

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However draft minutes are provided in due course.

- 1.1 15:00 - Comfort break
- 2 15:10 - SP21/1 Chairs opening remarks and apologies for absence
Welcome David Poland - Wales Audit and Dave Harries-Internal Audit, Andy Burgen NWCHC to observe the meeting
Apologies : CEO
- 3 15:11 - SP21/2 Declarations of Interest
- 4 15:12 - SP21/3 Draft minutes of the meeting held on 10.12.20 for accuracy, matters arising and summary action log
SP21.3a Minutes SPPHC 10.12.20 v0.2 draft_public session.docx
SP21.3b Summary action plan.docx
- 5 15:17 - SP21/4 SPPHC Board Assurance Framework Principal and Corporate Risk Report
Mark Wilkinson
Recommendation:
The SPPH Committee is asked to:
1\ Review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and
2\ Consider whether there is a need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores\.
SP21.4a Committee BAF and Corporate Risk Report_amended.docx
SP21.4b BAF App1.pdf
- 6 15:32 - SP21/5 Quarter 3/4 2020/21 Operational Plan monitoring
Mark Wilkinson
Recommendation:
The Strategy, Partnership & Population Health Committee is asked to note the report
SP21.5a OPMR for SPPH Committee - January 2021approved.docx
SP21.5b Quarter 3-4 Plan Monitoring Report - January 2021approved.pptx
- 7 15:47 - SP21/6 Development of 2021-24 operational delivery plan - verbal update
Mark Wilkinson
John Darlington in attendance
- 8 15:52 - comfort break
- 9 16:02 - SP21/7 North Wales Dementia Strategy
Mark Wilkinson
Recommendation:
The Strategy, Partnerships and Population Health Committee is asked to approve the North Wales Dementia Strategy on behalf of the Board.
SP21.7a North Wales Dementia Strategy_amended.docx
SP21.7b North Wales Dementia Strategy App1 1.0.pdf
SP21.7c North Wales Dementia Strategy App2 .pdf
SP21.7d North Wales Dementia Strategy App3 Implementation Plan Feb 2020.docx
- 10 16:17 - SP21/8 Primary Care : Cluster Development and Planning
Clare Darlington in attendance
Recommendation:
The SPPH Committee is asked to:
Note the requirements for the development of the Cluster Annual Plans 2021/22, set by Welsh Government;
Note the progress made to date in the development of the cluster plans;
Confirm future reporting requirements to monitor the ongoing progress and delivery of the plans.
SP21.8 Primary Care_Clusters_approved.docx
- 11 16:37 - SP21/9 Research update and North Wales Medical School progress
Arpan Guha
Recommendation
The Committee is asked to receive the report for information
SP21.9a Research update_approved.docx
SP21.9b Research update_Appendix1 approved.docx
SP21.9c Med School update 31.1.21_amended.ppt

- 12 16:47 - SP21/10 Innovation and University Health Board (UHB) Status Review Update
Mark Wilkinson for Adrian Thomas
Lynne Grundy Associate Director Research and Innovation in attendance
Recommendation
The Committee is asked to receive the updates for information
SP21.10a Innovation Update Feb21_approved.docx
SP21.10b UHB_status_update_Feb21_approved.docx
- 13 17:02 - SP21/11 Update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020
Teresa Owen
Recommendation:
The Committee is asked to:
 - *note the actions being taken in support of introduction of the Smoke Free Regulations on 1.3.21*
 - *endorse not providing designated smoking areas within hospital grounds to ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations to their fullest extent.*SP21.11 Smoke Free Regs 2020 update final_approved.docx
- 14 17:12 - SP21/12 Sport North Wales Business Case
Teresa Owen
Recommendation:
SPPH is asked to endorse the establishment of the Sport North Wales (SNW) Partnership.
agree that Betsi Cadwaladr University Health Board becomes a partner in the Sport North Wales (SNW) Partnership.
SP21.12a Sport North Wales business case_approved.docx
SP21.12b Sport North Wales - App1a Business Case FINAL_approved.pdf
SP21.12c Sport North Wales - App2 IAA Collaboration Agreement DWF FINAL 26.1.21 Approved.DOCX
SP21.12d Sports North Wales -App1b Achos Busnes Chwaraeon Gogledd Cymru TERFYNOL_approved.pdf
- 15 For noting / For information
- 15.1 17:17 - SP21/13 Test Trace Protect update
Teresa Owen
Recommendation:
The Committee is asked to note the status of the multiagency response programme for the North Wales TTP programme.
SP21.13 TTP Report February 2021 final_approved.docx
- 15.2 17:17 - SP21/14 North Wales COVID-19 Mass Vaccination Plan
Gill Harris
Recommendation:
The Committee is requested to receive the North Wales COVID-19 Mass Vaccination Plan developed jointly with partners.
SP21.14a Mass vaccination report.docx
SP21.14b Mass vaccination plan Appendix 1.pdf
- 15.3 17:17 - SP21/15 North Wales Regional Partnership Board update
Mark Wilkinson
Recommendation:
The Committee is asked to note the updates received at the North Wales Partnership Board and to receive the notes of the meeting held on 11th December 2020
SP21.15a NWRPB Update and Minutes V2 approved.docx
SP21.15b NWRPB App1 Draft minutes NWRPB 11.12.2020english.pdf
SP21.15c NWRPB App2 Draft minutes NWRPB 11.12.2020 Cymraeg.pdf
- 15.4 17:17 - SP21/16 Population Needs Assessment Rapid Review
Mark Wilkinson
Recommendation
The Strategy Partnerships and Population Health Committee is asked to receive the Population Needs Assessment Rapid Review Reports and to note the work that has been undertaken which will inform future strategies and plans
SP21.16a NW Population Rapid Needs Assessment approved.docx
SP21.16b NW Population Assessment Rapid Review App1 English lang.pdf
SP21.16c NW Population Assessment Rapid Review App1 Cymraeg.pdf
- 15.5 17:17 - SP21/17 Public Engagement update

Sue Green

Recommendation:

For the Committee to note the progress detailed in this paper

SP21.17a Public Engagement Update V2_approved.docx

SP21.17b Public Engagement Update V2_Appendix 1 approved.pdf

SP21.17c Public Engagement Update V2_Appendix 2 approved.docx

15.6 17:17 - SP21/18 Socio-economic Duty procedure

Recommendation:

The Committee is asked to note the procedure

SP21.18a SED Procedure_approved.docx

SP21.18b SED Procedure_App1_approved.docx

16 17:17 - SP21/19 Issues of significance to inform the Chair's assurance report

17 17:17 - SP21/20 Date of next meeting 9.30am 15.4.21



Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held in public on 10.12.20
via Webex

Present:

Lyn Meadows	Independent Member (Acting Chair)
Nicky Callow	Independent Member (<i>part meeting</i>)
Linda Tomos	Independent Member
Jackie Hughes	Independent Member – by invitation

In Attendance:

Sally Baxter	Assistant Director ~ Health Strategy (<i>part meeting</i>)
Ben Carter	Regional NW Commissioning Manager SMS services Wrexham Council (<i>part meeting</i>)
John Darlington	Assistant Director ~ Corporate Planning (<i>part meeting</i>)
Andrew Doughton	Audit Wales (<i>observing</i>)
Arpan Guha	Acting Executive Medical Director
Sue Green	Executive Director Workforce & OD (<i>part meeting</i>)
Dave Harries	Head of Internal Audit (<i>observing</i>)
Andrew Kent	Interim Head of Planned Care Transformation (<i>part meeting</i>)
Gavin Macdonald	Interim Chief Operating Officer (<i>part meeting</i>)
Teresa Owen	Executive Director Public Health (<i>part meeting</i>)
Walee Sayeed	Consultant ~ Care of the Elderly (<i>part meeting</i>)
Rob Smith	Area Director East (<i>part meeting</i>)
Chris Stockport	Executive Director Primary and Community Services (<i>part meeting</i>)
Nia Thomas	Head of Organisational Development (<i>part meeting</i>)
Sally Thomas	Head of Equality and Human Rights (<i>part meeting</i>)
Mark Wilkinson	Executive Director Planning and Performance
Kamala Williams	Acting Assistant Director Health Strategy (<i>part meeting</i>)
Diane Davies	Corporate Governance Manager ~ Committee secretariat

By invitation

Andy Burgen	North Wales Community Health Council Vice Chair (<i>observing</i>)
-------------	--

Agenda item discussed	Action by
<p>SP20/73 Chair's welcome and apologies for absence</p> <p>SP20/73.1 The Committee Chair noted that BCUHB was unfortunately unable at the present time to accommodate attendance by members of the public at Health Board committee meetings due to Covid-19 (C19) restrictions. However, the NWCHC Vice Chair would be observing the meeting held in public session.</p> <p>SP20/73.2 The Committee Chair welcomed Independent Member Linda Tomos to her first meeting as a member of the Committee.</p> <p>SP20/73.3 Apologies for absence were noted from John Cunliffe.</p>	
<p>SP20/74 Draft minutes of the meeting held on 9.6.20 for accuracy, matters arising and summary action plan</p> <p>SP20/74.1 The minutes were agreed as an accurate record and there were no matters arising.</p> <p>SP20/74.2 The summary action log updates were agreed.</p>	
<p>SP20/75 Declarations of interest</p> <p>None received</p>	
<p>SP20/76 Quarter 3&4 delivery plan monitoring 2020/21</p> <p>SP20/76.1 The Assistant Director ~ Corporate Planning introduced the item, clarifying work undertaken to ensure that actions which had not been completed at the end of the previous quarter had been considered and evaluated for inclusion in the plan for Qs 3 and 4. The narrative provided within the appendix informed whether these actions were drawn forward or re-prioritised for potential operational delivery at a later date, along with providing evidence of accountability. Discussion ensued on the efficacy of capturing a complete representation of the quarter end position.</p> <p>SP20/76.2 The Committee Chair requested that further evidence, supported by improved narrative, was to be provided within the report to the next meeting in order to provide an effective audit trail of all priorities agreed by the Board that had been stood down due to non-delivery.</p> <p>SP20/76.3 The Executive Director of Planning and Performance agreed to provide this information, along with denoting which Committees were delegated to monitor progress. The newest member of the Committee concurred that this form of narrative would be very helpful to readers unfamiliar with the report content.</p> <p>SP20/76.4 In addition, the Head of Internal and Audit and the Executive Director of Planning and Performance agreed to discuss outside the meeting how reporting would</p>	<p>JD</p> <p>MW/DH</p>

<p>capture undelivered Q1&2 priorities at year end. The Interim Director of Governance endorsed the organisation's need to consider reprioritisation during the year due to potential changes and emphasised the importance of demonstrating with evidence that conscious decision making had taken place.</p> <p>It was resolved that the Committee noted the report</p>	
<p>SP20/77 Development of 2021/2 Delivery Plan</p> <p>SP20/77.1 The Assistant Director ~ Corporate Planning introduced this item. He drew attention to the Board's requirement to plan for the following year alongside recovery and gearing up towards 'normality'. He advised that Welsh Government (WG) had not yet provided the NHS planning framework, however the Board had put together priorities in the meantime. He acknowledged this risk and also concern with the timescales involved. The Assistant Director ~ Corporate Planning stated that January 2021 was likely to be the toughest month of the year to date given the complications of planning within a pandemic. However he also advised on the positive aspects arising from organisational learning, greater agility, good engagement and the strengthened programme management that had ensured that a pipeline of priority schemes were already prepared. He informed that new processes had been introduced to improve planning quality, however he also advised there were inherent risks associated with BCU's population during the pandemic.</p> <p>SP20/77.2 In response to the Committee he advised that a diagnostic programme workstream had been introduced which would take into account findings within the Professor Sir Mike Richards report. A discussion ensued on how risk factors were articulated within the plan following which it was agreed that the Executive Director of Planning and Performance would arrange for this to be included within the presentation to the next Audit Committee on 17.12.20. The Interim Director of Governance endorsed the use of risk as a driver for change.</p> <p>SP20/77.3 In response to the Committee Chair the Executive Director of Planning and Performance advised that it was the Health Board's aspiration to work on a 3 year financial plan, underpinned by a 3 year operational plan in line with WG's change to a 3 year financial settlement. In addition a 1 year plan would be provided to WG for the coming year as it would be dominated by the need to address services in response to the Covid19 pandemic. The Acting Executive Medical Director commented that the Covid19 response would also be included in BCU's developing Clinical Strategy.</p> <p>SP20/77.4 It was agreed that the timetable provided be updated to include dates for presentation to the SPPH & Finance and Performance Committees and the Board, following which this was to be circulated to all Independent Members of the Board.</p> <p>SP20/77.5 The Committee Chair emphasised the need for the Committee to have assurance that contemporaneous transparency and accuracy was in place to effectively monitor the organisation's progress.</p> <p>It was resolved that the Committee</p>	<p>MW</p> <p>MW/JD</p>

<ul style="list-style-type: none"> received the report received the reconciliation of outstanding actions from 2020/21 Q2 plan and agreed further detail to be provided to the next meeting reviewed the proposed approach and timetable for the development of BCU's 2021/24 and agreed further detail of Board and Committee dates to be included prior to circulation to Independent Members of the Board 	
<p>SP20/78 Development of Diagnostic Treatment Centres in strategic support of planned care</p> <p>SP20/78.1 The Acting Head of Planned Care Transformation joined the meeting to present this item. He drew the Committee's attention to key points within the report including progress of the Planned Care Transformation Group, Covid19 risk along with the induced reduction in planned care capacity (as much as 50% in theatre usage due to infection prevention and control processes) and he emphasised that this was unlikely to improve before the end of the following year Q2/3. The Interim Head of Planned Care Transformation advised of the growing number of patients waiting beyond 36 weeks. He reported that a 6 point plan had been established to address the situation which was outlined in the report.</p> <p>SP20/78.2 The Acting Head of Planned Care Transformation introduced the concept of the introduction of a Diagnostic Treatment Centre (DTC) approach which was being explored for consideration by the Board. He advised that the DTC model was based on an ambulatory care approach, providing examples of the benefits that could be provided to the population of North Wales with robust diagnostics and timely treatment. He stated that the one stop pathway approach could provide a future era, within 4 to 5 years, that could enable NW patients to be treated within a week of being referred ie "this week's work undertaken within this week".</p> <p>SP20/78.3 In discussion of a potential location, he reported that the population of North Wales could be best served with 2 centres and there could also be potential to site all Orthopaedic activity at one of these. He acknowledged the breadth of potential workforce changes involved which were actively being attended to and also advised that transformation funding could be attracted with development of this value based healthcare approach. He also referred to the oscopy unit potential benefits and the undertaking of certain types of theatre work in house as opposed to outside BCU.</p> <p>SP20/78.4 The Committee was very supportive of the potential development, recognising there were huge workforce opportunities to develop staff in different ways however, the Committee questioned whether certain items of diagnostic equipment would be incorporated within the specification for greater effectiveness. In the discussion which followed the Interim Head of Planned Care Transformation advised that the range of diagnostic equipment provided would be subject to costings that were being explored.</p> <p>SP20/78.5 In discussion of the 6 point plan, he drew attention to the pilot development of a Patient Portal to ensure re-engagement and improve patient communication. The NWCHC representative questioned when consultation would be undertaken and it</p>	

<p>was explained that should the Board approve the Strategic Outline Case for development of an Outline Business case that consultation would be undertaken at that stage. The representative also commented that the digital plan appeared to be passive, providing examples of how this could be more driven.</p> <p>SP20/78.6 The Executive Director of Primary and Community Services commented that the development would need to be considered in the context of pathways and whilst the DTC model had an important part to play in the future of planned care, it was important to note that it was not the sole alternative in consideration of every patient's pathway.</p> <p>It was resolved that the Committee noted the presentation</p>	
<p>SP20/79 Business Continuity and Emergency Preparedness update</p> <p>SP20/79.1 The Assistant Director ~ Corporate Planning highlighted achievements since presentation at the October Committee meeting. He advised that the Major Emergency Plan had been approved by the Executive Team and that there was a CBRNe (Chemical, Biological, Radiological, Nuclear and Explosives) Plan in place. The number of divisional business continuity plans was growing at pace due to strong engagement that had taken place following the response to Covid19. He reported that exercises had taken place with partner organisations and that an action plan was provided within the report.</p> <p>SP20/79.2 The Committee Chair reminded that following concerns around capacity, an Internal Audit report was undertaken that provided limited assurance. The Head of IA noted there was support for increasing capacity however there was also risk around engagement within divisions and that operational ownership was required. The Assistant Director – Corporate Planning stated that completion of business continuity plans had ramped up and there was an expectation that these would be completed by next year.</p> <p>SP20/79.3 In response to the Committee Chair's invitation to evaluate the department, he responded that the Emergency Plan had moved on at pace, however there was more to be done to strengthen responses and planning was progressing well.</p> <p>SP20/79.4 The Committee commended the amount of work undertaken during the short time frame.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> received the report and noted the progress made which builds upon the report presented to SPPH Committee on 1st October. approved the revised 2020/21 Civil Contingencies Group Work Programme 3. approved the revised Business Continuity Policy Document. 	

<i>Independent Member Nicky Callow joined the meeting</i>	
<p>SP20/80 Key enabler strategy : Progress on Digital Strategy</p> <p>SP20/80.1 The Executive Director Primary and Community services advised that the Digital Strategy had undertaken a significant journey, with substantial work having been undertaken downstream to glean what was needed whilst under Covid19 pressures. In response to the Committee, he advised the strategic development to be complex due to the nature of the organisation and the myriad of interdependencies. He stated that resource requirements were being addressed within Implementation teams and took on board the Committee's comments to ensure that training needs were incorporated into considerations. In response to the NWCHC representative's observations, he responded that digital sharing considerations with external specialist provider centres would be explored further with his team and that work was being undertaken to consider tracking patients on pathways with appropriate utilisation of data.</p> <p>SP20/80.2 The Committee commended the work undertaken, which was also noted to have been positively received by the Workforce Partnership Group and had also involved significant stakeholder engagement. The Executive Director Primary and Community services also took on board comments to demonstrate how the challenges of inclusion, rurality and accessibility were also being addressed as the strategy developed.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the draft Digital Strategy • received an update on engagement to date • supported further engagement opportunities 	
<p>SP20/81 Test, Track and Protect (TTP) update</p> <p>SP20/81.1 The Executive Director of Public Health presented this third report to the Committee. She reported that since the previous report there had continued to be significant developments in the TTP service for North Wales; increased testing capacity across the region, improved testing turnaround times, recruitment drive for test and trace and a dedicated resource for Protect established. Cases had fallen in consecutive weeks however, it was anticipated that cases would again rise towards the end of December and through January.</p> <p>SP20/81.2 The Executive Director of Public Health advised of further developments since the report had been published. This included the introduction of a pathfinder approach with a small number of twice weekly staff testing, commencing in January as a pilot initially in the East where the prevalence currently existed. In relation to increased contact testing she acknowledged a staffing pinch point in relation to the regional hub and local tracing capacity however, recruitment support was being</p>	

<p>moved forward by Flintshire Council. In response to the Committee she advised on the differences between PCR and lateral flow testing.</p> <p>SP20/81.3 In the discussion which ensued she agreed to liaise with the IM University representative to share learning from testing activity which might be beneficial in respect of University sites. The Executive Director of Public Health also reported that there was current capacity for 28k tests to be taking place across North Wales, however there was currently 18k being administered with further increased capacity being introduced, including mobile units, initially within areas of higher prevalence. In response to the Committee Chair's question as to whether plans were in place to wind down the process, it was noted that, whilst a vaccination programme was being introduced, there would still be a requirement for testing and that WG funding was in place until June 2021 at the present time.</p> <p>SP20/81.4 The Committee was pleased to note the introduction of mobile units and also lateral flow testing which could enable educational access improvements for pupils and students going forward.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the status of the multiagency response programme for the North Wales TTP programme. 	<p>TO</p>
<p>SP20/82 North Wales Regional Partnership Board</p> <p>SP20/82.1 The Executive Director of Planning and Performance advised that the RPB annual report had been provided for information. It was noted that the Dementia Strategy was timetabled for consideration by the Health Board. In respect of the RPB's £12m allocation for transformation funds, the Executive Director of Public Health, who was the current chair of the RPB, advised that this would be discussed at the RPB meeting taking place the next day.</p> <p>SP20/82.2 In response to the Committee's question as to the extent of BCU's awareness of the RPB's Digital Transformation workstream activity, it was acknowledged that the Area Director Central, a team member of the Executive Director Primary and Community services, was linked in.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> received the Annual Report and noted the updates from the North Wales Regional Partnership Board meeting held on 9th October 2020 	
<p>SP20/85 National Operating Framework for Primary and Community Care and delivery milestones</p>	

SP20/85.1 The Executive Director Primary and Community services presented this item advising that on 24.9.20 WG had issued the NHS Wales Covid 19 Operating Framework for quarters 3 and 4 2020/21. The health board had provided their plans in response to the requirements set out, and submitted these to WG by the deadline of 19.10.20.

SP20/85.2 It was noted that the Covid19 pandemic had required primary and community care to respond rapidly in order to minimise the spread of infection and allow services to continue to be delivered. The Primary & Community Operating Framework for quarters 3 and 4 had been informed by the response of the sector to the pandemic in the first half of the year. He drew attention to the 6 priorities agreed nationally for quarters 3 and 4 and highlighted areas of challenge within each

1. Delivery of essential services (appendix 1) – categorised by the World Health Organisation as
 - Essential prevention of adverse outcomes
 - Responsive urgent care
 - Essential management of chronic conditions
 - Timely diagnosis of new problems
 - Proactive management of vulnerable groups
2. COVID-19 local outbreaks or second wave – including delivery of services in response to surges and outbreaks which may include the reestablishment of COVID hubs, urgent and emergency centres and field hospitals.
3. Care Homes – primary and community care service provision, noting the fragility of care homes
4. Rehabilitation – recognising the increased demand for rehabilitation across four main population groups.
5. Step-up and step down bedded community services – to address the issues identified in Right Sizing Community Services (Delivery Unit)
6. Urgent primary care – an urgent primary care model to be considered within the context of new developments in access such as ‘phone first’, remote consultations and consultant connect.

SP20/85.3 The national Strategic Programme for Primary Care was continuing to develop a number of key enablers to support primary and community care services in quarter 3 and 4 and in addition had reviewed the toolkits for Primary and Community Care Implementation Planning, Dental, Optometry and Community pharmacy which had been prepared in response to the Covid19 pandemic. It was noted that a summary of the delivery milestones was provided in Appendix 2.

SP20/85.3 Discussion ensued on patient perceptions of access to these primary care services and whilst noting that many alternative methods had been implemented, it was acknowledged that challenges remained. This also included the perception that all dental practices were closed, which was not the situation however, work was progressing to make improvements in this area.

SP20/85.4 The Committee acknowledged the hard work and commitment of these independent practitioners during this challenging stage of the pandemic and expressed their concern for their wellbeing and ability to continue on the other side of

<p>the pandemic. The Executive Director Primary and Community services commented this was a point well made and advised there was awareness of this issue and work was underway to maintain regular contact in this area. He agreed to pass on the Committee's thanks for the work being undertaken.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the priorities and requirements of the National Operating Framework for Primary and Community Care and associated delivery milestones 2020/21, set by Welsh Government; • Noted the progress made to date in the achievement of the delivery milestones; • Confirmed future reporting requirements to monitor the ongoing progress and achievement of the milestones 	
<p>SP20/86 Children Young People/CAMHS Transformation Fund update</p> <p>SP20/86.1 The Executive Director Primary and Community services presented this item which provided updates on the 3 workstreams supporting the transformation programme ie</p> <ul style="list-style-type: none"> • the early intervention and prevention to improve the emotional health, well-being and resilience of children and young people • edge of care interventions incorporating multi-disciplinary teams • the effective Child protection project. <p>SP20/86.2 It was recognised that many interventions could overlap in supporting children and young people and furthermore acknowledged that good partnership work had been undertaken to progress the work moving forward.</p> <p>SP20/86.3 In the discussion which ensued it was agreed that the Executive Director Primary and Community services would provide greater clarity on the size and scope of the services and the number of children and young people who required them.</p> <p>SP20/86.4 In discussion of services provided by transformation funding, the Executive Director Primary and Community services confirmed that WG funding had been reduced however, priorities on continuance would be agreed at the RPB meeting the next day. He stated his personal preference that funding remain to support this programme. Following discussion on the impacts to CAMHS (Children & Adolescent Mental Health Services) it was agreed that these be referenced within the next report to the Committee</p> <p>SP20/86.5 In addition, the Committee questioned to what degree the services provided were sustainable when the additional WG funding came to an end. The Executive Director Primary and Community services reported there was an assortment of differently funded services, some of which also involved support provided through local authorities.</p> <p>It was resolved that the Committee</p>	<p>CS</p> <p>CS</p>

<p>noted progress of the North Wales Childrens and Young Peoples Transformation Programme.</p>	
<p><i>Ben Carter Regional NW Commissioning Manager Wrexham Council joined the meeting for this item</i></p> <p>SP20/83 Area Planning Board (APB) Substance Misuse service (SMS)</p> <p>SP20/83.1 The Assistant Director introduced this item providing context of BCU's role as both a strategic partner and commissioned service provider for the APB. It was noted that approximately £2.3m services were funded by the APB namely Substance Misuse Treatment and Support Service (part funded alongside BCUHB funding), Harm Reduction/Collaborative Outreach Service, Alcohol Liaison & Drug Liaison Service, Specialist Substance Misuse CAMHS capacity and Prescribed Medication & Support Service (part funded alongside BCUHB Funding).</p> <p>SP20/83.2 The North Wales Regional Commissioning Manager drew attention to the report and highlighted key areas. In terms of the size of the provision, he advised that SMS operated on approximately £10m, with 1500/1600 service users accessing treatment whilst there were in the region of 3000 patients having direct SMS concerns. In respect the North Wales Alcohol strategy a delivery plan was being developed which he stressed was important given issues arising from the Covid19 pandemic response. The Mental Health SMS delivery plan was in place and, having taken into account both barriers and areas of good practice, was being refreshed for presentation to the APB in the new year. He drew attention to progress within waiting times during Covid19, integrated psychological therapies tender and Caniad.</p> <p>SP20/83.3 In response to the Committee Chair he advised that more work needed to be done on moving forward strategically with Needs Assessments, especially in respect of A&E/SMS presentations which had been delayed due to the Covid19 pandemic response.</p> <p>SP20/83.4 Discussion ensued on current Key Performance Indicators questioning whether SMS need had increased and for how long the quality of life indicator had reduced as well as querying the extent to which training in psychological services was joined up within BCU. It was agreed that the next report to the Committee be focussed on performance management, include a service user story and also address how BCU works with partners to make a difference.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> received the report and noted the role and function of NWAPB including the interface with BCUHB noted progress made BCUHB joint working as part of NWAPB, including work to delivery services throughout the Covid-19 pandemic and opportunities for improved alignment and joint working going forward 	<p>JD/BC</p>

<p>SP20/84 Stroke Services</p> <p><i>Rob Smith Area Director East and Walee Sayeed Care of the Elderly Consultant joined the meeting for this item</i></p> <p>SP20/84.1 The Care of the Elderly Consultant provided a greater insight on the presentation which encompassed Early Supported Discharge (ESD) and Rehabilitation, including the case for change and outcomes. The required outcomes were identified as : reduced disability and reliance on social care, reduced risk of another stroke, timely swallowing assessment; OT, physiotherapy and Speech and Language Therapy interventions as appropriate; discharge earlier with ESD and reduced disability; reduced variation across North Wales; increased staff morale, improved recruitment and retention of specialist staff. The Care of the Elderly Consultant elaborated on the 3 site model.</p> <p>SP20/84.2 The Acting Executive Medical Director remarked on the variability of stroke care across North Wales and the need to address the important areas of ESD and rehabilitation which were achievable through matching up processes with guidance. He advised that the Clinical Advisory Group were involved and their findings would also inform the reviewed and updated business case.</p> <p>SP20/84.3 The NWCHC representative remarked on the SSNAP scores and questioned how progress could be achieved without improvements to patient retrieval which was a Welsh Ambulance Service Trust (WAST) issue. He questioned whether alternative pathway work could assist. The Acting Executive Medical Director advised that this was being addressed with WAST.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the re-start of the business case development, with focus on ESD and Rehabilitation business cases in phase 1. • the business case is being reviewed and updated – including new clinical evidence and learning from COVID • anticipated conclusion of this work by 31.1.21 <p>and supported the need to progress improvements in the service</p>	
<p>SP20/87 Equalities and Human Rights - Socio Economic duty</p> <p>SP20/87.1 The Acting Assistant Director Health Strategy presented this report which set out the statutory requirement of the Socio - economic Duty coming into force in March 2021. The Duty would place a legal responsibility on relevant bodies when undertaking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. It was noted that a Socio-economic Duty Task and Finish Group had been convened to advise the Health Board in its preparations for the commencement of the Duty and ensure consideration of how the Duty would be delivered. She highlighted that training and support would be developed, along with a meaningful template, whilst ensuring the process would be built into strategic case developments and project management.</p>	

<p>SP20/87.2 In the discussion which followed the Committee commended the approach being undertaken to ensure that consideration of the duty would be integrated into processes in a simplified but effective way to ensure that this statutory duty was carried out. The Committee emphasised this duty was 'The right thing to do' and was pleased to be advised this was also the position of BCU's Health & Safety and Trade Union partners whom were triangulating in this work.</p> <p>SP20/87.3 The Committee Chair questioned how the duty was factored in to the 2021/22 Operational plan. The Executive Director of Workforce & OD pointed out that meeting this duty could drive developments at the beginning and not at the end. She provided examples within the Workforce Strategy of how population and staffing had been considered eg working beyond national retirement age due to socio economic circumstances. The Executive Director of Workforce & OD stated it would provide a firm footing for planning and decision making.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report and approved the advisory recommendations for the organisation • agreed that the Head of Equality and Human Rights would circulate guidance to members 	ST
<p>SP20/87.1 Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework</p> <p>SP20/87.2 Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.</p> <p>SP20/87.1.1 The Head of Equality and Human Rights presented these items pointing out that it was widely recognised that the Covid19 pandemic had affected both population groups.</p> <p>SP20/87.1.2 The Executive Director of Workforce & OD commended the fast pace at which the Head of Equality and Human Rights had moved work forward in this area during the first wave of the pandemic, including national involvement, which had assisted in decision making and preparations for the second wave.</p> <p>SP20/87.1.3 In response to the Committee, the Head of Equality and Human Rights affirmed that there was a good level of clinical awareness which had also been incorporated into training. The Clinical Advisory Group was also utilising the findings along with workforce planning. The Acting Executive Medical Director reported that North Wales' first BAME forum was crystalising discussion in this area. The Head of Equality and Human Rights also highlighted the development of a BCU intranet page in order to centralise resources for all staff to access.</p> <p>SP20/87.1.4 It was confirmed that a Race Equality Plan in response to WG would be moved forward within BCU and also involve the Engagement Team. This would be reported to the Committee next year. In response to the Committee, the Head of</p>	ST

<p>Equality and Human Rights affirmed that the RPB was developing an assessment tool.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the SP20/87.1 report noted the SP20/87.2 report findings and scope of the recommendations 	
<p>SP20/88 Pulse Survey</p> <p>SP20/88.1 The Head of Organisational Development highlighted key aspects of the report namely that turnaround time had been reduced to 3 weeks, 18% of the workforce (3313) had responded in comparison to 31% the previous year and BCU staff had provided the second highest response rate within Wales. It was noted that, as in the previous year, local teams were tasked with addressing the responses to enable quicker improvements to be made at a local level. Quarterly pulse surveys would be taking place in 2021 and work was ongoing to turnaround feedback at a faster pace utilising BCU's website.</p> <p>SP20/88.2 In respect of responses received, the Head of Organisational Development advised that the overall score of 'enthusiasm for the job' & 'like working for the organisation' had both risen and the incidence of bullying had decreased. Responses overall were positive, however work with managers to enable comparisons with similar questions in 2018 was being progressed.</p> <p>SP20/88.3 The Executive Director of Workforce & Organisational Development (OD) commented that there would be learning from the Covid19 pandemic response. She also advised that the Performance and Accountability Framework, being moved forward by the Interim Head of Governance, would factor in this work. BCU's OD programme was also being developed over the next 3 years which would provide additional intelligence in this area.</p> <p>SP20/88.4 The Committee commended the improvements that had been achieved within the context of the Covid19 pandemic response.</p> <p>SP20/88.5 In response to the NWCHC representative's observation that engagement had been taken out of BCU's special measures position 18 months previously, the Executive Director Workforce and OD stated that this area was continuing to be reported as it was one of BCU's five top priorities and remained important to the Board.</p> <p>It was resolved that the Committee noted the content of the update report</p>	
<p>SP20/89 Update on Staff Health and Wellbeing & the Corporate Health Standard.</p> <p>SP20/89.1 The Executive Director of Workforce & Organisational Development stated that she was very proud of the work undertaken by the department during the Covid19</p>	

<p>pandemic which was continuing. She reported that much work had also been undertaken in respect of gathering evidence for the Platinum Corporate Health Standard Award revalidation.</p> <p>SP20/89.2 The Committee acknowledged and commended the Occupational Health Team on their support to the Health Board throughout the pandemic, including the current critical area of vaccination.</p> <p>It was resolved that the Committee noted the report and continued planned activity to renew the Corporate Health Standard.</p>	
<p>SP20/90 EU exit risk</p> <p>The Executive Director of Planning and Performance highlighted the mitigation work being undertaken in preparation for EU exit which was currently being monitored at weekly meetings.</p> <p>It was resolved that the Committee received the update report and noted the current position in respect of preparation for the end of the EU transition period.</p>	
<p>SP20/91 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>SP20/92 Issues of significance to inform the Chair's assurance report</p> <p>To be advised</p>	
<p>SP20/93 Date of next meeting</p> <p>18.2.21</p>	
<p>Exclusion of Press and Public</p> <p>Resolution to Exclude the Press and Public</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	
<p>Private session</p> <p>SP20/93 Draft minutes of the meeting held in private session on 1.10.20</p> <p>Following the public session the Committee moved into private session and approved the minutes of the private session held on 1.10.20</p>	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
5.3.20				
Rod Taylor	SP20/11.5 Environmental sustainability and decarbonisation Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting (5.8.20)	9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course	End of April 2021
Mark Wilkinson	SP20/10 Estates Strategy Provide <ul style="list-style-type: none"> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document 		Defer to August meeting 31.7.20 – Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 – The Committee questioned whether this might be considered earlier	1.4. 21
13.8.20				
Chris Stockport	SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements SP20/49.3 Arrange to provide a report to draw together the benefits realisation provided by WG's £19m	21.9.20	14.9.20 Agenda setting meeting agreed to be provided to December meeting 2.12.20 Deferred to February meeting due to large December agenda 8.2.21 Deferred to April Agenda following revised agenda setting	30.11.20 8.2.21 1.4.21
10.12.20				

Mark Wilkinson / John Darlington	SP20/76 Quarter 3&4 delivery plan monitoring 2020/21 SP20/76.2 Provide further evidence in order to provide an effective audit trail of all priorities agreed by the Board that had been stood down due to non-delivery, supported by improved narrative, within the report to the next meeting and also denote which Committees were delegated to monitor progress.	11.12.20	11.2.21 After discussion with the Chair, a brief note will be shared with committee members setting out whether those actions that are shown as being carried forward into the Q3/4 plan were included in the summary health board or master accountability plan.	
Mark Wilkinson Dave Harries	SP20/76 Quarter 3&4 delivery plan monitoring 2020/21 SP20/76.4 Discuss outside the meeting how reporting would capture undelivered Q1&2 priorities at year end.	31.12.20	11.2.21 Although this meeting has not taken place, written assurance will be provided as part of approving the 2021/22 plan that incomplete actions from Q2 and Q3/4 plans have been considered for prioritisation, and the outcome of that prioritisation.	
Mark Wilkinson	SP20/77 Development of 2021/2 Delivery Plan SP20/77.2 Arrange to address how risk factors were articulated within the plan to be included within the presentation to the next Audit Committee on 17.12.20.	31.12.21	11.2.21 the new Board Assurance Framework has since been presented to the December Audit Committee and the January Board – it sets out the risks to the achievement of organisational objectives.	Action to be closed
Mark Wilkinson / John Darlington	SP20/77.4 Update timetable to include dates for presentation to the SPPH & Finance and Performance Committees and the Board, and circulate to all Independent Members of the Board.	23.2.21	11.2.21 this information was provided to the Board via the workshop on 4 February	Action to be closed
Teresa Owen	SP20/81 Test, Track and Protect (TTP) update SP20/81.3 Liaise with the IM University representative to share learning from testing	23.2.21	15.2.21 Contact has been made with Bangor University. Meeting to be offered up for March 2021	Action to be closed

	activity which might be beneficial in respect of University sites.			
Chris Stockport	SP20/86 Children Young People/CAMHS Transformation Fund update SP20/86.3 Arrange that the next report to the Committee provides greater clarity on the size and scope of the services and the number of children and young people who required them and also reference impacts to CAMHS (Children & Adolescent Mental Health Services) as discussed	1.4.21		
Ben Carter / John Darlington	SP20/83 Area Planning Board (APB) Substance Misuse service (SMS) It was agreed that the next report to the Committee be focussed on performance management, include a service user story and also address how BCU works with partners to make a difference	2.8.21	11.2.21 A report will be prepared for August SPPH meeting which will comprise of Q4 Performance Management Framework, (including case studies) and progress around our key partnership schemes.	Action to be closed
Sally Thomas	Equalities and Human Rights - Socio Economic duty Circulate guidance to members	23.2.21	Agenda item 23.2.21	Action to be closed
Sally Thomas	SP20/87.1 Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework SP20/87.2 Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.	17.6.21	15.2.21 We are working with stakeholders and staff to better understand and identify actions for improvement, a number of actions have been agreed and will be overseen by the Equality and Human Rights Strategic Forum, this work will be reviewed and aligned following publication of the Race Equality Action Plan for Wales and progress will be	Action to be closed

	SP20/87.1.4 It was confirmed that a Race Equality Plan in response to WG would be moved forward within BCU and also involve the Engagement Team. This would be reported to the Committee next year.		included within the Equality Annual Report to the Committee.	
--	--	--	--	--

15.2.21



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee Report 23.2.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	SPPHC Board Assurance Framework Principal and Corporate Risk Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Simon Evans-Evans, Interim Director of Governance Louise Brereton, Board Secretary						
Awdur yr Adroddiad Report Author:	Dawn Sharp – Assistant Director / Deputy Board Secretary Justine Parry - Assistant Director of Information Governance & Risk						
Craffu blaenorol: Prior Scrutiny:	Executive Team - 11 February 2021						
Atodiadau Appendices:	Appendix 1 – SPPH BAF Principal Risk Report						
Argymhelliad / Recommendation:							
Recommendation: The SPPH Committee is asked to: <ol style="list-style-type: none"> 1. Review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and 2. Consider whether there is a need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores. 							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	
Sefyllfa / Situation:							
Following on from the previous work undertaken nationally between the All Wales Audit Committee Chairs and the Board Secretaries Network, it is essential that the Health Board has an effective system in place in which identifying and managing risk is a continuous process.							
The revised Risk Management Strategy and Policy was implemented on the 1 st October 2020, and on the 21 st January 2021, the Board approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.							
This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which more effectively demonstrates how the Health Board is robustly mitigating and managing extreme risks to the achievement of its operational objectives.							

Each Principal Risk has since been reviewed and updated to take effect of any changes or completion of actions to support the mitigation of the risk and to reflect the impact of the next wave of the COVID Pandemic.

Appendix 1 highlights the Board Assurance Framework Principal Risks associated with the SPPH Committee, which has been reviewed by the Executive Team. There are currently no escalated Corporate Tier 1 Risks for the SPPH Committee.

This paper endeavours to provide assurance that risks which could compromise the achievement of the Health Board's Priority Areas are being robustly, efficiently and effectively mitigated and managed to expected standards and in line with best practice.

Cefndir / Background:

The implementation of the Board Assurance Framework and the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored as part of an annual improvement plan with oversight by the Risk Management Group, with scrutiny and approval by the Executive Team.

Board Assurance Framework

During November 2020, once the Principal Risks had been agreed by the Executive Team, a series of meetings took place with all Principal Risk Lead Officers to populate each risk template. Support was provided by the Corporate Risk Management Team and each risk was quality assured and required Executive approval prior to inclusion onto the full report.

The BAF was presented and approved by the Board on the 21st January 2021, the intention is for the Principal Risks to be regularly reviewed the Executive Team with oversight at each Board Committee on a bi-monthly basis and then twice yearly to the Board. Oversight of the system and process will remain with the Audit Committee, who will receive an update twice a year and a copy of the full BAF.

The future management of the BAF has transferred back to the Office of the Board Secretary from the Corporate Risk Management Team, with the risk management system and process continuing to be managed by the Corporate Risk Team.

In line with the presentation of the Corporate Risks, all reports will include a detailed analysis of any changes to the Principal Risks within the body of this report and outlined below, with the full SPPH Principal Risks included within Appendix 1.

The Executive Team reviewed the BAF risks for SPPH at their meeting on 11th February. The Board Secretary reported that she intends to condense the suite of papers going forward. The Executive Team noted that there had been good engagement with risk leads. The work will be finessed as part of its evolution, noting that the number of risks should reduce once the strategic BAF risks are clearly defined and the development of the Health Board's overarching strategy will aid this. It was considered that

some risks are too operational currently. It is intended to include an overview of all BAF risks within future iterations of this paper.

It is recognised that in a number of risks the target risk score is above the current risk appetite. Taking account of the current environment given the pandemic. Risk Leads have been very clear on what they believe can realistically be achieved in relation to the target risk. Whilst the leads recognised the need to bring the target risk score in line with the appetite, their view was that this would not be achievable under the current conditions.

Taking this into account the Board may wish to re-examine its risk appetite with regard to certain risks or consider what additional actions, funding or resources will need to be assigned to bring the target risk score within its existing appetite. Key progress on the specific SPPH BAF risks is detailed below:-

- **BAF20-03 – Sustainable Key Health Services**

Key progress since submission to the Board: Review with Executive Lead on 28 January 2021 - Executive Lead to discuss further with Team feedback from Risk Management Group regarding implementation dates. No further feedback received as of 8 February 2021

- **BAF20-04 – Primary Care Sustainable Health Services**

Key progress since submission to the Board: Updated to include further actions to consider assumed GP retirements. Business Case drafted for further development of Primary and Community Care Academy (PACCA); DTU delivery programme on track with 'bidder event' held and funding agreed with WG. Six posters of primary care innovation hosted at the RCGP UK event 11/12th February 2021.

- **BAF20-07 – Effective Mental Health Stakeholder Relationships**

Key progress since submission to the Board: Target risk score corrected since the risk was submitted to the Audit Committee on the 17 December 2020 and also an extension to action timeframe has been updated.

- **BAF20-21 – Workforce Optimisation**

Key progress since submission to the Board: Reviewed w/c 8 February 2021. No further updates made/required.

- **BAF20-22 – Development of Integrated Medium Term Plan (IMTP)**

Key progress since submission to the Board: This risk has been de-escalated and will be managed within the Executive Director Portfolio at Tier 2 level and a new risk has been created to take into account the revised Welsh Government reporting requirements.

- **BAF20-23 – EU Exit**

Key progress since submission to the Board: Current risk score has been reduced from 12 to 8 given the controls and mitigations in place since the last submission to the Audit Committee on the 17th December 2020. Gaps and actions have been updated to reflect the December Trade Deal, with extensions to action times to reflect the deal arrangements. This risk has been de-escalated and will be managed within the Executive Director Portfolio at Tier 1 level.

- **BAF20-26 – New Risk - Development of Annual Operating Plan**

This new risk has been created taking into account the revised reporting requirements from Welsh Government.

Corporate Risk Register:

It is important to note that the Health Board's new CRR has been updated following feedback received on the previous version. Changes have been made to the terminology used for example the "Initial Risk Score" has now changed to Inherent and the continued use of the "Action Plan Module" as a key driver to capture and monitor the completion of actions is proving beneficial for all leads as regular reminders are issued once the completion date has expired. The use of this module is planned to be rolled out across the remaining Tiers, with anticipated completion by March 2021. However, this date is subject to change depending on the future management of the Pandemic and redeployment of staff.

The Corporate Risk Management Team Staff continue to explore engagement, training, capacity building and understanding as drivers for embedding the new CRR and a positive risk-aware culture across the Health Board. For example, an external risk management delivered six bespoke risk management training sessions to senior staff across the Health Board during which 100 staff were trained. Trainees were issued certificates of completion of course and they provided very positive feedback, which have in turn enabled us to improve and tailor the training resources to the needs of our staff and organisation.

Further risk management training commensurate with the roles and responsibilities of staff across the Health Board will be delivered as part of the campaign to achieve 1000 staff trained in risk management in 2021/22. Another strand of this drive will be to deliver risk management training to medical Doctors and Consultants through existing meetings and networks e.g. Junior Doctor's meetings or Consultant's meetings.

In summary, a close look at the CRR currently indicates no approved escalated Tier 1 risks for the SPPH Committee. Below is a heat map representation of the SPPH Principal current risk scores:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5			BAF 20-22 BAF 20-26		
	Likely - 4				BAF 20-21	BAF 20-04
	Possible - 3			BAF 20-07	BAF 20-03	
	Unlikely - 2				BAF 20-23	
	Rare - 1					

Asesiad / Assessment & Analysis

Strategy Implications

The implementation of the Board Assurance Framework and the revised Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

Options considered

Not applicable.

Financial Implications

Depending on the agreement of reporting arrangements, the management of the BAF is resource intensive and so additional resources may be required once the regularity of reporting has been agreed.

Risk Analysis

See the individual risks for details of the related risk implications.

Legal and Compliance

There are no legal and compliance issues associated with the delivery of the Board Assurance Framework or the Risk Management Strategy and Policy.

Impact Assessment

No specific or separate EqIA has been done for this report, as a full EqIA has been completed in relation to the new Risk Management Strategy and Policy to which the BAF and CRR reports are aligned.

Strategic Priority 2: Essential Services and Planned Care

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Health Improvement & Reducing Inequalities Group (HIRIG) provide strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts.	2	1) Fully integrated the Smoking Cessation service. 2) Implement a Tier 3 Childrens Obesity service. 3) Implement a Healthy Weight pathway T1-3. 4) Implement and delivery the Immunisation Strategy. 5) Implement and deliver the Infant feeding strategy. 6) Implement and deliver a suite of Building a Healthier Wales projects.	30 June 2021 31 August 2021 31 March 2022 31 March 2023 31 March 2023 31 December 2022
Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	1 April 2022
Welsh Government have oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements.	31 March 2021
The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	Regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact.	3	Embed Public Health Outcomes Framework into local planning through Local partners and Health Board.	31 March 2022

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 28 January 2021
--	--	--

Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21											
Strategic Priority 2: Essential Services and Planned Care											
Risk Reference: BAF20-04					Risk Rating		Impact		Likelihood	Score	Appetite
Primary Care Sustainable Health Services											
There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.					Inherent Risk		5		5	25	Low 1 - 6
					Current Risk		5		4	20	
					Target Risk		4		3	12	
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)			Date		
Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.		1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.		2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.			31 March 2023		
Delivery of All Wales Primary Care Model in place (including innovation and new ways of working), which is monitored by the Strategic Programme for Primary Care.		3	Review of current workforce profiles. Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities.		2	1) Primary Care Strategy for north wales embedded in the clinical strategy of BCUHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements. 3) Increase in the number of GP Trainees in north Wales.			31 March 2022 30 June 2021 TBC		
Provision of alternative services to increase capacity in GP practices in place.		1	Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services.		1	Full roll out of UPCCs (subject to national evaluation & pathways).			31 March 2022		
Primary & Community Care Academy (PACCA) in place with further development and roll out planned.		2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the Strategy, Partnership and Population Health Committee.		2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. Business case to be presented for consideration. 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.			31 March 2021 31 March 2022		
The Health Board has committed to work in partnership to develop proposal for a Medical School at the Univeristy of Bangor		1	Review progress in the development of a Medical School with Bangor University with the first commitment being delivery of medical degrees in partnership with Cardiff University (see below).		1	1) Development of a business case			TBC		
Delivery of Medical Degrees at Bangor University in partnership with Cardiff University		1	Cardiff University in partnership with Bangor University have 21 students undertaking their medical degree in north Wales. Students spend 12 months in Primary Care as part of their 4 year course		1	1) Ensure sufficient capacity with Primary Care for medical students			01 September 2020		
The Health Board continues to work in partnership with local HE providers to secure funding for and delivery of courses and programmes of education to attract and retain the workforce in north Wales		1	The development of the North Wales Dental Academy in partnership with HEIW, WG and Bangor University will provide an essential resource and training environment for the dental practitioners include Dental Hygienists and Dentists.		1	1) Establish Dental Training Unit in Bangor			01 April 2022		
Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).		2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.		1	Development of broader cluster membership with the further integration with locality services.			30 September 2021		
Review comments since last report: Update since the last submission to Board included in further actions to consider assumed GP retirements. Business Case drafted for further development of PACCA; DTU delivery programme on track with 'bidder event' held and funding agreed with WG. Six posters of primary care innovation hosted at the RCGP UK event 11/12th February 2021.											
Executive Lead: Chris Stockport, Executive Director of Primary and Community Services					Board / Committee: Strategy, Partnership and Population Health Committee					Review Date: 15 February 2021	
Linked to Operational Corporate Risks: CRR20-05 Timely Access to Care Homes											

Strategic Priority 3: Mental Health Services

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.	2	T4MH Partnership Board which oversees implementation of the strategy and includes key partners.	2	First meeting is due to be held on 22nd January. We need to agree a cycle of business for the partnership board.	31 March 2021
Deputy Director attendance at Regional Leadership group with regular feedback into the MHL Division to ensure two-way communication and engagement.	2	Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues	2		31 March 2021
Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.	2	Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.	2	To present update of service model to Regional Leadership Group.	31 March 2021
In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.	1	The MHL Division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.	1		31 March 2021
Regular and concise communication with all staff groups across the division.	1	Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication.	1	Divisional Directors to continue to sign off fortnightly communications newsletter prior to circulation.	Commenced 24 November 2020. This is now complete and embedded practice within the Division
Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.	2	Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working.	2	To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review.	31 March 2021
Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.	3	Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHL services. Deputy Director & Director of Nursing are attending the CHC AGM.	3	MHL Division to agree process for sharing feedback from events with staff groups.	31 March 2021

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 28 January 2021
--	--	--

Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-21		Risk Rating	Impact	Likelihood	Score	Appetite
Workforce Optimisation						
There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible)to resource deliverly of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.	Inherent Risk	4	5	20	Low	
	Current Risk	4	4	16	1 - 6	
	Target Risk	4	3	12		

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
Establishment Control Policy and system in place. Pipeline reports produced monthly for review and action by managers across the organisation. Roster management Policy. Recruitment Policy. Safe Employment Policy.	2	1. Review of Vacancy control process underway to establish a system for proleptic/proactive recruitment against key staff groups/roles. 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention.	2	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway. A. Workforce Service Review programme commissioned. G. Previous structure for planning and recruitment dispersed across secondary care sites, area teams, MHL D. Once for North Wales approach required. A. Revised delivery group structure developed subject to further refinement and approval. G. Use of technology requires review and improvement A. Scope for review of systems and usage to be drafted.	30 April 2021
Workforce plans for each of the core priority programmes: 1. Existing USC delivery. 2. Existing Planned Care Delivery. 3. Existing TTP delivery. 4. USC Surge Plan. 5. Planned Care Recovery Plan. 6. TTP resilience plan. 7. COVID Vaccination Plan.	1	1. Review and development of a clear Workforce planning process. 2. Workforce Service Review programme commissioned.	1	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway. A. Workforce Service Review programme commissioned.	30 April 2021
Temporary Staffing Policy. Medical Bank Protocol.	1	1. Temporary Staffing Solutions Plan under development.	1	G. Temporary bank primarily established to support Nursing and Health Care Support. A. Medical Bank established with contract with MEDACs in place for 2020/22. A. Plan to establish BCU Temporary Staffing Solutions under development. Service to cover all staff groups and include "ready to work" pipeline.	30 June 2021

Review comments since last report: Reviewed w/c 8 February 2021. No further changes made/required.

Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development	Board / Committee: Strategy, Partnerships and Population Health Committee	Review Date: 8 February 2021
---	---	--

Linked to Operational Corporate Risks:

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)	Date
BCUHB Task & Finish Group set up and in place reporting to Civil Contingencies Group.	2	Risk assessment and action planning to respond.	2	Risks arising from trade deal agreed in December are being assessed by WG policy leads and local BCU HB assessments will be updated later in January.	31 January 2021
Business Continuity Plans including response to supply chain disruption in place and monitored by Civil Contingencies Group.	2	National and local procurement plans to hold increased levels of stocks; pharmacy and medicines management team work with pharmaceutical procurement and suppliers; food stocks and capacity to be maintained at increased levels.	1	Monitoring of any disruption in the weeks following end of transition period, given the potential impact of changes to trading arrangements notwithstanding agreement of the deal.	31 January 2021
All Wales SROs' Group monitors Health Board action plans and reports into WG Leadership Group.	3	National scrutiny and support processes including escalation mechanisms; national procurement actions to address risks to supply chain.	3		31 January 2021
National Emergency Planning Leads Group oversees Emergency Planning response.	3	National preparedness and response infrastructure in place. Twice weekly reporting through SCG to the national leads.	3		31 January 2021

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 26 January 2021
--	--	--

Strategic Priority 5: Effective Use of Resources

Development of Annual Operational Plan 2021/22

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Executive led planning process in place responsible for meeting the Welsh Government requirements for the development / implementation of an operational plan for 2021/22	2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive led Planning Workstream, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation - agreed programmes with designated Executive lead, programme lead			
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2021/2022 plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Strategy, Partnership and Population Health Committee.	2	1) Developed Cluster Plans to influence the Primary Care Recovery Plans. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Programme Groups led by designated programme lead with input from Divisional Teams with direct reporting to the Planning Workstream. 3) Planning and Performance, workforce, financial and informatics	2	1) Co-produce 2021/24 Planning principles, timetable and key deliverables with ET, EMG and SPPH Committees. 2) Develop and implement response/communication mechanisms to ensure consistency across the organisation in relation to developing the plan. 3) Equip programmes with capacity and capability to deliver timely plans with clear service, activity, financial and workforce impacts through dedicated programme management and support comprising of planning, finance, informatics and workforce building on a commissioning programme approach.	Complete Complete 31 March 2021
BCUHB Annual Planning cycle in place that responds to national NHS Wales annual planning timetable and requirements.	2	Welsh Government annual planning framework issued.	2	Strengthen links with Communications Team to improve the engagement of the Plan and its development.	Complete

This new risk has been created taking into account the revised Welsh Government reporting requirements.

Executive Lead:	Board / Committee:	Review Date: 27 January
<p>Linked to Operational Corporate Risks:</p>		

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnership and Population Health Committee 23.2.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Quarters 3 and 4 Operational Plan Monitoring Report to 31 January 2021						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance						
Awdur yr Adroddiad Report Author:	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance						
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Strategy, Partnership & Population Health Committee is asked to note the report							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarters 3 and 4							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during Quarters 3 and 4 of 2020/21. The Executive Lead reviews on a monthly basis their actions and indicates the relevant RAG-rating. Where an action is complete, this RAG rating is purple. Amber and red ratings are used for actions where there is a risk to delivery, or where delivery was being achieved. For red rated actions, a short narrative is provided. In cases where there was a previous red narrative, and within one month this has been rated as purple, a narrative is also provided. It should be noted for January 2021 there are 12 red, 6 amber, 13 green and 4 purple ratings this month.							
Asesiad / Assessment & Analysis							

Strategy Implications

Delivery of the operational plan actions is key to implementation of the Board's strategy

Options considered

N/A

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources

Risk Analysis

The RAG-rating reflects the risk to delivery of key actions

Legal and Compliance

This report was made available to the public when published for the Finance & Performance Committee in January 2021

Impact Assessment

The operational plan has been Equality Impact Assessed.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

Plan Monitoring Report Quarters 3 and 4 2020/21

Position as at 31 January 2021

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

About this Report

- The Quarter 3 and 4 Plan has been agreed by the Health Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons
- The Quarter 3 and 4 plan relates to the need to maintain essential non COVID-19 services to minimise risk of harm for life-saving or life-impacting treatments, whilst meeting the additional demands of winter pressures
- This report details the assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31 March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the position as at 31 January 2021. The complete report has been reviewed and approved by the Executive Team.
- Work is underway in developing the plan for 2021/22 which will reflect the shift in phasing of response to the pandemic, from mobilisation towards parallel running of the pandemic, and re-activation of some business as usual activities where it is safe to do so. This reflects transition to sustainable service delivery phase of the plan.

RAG	Every month end	by expected delivery date	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: A concise narrative explaining the level of risk to successful delivery of the Action within the agreed timescale is provided.
Purple	Achieved	Achieved	Where RAG is Purple: Evidence that the Action has been achieved may be requested

Table of Contents

Front Cover	1	Chapter 7: Mental Health & Learning Disabilities	18 & 19
About this Report	2	Chapter 8: COVID-19 Oversight	20
Table of Contents	3	Chapter 9: Digital Health	21 & 22
Chapter 1: Test, Trace & Protect	4	Chapter 10: Estates/ Capital	23 & 24
Chapter 2: Promoting Health & Well-being	4	Chapter 11: Workforce & Organisational Development	25 to 27
Chapter 3: Planned Care	5 to 10	Chapter 12: Performance & Accountability	28
Chapter 4: Unscheduled Care	11 & 12	Chapter 13: Finance	28 & 29
Chapter 5: Primary & Community Care	13 & 14	Further Information	30
Chapter 6: Children's Services (inc CAMHS)	15 to 17		

Chapter 1: Test, Trace and Protect

Test, Trace, Protect									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
1.00	safe, secure and healthy environment for our people	SPPH	Test, Trace, Protect (TTP) service established across North Wales to minimise the spread	Executive Director of Public Health	30/11/20	P			
1.20	safe, secure and healthy environment for our people	SPPH	Antigen Testing service established with ability to effectively respond to surges		31/10/20	P			
1.30	safe, secure and healthy environment for our people	SPPH	Tracing service established and key performance indicators achieved		30/11/20	P			
1.40	safe, secure and healthy environment for our people	SPPH	Protect plan established		20/12/20	A	G	P	

Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
1.60	safe, secure and healthy environment for our people	SPPH	Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	Executive Director of Public Health	In line with national policy and guidance	P			

Continuation of Restart

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.3	Essential services & safe planned care	F&P	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	P		

DEMAND AND CAPACITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.4	Essential services & safe planned care	F&P	Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists.	Chief Operating Officer	31/10/20	P			
2.5	Essential services & safe planned care	F&P	Identify specialities where the 'Once for North Wales' approach is not able to provide the required level of access to services.			P			
2.6	Essential services & safe planned care	F&P	Review of external capacity for key providers			R	R	P	
2.7	Essential services & safe planned care	F&P	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A	R	R

RISK STRATIFICATION

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.8	Essential services & safe planned care	F&P	Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework.	Chief Operating Officer	19/10/20	P			
2.9	Essential services & safe planned care	F&P	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	R	P	

OUTPATIENTS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.	Chief Operating Officer	31/03/21	A	A	G	G
3.10	Essential services & safe planned care	F&P	Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.		31/12/20	A	A	P	
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients			G	G	P	

PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
3.40	Essential services & safe planned care	F&P	Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy	Chief Operating Officer	31/10/20	G	P		

PATHWAY DEVELOPMENT										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
4.10	Essential services & safe planned care	QSE	Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy	Executive Medical Director	31/12/20	A	A	P		
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/03/21	A	A	A	A	
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy			A	A	A	A	

PLANNED CARE SPECIALTY SPECIFIC PLANS										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
4.4	Essential services & safe planned care	F&P	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Chief Operating Officer	30/11/20	A	R	R	R	
4.5	Essential services & safe planned care	F&P	Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic	Executive Director of Planning & Performance	30/11/20	A	P			
4.6	Essential services & safe planned care	F&P	Review of Orthopaedic business case in light of DTC feasibility work.	Chief Operating Officer	31/12/20	G	G	R	P	
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	P		
5.10	Essential services & safe planned care	F&P	Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.		31/12/20	G	G	P		
5.20	Essential services & safe planned care	F&P	Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.		31/10/20	R	R	P		
5.30	Essential services & safe planned care	F&P	Review of phlebotomy service model in light of covid-19		31/10/20	P				
5.40	Essential services & safe planned care	F&P	Implement year one (2020/21) plans for Endoscopy		30/11/20	G	G	P		

SERVICE SUSTAINABILITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	R	R	P
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/03/21	G	G	G	G

MANAGING CAPACITY – WINTER/COVID

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.60	Essential services & safe planned care	F&P	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	02/11/20	G	P		

Action 2.7: Develop and implement plans to support patients to actively manage symptoms/optimise their health whilst waiting for treatment.

- Proposals for digital applications in (initially orthopaedics) are being delayed due to IT capacity, discussions are on-going on how this can be taken forward with IT and clinical leads are to agree and implement plans for their respective specialties
- This work aligns to the 6 point plan for planned care which focusses on effective clinical risk stratification, care pathway development and the interface with value based healthcare
- Work on the overall planning for planned care is progressing and it is expected that this specific action will be completed by 31 March 2021

Action 4.20: Ensure PREMs are included in the development of pathways where feasible and appropriate.

- PREMS work is fully aligned with Value Based Health Care, which has been slow to start due to COVID-19. The anticipated resources of recruitment of personnel with Value Based Healthcare Commissioning (VBHC) expertise has not progressed as previously planned. The work however it is now being considered as an integral part of the overall improvement and transformation strategy
- Negotiations with Welsh Government (WG) have now resulted in agreement where central VBHC resources will be made available for a number of sessions per week. The anticipated start date for a senior colleague to join BCU is March 2021. This will enable us to start the process for some selected and key pathways
- The Executive Director of Finance and Executive Medical Director are working jointly as Executive leads to take this work forward. Geoff Lang has been identified as the Programme Lead (Finance) and we anticipate that the feasible and appropriate pathways will include PREMS by 31 March 2021

Action 4.30: Develop the process to arrive at a Digitally Enabled Clinical Services Strategy

- Following discussions with the Chair and Independent Members, a fresh approach is being discussed at Board after which progress will be made. A clearer way forward is forming after a recent Board workshop, and the Executive Team will be discussing next steps with an aim to provide internal alignment of thoughts and then to agree a process
- The above approach will be based on a refresh of the LHSW and The Executive Director of Planning and Performance and the Executive Medical Director are working together on a plan to present to Executive Team in March 2021
- The Executive Medical Director is the Executive lead for action with very close working with Executive Director of Planning and Performance and progress will be reviewed at the next Executive Team in February 2021

Action 4.40: Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

- The business case to support the delivery of this action has been reviewed internally and feedback provided (engaging the relevant leads and clinical support)
- The case will be presented to the Executive Team in March 2021
- Progress to date has been delayed due to the pressures on the services
- Action to date will be reviewed at the Planned Care Performance Review Meeting to be held on 23 February 2021

Unscheduled Care									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.70	Safe unscheduled care	F&P	Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUIB overarching Winter Resilience Plan for 2020-21	Chief Operating Officer	31/10/20	G	P		

Surge Plans									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
7.40	Safe unscheduled care	F&P	Develop surge plans for secondary care, community and primary care services, including the development of specific schemes	Chief Operating Officer	31/10/20	G	P		
7.50	Safe unscheduled care	F&P	Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4.			G	P		
7.60	Safe unscheduled care	F&P	Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes.			G	P		
7.71	Safe unscheduled care	F&P	Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed.			G	P		

Phone First										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
9.00	Safe unscheduled care	F&P	Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage	Chief Operating Officer	31/12/20	A	A	P		
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		01/10/20	G	P			

Emergency Department Quality Delivery Framework (EDQDF)										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
9.70	Safe unscheduled care	F&P	Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)	Chief Operating Officer	31/03/21	G	G	P		

Primary Care										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
9.90	safe, secure and healthy environment for our people	SPPH	Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Executive Director Primary & Community Care	31/03/21	G	G	G	G	

Capture and embed proven technologies in primary care										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
10.40	safe, secure and healthy environment for our people	SPPH	Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of:	Executive Director Primary & Community Care	31/03/21	P				
10.50	safe, secure and healthy environment for our people	SPPH	Implementation of the on line platforms			P				
10.60	safe, secure and healthy environment for our people	SPPH	Roll out of New Technology Training /support			P				
10.70	safe, secure and healthy environment for our people	SPPH	Undertake patient satisfaction surveys			P				

Implement General Medical Services Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
11.70	Essential services & safe planned care	SPPH	Implement Welsh Government GMS Recovery Plan	Executive Director Primary & Community Care	31/10/20	P			

Implement Dental Services Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/03/21	G	G	G	G

Implement Community Optometry Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	P		

Community Health & Social Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/01/21	A	A	A	R

Support Care Homes and reintroduce CHC

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
13.90	Safe unscheduled care	RPB/ SPPH	Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Executive Director Primary & Community Care	31/12/20	G	G	P	
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	R	R

Action 13.70: Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation

- The previous stroke draft business case has been produced and is currently undergoing revision. Due to colleagues being heavily committed to the COVID response the 31 January 2021 deadline has not been met. However, a draft business case is being checked through for impact (week commencing 8 February 2021)
- The Programme Lead for the Business Case development has been identified as Rob Smith, Area Director
- It is anticipated that a revised business case will be submitted on 15 February 2021

Action 14:00: BCU wide Continuing Health Care (CHC) Recovery Plan in operation

- The Area Teams were initially unable to fully implement their recovery plans due to COVID pressures. However, Area Teams are now re-basing their recovery plans for the Audit Wales reporting in February 2021
- The care home resident and staff vaccination programme, alongside wider public measures and lockdown effectiveness, is anticipated to result in the realignment of wider care home plans in Quarter 2 of 2021/22
- All areas have been requested to provide an update on progress to date; and the rebased recovery plans will be reviewed by the CHC and Performance Team in February 2021

Deliver Safe & Effective CAMHS Services									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
15.40	Improvement of Mental Health Services	QSE	CAMHS – Continue to deliver remote consultations via Attend Anywhere	Executive Director Primary & Community Care	31/12/20	G	G	P	
15.50	Improvement of Mental Health Services	QSE	Restart face to face planned care assessment and intervention work in CAMHS (once approved to start)			G	G	P	

Neuro-Development									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
16.00	Improvement of Mental Health Services	QSE	Work towards providing Assessments and improve performance against the 26 week target	Executive Director Primary & Community Care	31/12/20	R	R	R	R

16.00: Work towards providing Assessments and improve performance against the 26 week target

- Lost activity/capacity during the pandemic has increased the waiting list as well as impacting on previous improvements. A new external supplier was appointed and commenced in January 2021 focussing work on the historical waiting list
- Planning submission, including cost of waiting list recovery, has also been submitted for consideration . In addition, there is a continuous recruitment drive to support the full establishment of the teams and an increase in external supplier through repeated tender once funding has been established and agreed. The lead for this action has been identified as Andrew Galton, Assistant Area Director for Children's Services East Area
- A new supplier projection is for initial 600 cases in the first 12 months increasing to over 250 per quarter afterwards. The first review will take place at the end of February 2021 with aim to increase the growth of projection. Finance requests have now been submitted (January 2021). As indicated recruitment drives are ongoing. Direct contact is now being made with university career teams to establish and strengthen relationships (review July 2021) coupled with an increase in supplier via tender by June 2021

Mental Health & Learning Disabilities									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
16.40	Improvement of Mental Health Services	QSE	Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.	Executive Director of Public Health	31/03/21	G	G	G	G
16.80	Improvement of Mental Health Services	QSE	The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.			A	A	G	G
16.90	Improvement of Mental Health Services	QSE	The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.			A	A	G	G
17.00	Improvement of Mental Health Services	QSE	The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.			A	A	A	A
17.10	Improvement of Mental Health Services	QSE	Additional CPN support to care home sector to avoid admission to acute setting and support early discharge			A	A	A	A

17.00: The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for COVID-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.

