, Steve Williams, Rebecca Hughes and Allen Bewley.</p>
<p>S26.02 Declarations of Interest</p> <p>No declarations of interest were received.</p>
<p>S26.03 Unconfirmed Minutes of the Meeting held on 1 December 2025</p> <p>Minutes of meeting held on 1 December 2025 - discussion deferred to next meeting.</p>
<p>S26.04 Matters Arising & Action Log</p> <p>Members received the action log and noted progress against the actions. All actions, proposed closures and closures to remain on Action Log until next meeting.</p>

S26.04.1 Helen Stevens-Jones, Director of Partnerships, Engagement & Communications, provided an update on guidance recently provided by Welsh Government regarding the new Welsh Health Impact Assessments being implemented in April 2026, noting that BCU was investigating ways to fully integrate it into the Health Board.

S26.04.2 The Chair asked the Director of Partnerships, Engagement & Communications to investigate the possibility of arranging a site visit for Members, to encourage active engagement. The new Llandudno Orthopaedic Unit was suggested as a venue.

ACTION:

S26.04.02 HS-J to investigate a possible venue to host a Members' site visit.

S26.05 Patient Story – All Wales Diabetes Prevention Programme

Due to low attendance, the Patient Story was not played to Members, but it was confirmed that Members could access the story via the link provided in the papers.

S26.06 Verbal Update on Appointment of Vice Chair

The Chair informed Members that Gareth Jones had put himself forward to become Vice-Chair. To formalise the appointment, this will be taken to Board at its March meeting.

STRATEGIC PRIORITIES

S26.07 IMTP Progress Update

The Interim Executive Director of Transformation and Improvement, provided his presentation, highlighting the following:

- Welsh Government has confirmed that approval of all Health Boards' IMTP will not be given until after the May 2026 Senedd elections
- Discussions with Stakeholders remain vital to ensure which IMTP area best reflects shared system priorities.

In discussing the item:

- The Chair informed Members that there was an initiative between Housing and the College, called 'Breaking the Cycle', which addresses issues in Housing that link to health. PL to talk with Paolo Tardivel outside of the meeting to discuss.
- PT agreed that he and his team will act as conduit for Members wishing to liaise with any team in the organisation. This will provide consistency as well as his team being sighted of areas of interest.
- A discussion ensued about ways to ensure all the workforce is well informed, to enable them to be advocates for the changes taking place.

ACTION:

S26.07.1 The Chair to provide PT with contact names regarding the Breaking the Cycle initiative.

S26.08 Third Sector – Verbal Update.

Paolo Tardivel, the Interim Executive Director of Transformation and Improvement, provided a verbal update, and noted the following:

- Through the Reaffirming Our Commitment to the Third Sector meetings, work is ongoing to clarify and strengthen the Organisation's partnership approach.
- There was agreement to move forward with the development of co-produced Third Sector Partnership Framework. Workshops to be arranged in Q1.

[This item taken out of order by direction of Chair]

S26.13 Director's Report

The Director of Partnerships, Engagement & Communications presented the report and highlighted the following:

- In the last 12 months, there had been significant improvements in reducing waiting times for outpatient appointments
- Two of the three acute general hospital sites in North Wales now have Electronic Prescribing and Medicines Administration (ePMA) systems, with Ysbyty Glan Clwyd on track to become the third. It was noted that ePMA provides a strong foundation for further digital optimisation, safety improvement and standardisation of medicine management processes across the Health Board.
- The Royal Alexander Hospital received national funding to proceed with the development of its Health and Wellbeing Centre.
- No specific concerns regarding BCU's maternity and neonatal Assurance assessment.
- Work continues with the Foundations for the Future Programme
- The appointment of a new Executive Director of People and Organisational Development, Debbie Eyitayo.
- The ongoing challenge to find representation from the Homeless on the SRG. The possibility that meetings away from the Health Board, where views could be heard and brought back to SRG, might be the way forward. It was noted that a paper written by Public Health team and supported by Equalities team, looking at the impact on health caused by homelessness, will be brought to the next meeting

S26.09 An Organisational Approach to Change.

The Interim Assistant Director of Transformation and Improvement shared his presentation and highlighted the following:

- It was recognised that BCU has a good track record for planning but a poor track record for implementing change within the organisation and that the approach needed to change.
- Staff sometimes feel that changes are thrust upon them rather than with their engagement

- Changes should be people-centred and clearly linked to the Organisation's strategic priorities through authentic engagement with staff.
- Staff must feel informed, involved and supported through changes.
- More investigation and understanding required where change had been implemented successfully
- Conditions must exist in the Organisation for staff to feel competent when implementing change and able to contribute and share their ideas through lived experiences.
- There must be consistent and reliable processes and methodologies.
- Timely stakeholder engagement to provide input to help shape the framework

Following the presentation:

- The Chair noted that due to low Stakeholder representation at the meeting, he would email Members to urge them to read the meeting's papers and presentations, in order to provide their feedback.
- John Pritchard believed communication both between hospitals and to enable members of the public to identify the correct person to speak to, was an issue.

ACTION:

- **S26.09.1** Chair to email Members to encourage their feedback.

[Sherry Weedall joined the meeting]

S26.10 Primary Care Update – Presentation

The Primary Care Associate Director shared his presentation, highlighting the following:

- The large volume of calls per month to both GP practices and WAST, patients attending ED.
- More time needed to be spent improving patient experiences, noting that a 1% increase in Primary Care provision should result in a 20% decrease in demands on Secondary Care.
- 'Setting the Direction', written in 2010 by Chris Jones, the current Chair of Healthcare Inspectorate Wales, and Ceri Phillips, the Vice Chair in Cardiff & Vale, provided a roadmap for Primary and Community (P&C) care in Wales
- In October 2025, BCUHB declared that it spent approximately £821m on Primary and Community Care., and intended over the next 12 months to:
 - Improve the mobile/Community Diagnostics services
 - Create insulin initiation and monitoring services clusters
 - Reduce Dermatology waiting lists
 - Create hub in Llandudno to provide improved community Women's health services
 - Provide/expand Physio Assessment days in Central and East areas, to reduce long waiting lists for referrals into Orthopaedics – a service that has been successfully trialed in the West.
- In the longer term, areas for improvement are:

- Community Resource Teams
- The identification of 'rising risk' patients to reduce hospital admissions
- IT sharing of patient records
- Creating 'federations' in each patch, to deliver Primary Care at scale – as are being shown to work effectively in England
- Making better use of existing estate's properties
- Easing care pathways navigation for both patients and staff.
- Encouraging better engagement between Clusters and 3rd Sector and Local Authorities.

Sherry Weedall noted that the willingness of the 3rd Sector to engage with Primary and Community services, too many financial obstacles were placed there by BCUHB to facilitate an improved service and felt that the Health Board needed to improve its financial arrangements

Gareth Evans noted that the three hospices across North Wales were looking forward to working in partnership with BCUHB, to relieve pressures on Primary and Community care as well as reducing emergency admissions to acute sites.

The Primary Care Associate Director agreed that a higher proportion of available funds should go into P&C, which would in turn reduce pressures on Acute sites. He believed that Foundations for the Future would help by creating Primary and Community Directorate Care Group set up across the whole of North Wales, to improve delivery of services centrally.

S26.11 Welsh Language Services Update

The Head of Welsh Language Services, having provided her report, highlighted the following:

- Recent promotion and engagement elements had taken place and had a positive impact on patients' care.
- The partnership between the Welsh Language Team (WLT) and external partners to provide sessions at Children's hospitals was working well.
- The WLT had established a resources platform for all pan-BCU services, to provide a single platform for staff to access resources.
- WLT in partnership with Careers Wales attended careers events at schools to discuss the advantages of having the Welsh language as an additional skill when applying for posts within the Health Board.
- Through engagement with staff, both in-person and via survey, the work being carried out to understand the culture of the organisation and how best support staff to create a bilingual environment.
- The external work being carried:
 - The WLT had for the last two years provided a financially successful translation service to the Aneurin Bevan Health Board. A new service agreement for 2026-27 was due to be signed.
 - The annual contract with the National Centre for Learning Welsh, provides access to many online and residential courses.

- BCUHB is the only Health Board to receive funding to employ a Band 5 Support Officer, who provides additional support for staff to use Welsh when they come back to work.
- Demand for Welsh Language training had increased so much necessitating the provision of targeted sessions.
- A piece of work is taking place currently to understand how best to provide bilingual consultations. Trials are taking place.

Gareth Evans confirmed the importance of focussing on patient outcomes and front-line staff being able to converse in Welsh when a patient is ill or in a stressful situation.

S26.12 Welsh Health Impact Assessment.

The Director of Partnerships, Engagement Communication referred Members to her update provided earlier.

FOR ASSURANCE

S26.13 Director's Report

This item was discussed earlier in the meeting.

S26.14 Review Committee Terms of Reference and Cycle of Business.

The Chair advised that due to the meeting being non-quorate, Members were requested to review and forward any comments.

CLOSING BUSINESS

S26.15 Agree Items for Referral to Board/Other Committees.

There were none.

S26.16 Review Risks Highlighted in the Meeting for Referral to Risk Management Group.

This item to be removed from the Cycle of Business (COB) for future meetings, as it is not relevant.

Action:

S26.16.1 Fiona Lewis to remove this item from COB.

S26.17 Agree Items for Chair's Assurance/AAA Report

The Chair wished to note the following:

- The low Stakeholder attendance resulting in the meeting not being quorate and possible remedies.
- To review and approve Gareth Jones' Expression of Interest for the position of Vice Chair.

- Assure the Board that updates on several strategic areas continues to progress across key organisational priorities.
- The Group noted positive examples of service impact and patient experience, including the All-Wales Diabetes Prevention Programme which demonstrated measurable improvements in patient outcomes through preventative interventions delivered in Primary Care.
- The importance of sustained Stakeholder engagement as the IMTP continues to develop, particularly ensuring that partners across the third sector, local authorities and community organisations can contribute to shaping priorities and delivery approaches.
- Members also noted that discussions are ongoing regarding how best the Health Board can hear directly from people who experience homelessness, recognising the importance of ensuring their perspectives are represented within stakeholder engagement structures.
- Continued focus on prevention, community-based care and collaborative working across North Wales will be key to addressing system pressures and improving population health outcomes.

S26.18 Review of Meeting Effectiveness

It was agreed that:

- Despite low attendance, the agenda topics and presentations were excellent. The meeting ran well, and the Chair thanked the group for their updates.

S26.19 Date of next meeting

1 June 2026, 1-4pm.

Stakeholder Reference Group

Action Log

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
Actions from meeting held on 2.12.24					
1	Pam Wenger	S24/32 Process of Appointments to SRG. S24/32.2 To circulate the ToR in Word format for comment.	Mar 2025	Remain Open 3.12.24 Circulated ToR to Members for comment. 01.12.25 – PL advised further email is to be shared with members in the coming weeks requesting nominations for Vice Chair 09.01.26 – email for expressions of interest for vice chair shared. Deadline 30.01.26	
Actions from meeting held on 1.12.25					
2	Peter Lewis	S25.52.2 Explore use of translation facilities available for use in the meeting	March 2026	Propose close. Fiona Lewis confirmed that interpreter will be available for all meetings, however one can only be available for Zoom – not possible for Teams.	
Actions from meeting held on 2.3.26					
3	Helen Stevens-Jones	S26.04.02 Matters Arising and Action Log. Investigate a possible venue to host a Members' site visit.	April 2026		

4	Peter Lewis	S26.07.1 IMTP Progress Update The Chair to provide Paolo Tardivel with contact names regarding the Breaking the Cycle initiative.	May 2026		
5	Peter Lewis	S26.09.1 An Organisational Approach to Change. Chair to email Members to encourage their feedback	May 2026		
6	Fiona Lewis	S26.16.1 Review Risks Highlighted in the Meeting for Referral to Risk Management Group. Remove 'Review Risks Highlighted in the Meeting for Referral to Risk Management Group' from COB.	April 2026	Proposed close. 22.4.26 Actioned.	
Actions Proposed For Closure					
7	Stuart Keen / Helen Stevens-Jones	SRG25/38.1 Discuss the Welsh Health Impact Assessment.	October 2025	Proposed close 01.12.25 – work ongoing. Update to be given at the next SRG meeting. 22.01.26 – added to draft agenda for March 26.	March 2026
8	Ffion Johnstone	S25.49.1 Slides presented to be shared with members for feedback	March 2026	Proposed close 02.12.25 – presentation shared with attendees for comments.	

9	Eleri Hughes-Jones	S25.52.1 Welsh Language verbal update to be received at the next meeting.	March 2026	Proposed close 22.01.26 – added to draft agenda for March meeting	
Actions Closed (at 1.12.2025 meeting)					
10	Gareth Evans	S24/30 Update on Royal Alexander Hospital, Llandudno Hub Business case. S24/30.2 Regarding the Hub, GE to investigate a) how many current staff have shown willingness to move their place of work to Llandudno, b) How many new roles are envisaged will be created at Llandudno, c) is staffing on the Risk Register, d) what mitigations have been put in place regarding staffing?	Jan 2025	Suggest close 23.12.24 This work is currently in progress under the Organisational Change Policy for those staff directly affected by the move from Abergele to Llandudno b) The business case creates 30.43 full time equivalent new roles across a wide range of different professions. c) Yes staffing issues are recognised by the project risk register. These will become more dynamic once a recruitment process is instigated. d) We have a WOD post specifically attached to the project team to assist with all aspects of workforce issues. BCU can manage the recruitment, the timing and the impact on other sites as a single issue to ensure no one site is destabilised. 01.12.25 – Action closed	
11	Pam Wenger	S24/32 Process of Appointments to SRG. SR24/32.1 To clarify wording on paper, Pg5 <i>Role and Purpose – What the SRG is here to do – ‘scrutinise the Health Board’s arrangements relating to patient experience’</i>	Jan 2025	Suggest close 23.01.25 Wording amended “ <i>The Stakeholder Reference Group provides a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the HB’s decision making</i> ” 24.2.25 Process of Appointment of SRG Members added to 3.3.25 agenda, under For Information. 01.12.25 – Action closed	

12	Helen Stevens-Jones	S24/33 Update on Culture Change Programme – Values and Behaviour. S24/33.1 To add ‘How best to embed new culture’ onto the next workshop agenda. Add to Forward Workplan.	9.12.24	Suggest close Actioned. 01.12.25 – Action closed	
13	Nia Harris / Fiona Lewis	S24/33 Update on Culture Change Programme – Values and Behaviour. S24/33.2 To provide Bethan R-W Welsh translation of 3 rd iteration of Values & Behaviours Framework	9.12.24	Suggest close. 3.12.24 Emailed V&B Framework to Bethan Russell Williams. 01.12.25 – Action closed	
14	Paolo Tardivel / Julie Ward-Jones / Angela Wood (Exec lead) / Fiona Lewis	2.9.24 Workshop – Health Board Strategy & Clinical Services. Bring QMS update to December meeting, assuring Members examples of good practice would be incorporated into the emerging QMS approach. Add to forward planner.	3.12.24	Suggest Close. 26.11.24 In relation to the suggestions from the public, early exploration in relation to how this could work (and what other HBs are doing) has taken place. Work ongoing. 2.12.24 QMS Framework Operationalisation presentation provided. 01.12.25 – Action closed	
15	Julie Ward-Jones / Helen Stevens-Jones	2.9.24 Workshop – Urgent and Emergency Care. To look at providing a forum / a suggestion box where patients / third sector can put forward and share suggestions for improvements and look at	3.12.24	Suggest close 26.11.24 We have an inventory for the improvement work happening across the HB. The QI Register, currently awaiting Paolo Tardivel’s approval. Aims to launch w/c 2.12.24 15.1.25 The Improvement team have been investigating what is currently happening across the Health Board as well as reaching out to colleagues in	3.3.25

		<p>creating an inventory of all good pieces of work taking place across the Health Board.</p>	<p>the NHS Executive to understand if work in this area is happening nationally. Below is a summary of the conversations:</p> <p>Internal - Engagement team Currently hold engagement events with staff public/ patients and collate feedback but don't take idea suggestions or have a process for handling them. Reports are written up from the feedback collected, but do not specifically target improvement ideas.</p> <p>Internal - Patient & Carer Experience team Suggestions (ideas) received are added to Datix (All Wales Reporting and Learning IT system) and are sent through to the service area to take forward – this is a non-transactional process, so no feedback loop. Although each Integrated Health Community (IHC) does produce reports on improvements made from feedback received, which are presented to the Patient and Carer Experience Group meetings. The Patient & Carer Experience Team are proposing an initiative called '<i>The Hive</i>' which is about gaining ideas from staff</p> <p>External - NHS Executive Cwm Taf, Bro Morgannwg University Health Board have a process whereby staff can submit improvement ideas via a form, these are discussed at a monthly meeting where representatives from those areas are invited to attend with NHS Executive and local improvement members. A plan is then put in place for the ideas that have been approved. This process runs using the Simply Do initiative. At this point in time this is not open for patients/ carers or members of the public to submit ideas but it is felt that some ideas that have been received may have come from an initial discussion with these groups.</p>	
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				<p>Those spoken to were all keen to develop solutions as to how we can involve patients, carers and public in improvement idea generation and would want to explore what this would look like i.e. what resources, governance arrangements, and feedback mechanisms are needed to develop them.</p> <p>The Improvement Team has connected the local work with the national team and will continue to link in with the Patient and Carer Experience Team as 'The Hive' develops, as there maybe potential for this to progress towards patient, carer and public idea submission.</p> <p>01.12.25 – Action closed</p>	
16	Helen Stevens-Jones / Dylan Williams	<p>S24/27 Planning for 2025-28 S24/27.1 To arrange an online opportunity for Members to discuss Integrated Planning Process.</p>	16.12.24	<p>Suggest Close. 2.11.24 HS-J in discussions with Chris Stockport to arrange an online session. 9.1.25 Online session arranged for 16.1.25 01.12.25 – Update received at today' meeting. Action closed</p>	
17	Dylan Williams	<p>S23/45 Planning Verbal Update S23/45.2 DW to ensure that knowledge will be shared on a weekly/monthly basis and not purely for the meetings alone.</p>	4.3.24	<p>Suggest Close A programme of work being developed which will extend throughout the financial year, for the 2025/26 planning cycle. There will be regular updates and workshop engagement with SRG, a live teams channel will be created which will ensure that SRG (and other sub committees) have access to planning information throughout the planning cycle. 18.04.24 – DW to consider options which will ensure all SRG members are kept updated by both quarterly</p>	

				updates and real time updates. Real time being the preferred as they would have more value. 1.9.25. HS-J advised Members since this action was raised, with a new Director in post, there is a new approach. 01.12.25 – agreed action closed.	
18	Kirsty Thomson Helen Stevens-Jones to decide who best to pick this up	S24/29 Partner Update. S24/29.1 KT to contact Anne-Marie Street and Elinor Thomas from St David’s Hospice outside of meeting, with a view to discussing strategic possibilities within our hospitals, and to discuss their perspective of recent possible end of life care law changes.	9.12.24	Suggest Close 4.12.24 KT has been in contact with Anne-Marie Street and Elinor Thomas and will provide update when available. 2.6.25 It was noted that Kirsty Thomson had left the Health Board. HS-J to look into who would pick this item up. 1.9.25 HS-J advised Members that this commitment was made by KT prior to her leaving the Health Board. HS-J to approach the responsible Exec for their response. Angela Wood, Exec Dir of Nursing and Midwifery? 18.9.25 AW confirmed to HS-J that this action had been superceded by events, and that Execs had been in discussions with hospices re strategic possibilities and challenges facing hospices. 01.12.25 – agreed action closed.	
19	Peter Lewis / Helen Stevens-Jones	SRG25/36 to agree format of digest to share with Members’ organisations post-meeting.	October 2025	Suggest Close 17.9.25 HS-J emailed SRG Members to hear their views on the best format. 01.12.25 – HS-J advised that this is being addressed, and action can be closed.	
20	Dylan Williams	SRG25/39.1 Provide specific information in next report, including <ul style="list-style-type: none"> • Direct evidence of improvements 	December 2025	Suggest Close 24.11.25 confirmation received that report include reference to these three areas.	

		<ul style="list-style-type: none">• consideration of areas not in Special Measures• Alignment to both the Welsh Government's 10-year Mental Health Plan and Women's Plan and ways the SRG can support and develop plans.			
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Cynllun Tymor Canol Integredig

Grŵp Cyfeirio Rhanddeiliaid

1^{af} Mehefin 2026

BCU 3 Year Plan

Stakeholder Reference Group

1st June 2026



Pwrpas y sesiwn heddiw

- 1** Rhannu'r cipolwg diweddaraf ar Cynllun 3 Blynedd y Bwrdd Iechyd a'r cyfeiriad teithio.
- 2** Parhau i ymgysylltu â'n cyd-flaenoriaethau ar gyfer meysydd cydweithio – 'cynllunio parhaus'.
- 3** Defnyddiwch y myfyrdodau a'r gwersi rydyn ni wedi eu dysgu wrth weithio gyda'n gilydd ar y rhain dros y 12 mis diwethaf.

Purpose of today's session

- 1** To share the latest view of Health Board's 3-Year Plan and the direction of travel.
- 2** To continue engagement on our joint priorities for areas of collaboration – 'continuous planning'.
- 3** Take any reflections and learning from how we've worked together on these over the last 12 months.

'Rhediad y naratif' a negeseuon allweddol

'Narrative arc' and key messages

- Mae'r Bwrdd Iechyd yn parhau i fod ar daith o **sefydlogi** > **safoni** > **cynaliadwyedd**. Mae llawer o'r sefydlogi wedi'i gwblhau, llawer mwy o waith i'w wneud o ran safoni ac yna ymlaen i gynaliadwyedd.
- Galluogwyr strategol a thrawsnewidiol hanfodol ar y gweill â **FFTF** a **CSP** yn datgloi gweithio effeithiol **ledled Gogledd Cymru** drwy **strwythurau sefydliadol, gweithlu modern, modelau clinigol a gwasanaethau**.
- Mae **cyflenwi gweithredol** yn ffocws allweddol, ac mae'n gyfystyr â **diogelwch cleifion**, nid **mynediad** yn unig.
- Mae egwyddorion sylfaenol yn ymwneud â gwella **cynhyrchiant, effeithlonrwydd** ac **ansawdd**, lleihau **amrywiadau diangen** a rhyddhau adnoddau i **fuddsoddi mewn gwaith atal ac ymyrraeth gynnar** – gwella **canlyniadau** a phrofiad.
- Newid meddylfryd – yn hytrach na cheisio trin pob salwch unigol yn feddygol, **rheoli ansawdd bywyd** ar draws aml-afiacheddau gan gydweithio â **phartneriaid** ar draws y **system gyfan**.
- Rhaid bod yn **ddeheuig** – mynd i'r afael â heriau'r **presennol** a chreu gwasanaethau cynaliadwy **hirdymor** wedi'u gwreiddio mewn **cymunedau** a mynd i'r afael ag **anhydraddoldebau iechyd**.

- The Health Board remains on a journey of **stabilisation** > **standardisation** > **sustainability**. Much of the stabilisation is complete, lots more work to do in standardisation and then on to sustainability.
- Crucial strategic and transformational enablers underway with **FFTF** and **CSP** unlocking effective **pan North Wales** working through **organisational structures, modern workforce, clinical and service models**.
- **Operational delivery** is a key focus, becoming synonymous with **patient safety** and not just about **access**.
- Fundamental principles are about improving **productivity, efficiency** and **quality**, reducing **unwarranted variation** and freeing up resources to invest into **prevention and early intervention** – improving **outcomes** and **experience**.
- Shift thinking from attempting to medically treat every individual illness to **managing quality of life** across multi-morbidities, working with **partners** across the **whole system**.
- Got to be **ambidextrous** – address the **here and now** challenges and create **long-term** sustainable services embedded in **communities** and addressing **health inequalities**.

Cynllunio Gwell

- Wedi cychwyn y daith tuag at **gynllunio mwy parhaus**, gan ddatblygu agweddau ar y cynllun trwy ddulliau mwy trefnedig, er enghraifft, Pwyllgorau, Cyfarfodydd Partneriaethau – RPB, SRG, sesiwn ddatblygu ar gyfer pwyllgor PPHP y Bwrdd.
- **Ymgysylltu** cynharach ac ehangach, yn fewnol ac yn allanol.
- **Matrics Aeddfedrwydd Cynllunio** - gwelliannau wedi'u llywio gan hunanasesiadau i'r **Fframwaith Cynllunio Integredig**.
- Cyflwyno **cynlluniau manylach ar lefel gwasanaethau** ar gyfer yr holl wasanaethau ledled y sefydliad, a sicrhau eu bod yn **cyd-fynd** â'r blaenoriaethau allweddol hynny a amlygir yn yr **IMTP**.
- Ceir **pwyslais mwy penodol ar gyflawni** yn y cynllun, ac mae'r **amserlenni**, manylion yr **effaith** ar y boblogaeth a'r **risgiau/dulliau lliniaru** oll wedi'u hymgorffori yn y cynllun ei hun.
- **Cadarnhad** pendant ynghylch pa rai o **ofynion Llywodraeth Cymru** sy'n cael sylw yn y cynllun, ar draws yr holl ofynion sy'n ymwneud â'r fframwaith Cynllunio a Pherfformiad yn ogystal ag argymhellion Grŵp Cyngori'r Gweinidog (MAG) a meini prawf isgyfeirio mewn perthynas â'r Mesurau Arbennig.
- Mae elfennau o waith y Bwrdd Iechyd sy'n ymwneud yn fwy â **'busnes arferol'** (ond sy'n bwysig serch hynny) wedi'u cofnodi mewn **adran ar wahân**, sy'n golygu bod y gwaith i olrhain targedau cyflawni yn ymdrin â'r blaenoriaethau allweddol.
- Er bod y cynllun yn un **heriol**, mae'n un **realistig** y **gellir ei gyflawni**.
- Bydd gweithredu dull rhanbarthol yn helpu i sicrhau cynnydd, er bydd hynny'n ymwneud yn fwy â dull **modelu unedig** o ymdrin â gwasanaethau,

Improved Planning and Maturity

- Started the journey to more **continuous planning**, developing aspects of the plan more organically through for example the Committees, Partnership Meetings – RPB, SRG, PPHP Board Development session.
- Earlier and more **engagement**, both internally and externally.
- **Planning Maturity Matrix** self-assessment informed improvements to the **Integrated Planning Framework**.
- More detailed **service level plans** with **alignment** to those key priorities highlighted within the **3 Year Plan**.
- The plan itself is much **more delivery focused**, with **timescales**, **impact** for the population and **risks/mitigations** all embedded within the plan itself.
- Absolute **clarity** on which **Welsh Government requirements** are covered where in the plan, across all Planning and Performance framework related requirements as well as Ministerial Advisory Group (MAG) recommendations and Special Measures de-escalation criteria.
- Important but **more business-as-usual** elements of the Health Board's work captured in a **separate section**, meaning deliverables tracking is focused on the key priorities.
- The plan is **stretching**, yet **realistic** and **deliverable**.
- Progress made, although more to do on a truly **unified modelling** approach with services – taking a regional approach will help this.

Cyd-destun yr IMTP / IMTP Context

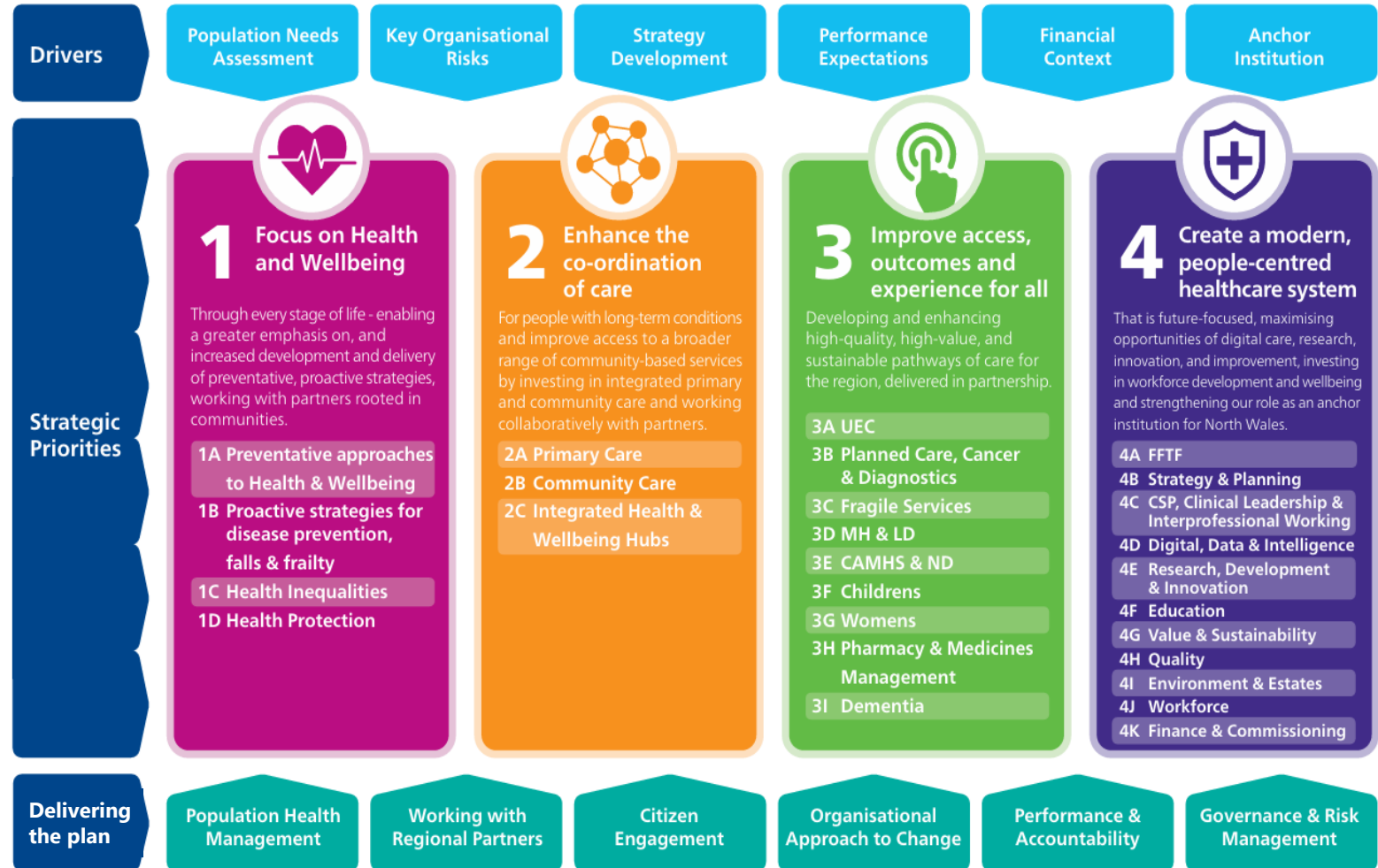
Cynllun ar dudalen / Plan on a page

Eleni, mae'r sefydliad wedi gweithredu'r camau cyntaf i ddatblygu ei strategaeth newydd, gan gymeradwyo datganiadau ynghylch y 4 Bwriad Strategol a luniwyd ar y cyd â phartneriaid. Mae'r rhain yn disodli'r 5 Amcan Strategol wrth i'r Bwrdd Iechyd symud o'r ymateb i'r Mesurau Arbennig i'r cyfeiriad strategol newydd.