- The informatics team has produced initial data reporting the number of admissions to Intensive Care Units (ICUs). This data requires further analysis to explore the demand and capacity requirements going forward. The work is being led by the Divisional Medical Director, via a task & finish group (which has now met to explore, consider and plan for this work)
- The Divisional Medical Director will link with the Executive Director Of Therapies & Health Sciences to join a BCU wide group and the action will be reviewed in March 2021

17.10: Additional Community Psychiatric Nurse (CPN) support to care home sector to avoid admission to acute setting and support early discharge

- There has been delays in progressing this action due to COVID. However, funding has been secured and recruitment is progressing
- Anticipated recruitment Q1 2021/22 with a review taking place June 2021

Covid 19 Oversight										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)	Executive Director Primary & Community Care	09/10/20	P				
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		01/11/20	A	R	P		
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework		09/10/20	P				
17.50	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity		01/11/20	A	R	P		

Chapter 9: Digital Health

Digital Health										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
17.70	Effective use of resources	D&IG	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Executive Director Primary & Community Care	30/06/21	R	R	R	R	
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R	R	P	
17.90	Effective use of resources	D&IG	Development of the digital health record		31/03/21	G	G	G	G	
18.00	Effective use of resources	D&IG	Implementation of Baseline pan-BCU Health Records Project		31/12/20	G	G	R	P	
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G	R	R	
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	P			
18.30	Effective use of resources	D&IG	Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		31/12/20	G	G	P		

Action 17.70: Phase 3 of Welsh Patient Administration System (WPAS) re-focus on West implementation

- There has been a delay in delivery as NHS Wales Informatics Service (NWIS) have had to prioritise their delivery of WPAS at BCUHB due to a higher priority of having to move the Blaenavon Data Centre
- Option 1, provided by NWIS, is to restart fully in September 2021 with the approach of West into Central; this should be completed by May 2022
- Due to the change of approach, informatics are undertaking an integration impact assessment to pre-empt any issues
- The Senior Responsible officer (SRO) has been identified as Kate Clark, Deputy Medical Director, a Situation, Background, Assessment, Recommendation (SBAR) report has been taken to Finance & Performance Committee in January 2021

Action 17.80: Pending approval of the business case – deploy WEDS

- The date indicated in the plan was for the approval of the Business Case and not delivery of WEDS. The Business Case has now been approved by the Finance & Performance Committee (28 October 2020). The Project delivery is on target
- Rollout to the remaining areas in Phase 1 is planned for the end March 2021

Action 18.00: Implementation of Baseline pan-BCU Health Records Project

- Appointment of health records roles to undertake a baseline review is now complete (This is the action was due for completion by 31 December 2020) The baseline exercise is expected to be completed by 31 March 2021

Action 18.10: Implementation of Digital dictation project

- Upgrade is now complete
- Due to the complexity of the integration messaging from Patient Information Management System (PiMS) and its unexpected behaviour within electronic reported patient outcome (EPRO) the project is experiencing a delay in West Area
- Whilst these issues are being resolved we are taking the opportunity to accelerate the roll out in the Central Area. We have a plan in place with the supplier to have West roll out back on track for February 2021. A revised end date for West is now 31 March 2021 (West Area roll out)

Estates/ Capital									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/01/21	A	A	A	R
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G	P	
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	P		
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G	R	R
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/03/21	G	G	R	R

18.40: Ablett Mental Health Unit Outline Business Case

- The outline planning decision was discussed on 12 December 2020,. It was agreed to pause to enable the Divisional Senior Leadership Team (DSLTL) to review the business case to ensure alignment with the divisional strategy. Jill Timmins, Programme Director is leading this work
- The supply chain partners are reviewing costings of an alternative Ysbyty Glan Clwyd site option
- A formal timeline is yet to be agreed, but the Programme Board will meet on 18 February 2021 to discuss next steps. Discussions also remain on-going with Welsh Government colleagues

18.70: Ysbyty Gwynedd Compliance

- The final draft business case was presented and noted by the Capital Investment Group in January 2021. It is now being finalised for presentation and support by the Executive Team and Finance and Performance Committee, subject to Executive Team support, it will reach the Finance and Performance Committee in March 2021

18.80: Wrexham Maelor Hospital

- The project team have reviewed timescales for an outline business case; the firm timescale is end of June 2021.
- Further delays have been encountered in appointing a supply chain partner, project manager and cost advisor; although all are now in place. COVID-19 has also created problems in undertaking the surveys due to access restrictions and operational imperatives; the surveys have now been completed.
- As progress has now been made means we remain confident in the delivery of the revised timescale (June 2021)

Chapter 11: Workforce & Organisational Development - Page 1 of 2

Workforce and Organisational Development - Part 1										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
19.80	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	P		
19.90	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery		31/12/20	G	G	P		
20.00	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.		31/12/20	A	A	R	R	
20.20	safe, secure and healthy environment for our people	QSE	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with		31/03/21	A	A	A	A	

Chapter 11: Workforce & Organisational Development – Page 2 of 2

Workforce and Organisational Development - Part 2									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
20.30	safe, secure and healthy environment for our people	QSE	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director of Workforce & Organisational Development	31/3/21	A	A	R	A
20.50	safe, secure and healthy environment for our people	QSE	Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose		31/03/21	A	A	A	G
20.70	safe, secure and healthy environment for our people	QSE	Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement.		31/01/21	A	G	G	G
20.80	Effective use of resources	SPPH	Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.	Executive Medical Director	31/03/21	A	A	G	G

20.00: Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.

- Agile working guidance has been now been produced along with self assessment and teams support for staff requiring an ergonomic assessment of their workplace
- A wider piece of work on the infrastructure Estates/Facilities strategy is required to develop longer term solutions to agile work practices
- This work will be reviewed in February 2021

20.20: Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with.

- A review of the Health & Safety (H&S) Strategy has been undertaken in year 2 to further identify gaps in compliance and reduce risks
- Risks associated with COVID-19 are addressed by Health and Safety Team through investigation of incidents, Risk assessment support for vulnerable staff, social distancing reviews and Make is Safe (MIS) reviews
- Additional support is being utilised to review specific estates risks and escalation through internal audit and the Strategic Health and Safety Group to provides assurance of plans and actions being implemented to mitigate risks
- The significant risks, identified in the Board Assurance Framework, have a completion date of September 2021

20.30: Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff

- An external resource has been secured to support the development and implementation of the infrastructure in the medium term
- Funding has been secured to get an immediate short term solution in place and this is being worked up and being looked to be implemented by 15 February 2021

20.50: Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose.

- Support has been established, through an external partner working closely with the Organisational Development (OD) team, and additional internal strategic support to develop a procurement specification for securing an external partner to work with the organisation. The objective is to realise our ambition for sustainable improvement and strengthen our strategic organisational development infrastructure
- A draft specification has been discussed with the Chief Executive Officer, amendments have been made following feedback and is now ready for further review.
- The specification details a route map to support a strategic OD programme and sustainable improvement approach and identification of infrastructure required to support the programme to facilitate commencement in April 2021/22

Chapter 13: Performance & Accountability – Integrated Governance

Performance & Accountability: Integrated Governance										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
20.90	Integrated governance structure	F&P	To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	P		

Chapter 14: Finance: Effective Use of Resources

Finance: Effective use of resources										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/21	G	G	G	G	
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/21	G	G	G	G	
22.03	Effective use of resources	F&P	VBHC implementation		31/03/21	G	A	A	R	

22.03: Value Based Healthcare Commissioning (VBHC) implementation

- Work on the Value Based Healthcare Plan has been delayed whilst arrangements for the Health Board's overall transformation and improvement programme are finalised. This work is to ensure that VBHC is fully aligned with this approach.
- Implementation will now progress in Quarter 1 of 2021/22

Further Information

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
- Stats Wales www.bcu.wales.nhs.uk
www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	North Wales Dementia Strategy					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:	Wendy Hooson Head of Health Strategy and Planning (Acting)					
Craffu blaenorol: Prior Scrutiny:	The North Wales Dementia Strategy has been approved by the Regional Partnership Board. The Strategy has been discussed and agreed by the Executive Team. Comments received will be addressed as part of the strategy implementation.					
Atodiadau Appendices:	Background papers include: Appendix 1 North Wales Dementia Strategy (March 2020) Appendix 2 Equality and Well-being Impact Assessment Report Appendix 3 Outline Dementia Strategy Implementation Plan					
Argymhelliad / Recommendation:						
The Strategy, Partnerships and Population Health Committee is asked to approve the North Wales Dementia Strategy on behalf of the Board.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The Social Services and Well-being (Wales) Act 2014 includes a legal duty for Regional Partnership Boards to prioritise the integration of services in relation to older people with complex needs and long term conditions, including dementia. Support for people living with dementia is a priority in the North Wales Regional Plan produced by the Regional Partnership Board.</p> <p>The North Wales Dementia Strategy Steering Group reports to the Regional Partnership Board through the Regional Leadership Group.</p> <p>The Strategy has been developed by the North Wales Dementia Strategy Steering Group, which includes members from the six North Wales Local Authorities and Betsi Cadwaladr University Health</p>						

Board (BCUHB) with support from Public Health Wales, Bangor University, people with lived experience of dementia, carers and other partners.

The Strategy has been approved by the Regional Partnership Board (RPB). The partnership approval/scrutiny process now requires the Local Authorities and BCUHB to seek approval of the Strategy via their respective governance routes.

The Strategy has been discussed and agreed by the Executive Team. Comments received will be addressed as part of the strategy implementation. No material issues were raised. Clinical and senior management representatives from the Mental Health and Learning Disability Division were involved in the development of the Strategy. Engagement has recently taken place with Care of the Elderly Physicians pan North Wales.

Cefndir / Background:

There are between 10,000 and 11,000 people living with dementia in North Wales and the number is likely to increase as the number of older people in the population increases. Women are more likely to have dementia than men, possibly because they live longer. In North Wales an estimated 6,300 women have dementia and 3,700 men. It is also estimated that 2,700 people living with dementia in North Wales will be Welsh speakers.

The Strategy addresses the needs of people living with dementia in North Wales, including people with young onset dementia, people with mild cognitive impairments and carers of people living with dementia. It is committed to strengthening Welsh language services and providing an active offer through the Mwy na geiriau / More than Just Words Framework.

The Strategy provides a description of current services and the actions required to improve and support the integration of services. It was informed by data and information from the North Wales Population Assessment and a 15 week programme of engagement to establish what people thought about dementia services in North Wales and to seek comments on the proposed strategic themes.

Asesiad / Assessment & Analysis

The Dementia Strategy sets out how partners will work towards the integration of dementia services in North Wales.

It is based around the themes of the Welsh Government Dementia Action Plan with the addition of a specific priority for carers. These themes were supported by the engagement findings:

- Risk reduction and delaying onset
- Raising awareness and understanding
- Recognition and identification
- Assessment and diagnosis
- Living as well as possible for as long as possible with dementia
- The need for increased support
- Supporting carers

It sets out 33 actions under each of the themes described above. Examples of which include:

- Continuing to expand and improve current service provision
- Expanding the provision of memory clinics
- Supporting research into the cause of dementia
- Facilitating information sharing between colleagues and people affected by dementia
- Integrating training and commissioning for carers and health staff
- Raising awareness and continuing dementia friendly work with the general public, the provision of information on how to get diagnosed and expanding dementia friendly organisations and towns

It is aligned to the following strategies and programmes including:

- The North Wales Carers Strategy
- The North Wales Together for Mental Health Strategy
- The North Wales Learning Disability Strategy
- The BCUHB Dementia Strategy 2018 to 2020
- The Dementia Action Plan for Wales 2018 – 2022

The Strategy has been impact assessed against the seven well-being goals of the Well-being of Future Generations Act (refer to Appendix Two) – the overall outcome of which has been described as positive. It was noted however that every effort must be made to ensure a low carbon model by providing services closer to home where possible and appropriate to do so, and by making the most of support available from friends, family and local communities. Further Impact Assessments on changes to services, projects and policies will be undertaken as the Strategy is implemented.

Options considered

The Strategy has been developed around the themes of the Welsh Government Dementia Action Plan. These themes were supported by the outcome from the programme of engagement.

Financial Implications

The North Wales Dementia Strategy Steering Group is chaired by the Interim Deputy Director for the Mental Health and Learning Disability Division and will be responsible for overseeing and driving implementation of the Strategy. The Steering Group will determine any financial implications across the system and lead on any regional projects developed in response to the Strategy. Where possible alternative funding will be sought and services or projects will not be established unless it is known how posts will be funded. Some reconfiguration of services will be necessary in order to meet Strategy requirements. .

The region has been successful in a bid to Welsh Government to fund a Project Manager post to work with partners to co-ordinate implementation of the strategy from national ICF funding for a period of one year. Recruitment to this post has been successful and a Project Manager was appointed in December 2020.

Risk Analysis

- There is a risk that the level of integration will not meet Welsh Government requirements under the Social Services and Well-being (Wales) Act 2014. To mitigate against this risk a partnership approach will be taken to the project
- There is a risk that the process will not involve service users and carers in a meaningful and co-productive way. To mitigate, it is intended to embed participation in the process and consider commissioning a specialist organisation to support. Documents will be produced in a variety of accessible formats
- The Covid-19 outbreak is likely to impact on implementation of the Strategy. Some aspects of the project may need to change and work will be carried out more remotely. Relevant staff may be needed to work elsewhere to help with the emergency response. Other staff may be working from home in isolation. The Steering Group will be re-convened to oversee implementation and to give consideration to the impact of Covid-19.

Legal and Compliance

There are no legal implications. The North Wales Dementia Strategy Steering Group will have responsibility for implementing the Strategy and shall report to the Regional Partnership Board.

Impact Assessment

An Equality and Well-Being Impact Assessment has been written to inform the Strategy and includes anti-poverty, environmental and equality issues. Further Equality Impact Assessments will be carried out as detailed plans and projects are developed under each area of work.

The aim of the Strategy is to improve services for people with dementia in North Wales. If this is achieved it should have a positive impact on people's health, reduce inequalities and support the development of cohesive communities in North Wales. The overall impact of implementing the Strategy is therefore considered to be positive. It is recognised however that whilst there are benefits of working together as a region to develop the strategy it is essential that differences between areas is taken into account when designing services in order to meet local needs rather than regional structures.

Conclusion

In conclusion, an outline Implementation Plan has been developed by the North Wales Dementia Strategy Steering Group (refer to Appendix Three). Progress on implementation will be provided to

SPPH by the Chair of the Steering Group on a rolling cycle, and incorporated within the mental health and community services/transformation fund updates.



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales

Dementia Strategy

March 2020



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Iechyd Cyhoeddus
Cymru
Public Health
Wales



CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL



CYNGOR BWRDEISTREF SIROL
COUNTY BOROUGH COUNCIL



Cyngor
sir ddinbych
denbighshire
County Council



CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL



wrexham
COUNTY BOROUGH COUNCIL
CYNGOR BWRDEISTREF SIROL
wrecsam

Contact us

North Wales Social Care and Well-being Improvement Collaborative

County Hall, Wynnstay Road, Ruthin, LL15 1YN

Email: northwalescollaborative@denbighshire.gov.uk

Phone: 01824 712432

Website: www.northwalescollaborative.wales

Contents

Introduction	4
Risk reduction and delaying onset	7
Raising awareness and understanding	10
Recognition and identification	14
Assessment and diagnosis	17
Living as well as possible for as long as possible with dementia	20
The need for increased support	25
Supporting carers	29
Putting the strategy into action	33
Appendix 1: Strategies and legislation	34

Introduction

Support for people living with dementia is a priority in the North Wales Regional Plan (Area Plan) based on what people told us was important to them as part of the population assessment.

There is also a legal duty in the Social Services and Well-being Act 2014 for Regional Partnership Boards to prioritise the integration of services in relation to older people with complex needs and long term conditions, including dementia.

The strategy sets out how we will work towards integrated dementia services in North Wales. It has been developed jointly by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, Bangor University and other partners.

About the strategy

The strategy focusses on the needs of people living with dementia in North Wales, including people with young onset dementia and people with mild cognitive impairments. It sits alongside other strategies and programmes including:

- [The North Wales Carers Strategy](#)
- [The North Wales Together for Mental Health Strategy](#)
- [The North Wales Learning Disability Strategy](#)
- [BCUHB Dementia Strategy 2018 to 2020](#)
- Ageing Well plans
- [National Institute for Health and Care Excellence \(NICE\) guideline \(NG97\) Dementia: assessment, management and support for people living with dementia and their carers](#)
- [Dementia Action Plan for Wales 2018-2022](#)
- Welsh Language (Wales) Measure 2011

A full list of strategies and legislation that influenced the strategy is in [appendix 1](#).

The welfare benefits system and the way that social care is funded are responsibilities of the UK Government and Welsh Government so are outside the

scope of this strategy, although they do have a significant impact on the well-being of people affected by dementia.

What is dementia?

The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other causes such as vascular dementia or dementia with Lewy bodies.

Young onset dementia is where someone is under the age of 65 at the point of diagnosis and affects about 5% of people who have dementia.

Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia but not everyone with a mild cognitive impairment will develop dementia.

How we wrote the strategy

Background data and information

We used information from the North Wales Population Assessment and updated it for the strategy. We produced a background paper which includes the numbers of people living with dementia in North Wales now and expected in the future as well as data about equality and human rights. It also includes all the references for the statistics and research findings used in this strategy.

Consultation and engagement

We carried out a 15 week consultation (from 1 May to 19 August 2019) to find out what people thought about dementia services in North Wales, what works well, what could be improved and the themes of the strategy. The findings have been written up in a detailed consultation report. We also held an event in November 2019 to share and receive feedback on our findings so far. We have shared a [video of the event presentations and handouts](#) on the regional collaboration website, along with a detailed [event report](#).

Service mapping

We carried out a mapping exercise of the different services in North Wales. This is a snapshot of current services that was combined with other feedback to inform the strategy. The service mapping report includes more details of services summarised in the strategy. Copies of the list of individual services are available on request.

Well-being and equality impact assessment

We carried out a well-being and equality impact assessment on the strategy and updated it at key points in its development. This was to help identify any potential inequalities arising from the development and delivery of the strategy.

The assessment found that if the strategy's aims are achieved, it should have a positive impact on people's health, reduce inequalities and support the development of cohesive communities in North Wales.

It should be noted that any changes to services or new services developed in response to the strategy will need to conduct a separate equality impact assessment.

Governance

The work was overseen by a Dementia Strategy Steering Group that included representatives from the six local councils in North Wales, BCUHB, people with lived experience of dementia and other partner organisations. The steering group reported to the Regional Partnership Board through the North Wales Leadership Group.

The priorities

The strategy is based around the themes of the Welsh Government Dementia Action Plan with the addition of a specific priority for carers. These themes are based on the findings from the consultation.

Risk reduction and delaying onset

Welsh Government recommend [six steps](#) that people can take to reduce their risk of dementia. These are:

- Step 1: Be physically active
- Step 2: Maintain a healthy weight
- Step 3: Be socially and mentally active (follow the [5 ways to wellbeing](#)).
- Step 4: Avoid drinking too much alcohol
- Step 5: Stop smoking
- Step 6: Commit to review your health

What we know about the population

Around 52% of adults in North Wales do the recommended 150 minutes of exercise each week, 22% eat five fruit or vegetables each day and around 40% are a healthy weight. Around 18% drink more alcohol than the recommended guidelines and 19% of adults smoke.

More people in North Wales (53%) feel a sense of community than the Wales average (50%) and 16% of adults say they feel lonely. All these risk factors are closely linked with deprivation and other social causes of poor health.

Welsh is spoken across the region with the 2011 census showing, 27% of people aged 65 and over in North Wales speak Welsh. This ranges from 9% in Flintshire and Wrexham to 62% in Gwynedd. This has important implications for planning and delivering equal language provision across the region without Welsh speakers having to request this provision.

There is also a link between hearing loss and increased risk of dementia in adults over 55 years old and research suggests that people who wear a hearing aid for age-related hearing problems maintain better brain function over time than those who have hearing problems but do not seek help for this.

What people have told us

In the consultation people spoke about the following.

- Raise awareness about the risks of dementia and how to reduce them including links between hearing loss and dementia.
- The roles different agencies have in reducing risk including public health.
- More research into the causes and treatment of dementia.

During the Dementia Strategy Event, people also discussed the following:

- Raise awareness over risk factors and improving public health as a whole, including health inequalities, links with other conditions and the environment.
- Clear and consistent messaging across North Wales, linking with wider community, the third sector, volunteers and people affected by dementia.
- More research into links with autism and other conditions and consider how we support multiple conditions.

What we know about services

The six steps outlined above are encouraged to improve health and well-being across the whole population. There is therefore, a wide range of organisations, initiatives and activities across North Wales, which aim to improve public health. These include healthy eating advice, help to stop smoking, drug and alcohol support and exercise schemes. There is also specific support for those living with dementia through the Allied Health Team, who support those newly diagnosed. Their approach is based around the six steps approach.

People with a dementia diagnosis, people with mild cognitive impairment and their carers can access advice via Dementia Connect.

The [Dementia Services Development](#) Centre (DSDC Wales Research Centre) at Bangor University was established in 1999 and has an international reputation for ageing and dementia research, focusing on treatment and care. The DSDC team work closely with older people, people living with dementia and their carers, together with health and social care professionals to ensure our research will make a difference, improve the quality of care and inform policy and practice development.

They undertake a range of activities to support people affected by a dementia including the [North Wales Dementia Network](#).

What we do well

Access to services in the community, including support for carers.
Dementia GO classes in Gwynedd.

What we will do

Action 1: Continue to work with partners to promote and support initiatives to reduce the risk and delay onset of dementia, including links between hearing loss and dementia.

Action 2: Work with partners to support research into the causes and treatment of dementia and encourage participation.

Action 3: Facilitate a sharing practice workshop for health and social care practitioners providing care and support to adults with learning disabilities to scope the need for a regional and preventative approach to dementia early detection, assessment and support for adults with learning disabilities. This will include making links to the 1,000 lives: improving dementia care national programme and exploring links to mainstream services for dementia.

Action 4: Extend support services from just those who are newly diagnosed, so that all with dementia and mild cognitive impairment have access to support, tailored to them, to incorporate the six steps into their daily life.

Raising awareness and understanding

What we know about the population

There are between 10,000 and 11,000 people living with dementia in North Wales and the number is likely to increase as the number of older people in the population increases. Women are more likely to have dementia than men, possibly because they live longer. In North Wales an estimated 6,300 women have dementia and 3,700 men. It is also estimated that 2,700 people living with dementia in North Wales will be Welsh speakers.

What people have told us

Raising awareness, understanding and acceptance is vital.

Consultation participant

In the consultation people said that this was an area where a lot of progress had been made, especially due to the work of dementia friendly communities. They also raised the following.

- Suggestions about how people prefer to be treated and ideas for improving awareness and understanding in specific areas.
- The need to reduce stigma around the condition and to share positive messages about how to live well with dementia.
- Avoid labelling people, treat people as individuals and be considerate about the terms used to describe people.
- Raise awareness of the support available and help people find the information they need at the right time.
- Make sure that the support provided includes the active offer for those that have Welsh as their first or preferred language. The active offer means support is available for people in Welsh, without them having to ask.
- Improve staff training and awareness of dementia and the needs of carers in hospital, care homes, home care services as well as wider public services.

The following was also shared by people who attended the Dementia Strategy event:

- Raise awareness of the services available, and ensure information is shared at the right time, such as an out-of-hours service for crisis points. Information should be available in a variety of formats.
- GP awareness can vary, which delays diagnosis in some instances. Their knowledge of support services also varies.
- More in-depth training for frontline staff, students and care homes who don't specialise in dementia care and staff working with alcohol or drug related dementia.
- Awareness at banks around dementia and Power of Attorney is sometimes lacking.
- Short term funding for projects and support can result in a high turnover of staff.
- Support needs to be available in other languages for some communities.
- Need more of a focus on person centred support and knowing what the person used to do in day-to-day life.
- Support dementia friendly communities.

What we know about services

Information and advice can be found via online databases, such as [Dewis Cymru](#), [Wales Dementia Helpline](#) and the [Alzheimer's Society Dementia Directory](#). Dementia Connect provides many services, including information and advice. Information and support is also available through phone lines, social media and web forums, such as [Friendly Faces](#).

There are many dementia friendly initiatives across North Wales. Communities, organisations and the public sector are working towards becoming dementia friendly.

[Dementia Engagement and Empowerment Project \(DEEP\)](#) groups are part of a national network for people living with dementia who wish to see positive changes. These groups are led by the members and four currently exist in North Wales. Local businesses and community groups have regular dementia friendly sessions across all areas, although some of the smaller groups may not advertise too widely as they are already full.

The Royal Town Planning Institute has produced practice advice on [Dementia and Town Planning](#) to help inform how planning can create better environments for people living with dementia, which will help improve quality of life.

There are initiatives in place to safeguard people living with dementia in the local community. For example the Herbert Protocol, Keep Safe Cymru Card and Safe Places.

Social Care Wales have produced a [dementia resource for care professionals](#) to provide access to essential information, case studies, data and research. Their review of dementia learning and development in 2019 found many different resources, which were largely considered good quality. Improving collaboration and coordination between health and local authorities was recommended, via the Regional Partnership Board. The main sources of funding tend to be short term, which can cause problems with mainstreaming trials. The review identified that there was no effective approach to collect evidence about dementia learning and development and the impact it has. Specific gaps in the material covered by the training were identified. Dementia has been set as a priority area by North Wales training officers group, and these areas should be addressed.

All BCUHB clinical staff who provide direct care on a regular basis to people living with dementia must complete dementia training. All new employees undertake dementia awareness as part of their induction. Dementia friends sessions have been delivered to emergency staff and the Executive Board. Improvements to training courses are on-going and include involvement of a Dementia Strategy Ambassador, a person living with dementia. There is also a specific course covering dementia and end of life care.

Carers of people living with dementia have the right to stay with the person on all adult wards at BCUHB sites (John's Campaign). BCUHB uses Dementia Care Mapping to measure the experience of people living with dementia in care settings.

What we do well

An increased awareness about dementia, particularly because of 'dementia friendly community' schemes.

Dementia learning and training resources have been found to be good quality, North Wales training officers group have dementia as a priority area.

BCUHB leads on development of Dementia Care Mapping across Wales.

What we will do

Action 5: Continue to work towards dementia friendly status for our organisations and our communities.

Action 6: Integrate training between health and social care across North Wales.

Action 7: Continue to deliver dementia training for staff who work with people with dementia on a regular basis so that they meet the standards recommended in the Good Work Framework. Encourage dementia awareness training for all public sector staff.

Action 8: Establish regional learning and development networks to carry out joint commissioning, share information and good practice and establish an approach for assessing how learning and development informs practice. To include training for staff and carers.

Action 9: Develop DEWIS database so that it is easier to use and encourage more services to list what is available and keep it up-to-date. Include support at times of crisis.

Action 10: Have dementia champions based in the GP practice to support and signpost people.

Recognition and identification

What we know about the population

Age is the biggest known risk factor for dementia, rising from 7% of people age 65 to 17% over the age of 80.

People with learning disabilities are more at risk of developing dementia as they get older and people with Down's syndrome are particularly at risk.

Hearing assessment is recommended for all those with suspected dementia as it can mask or exacerbate the symptoms of dementia. An estimated 80% to 90% of those accessing memory assessment services have hearing impairment.

Between 5% to 20% of people aged over 65 have a mild cognitive impairment, which is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life. Not everyone with a mild cognitive impairment will develop dementia but around 5% to 15% of people each year will.

There is some evidence that people that speak Welsh and English were on average three years older and with greater cognitive impairments when they were assessed in comparison with English speakers accessing services.

International research also suggests that different ethnic groups can have lower rates of diagnosis. Dementia diagnosis should be conducted in a timely way so that the persons needs are understood irrespective of their culture or language requirements.

What people have told us

My friend had a family history of dementia and had been trying to hide symptoms for years without knowing where to go for help.

Consultation participant

Participants in the consultation said that we should:

- Raise awareness of the symptoms of dementia and when to seek help.
- Support people living with dementia to understand and accept their condition.
- Reduce waiting lists for a diagnosis.
- Rule out hearing impairment prior to referral for a dementia diagnosis.

People who attended the Dementia Strategy Event also shared the following:

- Raise awareness to improve early identification, including support for those who have early symptoms to seek help and awareness of different types of dementia.
- Work to erase the stigma around a dementia diagnosis and the care system, for example, by sharing positive stories from a diverse range of cultures.
- Ensure access to support budget or carers support applications.
- Include dementia symptoms into standard health checks at certain ages or life stages and include as a general triage question at emergency departments.

What we know about services

The GP is the first point of contact for many people who think that they be developing dementia. No other specific service to recognise and identify dementia was found in the service mapping.

Some services are only available to people with a formal diagnosis of dementia. Awareness that other services are for people with a mild cognitive impairment or people who are undergoing assessment and diagnosis may be lacking. Early detection for people with learning disabilities and/or Down's syndrome is being developed.

What we do well

Joint working between specific teams and with different organisations.
Beginning to develop early detection screening for dementia with individuals with learning disabilities and Down's syndrome.

What we will do

Action 13: Raise awareness to encourage people who suspect they have early signs of dementia to approach their GP about their symptoms

Action 14: Raise awareness and share positive stories to help with early diagnosis and support, including from English and Welsh speakers and a wide range of communities.

Action 15: Include dementia symptoms into standard health checks at certain ages or life stages and include as a general triage question at emergency departments.

Assessment and diagnosis

What we know about the population

Around 51% of the people estimated to have dementia in North Wales are registered as having a diagnosis of dementia, called the dementia diagnosis rate. That leaves a significant number without a diagnosis. There is also a known problem with collecting the data so not everyone with a diagnosis is counted in the statistics.

Diagnosis rates can vary between different groups due to a lack of appropriate language provision and cultural factors. It's important that people have the opportunity to receive diagnostic tests in the Welsh language.

What people have told us

After diagnosis, sitting down with someone who could explain some of the likely outcomes and what support was available, would have been a great help.

Consultation participant

Some people said that they thought the process of assessment and diagnosis had improved and there was some very positive feedback about people's experiences of memory clinics. Other feedback included the following suggestions.

- Simplify the process of receiving a diagnosis.
- Involve carers in conversations about assessment and diagnosis as well as the individual.
- Provide more support immediately following diagnosis for the person living with dementia and for carers.
- Agencies and teams should work together improve systems and communication so that people don't have to tell their story over and over again.
- Send text reminders for appointments and include photos in letters of the people who will be at the appointment.
- Check in regularly with people who have received a diagnosis so that the right support is in place before there is a crisis.

- Improve the diagnosis of dementia in people with a learning disability.
- The support available should be seamless irrespective of the person's age at diagnosis.

People who attended the Dementia Strategy Event also raised the following:

- Support is needed for those who don't get a diagnosis, for example, a follow up for a review of symptoms.
- Assessment and diagnosis can take a long time. Need to ensure it is person-centred and in the appropriate language for example Welsh or British Sign Language.
- Staffing levels, the approach taken and eligibility criteria is not consistent across the memory clinics. Criteria for referral can be too restrictive.
- Difficult for some carers to get time off to accompany the person for appointments as clinics tend to run 9 to 5. Travel and parking can also be a problem.
- People with a learning disability may need a different setting to a memory clinic for assessment. The standard checks aren't always appropriate and reasonable adjustments may need to be made.
- Information sharing would help with having to repeat the same thing and assist if moving house. A dementia passport may help (similar to Children's Personal Health Record).
- Support is needed to help with accepting the diagnosis.
- Need a LGBT support group and research into how dementia affects this.

What we know about services

Research is currently underway to map challenges and enablers for adults with learning disabilities and their carers, when accessing dementia assessments.

There are seven memory clinics across North Wales. People in rural parts of Northwest Wales are only served by one clinic and may face challenges with travelling there. They may also face challenges accessing Welsh language support.

There is a new project to identify hearing impairment in people with suspected dementia before they are referred to a memory clinic. The project aims to improve accuracy of diagnosis, delay the onset of dementia and improve wellbeing.

What we do well

The assessment and diagnosis process, including memory clinics is now working well.

What we will do

Action 16: Continue to explore options for a new memory clinic or a mobile memory clinic with bilingual staff, which is more accessible to people in rural areas.

Action 17: Implement recommendations from research on mapping the challenges and enablers for adults with learning disabilities and their carers.

Action 18: Continue to develop and roll out projects to identify hearing impairment for people with dementia.

Action 19: Incorporate a better Make Every Contact Count approach to all interactions and interventions, including third sector and non-statutory services.

Action 20: Introduce a user friendly service map/pathway that's co-produced and local and resources to support others following diagnosis.

Action 21: Develop a co-produced set of standards for services.

Action 22: Evaluate the provision of the active offer of Welsh language during assessments and the use of Welsh language assessment for Welsh speakers that require assessment

Living as well as possible for as long as possible with dementia

What we know about the population

Although the most people living with dementia are older people, around 5% of people who have dementia are aged under 65, an estimated 520 people in North Wales. The majority, around 410 people, are aged 60 to 65.

One in five people aged 75 and over are living with sight loss and the prevalence is slightly higher among people living with dementia, especially those living in care homes.

Hearing impairment affects the daily lives of 42 per cent of people over 50 years and 71 per cent of over 70 year olds. Using hearing aids can improve communication and wider engagement for people living with dementia.

Lesbian, gay, bisexual and transgender (LGBT) people can face additional challenges when living with dementia. They may be less likely to have family and children to support them and have experienced discrimination that makes them feel unsafe when accessing health and social care.

What people have told us

The 'living as well as possible' is key as socialising and enjoying a range of activities is key to helping keep the disease at bay for longer and helping battle the likelihood of associated depression.

Consultation participant

- Make sure there are a wide variety of activities for people to be involved with so that people can find those that suit them and in the language that they are able to communicate in. This should include different activities for people with early

stage, late stage and young onset dementia as well as support for people with different types of dementia.

- Support people to continue to be involved in their normal activities.
- Make sure communities are inclusive and dementia friendly to reduce loneliness and isolation, including people with learning disabilities and LGBT people.
- Make sure the funding and resources are in place to deliver high quality dementia care services including for the voluntary and community sector and particularly for people with young onset dementia. This also includes the need for good pay and conditions for care staff, challenges around short-term project funding and concerns about the way dementia care is paid for by individuals.
- Make sure people living with dementia and carers are listened to and involved in making decision about their care. Advocacy should be available to help with this.
- Improve access to services particularly in rural areas and for people who don't have access to transport.
- Improve coordination between different teams and agencies so that individuals receive a seamless service.
- Improve consistency of services available across North Wales.
- Improve staff continuity.
- Provide support for people with a mild cognitive impairment who don't have a diagnosis of dementia.
- Improve support for the physical health needs of people living with dementia.
- Adapt the built environment to make places accessible to people living with dementia and to support people to live longer at home. This includes better adapted existing homes, purpose built new homes and developing intergenerational spaces and connected communities.
- Promote the role of assistive technology and telecare.
- Look at support that meet the linguistic needs of the person.

People who attended the Dementia Strategy event also raised the following:

- The 'living well' approach was supported, including the work to reduce stigma and normalise dementia. The focus on supporting what the individual person wants and likes to do is seen as a positive.
- Providing opportunities for volunteering and supporting people affected by dementia with employment.

- Suggestions for ways to improve support for hearing loss and dementia included hearing loss champions, sign language courses and Makaton could be introduced.
- Improve consistency around access to medication, therapeutic interventions and resources such as hug toys and gym for health.
- Short term projects, with no follow on or continuation can have a detrimental impact.
- Social isolation a problem across all communities, not just rural areas, because of transport, forgetting dates and the group not being inclusive of dementia.
- Support services for cancer are seen as a good example.

What we know about services

The Alzheimer's Society provides advocacy across all of North Wales for people who are undergoing a diagnosis, or are already diagnosed with dementia. Further advocacy services are provided by Age Cymru, North Wales Advice and Advocacy Service, Advocacy Services North East Wales and Dewis Centre for Independent Living. Mental Health Matters Wales and BCUHB provide specialist advocacy services for people who lack mental capacity.

There is a wide range of services available for people in their local community. These include hobby based activities, befriending services, support groups, exercise classes and local businesses with dementia friendly initiatives. The offer varies across communities in response to local needs, and so it is difficult to assess if there are gaps in coverage. The strategy will therefore focus on creating the right conditions for these groups and services to develop in local areas.

Carers Trust North Wales Cross Roads provide a dementia support service across North Wales for those with a diagnosis of dementia after October 2016, funded by BCUHB. Alzheimer's Society Cymru and local charity based initiatives provide support for those with a diagnosis prior to this, however, the service provided may not be consistent across North Wales.

Support for people with younger onset dementia is available across North Wales, but the type of support is different in each county as services have developed to meet

local needs. There may be opportunities to standardise, share good practice and different ways of working between these services.

Day care, day opportunities and carer breaks are provided in various settings provided by local authorities, care homes and BCUHB. There are also opportunities for carer breaks, which vary by local authority area.

There are various resources available to support people living with dementia. These include Reminiscence Pods, the HUG sensory device, interactive games, sensory boxes, robotic pets and dementia friendly equipment.

Living in rural areas can mean that services are difficult to access, as they tend to be found in larger towns. The Wales Audit Office has found that councils are not yet finding sustainable ways to help rural communities overcome these challenges, which should build on the strengths within those communities.

Access to transport can affect whether a person can access a service or not. The Alzheimer's Society states that one in every three people with a dementia diagnosis is still able to drive. The Driver and Vehicle Licensing Agency and insurance providers should be notified. Community transport is available in many areas, but there are gaps in the service provided.

What we do well

Specialist nurses to support people with young onset dementia and people with learning disabilities who have onset of dementia.

The focus on 'living well' and supporting people to do what they enjoy as an individual.

Linking hearing loss and dementia.

BCUHB have developed [Supporting me to be the person I want to be](#), a guide to understanding, reflecting and responding to transgender issues in dementia care.

The growth in intergenerational work is also positive with some counties employing officers to facilitate links across the generations

What we will do

Action 23: Promote dementia friendly communities and initiatives

Action 24: Look at options for extending the BCUHB funded dementia support service for people who were diagnosed with dementia before October 2016. and raise awareness of the other services that are available to support people living with dementia.

Action 25: Improve consistency of services for younger onset dementia, including support for people with learning disabilities, across North Wales and share good practice.

Action 26: Consider options for improving access to services in the rural area, including promote existing community transport schemes and working with transport planners, providers and people affected by dementia to make sure services are more inclusive of people living with dementia.

The need for increased support

What we know about the population

People living with dementia may have other conditions which need equivalent access to diagnosis, treatment and care as people who do not have dementia. This can include pain, falls, diabetes and incontinence. People living with dementia who are admitted to hospital have an increased risk of delirium and will need an assessment that balances their current medical needs with the additional harms they may face in hospital.

What people told us

- The importance of home care to help people remain at home. Care should be flexible, person-centred with consistency and continuity of highly-trained staff. Need support to recognise when home care is no longer appropriate and consider other options.
- Care homes should have sufficient staffing and person-centred care, including care for people in distress and in an emergency.
- Improve support in an emergency and in hospital emergency departments.
- Improve support for hospital in-patients and dementia friendly wards.
- Improve support for people when leaving hospital, including finding appropriate residential or nursing accommodation.
- Make sure Welsh language support is available throughout the journey with dementia.
- Improve safeguarding of people living with dementia including around postal scams and using recommended tradespeople.
- Care for people in the later stages of dementia and improve planning for individuals and carers around this. This includes access to good quality residential care, emergency hospital care, palliative care, end of life care and bereavement support.

The following areas were also raised by those who attended the Dementia Strategy Event:

- People with younger onset dementia couldn't always access an age appropriate placement in a care home.
- Need rural provision as problems in accessing services in rural areas are wider than just transport.
- Inconsistent policies across GP practices for anti-dementia medication.
- Support needed to make sure Lifetime Power of Attorney is planned for and support for carers through the whole journey and with bereavement.
- Improve process around inappropriate assessments for care home placements, including a phased introduction by beginning with day services.
- Need longer home care visits.
- Issues around care staff retention and re-training.
- Day services won't always accept referrals if personal care is needed, which can be required in late stage dementia.
- Support needs to be collaborative, working with the person's views and understanding that language of support is not a choice but a clinical need.

Liberty Protection Safeguards and advanced care planning

The issue of Power of Attorney and Deprivation of Liberty Safeguards (DoLS) (will become Liberty Protection Safeguards from October 2020) is a subject area that was raised by various people in different contexts during the preparation of this strategy.

The NICE guidelines for dementia recommend early and ongoing opportunities for people living with dementia and their carers are given regarding lasting power of attorney and preparing an advance statement about their wishes, preferences, beliefs and future care.

People with advanced dementia are likely to require the protection of the DoLS. Every person who is deprived of their liberty is entitled to a relevant person's representative, who is consulted and informed about matters relating to their care or treatment, including making decisions on their behalf. The Department for Health has produced a guide on this, although it should be noted that this will be replaced with new guidance in October 2020.

What we know about services

There are dementia support workers across all of North Wales. The Care Inspectorate Wales website provides details of care homes and home care in North Wales. Some of these provide specialised dementia care. BCUHB provide training for care homes.

Step up step down beds, where patients are admitted from home as an alternative to acute hospital admissions, or are admitted following a hospital stay when they are not yet ready to return home, are available across North Wales. Some areas provide dedicated extra care beds for people living with dementia.

The fire, police and ambulance services have committed to working towards being dementia friendly employers and ensure staff have awareness, skills and understanding to support people living with dementia. Emergency departments are working towards becoming dementia friendly.

BCUHB has three acute admissions wards for people with dementia covering all of North Wales. These are for patients with a high level need, which cannot be met in other settings. The three district General Hospitals and thirteen community hospitals all provide care to people living with dementia. Dementia support workers practice across all hospitals. In addition, two consultant nurses support the dementia care agenda across BCUHB. Dementia discharge coordinators work in Gwynedd and Anglesey.

There are three hospices in North Wales: Nightingale House in Wrexham, St Kentigern in St Asaph and St David's in Llandudno. St Kentigern employs an Admiral Nurse to help with end of life care for people with dementia.

Feedback from various sources during the production of this strategy emphasised how important it was to provide a service in Welsh. One example of a project which could be rolled out across North Wales, took place at Ysbyty Alltwen, where all Welsh speaking patients were given the option to be able to display a Welsh logo on their bedside, which meant that staff would make every effort to ensure that a Welsh speaking member of the team be present to be able to translate any conversation if required to other staff members.

The Older People's Commissioner for Wales has published a report Dementia: more than just memory loss, which details the experiences of people living with dementia and those who care for them. The report concluded that improvements could be made and a [checklist of recommendations](#) has been published. The Welsh Language Commissioner and the Alzheimer's Society have also published a report on [Welsh Speakers Dementia Care](#) including 15 recommendations.

BCUHB employs Dementia Social Care Practitioners who link in with people living with dementia and their carers to look at alternatives to admission to nursing homes. There are various case studies, where additional support and trialling new things has meant that the person with dementia has not needed to move into a new setting.

What we do well

Dementia Social Care Practitioner work across North Wales

What we will do

Action 27: Work with emergency services to support people affected by dementia

Action 28: Encourage community and health services work together so people with dementia are less likely to need to go to hospital. For example, by providing some treatments at home.

Action 29: Support care homes to improve awareness to meet specific individual needs of people with dementia and improve commissioning of appropriate placements.

Action 30: Commit to support people with dementia attending Emergency Departments. For example, providing a quiet room or 'bus stop' and try to make them feel as comfortable as possible.

Supporting carers

What we know about the population

It is estimated that of the cost of health and social care overall for people with dementia, 16% is for healthcare, 39% for social care and 44% for unpaid care. For the two-thirds people with dementia who live in the community, the percentage cost of unpaid care is 75%.

The population assessment identified that around 73,000 people provide unpaid care in North Wales, about 11% of the population and the number of carers is increasing. People aged 50 to 64 are the most likely to provide unpaid care. Around half of all carers are in employment and 30% of carers are retired.

Between 60% and 70% of all unpaid dementia carers are women and there are 2.5 times more women than men who provide intensive on-duty care for someone 24-hours a day. They are also 2.3 times more likely than men to have been providing care to someone with dementia for more than five years and therefore make up a large portion of the carers who are supporting someone with advanced dementia.

NICE (2018) recommend informal carers of people living with dementia should be offered training and psychoeducation to help them develop care skills and manage their own physical and mental health.

Action area 5 of the World Health Organisation's public health response to dementia recommends access to affordable, evidence-based online technologies for education, skills training and support.

What people have told us

There is an increasing need for those who care and support individuals affected by dementia, especially for daily advice and comfort.

Consultation participant

- More carer breaks, especially for carers of people in the later stages of dementia.

- Need a variety of different types of breaks and flexibility to meet the individual needs of the care and the person they care for. For example, some people want support in the home, support to spend time together or time apart.
- Provide emergency or crisis care, for example if the carer goes into hospital and support with planning for this.
- Carer training and advice, including someone to talk to and ask questions of particularly out of hours such as a helpline. Peer support from other carers can be very helpful.
- Improved awareness around Lasting Power of Attorney as well as concerns about the cost and the lack of a system to check everything is in place.
- Employer support for staff with caring responsibilities.
- Support for carers with feelings of loss after diagnosis and following bereavement.

Participants who attended the Dementia Strategy Event also raised:

- Need to consider individual circumstances of each carer before providing support to ensure it is appropriate. This should be throughout the whole experience with dementia, including pre and post bereavement. Need to make sure that they don't feel abandoned with the assumed role of caring.
- Need services to be well advertised and ensure carers, agencies and staff are aware of services available.
- Financial concerns and problems with carers allowance and thresholds not increasing with wages and inflation.
- Many people don't see themselves as carers but as husband, wife, son, daughter, friends, family or supporters. They also need to know the importance of a carers assessment to support them as a family.
- More support for young carers.
- Dementia friendly employers and offering flexible hours to carers.
- Include carers in patients' medical care, including appointment details and prescriptions, taking into account issues around consent.
- More access to care at short notice.
- Carer break (respite) provision needs to take account of the challenges in rural locations as travel to and back home to the bank alone may now take 2 hours with no time for other activities such as shopping or 'respite'.

What we know about services

The [North Wales Carers' Strategy](#) sets out a vision and offer for carers in North Wales so that individual carers' needs, including language needs, are met in the best way and that carers come to mind as soon as the person cared for. This includes early identification of carers and involving carers in decision making and planning processes.

There is support available for carers of people with dementia across North Wales. Feedback suggests that the services provided are not always available at times that are accessible to carers who work outside the home. There is also specific provision for young carers. Due to the number of different contracts there may be opportunities to joint commission services between health and local authorities.

Many services are available in Welsh and English, however, it is not clear if having the capacity and commitment to provide the services, means that service users are not having to ask for a Welsh language service. Research has found that there is good practice, but there are gaps in care, and on the whole, the needs of Welsh speaking service users are not fully met. This needs to be addressed in order to achieve the rights of Welsh speakers to receive services in the language of their choice and to improve individual's well-being and outcomes.

The More than just words strategic framework is being implemented across North Wales led by the North Wales More than Just Words Forum. This includes sharing information and good practice and working toward specific challenges and objectives.

What we do well

'Coping with caring and loss' initiative in the West region of North Wales

What we will do

Action 31: Joint commission services wherever possible

Action 32: Continue to promote the active offer of Welsh language services, implement the strategic framework across North Wales and recommendations from research.

Action 33: Promote successful new initiatives such as 'coping with caring and loss', currently led by Psychology in the West.

Putting the strategy into action

Developing the strategy has highlighted that a lot of activity is already taking place under each of these themes, some of this is organised by very local groups and a lot takes place at local authority level. Much of this activity is already collated regionally twice a year in the Dementia Action Plan report to Welsh Government.

We propose adding an additional self-assessment checklist to the Dementia Action Plan report for each local authority and BCUHB to report on their progress against the specific actions and recommendations developed in this strategy. This will be developed jointly with partners to try to simplify and reduce overall reporting demands. It will also provide an opportunity to incorporate relevant recommendations from other reports such as those from the Older People's Commissioner and Welsh Language Commissioner.

All the reports produced to inform the strategy, including the background information paper, consultation reports and the service mapping report will be made available on the regional collaboration website. This will provide evidence to support decision making by commissioners and service providers about dementia support services in North Wales. It will also provide the evidence needed if additional grant funding comes to the region, such as further Integrated Care Fund (ICF) funding.

Governance and monitoring

The North Wales Dementia Strategy Steering Group will continue to oversee the implementation of the strategy. The group will meet at least twice a year following the production of the Dementia Action Plan report so they have the opportunity to address any issues highlighted. They will also lead on any regional projects developed in response to the strategy, facilitate the sharing of good practice across the region and identify funding to support the steering group and other regional projects.

Appendix 1: Strategies and legislation

- A Healthier Wales
- Ageing Well plans
- Alzheimer's Society and Welsh Language Commissioner: Welsh Speaker's Dementia care (2018).
- Article 27 1966 International Covenant on Civil and Political Rights Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections 2020
- BCUHB action plans being developed in response to the HASCAS and Ockenden reports.
- BCUHB Dementia Strategy 2018-2020
- Care Homes for Older People: North Wales Market Shaping Statement 2018
- Equality Act 2010
- Human Rights Act 1998
- Integrated Care Fund (ICF) Revenue Investment Action Plan to deliver the Dementia Action Plan for Wales 2018-2022.
- Mental capacity act 2005: deprivation of liberty safeguards
- National Assembly for Wales Research Service (18-017) (2018). [Research Briefing: Access to dementia services for bilingual \(Welsh and English\) residents.](#)
- National Institute for Health and Care Excellence (NICE) guidance quality standard 50 Mental wellbeing of older people in care homes
- National Institute for Health and Care Excellence (NICE) guidance quality standard 123 Home care for older people
- National Institute for Health and Care Excellence (NICE) guidance quality standard 184 Dementia
- National Institute for Health and Care Excellence (NICE) guidance quality standard 187 Learning disability: care and support of learning disability: care and support of people growing older people growing older
- National Institute for Health and Care Excellence (NICE) guideline (NG97) Dementia: assessment, management and support for people living with dementia and their carers

- North Wales Carers' Strategy
- North Wales Learning Disability Strategy
- North Wales Workforce Strategy
- Older people's Commissioner for Wales: Dementia more than just memory loss
- Social Services and Well-being (Wales) Act 2014
- The North Wales Regional Partnership Board plan to deliver Healthier Wales (transformation programme)
- The Social Care Wales commissioned overview of dementia learning and training across Wales
- UN Principles for Older Persons (UNPOP): there are 18 principles which can be grouped under five themes: independence, participation, care, self-fulfilment and dignity.
- Well-being of Future Generations (Wales) Act 2015
- Welsh Government Dementia action plan 2018-2020
- Welsh Language (Wales) Measure 2011



North Wales Dementia Strategy

Equality and Well-being Impact Assessment Report: 659

This report summarises the likely impact of the proposal on the social, economic, environmental and cultural well-being of North Wales, Wales and the world. It includes an Equality Impact Assessment screening of the proposal.

Introduction

Brief description: The proposal is to develop an integrated dementia strategy for North Wales for the six local authorities and Betsi Cadwaladr University Health Board (BCUHB). The strategy will set our joint aims and objectives, will help deliver a North Wales response to the Dementia Action Plan and will shape the dementia projects delivered by the Integrated Care Fund (ICF) in North Wales.

Version control

- Version 0.1 April 2019: initial impact assessment
- Version 0.2 June 2019: changes to project consultation plan
- Version 0.3 November 2019: updated based on findings from the consultation
- Version 0.4 January 2020: updated with feedback from the BCUHB Equality Impact Assessment Scrutiny Group
- Version 0.5 February 2020: updated section on sex and religion and belief

Completed by:

Aled Davies (Gwynedd Council)
Alison Johnstone (Wales Ambulance Services Trust)
Bethan Jones Edwards (Regional Collaboration Team)
Chris Lynes (BCUHB)
Chris Roberts (Patient representative)
Claire Lister (Conwy County Borough Council)
Dafydd Bulman (Isle of Anglesey County Council)
Emma Murphy (Flintshire County Council)
Emma Pugh (Citizen's Panel / Third sector representative)

Jane Davies (Flintshire County Council)
Jane Goodrick (Carer representative)
Lesley Singleton (Chair), BCUHB
Maria Atkin (BCUHB)
Marian Hankin (Conwy County Borough Council)
Phil Gilroy (Denbighshire County Council)
Sarah Bartlett (Regional Collaboration Team)
Sean Page (BCUHB)
Sharmi Bhattacharyya (BCUHB)
Steve Latham-White (Wrexham County Borough Council)
Susie Lunt (Flintshire County Council)
Trevor Hubbard (BCUHB)

Discussed at the steering group meetings on 28 June 2019 and 27 September 2019 and at the Dementia Strategy Event on 21 November 2019.

Responsible Service: North Wales Regional Partnership Board

Localities affected by the proposal: All of North Wales

Who will be affected by the proposal?

People with dementia and their friends, family and carers. Staff working for BCUHB, local authorities and other partners. We are currently consulting widely on the strategy.

Contents

Introduction	1
The likely impact on North Wales, Wales and the world	4
Equality Impact Assessment (A more equal North Wales)	4
A prosperous North Wales	10
A resilient North Wales	12
A healthier North Wales	13
A North Wales of cohesive communities	14
A North Wales of vibrant culture and thriving Welsh language	15
A globally responsible North Wales	16
Well-being impact assessment summary and conclusion	17
Score for the sustainability of the approach	17
Implications of the score	17
Summary of impact	17
Main conclusions	18
Checklist of evidence to support the Well-being Impact Assessment	18

The likely impact on North Wales, Wales and the world

Equality Impact Assessment (A more equal North Wales)

Overall Impact: Positive

Justification for impact

The aim of the dementia strategy is to improve services for people with dementia and their carers. This should help to reduce inequalities for this group. People with dementia may also experience additional disadvantage because of other protected characteristics. Improving support for people with dementia is likely to have a positive impact on these groups too.

Further actions required

- Use the information collected in the background information paper and consultation reports to inform the strategy and develop specific actions, including the needs of people from protected groups.
- Share the draft strategy and action plans for further consultation to make sure it meets the needs of people from protected groups.
- Follow best practice guidelines around making strategy documents accessible to disabled people and make alternative versions available as required.
- Produce an EasyRead version of the final strategy for people with learning disabilities.
- Complete further Equality Impact Assessments on changes to services, projects and policies developed in response to the dementia strategy.

Actions completed:

- Provided a minimum of 12 weeks for the consultation to give people an opportunity to take part. The consultation period was extended to allow under-represented groups to take part.
- Provided a variety of ways to take part in the consultation to improve accessibility and reduce the impact of digital exclusion. We worked with the Citizen's Panel so people had the opportunity to provide feedback in a way that suited them including in person, over the phone and online chat. We also produced an EasyRead version of the questionnaire for people with learning disabilities and had positive feedback about how useful this was from other groups too.
- Reviewed equality monitoring data during the consultation and reached out to less well-represented groups.
- For people who could not attend the Dementia Event we filmed the event and made the video available online along with the event handouts.
- Written materials produced for the strategy have been made following accessibility guidelines so that they are accessible to people with visual impairments, for example, by passing accessibility checks in Microsoft Word and Adobe Acrobat.

Approach

The Equality and Well-being Impact Assessment is discussed at each Dementia Strategy Steering Group meeting. An initial draft was completed to assess the project plan, and later drafts revised following the consultation and feedback from the steering group to include any additional impacts identified.

To inform the assessment and the strategy we produced a background information paper which summarised the available data and research about each of the protected groups and dementia.

We carried out a consultation to inform the strategy and 250 people took part. A consultation report has been produced which includes equality monitoring data and an assessment of how well we were able to reach people from protected groups.

The findings from the work to date were then shared at a Dementia Strategy Event on 21 November 2019, which was attended by 150 people including a mix of staff from partner organisations, people with dementia and carers. As part of this participants were asked to consider case studies of people with dementia and whether services are currently meeting the needs of people in the case study. Participants were also asked to consider whether their answers would be different for people from different protected groups. These findings have been written up in the event evaluation report. We are also mapping existing services, which has included further consultation.

A full consultation report is being prepared to share the findings and to further assess the impact of the project on people from protected groups as part of the equality impact assessment. Once the draft strategy is written we plan to share the draft for further review.

We identified potential positive and negative impacts of the plan on all protected groups by considering the following questions:

- Does the proposal relate to an area where there are known inequalities?
- To what extent will people who use services, employees or the wider community be affected?
- How will you know the needs of people from protected groups? What about individuals who have multiple protected characteristics? Does it relate to an area where there is a lack of published research or other evidence?
- Is there any evidence of higher or lower take-up or satisfaction by any of the identified groups?
- If there are limitations or barriers to access, do these amount to unlawful discrimination or is there potential for reducing inequalities or improving outcomes?

We considered the three elements of the 'General Duty' set out in the Equality Act 2010 to:

- Eliminate unlawful discrimination, harassment and victimisation;

- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between different groups between people who share a protected characteristic and those who do not, such as by tackling prejudice and promoting understanding between people from different groups.

Having due regard for advancing equality involves:

- Removing or minimising disadvantages experienced by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. ([Equality and Human Rights Commission](#), 2019)

More detailed evidence for these conclusions is included in the background information paper and consultation reports.

Monitoring arrangements

The strategy will include an action plan and monitoring arrangements. The progress against the plan and outcomes will be monitored by the Regional Partnership Board through their annual report. The Equality Impact Assessment will be reviewed as further decisions are made about projects and policies developed in response to the strategy and when the strategy is reviewed in 2024.

Positive and negative impacts identified and reasons for decision

The strategy aims to improve the well-being of people with dementia based around what matters to them. This should have positive impact on people with protected characteristics related to disability. People with dementia may also experience additional disadvantage because of other protected characteristics. Improving support for people with dementia is likely to have a positive impact on these groups too.

The strategy will aim to take account of different needs by providing person-centred services which should help to address inequalities. Because the strategy is being produced on a regional basis it can be easier for people from protected groups to get involved.

There are potential negative impacts on all these groups too depending on how the strategy is implemented. We will therefore recommend in the strategy that any new projects, policies or procedures developed as a result of the strategy will also be co-produced and include an Equality Impact Assessment.

Age (positive impact)

Dementia mainly affects older people so improving the well-being of people with dementia will have a positive impact on this group.

Younger people with dementia said in the consultation that often services were set up for people older than them. By highlighting this gap and including recommendations for improvements, the strategy should have a positive impact on younger people with dementia too.

Disability (Positive impact)

People with learning disabilities are more likely to develop dementia. We have included recommendations in the strategy about meeting the needs of people with learning disabilities which should have a positive impact on this group.

People with dementia may also have a physical or sensory impairment. The strategy includes recommendations for how we can meet people's physical health needs and looks in particular at the relationship between hearing impairment and dementia, which should have a positive impact. The event highlighted issues around providing assessments in British Sign Language (BSL) and how using a BSL interpreter can impact the assessment. The background data highlighted that the prevalence of sight loss is slightly higher among people with dementia, especially those living in care homes. Dementia can also make it more difficult to identify sight conditions.

The strategy will include a commitment to basing services on the United Nations Principles for Older Persons and the United Nations Convention on the Rights of Disabled People. These rights apply to disabled people, including people with dementia.

Gender reassignment (Positive impact)

The strategy recognises the additional challenges transgender people can face when living with dementia and promotes the work BCUHB have developed [supporting me to be the person I want to be](#), a guide to understanding, reflecting and responding to transgender issues in dementia care.

Marriage or civil partnership (Neutral)

People must not be discriminated against in employment because they are married or in a civil partnership. This applies to people with dementia in employment as well as the health and social care workforce that supports people with dementia. The strategy is likely to have a neutral impact in this area.

Pregnancy and maternity (Neutral)

The strategy may impact care workers and unpaid carers who are pregnant. Improving support for unpaid carers, particularly providing more flexible support, should help to support unpaid carers who are pregnant. Any impact on care workers who are pregnant is likely to be mitigated through employing organisation's policies.

Race / Ethnicity (Positive and negative)

There are differences in prevalence and diagnosis rates between different ethnic groups. The strategy recommends tailoring services to meet the needs of individuals to help meet these needs. Due to the small number of BAME people with dementia in North Wales it will be difficult to design and measure the impact of policies aimed at reducing these inequalities so we need to be aware the strategy may have positive and negative effects and continue to assess this as we develop projects and policies in more detail.

Religion, belief and non-belief (Positive)

People's religious and spiritual needs (including those with no religion or belief) should be taken into account when planning services. The strategy recommends tailoring services to meet the needs of individuals to help meet these needs. The service mapping identifies some religious groups who are providing services for people with dementia in the community.

Sex (Positive)

More women than men have dementia and women are more likely to be carers. This means there may also be more women who are carers who also have dementia. By improving support to people with dementia and carers the strategy should have a positive impact on reducing inequality between men and women.

Sexual orientation (positive)

The strategy recognises the additional challenges lesbian, gay and bisexual people can face when living with dementia. Such as being less likely to have family and children to support them and have experienced discrimination that makes them feel unsafe and / or concerned their wishes will not be respected when accessing health and social care. Raising awareness of this among the workforce should have a positive impact on reducing discrimination.

Other positive impacts identified:

People who experience discrimination or disadvantage: The strategy aims to improve the well-being of carers. The consultation report includes a lot of feedback from carers about how to improve services for them which will be included in the strategy. By providing services based around what matters to individuals it may also help address disadvantage for other vulnerable groups.

Areas with poor economic, health or educational outcomes: There are a number of dementia risk factors related to poor economic, health or educational outcomes such as a lack of physical activity and early years' education. There is a strong link between cigarette smoking and socio-economic group, which is one of the biggest risk factors for dementia. Actions in the strategy to reduce dementia risk factors may have a beneficial impact on areas with poor, economic, health or educational outcomes.

People in poverty: The strategy may help to tackle poverty if it can support people with dementia and carers to stay in employment. The provision of services may also

help mitigate some of the impacts of living in poverty. There are many factors that could affect poverty outside the control of the plan, such as changes to the benefits system and the introduction of Universal Credit.

Other negative impacts identified:

People who experience discrimination or disadvantage: Raised expectations as a result of consulting. Raised expectations of the third sector to deliver and meet needs. The capacity of the public sector to meet the needs identified in the strategy.

Areas with poor economic, health or educational outcomes: Services are increasingly accessed online – a reduction in alternatives could have a disproportionate impact on people who don't have access to the internet due to poverty or protected characteristics.

People in poverty: The strategy may not identify cumulative impacts, for example, on people with a number of different protected characteristics, or combined with other needs such as poverty or caring responsibilities.

A prosperous North Wales

Overall Impact Neutral

Justification for impact

There is potential for the strategy to lead to positive impacts in economic development, developing quality skills and jobs for the long term. The impacts on a low carbon society and infrastructure are less well understood. It's possible that the best model for meeting care and support needs is not a low carbon model so this may need to be looked at in more detail.

Further actions required

To mitigate the impact of digital exclusion of our online survey we are working with the Citizen's Panel Coordinator to offer face to face and phone conversations to complete the survey, producing printed copies on request and attending events. When developing low carbon service models care needs to be taken to avoid discriminating against particular groups and they need to be thoroughly co-produced and impact assessed to help mitigate potential negative impacts.

Steering group meetings have been planned for Partnership Fridays, when a series of other regional meetings are held to reduce the need for travel.

Positive impacts identified:

A low carbon society: Providing services closer to home and making the most of support available from friends, family and within local communities can be more efficient and reduce the need to travel. There may be positive impacts from the development of extra care, shared housing and Shared Lives schemes which use energy efficiently, for example, for heating.

Quality communications, infrastructure and transport: Will need to consider best use of communications, infrastructure and transport when choosing where to base services. Elements of the strategy looking at digital solutions may have a positive impact on digital inclusion.

Economic development: The social care and health sectors can have a positive impact on the local economy by providing employment and business opportunities for providing care as well as providing products and services to care providers.

Quality skills for the long term: The strategy will help support staff to develop quality skills and working in partnership will make these opportunities available more widely. Promoting initiatives like 'dementia friendly communities' also help to develop skills within local communities. The strategy will also look to support people to live well with dementia which may include support to stay in employment and develop new skills.

Quality jobs for the long term: Developing the health and social care workforce is a key element of delivering the strategy which will contribute to quality jobs in the

region. The choice of service models and providers could have a positive impact on the number, quality and length of jobs available. See the regional workforce strategy for more information.

Childcare: The plan may affect the workforce's childcare needs and childcare may be needed to make services accessible and to support parent carers.

Negative impacts identified:

A low carbon society: There may be negative impacts on energy efficiency with service models which increase the distances support workers travel. Working regionally to develop the strategy creates more car journeys as people travel to meetings.

Quality communications, infrastructure and transport: There may be a negative impact on people who are digitally excluded. For example our consultation is available online and new digital projects developed as a result of the strategy may exclude some people if this is not properly considered in the development.

Economic development: Working regionally to use buying power to reduce costs can have negative impacts on the economy if it leads to low paid, insecure employment and reduces the ability of providers to invest in their businesses. Commissioning larger scale contracts can make it more difficult for small, local providers to compete in the market.

Quality skills and jobs for the long term: Quality jobs for the long term: Making services more efficient may mean reducing the number of jobs. The choice of service model and provider could have a negative impact on the number, quality and length of jobs available.

Childcare: No impacts identified.

A resilient North Wales

Overall Impact: Neutral

Justification for impact

The strategy itself is likely to have a minimal impact on biodiversity, waste, fuel consumption and flood risk management. There may be some building projects that take place as a result which would need to be impact assessed.

Further actions required

We will minimise the energy/fuel consumption by making use of technology to reduce the number of meetings and encouraging people to use public transport, car share and use fuel efficient vehicles to travel. We will try to make use of existing meetings where possible. There may be opportunities to promote awareness of the environment and biodiversity when developing projects to improve wellbeing.

Positive impacts identified:

Biodiversity and the natural environment: No impact identified.

Biodiversity in the built environment: No impact identified.

Reducing waste, reusing and recycling: Services developed in response to this strategy will need to consider how they can reduce waste, reuse and recycle. This could be considered as part of the commissioning process.

Reduced energy/fuel consumption: Services developed will need to consider how they can reduce energy/fuel consumption. This could be considered as part of the commissioning process.

People's awareness of the environment and biodiversity: People's awareness of the environment and biodiversity may not be affected directly but there may be specific projects, for example, to improve well-being by making the most of the natural environment, which will have a positive impact.

Flood risk management: No impact identified.

Negative impacts identified:

Biodiversity and the natural environment: The strategy may lead to building projects which could have a negative impact on biodiversity and the natural and built environment.

Biodiversity in the built environment: No impact identified.

Reducing waste, reusing and recycling: No impact identified

Reduced energy/fuel consumption: Developing a regional strategy does lead to increased fuel consumption due to travelling to meetings.

People's awareness of the environment and biodiversity: No impact identified

Flood risk management: No impact identified.

A healthier North Wales

Overall Impact: Positive

Justification for impact: Overall the dementia strategy aims to improve health and should have a positive impact.

Further actions required: To minimise any negative impacts the specific health impacts of services should be considered as they are developed.

Positive impacts identified:

A social and physical environment that encourage and support health and well-being: Improving the health and well-being of people with dementia and their carers is a key aim of the strategy.

Access to good quality, healthy food: By promoting the six steps to reducing dementia the strategy may help promote access to good quality, healthy food. Some dementia support services do provide food which may help improve access to good quality healthy food.

People's emotional and mental wellbeing: Improving the emotional and mental well-being of people with dementia and their carers is one of the aims of the strategy.

Access to healthcare: Improving access to healthcare is one of the aims of the strategy and the strategy will include the United Nations Principles for Older Persons.

Participation in leisure opportunities: Providing support based around 'what matters' to people should help increase participation in chosen leisure opportunities along with promoting 'dementia friendly communities'.

Negative impacts identified:

A social and physical environment that encourage and support health and well-being: If we don't get the strategy right then there is a risk that there will be negative impacts on these areas. Need to make sure the strategy is co-produced with people who provide and use services to mitigate this risk.

Access to good quality, healthy food: No negative impact identified.

People's emotional and mental wellbeing: No negative impact identified.

Access to healthcare: No negative impact identified.

Participation in leisure opportunities: No negative impact identified.

A North Wales of cohesive communities

Overall Impact: Positive

Justification for impact

If the aims are achieved the dementia strategy should have a positive impact on community cohesion by supporting people with dementia to stay involved or to become more involved in their local communities. Initiatives such as the dementia friendly communities also help support cohesive communities.

Further actions required

Clear communication to bring people along with us and make sure they are included. Engage with hard to reach groups and support hard to reach groups to engage with us. Changing the way we do engagement to make it more accessible. For example, go to places where people are, use accessible venues, provide a variety of ways to be involved, produce information in plain English and follow best practice guidelines around making written documents accessible. Respond to engagement, make sure it helps shape services.

Positive impacts identified:

Safe communities and individuals: Links with North Wales Safeguarding Adults and Children's Boards. Promotion of initiatives such as the Herbert Protocol within the strategy may help contribute towards safeguarding individuals.

Community participation and resilience: Plan to continue participation as the strategy is put into action. The strategy will include information about advocacy and an active offer of services in Welsh as well as promoting the role of the third sector and social enterprises.

The attractiveness of the area: No impact identified.

Connected communities: More appropriate housing for vulnerable groups in safe areas. Links to Local Development Plan, housing and transport strategies.

Rural resilience: Care closer to home should help improve rural resilience.

Negative impacts identified:

Safe communities and individuals: No impact identified

Community participation and resilience: Focus on people who are engaging or have an advocate means we can miss people who are not. Other groups may see housing for vulnerable people having a negative effect on their area.

The attractiveness of the area: No impact identified

Connected communities: Supporting some communities at the expense of others can cause problems. Promoting independent living - can be risks around safeguarding, victims of crime, fraud.

Rural resilience: Centralising services could have a negative impact.

A North Wales of vibrant culture and thriving Welsh language

Overall Impact: Positive

Justification for impact: The dementia strategy aims to improve services available in the Welsh language. Projects to improve people's well-being can have a positive impact on people using Welsh, promoting the Welsh language and culture and heritage.

Further actions required: See the regional workforce strategy and 'More than Words' project for more information.

Positive impacts identified:

People using Welsh: The strategy should support local authorities and health boards with Welsh Government's recommendations to improve access to care in Welsh for people with dementia (see background paper for more information).

Promoting the Welsh language: The dementia strategy supports the requirement to make an 'active offer' of Welsh language services. This needs to be considered further when developing services.

Culture and heritage: Projects to support people affected by dementia can make a positive impact on culture and heritage. For example the research taking place at Bangor University about creative arts and dementia.

Negative impacts identified:

People using Welsh: If we are not able to recruit enough Welsh speaking staff our services could have a negative impact on the number of people using Welsh.

Promoting the Welsh language: No impact identified.

Culture and heritage: No impact identified.

A globally responsible North Wales

Overall Impact: Positive

Justification for impact

There are benefits to working together as a region to write the strategy but need to take the differences between areas into account when designing services to meet local needs rather than regional structures.

Further actions required

Support other stakeholders and partners to form consortiums and partnerships so they can work more effectively at a regional level. Support small organisations to expand or increase capacity to work at a regional level.

Positive impacts identified:

Local, national, international supply chains: Consider local, national and international supply chains when projects reach the purchasing stage. The Social Services and Well-being (Wales) Act 2014 requires us to support social enterprises.

Human rights: The strategy highlights human rights issues, such as older people's rights, safeguarding from abuse and Liberty Protection Safeguards. Making support available for people who are vulnerable can help uphold people's rights, such as support to stay at home and right to family life. Taking a co-production approach and promoting advocacy promotes people's right to have a say.

Broader service provision in the local area or the region: The strategy should help to inform other provision. It should also make us more aware of what other organisations are doing and help us be more consistent which will help other organisations and people who use services to navigate the systems.

Negative impacts identified:

Local, national, international supply chains: Large-scale, integrated services may attract larger national/international bidders and have a negative impact on local organisations and the wider market. Larger organisations may be more likely to buy from international suppliers which can have negative impact on local businesses. Need to make sure local people can access jobs that are being created and we don't exclude accidentally, for example, with training requirements.

Human rights: If we don't get the engagement correct we may miss out picking up on human rights issues affecting hard to reach groups. If we don't get advocacy or co-production right or people can't access services it will have a negative impact. Decisions around allocation of resources may have negative impacts.

Broader service provision in the local area or the region: Regional working could make it less obvious how to engage. Who's delivering or leading on what, loss of local relationships, learning from other regionalisation projects. Impacts on smaller organisations who don't have capacity to work at local level. Standardising services may mean loss of good practice in some areas.

Well-being impact assessment summary and conclusion

Consider how the proposal is applying the sustainable development principle, which means that we must act "in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs."

Score for the sustainability of the approach



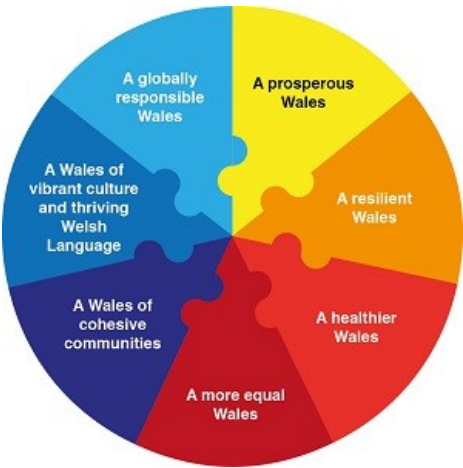
3 out of 4 stars. Actual score: 28 / 30.

Implications of the score

The aim of the strategy is to develop preventative services and to think long-term about how we can support people with dementia and their carers. It is a partnership strategy and will be co-produced so involvement and engagement are at the heart of what we're doing. The areas that score lower are about the impact on the environment and local development plan.

Summary of impact

Well-being Goals



A prosperous region	Neutral
A resilient region	Neutral
A healthier region	Positive
A more equal region	Positive
A region of cohesive communities	Positive
A region of vibrant culture and thriving Welsh language	Positive
A globally responsible region	Positive

Main conclusions

The aim of the strategy is to show how we will improve services for people with dementia in North Wales. If the strategy's aims are achieved it should have a positive impact on people's health, reduce inequalities and support the development of cohesive communities in North Wales.

There are potential negative impacts which may result, particularly from difficult choices about where to prioritise investment which may disadvantage some groups over others. There are also potential positive and negative impacts from the way we will commission, procure and use and develop physical assets in the region to meet care and support needs.

We recommend that the impacts continue to be assessed as further strategic and operational decisions are made about how to implement the plan.

Checklist of evidence to support the Well-being Impact Assessment

- ✓ We have consulted published research or guides that inform us about the likely impact of the proposal
- ✓ We have plans to involve an expert / consult a group who represent those who may be affected by the proposal
- ✓ We have plans to engage with people who will be affected by the proposal

References / evidence used

- Regional Partnership Board (2019) Dementia strategy consultation report.
- Regional Partnership Board (2019) Dementia strategy event feedback report.
- Regional Partnership Board (2019) Dementia strategy background data and information paper.
- Action on Hearing Loss (2015) Hearing Matters. London: Action on Hearing Loss.
- Age Cymru (2009) A report of the Older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people.
- All-Party Parliamentary Group on Dementia 2013. Dementia does not discriminate: The experiences of black, Asian and minority ethnic communities.
- Alzheimer's Research UK 2015. Women and dementia: A marginalised majority.
- Alzheimer's Research UK 2019. Dementia Statistics Hub.
- Alzheimer's Society 2007. Home from home: A report highlighting opportunities for improving standards of dementia care in care homes.
- Alzheimer's Society (2019) About dementia.
- Amieva, H., Ouvrard, C., Meillon, C., Rullier, L. and Dartigues, J.-F. (2018) 'Death, Depression, Disability, and Dementia Associated With Self-reported Hearing Problems: A 25-Year Study', *The Journals of Gerontology: Series A*, 73(10).
- Brooker, H, Severin, J., Sander, M., Corbett, A., Aarsland, D., Hampshire, A., Wesnes, K and Ballard, C. 'Use of Hearing Aids in Older Adults with Hearing Loss

Is Associated with Improved Cognitive Trajectory', Alzheimer's Association International Conference, Los Angeles, USA.

- Holland, A. J., Hon, J., Huppert, F. A., Stevens, F. and Watson, P. (1998) 'Population based study of the prevalence and presentation of dementia in adults with Down's syndrome.', *British Journal of Psychiatry*, 172, pp. 493-498.
- Institute of Public Care (2017) Daffodil: Projecting the need for care services in Wales. Available at: <http://www.daffodilcymru.org.uk/> (Accessed: 04/06/2019).
- Jones, C., Andrew, R. and Atenstaedt, R. 2018. Mental health and wellbeing in Betsi Cadwaladr University Health Board (BCUHB). Public Health Wales.
- Kerr, D. 2007. *Understanding Learning Disability and Dementia: Developing Effective Interventions*. London: Jessica Kingsley Publishers.
- Livingston, G, Sommerlad, A., Orgeta, V., Costafreda, S. G., Huntley, J., Ames, D., Ballard, C., Banerjee, S., Burns, A., Cohen-Mansfield, J. and Cooper, C. (2017) 'Dementia prevention, intervention, and care', *The Lancet*, 390(10113), pp. 2673-2734.
- Maharani, A, Dawes, P., Nazroo, J., Tampubolon, G., Pendleton, N., SENSE-Cog WP1 group, Bertelsen, G., Cosh, S., Cougnard-Grégoire, A., Delcourt, C. and Constantinidou, F. (2018) 'Longitudinal relationship between hearing aid use and cognitive function in older Americans', *Journal of the American Geriatrics Society*, 66(6), pp. 1130-1136.
- Mamo, S.K., Nirmalasari, O., Nieman, C. L., McNabney, M. K., Simpson, A., Oh, E. S. and Lin, F. R. (2017) 'Hearing care intervention for persons with dementia: A pilot study', *The American Journal of Geriatric Psychiatry*, 25(1), pp. 91-101.
- Matthews, F. E., Stephan, B. C. M., L. Robinson, L., Jagger, C., Barnes, L. E., Arthur, A. and Brayne, C. (2016) 'A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II', *Nature Communications*, Published online: 19 April 2016; | doi:10.1038/ncomms11398.
- National Care Forum 2016. *Dementia care and LGBT communities*.
- NICE 2018a. *Dementia: assessment, management and support for people living with dementia and their carers*. NICE guideline [NG97].
- NICE 2018b. *Hearing loss in adults: assessment and management*. NICE guideline. NG98.
- Office for National Statistics 2017. *Sexual orientation, UK. Experimental statistics on sexual orientation in the UK in 2017 by region, sex, age, marital status, ethnicity and socio-economic classification*.
- Pham, T., Petersen, I., Walters, K., Raine, R., Manthorpe, J., Mukadam, N. and Cooper, C. (2018) 'Trends in dementia diagnosis rates in UK ethnic groups: analysis of UK primary care data', *Clinical Epidemiology*, 10.
- Prince, M., Knapp, M., Guerchet, M., McCrone, P., Prina, M., Comas-Herrera, A., Wittenberg, R., Adelaja, B., Hu, B., King, D., Rehill, A. and Salimkumar, D. (2014) *Dementia UK: Second Edition - Overview*. Alzheimer's Society.
- Public Health Wales 2018. *Health and its determinants in Wales*.
- Rattigan, S. and Sweeney, S. 2018. 'We look after our own': *Dementia in Gypsy and Traveller Communities*.
- RNIB 2018. *Sight Loss Data Tool*.

- Thompson, W. M. 2014. Epidemiology of oral health conditions in older people.
- Ward, C. 2012. BILD Factsheet: Older people with a learning disability. British Institute of Learning Disabilities.
- Welsh Government 2018a. General Medical Services Contract: Quality and Outcomes Framework Statistics for Wales, 2017-18.
- Welsh Government 2018b. Mid-year population estimates (1991 onwards), by Welsh local authorities, English regions and UK countries, for single year of age and gender.
- Welsh Government 2019. NHS expenditure by programme budget category.



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIAANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Priorities for the Dementia Steering Group and work plan for the Regional Dementia Project Manager January-March 2021

Introduction

The Dementia Project Manager (PM) started in post in January 2021, since commencement of the role the PM has arranged meetings with the Dementia Steering Group Partners, Regional Collaborative Team members, ICF leads and other regional partners that support people living with dementia and carers.

These meetings have informed the PM of the current status within the region on services, programmes, projects and support that will benefit the implementation of the North Wales Dementia Strategy.

The PM has reviewed the North Wales Dementia Strategy and the impact of COVID-19 on partners, service and people living with dementia. (See COVID-19 Impact on NW Dementia Strategy and People living with Dementia and their carers Short Report)

A review and evaluation on the actions needed to implement the NW Dementia Strategy is ongoing, with consideration given to the COVID-19 Impact as well as the opportunities and developments available within partner organisations and external organisations.

The PM has considered and engaged with a number of the opportunities and developments available, in order to achieve some of the required actions within the NW Dementia Strategy. The PM plans to follow and develop these opportunities over the next 2 months to ensure they have viable and effective outcomes for the North Wales Dementia Strategy.

Summary of findings to date

From contact with partners, it is clear there is a drive to initiate, further progress and develop the actions within the NW Dementia Strategy. Some partners already have programmes, project and steering groups moving forward with actions stated or related within the strategy.

The PM has joined these programmes, projects and steering groups as a regional representative to support with the development of their aims and objectives that have direct benefit to the strategy.

Partners have felt the impact of COVID-19 on the staff resources available within the region to deliver upon the actions within the NW Dementia Strategy, and have informed the PM that the programme boards, steering groups and projects have been intermittent over the last 12 months. But they feel the situation is improving as we move forward into the new financial year.

Overview of PM Work plan

The work plan suggested for the next 2 months include the following main areas below. In April 2021 an update report will be provided, alongside a final 12-month draft work plan that will be deliverable and viable on its proposed outcomes.

Dementia Steering group and PM Actions for the next 2 months:

- Respond, review and support upon the recommendation within the Worst Hit Dementia during Coronavirus report
- Start a review into the Deafness and Dementia support across the region to identify gaps in current provision
- Explore the opportunities available to delivery on strategy action within the Transformation Programmes
- Support and encourage the development of the Dementia Friendly initiative from the Alzheimer's Society within the region
- Support the development of the OPMH Pathway within BCU including partners and those affected by dementia

Other actions

- Support the delivery of slippage money and gather feedback regularly on impact that support the NW Dementia Strategy.
- Support the National Dementia Project Manager post to develop action relating to the NW Dementia Strategy that are common themes across North Wales and Powys

Recommended Next steps for the Dementia Steering Group and Dementia Project Manager

The PM recommends the Dementia Steering Group look at the following actions, recommendations and aspects, for the remainder of financial year included in the table below.

Recommended Next steps for the Dementia Steering Group and Dementia Project Manager				
	Action	Opportunity	Timescale	Background Information, Dementia Strategy Actions Area and Suggested Steering group Action
1.	Response, review and support of the recommendation in the Worst Hit Dementia during Coronavirus report			<p>As mentioned in the COVID-19 Impact on the NW Dementia Strategy Short Report, the impact of COVID on people living with dementia has been higher than other population groups. It is recommended that the steering group formulates a response to the Worst Hit report, through a regional review on the recommendations., This will enable us to have a starting point for returning existing provision to normal or adapted COVID safe normal delivery, as mentioned in the Worst Hit report</p> <p>The PM anticipates that actions in the recommendation areas of the Worst Hit report may be already taking place across partners and the exercise may just involve collation and identification of areas that require additional support to achieve the recommendation.</p>
<p>Within the strategy the PM has already identified 11 actions that show opportunity to be actioned and developed. At present it is difficult to say whether all of these actions are long or short term in achievement.</p> <p>The strategy actions that show opportunities and the suggested work /action for the Steering Group and PM are below: -</p>				
2.	Continue to be involved and develop the strategy actions with existing programmes, steering groups and projects	ICF Dem 13 Project: Gwynedd Hearing Assessment in the Dementia Diagnosis Pathway (Regional Delivery Request)		<p>A request was received from BCU Audiology Service to extend the service across North Wales. This was shared with ICF Lead Officers at the ICF Operational meeting in January 2021. Within the Strategy we have two actions that include Hearing Loss and Dementia as a specific priority. See below:</p> <p>Dem Strategy Action 1: Continue to work with partners to promote and support initiatives to reduce the risk and delay onset of dementia, including links between hearing loss and dementia.</p> <p>Dem Strategy Action 18: Continue to develop and roll out projects to identify hearing impairment for people with dementia.</p> <p>Dementia Steering Group and PM Actions – The suggested actions moving forward in the next 12 months include:</p>

				<ul style="list-style-type: none"> • Review the current offer for Hearing Loss and Dementia across the partners and map the current provision (regionally). • Produce a report on key areas of delivery within the Gwynedd Hearing Assessment Project PID and identify any gaps within the region and local provision. • Identify service delivery options, adaptations and opportunities with partners for regional delivery
		Transformation Programmes Community, Learning Disability and Mental Health		<p>Following meetings with Transformation Programme Managers there are potential opportunities to deliver the strategy actions listed below by working with the transformation teams across the region. Some of the below actions are already starting to be developed via transformation teams., Others will look to embed specialist dementia actions within the projects and programmes.</p> <p>All Transformation Programmes (Community, Learning Disability and Mental Health) opportunities:</p> <p>Dementia Strategy Action 4: Extend support services from just those who are newly diagnosed, so that all with dementia and mild cognitive impairment have access to support, tailored to them, to incorporate the six steps into their daily life.</p> <p>Dementia Strategy Action 15: Include dementia symptoms into standard health checks at certain ages or life stages and include as a general triage question at emergency departments.</p> <p>Dementia Strategy Action 19: Incorporate a better Make Every Contact Count approach to all interactions and interventions, including third sector and non-statutory services.</p> <p>Dementia Strategy Action 25: Improve consistency of services for younger onset dementia, including support for people with learning disabilities, across North Wales and share good practice.</p> <p>Dementia Strategy Action 28: Encourage community and health services work together so people with dementia are less likely to need to go to hospital. For example, by providing some treatments at home.</p>

				<p>Learning Disability Transformation Specific opportunity: Dementia Strategy Action 17: Implement recommendations from research on mapping the challenges and enablers for adults with learning disabilities and their carers.</p> <p>Dementia Steering Group and PM Actions – The suggested actions moving forward in the next 12 months include:</p> <ul style="list-style-type: none"> • Review areas of concern in support services that provide limitation to the access of support and work with the Mental Health and Community Transformation teams to develop the team around the individual (Dementia Specific) • Work with the Commissioning Teams within partner organisations to develop and review contracts that are supportive and reflective of long term dementia and mild cognitive needs. • Review younger onset services regionally from the Dementia Strategy mapping and explore the lack of consistency in services. Complete a review of good practise and explore opportunities for development. • Work with the LD Transformation Team to explore the lack of consistency in support. Look for good practise and explore opportunities for development. • Explore current models of delivery within community, Mental Health, Learning Disability and Children's Transformation teams and understand the delivery models in each area East, Central and West. To identify opportunities within the delivery models to improve partnership working and prevent hospital attendance for those living with dementia. <p>Development of the above actions require further meetings with transformation teams to identify the actions we can pursue within 2021-22.</p>
--	--	--	--	---

		Dementia Friendly Steering Groups and Organisations		<p>The PM has reviewed the current Dementia Friendly communities and organisation across the region, and arranged to regionally represent at Dementia Friendly Council Groups and where available regionally represent at Dementia Friendly Communities leader's meetings. Our aims within the strategy is to increase the Dementia Friendly development across the region and support with sharing best practise. The PM aims to encourage local dementia friendly council and communities to support the creation of additional groups.</p> <p>Dementia Strategy Action 5: Continue to work towards dementia friendly status for our organisations and our communities.</p> <p>Dementia Strategy Action 23: Promote dementia friendly communities and initiatives</p> <p>Dementia Steering Group and PM Actions – The suggested actions moving forward in the next 12 months include:</p> <ul style="list-style-type: none"> • Support, encourage and develop all partners to become Dementia Friendly Organisations • Encourage Dementia Friendly Steering Group partnerships to form across partners and local Dementia Friendly groups • Encourage the creation of Dementia Friendly Councils in Conwy, Gwynedd and Ynys Mon
		BCUHB – OPMH Pathway Programme Board		<p>Through discussion with group members an opportunity presented itself to achieve the following action with the OPMH Pathway Programme Board</p> <p>Dementia Strategy Action 20: Introduce a user friendly service map/pathway that's co-produced and local with resources to support others following diagnosis.</p> <p>The PM has joined the group to support with the development of a user friendly pathway that is co-produced with partners and people living with dementia and their carers.</p>

				<p>Dementia Steering Group and PM Actions –</p> <p>The suggested actions moving forward in the next few months include:</p> <ul style="list-style-type: none"> • Attend pathway meetings and provide guidance and support with implementation of the OPMH pathway, ensure the involvement of partners and those living with dementia and their carers. • Provide regular updates to the steering group via email and meetings
--	--	--	--	--

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnership and Population Health Committee 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Cluster Development and Planning					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care & Community Services					
Awdur yr Adroddiad Report Author:	Clare Darlington Assistant Director Primary Care & Community Services					
Craffu blaenorol: Prior Scrutiny:	Each Area team have arrangements in place to review and endorse the draft cluster plans 2021/22. The draft plans have been shared with the corporate planning team and programme leads supporting the development of the Health Board's plans. The Executive Team will review the draft plans before they are submitted to Welsh Government at the end of February.					
Atodiadau Appendices:	Appendix 1: Cluster Annual Plan 2020/21 Template					
Argymhelliad / Recommendation:						
The SPPH Committee is asked to:						
<ul style="list-style-type: none"> Note the requirements for the development of the Cluster Annual Plans 2021/22, set by Welsh Government; Note the progress made to date in the development of the cluster plans; Confirm future reporting requirements to monitor the ongoing progress and delivery of the plans. 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	√	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>On 25 November 2020 Welsh Government wrote to the Executive Directors of Primary Care to issue the Cluster Annual Delivery Plan 2020/21 template with the requirement for Health Boards to submit Cluster Annual Plans by 31 January 2021 (since amended to 26th February 2021). In the letter it was noted that there would be a collective approach to assessing these plans and sharing the learning.</p> <p>There is also a requirement for cluster plans to be an integral part of the planning processes of the health board.</p>						

Cefndir / Background

The Quality Assurance and Improvement Framework (QAIF) was introduced as part of the General Medical Services (GMS) contract reform in 2019, replacing the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004.

The QAIF builds on the experience in NHS Wales of QOF, including a unique approach to incentivise cluster working. Through the programme of contract reform Welsh Government worked with NHS Wales and the GP professional representative bodies to examine how quality assurance and quality improvement can form part of a reformed contractual framework. Whilst not mandated, the QAIF rewards contractors for the provision of quality care and helps to embed quality improvement into general practice.

The Cluster Network domain that was previously established under the QOF, now features in the QAIF, with a shift in relation to cluster membership but noting that the 'mandatory membership of GP cluster network' is now a core GMS contractual requirement.

Cluster working can be described as: "A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."

The refreshed Cluster Network domain brings greater focus around planning for population needs and workforce capacity, with improved alignment to Health Board IMTP cycles. This also aligns with the aims of *A Healthier Wales* in enhancing cluster maturity. In turn, it supports the delivery of the *Primary Care Model for Wales*, which is predicated on a social model of health and wellbeing and critical to this is the need to work across organisational boundaries in order to maximise all the assets in a community.

Each Cluster must develop their local IMTPs with GMS contractors expected to contribute to the population needs assessment, demand and capacity analysis and workforce development plan and also to support the delivery of the plans.

Asesiad / Assessment & Analysis

The Primary Care Model for Wales National Delivery Milestones for 2019/20 included a strategic planning delivery milestone that required health boards to work with their local authority and service provider partners through primary care clusters to develop three year 'Primary Care Cluster IMTPs' for 2020/2023, by the end of September 2019, using a nationally agreed 'Primary Care IMTP Cluster Planning Template'.

The September delivery date was set in order for the content of the proposed 3 year Cluster IMTP Plan to feed into and influence the development of Health Board IMTPs/Annual Plans for 2020/23 by December 2019, to ensure cluster planning was front and centre of corporate health board planning. The expectation was that the three year Cluster IMTP Plans would be refreshed annually, by the end of September of each financial year, and would inform subsequent cycles of Health Board IMTP plans.

In September 2019 the Primary Care Hub (part of Public Health Wales), was tasked by the Executive Directors of Primary Care peer group to undertake a rapid and thematic review of the 64 Cluster IMTPs 2020/2023 that had been submitted. This was to help shape future cluster planning guidance, inform the system to support cluster planning and planned actions through work streams of the Strategic Programme for Primary Care and the Primary Care Hub work plan 2020/2021.

An All Wales summative report and individual Health Board reports were produced and shared with the individual Health Boards. The feedback to the Clusters supporting BCUHB was very positive, noting that *"[the BCU] Health Board plans stood out as exemplary plans when compared to the ...[other]... health board submissions reviewed, and in general terms, this HB is well on its way to developing robust, meaningful plans that demonstrate how they will drive forward cluster based working and improvements in population health, linked to their HB IMTP and wider partnership planning infrastructure."*

In addition a suite of anonymised, aggregated thematic reports were produced that were fed into the Strategic Programme for Primary Care work streams. The thematic reports included: Cluster Membership and Governance, Cluster Needs Assessment, Prevention, Workforce, and Finance. An All Wales feedback and learning event, hosted by the Welsh Government NHS Planning team, was scheduled to take place in May 2020 to share the learning and good practice across Wales with planning colleagues. Unfortunately this event was cancelled due to Covid-19 and widespread sharing and learning from the first round of Cluster IMTP plan development was not achieved at scale.

In December 2019, the Minister wrote to Health Board Chairs and Vice Chairs and confirmed that cluster led planning and delivery is here to stay and is core to the *Primary Care Model for Wales*. To reinforce the Government commitment to cluster planning, the Minister set a number of delivery milestones at cluster level, and allocated an additional £10 million recurrent funding from 2020/21 for clusters to decide how to invest in implementing the *Primary Care Model for Wales*.

Much of the preparatory planning work to deliver the national delivery milestones over 2020/21 was then paused or suspended as the Health Service in Wales transferred planning resource and operational delivery to the Covid-19 response. In April 2020, the Deputy Director, Primary Care Division, Welsh Government, wrote out to health boards to confirm that deadlines for some of the 2020/21 delivery milestones for the *Primary Care Model for Wales* were to be re-set. Welsh Government and Directors of Primary and Community Care collectively reviewed the milestones during August 2020 and reissued a revised set of milestones for 2020/21 in September 2020 based around the priorities for Quarters 3/4.

The NHS in Wales is now looking forward to accelerated recovery of service planning and provision. In order to inform the Health Board 2021/22 plans and beyond, Clusters were again be required to refresh their current 3 year Cluster IMTP Plans and produce a 2021/22 Cluster Annual Plan that will be integral and complimentary to the Health Board IMTP / Annual Plans from 2021/22.

A final Cluster Annual Plan was requested to be submitted to Welsh Government and published on PrimaryCareOne website by end of February 2021 (noting the original request was January 2021).

The required content for the 2021/22 Cluster Annual Plan is outlined in Appendix 1, noting the rationale for this relates to:

- Continued demonstration with progress in delivering the Primary Care Model for Wales with ongoing planning and delivery through the multi-disciplinary, multi-agency cluster partnership, taking into account the user voice

- Ongoing alignment with Regional Partnership Board plans (RPB) and associated Transformation Fund plans to deliver seamless care to the cluster population
- Ministerial National Delivery Milestones for 2020/21 for Cluster Plans relating to the Primary Care Model for Wales
- Nationally agreed priorities arising from contract reform in Wales
- NHS Wales / Health Board Covid-19 Recovery Operational Framework and whole system pathway plans.
- National Primary Care Operational Framework 2020/21 Q3/4 Priorities.
- Primary Care National Strategic Programme Workstream PIDs and priorities
- Framed within the context of the Well-being of Future Generations Act

These requirements have been collectively agreed by the Health Board Directors of Primary Care across Wales. Fundamental to the cluster plan requirements are the principles that underpin cluster working. Specifically, that Primary Care Cluster Planning must be taken forward through the multi-disciplinary, multi-agency cluster planning teams and reflect all partner contributions to improving cluster population health and wellbeing. The voice of the user should also be reflected in the plan development.

To inform the development of the 2021/22 Cluster Annual Plan, clusters are required to:

1. Reflect on their collective experiences during Covid-19 which may have informed new / revised ways of working within the cluster and new cluster priorities going forward. Consider which elements of the cluster Covid-19 response will need to be maintained / reactivated though 2021/22 in response to any future waves/outbreaks.
2. Review their current 3 year Cluster IMTP plans 2020/23 and consider, in light of the Covid-19 reflections, elements of the plan that are now redundant, or will continue to be paused over the next 12 months 2021/22, and which elements of the plans will continue to be delivered or perhaps accelerated delivery as a beneficial consequence of Covid-19.
3. Identify a set of cluster priorities and SMART actions for 2021/22. Outline how the cluster arrived at these priorities (rationale) and how the cluster will address/deliver/monitor the actions and the associated workforce and financial implications for the cluster.

Despite the ongoing pressures of the pandemic and the current important focus on the Covid vaccination programme by primary care colleagues, the 14 clusters in north Wales have each drafted their 2021/22 Annual Plan by the original deadline of the end of January.

Given that the submission date has been extended by a month this has allowed an additional level of review and alignment with the Health Board's planning processes. All the draft plans have been agreed by the relevant Area teams and submitted to the Executive Director Primary Care & Community Services for scrutiny.

The cluster plans will be shared at Executive Team for consideration and agreement to submit to Welsh Government by the end of February 2021.

An initial review of the plans demonstrates a growing maturity and ambition for the further development of the clusters, working more closely with partners as integrated localities.

Each have highlighted their specific priorities for the coming year, with the most common themes being:

- Covid Vaccination Programme
- Integrated Mental Health and Well-being
- Chronic Disease Management, in particular Diabetes and lifestyle choices
- Frailty Pathway
- Further development of MDT working and Advanced Health Practitioners working in primary care settings
- Maturity of integrated cluster and Community Resource Teams (CRT)
- Support for care homes

These have been shared to support the Health Board's planning process and development of the 2021/22 Annual Plan.

Furthermore the impact on cluster working, learning and innovation as a result of responding to the pandemic is noted, with key themes being:

- Greater integration between primary care and community services
- Closer working across cluster GP practices for business continuity planning and response
- Closer working across cluster GP practices in the delivery of the Covid Vaccination Programme
- Close working to agree and develop Local Assessment Centres or 'red' hubs to support suspected Covid patients in the community
- Roll out of telephone triage, on line platform to support triage, video and telephone consultation
- Support for Care Homes with the delivery of the enhanced service and introduction of remote consultations
- General development of stronger relationships across and within the clusters

Strategy Implications

WG have clearly identified the requirement for Cluster plans to be developed not only to drive the delivery of the national Primary Care Model for Wales, and the strategic document *A Healthier Wales*, but to also be firmly embedded in the planning processes of the health board and supporting longer term strategy.

Options considered

The development of clusters and associated plans is articulated at a national level, and also part of the GMS contractual requirements. There are no options to consider.

Financial Implications

Each cluster has a set, ringfenced allocation to support the delivery of their local priorities, the national delivery milestones and the principles of the Primary Care Model for Wales.

Cluster plan priorities should also be considered as part of the whole system health board financial planning processes and any additional investment requirements identified for consideration.

Risk Analysis

Primary Care sustainability is noted as a key risk for the Health Board and therefore does impact on the delivery of services. However the sector has demonstrated resilience in its response and commitment to patients during the pandemic.

Area Teams continue to work closely with clusters and independent contractors where sustainability and capacity concerns are identified, with longer term actions being progressed to mitigate the risk. These are also brought through the cluster planning processes.

Legal and Compliance

There are no direct legal implications to consider.

Impact Assessment

Impact assessments will be undertaken at a local level in achieving the requirements as needed.

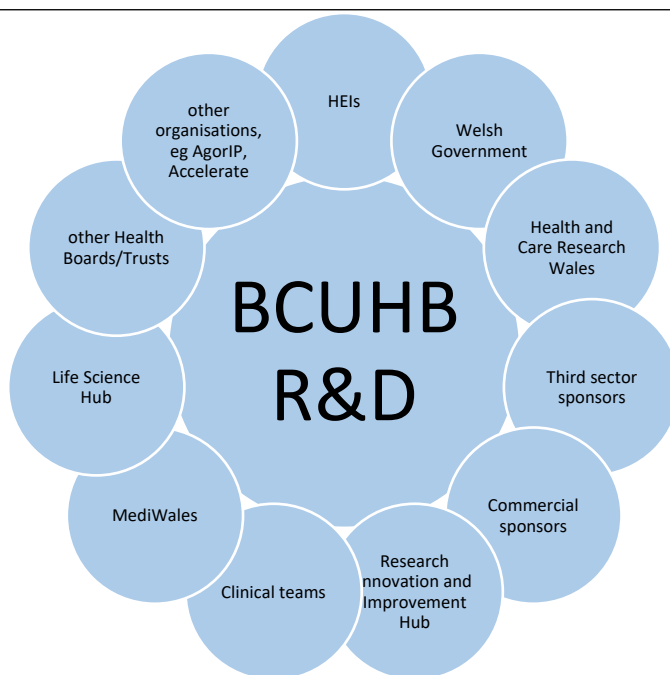
Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V2.0 July 2020.docx

APPENDIX1: Cluster Annual Plan 2020/21 Template

1	Exec Summary	Overview and key actions to be delivered 2021/22 and anticipated population and service benefits.
2	Annual Plan on a Page for 2021/22	Health Board or Cluster directed template.
3	Reflections of 2020 Covid-19 service delivery and impact on Cluster working and cluster planning	Summative reflective narrative – benefits, dis-benefits and learning from cluster experience during Covid-19.
4	One year in reflections on the 2020/23 Cluster Plan content and ongoing relevance to direct future cluster working	Exception report overview narrative of areas of the 2020/23 plan that have been delivered, are now redundant, or can be accelerated in light of Covid-19 experience.
5	Key Cluster Actions for 2021/22	Table – suggested format Figure II.
6	Cluster workforce Implications for 2021/22	Narrative and tables as required
7	Cluster financial implications for 2021/22	Narrative and tables as required
8	Strategic influence / links / alignment with Health Board Annual Plan 2021/22	Narrative



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Research Update				
Cyfarwyddwr Cyfrifol: Responsible Director:	Arpan Guha Acting Executive Medical Director				
Awdur yr Adroddiad Report Author:	Lynne Grundy Associate Director Research and Innovation				
Craffu blaenorol: Prior Scrutiny:	Arpan Guha Acting Executive Medical Director				
Atodiadau Appendices:	One				
Argymhelliad / Recommendation:					
The Committee is requested to receive this report for information					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
Sefyllfa / Situation:					
This paper will provide a research update to the Committee.					
BCUHB Research and Development (R&D) Team work with many different partners and collaborators, some of whom are illustrated in Fig 1 below. COVID-19 has driven further collaborations, with the shared aim to deliver research, and translate findings into practice at pace.					
Fig 1 Partners and collaborators					



Cefndir / Background:

Partnership working

Research Innovation and Improvement Coordination (RIIC) Hub

We are working closely with the Research, Innovation and Improvement Coordination (RIIC) Hub to develop a series of virtual workshops for key partners across North Wales. The workshops, facilitated by the Innovation Agency, will use the 'Living Lab' concept, to develop a thriving research ecosystem in North Wales. Attendees include colleagues from NHS, local authorities and Higher Education Institutions (HEIs).

The Community of Scholars

The Community of Scholars



The Community of Scholars (CoS), an initiative funded by Welsh Government Research and Development Division, is an example of a collaboration between BCUHB and Bangor University, and working with other partners in North Wales.

The CoS is a virtual resource available for all those interested in research, regardless of experience expertise. Co-production workshops were held in 2018 and 2019, and individuals from across the Health Board and Bangor University attended. Lab4Living led the first workshop, and the following outputs were captured.

Needs	Purpose	Values	Outcomes
Visions and Aspirations <ul style="list-style-type: none"> National Recognition/Increased reputation Linking clinicians and researchers Making an impact Career Development and Recruitment Collaborations and Mentoring <ul style="list-style-type: none"> Increased boundary spanning Attracting high calibre people to North Wales Making and supporting work partnerships Funding and Resources <ul style="list-style-type: none"> Increased funding/contracts Pooling of expertise, skills and knowledge Research <ul style="list-style-type: none"> Sustainable research with bilingual support Increased research activity based in North Wales Increased communication and collaboration Conducting impactful research 	Collaborations <ul style="list-style-type: none"> Boundary spanning Network and matching Increased research workforce Sharing contacts outside of North Wales Funding <ul style="list-style-type: none"> Identify funding schemes Grantsmanship Publicising research and successes Satisfaction <ul style="list-style-type: none"> Innovation, motivation, creativity, and community in the workplace Shared learning valued for contributions Potential and Resources <ul style="list-style-type: none"> Identify where we are and where we need to go Pooled resources – increased knowledge base Integrate HB and university resources 	Safe Working Spaces <ul style="list-style-type: none"> Respect different roles and priorities Be inclusive Equality and efficacy Representation for every group – Welsh language aware Early Career Research Focus <ul style="list-style-type: none"> Managers allowed and supported to enable institutional commitments Support novice researchers Maintain integrity and honesty with research Respect, regardless of level Good communication Cross-Institutional Commitment and Governance <ul style="list-style-type: none"> Commit to making research visible Enable a contractual agreement to facilitate research Admin transparent and accountable 	Research Improvements <ul style="list-style-type: none"> Increase in scale, spread, and scope of research activity Increased knowledge sharing Research conducted to reflect the needs of the population Increased number of researchers across professions Pooled resources and expertise Mutual Co-operative <ul style="list-style-type: none"> Connecting and partnerships Boundary spanning Chief investigations based in North Wales Nurture and Support Improved Profile

Following the co-production workshops, a web site design company was commissioned to develop the online resource, which initially will offer the following:

- Networking and linking clinicians and academics
- Research training resources
- BCUHB Journal club
- Facilitation of research collaborations across North Wales
- Development of grantsmanship skills in applied health research
- Development of research leadership
- Development of capability and capacity in applied health research

The CoS was launched in February 2021, having been paused earlier in 2020 due to the pandemic. We will evaluate regularly, so that we can build on the learning from it to further develop our research capability and capacity.

Socialised movement to promote research

The pandemic and the subsequent urgent prioritisation of COVID-19 research trials has led to wider involvement and engagement from clinical teams, including junior doctors, who have contributed to many of the studies.

We have held a number of virtual events to promote research and the benefits of being involved in research delivery. These include Science Slams, *Pizza and p value* sessions, and a research

symposium. At the research symposium, over 20% of attendees had not been involved in research previously, which shows a positive move to socialising research within the health and care setting.

Joint appointments

BCUHB is in dialogue to increase joint appointments. This aligns with our Performance Review with Welsh Government R&D Division in September 2020. Welsh Government are keen to see, in light of the proposed medical school development, further developing of joint plans and processes with Bangor University, and establishing a shared approach to the academic/research workforce, career development and career pathways.

We have recently negotiated and agreed to host posts for the Wales Cancer Research Centre, and jointly fund a post doctoral research post with Centre for Mental Health and Society, Bangor University and the National Centre for Mental Health.

COVID-19 Research update

Following the COVID-10 research and innovation activity update, presented to the Strategy, Partnerships and Population Health Committee (SPPH) in July 2020, some non-COVID-19 research activity re-started. However, as the incidence of COVID-19 has increased again, the focus of R&D activity has been directed to the urgent public health (UPH) COVID-19 studies once again.

To date BCUHB has recruited **2440** participants to **23** COVID-19 studies across a range of areas (Table 1).

Table 1 COVID Studies and recruitment in BCUHB

*Awaiting recruitment upload

STUDY SHORT TITLE	NUMBER RECRUITED
CLARITY – Impact of biologic therapy on sars cov 2 infection and immunity	45
Clinical characterisation protocol for severe emerging infection	1227
COPE – COVID 19 in older people	57
COPE HCP - COVID 19 and physical and emotional wellbeing of HCP	93
CERA – COVID 19 emergency response assessment	22
COVIDTrach*	
COVIP - COVID 19 in very old intensive care patients	22
FALCON C-19 novel diagnostic tests	52
FLU-CATS - Evaluation and refinement of pandemic influenza community assessment tools*	
GenOMMIC - Genetics of susceptibility and mortality in critical care	49

MERMAID*	
MOMA-V1.0 - measurement of mouthwash antiviral activity against COVID 19	2
NOVAVAX COVID19 vaccine study	490
PECovid*	
PHOSP-COVID - Post hospital COVID 19 study	17
Physical Activity – a Vital Sign*	
Pregnancy and neonatal outcomes in COVID-19	53
PRINCIPLE – Platform randomised trial of interventions against COVID 19 in older people	22
Providing inpatient mental health care during COVID-19	
RECOVERY - Randomised evaluation of COVID 19 therapy	194
RECOVERY Respiratory support –CPAP, high flow and standard care	2
REMAP-CAP - Platform trial for community acquired pneumonia	84
SPIKE-1	9

One of our clinicians recently identified the positive benefits of participating in COVID-19 research.

“As a result of our participation in the RECOVERY trial, we were quick to notice that steroids had a positive impact on patient outcomes and as a team we were routinely giving all of our Covid patients steroids in one form or another, just before the official results on Dexamethasone came out. The results however unified the doses and duration we then started to implement.”

Appendix 1 gives further detail on three of the COVID-19 studies we are currently recruiting for.

At the request of the UK Vaccine Task group, we have rapidly set up the Novavax vaccine trial in Wrexham, recruiting 490 participants in November. Wrexham is one of four sites in Wales identified as able to deliver vaccine trials.

This trial was set up in less than two weeks, working with Public Health Wales and Health and Care Research Wales, and involved over 100 staff who contributed to its successful delivery. The research team included doctors from our GP practices, junior doctors, doctors from out of area, R&D research teams, and many other nurses and support workers who worked with us. The experience has been positive, and has enabled many staff in BCUHB to experience being involved in a priority vaccine trial.

Non-COVID-19 update

Value of research

There is evidence that clinical research activity in organisations is associated with reduced mortality and improved overall care quality. Opportunity to participate in research provides an enhanced job role, helping to develop leaders and critical thinkers who can have a positive impact on their work

environment. In 2019/2020 and we increased the number of patients who took part in research by 23% from the previous year, exceeding our target by 223 participants.

In 2019, Welsh Government commissioned KPMG to complete a report on the economic value of research in Wales in 2019/2020. [The independent KPMG study](#) indicates that the economic contribution of health research activity supported by NHS organisations in Wales was an estimated £93 million in GVA with approximately 1,600 jobs created by NHS organisations.

The KPMG report reviewed cost savings to NHS organisations. This included an analysis which estimated an average pharmaceutical cost saving to the NHS in Wales in FY 2018/19, of £27,927 per patient recruited in FY 2018/19 across the relevant commercial and non commercial studies, and estimated the total value to the NHS of pharmaceutical products provided free of charge was £1.3 million in FY 2018/19.

Recognising the impact of research

We have developed a process for identifying and recognising the impact of research on our population. There are many examples clinicians have identified as benefits their patients (and staff) have from participating in research, one example is shown below:

“Approximately five years ago our COTE ward participated as an intervention ward in the Prevention of Delirium (POD) study, a national study looking at the effectiveness of ward based interventions in reducing the incidence of delirium. Participating in the study had an extremely positive effect on the ward culture. It increased awareness of delirium amongst ward staff and taught staff to view delirium prevention in a more proactive and systematic manner. The positive impact of participating in the study can still be felt today”.

We are working with our librarian colleagues to develop a repository of published research, which supports dissemination of knowledge.

We continue to develop collaborations with academic partners, building on recent successful work with both local and national partners, and by the North Wales Clinical Research Centre.

Two BCU staff successfully won funding to support their research time in a national *Research Time Award* in 2019, joining three other BCUHB staff who are part way through the three year award. A further member of BCUHB was successful in winning grant funding in a *Research for Patient and Public Benefit* national competition in 2019, and two bids are being submitted from BCUHB research teams this year, in partnership with Bangor University.

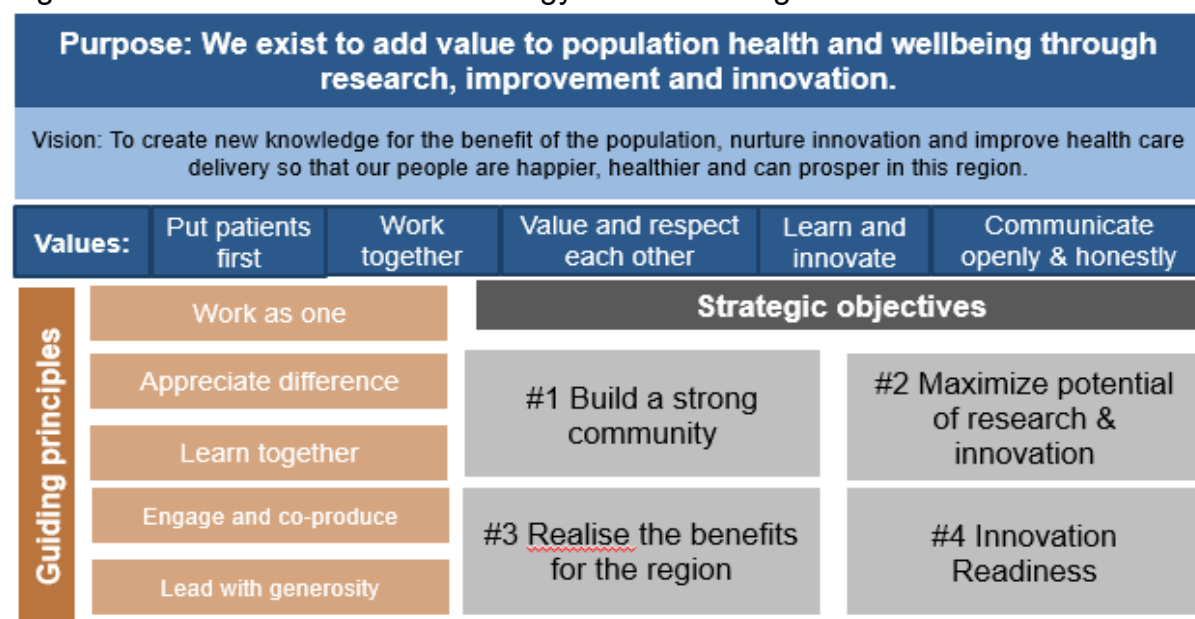
The triennial UHB status review will take place in March 2021, and we are preparing our evidence and plans to support this. A review of the criteria for the three themes, including research, has taken place and we will be providing evidence against the revised criteria from March 2021. From March 2021, UHB status will be aligned to the IMTPs on an annual basis.

Asesiad / Assessment & Analysis

Research and Innovation Strategy progress

During 2019 we developed our Research and Innovation Strategy 2020-2025, supported by the Innovation Agency. A wide engagement exercise with internal and external stakeholders culminated in the strategy being approved at the November 2019 Board. It was launched in February 2020 and is summarised below as our 'Plan on a Page'. The strategy will drive forward our research and innovation work through an agreed delivery plan. We have been able to progress against the four strategic objectives, although some areas of the delivery plan has been delayed due to the pandemic.

Fig 1 Research and Innovation Strategy 'Plan on a Page'



We are meeting our targets within the BCUHB annual plan as below

Deliver the Research and Innovation Strategy Delivery Plan Year 1	
Ensure pathways for research and innovation to support health priorities and COVID-19 recovery work	
Successfully deliver vaccine trials on behalf of Wales and UK	
Ensure COVID-19 research identified as urgent by UK CMOs is prioritised for delivery	

Summary

2019/2020 was the first full year of performance for the R&D team following its restructure. In 2019/2020 we exceeded our recruitment to portfolio studies KPI, and in 2020/2021, to date we have set up and opened 23 priority COVID-19 studies and recruited 2170 patients, which exceeds our

recruitment at this stage in 2019/2020. We have also rapidly set up and opened a vaccine trial in Wrexham, recruiting 490 participants who are currently being followed up. We are continuing to develop our partnerships, building on the strong foundation we have built in the last three years.

In order to progress research in BCUHB, the organisation at all levels needs to be able to recognise the value of research, and research seen as integral to clinical care delivery and treatment. Health care professionals should have time in their job plan or equivalent to support them to undertake research projects and engage in the wider research endeavour locally.

Appendix 1

REMAP-CAP

REMAP-CAP (Randomised Embedded Multifactorial Adaptive Platform for Community-Acquired Pneumonia) uses a novel, adaptive trial design to evaluate a number of treatment options simultaneously. It provides a global research platform that is able to adapt to efficiently evaluate multiple treatment options for patients who are critically ill due COVID-19 infection. Results are analysed and fed back on an ongoing basis, so that proven effective treatments can be incorporated into standard practice and treatments which are of no benefit can be stopped.

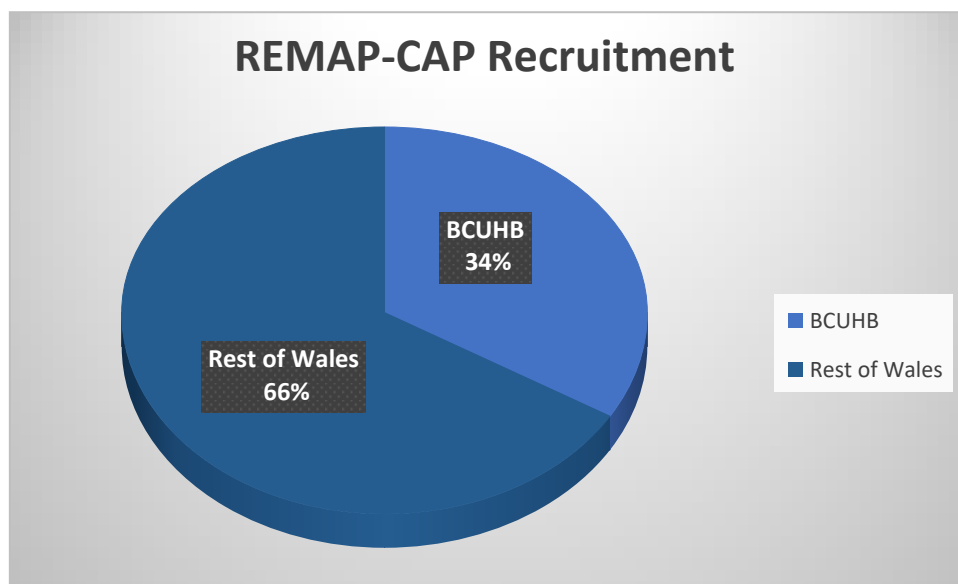
The complex design of this trial gives rise to frequent amendments which must be implemented in a timely (and often fast-paced) manner and communicated to all involved.

The Clinical Trials Department and the Intensive Therapy Units at Ysbyty Glan Clwyd and Wrexham Maelor Hospital have worked together extremely well throughout the COVID-19 pandemic this year, resulting in excellent recruitment to the REMAP-CAP clinical trial. In addition, and unusually, junior doctors have played a central role in screening, consenting and recruiting patients, and in prescribing trial drugs. Some of the key reasons for the success of the trial at YGC and WMH are:

- An excellent working relationship has been established with the PI at YGC (Dr Richard Pugh) and Wrexham, (Dr David Southern) who are very enthusiastic about the trial and about involving any junior doctors who are interested in taking part
- Two Clinical Research Specialist Nurses have been assigned to the trial from the Clinical Trials Department. They are named contacts for the ITU team and available to be contacted for any queries, including out of hours
- A WhatsApp group has been set up for all staff involved in the trial, including pharmacy and the blood transfusion service. This allows new, non-confidential information to be disseminated to everyone quickly
- Excellent working relationships have been established between the Clinical Research Specialist Nurses and the ITU nurses, and with the ITU consultants who are not directly involved in the trial. This has helped in the smooth running of the trial
- Junior doctors who take part complete GCP training and trial-specific training beforehand. In addition, the Clinical Research Specialist Nurses work with them closely, particularly initially when they are less sure of the process. This includes helping them through the online randomisation process, ensuring that paperwork is completed and helping with practical tasks such as liaising with pharmacy and the blood transfusion service

- REMAP-CAP didn't open in YGC until the first wave of the pandemic was in decline. During that time, we recruited a small number of patients and were able to identify and resolve any potential issues. Therefore, when the second wave started, the whole team was fully up to speed, resulting in excellent recruitment

As of January 31 2021, 250 patients in Wales have been recruited to REMAP-CAP. Of these, 34% are from BCUHB. This is a fantastic achievement given that the ITUs in BCUHB are much smaller than many elsewhere in Wales, and overall case numbers in North Wales are considerably lower than South Wales.



Recovery trial in Ysbyty Gwynedd

The Recovery trial, which is the world's largest randomised trial of potential COVID-19 treatments opened to recruitment on the 7th of April in Ysbyty Gwynedd. The Research Team quickly established themselves as part of the COVID team attending morning handovers and ward rounds. This was during time of immense pressure to retrain and redeployment.

Initially as the COVID cases were low in Ysbyty Gwynedd the majority of the research nurse time was involved in engaging teams of doctors, setting up processes, teaching junior and senior Doctors on the study process. To ensure all possible patients admitted with suspected or confirmed COVID 19 were given the opportunity to take part in this unique study. This involved the clinical care teams on C19 (admission unit), ITU ,ED department and later on Aran ward. Some of these departments had not worked with the research delivery team previously.

The first two patients were recruited on the 11th of April at Ysbyty Gwynedd. The research team adapted their working practice with the needs of the service providing a 7 day a week cover with the weekends providing an on call system. This is something the delivery team had not previously provided.

The Recovery Trial has reported four significant results to date:

- Hydroxychloroquine is not effective in treating COVID 19
- Lopinavir/retinovir is not effective in treating COVID 19
- Dexamethasone clearly reduces the risk of death by about one-third among patients receiving ventilation and by one-fifth in those requiring oxygen alone.
- Azithromycin to date shows no convincing evidence of its effect on clinical outcomes in COVID-19.

The Recovery Trial aimed to recruit 10% of all patients admitted with suspected/confirmed COVID-19, at Ysbyty Gwynedd we managed to recruit 27% of those patient who were COVID positive.

FALCON study

Emergency Departments join study to assess instant testing for COVID-19

Emergency Departments in North Wales are taking part in a study to assess the effectiveness of tests that may give doctors COVID-19 results within minutes rather than hours.

The Facilitating Accelerated Clinical Evaluation of Novel Diagnostic Tests for COVID-19 (FALCON) study aims to find out how accurate new and faster tests are so that patients and staff can be cared for as safely as possible.

The current tests rely on a lengthy laboratory process to detect the presence of the virus. The long wait for the test results (up to 48 hours) makes safe and effective care more difficult to provide.

A new medical school for North Wales: an update

Arpan Guha

Acting Executive MD

BCUHB

A change in position: 2017-2020



Wales | Wales Politics | Wales Business | North West | North East | Mid | South West |
South East | Cymru | Local News

Vaughan Gething: 'No case' for north Wales medical school

© 18 July 2017



Wrexham.com > News

Posted: Sat 26th Sep 2020

Welsh Government exploring proposals for a North Wales medical school



This article is old - Published: Saturday, Sep 26th, 2020

The Welsh Government has announced that it is exploring proposals for a North Wales medical school.

The Welsh Government is already providing £7m a year to fund undergraduate medical training in North Wales and is now looking to explore a proposal by Bangor University and Betsi Cadwaladr University Health Board for a new medical school.

A total of 19 students began their studies at Bangor University in 2019/20 and 18 are due to begin the C21 Programme in 2020/21.

Health Minister, Vaughan Gething, has set-up a group to examine the feasibility

- 2019: initial proposal paper presented to WG
 - Joint contributions
- 2020: WG announced it would examine the feasibility of the proposal
- Late 2020: WG Task and Finish Group set up
 - High level
 - Chaired by Prof Elizabeth Treasure, VC, Aberystwyth University
 - Prof Iwan Davies, Mark Polin and Jo Whitehead from North Wales
 - Exec MD is the lead for BCUHB

What is the case for benefit?

- Benefit for patients
 - Research and outcomes
- Economic resurgence
 - Academic Health Sciences Network model
 - North Wales Bio-campus
- Work force
 - Recruitment and retention
 - Grow our own
- Excellence in research
 - Direct patient benefit
- Excellence in healthcare education
 - Direct patient benefit
- Unique curriculum opportunities
 - Innovation and improvement focus
 - Rural health and digital enhancement for outreach
 - Integrated healthcare experience

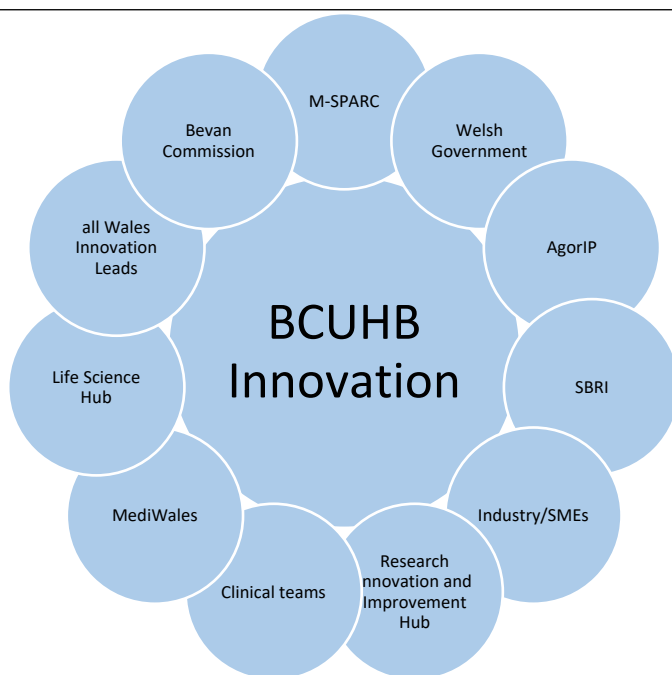
Where are we now: WG Task and Finish Group: summary

- “There is significant work to be done”
 - to look beyond the documents provided by Betsi Cadwaladr University Health Board and Bangor University
 - consider all other options available
- Chair of TFG to have met Minister for Health and CEO NHS Wales
 - update of the work- extensive and important
 - potential risks around the project
 - additional work that is required

- Gaining support from the system
- Strengthening the evidence
 - Steering Group
 - Work streams
- Working towards an academic vision
NOW
 - Closer collaborative working across N. Wales
 - Both universities



Cyfarfod a dyddiad: Meeting and date:	Strategic Partnership and Population Health Committee 23.2.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Innovation Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Adrian Thomas Executive Director of Therapies & Health Sciences,						
Awdur yr Adroddiad Report Author:	Lynne Grundy Associate Director of Research & Innovation						
Craffu blaenorol: Prior Scrutiny:	Adrian Thomas Executive Director of Therapies & Health Sciences,						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to receive the update for information							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This paper will provide the Committee with an update on innovation activities in BCUHB							
Cefndir / Background:							
<p>BCUHB launched its integrated Research and Innovation Strategy in February 2020, and works closely with the Research, Innovation and Improvement Coordination Hub (RIICH). Current joint work includes developing a research and innovation ecosystem across North Wales, working with different sectors and organisations. We are also working together to develop a North Wales umbrella strategy for research and innovation.</p> <p>We work with many different collaborators, some of whom are shown below.</p>							



Asesiad / Assessment & Analysis

National landscape

An all Wales Innovation Leads Group meets regularly. Membership includes innovation lead representation from all the Health Boards, as well as from the RIIC Hubs, Welsh Government, the Bevan Commission, AgoriP and the Lifesciences Hub Wales.

We work very closely with all these organisations, and Welsh Government Innovation teams, and opportunities for innovative joint working flow from these collaborations.

An emerging theme and priority in Wales and beyond, is the need to adapt, adopt and spread innovation. The newly funded all-Wales Academy for Innovation in Health and Social Care intensive learning Academy (ILA), a partnership between Cardiff and Swansea universities, will develop the teaching and learning for spread and scale.

A recent Health Foundation funding call for Adopt and Spread Hubs led to an all Wales bid, coordinated by BCUHB. Whilst the bid was not successful, it has identified an appetite in Wales to share, adopt and spread innovation. The All Wales Innovation Leads Group has identified and committed to a work plan of priorities for 2021 to improve identification, set up, spread and commercialisation of innovation in Wales, to transform care.

Local innovation Infrastructure

The national collaborations and partnership working offer opportunity locally, to develop innovative ideas, to work with industry partners to develop and test innovations, and to spread and scale up innovation from other areas. In order to capitalise on these opportunities we need to have a local

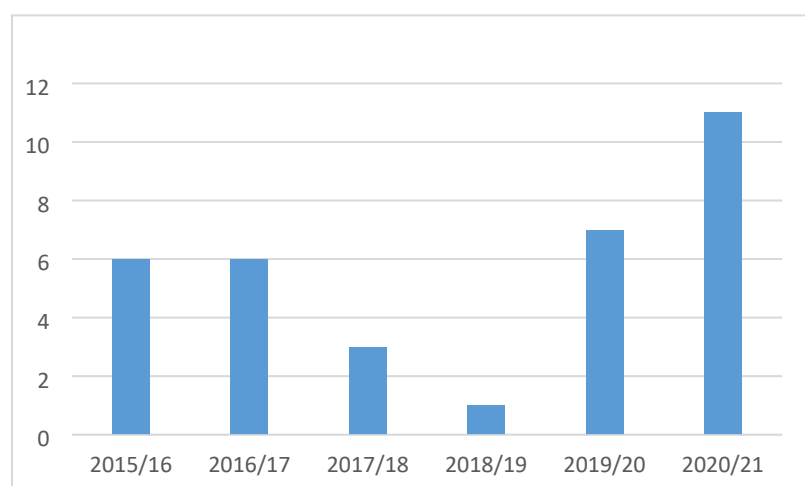
team who are able to facilitate, sign post and direct our staff, and liaise closely with all our collaborators and partners.

The demand for innovation support in BCUHB clearly demonstrates the appetite and enthusiasm our staff have to innovate. The benefits of providing an innovation receptive and ready organisation include better patient care, improved morale, a positive organisation, positive impact on recruitment and retention, as well as opportunities to bring funding into the health board.

We have seen much success in supporting innovations in BCUHB during the last 12 months. In this time, we have been involved with one face to face Health Hack, and two virtual Health Hacks, all of which have seen winners from BCUHB.

Our Bevan Exemplars continue to grow, with a number of our projects being adopted by other health boards.

Bevan Exemplars



The Bevan Showcase 2020 was held as a virtual event in 2020, and a number of BCUHB Bevan Exemplars contributed. <https://www.bevancommission.org/bevan-exemplar-showcase-2020>,

Welsh Health Hack

The Welsh Health Hack is a pan-Wales event, arranged and hosted by various partners. The partners this year were the Bevan Commission, MediWales, Betsi Cadwaladr University Health Board, Cyflymu Accelerate, Life Sciences Hub Wales, M-SParc, Digital Health Ecosystem Wales, The Enterprise Hub @ M-SParc. Funding was provided by the Welsh Government and Agor IP. The Simply Do open innovation platform was utilised and sponsored by B-Enterprising of Bangor University.

The Welsh Health Hack allows those in the Health and Care sector to submit their challenges; that is, areas where they need help and no solution is available. Those in industry are then invited to provide new and novel solutions.

Moderators from BCUHB, Life Science Hub and Bevan Commission reviewed each challenge submitted, and challenges were only approved and viewable by the public once they had met these criteria.

Across three all Wales Health Hack events that BCUHB have helped organise in 2020, BCUHB has had seven winners including a PPE communication device, a digital urine output device, a clear face mask, a digital bike and a digital bunny. These projects are currently in various stages of development with the support of external funding and the input of various innovation infrastructure partners.

Agor IP recently held an Innovation Open funding Call and eight BCUHB submissions were put forward. Four BCUHB applications are currently in follow up regarding potential support.

Examples of current BCUHB projects

Virtual Hub Scoping project

Following the Health Hack in May 2020, a team which includes the Bevan Commission and Awyr Las was brought together to explore the concept of a virtual community hub (VCH) in North Wales. This builds on an ambition to lead the way in delivering care using the best available options for digitally-enabled remote and home-based care. The aim of the project is to provide a report on the types of technologies and opportunities that could be considered as part of the scope projects, and this will take into consideration the potential costs. Outcomes of the project will give rise to a funding bid.

Huma Cardiology Tracking App

We are working with The British Heart Foundation and community cardiology team West to support a collaboration with a Life Sciences Hub Wales and Huma /industry partner to develop a Heart failure App. This work is being piloted in the very near future.

Digital inclusivity project

We are working with the Alcohol Liaison Team in the West to support a project addressing digital inclusivity for patients in the community. See appendix

Photographic Exhibition "Covid19-Seeing the Unseen"

A project funded by Awyr Las (AL) and managed by R&I comprising 37 images generated from professional photographers and a staff competition capturing the changes and innovations of the first surge response and now extending in the same format to capture the infection prevention characterising the second surge. Pre view at <https://www.covid19unseen.org/>

The second phase of the project has now won funding from AL to support a further staff competition and another set of professional photographs capturing infection prevention during the second surge.

Dr Carsten Eickmann – Urine collection device Health Hack winner

Since winning, demands on Dr Eickmann's time have increased due to second surge but project is still feasible with additional support from R&I - so will be joint project managed between Agor IP and BCUHB R&I department.

Air Trap evaluation

We are waiting preliminary results from the above rapid Covid production evaluation undertaken in collaboration with Aberystwyth University to inform the next stage of testing.

Future plans

- Deliver Research and Innovation Strategy
- Work with RIIC Hub to develop a North Wales strategy
- Support another All Wales Health Hack – potentially June 2021.
- Increase potential for spread and adoption of mature innovation within BCUHB.
- Develop a network of innovators across BCUHB, and evaluate and support their development needs.
- Ensure that innovation opportunities are successfully and succinctly disseminated across the Health Board by continued development of the Innovators Weekly
- Increase the number of BCUHB staff innovations/ideas to achieve commercialisation through development of clear pathways and partnerships.
- Continue to increase uptake of Bevan Commission opportunities.

Summary

It is clear from the activities outlined above, that there is enthusiasm and a wealth of great ideas from all staff in BCUHB. The ability to broker introductions to support the development of these ideas, and support partnerships and collaborations is important to support and develop innovators. The introduction of a post to support innovation in BCUHB has had a positive impact, and has supported potential for commercialisation of a number of project and ideas. To date, in addition to Awyr Las funding secured to support a number of projects, this activity has also generated external funding successes of almost £150,000 for BCUHB staff, with support being provided for further funding bids.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	University Health Board (UHB) Status Review Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Adrian Thomas - Executive Director Of Therapies & Health Sciences						
Awdur yr Adroddiad Report Author:	Lynne Grundy, Associate Director of Research & Innovation Reena Cartmell, Associate Director of Nursing						
Craffu blaenorol: Prior Scrutiny:	Adrian Thomas - Executive Director Of Therapies & Health Sciences						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is requested to receive this report for information							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
<p>Situation and Background</p> <p>The University Health Board (UHB) Status triennial review was due to take place at the end of 2019. Due to changes of Welsh Government (WG) teams, this was delayed until early 2020. Guidance was sent to health boards in February 2020 from Welsh Government to use the same process and criteria as the 2016 review with a plan to review criteria and process following this submission. However, the onset of the COVID-19 pandemic paused this work. The review is now due to take place in March 2021.</p>							
Asesiad / Assessment & Analysis							
<p>As part of the University Status Review, an expert panel assessment of submissions will be undertaken. This will consist of a short presentation (15 minutes) based on key headings, followed by a Q&A of approx. 30 minutes.</p> <p>BCUHB expert panel assessment will take place on Monday 29th March.</p>							

The panel will consider and provide feedback against the existing criteria, which have applied throughout the period being reviewed. Whilst a full written report on current and planned 'university' activity is not required as part of this review, health boards have been invited to consider a written report as part of their internal governance and oversight of university activity. The written report is to be submitted by 1 March 2021.

A team is currently preparing a report for BCUHB, working with key staff in the health board and external partners. The executives will see and approve the report prior to submission.

Future Reviews

A number of workshops with key stakeholder and health board representation were held in November 2020 with the following expected outputs:

- Develop new criteria – more emphasis on looking forward rather than retrospectively
- Strengthen the process, for example possible annual review with baseline performance and a review of how health boards have progressed towards their planned outcomes
- Better alignment with the Integrated Medium Term Plan
- An agreed format and process in place to demonstrate value and improvement

We are awaiting confirmation of the revised criteria, which will apply from April 2021.

It was confirmed in a letter to all CEOs in October 2020 that future, annual reviews of University activity will be included as part of the Planning Framework and IMTP process. University criteria will be included in the Planning Framework issued in late 2021 and assessment of planning for 'university' activity will be part of the IMTP feedback and approval process from early 2022.

University organisations will also be required to provide a brief 'mid year update' on university activity, by the end of September in each year, starting September 2022. This will be used to assess performance for individual organisations and to inform the Planning Framework for the following year.