- Mae'n cwmpasu **2026–2029**, gan roi sylw manwl i **2026/27**
- Newid pwyslais:
 - gwelliannau mewnol → cyflawni ar lefel y system gyfan
 - ysbytai yn bennaf → gwaith yn y gymuned/gwaith atal yn gyntaf
- Wedi'i angori yn y pedwar Bwriad Strategol

This year the organisation has taken the first steps into its new strategy development, approving the 4 Strategic Intent statements that were co-created with partners. These replace the 5 Strategic Objectives as the Health Board transitions from Special Measures response into the new strategic direction.

- Covers **2026–2029**, with detailed focus on **2026/27**
- Shifts from:
 - internal improvement → whole-system delivery
 - hospital-centric → community and prevention first
- Anchored on four Strategic Intent



[BCUHB Narrative Plan 2026-29.pdf](#)

Cydweithio â phartneriaid

- Bydd cydweithio â phartneriaid yn fwy hanfodol fyth gan ystyried y dirwedd heriol.
- Mae SRG, RPB a PSBs yn fforymau allweddol i alluogi'r gwaith hwn a'i gadw ar y trywydd iawn.
- Y nod o fewn yr IMTP yw integreiddio cydweithio â phartneriaid yn y cynllun drwyddo draw.

Gwaith Atal ac Anghydraddolebau Iechyd

- Egwyddorion Marmot
- Ymrwymadau Siarter Angori
- Rhagnodi cymdeithasol, cynhwysiant mewn perthynas ag iechyd

Capasiti a Llif mewn Gwasanaethau Cymunedol

- Cymuned trwy Ddylunio
- Eiddilwch, codymau, gofal lliniarol
- Llwybrau gofal sy'n profi oedi

Gofal Brys a Gofal mewn Argyfwng

- Llif y system gyfan (drws ffrynt → drws cefn)
- Mae'r gallu i drosglwyddo cleifion o ambiwlansys yn dibynnu ar ryddhau

Y Gweithlu a Chynaliadwyedd

- Cynllunio'r gweithlu yn integredig
- Gallu'r trydydd sector i ehangu ei wasanaethau
- Cynaliadwyedd gofal sylfaenol

Critical Areas for Partnership Working

- Partner working is going to be even more vital given the challenging landscape.
- SRG, RPB and PSBs are key forums to enable this work and to keep it on track.
- The aim within the IMTP is to integrate partner working throughout the plan.

Prevention & Health Inequalities

- Marmot principles
- Anchor Charter commitments
- Social prescribing, inclusion health

Community Capacity & Flow

- Community by Design
- Frailty, falls, palliative care
- Delayed pathways of care

Urgent & Emergency Care

- Whole-system flow (front door → back door)
- Ambulance handovers depend on discharge

Workforce & Sustainability

- Integrated workforce planning
- Third sector scalability
- Primary care stability

Cydweithio â phartneriaid

Sut allwn ni weithio'n wahanol gyda'n gilydd i symud o → i:

Ymgysylltu → **Cydgynhyrchu**

Cynlluniau sefydliadau → **Blaenoriaethau a rennir yn y system**

Ffocws ar weithgarwch → **Deilliannau a llif**

Atebion byrdymor → **Modelau cynaliadwy**

Cynigwch adborth ynghylch y canlynol:

- Sut brofiad gawsoch chi?
- Sut allwn ni wella cynllunio trwy gydol ein cylch nesaf?
- Unrhyw sylwadau eraill?

Gallwch anfon unrhyw adborth ychwanegol at Dîm Cynllunio Corfforaethol

BIPBC trwy e-bostio: BCU.CorporatePlanningTeamPanBCU@wales.nhs.uk

Learning and Reflections on plan development

How can we work differently together to move from → to:

Engagement → **Co-production**

Organisational plans → **Shared system priorities**

Activity focus → **Outcomes and flow**

Short-term fixes → **Sustainable models**

Feedback on:

- What was your experience?
- How can we improve planning through our next cycle?
- Any other thoughts?

Any further feedback can be sent to the BCU Corporate Planning Team at:

BCU.CorporatePlanningTeamPanBCU@wales.nhs.uk

Stakeholder Reference Group

STRATEGY AND CLINICAL SERVICES PLAN (CSP) PROGRESS REPORT

Date of Meeting	01 June 2026
Publication Status	Open/ Public
	Not Applicable
Report Author(s) name and title	<i>Kamala Williams, Interim Assistant Director of Strategy</i>
Lead Executive Team Member name and title	<i>Paolo Tardivel, Interim Executive Assistant Director of Transformation, Strategy and Planning</i>

Report Purpose	For Noting
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Executive Summary

The Health Board is progressing the development of its new 10-year strategy and supporting Clinical Services Plan (CSP), aligned to the Board-approved Strategic Intent Statements co-created with partners.

Work to date has focused on the discovery phase, building an evidence base through data analysis and early engagement with clinical teams and stakeholders to inform a clear and evidence led 'Case for Change'.

Emerging findings highlight a set of system-wide challenges affecting sustainability and performance. These include demand increasing faster than capacity, workforce fragility, unwarranted variation in access and outcomes, fragmented care pathways, and an over-reliance on hospital-based models. These issues are impacting both service delivery and the experience of patients, communities, and staff.

There is strong recognition across the workforce that change is required; however, engagement indicates that parts of the system do not yet feel fully supported or ready to deliver large-scale transformation. This reinforces the importance of realistic planning, clear prioritisation, and continued engagement.

Taken together, these findings indicate that incremental improvement will not be sufficient. A fundamental shift in models of care, system integration, and enabling infrastructure will be required to deliver sustainable services for North Wales.

The next phase will further develop the Case for Change, including clearer articulation of priority areas for transformation. This will be presented in a forthcoming Discovery Report and will inform the transition to the design phase.

The Stakeholder Reference Group is invited to:

- **CONSIDER** whether the emerging themes reflect system and partner experience
- **IDENTIFY** any gaps, risks or opportunities that should inform the Case for Change
- **ADVISE** on key considerations for effective engagement with partners, patients and communities

Engagement (internal/external) undertaken to date (including receipt/ consideration at Committee/Group)

Detail in here the engagement that has already been undertaken, for example discussed at QSE on [date], where the proposal was approved in principle

Committee / Group / Individuals	Date	Outcome, Evidence and Data
Progress report paper to the Strategic Planning and Service Change Group (SPSCG)	23 rd March 2026	Progress was noted

Acronyms / Glossary of Terms

Include in here all the acronyms included in the paper to aid the reader. Do not assume that everyone will be aware of the terminology used.

Fragile Services	Services where delivery is challenging to sustain consistently, identified through Special Measures or internal review, and supported through targeted improvement and oversight.
Foundations for the Future (FFTF)	The new operating model for the Health Board which will support both day-to-day service delivery and continuous improvement, aligned across strategy, people, culture, processes and structures.
Major Change Programme (MCP)	Strategically prioritised programmes that are given focused support and dedicated resource to deliver significant organisational change, as part of BCUHB's tiered approach to transformation.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

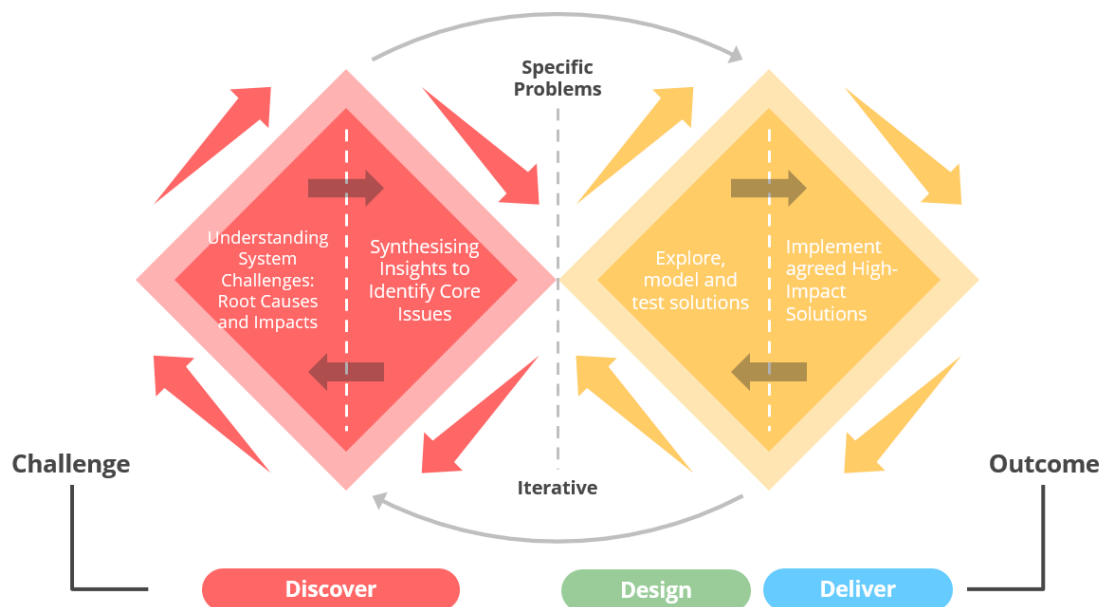
Value and Sustainability	A programme focused on improving outcomes while ensuring the sustainable and efficient use of resources.
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STRATEGY AND CLINICAL SERVICES PLAN (CSP) - PROGRESS REPORT

1. SITUATION

- 1.1 The Health Board is developing a new 10-year organisational strategy and supporting Clinical Services Plan (CSP) utilising a 'Discover, Design, Deliver' approach, see figure 1. Work is currently at the discovery phase and focused on establishing a clear and shared understanding of system challenges, pressures and opportunities.

Figure 1 – Strategy and CSP development process



- 1.2 This report provides an update on progress and emerging themes from the discovery work, and seeks to ensure ongoing stakeholder visibility and input as work moves towards defining a clear 'Case for Change' as a precursor to commencing the design phase for both the strategy and CSP.

2. BACKGROUND

2.1 In January 2026 the Health Board approved a set of four Strategic Intent Statements (strategic priorities), see fig 2 below, co-created with partners. These provide a clear strategic planning framework for the Health Board three-year plan whilst work on the new Strategy and CSP is underway.

Figure 2: Plan on a Page - extract from the 2026/2029 BCUHB 3-year plan



2.2 The new 10-year strategy will set the long-term direction for how the Health Board plans, organises and delivers health and care services to meet future population need. The strategy will establish clear principles and priorities that will shape the planning and delivery of sustainable models of care which are able to respond to rising demand, workforce constraints and financial pressures. The current discovery phase is focused on building a robust evidence base, drawing on data analysis and engagement insights to inform this work. The primary output from the discovery phase will be a clear 'Case for Change', which will inform the subsequent design phase ensuring that the strategy is grounded in both evidence and lived experience.

2.3 The CSP is a key part of delivering the Health Board's strategy, setting out how services may need to change in the future. Current work is focused on understanding how services are delivered today, where there are pressures or inconsistencies, and building the evidence needed to develop sustainable, high-quality models that better meet the needs of the population.

- 2.4 An initial multi-professional clinical engagement event, “*Shaping the Future: Developing the BCUHB Clinical Services Plan*,” was held on the 5th of May, bringing together senior clinical leaders from across the Health Board. The session focused on developing a shared understanding of how services are currently delivered, what sustainable services for North Wales should look like in the future, and the key principles needed to guide change. It also explored the main barriers and opportunities for improvement.
- 2.5 This approach reflects learning from Hywel Dda University Health Board following the first phase of their CSP, which highlights the importance of early and meaningful clinical engagement in building understanding, supporting change, and securing strong professional ownership from the outset.
- 2.6 Insights from this event will be captured in a summary report and used to inform ongoing engagement with partners and stakeholders as the CSP develops, in line with commitments set out in the 2026–29 three-year plan.

3. **SPECIFIC MATTERS FOR CONSIDERATION**

- 3.1 Analysis to date suggests that current pressures are not isolated issues but reflect underlying structural and system-wide challenges. These are beginning to resolve into the following key themes:

3.2 **Demand is exceeding capacity**

Demand for services continues to grow, driven by an ageing population, increasing complexity of need, and persistent inequalities. This growth is outpacing available capacity across multiple services.

What this means:

The system is operating under sustained pressure, with ongoing challenges in access, waiting times, and performance.

3.3 **Fragmented pathways and poor flow**

Care pathways are often disjointed, with inconsistent coordination across services and organisations. This results in delays, inefficiencies, and a poorer experience for patients and staff.

What this means:

Patients do not consistently experience joined-up care, and system flow is constrained.

3.4 **Unwarranted variation across the system**

There is significant variation in access, clinical practice, productivity, and outcomes across services and localities, not fully explained by population need

What this means:

This results in inequity in care and inconsistent outcomes for patients.

3.5 **Workforce fragility**

Workforce challenges include shortages, skill mix imbalances, and reliance on small numbers of key staff.

What this means:

Services are less resilient and more vulnerable to disruption, limiting their ability to respond to demand.

3.6 **Structural and legacy constraints**

Historic service configurations, estate limitations and organisational arrangements are not aligned to current or future demand

What this means:

These constraints restrict productivity and limit flexibility within the system and have an over reliance on hospital-based care.

3.7 **Enabling infrastructure gaps**

Limitations in digital maturity, data quality, estates, education and training capacity are constraining improvement

What this means:

The system's ability to support improvement and innovation is constrained.

3.8 Taken together, these themes indicate that current pressures are systemic rather than isolated, and reflect models of care and supporting infrastructure that is increasingly misaligned with population need.

3.9 The Stakeholder Reference Group is invited to comment on whether these emerging themes reflect system experience and identify any gaps or additional considerations.

4. **KEY RISKS / MATTERS FOR ESCALATION**

4.1 Three strategic risks have been identified at this stage.

4.2 **R01 – Alignment with the operating model**

There is a risk that the sequencing and alignment of the CSP with the implementation of the Health Board's new operating model, which comprises five key elements - strategy, culture, people, structure and processes—may impact the ability of teams to fully engage with, and deliver, required changes. If alignment is not achieved, there is a risk of fragmented delivery, reduced ownership, and duplication of effort across programmes.

Mitigation: A coordinated and integrated approach will be taken to align the development of the strategy and CSP with operating model implementation. Wherever possible, this will be progressed through a single, coherent set of conversations that bring together the interdependent elements of strategy, CSP, Foundations for the Future (FFTF), Value Based Health Care (VBHC), Major Change Programmes (MCPs) and fragile services, recognising these as different but connected perspectives on the same system transformation. This will include clear articulation of how the CSP supports each component of the operating model, aligned governance and programme planning, and ongoing engagement with clinical and operational teams to support shared understanding, ownership and delivery.

4.3 **R02– Political and policy uncertainty affecting appetite for change**

The wider political and policy environment remains subject to change, which may influence the scale, pace and acceptability of service transformation. Changes in national priorities or ministerial direction could impact the level of ambition or focus of proposed models of care.

Mitigation: The programme will maintain a robust, evidence-based approach, drawing on population need, data analysis, benchmarking and best practice. This will ensure that proposals are transparent, defensible and adaptable to evolving policy direction.

4.4 **R03 – Capacity and engagement across the system**

There is a risk that limited capacity across clinical, operational and partner organisations may constrain the ability to fully engage in the development of the strategy and CSP. This could result in gaps in insight, reduced ownership, and challenges in subsequent implementation.






Mitigation: Engagement will be prioritised and carefully targeted to maximise impact, supported by clear communication and use of existing forums where possible. This will help ensure broad input while recognising system pressures and minimising additional burden.

5. RECOMMENDATIONS

5.1 The Stakeholder Reference Group is invited to:

- **CONSIDER** whether the emerging themes reflect system and partner experience
- **IDENTIFY** any gaps, risks or opportunities that should inform the Case for Change
- **ADVISE** on key considerations for effective engagement with partners, patients and communities



ASSESSMENT	
Link to Strategic Priorities	    
	2. Developing strategy and long-lasting change
	<i>If more than one applies, please list below:</i>
Design Principles	Choose an item. All apply
Corporate Risks and Board Assurance Framework	N/A
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	<i>If more than one applies, please list below:</i>

IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty): Public Sector Equality Duty [HTML] GOV.WALES	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Provide details of the findings following the review
	If no, please include rationale:	An impact assessment has not been undertaken as this report is purely administrative in nature and submitted for information only.
Equality Act 2010 - Socio-economic Duty <i>Has BCUHB provided evidence of 'Due Regard' to compliance of their Socio-economic Duty when making strategic decisions?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Provide details of the findings following the review
	If no, please include rationale:	An impact assessment has not been undertaken as this report is purely administrative in nature and submitted for information only.



<p><i>Have you completed an Integrated Equality Impact Assessment WP8a? <u>WP8a Template</u></i></p>	<p>Canlyniad/Outcome: Do/Yes:</p>	<p>Naddo/No:</p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>An impact assessment has not been undertaken as this report is purely administrative in nature and submitted for information only.</p>
<p>Human Rights Act <i>Have Human Right based concerns been addressed within WP8a</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
<p>Compliance to the Welsh Language requirements? <i>Have you undertaken an Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>An impact assessment has not been undertaken as this report is purely administrative in nature and submitted for information only.</p>
<p>Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant <i>Have the principles of the Armed Forces Covenant been addressed within WP8a</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>An impact assessment has not been undertaken as this report is purely administrative in nature and submitted for information only.</p>
<p>Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Enablers of Quality All Apply</p>	<p>Domains of Quality All Apply</p>



	If more than one applies, please list below:	If more than one applies, please list below:
	<i>Please list other Enablers of Quality in here</i>	<i>Please list other Domains of Quality in here</i>
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
	All apply	
Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies, please list:	
	If no, please include rationale:	An impact assessment has not been undertaken as this report is purely administrative in nature and submitted for information only.
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Provide details of the findings following the review
	If no, please include rationale:	The paper is administrative and informational in nature and does not involve the processing of personal data, nor does it introduce any new data flows, systems, or changes that would trigger DPIA requirements.
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Provide details of the findings following the review
	If no, please include rationale:	The paper is administrative and informational in nature and does not propose any changes to financial processes, resource flows or operational arrangements that would



		warrant consideration of counter fraud implications
Legal	There are no specific legal implications related to the activity outlined in this report. <i>If yes, include further details in here</i>	
Reputational	Yes (Include further detail below) The absence of a Strategy and CSP represents a reputational risk for the Health Board, reinforcing perceptions of weak strategic grip, limited progress on long-term service improvement and a lack of clarity on how safe and sustainable services will be delivered. This may undermine confidence among partners, regulators and stakeholders, increase external scrutiny and weaken assurance at a time when visible progress is critical.	
Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report. <i>If yes, include further details in here</i>	



Grŵp Cyfeirio Rhanddeiliaid

ADRODDIAD CYNNYDD AR Y CYNLLUN GWASANAETHAU CLINIGOL (CSP) A'R STRATEGAETH

Dyddiad y Cyfarfod	01 Mehefin 2026
Statws Cyhoeddi	Ar Agor/Cyhoeddus
	Amh.
Enw a Theitl Awdur(on) yr Adroddiad	<i>Kamala Williams, Cyfarwyddwr Cynorthwyol Dros Dro Strategaeth</i>
Enw a Theitl Aelod Arweiniol o'r Tîm Gweithredol	<i>Paolo Tardivel, Cyfarwyddwr Cynorthwyol Gweithredol Dros Dro Trawsnewid, Strategaeth a Chynllunio</i>
Diben yr Adroddiad	I'w Nodi

Crynodeb Gweithredol

Mae'r Bwrdd Iechyd yn bwrw ymlaen â datblygiad ei strategaeth 10 mlynedd newydd a'i Gynllun Gwasanaethau Clinigol (CSP) ategol, sy'n cyd-fynd â'r Datganiadau Bwriadau Strategol a gymeradwywyd gan y Bwrdd a grëwyd ar y cyd â phartneriaid.

Hyd yma, mae'r gwaith wedi canolbwyntio ar y cyfnod darganfod, gan adeiladu sylfaen dystiolaeth drwy ddadansoddi data ac ymgysylltu'n gynnar â thimau clinigol a rhanddeiliaid i lywio 'Achos dros Newid' clir sy'n seiliedig ar dystiolaeth.

Mae canfyddiadau sy'n dod i'r amlwg yn tynnu sylw at set o heriau system-gyfan sy'n effeithio ar gynaliadwyedd a pherfformiad. Mae'r rhain yn cynnwys y galw yn cynyddu'n gyflymach na'r capasiti, eiddilwch y gweithlu, amrywiadau diangen o ran mynediad a chanlyniadau, llwybrau gofal tameidiog, a gorddibyniaeth ar fodolau sy'n seiliedig ar ysbytai. Mae'r materion hyn yn effeithio ar ddarpariaeth gwasanaethau a phrofiad cleifion, cymunedau a staff.

Mae cydnabyddiaeth gref ar draws y gweithlu bod angen newid; fodd bynnag, mae gwaith ymgysylltu'n dangos nad yw rhannau o'r system eto'n teimlo eu bod yn cael eu cefnogi'n llawn nac yn barod i drawsnewid ar raddfa fawr. Mae hyn yn atgyfnerthu pwysigrwydd cynlluniau realistig, blaenoriaethu clir, ac ymgysylltiad parhaus.

Mae'r canfyddiadau hyn yn dangos na fydd gwelliant cynyddrannol yn ddigon. Bydd angen newid sylfaenol mewn modelau gofal, integreiddio systemau, a seilwaith galluogi i ddarparu gwasanaethau cynaliadwy i Ogledd Cymru.

Bydd y cam nesaf yn datblygu'r Achos dros Newid ymhellach, gan gynnwys mynegiant cliriach o feysydd blaenoriaeth ar gyfer trawsnewid. Cyflwynir hyn mewn Adroddiad Darganfod sydd ar ddod a bydd yn llywio'r newid i'r cyfnod dylunio.

Gwahoddir y Grŵp Cyfeirio Rhanddeiliaid i:

- **YSTYRIED** a yw'r themâu sy'n dod i'r amlwg yn cyfleu profiad y partneriaid a'r system
- **NODI** unrhyw fylchau, risgiau neu gyfleoedd a ddylai lywio'r Achos dros Newid
- **CYNGHORI** ar ystyriaethau allweddol ar gyfer ymgysylltu'n effeithiol â phartneriaid, cleifion a chymunedau

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ystyried yn y Pwyllgor/Grŵp)

Manylwch yma ar y dulliau ymgysylltu a ddefnyddiwyd eisoes, er enghraifft, wedi trafod yn y QSE ar [dyddiad], lle cafodd y cynnig ei gymeradwyo mewn egwyddor

Pwyllgor / Grŵp / Unigolion	Dyddiad	Canlyniad, Tystiolaeth a Data
Cyflwyno'r papur adroddiad i Grŵp Cynllunio Strategol a Newid Gwasanaethau (SPSCG)	23 Mawrth 2026	Nodwyd cynnydd

Acronymau / Rhestr Termiau

Cynhwyswch yr holl acronymau sydd wedi'u cynnwys yn y papur er mwyn cynorthwyo'r darlennydd. Peidiwch â chymryd yn ganiataol y bydd pawb yn ymwybodol o'r derminoleg a ddefnyddiwyd.

Gwasanaethau Eiddil	Gwasanaethau lle mae'n anodd cynnal y ddarpariaeth yn gyson, a nodwyd drwy Fesurau Arbennig neu adolygiadau mewnol, sy'n cael eu cefnogi drwy welliant a goruchwyliaeth wedi'u targedu.
Sylfeini'r Dyfodol (FFTF)	Y model gweithredu newydd ar gyfer y Bwrdd Iechyd a fydd yn cefnogi darparu gwasanaethau o ddydd i ddydd a gwelliant parhaus, wedi'i alinio ar draws strategaeth, pobl, diwylliant, prosesau a strwythurau.
Rhaglenni Newid Mawr (MCP)	Rhaglenni sydd wedi'u blaenoriaethu'n strategol sy'n cael cefnogaeth ac adnoddau pwrpasol i

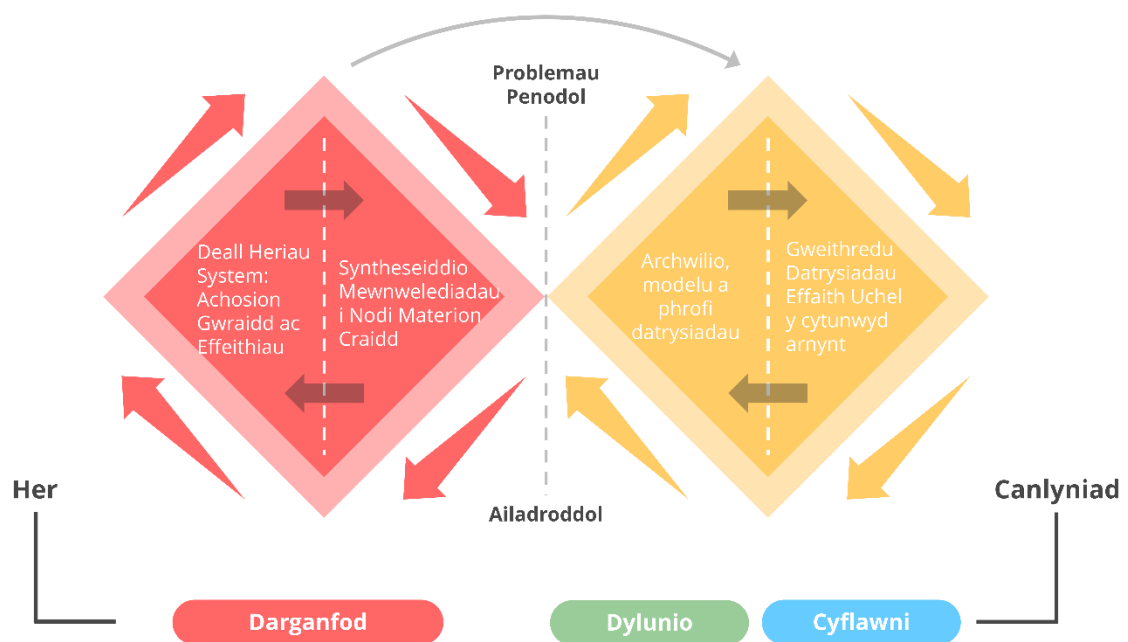
	gyflawni newid sefydliadol sylweddol, fel rhan o ddull haenog BIPBC ar gyfer trawsnewid.
Gwerth a Chynaliadwyedd	Rhaglen sy'n canolbwyntio ar wella canlyniadau drwy sicrhau defnydd cynaliadwy ac effeithlon o adnoddau.

CYNLLUN GWASANAETHAU CLINIGOL (CSP) A'R STRATEGAETH - ADRODDIAD CYNNYDD

1. Y SEFYLLFA

- 1.1 Mae'r Bwrdd Iechyd yn datblygu strategaeth sefydliadol 10 mlynedd newydd a Chynllun Gwasanaethau Clinigol (CSP) ategol gan ddefnyddio dull 'Darganfod, Dylunio, Cyflwyno', gweler ffigur 1. Ar hyn o bryd, mae'r gwaith yn y cyfnod darganfod ac yn canolbwyntio ar sefydlu dealltwriaeth glir a chyffredin o heriau, pwysau a chyfleoedd y system.

Ffigur 1 – Proses datblygu Strategaeth a Phartneriaeth Diogelwch Cymunedol



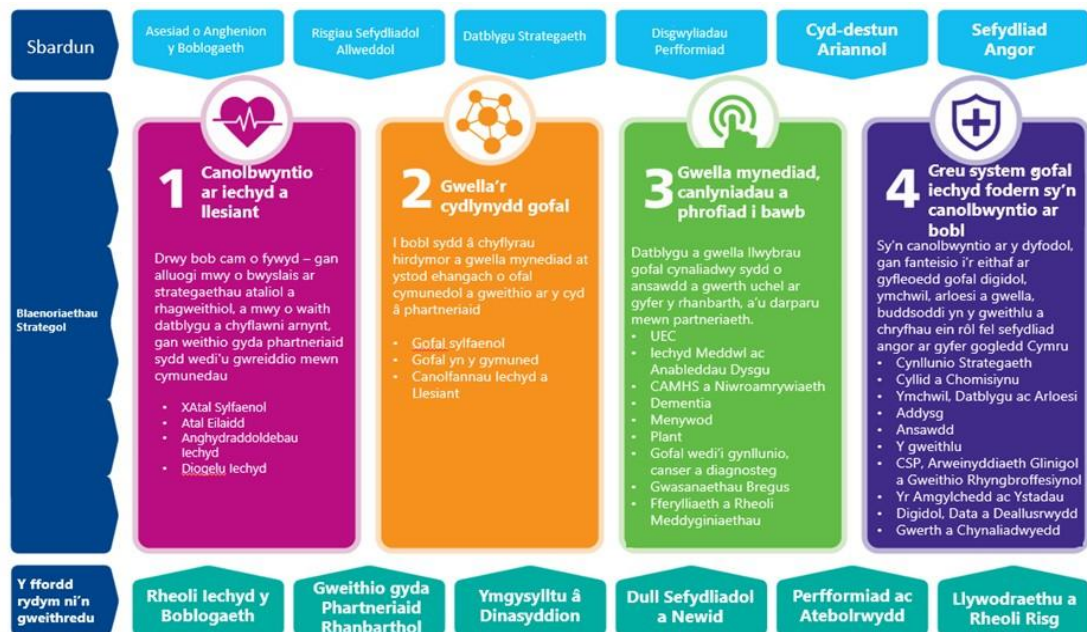
- 1.2 Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am y cynnydd a'r themâu sy'n dod i'r amlwg o'r gwaith darganfod, ac yn ceisio sicrhau gwelededd a mewnbwn parhaus gan randdeiliaid wrth i'r gwaith symud tuag at ddiffinio 'Achos dros Newid' clir cyn dechrau'r cyfnod dylunio ar gyfer y strategaeth a'r CSP.



2. Y CEFNDIR

2.1 Ym mis Ionawr 2026, cymeradwyodd y Bwrdd Iechyd set o bedwar Datganiad Bwriad Strategol (blaenoriaethau strategol) a grëwyd ar y cyd â phartneriaid. Gweler ffigur 2 isod. Mae'r rhain yn darparu fframwaith cynllunio strategol clir ar gyfer cynllun tair blynedd y Bwrdd Iechyd tra bod gwaith ar y Strategaeth a'r CSP newydd yn mynd rhagddo.

Ffigur 2: Cynllun ar Dudalen - darn o gynllun 3 blynedd BIPBC 2026/2029



2.2 Bydd y strategaeth 10 mlynedd newydd yn gosod y cyfeiriad hirdymor ar gyfer sut mae'r Bwrdd Iechyd yn cynllunio, trefnu a darparu gwasanaethau iechyd a gofal i ddiwallu anghenion y boblogaeth yn y dyfodol. Bydd y strategaeth yn sefydlu egwyddorion a blaenoriaethau clir a fydd yn llywio cynllunio a darparu modelau gofal cynaliadwy sy'n gallu ymateb i alw cynyddol, cyfyngiadau ar y gweithlu a phwysau ariannol. Mae'r cyfnod darganfod presennol yn canolbwyntio ar adeiladu sylfaen dystiolaeth gadarn, gan dynnu ar ddadansoddiadau data a chanfyddiadau o waith ymgysylltu i lywio'r gwaith hwn. Y prif allbwn o'r cyfnod darganfod fydd 'Achos dros Newid' clir, a fydd yn llywio'r cyfnod dylunio dilynol gan sicrhau bod y strategaeth wedi'i seilio ar dystiolaeth a phrofiad byw.

2.3 Mae'r CSP yn rhan allweddol o gyflawni strategaeth y Bwrdd Iechyd, gan nodi sut y gallai fod angen i wasanaethau newid yn y dyfodol. Mae'r gwaith cyfredol yn canolbwyntio ar ddeall sut mae gwasanaethau'n cael eu darparu heddiw, ble mae pwysau neu anghysondebau, ac adeiladu'r dystiolaeth sydd ei hangen i ddatblygu modelau cynaliadwy o ansawdd uchel sy'n diwallu anghenion y boblogaeth yn well.