Recommendations

SPPH to note this update and to receive briefings on progress as the new process develops.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020					
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen Executive Director Public Health					
Awdur yr Adroddiad Report Author:	Mr Richard Firth, Consultant in Public Health, BCU PH team					
Craffu blaenorol: Prior Scrutiny:	This work features in the BCUHB's Annual Plan for 20/21. Updates on progress were presented at the Health Improvement, Reducing Inequalities Group meeting (HIRIG).					
Atodiadau Appendices:	n/a					
Argymhelliad / Recommendation:						
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • note the actions being taken in support of introduction of the Smoke Free Regulations on 1.3.21 • endorse not providing designated smoking areas within hospital grounds to ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations to their fullest extent. 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The purpose of this paper is two-fold:</p> <p>1) To provide an update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020 which are coming in to force 1.3.21.</p> <p>2) Seek board direction relating to discretionary use of designated smoking shelters in Hospital grounds as per Smoke Free Premises Regulations to shape Health Board smoking policy in advance of enforcement of regulations.</p>						
Cefndir / Background:						
<p>On 2 April 2007 the Smoke-free Premises etc. (Wales) Regulations 2007 ("the 2007 Regulations") came into effect. These Regulations were introduced to save lives and prevent diseases caused by second-hand smoke. The Regulations were made using the powers in Chapter 1 of Part 1 of the Health Act 2006.</p>						

The legislation means that smoking is not allowed in 'enclosed' or 'substantially enclosed' public places, including workplaces. 'No Smoking' signs are required to be displayed in smoke-free premises and vehicles, and the law is enforced by Local Authorities. Failure to comply with the law is an offence.

Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 ("the 2017 Act") and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 ("the 2020 Regulations") will come **into force on 1 March 2021**. Many of the requirements established in 2007 will stay the same, but via the 2017 Act and the 2020 Regulations, extend the smoke-free requirements to more places and settings in Wales.

The legislation only covers smoking tobacco, which covers the smoking of cigarettes, pipes, cigars, herbal cigarettes and waterpipes. Therefore an individual will not be committing an offence if they were to use an e-cigarette/vape in a setting that is required to be smoke-free. However those responsible for particular places and settings can introduce voluntary, non-legislative requirements on e-cigarette use if they wish.

The new legislation will mean that hospital grounds (District General Hospitals and Community Hospitals) will be required to be smoke-free

Asesiad / Assessment & Analysis

Strategy Implications

The proposal meets the following Wellbeing of Future Generations Act sustainable development principles:

2. Working together with other partners to deliver objectives
3. Involving those with an interest and seeking their views
4. Putting resources into preventing problems occurring or getting worse
5. Considering impact on all well-being goals together and on other bodies

The approach also supports the lifestyle bundle as described in the 'Living Healthier, Staying Well' strategy.

Options considered

The legislation means that smoking is not allowed in 'enclosed' or 'substantially enclosed' public places, including workplaces. 'No Smoking' signs are required to be displayed in smoke-free premises and vehicles, and the law is enforced by Local Authorities. Failure to comply with the law is an offence.

Financial Implications

Health Board non-compliance with the Regulations can result in fines.

Costs will primarily arise from costs of new signage and costs associated with provision of local enforcement activities. Costs for new signage has previously been identified as being in the region of £20K and will be covered by Building a Healthier Wales (BAHW) funding. Further BAHW funding has been identified to support a communications plan to raise awareness of the changes and impacts of the smoke free regulations, support staff and patients to engage with smoking cessation services.

If the discretionary use of designated smoking shelters was adopted this would incur an additional purchase and installation cost that has not been accounted for.

Risk Analysis

The previous BCUHB Corporate Risk Register (001) highlighted the risk if population health issues such as smoking cessation are not fully addressed.

Legal and Compliance

Implementation of Smoke Free Premises and Vehicles Regulations is a legal requirement on the Health Board and is an important step in de-normalising smoking in Wales. Implementation of the Regulations, which includes an enforcement approach, included fixed penalty notices, to smoke free premises is challenging and will require strong communication and engagement in order to mitigate adverse reactions.

Impact Assessment

EQIAs have been undertaken on smoking cessation services recently developed in the Health Board.

National Regulatory Impact Assessment undertaken by Welsh Government

Update on Smoke Free Premises Regulations 2020

1. Purpose of report

The purpose of this paper is:

- 1) To provide an update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020.
- 2) Seek board direction relating to designated smoking shelters in Hospital grounds as per Smoke Free Premises Regulations to shape Health Board smoking policy in advance of enforcement of regulations on 01 Mar 2021.

2. Smoke-free Premises and Vehicles (Wales) Regulations 2020

On 2 April 2007 the Smoke-free Premises etc. (Wales) Regulations 2007 (“the 2007 Regulations”) came into effect. These Regulations were introduced to save lives and prevent diseases caused by second-hand smoke. The Regulations were made using the powers in Chapter 1 of Part 1 of the Health Act 2006.

The legislation means that smoking is not allowed in ‘enclosed’ or ‘substantially enclosed’ public places, including workplaces. ‘No Smoking’ signs are required to be displayed in smoke-free premises and vehicles, and the law is enforced by Local Authorities. Failure to comply with the law is an offence.

Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”) will come **into force on 1 March 2021**. Many of the requirements established in 2007 will stay the same, but via the 2017 Act and the 2020 Regulations, extend the smoke-free requirements to more places and settings in Wales.

The legislation only covers smoking tobacco, which covers the smoking of cigarettes, pipes, cigars, herbal cigarettes and waterpipes. Therefore an individual will not be committing an offence if they were to use an e-cigarette/vape in a setting that is required to be smoke-free. However those responsible for particular places and settings can introduce voluntary, non-legislative requirements on e-cigarette use if they wish.

The new legislation will mean that hospital grounds (District General Hospitals and Community Hospitals) will be required to be smoke-free.

The key provisions of the Regulations relevant to the Health Board are:

- I. Extension of the smoking ban to outdoor areas of hospital grounds and the requirement for Health Boards to work with Local Authorities to agree enforcement strategies (with fixed penalties for anyone smoking on site);
- II. The removal of an exemption from previous legislation that allows designation of a room in which patients and residents of mental health units may smoke. Mental Health Units will be required to phase out any smoking rooms by 1 September 2022;
- III. Discretionary provision of designated smoking areas in hospital grounds should an organisation wish to adopt this approach. During the consultation process BCUHB did not support the inclusion of this discretionary element on the grounds that the NHS needs to be an exemplar in delivering the smoke free social norm vision, and that it would detract from our efforts to deliver health promoting and smoking cessation messages;
- IV. The person who controls or is concerned with the management of the hospital grounds must take reasonable steps to stop a person who is smoking there from smoking;
- V. Provision of signage within clearly marked boundaries in a prominent position at or near the main hospital entrances.

3. Smoke free Premises Task and Finish Group

Following announcement of the regulations the Smoke Free Task and Finish Group was re-established on 12 Nov 2020. This group is chaired by Executive Director for Public Health and has wide representation from all key stakeholders and directorates. An action plan has been agreed and an action log is being maintained [Smoke Free Regulations T&F Action plan and Log](#).

The main areas of focus for the group include revision of BCUHB smoking policies in light of the imminent introduction of the regulations, including having clear procedures for dealing with any non-compliance from patients, visitors, staff and contractors in place. Key to this activity is having clear direction from the Health Board agreement on the discretionary establishment of designated smoking areas in hospital grounds as this will shape the policy.

Other work streams are awareness raising, enforcement of the regulations, supporting staff and patients to engage with smoking cessation activities, provision of smoke free signage and preparation for implementation of Mental Health component of legislation.

These activities are supported by Welsh Government who are seeking to appoint a communications company to deliver a comprehensive public awareness campaign and also support health boards and local authorities with their communications. The campaign will be delivered ahead of and after implementation of the smoke-free legislation. It is the aim that messages will begin to be issued in the New Year to build

up in advance of 1 March 2021. After the implementation date, awareness raising activity will continue throughout March and April 2021 to embed the messaging.

Guidance for enforcement officers (updating the current 2007 guidance and making it consistent with the new requirements) will be published in January 2021. A training event for North Wales key local authority officers and those on hospitals sites involved in enforcement of the legislation is to be held on 25 Jan 2021 to support implementation in hospitals.

Templates for hospital ground signage are being developed by Welsh Government and will be disseminated in Jan 2021.

4. Recommendations

It is recommended that the Committee:

1. Note

- i. The actions being taken in support of introduction of the Smoke Free Regulations on 01 Mar 2021.

2. Endorse

- I. Not providing designated smoking areas within hospital grounds to ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations to their fullest extent.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Sport North Wales (SNW) Business Case					
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health					
Awdur yr Adroddiad Report Author:	Rachel Lewis, Principal Public Health Practitioner					
Craffu blaenorol: Prior Scrutiny:	Betsi Cadwaladr University Health Board has been an active member of the Interim Sport North Wales Partnership through the BCUHB Public Health Directorate					
Atodiadau Appendices:	Appendix 1 Sport North Wales Business Case V7 Appendix 2 Sport North Wales Inter-Authority and member collaboration agreement					
Argymhelliad / Recommendation:						
SPPH is asked to						
endorse the establishment of the Sport North Wales (SNW) Partnership.						
agree that Betsi Cadwaladr University Health Board becomes a partner in the Sport North Wales (SNW) Partnership.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>Sport Wales has committed to a new approach to the delivery of community sport and activity, representing a move from the current programme-led approach to one that is driven by insight and learning, addressing the needs of the communities it serves. The delivery of this vision will be through the development of 4 regional partnership boards across Wales. North Wales is the first of these regions although there is progress towards three other Sport Wales Regional Boards.</p> <p>In practice this means that rather than allocating funds directly to Local Authorities to deliver prescribed activity, the new Sport North Wales Partnership will receive the combined funding for North Wales. In this way physical activity and sport can be targeted to meet combined health and sport needs and ensure a focus on outcomes rather than throughput.</p> <p>For the past 18 months the Interim SNW Partnership has worked with Sport Wales to develop the vision for sport and activity in North Wales, alongside the Governance and Legal structures that are</p>						

required to enable it to function. The interim SNW Partnership comprises 13 organisations: Public Health Wales, Betsi Cadwaladr University Health Board, 6 Local Authorities, Glyndwr and Bangor University, GwE, Housing Associations, and Disability Sport Wales.

It is an exciting time for the Interim SNW partners and gives us the opportunity to work together in new and innovative ways to improve population health and wellbeing. Each SNW partner organisation will be asked to sign up to the Partnership and the Head of Terms as detailed in the attached Business Case. In addition the Business Case will be presented to the Sport Wales Board on Friday 27th November for approval.

Cefndir / Background:

The context behind the formation of SNW is the national Vision for Sport in Wales which seeks to transform Wales into an Active Nation (<https://visionforsport.wales/>) and also the Sport Wales Strategy which envisages a Wales where everyone is Active (<https://www.sport.wales/sport-wales-strategy/>). This is the starting point for the Sport Wales Partner Investment Strategy and the rationale for SNW.

The Vision for SNW has been developed through a new and exciting collaborative partnership. This is made up of a number of well-established organisations who operate across the region – organisations that share a collective ambition to work together and to make a significant change and impact which will benefit the people of North Wales.

‘To empower our communities in North Wales to be more active, leading healthier and happier lives’

The SNW partnership is innovative in its approach, reach and Vision. It will harness the collective power and reach of the region with a single purpose, supported by programme management (shared research/evaluation/insight) and will aim to realise significant economy of scale. In terms of delivery, SNW will draw on expertise from sectors other than physical activity and sport, and aim to be diverse in its approach and thinking. In this way the partnership aims to optimise its public sector strengths whilst developing its commercial potential for sustainability.

It is envisaged that SNW will be firmly established as an effective and robust regional body, within the initial five year funding period. It will be seen and recognised as providing clear leadership, insight and overview to effectively encourage and support innovation and challenge to those delivering physical activity across the region. SNW will add value and drive change in community commissioning and delivery by working more closely with, and within, those communities. As a result of SNW's collaborative approach, there will be evidence of real change and benefits to all communities across North Wales through a common output and outcome measurement system. This Performance Management Framework will be developed to support and benefit SNW's cross sector collaboration and will be based on learning and evidence and impact. Learning will be key in terms of future delivery

Asesiad / Assessment & Analysis

Strategy Implications

As part of the 'Living Healthier, Staying Well' strategy, and the Health Boards commitment to improving population health, this business case describes a large-scale change approach to support and encourage people to be more active, leading healthier and happier lives.

In addition all of the partner organisations listed are either committed by statute to delivering the Well-Being of Future Generations Act (WBoFGA) or have a part to play in achieving these goals. The organisations involved are already delivering services which permeate across all of the seven goals. This will be of significant benefit to SNW in that the experience and knowledge within the partnership will be an asset to the strategic outcome of Sport North Wales' contribution to the WBoFGA.

Options considered

As part of the development activity leading to the business case, the Interim SNW Partnership has undertaken an Options Appraisal of the governance models best suited to meet the needs of the North Wales region and to deliver maximum input on health and activity outcomes.

To facilitate the transition to the new way of working SNW has already done an enormous amount of thinking about its future governance structure, its staffing resources and organogram, the back office support it will need and the budget to support this. It was recognised early on that the transition phase and the early years of SNW will require support from a hosting organisation. This is for three main reasons:

- It will enable SNW, through the Regional Director to focus on establishing the partnership and the outcomes to be delivered, as opposed to recruiting staff to deliver back office support
- It will enable learning about SNW as a partnership to develop internal learning about the nature and extent of resources it needs internally, and which it can source externally
- It will enable understanding from the outset about the budget for organisational operation as distinct from that which will be focussed on the collaborative working to deliver identified outcomes

The initial hosting of SNW will be the responsibility of Conwy County Borough Council (CCBC); this was agreed through a competitive process whereby interested parties were invited to bid to be the host organisation.

Financial Implications

Sign up to the Sport North Wales Business Case requires no financial obligation for Betsi Cadwaladr University Health Board. Conversely as part of the SNW Partnership going forward, the Health Board has the opportunity to share in grant funded partnership projects that will improve health and wellbeing across the region.

Risk Analysis

It has been estimated that physical inactivity kills more than smoking, obesity and diabetes combined¹, and is responsible for a substantial proportion of the disease burden throughout the population and the consequent cost- pressures on health and other public services. Poverty is the biggest determinant for inactivity, with areas in North Wales showing significantly low activity, high obesity and high deprivation.

With regard to BCUHB's 16,500 work force, physically inactive employees are more likely to suffer health problems, have an accident at work and to take increased sickness leave.

The UHB Corporate Risk Register (001) highlights the risk if population health issues such as this are not fully addressed.

Legal and Compliance

The draft Heads of Terms (HOT) for the SNW Partnership is set out in full in Appendix 1 of the business case. Whilst still a draft, it has been to the SNW Board for discussion and approval of the emerging direction (23 September 2020). The draft now has to be taken back to each of the SNW Partners, for approval through their respective internal governance processes.

It is anticipated that SNW Partners will sign up to the Partnership and the HoT for an initial term of five years from the date on which the Agreement is validly executed by the SNW Members.

Impact Assessment

Sport North Wales is fully committed to ensuring that sport and physical activity is readily accessible, appropriate for the needs of, and diverse in its offer for all residents, communities and visitors to North Wales.

Sport North Wales will ensure the promotion of the Welsh language and that a vibrant Welsh Culture is at the heart of all policies, programmes and communications.

The Draft Statement of Intent: Commitment to Equality and Diversity (Appendix 6 of the business case), acknowledges Sport North Wales legislative duties and recognises and endorses the Well Being of Future Generations (Wales) Act 2015 in its ambition to create a more equal Wales.

Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V2.0 July 2020.docx

¹ Blair SN. (2009) Physical inactivity: the biggest public health problem of the 21st century. British Journal of Sports Medicine; 43:1-2



November 2020



Final v4

Business Case to formally establish Sport North Wales (SNW)

Contents

1. Introduction	1
Introduction	1
Context	1
Confirmation of the SNW Partners and their commitment for change	2
The progress of SNW to date	3
Long terms Aims of SNW	4
2. Transition Plan	6
Managing the Transition Process - Overview	6
Governance	8
Staff Structure	10
Budgets	11
3. Strategic Framework and Regional Delivery Action Plan	13
Our Journey to develop the Strategic Framework and Regional Delivery Plan	13
Insight and Evidence collated by SNW to support the Strategic Framework	16
The SNW Strategic Framework and Regional Delivery Action Plan for the transition period	25
4. Performance Management	27
How will SNW capture learning to inform future delivery	27
How SNW will measure impact	28
How SNW will create an evidence base to inform future planning	30
How SNW will respond to Sport Wales approach to accountability as part of its reporting requirements	30
5. Partner & Stakeholder Collaboration	33
Our plan for SNW's engagement, expansion, and work with its regional strategic and delivery partners/stakeholders	34
Our regional marketing and promotions plan	34
Our Plan for diversifying new income streams, commercial and other partnerships	35
6. Governance and Legal Framework	36
How SNW will meet the Essential Requirements of the Sport Wales Capability Framework in relation to aspects of governance and leadership framework?	37
Conwy County Borough Council's (CCBC) Obligations	38
SNW Members' Obligations	39
SNW Governance Board	40

Business Case to formally establish Sport North Wales (SNW)

SNW Partnership Board	41
SNW Regional Director	43
Project Approvals Process	44
Separate Account	46
Employees	46

Appendices

Appendix 1: Heads of Terms (HoT) for SNW Governance

Appendix 2: Proposed SNW Budget

Appendix 3: SNW Board Skills Matrix

Appendix 4: SNW Regional Director Job Description (draft)

Appendix 5: SNW Safeguarding Statement of Intent

Appendix 6: SNW Statement of Intent – Equality and Diversity

Appendix 7: Physical Literacy Plan on a page

Appendix 8: Guidance and Background on Accountability

Appendix 9: Equality Impact Assessment

Appendix 10: Transition Plan

SNW partners would like to thank DWF and Strategic Leisure Limited (SLL) for their support on developing this business case

Business Case to formally establish Sport North Wales (SNW)

1. Introduction

Introduction

‘To empower our communities in North Wales to be more active, leading healthier and happier lives’

- 1.1 The Sport North Wales (SNW) Vision has been developed through the collaborative partnership which comprises SNW, as a response to the health inequalities and physical activity challenges identified in North Wales. This Vision articulates SNW’s response to the new approach to delivery of community sport and activity set out by Sport Wales.
- 1.2 Sport Wales has committed to a new approach to the delivery of community sport and activity, representing a move from the current programme-led approach to one that is driven by insight and learning, addressing the needs of the communities it serves. It also aligns to the Wellbeing of Future Generations Act and the Sector led Vision for Sport in Wales, and the new Equality Policy.
- 1.3 Regional collaboration with partners below has enabled SNW thinking to crystallise; SNW now embraces a holistic approach to community sport and activity which will benefit a wider cross section of societal impacts including economic prosperity, health and well-being, equalities, community cohesion, cultural identity and diversity. These same benefits have also been developed into ‘people centred’ population outcomes. SNW’s approach is people-centric, meaning resources will be focussed where there is greatest need in relation to health and well-being, equalities and the tackling poverty agenda.

Context

- 1.4 The Welsh Government ‘Well Being of Future Generations (Wales) Act 2015’ (<https://futuregenerations.wales/about-us/future-generations-act/>) sets out a direction of travel for Wales and its communities in terms of health and well-being and is the key influencing policy for Sport Wales and its partners.
- 1.5 The context behind the formation of SNW is the national Vision for Sport in Wales which seeks to transform Wales into an Active Nation (<https://visionforsport.wales/>) and also the Sport Wales Strategy which envisages a Wales where everyone is Active (<https://www.sport.wales/sport-wales-strategy/>). This is the starting point for the Sport Wales Partner Investment Strategy, and the rationale for SNW.
- 1.6 The need for a regionally-focussed and agile delivery model supported by a broad partnership is driven by the recognition of several key statistics which need to be addressed.
- 1.7 These are:
 - **Poverty is the biggest determinant for inactivity in North Wales (53% of pupils in North Wales do not take part in 3 or more activities per week)**
 - **North Wales has one of the highest levels of childhood obesity in Wales at 29.5% (Wales has the highest levels in the UK)**

Business Case to formally establish Sport North Wales (SNW)

- Almost a third of expectant women are obese (26%)
- Time allocated to Physical Education has decreased across the region
- Regional variation in adult activity rates exist (Conwy 60%, Gwynedd 46%)
- 51% of adults take part in less than one activity a week
- There appears to be low levels of enjoyment in sport, low confidence levels, but high demand to do more (96%)
- Evidence suggests that within the region there are areas of significantly low activity, high obesity and high poverty

Source: Getting Wales Moving; School Sport Survey 2018; Exploring the barriers: why don't people move more ; National Survey for Wales 2017-18; Child Measurement Programme for Wales (2013-2018); Acting today for an active tomorrow; North Wales Social Care and Well-being Services Collaborative; Maternal Obesity; Welsh Health Survey; Physical Activity of Children and Young People, Representation of participation from those within specific communities.

1.8 Tackling these health and wellbeing inequalities is the shared priority of the SNW partnership.

Confirmation of the SNW Partners and their commitment for change

1.9 The core SNW Partners are:

Name of Organisation	
Anglesey County Council	Flintshire County Council
Betsi Cadwaldr University Health Board	Gwynedd Council
Bangor University	GwE
Conwy County Borough Council	Public Health Wales
Denbighshire County Council	Regional Housing Associations (6 housing associations represented via one person)
Disability Sport Wales	Social Sector Representative
Glyndwr University	Wrexham CBC

1.10 The partnership organisations listed are co-terminus, covering the whole population of North Wales, delivering a diverse range of services to 724,826 people currently living in North Wales (mid-year estimates 2016, StatsWales).

1.11 All of the organisations listed are either committed by statute to delivering the Well-Being of Future Generations Act (WBoFGA) or have a part to play in achieving these goals and are committed to working towards the seven goals. The organisations involved are already delivering services which permeate across all of the seven goals. This will be of significant benefit to SNW in that the experience and knowledge within the partnership will be an asset to the strategic outcome of Sport North Wales' contribution to the WBoFGA.

Business Case to formally establish Sport North Wales (SNW)

- 1.12 Given the Vision of SNW, and its collaborative approach, there is massive potential for even greater connectivity and engagement across the regional landscape with the wider traditional and non-traditional partners who could add value/support, and/or deliver alongside SNW. This includes the potential for commercial partnerships, which may enable diversification of income streams for the Regional Sport Partnership.
- 1.13 All organisations are committed to making a difference to participation in sport and reducing inequalities in North Wales.
- 1.14 Work is ongoing to gather insight on SNW Board partner organisations who deliver their programmes and other strategic organisations with whom it may be beneficial for SNW to have future engagement. This will include those with a specific expertise around each of the protected characteristics.
- 1.15 **The shared commitment of SNW is to significantly improve the health and well-being of all people in North Wales.**

The progress of SNW to date

- 1.16 In responding to the new vision for regional working, SNW has been through a number of important developmental stages since the summer of 2018. In summary it has:
- i)** Obtained formal Local Authority permission to proceed with an Expression of Interest and subsequent Business Case.
 - ii)** Established the representative group and identified a project management lead and brief and recruited to strategic vacancies where expertise is required.
 - iii)** Facilitated discussion with key representative partners and Sport Wales to debate the key critical issues, review outcomes required, consolidation of partners involved, develop some fresh thinking around the solutions for the Region and to make the maximum impact on the delivery outcomes.
 - iv)** Undertaken an Options Appraisal of the governance models best suited e.g. Management Agreement with lead organisation, Cooperative structure from Legal and Technical advice together with the governance documents / memo and articles of associations.
 - v)** Developed consensus of the type of leadership needed for SNW and the governance framework for the commissioning function and process awarding and monitoring i.e. a host authority
 - vi)** Developed insight piece to identify key regional issues aligned to the outcomes and identify the delivery partners / projects who are able to provide the solutions and innovation.
 - vii)** On an ongoing basis, SNW will realise the greater ambition of the remit of the organisation to impact, influence, advocate and leverage additional funding into its remit to make a greater impact to all strategic and delivery outcomes

Business Case to formally establish Sport North Wales (SNW)

Long terms Aims of SNW

‘To empower our communities in North Wales to be more active, leading healthier and happier lives.’

- 1.17 The Vision for SNW has been developed through our new and exciting collaborative partnership. This is made up of a number of well-established organisations who operate across the region – organisations that share a collective ambition to work together and to make a significant change and impact which will benefit the people of North Wales.
- 1.18 Our collaborative approach reflects the fact that no one organisation can achieve this ambition on its own and it is vital that we work in partnership with communities and other public sector organisations, private sector and third sector to make the improvements happen.
- 1.19 The **Sport North Wales** Vision responds to the ambition for North Wales:

‘Getting Everyone in North Wales Active, for life’

- **Everyone can fulfil their own potential**
- **Everyone has the opportunity to be active through sport and physical activity**
- **People in North Wales lead physically active lives**
- **People have the skills, confidence, and motivation to be active through sport**

- 1.20 The Sport North Wales Vision speaks to the **Vision for Sport** in Wales:

‘An Active Nation Where Everyone Can have Lifelong Enjoyment of Sport’

- **Work, invest, learn and succeed together**
- **Create experiences that are welcoming, fun and safe**
- **Develop opportunities that are local, visible and inspiring**
- **Ensure sport is accessible, inclusive and affordable, leaving no one behind**
- **Innovate, take risks and be bold**

- 1.21 The Sport North Wales Vision and the Vision for Sport respond to the requirements of the **Well Being of Future Generations (Wales) Act 2015** and the **5 Ways of Working**, and it also responds to the **SW Strategy**.



Business Case to formally establish Sport North Wales (SNW)

- 1.22 SNW has undertaken an internal assessment of the SNW Vision against the **Well Being of Future Generations (Wales) Act 2015** and **Sport Wales Strategy priorities and outcomes**. It is recognised that an Equality Impact assessment of the SNW Business Case will also be needed.



- 1.23 The SNW partnership is innovative in its approach, reach and Vision. It harnesses the collective power and reach of the region with a single vision and shared purpose, supported by programme management (shared research/evaluation/insight) realising significant economy of scale. In terms of delivery, SNW will optimise its public sector strengths whilst seeking to exploit its commercial potential.
- 1.24 After 5 years it is envisaged that SNW will be firmly established as an effective and robust regional body. It will be held and recognised as providing clear leadership, insight and overview to effectively encouraging and supporting innovation and challenge to those delivering across the region. SNW will add value and drive change in community commissioning and delivery by working closer with and within those communities. As a result of SNW's work there will be evidence of real change and benefits to all communities across North Wales through a common output and outcome measurement system that has language that is useful across all partners and an insight and evidence base that is robust and provides clear evidence of impact, change and value for money. The learning from this will be key in terms of future delivery.

Business Case to formally establish Sport North Wales (SNW)

2. Transition Plan

2.1 This section of the Business Case focusses on how SNW is going to manage the transition process from the existing way of working to the new approach.

Managing the Transition Process - Overview

2.2 The existing delivery system in North Wales is based around a series of prescribed physical activity programmes; every programme is delivered in each local authority, albeit each works with different partners. The new way of working will be clearly informed by, and based on, local needs and priorities. To this end, SNW has already begun working collaboratively to identify and share the key insight and evidence relevant to the region.

2.3 SNW intend to make a clear step change during the Transition Phase; their approach will be to:

- **Make evidenced based decisions**
- **Provide accessible, sufficient, and appropriate local opportunities, with a focus on young people from deprived communities**
- **Work with cross-sector partners to improve health and wellbeing**
- **Develop skilled, diverse and connected people**
- **Leverage additional resources for sustainability**
- **Have excellent governance and leadership**
- **Develop a performance management framework based on relevant learning and evidence.**

2.4 SNW will focus on:

- **Giving everyone the skills, confidence and motivation to enable them to have a positive start to being active for life, with a focus on young people - Start Active**
- **Growing participation opportunities for those who are less active - Being Active**
- **Growing and sustaining participation for those who are already active - Staying Active**
- **Re-engaging people back into regular activity - Active Restart**

2.5 To facilitate the transition to the new way of working SNW has already done an enormous amount of thinking about its future governance structure, its staffing resources and organogram, the back office support it will need and the budget to support this. The approach to these as part of the overall transition process is set out below.

2.6 It is fundamental to SNW and for the new collaborative approach that the transition approach is both supported and bought into by all partners so that SNW, its Vision, Aims Objectives and the Outcomes from the Partnership are fully owned by all partners and stakeholders. The Transition Phase is therefore seen as being an inclusive phase, from which there will continued learning about the way forward.

Business Case to formally establish Sport North Wales (SNW)

- 2.7 It was recognised early on that the transition phase and the early years of SNW will require support from a hosting organisation. This is for three main reasons:
- **It will enable SNW, through the Regional Director to focus on establishing the partnership and the outcomes to be delivered, as opposed to recruiting staff to deliver back office support**
 - **It will enable learning about SNW as a partnership to develop internal learning about the nature and extent of resources it needs internally, and which it can source externally**
 - **It will enable understanding from the outset about the budget for organisational operation as distinct from that which will be focussed on the collaborative working to deliver identified outcomes**
- 2.8 The initial hosting of SNW will be the responsibility of Conwy County Borough Council (CCBC); this was agreed through a competitive process whereby interested parties were invited to bid to be the host organisation.
- 2.9 The SNW Members agreed that CCBC will be the lead authority for the initial 5 years of the Partnership. The specific role of CCBC is to:
- **Be the lead and host authority and accountable body for the Sport North Wales Collaboration;**
 - **Be responsible for the appointment and employment of the Regional Director;**
 - **Be the lead and host authority, be allocated an agreed proportion of the Sport Wales Funding to contribute towards the Regional Director role and CCBC's role as the lead and host authority;**
 - **As the host authority of the Collaboration, be the principal contact for engagement with Sport Wales in relation to the Sport Wales Funding and adherence to the Sport Wales governance requirements on behalf of the Collaboration;**
 - **Manage the SNW Account and be responsible for the allocation of funding from the SNW Account as determined by the Governance Board;**
 - **Engage employees to roles related to the management and operation of the Collaboration;**
 - **Ensure that Partnership Board and Governance Board meetings are undertaken in accordance with the provisions for the board set out in Appendix 1**
 - **Manage the SNW Regional Director role in terms of employment Ts and Cs.**

Business Case to formally establish Sport North Wales (SNW)

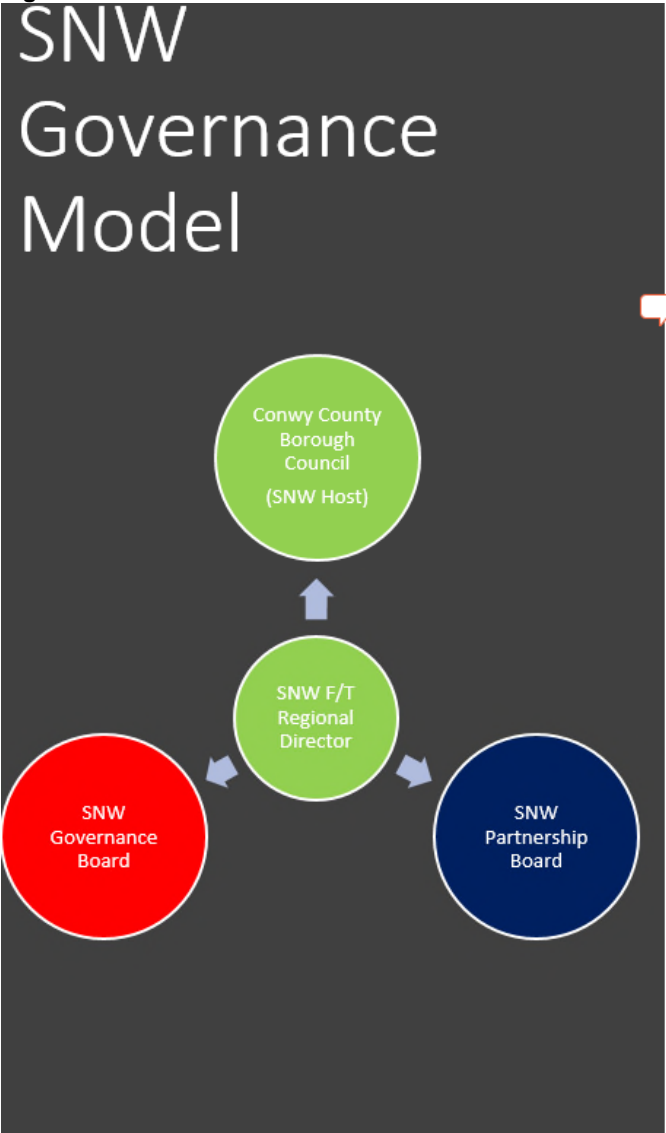
2.10 The governance of SNW sits around this hosting arrangement with CCBC.

Governance

- 2.11 SNW's new Governance structure is set out in full in Section 6 and Appendix 1. It is recognised that there will a gradual move towards this through the transition phase of the Partnership. As part of this transition phase the broader diversity makeup of both the Governance and Partnership Boards will be kept under review.
- 2.12 The SNW Members understand that good governance is a key foundation for the success of Sport North Wales and is not only the management of day-to-day operations but rather the framework of strategy, risk management controls and processes and an organisational approach to ensure the culture, values and integrity are observed by all.
- 2.13 Currently, Sport Wales provides separate funding directly to the six local authorities, which are then responsible for spending in their respective regions. However, if Sport North Wales is approved, the Collaboration will receive funding from Sport Wales (estimated at c. £1.4 million per annum) and will decide on how this money is spent across the North Wales region.
- 2.14 It is envisaged that the creation of the Collaboration will facilitate spending across a wider platform and support Sport North Wales' vision "to empower our communities in North Wales to be more active, leading healthier, happier lives" which in turn aligns with the Sport Wales strategy and ultimately contributes to the sector-wide vision of "an active nation where everyone can have a lifelong enjoyment of sport".
- 2.15 In order to support its business case for the creation of Sport North Wales, the SNW members need to present a legal and governance framework with their business case, to demonstrate that a strong structure is in place which will ensure that the SNW members have representation and a decision-making process which is effective and will support achievement of the:
- **Objectives;**
 - **the Vision; and**
 - **the Sport Wales Governance and Leadership Framework; and**
 - **the Sport Wales Capability Framework.**
- 2.16 The overall vision for the proposed Governance Structure is:

Business Case to formally establish Sport North Wales (SNW)

Figure 2.1: SNW Governance Model



• **SNW Governance Board** (proposed)

(7 Members / 60 – 40 gender / Diversity)

- Conwy - Decision Making
- Anglesey - Decision Making
- Denbighshire - Decision Making
- Flintshire - Decision Making
- Gwynedd - Decision Making
- Wrexham - Decision Making
- Ind' Chair (Partnership Board) - Non Decision Making
- Sport Wales - Observer Status
- Regional Director - Reporting / Non Decision Making



• **SNW Partnership Board** (proposed)

(8-12 Members / 60-40 gender / Diversity)

- Ind' Chair (*Recruited)
- 2 x Local Authorities (SNW Appointed)
- 1 x Health Rep (SNW Appointed)
- 1 x Education (SNW Appointed)
- 1 x Housing (SNW Appointed)
- 1 x Equalities (Appointed/ *Recruited)
- Up to 5 x Ind' Board Members (* Recruited)
- Sport Wales (Observer)
- Regional Director (Reporting)

(* Recruited based on required skill set: Chair, equalities, commercial, marketing, PR, legal, project management, performance management, young people etc)



2.17 Figure 2.1 illustrates that the envisaged governance structure comprises two boards.

Business Case to formally establish Sport North Wales (SNW)

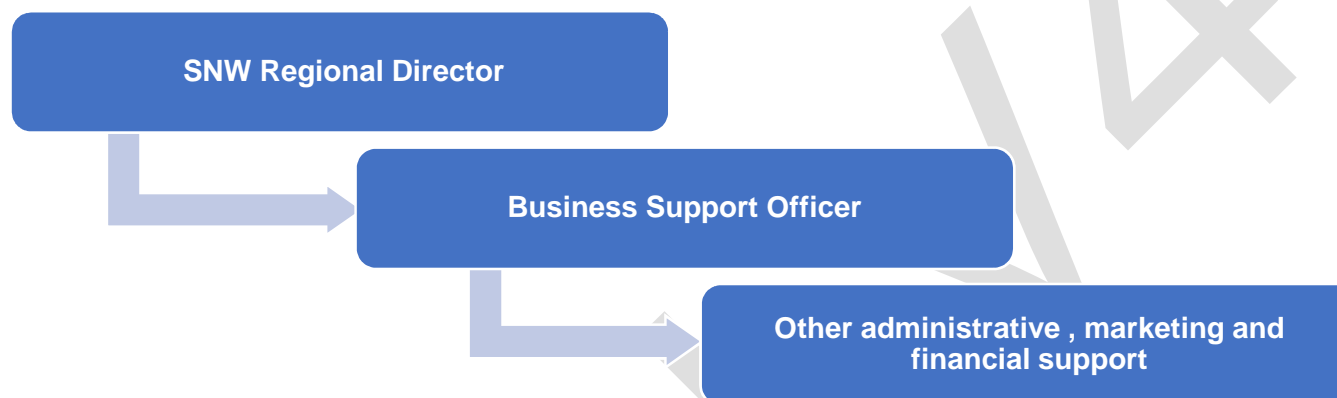
- 2.18 **The SNW Partnership Board reflects the wider collaborative nature of SNW, its regional partners, its connectivity and the agendas on which it will deliver to achieve the outcomes which constitute the rationale for SNW.** The Partnership Board is the heart of SNW with the key strategic, collaborative, connecting and influencing role. The Partnership Board will explore, discuss, agree and set the direction of travel in response to the key physical activity priorities for North Wales communities, based on SNW evidence and learning. This Board has representation from the wider SNW partners, but also includes cross sector representation, as well as independent Board members. Its role is to provide the 'soft' governance, to influence and direct funding priorities, as well as sign off funding applications (up to a value of £50k). The aim of this approach is to significantly widen the input to SNW and enable it as an organisation to draw on expertise from sectors other than physical activity and sport. This will result from the collaborative approach at both regional and local level. This approach also reflects the aim of SNW to be innovative, draw on wider expertise and to be diverse in its approach and thinking. It may also lead to greater capacity to leverage additional resources for sustainability. The SNW Partnership Board will comprise wider SNW partners reflecting cross sector representation, Independent Board Members and representatives of the SNW Governance Board, plus the SNW Regional Director. The SNW Regional Director will report to the SNW Partnership Board.
- 2.19 Appendix 3 sets out the level of experience, plus core competencies expected from the independent Board members who will sit on the Partnership Board. Draft Job descriptions for Independent Board Members are also included in Appendix 3. Sector representatives are anticipated to be able to represent their overall sector, not a specific body within the sector.
- 2.20 **The SNW Governance Board reflects the requirements of Section 2 of the Local Government Act 2000 and Section 111 of the Local Government Act 1972 Act. This Board's role is to fulfil the hard governance requirements of SNW, its role and remit.** The SNW Governance Board will comprise the public body partners of SNW and an Independent chair, plus the SNW Regional Director. The Independent Chair of the SNW Partnership Board will also have a seat on the SNW Governance Board.

Staff Structure

- 2.21 Sport in Wales is undergoing an unprecedented shift in culture with a Vision capable of inspiring the delivery of bigger, better outcomes for sport. For this reason, SNW will need strong and vibrant leadership. The SNW Regional Director will have the skills and passion to play a lead role in community sport in Wales to 'Create an Active Nation where everyone can have a lifelong enjoyment of sport' and deliver on the ambition for Sport North Wales 'to empower our communities in North Wales to be more active, leading healthier and happier lives'. This role is crucial for driving through the ambition of SNW and delivery of the SNW Business Case.

Business Case to formally establish Sport North Wales (SNW)

- 2.22 In recognition of the need for this new approach, new partnerships and fresh thinking to achieve these ambitious goals the SNW lead and staff will use insight and learning more effectively to meet the future needs of society, capitalising on technology to enable SNW to plan and deliver in a different way. In the transition phase the following staff structure is envisaged:



- 2.23 The SNW Regional Director will be employed by the Host Authority i.e. Conwy but will work directly with the Sport North Wales Partnership Board (see Appendix 4).
- 2.24 Initially there will be one part-time Business Support Officer working to the SNW Regional Director. The SNW staff will be supported by administrative resources through an SLA with CCBC. As SNW develops as an organisation, and the partnership's collaborative approach becomes embedded in the region, it is anticipated that this initial staffing structure may change, and potentially extend. As this happens SLA arrangements with CCBC will also change, to reflect operational requirements.

Budgets

- 2.25 SNW is clear that the indicative total 5 year funding for Sport North Wales from 2021-22 to 2025-26 is as follows

Table 2.1:

	Sport North Wales	Description
WG Exchequer	£4,540,307	A resource to give every young person a great start through providing person centred activities. (This currently funds community sport and is used to employ staff - AYP budget).

Business Case to formally establish Sport North Wales (SNW)

	Sport North Wales	Description
Free Swim Investment	£1,617,750	Hypothecated funding to deliver the requirements of the Free Swimming Initiative
Lottery – local grant scheme_	£4,608,937	Lottery budget: A commissioning budget to support local development opportunities with delivery aligned to the Vision for Sport in Wales. (This includes current Community Chest and an allocation of Development Grant budgets)
Innovation Fund	£2,187,500	Lottery Budget: A commissioning budget to develop new collaborative & innovative opportunities aligned to the Vision for Sport whilst delivering local / regional priorities. This resource is to be used as a tool to leverage match funding.
Strategic Operating Support	£619,119	To support the strategic function of the partnership through leadership, developing insight and support to operational running.
Total over 5 years	£13,573,613	

- 2.26 SNW has developed its own budget (See Appendix 2) on the basis that all funding apart from that identified under the Lottery and Innovation Funds, will be paid directly to SNW, via CCBC. The Lottery and Innovation Funds will be held by SW but will be available for SNW to draw against.
- 2.27 A draft budget for the initial 5 years of SNW is summarised in Appendix 2. This sets out the known income for SNW and additional funding through commercial or other sources which SNW has the ambition of raising and demonstrates the importance of additionality for SNW and that it is built into our thinking from the outset.
- 2.28 The anticipated expenditure is also detailed in Appendix 2 to illustrate the proportion of the funding required to be spent on SNW operation.
- 2.29 This budget will be the starting point for the Transition Phase of SNW but will be kept under review so it can change as the Partnership grows and develops beyond the Transition Phase.

Business Case to formally establish Sport North Wales (SNW)

3. Strategic Framework and Regional Delivery Action Plan

Our Journey to develop the Strategic Framework and Regional Delivery Plan

- 3.1 Sport North Wales (SNW) Partners have developed a Strategic Outcomes Framework and Year 1 (2020/21) Delivery and Commissioning Plan for SNW.
- 3.2 The Strategic Framework builds on the thinking that was led by the Partnership Board of SNW, resulting in the drafting of a high-level vision paper for the North Wales region which was submitted to Sport Wales in July 2019. It is envisaged that this will continue to develop and expand as the wider engagement and collaboration happens, and influences the direction of SNW through the SNW Partnership Board.

Draft Vision for Sport North Wales (July 2018) 'Getting Everyone in North Wales Active for Life'

Where:

- Everyone can fulfil their own potential
- Everyone has the opportunity to be active through sport and physical activity
- People in North Wales lead physically active lives
- People have the skills, confidence, and motivation to be active through sport

- 3.3 As a consequence of developing the then emerging vision, SNW highlighted social impact across North Wales, particularly focussing on where evidence identifies a lower level of participation by certain focus groups in sport and activity e.g. women and girls, BAME communities, those living in poverty, disability, rurality etc. SNW also reference the North Wales commissioning document which sets out the ambition for North Wales:

'The key requirement for the partnership is to deliver the ambition for Community Sport in North Wales and contribute to the Vision for Sport in Wales'

- 3.4 The Partnership established a clear and agreed line of thought between the original SNW 'Business Case for Change' (2016) and the subsequent EOI submission. It also identified common areas of thinking and ambition which the Partnership could focus on and pursue:

"The partnership will aspire, through new and innovative approaches, to significantly improving the health and well-being of all the people in North Wales, using a variety of sports and physical activities as our proposed solution"

- 3.5 The SNW Collaboration Partnership Board agreed in July 2019 that the then (draft) Vision aligned with the Vision for Sport in Wales, the ambition for North Wales as laid out in the Sport Wales commissioning documents and the essence of the Well-Being of Future Generations Act (2015).

Business Case to formally establish Sport North Wales (SNW)

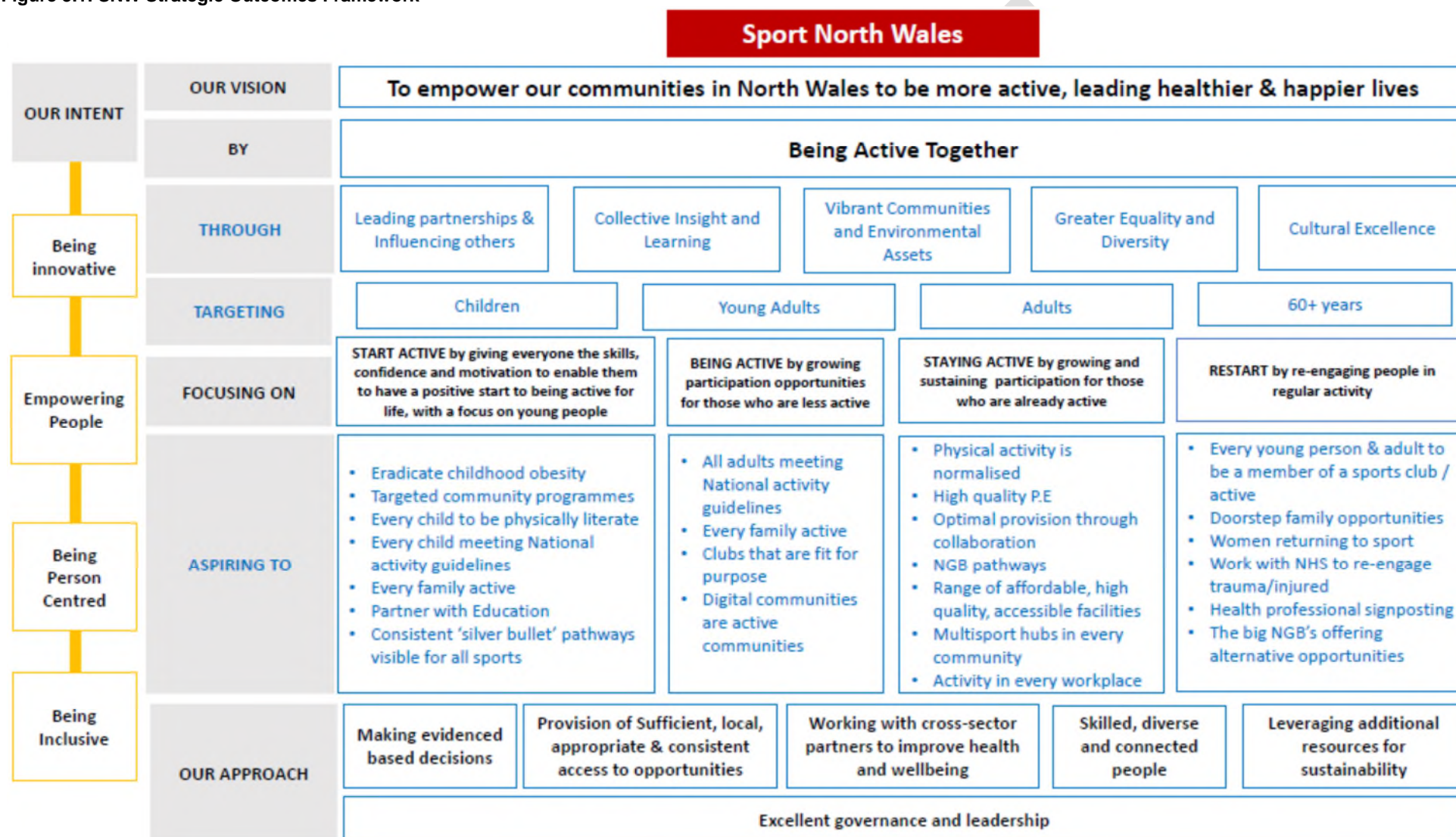
3.6 Keen to turn the provocation and ‘mission’ into a clear Vision statement, the SNW Partnership Board discussed the basis for a (draft) Vision:

<ul style="list-style-type: none">• Creating• Through Sport and Activity• An active and healthier• North Wales• Where everyone is included / no-one is left behind	<ul style="list-style-type: none">(the action)(the vehicle)(the outcomes)(the place)(the ambition, equality, person centred)
--	--

- 3.7 The Board also recognised the importance of the vision being tested and ‘owned and valued by those who will effectively bring it to life’.
- 3.8 For this reason, the Board agreed that the thirteen lead organisations who make up the SNW partnership would be invited to engage in a review of the draft vision enabling them to contribute to its creation, thereby creating a sense of ownership.
- 3.9 As part of this review, it is important to highlight that the SNW LAs began collectively contributing and sharing, to ensure there is collaborative and coordinated approach, towards developing one regional plan across North Wales. It is in the context of Sport North Wales as a delivery partner that Local Authorities submitted an 18-month Free Swimming Plan to SW (September 2019).
- 3.10 The review and challenge of the original Vision was facilitated through a series of interactive workshops for the workforce of the thirteen SNW Partnership lead organisations who were invited. These workshops also provided the opportunity to develop strategic outcomes which will be meaningful and make a difference to North Wales and set the context for the creation of a Year 1 Delivery and Commissioning Plan for SNW.
- 3.11 This process resulted in the strategic outcomes framework in Figure 3.1:

Business Case to formally establish Sport North Wales (SNW)

Figure 3.1: SNW Strategic Outcomes Framework



Business Case to formally establish Sport North Wales (SNW)

3.12 It also produced:

- **The (Refreshed) Vision for Sport North Wales**
 - To empower our communities in North Wales to be more active, leading healthier and happier lives
- **Sport North Wales' intent is to...**
 - Be Person-Centred,
 - Empower People,
 - Be Innovative and
 - Be Inclusive
- **Sport North Wales' approach will be to...**
 - Make evidenced based decisions
 - Provide accessible, sufficient, and appropriate local opportunities, with a focus on young people from deprived communities
 - Work with cross-sector partners to improve health and wellbeing
 - Develop skilled, diverse and connected people
 - Leverage additional resources for sustainability
 - Have excellent governance and leadership
- **Sport North Wales will focus on...**
 - Giving everyone the skills, confidence and motivation to enable them to have a positive start to being active for life, with a focus on young people
 - Start Active
 - Growing participation opportunities for those who are less active - Being Active
 - Growing and sustaining participation for those who are already active - Staying Active
 - Re-engaging people back into regular activity - Active Restart

Insight and Evidence collated by SNW to support the Strategic Framework

3.13 The initial insight and evidence collected by SNW, and reflected in the individual LA plans informing the Regional Plan identifies:

- 1. Poverty is the biggest determinant for inactivity in North Wales**
- 2. North Wales has one of the highest levels of childhood obesity in Wales (Wales highest UK)**
- 3. Almost a third of expectant women are obese**

Business Case to formally establish Sport North Wales (SNW)

- 4. Time allocated to Physical Education has decreased across the region**
- 5. Regional variation in adult activity rates exist (Conwy 60%, Gwynedd 46%)**
- 6. Feedback from children and adults in North Wales who hold any or multiple protected characteristics identifies the following key statistics:**

Participation in Sport Three or More Times a Week (School Sport Survey 2018)	Participation in Sport Three or More Times a Week (National Survey for Wales 2020)
Overall: 47.4% Male: 48.6% Female: 46.4% 'Other': 43.2%	Overall: 32.7% Male: 38.2% Female: 27.5%
No Disability or Impairment: 48.3% Disability: 44.9%	No Disability or Impairment: 38.4% Disability: 21.6%
Welsh Speaker: 52.8% Don't Speak Welsh: 35.9%	People Using Welsh Language in Everyday Life: 33.8% People Not Using Welsh Language in Everyday Life: 32.4%
FSM1 (least deprived): 53.2% FSM4 (most deprived): 37.9%	WIMD Most Deprived 20%: 22.9%
BME: 45.8%	BME: 26.2%
Participation in Extracurricular School At Least Once a Week (School Sport Survey 2018)	Participation in Community Sport Outside of School At Least Once a Week (School Sport Survey 2018)
Overall: 49.2% Male: 49.3% Female: 49.6% 'Other': 36.0%	Overall: 65.0% Male: 65.5% Female: 65.1% 'Other': 54.4%
No Disability or Impairment: 50.4% Disability: 44.9%	No Disability or Impairment: 66.4% Disability: 58.2%

Business Case to formally establish Sport North Wales (SNW)

Participation in Extracurricular School At Least Once a Week (School Sport Survey 2018)	Participation in Community Sport Outside of School At Least Once a Week (School Sport Survey 2018)
Welsh Speaker: 53.7% Don't Speak Welsh: 42.8%	Welsh Speaker: 69.9% Don't Speak Welsh: 57.9%
FSM1 (least deprived): 51.7% FSM4 (most deprived): 46.8%	FSM1 (least deprived): 70.5% FSM4 (most deprived): 55.6%
BME: 46.4%	BME: 59.3%
% Who 'Always' Feel Comfortable Taking Part in PE Lessons and School Sport (School Sport Survey 2018)	% Who Think PE Lessons and School Sport Helps Them to Have a Healthy Lifestyle (School Sport Survey 2018)
Overall: 60.4% Male: 67.7% Female: 53.5% 'Other': 46.5%	Overall: 58.4% Male: 60.8% Female: 56.8% 'Other': 28.4%
No Disability or Impairment: 62.4% Disability: 48.9%	No Disability or Impairment: 59.3% Disability: 52.1%
Welsh Speaker: 63.7% Don't Speak Welsh: 55.7%	Welsh Speaker: 60.7% Don't Speak Welsh: 55.0%
FSM1 (least deprived): 61.6% FSM4 (most deprived): 59.6%	FSM1 (least deprived): 55.4% FSM4 (most deprived): 65.1%
BME: 56.3%	BME: 54.2%

Business Case to formally establish Sport North Wales (SNW)

% Enjoy of PE Lessons 'A Lot' (School Sport Survey 2018)	% Enjoy of Extracurricular Sport 'A Lot' (School Sport Survey 2018)
Overall: 64.9% Male: 70.7% Female: 59.8% 'Other': 42.7%	Overall: 48.7% Male: 52.5% Female: 45.7% 'Other': 26.1%
No Disability or Impairment: 66.4% Disability: 53.4%	No Disability or Impairment: 49.9% Disability: 41.2%
Welsh Speaker: 67.6% Don't Speak Welsh: 60.8%	Welsh Speaker: 52.4% Don't Speak Welsh: 43.5%
FSM1 (least deprived): 63.0% FSM4 (most deprived): 70.3%	FSM1 (least deprived): 49.9% FSM4 (most deprived): 49.6%
BME: 59.7%	BME: 46.9%

% Enjoy of Community Sport 'A Lot' (School Sport Survey 2018)	% Feel Ideas About PE and School Sport Listened to 'Always' (School Sport Survey 2018)	% 'Very Confident' to Try New Activities (School Sport Survey 2018)
Overall: 65.1% Male: 66.5% Female: 64.0% 'Other': 61.5%	Overall: 27.5% Male: 31.6% Female: 23.7% 'Other': 19.4%	Overall: 37.0% Male: 42.5% Female: 31.5% 'Other': 37.7%
No Disability or Impairment: 66.2% Disability: 59.4%	No Disability or Impairment: 27.4% Disability: 30.2%	No Disability or Impairment: 37.3% Disability: 38.3%
Welsh Speaker: 68.8% Don't Speak Welsh: 59.7%	Welsh Speaker: 29.1% Don't Speak Welsh: 25.2%	Welsh Speaker: 40.2% Don't Speak Welsh: 32.6%
FSM1 (least deprived): 68.2% FSM4 (most deprived): 59.7%	FSM1 (least deprived): 24.9% FSM4 (most deprived): 31.6%	FSM1 (least deprived): 36.1% FSM4 (most deprived): 39.1%
BME: 59.3%	BME: 30.8%	BME: 38.5%

Business Case to formally establish Sport North Wales (SNW)

- 7. There appears to be low levels of enjoyment in sport, low confidence levels, but high demand to do more**
- 8. Evidence suggests that within the region there are areas of significantly low activity, high obesity and high poverty**

3.14 Data relevant to North Wales was reviewed using the following sources:

- **Getting Wales Moving**
- **School Sport Survey 2018**
- **Exploring the barriers: why do not people move more?**
- **National Survey for Wales 2017-18**
- **Child Measurement Programme for Wales (2013-2018)**
- **Acting today for an active tomorrow**
- **North Wales Social Care and Well-being Services Collaborative**
- **Maternal Obesity**
- **Welsh Health Survey**
- **Physical Activity of Children and Young People**
- **Representation of participation from those within specific communities.**



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

SPORT NORTH WALES

- 124,000 children in North Wales
- Increasing numbers of looked after children (1000+)
- Increase in disabled children with complex needs
- Increase in children's mental health (self harm and eating disorders)
- Over 1000 young carers in North Wales
- 150,000 aged 65 and over (210,000 by 2039 – 30% total population)
- Reducing loneliness and isolation a priority
- Whole demographic – 80% population say they are in good health
- People living in deprived areas have poorer health

PROMOTE HEALTHIER LIFESTYLES AND REDUCE HEALTH INEQUALITIES

SPORT WALES – National Survey

562,000 adults (16+) in North Wales

PARTICIPATION

- 30% participate in sport x 3 per week, 51% less than once
- 53% have a demand to do more sport
- 18% living in deprived communities participate in sport x 3 per week, 68% less than once
- Those that do not participate in sport x 3 per week = 48% want to do more sport

SPORT WALES

Taking Part In
Sport
x3 a week

Cymryd rhan mewn
Chwaraeon
x3 yr wythnos

SPORT NORTH WALES

PARTICIPATION

- 47% pupils in NW participate in three or more activities per week
- FSM 1 = 53%, FSM4 = 40% (13% difference)

POVERTY

MOTIVATION

Latent demand 96% in North Wales (swimming football and cycling)

CONFIDENCE

21% would do more sport if 'they were more confident'

22% if 'they were better at sport'

20% if 'they were fitter'

PHYSICAL LITERACY

THE EXPERIENCE

65% enjoy PE; 49% enjoy extra-curricular sport

28% felt their ideas about sport and PE were 'always listened to'

OPPORTUNITY

Curricular PE – 8 minute decrease in secondary school provision



SPORT NORTH WALES

ADULTS (2016-018)

52% adults (16+) meeting physical activity guidelines

- 60% Conwy, 46% Gwynedd (14% difference)

- 56% Male, 48% Female (16% difference)

Most deprived 5th = 44%

Least deprived 5th = 61%

34% undertake less than 30 minutes per week

CHILDREN AND YOUNG PEOPLE (11-16) 2013-14

16.5% meeting physical activity guidelines

21% Boys, 11% girls

1. POVERTY

2. REGIONAL VARIATION

**3. HIGH % UNDERTAKING
NO ACTIVITY**

Business Case to formally establish Sport North Wales (SNW)

3.15 The above insight and evidence informs the Regional Delivery Plan and what will be implemented in each partner LA area.

The SNW Strategic Framework and Regional Delivery Action Plan for the transition period

3.16 The Strategic Outcomes Framework contributes to the Sport North Wales Year 1 Business Case 2020/21 Transition Phase.

3.17 Following the partner engagement workshops and the creation of the Strategic Outcomes Framework, the first North Wales Regional Plan was developed. This plan was developed and informed by the submission of six individual Local Authority based plans for 2020/21, detailing local commitment and approach to implementing the emerging Sport North Wales Strategic Framework. These LA plans align to the Strategic Outcomes Framework; they highlight the use of insight, data and information that informed the individual LA plans and priorities, in line with Sport North Wales' Intent, and approaches within the Strategic Framework.

3.18 The following key principles underpin the Strategic Outcomes Framework, the Regional Plan and LA plans:

- **Partners will commit to working with Sport North Wales (SNW) on the ongoing development of a shared understanding of what collaborative regional leadership, planning and delivery will look like going forward; in considering regional collaboration it will be fundamental to ensure that this happens at all levels and in all possible directions so that priorities, the thinking about how best to address these and the sharing of learning is embedded in and around the SNW Partnership**
- **Partners recognise that future decisions will be based on collective insight and learning, building on the successful aspects of the current delivery system across North Wales, as well as meeting their local needs;**
- **2021-22 will be a transition year where all partners will need to be proactively and collectively contributing during this period, to ensure we have truly collaborative and coordinated approach to North Wales; and**
- **Partners to continue to consider their Free Swim Plans, within the context of Sport North Wales, and will continue to commit to working with the Sport North Wales and Project Team, Sport Wales and Swim Wales.**

3.19 The Key Principles for funding North Wales LA's 2021/2022 as part of the transition phase will be:

- **LA Partners will commit to working with Sport North Wales (SNW) on the ongoing development of a shared understanding of what collaborative regional leadership, planning and delivery will look like going forward;**
- **LA Partners recognise that future decisions will be based on collective insight and learning, building on the successful aspects of the current delivery system across North Wales, as well as meeting their local needs; and**

Business Case to formally establish Sport North Wales (SNW)

- **2021-22 will be a transition into a new way of working. All LA partners will need to be proactively and collectively contributing during this period, to ensure we have truly collaborative and coordinated approach to North Wales.**

3.20 In response to the challenges faced by COVID-19, partners across N Wales have sought to utilise the resource awarded for 2020/21 in as collaborative way as possible, coming together to develop proposals for the additional funding received in line with the principles of Sport Wales Sport Resilience Approach (SRA). The focus has been to work differently and prepare sport and physical activity to be able to return safely and look to innovative solutions to thrive in the future.

4. Performance Management

- 4.1 SNW's future approach to performance management is very much an emerging proposition. This is deliberate because part of our new approach, in line with SW's Accountability Framework, is about learning as we develop our new way of working and delivering, how we are best measuring the outcomes we achieve.
- 4.2 Some of this learning will be about how we best bring together 13 disparate organisations, through the collaborative partnership of SNW so that the outcomes we deliver can be measured in a way that enables everyone to identify with them, within their own organisational frameworks and priorities. We recognise at the outset of SNW that it will be challenging to develop one set of measures that covers the priorities of all our core and wider partners and stakeholders.
- 4.3 We also recognise that although the focus will be on the collection and learning from qualitative data, we will also need some quantitative, demographic and geographic data to set this in context, alongside.

How will SNW capture learning to inform future delivery

- 4.4 SNW will focus on the collection of meaningful evidence and insight to inform its future delivery approach. As set out in Section 3, SNW partners have already initiated data collection across North Wales to better understand local priorities and therefore where resources need to be targeted. Whilst this will be an ongoing process this work is already beginning to highlight key areas and issues to target.
- 4.5 As set out in Sections 5 and 6, it is envisaged that the SNW Partnership Board will set the direction for the organisation and its priorities; partners and stakeholders will then bid for resources to deliver specific activities addressing the locality priorities identified.
- 4.6 SNW intends to capture learning to inform future delivery from five main sources:
- **Reviewing existing relevant and up to date studies as referenced in Section 3**
 - **Partner Insight and on the ground knowledge**
 - **Ongoing collection of feedback from those engaged in the activities and initiatives delivered by SNW; this could be through completion of online or hard copy surveys, or through face to face participant feedback**
 - **Feedback from partners and stakeholders involved in the delivery of a specific intervention(s) with SNW**
 - **Review of agreed KPIs**

Business Case to formally establish Sport North Wales (SNW)

- 4.7 Using these five sources SNW will be able to collect both quantitative and qualitative data; moving forwards the emphasis will be on the latter, as the most important measure will be the impact of intervention. The impact will be a consequence of a complex system working together.
- 4.8 SNW will take a real-world approach to performance management. It is recognised that to really make a difference and have sustainable impact, it is likely that significant resources may need to be targeted at very few people, or in a small geographical area. This approach will mark the real change in future delivery. SNW recognises that the collection of data to inform future delivery will need to combine:
- **a longitudinal approach to reflect the 'real' impact of intervention, given that the kind of change it seeks to achieve will not happen overnight,**
 - **the collection of more immediate data to reflect the planning and delivery of a specific activity/intervention**
 - **reviewing of national and sub regional demographic and social data as it is updated**
 - **balancing qualitative data with the quantitative information needed to give it context**
 - **cross-sector collaboration at regional and local level**
 - **use of KPIs developed as part of the bespoke SNW Performance Framework**
 - **the North Wales context and priorities as well as those at a more local level**

How SNW will measure impact

- 4.9 The Transition Phase will see the initial steps towards the new measurement approach focussed on impact as opposed to outcomes. This will be underpinned by:
- **A move to collaborative working**
 - **Sharing data**
 - **Developing a Framework for SNW**
 - a suite of overarching measures for all SNW partners to work towards which align to the new Vision for Sport in Wales, the Sport Wales strategy and
 - demonstrate SNW's contribution to the WBFGA goals and the Vision for Sport in Wales
 - reflects the priorities identified through shared SNW Vision & Insight

Business Case to formally establish Sport North Wales (SNW)

- Consideration as to how SNW will respond to the current Sport Wales Accountability Statements (See Appendix 8), aligned to its Strategic Intent and how these will develop in partnership over time to ensure that learning aligns to the key areas of delivery (See Appendix 8). Key for SNW is to develop its understanding of the type of evidence and data it needs to inform its approach, to remain flexible in how this is collected, and to prioritise the learning that will be developed from this.
- A key element of developing this learning is that data collection and evidence building is intrinsic to the work of SNW and its partners i.e. it comes from the inside out as part of everyday working to inform interventions, supported where necessary by external evaluation.

4.10 The above could be captured in a 'logic model' e.g.:



4.11 SNW recognise that whilst there is much we yet do not know about the impact of our investments and initiatives at local level, what we do know is that we will focus on directing our interventions where they will have most impact. Our delivery approach will be to be 'people and activity' centric i.e. doing what matters, and however we do it, our performance management will focus on:

- **What has changed as a result of our intervention?**
- **Why has it changed?**
- **How has it changed?**
- **Who has experienced the change?**
- **What is the impact of that change - individual and collective basis? (levels of physical activity/improved physical and mental health and wellbeing/acquisition of life skills/increased resilience etc)**

4.12 Impact will be measured through collection of qualitative data and feedback, maintaining the people-centric approach which drives delivery.

4.13 Measuring impact means that there will need to be ongoing conversations about what is being delivered, how, where etc, and the impact it is having, because there will be continuous learning about what is working and why, and how it can be further refined and improved for participants and partners.

Business Case to formally establish Sport North Wales (SNW)

4.14 The qualitative data collected will be defined by how SNW decides, on the basis of the ongoing learning, to evaluate impact. Although the focus will be on qualitative data it is important to stress that all elements of SNW interventions will be valued as part of evaluation. In some areas target participant numbers may not be achieved initially but this does not mean that activities are not impacting; it may just be that in some communities engaging in sport and physical activity is particularly challenging for a range of reasons which the intervention aims to address.

How SNW will create an evidence base to inform future planning

4.15 SNW believes the evidence base it creates will constantly evolve, based on their continuous learning, and updating of data. The evidence base will be an online resource that can be easily shared and accessed by partners.

4.16 The evidence base will comprise several separate but inter-linked elements:

- **Demographic data for North Wales**
- **Existing Evaluation reports and key findings**
- **Impact Evaluation of SNW activities – short, medium and longer term qualitative data; relevant quantitative data; assessment against KPIs**
- **Partner and stakeholder feedback**

4.17 Longitudinal data collection will feed into the evidence base on a regular basis to update findings and learning. Overall SNW will prioritise collection of insight which is useful to help us and our partners learn and improve.

4.18 It is likely SNW will seek to work with a partner to develop the methodology behind collection of the data from activities and interventions to build the evidence base and inform on the ground delivery. The evidence base will be part of the overall Accountability Framework used by SNW.

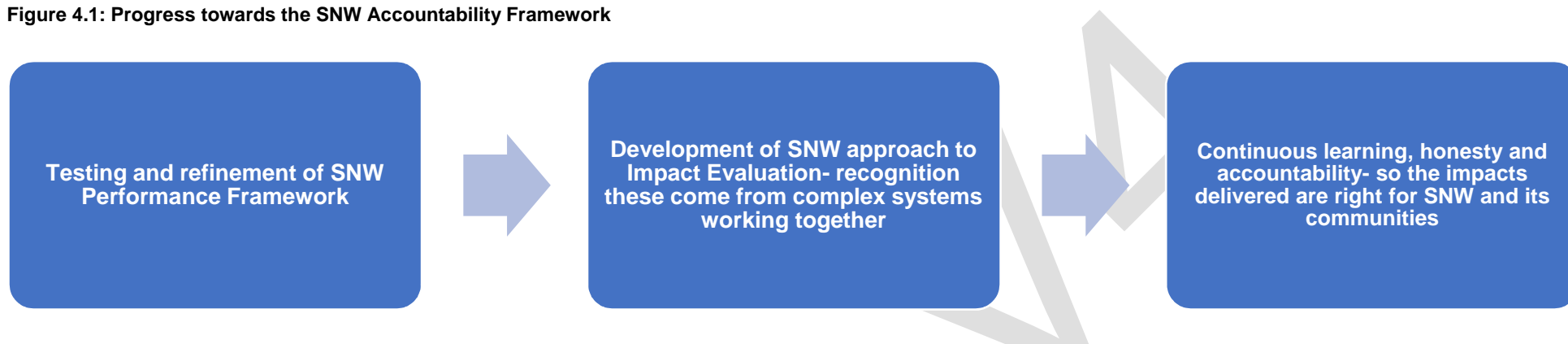
How SNW will respond to Sport Wales approach to accountability as part of its reporting requirements

4.19 The development of the SNW Accountability Framework will be an important stage of the overall journey to a new way of working at regional level. No-one should underestimate the magnitude of shift this journey will entail, nor the scale of impact it has the potential to deliver. The SNW Accountability Framework will be supported by a series of Accountability Statements which reflect SNW Purpose and Objectives.

4.20 The Accountability Framework will be developed as reflected in Fig 4.1:

Business Case to formally establish Sport North Wales (SNW)

Figure 4.1: Progress towards the SNW Accountability Framework



4.21 SNW intends to develop its own Accountability Statements to guide us in this direction and encourage reflective practice as set out in Appendix 8. Put simply, the Accountability Statements are a series of questions which invites the respondent to consider what they are doing and learning in a particular area. The Accountability Statements that we will use in the first instance are structured around the six strategic intent statements from the Sport Wales Strategy:

- **To be person centred** - *How do you ensure that the needs and motivations of the individual are leading delivery, whether just starting out, aiming to progress or striving for excellence on the world stage?*
- **To give every young person a great start** - *What are you doing to ensure that young people are given skills, confidence and motivation to enable them to enjoy and progress through sport? Are you able to demonstrate how activity in this area gives participants the foundations to live a healthy, active and enriched life?*
- **Ensure everyone has the opportunity to be active through sport** - *To what extent are you able to offer inclusive opportunities and how do you know that these provide a great experience to those involved?*
- **Bring people together for the long term** - *In what ways have you used insight and learning to collaborate with others and to ensure that individuals' experiences of sport become more sustainable and more successful?*
- **Showcase the benefits of sport** - *Can you describe how you evidence, showcase and celebrate the benefits of sport?*
- **Be a highly valued organisation** - *How has (and how hasn't) Sport Wales acted with integrity, added value and encouraged innovation in its partnership with you?*
- **Free-flow question** - *What has been your biggest learning over the last period and why?*

Business Case to formally establish Sport North Wales (SNW)

- 4.22 SNW will report on the impact of its activities on a regular basis i.e. quarterly to the Governance Board. This will also be shared with the Partnership Board at the same frequency. The reporting will focus on impact and evaluation of this against the aims and objectives of SNW and SW and will be predominantly qualitative. The drivers for the impact evaluation are making a difference to participation in sport and reducing inequalities in North Wales.
- 4.23 Written reports will be shared with both Boards to discuss at a subsequent meeting; the quarterly evaluation findings will be added to the regional evidence base to benefit SNWE, partners and stakeholders.

5. Partner & Stakeholder Collaboration

5.1 This section focusses on how the collaboration, which is at the heart of SNW, will work in practice, and which partners will take leading roles in this. It also looks at the wider network of collaboration and how this can be linked into SNW for mutual benefit.

SNW is seeking to achieve:



Business Case to formally establish Sport North Wales (SNW)

Our plan for SNW's engagement, expansion, and work with its regional strategic and delivery partners/stakeholders

- 5.2 There is massive potential for even greater connectivity and engagement across the regional landscape with the wider traditional and non-traditional partners who could add value/support, and/or deliver alongside SNW. This includes the potential for wider public sector and commercial partnerships, which may enable diversification of income streams for the Regional Sport Partnership.
- 5.3 SNW will take an inclusive and expansive approach to partnership working across North Wales for the benefits of the communities it aims to support.
- 5.4 SNW will have two Boards as set out in Section 6; this will provide the governance and strategic direction for the partnership. Given the representation proposed across the two Boards there is opportunity for engagement with both core partners and those from the wider regional network.
- 5.5 Importantly SNW will also seek engagement with independent Board members who will be able to bring specific skills, experience and knowledge to the partnership from other industries and sectors. This will enable SNW to develop an innovative approach to development and delivery, and potentially funding.
- 5.6 SNW will make a point of engaging with all relevant regional organisations to explore opportunities for collaboration, partnership and potential funding. It will promote sport as a means of community engagement and a space where other organisations can get involved for wider benefit.
- 5.7 SNW is developing Insight on SNW Board partner organisations to better understand what they do and the programmes they deliver to be in a better position to optimise resources; it is also setting up other strategic conversations with those organisations with whom it may be beneficial for SNW to have future engagement.

Our regional marketing and promotions plan

- 5.8 SNW's marketing and promotions plan will be developed as a draft in the Transition Phase, led by SNW's Regional Director. The plan will focus on collaborative usage of and access to sport to increase participation levels and reduce inequalities across North Wales.
- 5.9 The plan will promote SNW as the new regional partnership and explain its role, aims and purpose. It will raise awareness of SNW and its priorities for delivery in North Wales, as well as setting out how the new partnership will communicate with its partners (core and wider network) and critically, the communities within which it will work.
- 5.10 The plan will cover the initial 5 years of the partnership but focus in detail on Year 1. It will set out its focus and priorities in Year 1 based on the insight developed about the region and quantify type of projects it seeks to deliver. It will also set out the funding levels available for project delivery in North Wales and the criteria against which applications for funding should be made.

Business Case to formally establish Sport North Wales (SNW)

Our Plan for diversifying new income streams, commercial and other partnerships

- 5.11 SNW has a core budget as set out in Appendix 2. This is based on the income to be received from SW.
- 5.12 Looking forward in longer term, SNW's intention is to generate additional funding from alternative sources and will aim to engage with other organisations in North Wales who may be able to assist in achieving/accessing alternative funds. Commercial partnerships will be actively sought by SNW as will partnerships with other public and voluntary sector organisations.
- 5.13 Through its Transition Phase and beyond, SNW will be interested in securing additional sources of support to support its work in North Wales. At this stage SNW considers this may derive from:
- **Grants from other bodies apart from SW**
 - **Sponsorship for specific projects/geographical areas**
 - **Commissioning the delivery of specific activities/interventions**
 - **Donations**
- 5.14 All additional funding opportunities will need to align to SNW's aims and objectives.
- 5.15 SNW will also be interested in establishing commercial and other partnerships which will help to support, and sustain, it longer term. At this stage SNW recognises it has in place a core partnership represented through the Governance Board. It has also identified some wider public sector partnerships with which it wishes to work in the health, education, housing and education sectors. These are reflected in the Partnership Board. There is some flexibility in the composition of the Partnership Board to bring in other representatives as Independent Board Members, or partnerships can be established without there needing to be Board representation as an outcome.
- 5.16 As an example, Public Health Wales is already looking to work with SNW to deliver against their Strategy with continuous funding now available to support development of physical literacy across the region. The example approach is set out in Appendix 7.

Business Case to formally establish Sport North Wales (SNW)

6. Governance and Legal Framework

- 6.1 The draft Heads of Terms (HOT) for the SNW Partnership is set out in full in Appendix 1. Whilst still a draft, it has been to the SNW Board for discussion and approval of the emerging direction (23 September 2020). The draft now has to be taken back to each of the SNW Partners, for approval through their respective internal governance processes.
- 6.2 Under the brand/banner of "Sport North Wales", the SNW Members are in the process of preparing a business case, for submission to Sport Wales, in relation to the creation of a collaboration which will, via CCBC as the host authority of the collaboration, receive funding directly from Sport Wales for expenditure on sport and leisure activities and projects across North Wales .
- 6.3 The SNW Members understand that good governance is a key foundation for the success of Sport North Wales and is not only the management of day-to-day operations but rather the framework of strategy, risk management controls and processes and an organisational approach to ensure the culture, values and integrity are observed by all.
- 6.4 Currently, Sport Wales provides separate funding directly to the six local authorities, which are then responsible for spending in their respective regions. However, if SNW is approved, it will receive cumulative funding from Sport Wales (estimated at c. £2.7m million per annum for the region) and will decide on how this money is spent across the North Wales region.
- 6.5 It is envisaged that the creation of SNW will, over the period of the 5 year contract, facilitate spending across a wider platform and support Sport North Wales' vision "to empower our communities in North Wales to be more active, leading healthier, happier lives" (which in turn aligns with the Sport Wales strategy and ultimately contributes to the sector-wide vision of "an active nation where everyone can have a lifelong enjoyment of sport").
- 6.6 In order to support its business case for the creation of SNW, the SNW Members need to present a legal and governance framework with their business case, to demonstrate that a strong structure is in place which will ensure that the SNW Members have representation and a decision-making process which is effective and will support achievement of the:
- 1) Objectives;**
 - 2) the Vision;**
 - 3) the Sport Wales Governance and Leadership Framework; and**
 - 4) the Sport Wales Capability Framework.**
- 6.7 Pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972 the SNW Members enter into the Inter-Authority Governing Agreement to set out clearly their roles and responsibilities in relation to the governance and structure of SNW. This is the SNW Governance Board.
- 6.8 The parties agree that the provisions contained in the Heads of Terms would govern the relationship between the parties in the SNW collaboration, if approved by Sport Wales.

Business Case to formally establish Sport North Wales (SNW)

- 6.9 SNW Partners will sign up to the Partnership and the HoT for an initial term of five years from the date on which the Agreement is validly executed by the SNW Members.

How SNW will meet the Essential Requirements of the Sport Wales Capability Framework in relation to aspects of governance and leadership framework?

- 6.10 Set out below is a summary of the HoT explaining how SNW will meet the Essential Requirements of the Sport Wales Capability Framework in relation to aspects of governance and leadership framework.

Sports North Wales' Objectives and Values

- 6.11 Sport North Wales' Objectives, aligned with the Sport Wales Governance and Leadership and Capability Frameworks, are:

- 1. To modernise, improve and develop a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realise the Vision and set the strategic direction for North Wales through skills-based diverse Governance and Partnership Boards;**
- 2. Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritise working with people and communities;**
- 3. Increase participation in sport through:**
 - acting with integrity, accountability and transparency;
 - prioritising workloads and areas that can make the biggest difference;
 - focusing on behaviour and culture;
 - putting participants at the heart of decision-making and ensuring a participant-focused approach;
 - establishing a basis for conversations about how the SNW Members can improve as organisations; and
 - a focused outcomes framework which targets children, young adults, adults and over-60s.
- 4. Tackling the socio-economic challenges confronting those involved with community sport;**
- 5. Tackle inequality in sport and cater for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;**
- 6. Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;**
- 7. Ensuring that safeguarding standards are met in all areas of Sport North Wales (see Appendix 5);**

Business Case to formally establish Sport North Wales (SNW)

8. Attracting investment from other sources of funding; and

9. Promote equality, diversity, sustainability and inclusivity in all actions (See Appendices 6 and 9).

Conwy County Borough Council's (CCBC) Obligations

6.12 The SNW Members agree that CCBC shall be the lead authority for the duration of the Term.

6.13 CCBC shall:

- 1) Be the lead and host authority and accountable body for SNW;**
- 2) Be responsible for the appointment and employment of the Regional Director;**
- 3) As lead and host authority, be allocated an agreed proportion of the Sport Wales Funding to contribute towards the Regional Director role and CCBC's role as the lead and host authority;**
- 4) As the host authority of SNW, be the principal contact for engagement with Sport Wales in relation to the Sport Wales Funding and adherence to the Sport Wales governance requirements on behalf of the Collaboration;**
- 5) Manage the SNW Account and be responsible for the allocation of funding from the SNW Account as determined by the Governance Board;**
- 6) Engage employees to roles related to the management and operation of the Collaboration;**
- 7) Ensure that Partnership Board and Governance Board meetings are undertaken in accordance with the provisions for the board and in line with CCBC specific obligations**
- 8) Ensure all applicable CCBC policies and strategies are implemented in respect of SNW's operation e.g. safeguarding, equality and diversity etc**

Business Case to formally establish Sport North Wales (SNW)

SNW Members' Obligations

6.14 The SNW Members shall:

- 1) contribute towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Partnership and Governance Boards and working collaboratively, in good faith and with integrity, accountability and transparency, for the benefit of North Wales;**
- 2) adhere to the Objectives which set out the principles, values, ethics and morals which apply to all aspects of SNW;**
- 3) develop a comprehensive customer service charter which ensures that customers are dealt with promptly, effectively and courteously at all times;**
- 4) ensure that the Collaboration performs in a way which promotes and enhances the reputation of both SNW and Sport Wales through a clear marketing plan which promotes usage of and access to sport;**
- 5) support CCBC with any requests for information which are required to support the Collaboration in relation to dealings with Sport Wales, Welsh Government and any other funders of SNW;**
- 6) agree that CCBC, as the host authority for SNW, has authority to accept payment of the award made by Sport Wales to SNW (which reflects what was previously a separate award by Sport Wales to each of the six local authority SNW Members);**
- 7) ensure that Applications proposed by other SNW Members, pursuant to the Project Approvals process, are given an equal and proportionate consideration;**
- 8) ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member that has submitted the Application;**
- 9) ensure that the number and scale of Applications they submit to the Partnership and Governance Boards are reasonable and proportionate;**
- 10) direct all press and publicity queries related to SNW to CCBC or a nominated press officer appointed by the Governance Board of SNW;**
- 11) where appropriate, be responsible for the delivery of Projects, once approved by the Governance Board, in accordance with the Project Delivery Plan, accepting that Sport North Wales' role is limited to the consideration and approval of Applications/Projects and the provision of funding rather than the actual delivery of the Projects;**

Business Case to formally establish Sport North Wales (SNW)

- 12) provide any information required by the Governance Board and CCBC to:**
 - evidence that funding allocated to it for a Project has been spent on that Project;
 - evidence the progress of a Project which has been approved by the Governance Board;
 - report to Sport Wales in relation to the progress of Sport North Wales and the Projects approved by the Governance Board; and
 - enable CCBC to carry out its obligations under the Agreement.
- 13) reimburse Sport North Wales for any funding which is not spent in relation to the Project for which the funding was approved;**
- 14) enter into any agreements, as required, in relation to the delivery of a Project using funding distributed pursuant to the Collaboration;**
- 15) permit representatives of the Governance Board to carry out any inspections or audits to support evidence that:**
 - funding allocated is being spent in accordance with the Project Delivery Programme; and
 - a Project is progressing in accordance with the Project Delivery Plan approved by the Governance Board.
- 16) acknowledge Sport North Wales in any promotion of a Project which uses Sport North Wales funding and, as applicable, use any Sport North Wales branding;**
- 17) acknowledge Sport Wales and, if applicable, the support of the National Lottery (or any subsequent or other funders) in any promotion of a Project which uses funding from these organisations and, as applicable use their branding.**

SNW Governance Board

- 6.15 The balanced, inclusive, diverse and skilled Governance Board comprises one representative from each of the six local authority SNW Members which are parties to the Collaboration.
- 6.16 Each of the six local authority SNW Members shall have the authority to appoint their senior officer representative on the Governance Board ensuring that their representative is appointed on the basis of the range of skills required to ensure a balanced, inclusive and skilled Governance Board.
- 6.17 The Governance Board shall appoint a chair to the Governance Board.
- 6.18 The Governance Board shall meet [quarterly] and shall:
 - 1) Review the progress of Sport North Wales against the Objectives and ensure that the objectives of Sport Wales are aligned with those of Sport North Wales through the Projects the Governance Board approves;**
 - 2) Review the progress of approved Projects;**

Business Case to formally establish Sport North Wales (SNW)

- 3) Review and approve Applications for funding;**
- 4) Confirm arrangements for distribution of funding in respect of approved Projects;**
- 5) Provide transparent feedback to the Partnership Board in respect of any Applications which are rejected;**
- 6) Resolve any issues raised by the Partnership Board (both formally and pursuant to the Dispute Resolution Process);**
- 7) Make any decisions in respect of the customer service strategy and marketing plan which are raised by the Partnership Board;**
- 8) Invite representatives from Sport Wales to meetings, as required to observe and support;**
- 9) Assist with the appointment of the Regional Director, as requested by CCBC, in the event that the Regional Director has not already been appointed by CCBC, or assist with the appointment of a replacement Regional Director (again, as requested by CCBC);**
- 10) Be responsible for appointing the representatives to the Partnership Board, with the independent chair of the Partnership Board participating in these appointments.**
- 11) Ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration;**
- 12) Ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application; an**
- 13) If appropriate, approve any decisions made by the Partnership Board as required,**

SNW Partnership Board

- 6.19 The balanced, inclusive, diverse and skilled Partnership Board comprises six representatives from the existing SNW Members which are part of Sport North Wales and could also include up to 5 independent board members who are externally recruited by the Governance Board based on their skills and represent the region of North Wales and shall work to ensure performance of the Sport North Wales' Objectives.
- 6.20 Local authority representatives on the Partnership Board shall be different to those local authority representatives on the Governance Board.
- 6.21 An independent chair shall be appointed to the Partnership Board.

Business Case to formally establish Sport North Wales (SNW)

6.22 In light of the parties overriding objective of promoting inclusion, SNW Members who have been active participants in developing the business plan for the Collaboration may also be permitted to attend the Partnership Board meetings as appointed 'Observers' with no voting rights or ability to otherwise directly influence the decisions of the Partnership Board.

6.23 The Partnership Board shall meet [monthly] and shall:

- 1) Ensure the strategic direction and Objectives of Sport North Wales are progressed successfully;**
- 2) Review and approve Applications:**
 - a. from Delivery Organisations/SNW Members for funding between £10,000 and £50,000; and**
 - b. from Delivery Organisations/SNW Members for funding below £10,000 where support is requested by the Regional Director;**
- 3) Ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration; and**
- 4) Ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application;**
- 5) Review and approve Applications from organisations (both SNW Members and other delivery organisations such as sports clubs in North Wales) for submission to the Governance Board; review, approve and sign off applications for up to £50k**
- 6) Discuss ideas for forthcoming projects which may be worked into Applications;**
- 7) Provide a forum for the SNW Members to advise and support each other on the completion of Applications ensuring compliance with the Sport North Wales Objectives;**
- 8) Agree approach, action plans and timelines for developing Applications considering any multi-party involvement in an Application;**
- 9) Discuss any issues or challenges in respect of Projects which are being delivered and how the SNW Members may work together to overcome/help the SNW Member which is delivering the Project to overcome these issues or challenges;**
- 10) Lead on stakeholder engagement which seeks the views, experiences, insights and suggestions from sports participants in North Wales;**
- 11) Monitor the progress and adherence of the customer service charter and provide updates to the Governance Board;**

Business Case to formally establish Sport North Wales (SNW)

- 12) Monitor the progress of the marketing plan and provide updates to the Governance Board;**
- 13) Discuss feedback from the Governance Board in respect of any rejected Applications;**
- 14) Invite representatives from Sport Wales to meetings, as required to observe and support the Sport North Wales Collaboration;**
- 15) Be responsible for the appointment of an independent chair who:**
 - Shall act as the Partnership Board's liaison with the Governance Board and represent the Partnership Board in any discussions at the Governance Board level;
 - Is a non-executive director who is unpaid but brings experience which will facilitate and lead the Partnership Board's activities; and
 - Shall participate in the Governance Board's appointment of representatives to the Partnership Board.

SNW Regional Director

6.24 The SNW Regional Director, appointed by CCBC shall:

- 1) Be responsible for the operation of Sport North Wales ensuring its activities contribute towards performance of the Objectives in accordance with this Agreement;**
- 2) Be responsible for liaising with the Partnership Board and presenting any issues raised by the Partnership Board to the Governance Board;**
- 3) Be the lead officer responsible for delivering the SNW Objectives and strategic plan;**
- 4) Be responsible for advising the Governance Board on any governance or risk issues of which the SNW Regional Director becomes aware through their role;**
- 5) Sit on both the Partnership and Governance Boards in a reporting capacity;**
- 6) Work with, and on behalf of, the Governance Board to lead the strategic direction, development and profile of Sport North Wales regionally in accordance with the Vision and strategic plan to facilitate achievement of Sports North Wales' Objectives and values for the benefit of North Wales;**
- 7) Represent the Governance Board on the Partnership Board;**
- 8) Represent Sport North Wales in discussions with Sport Wales and other stakeholders and partners, providing updates in relation to the activities and progress of Sport North Wales (as requested);**

Business Case to formally establish Sport North Wales (SNW)

- 9) Promote the brand of Sport North Wales and create contacts throughout the UK to maximise Sport North Wales' visibility and profile;**
- 10) Be responsible for securing further funding for Sport North Wales in addition to that received from Sport Wales;**
- 11) Secure sponsorship (both corporate and non-corporate) for Sport North Wales Projects and activities.**

Project Approvals Process

- **Value Levels**
 - If the level of funding requested is £10,000 or under, the Regional Director shall have the power to approve Applications from a Delivery Organisation or SNW Member.
 - If the level of funding requested is £50,000 or under, the Partnership Board shall have the power to approve Applications from a Delivery Organisation or SNW Member.
 - If the level of funding requested is above £50,000, the Partnership Board shall determine whether an Application from a Delivery Organisation or SNW Member is approved for consideration by the Governance Board; and the Governance Board shall have the power to approve the Application.
- **Applications – First Step and Content**
 - Applications to the Regional Director (if funding requested is below £10,000) or Partnership Board (if funding requested is above £10,000), whether from a Delivery Organisation or SNW Member, shall follow an approved template form and detail:
 - ❖ The name of the Delivery Organisation or SNW Member;
 - ❖ The nature and scope of the proposed project and financial values attributed to the main elements of the project;
 - ❖ the level of funding requested from Sport North Wales;
 - ❖ the level of funding which the Delivery Organisation/SNW Member will contribute to the project from its own (or other) resources;
 - ❖ A "**Project Delivery Plan**" which includes:
 - ❖ targets and outputs;
 - ❖ milestone dates for the key elements of the project;
 - ❖ deliverables;
 - ❖ an explanation of how the project aligns with Sport North Wales' Objectives and values;
 - ❖ an explanation of the benefits to the Delivery Organisation/SNW Member and North Wales as a region if the project is approved, together the "**Application**".

Business Case to formally establish Sport North Wales (SNW)

- **Consideration of Applications**

- The Regional Director shall consider Applications for funding below £10,000 as and when they are submitted to them. The Regional Director may request support from the Partnership Board when considering Applications for funding below £10,000.
- The Partnership Board shall consider Applications with a value exceeding £10,000 at the relevant monthly Partnership Board meeting.
- The Governance Board shall consider Applications approved by the Partnership Board at the next Governance Board quarterly meeting following the Partnership Board meeting in which approval was given to the Application.

- **Rejected Applications**

- If an Application is not approved by the Regional Director, the Partnership Board or the Governance Board, a summary of the reasons for rejecting the Application shall be provided to the Delivery Organisation/SNW Member that submitted the Application in addition to providing feedback on areas to develop if the Application is to be re-submitted in the future.
- A re-submitted Application shall be reviewed in the same way as an Application submitted for the first time and re-submission does not guarantee that an Application will be approved by the Regional Director/Partnership Board on its second, or future, submission.
- An Application may be re-submitted a maximum of 2 times. If an Application is rejected after its second submission, the Delivery Organisation/SNW Member shall not re-submit the Application a third time unless the Application is justified as being materially varied from the previously rejected Application.
- The Partnership Board / Regional Director shall report on all rejected applications and the reasons why they were rejected to the Governance Board.
- The Governance Board shall determine whether it reviews any rejected applications to ensure that Applications have been given equal and proportionate consideration and that the application process has been followed in full.
- In the event of a dispute between the Partnership Board / Regional Director and an applicant, the Governance Board shall be the final arbiter.

- **Application Approval Considerations**

- In determining whether an Application is approved by the Regional Director, Partnership Board or Governance Board, the following shall be considered:
 - ❖ the alignment of the Application with the Vision, Objectives and Values;
 - ❖ the Application's promotion of the principles of the customer service charter;
 - ❖ the Application's outputs and deliverables in relation to North Wales as a region;
 - ❖ the deliverability of the proposed project (including the applicant SNW Member's capacity to deliver and the relevant timeframe for delivery);
 - ❖ the level of funding required and the availability of funding to Sport North Wales.

Business Case to formally establish Sport North Wales (SNW)

- **Application Approval Requirements**

- To be approved by the Regional Director, the Application must satisfy the above considerations.
- To be approved by the Partnership Board, the Application requires more than 50% approval from the Partnership Board representatives in attendance. If the initial vote is a 50:50 split decision, the Application shall not be approved by the Partnership Board.
- To be approved by the Governance Board, an Application requires more than 50% approval from the Governance Board representatives. If the initial vote is a split 50:50 decision, the chair shall have the casting vote.

- **Approved Applications (Projects)**

- If an Application is approved, the Regional Director, Partnership Board or Governance Board shall confirm:
 - ❖ that the Application, once approved, is a "**Project**";
 - ❖ the level of funding awarded for delivery of the Project;
 - ❖ steps which the Delivery Organisation/SNW Member must confirm before the funding is committed to the Project;
 - ❖ any agreement that the Delivery Organisation/SNW Member must enter into with CCBC before it receives any funding in respect of the Project; and
 - ❖ the frequency of payment of instalments of funding (if not provided in full at the outset of a Project being approved).

6.25 Following approval of the Project, the Delivery Organisation/SNW Member must deliver the Project in accordance with the Project Delivery Plan and any agreement entered into by the Delivery Organisation/SNW Member and CCBC in respect of delivery of the Project.

Separate Account

6.26 In order to ensure effective financial management controls and systems are maintained, CCBC shall maintain a separate account into which the Sport Wales award is paid. This account shall transparently show the transactions in relation to the Sport Wales award and shall be subject to open book accounting such that all parties have a clear understanding of:

- 1) The transactions into and out of the account; and**
- 2) The values of these transactions.**

6.27 Any queries in relation to the SNW Account may be discussed by the Partnership Board and Governance Board.

Employees

6.28 As a contractual arrangement, employees of each SNW Member shall remain employed by the respective SNW Member and there is no intention that these employees TUPE-transfer to another SNW Member as a result of the Collaboration.

6.29 If posts become vacant for employees in a SNW Member, the SNW Member shall determine the most appropriate way to proceed in respect of this vacancy, with advice from the Partnership Board and SNW Regional Director, as requested (with all SNW Members aware of the obligation to contribute

Business Case to formally establish Sport North Wales (SNW)

towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Partnership and Governance Boards (see "SNW Members' Obligations")).

Final V4

Appendix 1: Heads of Terms for Collaboration Agreement for Sport North Wales Collaboration

Number	Provision	Material Obligations
1.	Parties	<p>Conwy County Borough Council of Bodlondeb, Conwy North Wales, LL32 8DU ("CCBC");</p> <p>Denbighshire County Council of Wynnstay Road, Ruthin, LL15 1YN;</p> <p>Flintshire County Council of County Hall, Mold, Flintshire CH7 6NB;</p> <p>Gwynedd Council of Council Headquarters, Castle Street, Caernarfon, Gwynedd, LL55 1SE;</p> <p>Isle of Anglesey County Council of Council Offices Llangefni, Anglesey LL77 7TW;</p> <p>Wrexham County Borough Council of 16 Lord Street, Wrexham LL11 1LG;</p> <p>Betsi Cadwaladr University Health Board of Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD;</p> <p>Bangor University of College Road, Bangor, LL57 2DG</p> <p>Wrexham Glyndwr University of Mold Road, Wrexham, LL11 2AH</p> <p>Disability Sport Wales of Sport Wales National Centre, Cardiff, CF11 9SW</p> <p>GwE of Bryn Eirias, Ffordd Abergele, Bae Colwyn, LL29 8BY</p> <p>Public Health Wales of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ</p> <p>Adra of Tŷ Coch, Llys y Dderwen, Parc Menai, Bangor, LL57 4BL</p> <p>North Wales Housing of Plas Blodwel, Broad Street, Llandudno Junction, Conwy, LL31 9HL.</p> <p>Wales & West Housing of Tŷ Draig, St. David's Park, Ewloe, Deeside. CH5 3DT</p> <p>Grwp Cynefin of Ty Silyn, Penygroes, Gwynedd.</p> <p>Cartrefi Conwy of Morfa Gele, North Wales Business Park, Cae Eithin, Abergele, LL22 8LJ</p> <p>ClwydAllyn of 72 Ffordd William Morgan, St Asaph Business Park, St Asaph, Denbighshire. LL17 0JD</p>

Number	Provision	Material Obligations
		each an " SNW Member " and together the " SNW Members " (except where individually defined).
2.	Background and Recitals	<p>Under the brand/banner of "Sport North Wales", the SNW Members are in the process of preparing a business case, for submission to Sport Wales and Welsh Government, in relation to the creation of a collaboration which will, via CCBC as the host authority of the collaboration, receive funding directly from Sport Wales for expenditure on sport and leisure activities and projects across North Wales ("Sport North Wales" or the "Collaboration").</p> <p>The SNW Members understand that good governance is a key foundation for the success of Sport North Wales and is not only the management of day-to-day operations but rather the framework of strategy, risk management controls and processes and an organisational approach to ensure the culture, values and integrity are observed by all.</p> <p>Currently, Sport Wales provides separate funding directly to the six local authorities detailed in paragraph 1 (Parties), which are then responsible for spending in their respective regions. However, if Sport North Wales is approved, the Collaboration will receive funding from Sport Wales (estimated at c. £13.14 million over the five year term) ("Sport Wales Award") and will decide on how this money is spent across the North Wales region.</p> <p>It is envisaged that the creation of the Collaboration will facilitate spending across a wider platform and support Sport North Wales' vision "to empower our communities in North Wales to be more active, leading healthier, happier lives" (the "Vision") which in turn aligns with the Sport Wales strategy and ultimately contributes to the sector-wide vision of "an active nation where everyone can have a lifelong enjoyment of sport".</p> <p>While parties to the Collaboration are set out in paragraph 1 of these Heads of Terms, the Collaboration Agreement ("Agreement") entered into by the SNW Members contains a Project Approvals Process (see paragraph 10) through which SNW Members and other delivery organisations, such as sports clubs in North Wales ("Delivery Organisations") are able to apply for funding from Sport North Wales to support local and regional sports projects across North Wales.</p> <p>In order to support its business case for the creation of Sport North Wales, the SNW Members need to present a legal and governance framework with their business case, to demonstrate that a strong structure is in place which will ensure that the SNW Members have representation and a decision-making process which is effective and will support achievement of the:</p>

Number	Provision	Material Obligations
		<ol style="list-style-type: none"> 1) Objectives; 2) the Vision; and 3) the Sport Wales Governance and Leadership Framework; and 4) the Sport Wales Capability Framework. <p>Pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972, if the business case for Sport North Wales is approved by Sport Wales, the SNW Members will enter into the Agreement which sets out clearly their roles and responsibilities in relation to the governance and structure of the Sport North Wales collaboration, as set out in these Heads of Terms.</p> <p>The parties agree that the provisions contained in these Heads of Terms would govern the relationship between the parties in the Sport North Wales collaboration, if approved by Sport Wales.</p> <p>Sport North Wales will comprise two boards:</p> <ol style="list-style-type: none"> 1) a Governance Board which has representatives from each of six local authorities in North Wales (and each local authority will delegate powers to its representative on the Governance Board); and 2) a Partnership Board which has wider representation from the public sector in North Wales (local authorities, health, education, housing and equalities) in addition to independent members appointed on the basis of their skills. <p>The Partnership Board sits under the Governance Board and has a more operational focus, (see section 8 below) with responsibility for implementing the strategic vision of Sport North Wales and ensuring Sport North Wales' Objectives are progressed successfully across the region, though with a local impact, whereas the Governance Board will oversee the governance of Sport North Wales and the activities of the Partnership Board (see section 7 below). Due to its composition, it will not exercise delegated powers but shall act in an advisory capacity as to its functions.</p> <p>The reason for having two boards is that SNW have agreed to adopt a local authority 'hosted model' approach pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972. Pursuant to these powers, the SNW Local Authority Members enter into this Inter-Authority Governing Agreement, which sets out clearly their roles and responsibilities in relation to the governance and structure of SNW. Rather than having one board with decision-making powers held centrally by the six Local Authorities it was agreed to introduce a second board (the Partnership Board) which</p>

Number	Provision	Material Obligations
		<p>would have authority to implement the vision for SNW and could engage wider representation of the regional partnership as well as independent skills based board members. The dual boards approach ensures sufficient scrutiny and accountability for both strategic and operational activities, with a clear delineation between the two.</p> <p>A Regional Director, employed by CCBC, will have responsibility for the performance and success of Sport North Wales and will act as a liaison between the Partnership and Governance Board (see section 9 below). The Regional Director will not have authority in respect of Governance Board functions but will implement the decisions made by the Governance Board.</p>
3.	Term	<p>An initial term of five years from the date on which the Agreement is validly executed by the SNW Members.</p> <p>Capable of extension by agreement of the SNW Members and Sport Wales with the length of the extension also to be agreed by the SNW Members.</p>
4.	Sports North Wales' Objectives and Values	<p>Sport North Wales' Objectives, aligned with the Sport Wales Governance and Leadership and Capability Frameworks, are:</p> <ol style="list-style-type: none"> 1. To modernise, improve and develop a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realise the Vision and set the strategic direction for North Wales through skills-based diverse Governance and Partnership Boards; 2. Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritise working with people and communities; 3. Increase participation in sport through: <ol style="list-style-type: none"> a) acting with integrity, accountability and transparency; b) prioritising workloads and areas that can make the biggest difference; c) focusing on behaviour and culture; d) putting participants' interests at the heart of decision-making and ensuring a participant-focused approach; e) establishing a basis for conversations about how the SNW Members can improve as organisations; and f) a focused outcomes framework which targets children, young adults, adults and over-60s. 4. Tackling the socio-economic challenges confronting those involved with community sport;

Number	Provision	Material Obligations
		<ul style="list-style-type: none"> 5. Tackle inequality in sport and cater for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport; 6. Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration; 7. Ensuring that safeguarding standards are met in all areas of Sport North Wales; 8. Attracting investment from other sources of funding; and 9. Promote equality, diversity, sustainability and inclusivity in all actions.
5.	CCBC's Obligations	<p>The SNW Members agree that CCBC shall be the lead authority for the duration of the Term.</p> <p>CCBC shall, as the host authority:</p> <ul style="list-style-type: none"> 1) Be the lead and accountable body for the Sport North Wales Collaboration; 2) Shall be responsible for the appointment and employment of the regional director ("Regional Director" see paragraph 9 below) and additional support staff dedicated to the Collaboration; 3) be allocated an agreed proportion of the Sport Wales Award to contribute towards the Regional Director role and additional support staff pursuant to CCBC's role as the lead and host authority; 4) be the principal contact for engagement with Sport Wales in relation to the Sport Wales Award and adherence to the Sport Wales governance requirements on behalf of the Collaboration; 5) be the contractual party to an agreement with Sport Wales in respect of the Sport Wales Award on behalf of Sport North Wales ("Sport Wales Award Agreement"); 6) be the contractual party to any funding agreements with SNW Members or Delivery Organisations which are to receive funding in respect of Projects approved by either the Regional Director, Partnership Board or Governance Board; 7) Manage the SNW Account (see paragraph 11 below) and be responsible for the allocation of funding from the SNW Account as determined by the Governance Board; 8) Engage employees to roles related to the management and operation of the Collaboration;

Number	Provision	Material Obligations
		9) Ensure that Partnership Board and Governance Board meetings are undertaken in accordance with the provisions for the boards set out in paragraphs 7 and 8.
6.	SNW Members' Obligations	<p>The SNW Members shall:</p> <ol style="list-style-type: none"> 1) contribute towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Partnership and Governance Boards and work collaboratively, in good faith and with integrity, accountability and transparency, for the benefit of North Wales; 2) adhere to the Objectives which set out the principles, values, ethics and morals which apply to all aspects of the Sport North Wales Collaboration; 3) develop a comprehensive customer service charter which ensures that customers are dealt with promptly, effectively and courteously at all times; 4) ensure that fully-functioning and efficient IT systems are maintained during the term of the Agreement; 5) ensure that the Collaboration performs in a way which promotes and enhances the reputation of both Sport North Wales and Sport Wales through a clear marketing plan which promotes usage of and access to sport; 6) support CCBC with any requests for information which are required to support the Collaboration in relation to dealings with Sport Wales, Welsh Government and any other funders of Sport North Wales; 7) agree that CCBC, as the host authority for Sport North Wales, has authority to accept payment of the Sport Wales Award on behalf of Sport North Wales (which reflects what was previously a separate award by Sport Wales to each of the six local authority SNW Members); 8) ensure that the number and scale of Applications they submit to the Partnership and Governance Boards are reasonable and proportionate;

Number	Provision	Material Obligations
		<p>9) direct all press and publicity queries related to Sport North Wales to CCBC or a nominated press officer appointed by the Governance Board of Sport North Wales;</p> <p>10) where appropriate, be responsible for the delivery of Projects, once approved by the Governance Board, in accordance with Project Delivery Plans, accepting that Sport North Wales' role is limited to the consideration and approval of Applications/Projects and the provision of funding rather than the actual delivery of the Projects;</p> <p>11) provide any information required by the Governance Board and CCBC to:</p> <ul style="list-style-type: none"> a. evidence that funding allocated to it for a Project has been spent on that Project; b. evidence the progress of a Project which has been approved by the Governance Board; c. report to Sport Wales in relation to the progress of Sport North Wales and the Projects approved by the Governance Board; d. assist CCBC comply with, and demonstrate its compliance with, the Sport Wales Award Agreement; e. enable CCBC to carry out its obligations under the Agreement. <p>12) support CCBC's compliance with the terms of the Sport Wales Award Agreement;</p> <p>13) Reimburse CCBC for any funding which is not spent in relation to the Project for which the funding was approved;</p> <p>14) Reimburse CCBC for any costs or expenses CCBC incurs as a result of a breach of the Sport Wales Award Agreement caused by the SNW Member;</p> <p>15) Enter into any agreements, as required, in relation to the delivery of a Project using funding distributed pursuant to the Collaboration;</p> <p>16) Permit representatives of the Governance Board to carry out any inspections or audits to support evidence that:</p> <ul style="list-style-type: none"> a. funding allocated is being spent in accordance with the Project Delivery Programme; and

Number	Provision	Material Obligations
		<p>b. a Project is progressing in accordance with the Project Delivery Plan approved by the Governance Board;</p> <p>17) acknowledge Sport North Wales in any promotion of a Project which uses Sport North Wales funding and, as applicable, use any Sport North Wales branding;</p> <p>18) acknowledge Sport Wales and, if applicable, the support of the National Lottery (or any subsequent or other funders) in any promotion of a Project which uses funding from these organisations and, as applicable use their branding.</p>
7.	Governance Board	<p>The balanced, inclusive, diverse and skilled Governance Board has a strategic and supervisory focus to ensure the continued success of Sport North Wales against the Objectives, overseeing the Partnership Board.</p> <p>The Governance Board comprises 1 representative appointed by each of the six local authority SNW Members which are parties to the Collaboration.</p> <p>Each of the six local authority SNW Members shall have the authority to appoint their officer representative on the Governance Board ensuring that their representative is appointed on the basis of the range of skills required to ensure a balanced, inclusive and skilled Governance Board. This representative shall be "fixed" to ensure consistency though temporary replacements may be required in certain circumstances.</p> <p>A chair shall be appointed by the Governance Board (one of the six local authority representatives).</p> <p>The Governance Board shall meet quarterly and shall:</p> <ol style="list-style-type: none"> 1) Review the progress of Sport North Wales, as a whole, against the Objectives and ensure that the objectives of Sport Wales are aligned with those of Sport North Wales through the Projects approved by Sport North Wales; 2) Review the progress of approved Projects, as a whole (rather than individual Projects), unless the individual Project has a strategic regional impact; 3) Review and approve Applications for funding with a funding value exceeding £50,000; 4) Confirm arrangements for distribution of funding in respect of approved Projects; 5) Provide transparent feedback to the Partnership Board in respect of any Applications which it rejects;

Number	Provision	Material Obligations
		<p>6) Resolve any issues raised by the Partnership Board (both formally and pursuant to the Dispute Resolution Process);</p> <p>7) Make any decisions in respect of the customer service strategy and marketing plan which are raised by the Partnership Board;</p> <p>8) Assist with the appointment of the Regional Director, as requested by CCBC, in the event that the Regional Director has not already been appointed by CCBC, or assist with the appointment of a replacement Regional Director (again, as requested by CCBC);</p> <p>9) Assist CCBC's Director/Head of Service with their line management responsibilities in respect of the Regional Director, as requested by the CCBC Director/Head of Service (e.g. by providing feedback on the Regional Director's performance).</p> <p>10) Be responsible for monitoring the performance of the Partnership Board against Sport North Wales' Objectives and values;</p> <p>11) Be responsible for appointing the representatives to the Partnership Board, with the independent chair of the Partnership Board participating in these appointments;</p> <p>12) Invite the independent chair of the Partnership Board to meetings, as required, to participate and represent the Partnership Board; and</p> <p>13) Invite representatives from Sport Wales to meetings, as required to observe and support;</p> <p>14) ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration;</p> <p>15) ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application; and</p> <p>16) If appropriate, approve any decisions made by the Partnership Board as required,</p> <p>In advance of each meeting of the Governance Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).</p> <p>Following each meeting, minutes shall be circulated to representatives of each SNW Member.</p> <p>The Governance Board has decision-making power in respect of the Collaboration and, subject to the Dispute Resolution Process, its decisions are</p>

Number	Provision	Material Obligations
		<p>binding on the SNW Members in so far as the Sport Wales Award is concerned.</p> <p>The Governance Board shall be appointed for the five year term of the Agreement.</p> <p>Meetings of the Governance Board shall require a quorum of 4 SNW Members and may take place electronically.</p> <p>The Governance Board shall consider and review the governance of the Collaboration at least once per year of the term for the purpose of determining whether any improvements or variations required to the scope and remit of either the Partnership Board, Governance Board or Collaboration itself should be introduced for the benefit of the operation of the Collaboration. Any variations shall be processed through the change control procedure set out in paragraph 13 below.</p>
8.	Partnership Board	<p>The balanced, inclusive, diverse and skilled Partnership Board has a wider participation than the Governance Board and is focused on the operational, day-to-day activities of Sport North Wales.</p> <p>The Partnership Board comprises 6 representatives from the existing SNW Members which are part of Sport North Wales (2 from local authorities (one of which shall be allocated to the host authority (Conwy CBC), 1 from health, 1 from education, 1 from housing and 1 equalities).</p> <p>The Partnership Board shall also include up to 5 independent board members who are externally recruited by the Governance Board based on their skills and diversity and who represent the region of North Wales and shall work to ensure performance of the Sport North Wales' Objectives.</p> <p>Local authority representatives on the Partnership Board shall be different to those local authority representatives on the Governance Board.</p> <p>An independent chair shall also be appointed to the Partnership Board (i.e. 12 representatives in total when including the 6 SNW Member representatives and 5 independently-recruited representatives).</p> <p>In light of the parties overriding objective of promoting inclusion, SNW Members who have been active participants in developing the business plan for the Collaboration may also be permitted to attend the Partnership Board meetings as appointed 'Observers' with no voting rights or ability to otherwise directly influence the decisions of the Partnership Board.</p>

Number	Provision	Material Obligations
		<p>The Partnership Board shall initially meet monthly (and will review the frequency of these meetings following the initial six-month period from the date of the Agreement) and shall:</p> <ol style="list-style-type: none"> 1) Ensure the strategic direction and Objectives of Sport North Wales are progressed successfully; 2) Review and approve Applications: <ol style="list-style-type: none"> a. from Delivery Organisations/SNW Members for funding between £10,000 and £50,000; and b. from Delivery Organisations/SNW Members for funding below £10,000 where support is requested by the Regional Director; 3) Review Applications for submission to the Governance Board where the funding exceeds £50,000; 4) Discuss ideas for forthcoming projects which may be worked into Applications; 5) Provide a forum for the SNW Members' to advise and support each other (and Delivering Organisations) on the completion of Applications ensuring compliance with the Sport North Wales Objectives; 6) Agree approach, action plans and timelines for developing Applications considering any multi-party involvement in an Application; 7) Discuss any issues or challenges in respect of Projects which are being delivered and how the SNW Members may work together to overcome/help the Delivering Organisation/SNW Member which is delivering the Project to overcome these issues or challenges; 8) Lead on stakeholder engagement which seeks the views, experiences, insights and suggestions from sports participants and Delivering Organisations in North Wales; 9) Monitor the progress and adherence of the customer service charter and provide updates to the Governance Board; 10) Monitor the progress of the marketing plan and provide updates to the Governance Board; 11) Discuss feedback from the Governance Board in respect of any rejected Applications; 12) Invite representatives from Sport Wales to meetings, as required to observe and support the Sport North Wales Collaboration; 13) ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration; and 14) ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and

Number	Provision	Material Obligations
		<p>Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application;</p> <p>15) Be responsible for the appointment of an independent chair who:</p> <ol style="list-style-type: none"> acts as the Partnership Board's lead; is an unpaid non-executive director who brings experience which will facilitate the Partnership Board's activities; represents the Partnership Board in any discussions at the Governance Board level; shall work closely with the Regional Director to contribute towards performance of the Objectives; and shall participate in the Governance Board's appointment of representatives to the Partnership Board. <p>In advance of each meeting of the Partnership Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).</p> <p>Following each meeting, minutes shall be circulated to representatives of each SNW Member.</p> <p>The Partnership Board is an operational board which is integral to the success of Sport North Wales and the delivery of Projects which benefit North Wales but it does not have decision-making power in respect of the Collaboration or approval of Applications for delivery as Projects with a funding value above £50,000. It does, however, have the power to approve Applications for delivery as Projects with a funding value below £50,000.</p> <p>The Partnership Board shall be appointed for the five year term of the Agreement.</p> <p>Meetings of the Partnership Board shall require a quorum of 6 and may take place electronically.</p>
9.	Regional Director	<p>The Regional Director, appointed by CCBC shall:</p> <ol style="list-style-type: none"> Be responsible for the operation of Sport North Wales ensuring its activities contribute towards performance of the Objectives in accordance with this Agreement; Be responsible for liaising with the Partnership Board and presenting any issues raised by the Partnership Board to the Governance Board; Be the lead officer responsible for delivering the SNW Objectives and strategic plan;

Number	Provision	Material Obligations
		<p>4) Be responsible for advising the Governance Board on any governance or risk issues of which the Regional Director becomes aware through their role;</p> <p>5) Review and approve Applications for funding with a funding value up to £10,000, requesting support from the Partnership Board if required;</p> <p>6) Sit on both the Partnership and Governance Boards in a reporting capacity;</p> <p>7) Work with, and on behalf of, the Governance Board to lead the strategic direction, development and profile of Sport North Wales regionally in accordance with the Vision and strategic plan to facilitate achievement of Sports North Wales' Objectives and values for the benefit of North Wales;</p> <p>8) Represent the Governance Board on the Partnership Board;</p> <p>9) Work closely with the independent chair of the Partnership Board to contribute towards performance of the Objectives;</p> <p>10) Represent Sport North Wales in discussions with Sport Wales and other stakeholders and partners, providing updates in relation to the activities and progress of Sport North Wales (as requested);</p> <p>11) Promote the brand of Sport North Wales and create contacts throughout the UK to maximise Sport North Wales' visibility and profile;</p> <p>12) Be responsible for securing further funding for Sport North Wales in addition to that received from Sport Wales; and</p> <p>13) Secure sponsorship (both corporate and non-corporate) for Sport North Wales Projects and activities.</p>
10.	Project Approvals Process	<p><u>Value Levels</u></p> <p>If the level of funding requested is £10,000 or under, the Regional Director shall have the power to approve Applications from a Delivery Organisation or SNW Member.</p> <p>If the level of funding requested is £50,000 or under, the Partnership Board shall have the power to approve Applications from a Delivery Organisation or SNW Member.</p> <p>If the level of funding requested is above £50,000, the Partnership Board shall determine whether an Application from a Delivery Organisation or SNW Member is approved for consideration by the Governance Board; and the Governance Board shall have the power to approve the Application.</p>

Number	Provision	Material Obligations
		<p><u>Applications – First Step and Content</u></p> <p>Applications to the Regional Director (if funding requested is below £10,000) or Partnership Board (if funding requested is above £10,000), whether from a Delivery Organisation or SNW Member, shall follow an approved template form and detail:</p> <ol style="list-style-type: none"> The name of the Delivery Organisation or SNW Member; The nature and scope of the proposed project and financial values attributed to the main elements of the project; the level of funding requested from Sport North Wales; the level of funding which the Delivery Organisation/SNW Member will contribute to the project from its own (or other) resources; A "Project Delivery Plan" which includes: <ol style="list-style-type: none"> targets and outputs; milestone dates for the key elements of the project; deliverables; an explanation of how the project aligns with Sport North Wales' Objectives and values; an explanation of the benefits to the Delivery Organisation/SNW Member and North Wales as a region if the project is approved, <p>together the "Application".</p> <p><u>Consideration of Applications</u></p> <p>The Regional Director shall consider Applications for funding below £10,000 as and when they are submitted to them. The Regional Director may request support from the Partnership Board when considering Applications for funding below £10,000.</p> <p>The Partnership Board shall consider Applications with a value exceeding £10,000 at the relevant monthly Partnership Board meeting.</p> <p>The Governance Board shall consider Applications approved by the Partnership Board at the next Governance Board quarterly meeting following the Partnership Board meeting in which approval was given to the Application.</p> <p><u>Rejected Applications</u></p> <p>If an Application is not approved by the Regional Director, the Partnership Board or the Governance Board, a summary of the reasons for rejecting the</p>

Number	Provision	Material Obligations
		<p>Application shall be provided to the Delivery Organisation/SNW Member that submitted the Application in addition to providing feedback on areas to develop if the Application is to be re-submitted in the future.</p> <p>A re-submitted Application shall be reviewed in the same way as an Application submitted for the first time and re-submission does not guarantee that an Application will be approved by the Regional Director, the Partnership Board or the Governance Board on its second, or future, submission.</p> <p>An Application may be re-submitted a maximum of [2] times. If an Application is rejected after its second submission, the Delivery Organisation/SNW Member shall not re-submit the Application a third time unless the Application is justified as being materially varied from the previously rejected Application.</p> <p>The Partnership Board / Regional Director shall report on all rejected applications and the reasons why they were rejected to the Governance Board.</p> <p>The Governance Board shall determine whether it reviews any rejected applications to ensure that Applications have been given equal and proportionate consideration and that the application process has been followed in full.</p> <p>In the event of a dispute between the Partnership Board / Regional Director and an applicant, the Governance Board shall be the final arbiter.</p> <p><u>Application Approval Considerations</u></p> <p>In determining whether an Application is approved by the Regional Director, Partnership Board or Governance Board, the following shall be considered:</p> <ol style="list-style-type: none"> the alignment of the Application with the Vision, Objectives and Values; the Application's promotion of the principles of the customer service charter; the Application's outputs and deliverables in relation to North Wales as a region; the deliverability of the proposed project (including the applicant SNW Member's capacity to deliver and the relevant timeframe for delivery); the level of funding required and the availability of funding to Sport North Wales.

Number	Provision	Material Obligations
		<p><u>Application Approval Requirements</u></p> <p>To be approved by the Regional Director, the Application must satisfy the above considerations.</p> <p>To be approved by the Partnership Board, the Application requires more than 50% approval from the Partnership Board representatives in attendance. If the initial vote is a 50:50 split decision, the Application shall not be approved by the Partnership Board.</p> <p>To be approved by the Governance Board, an Application requires more than 50% approval from the Governance Board representatives. If the initial vote is a split 50:50 decision, the chair shall have the casting vote.</p> <p><u>Approved Applications (Projects)</u></p> <p>If an Application is approved, the Regional Director, Partnership Board or Governance Board shall confirm:</p> <ol style="list-style-type: none"> that the Application, once approved, is a "Project"; the level of funding awarded for delivery of the Project; steps which the Delivery Organisation/SNW Member must confirm before the funding is committed to the Project; any agreement that the Delivery Organisation/SNW Member must enter into with CCBC before it receives any funding in respect of the Project; and the frequency of payment of instalments of funding (if not provided in full at the outset of a Project being approved). <p>Following approval of the Project, the Delivery Organisation/SNW Member must deliver the Project in accordance with the Project Delivery Plan and any agreement entered into by the Delivery Organisation/SNW Member and CCBC in respect of delivery of the Project.</p>
11.	Separate Account	<p>In order to ensure effective financial management controls and systems are maintained, CCBC shall maintain a separate account into which the Sport Wales Award is paid ("SNW Account"). This account shall transparently show the transactions in relation to the Sport Wales award and shall be subject to open book accounting such that all parties have a clear understanding of:</p> <ol style="list-style-type: none"> The transactions into and out of the account; and The values of these transactions.

Number	Provision	Material Obligations
		Any queries in relation to the SNW Account may be discussed by the Partnership Board and Governance Board.
12.	Employees	<p>As a contractual arrangement, employees of each SNW Member shall remain employed by the respective SNW Member and there is no intention that these employees TUPE-transfer to another SNW Member as a result of the Collaboration.</p> <p>If employee posts at a SNW Member, funded from Sport Wales Award, become vacant for employees in a SNW Member, the Collaboration shall:</p> <ol style="list-style-type: none"> 1) Consider the role which has been vacated and whether there is a requirement, for the Collaboration as a whole, to replace the role; and 2) Then consider the best approach to replace this role by consideration of the skills required to contribute towards success of the Collaboration; and 3) Determine which SNW Member is best-placed to employ the replacement employee (which is not necessarily the SNW Member from which the employee departed). <p>The Regional Director, Partnership Board and Regional Director shall advise in relation to replacement of departed employees.</p>
13.	Change Control Procedure	<p>Any of the SNW Members may request an amendment to the scope, nature, structure or operation of the Collaboration and/or any term of the Agreement (a "Change") in accordance with the process outlined below (the "Change Control Procedure"):</p> <ol style="list-style-type: none"> 1. Where an SNW Member requests a Change: <ol style="list-style-type: none"> (a) the relevant SNW Member will submit a written request for a change (a "Change Request Notice") to the Governance Board setting out as much information as is necessary to enable the Governance Board to prepare a written record of the Change which may be approved by the parties pursuant to this Change Control Procedure (a "Change Control Form"); and (b) the Governance Board will, unless otherwise agreed, circulate a Change Control Form to all SNW Members after the next Governance Board meeting following dispatch of the Change Request Form by the relevant SNW Member.

Number	Provision	Material Obligations
		<p>2. The Change Control Form shall contain sufficient information to enable the all parties to assess the Change, including as a minimum:</p> <ul style="list-style-type: none"> (a) the title of the Change; (b) the originator of the Change and date of request; (c) description of the Change; (d) details of the effect of the proposed Change on: <ul style="list-style-type: none"> (i) the Collaboration; (ii) the Vision; (iii) any existing or future Projects; and (iv) any other term of the Agreement; (e) the date of expiry of validity of the Change Control Form; and (f) provision for signature by the SNW Members and the chairman of the Partnership Board. <p>3. If, following the circulation a Change Control Form pursuant to this Change Control Procedure:</p> <ul style="list-style-type: none"> (a) all of SNW Members and the Governance Board agree to the terms of the relevant Change Control Form, they will each sign it and the signed Change Control Form will amend this Agreement; or (b) any of the SNW Members or the Governance Board do not agree to any term of the Change Control Form, then the party proposing the Change may refer the disagreement to be dealt with in accordance with the Dispute Resolution Procedure. <p>4. No Change will come into effect until a Change Control Form has been signed by the authorised representatives of all SNW Members and the chair of the Governance Board.</p> <p>5. Each party will bear its own costs in relation to compliance with the Change Control Procedure.</p>
14.	Statutory Functions	All parties recognise that they must act in accordance with their statutory functions, constitutions and legal obligations and nothing in these Heads of

Number	Provision	Material Obligations
		<p>Terms may fetter, restrict or oblige the SNW Members to do, or omit to do, anything which:</p> <ol style="list-style-type: none"> 1) is incompatible with the lawful exercise of their powers; 2) is incompatible with the lawful discharge of their functions; 3) divests any SNW Members of their statutory powers; or 4) obliges a SNW Member not to exercise any powers.
15.	Dispute Resolution Procedure	The SNW Members agree to resolve any dispute or issue between themselves in accordance with the procedure set out at Schedule 1.
16.	Termination	<p>The Agreement shall terminate on expiry of the initial five-year term unless:</p> <ol style="list-style-type: none"> a. terminated earlier by mutual agreement of SNW Members; or b. extended further by mutual agreement of SNW Members. <p>For the avoidance of doubt, any extension or termination of the Agreement shall be agreed by all SNW Members and not simply members present at a particular Governance Board meeting.</p>
17.	Succession	<p>This Agreement shall be binding on and be to the benefit of, the parties to this Agreement and their respective Successors and permitted transferees and/or assignees. References to a party in this Agreement shall therefore include that party's Successors, permitted transferees and/or assignees.</p> <p>"Successor" shall mean "any legal entity, organisation, charity, partnership, company or other legal personality which subsumes, merges with, acquires or otherwise replaces any of the SNW Members following a Change of Control, organisational restructure, act of Parliament, Change in Law, or act of Government.</p>
18.	Exit	<p>Without affecting any other right or remedy available to it, any SNW Member may unilaterally opt to become an "Exited Party" to this Agreement subject to the service of a written notice of not less than six months' (an "Exit Notice") to the other parties.</p> <p>Notwithstanding the provisions of (1) above, the transition of an SNW Member to an Exited Party in accordance with the terms of this agreement, shall not, for the avoidance of doubt, discharge an Exited Party from any obligations or liabilities arising in connection with its obligations under this Agreement prior to the Exit Date.</p>

Number	Provision	Material Obligations
		<p>An "Exited Party" shall be "an SNW Member that ceases to be a party to this Agreement after the Exit Date"; and</p> <p>The "Exit Date" shall be "the date stated on a duly served Exit Notice as the date an SNW Member will become an Exited Party. For the avoidance of doubt, the Exit Date shall be a date not less than six months from the date of the Exit Notice.</p>
19.	Freedom of Information	The SNW Members acknowledge the disclosure obligations set out in the Freedom of Information Act 2000 and shall promptly assist any SNW Members subject to FOI requests with compiling information required to respond any request which relates to the Sport North Wales collaboration.
20.	Entire Agreement	<p>The SNW Members agree that this Agreement is the entire agreement and understanding between the parties in relation to the governance of the Sport North Wales collaboration.</p> <p>The parties cannot rely on other documents, oral agreements, representations as to the governance of the Sport North Wales collaboration unless such obligations are covered in the Agreement.</p>
21.	No Partnership	The Agreement is not establishing a formal partnership between the SNW Members and does not authorise any party to make commitments for the other, except to the extent that such commitments are set out in the Agreement.
22.	Governing Law and Jurisdiction	The Agreement is subject to English and Welsh law and the exclusive jurisdiction of the Courts of England and Wales.
23.	Third Party Rights	A person or entity other than the SNW Members does not have any rights under the Contracts (Rights of Third Parties Act) 1999 to enforce any term of the Agreement.
24.	Counterparts	The Agreement may be executed in counterpart and by electronic means.
25.	Additional Provisions	<p>Further provisions are to be confirmed in the Agreement relating to:</p> <ol style="list-style-type: none"> 1) severability; 2) amendments; and 3) [ADDITIONAL BOILERPLATE CLAUSES]

SCHEDULE 1

Dispute Resolution Procedure

If any dispute arises out of, or in connection with the Collaboration, the SNW Members shall follow the procedure set out below.

- 1) Through its representative on the Partnership Board, the SNW Member shall give written notice to the Partnership Board of its issue, setting out its nature and full particulars, together with relevant supporting documents in advance of a Partnership Board meeting ("**Issue Notice**").
- 2) At the next Partnership Board meeting following circulation of the Issue Notice, the Partnership Board shall attempt in good faith to resolve the issue, taking a holistic view to resolution of the issue considering the collaborative objectives of Sport North Wales.
- 3) If the Partnership Board is unable to resolve the issue at the Partnership Board meeting, it will escalate the issue for consideration at the next Governance Board meeting. The Governance Board shall attempt in good faith to resolve the issue and make any proposals to the SNW Member which raised the issue initially to resolve the issue.
- 4) If the SNW Member does not accept the resolution or proposals of the Governance Board, the parties shall attempt to settle the dispute by mediation in accordance with the Centre for Effective Dispute Resolution ("**CEDR**") Model Mediation Procedure. Unless otherwise agreed between the parties, the mediator will be nominated by CEDR. To initiate the mediation, a party must give notice in writing ("**ADR Notice**") to the other parties to the dispute requesting a mediation. A copy of the request should be sent to CEDR. The mediation will start no later than 14 days after the date of the ADR Notice.
- 5) If the mediation is not resolved within 28 days after service of the ADR Notice, the dispute shall be finally resolved by the courts of England and Wales.

Appendix 2 (i) Draft 5 Year Budget for Sport North Wales

Income	2021-22	2022-23	2023-24	2024-25	2025-26
Sport Wales					
Active Young People	1,003,520	953,344	905,677	860,393	817,373
Free Swimming Initiative	323,550	323,550	323,550	323,550	323,550
Operational	159,119	115,000	115,000	115,000	115,000
	1,486,189	1,391,894	1,344,227	1,298,943	1,255,923
Other Programme Grants (SNW will apply for grants which will support programmes in the region)	0	0	0	0	0
Additional Commercial Income e.g. Events and Corporate Partners	0	50,000	60,000	70,000	100,000
TOTAL INCOME	1,486,189	1,441,894	1,404,227	1,368,943	1,355,923
Operating Expenditure					
Staff costs					
Regional Director - based on £60k salary	82,000	82,984	83,980	84,988	86,007
P/T Administrator	23,089	23,551	24,022	24,502	24,992
	105,089	106,535	108,002	109,490	110,999
Host authority costs	14,300	14,300	14,300	14,300	14,300
Partnership costs					
Office costs - stationery, phones etc	1,250	1,250	1,250	1,250	1,250
Office accommodation	6,000	6,000	6,000	6,000	6,000
Training	1,000	1,000	1,000	0	0
Translation	4,080	4,080	4,080	4,080	4,080
Marketing / publicity	7,200	7,200	7,200	7,200	7,200
Travelling	2,500	2,500	2,500	2,500	2,500
External Audit fee	1,500	1,500	1,500	1,500	1,500
Procurement	2,000	2,000	2,000	2,000	2,000
Monitoring and Evaluation	6,000	6,000	6,000	6,000	6,000
Contingency (10%)	3,200	3,200	3,200	3,000	3,000
	34,730	34,730	34,730	33,530	33,530
Governance & Partnership Boards					
Meeting; travel	5,000	5,000	5,000	5,000	5,000
SNW Ring Fenced Projects					
SW Active Young People	1,003,520	953,344	905,677	860,393	817,373
SW Free Swimming Initiative	323,550	323,550	323,550	323,550	323,550
SNW Projects	0				
	1,327,070	1,276,894	1,229,227	1,183,943	1,140,923
TOTAL EXPENDITURE	1,486,189	1,437,459	1,391,259	1,346,263	1,304,752
Profit + / Loss -	0	4,435	12,968	22,680	51,171

Public Service Contribution in kind

Line Management by host authority	15,000	1 day per week, line management of Regional Director by Head of Service
Governance Board	6,912	4 days per year, 6 LAs at Head of Service level
Partnership Board	17,280	12 meetings per annum for 5 SNW members at Head of Service level
Total Contribution In Kind	39,192	

Appendix 2 (ii) Anticipated setup costs to March 2021

	£	
IT costs - purchase of laptops	2,000	
Purchase of Mobile phones	300	
Recruitment Cost	3,000	
Operational costs	1,250	
Legal costs	3,000	
Translation	4,080	
Marketing / publicity	2,000	
Project management	2,813	
Contingency/Flexibility	1,400	10% contingency
Total	19,843	

Appendix 2 (iii) Sport North Wales Hosting costs

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
Central Support Cost (finance support, payr	10,000	10,000	10,000	10,000	10,000	Best estimate
Legal costs (DWF)	3,000	3,000	3,000	3,000	3,000	
Contingency/Flexibility	1,300	1,300	1,300	1,300	1,300	10% contingency
Total	14,300	14,300	14,300	14,300	14,300	

Appendix 3: Independent Chair to Board/Board Competencies, Technical Skills, Knowledge, Experience and Competencies Audit

Please provide us with detail of degree of experience, evidence and any relevant qualifications (where appropriate) for how you meet the descriptors listed in the tables below. These are divided into two sections: Technical skills, knowledge and experience; and Competencies. *(Please use additional sheets if necessary).*

Technical skills, knowledge and experience

Descriptor	Please provide evidence for how you meet this competency							
Experience of chairing Boards/meetings	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
General Governance/ Administration	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Business/Commercial	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Equality, Diversity and Inclusion	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Disability / Impairment	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Community sport & physical activity	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			

Sport North Wales

A Business Case

Descriptor	Please provide evidence for how you meet this competency					
Pathway sport / Knowledge of NGBs	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Strategic planning and focus	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Strategic relationships: Education / Health / Local Authorities / Housing / Trusts etc	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Human Resources	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Financial (including internal control and audit)	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Risk assessment and Health and Safety	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Legal	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Marketing, Strategic Communications and Advocacy	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
Insight, Research, Data, Learning	Evidence: •			Any relevant qualification: •		

Sport North Wales

A Business Case

Competencies:

Descriptor	Please provide evidence for how you meet this competency					
Team working	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Communicating	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Public Speaking	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Engagement Skills	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
Engagement with groups sharing protected characteristics (i.e. impairment; EMC; LGB&T; women & girls; Religion, faith or belief; etc.)	Evidence: •			Any relevant qualification: •		
Decision making and problem solving	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Developing self and others	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Leadership	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		

Sport North Wales
A Business Case

Descriptor	Please provide evidence for how you meet this competency				
Strategic management	<input type="checkbox"/> High level Evidence: •	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited Any relevant qualification: •	<input type="checkbox"/> None

Other (please identify):	<input type="checkbox"/> High level Evidence: •	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited Any relevant qualification: •	<input type="checkbox"/> None
--------------------------------------	---	---------------------------------	-------------------------------	--	-------------------------------

Sport North Wales Partnership Board

Board Member Role Descriptions

a) General Board Member Role Description

- Providing efficient and effective strategic leadership of Sport North Wales (SNW).
- Upholding and working towards the vision, mission, values, behaviours, and objectives of SNW and ensuring the organisation continues to work towards these.
- Leveraging of networks to support fundraising, organisational and business development.
- Acting at in the interests of SNW at all time in relation to assets, property, statutory obligations and management requirements as outlined in the Board Handbook.
- Agreeing a schedule of matters specifically reserved for major decision-making by the Partnership Board.
- Ensuring SNW complies with relevant legal and governance requirements.
- Promoting prudent and effective management of organisational resources (financial and human).
- Ensuring there are strategies and policies in place that will support the objectives of SNW.
- Developing and monitoring effective risk management strategies for SNW.
- Developing and monitoring internal controls and systems that are transparent and accountable to stakeholders.
- Creating and maintaining positive and productive relationships with stakeholders
- At all times, acting with integrity and upholding the interests of SNW.
- Championing the work of SNW and acting as a spokesperson for SNW Wales where required.

b) General Person Specifications

- Evidence of success, within or outside of the sport sector, in a Regional or collaborative organisation, Charity, Corporate, Health, Housing, Education, Equalities or Professional Services environment.
- Evidence of the ability to act with professionalism and probity, and with a strong philosophy of equity, inclusion and diversity.
- Evidence of leading in a change environment.
- Experience on other Boards or management where strategic planning was part of the role.
- Credibility in and knowledge of the Welsh sporting sector.
- Awareness and understanding of Regional Sports Partnerships and their potential.
- Relevant qualifications and experience specific to the expectations outlined in the specific Board role descriptions.

Sport North Wales

A Business Case

Chairperson

Role Purpose

Working with the executive team, the role of the Chair is to provide effective leadership and strategic direction focusing on the vision, core values, and objectives of SNW.

Role Description

- The Chair is responsible for leadership of the SNW Regional Partnership Board and co-leadership of the executive team, ensuring its effectiveness in all aspects of its governance & operational roles.
- The Chair will represent the SNW Partnership Board at meetings of the SNW Governance Board.
- The Chair leads the Partnership Board and executive team in developing an ethical culture in line with the values of the organisation.
- The Chair is pivotal in creating the conditions for overall Partnership Board and individual Partnership Board members and executive team effectiveness and ensures constructive relations between Board members and staff.
- The Chair is bound by the SNW Heads of Terms, governance, policies, and decisions and thus has no individual authority to alter, amend or ignore these.
- The position of Chair does not create of itself a right to independent decision taking.
- The Chair may exercise those powers delegated to the position by the SNW Heads of Terms, Governance Board or Partnership Board.