- 2.4 Cynhaliwyd digwyddiad ymgysylltu clinigol aml-broffesiynol cychwynnol, “*Llunio'r Dyfodol: Datblygu Cynllun Gwasanaethau Clinigol BIPBC*” ar 5 Mai, gan ddod ag uwch arweinwyr clinigol o bob rhan o'r Bwrdd Iechyd ynghyd. Canolbwyntiodd y sesiwn ar ddatblygu dealltwriaeth gyffredin o sut mae gwasanaethau'n cael eu darparu ar hyn o bryd, sut y dylai gwasanaethau cynaliadwy ar gyfer Gogledd Cymru edrych yn y dyfodol, a'r egwyddorion allweddol sydd eu hangen i arwain newid. Cafwyd cyfle i archwilio'r prif rwystrau a'r cyfleoedd i wella hefyd.
- 2.5 Mae'r dull hwn yn dangos yr hyn a ddysgwyd gan Fwrdd Iechyd Prifysgol Hywel Dda yn dilyn cam cyntaf eu CSP, sy'n tynnu sylw at bwysigrwydd ymgysylltiad clinigol cynnar ac ystyrlon wrth feithrin dealltwriaeth, cefnogi newid, a sicrhau perchnogaeth broffesiynol gref o'r cychwyn cyntaf.
- 2.6 Bydd y canfyddiadau o'r digwyddiad hwn yn cael eu cofnodi mewn adroddiad cryno a'u defnyddio i lywio ymgysylltiad parhaus â phartneriaid a rhanddeiliaid wrth i'r CSP ddatblygu, yn unol â'r ymrwymadau a nodir yng nghynllun tair blynedd 2026–29.

3. **MATERION PENODOL I'W HYSTYRIED**

- 3.1 Hyd yma, mae dadansoddiadau yn awgrymu nad yw'r pwysau presennol yn faterion ynysig ond yn cyfleu heriau strwythurol a system-gyfan sylfaenol. Mae'r themâu allweddol canlynol yn dod i'r amlwg:

3.2 **Mae'r galw'n fwy na'r capasiti**

Mae'r galw am wasanaethau'n parhau i dyfu, wedi'i ysgogi gan boblogaeth sy'n heneiddio, cymlethdodau cynyddol o ran angen, ac anghydraddoldebau parhaus. Mae'r twf hwn yn rhagori ar y capasiti sydd ar gael ar draws nifer o wasanaethau.

Beth mae hyn yn ei olygu:

Mae'r system yn gweithredu o dan bwysau parhaus, gyda heriau parhaus o ran mynediad, amseroedd aros a pherfformiad.

3.3 **Llwybrau tameidiog a llif gwael**

Mae llwybrau gofal yn aml yn ddatgysylltiedig, gyda chydlynu anghyson ar draws gwasanaethau a sefydliadau. Mae hyn yn arwain at oedi, aneffeithlonrwydd, a phrofiad gwaeth i gleifion a staff.

Beth mae hyn yn ei olygu:

Nid yw cleifion yn profi gofal cydgysylltiedig yn gyson, ac mae llif y system wedi'i gyfyngu.



3.4 **Amrywiadau diangen ar draws y system**

Mae amrywiad sylweddol mewn mynediad, ymarfer clinigol, cynhyrchiant a chanlyniadau ar draws gwasanaethau ac ardaloedd, heb ei egluro'n llawn gan anghenion y boblogaeth

Beth mae hyn yn ei olygu:

Mae hyn yn arwain at anghydraddoldeb mewn gofal a chanlyniadau anghyson i gleifion.

3.5 **Eiddilwch y gweithlu**

Mae heriau'r gweithlu yn cynnwys prinder, anghydbwysedd cymysgedd sgiliau, a dibyniaeth ar nifer fach o staff allweddol.

Beth mae hyn yn ei olygu:

Mae gwasanaethau'n llai gwydn ac yn profi mwy o darfu, gan gyfyngu ar eu gallu i ymateb i'r galw.

3.6 **Cyfyngiadau strwythurol ac etifeddol**

Nid yw ffurfweddiadau gwasanaeth hanesyddol, cyfyngiadau o ran yr ystadau a threfniadau sefydliadol wedi'u halinio â'r galw presennol na'r galw a ddaw yn y dyfodol

Beth mae hyn yn ei olygu:

Mae'r cyfyngiadau hyn yn cyfyngu ar gynhyrchiant ac yn cyfyngu ar hyblygrwydd o fewn y system ac yn golygu bod gormod o ddibynnu ar ofal mewn ysbytai.

3.7 **Galluogi bylchau seilwaith**

Mae cyfyngiadau o ran aeddfedrwydd digidol, ansawdd data, ystadau, capasiti addysg a hyfforddiant yn cyfyngu ar welliant

Beth mae hyn yn ei olygu:

Mae gallu'r system i gefnogi gwelliant ac arloesedd wedi'i gyfyngu.

3.8 Gyda'i gilydd, mae'r themâu hyn yn dangos bod y pwysau presennol yn systemig yn hytrach nag ynysig, ac yn dangos modelau gofal a seilwaith sydd fwyfwy anghydnaws ag anghenion y boblogaeth.

3.9 Gwahoddir y Grŵp Cyfeirio Rhanddeiliaid i wneud sylwadau ynghylch a yw'r themâu sy'n dod i'r amlwg hyn yn cyfleu profiadau o'r system ac i nodi unrhyw fylchau neu ystyriaethau ychwanegol.

4. **RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO**

4.1 Mae tair risg strategol wedi'u nodi ar y cam hwn.



4.2 R01 – Aliniad â'r model gweithredu

Mae risg y gallai dilyniannu ac aliniad CSP â gweithrediad model gweithredu newydd y Bwrdd Iechyd, sy'n cynnwys pum elfen allweddol (strategaeth, diwylliant, pobl, strwythur a phrosesau) effeithio ar allu timau i ymgysylltu'n llawn â'r newidiadau gofynnol a'u cyflawni. Os na chyflawnir aliniad, mae risg o ddarpariaeth dameidiog, llai o berchnogaeth, a dyblygu ymdrech ar draws rhaglenni.

Lliniaru: Bydd dull cydlynol ac integredig yn cael ei gymryd i alinio datblygiad y strategaeth a'r CSP â gweithredu'r model gweithredu. Lle bynnag y bo modd, bydd hyn yn cael ei ddatblygu drwy un set gydlynol o sgysiau sy'n dwyn ynghyd elfennau rhyngddibynnol y strategaeth, CSP, Sylfeini'r Dyfodol (FFTF), Gofal Iechyd yn Seiliedig ar Werthoedd (VBHC), Rhaglenni Newid Mawr (MCPs) a gwasanaethau eiddil, gan gydnabod y rhain fel safbwyntiau gwahanol ond cysylltiedig ar yr un trawsnewidiad system. Bydd hyn yn cynnwys mynegi'n glir sut mae'r CSP yn cefnogi pob cydran o'r model gweithredu, cynlluniau rhaglenni a llywodraethu wedi alinio, ac yn ymgysylltu'n barhaus â thimau clinigol a gweithredol i gefnogi dealltwriaeth, perchnogaeth a chyflenwi ar y cyd.

4.3 R02 – Ansicrwydd gwleidyddol a pholisi sy'n effeithio ar yr awydd i newid

Mae'r amgylchedd gwleidyddol a pholisi ehangach yn parhau i fod yn destun newid, a all ddylanwadu ar raddfa, cyflymder a derbynioledeb trawsnewidiad gwasanaethau. Gallai newidiadau mewn blaenoriaethau cenedlaethol neu gyfeiriad gweinidogol effeithio ar lefel uchelgais neu ffocws modelau gofal arfaethedig.

Lliniaru: Bydd y rhaglen yn cynnal dull cadarn, sy'n seiliedig ar dystiolaeth, gan dynnu ar anghenion y boblogaeth, dadansoddiadau data, meincnodi ac arfer gorau. Bydd hyn yn sicrhau bod cynigion yn dryloyw, yn amddiffynadwy ac yn addasadwy i gyfeiriad polisi sy'n esblygu.

4.4 R03 – Capasiti ac ymgysylltiad ar draws y system

Mae risg y gallai capasiti cyfyngedig ar draws sefydliadau clinigol, gweithredol a phartner gyfyngu ar y gallu i ymgysylltu'n llawn â datblygu'r strategaeth a'r CSP. Gallai hyn arwain at fylchau mewn canfyddiadau, llai o berchnogaeth, a heriau wrth weithredu wedi hynny.

Lliniaru: Bydd ymgysylltu'n cael ei flaenoriaethu a'i dargedu'n ofalus i sicrhau'r effaith fwyaf posibl, gyda chefnogaeth cyfathrebu clir a defnyddio






fforymau presennol lle bo modd. Bydd hyn yn helpu i sicrhau mewnbwn eang wrth gydnabod pwysau ar y system a lleddfu beichiau ychwanegol.



5. ARGYMHELLION

5.1 Gwahoddir i'r Grŵp Cyfeirio Rhanddeiliaid:

- **YSTYRIED** a yw'r themâu sy'n dod i'r amlwg yn cyfleu profiad y partneriaid a'r system
- **NODI** unrhyw fylchau, risgiau neu gyfleoedd a ddylai lywio'r Achos dros Newid
- **CYNGHORI** ar ystyriaethau allweddol ar gyfer ymgysylltu'n effeithiol â phartneriaid, cleifion a chymunedau

ASESIAD	
Dolen i'r Blaenoriaethau Strategol	    
	2. Developing strategy and long-lasting change
	<i>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:</i>
Yr Egwyddorion Cynllunio	Choose an item. Pob un yn berthnasol
Risgiau Corfforaethol a Fframwaith Sicrwydd y Bwrdd	<i>Amh.</i>
Deddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant	Cymru Iachach
	<i>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:</i>

ASESIADAU O EFFAITH		
Deddf Cydraddoldeb 2010 Dyletswydd Cydraddoldeb y Sector Cyhoeddus: A yw BIPBC wedi darparu tystiolaeth o 'Sylw Dyladwy' i gydymffurfiaeth â thair rhan Dyletswydd Cydraddoldeb y Sector Cyhoeddus (Dyletswydd Gyffredinol): Dyletswydd Cydraddoldeb y Sector Cyhoeddus [HTML] LLYW.CYMRU	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	Rhowch fanylion am y canfyddiadau'n dilyn yr adolygiad
	Os naddo, nodwch y rhesymau:	Nid oes asesiad effaith wedi'i gynnal gan fod yr adroddiad hwn yn gwbl weinyddol ei natur ac wedi'i gyflwyno at ddibenion gwybodaeth yn unig.
Deddf Cydraddoldeb 2010 - Y Ddyletswydd Economaidd-gymdeithasol A yw BIPBC wedi darparu tystiolaeth o 'Sylw Dyladwy' i gydymffurfiaeth â'r Ddyletswydd Economaidd-gymdeithasol wrth	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	Rhowch fanylion am y canfyddiadau'n dilyn yr adolygiad
	Os naddo, nodwch y rhesymau:	Nid oes asesiad effaith wedi'i gynnal gan fod yr adroddiad hwn yn gwbl weinyddol ei natur ac



<i>wneud penderfyniadau strategol?</i>		wedi'i gyflwyno at ddibenion gwybodaeth yn unig.
<i>Ydych chi wedi cwblhau Asesiad Effaith Integredig ar Gydraddoldeb WP8a? <u>Templed WP8a</u></i>	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: Os naddo, nodwch y rhesymau: Canlyniad/Outcome:	
	Os naddo, nodwch y rhesymau: If no, please include rationale:	Nid oes asesiad effaith wedi'i gynnal gan fod yr adroddiad hwn yn gwbl weinyddol ei natur ac wedi'i gyflwyno at ddibenion gwybodaeth yn unig.
Y Ddeddf Hawliau Dynol <i>A yw pryderon sy'n seiliedig ar Hawliau Dynol wedi cael sylw dyladwy o fewn WP8a?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
Cydymffurfiaeth â gofynion o ran y Gymraeg? <i>Ydych chi wedi cynnal Asesiad Effaith?</i>	Os naddo, nodwch y rhesymau: If no, please include rationale:	Naddo/No: <input checked="" type="checkbox"/>
	Os naddo, nodwch y rhesymau: If no, please include rationale:	
	Os naddo, nodwch y rhesymau: If no, please include rationale:	Nid oes asesiad effaith wedi'i gynnal gan fod yr adroddiad hwn yn gwbl weinyddol ei natur ac wedi'i gyflwyno at ddibenion gwybodaeth yn unig.
Cydymffurfiaeth â rhoi 'Sylw Dyladwy' i egwyddorion Cyfamod y Lluoedd Arfog <i>A yw egwyddorion Cyfamod y Lluoedd Arfog wedi cael sylw o fewn WP8a?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, nodwch y rhesymau: If no, please include rationale:	Nid oes asesiad effaith wedi'i gynnal gan fod yr adroddiad hwn yn gwbl weinyddol ei natur ac wedi'i gyflwyno at



		ddibenion gwybodaeth yn unig.
Ansawdd <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i>	Galluogwyr Ansawdd Pob un yn berthnasol	Parthau Ansawdd Pob un yn berthnasol
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
	<i>Rhestrwch yr holl Alluogwyr Ansawdd eraill yma</i>	<i>Rhestrwch yr holl Alluogwyr Ansawdd eraill yma</i>
Deddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant	Cymru Iachach	
	Pob un yn berthnasol	
Effaith Amgylcheddol/Cynaliadwyedd (5R)	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	
	Os naddo, nodwch y rhesymau:	Nid oes asesiad effaith wedi'i gynnal gan fod yr adroddiad hwn yn gwbl weinyddol ei natur ac wedi'i gyflwyno at ddibenion gwybodaeth yn unig.
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio'r Asesiad o Effaith ar Ddiogelu Data?</i>	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	Rhowch fanylion am y canfyddiadau'n dilyn yr adolygiad
	Os naddo, nodwch y rhesymau:	Papur gweinyddol yw hwn sydd wedi'i greu er mwyn rhannu gwybodaeth ac nid yw'n cynnwys prosesau data personol, nac yn cyflwyno unrhyw lifau data, systemau na newidiadau newydd a fyddai'n sbarduno gofynion DPIA.
Asesiad o Effaith ar Atal Twyll <i>Ydych chi wedi ystyried yr effeithiau ar atal twyll?</i>	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	Rhowch fanylion am y canfyddiadau'n dilyn yr adolygiad

	Os naddo, nodwch y rhesymau:	Papur gweinyddol yw hwn sydd wedi'i greu er mwyn rhannu gwybodaeth ac nid yw'n cynnig unrhyw newidiadau i brosesau ariannol, llif adnoddau na threfniadau gweithredol a fyddai'n cyfiawnhau ystyried goblygiadau o ran atal twyll.
Cyfreithiol	There are no specific legal implications related to the activity outlined in this report.	
	<i>Os 'do', dylech gynnwys rhagor o fanylion yma</i>	
Enw Da	Yes (Include further detail below)	
	Mae absenoldeb Strategaeth a CSP yn cynrychioli risg i enw da'r Bwrdd Iechyd, gan atgyfnerthu canfyddiadau o afael strategol gwan, cynnydd cyfyngedig o ran gwella gwasanaethau yn y tymor hir a diffyg eglurder ynghylch sut y bydd gwasanaethau diogel a chynaliadwy yn cael eu darparu. Gall hyn danseilio hyder ymhlith partneriaid, rheoleiddwyr a rhanddeiliaid, cynyddu gwaith craffu allanol a gwanhau sicrwydd ar adeg pan fo cynnydd gweladwy yn hanfodol.	
Effaith ar Adnoddau (Pobl / Cyllid)	There is no direct impact on resources as a result of the activity outlined in this report.	
	<i>Os 'do', dylech gynnwys rhagor o fanylion yma</i>	

Stakeholder Reference Group

REGIONAL WELLBEING, PREVENTION AND ANCHOR FRAMEWORK

Date of Meeting	01 June 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Dafydd Gwynne, Strategic Partnerships Manager, BCUHB Public Health Directorate Dr Faye Sheldon, Consultant in Public Health, BCUHB Public Health Directorate
Lead Executive Team Member name and title	Dr Jane Moore Executive Director of Public Health

Report Purpose	For Noting
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Executive Summary

The purpose of this report is to provide the SRG with an update on progress with developing the Regional Wellbeing, Prevention and Anchor Framework, and to outline the next steps.

Following the Well North Wales Task and Finish Scoping Study that was presented to the RPB in July 2025, it was agreed that the following outputs be developed to facilitate a whole system approach to prevention:

- A Regional Prevention Framework that would incorporate a charter to optimise the role of Anchor Organisations in North Wales, a focus on the missions (relating to the wider determinants of health), and a commitment to working with our communities as equal partners
- A repository of notable practice to capture and share the learning from existing examples of delivery against prevention, early intervention, and tackling inequalities in North Wales

A multiagency steering group representing RPB members was formed to scope of development of the Framework, which led to a comprehensive programme of engagement with key partner organisations and partnerships across the region to co-produce the content.

This work was shared at a Regional System Engagement Event on 19th March in Conwy Business Centre with a broad range of cross-sector leaders from North Wales, in addition to national colleagues from Welsh Government. Feedback from the event was positive and has helped to refine the Missions and Anchor Charter, and highlighted a tangible commitment to utilise the Framework to further prioritise prevention, early intervention, and to tackle longstanding inequalities in our communities.

Partners recognised the opportunity to share and build on the breadth of excellent work already in place across the region, including meaningfully involving our communities in the process, and to align the Framework with organisational and partnership strategies and plans. The feedback also highlights a strong appetite for the following as initial priorities:

- ongoing regional engagement for shared learning and to strengthen regional partnerships and collaboration, including between the RPB and PSBs
- seeking formal sign-up to the Regional Anchor Charter, and utilising the Framework to inform PSB Wellbeing Assessments and Wellbeing Plans






The recommendations for the SRG are:

1. To note –
 - a. the work undertaken with partners to co-develop the Framework and draft components,
 - b. the key findings and themes emerging from the System Engagement Event on the 19th March.
2. To explore the options for signing up to, and delivering on, the Regional Anchor Charter, following the RPB’s endorsement.
3. To identify and share examples of notable practice to be highlighted on the RPB website, utilising the proforma: [Wellbeing Case Study – Fill in form.](#)

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Co-developing the Framework and hosting the Engagement Event involved substantial system engagement, and will require ongoing commitment to this way of working to secure delivery and impact going forward. In addition, the Framework promotes the significance of involving communities and working with	September 2025- March 2026.	<ul style="list-style-type: none"> - Co-production of the Framework. - Approx 100 partners in attendance at the Regional System Engagement Event. - Commitment from PSB partners to utilise the Framework to inform the development of Wellbeing Assessments and Plans. - System commitment to mobilise and sign-up to the Regional Anchor Charter.

them as equal partners to create the sustainable conditions to improve their health, wellbeing and to reduce inequalities – in line with the ways of working in the Wellbeing of Future Generations Act and Marmot principles.		
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Acronyms / Glossary of Terms	
RPB	Regional Partnership Board
PSB	Public Service Board (of which there are three across North Wales)

ASSESSMENT	
Link to Strategic Priorities	    
	<p>2. Developing strategy and long-lasting change</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> - Building an effective organisation - Improving quality, outcomes and experience - Establishing an effective environment for learning
Design Principles	<p>Simplify, Standardise, and Adopt Best Practices</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> - Equity and accessibility - Simplify, standardise and adopt best practice - Consistency with organisational values
Corporate Risks and Board Assurance Framework	<p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p> <p>CRR 25-03 Risk Title: Population Needs</p> <p>There is a risk that the organisation will fail to meet the health needs of the population and will not enable good health and wellbeing of the population.</p>
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	<p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> - All apply.

IMPACT ASSESSMENTS		
Equality	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>

<p><i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	<p>Outcome:</p>	<p>Initial assessment undertaken on the current draft of the Missions and Anchor Charter. The findings will inform the approach that BCUHB will take to implement the Framework Missions and Anchor Charter. The assessment will also be shared with partner organisations to support their approach to equality.</p>
	<p>If no, please include rationale:</p>	
<p>Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>	
	<p>Outcome:</p>	<p>Initial assessment undertaken on the current draft of the Missions and Anchor Charter. The findings will inform the approach that BCUHB will take to implement the Framework Missions and Anchor Charter. The assessment will also be shared with partner organisations to support their approach to optimising socio-economic impacts.</p>
	<p>If no, please include rationale:</p>	
<p>Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Enablers of Quality Whole-systems Perspective</p>	<p>Domains of Quality All Apply</p>
	<p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> - Leadership - Learning, Improvement and Research - Data to knowledge 	<p>If more than one applies, please list below:</p>
	<p>QIA undertaken. Positive impacts identified.</p>	

**Wellbeing of Future
Generations Act –
Wellbeing Goals**

A Healthier Wales

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Initial assessment undertaken as part of the EqlA. The findings will inform the approach that BCUHB will take to implement the Framework Missions and Anchor Charter. The assessment will also be shared with partner organisations.
	If no, please include rationale:	
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Legal	Yes (Include further detail below)	
	Expectation that Health Board can demonstrate how it responds to the Ways of Working and Wellbeing Goals outlined in the Wellbeing of Future Generations (Wales) Act.	
Reputational	Yes (Include further detail below)	
	Expectation that the Health Board operates as a trusted partner and Anchor Organisation e.g. our role in supporting wellbeing, prevention and reducing inequalities as members of the RPB and PSBs, and our role in involving communities.	
Resource Impact (People / Financial)	Yes (Include further detail below)	
	Expectation that the Health Board will adopt and implement the Framework and its components (Anchor Charter and Mission actions), which may involve reallocating resources to enable delivery.	

REGIONAL WELLBEING, PREVENTION AND ANCHOR FRAMEWORK

1. Background

1.1 Following the Well North Wales Task and Finish Scoping Study that was presented to the RPB in July 2025, it was agreed that the following outputs be developed to facilitate a whole system approach to prevention:

- A Regional Prevention Framework that would incorporate a focus on the missions (relating to the wider determinants of health), a charter to optimise the role of Anchor Organisations in North Wales, and a commitment to working with our communities as equal partners
- A repository of notable practice to capture and share the learning from existing examples of delivery against prevention, early intervention, and tackling inequalities in North Wales

It was envisaged that the Framework should be developed as a resource for the whole system in North Wales, and members of the BCUHB Public Health Directorate were invited to support the RPB to progress the work.

1.2 A multiagency steering group representing RPB members was formed to scope of development of the Framework, which met between September and November 2025. The group agreed the following:

- The aim of the Framework would be to support a whole system approach to improving life expectancy and healthy life expectancy for people in North Wales, and to reduce the gap between the most and least deprived in our communities.
- The Framework should: be referred to as the 'Regional Wellbeing, Prevention and Anchor Framework' to recognise the key focus on wellbeing; focus on the seven Missions proposed in the original Well North Wales report with a broader set of sub-components within the Communities Mission; include a Regional Anchor Charter; include a repository of notable practice on the RPB website informed by a proforma to be circulated to system partners
- The Framework should adopt the Wellbeing Goals and Ways of Working within the Wellbeing of Future Generations Act, and align with the Marmot Principles.

1.3 The group agreed that a comprehensive programme of engagement was required with key partners across the region to co-produce the content of the Framework, including high impact actions for each Mission, which took place from November 2025 to early March 2026. Appendix 1 details the range of partners who were involved in this process.

It was decided that the draft Framework components should be consolidated and shared at a regional engagement event, which was hosted on the 19th March

2026. It was also noted that hosting the session in March would align with the timescales for our PSBs to start the process of revising their Wellbeing Assessments and Plans, thereby ensuring that the Framework could help to inform their development.

1.4 An external facilitation agency, Basis, was jointly commissioned by the RPB and BCUHB to support the process of planning and hosting the event. A design agency (View Creative) was commissioned by BCUHB to develop draft bilingual outputs to inform the event (Front Cover, Missions and actions, Anchor Charter, presentation slides).

2. System Engagement Event

2.1 A successful and high-profile event was held on 19th March in Conwy Business Centre, led by an introduction by the Chair of the Health Board, followed by a panel discussion involving CMO for Wales, Deputy Commissioner for Future Generations Act, CEOs of the Health Board and Denbighshire County Council, Chief Officer of Medrwn Môn, alongside the Deputy Director for Futures and Integration from Welsh Government. With approx. 100 people attending, and a waiting list of over 20 colleagues, there was great regional interest and enthusiasm for the work. The agenda for the event is provided in Appendix 2, and a list of organisations that were represented on the day is included in Appendix 3.

Image 1: Photo of the morning of the event, where participants were invited to consider key points raised at the panel discussion



2.2 Key themes and Feedback from the Event

2.2.1 Panel Discussion

A facilitated panel discussion explored the barriers and opportunities to shift further to prevention, and participants were invited to share questions and reflections through Mentimeter, to which the panel could respond.

The table below summarises the key themes and associated questions from the session.

Theme	What participants are asking
Funding and disinvestment	Where does the money come from? What do we stop doing? Why is the Health Board not funding prevention directly? How do we move beyond short-term pilots?
Political and organisational courage	How do we de-politicise prevention? How do we make difficult leadership decisions visible? How do we move the 'middle' where barriers sit?
Structures and integration	Can we merge or simplify structures? Where does the framework sit? How do we share resources, data and technology across partners?
Inclusion and reach	Who is missing from the conversation? What about disengaged demographic groups like unqualified young men?
From strategy to practice	What is different this time? How does this work locally? What does my organisation need to contribute? How do we build a prevention workforce?

These questions represent a call from system partners for honest, visible leadership on prevention. The most upvoted questions concerned funding, prioritisation and political will, and not technical detail. This suggests that the Framework's credibility could depend significantly on whether leaders demonstrate genuine commitment to resourcing and protecting prevention when competing pressures arise.

In addition, a post-event report has captured all the questions raised, many of which weren't shared with the panel due to time constraints. It is proposed that future system engagement with the Framework considers the breadth of these views and questions, in addition to the core themes highlighted above, to ensure transparency and due consideration of views.

2.2.2 Missions, Actions and Indicators

The draft Missions and their proposed actions and indicators were shared and discussed at the event through a World Café format, where Missions Stations were hosted by partners who had informed their development. Attendees were invited to spend an allocated amount of time at an initial station of their choice to learn more about the Mission, share their reflections and feedback, and then move to three other stations during the session.

The framework received strong support, and areas that were identified to refine included:

- **Simplifying the actions within the missions and integrating actions where possible**
- **Developing indicators that track actions and not just outcomes**, and establishing baselines and ambitious targets. Suggestions were made that this work could be co-produced within existing partnership forums e.g. Agenda Cymru (formerly “North Wales Insight Partnership”).

Potential structural and system barriers that were identified included:

- **Sustainability of the third sector, which is impacted by absence of core funding**, pilot projects that end without legacy, reliance on volunteers for professional work, loss of expertise post-COVID and post-Brexit, that all threaten deliverability.
- **Transport barriers that can both enable or block** access to learning, employment, activities, and services¹.
- **Funding for prevention, and balancing this against funding for immediate service pressures**

Key enablers that were identified included:

- **Improved data sharing and collaboration structures**, including formal data-sharing agreements, shared KPIs, cross-system roles, and learning academies to make partnership working sustainable and accountable.

The draft Missions and actions have been refined based on this feedback, and are included in Appendix 4.

2.2.3 Building on Existing Good Practice Across Region

The event provided an opportunity to highlight the development of the regional repository of notable practice, which will be hosted on the RPB website in due course. Opportunities were taken at the event to share existing examples of notable practice which were captured in the post-event report. The proforma can be accessed here: [Wellbeing Case Study – Fill in form.](#)

There will be ongoing opportunity to contribute to this. In addition, feedback from the event highlighted a strong desire to maintain face to face partnership engagement opportunities (as highlighted in the quotes below). Hosting such events would represent an opportunity to further embed system learning and development from existing notable practice.

“I would value ongoing, regular cross-organisation engagement rather than one-off events”.

¹ Transport is included as a sub-component within the Communities Mission, which may not have been visible enough at the event due to the primary focus on Best Start.

“Please don’t let this only be words and a workshop. There were so many experienced, skilled people in that room, lets leverage on it and give people some work space and time to commit”.

2.2.4 Anchor Charter

Anchor Organisations are place-based organisations that have a broad impact on the health, social and economic wellbeing of their local communities through a range of ways that are often additional to their core business. The draft Regional Anchor Charter sets out proposed commitments across five domains:

1. Workforce, Employment and Skills
2. Estates
3. Environmental Impacts
4. Community Involvement and Civic Action
5. Procurement

Attendees were invited to consider how their organisations are currently contributing to these components. Key themes included:

- The foundations for the Anchor Charter are stronger than participants may have initially realised e.g. alignment with existing legislation, datasets, and networks.
- Concern re: duplication with council plans and existing duties suggests the Charter needs to clearly articulate what it adds beyond current obligations.

In terms of opportunities and challenges to mobilise the Anchor Charter, attendees reflected the following enablers/opportunities and barriers:

Enablers / Opportunities

- Better use of **public assets** e.g. proactive offer of land and estates to benefit communities, reduce inequalities, and support community ownership.
- **Food as a core population health priority**, embedded across organisations with strong leadership and workforce understanding.
- Greater **collective action by Anchor Organisations** to improve wellbeing and reduce inequalities.
- **Wider, more inclusive engagement** (politicians, private sector, transport, Job Centre Plus, community voices).
- Building on strong existing **partnerships, trust and momentum**, aligned with current plans.
- Opportunity to secure **senior leadership commitment** through targeted engagement.

Barriers

- **Fragmented governance and ways of working**, limiting trust, integration and shared delivery.
- **Unclear messaging and complex language**, reducing visibility of impact and practical offers.
- **Funding, capacity and time constraints**, especially for the Third Sector.
- Risk of **slow delivery and limited ambition**, with potential duplication and inconsistent shared senior ownership.

The feedback provided has helped to refine the initial draft Anchor Charter. A revised version is included in Appendix 5.

2.2.5 Anchor Charter Self-Assessment

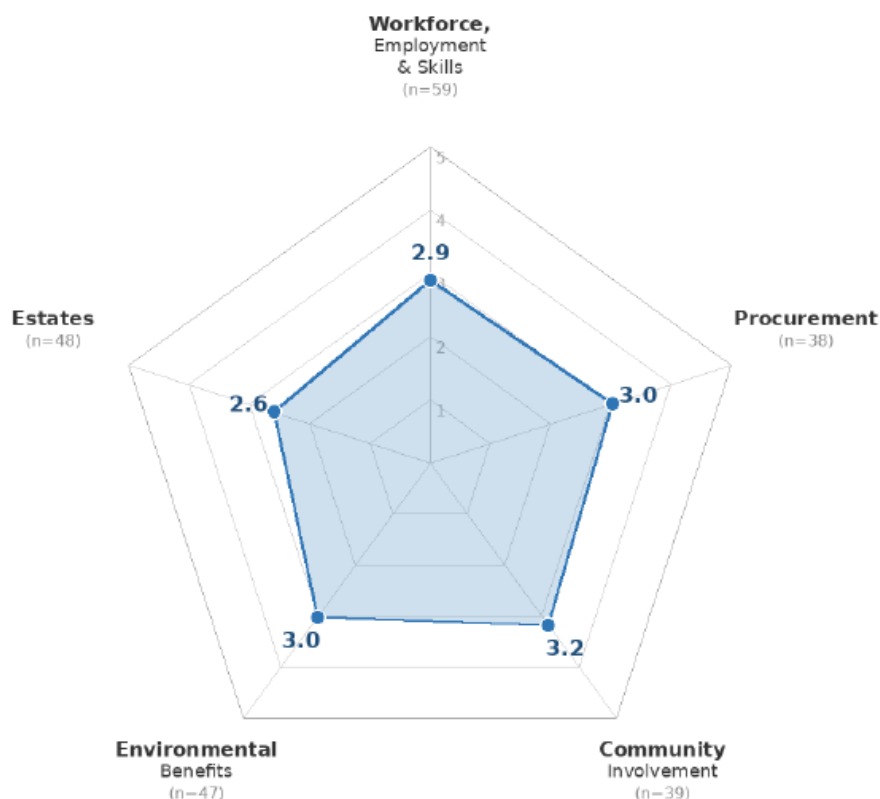
Attendees were invited to undertake a self-assessment against the Anchor Charter by rating where their organisation currently sits against a summarised version of each of the five components, using a five-point scale:

1. Not started
2. Early or ad hoc plans
3. Some activity in place
4. Good progress or consistent practice
5. Embedded and evidenced

The diagram below provides the full distribution of responses for each Anchor Charter component.