Chair Role Description

Manage Board Meetings

- To chair up to 12 Board meetings a year. These board meetings are normally held in North Wales.

Strategic Leadership and Governance

- To enable the Board and staff to define the strategic direction and priorities and ensure there is appropriate resources available to deliver.
- To enable the Board to monitor and review risk associated with delivering the Strategy and likely impact on business while all times maintaining a high standard of governance.

Liaise with the Executive Team

- While Conwy County Borough Council has responsibility as employer of the executive team, the Board is usually represented through the Chair in managing the working relationship with the executive team.

Develop and Encourage Board Members

- Taking the lead in inducting and developing individual Partnership Board members, with a view to enhancing the Board's overall effectiveness as a team and assisting with succession planning.

Sport North Wales

A Business Case

Performance Assessment

- Ensuring that peer and self-assessments of performance are undertaken regularly for all members of the Partnership Board, including the Chair, and executive team. The Chair may delegate certain aspects of his or her authority but remains accountable for the action of the delegate.

Promote Equity and Equality

- To enable equity in practice and strive for equality for all members, staff and Partnership board members. To ensure the Board has and takes responsibility for the organisation's Equality and Diversity Policy and implementation plan.

Profile

- Evidence of success, within or outside of the sport sector, in a Regional or collaborative organisation, Charity, Corporate, Health, Housing, Education, Equalities or Professional Services environment.
- Evidence of the ability to act with professionalism and probity, and with a strong philosophy of equity, inclusion and diversity.
- Evidence of leading in a change environment.
- Experience on other Boards or management where leadership and strategic planning was part of the role.
- Credibility in and knowledge of the Welsh sporting sector.
- Awareness and understanding of issues facing sports organisations at domestic and/or international level.
- Legal and Corporate Governance experience would be beneficial.
- Welsh language speaker desirable

Board Member with Financial Expertise - Specific Responsibilities

- Provide strategic financial direction to support the Partnership Board in meeting its strategic goals.
- Assist the Partnership Board in identifying, understanding, and managing its financial risks.
- In partnership with CCBC ensure SNW is financially robust and sustainable.
- Ensure the Partnership Board is fully compliant with any statutory and regulatory obligations.
- Ensure SNW achieves high standards of financial governance and transparent decision-making.
- To be an authorised signatory for the Partnership Board.
- Candidates to have at least 5 years financial management experience. It is desirable for candidates to have accountancy experience.
- Evidence of success, within or outside of the sport sector, in a Regional or Collaborative Agency, Charity, Corporate, Health, Housing, Education, Equalities or Professional Services environment.
- Evidence of the ability to act with professionalism and probity, and with a strong philosophy of equity, inclusion, and diversity.
- Evidence of leading in a change environment.
- Experience on other Boards or management where strategic planning was part of the role.
- Credibility in and knowledge of the Welsh sporting sector.
- Awareness and understanding of issues facing sports organisations at domestic and/or international level.

Sport North Wales

A Business Case

- Corporate Governance experience would be beneficial.

Board Member with Legal Expertise - Specific Responsibilities

- Providing general expertise and advice on all legal matters, in particular, mitigating risk and surpassing charity governance code standards.
- Acting as a mentor and sounding board for Sport North Wales in relation to legal matters.
- Challenging Weightlifting Wales to develop and improve our operations in line with expected public policies, procedures and standard.

Board Member with Marketing / Communication Expertise – Specific Responsibilities

- Supporting and driving SNW marketing, and communications strategy.
- Supporting PR activities in preparation for and during events and regional activities.
- Providing input on commercial packages.
- Providing input press releases, and marketing campaigns

Appendix 4 - Sport North Wales Regional Director Job Description

Sport in Wales is undergoing an unprecedented shift in culture with a Vision capable of inspiring the delivery of bigger, better outcomes for sport.

Strong, vibrant leadership will be vital.

We are therefore seeking a leader who has the skills and passion to play a lead role in community sport in Wales to 'Create an Active Nation where everyone can have a lifelong enjoyment of sport' and deliver on the ambition for Sport North Wales 'to empower our communities in North Wales to be more active, leading healthier and happier lives'- is this you?

Wales is leading the way in participation by young people.....but there is more to do - this will require a new approach, new partnerships and fresh thinking to achieve these ambitious goals. We need to use insight and learning more effectively to meet the future needs of society, capitalising on technology to enable us to plan and deliver in a different way.

The way sport is delivered and administered is changing in Wales. We need the Regional Director of Sport North Wales to seize this exciting opportunity and deliver these changes across the region.

Job Title

Sport North Wales Regional Director

Reports to

Head of Service, Conwy County Borough Council (employment aspects)

Chair of the Sport North Wales Partnership Board (performance)

Sport North Wales

A Business Case

Accountable to

Sport North Wales Governance Board

Purpose of the Role

To work with and on behalf of the Sport North Wales (SNW) Board to lead and drive the strategic direction of the partnership to meet its vision and aspirations. You will be required to strategically engage regionally and nationally to further the aims of the partnership, manage the operational running of SNW and ensure that the partnership remains fit for purpose. This will require dynamic leadership to create a step change in approach and thinking and necessitate you to lead with passion and clarity of direction to effectively manage change and ultimately create, develop and lead a high performing organization to deliver this Vision across North Wales.

However, the role will also need to lead from the front and get involved at a more detailed level where the occasion demands in order to ensure that in this start-up phase the partnership is fully supported and that success measures are not missed.

Key Responsibilities & Line Management

Your key responsibilities will initially include line management of a Business Support Officer and over time may involve additional staff responsibilities as the partnership develops.

You will support the Governance Board and the Partnership Board to set the Strategic Direction of the partnership and ensure the delivery of the Business Plan.

Main Duties and Responsibilities

Leading the Future

- Work with both the Governance Board and the Partnership Board to develop and deliver the Vision & Strategy for Sport North Wales and ensure effective lines of reporting and accountability are in place.
- Seek out and engage new partnerships to deliver against its strategic framework

Sport North Wales

A Business Case

- Be an advocate for Sport North Wales and represent the organisation and the needs of sport in North Wales on appropriate strategic groups aligned to delivery of investment outcomes, including but not exclusively (reducing crime and anti-social behaviour; tackling inequalities, health; social prescribing - 2025)
- Exploit opportunities to develop commercial partnerships and actively seek out sponsorship and income generating opportunities to drive forward the continued growth and development of sport across the region.
- Ensure the organisation develops its “insight” and uses it to inform the priorities for key partners and stakeholders in order to grow participation in sport and physical activity.
- Seek to change and evolve to meet future needs by regularly reviewing and seeking best practice;
- Regularly review and apply learning - learn to improve rather than prove
- Raise the profile of the sport in North Wales through the development of effective marketing and promotional opportunities. Sell the positive messages around sport and what it can do.
- Understand and Influence key political agendas for the benefit of sporting outcomes.
- Drive delivery against the Wellbeing of Future Generations Act

Leading with Others

- Build and maintain an effective working relationship with the Chair and Partnership Board of Sport North Wales
- Provide inspirational leadership for SNW staff team as well as the wider partnership network of staff, instilling a dynamic way of working; develop a culture of learning and development in line with the sports sectors leadership framework
- Develop and manage effective relationships with key stakeholders to include, but not exclusive to Sport Wales, Local authority partners, NGBs, National Partners (Urdd, Streetgames etc), Regional partners (The Outdoor Partnership)
- Influence new partners, both voluntary and commercial to buy in and actively engage in the delivery of the Vision for Sport North Wales.
- Build effective networks to help sell key messages and leverage influence around the value of sport to the North Wales community, leading to delivery of enhanced outcomes.

Sport North Wales

A Business Case

Leading for Results

- To lead on the implementation of Sport North Wales Strategy through an effective operational plan and the development of other future strategies, policies and business plans as relevant.
- Ensure effective Performance management systems are developed and implemented allowing regular reporting on progress against targets and outcomes to Board and funding partners.
- Ensure Sport North Wales has a commitment to continuous improvement and regular reviews are built in to ensure the organisation remains at the forefront of industry best practice.
- To manage all the resources (human, financial and physical) effectively and efficiently to ensure that as much resource as possible drives through to support delivery.
- Oversee the sound financial management of the organisations budget and develop broad based and varied income streams to sustain the medium to long-term future of the organisation
- Be agile to be able to respond and capitalise on external changes
- Support the Board to deliver against the Governance and Leadership Framework for Wales, meet the requirements of the Capability Framework and its legal requirements.
- Ensure that equality and diversity is embedded into the practices and principles of Sport North Wales. This should include demonstration that the impact of those who share a protected characteristic, and in addition Welsh Language and Socio Economic disadvantage is considered and understood.
- To ensure financial regulations are adhered to and it sets and achieves the highest standards of accountancy and financial probity.
- To ensure that SNW is compliant with all regulatory requirements in relation to health and safety, safeguarding, equality and diversity.

Leading Myself

- Leads by example, demonstrating authenticity, fairness and positive values
- Reflects and recognises how own behaviours affects others and adapts style accordingly to get the best out of others
- Accepts and adapts to constant change and commit to continual improvement
- Embraces new challenges and seeks regular feedback
- To attend training and development opportunities relevant to the post as well as ongoing personal development

COMMITTED TO SAFEGUARDING

Appendix 5: Safeguarding Statement of Intent Sport North Wales



Sport North Wales

A Business Case

Sport North Wales acknowledges the duty of care to safeguard and promote the welfare of children and adults at risk and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and Sport Wales requirements.

This statement of intent recognises that the welfare and interests of children and adults at risk are paramount in all circumstances. Future policies will aim to ensure that regardless of age, ability or disability, gender reassignment, race, religion or belief, sex or sexual orientation, socio-economic background, all children and adults at risk

- have a positive and enjoyable experience of sport and activity in North Wales in a safe and where appropriate a child / adult at risk centred environment
- are protected from abuse whilst participating in Sport North Wales programmes or activities.

Sport North Wales acknowledges that some children, including disabled children, young people and adults at risk or those from ethnic minority communities, can be particularly vulnerable to a range of abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our safeguarding policy Sport North Wales will

- promote and prioritise the safety and wellbeing of children, young people and adults at risk.
- ensure that everyone associated with the activities of Sport North Wales understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people and adults at risk.
- ensure appropriate action is taken and procedures are followed in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern
- ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- prevent the employment/deployment of unsuitable individuals
- ensure robust safeguarding arrangements and procedures are in operation.

The organisation will ensure that it has in place:

- DBS Checks
- Safeguarding policy and procedures.
- A safeguarding plan (dashboard) which is reviewed annually as part of the operational planning process.
- Commitment and progress towards the achievement of Sector led safeguarding standards will be reported in the annual performance report of Sport North Wales.

Sport North Wales will ensure that delivery partners (plus wider network.....) have in place the following minimum safeguarding standards.

- Safeguarding policy and implantation plan detailing:
- Procedures for reporting concerns about a child or adult at risk. (dashboard)
- Recording safeguarding incidents, concerns and referrals.
- Dealing with complaints by parents and young people
- Procedures for recruiting staff/volunteers, which includes guidance on those roles that require DBS checks
- A rolling programme of safeguarding awareness training for all roles that provide regular and/or significant responsibility for/contact with children and adults at risk.

Sport North Wales will ensure that there is a board member with responsibility for safeguarding
Safeguarding will also feature on the organisations risk register

The policy and procedures will be widely promoted and are mandatory for everyone involved with Sport North Wales.

Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion/release from the organisation's activities.

Monitoring

The agreed SNW Safeguarding policy will be reviewed a year after development and then every three years, or in the following circumstances:

- changes in legislation and/or government guidance
- as required by area Local Safeguarding Boards, and/or Sport Wales
- as a result of any other significant change or event.

DRAFT

COMMITTED TO EQUALITY AND DIVERSITY

Appendix 6: Draft Equality and Diversity Statement of Intent Sport North Wales



Sport North Wales

A Business Case

Equality and Diversity Statement of Intent

Equality Statement of Intent

Sport and Physical activity have the ability to inspire individuals and communities to build upon confidence, skills, health and wellbeing. It has the power to unite people in a way that little else does.

Sport North Wales is fully committed to ensuring that sport and physical activity is readily accessible, appropriate for the needs of, and diverse in its offer for all residents, communities and visitors to North Wales.

Sport North Wales will ensure the promotion of the Welsh language and that a vibrant Welsh Culture is at the heart of all policies, programmes and communications.

In developing this draft statement of intent Sport North Wales acknowledges its legislative duties and recognises and endorses the Well Being of Future Generations (Wales) Act 2015 in its ambition to create a more equal Wales.

The Sport North Wales Vision is:

‘To empower our communities in North Wales to be more active, leading healthier and happier lives’

Sport North Wales is fully committed to ensuring that no employee, volunteer, official, coach, tutor, member, athlete, participant, club or job applicant receives less favourable treatment on the grounds of disability or impairment; age; gender identity and assignment; sex; ethnic origin; nationality; parental, marital, or civil partner status; pregnancy; religious belief; class, social or financial background; sexual preference; Welsh language; or political belief.

Fair treatment, provision of opportunity and intent is regarded by Sport North Wales NOT as a privilege for some, but as a right for all.

Sport North Wales will develop a range of policies and resources that advocate and model an inclusive culture that will be shared by employees, partners and delivery and commissioned organisations to ensure that inclusion and fairness is at the heart of all planning, delivery and policy development.

Sport North Wales are fully committed to ensuring that an inclusive culture becomes a habitual approach for all who are engaged in the co-ordination, management, delivery or participation in physical activity (including sport) across North Wales.

To achieve this Sport North Wales commits to delivering against the following Equality Objectives. These are consistent with those identified by Welsh Government, Sport Wales, and are aligned to the Governance and Leadership Framework for Wales

SNW believes that there is a reciprocal relationship between Diversity and Equality. By focusing on the Objectives below, diversity is achieved through consciously taken actions (equity) which ensure equitable practice is valued and delivered. It is through this approach that SNW will work toward achieving both equality and diversity across all aspects of its service.

Equality Objectives

Equality Objective 1:

To showcase and embed an inclusive culture through all SNW practice and behaviours

Equality Objective 2:

To proactively engage with Equality Organisations to ensure high value is reflected around diversity and equity within all SNW-led community profiling, data collection, collaboration, consultation and provision.

Equality Objective 3:

Ensure that the SNW workforce and leadership team ([*Board*] and Staff) are supported in the development of their awareness of diversity and equity through access to sector-leading training and Continuing Professional Learning.

Equality Objective 4:

Ensure that recruitment and review processes identify that diversity and equity is respected and valued; and positive action is taken to communicate with diverse communities regarding opportunities for employment and engagement.

Implementation

Equality Objective 1:

To showcase and embed an inclusive culture through all SNW practice and behaviours

Focus	Action	Measure of Success
Work towards achieving Objective 4 of The Governance and Leadership Framework in Wales	Governing board (legal entity to be determined) made up of individuals with the relevant balance of skills, knowledge and experience to meet the needs of Sport North Wales	
	A board, sub-committees, working and task and finish groups reflecting a 60/40 female/male ? gender balance. SNW will review and seek to reflect wider diversity demographics of Wales and take account of these when recruiting for its Governing Board and any other related sub-committees	
The Senior Leadership team and Board will take shared responsibility for equality and demonstrate 'inclusive' behaviours	Diversity Champion elected on the board	
	Achieve recognised equality standards	
	Regular engagement meetings with key partners who support the sport, leisure and recreation sectors in matters of diversity and equality	
Tackling inequalities is one of our Community Sport Investment Outcomes	Strategic objectives will contribute towards achieving a narrowing of the gap in sport and physical activity between the general population and identified focus groups as highlighted above	

Sport North Wales

A Business Case

Equality Objective 2:

To proactively engage with Equality Organisations to ensure high value is reflected around diversity and equity within all SNW-led community profiling, data collection, collaboration, consultation and provision.

Focus	Action		Measure of Success
Develop public measures/KPIs to assess the impact of equality and diversity in our work	Data profiling to better understand our participants and workforce		
	Outline local demographics and areas of under representation or inequalities, particularly, those living in poverty, women and girls, BME, Disabled people, older people, other inequalities and/or groups identified by specific local communities.		
Check equity and diversity is present within all planning and delivery	SNW Strategy, Annual, Operational plans, and Measures are Equality Impact Assessed prior to implementation		
	Equality Impact Assessments completed on all areas of programme provision during planning		
	Equality Impact Assessment of any partner organisations that we commission / or support our delivery		
	Support National Governing Bodies, Disability Sport Wales and other agencies in the development of accessible and equitable, athlete centred pathways		
Work with, listen to and value the advice and guidance of partners who currently support the sector in matters of diversity and equality in Wales	<ul style="list-style-type: none"> • Disability Sport Wales • LGBT Sport Cymru • Stonewall Cymru • BAME Sport Cymru • Diverse Cymru • Street Games Wales 	<ul style="list-style-type: none"> • Welsh Sports Association • Sport and Recreation Alliance • UK Coaching • CIMSPA • Disability Wales • Learning Disability Wales 	

Sport North Wales

A Business Case

Equality Objective 3:

Ensure that the SNW workforce and leadership team ([Board] and Staff) are supported in the development of their awareness of diversity and equity through access to sector-leading training and Continuing Professional Learning.

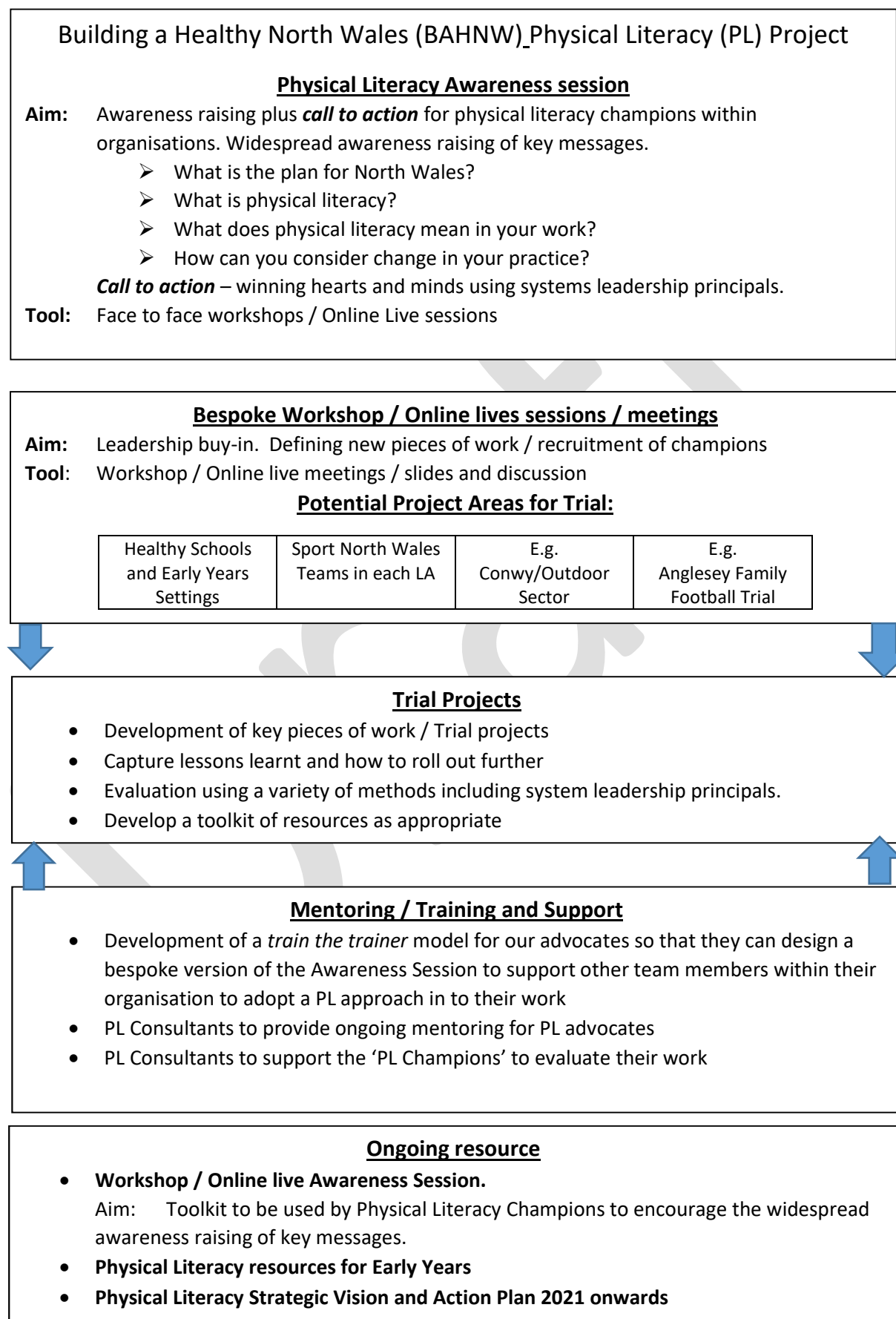
Focus	Action	Measure of Success
Diverse representation of experience, skills, knowledge and competencies throughout the workforce	Annual appraisal of board and staff need training needs	
	EIA Skills Matrix annually prior to administration	
	Provide appropriate diversity and equality training for the Sport North Wales Board, leadership team and if appropriate delivery partners	

Equality Objective 4:

Ensure that recruitment and review processes identify that diversity and equity is respected and valued; and positive action is taken to communicate with diverse communities regarding opportunities for employment and engagement.

Focus	Action	Measure of Success
All recruitment and human resource policies reflect best practise in relation to diversity and equality	Agree a Welsh language Policy	
	All Policy is Equality Impact Assessed on a rolling matrix of review	
All information in formats reflective of, and accessible to the diverse groups present within the region	Agree an Accessible Formats Policy	

Appendix 7: Physical Literacy Plan on a Page



Appendix 8: Guidance and Background on Accountability

Sport Wales - Partnership Agreement

ACCOUNTABILITY

A new approach to accountability

Our new approach to Accountability moves us away from outcomes-based performance management to a focus on creating great partnerships and encouraging learning. We want to create a safe space where partners are encouraged and supported to give an honest account of their actions and to prioritise collection of insight which is useful to help them learn and improve (rather than to satisfy us as a funder).

Using Accountability Statements

In the first instance, we will be using a series of Accountability Statements to guide us in this direction and encourage reflective practice. Put simply, the Accountability Statements are a series of questions which invites the respondent to consider what they are doing and learning in a particular area. The Accountability Statements that we are using in the first instance are structured around the six strategic intent statements from the Sport Wales Strategy:

1. To be person centred - *How do you ensure that the needs and motivations of the individual are leading delivery, whether just starting out, aiming to progress or striving for excellence on the world stage?*
2. To give every young person a great start - *What are you doing to ensure that young people are given skills, confidence and motivation to enable them to enjoy and progress through sport? Are you able to demonstrate how activity in this area gives participants the foundations to live a healthy, active and enriched life?*
3. Ensure everyone has the opportunity to be active through sport - *To what extent are you able to offer inclusive opportunities and how do you know that these provide a great experience to those involved?*
4. Bring people together for the long term - *In what ways have you used insight and learning to collaborate with others and to ensure that individuals' experiences of sport become more sustainable and more successful?*
5. Showcase the benefits of sport - *Can you describe how you evidence, showcase and celebrate the benefits of sport?*
6. Be a highly valued organisation - *How has (and how hasn't) Sport Wales acted with integrity, added value and encouraged innovation in its partnership with you?*
7. Free-flow question - *What has been your biggest learning over the last period and why?*

Research shows that in developing and reflecting on statements like these, those using them are able to clarify what success looks like, what's getting in their way and what action should be taken - all in terms that are meaningful to them. They can provide a mechanism for shared sense-making that goes beyond the narrow view that specifications, targets and objectives offer, encouraging people to use their peripheral vision, to surface their uncertainties early and often and to offer each other constructive challenge along the way.

In the long term...

Our new approach to accountability is emerging. We aspire to learn as we go and work with partners to develop the approach. Over time we will look to develop a series of 'maturity ladders' aligned to the Accountability Statements to help us assess and monitor a partners progress in a standardised way. But we know we can't predict the future, so watch this space!

Sport North Wales

A Business Case

Sport Wales wants to agree a way of working with partners that generates discussion around and collects learning and evidence against the Accountability Statements. We envisage this approach evolving and adapting over time.

Sport Wales are keen to understand

- A partners preferred approach to working with Sport Wales around the Accountability Statements, including how the partner intends to embed the use of the statements within its organisational practice
- The support that they may require in adopting this new approach to Accountability

We are also looking for partners to pledge:

- A commitment to being learning led and using their own data and insights to improve current practice
- Their support for the collaborative development of a suite of maturity ladders against the Accountability Statements that will support sector wide progress and improvement.

INVESTMENT PRIORITY AREAS



Name of Officer submitting the document/policy/programme/opportunity paperwork:	Name of document/policy/programme/opportunity being assessed:
Michelle Daltry	Sport North Wales Business Case V1

Date paperwork completed:	Date of renewal assessment:
29/9/2020	29/9/2021


Is this a new document/policy/programme/opportunity?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Briefly summarise the purpose of the document/policy/programme/opportunity, and its desired outcomes.

Purpose	<p>The Sport North Wales (SNW) Vision has been developed through the collaborative partnership which comprises SNW, as a response to the health inequalities and physical activity challenges identified in North Wales. This Vision articulates SNW's response to the new approach to delivery of community sport and activity set out by Sport Wales.</p> <p>The Sport Wales vision for a new delivery model for community sport and activity represents a move from the current programme-led approach, to an outcome-led approach, aligned to the Wellbeing of Future Generations Act, Vision for Sport in Wales, (Welsh Government Strategy), and the new Equality Policy.</p>
----------------	---

Outcomes	<p>'To empower our communities in North Wales to be more active, leading healthier and happier lives'</p> <p>Everyone can fulfil their own potential Everyone has the opportunity to be active through sport and physical activity People in North Wales lead physically active lives People have the skills, confidence, and motivation to be active through sport</p>
-----------------	---

Who should benefit from the document/policy/programme/opportunity, and in what way?

Beneficiaries	How?
<p>Population of North Wales – “Getting EVERYONE Active in North Wales, For Life”.</p> <p>Specific reference to children, young adults, adults and O60 population. Welsh Government, Sport Wales and key partners: 6 Local Authority Partners</p> <ul style="list-style-type: none"> Conwy Denbighshire Flintshire 	<p>SNW is seeking to achieve:</p>  <p>1.To modernize, improve and develop a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realize the Vision and set the strategic direction for North</p>

Appendix 9 - Initial Equality Impact Assessment (iEIA)

- Gwynedd
- Ynys Mon
- Wrexham

Public Health Wales

Bangor University

Glyndwr University

Disability Sport Wales

Betsi Cadwaladr University Health Board

GWE

Regional Housing Associations (6 housing associations represented via one person)

Social Sector Representative

Wales through skills-based diverse Governance and Partnership Boards;

2. Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritize working with people and communities;

3. Increase participation in sport through:

- acting with integrity, accountability and transparency;
- prioritizing workloads and areas that can make the biggest difference;
- focusing on behavior and culture;
- putting participants at the heart of decision-making and ensuring a participant-focused approach;
- establishing a basis for conversations about how the SNW Members can improve as organizations; and
- a focused outcomes framework which targets children, young adults, adults and over-60s.

4. Tackling the socio-economic challenges confronting those involved with community sport;

5. Tackle inequality in sport and cater for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;

6. Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;

7. Ensuring that safeguarding standards are met in all areas of Sport North Wales;

8. Attracting investment from other sources of funding; and

9. Promote equality, diversity, sustainability and inclusivity in all actions.

How has equality been considered in the development/review of the document/policy/programme/opportunity?

Disability Sport Wales have engaged though out the process as support around the proactive inclusion of disabled people across programmes from strategy though delivery.

Disability Sport Wales have acted within a broader capacity as a regular check and challenge and sounding board around all areas of equality, diversity and inclusion.

Appendix 9 - Initial Equality Impact Assessment (iEIA)

All commissioned partners have reflected local and regional priorities relevant to equality, diversity and inclusion.

Equality and Diversity has been embedded as a core value for the new operating model Sport North Wales has aligned to the Wellbeing of Future Generations Act which includes specific reference to “A More Equal Wales”.

Sport North Wales seeks to tackle health and wellbeing inequalities as a shared priority of the SNW partnership (section 1.8)

All organizations are committed to making a difference to participation in sport and reducing inequalities in North Wales (section 1.13)

Does this document/policy/programme/opportunity meet DSWs Diversity Objectives (see Appendix 1)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (refer back to submitting Officer for review)	<input checked="" type="checkbox"/> Not applicable
------------------------------	---	--

If YES, please identify which Diversity Objectives it meets:

<input type="checkbox"/> DO1	<input type="checkbox"/> DO2	<input type="checkbox"/> DO3	<input type="checkbox"/> DO4	<input type="checkbox"/> DO5	<input type="checkbox"/> DO6
------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

Does this document/policy/programme/opportunity form part of DSW's recruitment processes?

☐ Yes ☒ No

What is the extent of the impact of this document/policy/programme/opportunity?

	High	Low	Not Applicable
Numbers of participants involved/to be involved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff working practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent to influence diverse range of groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members quality of life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members access to work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of DSW's Mission and Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of DSW's Priorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this document/policy/programme/opportunity require a full Equality Impact Assessment group meeting?

☐ Yes ☒ No

Who else has been consulted in the completion of this iEIA?

Name/Source	Name/Source
Michelle Daltry	
Role - Partnership Manager	Role
Organisation – Disability Sport Wales	Organisation
Reason for consultation	Reason for consultation
Ensuring disabled people are reflected within process, practice and procedures. Deployment of 6 Local Authority Based Disability Sport Wales Development Officers and 1 Get Out Get Active Officer (North)	

Recommendations

See Appendix 1: Tracked Changes suggested within the original document/policy/programme/opportunity. Each recommendation links to the identified comment alpha-numeric.

Recommendations for change	Reason for suggesting change	Beneficiaries ¹ (by group)
2.12 & fig 2.1 – gender balance of 60/40 To be changed to a minimum of 40%	<ul style="list-style-type: none"> 60/40 reflects a binary understanding of gender and excludes anyone who may identify as anything other than male or female. 60/40 suggests an absolute of assumed 60 male and 40% female rather than a minimum requirement 	<ul style="list-style-type: none"> Women Transgender individuals
2.12 & fig 2.1 – consider broader diversity makeup of both Governance Board and Partnership Board – link to 3.3 and draw out specific data from within the SSS 2018	<ul style="list-style-type: none"> Assume gender diversity has been identified from the G&L framework however this may lead to an assumption of priority re gender / sex vs other protected characteristics 	<ul style="list-style-type: none"> All protected characteristics
1.7 – extend data streams to reflect representation of participation from those within specific communities. Append document or link in to 3.14 with high level data to reflect current engagement levels of specific protected characteristics	<ul style="list-style-type: none"> Higher level data reflected within the business case is sound however does not drill down into broader inequalities that may exist. MD to contact Sport Wales to look towards regional specific data for North Wales re specific equality strands. 	<ul style="list-style-type: none"> All protected characteristics
1.14 – extend partner consultation to include those with a specific expertise around each of the protected characteristics	<ul style="list-style-type: none"> Equalities steering group would strengthen engagement with and trust from within specific community groups. 	<ul style="list-style-type: none"> All protected characteristics

¹ It is important to note that not all people from groups who share the identified protected characteristics will be beneficiaries of the change, but some may.

1.2 – Define which Equality strategy you are referring to

- Clarity on frameworks being utilized.

- All partners

Sign off Section

This initial Equality Impact Assessment was completed by:

Name	Organisation	Disability Sport Wales	Job Title
-------------	---------------------	------------------------	------------------

Signature	Date
------------------	-------------

This initial Equality Impact Assessment was quality assured by the Lead Officer for Equality on the DSW Board:

Name	Experience
-------------	-------------------

Signature	Date
------------------	-------------

Monitoring and Evaluation Process

Identify the review cycle for this programme/project/policy

Date of Initial Review:	Officer responsible for leading the review:
--------------------------------	--

Outcomes of initial review:

Appendix 1: DSW Diversity Objectives

Diversity objective 1:

Ensure a diverse representation of experience, skills, knowledge and competencies throughout the company workforce and DSW Board

Diversity Objective 2:

Ensure that the DSW workforce, leadership team and membership are supported in the development of their awareness of diversity and equity through access to training and Continuing Professional Learning.

Diversity Objective 3:

Ensure that recruitment and review processes value diversity and equity, and take positive action to make all communities who share protected characteristics aware of opportunities for employment, and when employed that diversity is respected and valued.

Diversity Objective 4:

Ensure that all formal DSW business, events and information is accessible to diverse groups within Wales

Diversity Objective 5:

Ensure that a high-value around diversity and equitable practice remains at the heart of all DSW provision, action, data collection, and consultation.

Diversity Objective 6:

To proactively work with partners to influence and ensure that their diverse and equitable practice is supported and challenged so as to reflect best practice in a Proud Sporting Nation.

Appendix 10 - SNW Proposed Transition Plan up to 30 March 2021 (SPORT WALES BOARD MEETING 26/11/2020)

Workstream	Ref.	Step	Owner	Target Date for Completion	Nov 20					Dec 20				Jan 21				Feb 21				March 21				
					02-Tach	09-Tach	16-Tach	23-Tach	30-Tach	07-Rhag	14-Rhag	21-Rhag	28-Rhag	04-Ion	11-Ion	18-Ion	25-Ion	01-Chwef	08-Chwef	15-Chwef	22-Chwef	01-Maw	08-Maw	15-Maw	22-Maw	29-Maw
Governance Board		1 LAs to appoint representatives	All 6 LAs	December																						
		2 Appoint Chair	Governance Board	December																						
		3 Invitation to SW to join Governance Board	Conwy Council	December																						
		4 Induction	Conwy Council?	January																						
Appoint Partnership Board Independent Chair		5 Agree Independent Chair role spec	SNW Board	26/11/2020																						
		6 Advertise Independent Chair role	Conwy Council	30/11-18/12/20																						
		7 Agree short list of candidates	Governance Board, SNW (shadow) Partnership Board & SW	23/12/2020																						
		8 Conduct interviews		w/c 11/01/2021																						
		9 Appoint Independent Chair		15/01/2021																						
Regional Director		10 Agree job description and person spec	SNW Board	26/11/2020																						
		11 Advertise post	Conwy Council	01/12/2020 - 08/01/2021																						
		12 Agree short list of candidates	Governance Board, Independent Chair of Partnership Board & SW	w/c 18/01/2021																						
		13 Conduct assessment centre and interviews		w/c 25/01/21																						
		14 Appoint Regional Director		w/c 25/01/21																						
Partnership Board		15 Regional Director in post (estimated)		01/04/2021																						
		16 Agree SNW representatives to sit on the Board	SNW (shadow) Partnership Board & Governance Board	December																						
		17 Advertise Independent Board Member roles	Conwy Council	11/01/2021																						
		18 Agree short list of candidates	Governance Board, Independent Chair of Partnership Board & SW	w/c 08/02/2021																						
		19 Conduct interviews		w/c 22/02/2021																						
		20 Appoint Independent Board members		w/c 22/02/2021																						
		21 SNW Induction process	Conwy Council?	w/c 08/03/2021																						
	22 First Board meeting		April 2021																							
	23 SNW Regional Planning Session for 2021/22	Gerallt / Matt	November																							
	24 SNW Board - update	Marianne	November																							
	25 SNW Board Partners Briefing session - Lead Officers / Staff - BC submission		November																							
	26 NW regional wider partnership briefing sessions e.g. Yr Urdd, Outdoor Partnership etc		November																							
	27 SW Board meeting	Marianne	26/27 Nov																							
	28 SNW Regional Planning Session for 2021/22	Gerallt / Matt	December																							
	29 SNW Board - SW decision and next steps		December																							

Workstream	Ref.	Step	Owner	Target Date for Completion																													
					02-Tach	09-Tach	16-Tach	23-Tach	30-Tach	07-Rhag	14-Rhag	21-Rhag	28-Rhag	04-Ion	11-Ion	18-Ion	25-Ion	01-Chwef	08-Chwef	15-Chwef	22-Chwef	01-Maw	08-Maw	15-Maw	22-Maw	29-Maw							
Stakeholder engagement	30	Partnership Lead Officers / Staff briefings - SW decision		December																													
	31	Wider regional partnership briefings		December																													
	32	Regional Director role & Independent Chair - release details and timings		December																													
	33	SNW Board	Marianne / Meinir	January																													
	34	Lead Officers Group	Gerallt / Matt	January																													
	35	Submission to SW - Regional Delivery Plan 2021/22	Gerallt / Matt	January																													
	36	Announcement of Independent Chair	Conwy Council	January																													
	37	SNW Board	Marianne / Meinir	February																													
	38	Lead Officers Group	Gerallt / Matt	February																													
	39	Announcement of Regional Director	Conwy Council	February																													
	40	North Wales Stakeholder engagement meeting		February																													
	41	National Governing Bodies		February																													
	42	SNW Board	Marianne / Meinir	March																													
	43	Lead Officers Group	Gerallt / Matt	March																													



2021

- (1) CONWY COUNTY BOROUGH COUNCIL**
- (2) DENBIGHSHIRE COUNTY COUNCIL**
- (3) FLINTSHIRE COUNTY COUNCIL**
- (4) GWYNEDD COUNCIL**
- (5) ISLE OF ANGLESEY COUNTY COUNCIL**
- (6) WREXHAM COUNTY BOROUGH COUNCIL**
- (7) BETSI CADWALADR UNIVERSITY HEALTH BOARD**
- (8) BANGOR UNIVERSITY**
- (9) WREXHAM GLYNDWR UNIVERSITY**
- (10) DISABILITY SPORT WALES**
- (11) GWE**
- (12) PUBLIC HEALTH WALES**
- (13) ADRA**
- (14) NORTH WALES HOUSING**
- (15) WALES & WEST HOUSING**
- (16) GRWP CYNEFIN**
- (17) CARTREFI CONWY**
- and**
- (18) CLWYDALYN**

DWF LLP
1 Scott Place
2 Hardman Street
Manchester
M3 3AA

DRAFT

**SPORTS NORTH WALES INTER-AUTHORITY AND MEMBER COLLABORATION
AGREEMENT**

**DWF LLP
1 Scott Place
2 Hardman Street
Manchester
M3 3AA**

CONTENTS

1. INTERPRETATION	5
2. TERM	9
3. RELATIONSHIP OF GOOD FAITH.....	9
4. STATUTORY FUNCTIONS.....	9
5. SPORTS NORTH WALES OBJECTIVES AND VALUES	10
6. OBLIGATIONS OF THE LEAD AUTHORITY.....	11
7. OBLIGATIONS OF THE SNW MEMBERS	11
8. GOVERNANCE BOARD	13
9. GOVERNANCE BOARD MEETINGS AND FUNCTIONS.....	14
10. PARTNERSHIP BOARD	15
11. PARTNERSHIP BOARD MEETINGS AND FUNCTIONS.....	16
12. REGIONAL DIRECTOR.....	18
13. PROJECT APPROVALS PROCESS	19
14. FINANCIAL MANAGEMENT AND SPORT WALES AWARD.....	19
15. EMPLOYEES	20
16. CHANGE CONTROL PROCEDURE	20
17. DISPUTE RESOLUTION PROCEDURE	21
18. FREEDOM OF INFORMATION	21
19. DATA SHARING	22
20. TERMINATION.....	22
21. SUCCESSION.....	22
22. EXIT	23
23. LIMITATION OF LIABILITY.....	23
24. ASSIGNMENT AND SUB-CONTRACTING.....	24
25. NO PARTNERSHIP	25
26. ENTIRE AGREEMENT	25
27. THIRD PARTY RIGHTS.....	25
28. GOVERNING LAW AND JURISDICTION.....	25
29. COUNTERPARTS.....	25
29. WELSH LANGUAGE STANDARDS	25
SIGNATURE PAGE	26
Dispute Resolution Procedure	29
Project Approvals Process	30

THIS AGREEMENT is dated

2021

BETWEEN

- (1) **CONWY COUNTY BOROUGH COUNCIL** of Bodlondeb, Conwy North Wales, LL32 8DU;
- (2) **DENBIGHSHIRE COUNTY COUNCIL** of Wynnstay Road, Ruthin, LL15 1YN;
- (3) **FLINTSHIRE COUNTY COUNCIL** of County Hall, Mold, Flintshire CH7 6NB;
- (4) **GWYNEDD COUNCIL** of Council Headquarters, Castle Street, Caernarfon, Gwynedd, LL55 1SE;
- (5) **ISLE OF ANGLESEY COUNTY COUNCIL** of Council Offices Llangefni, Anglesey, LL77 7TW;
- (6) **WREXHAM COUNTY BOROUGH COUNCIL** of 16 Lord Street, Wrexham, LL11 1LG;
- (7) **BETSI CADWALADR UNIVERSITY HEALTH BOARD** of Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD;
- (8) **BANGOR UNIVERSITY** of College Road, Bangor, LL57 2DG;
- (9) **WREXHAM GLYNDWR UNIVERSITY** of Mold Road, Wrexham, LL11 2AH;
- (10) **DISABILITY SPORT WALES** of Sport Wales National Centre, Cardiff, CF11 9SW;
- (11) **GWE** of Bryn Eirias, Ffordd Abergele, Bae Colwyn, LL29 8BY;
- (12) **PUBLIC HEALTH WALES** of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ;
- (13) **ADRA** of Tŷ Coch, Llys y Dderwen, Parc Menai, Bangor, LL57 4BL;
- (14) **NORTH WALES HOUSING** of Plas Blodwel, Broad Street, Llandudno Junction, Conwy, LL31 9HL;
- (15) **WALES & WEST HOUSING** of Tŷ Draig, St. David's Park, Ewloe, Deeside, CH5 3DT;
- (16) **GRWP CYNEFIN** of Ty Silyn, Penygroes, Gwynedd;
- (17) **CARTREFI CONWY** of Morfa Gele, North Wales Business Park, Cae Eithin, Abergele, LL22 8LJ; and
- (18) **CLWYDALYN** of 72 Ffordd William Morgan, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JD,

(each an **"SNW Member"** and together the **"SNW Members"** (except where individually defined)).

BACKGROUND AND RECITALS

- (A) Under the banner of "Sport North Wales", the SNW Members submitted a business case to Sport Wales and the Welsh Government regarding the creation of a collaboration with the purpose of receiving funding directly from Sport Wales for expenditure on sport and physical activities and projects across North Wales (hereinafter referred to as **"Sport North Wales"** or the **"Collaboration"**).

- (B) Following establishment of the Collaboration, Sports Wales will provide funding estimated at £13.14 million (the "**Sport Wales Award**") over the Term of this Agreement, which shall be used by the SNW Members for the promotion of sport and physical activities across the North Wales region.
- (C) The SNW Members acknowledge that for the duration of the Term, the Sport Wales Award shall replace any previous or existing funding arrangement they have with Sport Wales. The SNW Members have therefore agreed to enter into this Agreement to set out how the Sports Wales Award shall be allocated.
- (D) The SNW Members understand that good governance is a key foundation for the success of Sport North Wales. Thus, in allocating the expenditure of the Sports Wales Award, the SNW Members agree to adhere to shared values of integrity and transparency and uphold the highest standards in the management of the day-to-day operations of the Collaboration, the execution of its long term strategy as well as its approach to risk management.
- (E) The SNW Members envisage that the creation of Sport North Wales will facilitate spending across a wider platform and support Sport North Wales' vision "*to empower our communities in North Wales to be more active, leading healthier, happier lives*" (the "**Vision**"), which in turn will align with the broader Sport Wales' strategy and contribute to the sector-wide vision of "*an active nation where everyone can have a lifelong enjoyment of sport*".
- (F) This Agreement shall serve as the core legal and governance framework setting out how the SNW Members' will make decisions in relation to the Sports Wales Award and how they ensure the achievement of and/or compliance with (as the case may be) the:
- i. Objectives;
 - ii. Vision;
 - iii. the Sport Wales Governance and Leadership Framework; and
 - iv. the Sport Wales Capability Framework.
- (G) Pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972, the SNW Members enter into this Agreement and acknowledge that the terms of this Agreement shall be binding in matters pertaining to their roles and responsibilities as part of Sport North Wales.

1. **INTERPRETATION**

In this Agreement, except where the context otherwise requires:

- 1.1.1 the masculine includes the feminine, neuter and vice versa;
- 1.1.2 the singular includes the plural and vice versa;
- 1.1.3 the list of contents and the headings to the clauses and Schedules of this Agreement and to the paragraphs of the Schedules are for ease of reference only and shall not affect the construction of this Agreement;

- 1.1.4 a reference in this Agreement to any clause, sub-clause, paragraph, Schedule or is, except where it is expressly stated to the contrary, a reference to such clause, sub-clause, paragraph, schedule or annex of this Agreement;
- 1.1.5 any reference to this Agreement or to any other document shall include any variation, amendment, or supplement to such document expressly permitted by this Agreement or otherwise agreed in writing by the parties;
- 1.1.6 any reference to any enactment, order, regulation or other similar instrument shall be construed as a reference to the enactment, order, regulation or instrument as amended, replaced, consolidated or re-enacted;
- 1.1.7 a reference to a person shall, where the context so requires or admits, include individuals, firms, companies, partnerships, trusts, corporations, governments, governmental bodies, authorities, agencies, unincorporated bodies of persons or associations and any organisations having legal capacity, including their successors in title and permitted assignees or permitted transferees;
- 1.1.8 words preceding "include", "includes", "including" and "included" shall be construed without limitation by the words which follow those words unless inconsistent with the context;
- 1.1.9 references to "the parties" or to a party shall be to the parties to this Agreement;
- 1.1.10 subject to any express provisions to the contrary, the obligations of either party are to be performed at that party's own cost and expense; and
- 1.1.11 the Schedules form part of this Agreement and will have the same force and effect as if expressly set out in the body of this Agreement and references to this Agreement includes the Schedules.

1.1.12 Definitions

Agreement	means this agreement.
Applicable Law	in England and Wales, any and all applicable laws, regulations and industry standards or guidance and any applicable and binding judgment of a relevant court of law.
Application	means an application for funding submitted by an SNW Member or Delivery Organisation which satisfies the requirements set out in paragraph 2 of Schedule 2 (<i>Project Approvals Process</i>).
CCBC	means Conwy County Borough Council.
Change	has the meaning set out in clause 16.1.
Change Control Form	has the meaning set out in clause 16.2.

Change Control Procedure	has the meaning set out in clause 16.1.
Change Request Notice	has the meaning set out in clause 16.2.
Collaboration	has the meaning set out in paragraph A of the Background and Recitals to this Agreement.
Collaboration Funding	has the meaning set out in clause 14.4.
Commencement Date	means the date this Agreement is duly executed by all SNW Members.
Data Protection Legislation	UK Data Protection Legislation and any other European Union legislation (as applicable in the UK) relating to personal data and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of personal data (including, without limitation, the privacy of electronic communications).
Delivery Organisations	means sports clubs or organisations operating in North Wales which are not SNW Members but may apply for funding from Sport North Wales for the purpose of supporting local and regional sports projects across North Wales.
Dispute Resolution Procedure	means the procedure for resolving disputes under this Agreement as set out in Schedule 1 (<i>Dispute Resolution Procedure</i>).
Exit Date	means the date: <ul style="list-style-type: none"> i. stated on a duly served Exit Notice as the date an SNW Member intends to become an Exited Party; and ii. which is a date not less than six months from the date of the relevant Exit Notice.
Exit Notice	has the meaning set out in clause 22.
Exited Party	means an SNW Member that has ceased to be a party to this Agreement after the Exit Date of a duly served Exit Notice.
Extended Term	has the meaning set out in clause 2.1.
FOIA	the Freedom of Information Act 2000.
FOIA Party	has the meaning set out in clause 18.1.

Governance Board	has the meaning set out in clause 8.1.
Initial Term	has the meaning set out in clause 2.1.
Local Authority Funding	has the meaning set out in clause 14.4.
Objectives	means the objectives and values of Sports North Wales set out in clause 5 of this Agreement.
Partnership Board	has the meaning set out in clause 10.1.
Project	means an Application which has been approved pursuant to the Project Approvals Process.
Project Approvals Process	means the agreed procedure for the approval of Applications as set out in Schedule 2 (<i>Project Approvals Process</i>).
Project Delivery Plan	means the delivery plan to be included in an Application pursuant to paragraph 2.5 of Schedule 2 (<i>Project Approvals Process</i>).
Regional Director	means the individual employed by CCBC to execute the duties set out in clause 12.
SNW Account	has the meaning set out in clause 14.1.
SNW Local Authorities	means Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Gwynedd County Council, Isle Of Anglesey County Council and Wrexham County Borough Council.
Sports North Wales	has the meaning set out in paragraph A of the Background and Recitals of this Agreement.
Sports Wales	means the Sports Council for Wales trading as Sport Wales (<i>Chwaraeon Cymru</i>) which is the national organisation responsible for developing and promoting sport and physical activity in Wales.
Sports Wales Award	has the meaning set out in paragraph B of the Background and Recitals to this Agreement.
Sports Wales Award Agreement	has the meaning set out in clause 6.2.5.
Sport Wales Governance and Leadership Framework	means the Sport Wales' Governance and Leadership Framework for Wales as published by Sports Wales from time to time.

Successor	means any legal entity, organisation, charity, partnership, company or other legal personality which subsumes, merges with, acquires or otherwise replaces any of the SNW Members following a change of control, organisational restructure, act of Parliament, change in law, or act of Government.
Term	means the Initial Term and/or any Extended Term of this Agreement as applicable.
UK Data Protection Legislation	all applicable data protection and privacy legislation in force from time to time in the UK including the General Data Protection Regulation ((EU) 2016/679); the Data Protection Act 2018; the Privacy and Electronic Communications Directive 2002/58/EC (as updated by Directive 2009/136/EC) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended.
Vision	has the meaning set out in paragraph E of the Background and Recitals to this Agreement.

2. **TERM**

- 2.1 This Agreement shall commence on the Commencement Date and shall continue in full force and effect, unless terminated earlier in accordance with clause 20 until the fifth anniversary of the Commencement Date (the "**Initial Term**"), when it shall terminate automatically without notice unless, no later than six months before the end of the Initial Term (or any Extended Term agreed under this clause), the parties agree in writing that the term of this Agreement shall be extended for a specified period (the "**Extended Term**").
- 2.2 Unless it is further extended under clause 2.1 or terminated earlier in accordance with clause 20, this Agreement shall terminate automatically without notice at the end of the Extended Term.

3. **RELATIONSHIP OF GOOD FAITH**

- 3.1 The SNW Members agree to work together in good faith to ensure the achievement of the Vision, the Objectives and the overall aims and aspirations of the Collaboration.
- 3.2 Each SNW Member agrees to act reasonably in all matters pertaining to this Agreement.

4. **STATUTORY FUNCTIONS**

- 4.1 The SNW Members recognise that they must act in accordance with their statutory functions, constitutions and legal obligations and nothing in this Agreement may fetter,

restrict or oblige the SNW Members to do, or omit to do (as the case may be), anything which:

- 4.1.1 is incompatible with the lawful exercise of their powers;
- 4.1.2 is incompatible with the lawful discharge of their functions;
- 4.1.3 divests any SNW Member of its statutory powers; or
- 4.1.4 obliges a SNW Member not to exercise its powers.

5. **SPORTS NORTH WALES OBJECTIVES AND VALUES**

The SNW Members agree that the Objectives of the Collaboration shall be in alignment with the Sector Vision for sport in Wales and the Sport Wales Strategy, Governance and Leadership and Capability Frameworks and shall, unless otherwise varied in accordance with the terms of this Agreement, be as follows:

- 5.1 Modernising, improving and developing a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realise the Vision and set the strategic direction for North Wales through its skills-based diverse Governance Board and Partnership Board;
- 5.2 Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritise working with people and communities;
- 5.3 Increasing participation in sport through:
 - 5.3.1 acting with integrity, accountability and transparency;
 - 5.3.2 prioritising workloads and areas that can make the biggest difference;
 - 5.3.3 focusing on behaviour and culture;
 - 5.3.4 putting participants' interests at the heart of decision-making and ensuring a participant-focused approach;
 - 5.3.5 establishing a basis for conversations about how the SNW Members can improve as organisations; and
 - 5.3.6 a focused outcomes framework which targets children, young adults, adults and over-60s;
- 5.4 Tackling the socio-economic challenges confronting those involved with community sport;
- 5.5 Tackling inequality in sport and catering for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;
- 5.6 Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;

- 5.7 Ensuring that safeguarding standards are met in all areas of Sport North Wales;
- 5.8 Attracting investment from other sources of funding; and
- 5.9 Promoting equality, diversity, sustainability and inclusivity in all actions.

6. OBLIGATIONS OF THE HOST AUTHORITY

- 6.1 The SNW Members agree that CCBC shall be the host authority for Sport North Wales for the duration of the Term.
- 6.2 As host authority, CCBC shall:
 - 6.2.1 be the host and accountable body for Sport North Wales;
 - 6.2.2 be responsible for the appointment and employment of the Regional Director and additional support staff dedicated to working for the Collaboration;
 - 6.2.3 be allocated an agreed proportion of the Sport Wales Award towards the hosting of Sport North Wales, including the Regional Director role and additional support staff dedicated to Sport North Wales;
 - 6.2.4 be the principal contact for engagement with Sport Wales in relation to the Sport Wales Award and adherence to the Sport Wales governance requirements on behalf of the Collaboration;
 - 6.2.5 be the contracting party to an agreement with Sport Wales in respect of the Sport Wales Award on behalf of Sport North Wales (the "**Sport Wales Award Agreement**");
 - 6.2.6 be the contracting party to any funding agreements with SNW Members or Delivery Organisations for the provision of funding in respect of Projects approved by either the Regional Director, Partnership Board or the Governance Board;
 - 6.2.7 manage the SNW Account and be responsible for the allocation of funding from the SNW Account in accordance with the terms of this Agreement;
 - 6.2.8 engage employees to roles related to the management and operation of the Collaboration; and
 - 6.2.9 ensure that the Partnership Board and Governance Board meetings are undertaken in accordance with the provisions of clauses 9 and 11 respectively.

7. OBLIGATIONS OF THE SNW MEMBERS

- 7.1 The SNW Members shall:
 - 7.1.1 contribute towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Governance Board and Partnership Board and work collaboratively, in good faith and with integrity, accountability and transparency, for the benefit of North Wales;

- 7.1.2 adhere to the Objectives which set out the principles, values, ethics and morals which apply to all aspects of the Sport North Wales Collaboration;
- 7.1.3 adhere to all relevant CCBC policies and procedures set out in Schedule 3 (as accessible to SNW Members by request);
- 7.1.4 ensure that fully-functioning and efficient IT systems are maintained during the term of the Agreement;
- 7.1.5 ensure that the Collaboration works in a manner which promotes and enhances the reputation of both Sport North Wales and Sport Wales through a clear marketing plan which promotes usage of and access to sport;
- 7.1.6 support CCBC with any requests for information which are required to support the Collaboration in relation to dealings with Sport Wales, Welsh Government and any other funders of Sport North Wales;
- 7.1.7 agree that CCBC, as the host authority for Sport North Wales, has authority to accept payment of the Sport Wales Award on behalf of Sport North Wales (which reflects what was previously a separate award by Sport Wales to each of the six SNW Local Authorities);
- 7.1.8 ensure that the number and scale of Applications they submit to the Partnership and Governance Boards are reasonable and proportionate;
- 7.1.9 direct all press and publicity queries related to Sport North Wales to CCBC or a nominated press officer appointed by the Governance Board;
- 7.1.10 where appropriate, be responsible for the delivery of Projects, once approved by the Governance Board, in accordance with Project Delivery Plans, accepting that Sport North Wales' role is limited to the consideration and approval of Applications/Projects and the provision of funding rather than the actual delivery of the Projects;
- 7.1.11 provide any information required by the Governance Board and CCBC to:
 - 7.1.11.1 evidence that funding allocated to it for a Project has been spent on that Project;
 - 7.1.11.2 evidence the progress of a Project which has been approved by the Governance Board;
 - 7.1.11.3 report to Sport Wales in relation to the progress of Sport North Wales and the Projects approved by the Governance Board;
 - 7.1.11.4 assist CCBC to comply with, and demonstrate its compliance with, the Sport Wales Award Agreement;
 - 7.1.11.5 enable CCBC to carry out its obligations under the Agreement;
- 7.1.12 support CCBC's compliance with the terms of the Sport Wales Award Agreement;

- 7.1.13 reimburse jointly and/or severally (as is reasonably appropriate), CCBC for any funding which is not spent in relation to the Project for which the funding was approved;
- 7.1.14 reimburse jointly and/or severally (as is reasonably appropriate) CCBC for any costs or expenses CCBC incurs as a result of a breach of the Sport Wales Award Agreement caused by one or more SNW Members;
- 7.1.15 enter into any agreements, as required, in relation to the delivery of a Project using funding distributed pursuant to the Collaboration; and
- 7.1.16 permit representatives of the Governance Board to carry out any inspections or audits to ensure:
 - 7.1.16.1 funding allocated is being spent in accordance with the Project Delivery Programme;
 - 7.1.16.2 a Project is progressing in accordance with the Project Delivery Plan approved by the Governance Board;
 - 7.1.16.3 acknowledgement of Sport North Wales in any promotion of a Project which uses Sport North Wales funding and, as applicable, use of Sport North Wales branding; and
 - 7.1.16.4 acknowledgement of Sport Wales and, if applicable, the support of the National Lottery (or any subsequent or other funders) in any promotion of a Project which uses funding from these organisations and, as applicable, use of their branding.

8. **GOVERNANCE BOARD**

- 8.1 Sport North Wales shall be governed by a balanced, inclusive, diverse and skilled **"Governance Board"** which shall:
 - 8.1.1 have a strategic and supervisory focus;
 - 8.1.2 be responsible for overseeing the Partnership Board; and
 - 8.1.3 ensure the continued success of Sport North Wales against its stated Objectives.
- 8.2 The Governance Board shall comprise one representative appointed by each of the six SNW Local Authorities.
- 8.3 Each of the SNW Local Authorities shall have the authority to appoint their officer representative on the Governance Board and shall ensure that their representative is appointed on the basis of the range of skills required to ensure a balanced, inclusive and skilled Governance Board.
- 8.4 In the interest of ensuring consistency, the SNW Local Authorities shall ensure that the appointment of their individual representatives are fixed and permanent save for where replacements (including temporary replacements) are required under certain circumstances.

- 8.5 One of the appointed SNW Local Authority representatives shall be appointed as the chair of the Governance Board.

9. **GOVERNANCE BOARD MEETINGS AND FUNCTIONS**

- 9.1 The Governance Board shall meet quarterly and shall:
- 9.1.1 review the progress and performance of Sport North Wales, as a whole, against the strategic direction, Objectives and ensure that the Objectives and Projects approved by Sport North Wales remain aligned with the objectives of Sport Wales;
 - 9.1.2 review the progress of approved Projects as a whole (as opposed to individual Projects);
 - 9.1.3 notwithstanding clause 9.1.2, review the progress of individual Projects where any such Projects have a strategic regional impact;
 - 9.1.4 review and decide whether or not to approve Applications for funding with values in excess of £50,000;
 - 9.1.5 confirm arrangements for distribution of funding in respect of approved Projects;
 - 9.1.6 provide transparent feedback to the Partnership Board in respect of any Applications which it rejects;
 - 9.1.7 resolve any issues raised by the Partnership Board (in writing or pursuant to the Dispute Resolution Procedure);
 - 9.1.8 take decisions in respect of the customer service strategy and marketing plan raised by the Partnership Board;
 - 9.1.9 assist, where requested by CCBC, with the appointment of the Regional Director, in the event that the Regional Director has not already been appointed by CCBC, or assist with the appointment of a replacement Regional Director (on CCBC's request);
 - 9.1.10 provide, on request, general assistance and support (e.g. by providing feedback on performance) to CCBC's Director/Head of Service in relation to their line management responsibilities in respect of the Regional Director;
 - 9.1.11 be responsible for monitoring the performance of the Partnership Board against Sport North Wales' Objectives, values and Vision;
 - 9.1.12 be responsible for appointing (alongside the independent chair of the Partnership Board) the independent representatives to the Partnership Board based on skills and diversity considerations;
 - 9.1.13 invite the independent chair of the Partnership Board to meetings, as required, to participate and represent the Partnership Board;

- 9.1.14 invite representatives from Sport Wales to meetings, as required to observe and support;
 - 9.1.15 ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration;
 - 9.1.16 ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application; and
 - 9.1.17 if appropriate, approve any decisions made by the Partnership Board as required.
- 9.2 In advance of each meeting of the Governance Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).
 - 9.3 Following each meeting, minutes shall be circulated to representatives of each SNW Member.
 - 9.4 The Governance Board shall have decision-making power in respect of the Collaboration (subject to the provisions of Schedule 1 (*Dispute Resolution Procedure*)) and its decisions shall be binding on the SNW Members in all matters relating to the Sport Wales Award.
 - 9.5 The Governance Board shall be appointed for at least the Initial Term of the Agreement.
 - 9.6 Meetings of the Governance Board shall require a quorum of four (4) SNW Members and may take place electronically.
 - 9.7 The Governance Board shall consider and review the governance of the Collaboration at least once per year during the Term for the purpose of determining whether any improvements or variations to the scope and remit of either the Partnership Board, the Governance Board or the Collaboration are necessary. Any proposed variations to the Collaboration and/or this Agreement shall be subject to the Change Control Procedure set out in clause 16 below.

10. **PARTNERSHIP BOARD**

- 10.1 Sport North Wales shall have a balanced, inclusive, diverse and skilled "**Partnership Board**" (with wider participation than the Governance Board) which shall be focused on the strategic direction and day-to-day operational activities of Sport North Wales.
- 10.2 The Partnership Board shall have six (6) representatives from the SNW Members as follows:
 - 10.2.1 Two (2) representatives from the SNW Local Authorities (one of which shall be allocated to CCBC as the host authority);
 - 10.2.2 One (1) representative from health;

- 10.2.3 One (1) representative from education;
- 10.2.4 One (1) representative from housing; and
- 10.2.5 One (1) representative from equalities.
- 10.3 The Partnership Board shall also include up to 5 independent board members who shall be externally recruited by the Governance Board (based on both skills and diversity considerations) to represent the region of North Wales and work to ensure achievement of the Objectives.
- 10.4 The SNW Local Authority representatives on the Partnership Board shall be different to the SNW Local Authority representatives on the Governance Board.
- 10.5 An independent chair shall also be appointed to the Partnership Board (i.e. there shall be a total of twelve (12) representatives comprised of the six (6) SNW Member representatives, five (5) independently-recruited representatives and the independent chair.
- 10.6 In line with the parties overriding objective of promoting inclusion, SNW Members who have been active participants in developing the business plan for the Collaboration may also be permitted to attend the Partnership Board meetings as appointed "observers" with no voting rights or ability to otherwise directly influence the decisions of the Partnership Board.

11. PARTNERSHIP BOARD MEETINGS AND FUNCTIONS

- 11.1 The Partnership Board shall initially meet monthly (and will review the frequency of these meetings following the initial six-month period from the Commencement Date) and shall:
 - 11.1.1 ensure the strategic direction and Objectives of Sport North Wales are progressed successfully;
 - 11.1.2 review and approve Applications:
 - 11.1.2.1 from Delivery Organisations and/or SNW Members for funding of between £10,000 and £50,000; and
 - 11.1.2.2 from Delivery Organisations and/or SNW Members for funding below £10,000, where support is requested by the Regional Director;
 - 11.1.3 review Applications for submission to the Governance Board where the funding exceeds £50,000;
 - 11.1.4 discuss ideas for forthcoming projects which may be worked into Applications;
 - 11.1.5 provide a forum for the SNW Members' to advise and support each other (and Delivery Organisations) on the completion of Applications while ensuring compliance with the Sport North Wales Objectives;

- 11.1.6 agree approaches, action plans and timelines for developing Applications taking into account multi-party involvement;
- 11.1.7 discuss issues and challenges in respect of Projects being delivered and advise on how SNW Members may work together to overcome/help Delivery Organisation or other SNW Members (as the case may be) to overcome any identified issues or challenges;
- 11.1.8 lead on stakeholder engagement which seeks the views, experiences, insights and suggestions from sports participants and Delivery Organisations in North Wales;
- 11.1.9 monitor the performance management, insight and learning of SNW;
- 11.1.10 discuss feedback from the Governance Board in respect of any rejected Applications;
- 11.1.11 invite representatives from Sport Wales to meetings, as required to observe and support the Sport North Wales Collaboration;
- 11.1.12 ensure that Applications proposed by the SNW Members or Delivery Organisations, pursuant to the Project Approvals Process, are given equal and proportionate consideration;
- 11.1.13 ensure that priority is given to contents and merits of Applications as well as their alignment with the Vision and Objectives, rather than the goals of the individual SNW Members or Delivering Organisation submitting any such Applications; and
- 11.1.14 be responsible for the appointment of an independent chair who:
 - 11.1.14.1 acts as the Partnership Board's lead;
 - 11.1.14.2 is an unpaid non-executive director who brings experience which will facilitate the Partnership Board's activities;
 - 11.1.14.3 represents the Partnership Board in any discussions at the Governance Board level;
 - 11.1.14.4 shall work closely with the Regional Director to contribute towards performance of the Objectives; and
 - 11.1.14.5 shall participate in the Governance Board's appointment of representatives to the Partnership Board.
- 11.2 In advance of each meeting of the Partnership Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).
- 11.3 Following each meeting, minutes shall be circulated to representatives of each SNW Member.

- 11.4 The Partnership Board shall be an operational board which is integral to the success of Sport North Wales and the delivery of Projects which benefit North Wales but it shall not have decision-making power in respect of the Collaboration or approval of Applications for the delivery of Projects with a funding value above £50,000. It shall, however, have the power to approve Applications for the delivery of Projects with a funding value below £50,000.
- 11.5 The Partnership Board shall be appointed for at least the Initial Term of the Agreement.
- 11.6 Meetings of the Partnership Board shall require a quorum of 6 and may take place electronically.

12. **REGIONAL DIRECTOR**

The Regional Director shall be appointed by CCBC and shall:

- 12.1 be responsible for the operation of Sport North Wales ensuring its activities contribute towards achievement of the Objectives in accordance with this Agreement;
- 12.2 be the lead officer responsible for delivering the SNW Objectives and strategic plan;
- 12.3 be responsible for advising the Governance Board on any governance or risk issues of which the Regional Director becomes aware through their role;
- 12.4 be responsible for liaising with the Partnership Board and presenting any issues raised by the Partnership Board to the Governance Board;
- 12.5 review and approve Applications for funding with a funding value up to £10,000, requesting support from the Partnership Board if required;
- 12.6 sit on both the Partnership Board and the Governance Board in a reporting capacity;
- 12.7 work with, and on behalf of, the Governance Board to lead the strategic direction, development and profile of Sport North Wales regionally in accordance with the Vision and strategic plan to facilitate achievement of Sports North Wales' Objectives and values for the benefit of North Wales;
- 12.8 represent the Governance Board on the Partnership Board;
- 12.9 work closely with the independent chair of the Partnership Board to contribute towards the achievement of the Objectives;
- 12.10 represent Sport North Wales in discussions with Sport Wales and other stakeholders and partners, providing updates in relation to the activities and progress of Sport North Wales (as requested);
- 12.11 promote the brand of Sport North Wales and create contacts throughout the UK to maximise Sport North Wales' visibility and profile;
- 12.12 be responsible for securing further funding for Sport North Wales in addition to the Sport Wales Award; and

- 12.13 secure sponsorship and other income streams (both corporate and non-corporate) for Sport North Wales Projects and activities.

13. PROJECT APPROVALS PROCESS

The process by which Applications (and by extension, Projects) are approved shall be in accordance with the provisions of Schedule 2 (*Project Approvals Process*).

14. FINANCIAL MANAGEMENT AND SPORT WALES AWARD

- 14.1 In order to ensure effective financial management controls and systems are maintained, CCBC shall maintain a separate account where the Sport Wales Award will be held ("**SNW Account**").

- 14.2 In line with the parties' commitment to transparency and accountability, all SNW Account transactions in relation to use of the Sport Wales Award shall be subject to open book accounting so as to enable all parties have a clear understanding of:

14.2.1 the flow of funds in and out of the SNW Account; and

14.2.2 details of the values individual transactions in the SNW Account.

- 14.3 Any queries in relation to the SNW Account may be discussed and/or examined by the Partnership Board and Governance Board.

- 14.4 In allocating the Sport Wales Award, CCBC shall recognise the following two categories of funding:

- 14.4.1 A proportion of the Sports Wales Award from which CCBC will allocate fixed sums to SNW Local Authorities towards:

14.4.1.1 the continuation of staffing whose roles are currently funded by Sport Wales (e.g. Active Young People initiative), subject to clause 15.2; and

14.4.1.2 achievement of the Objectives and Vision in their respective Authorities ("**Local Authority Funding**"), ; and

- 14.4.2 The remaining Sports Wales Award which will be allocated towards any Projects which are approved in accordance with the Project Approval Process and the terms of this Agreement from time to time during the Term ("**Collaboration Funding**").

- 14.5 The SNW Local Authorities shall contribute to the regional planning work and shall be required to submit annual operational plans in order to receive their respective Local Authority Funding allocations from CCBC. Subject to the overriding obligation to ensure that all funds are used in pursuit of the Objectives and the Vision of the Strategic Framework.

- 14.6 CCBC shall reserve the right to claw-back any portion of the Collaboration Funding allocated to an SNW Member or Delivery Organisation at any time, in the event that the SNW Member or Delivery Organisation is found to have used any or all of the

Collaboration Funding it has received (following its submission of a successful Application) for any purposes that fall, or may be reasonably deemed to fall, outside the scope of the Objectives and/or the Vision of the Collaboration.

- 14.7 Any sums claimed by CCBC pursuant to clause 14.6 shall be payable immediately on demand.

15. EMPLOYEES

- 15.1 The SNW Members agree that whether prior, during or after the Term of this Agreement, any and all employees of the SNW Members shall remain employed by the respective SNW Members. No SNW Member intends for any of its employees to be transferred to another SNW Member pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) or any other Applicable Law.
- 15.2 Where an employee position at an SNW Member which was funded partly or wholly by the Sport Wales Award becomes vacant at any time during the Term of this Agreement, the Collaboration shall:
- 15.2.1 consider the role which has been vacated and whether there is a requirement, for the Collaboration, as a whole, to replace the role;
 - 15.2.2 consider the best approach to replace the role in light of the skills required to contribute towards the success of the Collaboration; and
 - 15.2.3 if it is decided that a replacement employee is to be hired, determine which SNW Member is best-placed to employ the replacement employee (which need not be the SNW Member from which the employee departed).
- 15.3 The Partnership Board and Regional Director shall advise in relation to replacement of departed employees.

16. CHANGE CONTROL PROCEDURE

- 16.1 The Governance Board or any of the SNW Members may request an amendment to the scope, nature, structure or operation of the Collaboration and/or any term of the Agreement (a **"Change"**) in accordance with the process outlined below (the **"Change Control Procedure"**).
- 16.2 Where an SNW Member requests a Change:
- 16.2.1 the relevant SNW Member will submit a written request for a change (a **"Change Request Notice"**) to the Governance Board setting out as much information as is necessary to enable the Governance Board to prepare a written record of the Change which may be approved by the parties pursuant to this Change Control Procedure (a **"Change Control Form"**); and
 - 16.2.2 the Governance Board will, unless otherwise agreed, circulate a Change Control Form to all SNW Members after the next Governance Board meeting following its receipt of the Change Request Notice by the relevant SNW Member.

- 16.3 The Change Control Form shall contain sufficient information to enable the all parties to assess the Change, including as a minimum:
- 16.3.1 the title of the Change;
 - 16.3.2 the originator of the Change and date of request;
 - 16.3.3 description of the Change;
 - 16.3.4 details of the effect of the proposed Change on:
 - 16.3.4.1 the Collaboration;
 - 16.3.4.2 the Vision;
 - 16.3.4.3 any existing or future Projects; and
 - 16.3.4.4 any other term of the Agreement;
 - 16.3.5 the date of expiry of validity of the Change Control Form; and
 - 16.3.6 provision for signature by the SNW Members and the chairman of the Partnership Board.
- 16.4 If, following the circulation a Change Control Form pursuant to this Change Control Procedure:
- 16.4.1 all of SNW Members and the Governance Board agree to the terms of the relevant Change Control Form, they will each sign it and the signed Change Control Form will amend this Agreement; or
 - 16.4.2 any of the SNW Members or the Governance Board do not agree to any term of the Change Control Form, then they shall respond to the Governance Board with details of their objections for consideration by the Governance Board at its next meeting and consider the objections raised before deciding what action to take in respect of the Change Request Notice.
- 16.5 No Change will come into effect until a Change Control Form has been signed by the authorised representatives of all SNW Members and the chair of the Governance Board, following discussion with Sport Wales.
- 16.6 Each party will bear its own costs in relation to compliance with the Change Control Procedure.

17. **DISPUTE RESOLUTION PROCEDURE**

Any disputes or differences arising between the parties in relation to this Agreement shall be, resolved in accordance with the procedure set out in Schedule 1 (*Dispute Resolution Procedure*), having regard to clause 3 (*Relationship of Good Faith*).

18. **FREEDOM OF INFORMATION**

- 18.1 The SNW Members acknowledge the disclosure obligations set out in the Freedom of Information Act 2000 ("**FOIA**") and, though FOIA may not apply to all SNW Members,

they shall promptly assist any SNW Members subject to FOI requests ("**FOIA Party**") with compilation of information required to respond any request which relates to the Collaboration.

- 18.2 Although reasonable endeavours will be used to hold confidential any information provided as part of the fulfilment of each party's obligations under this Agreement, if required, a FOIA Party may have to disclose information in response to a request, unless the FOIA Party decides that one of the statutory exemptions under FOIA applies.
- 18.3 The decision as to which information will be disclosed by the FOIA Party is reserved to that FOIA Party, notwithstanding any consultation with the other parties.
- 18.4 All parties accept that the release of certain information pursuant to this clause 18 (Freedom of Information) may be prejudicial to their commercial interests and as such, where required to assist a FOIA Party with any responses to requests made under FOIA, they shall mark as confidential any information which is commercially confidential in nature, though the FOIA Party shall still be the final arbiter as to whether any documents are disclosable.
- 18.5 In certain circumstances, and in accordance with the Code of Practice issued under section 45 of FOIA, the FOIA Party may consider it appropriate to ask the other parties for their views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under FOIA, the FOIA Party must comply with a strict timetable and the FOIA Party would, therefore, expect a timely response to any consultation within two working days.

19. **DATA SHARING**

The SNW Members shall comply with their obligations under Data Protection Legislation.

20. **TERMINATION**

- 20.1 The Agreement shall terminate on expiry of the Initial Term unless:
 - 20.1.1 terminated earlier by mutual agreement of SNW Members; or
 - 20.1.2 extended further by mutual agreement of SNW Members pursuant to clause 2.1.
- 20.2 For the avoidance of doubt, any extension or termination of the Agreement shall be agreed by all SNW Members and not simply members present at a particular Governance Board meeting.

21. **SUCCESSION**

- 21.1 This Agreement shall be binding on and be to the benefit of, the parties to this Agreement and their respective Successors and permitted transferees and/or assignees.
- 21.2 References to a party in this Agreement shall include that party's Successors, permitted transferees and/or assignees.

22. EXIT

- 22.1 Without affecting any other rights or remedies available to it, any SNW Member may unilaterally elect to become an Exited Party to this Agreement subject to the service of a written notice of not less than six months' (an **"Exit Notice"**) to the other parties.
- 22.2 Notwithstanding the provisions of clause 22.1 above, the transition of an SNW Member into an Exited Party in accordance with the terms of this Agreement, shall not, for the avoidance of doubt, discharge any such party from any obligations or liabilities arising in connection with its obligations under this Agreement prior to the Exit Date.

23. INDEMNITY AND LIMITATION OF LIABILITY

- 23.1 In consideration of CCBC undertaking the role of host authority for Sport North Wales, each SNW Member covenants to CCBC and the other SNW Members that it will comply with all relevant provisions of the Sports Wales Award Agreement to the degree that their acts or omissions could cause CCBC to be in breach of the Sports Wales Award Agreement.
- 23.2 Any SNW Member that breaches its obligations under clause 23.1 will fully indemnify CCBC and/or any other affected SNW Member(s) against any reasonable losses and/or claims including legal fees and costs suffered or incurred (by CCBC or any affected SNW Member(s)) as a result of the defaulting SNW Member's non-compliance and/or failure to act in accordance with the terms of the Sports Wales Award Agreement or any related neglect or default directly attributable to the defaulting SNW Member (including their employees or agents) which causes CCBC to be in breach of the Sports Wales Award.
- 23.3 Notwithstanding the provisions of paragraph 23.2, the parties agree that the financial liability of a defaulting SNW Member to CCBC or any other affected SNW Member(s) following a breach of the terms of the Sports Wales Award Agreement shall be subject to the following:
 - 23.3.1 where the defaulting SNW Member's contravention of the relevant terms of the Sports Wales Agreement resulted from it acting independently (i.e. without the express consent or approval) of CCBC or any other SNW Member, the defaulting SNW Member shall be solely liable for indemnifying CCBC or any other affected SNW Member(s) in accordance with clause 23.2; or
 - 23.3.2 where the defaulting SNW Member's contravention of the relevant terms of the Sports Wales Award Agreement resulted from it acting in collusion or collaboratively (i.e. with the express consent or approval) with CCBC and/or any other SNW Member (each a 'defaulting SNW Member'), then liability for the indemnity described in clause 23.2 shall be split on a pro-rata basis in accordance with each defaulting SNW Members relative contribution to the contravention of the relevant terms of the Sports North Wales Award Agreement.
- 23.4 Where any obligation, representation, warranty, undertaking or indemnity in this Agreement is expressed to be made, undertaken or given by two (2) or more of the SNW Members, each of such SNW Members shall be liable severally in relation only to itself and only in respect of any loss or damage arising from its own breach.

23.5 In the event that a claim is brought against the SNW Members collectively:

23.5.1 where liability for such a claim is not reasonably attributable to the acts or omission of any single SNW Member, the SNW Members shall split liability for such a claim on a pro-rata basis, in proportion to their relative contribution to the liability in question ; and

23.5.2 where liability for such claim can be reasonably attributed to the acts or omission of a particular SNW Member, that individual SNW Member shall bear full responsibility for the claim and shall fully indemnify the other SNW Members in respect of any reasonable costs or losses that they incur in respect of such a claim.

23.7 Nothing in this Agreement shall limit any party's liability for:

23.6.1 death or personal injury;

23.6.2 loss of or damage to property; and

23.6.3 third party actions, claims, demands, costs, charges and expenses (including legal expenses on an indemnity basis) brought against an SNW Member.

24. **ASSIGNMENT AND SUB-CONTRACTING**

The rights and obligations of the parties under this Agreement shall not be assigned, otherwise transferred or sub-contracted, save to any statutory body which assumes powers in respect of all or part of the administrative areas of an SNW Local Authority by virtue of any legislation or any scheme pursuant to any legislation or otherwise having the legal capacity, power and authority to become a party to it to the extent necessary for that person to exercise its statutory functions.

25. **NO PARTNERSHIP**

The Agreement is not establishing a formal partnership between the SNW Members and does not authorise any party to make commitments for the other, except to the extent that such commitments are set out in the Agreement.

26. **ENTIRE AGREEMENT**

The SNW Members agree that this Agreement is the entire agreement and understanding between the parties in relation to the governance of the Collaboration.

27. **THIRD PARTY RIGHTS**

No person or entity other than the SNW Members shall have any rights under the Contracts (Rights of Third Parties Act) 1999 to enforce any term of this Agreement.

28. **GOVERNING LAW AND JURISDICTION**

This Agreement is subject to the law of England and Wales and any disputes arising from or in connection to this agreement shall be subject to the exclusive jurisdiction of the courts of England and Wales.

29. **COUNTERPARTS**

- 29.1 This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all the counterparts shall together constitute the one Agreement.
- 29.2 Transmission of an executed counterpart of this Agreement by email shall take effect as delivery of an executed counterpart of that SNW Member.
- 29.3 No counterpart shall be effective until each SNW Member has executed at least one counterpart.

30. **WELSH LANGUAGE STANDARDS**

The SNW Members shall comply with the provisions of the Welsh Language Standards (in particular the Welsh Language Standards (No.7) Regulations 2018) and any scheme or standards that CCBC shall have in force from time to time. In addition, each SNW Member shall be required to comply with their own Welsh language policies/procedures.

SIGNATURE PAGE

SIGNED by
duly authorised to sign
for and on behalf of
CONWY COUNTY BOROUGH COUNCIL

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
DENBIGHSHIRE COUNTY COUNCIL

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
FLINTSHIRE COUNTY COUNCIL

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
GWYNEDD COUNCIL

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
ISLE OF ANGLESEY COUNTY COUNCIL

)
)
)
)

.....

SIGNED by
duly authorised to sign
for and on behalf of
WREXHAM COUNTY BOROUGH COUNCIL

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
BETSI CADWALADR UNIVERSITY HEALTH BOARD

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
BANGOR UNIVERSITY

.....
Authorised Signatory

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
WREXHAM GLYNDWR UNIVERSITY

.....
Authorised Signatory

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
DISABILITY SPORT WALES

.....
Authorised Signatory

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
GWE

.....
Authorised Signatory

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
PUBLIC HEALTH WALES

.....
Authorised Signatory

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
ADRA

.....
Authorised Signatory

)
)
)
)

SIGNED by
duly authorised to sign
for and on behalf of
NORTH WALES HOUSING

.....
Authorised Signatory

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
WALES & WEST HOUSING

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
GRWP CYNEFIN

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
CARTEFI CONWY

)
)
)
)

.....
Authorised Signatory

SIGNED by
duly authorised to sign
for and on behalf of
CLWYDALYN

)
)
)
)

.....
Authorised Signatory

SCHEDULE 1

Dispute Resolution Procedure

If any dispute arises out of, or in connection with the Collaboration, the SNW Members shall follow the procedure set out below.

1. Through its representative on the Partnership Board, the SNW Member shall give written notice to the Partnership Board of its issue, setting out its nature and full particulars, together with relevant supporting documents in advance of a Partnership Board meeting ("**Issue Notice**").
2. At the next Partnership Board meeting following circulation of the Issue Notice, the Partnership Board shall attempt in good faith to resolve the issue, taking a holistic view to resolution of the issue considering the collaborative objectives of Sport North Wales.
3. If the Partnership Board is unable to resolve the issue at the Partnership Board meeting, it will escalate the issue for consideration at the next Governance Board meeting. The Governance Board shall attempt in good faith to resolve the issue and make any proposals to the SNW Member which raised the issue initially to resolve the issue.
4. If the SNW Member does not accept the resolution or proposals of the Governance Board, the parties shall attempt to settle the dispute by mediation in accordance with the Centre for Effective Dispute Resolution ("**CEDR**") Model Mediation Procedure. Unless otherwise agreed between the parties, the mediator will be nominated by CEDR. To initiate the mediation, a party must give notice in writing ("**ADR Notice**") to the other parties to the dispute requesting a mediation. A copy of the request should be sent to CEDR. The mediation will start no later than 14 days after the date of the ADR Notice.
5. If the mediation is not resolved within 28 days after service of the ADR Notice, the dispute shall be finally resolved by the courts of England and Wales.

SCHEDULE 2

Project Approvals Process

1. Value Levels

- 1.1 Where the level of funding requested is £10,000 or less, the Regional Director shall have the power to approve an Application submitted by a Delivery Organisation or SNW Member.
- 1.2 Where the level of funding requested is £50,000 or less, the Partnership Board shall have the power to approve an Application from a Delivery Organisation or SNW Member.
- 1.3 If the level of funding requested exceeds £50,000, the Partnership Board shall determine whether an Application from a Delivery Organisation or SNW Member is approved for consideration by the Governance Board; and the Governance Board shall have the power to approve the Application.

2. Applications – Preliminary Requirements and Content

Applications shall be in an accordance with the Sports North Wales' approved template form and contain the following details as a minimum:

- 2.1 The name of the Delivery Organisation or SNW Member submitting the Application;
- 2.2 The nature and scope of the proposed Project and financial values attributed to the main elements of the project;
- 2.3 The level of funding requested from Sport North Wales;
- 2.4 The level of funding which the Delivery Organisation/SNW Member will contribute to the Project from its own (or other) resources; and
- 2.5 A Project Delivery Plan which includes:
 - 2.5.1 targets and outputs;
 - 2.5.2 milestone dates for the key elements of the Project;
 - 2.5.3 deliverables;
 - 2.5.4 an explanation of how the project aligns with Sport North Wales' Objectives and values; and
 - 2.5.5 an explanation of the benefits to the Delivery Organisation/SNW Member and North Wales as a region if the Project is approved.

3. Consideration of Applications

- 3.1 The Regional Director shall, in accordance with paragraph 1 of this Schedule 2 (*Project Approvals Process*) have the authority to consider Applications for funding below £10,000 as and when they are submitted to them. The Regional Director may nevertheless request support from the Partnership Board when considering Applications for funding below £10,000.

- 3.2 The Partnership Board shall consider Applications with a value exceeding £10,000 at the relevant monthly Partnership Board meeting.
- 3.3 The Governance Board shall consider Applications approved by the Partnership Board at the next Governance Board quarterly meeting following the Partnership Board meeting in which approval was given to the relevant Application.

4. Rejected Applications

- 4.1 If an Application is not approved by the Regional Director, the Partnership Board or the Governance Board, a summary of the reasons for rejecting the Application shall be provided to the Delivery Organisation/SNW Member that submitted the Application in addition to providing feedback on areas to develop if the Application is to be re-submitted in the future.
- 4.2 A re-submitted Application shall be reviewed in the same way as an Application submitted for the first time and re-submission does not guarantee that an Application will be approved by the Regional Director, the Partnership Board or the Governance Board on its second, or future, submission.
- 4.3 An Application may be re-submitted a maximum of two (2) times. If an Application is rejected after its second submission, the Delivery Organisation/SNW Member shall not re-submit the Application a third time unless the Application is justified as being materially varied from the previously rejected Application.
- 4.4 The Partnership Board/Regional Director (as the case may be) shall report on all rejected Applications with details of the reasons why they were rejected to the Governance Board.
- 4.5 The Governance Board shall determine whether it reviews any rejected Applications to ensure that Applications have been given equal and proportionate consideration and that this Project Approval Process has been followed in full.
- 4.6 In the event of a dispute between the Partnership Board/Regional Director and an applicant, the Governance Board shall be the final arbiter.

5. Application Approval Considerations

In determining whether an Application is approved by the Regional Director, Partnership Board or Governance Board, the following shall be considered:

- 5.1 The alignment of the Application with the Vision, Objectives and Values;
- 5.2 The Application's promotion of the principles of the customer service charter;
- 5.3 The Application's outputs and deliverables in relation to North Wales as a region;
- 5.4 The deliverability of the proposed Project (including the applicant SNW Member's or Delivery Organisation's capacity to deliver and the relevant timeframe for delivery); and
- 5.5 The level of funding required and the availability of funding to Sport North Wales.

6. Application Approval Requirements

- 6.1 To be approved by the Regional Director, an Application must satisfy the considerations set out in paragraph 5 of this Schedule 2 (*Project Approval Process*).
- 6.2 To be approved by the Partnership Board, an Application will need to be approved by more than 50% of the Partnership Board representatives in attendance at a Partnership Board meeting. If the initial vote is a 50:50 split decision, the Application will not be approved by the Partnership Board.
- 6.3 To be approved by the Governance Board, an Application will need to be approved by more than 50% of the Governance Board representatives in attendance at a Governance Board Meeting. If the initial vote is a split 50:50 decision, the chair shall have the casting vote.

7. Approved Applications (Projects)

- 7.1 If an Application is approved, the Regional Director, Partnership Board or Governance Board shall confirm:
 - 7.1.1 that the Application, once approved, is a Project;
 - 7.1.2 the level of funding awarded for delivery of the Project;
 - 7.1.3 any further steps which the Delivery Organisation/SNW Member must take before the funding is committed to the Project;
 - 7.1.4 any agreement that the Delivery Organisation/SNW Member must enter into with CCBC before it receives any funding in respect of the Project; and
 - 7.1.5 the frequency of payment of instalments of funding (if not provided in full at the outset of a Project being approved).
- 7.2 Following approval of the Project, the Delivery Organisation/SNW Member must deliver the Project in accordance with the Project Delivery Plan and any agreement entered into by the Delivery Organisation/SNW Member and CCBC in respect of delivery of the Project.

SCHEDULE 3

CCBC Policies

- 1. Data Protection**
- 2. Welsh language**
- 3. Equality policy**
- 4. Safeguarding policy (children and adults)**
- 5. Data Protection / GDPR policy**
- 6. Declaration of interest**
- 7. Health and Safety**
- 8. Communications and Engagement Strategy (tbc)**
- 9. Complaint procedures**
- 10. Armed Forces Covenant**



Chwaraeon Gogledd Cymru (ChGC)

Achos Busnes

Drafft 7

Tachwedd 2020



Draft V2

Cynnwys

1. Cyflwyniad	1
Cyflwyniad	1
Cyd-destun	1
Cadarnhad Partneriaid ChGC a'u hymrwymiad i newid	2
Cynnydd ChGC hyd yma	3
Nodau hirdymor ChGC	4
2. Cynllun Trosglwyddo	6
Rheoli'r Broses o Drosglwyddo - Trosolwg	6
Llywodraethu	8
Strwythur Staff	10
Cyllidebau	11
3. Fframwaith Strategol a Chynllun Gweithredu Darpariaeth Rhanbarthol	13
Ein Taith i ddatblygu'r Fframwaith Strategol a Chynllun Darparu Rhanbarthol	13
Mewnwelediad a Thystiolaeth a gasglwyd gan ChGC i gefnogi'r Fframwaith Strategol	16
Fframwaith Strategol a Chynllun Gweithredu Darpariaeth Rhanbarthol ChGC ar gyfer y cyfnod trosglwyddo	25
4. Rheoli Perfformiad	27
Sut y bydd ChGC yn casglu dysg er mwyn hysbysu darpariaeth y dyfodol	27
Sut y bydd ChGC yn mesur effaith	28
Sut y bydd ChGC yn creu sail dystiolaeth i hysbysu cynllunio'r dyfodol	30
Sut y bydd ChGC yn ymateb i ymagwedd Chwaraeon Cymru tuag at atebolrwydd fel rhan o'i ofynion adrodd	30
5. Cydweithrediad Partneriaid a Rhan-ddeiliaid	33
Ein cynllun ar gyfer ymgysylltiad, twf a gwaith ChGC gyda'i bartneriaid/rhan-ddeiliaid strategol a chyflawni rhanbarthol	34
Ein cynllun marchnata a hyrwyddo rhanbarthol	34
Ein Cynllun ar gyfer dargyfeirio ffrydiau incwm newydd, masnachol a phartneriaethau eraill	35
6. Fframwaith Llywodraethu a Chyfreithiol	36
Sut fydd ChGC yn cwrdd â Gofynion Angenrheidiol Fframwaith Galluedd Chwaraeon Cymru mewn perthynas ag elfennau o lywodraethu a fframwaith arweinyddiaeth?	37

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

Rhwymedigaethau Cyngor Bwrdeistref Sirol Conwy (CBSC)	38
Rhwymedigaethau Aelodau ChGC	39
Bwrdd Llywodraethu ChGC	40
Bwrdd Partneriaeth ChGC	41
Cyfarwyddwr Rhanbarthol ChGC	43
Proses Cymeradwyo Prosiectau	44
Cyfrif ar wahân	46
Gweithwyr	46

Atodiadau

Atodiad 1: Penawdau'r Telerau ar gyfer Llywodraethu ChGC

Atodiad 2: Cyllideb Arfaethedig ChGC

Atodiad 3: Matrics Sgiliau Bwrdd ChGC

Atodiad 4: Swydd Ddisgrifiad Cyfarwyddwr Rhanbarthol ChGC (drafft)

Atodiad 5: Datganiad o Fwriad Diogelu ChGC

Atodiad 6: Datganiad o Fwriad ChGC - Cydraddoldeb ac Amrywiaeth

Atodiad 7: Cynllun Llythrennedd Ffisegol ar dudalen

Atodiad 8: Canllawiau a Chefnidir ar Atebolrwydd

Atodiad 9: Asesiad Effaith Cydraddoldeb

Atodiad 10: Cynllun Trosglwyddo

Dymuna partneriaid ChGC ddiolch i DWF a Strategic Leisure Limited (SLL) am eu cefnogaeth wrth ddatblygu'r achos busnes hwn

1. Cyflwyniad

Cyflwyniad

‘Grymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egniïol, gan fyw bywydau iachach a hapusach’

- 1.1 Mae Gweledigaeth Chwaraeon Gogledd Cymru (ChGC) wedi ei datblygu trwy bartneriaeth gydweithredol sy'n cynnwys ChGC, mewn ymateb i'r anghydraddoldebau iechyd a'r heriau o ran gweithgaredd corfforol sydd wedi eu hadnabod yng Ngogledd Cymru. Mae'r Weledigaeth hon yn egluro ymateb ChGC i'r dull newydd o fynd ati i ddarparu chwaraeon a gweithgaredd gymunedol a osodwyd gan Chwaraeon Cymru.
- 1.2 Mae Chwaraeon Cymru wedi ymrwymo i ymagwedd newydd tuag at ddarparu chwaraeon a gweithgareddau yn y gymuned, sy'n cynrychioli symudiad oddi wrth y dull presennol, a arweinir gan raglenni, i un a yrrir trwy fewnwelediad a dysg, gan fynd i'r afael ag anghenion y cymunedau y mae'n eu gwasanaethu. Mae hefyd yn cyd-fynd â Deddf Llesiant Cenedlaethau'r Dyfodol a'r Weledigaeth Chwaraeon yng Nghymru dan arweiniad y Sector, yn ogystal â'r Polisi Cydraddoldeb newydd.
- 1.3 Mae cydweithio rhanbarthol â'r partneriaid isod wedi galluogi i feddylfryd ChGC grisialu; mae ChGC bellach wedi mabwysiadu dull holistig o drin chwaraeon a gweithgarwch cymunedol fydd o fudd i groestoriad ehangach o effeithiau cymdeithasol gan gynnwys ffyniant economaidd, iechyd a llesiant, cydraddoldeb, cydlyniant cymunedol, hunaniaeth ddiwylliannol ac amrywiaeth. Mae rhai o'r manteision hyn bellach wedi eu datblygu yn ganlyniadau poblogaeth sy'n 'canolbwyntio ar bobl'. Mae dull ChGC o weithio yn canolbwyntio ar bobl, sy'n golygu y caiff adnoddau eu ffocysu yn y mannau hynny lle mae'r angen ar ei fwyaf o ran iechyd a llesiant, cydraddoldebau a'r rhaglen wrth-dlodi.

Cyd-destun

- 1.4 Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 (<https://www.futuregenerations.wales/cy/about-us/future-generations-act/>) yn gosod y cyfeiriad ar gyfer Cymru a'i chymunedau o ran iechyd a llesiant, a'r ddeddf yw'r prif bolisi sy'n dylanwadu ar Chwaraeon Cymru a'i bartneriaid.
- 1.5 Y cyd-destun y tu ôl i ffurfio ChGC yw'r Weledigaeth genedlaethol ar gyfer Chwaraeon yng Nghymru, sy'n edrych i drawsffurfio Cymru yn Genedl Egniïol (<https://gweledigaethargyferchwaraeon.cymru/>) yn ogystal â Strategaeth Chwaraeon Cymru sy'n dychmygu Cymru lle mae pawb yn actif (<https://www.chwaraeon.cymru/strategaeth-chwaraeon-cymru/>). Dyma'r man cychwyn ar gyfer Strategaeth Buddsoddiad gan Bartneriaid Chwaraeon Cymru, a'r rhesymeg y tu ôl i ChGC.
- 1.6 Gyrrir yr angen am fodel darparu rhanbarthol a hyblyg gyda chefnogaeth partneriaeth eang gan gydnabyddiaeth i nifer o ystadegau allweddol y mae'n rhaid ymdrin â hwy.

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

1.7 Y rhain yw:

- Tlodi yw'r ffactor mwyaf ar gyfer anactifedd yng Ngogledd Cymru (nid yw 53% o ddisgyblion yng Ngogledd Cymru yn cymryd rhan mewn tair gweithgaredd neu fwy mewn wythnos)
- Mae gan Gogledd Cymru un o'r lefelau uchaf o ordewdra ymysg plant yng Nghymru, gyda ffigwr o 29.5% (Cymru sydd â'r lefelau uchaf yn y DU)
- Mae bron i draean o famau beichiog yn ordew (26%)
- Mae'r amser a ddyrannir i Addysg Gorfforol wedi lleihau ledled y rhanbarth
- Mae amrywiad yn bodoli yng nghyfraddau gweithgarwch oedolion y rhanbarth (Conwy 60%, Gwynedd 46%)
- Mae 51% o oedolion yn cymryd rhan mewn llai nac un weithgaredd yr wythnos
- Ymddengys bod y lefel o fwynhad mewn chwaraeon yn isel, bod lefelau hyder yn isel, ond bod galw uchel i wneud mwy (96%)
- Mae'r dystiolaeth yn awgrymu bod ardaloedd o weithgarwch isel yn y rhanbarth, lefel gordewdra yn uchel a lefel tlodi uchel.

Ffynhonnell: *Cael Cymru i Symud; Arolwg Chwaraeon Ysgol 2018; Edrych ar y rhwystrau: pam nad ydy pobl yn symud mwy ; Arolwg Cenedlaethol Cymru 2017-18; Rhaglen Mesur Plant Cymru (2013-2018); Gweithredu heddiw ar gyfer yfory egniol; Cydweithredfa Gwasanaethau Gofal a Llesiant Gogledd Cymru; Gordewdra Mamol; Arolwg Iechyd Cymru; Gweithgareddau Corfforol Plant a Phobl Ifanc, Cynrychiolaeth cyfranogiad gan y rhai mewn cymunedau penodol.*

1.8 Mae mynd i'r afael â'r anghydraddoldebau iechyd a llesiant hyn yn flaenoriaeth a rennir gan bartneriaeth ChGC.

Cadarnhad Partneriaid ChGC a'u hymrwymiad i newid

1.9 Partneriaid craidd ChGC yw:

Enw'r Sefydliad	
Cyngor Sir Ynys Môn	Cyngor Sir y Fflint
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	Cyngor Gwynedd
Prifysgol Bangor	GwE
Cyngor Bwrdeistref Sirol Conwy	Iechyd Cyhoeddus Cymru
Cyngor Sir Ddinbych	Cymdeithasau Tai Rhanbarthol (chwech o gymdeithasau tai wedi eu cynrychioli gan un person)
Chwaraeon Anabledd Cymru	Cynrychiolydd o'r Sector Cymdeithasol
Prifysgol Glyndŵr	Cyngor Bwrdeistref Sirol Wrecsam

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

- 1.10 Mae'r sefydliadau partner sydd wedi eu rhestru yn cyd-derfynu ac yn gysylltiedig â holl boblogaeth Gogledd Cymru, gan ddarparu ystod amrywiol o wasanaethau i 724,826 o bobl sy'n byw yng Ngogledd Cymru ar hyn o bryd (amcangyfrifon canol blwyddyn 2016, StatsCymru).
- 1.11 Mae'r holl sefydliadau sydd wedi eu rhestru naill ai'n ymrwymedig trwy statud i ddarparu yn ôl Deddf Llesiant Cenedlaethau'r Dyfodol, neu â rhan i'w chwarae yn y gwaith o gyflawni'r nodau hyn, a'u bod yn ymrwymedig i weithio tuag at y saith nod. Mae'r sefydliadau sydd wedi eu cynnwys eisoes yn darparu gwasanaethau sy'n treiddio trwy bob un o'r saith nod. Bydd hyn o fudd mawr i ChGC o ran y bydd y profiad a'r wybodaeth sydd o fewn y bartneriaeth yn ased i ganlyniad strategol cyfraniad Chwaraeon Gogledd Cymru i Ddeddf Llesiant Cenedlaethau'r Dyfodol.
- 1.12 O ystyried Gweledigaeth ChGC, a'i ddull cydweithredol, mae potensial enfawr i greu cysylltedd ac ymgysylltiad gwell nac erioed ar draws y dirwedd rhanbarthol gyda'r partneriaid ehangach traddodiadol ac anrhaddodiadol a allai ychwanegu gwerth/cefnogaeth, a/neu ddarparu ochr yn ochr â ChGC. Mae hyn yn cynnwys y posibilrwydd o bartneriaethau masnachol, a allai alluogi arallgyfeirio ffrydiau incwm ar gyfer y Bartneriaeth Chwaraeon Rhanbarthol.
- 1.13 Mae'r holl fudiadau wedi ymroi i wneud gwahaniaeth i gyfranogiad mewn chwaraeon a lleihau anghydraddoldeb yng Ngogledd Cymru.
- 1.14 Mae gwaith ar y gweill i gasglu mewnwelediad i sefydliadau partner Bwrdd ChGC sy'n darparu ei raglenni, a sefydliadau strategol eraill y gallai fod yn fuddiol i ChGC ymgysylltu â hwy yn y dyfodol.
- 1.15 **Yr ymrwymiad a rennir gan ChGC yw i wella iechyd a llesiant holl bobl Gogledd Cymru yn sylweddol.**

Cynnydd ChGC hyd yma

- 1.16 Wrth ymateb i'r weledigaeth newydd ar gyfer gwaith rhanbarthol, mae ChGC wedi bod trwy nifer o gamau datblygol pwysig ers haf 2018. I grynhoi, bu iddo:
- i)** Gael caniatâd ffurfiol Awdurdodau Lleol i fwrw ymlaen â Datganiad o Ddiddordeb ac Achos Busnes dilynol.
 - ii)** Sefydlu'r grŵp cynrychioladol ac adnabod arweinydd a briff rheoli prosiect, yn ogystal â recriwtio i swyddi strategol lle mae gofyn am arbenigedd.
 - iii)** Hwyluso trafodaethau â phrif bartneriaid cynrychioladol a Chwaraeon Cymru i drafod y materion critigol allweddol, adolygu'r deilliannau yr oedd gofyn amdanynt, atgyfnerthu'r partneriaid oedd yn rhan o'r gwaith, a datblygu meddyliau o'r newydd ynglŷn â'r datrysiadau ar gyfer y Rhanbarth a sut i greu'r effaith fwyaf bosib ar ddeilliannau darpariaeth.
 - iv)** Cynnal Gwerthusiad Opsiynau ar y modelau llywodraethu mwyaf addas e.e. Cytundeb Rheoli â'r sefydliad arweiniol, strwythur cydweithredol o gyngor Cyfreithiol a Thechnegol ynghyd â'r dogfennau llywodraethu / memo ac erthyglau cymdeithasiad.
 - v)** Consensws datblygedig o ran y math o arweinyddiaeth sydd ei angen ar gyfer ChGC a'r fframwaith llywodraethu ar gyfer y swyddogaeth gomisiynu a'r broses ddyfarnu a monitro h.y. awdurdod lletya

- vi) Darn o fewnwelediad datblygedig i adnabod y prif faterion rhanbarthol, eu trefnu yn unol â'r deilliannau ac adnabod y partneriaid darparu / prosiectau sy'n gallu cynnig y datrysiadau a'r arloesedd.
- vii) Bydd ChGC yn gweithio'n barhaus i gyflawni uchelgais ehangach cylch gwaith y mudiad er mwyn effeithio, dylanwadu, dadlau dros, a dwyn pwysau er mwyn sicrhau arian pellach at ei gylch gwaith, i greu effaith fwy ar yr holl ganlyniadau strategol a darparu

Nodau hirdymor ChGC

'Grymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egnïol, gan fyw bywydau iachach a hapusach'

- 1.17 Mae Gweledigaeth ChGC wedi ei datblygu trwy gyfrwng ein partneriaeth cydweithredol newydd a chyffrous. Mae'r bartneriaeth yn cynnwys nifer o fudiadau sefydledig sy'n gweithredu ledled y rhanbarth; mae'r rhain yn sefydliadau sy'n rhannu uchelgais ar y cyd i weithio gyda'i gilydd ac achosi newid ac effaith sylweddol fydd o fudd i bobl Gogledd Cymru.
- 1.18 Mae ein dull cydweithredol yn adlewyrchu'r ffaith na all yr un sefydliad gyflawni'r uchelgais hon ar ei ben ei hun ac mae'n hanfodol ein bod yn gweithio mewn partneriaeth â chymunedau a sefydliadau eraill yn y sector cyhoeddus, y sector preifat a'r trydydd sector i alluogi'r gwelliannau hyn.
- 1.19 Mae Gweledigaeth **Chwaraeon Gogledd Cymru** yn ymateb i'r uchelgais ar gyfer Gogledd Cymru:

'Sicrhau bod pobl gogledd Cymru yn Egnïol am oes'

- Sicrhau bod pawb yn medru cyflawni eu potensial
- Sicrhau bod pawb yn cael cyfle i gymryd rhan mewn chwaraeon a gweithgarwch corfforol
- Bod pobl yng Ngogledd Cymru'n byw bywydau egnïol yn gorfforol
- Bod gan bobl y sgiliau a'r cymhelliant i fod yn egnïol drwy chwaraeon

- 1.20 Mae Gweledigaeth Chwaraeon Gogledd Cymru yn cytuno gyda'r **Weledigaeth ar gyfer Chwaraeon** yng Nghymru:

'Cenedl egnïol lle mae pawb yn gallu mwynhau chwaraeon am oes'

- Gweithio, buddsoddi, dysgu a llwyddo gyda'n gilydd
- Creu profiadau sy'n groesawus, yn hwyliog ac yn ddiogel
- Datblygu cyfleoedd sy'n lleol, yn weladwy ac yn ysbrydoledig
- Sicrhau bod chwaraeon yn hygyrch, cynhwysol a fforddiadwy, heb adael neb ar ôl
- Arloesi, cymryd risg a bod yn feiddgar



Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

- 1.21 Mae Gweledigaeth Chwaraeon Gogledd Cymru a'r Weledigaeth ar gyfer Chwaraeon yn ymateb i ofynion **Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015** a'r **Pum Ffordd o Weithio**; yn ogystal â **Strategaeth Chwaraeon Cymru**.
- 1.22 Mae ChGC wedi ymgymryd ag asesiad mewnol o Weledigaeth ChGC yn erbyn **Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015** a **blaenoriaethau a deilliannau Strategaeth Chwaraeon Cymru**. Cydnabyddir y bydd angen Asesiad Effaith Cydraddoldeb o Achos Busnes ChGC hefyd.



- 1.23 Mae partneriaeth ChGC yn arloesol yn ei dull o weithio, ei chyrhaeddiad a'i gweledigaeth. Mae'n harneisio grym a chyrhaeddiad casgliadol y rhanbarth trwy un weledigaeth a diben cyffredin, wedi'i gefnogi gan reoli rhaglen (rhannu ymchwil/gwerthuso/mewnwelediad) i gyflawni darvoudion maint sylweddol. O ran cyflawni, bydd ChGC yn gwneud y gorau o'i gryfderau yn y sector cyhoeddus tra'n ceisio manteisio ar ei botensial masnachol.
- 1.24 Ymhen pum mlynedd, rhagwelir y bydd ChGC wedi ei sefydlu'n gadarn fel corff rhanbarthol effeithiol a chydnerth. Caiff ei ystyried fel corff sy'n darparu arweinyddiaeth, mewnwelediad a throsolwg eglur i annog a chefnogi arloesedd a herio yn effeithiol i'r rhai hynny sy'n darparu ledled y rhanbarth. Bydd ChGC yn ychwanegu gwerth ac yn gyrru newid mewn comisiynu a darparu cymunedol trwy weithio'n agosach â, ac o fewn, y cymunedau hynny. O ganlyniad i waith ChGC, gwelir tystiolaeth o newid gwirioneddol a budd o i'r holl gymunedau ledled Gogledd Cymru trwy system fesur allbwn a deilliant cyffredin sydd â iaith sy'n ddefnyddiol i'r holl bartneriaid, a sail fewnwelediad a thystiolaeth sy'n gadarn ac yn darparu tystiolaeth glir o effaith, newid a gwerth am arian. Bydd yr hyn a ddysgir o'r broses hon yn allweddol o ran cyflawni yn y dyfodol.

2. Cynllun Trosglwyddo

2.1 Mae'r adran hon o'r Achos Busnes yn canolbwyntio ar sut y bydd ChGC yn rheoli'r broses o drosglwyddo o'r ffordd bresennol o weithio i'r dull newydd.

Rheoli'r Broses o Drosglwyddo - Trosolwg

2.2 Mae'r system ddarparu bresennol yng Ngogledd Cymru yn seiliedig ar gyfres o raglenni gweithgaredd corfforol dynodedig; darperir pob rhaglen ym mhob awdurdod lleol, er fod pob un yn cydweithio â phartneriaid gwahanol. Bydd y ffordd newydd o weithio yn cael ei arwain yn eglur gan anghenion a blaenoriaethau lleol ac fe fydd yn seiliedig ar hynny. I'r perwyl hwn, mae ChGC eisoes wedi cychwyn cydweithio er mwyn adnabod a rhannu'r fewnwelediad a'r dystiolaeth allweddol sy'n berthnasol i'r rhanbarth.

2.3 Bwriad ChGC yw creu newid trwy gamau amlwg yn ystod y Cyfnod Trosglwyddo; ei ddull fydd:

- **Gwneud penderfyniadau ar sail tystiolaeth**
- **Darparu cyfleoedd lleol hygyrch, digonol a phriodol, gan ganolbwyntio ar bobl ifanc o gymunedau difreintiedig**
- **Cydweithio â phartneriaid ar draws y sector i wella iechyd a llesiant**
- **Datblygu pobl sydd â sgiliau, sy'n amrywiol, ac sy'n ymgysylltiedig**
- **Pwyso i dderbyn adnoddau ychwanegol er mwyn sicrhau cynaliadwyedd**
- **Bod â llywodraethiant ac arweinyddiaeth ragorol**
- **Datblygu fframwaith rheoli perfformiad sy'n seiliedig ar ddysgu a thystiolaeth berthnasol.**

2.4 Bydd ChGC yn canolbwyntio ar:

- **Roi i bawb y sgiliau, yr hyder a'r cymhelliant i'w galluogi i gael dechrau da ar fod yn egniïol trwy fywyd, gan ganolbwyntio ar bobl ifanc - Dechrau Egniïol**
- **Creu twf yn y cyfleoedd i gyfranogi ar gyfer y rhai hynny sydd yn llai actif - Bod yn Egniïol**
- **Tyfu a chynnal cyfranogiad y rhai hynny sydd eisoes yn actif - Aros yn Egniïol**
- **Ail-ymgysylltu â phobl a'u hailgyflwyno i weithgaredd reolaidd - Adfer**

2.5 Er mwyn hwyluso'r trosglwyddiad at y dull newydd o weithio, mae ChGC eisoes wedi meddwl yn eang am ei strwythur llywodraethu yn y dyfodol, ei adnoddau staffio a'i organogram, y gefnogaeth 'swyddfa gefn' y bydd ei angen a'r gyllideb i gefnogi hyn. Dangosir yr ymagwedd tuag at y rhain isod fel rhan o'r broses drosglwyddo gyfan.

2.6 Mae'n hanfodol i ChGC ac i'r dull newydd cydweithredol bod yr holl bartneriaid yn cefnogi ac yn ymrwymo i'r dull trosglwyddo fel bod ChGC, ei Weledigaeth, ei Nodau a'i Amcanion a Deilliannau'r Bartneriaeth yn cael eu perchnogi'n llawn gan yr holl bartneriaid a rhan-ddeiliaid. Ystyrir y Cyfnod Trosglwyddo felly fel cyfnod cynhwysol, fydd yn cynnwys dysgu parhaus am y ffordd ymlaen.

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

- 2.7 Cydnabuwyd yn gynnar y byddai angen cefnogaeth sefydliad lletya ar gyfer y cyfnod trosglwyddo a blynyddoedd cynnar ChGC. Mae hyn oherwydd tri phrif reswm:
- **Bydd yn galluogi i ChGC, trwy'r Cyfarwyddwr Rhanbarthol, i ganolbwyntio ar sefydlu'r bartneriaeth a'r deilliannau sydd i'w cyflawni, yn hytrach na recriwtio staff i ddarparu cefnogaeth 'swyddfa gefn'**
 - **Bydd yn galluogi i ni ddysgu am ChGC fel partneriaeth er mwyn datblygu dysg mewnol ynghylch natur a graddau'r adnoddau sydd eu hangen yn fewnol, a pha rai y gellir eu cael yn allanol**
 - **Bydd yn galluogi dealltwriaeth o'r cychwyn cyntaf ynghylch y gyllideb ar gyfer gweithredu'r sefydliad fel rhywbeth ar wahân i hwnnw sy'n canolbwyntio ar gydweithredu i gyflawni deilliannau sydd wedi eu hadnabod**
- 2.8 Cyfrifoldeb Cyngor Bwrdeistref Sirol Conwy (CBSC) fydd lletya ChGC ar y dechrau; daethpwyd i gytundeb ar hyn trwy broses gystadleuol lle cafodd partiön oedd â diddordeb eu gwahodd i wneud bid i fod yn sefydliad lletya.
- 2.9 Cytunodd Aelodau ChGC mai CBSC fydd yr awdurdod arweiniol ar gyfer pum mlynedd cyntaf y Bartneriaeth. Rôl CBSC yn benodol yw:
- **Bod yn awdurdod lletya ac arweiniol, a chorff atebol, i Gydweithrediad Chwaraeon Gogledd Cymru;**
 - **Bod yn gyfrifol am benodiad a chyflogaeth y Cyfarwyddwyr Rhanbarthol;**
 - **Fel awdurdod lletya ac arweiniol, derbyn cyfran gytunedig o arian Chwaraeon Cymru i gyfrannu at swydd y Cyfarwyddwyr Rhanbarthol a swyddogaeth CBSC fel yr awdurdod lletya ac arweiniol;**
 - **Fel awdurdod lletya'r Cydweithrediad, bod yn brif gyswllt ar gyfer ymgysylltu â Chwaraeon Cymru mewn perthynas ag arian Chwaraeon Cymru, ac ymlyniad at ofynion llywodraethu Chwaraeon Cymru ar ran y Gydweithrediad;**
 - **Rheoli Cyfrif ChGC a bod yn gyfrifol am ddyrannu arian o Gyfrif ChGC yn unol â phenderfyniadau'r Bwrdd Llywodraethu;**
 - **Ymgysylltu â gweithwyr mewn swyddi sy'n ymwneud â rheoli a gweithredu'r Cydweithrediad;**
 - **Sicrhau y caiff cyfarfodydd Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu eu cynnal yn unol â'r darpariaethau ar gyfer y bwrdd a nodir yn Atodiad 1**
 - **Rheoli Cyfarwyddwyr Rhanbarthol ChGC yn unol â thelerau a safonau cyflogaeth.**

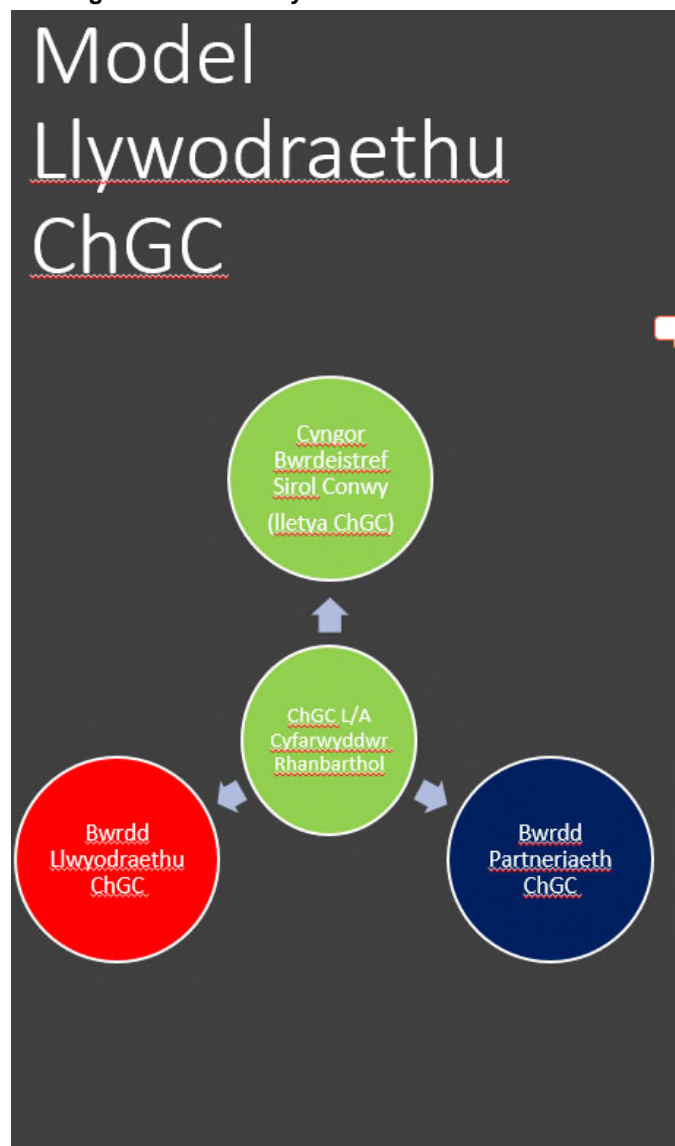
Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

2.10 Mae llywodraethu ChGC yn seiliedig ar y trefniant lletya hwn â CBSC.

Llywodraethu

- 2.11 Mae strwythur Llywodraethu newydd ChGC wedi ei nodi'n llawn yn Adran 6 ac Atodiad 1. Cydnabyddir y bydd symudiad graddol tuag at hyn yn ystod cyfnod trosglwyddo'r Bartneriaeth. Fel rhan o'r cyfnod trosglwyddo hwn, bydd cyfansoddiad amrywiaeth ehangach y Byrddau Llywodraethu a Phartneriaeth yn parhau i gael ei adolygu.
- 2.12 Mae Aelodau ChGC yn deall fod llywodraethu da yn sail allweddol i lwyddiant Chwaraeon Gogledd Cymru; ac nad rheoli gweithrediadau dyddiol yn unig ydyw, ond yn hytrach y fframwaith o strategaeth, rheoliadau a phrosesau rheoli risg, a dull sefydliadol o fynd ati o sicrhau y caiff y diwylliant, y gwerthoedd a'r cywirdeb eu dilyn gan bawb.
- 2.13 Ar hyn o bryd, mae Chwaraeon Cymru yn dyrannu arian yn uniongyrchol i'r chwe awdurdod lleol, sydd wedyn yn gyfrifol am wariant yn eu rhanbarthau eu hunain. Fodd bynnag, os caiff Chwaraeon Gogledd Cymru ei awdurdodi, bydd y Cydweithrediad yn derbyn arian gan Chwaraeon Cymru (amcangyfrif o oddeutu £1.4 miliwn y flwyddyn) ac yn penderfynu ar sut y caiff yr arian hwn ei wario ar draws rhanbarth Gogledd Cymru.
- 2.14 Rhagwelir y bydd ffurfio'r Gydweithrediad yn hwyluso gwariant ar draws platfform ehangach ac yn cefnogi gweledigaeth Chwaraeon Gogledd Cymru i "rymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egniol a byw bywydau hapusach ac iachach", sydd yn ei thro yn cyd-fynd â strategaeth Chwaraeon Cymru ac yn y pen draw yn cyfrannu at y weledigaeth sector gyfan o "genedl egniol lle mae pawb yn gallu mwynhau chwaraeon am oes".
- 2.15 Er mwyn cefnogi'r achos busnes i ffurfio Chwaraeon Gogledd Cymru, mae angen i Aelodau ChGC gyflwyno fframwaith gyfreithiol a llywodraeth gyda'u hachos busnes, er mwyn dangos fod strwythur cadarn yn ei le fydd yn sicrhau bod Aelodau ChGC wedi eu cynrychioli a bod ganddynt broses gwneud penderfyniadau sydd yn effeithiol ac a fydd yn cefnogi'r gwaith o gyflawni'r:
- **Amcanion;**
 - **y Weledigaeth;**
 - **Fframwaith Llywodraethu ac Arweinyddiaeth Chwaraeon Cymru; a**
 - **Fframwaith Galluedd Chwaraeon Cymru.**
- 2.16 Y weledigaeth gyffredinol ar gyfer y Strwythur Llywodraethu yw:

Ffigwr 2.1: Model Llywodraethu ChGC



• **Bwrdd Llywodraethu ChGC**
(arfaethedig)

(7 Aelod / 60 – 40 rhyw / Amrwiaeth)

- Conwy - Gwneud penderfyniadau
- Ynys Mon - Gwneud penderfyniadau
- Dinbych - Gwneud penderfyniadau
- Fflint - Gwneud penderfyniadau
- Gwynedd - Gwneud penderfyniadau
- Wrecsam - Gwneud penderfyniadau
- Cad Annibynnol (Bwrdd Partneriaeth) - Dim gwneud penderfyniadau
- Chwaraeon Cymru - Arsylwi
- Cyfarwyddwr Rhanbarthol - Adrodd / Dim gwneud penderfyniadau



• **Bwrdd Partneriaeth ChGC**
(arfaethedig)

(8-12 Aelod / 60-40 rhyw / Amrwiaeth)

- Cad Annibynnol (* Wedi'i recriwtio)
 - 2 x Llywodraeth Leol (wedi'i apwyntio ChGC)
 - 1 x Iechyd (wedi'i apwyntio ChGC)
 - 1 x Addysg (wedi'i apwyntio ChGC)
 - 1 x Tai (wedi'i apwyntio ChGC)
 - 1 x Cydraddoldeb (wedi'i apwyntio/ * Wedi'i recriwtio)
 - Hyd at 5 Aelod Bwrdd Annibynnol (* Wedi'i recriwtio)
 - Chwaraeon Cymru (Arsylwi)
 - Cyfarwyddwr Rhanbarthol (Adrodd)
- (* Wedi'i recriwtion yn seiliedig ar sgiliau: Cadeirydd, cydraddoldeb, masnachol, marchnata, PR, cyfreithiol, rheolaeth prosiect, rheoli perfformiad, pobl ifanc avb)

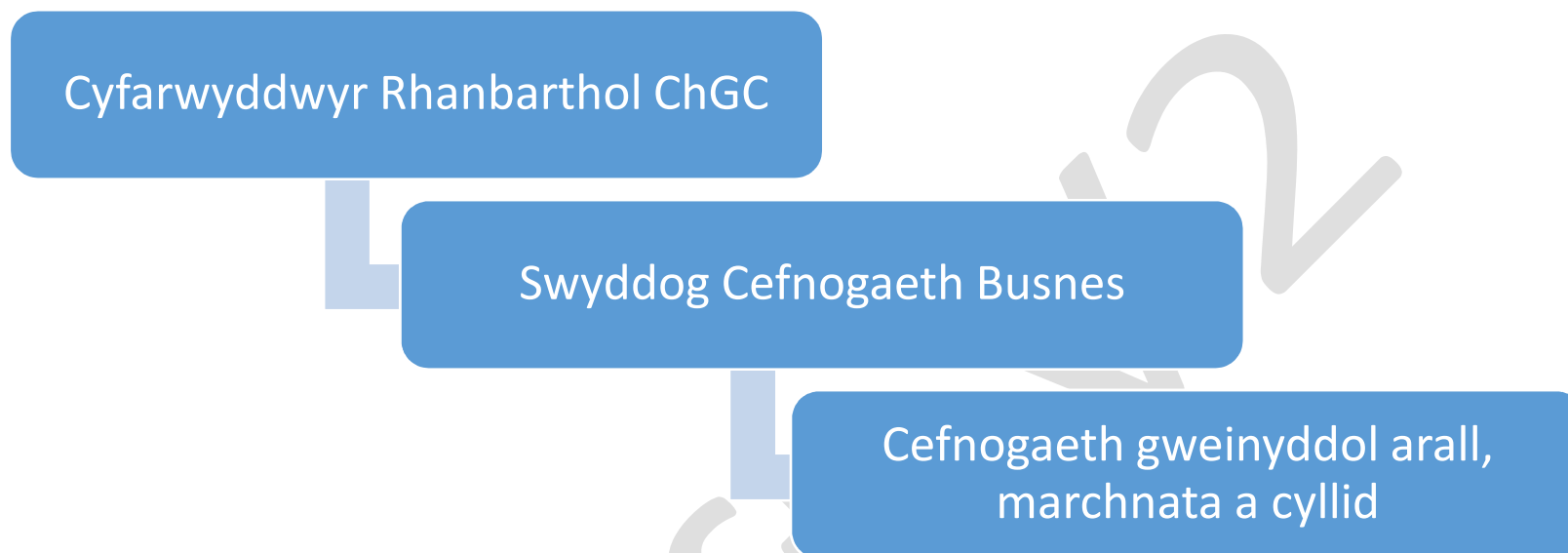


2.17 Mae Ffigwr 2.1 yn dangos bod y strwythur llywodraethu a ragwelir yn cynnwys dau fwrdd.

- 2.18 **Mae Bwrdd y Bartneriaeth yn adlewyrchu natur gydweithredol ehangach ChGC, ei bartneriaid rhanbarthol, ei gysylltedd a'r rhaglenni y bydd yn eu dilyn i gyflawni'r canlyniadau sy'n sail i'r rhesymeg dros ChGC.** Y Bwrdd Partneriaeth yw calon ChGC gyda'r rôl strategol, gydweithredol, gysylltiedig a dylanwadu allweddol. Bydd y Bwrdd Partneriaeth yn archwilio, trafod, cytuno a gosod cyfeiriad mewn ymateb i'r blaenoriaethau gweithgaredd corfforol allweddol ar gyfer cymunedau Gogledd Cymru, yn seiliedig ar dystiolaeth a dysgu ChGC. Mae gan y Bwrdd hwn gynrychiolaeth gan bartneriaid ehangach ChGC, ond mae hefyd yn cynnwys cynrychiolaeth draws-sector, yn ogystal ag aelodau annibynnol o'r Bwrdd. Ei rôl yw darparu'r llywodraethu 'meddal', dylanwadu a chyfeirio blaenoriaethau cyllido, yn ogystal â chymeradwyo ceisiadau cyllid (hyd at werth o £50k). Nod y dull hwn yw ehangu'r mewnbwn i ChGC yn sylweddol a'i alluogi fel sefydliad i dynnu ar arbenigedd o sectorau heblaw gweithgaredd corfforol a chwaraeon. Bydd hyn yn deillio o'r dull cydweithredol ar lefel ranbarthol a lleol. Mae'r dull hwn hefyd yn adlewyrchu nod ChGC i fod yn arloesol, tynnu ar arbenigedd ehangach a bod yn amrywiol yn ei ddull a'i feddwl. Gall hefyd arwain at fwy o allu i drosoli adnoddau ychwanegol ar gyfer cynaliadwyedd. Bydd Bwrdd Partneriaeth ChGC yn cynnwys partneriaid ehangach ChGC sy'n adlewyrchu cynrychiolaeth draws-sector, Aelodau Bwrdd Annibynnol a chynrychiolwyr Bwrdd Llywodraethu ChGC, ynghyd â Chyfarwyddwr Rhanbarthol ChGC. Bydd Cyfarwyddwr Rhanbarthol ChGC yn adrodd i Fwrdd Partneriaeth ChGC.
- 2.19 Mae Atodiad 3 yn nodi lefel y profiad, ynghyd â'r cymwyseddau craidd a ddisgwyli'r gan aelodau annibynnol y Bwrdd a fydd yn eistedd ar y Bwrdd Partneriaeth. Mae disgrifiadau swydd drafft ar gyfer Aelodau Annibynnol y Bwrdd hefyd wedi'u cynnwys yn Atodiad 3. Rhagwelir y bydd cynrychiolwyr y sector yn gallu cynrychioli eu sector cyffredinol, nid corff penodol yn y sector.
- 2.20 **Mae Bwrdd Llywodraethu ChGC yn adlewyrchu gofynion Adran 2 Deddf Llywodraeth Leol 2000 ac Adran 111 Deddf Llywodraeth Leol 1972. Rôl y Bwrdd hwn yw cyflawni gofynion llywodraethu caled ChGC, ei rôl a'i gylch gwaith.** Bydd Bwrdd Llywodraethu ChGC yn cynnwys partneriaid corff cyhoeddus ChGC a chadeirydd Annibynnol, ynghyd â Chyfarwyddwr Rhanbarthol ChGC. Bydd gan Gadeirydd Annibynnol Bwrdd Partneriaeth ChGC sedd ar Fwrdd Llywodraethu ChGC hefyd.

Strwythur Staff

- 2.21 Mae Chwaraeon yng Nghymru yn mynd trwy newid digynsail o ran diwylliant, gyda Gweledigaeth sydd â'r gallu i ysbrydoli deilliannau sy'n fwy ac yn well ym myd chwaraeon. Am y rheswm hwn, bydd angen arweinyddiaeth gref a bywiog ar ChGC. Bydd gan Gyfarwyddwr Rhanbarthol ChGC y sgiliau a'r angerdd i chwarae rôl flaenllaw mewn chwaraeon cymunedol yng Nghymru i greu 'Cenedl Egniol lle mae pawb yn gallu mwynhau chwaraeon am oes' a chyflawni uchelgais Chwaraeon Gogledd Cymru i "rymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egniol a byw bywydau hapusach ac iachach.' Mae'r rôl hon yn hanfodol ar gyfer gyrru uchelgais ChGC a chyflawni Achos Busnes ChGC.
- 2.22 Wrth gydnabod yr angen am yr ymagwedd newydd hon, bydd angen partneriaethau a meddyliau o'r newydd, bydd arweinydd a staff ChGC yn defnyddio mewnwleidiad a dysg yn fwy effeithiol er mwyn cwrdd ag anghenion cymdeithas y dyfodol, gan fanteisio ar dechnoleg i alluogi i ChGC gynllunio a darparu mewn ffordd wahanol. Yn ystod y cyfnod trosglwyddo, rhagwelir y strwythur staff a ganlyn:



2.23 Bydd Cyfarwyddwr Rhanbarthol ChGC yn cael ei gyflogi gan yr Awdurdod Lletya h.y. Conwy, ond bydd yn gweithio'n uniongyrchol â Chadeirydd Bwrdd Partneriaeth Chwaraeon Gogledd Cymru (gweler Atodiad 4).

2.24 I gychwyn, bydd un Swyddog Cefnogi Busnes rhan amser yn gweithio i Gyfarwyddwyr Rhanbarthol ChGC. Caiff staff ChGC eu cefnogi gydag adnoddau gweinyddol trwy Gytundeb Lefel Gwasanaeth â CBSC. Wrth i ChGC ddatblygu fel sefydliad, ac wrth i ddull cydweithredol y bartneriaeth wreiddio o fewn y rhanbarth, rhagwelir y gall y strwythur staff cychwynnol hwn newid, ac ymestyn o bosib. Wrth i hyn ddigwydd, bydd trefniadau CLG â CBSC hefyd yn newid i adlewyrchu anghenion gweithredol.

Cyllidebau

2.25 Mae'n eglur i ChGC fod cyfanswm dangosol y cyllid ar gyfer Chwaraeon Gogledd Cymru ar gyfer y pum mlynedd rhwng 2021-22 a 2025-26 fel a ganlyn:

Tabl 2.1:

	Chwaraeon Gogledd Cymru	Disgrifiad
Trysorlys LIC	£4,540,307	Adnodd er mwyn rhoi dechrau da i bob person ifanc trwy ddarparu gweithgareddau sy'n canolbwyntio ar yr unigolyn. (Ar hyn o bryd, mae hwn yn ariannu chwaraeon cymunedol ac fe'i defnyddir i gyflogi staff - cyllideb PIE).

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

Buddsoddiad Nofio am Ddim	£1,617,750	Arian pridiannol i gyflawni gofynion y Cynllun Nofio am Ddim
Loteri - cynllun grantiau lleol	£4,608,937	Cyllideb Loteri: Cyllideb gomisiynu i gefnogi cyfleoedd datblygu lleol gyda darpariaeth sy'n cyd-fynd â Gweledigaeth Chwaraeon Cymru.
Cronfa Arloesi	£2,187,500	(Mae hyn yn cynnwys y Gist Gymunedol bresennol a dyraniad o gyllidebau Grantiau Datblygu Cyllideb Loteri: Cyllideb gomisiynu i gefnogi cyfleoedd cydweithredol ac arloesol newydd sy'n cyd-fynd â'r Weledigaeth Chwaraeon tra'n cyflawni blaenoriaethau lleol / rhanbarthol. Caiff yr adnodd hwn ei ddefnyddio fel arf i sicrhau arian cyfatebol.
Cefnogaeth Gweithredu Strategol	£619,119	Cefnogi swyddogaeth strategol y bartneriaeth trwy arweinyddiaeth, datblygu mewnwelediad a chefnogi gweithredu.
Cyfanswm dros 5 mlynedd	£13,573,613	

- 2.26 Mae ChGC wedi datblygu ei gyllideb ei hun (Gweler Atodiad 2) ar y sail y bydd yr holl arian ar wahân i'r arian sydd wedi ei adnabod dan Gronfeydd y Loteri ac Arloesi, yn cael ei dalu'n uniongyrchol i ChGC trwy CBSC. Caiff y Cronfeydd Loteri ac Arloesi eu dal gan ChC, ond byddant ar gael i ChGC dynnu yn eu herbyn.
- 2.27 Mae crynodeb o gyllideb drafft ar gyfer 5 mlynedd cyntaf ChGC yn Atodiad 2. Mae hwn yn gosod incwm hysbys ChGC yn ogystal â chyllid ychwanegol trwy ffynonellau masnachol neu arall, y mae'n uchelgais gan ChGC ei godi ac mae hefyd yn dangos pwysigrwydd elfennau ychwanegol i ChGC, a bod hyn yn rhan o'n meddylfryd o'r cychwyn cyntaf.
- 2.28 Ceir hefyd fanylion y gwariant a ragwelir yn Atodiad 2, er mwyn dangos cyfran yr arian sydd angen ei wario ar weithrediad ChGC.
- 2.29 Y gyllideb hon fydd y man cychwyn ar gyfer Cyfnod Trosglwyddo ChGC, ond bydd yn parhau i gael ei hadolygu fel bod modd iddi newid wrth i'r Bartneriaeth dyfu a datblygu y tu hwnt i'r Cyfnod Trosglwyddo.

3. Fframwaith Strategol a Chynllun Gweithredu Darpariaeth Rhanbarthol

Ein Taith i ddatblygu'r Fframwaith Strategol a Chynllun Darparu Rhanbarthol

- 3.1 Mae Chwaraeon Gogledd Cymru (ChGC) wedi datblygu Fframwaith Deilliannau Strategol a Chynllun Darparu a Chomisiynu Blwyddyn 1 (2020/21) ar gyfer ChGC.
- 3.2 Mae'r Fframwaith Strategol yn adeiladu ar y gwaith meddwl dan arweiniad Bwrdd Partneriaeth Chwaraeon Cymru, a arweiniodd at ddrafftio papur gweledigaeth lefel uchel ar gyfer rhanbarth Gogledd Cymru, a gyflwynwyd i Chwaraeon Cymru ym mis Gorffennaf 2019. Rhagwelir y bydd hyn parhau i ddatblygu ac ehangu wrth i'r ymgysylltu a'r cydweithredu ehangach ddigwydd, ac mae'n dylanwadu ar gyfeiriad ChGC trwy Fwrdd Partneriaeth ChGC.