Anchor Charter Self-Assessment: Mean Scores by Element

(Scale: 1 = Not started, 2 = Early/ad hoc, 3 = Some activity, 4 = Good progress, 5 = Embedded and evidenced)



Key conclusions from the self-assessment include:

- **The region is clustered around “some activity in place”** (rating 3) across all elements. **This suggests that anchor organisations have begun the journey but have not yet moved to consistent, evidenced practice in any area.** There is therefore a clear opportunity for the Anchor Charter to accelerate movement from level 3 to levels 4 and 5.
- **Estates is the clear outlier** - It has the lowest mean score and the highest proportion of organisations reporting “not started”, and suggests where the most immediate action is needed and where the Charter could have the most visible early impact, particularly through the “proactive offer” approach recommended in the workshop feedback.
- **Community Involvement is a relative strength** but it scores only a slightly higher mean, where most organisations are at or below “some activity”
- **Very few organisations rate themselves at level 5 (Embedded) on any element**, typically only 4–6 out of 38–59 respondents. This means there is a small pool of potential exemplars who could share practice with peers.
- **Response rates varied** from 59 (Workforce) to 38 (Procurement), which may reflect differing levels of confidence, relevance, or knowledge across Anchor components. The lower response rate may also be due to the use of

Mentimeter and participants being able to navigate from one question to the next.

2.3 System Commitment to Action

Before closing the event, attendees were invited to write down their personal commitments to action on the Framework, which have been summarised as five themes in the table below. They represent a clear mandate for embedding and mobilising the Framework through a range of organisational and partnership mechanisms, and doing so in partnership with communities.

1. Strategy, Leadership and Governance
Commitment: Embed the Anchor Charter and Missions into organisational leadership, governance, and strategic decision-making.
What this looks like: Ensure strong senior leadership ownership (Chief Executives and SLTs), reduce partnership complexity, and align the Anchor Charter and Missions with Corporate Strategies, Wellbeing Assessments and future plans. Senior Leaders to ensure the Framework is embedded across the whole organisation, with prevention delivered through action, not just planning.
2. Collaboration and Data Sharing
Commitment: Strengthen partnership working through better integration, shared data, and collective action.
Summary: Work collaboratively across PSBs, RPBs, Health Boards, CJsCs, CSPs and the Third Sector to align plans, share data, integrate commissioning and deliver missions together. Promote the Anchor Charter and Marmot principles consistently, connect existing forums (e.g. food and activity), and ensure joined-up approaches replace fragmented working.
3. Workforce, Internal Culture and HR
Commitment: Embed Anchor Charter into workforce culture, management practice and organisational development.
Summary: Raise awareness of the Anchor Charter across teams, apply it to projects and service change, and integrate it into workforce strategies and performance monitoring. Support fair work (including the Real Living Wage), preventative health and wellbeing, leadership development, mentoring, and empower staff to contribute to missions in their day-to-day roles.

4. Community Engagement and Specific Missions

Commitment: Co-deliver Missions with communities and ensure tangible place-based impact.

Summary: Engage communities as partners by working with local leaders and champions, testing missions against community priorities, and delivering more activity in local places. Focus on prevention through green and blue social prescribing, active travel, climate action, food, training and employment—particularly supporting disadvantaged communities and aligning with Marmot principles.

5. Implementation, Monitoring and Measurement

Commitment: Move from intention to action through clear delivery, transparency and measurable outcomes.

Summary: Refine the Anchor Charter and missions to be outcome-focused, easy to understand and measurable. Map existing activity, identify gaps, share good practice, and introduce a simple dashboard (e.g. Healthy Travel Charter-style) to track progress. Start with small, manageable actions, communicate clearly with staff and the public, and regularly review progress at senior leadership level.

2.4 Post-event Engagement

Following the event, there has been clear appetite from partners to engage in taking the work forward. There has been a particular emphasis on the value of enabling system adoption of the Anchor Charter as a way of securing early commitment from senior leaders and maintaining momentum, and an opportunity to nest the Missions as an explicit action in the Anchor Charter to integrate both tools.

In addition, Public Service Board colleagues have identified the value of incorporating the Missions and Anchor Charter into the process of developing their revised Wellbeing Assessments and Plans, which has recently started and will continue over the coming months. To facilitate this process, it has been proposed that the work could be coordinated through Agenda Cymru (formerly “North Wales Insight Partnership”), which would promote and sustain regional commitment to the Framework, and lead on the process of co-producing the Mission indicators.

3. Conclusions and Recommendations

Responding to the original recommendations from the Well North Wales Task and Finish Group Report, developing the Framework has represented a significant amount of cross-sector partnership work over the past few months, aligning with key policy

and evidence drivers. The co-production process laid the foundations for a high profile, constructive System Engagement Event held in March, which resulted in a clear commitment from partners to take action to shift further to prevention, early intervention and to tackle longstanding inequalities in our communities. Partners recognised the opportunity to share and build on the breadth of excellent regional work already in place, commit to meaningfully involve our communities in the process, and to align the Framework with organisational and partnership strategies and plans.

Feedback from the event was positive and has helped to refine the Missions and Anchor Charter, and highlighted a tangible commitment to utilise the Framework to further prioritise prevention, early intervention, and to tackle longstanding inequalities in our communities. The feedback also highlights a strong appetite for the following as initial priorities:

- seeking formal regional sign-up to the Anchor Charter
- ongoing regional engagement for shared learning and to strengthen regional partnerships and collaboration, including between the RPB and PSBs
- utilising the Framework to inform PSB Wellbeing Assessments and Plans

A progress report was presented to the RPB on the 8th May, which endorsed and approved the revised Anchor Charter and Mission actions.

The recommendations for the SRG are:

1. To note –
 - a. the work undertaken with partners to co-develop the Framework and draft components,
 - b. the key findings and themes emerging from the System Engagement Event on the 19th March.
2. To explore the options for signing up to, and delivering on, the Regional Anchor Charter, following the RPB's endorsement.
3. To identify and share examples of notable practice to be highlighted on the RPB website, utilising the proforma: [Wellbeing Case Study – Fill in form.](#)

Appendix 1: Organisations and partnerships involved in co-producing the Mission actions



Mission	Groups / Organisations involved in developing the high-level actions
1. Environment	- Natural Resources Wales; BCUHB Green Group Chair
2. Communities <ul style="list-style-type: none">- Giving every child the best start- Safe and Cohesive Communities- Welsh Language and Culture- Trauma Informed Communities- Transport- Vaccinations and Screening	- 3 rd . Sector representatives <ul style="list-style-type: none">- Regional Early Years Service Leads- Regional Community Safety & Community Cohesion Regional Leads- Welsh Language Service BCUHB; Evidence from WCFG- National and Regional Trauma Informed Approach Leads- Third Sector colleagues supporting community transport- BCUHB Public Health Directorate
3. Housing	- 2025 Movement, including additional Housing and BCUHB colleagues
4. Food	- North Wales Food Partnership; Whole System Approach to Healthy Weight Strategic Partnership Group
5. Employment	- Ambition North Wales; North Wales Employability Working Group
6. Lifelong Learning	- Tertiary Alliance
7. Active and Creative Lifestyles	- Actif North Wales Board; Whole System Approach to Healthy Weight Strategic Reference Group; North Wales Arts in Health Partnership

Appendix 2: Agenda for System Engagement Event on 19th March



Rhaglen y Dydd _
Programme for the I

Appendix 3: Organisations represented at the Event on 19th March



March 19th
Attendees Orgs.doc

Appendix 4: Revised Missions and Actions based on feedback from the event

Environment Mission – *People in North Wales live in a healthy and sustainable natural environment*

High Impact System Actions:

- We will embed consideration of carbon and nature impacts in our decision-making processes around projects, services and plans.
- We will sign up to the North Wales Healthy Travel Charter and promote sustainable and active travel across our organisations.
- Public Service Board member organisations will actively engage with the development of the Regional Climate Change Risk Assessment for Wellbeing and act on its recommendations locally, working with our communities.
- We will look for opportunities to protect, improve, and expand green spaces across existing public sector buildings and land.
- We will ensure that environmental organisations and local communities are meaningfully involved at an early stage in planning new infrastructure projects, to maximise benefits and reduce risks.
- We will include nature-based activities in community wellbeing services e.g. social prescribing, focusing on improving access for people with the greatest need.

Communities Mission – *People in North Wales live in safe, supportive and resilient communities*

Sub-section 1: Giving every child the best start

High Impact System Actions

- We will deliver services for children and families that put their needs first, in line with the Nyth/Nest Framework.
- We will help services build the skills and confidence they need to support babies, children, and parents to flourish, focussing on the first 1000 days (pregnancy to a child's second birthday) when experiences have the greatest impact.
- We will use a place-based approach to create more inclusive indoor and outdoor spaces to increase play opportunities for children.
- We will improve how services work together so families can more easily access joined up support.
- When learning needs or disabilities are identified, we will make sure children and families quickly get high quality, coordinated support from the right services.
- We will make better use of data and shared insights across our organisations to target support for improving, and reducing inequalities in, children's development and readiness for school.

Sub-section 2: Safe and Cohesive Communities

High Impact System Actions:

- We will prevent and reduce violence against women and girls, including delivering approaches to promote healthy and respectful relationships.
- We will take a joined-up, child-centred approach to safeguarding children and young people at risk of exploitation.
- We will strengthen partnership arrangements to share timely data and insight, enabling more targeted prevention of, and response to, serious violence.
- We will prevent serious violence in North Wales by developing a shared understanding of risk, trauma, and adverse childhood experiences, with a focus on education, youth, and youth justice settings.
- We will implement the North Wales Community Cohesion Response Strategy as part of our regional delivery of the Anti-Racist Wales Action Plan.

Sub-section 3: Welsh Language and Culture

High Impact System Actions:

- We will embed Welsh language, heritage, and cultural identity into the design and delivery of community-based wellbeing services.
- We will support strong Welsh language and cultural development in the early years through bilingual resources, workforce training, and play-based learning in education and care settings.
- We will strengthen proactive support for employees to build their Welsh language skills and confidence at work.

Sub-section 4: Trauma Informed Communities

High Impact System Actions:

- We will commit to a trauma-informed approach to improve services and support staff wellbeing.
- We will use reflective practice and regional networks to share learning on trauma informed approaches.
- We will strengthen pathways so that staff and service users can access comprehensive support for trauma, building on existing partnerships and networks across the region.

Sub-section 5: Transport

High Impact System Actions:

- We will actively involve communities in the design and review of community transport services, with a focus on rural and more deprived areas.
- We will strengthen active travel and low-carbon transport across North Wales through adoption of the North Wales Healthy Travel Charter and influencing spatial planning e.g. via Local Development Plans.

Sub-section 6: Vaccinations and Screening

High Impact System Actions:

- We will roll out Making Every Contact Count (MECC) and screening awareness training for frontline staff, so they can confidently promote vaccinations and screening at every appropriate opportunity.
- We will ensure frontline services provide clear, accessible information in a range of formats to support people eligible for NHS vaccination and screening programmes to make informed decisions.

Housing Mission: *People in North Wales live in good quality, secure and affordable housing*

High Impact System Actions:

- We will strengthen regional cross-sector collaboration on housing, health and wellbeing, including sharing data and insights, developing shared outcome measures, and enabling joint commissioning.
- We will strengthen neighbourhood-based prevention and early intervention through integrated trauma-informed approaches, involving people with lived experience.
- We will embed the duty to Ask, Act and Cooperate to prevent homelessness and address housing-related health issues.
- We will take a joined-up approach to housing challenges across private and social sectors e.g. contributing to Local Development Plans and bringing empty or under-used homes back into use with communities.

Food Mission: *People in North Wales can access nutritional, affordable food*

High Impact System Actions:

- We will take an evidence-based approach to support healthier food choices, including influencing planning and strengthening local food supply chains.
- We will offer Making Every Contact Count (MECC) training to ensure frontline staff have the skills and confidence to deliver person-centred support around food.



-
- We will use the Food for Our Future guidance and work with Local Food Partnerships to improving fair access to healthy and planet-friendly food.
 - We will improve access to healthy and affordable food and drink within our workplaces.

Employment Mission: *People in North Wales have access to valuable and fair employment or training & development opportunities*

High Impact System Actions:

- We will integrate employment support into health and social care pathways.
- We will secure leadership commitment to proven employment support models, including Individual Placement and Support (IPS) and the Supported Employment Quality Framework (SEQF).
- We will encourage larger organisations to share resources to enable small and medium-sized enterprises (SMEs) to take part in employment support pathways.
- We will support employers to recruit and retain people from underrepresented groups, strengthening their role as Anchor Organisations within communities.
- We will embed long-term social value in procurement, commissioning, and regional investment by using public spending to create fair-paid jobs, apprenticeships, training, and sustainable career pathways.
- We will take a joined-up cross sector approach to employment and skills programmes such as Connect to Work, Green Skills, digital inclusion, and Trailblazer pilots.
- We will support earlier engagement with young people on career awareness and aspirations, working with education partners to promote vocational pathways and strengthen maths and language skills for employability.

Life-Long Learning Mission – *People in North Wales have access to high quality education and lifelong learning opportunities*

- We will provide accessible and timely support to parents and carers to help children be ready for school, with a focus on speech and language development and toilet training (as detailed in the 'Giving Every Child the Best Start' sub-section in the Communities Mission).
- We will promote lifelong learning opportunities in community-based settings.
- We will increase digital, language, and maths skills through strengthening adult learning opportunities.
- We will work with communities to address transport barriers that limit access to lifelong learning opportunities.
- We will develop a regional inclusion initiative for underrepresented groups to reduce participation gaps in further and higher education
- We will strengthen shared employer engagement and skills partnerships aligned to regional economic priorities.

-
- We will ensure that tackling inequality is directly connected to economic opportunity.

Active Lifestyles Mission – People in North Wales are engaged in physical activity and opportunities for creativity

High Impact System Actions:

- We will invest long-term in local cross-sector partnerships, including Active Locality Partnership Groups, to support communities to design, lead, and sustain local physical activity opportunities.
- We will develop the knowledge, skills, and confidence of frontline staff, volunteers, and community organisations to work in an asset-based and inclusive ways through accessing Making Every Contact Count (MECC) training and sharing learning from Asset Based Community Development (ABCD) approaches.
- We will shape and invest in our built and natural environments so that being active and playing is part of everyday life across homes, workplaces, services, and communities.
- We will share data, evidence, and lived experience insights through Active Locality Partnerships to understand impact, scale what works well, and stop what does not.

Creative Lifestyles Mission – People in North Wales are engaged in physical activity and opportunities for creativity

High Impact System Actions:

- We will enable fair access to creative approaches to wellbeing in community buildings and green spaces, including in rural areas.
- We will build the knowledge and skills of frontline staff to embed creative wellbeing activities within existing pathways e.g. through accessing the existing training offer via the Welsh Arts, Health and Wellbeing Network (WAHWN), and short courses such as Creative Approaches to Wellbeing available via Wrexham University.
- We will co-design workplace creative wellbeing programmes with leadership support.
- We will develop and deliver a trauma-informed framework for Arts in Health, promoting safe and inclusive creative spaces aligned with national standards.
- We will use creative approaches to wellbeing to support people with lived experience to share their stories, to inform service improvement and support evaluation.

- We will strengthen the evidence base for creative approaches to wellbeing to support sustainable funding models, including wellbeing outcomes and social return on investment.

Appendix 5: Revised Regional Anchor Charter based on feedback from the event

1. Workforce, employment and skills



<p>1.1 We will seek to pay the real living wage and ensure fair terms and conditions, reducing insecure contracts and supporting staff wellbeing and financial security.</p>
<p>1.2 We will create opportunities for people furthest from the labour market to access training, apprenticeships, and employment within our organisation, and promote progression and training opportunities for our staff.</p>
<p>1.3 We will support staff health and wellbeing through a strong prevention-focused offer, including opportunities to be physically active at work and access to healthy food and drink.</p>
<p>1.4 We will strengthen the health impact of our workforce by promoting access to Making Every Contact Count (MECC) training, helping staff and service users make healthier and more sustainable choices.</p>
<p>1.5 We will work with education providers and Anchor Organisations to respond to future workforce skills needs and improve accessible employment pathways.</p>
<p>1.6 We will promote the Welsh language by supporting staff to learn and use Welsh, particularly in public-facing roles, contributing to the Cymraeg 2050 ambition.</p>
<p>2. Estates</p>
<p>2.1 We will explore and review our use of existing buildings and land to proactively identify potential future opportunities for community and voluntary use.</p>
<p>2.2 We will involve communities at an early stage in planning new developments.</p>
<p>3. Environmental impacts</p>
<p>3.1 We will commit to sustainable and active travel by adopting the Healthy Travel Charter and sharing learning across North Wales.</p>
<p>3.2 We will work with regional partners to reduce carbon emissions, cut waste, enhance green infrastructure and biodiversity, and adapt to climate change.</p>
<p>4. Community involvement and civic action</p>
<p>4.1 We will address inequalities by adopting the Mission Actions.</p>
<p>4.2 We will embed Asset Based Community Development (ABCD) approaches to strategy development, planning and service delivery.</p>
<p>4.3 We will encourage and enable staff to take part in community and voluntary activity.</p>
<p>4.4 We will support fair access to arts, heritage, and cultural wellbeing opportunities for our staff and local communities.</p>
<p>5. Procurement</p>
<p>5.1 We will procure locally where possible, using social partnerships to support local growth, employment, social value, and environmental benefit.</p>
<p>5.2 We will work with other public bodies to identify opportunities for joint procurement where this delivers better outcomes.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Stakeholder Reference Group

FFRAMWAITH LLESIANT, ATAL AC ANGOR RHANBARTHOL

Dyddiad y Cyfarfod	01 Mehefin 2026
Statws Cyhoeddi	Open/ Public
	Not Applicable
Enw a theitl Awdur yr Adroddiad	Dafydd Gwynne, Rheolwr Partneriaethau Strategol, Cyfarwyddiaeth Iechyd Cyhoeddus BIPBC Dr Faye Sheldon, Ymgynghorydd Iechyd Cyhoeddus, Cyfarwyddiaeth Iechyd Cyhoeddus BIPBC
Enw a Theitl Aelod Arweiniol y Tîm Gweithredol	Dr Jane Moore, Cyfarwyddwr Gweithredol Iechyd Cyhoeddus

Diben yr Adroddiad	For Noting
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Crynodeb Gweithredol

Diben yr adroddiad hwn yw rhoi diweddariad i'r SRG ynghylch cynnydd o ran datblygu'r Fframwaith Llesiant, Atal ac Angori Rhanbarthol, ac i amlinellu'r camau nesaf.

Yn dilyn Astudiaeth Gwmpasu Gorchwyl a Gorffen Gogledd Cymru Iach a gyflwynwyd i'r Bwrdd Partneriaeth Rhanbarthol (RPB) ym mis Gorffennaf 2025, cytunwyd y dylai'r allbynnau canlynol gael eu datblygu er mwyn hwyluso dull system gyfan i ymdrin ag atal:

- Fframwaith Atal Rhanbarthol a fyddai'n ymgorffori siarter i optimeiddio rôl Sefydliadau Angor yng Ngogledd Cymru, ffocws ar y cenadaethau (yn ymwneud â phenderfynyddion iechyd ehangach), ac ymrwymiad i weithio gyda'n cymunedau fel partneriaid cyfartal.
- Storfa o arfer nodedig i gipio a rhannu gwersi a ddysgwyd o enghreifftiau sy'n bodoli eisoes o ddarpariaeth ym maes atal, ymyrraeth gynnar, a mynd i'r afael ag anghydraddoldebau yng Ngogledd Cymru.

Ffurfiwyd grŵp llywio amlddisgyblaethol yn cynrychioli aelodau'r RPB er mwyn cwmpasu gwaith datblygu'r Fframwaith, a arweiniodd at raglen ymgysylltu



cynhwysfawr gyda sefydliadau partner a phartneriaethau allweddol ar draws y rhanbarth er mwyn llunio'r cynnwys ar y cyd.

Cafodd y gwaith hwn ei rannu mewn Digwyddiad Ymgysylltu System Rhanbarthol ar 19 Mawrth yng Nghanolfan Fusnes Conwy ag ystod eang o arweinwyr traws-sector o Ogledd Cymru, yn ogystal â chydweithwyr cenedlaethol o Lywodraeth Cymru. Roedd adborth o'r digwyddiad yn bositif ac mae hyn wedi helpu i fireinio'r Cenedaethau a'r Siarter Angor, ac amlygodd ymrwymiad sylweddol i ddefnyddio'r Fframwaith er mwyn blaenoriaethu ymhellach atal, ymyrraeth gynnar, a mynd i'r afael ag anghydraddoldebau hirsefydledig yn ein cymunedau.

Gwnaeth partneriaid gydnabod y cyfle i rannu o ran hyd a lled y gwaith ardderchog sydd eisoes ar waith ar draws y rhanbarth ac i adeiladu arno ymhellach, gan gynnwys ein cymunedau mewn ffordd ystyrlon yn y broses, ac i alinio'r Fframwaith â strategaethau a chynlluniau sefydliadau a phartneriaethau. Mae'r adborth hefyd yn amlygu archwaeth fawr am y canlynol fel blaenoriaethau cychwynnol:

- ymgysylltu rhanbarthol parhaus yn ymwneud â dysgu ar y cyd ac atgyfnerthu partneriaethau a chydweithio rhanbarthol, gan gynnwys rhwng y Bwrdd Partneriaeth Rhanbarthol (RPB) a Byrddau Gwasanaethau Cyhoeddus (PSBs)
- ceisio cymeradwyaeth ffurfiol o ran y Siarter Angor Rhanbarthol, a defnyddio'r Fframwaith i fod yn sail i Asesiadau Llesiant a Chynlluniau Llesiant PSB

Yr argymhellion i'r SRG yw:


1. Nodi'r canlynol –
 - a. y gwaith a wnaed gyda phartneriaid i gyd-ddylunio'r Fframwaith a chydrannau'r drafft,
 - b. y prif ganfyddiadau a'r themâu a ddeilliodd o'r Digwyddiad Ymgysylltu System ar 19 Mawrth.
2. Archwilio'r opsiynau o ran ymrwymo i'r Siarter Angor Rhanbarthol, a chyflawni canlyniadau, yn dilyn cymeradwyaeth y RPB.
3. Canfod a rhannu enghreifftiau o arfer nodedig i gael eu hamlygu ar wefan y RPB, gan ddefnyddio'r ffurflen: [Astudiaeth Achos Llesiant - Llenwi'r ffurflen.](#)

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ystyriaeth yn y Pwyllgor/Grŵp)

Pwyllgor / Grŵp / Unigolion	Dyddiad	Canlyniad, Tystiolaeth a Data
Roedd cyd-ddatblygu'r Fframwaith a chynnal y Digwyddiad Ymgysylltu yn cynnwys cryn dipyn o ymgysylltu system, a bydd ymrwymiad parhaus i'r ffordd hon o weithio'n ofynnol er mwyn sicrhau bod modd cael	Medi 2025- Mawrth 2026.	- Cyd-gynhyrchu'r Fframwaith. - Bu rhyw 100 o bartneriaid yn bresennol yn y Digwyddiad Ymgysylltu System Rhanbarthol. - Ymrwymiad gan y PSB i ddefnyddio'r Fframwaith er mwyn bod yn sail i ddatblygu

<p>canlyniadau ac effeithiau yn y dyfodol. Yn ogystal, mae'r Fframwaith yn hybu arwyddocâd cynnwys cymunedau a gweithio gyda nhw fel partneriaid cyfartal i greu'r amodau cynaliadwy i wella eu hiechyd, llesiant ac i leihau anghydraddoldebau - yn unol â'r ffyrdd o weithio yn Neddf Llesiant Cenedlaethau'r Dyfodol ac egwyddorion Marmot.</p>		<p>Asesiadau a Chynlluniau Llesiant.</p> <ul style="list-style-type: none"> - Ymrwymiad system i ymrwymo ac ymuno â'r Siarter Angor Rhanbarthol.
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Acronymau / Geirfa	
RPB	Bwrdd Partneriaeth Rhanbarthol
PSB	Bwrdd Gwasanaethau Cyhoeddus (y mae tri o'r rhain ar draws Gogledd Cymru)

ASESU	
<p>Cysylltiadau â Blaenoriaethau Strategol</p>	
	<p>2. Developing strategy and long-lasting change</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:</p> <ul style="list-style-type: none"> - Datblygu sefydliad effeithiol - Gwella ansawdd, canlyniadau a phrofiad - Sefydlu amgylchedd effeithiol ar gyfer dysgu
<p>Yr Egwyddorion Dylunio</p>	<p>Simplify, Standardise, and Adopt Best Practices</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:</p> <ul style="list-style-type: none"> - Tegwch a hygyrchedd - Symleiddio, safoni a mabwysiadu arferion gorau - Cysondeb â gwerthoedd sefydliadol
<p>Risgiau Corfforaethol a Fframwaith Sicrwydd y Bwrdd</p>	<p>Manylion y risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>CRR 25-03 Teitl Risg: Anghenion y Boblogaeth</p> <p>Mae risg na fydd y sefydliad yn llwyddo i ddiwallu anghenion iechyd y boblogaeth ac na fydd yn galluogi iechyd da a llesiant y boblogaeth.</p>
	<p>A Healthier Wales</p>



Nodau Llesiant - Deddf Llesiant Cenedlaethau'r Dyfodol

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
- Pob un sy'n berthnasol.

ASESIADAU O EFFAITH

Cydraddoldeb

Ydych chi wedi cynnal Asesiad Sgrinio o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)?

Do:

Naddo:

Canlyniad:

Asesiad cychwynnol wedi'i gynnal ar y drafft presennol o'r Cenadaethau a'r Siarter Angor. Bydd y canfyddiadau'n sail i'r dull y bydd BIPBC yn ei fabwysiadu i roi'r Fframwaith Cenadaethau a'r Siarter Angor ar waith. Caiff yr asesiad ei rannu gyda sefydliadau partner hefyd er mwyn ategu eu dull o ymdrin â chydraddoldeb.

Os naddo, nodwch y rhesymau:

Asesiad o'r Effaith Economaidd-gymdeithasol

Ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-gymdeithasol

Do:

Naddo:

Canlyniad:

Asesiad cychwynnol wedi'i gynnal ar y drafft presennol o'r Cenadaethau a'r Siarter Angor. Bydd y canfyddiadau'n sail i'r dull y bydd BIPBC yn ei fabwysiadu i roi'r Fframwaith Cenadaethau a'r Siarter Angor ar waith. Caiff yr asesiad ei rannu gyda sefydliadau partner hefyd er mwyn ategu eu dull o ymdrin ag effeithiau economaidd-gymdeithasol.

Os naddo, nodwch y rhesymau:

Ansawdd

Ydych chi wedi cynnal Asesiad Sgrinio o'r Effaith ar Ansawdd?

Galluogwyr Ansawdd
Whole-systems Perspective

Parthau Ansawdd All Apply

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:
- Arweinyddiaeth

Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:

	<ul style="list-style-type: none"> - Data, Gwelliant ac Ymchwil - Data i wybodaeth 	
	QIA wedi'i gynnal. Effeithiau cadarnhaol wedi'u nodi.	
<u>Nodau Llesiant - Deddf Llesiant Cenedlaethau'r Dyfodol</u>	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5R)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog Ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog?	Do: <input checked="" type="checkbox"/>	Naddo: <input type="checkbox"/>
	Canlyniad:	Asesiad cychwynnol wedi'i gynnal fel rhan o'r EqIA. Bydd y canfyddiadau'n sail i'r dull y bydd BIPBC yn ei fabwysiadu i roi'r Fframwaith Cenedlaethau a'r Siarter Angor ar waith. Caiff yr asesiad ei rannu gyda sefydliadau partner hefyd.
	Os naddo, nodwch y rhesymau:	
Asesiad o'r Effaith ar Ddiogelu Data <i>Ydych chi wedi cynnal Asesiad Sgrinio o'r Effaith ar Ddiogelu Data?</i>	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	
	Os naddo, nodwch y rhesymau:	
Asesiad o'r Effaith ar Atal Twyll <i>Ydych chi wedi ystyried yr effeithiau ar atal twyll?</i>	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	
	Os naddo, nodwch y rhesymau:	
Cyfreithiol	Yes (Include further detail below)	

	Disgwyliad y gall y Bwrdd Iechyd ddangos sut mae'n ymateb i'r Ffyrdd o Weithio a'r Nodau Llesiant a amlinellir yn Neddf Llesiant Cenedlaethau'r Dyfodol (Cymru).
Enw Da	Yes (Include further detail below)
	Disgwyliad bod y Bwrdd Iechyd yn gweithredu fel partner dibynadwy a Sefydliad Angor e.e. ein rôl o ran cynorthwyo gyda llesiant, atal a lleihau anghydraddoldebau fel aelodau'r Bwrdd Partneriaeth Rhanbarthol a'r Bwrdd Gwasanaethau Cyhoeddus, a'n rôl o ran cynnwys cymunedau.
Effaith ar Adnoddau <i>(Pobl / Cyllid)</i>	Yes (Include further detail below)
	Disgwyliad y bydd y Bwrdd Iechyd yn mabwysiadu ac yn gweithredu'r Fframwaith a'i gydrannau (Siarter Angor a chamau gweithredu'r Cenedlaethau), a allai olygu ailddyrannu adnoddau er mwyn caniatáu cyflawni canlyniadau.



FFRAMWAITH LLESIANT, ATAL AC ANGOR RHANBARTHOL

1. Y Cefndir

1.1 Yn dilyn Astudiaeth Gwmpasu Gorchwyl a Gorffen Gogledd Cymru Iach a gyflwynwyd i'r RPB ym mis Gorffennaf 2025, cytunwyd y dylai'r allbynnau canlynol gael eu datblygu er mwyn hwyluso dull system gyfan i ymdrin ag atal:

- Fframwaith Atal Rhanbarthol a fyddai'n ymgorffori ffocws ar y cenadaethau (yn ymwneud â phenderfynyddion iechyd ehangach), siarter i optimeiddio rôl Sefydliadau Angor yng Ngogledd Cymru, ac ymrwymiad i weithio gyda'n cymunedau fel partneriaid cyfartal
- Storfa o arfer nodedig i gipio a rhannu gwersi a ddysgwyd o enghreifftiau sy'n bodoli eisoes o ddarpariaeth ym maes atal, ymyrraeth gynnar, a mynd i'r afael ag anghydraddoldebau yng Ngogledd Cymru.

Rhagwelwyd y dylai'r Fframwaith gael ei ddatblygu fel adnodd ar gyfer y system gyfan yng Ngogledd Cymru, a chafodd aelodau Cyfarwyddiaeth Iechyd Cyhoeddus BIPBC eu gwahodd i gefnogi'r RPB o ran bwrw ymlaen â'r gwaith hwn.

1.2 Cafodd grŵp llywio amlasiantaethol yn cynrychioli aelodau'r RPB ei ffurfio i gwmpasu'r gwaith o ddatblygu'r Fframwaith, a chyfarfu'r grŵp rhwng Medi a Thachwedd 2025. Gwnaeth y grŵp gytuno ar y canlynol:

- Nod y Fframwaith fyddai cefnogi dull system gyfan i wella disgwyliad oes a disgwyliad oes iach i bobl yng Ngogledd Cymru, a lleihau'r bwlch rhwng y mwyaf a'r lleiaf difreintiedig yn ein cymunedau.
- Dylid: cyfeirio at y Fframwaith fel y 'Fframwaith Llesiant, Atal ac Angor Rhanbarthol' er mwyn cydnabod y ffocws allweddol ar lesiant; dylid: canolbwyntio ar y saith Genhadaeth a gynigir o fewn adroddiad gwreiddiol Gogledd Cymru Iach yn cynnwys cyfres ehangach o is-gydrannau o fewn Cenhadaeth y Cymunedau; dylid cynnwys Siarter Angor Rhanbarthol; dylid cynnwys storfa o arfer nodedig ar wefan y RPB wedi'i hategu gan ffurflen i gael ei chylchredeg ymysg partneriaid system
- Dylai'r Fframwaith fabwysiadu'r Nodau Llesiant a'r Ffyrdd o Weithio o fewn Deddf Llesiant Cenedlaethau'r Dyfodol, a hynny gan alinio ag Egwyddorion Marmot.

1.3 Gwnaeth y grŵp gytuno bod rhaglen ymgysylltu cynhwysfawr gyda phartneriaid allweddol ar draws y rhanbarth yn ofynnol er mwyn cyd-gynhyrchu cynnwys y Fframwaith, yn cynnwys camau gweithredu gwerth uchel ar gyfer pob Cenhadaeth, a gynhaliwyd rhwng Tachwedd 2025 a dechrau Mawrth 2026. Mae Atodiad 1 yn manylu ar yr ystod o bartneriaid a fu ynghlwm wrth y broses hon.

Penderfynwyd y dylai cydrannau'r Fframwaith drafft gael eu hatgyfnerthu a'u rhannu mewn digwyddiad ymgysylltu rhanbarthol, a gynhaliwyd ar 19 Mawrth 2026. Nodwyd hefyd y byddai cynnal y sesiwn ym mis Mawrth yn cyd-fynd â'r terfynau amser i'n Byrddau Gwasanaethau Cyhoeddus ddechrau ar y broses o

ddiwygio eu Hasesiadau a'u Cynlluniau Llesiant, gan felly sicrhau y gallai'r Fframwaith helpu i fod yn sail i'r broses o'u datblygu.

1.4 Cafodd asiantaeth hwyluso allanol, sef Basis, ei chomisiynu ar y cyd rhwng y RPB a BIPBC i gynorthwyo gyda'r broses o gynllunio a chynnal y digwyddiad. Cafodd asiantaeth ddylunio (View Creative) ei chomisiynu gan BIPBC i ddatblygu allbynnau dwyieithog drafft i lywio'r digwyddiad (Clawr Blaen, Cenedaethau a chamau gweithredu, Siarter Angor, sleidiau cyflwyniadau)

2. Digwyddiad Ymgysylltu System

2.1 Cynhaliwyd digwyddiad llwyddiannus a phroffil mawr ar 19 Mawrth yng Nghanolfan Fusnes Conwy, yn dilyn rhagarweiniad gan Gadeirydd y Bwrdd Iechyd, cyn trafodaeth banel yn cynnwys Prif Swyddog Meddygol Cymru, Dirprwy Gomisiynydd Deddf Cenedlaethau'r Dyfodol, Uwch Swyddogion Gweithredol y Bwrdd Iechyd a Chyngor Sir Ddinbych, Prif Swyddog Medrwn Môn, ochr yn ochr â Dirprwy Gyfarwyddwr Dyfodol ac Integreiddio Llywodraeth Cymru. Bu rhyw 100 o bobl yn bresennol, ynghyd â rhestr aros yn cynnwys dros 20 o gydweithwyr, ac roedd diddordeb a brwdfrydedd mawr o ran y gwaith yn y rhanbarth. Mae agenda'r digwyddiad i'w weld yn Atodiad 2, ac mae rhestr o sefydliadau a gafodd eu cynrychioli ar y diwrnod wedi'i chynnwys yn Atodiad 3.

Delwedd 1: Llun o fore'r digwyddiad, lle cafodd y cyfranogwyr wahoddiad i ystyried y prif bwyntiau a godwyd yn y drafodaeth banel



2.2 Prif themâu ac Adborth o'r Digwyddiad

2.2.1 Trafodaeth Banel

Yn ystod trafodaeth banel wedi'i hwyluso, archwiliwyd rhwystrau a chyfleoedd i symud ymlaen ymhellach o ran atal, a gwahoddwyd y cyfranogwyr i rannu cwestiynau a myfyrdodau trwy Mentimeter, a gallai'r panel ymateb i'r rhain.



Mae'r tabl isod yn crynhoi'r prif themâu a chwestiynau cysylltiedig o'r sesiwn.

Thema	Yr hyn y mae'r cyfranogwyr yn gofyn amdano
Cyllid a dadfuddsoddi	O ble y daw'r arian? Beth ddylem roi'r gorau i'w wneud? Pam nad yw'r Bwrdd Iechyd yn ariannu dulliau atal yn uniongyrchol? Sut ydym yn symud y tu hwnt i gynlluniau peilot byrdymor?
Dewrder gwleidyddol a sefydliadol	Sut ydym yn dad-wleidyddoli dulliau atal? Sut ydym yn sicrhau bod penderfyniadau anodd yn ymwneud ag arweinyddiaeth yn weladwy? Sut ydym yn symud y 'canol' lle mae rhwystrau i'w cael?
Strwythurau ac integreiddio	Sut allwn gyfuno strwythurau neu eu symleiddio? Ym mhle mae'r fframwaith yn perthyn? Sut ydym yn rhannu adnoddau, data a thechnoleg ar draws partneriaid?
Cynhwysiant a chyrhaeddiad	Pwy sydd ar goll o'r sgwrs? Beth am grwpiau demograffig sydd wedi'u hymddieithrio megis dynion ifanc sydd heb gymwysterau?
O strategaeth i ymarfer	Beth sy'n wahanol y tro hwn? Sut mae hyn yn gweithio'n lleol? Beth sydd angen i'm sefydliad ei gyfrannu? Sut ydym yn creu gweithlu ym maes atal?

Mae'r cwestiynau hyn yn cynrychioli galw gan bartneriaid system i gael arweinyddiaeth onest a gweladwy o ran dulliau atal. Roedd y cwestiynau mwyaf poblogaidd yn ymwneud â chyllid, blaenoriaethu ac ewyllys gwleidyddol, a hynny'n hytrach na manylion technegol. Mae hyn yn awgrymu y gallai hygrdedd y Fframwaith ddibynnu i raddau helaeth ar ba a yw arweinwyr yn dangos ymrwymiad gwirioneddol i ddarparu adnoddau ac amddiffyn dulliau atal pan fydd pwysau sy'n gwrthdaro'n codi.

Yn ogystal, mae adroddiad ar ôl y digwyddiad wedi cipio pob un o'r cwestiynau a godwyd, ond ni chafodd llawer o'r rhain eu rhannu gyda'r panel oherwydd cyfyngiadau amser. Cynigir y dylai ymarfer ymgysylltu system yn y dyfodol gyda'r Fframwaith ystyried hyd a lled y sylwadau a'r cwestiynau hyn, yn ogystal â'r themâu craidd a amlygir uchod, er mwyn sicrhau tryloywder ac ystyriaeth briodol o'r sylwadau.

2.2.2 Cenadaethau, Camau Gweithredu a Dangosyddion

Cafodd y Cenadaethau drafft, ynghyd â'u camau gweithredu a'u dangosyddion arfaethedig eu rhannu a'u trafod yn y digwyddiad ar ffurf Caffi'r Byd, lle y bu partneriaid a fu'n rhan o'u datblygu yn cynnal Gorsafoedd Cenadaethau. Gwahoddwyd y sawl fu'n bresennol i dreulio swm penodol o amser wrth orsaf gychwynnol o'u dewis er mwyn dysgu mwy am y Genhadaeth, rhannu eu myfyrdodau a'u hadborth, ac yna i symud at dair gorsaf arall yn ystod y sesiwn.

Derbyniodd y fframwaith gefnogaeth gref, ac roedd meysydd a nodwyd i'w mireinio yn cynnwys y canlynol:



- **Symleiddio'r camau gweithredu o fewn y cenadaethau ac integreiddio camau gweithredu lle bo'n bosibl**
- **Datblygu dangosyddion sy'n olrhain camau ac nid canlyniadau yn unig**, a phennu llinellau sylfaen a thargedau uchelgeisiol. Gwnaed awgrymiadau y gallai'r gwaith hwn gael ei gyd-gynhyrchu o fewn fforymau partneriaeth sy'n bodoli eisoes e.e. Agenda Cymru ("Partneriaeth Mewnwelediad Gogledd Cymru" gynt).

Roedd rhwystrau strwythurol a system posibl a ganfuwyd yn cynnwys y canlynol:

- **Cynaliadwyedd o ran y trydydd sector, sydd wedi'i effeithio gan absenoldeb cyllid craidd**, prosiectau peilot sy'n dod i ben heb etifeddiaeth, dibyniaeth ar wirfoddolwyr i wneud gwaith proffesiynol, colli arbenigedd ar ôl COVID ac ar ôl Brexit, sydd oll yn bygwth ymarferoldeb cyflawni.
- **Rhwystrau o ran trafndiaeth sy'n galluogi neu'n llesteirio** mynediad at ddysgu, cyflogaeth, gweithgareddau, a gwasanaethau¹.
- **Cyllid ar gyfer atal, a chydwyso hyn â chyllid ar gyfer pwysau gwasanaeth dybryd**

Roedd galluogwyr allweddol a ganfuwyd yn cynnwys:

- **Gwell strwythurau o ran rhannu data a chydweithio**, gan gynnwys cytundebau rhannu data ffurfiol, Dangosyddion Perfformiad Allweddol (KPIs) a rennir, rolau traws-system, ac academiâu dysgu er mwyn sicrhau bod gwaith mewn partneriaeth yn gynaliadwy ac yn atebol.

Mae'r Cenadaethau a'r camau gweithredu drafft wedi cael eu mireinio'n seiliedig ar yr adborth hwn, ac maent wedi'u cynnwys yn Atodiad 4.

2.2.3 Adeiladu ar Arfer Gorau sy'n Bodoli Eisoes ar draws y Rhanbarth

Roedd y digwyddiad yn gyfle i dynnu sylw at y gwaith o ddatblygu storfa ranbarthol o arfer nodedig, a fydd yn cael ei chynnal ar y wefan y RPB maes o law. Achubwyd ar gyfleoedd yn y digwyddiad i rannu enghreifftiau o arfer nodedig sy'n bodoli eisoes a gafodd eu cipio yn yr adroddiad ar ôl y digwyddiad. Gellir cyrchu'r ffurflen yma:

[Astudiaeth Achos Llesiant - Llenwi'r ffurflen.](#)

Bydd cyfle parhaus i gyfrannu at hyn. Yn ogystal, roedd adborth o'r digwyddiad yn tynnu sylw at awydd cryf i gynnal cyfleoedd ymgysylltu â phartneriaid wyneb yn wyneb (fel y nodir yn y dyfyniadau isod). Byddai cynnal digwyddiadau o'r fath yn gyfle i ymgorffori gwersi i'w dysgu a datblygu ar sail systemau'n ymhellach o arfer nodedig sy'n bodoli eisoes.

¹ Mae trafndiaeth wedi'i chynnwys fel is-gydran o fewn Cenhadaeth y Cymunedau, y mae'n bosibl na allai fod wedi bod yn ddigon gweladwy ar ddechrau'r digwyddiad oherwydd y prif ffocws ar y Dechrau Gorau.

"Byddwn i'n gweld gwerth ar ymgysylltu parhaus a rheolaidd rhwng sefydliadau yn hytrach na digwyddiadau untro".

"Peidiwch â chaniatáu i hyn fod yn eiriau a gweithdy'n unig. Roedd cynifer o bobl brofiadol a medrus yn yr ystafell honno, felly beth am i ni achub ar y cyfle yma a rhoi lle gwaith ac amser i bobl ymrwymo".

2.2.4 Siarter Angor

Mae Sefydliadau Angor yn sefydliadau'n seiliedig ar leoedd sy'n cael effaith eang ar iechyd, llesiant cymdeithasol ac economaidd eu cymunedau lleol mewn amrywiaeth o ffyrdd sy'n ychwanegol at eu busnes craidd, yn aml. Mae fersiwn ddrafft y Siarter Angor Rhanbarthol yn amlinellu'r ymrwymïadau arfaethedig ar draws pum parth:

1. Gweithlu, Cyflogaeth a Sgiliau
2. Ystadau
3. Effeithiau ar yr Amgylchedd
4. Cynnwys Cymunedau a Gweithredu Dinesig
5. Caffael

Cafodd y sawl a fu'n bresennol eu gwahodd i ystyried sut mae eu sefydliadau'n cyfrannu at y cydrannau hyn ar hyn o bryd. Roedd y prif themâu'n cynnwys:

- Mae sylfeini'r Siarter Angor yn gryfach nag y gallai'r sawl a fu'n bresennol fod wedi sylweddoli yn y lle cyntaf e.e. aliniad â'r ddeddfwriaeth, setiau data, a rhwydweithiau presennol.
- Mae pryder ynghylch dyblygu cynlluniau cynghorau a'r dyletswyddau presennol yn awgrymu bod angen i'r Siarter fynegi'n glir yr hyn y mae'n ei ychwanegu y tu hwnt i'r rhwymedigaethau presennol.

O ran cyfleoedd a heriau i roi'r Siarter Angor ar waith, gwnaeth y sawl a fu'n bresennol fyfyrïo ynghylch y galluogwyr/cyfleoedd a'r rhwystrau a ganlyn:

Galluogwyr / Cyfleoedd

- Defnydd gwell o **asedau cyhoeddus** e.e. cynnig rhagweithiol yn ymwneud â thir ac ystadau er budd cymunedau, lleihau anghydraddoldebau, a chynorthwyo perchnogaeth gymunedol.
- **Bwyd fel blaenoriaeth graidd iechyd y boblogaeth**, wedi'i ymgorffori ar draws sefydliadau gyda dealltwriaeth gadarn am arweinyddiaeth a'r gweithlu.
- Mwy o **weithredu ar y cyd gan Sefydliadau Angor** i wella llesiant ac i leihau anghydraddoldebau.
- **Ymgysylltu ehangach sy'n fwy cynhwysol** (gwleidyddion, y sector preifat, trafniadaeth, Y Ganolfan Byd Gwaith a Mwy, lleisiau cymunedol).
- Adeiladu ar **bartneriaethau, ymddiriedaeth a momentwm** cryf sy'n bodoli eisoes wedi'u halinio â'r cynlluniau presennol.



- Cyfle i ddiogelu **ymrwymiad uwch arweinwyr** trwy ddulliau ymgysylltu wedi'u targedu.

Rhwystrau

- **Llywodraethu a ffyrdd o weithio tameidiog**, gan gyfyngu ar ymddiriedaeth, integreiddio a darpariaeth ar y cyd.
- **Negeseuon aneglur ac iaith gymhleth**, gan leihau gwelededd effaith a chynigion ymarferol.
- **Cyfyngiadau o ran cyllid, capasiti ac amser**, yn enwedig o ran y Trydydd Sector.
- Risg o **ddarpariaeth araf ac uchelgeisiau cyfyngedig**, gyda'r posibilrwydd o ddyblygu ac uwch berchnogaeth ar y cyd sy'n anghyson.

Mae'r adborth a roddwyd wedi helpu i fireinio fersiwn ddrafft gychwynnol y Siarter Angor. Mae'r fersiwn ddiwygiedig wedi'i chynnwys yn Atodiad 5.

2.2.5 Hunanasesiad o'r Siarter Angor

Gwahoddwyd y sawl a fu'n bresennol i ymgymryd â hunanasesiad yn ymwneud â'r Siarter Anghori trwy raddio lle mae eu sefydliad arni ar hyn o bryd yn ymwneud â fersiwn gryno o bob un o'r pum cydran, gan ddefnyddio graddfa bum pwynt:

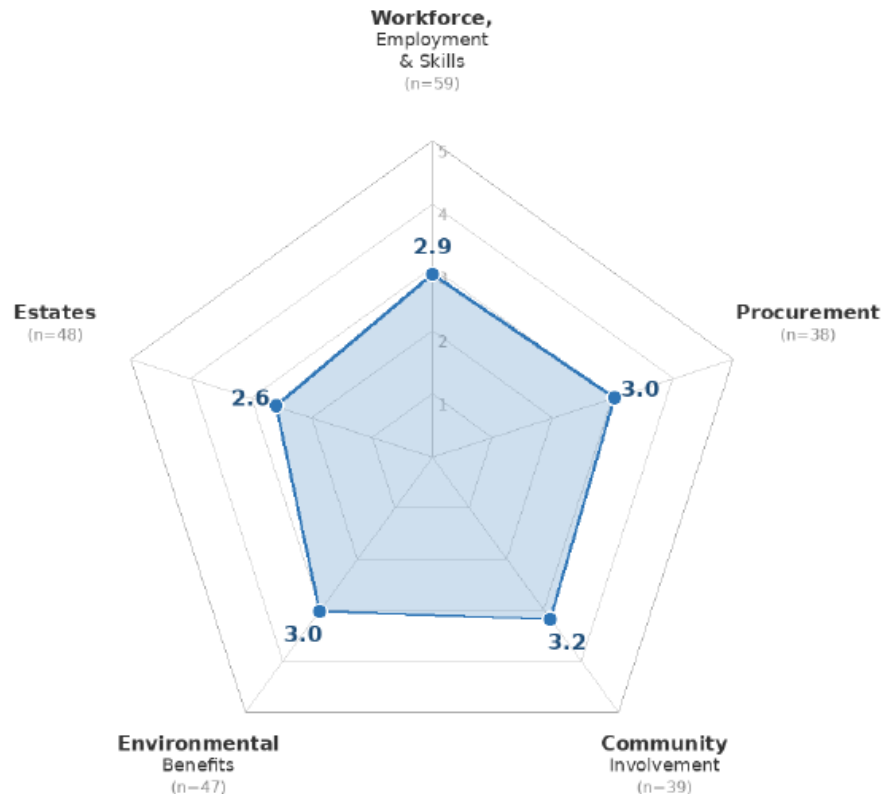
1. Heb ddechrau arni
2. Cynlluniau cynnar neu ad hoc
3. Rhywfaint o weithgarwch ar waith
4. Cynnydd da neu arfer anghyson
5. Wedi'i ymgorffori a'i brofi

Mae'r diagram isod yn rhoi dosbarthiad llawn ymatebion ar gyfer pob cydran o'r Siarter Angor.



Hunan-asesiad Siarter Angor: Sgoriau Cymedrig yn ol Eflen Anchor Charter Self-Assessment: Mean Scores by Element

(Scale: 1 = Not started, 2 = Early/ad hoc, 3 = Some activity,
4 = Good progress, 5 = Embedded and evidenced)



Mae'r prif gasgliadau o'r hunanasesiad yn cynnwys:

- **Mae'r rhanbarth wedi'i glystyru o amgylch "rhywfaint o weithgarwch ar waith"** (graddfa 3) ar draws yr holl elfennau. **Mae hyn yn awgrymu bod sefydliadau angor wedi cychwyn ar y daith ond nad ydynt eto wedi symud at arfer cyson, ar sail tystiolaeth, mewn unrhyw faes.** Felly mae'n amlwg bod cyfle i'r Siarter Angor gyflymu o ran symud o lefel 3 i lefelau 4 a 5.
- **Ystadau yw'r allanolyn amlwg** - Y maes hwn sydd â'r sgôr gymedrig isaf a'r gyfran uchaf o sefydliadau sy'n adrodd "heb ddechrau arni", ac mae'n awgrymu lle bo angen y camau mwyaf dybryd a lle y gallai'r Siarter gael yr effaith gynnar fwyaf gweladwy, yn enwedig trwy'r dull "cynnig rhagweithiol" a argymhellwyd yn yr adborth ar y gweithdy.
- **Cryfder cymharol yw Cynnwys Cymunedau** ond mae ei sgôr gymedrig ond ychydig yn uwch, er bod y rhan fwyaf o sefydliadau ar lefel "rhywfaint o weithgarwch" neu islaw'r lefel honno
- **Ychydig iawn o sefydliadau sy'n graddio eu hunain ar lefel 5 (Wedi'i ymgorffori) ar unrhyw elfen**, yn nodweddiadol dim ond 4-6 o blith 38-59 o ymatebwyr. Mae hyn yn golygu bod cronfa fach o enghreifftiau posibl a allai rannu arfer gyda chymheiriaid.

- **Roedd cyfraddau ymateb yn amrywio** o 59 (Gweithlu) i 38 (Caffael), a allai adlewyrchu lefelau gwahanol o ran hyder, perthnasedd, neu wybodaeth ar draws cydrannau Angor. Efallai y bydd y gyfradd ymateb yn is hefyd gan fod Mentimeter wedi'i ddefnyddio a chan fod cyfranogwyr yn gallu llywio rhwng un cwestiwn a'r llall.

2.3 Ymrwymiad System i Weithredu

Cyn i'r digwyddiad ddod i ben, gwahoddwyd y sawl a fu'n cymryd rhan i ysgrifennu eu hymrwymadau personol i'w rhoi ar waith o ran y Fframwaith, ac mae'r rhain wedi cael eu crynhoi fel pum thema yn y tabl isod. Maent yn cynrychioli mandad clir ar gyfer ymgorffori a rhoi'r Fframwaith ar waith trwy ystod o ddulliau sefydliadol ac mewn partneriaeth, a chan wneud hynny mewn partneriaeth â chymunedau.

1. Strategaeth, Arweinyddiaeth a Llywodraethu

Ymrwymiad: Ymgorffori'r Siarter Angor a Chenadaethau i arweinyddiaeth sefydliadol, llywodraethu, a phenderfyniadau strategol.

Sut olwg sydd ar hyn: Sicrhau perchnogaeth gref o ran uwch arweinwyr (Prif Weithredwyr ac Uwch Dimau Arwain), lleihau cymhlethdod partneriaethau, ac alinio'r Siarter Angor a'r Chenadaethau â Strategaethau Corfforaethol, Asesiadau Llesiant a chynlluniau ar gyfer y dyfodol. Bydd Uwch Arweinwyr yn sicrhau bod y Fframwaith yn cael ei ymgorffori ar draws y sefydliad cyfan, a bydd dulliau atal yn cael eu cyflawni trwy gamau gweithredu, nid cynllunio'n unig.

2. Cydweithio a Rhannu Data

Ymrwymiad: Atgyfnerthu gwaith mewn partneriaeth trwy well integreiddio, rhannu data, a gweithredu ar y cyd.

Crynodeb: Cydweithio ar draws Byrddau Gwasanaethau Cyhoeddus, Byrddau Partneriaeth Rhanbarthol, Byrddau Iechyd, Cyd-bwyllgorau Corfforedig, Partneriaethau Diogelwch Cymunedol a'r Trydydd Sector i alinio cynlluniau, rhannu data, integreiddio comisiynu a chyflawni cenadaethau ar y cyd. Hybu'r Siarter Angor ac Egwyddorion Marmot yn gyson, cysylltu fforymau sy'n bodoli eisoes (e.e. bwyd a gweithgarwch), a sicrhau bod dulliau cydgysylltiedig yn disodli gwaith tameidiog.

3. Gweithlu, Diwylliant Mewnol ac Adnoddau Dynol

Ymrwymiad: Ymgorffori'r Siarter Angor i ddiwylliant y gweithlu, arfer rheoli a datblygu sefydliadol.

Crynodeb: Codi ymwybyddiaeth o'r Siarter Angor ar draws timau, ei chymhwyso i brosiectau a newid gwasanaethau, a'i hintegreiddio i strategaethau gweithlu a dulliau monitro perfformiad. Cefnogi gwaith teg (gan gynnwys y Cyflog Byw Gwirioneddol), iechyd ataliol a llesiant, datblygu arweinyddiaeth, mentora, a grymuso staff i gyfrannu at genadaethau yn eu rolau o ddydd i ddydd.

4. Ymgysylltu â Chymunedau a Chenadaethau Penodol

Ymrwymiad: Cyflwyno Cenadaethau ar y cyd â chymunedau a sicrhau effeithiau sylweddol yn seiliedig ar leoedd.

Crynodeb: Cynnwys cymunedau fel partneriaid trwy weithio gydag arweinwyr a hyrwyddwyr lleol, profi cenadaethau yn erbyn blaenoriaethau cymunedau, a chynnig mwy o weithgarwch mewn lleoedd lleol. Canolbwyntio ar ddulliau atal trwy ragnodi cymdeithasol gwyrdd a glas, teithio llesol, gweithredu ar newid yn yr hinsawdd, bwyd, hyfforddiant a chyflogaeth - yn enwedig gan roi cymorth i gymunedau dan anfantais a chan alinio ag egwyddorion Marmot.

5. Gweithredu, Monitro a Mesur

Ymrwymiad: Symud o fwriad hyd at weithredu trwy ddarpariaeth glir, tryloywder a chanlyniadau mesuradwy.

Crynodeb: Mireinio'r Siarter Angor a chenadaethau fel eu bod yn canolbwyntio ar ganlyniadau, a'u bod yn hawdd eu deall ac yn fesuradwy. Mapio'r gweithgarwch presennol, canfod bylchau, rhannu arfer da, a chyflwyno dangosfwrdd syml (e.e. ar ffurf Siarter Teithio Llesol) er mwyn olrhain cynnydd. Dechrau gyda chamau gweithredu bach a hylaw, cyfathrebu'n glir â staff a'r cyhoedd, ac adolygu cynnydd yn rheolaidd ar lefel uwch arweinwyr.

2.4 Ymgysylltu ar ôl y Digwyddiad

Yn dilyn y digwyddiad, bu archwaeth fawr gan bartneriaid i ymgysylltu o ran bwrw ymlaen â'r gwaith. Bu pwyslais penodol ar werth galluogi mabwysiadu system y Siarter Angor fel ffordd o gael ymrwymiad cynnar gan uwch arweinwyr a chynnal momentwm, a chyfle i ymgorffori'r Cenadaethau fel cam gweithredu penodol yn y Siarter Angor i integreiddio'r ddau offeryn.

Yn ogystal, mae cydweithwyr yn y Bwrdd Gwasanaethau Cyhoeddus wedi nodi'r gwerth sydd ynghlwm wrth ymgorffori'r Cenadaethau a'r Siarter Angor i'r broses o ddatblygu eu Hasesiadau a'u Cynlluniau Llesiant diwygiedig, ac mae hyn wedi dechrau'n ddiweddar a bydd yn parhau dros y misoedd sydd i ddod. I hwyluso'r broses hon, cynigiwyd y gallai'r gwaith gael ei gydlynu trwy Agenda Cymru ("Partneriaeth

Mewnwelediad Gogledd Cymru" gynt), a fyddai'n hybu ac yn cynnal ymrwymiad rhanbarthol i'r Fframwaith, ac yn arwain ar y broses o gydgyhyrchu dangosyddion y Genhadaeth.

3. Casgliadau ac Argymhellion

Gan ymateb i'r argymhellion gwreiddiol o Adroddiad Grŵp Gorchwyl a Gorffen Gogledd Cymru Iach, mae datblygu'r Fframwaith wedi cynrychioli cryn dipyn o waith gyda phartneriaethau traws-sector dros yr ychydig fisoedd diwethaf, gan gyd-fynd ag ysgogwyr polisi a thystiolaeth allweddol. Gosododd y broses gydgyhyrchu'r sylfeini ar gyfer Digwyddiad Ymgysylltu System proffil mawr ac adeiladol a gynhaliwyd ym mis Mawrth, a arweiniodd at ymrwymiad clir gan bartneriaid i gymryd camau i symud ymhellach at atal, ymyrraeth gynnar a mynd i'r afael ag anghydraddoldebau hirsefydledig yn ein cymunedau. Gwnaeth partneriaid gydnabod y cyfle i rannu ynghylch hyd a lled y gwaith ardderchog sydd eisoes ar waith ar draws y rhanbarth ac i adeiladu arno ymhellach, gan ymrwymo i gynnwys ein cymunedau mewn ffordd ystyrlon yn y broses, ac i alinio'r Fframwaith â strategaethau a chynlluniau sefydliadau a phartneriaethau.

Roedd adborth o'r digwyddiad yn bositif ac mae hyn wedi helpu i fireinio'r Cenadaethau a'r Siarter Angor, ac amlygodd ymrwymiad sylweddol i ddefnyddio'r Fframwaith er mwyn blaenoriaethu ymhellach o ran atal, ymyrraeth gynnar, a mynd i'r afael ag anghydraddoldebau hirsefydledig yn ein cymunedau. Mae'r adborth hefyd yn amlygu archwaeth fawr am y canlynol fel blaenoriaethau cychwynnol:

- ceisio annog eraill yn y rhanbarth i ymrwymo'n ffurfiol i'r Siarter Angor
- ymgysylltu rhanbarthol parhaus yn ymwneud â dysgu ar y cyd ac atgyfnerthu partneriaethau a chydweithio rhanbarthol, gan gynnwys rhwng y Bwrdd Partneriaeth Rhanbarthol a Byrddau Gwasanaethau Cyhoeddus.
- defnyddio'r Fframwaith i fod yn sail i Asesiadau a Chynlluniau Llesiant PSB

Cafodd adroddiad cynnydd ei gyflwyno i'r RPB ar 8 Mai, a oedd yn cefnogi ac yn cymeradwyo camau gweithredu diwygiedig y Siarter Angor a'r Cenadaethau.

Yr argymhellion i'r SRG yw:

1. Nodi'r canlynol –
 - a. y gwaith a wnaed gyda phartneriaid i gyd-ddylunio'r Fframwaith a chydrannau'r drafft,
 - b. y prif ganfyddiadau a'r themâu a ddeiliodd o'r Digwyddiad Ymgysylltu System ar 19 Mawrth.
2. Archwilio'r opsiynau o ran ymrwymo i'r Siarter Angor Rhanbarthol, a chyflawni canlyniadau, yn dilyn cymeradwyaeth y RPB.
3. Canfod a rhannu enghreifftiau o arfer nodedig i gael eu hamlygu ar wefan y RPB, gan ddefnyddio'r ffurflen: [Astudiaeth Achos Llesiant - Llenwi'r ffurflen.](#)

Atodiad 1: Sefydliadau a phartneriaethau sydd ynghlwm wrth gydgyhyrchu camau gweithredu'r Cenadaethau

Cenhadaeth	Grwpiau / Sefydliadau sydd ynghlwm wrth ddatblygu'r camau gweithredu lefel uchel
1. Yr Amgylchedd	- Cyfoeth Naturiol Cymru; Grŵp Gwyrdd BIPBC
2. Cymunedau <ul style="list-style-type: none"> - Rhoi'r dechrau gorau i bob plentyn - Cymunedau Diogel a Chydlynus - Y Gymraeg a Diwylliant Cymru - Cymunedau sy'n Ystyriol o Drawma - Trafnidiaeth - Brechiadau a Sgrinio 	Cynrychiolwyr y Trydydd Sector <ul style="list-style-type: none"> - Arweinwyr Rhanbarthol Gwasanaethau'r Blynnyddoedd Cynnar - Arweinwyr Rhanbarthol Diogelwch Cymunedol a Chydlyniant Cymunedol - Gwasanaethau Cymraeg BIPBC; Tystiolaeth o Ddeddf Llesiant Cenedlaethau'r Dyfodol - Arweinwyr Cenedlaethol a Rhanbarthol ym maes Dulliau sy'n Ystyriol o Drawma - Cydweithwyr y Trydydd Sector sy'n rhoi cymorth gyda thrafnidiaeth gymunedol - Cyfarwyddiaeth Iechyd Cyhoeddus BIPBC
3. Tai	- Mudiad 2025, gan gynnwys cydweithwyr ychwanegol ym maes Tai a BIPBC
4. Bwyd	- Partneriaeth Fwyd Gogledd Cymru; Grŵp Partneriaeth Strategol Dull System Gyfan i Ymdrin â Phwysau Iach
5. Cyflogaeth	- Uchelgais Gogledd Cymru; Gweithgor Cyflogadwyedd Gogledd Cymru
6. Dysgu Gydol Oes	- Cynghrair Trydyddol Gogledd Cymru
7. Ffyrdd o Fyw Actif a Chreadigol	- Bwrdd Actif Gogledd Cymru; Grŵp Cyfeirio Strategol Dull System Gyfan i Ymdrin â Phwysau Iach; Partneriaeth y Celfyddydau mewn Iechyd Gogledd Cymru



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University Health Board

Atodiad 2: Agenda ar gyfer y Digwyddiad Ymgysylltu System ar 19 Mawrth



Rhaglen y Dydd _
Programme for the I

Atodiad 3: Sefydliadau a gafodd eu cynrychioli yn y Digwyddiad ar 19 Mawrth



March 19th
Attendees Orgs.doc

Atodiad 4: Cenadaethau a Chamau Gweithredu diwygiedig yn seiliedig ar adborth o'r digwyddiad

Cenhadaeth yr Amgylchedd – Bydd pobl yng Ngogledd Cymru yn byw mewn amgylchedd naturiol iach a chynaliadwy

Camau Gweithredu System Effaith Fawr:

- Byddwn yn ymgorffori ystyriaethau ynghylch carbon a byd natur i'n prosesau penderfynu'n ymwneud â phrosiectau, gwasanaethau a chynlluniau.
- Byddwn yn ymrwmo i Siarter Teithio Llesol Gogledd Cymru a byddwn yn hybu teithio cynaliadwy ac actif ar draws ein sefydliadau.
- Bydd sefydliadau sy'n aelodau o'r Bwrdd Gwasanaethau Cyhoeddus yn ymgysylltu'n weithredol o ran datblygu Asesiad Risg Rhanbarthol Newid Hinsawdd ar gyfer Llesiant ac yn gweithredu ar ei argymhellion yn lleol, gan weithio gyda'n cymunedau.
- Byddwn yn chwilio am gyfleoedd i amddiffyn, gwella, ac ehangu manau gwyrdd ar draws adeiladau a thir sector cyhoeddus sy'n bodoli eisoes.
- Byddwn yn sicrhau bod sefydliadau amgylcheddol a chymunedau lleol yn cael eu cynnwys mewn ffordd ystyrion yn gynnar o ran cynllunio prosiectau seilwaith newydd, er mwyn uchafu buddion a lleihau risgiau.
- Byddwn yn cynnwys gweithgareddau sydd wedi'u gwreiddio ym myd natur mewn gwasanaethau llesiant cenedlaethol e.e. rhagnodi cymdeithasol, gan ganolbwyntio ar wella mynediad ar gyfer pobl sydd â'r anghenion mwyaf.

Cenhadaeth Cymunedau – Bydd pobl yng Ngogledd Cymru yn byw mewn cymunedau diogel, cefnogol a gwydn

Is-adran 1: Rhoi'r dechrau gorau i bob plentyn

Camau Gweithredu System Effaith Fawr

- Byddwn yn cyflwyno gwasanaethau i blant a theuluoedd sy'n rhoi eu hanghenion yn gyntaf, yn unol â Fframwaith Nyth.
- Byddwn yn helpu gwasanaethau i ennill y sgiliau a'r profiad sydd eu hangen arnynt i gynorthwyo babanod, plant a rhieni i ffynnu, gan ganolbwyntio ar y 1000 o ddiwrnodau cyntaf (o feichiogrwydd hyd at ben-blwydd y plentyn yn ddyflwydd oed) pan fydd profiadau'n cael yr effaith fwyaf.
- Byddwn yn defnyddio dull wedi'i seilio ar leoedd i greu manau dan do ac awyr agored mwy cynhwysfawr er mwyn gwella cyfleoedd chwarae i blant.
- Byddwn yn gwella sut mae gwasanaethau'n cydweithio fel y gall teuluoedd fanteisio'n haws ar gymorth cydgysylltiedig.



- Lle caiff anghenion neu anabledau dysgu eu canfod, byddwn yn sicrhau bod plant a theuluoedd yn derbyn cymorth sydd o ansawdd uchel ac sy'n gydlynus gan y gwasanaethau cywir.
- Byddwn yn gwneud defnydd gwell o ddata a dirnadaethau ar y cyd ar draws ein sefydliadau er mwyn targedu cymorth o ran gwella, a lleihau anghydraddoldebau o ran datblygiad plant a'u parodrwydd ar gyfer yr ysgol.

Is-adran 2: Cymunedau Diogel a Chydlynus

Camau Gweithredu System Effaith Fawr:

- Byddwn yn atal ac yn lleihau trais yn erbyn menywod a merched, gan gynnwys cyflwyno dulliau i hybu cydberthnasau iach a pharchus.
- Byddwn yn mabwysiadu dull cydgysylltiedig sy'n canolbwyntio ar y plentyn i ddiogelu plant a phobl ifanc sydd mewn perygl o gamfanteisio.
- Byddwn yn atgyfnerthu trefniadau partneriaeth er mwyn rhannu data a dirnadaethau'n amserol, gan ganiatáu dulliau atal wedi'u targedu, ac ymateb cynyddol i drais difrifol.
- Byddwn yn atal trais difrifol yng Ngogledd Cymru trwy ddatblygu dealltwriaeth ar y cyd am risg, trawma, a phrofiadau niweidiol yn ystod plentyndod, yn cynnwys ffocws ar leoliadau addysg, ieuenctid, a chyfiawnder ieuenctid.
- Byddwn yn rhoi Strategaeth Ymateb i Gydlyniant Cymunedol Gogledd Cymru ar waith fel rhan o'n gwaith rhanbarthol i gyflawni Cynllun Gweithredu Cymru Wrth-hiliol.

Is-adran 3: Y Gymraeg a Diwylliant Cymru

Camau Gweithredu System Effaith Fawr:

- Byddwn yn ymgorffori'r Gymraeg, ei threftadaeth a hunaniaeth ddiwylliannol i'r broses o ddylunio a darparu gwasanaethau llesiant yn y gymuned.
- Byddwn yn cefnogi datblygiad cadarn o ran y Gymraeg a'i diwylliant yn ystod y blynyddoedd cynnar trwy adnoddau dwyieithog, hyfforddi'r gweithlu, a dysgu sy'n seiliedig ar chwarae mewn lleoliadau addysg a gofal.
- Byddwn yn atgyfnerthu cymorth rhagweithiol i weithwyr wella eu sgiliau Cymraeg a'u hyder yn hynny o beth yn y gwaith.

Is-adran 4: Cymunedau sy'n Ystyriol o Drawma

Camau Gweithredu System Effaith Fawr:

- Byddwn yn ymrwmo i ddull sy'n ystyriol o drawma er mwyn gwella gwasanaethau ac i gynnal llesiant staff.
- Byddwn yn defnyddio arfer myfyriol a rhwydweithiau rhanbarthol i rannu gwersi a ddysgwyd o ran dulliau sy'n ystyriol o drawma.

- Byddwn yn atgyfnerthu llwybrau fel y gall staff a defnyddwyr gwasanaeth fanteisio ar gymorth cynhwysfawr ar gyfer trawma, gan adeiladu ar bartneriaethau a rhwydweithiau sy'n bodoli eisoes ar draws y rhanbarth.

Is-adran 5: Trafnidiaeth

Camau Gweithredu System Effaith Fawr:

- Byddwn yn mynd ati'n rhagweithiol i gynnwys cymunedau o ran y broses o ddylunio ac adolygu gwasanaethau trafndiaeth cymunedol, gyda ffocws ar ardaloedd gwledig a mwy difreintiedig.
- Byddwn yn atgyfnerthu teithio llesol a thrafnidiaeth garbon isel ar draws Gogledd Cymru trwy fabwysiadu Siarter Teithio Llesol Gogledd Cymru a dylanwadu ar gynllunio gofodol e.e. trwy Gynlluniau Datblygu Lleol.

Is-adran 6: Brechiadau a Sgrinio

Camau Gweithredu System Effaith Fawr:

- Byddwn yn cyflwyno Gwneud i Bob Cyswllt Gyfrif (MECC) a hyfforddiant ymwybyddiaeth o sgrinio ar gyfer staff y rheng flaen, fel y gallant hyrwyddo brechiadau a sgrinio yn hyderus gymaint â phosibl.
- Byddwn yn sicrhau bod gwasanaethau'r rheng flaen yn darparu gwybodaeth glir a hygyrch mewn amrywiaeth o fformatau er mwyn cynorthwyo pobl sy'n gymwys i dderbyn rhaglenni brechu a sgrinio'r GIG i wneud penderfyniadau ar sail gwybodaeth.

Cenhadaeth Tai: *Bydd pobl yng Ngogledd Cymru yn byw mewn tai o ansawdd da, sy'n ddiogel ac yn fforddiadwy*

Camau Gweithredu System Effaith Fawr:

- Byddwn yn atgyfnerthu cydweithio traws-sector yn ymwneud â thai, iechyd a llesiant, gan gynnwys rhannu data a dirnadaethau, datblygu mesurau canlyniadau ar y cyd, a galluogi comisiynu ar y cyd.
- Byddwn yn atgyfnerthu atal ac ymyrraeth gynnar mewn cymdogaethau trwy ddulliau integredig sy'n ystyriol o drawma, gan gynnwys pobl sydd â phrofiad byw.
- Byddwn yn ymgorffori'r ddyletswydd i Ofyn, Gweithredu a Chydweithredu er mwyn atal digartrefedd a mynd i'r afael â phroblemau iechyd sy'n gysylltiedig â thai.
- Byddwn yn mabwysiadu dull cydgysylltiedig i ymdrin â heriau tai ar draws sectorau preifat a chymdeithasol e.e. cyfrannu at Gynlluniau Datblygu Lleol ac addasu cartrefi sy'n wag neu sy'n cael eu tanddefnyddio at ddiben eu defnyddio eto gyda chymunedau.



Cenhadaeth Bwyd: *Bydd pobl yng Ngogledd Cymru yn gallu cael mynediad at fwyd maethlon, fforddiadwy*

Camau Gweithredu System Effaith Fawr:

- Byddwn yn mabwysiadu dull ar sail tystiolaeth i gynorthwyo gyda dewisiadau bwyd iachach, gan gynnwys dylanwadu ar gynllunio ac atgyfnerthu cadwyni cyflenwi bwyd lleol.
- Byddwn yn cynnig hyfforddiant Gwneud i Bob Cyswllt Gyfrif (MECC) er mwyn sicrhau bod gan staff y rheng flaen y sgiliau a'r hyder i gynnig cymorth sy'n canolbwyntio ar yr unigolyn o ran bwyd.
- Byddwn yn defnyddio canllawiau Bwyd Ein Dyfodol ac yn gweithio gyda Phartneriaethau Bwyd Lleol er mwyn gwella mynediad teg at fwyd iach ac sy'n gyfeillgar i'r blaned.
- Byddwn yn gwella mynediad at fwyd a diod iach a fforddiadwy o fewn ein gweithleoedd.

Cenhadaeth Cyflogaeth: *Bydd gan bobl yng Ngogledd Cymru fynediad at gyfleoedd cyflogaeth neu hyfforddiant a datblygiad gwerthfawr a theg*

Camau Gweithredu System Effaith Fawr:

- Byddwn yn integreiddio cymorth cyflogaeth i lwybrau iechyd a gofal cymdeithasol.
- Byddwn yn sicrhau ymrwymiad gan arweinwyr i fodolau cymorth cyflogaeth profedig, gan gynnwys Lleoliadau a Chymorth Unigol (IPS) a Fframwaith Ansawdd Cyflogaeth â Chymorth (SEQF).
- Byddwn yn annog sefydliadau mwy o faint i rannu adnoddau er mwyn galluogi mentrau bach a chanolig (SMEs) i gymryd rhan mewn llwybrau cymorth cyflogaeth.
- Byddwn yn cynorthwyo cyflogwyr i recriwtio a chadw pobl o grwpiau sydd wedi'u tangynrychioli, gan atgyfnerthu eu rôl fel Sefydliadau Angor o fewn cymunedau.
- Byddwn yn ymgorffori gwerth cymdeithasol hirdymor mewn caffael, comisiynu a buddsoddi rhanbarthol drwy ddefnyddio gwariant cyhoeddus i greu cyflogaeth am gyflog teg, prentisiaethau, hyfforddiant a llwybrau gyrfaol cynaliadwy.
- Byddwn yn defnyddio dull traws-sector cydgysylltiedig i ymdrin â rhaglenni cyflogaeth a sgiliau megis Cysylltu â Gwaith, Sgiliau Gwyrdd, cynhwysiant digidol a chynlluniau peilot Blaengaredd.
- Byddwn yn cefnogi ymgysylltu'n gynharach â phobl ifanc ynghylch ymwybyddiaeth o yrfaeod a dyheadau gyrfaol, gan weithio gyda phartneriaid addysg i hyrwyddo llwybrau galwedigaethol ac i gryfhau sgiliau mathemateg ac iaith ar gyfer cyflogadwyedd.



Cenhadaeth Dysgu Gydol Oes – Bydd gan bobl yng Ngogledd Cymru fynediad at addysg o ansawdd uchel a chyfleoedd dysgu gydol oes

- Byddwn yn rhoi cymorth hygyrch ac amserol i rieni a gofalwyr er mwyn helpu plant i fod yn barod am yr ysgol, gyda ffocws ar ddatblygiad iaith a lleferydd a hyfforddiant defnyddio'r toiled (fel y manylir arno yn is-adran 'Rhoi'r Dechrau Gorau i Bob Plentyn' yn y Genhadaeth Cymunedau).
- Byddwn yn hybu cyfleoedd dysgu gydol oes mewn lleoliadau cymunedol.
- Byddwn yn gwella sgiliau digidol, iaith a mathemateg trwy gryfhau cyfleoedd dysgu i oedolion.
- Byddwn yn gweithio gyda chymunedau i fynd i'r afael â rhwystrau trafniadaeth sy'n cyfyngu ar fynediad at gyfleoedd dysgu gydol oes.
- Byddwn yn datblygu menter cynhwysiant rhanbarthol ar gyfer grwpiau sydd wedi'u tangynrychioli er mwyn lleihau bylchau o ran cyfranogiad mewn addysg bellach ac addysg uwch
- Byddwn yn atgyfnerthu ymgysylltu â chyflogwyr ar y cyd a phartneriaethau sgiliau sy'n cyd-fynd â blaenoriaethau economaidd rhanbarthol.
- Byddwn yn sicrhau bod mynd i'r afael ag anghydraddoldeb yn cael ei gysylltu'n uniongyrchol â chyfle economaidd.

Cenhadaeth Ffyrdd o Fyw Actif – Bydd pobl yng Ngogledd Cymru yn cymryd rhan mewn gweithgarwch corfforol a chyfleoedd ar gyfer creadigrwydd

Camau Gweithredu System Effaith Fawr:

- Byddwn yn buddsoddi mewn partneriaethau traws-sector lleol yn y tymor hir, gan gynnwys Grwpiau Partneriaethau Ardaloedd Actif, i gynorthwyo cymunedau o ran dylunio, arwain, a chynnal cyfleoedd gweithgarwch corfforol lleol.
- Byddwn yn datblygu gwybodaeth, sgiliau, a hyder staff y rheng flaen, gwirfoddolwyr, a sefydliadau cymunedol i weithio'n seiliedig ar asedau ac mewn ffyrdd cynhwysol trwy gyrchu hyfforddiant Gwneud i Bob Cyswllt Gyfrif (MECC) a rhannu gwersi a ddysgwyd o ddulliau Datblygu Cymunedol yn Seiliedig ar Asedau (ABCD).
- Byddwn yn llunio ac yn buddsoddi yn ein hamgylcheddau adeiledig a naturiol er mwyn sicrhau bod bod yn actif a chwarae'n rhan o fywyd bob dydd ar draws cartrefi, gweithleoedd, gwasanaethau, a chymunedau.
- Byddwn yn rhannu data, profiad, a dirnadaethau profiad byw trwy Bartneriaethau Ardaloedd Actif er mwyn deall effaith a graddfa'r hyn sy'n gweithio'n dda, ac i roi terfyn ar yr hyn nad yw'n gweithio'n dda.



Cenhadaeth Ffyrdd o Fyw Creadigol – Bydd pobl yng Ngogledd Cymru yn cymryd rhan mewn gweithgarwch corfforol a chyfleoedd ar gyfer creadigrwydd

Camau Gweithredu System Effaith Fawr:

- Byddwn yn galluogi mynediad teg i dulliau creadigol i ymdrin â llesiant mewn adeiladau cymunedol a mannau gwyrdd, gan gynnwys mewn ardaloedd gwledig.
- Byddwn yn adeiladu ar wybodaeth a sgiliau staff y rheng flaen i ymgorffori gweithgareddau llesiant creadigol o fewn llwybrau sy'n bodoli eisoes e.e. trwy gyrchu'r cynnig hyfforddiant presennol trwy Rwydwaith Celfyddydau, Iechyd a Llesiant Cymru (WAHWN), a chysiau byr fel Dulliau Creadigol o Les sydd ar gael gan Brifysgol Wrecsam.
- Byddwn yn cyd-ddylunio rhaglenni llesiant creadigol yn y gweithle ochr yn ochr â chymorth i arweinwyr.
- Byddwn yn datblygu ac yn cyflwyno fframwaith sy'n ystyriol o drawma ar gyfer y Celfyddydau mewn Iechyd, gan hybu mannau creadigol diogel a chynhwysol sy'n cyd-fynd â safonau cenedlaethol.
- Byddwn yn defnyddio dulliau creadigol i ymdrin â llesiant er mwyn cynorthwyo pobl sydd â phrofiad byw i rannu eu straeon, er mwyn bod yn sail i wella gwasanaethau ac i ategu gwerthusiadau.
- Byddwn yn atgyfnerthu'r sylfaen dystiolaeth yn ymwneud â dulliau creadigol i ymdrin â llesiant er mwyn cynnal modelau cyllido cynaliadwy, gan gynnwys canlyniadau llesiant ac adenillion cymdeithasol o fuddsoddi.



Atodiad 5: Siarter Angor Rhanbarthol ddiwygiedig yn seiliedig ar adborth o'r digwyddiad

1. Y gweithlu, cyflogaeth a sgiliau

1.1 Byddwn yn ceisio talu'r cyflog byw gwirioneddol a sicrhau telerau ac amodau teg, gan leihau contractau anniogel a chan roi cymorth gyda llesiant a diogelwch ariannol staff.

1.2 Byddwn yn creu cyfleoedd ar gyfer pobl sydd ymhellaf i ffwrdd o'r farchnad lafur gael manteisio ar hyfforddiant, prentisiaethau a chyflogaeth yn ein sefydliad, ac yn hyrwyddo cyfleoedd am ddilyniant a hyfforddiant i'n staff.

1.3 Byddwn yn cefnogi iechyd a llesiant staff trwy gynnig cadarn sy'n canolbwyntio ar atal, gan gynnwys cyfleoedd i fod yn actif ar lefel gorfforol yn y gwaith ac i gael mynediad at fwyd a diod iach.

1.4 Byddwn yn atgyfnerthu effaith iechyd ein gweithlu trwy hyrwyddo mynediad i hyfforddiant Gwneud i Bob Cyswllt Gyfrif (MECC), gan helpu staff a defnyddwyr gwasanaeth i wneud dewisiadau iachach a mwy cynaliadwy.

1.5 Byddwn yn gweithio gyda darparwyr addysg a Sefydliadau Angor i ymateb i anghenion sgiliau'r gweithlu yn y dyfodol ac i wella llwybrau cyflogaeth hygyrch.

1.6 Byddwn yn hyrwyddo'r Gymraeg trwy roi cymorth i staff ddysgu a defnyddio'r iaith, yn enwedig mewn rolau sy'n delio â'r cyhoedd, gan gyfrannu at uchelgais Cymraeg 2050.

2. Ystadau

2.1 Byddwn yn archwilio ac yn adolygu ein defnydd o adeiladau a thir sy'n bodoli eisoes er mwyn mynd ati'n rhagweithiol i ganfod cyfleoedd posibl yn ymwneud â defnydd cymunedol a gwirfoddol yn y dyfodol.

2.2 Byddwn yn cynnwys cymunedau ar gam cynnar wrth gynllunio datblygiadau newydd.

3. Effeithiau ar yr Amgylchedd

3.1 Byddwn yn ymrwymo i deithio cynaliadwy a llesol trwy fabwysiadu Siarter Teithio Llesol a rhannu gwersi a ddysgwyd ar draws Gogledd Cymru.

3.2 Byddwn yn gweithio gyda phartneriaid rhanbarthol i leihau allyriadau carbon, lleihau gwastraff, gwella seilwaith gwyrdd a bioamrywiaeth, ac addasu i newid yn yr hinsawdd.

4. Cynnwys cymunedau a gweithredu dinesig

4.1 Byddwn yn mynd i'r afael ag anghydraddoldebau trwy fabwysiadu Camau Gweithredu'r Cenadaethau.

4.2 Byddwn yn ymgorffori dulliau Datblygu Cymunedol yn Seiliedig ar Asedau (ABCD) i ymdrin â datblygu strategaeth, cynllunio a darpariaeth gwasanaethau.

4.3 Byddwn yn annog ac yn galluogi staff i gymryd rhan mewn gweithgareddau cymunedol a gwirfoddol.

4.4 Byddwn yn rhoi cymorth o ran mynediad teg at gyfleoedd ym maes y celfyddydau, treftadaeth, a llesiant diwylliannol i'n staff ac i'n cymunedau lleol.

5. Caffael

5.1 Byddwn yn caffael yn lleol lle bo'n bosibl, gan ddefnyddio partneriaethau cymdeithasol i ategu twf lleol, cyflogaeth, gwerth cymdeithasol, a buddion amgylcheddol.

5.2 Byddwn yn gweithio gyda chyrrff cyhoeddus eraill i ganfod cyfleoedd ar gyfer caffael ar y cyd lle y bydd hyn yn arwain at ganlyniadau gwell.

Datblygu Fframwaith Lles, Atal ac Angor Rhanbarthol

Developing a Regional Wellbeing, Prevention and Anchor Framework



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Grwp Cyfeirio Rhanddeiliaid, 1af Fehefin 2026

Stakeholder Reference Group, 1st June 2026

Ble wnaethon ni ddechrau?

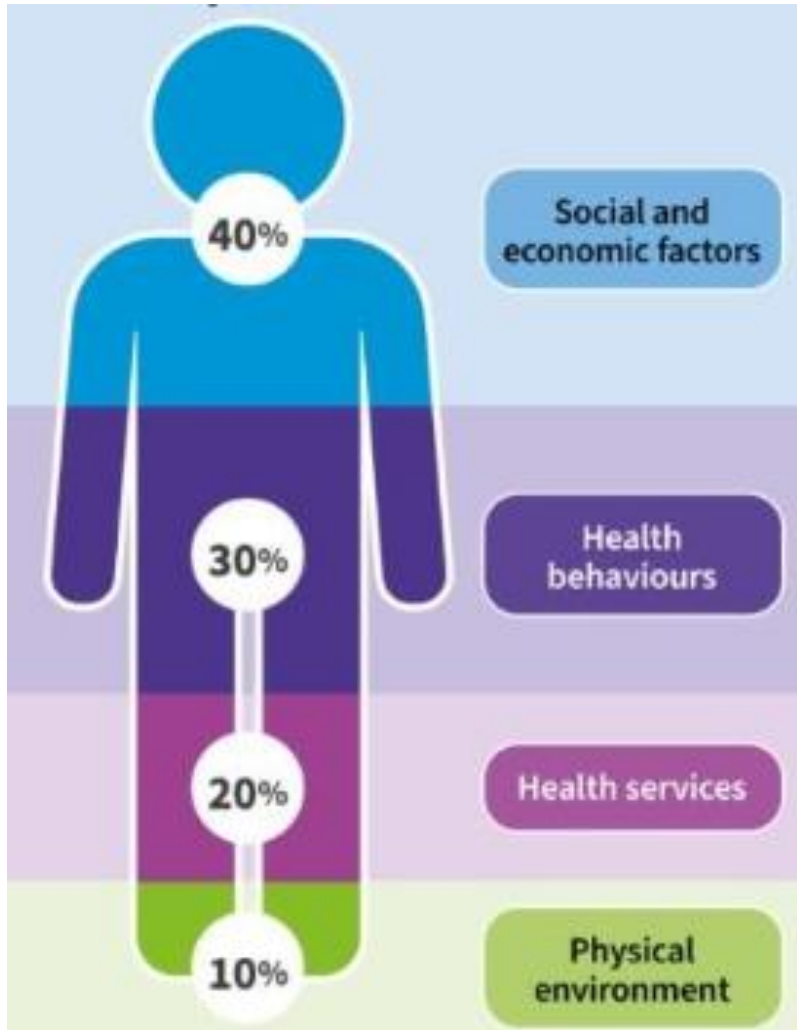
- Mae disgwyliad oes yng Ngogledd Cymru wedi aros yn fras sefydlog, ond mae pobl yn byw'n hirach mewn iechyd gwaeth, ac mae'r bwlch rhwng y rhai sydd fwyaf a lleiaf difreintiedig yn tyfu.
- Cydnabyddiaeth gynyddol o'r angen i symud tuag at atal, ymyrraeth gynnar, ac i fynd i'r afael ag anghydraddoldebau fel system gyfan – Cymru Iachach, DeddfLCD, Marmot.
- Mae angen i ni fynd i'r afael ag achosion sylfaenol anghydraddoldebau, a gweithio'n well gyda'n cymunedau fel partneriaid cyfartal.

Where did we start?

- Life expectancy in North Wales has remained broadly stable, but people are living longer in poorer health, and the gap between those who are most and least deprived is growing
- Increasing recognition of the need to shift towards prevention, early intervention, and to tackle inequalities as a whole system – A Healthier Wales, WBGFAct, Marmot.
- We need to address the root causes of inequalities, and to strengthen how we work with our communities as equal partners.



Beth sy'n dylanwadu ar ein iechyd? *What influences our health?*



Effaith anghydraddoldebau ar ein iechyd a lles yng Ngogledd Cymru

Impact of deprivation on our health and wellbeing in North Wales



Ymateb Partneriaeth

- Proses dan arweiniad y Bwrdd Partneriaeth Rhanbarthol (RPB)
- Adroddiad Grŵp Gorchwyl a Gorffen Gogledd Cymru Iach (Gorffennaf 2025) – Argymhellion:
 1. Datblygu fframwaith atal ac angor rhanbarthol i alluogi newid system gyfan tuag at atal
 2. Ymrwymiad i weithio gyda'n cymunedau fel partneriaid cyfartal
 3. Cefnogi dysgu system gwell drwy storfa o arfer nodedig (safle we'r BPR)
- **Mae gan y fframwaith ddau gydran graidd:** 1. Siarter Angor, 2. Saith Cenhadaeth a chamau gweithredu
- Dull cyd-gynhyrchu a gymerwyd i lywio'r Cenhadaethau a'r Siarter Angor – ymgysylltiad sylweddol ag ystod o sefydliadau partner (Medi 2025-Chwefror 2026)

A Partnership Response

- Process led by the Regional Partnership Board (RPB)
- Well North Wales Task and Finish Group Report (July 2025) – Recommendations:
 1. Develop a regional prevention and anchor framework to enable a whole system shift towards prevention
 2. Commitment to work with our communities as equal partners
 3. Support better system learning via repository of notable practice (RPB website)
- **Framework has two core components:** 1. Anchor Charter; 2. Seven Missions and actions.
- Co-production approach taken to develop the Anchor Charter and Missions – significant engagement with a range of partner organisations (September 2025-February 2026)



Siarter Angor a Cenhadaethau

Siarter Angor Rhanbarthol – optimeiddio effaith Sefydliadau Angor ar lesiant drwy eu rôl fel:

- cyflogwyr
- caffaelwyr nwyddau a gwasanaethau,
- perchnogion tir ac adeiladau,
- effaith ar yr amgylchedd,
- dyletswyddau dinesig ac ymgysylltu â'r gymuned

Cenhadaethau

1. Cenhadaeth Amgylcheddol
2. Cenhadaeth Cymunedau
3. Cenhadaeth Tai
4. Cenhadaeth Bwyd
5. Cenhadaeth Cyflogaeth
6. Cenhadaeth Dysgu Gydol Oes
7. Cenhadaeth Ffyrdd o Fyw Egniol a Chreadigol

Anchor Charter and Missions

Regional Anchor Charter – optimising the impact of Anchor Organisations on wellbeing through their role as:

- employers
- procurers of goods and services,
- owners of land and buildings,
- impact on the environment,
- civic duties and community engagement

Missions

1. Environment Mission
2. Communities Mission
3. Housing Mission
4. Food Mission
5. Employment Mission
6. Lifelong Learning Mission
7. Active and Creative Lifestyles Mission



Amcan y Fframwaith

Cynyddu disgwyliad oes a disgwyliad oes iach i bawb yng Ngogledd Cymru, a lleihau'r bwlch rhwng y rhai mwyaf a lleiaf difreintiedig

Aim of the Framework

Increase life expectancy and healthy life expectancy for all in North Wales, and reduce the gap between the most and least deprived



Siarter Angor Gogledd Cymru

1. Gweithlu, cyflogaeth a sgiliau
1.1 Byddwn yn ceisio talu'r cyflog byw go iawn a sicrhau telerau ac amodau teg, gan leihau contractau ansicr a chefnogi lles a diogelwch ariannol staff.
1.2 Byddwn yn creu cyfleoedd i'r bobl bellaf o'r farchnad lafur gael mynediad at hyfforddiant, prentisiaethau a chyflogaeth o fewn ein sefydliad, a hyrwyddo cyfleoedd dilyniant a hyfforddiant i'n staff.
1.3 Byddwn yn cefnogi iechyd a lles staff trwy gynnig cryf sy'n canolbwyntio ar atal, gan gynnwys cyfleoedd i fod yn gorfforol egniol yn y gwaith a chael mynediad at fwyd a diod iach.
1.4 Byddwn yn cryfhau effaith iechyd ein gweithlu trwy hyrwyddo mynediad at hyfforddiant Gwneud i Bob Cyswllt Gyfrif (MECC), gan helpu staff a defnyddwyr gwasanaeth i wneud dewisiadau iachach a mwy cynaliadwy.
1.5 Byddwn yn gweithio gyda darparwyr addysg a Sefydliadau Angor i ymateb i anghenion sgiliau'r gweithlu yn y dyfodol a gwella llwybrau cyflogaeth hygyrch.
1.6 Byddwn yn hyrwyddo'r iaith Gymraeg trwy gefnogi staff i ddysgu a defnyddio'r Gymraeg, yn enwedig mewn rolau sy'n wynebu'r cyhoedd, gan gyfrannu at uchelgais Cymraeg 2050.
2. Ystadau
2.1 Byddwn yn archwilio ac adolygu ein defnydd o adeiladau a thir presennol er mwyn nodi cyfleoedd posibl rhagweithiol yn y dyfodol ar gyfer defnydd cymunedol a gwirfoddol.
2.2 Byddwn yn cynnwys cymunedau yn gynnar wrth gynllunio datblygiadau newydd.
3. Effeithiau amgylcheddol
3.1 Byddwn yn ymrwmo i deithio cynaliadwy ac egniol drwy fabwysiadu'r Siarter Teithio Llesol a rhannu dysgu ledled Gogledd Cymru.
3.2 Byddwn yn gweithio gyda phartneriaid rhanbarthol i leihau allyriadau carbon, lleihau gwastraff, gwella seilwaith gwyrdd a bioamrywiaeth, ac addasu i newid yn yr hinsawdd.
4. Cynnwys cymunedol a gweithredu dinesig
4.1 Byddwn yn mynd i'r afael ag anghydraddoldebau trwy fabwysiadu Camau Gweithredu'r Cenhadaethau.
4.2 Byddwn yn ymgorffori dulliau Datblygu Cymunedol yn Seiliedig ar Asedau (ABCD) o ddatblygu strategaeth, cynllunio a darparu gwasanaethau.
4.3 Byddwn yn annog ac yn galluogi staff i gymryd rhan mewn gweithgarwch cymunedol a gwirfoddol.
4.4 Byddwn yn cefnogi mynediad teg i gyfleoedd celfyddydol, treftadaeth a lles diwylliannol i'n staff a'n cymunedau lleol.
5. Caffael
5.1 Byddwn yn caffael yn lleol lle bo hynny'n bosibl, gan ddefnyddio partneriaethau cymdeithasol i gefnogi twf lleol, cyflogaeth, gwerth cymdeithasol, a budd amgylcheddol.
5.2 Byddwn yn gweithio gyda chyrrff cyhoeddus eraill i nodi cyfleoedd ar gyfer caffael ar y cyd lle mae hyn yn cyflawni canlyniadau gwell.

North Wales Anchor Charter

1. Workforce, employment and skills
1.1 We will seek to pay the real living wage and ensure fair terms and conditions, reducing insecure contracts and supporting staff wellbeing and financial security.
1.2 We will create opportunities for people furthest from the labour market to access training, apprenticeships, and employment within our organisation, and promote progression and training opportunities for our staff.
1.3 We will support staff health and wellbeing through a strong prevention-focused offer, including opportunities to be physically active at work and access to healthy food and drink.
1.4 We will strengthen the health impact of our workforce by promoting access to Making Every Contact Count (MECC) training, helping staff and service users make healthier and more sustainable choices.
1.5 We will work with education providers and Anchor Organisations to respond to future workforce skills needs and improve accessible employment pathways.
1.6 We will promote the Welsh language by supporting staff to learn and use Welsh, particularly in public-facing roles, contributing to the Cymraeg 2050 ambition.
2. Estates
2.1 We will explore and review our use of existing buildings and land to proactively identify potential future opportunities for community and voluntary use.
2.2 We will involve communities at an early stage in planning new developments.
3. Environmental impacts
3.1 We will commit to sustainable and active travel by adopting the Healthy Travel Charter and sharing learning across North Wales.
3.2 We will work with regional partners to reduce carbon emissions, cut waste, enhance green infrastructure and biodiversity, and adapt to climate change.
4. Community involvement and civic action
4.1 We will address inequalities by adopting the Mission Actions.
4.2 We will embed Asset Based Community Development (ABCD) approaches to strategy development, planning and service delivery.
4.3 We will encourage and enable staff to take part in community and voluntary activity.
4.4 We will support fair access to arts, heritage, and cultural wellbeing opportunities for our staff and local communities.
5. Procurement
5.1 We will procure locally where possible, using social partnerships to support local growth, employment, social value, and environmental benefit.
5.2 We will work with other public bodies to identify opportunities for joint procurement where this delivers better outcomes.

Digwyddiad Ymgysylltu a'r System & Camau Nesaf

- Digwyddiad llwyddiannus a gynhaliwyd ar 19 Mawrth yng Nghanolfan Fusnes Conwy – oddeutu 100 o fynychwyr gyda chynrychiolwyr rhanbarthol a chenedlaethol
- Cymeradwyaeth o Genadaethau a Siarter Angori – adborth i symleiddio iaith ac integrieddio'r cydrannau
- Ymrwymiad gan y BGCau i ddefnyddio'r Fframwaith i lywio Aseidiadau a Chynlluniau Llesiant
- Cenadaethau a Siarter Angori diwygiedig wedi'u cymeradwyo gan y Bwrdd Partneriaeth Rhanbarthol (8 Mai)

Camau nesaf:

1. Cwblhau dyluniad y Cenadaethau a'r Siarter Angor
2. Sefydlu cronfa o arfer nodedig ar safle we're BPRh (proforma [Astudiaeth Achos Lles – Fill in form](#))
3. Gweithio gyda'r BGCau ac Agenda Cymru (Partneriaeth Mewnwelediad Gogledd Cymru) i gyd-gynhyrchu dangosyddion a llywio Aseidiadau Llesiant
4. Adeiladu ar yr ymrwymiad rhanbarthol, sicrhau cofrestru ffurfiol i'r Siarter Angor

System Engagement Event & Next Steps

- Successful event held on 19th March in Conwy Business Centre – approx 100 attendees with regional and national leaders represented
- Endorsement of Missions and Anchor Charter – feedback to simplify language and integrate both components
- Commitment from PSBs to utilise Framework to inform Wellbeing Assessments and Plans
- Revised Missions and Anchor Charter approved by RPB (8th May)

Next steps:

1. Finalise design of Missions and Anchor Charter
2. Establish repository of notable practice on the RPB website (proforma [Wellbeing Case Study – Fill in form](#))
3. Work with PSBs and Agenda Cymru (NW Insight Partnership) to co-produce indicators and inform Wellbeing Assessments
4. Building on regional commitment, secure formal sign up to the Anchor Charter



Diolch yn Fawr
Thank you



GIG
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NHS
WALES

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Betsi Cadwaladr
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Stakeholder Reference Group

BCUHB HOMELESSNESS REDUCTION INSIGHTS WORK

Date of Meeting:	1st June 2026
Publication Status	Open/Public
	Draft Status - Final Version will be Published
Report Author name and title	Hannah Lloyd, Principal Public Health Practitioner Jennifer Dowell-Mulloy, Equality and Inclusion Manager Phil Forbes, Development Manager – Clinical Lead Housing Dr Faye Sheldon, Consultant in Public Health
Lead Executive Team Member name and title	Dr Jane Moore, Exec Director of Public Health
Report Purpose	For Noting

Executive Summary

1 Background

North Wales continues to experience deep and persistent health inequalities, with people in the most deprived communities living shorter lives and spending more years in poor health. Inclusion Health Groups, such as people experiencing homelessness, Gypsy, Roma and Traveller communities, asylum seekers and refugees, sex workers, and people in the criminal justice system face the most extreme inequalities and place disproportionate demand on emergency and unplanned care. These patterns reflect longstanding structural and systemic barriers to accessing timely, appropriate healthcare.

The Well-being of Future Generations (Wales) Act (2015) and Ministerial priorities, requires Health Boards to take action to prevent poor outcomes, reduce inequity, and improve the lived experience of vulnerable groups. Welsh Government's Homelessness and Social Housing Allocation (Wales) Act will introduce a statutory **Ask, Act and Cooperate** duty for all Health Boards, requiring earlier identification of housing risk, proactive prevention, and strengthened multi-agency collaboration.

To prepare for these changes and to inform a more comprehensive Inclusion Health offer for the Health Board, the Public Health Directorate has obtained



insights through Health Needs Assessments and evidence reviews across key Inclusion Health Groups. These groups experience poorer access to our services and poorer health outcomes. Their insights reveal outstanding health needs, key barriers in accessing our services, and based on this we propose evidence-based recommendations to overcome these.

Of particular urgency is the statutory Ask, Act and Cooperate duty on Health Boards under the Homelessness and Social Housing Allocation (Wales) Act which received royal assent on the 1st April 2026. To inform our Health Board's response to this legislation, the BCUHB Public Health Directorate has collaborated with partners through **Homelessness Insights Work**, involving Local Authorities, BCUHB staff, people with lived experience, and conducted analysis of clinically optimised bed days.

The Homelessness Insights Work builds on the valuable efforts made to date within the Mental Health and Learning Disabilities Directorate to establish housing pathways. Their efforts have created a strong foundation for the Health Board to build upon.

The insights work has been recognised nationally by Welsh Government for the proactive approach in preparing for legislative change. **This paper presents key findings from the work and highlights required next steps.**

2 Key Findings

The Homelessness Insights work highlights significant system barriers, including inconsistent referral pathways, limited data recording, gaps in staff confidence, and delays in discharge caused by fragmented communication. Between March 2023 and March 2025, 50 clinically optimised patients with homelessness recorded generated **£1,077,852.87** in additional bed-day costs, demonstrating the case and need for earlier intervention and coordinated pathways.

Key recommendations generated from the Homelessness Insights Work:

- Develop and deliver comprehensive training for staff across health and housing services.
- Strengthen multi-agency pathways and discharge planning processes.
- Establish central referral points and clearer communication channels.
- Roll out the "Making Every Contact Count" (MECC) initiative to housing/homelessness service and frontline staff in local authorities.
- Continue to engage with people with lived experience to inform service design.
- Develop a regional screening and admissions tool to identify patients at risk of homelessness.
- Explore establishment of Hospital Link Worker roles to strengthen communication and improve patient flow.

- Enhance collaboration with Primary Care clusters, Registered Social Landlords and Third Sector to embed prevention and upstream approaches.

3 Next Steps:

The findings highlight that a system-wide, prevention-focused approach is essential to meet statutory duties, reduce avoidable harm, and improve outcomes for people belonging to inclusion health groups, including those at risk of or experiencing homelessness. This paper sets out the next steps required to ensure organisational readiness for the changes in legislation for those experiencing homelessness, and lays the foundation for a more comprehensive **Inclusion Health Offer** for the Health Board.

This work has been considered and endorsed by the BCUHB Prevention, Population Health and Early Intervention Delivery Group, Executive Committee and Planning Population Health and Partnerships Committee.

The Stakeholder Reference Group is asked to:

- Note legislative, policy and strategic requirements to reducing health inequalities
- Note the new duty on Health Boards as part of the Homelessness and Social Housing Allocation (Wales) Act.
- Consider the findings from the Homeless Insights work and support plans to progress an Inclusion Health Offer for the Health Board, to be presented to the Executive Committee at a future date.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
BCUHB Homeless Reduction Implementation Group	07/03/2025 07/07/2025 27/11/2025	Stakeholder engagement, survey development, present findings, and recommendations.
Regional Housing Support Grant Lead Officers Group	19/09/2024	Stakeholder engagement
Local Authority Homelessness/Housing Teams	Jan – July 2025	Stakeholder engagement (outcomes reported in exec summary and final report)
Welsh Government, Beverly Luchmun (Head of Homelessness Prevention)	08/03/2025 07/07/2025	Stakeholder engagement and present national and regional work



BCUHB staff	September 2025	Stakeholder engagement (outcomes reported in exec summary and final report)
People with lived experience	October 2025	Stakeholder engagement (outcomes reported in exec summary and final report)
Prevention, Population Health and Early Intervention Delivery Group (PDG)	January 2026	Endorsed and support received to take to Executive Committee to enable work to progress
BCUHB Executive Committee	February 2026	Endorsed and support received to understand further the impact of and delivery requirements for the Health Board in light of the new legislation
BCUHB Planning Population Health and Partnerships Committee	March 2026	Endorsed and support received to understand further the impact of and delivery requirements for the Health Board in light of the new legislation.

Acronyms / Glossary of Terms	

BCUHB Homelessness Reduction Insights Work

1. Situation:

1.1 The Well-being of Future Generations (Wales) Act (2015) requires public bodies to work towards a “more equal Wales” and a “healthier Wales,” by placing a statutory duty on organisations to prevent poor outcomes and collaborate across systems.

1.2 Despite this, people living in the poorest areas of North Wales continue to live longer in poor health and die earlier compared to those living in the wealthiest areas.

1.3 Inclusion Health Groups, defined as populations that experience ‘extreme health inequalities’ caused by multiple and overlapping social disadvantages are significantly more likely to die earlier and live more years in poor health compared to low-socioeconomic groups and the general population. Inclusion health groups include:

- People at risk of, or experiencing homelessness,
- Gypsy, Roma, and Traveller Communities,
- Asylum Seekers and Refugees,
- Sex Workers and
- People in the criminal justice system

1.4 Inclusion health groups place increased demand and cost on health care services due to their higher utilisation of emergency and unplanned care and higher rates of complex health needs, requiring greater input from specialist health and social care services. Inclusion health groups are least likely to engage in prevention and early intervention services placing them at a greater risk of avoidable ill health.

1.5 The reasons for poorer engagement are complex. Evidence shows that inclusion health groups are significantly more likely to experience structural, social, and systematic barriers to accessing timely and appropriate health care compared to the general population.

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

1.7 Details outlined in the NHS Wales Chief Executive’s letter on the NHS Wales Planning Framework 2026-29 highlights the need for a reduction of inequalities within and across communities to underpin NHS planning.

1.8 To support the Health Board to achieve these statutory duties, the BCUHB Public Health Directorate has led the collation of insights through Health Needs Assessments and Scoping Reviews across key Inclusion health groups including:

- Gypsy, Roma, and Traveller Health Needs Assessment
- Approved Premises Health and Social Care Needs Assessment
- Sex Worker Evidence Review,
- Asylum Seeker and Refugee Health Needs Assessment, and,
- Homelessness Insights Work

The aim of the insights work has been to understand the health needs and lived experiences of inclusion health groups when accessing Health Board services, and inform evidenced-based recommendations to improve access, outcomes, and overall experience of our services.

1.9 The purpose of this paper is to present the findings and recommendations specifically from the **Homelessness Insights Work** undertaken across North Wales, to prepare the Health Board for the new **Homelessness and Social Housing Allocation (Wales) Act** and the introduction of the statutory **Ask, Act and Cooperate duty**. The paper also highlights the need for a more comprehensive Inclusion Health offer within the Health Board, to ensure statutory duties are effectively met.

2. Background

2.1 Welsh Government's forthcoming Ending Homelessness legislation will introduce a statutory **Ask, Act and Cooperate** duty for all Health Boards. This duty requires secondary care staff to identify patients at risk of homelessness, take appropriate preventative action, and work collaboratively with partners to prevent and relieve homelessness.

2.2 This legislative change aligns with the Well-being of Future Generations (Wales) Act, particularly the goals of A More Equal Wales, A Healthier Wales, and A Wales of Cohesive Communities. It also supports the Welsh Government ministerial requirement for Health Boards to develop an Inclusion Health Offer.

2.4 Homelessness is associated with significantly poorer health outcomes, premature mortality, and disproportionate use of NHS services. North Wales continues to experience high levels of homelessness, including hidden homelessness and sustained reliance on temporary accommodation.

2.5 An overview of the health status of people with lived experience of homelessness, published by Public Health Wales in 2019 shows that people experiencing homelessness are:

- 14 times more likely to die from suicide
- 20 times more likely to die due to drug use
- 55% more likely to be living with HIV
- 3 times more likely to have a chronic disease and additionally

In addition,

- 80% of people experiencing homelessness have poor mental health and;
- the mean age of death for males experiencing homelessness is 45 years, while for females, is 43 years.

2.6 During September 2025, 2,539 people in North Wales were living in temporary accommodation including B&B's, hostels, private sector, and women's refuge.

2.7 To prepare for the forthcoming legislation, BCUHB has undertaken extensive Homelessness Reduction Insights work across North Wales, involving Local Authorities, BCUHB staff, people with lived experience, and including analysis of clinically optimised bed days.

2.8 The work aimed to understand current practice, system barriers, and opportunities to strengthen the Health Board's response to homelessness and wider inclusion health needs. Key components included:

- **Partnership review** with all six Local Authority Housing Teams
- **Staff insights** through a structured survey on knowledge, confidence, and referral processes
- **Lived experience engagement** to understand barriers to care and discharge
- **Data analysis** of delayed discharges linked to homelessness, including associated costs

2.9 The insights work identified:

- **Discharge delays:** Poor communication between health, housing, and social care contributes to delays and poorer outcomes.
- **High cost:** Between March 2023 and March 2025, 50 clinically optimised patients with homelessness recorded generated **£1,077,852.87** in additional bed-day costs - demonstrating the need for earlier intervention and coordinated pathways.
- **Training and awareness gaps:** Staff report low confidence and limited understanding of homelessness risk and forthcoming duties.
- **Data recording:** Housing status is not routinely captured, limiting prevention and early intervention.
- **Referral pathways:** Processes differ across services, creating inequity and inefficiency.

- **Limited lived experience engagement:** Limited engagement to date demonstrates people who have experienced homelessness have a complexity of health needs and require ongoing engagement to adequately meet these needs.

2.10 The findings highlight the need for a **coordinated, system-wide Inclusion Health approach** to meet statutory duties, reduce inequalities, and prevent avoidable harm and cost.

3. Specific Matters for Escalation

The Stakeholder Reference Group is asked to note the key recommendations outlined below, which form the foundation for a wider and more comprehensive Inclusion Health offer for the Health Board:

- Develop and deliver comprehensive training for staff across health and housing services.
- Strengthen multi-agency pathways and discharge planning processes.
- Establish central referral points and clearer communication channels.
- Roll out the “Making Every Contact Count” (MECC) initiative to housing/homelessness service and frontline staff in local authorities.
- Continue to engage with people with lived experience to inform service design.
- Develop a regional screening and admissions tool to identify patients at risk of homelessness.
- Explore establishment of Hospital Link Worker roles to strengthen communication and improve patient flow.
- Enhance collaboration with Primary Care clusters, Registered Social Landlords and Third Sector to embed prevention and upstream approaches.

These actions will support compliance with legislation, reduce health inequalities, and contribute to a sustainable, prevention-focused Inclusion Health Offer.

Key Risks / Matters for Escalation

Risk	Impact	Mitigation
Insufficient staff awareness or training	Noncompliance with statutory duties; inconsistent practice; patient harm	Mandatory training; induction prompts; integration into clinical governance
Lack of clear referral pathways	Delayed support; increased length of stay; higher costs; poorer outcomes	Co-designed pathways; central referral point; strengthened MDT processes








Inconsistent data recording and information sharing	Inability to evidence compliance; fragmented care; missed prevention opportunities	Standardised data fields; digital system updates; information-sharing agreements
Capacity pressures across health and housing	Bottlenecks; reduced ability to respond to referrals	Joint planning; phased implementation; exploration of liaison roles
Limited engagement with lived experience	Services not meeting needs; risk of unintended harm	Ongoing engagement mechanisms; trauma-informed approaches
Financial pressures linked to clinically optimised bed days	Continued high cost; inefficiencies in patient flow	Early identification; improved discharge planning; strengthened community pathways

5. Recommendations

The Stakeholder Reference Group is asked to:

- Note legislative, policy and strategic requirements to reducing health inequalities
- Note the new duty on Health Boards as part of the Homelessness and Social Housing Allocation (Wales) Act
- Consider the findings from the Homeless Insights work and support plans to progress an Inclusion Health Offer for the Health Board, to be presented to Executive Committee at a future date.

Assessment	
Link to Strategic Priorities	    
	<p>4. Improving quality, outcomes and experience</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> • Building an effective organisation • Developing strategy and long lasting change • Creating a compassionate culture, leadership, and engagement • Establishing an effective environment for learning
Design Principles	<p>Equity and Accessibility</p> <p>If more than one applies, please list below:</p> <ul style="list-style-type: none"> • People first • Inclusive design • Simplify, standardise and Adopt Best Practices
Corporate Risks and Board Assurance Framework	<p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	<p>If more than one applies, please list below:</p> <p>A Resilient Wales</p> <p>A More Equal Wales</p>

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	No actions identified.
	If no, please include rationale:	<i>The recommendations will have a positive impact on people who share protected characteristics.</i>
Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	No actions identified
	If no, please include rationale:	<i>The recommendations will have a positive impact on people who experience</i>



		<i>socio economic disadvantage.</i>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality All Apply	Domains of Quality All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	Choose an item.	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: embedded within the Equality Impact Assessment.	Veterans are identified as a group who are at higher risk of homelessness.
	If no, please include rationale:	No actions identified
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Legal	Yes (Include further detail below)	
	Health Boards in Wales have a statutory duty to Ask, Act and Cooperate (phased in over two years). This work aims to prepare BCUHB for the new legislation.	
Reputational	Yes (Include further detail below)	



	<p>The insights work positions BCUHB as an early adopter of the legislation which has been recognised by Welsh Government. This work will enable BCUHB to strengthen its relationship with Local Authority partners through the codesign of pathways, assessment tool, training and strengthening of existing MDT partnership groups.</p>
Resource Impact <i>(People / Financial)</i>	<p>Yes (Include further detail below)</p> <p>Workforce and training:</p> <ul style="list-style-type: none">• Development and rollout of a mandatory training programme for frontline staff.• Time and capacity for staff to undertake training and embed new practices.• Potential need for Homelessness Link workers to support complex cases and MDT coordination (explore possible joint funding with Local Authorities via Housing Support Grant) <p>Operational/Process Requirements:</p> <ul style="list-style-type: none">• Development, testing and implementation of regional assessment screening tool and referral pathways.• Improved information sharing mechanisms with Local Authority and Third Sector Organisations to improve coordination of care (MDTs/case notes)• Data collection on housing status, referrals and outcomes <p>Financial Impacts:</p> <ul style="list-style-type: none">• Costs associated with training, system changes, and potential new roles.• Potential cost savings from reduced clinically optimised bed days and improved patient flow.• Opportunity to align with existing funding streams (e.g. Housing Support Grant).

Stakeholder Reference Group

Commented [ND1]: Grŵp Cyfeirio Rhanddeiliaid

GWAITH BIPBC AR FEWNWELIADAU I LEIHOU DIGARTREFEDD

Dyddiad y Cyfarfod:	1 Mehefin 2026
Statws Cyhoeddi	Open/Public
	Draft Status - Final Version will be Published
Enw a theitl Awdur yr Adroddiad	Hannah Lloyd, Prif Ymarferydd Iechyd Cyhoeddus. Jennifer Dowell-Mulloy, Rheolwr Cydraddoldeb a Chynhwysiant, Phil Forbes, Rheolwr Datblygu – Arweinydd Clinigol Tai Dr Faye Sheldon, Ymgynghorydd Iechyd Cyhoeddus
Enw a theitl Aelod Arweiniol y Tim Gweithredol	Dr Jane Moore, Cyfarwyddwr Gweithredol Iechyd Cyhoeddus

Commented [ND2]: Agored/Cyhoeddus

Commented [ND3]: Drafft – Cyhoeddir y Fersiwn Derfynol

Diben yr Adroddiad	For Noting
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Commented [ND4]: I'w Nodi

Crynodeb Gweithredol

1 Cefndir

Mae Gogledd Cymru yn parhau i brofi anghydraddoldebau iechyd dwfn a pharhaus, â phobl yn y cymunedau mwyaf difreintiedig yn byw bywydau byrrach ac yn treulio mwy o flynyddoedd mewn iechyd gwael. Mae Grwpiau Iechyd Cynhwysol, fel pobl sy'n profi digartrefedd, cymunedau Sipsiwn, Roma a Theithwyr, ceiswyr lloches a ffoaduriaid, gweithwyr rhyw, a phobl yn y system cyfiawnder troseddol yn wynebu'r anghydraddoldebau mwyaf eithafol ac yn rhoi galw anghymesur ar ofal brys a gofal heb ei gynllunio. Mae'r patrymau hyn yn adlewyrchu rhwystrau strwythurol a systemig hirhoedlog o ran mynediad at ofal iechyd amserol a phriodol.

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) (2015) a blaenoriaethau Gweinidogol yn ei gwneud yn ofynnol i Fyrddau Iechyd gymryd camau i atal canlyniadau gwael, lleihau anghydraddoldebau, a gwella profiad bywyd grwpiau sy'n agored i niwed. Bydd Deddf Digartrefedd a Dyrannu Tai Cymdeithasol (Cymru), Llywodraeth Cymru yn cyflwyno dyletswydd statudol **Gofyn, Gweithredu**

a Chydweithredu ar bob Bwrdd Iechyd, gan ei gwneud yn ofynnol iddynt nodi risg tai yn gynharach, atal rhagweithiol, a chydweithio amlasiantaethol cryfach.

Er mwyn paratoi ar gyfer y newidiadau hyn ac i lywio cynnig Iechyd Cynhwysol mwy cynhwysfawr ar gyfer y Bwrdd Iechyd, mae'r Gyfarwyddiaeth Iechyd Cyhoeddus wedi cael mewnwelediadau gan Grwpiau Iechyd Cynhwysol allweddol drwy Asesiadau Anghenion Iechyd ac adolygiadau tystiolaeth. Mae'r grwpiau hyn yn profi gwaeth mynediad i'n gwasanaethau a chanlyniadau iechyd gwaeth. Mae eu mewnwelediadau'n datgelu anghenion iechyd, rhwystrau allweddol wrth gael mynediad at ein gwasanaethau, ac ar sail y canfyddiadau hyn, rydym yn cynnig argymhellion sy'n seiliedig ar dystiolaeth i'w goresgyn.

Derbyniodd y Ddeddf Ddigartrefedd a Dyrannu Tai Cymdeithasol (Cymru) sy'n cynnwys gosod y ddyletswydd statudol Gofyn, Gweithredu a Chydweithredu ar Fyrddau Iechyd, gydsyniad brenhinol ar 1af Ebrill 2026. Mae brys arbennig felly, i lywio ymateb ein Bwrdd Iechyd i'r ddeddfwriaeth hon. Mae Cyfarwyddiaeth Iechyd Cyhoeddus BIPBC wedi cydweithio â phartneriaid trwy **Waith Mewnwelediadau i Ddigartrefedd**, gan gynnwys Awdurdodau Lleol, staff BIPBC, a phobl â phrofiad bywyd, ac mae wedi cynnal dadansoddiad o ddiwrnodau gwely sydd wedi'u hoptimeiddio'n glinigol.

Mae'r Gwaith Mewnwelediadau i Ddigartrefedd yn adeiladu ar yr ymdrechion gwerthfawr a wnaed gan y Gyfarwyddiaeth Iechyd Meddwl ac Anableddau Dysgu hyd yma i sefydlu llwybrau tai. Mae eu hymdrechion wedi creu sylfaen gref i'r Bwrdd Iechyd adeiladu arni.

Cafodd y gwaith mewnwelediadau hwn ei gydnabod yn genedlaethol gan Lywodraeth Cymru am ei dulliau rhagweithiol wrth baratoi ar gyfer newid deddfwriaethol. **Mae'r papur hwn yn cyflwyno canfyddiadau allweddol o'r gwaith ac yn tynnu sylw at y camau nesaf sydd eu hangen.**

2 Canfyddiadau Allweddol

Mae'r gwaith Mewnwelediadau i Ddigartrefedd yn tynnu sylw at rwystrau sylweddol yn y system, gan gynnwys llwybrau cyfeirio anghyson, cofnodi data cyfyngedig, bylchau yn hyder staff, ac oedi wrth ryddhau cleifion a achosir gan gyfathrebu pytiog. Rhwng Mawrth 2023 a Mawrth 2025, cynhyrnodd 50 o gleifion a oedd wedi'u hoptimeiddio'n glinigol ac a oedd wedi'u nodi'n ddigartref, **£1,077,852.87** mewn costau dyddiau gwely ychwanegol, gan ddangos yr achos a'r angen am ymyrraeth gynharach a llwybrau cydlynol.

Argymhellion allweddol sy'n deillio o'r Gwaith Mewnwelediadau i Ddigartrefedd:

- Datblygu a chyflwyno hyfforddiant cynhwysfawr i staff gwasanaethau iechyd a thai.
- Cryfhau llwybrau amlasiantaeth a phrosesau cynllunio rhyddhau.

- Sefydlu pwyntiau cyfeirio canolog a sianeli cyfathrebu cliriach.
- Cyflwyno'r fenter "Gwneud i Bob Cyswllt Gyfrif" (MECC) i staff gwasanaethau tai/digartrefedd a staff rheng flaen mewn awdurdodau lleol.
- Parhau i ymgysylltu â phobl sydd â phrofiad bywyd er mwyn llywio dyluniad y gwasanaethau.
- Datblygu offeryn rhanbarthol ar gyfer sgrinio a derbyniadau er mwyn nodi cleifion sy'n wynebu risg o fod yn ddigartref.
- Ystyried sefydlu rôl Gweithiwr Cyswllt Ysbyty i gryfhau cyfathrebu a gwella llif cleifion.
- Gwella cydweithio â chlystyrau Gofal Sylfaenol, Landlordiaid Cymdeithasol Cofrestredig a'r Trydydd Sector i ymgorffori dulliau atal a dulliau rhagofalus.

3 Camau Nesaf:

Mae'r canfyddiadau'n tynnu sylw at y ffaith bod dull system-gyfan sy'n canolbwyntio ar atal, yn hanfodol i gyflawni dyletswyddau statudol, lleihau niwed y gellir ei osgoi, a gwella canlyniadau i bobl sy'n perthyn i grwpiau iechyd cynhwysol, gan gynnwys y rhai sy'n wynebu risg o fod yn ddigartref neu sy'n profi digartrefedd. Mae'r papur hwn yn nodi'r camau nesaf sydd eu hangen i sicrhau parodrwydd sefydiadol ar gyfer y newidiadau yn y deddfwriaeth ar gyfer y rhai sy'n profi digartrefedd, ac yn gosod y sylfaen ar gyfer **Cynnig Iechyd Cynhwysol** mwy cynhwysfawr i'r Bwrdd Iechyd.

Ystyriwyd a chymeradwywyd y gwaith gan Grŵp Cyflawni Atal, Iechyd y Boblogaeth ac Ymyrraeth Gynnar BIPBC, y Pwyllgor Gweithredol a Phwyllgor Cynllunio Iechyd y Boblogaeth a Phartneriaethau.

Gofynnir i'r Grŵp Cyfeirio Rhanddeiliaid:

- Nodi'r gofynion deddfwriaethol, polisi a strategol i leihau anghydraddoldebau iechyd
- Nodi'r ddyletswydd newydd ar Fyrddau Iechyd fel rhan o Ddeddf Digartrefedd a Dyrannu Tai Cymdeithasol (Cymru).
- Ystyried canfyddiadau'r gwaith Mewnwelediadau i Ddigartrefedd a chefnogi cynlluniau i ddatblygu Cynnig Iechyd Cynhwysol y Bwrdd Iechyd, i'w gyflwyno i'r Pwyllgor Gweithredol yn y dyfodol.

Ymgysylltiad (mewnol/allanol) a gynhaliwyd hyd yma (gan gynnwys derbyn/ystyriaeth yn y Pwyllgor/Grŵp)

Pwyllgor / Grŵp / Unigolion	Dyddiad	Canlyniadau, Tystiolaeth a Data
Grŵp Gweithredu Lleihau Digartrefedd BIPBC	07/03/2025 07/07/2025 27/11/2025	Ymgysylltu â rhanddeiliaid, datblygu arolygon, cyflwyno canfyddiadau ac argymhellion.

Grŵp Swyddogion Arweiniol Grant Cymorth Tai Rhanbarthol	19/09/2024	Ymgysylltu â rhanddeiliaid
Timau Digartrefedd/Tai Awdurdodau Lleol	Ionawr – Gorffennaf 2025	Ymgysylltu â rhanddeiliaid (adroddiad ar y canlyniadau yn y crynodeb gweithredol a'r adroddiad terfynol)
Llywodraeth Cymru, Beverly Luchmun (Pennaeth Atal Digartrefedd)	08/03/2025 07/07/2025	Ymgysylltu â rhanddeiliaid a'r gwaith cenedlaethol a rhanbarthol presennol
Staff BIPBC	Medi 2025	Ymgysylltu â rhanddeiliaid (adroddiad ar y canlyniadau yn y crynodeb gweithredol a'r adroddiad terfynol)
Pobl â phrofiad bywyd	Hydref 2025	Ymgysylltu â rhanddeiliaid (adroddiad ar y canlyniadau yn y crynodeb gweithredol a'r adroddiad terfynol)
Grŵp Cyflawni Atal, Iechyd y Boblogaeth ac Ymyrraeth Gynnar (PDG)	Ionawr 2026	Cymeradwywyd a derbyniwyd cefnogaeth i'w gyflwyno i'r Pwyllgor Gweithredol er mwyn galluogi'r gwaith i symud ymlaen
Pwyllgor Gweithredol BIPBC	Chwefror 2026	Cymeradwywyd a derbyniwyd cefnogaeth i ddeall ymhellach yr effaith a gofynion cyflawni'r Bwrdd Iechyd yng ngoleuni'r ddeddfwriaeth newydd
Pwyllgor Cynllunio, Iechyd y Boblogaeth a Phartneriaethau BIPBC	Mawrth 2026	Cymeradwywyd a derbyniwyd cefnogaeth i ddeall ymhellach yr effaith a gofynion cyflawni'r Bwrdd Iechyd yng ngoleuni'r ddeddfwriaeth newydd

Acronymau / Rhestr Termau	

Gwaith BIPBC ar Fewnwelediadau i Leihau Digartrefedd

1. Y Sefyllfa:

1.1 Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) (2015) yn ei gwneud yn ofynnol i gyrff cyhoeddus weithio tuag at "Gymru fwy cyfartal" a "Chymru iachach," drwy osod dyletswydd statudol ar sefydliadau i atal canlyniadau gwael a chydweithio ar draws systemau.

1.2 Er hynny, mae pobl sy'n byw yn ardaloedd tlotaif Gogledd Cymru yn parhau i fyw'n hirach mewn iechyd gwael ac yn marw'n gynharach o'i gymharu â'r rhai sy'n byw yn yr ardaloedd cyfoethocaf.

1.3 Mae Grwpiau Iechyd Cynhwysol, a ddiffinnir fel poblogaethau sy'n profi 'anghydraddoldebau iechyd eithafol' a achosir gan anfanteision cymdeithasol lluosog sy'n gorgyffwrdd, yn llawer mwy tebygol o farw'n gynharach a byw mwy o flynyddoedd mewn iechyd gwael o'i gymharu â grwpiau economaidd-gymdeithasol isel a'r boblogaeth gyffredinol. Mae grwpiau iechyd cynhwysol yn cynnwys:

- Pobl sy'n wynebu risg o fod yn ddigartref, neu sy'n profi digartrefedd,
- Cymunedau Sipsiwn, Roma, a Theithwyr,
- Ffoaduriaid a Cheiswyr Lloches
- Gweithwyr Rhyw
- Pobl yn y system cyfiawnder troseddol

1.4 Mae grwpiau iechyd cynhwysol yn rhoi mwy o alw a chost ar wasanaethau gofal iechyd oherwydd eu defnydd uwch o ofal brys a gofal heb ei gynllunio a chyfraddau uwch o anghenion iechyd cymhleth, gan olygu bod angen mwy o fewnbwn gan wasanaethau iechyd a gofal cymdeithasol arbenigol. Grwpiau iechyd cynhwysol yw'r lleiaf tebygol o ymgysylltu â gwasanaethau atal ac ymyrraeth gynnar, gan eu rhoi mewn mwy o berygl o afiechyd y gellir ei osgoi.

1.5 Mae'r rhesymau dros lai o ymgysylltiad yn gymhleth. Mae tystiolaeth yn dangos bod grwpiau iechyd cynhwysol yn llawer mwy tebygol o brofi rhwystrau strwythurol, cymdeithasol a systematig i gael mynediad at ofal iechyd amserol a phriodol o'i gymharu â'r boblogaeth gyffredinol.

1.6 Ar 25 Mawrth 2025, ysgrifennodd Judith Paget, Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru at bob Bwrdd Iechyd yng Nghymru yn amlinellu'r disgwyliadau ynghylch sut y dylai sefydliadau leihau anghydraddoldebau a gwella profiad bywyd grwpiau sy'n agored i niwed. Mae'r llythyr yn nodi bod disgwyl i sefydliadau'r GIG ddatblygu cynlluniau sy'n dangos - *datblygu Gwasanaethau Iechyd Cynhwysol i ddiwallu anghenion grwpiau sy'n agored i niwed.*

1.7 Mae'r manylion a amlinellir yn llythyr Prif Weithredwr GIG Cymru ar Fframwaith Cynllunio GIG Cymru 2026-29 yn tynnu sylw at yr angen i leihau anghydraddoldebau o fewn ac ar draws cymunedau er mwyn ategu gwaith cynllunio'r GIG.

1.8 Er mwyn cefnogi'r Bwrdd Iechyd i gyflawni'r dyletswyddau statudol hyn, mae Cyfarwyddiaeth Iechyd Cyhoeddus BIPBC wedi arwain y gwaith o gasglu mewnwelediadau trwy Asesiadau Anghenion Iechyd ac Adolygiadau Cwmpasu ar draws grwpiau iechyd cynhwysol allweddol gan gynnwys:

- Asesiad o Anghenion Iechyd Sipsiwn, Roma a Theithwyr
- Asesiad Anghenion Iechyd a Gofal Cymdeithasol Safleoedd Cymeradwy
- Adolygiad Tystiolaeth Gweithwyr Rhyw,
- Asesiad Anghenion Iechyd Ceiswyr Lloches a Ffoaduriaid, a,
- Gwaith ar Fewnwelediadau i Ddigartrefedd

Nod y gwaith mewnwelediadau oedd deall anghenion iechyd a phrofiadau bywyd grwpiau iechyd cynhwysol wrth gael mynediad at wasanaethau'r Bwrdd Iechyd, a llywio argymhellion sy'n seiliedig ar dystiolaeth i wella mynediad, canlyniadau a phrofiadau cyffredinol wrth ddefnyddio ein gwasanaethau.

1.9 Diben y papur hwn yw cyflwyno'r canfyddiadau a'r argymhellion yn benodol o'r **Gwaith ar Fewnwelediadau i Ddigartrefedd** a gynhaliwyd ledled Gogledd Cymru, i baratoi'r Bwrdd Iechyd ar gyfer y **Ddeddf Digartrefedd a Dyrannu Tai Cymdeithasol (Cymru)** newydd a chyflwyno'r ddyletswydd **Gofyn, Gweithredu a Chydweithredu** statudol. Mae'r papur hefyd yn tynnu sylw at yr angen am gynnig Iechyd Cynhwysol mwy cynhwysfawr o fewn y Bwrdd Iechyd, er mwyn sicrhau bod y dyletswyddau statudol yn cael eu cyflawni'n effeithiol.

2. Y Cefndir

2.1 Bydd deddfwriaeth Llywodraeth Cymru i Ddiweddu Digartrefedd yn rhoi dyletswydd statudol **Gofyn, Gweithredu a Chydweithredu** ar bob Bwrdd Iechyd. Mae'r ddyletswydd hon yn ei gwneud yn ofynnol i staff gofal eilaidd nodi cleifion sy'n wynebu risg o fod yn ddigartref, cymryd camau ataliol priodol, a gweithio ar y cyd â phartneriaid i atal a lliniaru digartrefedd.

2.2 Mae'r newid deddfwriaethol hwn yn cyd-fynd â Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru), yn enwedig nodau Cymru Fwy Cyfartal, Cymru Iachach, a Chymru o Gymunedau Cydlynus. Mae hefyd yn cefnogi gofyniad gweinidogol Llywodraeth Cymru i Fyrddau Iechyd ddatblygu Cynnig Iechyd Cynhwysol.

2.4 Mae digartrefedd yn gysylltiedig â chanlyniadau iechyd llawer gwaeth, marwolaethau cynamserol, a defnydd anghymesur o wasanaethau'r GIG. Mae

Gogledd Cymru yn parhau i brofi lefelau uchel o ddigartrefedd, gan gynnwys digartrefedd cudd a dibyniaeth barhaus ar lety dros dro.

2.5 Mae trosolwg o statws iechyd pobl sydd â phrofiad bywyd o ddigartrefedd, a gyhoeddwyd gan Iechyd Cyhoeddus Cymru yn 2019 yn dangos bod pobl sy'n profi digartrefedd:

- 14 gwaith yn fwy tebygol o farw o ganlyniad i hunanladdiad
- 20 gwaith yn fwy tebygol o farw oherwydd y defnydd o gyffuriau
- 55% yn fwy tebygol o fod yn byw gyda HIV
- 3 gwaith yn fwy tebygol o gael clefyd cronig

Yn ogystal â hynny,

- Mae gan 80% o bobl sy'n profi digartrefedd iechyd meddwl gwael ac;
- Yr oedran marwolaeth cymedrig i ddynion sy'n profi digartrefedd yw 45 oed, tra i fenywod, mae'n 43 oed.

2.6 Yn ystod mis Medi 2025, roedd 2,539 o bobl yng Ngogledd Cymru yn byw mewn llety dros dro gan gynnwys llety gwely a brecwast, hosteli, y sector darparu, a lloches i fenywod.

2.7 Er mwyn paratoi ar gyfer y ddeddfwriaeth sydd ar ddod, mae BIPBC wedi ymgymryd â gwaith helaeth ar Fewnwelediadau i Leihau Digartrefedd ledled Gogledd Cymru, gan gynnwys Awdurdodau Lleol, staff BIPBC, a phobl â phrofiad bywyd, a chan gynnwys dadansoddiad o ddiwrnodau gwely cleifion sydd wedi'u hoptimeiddio'n glinigol.

2.8 Nod y gwaith oedd deall arferion cyfredol, rhwystrau yn y system, a chyfleoedd i gryfhau ymateb y Bwrdd Iechyd i ddigartrefedd ac anghenion iechyd cynhwysol ehangach. Cafodd y cydrannau allweddol canlynol eu cynnwys:

- **Adolygiad partneriaeth** gyda Thimau Tai'r chwe Awdurdod Lleol
- **Mewnwelediadau staff** drwy arolwg strwythuredig ar wybodaeth, hyder, a phrosesau chyfeirio
- **Ymgysylltiadau â phrofiad bywyd** i ddeall rhwystrau i ofal a rhyddhau
- **Dadansoddiad data** lle bu oedi sy'n gysylltiedig â digartrefedd wrth ryddhau cleifion, gan gynnwys y costau cysylltiedig

2.9 Canfu'r gwaith mewnwelediadau'r canlynol:

- **Oedi wrth ryddhau:** Mae cyfathrebu gwael rhwng iechyd, tai a gofal cymdeithasol yn cyfrannu at oedi a chanlyniadau gwaeth.
- **Cost uchel:** Rhwng Mawrth 2023 a Mawrth 2025, cynhyrchodd 50 o gleifion a oedd wedi'u hoptimeiddio'n glinigol ac a oedd wedi'u nodi'n ddigartref,

£1,077,852.87 mewn costau dyddiau gwely ychwanegol, gan ddangos yr achos a'r angen am ymyrraeth gynharach a llwybrau cydlynol.

- **Bylchau mewn hyfforddiant ac ymwybyddiaeth:** Mae staff yn adrodd diffyg hyder a dealltwriaeth gyfyngedig o risgiau digartrefedd a'r dyletswyddau sydd ar ddod.
- **Cofnodi data:** Ni chaiff statws tai ei gofnodi'n rheolaidd, gan gyfyngu ar atal ac ymyrraeth gynnar.
- **Llwybrau cyfeirio:** Mae prosesau'n amrywio ar draws gwasanaethau, gan greu anghydraddoldeb ac aneffeithlonrwydd.
- **Ymgysylltiad cyfyngedig o brofiad bywyd:** Mae'r ymgysylltiad cyfyngedig hyd yma yn dangos bod gan bobl sydd wedi profi digartrefedd anghenion iechyd cymhleth ac mae angen ymgysylltiad parhaus arnynt i ddiwallu'r anghenion hyn yn ddigonol.

2.10 Mae'r canfyddiadau'n tynnu sylw at yr angen am **ddull iechyd Cynhwysol cydlynol, ar draws y system** i gyflawni dyletswyddau statudol, lleihau anghydraddoldebau, ac atal niwed a chost y gellir eu hosgoi.

3. Materion Penodol i'w Huwchgyfeirio

Gofynnir i'r Grŵp Cyfeirio Rhanddeiliaid nodi'r argymhellion allweddol a amlinellir isod, sy'n ffurfio'r sylfaen ar gyfer cynnig lechyd Cynhwysol ehangach a mwy cynhwysfawr ar gyfer y Bwrdd Iechyd:

- Datblygu a chyflwyno hyfforddiant cynhwysfawr i staff gwasanaethau iechyd a thai.
- Cryfhau llwybrau amlasiantaeth a phrosesau cynllunio rhyddhau.
- Sefydlu pwyntiau cyfeirio canolog a sianeli cyfathrebu cliriach.
- Cyflwyno'r fenter "Gwneud i Bob Cyswllt Gyfrif" (MECC) i staff gwasanaethau tai/digartrefedd a staff rheng flaen mewn awdurdodau lleol.
- Parhau i ymgysylltu â phobl sydd â phrofiad bywyd er mwyn llywio dyluniad y gwasanaethau.
- Datblygu offeryn rhanbarthol ar gyfer sgrinio a derbyniadau er mwyn nodi cleifion sy'n wynebu risg o fod yn ddigartref.
- Ystyried sefydlu rôl Gweithiwr Cyswllt Ysbyty i gryfhau cyfathrebu a gwella llif cleifion.
- Gwella cydweithio â chlystyrau Gofal Sylfaenol, Landlordiaid Cymdeithasol Cofrestredig a'r Trydydd Sector i ymgorffori dulliau atal a dulliau rhagofalus.

Bydd y camau gweithredu hyn yn cynorthwyo â chydymffurfiaeth â deddfwriaeth, yn lleihau anghydraddoldebau iechyd, ac yn cyfrannu at Gynnig Iechyd Cynhwysol cynaliadwy sy'n canolbwyntio ar atal.






Risgiau Allweddol / Materion i'w Huwchgyfeirio

Risg	Effaith	Lliniaru:
Ymwybyddiaeth neu hyfforddiant staff annigonol	Diffyg cydymffurfio â dyletswyddau statudol; arfer anghyson; niwed i gleifion	Hyfforddiant gorfodol; awgrymiadau ar gyfer cynefino; integreiddio i lywodraethu clinigol
Diffyg llwybrau cyfeirio clir	Oedi o ran cymorth; hyd arhosiad hirach; costau uwch; canlyniadau gwaeth	Llwybrau wedi'u cynllunio ar y cyd; pwynt cyfeirio canolog; prosesau MDT wedi'u cryfhau
Cofnodi data a rhannu gwybodaeth yn anghyson	Anallu i ddangos tystiolaeth o gydymffurfiaeth; gofal pytiog; cyfleoedd atal a gollwyd	Meysydd data safonol; diweddariadau system ddigidol; cytundebau rhannu gwybodaeth
Pwysau capasiti ar draws iechyd a thai	Tagfeydd; llai o allu i ymateb i gyfeiriadau	Cynllunio ar y cyd; gweithredu fesul cam; archwilio rolau cyswllt
Ymgysylltiad cyfyngedig â phrofiad bywyd	Gwasanaethau nad ydynt yn diwallu anghenion; risg o niwed anfwriadol	Mecanweithiau ymgysylltu parhaus; dulliau sy'n seiliedig ar drawma
Pwysau ariannol sy'n gysylltiedig â diwrnodau gwely cleifion sydd wedi'u hoptimeiddio'n glinigol	Cost uchel barhaus; aneffeithlonrwydd yn llif cleifion	Adnabod yn gynnar; cynllunio rhyddhau gwell; llwybrau cymunedol cryfach

5. Argymhellion

Gofynnir i'r Grŵp Cyfeirio Rhanddeiliaid:

- Nodi'r gofynion deddfwriaethol, polisi a strategol i leihau anghydraddoldebau iechyd
- Nodi'r ddyletswydd newydd ar Fyrddau Iechyd fel rhan o Ddeddf Digartrefedd a Dyrannu Tai Cymdeithasol (Cymru)
- Ystyried canfyddiadau'r gwaith ar Fewnwelediadau i Ddigartrefedd a chefnogi cynlluniau i ddatblygu Cynnig Iechyd Cynhwysol ar gyfer y Bwrdd Iechyd, i'w gyflwyno i'r Pwyllgor Gweithredol yn y dyfodol.

Asesiad	
Cysylltiad â Blaenoriaethau Strategol	    
	<p>4. Improving quality, outcomes and experience</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:</p> <ul style="list-style-type: none"> Datblygu sefydliad effeithiol Datblygu strategaeth a newid hirhoedlog Creu diwylliant, arweinyddiaeth ac ymgysylltu tosturiol Sefydlu amgylchedd effeithiol ar gyfer dysgu
Egwyddorion Dylunio	<p>Equity and Accessibility</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:</p> <ul style="list-style-type: none"> Pobl yn gyntaf Cynllunio cynhwysol Symleiddio, Safoni a Mabwysiadu Arferion Gorau
Risgiau Corfforaethol a Fframwaith Sicrwydd y Bwrdd	<p>Manylion y risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p>
69 Deddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant	<p>A Healthier Wales</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:</p> <p>Cymru Gydnerth Cymru sy'n Fwy Cyfartal</p>

Commented [ND5]: 4. Gwella ansawdd, canlyniadau a phrofiad

Commented [ND6]: Tegwch a Hygyrchedd

Commented [ND7]: Cymru Iachach

ASESIADAU EFFAITH		
Cydraddoldeb <i>Ydych chi wedi Sgrinio Asesiad Effaith Cydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)?</i>	Do: <input checked="" type="checkbox"/>	Naddo: <input type="checkbox"/>
	Canlyniad:	Ni nodwyd camau gweithredu.
	Os naddo, nodwch y rhesymau:	<i>Bydd yr argymhellion yn cael effaith gadarnhaol ar bobl sy'n rhannu nodweddion gwarchoddedig.</i>
	Do: <input checked="" type="checkbox"/>	Naddo: <input type="checkbox"/>

Asesiad Effaith Economaidd-Gymdeithasol <i>Ydych chi wedi cynnal Asesiad Effaith Economaidd-Gymdeithasol</i>	Canlyniad:	Ni nodwyd camau gweithredu.
	Os naddo, nodwch y rhesymau:	<i>Bydd yr argymhellion yn cael effaith gadarnhaol ar bobl sy'n profi anfantais economaidd-gymdeithasol.</i>
Ansawdd <i>Ydych chi wedi Sgrinio Asesiad Effaith Ansawdd?</i>	Galluogwyr Ansawdd All Apply	Meysydd Ansawdd All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:	Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:
⁶⁹ <u>Deddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant</u>	A Healthier Wales	
Effaith Amgylcheddol/Cynaliadwyedd (5R)	Os oes mwy nag un yn berthnasol, rhestrwch nhw isod:	
	Choose an item.	
Dyletswydd Sylw Dyledus Cyfamod y Lluoedd Arfog <i>Ydych chi wedi ystyried Dyletswydd Sylw Dyledus Cyfamod y Lluoedd Arfog?</i>	Do: <input checked="" type="checkbox"/>	Naddo: <input type="checkbox"/>
	Canlyniad: wedi'i ymgorffori yn yr Asesiad Effaith ar Gydraddoldeb.	Mae cyn-filwyr yn cael eu hadnabod fel grŵp sydd â risg uwch o fod yn ddigartref.
	Os naddo, nodwch y rhesymau:	Ni nodwyd camau gweithredu.
Asesiad Effaith Diogelu Data <i>Ydych chi wedi cynnal Sgrinio Asesiad Effaith Diogelu Data?</i>	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	
	Os naddo, nodwch y rhesymau:	
Asesiad Effaith Gwrth-dwyll <i>Ydych chi wedi ystyried effeithiau gwrth-dwyll</i>	Do: <input type="checkbox"/>	Naddo: <input checked="" type="checkbox"/>
	Canlyniad:	

	Os naddo, nodwch y rhesymau:	
Cyfreithiol	Yes (Include further detail below) Mae gan Fyrddau Iechyd yng Nghymru ddyletswydd statudol i Ofyn, Gweithredu a Chydweithredu (cyflwynir yn raddol dros ddwy flynedd). Nod y gwaith hwn yw paratoi BIPBC ar gyfer y ddeddfwriaeth newydd.	
Enw Da	Yes (Include further detail below) Mae'r gwaith mewnwelediadau yn gosod BIPBC fel un o'r rhai a fabwysiadodd y ddeddfwriaeth yn gynnar, ac mae Llywodraeth Cymru wedi cydnabod hynny. Bydd y gwaith hwn yn galluogi BIPBC i gryfhau ei berthynas â phartneriaid Awdurdodau Lleol trwy gyd-ddylunio llwybrau, offeryn asesu, hyfforddiant a chryfhau grwpiau partneriaeth MDT presennol.	
Effaith Adnoddau (Pobl / Ariannol)	Yes (Include further detail below) Gweithlu a hyfforddiant: <ul style="list-style-type: none"> Datblygu a chyflwyno rhaglen hyfforddi orfodol ar gyfer staff rheng flaen. Amser a chpasiti i staff ymgymryd â hyfforddiant ac ymgorffori arferion newydd. Angen posibl am weithwyr Cyswllt Digartrefedd i gefnogi achosion cymhleth a chydlynu'r Tîm Amlddisgyblaethol (archwilio cyllid ar y cyd posibl gydag Awdurdodau Lleol drwy'r Grant Cymorth Tai) Gofynion Gweithredol/Proses: <ul style="list-style-type: none"> Datblygu, profi a gweithredu offeryn sgrinio asesu rhanbarthol a llwybrau cyfeirio. Mecanweithiau gwell er mwyn rhannu gwybodaeth ag Awdurdodau Lleol a Sefydliadau'r Trydydd Sector i wella cydlynu gofal (Tîmau Amlddisgyblaethol/nodiadau achos) Casglu data ar statws tai, cyfeiriadau a chanlyniadau Effeithiau Ariannol: <ul style="list-style-type: none"> Costau sy'n gysylltiedig â hyfforddiant, newidiadau i systemau, a rolau newydd posibl. 	

	<ul style="list-style-type: none">• Arbedion cost posibl o leihau nifer y dyddiau gwely sydd wedi'u hoptimeiddio'n glinigol a llif cleifion gwell.• Cyfle i alinio â ffrydiau ariannu presennol (e.e. Grant Cymorth Tai).
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Paratoi ar gyfer y Ddyletswydd Gofyn, Gweithredu a Chydweithio: Syniadau i Gryfhau Parodrwydd y Bwrdd Iechyd ar gyfer Deddfwriaeth Digartrefedd Newydd Cymru

Preparing for the Ask, Act and Cooperate Duty: Insights to Strengthen the Health Board's Readiness for Wales' New Homelessness Legislation



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Deddfwriaeth:

- **Deddf Digartrefedd a Dyrannu Tai Cymdeithasol (Cymru)**, dyletswydd statudol sy'n ei gwneud yn ofynnol i sefydliadau'r GIG:
- **Gofyn:** nodi risgiau digartrefedd
- **Gweithredu:** cymryd camau ataliol
- **Cydweithio:** gweithio gyda phartneriaid i atal/lleddfu digartrefedd
- Yn cyd-fynd â **Deddf Llesiant Cenedlaethau'r Dyfodol – nodau 5 Ffordd at Les a Gwaith.**

Legislation:

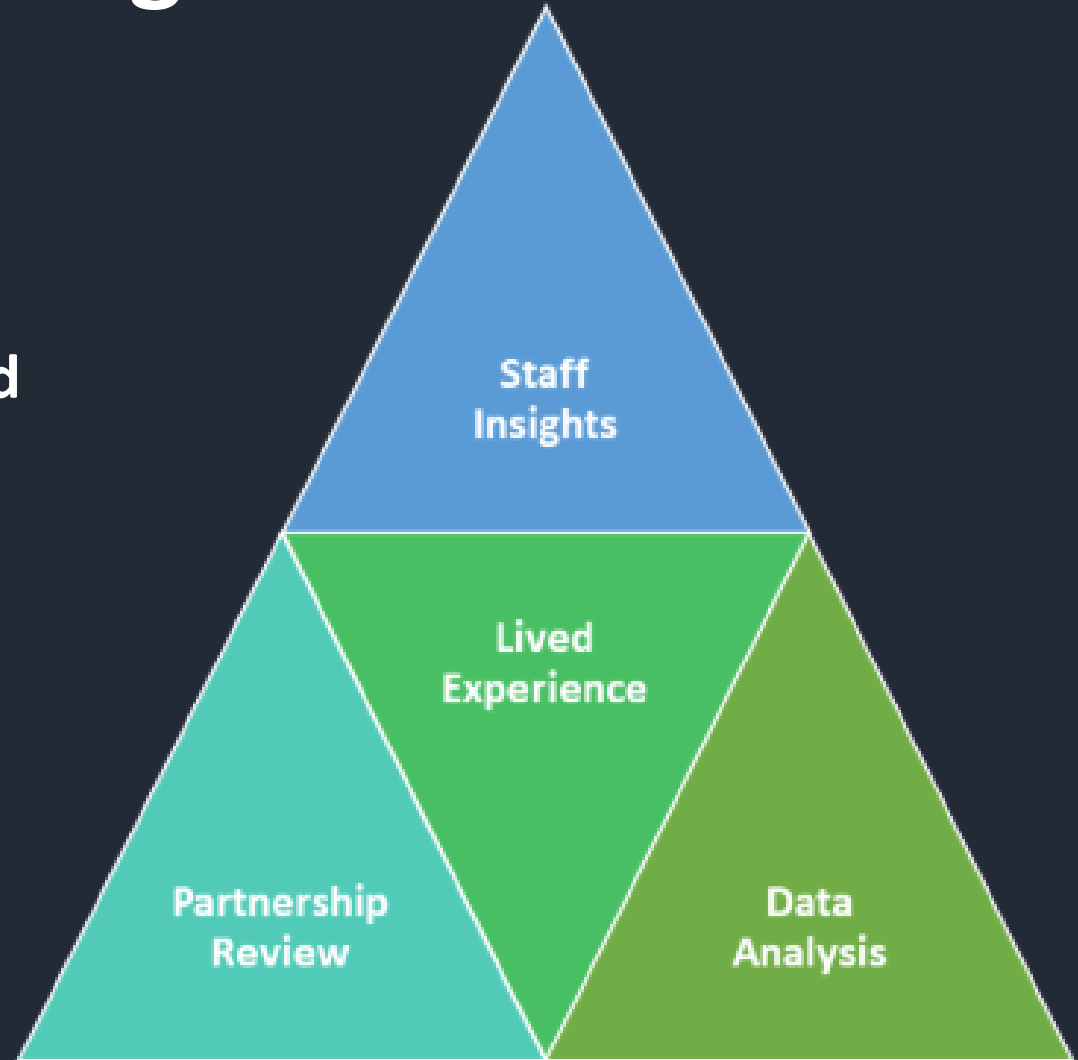
- **Homelessness and Social Housing Allocation (Wales) Act**, statutory duty requiring NHS organisations to:
- **Ask:** identify homelessness risk
- **Act:** take preventative action
- **Cooperate:** work with partners to prevent/relieve homelessness
- Aligns **WFG Act – the 5 Ways of Working and Well-being goals.**



Gwaith Mewnwelediadau ar Ddigartrefedd: Homelessness Insights Work:

Er mwyn deall y cyfleoedd, yr heriau, a'r goblygiadau ymarferol sy'n deillio o'r ddyletswydd sydd arnom ar draws BIPBC:

To understand the opportunities, challenges, and practical implications of the duty across BCUHB:



Themâu Allweddol:

Key themes:



Argymhellion:

- Datblygu hyfforddiant cynhwysfawr a'i gyflwyno i staff ar draws y gwasanaethau iechyd a thai.
- Cryfhau llwybrau amlasiantaeth a phrosesau cynlluniau rhyddhau.
- Sefydlu pwyntiau cyfeirio canolog a sianeli cyfathrebu cliriach.
- Rhoi'r fenter “Gwneud i Bob Cyswllt Gyfrif” (MECC) ar waith ar gyfer staff gwasanaethau tai/digartrefedd a staff rheng flaen mewn awdurdodau lleol.

Recommendations:

- Develop and deliver comprehensive training for staff across health and housing services.
- Strengthen multi-agency pathways and discharge planning processes.
- Establish central referral points and clearer communication channels.
- Roll out the “Making Every Contact Count” (MECC) initiative to housing/homelessness service and frontline staff in local authorities.



Argymhellion:

- Dal ati i ymgysylltu â phobl â phrofiad bywyd er mwyn llywio dyluniadau gwasanaethau.
- Datblygu offeryn sgrinio a derbyniadau rhanbarthol i nodi cleifion sydd mewn perygl o fod yn ddigartref.
- Archwilio sefydlu rolau Gweithwyr Cyswllt Ysbytai i gryfhau cyfathrebu a gwella llif cleifion.
- Gwella cydweithio â chlystyrau Gofal Sylfaenol, Landlordiaid Cymdeithasol Cofrestredig a'r Trydydd Sector i ymgorffori dulliau atal a dulliau rhagofal.

Recommendations:

- Continue to engage with people with lived experience to inform service design.
- Develop a regional screening and admissions tool to identify patients at risk of homelessness.
- Explore establishment of Hospital Link Worker roles to strengthen communication and improve patient flow.
- Enhance collaboration with Primary Care clusters, Registered Social Landlords and Third Sector to embed prevention and upstream approaches.



Camau nesaf:

- ✓ Deall y gofynion ar gyfer Bwrdd Iechyd o ran bodloni gofynion deddfwriaeth yn well
- ✓ Cyd-ddatblygu cynllun gweithredu gyda phartneriaid
- ✓ Addysg a ffocws amlasiantaeth hyfforddiant staff y GIG (trwy ESR)
- ✓ Offeryn derbyn - rhanbarthol?
- ✓ Ystyriwch sut y gall deddfwriaeth alluogi a gyrru cynnig iechyd cynhwysol ehangach ar gyfer y Bwrdd Iechyd

Next steps:

- ✓ Further understand the requirements for Health Board's in meeting legislation requirements
- ✓ Co-develop an implementation plan with partners
- ✓ Education and the multi-agency focus of the NHS staff training (through ESR)
- ✓ Admissions tool - regional?
- ✓ Consider how the legislation can enable and drive a broader inclusion health offer for the Health Board



Diolch yn Fawr
Thank you



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