Gweledigaeth Ddrafft ar gyfer Chwaraeon Gogledd Cymru (Gorffennaf 2018) 'Sicrhau bod pobl Gogledd Cymru yn Egniol am Oes'

Lle:

- Gall pawb gyflawni eu potensial
- Mae gan bawb y cyfle i gymryd rhan mewn chwaraeon a gweithgarwch corfforol
- Mae pobl yng Ngogledd Cymru'n byw bywydau egniol yn gorfforol
- Mae gan bobl y sgiliau a'r cymhelliant i fod yn egniol drwy chwaraeon

- 3.3 O ganlyniad i ddatblygu'r weledigaeth oedd yn dechrau dod i'r amlwg ar y pryd, amlygodd ChGC effaith gymdeithasol ledled Gogledd Cymru, gan ganolbwyntio yn benodol ar feysydd lle mae tystiolaeth yn adnabod lefel is o gyfranogiad mewn chwaraeon a gweithgareddau gan grwpiau ffocws penodol e.e. menywod a merched, cymunedau BAME, y rhai hynny sy'n byw mewn tldi, anabledd, ardaloedd gwledig ac ati. Mae ChGC hefyd yn cyfeirio at ddogfen gomisiynu Gogledd Cymru sy'n nodi beth yw'r uchelgais i Gogledd Cymru:

'Gofyniad allweddol i'r bartneriaeth yw cyflenwi uchelgais Chwaraeon Cymunedol yng ngogledd Cymru a chyfrannu at Weledigaeth Chwaraeon Cymru'

- 3.4 Sefydlodd y Bartneriaeth ffordd glir a chytunedig o feddwl rhwng 'Achos Busnes dros Newid' (2016) gwreiddiol ChGC a chyflwyniad y Datganiad o Ddiddordeb dilynol. Bu iddi hefyd adnabod meysydd cyffredin o feddwl ac uchelgais y gallai'r Bartneriaeth ganolbwyntio arnynt a'u dilyn:

"Bydd y bartneriaeth yn ceisio gwella yn sylweddol iechyd a lles pawb yng ngogledd Cymru, gan ddefnyddio amrywiaeth o chwaraeon a gweithgareddau corfforol newydd a blaengar fel ein hateb arfaethedig"

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

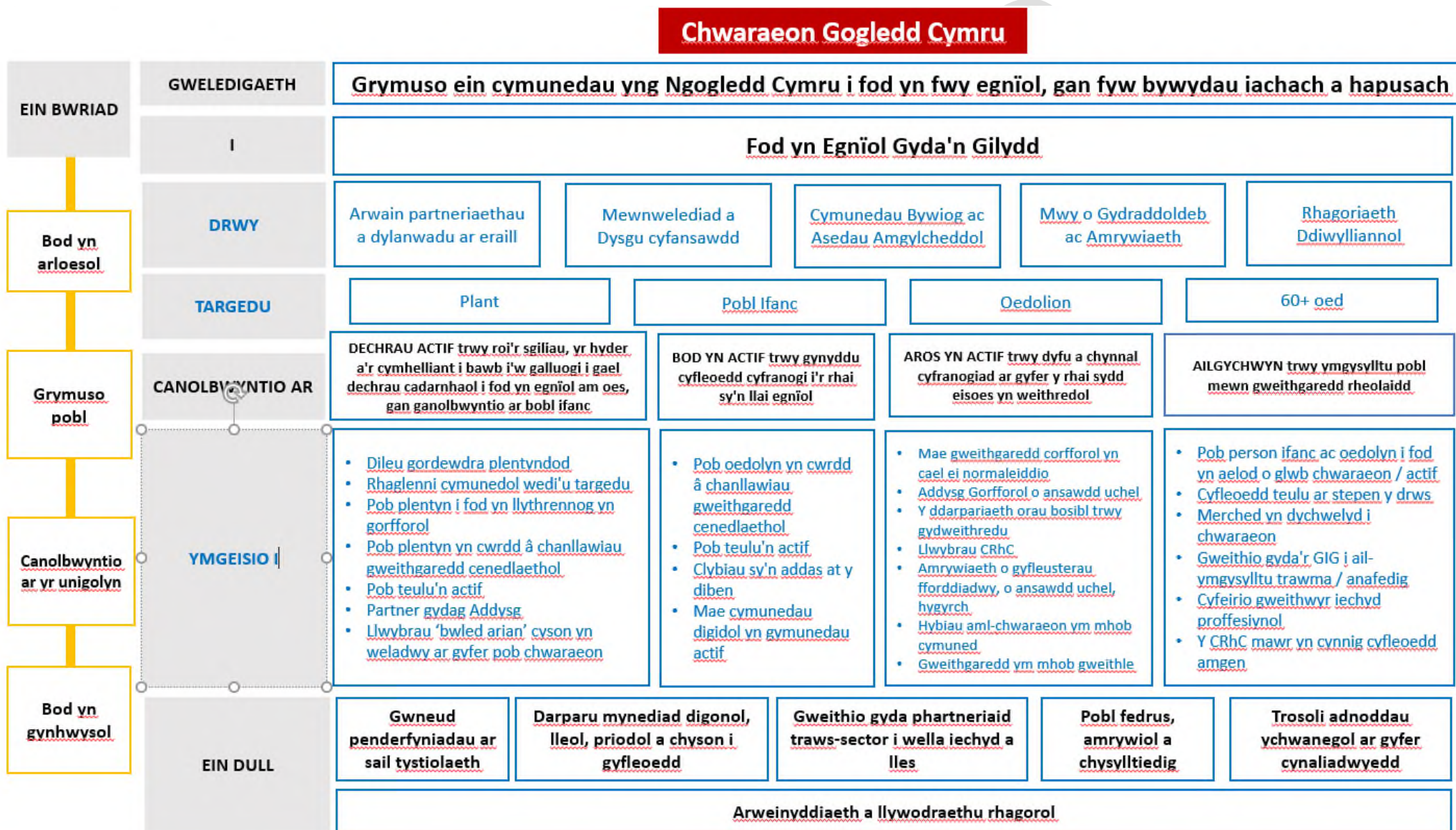
- 3.5 Ym mis Gorffennaf 2019, cytunodd Bwrdd Partneriaeth Cydweithrediad ChGC fod y Weledigaeth (ddrafft, fel yr oedd bryd hynny) yn cyd-fynd â'r Weledigaeth ar gyfer Chwaraeon yng Nghymru, yr uchelgais ar gyfer Gogledd Cymru yn unol â dogfennau comisiynu Chwaraeon Cymru, a hanfod Deddf Llesiant Cenedlaethau'r Dyfodol (2015).
- 3.6 A hwythau yn awyddus i droi'r her a'r 'genhadaeth' yn ddatganiad Gweledigaeth eglur, trafododd Bwrdd Partneriaeth ChGC y sail ar gyfer Gweledigaeth (ddrafft):

- Creu
- Trwy Chwaraeon a Gweithgarwch
- Gogledd Cymru
- sy'n egnïol ac yn iachach
- a lle mae pawb yn cael eu cynnwys / neb yn cael eu gadael ar ôl

(y weithred)
(y cerbyd)
(y lle)
(y canlyniadau)
(yr uchelgais, cydraddoldeb, canolbwyntio ar yr unigolyn)

- 3.7 Fe wnaeth y Bwrdd hefyd gydnabod ei bod yn bwysig fod y weledigaeth yn cael ei phrofi a'i 'pherchnogi a'i gwerthfawrogi gan y rhai fydd mewn gwirionedd yn ei gwireddu'.
- 3.8 Am y rheswm hwn, cytunodd y Bwrdd y byddai'r tri ar ddeg sefydliad arweiniol sy'n ffurfio partneriaeth ChGC yn cael eu gwahodd i ymgysylltu mewn adolygiad o'r weledigaeth ddrafft, gan eu galluogi i gyfrannu at y broses o'i greu a meithrin, trwy hynny, ymdeimlad o berchnogaeth.
- 3.9 Fel rhan o'r adolygiad hwn, mae'n bwysig nodi y bu i ALLau ChGC ddechrau cyfrannu a rhannu fel grŵp, er mwyn sicrhau bod ymagwedd gydweithredol a chydlynol tuag at ddatblygu un cynllun rhanbarthol ar draws Gogledd Cymru. Yng nghyd-destun Chwaraeon Gogledd Cymru fel partner darparu y gwnaeth Awdurdodau Lleol gyflwyno Cynllun Nofio am Ddim 18 mis i Chwaraeon Cymru (Medi 2019).
- 3.10 Cafodd y broses o adolygu a herio'r Weledigaeth wreiddiol ei hwyluso trwy gyfres o weithdai rhyngweithiol ar gyfer gweithluoedd yr 13 o sefydliadau arweiniol Partneriaeth ChGC a wahoddwyd. Fe wnaeth y gweithdai hyn hefyd roi'r cyfle i ddatblygu deilliannau strategol fydd yn ystyrlon, yn gwneud gwahaniaeth i Gogledd Cymru, ac yn gosod y cyd-destun i greu Cynllun Darparu i Chomisiynu Blwyddyn 1 ar gyfer ChGC.
- 3.11 O ganlyniad i'r broses hon, lluniwyd y fframwaith deilliannau strategol a ddangosir yn Ffigwr 3.1:

Ffigwr 3.1: Fframwaith Deilliannau Strategol ChGC



3.12 Roedd hefyd yn gyfrifol am gynhyrchu:

- **Y Weledigaeth ar gyfer Chwaraeon gogledd Cymru (fersiwn wedi'i hadnewyddu)**
 - i rymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egnïol a byw bywydau hapusach ac iachach
- **Bwriad Chwaraeon Gogledd Cymru yw ...**
 - Canolbwyntio ar yr unigolyn
 - Grymuso pobl
 - Bod yn arloesol a
 - Bod yn gynhwysol
- **Dull Chwaraeon Gogledd Cymru fydd ...**
 - Gwneud penderfyniadau ar sail tystiolaeth
 - Darparu cyfleoedd lleol hygyrch, digonol a phriodol, gan ganolbwyntio ar bobl ifanc o gymunedau difreintiedig
 - Cydweithio â phartneriaid ar draws y sector i wella iechyd a llesiant
 - Datblygu pobl sydd â sgiliau, sy'n amrywiol, ac sy'n ymgysylltiedig
 - Pwysu i dderbyn adnoddau ychwanegol er mwyn sicrhau cynaliadwyedd
 - Bod â llywodraethiant ac arweinyddiaeth ragorol
- **Bydd Chwaraeon Gogledd Cymru yn canolbwyntio ar ...**
 - Roi i bawb y sgiliau, yr hyder a'r cymhelliant i'w galluogi i gael dechrau da ar fod yn egnïol trwy fywyd, gan ganolbwyntio ar bobl ifanc - Dechrau Egnïol
 - Creu twf yn y cyfleoedd i gyfranogi ar gyfer y rhai hynny sydd yn llai actif - Bod yn Egnïol
 - Tyfu a chynnal cyfranogiad y rhai hynny sydd eisoes yn actif - Aros yn Egnïol
 - Ail-ymgysylltu â phobl a'u hailgyflwyno i weithgaredd reolaidd - Adfer

Mewnwelediad a Thystiolaeth a gasglwyd gan ChGC i gefnogi'r Fframwaith Strategol

3.13 Mae'r mewnwelediad a'r dystiolaeth gychwynnol a gasglwyd gan ChGC, ac sydd wedi ei adlewyrchu yng nghynlluniau'r ALLau unigol sy'n hysbysu'r Cynllun Rhanbarthol, yn adnabod:

1. **Mai tlodi yw'r ffactor mwyaf ar gyfer anweithgarwch yng ngogledd Cymru**
2. **Mae gan gogledd Cymru un o'r lefelau uchaf o ordewdra ymysg plant yng Nghymru (Cymru sydd uchaf yn y DU).**
3. **Mae bron i draean o famau beichiog yn ordew**

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

4. Mae'r amser a ddyrannir i Addysg Gorfforol wedi lleihau ledled y rhanbarth
5. Mae amrywiad yn bodoli yng nghyfraddau gweithgarwch oedolion y rhanbarth (Conwy 60%, Gwynedd 46%)
6. Adborth gan blant ac oedolion yng ngogledd Cymru sydd â nodweddion gwarchodedig yn adnabod yr ystadegau canlynol:

Cymryd rhan mewn chwaraeon tair gwaith neu fwy yr wythnos (Arolwg Chwaraeon Ysgol 2018)	Cymryd rhan mewn Chwaraeon Tair gwaith neu fwy yr wythnos (Arolwg Cenedlaethol Cymru 2020)
Cyflawn: 47.4% Gwryw: 48.6% Benyw: 46.4% 'Arall': 43.2%	Cyflawn: 32.7% Gwryw: 38.2% Benyw: 27.5%
Dim anabledd na nam: 48.3% Anabledd: 44.9%	Dim anabledd na nam: 38.4% Anabledd: 21.6%
Siaradwr Cymraeg: 52.8% Ddim yn siarad Cymraeg: 35.9%	Pobl yn defnyddio'r iaith Gymraeg ym mywyd bob dydd: 33.8% Pobl sydd ddim yn defnyddio'r iaith Gymraeg ym mywyd bob dydd: 32.4%
FSM1 (lleiaf difreintiedig): 53.2% FSM4 (mwyaf difreintiedig): 37.9%	WIMD Mwyaf Difreintiedig 20%: 22.9%
BME: 45.8%	BME: 26.2%
Cymryd rhan mewn Ysgol Allgyrsiol Ar Leiaf Unwaith yr Wythnos (Arolwg Chwaraeon Ysgol 2018)	Cymryd rhan mewn Chwaraeon Cymunedol y Tu Allan i'r Ysgol Yn Lleiaf Unwaith yr Wythnos (Arolwg Chwaraeon Ysgol 2018)
Cyflawn: 49.2% Gwryw: 49.3% Benyw: 49.6% 'Arall': 36.0%	Cyflawn: 65.0% Gwryw: 65.5% Benyw: 65.1% 'Arall': 54.4%
Dim anabledd na nam: 50.4% Anabledd: 44.9%	Dim anabledd na nam: 66.4% Anabledd: 58.2%

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

Cymryd rhan mewn Ysgol Allgyrsiol Ar Leiaf Unwaith yr Wythnos (Arolwg Chwaraeon Ysgol 2018)	Cymryd rhan mewn Chwaraeon Cymunedol y Tu Allan i'r Ysgol Yn Lleiaf Unwaith yr Wythnos (Arolwg Chwaraeon Ysgol 2018)
Siaradwr Cymraeg: 53.7% Ddim yn siarad Cymraeg: 42.8%	Siaradwr Cymraeg: 69.9% Ddim yn siarad Cymraeg: 57.9%
FSM1 (lleiaf difreintiedig): 51.7% FSM4 (mwyaf difreintiedig): 46.8%	FSM1 (lleiaf difreintiedig): 70.5% FSM4 (mwyaf difreintiedig): 55.6%
BME: 46.4%	BME: 59.3%
% sydd 'Bob amser' yn Teimlo'n Gyffyrddus Cymryd Rhan mewn Gwersi Addysg Gorfforol a Chwaraeon Ysgol (Arolwg Chwaraeon Ysgol 2018)	% Sy'n Meddwl bod Gwersi Addysg Gorfforol a Chwaraeon Ysgol Yn Eu Helpu i Gael Ffordd o Fyw Iach (Arolwg Chwaraeon Ysgol 2018)
Cyflawn: 60.4% Gwryw: 67.7% Benyw: 53.5% 'Other': 46.5%	Cyflawn: 58.4% Gwryw: 60.8% Benyw: 56.8% 'Other': 28.4%
Dim anabledd na nam: 62.4% Anabledd: 48.9%	Dim anabledd na nam: 59.3% Anabledd: 52.1%
Siaradwr Cymraeg: 63.7% Ddim yn siarad Cymraeg: 55.7%	Siaradwr Cymraeg: 60.7% Ddim yn siarad Cymraeg: 55.0%
FSM1 (lleiaf difreintiedig): 61.6% FSM4 (mwyaf difreintiedig): 59.6%	FSM1 (lleiaf difreintiedig): 55.4% FSM4 (mwyaf difreintiedig): 65.1%
BME: 56.3%	BME: 54.2%

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

% Sy'n Mwynhau Gwersi Addysg Gorfforol 'Yn Fawr' (Arolwg Chwaraeon Ysgol 2018)	% Mwynhad Chwaraeon Allgyrsiol 'Yn Fawr (Arolwg Chwaraeon Ysgol 2018)
Cyflawn: 64.9% Gwryw: 70.7% Benyw: 59.8% 'Arall': 42.7%	Cyflawn: 48.7% Gwryw: 52.5% Benyw: 45.7% 'Arrall': 26.1%
Dim anabledd na nam: 66.4% Anabledd: 53.4%	Dim anabledd na nam: 49.9% Anabledd: 41.2%
Siaradwr Cymraeg: 67.6% Ddim yn siarad Cymraeg: 60.8%	Siaradwr Cymraeg: 52.4% Ddim yn siarad Cymraeg: 43.5%
FSM1 (lleiaf difreintiedig): 63.0% FSM4 (mwyaf difreintiedig): 70.3%	FSM1 (lleiaf difreintiedig): 49.9% FSM4 (mwyaf difreintiedig): 49.6%
BME: 59.7%	BME: 46.9%

% Mwynhad Chwaraeon Cymunedol 'Yn Fawr (Arolwg Chwaraeon Ysgol 2018)	% Teimlo Syniadau am Addysg Gorfforol a Chwaraeon Ysgol Wedi Gwrando ar 'Bob amser' (Arolwg Chwaraeon Ysgol 2018)	% 'Hyderus iawn' i Geisio Gweithgareddau Newydd (Arolwg Chwaraeon Ysgol 2018)
Cyflawn: 65.1% Gwryw: 66.5% Benyw: 64.0% 'Arall': 61.5%	Cyflawn: 27.5% Gwryw: 31.6% Benyw: 23.7% 'Arall': 19.4%	Cyflawn: 37.0% Gwryw: 42.5% Benyw: 31.5% 'Arall': 37.7%
Dim anabledd na nam: 66.2% Anabledd: 59.4%	Dim anabledd na nam: 27.4% Anabledd: 30.2%	Dim anabledd na nam: 37.3% Anabledd: 38.3%
Siaradwr Cymraeg: 68.8% Ddim yn siarad Cymraeg: 59.7%	Siaradwr Cymraeg: 29.1% Ddim yn siarad Cymraeg: 25.2%	Siaradwr Cymraeg: 40.2% Ddim yn siarad Cymraeg: 32.6%
FSM1 (lleiaf difreintiedig): 68.2% FSM4 (mwyaf difreintiedig): 59.7%	FSM1 (lleiaf difreintiedig): 24.9% FSM4 (mwyaf difreintiedig): 31.6%	FSM1 (lleiaf difreintiedig): 36.1% FSM4 (mwyaf difreintiedig): 39.1%
BME: 59.3%	BME: 30.8%	BME: 38.5%

- 7.** Ymddengys bod y lefel o fwynhad mewn chwaraeon yn isel, lefelau hyder yn isel, ond mae galw uchel i wneud mwy
- 8.** Mae'r dystiolaeth yn awgrymu bod ardaloedd o weithgarwch isel yn y rhanbarth, lefel gordewdra yn uchel a lefel tlodi uchel.

3.14 Adolygwyd data oedd yn berthnasol i Ogledd Cymru gan ddefnyddio'r ffynonellau isod:

- Cael Cymru i Symud
- Arolwg Chwaraeon Ysgol 2018
- Edrych ar y rhwystrau: pam nad ydy pobl yn symud mwy?
- Arolwg Cenedlaethol Cymru 2017-18
- Rhaglen Mesur Plant Cymru (2013-2018)
- Gweithredu heddiw ar gyfer yfory egnïol
- Cydweithredfa Gwasanaethau Gofal a Llesiant Gogledd Cymru
- Gordewdra Mamol
- Arolwg Iechyd Cymru
- Gweithgareddau Corfforol Plant a Phobl Ifanc
- Cynrychiolaeth cyfranogiad gan y rhai mewn cymunedau penodol



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

CHWARAEON GOGLEDD CYMRU

- 124,000 o blant yng ngogledd Cymru
- Nifer cynyddol o blant sy'n derbyn gofal (1000+)
- Cynnydd mewn plant anabl ag anghenion cymhleth
- Cynnydd yn iechyd meddwl plant (hunan-niweidio ac anhwylderau bwyta)
- Dros 1000 o ofalwyr ifanc yng Ngogledd Cymru

- 150,000 yn 65 oed neu'n hŷn (210,000 erbyn 2039 – 30% o'r boblogaeth)
- Mae lleihau unigrwydd ac unigedd yn flaenoriaeth

- Demograffig cyfan - dywed 80% o'r boblogaeth eu bod mewn iechyd da
- Mae gan bobl sy'n byw mewn ardaloedd difreintiedig iechyd gwaeth

HYRWYDDO BYWYDDAU IECHYD A LLEIHAU ANGHYFARTALAU IECHYD

CHWARAEON CYMRU – Arolwg Cenedlaethol

562,000 o oedolion (16+) yng Ngogledd Cymru

CYFRANOGIAD

- Mae 30% yn cymryd rhan mewn chwaraeon x 3 yr wythnos, 51% yn llai nag unwaith
- Mae gan 53% alw am wneud mwy o chwaraeon
- Mae 18% sy'n byw mewn cymunedau difreintiedig yn cymryd rhan mewn chwaraeon x 3 yr wythnos, 68% yn llai nag unwaith
- Mae'r rhai nad ydyn nhw'n cymryd rhan mewn chwaraeon x 3 yr wythnos = 48% eisiau gwneud mwy o chwaraeon

CHWARAEON CYMRU

Taking Part In
Sport
x3 a week

Cymryd rhan mewn
Chwaraeon
x3 yr wythnos

CYFRANOGIAD

- Mae 47% o ddisgyblion Gogledd Orllewin yn cymryd rhan mewn tri gweithgaredd neu fwy yr wythnos
- FSM 1 = 53%, FSM4 = 40% (gwahaniaeth o 13%)

TLODI

CYMHELLIAD

- Galw cudd 96% yng Ngogledd Cymru (nofio pêl-droed a beicio)

HYDER

- Byddai 21% yn gwneud mwy o chwaraeon pe byddent 'yn fwy hyderus'
- 22% os 'roeddent yn well am chwaraeon'
- 20% os 'roeddent yn fwy ffit'

LLYTHRENNEDD
COFFFOROL

Y PROFIAD

- Mae 65% yn mwynhau AG; Mae 49% yn mwynhau chwaraeon allgyrsiol
- Roedd 28% yn teimlo bod eu syniadau am chwaraeon ac AG 'bob amser yn cael gwrandawriad'

CYFLE

- Addysg Gorfforol Cwricwlaidd - Gostyngiad o 8 munud yn narpariaeth ysgolion uwchradd



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

CHWARAEON GOGLEDD CYMRU

OEDOLION (2016-018)

52% o oedolion (16+) yn cwrdd â chanllawiau gweithgaredd corfforol

- 60% Conwy, 46% Gwynedd (gwahaniaeth o 14%)

- 56% Gwryw, 48% Benyw (gwahaniaeth o 16%)

Y mwyaf difreintiedig 5ed = 44%

Lleiaf difreintiedig 5ed = 61%

Mae 34% yn ymgymryd â llai na 30 munud yr wythnos

POBL PLANT A IFANC (11-16) 2013-14

16.5% yn cwrdd â chanllawiau gweithgaredd corfforol

21% Bechgyn, 11% merched

1. TLODI

2. GWAHANIAETHAU RHANBARTHOL

3. % UCHEL DDIM YN GWNEUD GWEITHGAREDD

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

3.15 Mae'r mewnwelediad a'r dystiolaeth uchod yn bwydo i mewn i'r Cynllun Darparu Rhanbarthol a'r hyn fydd yn cael ei roi ar waith yn ardal pob ALI Partner.

Fframwaith Strategol a Chynllun Gweithredu Darpariaeth Rhanbarthol ChGC ar gyfer y cyfnod trosglwyddo

3.16 Mae'r Fframwaith Deilliannau Strategol yn cyfrannu at Gyfnod Trosglwyddo 2020/21 Achos Busnes Blwyddyn 1 Chwaraeon Gogledd Cymru.

3.17 Yn dilyn y gweithdai ymgysylltu â phartneriaid a ffurfio'r Fframwaith Deilliannau Strategol, datblygwyd Cynllun Rhanbarthol cyntaf Gogledd Cymru. Cafodd y cynllun hwn ei ddatblygu a'i hysbysu trwy gyflwyno chwe chynllun unigol gan Awdurdodau Lleol ar gyfer 2020/21, yn manylu ar yr ymrwymiad a'r ymagwedd leol tuag at roi Fframwaith Strategol newydd Chwaraeon Gogledd Cymru ar waith. Mae'r cynlluniau ALI hyn yn cyd-fynd â'r Fframwaith Deilliannau Strategol; maent yn amlgu'r defnydd o fewnwelediad, data a gwybodaeth oedd yn bwydo i fewn i gynlluniau a blaenoriaethau'r ALLau unigol, yn unol â Bwriad Chwaraeon Gogledd Cymru ac ymagweddau o fewn y Fframwaith Strategol.

3.18 Mae'r prif egwyddorion a ganlyn yn tanategu'r Fframwaith Deilliannau Strategol, y Cynllun Rhanbarthol a chynlluniau'r ALLau:

- Bydd partneriaid yn ymrwymo i weithio â Chwaraeon Gogledd Cymru (ChGC) ar ddatblygiad parhaus dealltwriaeth a rennir o sut y bydd arweinyddiaeth, cynllunio a darparu rhanbarthol cydweithredol yn edrych wrth symud ymlaen; wrth ystyried cydweithredu rhanbarthol, bydd yn sylfaenol sicrhau bod hyn yn digwydd ar bob lefel ac i bob cyfeiriad posibl fel bod blaenoriaethau, y meddwl am y ffordd orau o fynd i'r afael â'r rhain a rhannu dysgu yn rhan annatod o Bartneriaeth ChGC a'r cyffiniau.
- Mae partneriaid yn cydnabod y bydd penderfyniadau'r dyfodol yn cael eu gwneud ar sail mewnwelediad a dysgu ar y cyd, gan adeiladu ar agweddau llwyddiannus o'r system ddarparu bresennol ledled Gogledd Cymru, yn ogystal â chwrdd â'u hanghenion lleol;
- Bydd 2021-22 yn flwyddyn drosglwyddo, lle bydd angen i'r holl bartneriaid gyfrannu ar y cyd ac yn rhagweithiol yn ystod y cyfnod, er mwyn sicrhau bod gennym ddull gweithio gwirioneddol gydweithredol a chydlynol yng Ngogledd Cymru; a
- Partneriaid i barhau i ystyried eu Cynlluniau Nofio am ddim o fewn cyd-destun Chwaraeon Gogledd Cymru, ac i barhau i ymrwymo i gydweithio â Thîm Chwaraeon Gogledd Cymru a'r Prosiect, Chwaraeon Cymru a Nofio Cymru.

3.19 Y Prif Egwyddorion o ran ariannu ALLau Gogledd Cymru yn 2021/2022 fel rhan o'r cyfnod trosglwyddo fydd:

- Bydd partneriaid ALI yn ymrwymo i weithio â Chwaraeon Gogledd Cymru (ChGC) ar ddatblygiad parhaus dealltwriaeth a rennir o sut y bydd arweinyddiaeth, cynllunio a darparu rhanbarthol cydweithredol yn edrych wrth symud ymlaen;
- Mae partneriaid ALI yn cydnabod y bydd penderfyniadau'r dyfodol yn cael eu gwneud ar sail mewnwelediad a dysgu ar y cyd, gan adeiladu ar agweddau llwyddiannus o'r system ddarparu bresennol ledled Gogledd Cymru, yn ogystal â chwrdd â'u hanghenion lleol;
- Bydd 2021-22 yn gyfnod o drosglwyddo at ffordd newydd o weithio. Bydd angen i'r holl bartneriaid ALI gyfrannu ar y cyd ac yn rhagweithiol yn ystod y cyfnod, er mwyn sicrhau bod gennym ddull gweithio gwirioneddol gydweithredol a chydlynol yng Ngogledd Cymru.

- 3.20 Mewn ymateb i'r heriau a wynebir o ran COVID-19, mae partneriaid ledled Gogledd Cymru wedi ceisio defnyddio'r adnodd a ddyfarnwyd ar gyfer 2020/21 yn y modd mwyaf cydweithredol sy'n bosib, gan ddod ynghyd i ddatblygu cynigion ar gyfer yr arian ychwanegol a dderbyniwyd yn unol ag egwyddorion Dull Cadernid Chwaraeon Cymru (SRA). Y prif flaenoriaeth fu gweithio mewn ffyrdd gwahanol a pharatoi chwaraeon a gweithgaredd gorfforol fel y gallant ddychwelyd yn ddiogel, a chwilio am ddatrysiadau arloesol i ffynnu yn y dyfodol.

4. Rheoli Perfformiad

- 4.1 Mae ymagwedd ChGC tuag at reoli perfformiad yn y dyfodol yn gynnig sydd megis dechrau dod i'r amlwg. Mae hyn yn fwriadol am fod rhan o'n ymagwedd newydd, yn unol â Fframwaith Atebolrwydd Chwaraeon Cymru, yn ymwneud â dysgu wrth i ni ddatblygu ein ffordd newydd o weithio a darparu, a sut yr ydym yn mynd ati orau i fesur y deilliannau a gyflawnir gennym.
- 4.2 Bydd peth o'r dysgu hwn yn ymwneud â sut yr ydym yn mynd ati orau i ddod â 13 sefydliad ar wahân ynghyd trwy bartneriaeth gydweithredol ChGC fel bod modd mesur y deilliannau a gyflawnir gennym mewn ffordd sy'n galluogi i bawb uniaethu â nhw o fewn eu fframweithiau a'u blaenoriaethau sefydliadol eu hunain. Rydym yn cydnabod o'r cychwyn cyntaf gyda ChGC y bydd datblygu un gyfres o fesurau sy'n cyfarch blaenoriaethau ein holl bartneriaid a budd-ddeiliaid craidd ac ehangach yn broses heriol.
- 4.3 Rydym hefyd yn cydnabod, er y bydd y ffocws ar gasglu a dysgu o ddata ansoddol, bydd angen rhywfaint o ddata meintiol, demograffig a daearyddol arnom hefyd i osod hyn yn ei gyd-destun, ochr yn ochr.

Sut y bydd ChGC yn casglu dysg er mwyn hysbysu darpariaeth y dyfodol

- 4.4 Bydd ChGC yn canolbwyntio ar gasglu tystiolaeth a mewnwleddiad ystyrlon er mwyn bwydo i fewn i ddulliau darparu'r dyfodol. Fel y nodir yn Adran 3, mae partneriaid ChGC eisoes wedi cychwyn casglu data ledled Gogledd Cymru er mwyn cael gwell dealltwriaeth o flaenoriaethau lleol ac o ganlyniad, lle sydd angen ei dargedu ag adnoddau. Er y bydd hon yn broses barhaus, mae'r gwaith hwn eisoes yn cychwyn amlygu ardaloedd a materion allweddol i'w targedu.
- 4.5 Fel y nodir yn Adrannau 5 a 6, rhagwelir y bydd Bwrdd Llywodraethu ChGC yn gosod cyfeiriad y sefydliad a'i flaenoriaethau; bydd partneriaid a rhan-ddeiliaid wedyn yn cyflwyno bidiau am adnoddau i gyflawni gweithgareddau penodol sy'n mynd i'r afael â'r blaenoriaethau lleol a adnabuwyd.
- 4.6 Mae ChGC yn bwriad casglu dysg er mwyn hysbysu darpariaeth y dyfodol o bum prif ffynhonnell:
- **Adolygu astudiaethau cyfredol a pherthnasol sy'n bodoli eisoes, yn unol â'r hyn a nodir yn Adran 3**
 - **Mewnwelediad partneriaid a gwybodaeth o'r maes**
 - **Gwaith parhaus i gasglu adborth gan y rhai hynny sy'n ymgysylltu â'r gweithgareddau a'r cynlluniau a ddarperir gan ChGC; gallai hyn fod trwy gwblhau arolygon ar-lein neu ffisegol, neu trwy adborth wyneb yn wyneb gan gyfranogwyr**
 - **Adborth gan bartneriaid a rhan-ddeiliaid sy'n ymwneud â darparu ymyrraeth(au) penodol gyda ChGC**
 - **Adolygiad o'r DPAAu cytunedig**

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

- 4.7 Wrth ddefnyddio'r pum ffynhonnell yma, bydd modd i ChGC gasglu data meintiol ac ansoddol fel ei gilydd; bydd y pwyslais ar yr ail o'r rhain wrth symud ymlaen, gan mai effaith ymyrraeth fydd y mesur pwysicaf. Bydd yr effaith o ganlyniad i system gymhleth sy'n cydweithio.
- 4.8 Bydd SNW yn defnyddio dull byd go iawn o reoli perfformiad. Cydnabyddir, er mwyn gwneud gwahaniaeth go iawn a chael effaith gynaliadwy, ei bod yn debygol y bydd angen targedu adnoddau sylweddol at ychydig iawn o bobl, neu mewn ardal ddaearyddol fach. Bydd y dull hwn yn nodi'r newid gwirioneddol mewn cyflenwi yn y dyfodol. Mae ChGC yn cydnabod y bydd angen cyfuno casglu data i lywio'r broses o gyflenwi yn y dyfodol:
- **dull hydredol i adlewyrchu 'gwir' effaith ymyrraeth, gan na fydd y math o newid y mae'n ceisio ei gyflawni yn digwydd dros nos,**
 - **casglu data mwy uniongyrchol i adlewyrchu cynllunio a darparu gweithgaredd/ymyrraeth penodol**
 - **adolygu data demograffig a chymdeithasol cenedlaethol ac is-ranbarthol wrth iddo gael ei ddiweddarau**
 - **cydbwyso data ansoddol â'r wybodaeth feintiol sydd ei hangen i roi'r cyd-destun iddo**
 - **cydweithredu traws-sector ar lefel ranbarthol a lleol**
 - **defnydd o DPAAu a ddatblygwyd fel rhan o Fframwaith Perfformiad pwrpasol ChGC**
 - **cyd-destun a blaenoriaethau Gogledd Cymru yn ogystal â'r rhai ar lefel fwy lleol**

Sut y bydd ChGC yn mesur effaith

- 4.9 Bydd y Cyfnod Trosglwyddo yn cynnwys y camau cyntaf tuag at ffordd newydd o fesur sy'n canolbwyntio ar effaith yn hytrach na deilliannau. Caiff hyn ei danategu gan:
- **Symud tuag at gydweithio**
 - **Rhannu data**
 - **Datblygu Fframwaith ar gyfer ChGC**
 - cyfres o fesurau cyffredinol i holl bartneriaid ChGC weithio tuag atynt, sy'n cyd-fynd â'r Weledigaeth newydd ar gyfer Chwaraeon yng Nghymru a strategaeth Chwaraeon Cymru, a
 - dangos cyfraniad ChGC tuag at nodau Deddf Llesiant Cenedlaethau'r Dyfodol a'r Weledigaeth ar gyfer Chwaraeon yng Nghymru
 - adlewyrchu'r blaenoriaethau a adnabuwyd trwy rannu Gweledigaeth a Mewnwelediad ChGC
 - Ystyriaeth i sut y bydd ChGC yn ymateb i Ddatganiadau Atebolrwydd presennol Chwaraeon Cymru (gweler Atodiad 8), yn cyd-fynd â'i Fwriad Strategol a sut y bydd y rhain yn datblygu mewn partneriaeth dros amser i sicrhau fod dysg yn cyd-fynd â'r prif feysydd darparu (Gweler Atodiad

8). Mae'n allweddol i ChGC ddatblygu ei ddealltwriaeth o'r math o dystiolaeth a data sydd ei angen arno i fwydo i mewn i'w ddull gweithio, i barhau yn hyblyg o ran y modd y caiff rhain eu casglu, ac i flaenoriaethu'r dysg a ddatblygir o hyn.

- Elfen allweddol o ddatblygu'r dysg hwn yw'r ffaith fod casglu data a thystiolaeth yn rhan annatod o waith ChGC a'i bartneriaid h.y. mae'n dod o'r tu mewn allan fel rhan o waith bob dydd i hysbysu ymyraethau, gyda chefnogaeth lle bo'r angen ar ffurf gwerthuso allanol.

4.10 Gellid defnyddio model rhesymeg i ddangos yr uchod, e.e.:



4.11 Mae ChGC yn cydnabod bod llawer nad ydym yn ei wybod hyd yma am effaith ein buddsoddiadau a'n cynlluniau ar lefel leol, ond mai'r hyn a wyddom yw y byddwn yn canolbwyntio ar gyfeirio ein ymyraethau i'r mannau hynny lle bydd eu heffaith ar ei fwyaf. Bydd ein dull cyflawni yn rhoi 'pobl a gweithgaredd' yn ganolog h.y. gwneud yr hyn sy'n bwysig, a pha ffordd bynnag y byddwn yn cyflawni hynny, bydd ein rheoli perfformiad yn canolbwyntio ar:

- **Beth sydd wedi newid o ganlyniad i'n hymyrraeth?**
- **Pam ei fod wedi newid?**
- **Sut mae wedi newid?**
- **Pwy sydd wedi profi'r newid hwn?**
- **Beth yw effaith y newid hwnnw - boed ar lefel unigol neu ar y cyd? (lefelau gweithgaredd corfforol / gwell iechyd a llesiant corfforol a meddyliol / caffael sgiliau byw / cynnydd mewn gwydnwch ac ati)**

4.12 Caiff effaith ei fesur trwy gasglu data ansoddol ac adborth, gan gynnal y dull o roi pobl yn ganolog sy'n gyrru'r ddarpariaeth.

4.13 Mae mesur effaith yn golygu y bydd angen trafodaethau parhaus ynglŷn â'r hyn sy'n cael ei ddarparu, sut a lle ac ati, a'r effaith y mae hynny'n ei gael, gan y byddwn yn dysgu'n barhaus am yr hyn sy'n gweithio a pham, a sut y gall hyn gael ei fireinio a'i wella ymhellach i gyfranogwyr a phartneriaid.

4.14 Diffinnir y data ansoddol a gesglir yn ôl sut y bydd ChGC yn penderfynu gwerthuso effaith, ar sail y dysgu parhaus. Er mai ar ddata ansoddol y byddwn yn canolbwyntio, mae'n bwysig pwysleisio y bydd holl elfennau ymyraethau ChGC yn rhan werthfawr o'r gwerthuso. Mewn rhai ardaloedd, mae'n bosib na fydd y nifer o gyfranogwyr a dargedir yn cael ei gyflawni ar y cychwyn, ond nid yw hyn yn golygu nad yw gweithgareddau yn cael effaith; mae'n bosib bod ymwneud â chwaraeon a gweithgareddau corfforol yn benodol heriol o fewn rhai cymunedau, a hynny am ystod o resymau y mae'r hymyrraeth yn ceisio mynd i'r afael â hwy.

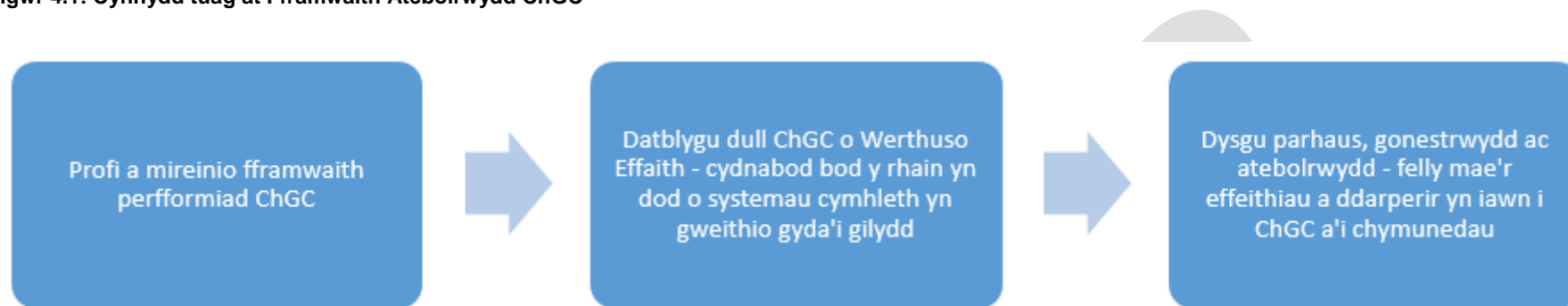
Sut y bydd ChGC yn creu sail dystiolaeth i hysbysu cynllunio'r dyfodol

- 4.15 Mae ChGC yn grediniol y bydd y sail dystiolaeth a lunnir ganddo yn esblygu'n barhaus o ganlyniad i ddysgu a diweddarau data parhaus. Bydd y sail dystiolaeth yn adnodd ar-lein y gellir ei rannu'n hawdd ac y gall partneriaid gael mynediad ato.
- 4.16 Bydd y sail dystiolaeth yn cynnwys nifer o elfennau sydd ar wahân ond yn cydblethu:
- **Data demograffig ar gyfer Gogledd Cymru**
 - **Adroddiadau a phrif ganfyddiadau Gwerthuso presennol**
 - **Gwerthuso Effaith gweithgareddau ChGC - data ansoddol tymor byr, canolig a thymor hir; data meintiol perthnasol; asesu yn erbyn DPAau**
 - **Adborth gan bartneriaid a budd-ddeiliaid**
- 4.17 Bydd casglu data hydredol yn bwydo i mewn i'r sail dystiolaeth yn rheolaidd, er mwyn diweddarau canfyddiadau a dysg. Yn gyffredinol, bydd ChGC yn blaenoriaethu casglu mewnwelediad sy'n ddefnyddiol i'n cynorthwyo ni a'n partneriaid i ddysgu a gwella.
- 4.18 Mae'n debygol y bydd ChGC yn ceisio gweithio gyda phartner i ddatblygu'r fethodoleg y tu ôl i gasglu'r data o weithgareddau ac ymyraethau er mwyn ffurfio'r sail dystiolaeth a hysbysu'r ddarpariaeth ar lawr gwlad. Bydd y sail dystiolaeth yn rhan o'r Fframwaith Atebolrwydd cyffredinol a ddefnyddir gan ChGC.

Sut y bydd ChGC yn ymateb i ymagwedd Chwaraeon Cymru tuag at atebolrwydd fel rhan o'i ofynion adrodd

- 4.19 Bydd datblygu Fframwaith Atebolrwydd ChGC yn gam pwysig ar y daith gyffredinol tuag at ffordd newydd o weithio ar lefel ranbarthol. Ni ddylai neb ddiystyru anferthedd y newid y bydd y daith hon yn ei olygu, na graddfa'r effaith y mae ganddi'r potensial i'w gyflawni. Caiff Fframwaith Atebolrwydd ChGC ei gefnogi gan gyfres o Ddatganiadau Atebolrwydd sy'n adlewyrchu Pwrpas ac Amcanion ChGC.
- 4.20 Datblygir y Fframwaith Atebolrwydd yn unol â'r hyn a ddangosir yn Ffigwr 4.1:

Ffigwr 4.1: Cynnydd tuag at Fframwaith Atebolrwydd ChGC



4.21 Mae ChGC yn bwriadu datblygu ei Ddatganiadau Atebolrwydd ei hun er mwyn ein tywys i'r cyfeiriad hwn, ac i annog ymarfer adfyfyriol fel sydd wedi'i nodi yn Atodiad 8. Yn syml, cyfres o gwestiynau yw'r Datganiadau Atebolrwydd, sy'n gwahodd yr ymatebydd i ystyried yr hyn y maent yn ei wneud a'i ddysgu o fewn maes penodol. Mae'r Datganiadau Atebolrwydd y byddwn yn eu defnyddio ar y cychwyn wedi eu strwythuro o amgylch y chwe datganiad o fwriad strategol sydd yn Strategaeth Chwaraeon Cymru:

- **Canolbwyntio ar yr unigolyn** - *Sut ydych yn sicrhau fod anghenion a chymhellwyr yr unigolyn yn arwain y ddarpariaeth, boed hynny'n ddechrau arni, edrych i wneud cynnydd, neu'n anelu at ragoriaeth ar lwyfan y byd?*
- **Rhoi dechrau da i bob person ifanc** - *Beth ydych chi'n ei wneud i sicrhau fod pobl ifanc yn derbyn y sgiliau, yr hyder a'r cymhelliant i'w galluogi i fwynhau a gwneud cynnydd ym myd chwaraeon? A ydych yn medru dangos sut mae'r weithgaredd hon yn eich ardal yn rhoi i gyfranogwyr y sail sydd ei angen arnynt i fyw bywyd iach, egniol a chyflawn?*
- **Sicrhau bod pawb yn cael cyfle i gymryd rhan mewn chwaraeon** - *I ba raddau y gallwch gynnig cyfleoedd cynhwysol a sut eich bod yn gwybod fod y rhain yn darparu profiad gwyb i'r rhai hynny sy'n ymwneud â nhw?*
- **Dod â phobl ynghyd ar gyfer y tymor hir** - *Sut ydych wedi defnyddio mewnwelediad a dysg i gydweithio ag eraill, ac i sicrhau fod profiadau unigolion o chwaraeon yn newid i fod yn fwy cynaliadwy ac yn fwy llwyddiannus?*
- **Arddangos buddion chwaraeon** - *Allwch disgrifio sut rydych yn tystiolaethu, yn arddangos ac yn dathlu buddion chwaraeon?*
- **Bod yn sefydliad a werthfawrogir yn fawr** - *Sut mae Chwaraeon Cymru wedi (ac heb) ymddwyn gydag uniondeb, wedi ychwanegu gwerth ac annog arloesedd yn ei bartneriaeth â chi?*
- **Cwestiwn agored** - *Beth yw'r peth mwyaf yr ydych wedi ei ddysgu dros y cyfnod diwethaf a pham?*

- 4.22 Bydd ChGC yn adrodd ar effaith ei weithgareddau yn rheolaidd h.y. yn chwarterol i'r Bwrdd Llywodraethu. Bydd hyn hefyd yn cael ei rannu yr un mor rheolaidd â Bwrdd y Bartneriaeth. Bydd yr adroddiadau yn canolbwyntio ar effaith a gwerthuso'r effaith yn erbyn nodau ac amcanion ChGC a Chwaraeon Cymru, a hynny trwy ddull ansoddol yn bennaf. Yr hyn sy'n gyrru'r gwerthuso effaith yw gwneud gwahaniaeth i gyfranogiad mewn chwaraeon a lleihau anghydraddoldeb yng Ngogledd Cymru.
- 4.23 Caiff adroddiadau ysgrifenedig eu rhannu â'r ddau Fwrdd i'w trafod mewn cyfarfod dilynol; caiff canfyddiadau'r gwerthusiad chwarterol eu hychwanegu at y sail dystiolaeth ranbarthol fel y gallant fod o fudd i ChGC, partneriaid a rhan-ddeiliaid.

5. Cydweithrediad Partneriaid a Rhan-ddeiliaid

- 5.1 Mae'r adran hon yn canolbwyntio ar sut y bydd y cydweithio, sydd yn ganolog i ChGC, yn gweithio yn ymarferol, a pha bartneriaid fydd yn arwain ar hyn. Mae hefyd yn edrych ar y rhwydwaith gydweithio ehangach, a sut y gellir cysylltu hyn â ChGC er budd pawb.

SNW is seeking to achieve:



Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

Ein cynllun ar gyfer ymgysylltiad, twf a gwaith ChGC gyda'i bartneriaid/rhan-ddeiliaid strategol a chyflawni rhanbarthol

- 5.2 Mae potensial enfawr i greu cysylltedd ac ymgysylltiad gwell nac erioed ar draws y dirwedd rhanbarthol gyda'r partneriaid ehangach traddodiadol ac anrhaddodiadol a allai ychwanegu gwerth/cefnogaeth, a/neu ddarparu ochr yn ochr â ChGC. Mae hyn yn cynnwys y posibilrwydd o bartneriaethau sector cyhoeddus a masnachol ehangach, a allai alluogi arallgyfeirio ffrydiau incwm ar gyfer y Bartneriaeth Chwaraeon Ranbarthol.
- 5.3 Bydd gan ChGC ymagwedd gynhwysol ac estynedig i weithio mewn partneriaeth ar draws Gogledd Cymru, a hynny er budd y cymunedau y mae'n ceisio eu cefnogi.
- 5.4 Bydd gan ChGC ddau Fwrdd, fel y nodir yn Adran 6; bydd hyn yn darparu cyfeiriad llywodraethu a strategol y bartneriaeth. O ystyried y gynrychiolaeth a fwriedir ar draws y ddau Fwrdd, mae cyfle i ymgysylltu â phartneriaid craidd a'r rhai hynny yn y rhwydwaith ranbarthol ehangach fel ei gilydd.
- 5.5 Yn bwysig iawn, bydd ChGC hefyd yn ceisio ymgysylltu ag aelodau Bwrdd annibynnol, fydd yn gallu dod â sgiliau, profiadau a gwybodaeth benodol at y bartneriaeth o ddiwydiannau a sectorau eraill. Bydd hyn yn galluogi i ChGC ddatblygu ymagwedd arloesol tuag at ddatblygu a chyflawni, yn ogystal ag ariannu, o bosib.
- 5.6 Bydd ChGC yn gwneud pwynt o ymgysylltu â'r holl sefydliadau rhanbarthol perthnasol i archwilio cyfleoedd cydweithio, partneriaeth ac ariannu posib. Bydd yn hyrwyddo chwaraeon fel ffordd o ymgysylltu â'r gymuned, ac fel gofod y gall sefydliadau eraill fod yn rhan ohono er budd ehangach.
- 5.7 Mae ChGC wrthi'n datblygu Mewnwelediad ar sefydliadau partner Bwrdd ChGC er mwyn cael gwell dealltwriaeth o'r hyn y maent yn ei wneud a'r rhaglenni a ddarperir ganddynt er mwyn bod mewn gwell sefyllfa i wneud y defnydd gorau posib o adnoddau; mae hefyd yn cychwyn trafodaethau strategol eraill â'r sefydliadau hynny y gallai fod yn fuddiol i ChGC ymgysylltu â hwy yn y dyfodol.

Ein cynllun marchnata a hyrwyddo rhanbarthol

- 5.8 Caiff cynllun marchnata a hyrwyddo ChGC ei ddatblygu fel drafft yn ystod y Cyfnod Trosglwyddo, dan arweiniad Arweinydd Gweithredol ChGC. Bydd y cynllun yn canolbwyntio ar ddefnydd a mynediad cydweithredol at chwaraeon i gynyddu lefelau defnydd a lleihau anghydraddoldebau ar draws Gogledd Cymru.
- 5.9 Bydd y cynllun yn hyrwyddo ChGC fel y bartneriaeth ranbarthol newydd, ac yn egluro ei swyddogaeth, ei nodau a'i amcanion. Bydd yn codi ymwybyddiaeth o ChGC a'i flaenoriaethau o ran darparu yng Ngogledd Cymru, yn ogystal â gosod y modd y bydd y bartneriaeth newydd yn cyfathrebu â phartneriaid (craidd a'r rhwydwaith ehangach) ac yn hanfodol, y cymunedau y bydd yn gweithio o'u mewn.
- 5.10 Bydd y cynllun yn cyfeirio at bum mlynedd cyntaf y bartneriaeth ond yn canolbwyntio'n fanwl ar Flwyddyn 1. Bydd yn gosod ei ffocws a'i flaenoriaethau ar gyfer Blwyddyn 1 ar sail y fewnwelediad a ddatblygwyd ynglŷn â'r rhanbarth ac yn meintio'r math o brosiectau y mae'n gobeithio ei cyflawni. Bydd hefyd yn gosod y lefelau ariannu sydd ar gael i ddarparu prosiectau yng Ngogledd Cymru, a'r meini prawf y dylid gwneud ceisiadau am arian yn eu herbyn.

Ein Cynllun ar gyfer dargyfeirio ffrydiau incwm newydd, masnachol a phartneriaethau eraill

- 5.11 Mae gan ChGC gyllideb graidd, fel sydd wedi'i nodi yn Atodiad 2. Mae hyn yn seiliedig ar yr incwm sydd i'w dderbyn gan Chwaraeon Cymru.
- 5.12 Wrth edrych ymlaen at y tymor hwy, bwriad ChGC yw cynhyrchu arian ychwanegol o ffynonellau amgen, ac fe fydd yn ceisio ymgysylltu â sefydliadau eraill yng Ngogledd Cymru allai fod o gymorth wrth gyflawni/cael mynediad at gronfeydd amgen. Bydd ChGC yn gwneud ymgais weithredol i chwilio am bartneriaethau masnachol yn ogystal â phartneriaethau â sefydliadau eraill yn y sectorau cyhoeddus a gwirfoddol.
- 5.13 Yn ystod y Cyfnod Trosglwyddo a thu hwnt, bydd gan ChGC ddiddordeb mewn sicrhau ffynonellau cefnogaeth ychwanegol i gefnogi ei waith yng Ngogledd Cymru. Ar hyn o bryd, ystyria ChGC y gallai hyn ddod o:
- **Grantiau gan gyrff eraill ar wahân i Chwaraeon Cymru**
 - **Nawdd i brosiectau/ardaloedd daearyddol penodol**
 - **Comisiynu darpariaeth o weithgareddau/ymyraethau penodol**
 - **Cyfraniadau**
- 5.14 Bydd angen i'r holl gyfleoedd ariannu ychwanegol gyd-fynd â nodau ac amcanion ChGC.
- 5.15 Bydd ChGC hefyd â diddordeb mewn sefydlu partneriaethau masnachol a phartneriaethau eraill fydd o gymorth i'w gefnogi a'i gynnal yn y tymor hwy. Ar hyn o bryd, mae ChGC yn cydnabod fod ganddo bartneriaeth graidd wedi'i sefydlu, a gaiff ei chynrychioli trwy'r Bwrdd Llywodraethu. Mae hefyd wedi adnabod rhai partneriaethau ehangach yn y sector cyhoeddus yr hoffai gydweithio â nhw yn sectorau ieuchyd, addysg a thai. Mae'r rhain wedi eu hadlewyrchu ar Fwrdd y Bartneriaeth. Mae peth hyblygrwydd yng nghyfansoddiad Bwrdd y Bartneriaeth i ychwanegu cynrychiolwyr eraill fel Aelodau Annibynnol o'r Bwrdd, neu fe ellir sefydlu partneriaethau lle nad oes angen cynrychiolaeth ar y Bwrdd fel deilliant.
- 5.16 I roi enghraifft, mae Iechyd Cyhoeddus Cymru eisoes yn awyddus i gydweithio â ChGC i gyflawni yn erbyn eu Strategaeth, gyda chyllid yn cael ei gynnig i gefnogi datblygiad llythrennedd corfforol ar draws y rhanbarth. Caiff y dull enghreifftiol ei ddangos yn Atodiad 7.

6. Fframwaith Llywodraethu a Chyfreithiol

- 6.1 Mae'r Penawdau Telerau drafft ar gyfer Partneriaeth ChGC wedi ei nodi'n llawn yn Atodiad 1. Er mai drafft yw hwn, mae wedi bod gerbron Bwrdd ChGC er mwyn trafod a chymeradwyo'r cyfeiriad sy'n dod i'r amlwg (23 Medi 2020). Mae'r drafft bellach angen mynd yn ôl at bob un o Bartneriaid ChGC, i'w gymeradwyo trwy eu prosesau llywodraethu mewnol perthnasol.
- 6.2 O dan frand/baner "Chwaraeon Gogledd Cymru", mae Aelodau ChGC yn y broses o baratoi achos busnes i'w gyflwyno i Chwaraeon Cymru, yn ymwneud â chreu cydweithredfa fydd, trwy CBSC fel awdurdod lletya'r gydweithredfa, yn derbyn arian yn uniongyrchol gan Chwaraeon Cymru i'w wario ar weithgareddau a phrosiectau chwaraeon a hamdden ledled Gogledd Cymru.
- 6.3 Mae Aelodau ChGC yn deall fod llywodraethu da yn sail allweddol i lwyddiant Chwaraeon Gogledd Cymru; ac nad rheoli gweithrediadau dyddiol yn unig ydyw, ond yn hytrach y fframwaith o strategaeth, rheoliadau a phrosesau rheoli risg, a dull sefydliadol o fynd ati o sicrhau y caiff y diwylliant, y gwerthoedd a'r cywirdeb eu dilyn gan bawb.
- 6.4 Ar hyn o bryd, mae Chwaraeon Cymru yn dyrannu arian yn uniongyrchol i'r chwe awdurdod lleol ar wahân, sydd wedyn yn gyfrifol am wariant yn eu rhanbarthau eu hunain. Fodd bynnag, os caiff ChGC ei gymeradwyo, bydd yn derbyn arian cronus gan Chwaraeon Cymru (amcangyfrif o oddeutu £2.7 miliwn y flwyddyn i'r rhanbarth), ac yn penderfynu ar sut y caiff yr arian hwn ei wario ar draws rhanbarth Gogledd Cymru.
- 6.5 Rhagwelir y bydd ffurfio ChGC, dros gyfnod y cytundeb pum mlynedd, yn hwyluso gwariant ar draws platform ehangach ac yn cefnogi gweledigaeth Chwaraeon Gogledd Cymru i "rymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egnïol a byw bywydau hapusach ac iachach" (sydd yn ei thro yn cyd-fynd â strategaeth Chwaraeon Cymru ac yn y pen draw yn cyfrannu at y weledigaeth sector gyfan o "genedl egnïol lle mae pawb yn gallu mwynhau chwaraeon am oes".)
- 6.6 Er mwyn cefnogi'r achos busnes i ffurfio ChGC, mae angen i Aelodau ChGC gyflwyno fframwaith gyfreithiol a llywodraethu gyda'u hachos busnes, er mwyn dangos fod strwythur cadarn yn ei le fydd yn sicrhau bod Aelodau ChGC wedi eu cynrychioli a bod ganddynt broses gwneud penderfyniadau sydd yn effeithiol ac a fydd yn cefnogi'r gwaith o gyflawni'r:
- 1) Amcanion;**
 - 2) y Weledigaeth;**
 - 3) Fframwaith Llywodraethu ac Arweinyddiaeth Chwaraeon Cymru; a**
 - 4) Fframwaith Galluedd Chwaraeon Cymru.**
- 6.7 Yn unol ag adran 2 Deddf Llywodraeth Leol 2000 ac adran 111 Deddf Llywodraeth Leol 1972, mae Aelodau ChGC yn ymrwmo i Gytundeb Llywodraethu Rhwng Awdurdodau i osod eu swyddogaethau a'u cyfrifoldebau yn eglur mewn perthynas â llywodraethu a strwythur ChGC.
- 6.8 Cytuna'r partïon y byddai'r darpariaethau sydd wedi eu cynnwys yn y Penawdau Telerau yn llywodraethu'r berthynas rhwng y partïon yng nghydweithredfa ChGC, pe byddai'n cael ei gymeradwyo gan Chwaraeon Cymru.

- 6.9 Bydd Partneriaid ChGC yn ymrwymo i'r Bartneriaeth a'r Penawdau Telerau am dymor cychwynnol o bum mlynedd o'r dyddiad y cyflawnir y Cytundeb yn ddilys gan Aelodau ChGC.

Sut fydd ChGC yn cwrdd â Gofynion Angenrheidiol Fframwaith Galluedd Chwaraeon Cymru mewn perthynas ag elfennau o lywodraethu a fframwaith arweinyddiaeth?

- 6.10 Isod, ceir crynodeb o'r Penawdau Telerau yn egluro sut y bydd ChGC yn cwrdd â Gofynion Angenrheidiol Fframwaith Galluedd Chwaraeon Cymru mewn perthynas ag elfennau o lywodraethu a fframwaith arweinyddiaeth.

Amcanion a Gwerthoedd Chwaraeon Gogledd Cymru

- 6.11 Amcanion Chwaraeon Gogledd Cymru, sy'n cyd-fynd â Fframweithiau Llywodraethu ac Arweinyddiaeth a Gallu Chwaraeon Cymru, yw;

- 1. Moderneiddio, gwella a datblygu sector chwaraeon cynaliadwy yng Ngogledd Cymru, gan sicrhau cydbwysedd rhwng arweinyddiaeth a llywodraethu i gyflawni'r Weledigaeth a gosod y cyfeiriad strategol ar gyfer Gogledd Cymru trwy Fyrddau Llywodraethu a Phartneriaeth amrywiol yn seiliedig ar sgiliau;**
- 2. Creu'r amodau sydd eu hangen ar y sector i ymateb yn rhagweithiol ac yn ddeinamig i'r heriau sydd wedi eu gosod ar gyrff cyhoeddus gan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 i ystyried effaith hir dymor eu penderfyniadau a blaenoriaethu gweithio gyda phobl a chymunedau;**
- 3. Cynyddu cyfranogiad mewn chwaraeon trwy:**
 - ymddwyn gydag uniondeb, atebolrwydd a thryloywder;
 - blaenoriaethu llwythi gwaith a meysydd all wneud y gwahaniaeth mwyaf;
 - canolbwyntio ar ymddygiad a diwylliant;
 - rhoi cyfranogwyr yn ganolog i'r penderfyniadau a wneir a sicrhau dull sy'n canolbwyntio ar y cyfranogwr;
 - sefydlu sail i drafodaethau ynglŷn a sut y gall Aelodau ChGC wella fel sefydliadau; a
 - fframwaith ddeilliannau sydd â ffocws ac sy'n targedu plant, oedolion ifanc, oedolion a phobl dros 60 oed.
- 4. Mynd i'r afael â'r heriau cymdeithasol ac economaidd sy'n wynebu'r sawl sy'n ymwneud â chwaraeon cymunedol;**
- 5. Mynd i'r afael ag anghydraddoldeb mewn chwaraeon a darparu ar gyfer natur amrywiol y sector er mwyn sicrhau diogelwch, lles a llesiant pawb sy'n cymryd rhan mewn chwaraeon;**
- 6. Sicrhau bod ymagwedd gref tuag at gydymffurfiaeth iechyd a diogelwch sy'n treiddio trwy holl weithgareddau'r Gydweithredfa;**

7. Sicrhau bod safonau diogelu yn cael eu bodloni yn holl feysydd Chwaraeon Gogledd Cymru (gweler Atodiad 5);
8. Denu buddsoddiad gan ffynonellau cyllid eraill; a
9. Hyrwyddo cydraddoldeb, amrywiaeth, cynaliadwyedd a chynwysoldeb ym mhob gweithred (Gweler Atodiad 6 a 9).

Rhwymedigaethau Cyngor Bwrdeistref Sirol Conwy (CBSC)

6.12 Mae Aelodau ChGC yn gytûn mai CBSC fydd yr awdurdod arweiniol ar gyfer y Tymor llawn.

6.13 Bydd CBSC:

- 1) yn gweithredu fel awdurdod arweiniol a lletya, a chorff atebol, i ChGC;
- 2) yn gyfrifol am benodiad a chyflogaeth y Cyfarwyddwr Rhanbarthol;
- 3) Fel awdurdod lletya ac arweiniol, yn derbyn cyfran gytunedig o arian Chwaraeon Cymru i gyfrannu at swydd y Cyfarwyddwr Rhanbarthol a swyddogaeth CBSC fel yr awdurdod lletya ac arweiniol;
- 4) Fel awdurdod lletya ChGC, yn gweithredu fel prif gyswllt ar gyfer ymgysylltu â Chwaraeon Cymru mewn perthynas ag arian Chwaraeon Cymru, ac ymlyniad at ofynion llywodraethu Chwaraeon Cymru ar ran y Gydweithrediad;
- 5) Rheoli Cyfrif ChGC ac yn gyfrifol am ddyrannu arian o Gyfrif ChGC yn unol â phenderfyniadau'r Bwrdd Llywodraethu;
- 6) Ymgysylltu â gweithwyr mewn swyddi sy'n ymwneud â rheoli a gweithredu'r Cydweithrediad;
- 7) Sicrhau y caiff cyfarfodydd Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu eu cynnal yn unol â'r darpariaethau ar gyfer y bwrdd ac yn unol â rhwymedigaethau penodol CBSC
- 8) Sicrhau y caiff holl bolisiâu a strategaethau perthnasol CBSC eu rhoi ar waith mewn perthynas â gweithrediad ChGC e.e. diogelu, cydraddoldeb ac amrywiaeth ac ati

Rhwymedigaethau Aelodau ChGC

6.14 Bydd Aelodau ChGC yn:

- 1) cyfrannu at gryfder, llwyddiant a chynaliadwyedd Chwaraeon Gogledd Cymru trwy ddyrannu adnoddau digonol i'r Byrddau Partneriaeth a Llywodraethu a gweithio ar y cyd, yn ddidwyll a chydag uniondeb, atebolrwydd a thryloywedd, er budd Gogledd Cymru;**
- 2) cadw at yr Amcanion sy'n gosod yr egwyddorion, y gwerthoedd a'r moesau sy'n berthnasol i holl agweddau ChGC;**
- 3) datblygu siarter gwasanaeth i gwsmeriaid hollgynhwysol, sy'n sicrhau datrysiadau cyflym, effeithiol a chwrtais i gwsmeriaid drwy'r amser;**
- 4) sicrhau fod y Gydweithredfa yn perfformio mewn modd sy'n hyrwyddo ac yn gwella enw da ChGC a Chwaraeon Cymru fel ei gilydd, a hynny trwy gynllun marchnata eglur sy'n hyrwyddo defnydd a mynediad at chwaraeon;**
- 5) cefnogi CBSC gydag unrhyw geisiadau am wybodaeth sydd eu hangen i gefnogi'r Gydweithredfa mewn perthynas ag ymdriniaethau â Chwaraeon Cymru, Llywodraeth Cymru ac unrhyw un arall sy'n rhoi nawdd i ChGC;**
- 6) cytuno fod gan CBSC, fel awdurdod lletya ChGC, wedi ei awdurdodi i dderbyn taliad ar gyfer dyfarniad Chwaraeon Cymru i ChGC (sy'n cyfateb i'r dyfarniad a arferai gael ei dalu ar wahân gan Chwaraeon Cymru i bob un o'r chwe awdurdod lleol sy'n aelodau o ChGC);**
- 7) sicrhau y caiff Ceisiadau a gynigir gan Aelodau eraill ChGC, yn unol â'r broses Cymeradwyo Prosiectau, ystyriaeth gyfartal a chymesur;**
- 8) sicrhau y rhoddir blaenoriaeth i gynnwys y Cais, a theilyngdod y Cais a'r modd y mae'n cyd-fynd â'r Weledigaeth a'r Amcanion, yn hytrach na'r Aelod ChGC penodol sydd wedi cyflwyno'r Cais;**
- 9) sicrhau fod nifer a graddfa'r Ceisiadau a gyflwynir ganddynt i'r Byrddau Partneriaeth a Llywodraethu yn rhesymol a chymesur;**
- 10) cyfeirio holl ymholiadau'r wasg a chyhoeddusrwydd yn ymwneud â ChGC at CBSC neu swyddog y wasg enwebedig a benodir gan Fwrdd Llywodraethu ChGC;**
- 11) lle'n berthnasol, bod yn gyfrifol am gyflawni'r Prosiectau, unwaith eu bod wedi eu cymeradwyo gan y Bwrdd Llywodraethu, yn unol â'r Cynllun Cyflawni Prosiect, gan dderbyn fod swyddogaeth Chwaraeon Gogledd Cymru yn gyfyngedig i ystyried a chymeradwyo Ceisiadau/Prosiectau a darparu cyllid yn hytrach na chyflawni'r Prosiectau eu hunain;**
- 12) darparu unrhyw wybodaeth sydd ei angen ar y Bwrdd Llywodraethu a CBSC i:**
 - dystiolaethu fod y cyllid a ddyfarnwyd ar gyfer Prosiect wedi ei wario ar y Prosiect hwnnw;
 - tystiolaethu ar gynnydd Prosiect sydd wedi derbyn cymeradwyaeth y Bwrdd Llywodraethu;

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

- adrodd i Chwaraeon Cymru mewn perthynas â chynnydd Chwaraeon Gogledd Cymru a'r Prosiectau a gymeradwywyd gan y Bwrdd Llywodraethu; a
 - galluogi i CBSC gyflawni ei rwymedigaethau dan y Cytundeb.
- 13) Ad-dalu Chwaraeon Gogledd Cymru am unrhyw arian nad yw'n cael ei wario mewn perthynas â'r Prosiect y cafodd yr arian ei gymeradwyo ar ei gyfer;**
- 14) Ymrwymo i unrhyw gytundebau, yn ôl yr angen, mewn perthynas â chyflawni Prosiect yn defnyddio arian a ddyrannwyd yn unol â'r Gydweithredfa;**
- 15) Caniatáu i gynrychiolwyr y Bwrdd Llywodraethu gynnal arolygon neu archwiliadau i gefnogi tystiolaeth fod:**
- arian a ddyrannwyd yn cael ei wario yn unol â'r Rhaglen Cyflawni Prosiect; a
 - bod Prosiect yn gwneud cynnydd yn unol â'r Cynllun Cyflawni Prosiect a gymeradwywyd gan y Bwrdd Llywodraethu.
- 16) cydnabod Chwaraeon Gogledd Cymru wrth hyrwyddo unrhyw Brosiect sy'n defnyddio arian Chwaraeon Gogledd Cymru ac, fel y bo'n berthnasol, defnyddio unrhyw frandio Chwaraeon Gogledd Cymru;**
- 17) cydnabod Chwaraeon Cymru ac, os yn berthnasol, cefnogaeth y Loteri Genedlaethol (neu unrhyw arianwyr dilynol neu eraill) wrth hyrwyddo unrhyw Brosiect sy'n defnyddio arian gan y sefydliadau hyn ac, fel y bo'n berthnasol, defnyddio eu brandio**

Bwrdd Llywodraethu ChGC

- 6.15 Mae'r Bwrdd Llywodraethu cytbwys, cynhwysol, amrywiol a medrus yn cynnwys un cynrychiolydd o bob un o'r chwe awdurdod lleol sy'n Aelodau ChGC, ac sy'n bartïon i'r Gydweithredfa.
- 6.16 Bydd gan bob un o'r chwe awdurdod lleol sy'n Aelodau ChGC yr awdurdod i benodi uwch swyddog i'w cynrychioli ar y Bwrdd Llywodraethu, gan sicrhau fod eu cynrychiolydd yn cael ei benodi ar sail yr ystod o sgiliau sydd eu hangen i sicrhau Bwrdd Llywodraethu cytbwys, cynhwysol a medrus.
- 6.17 Bydd y Bwrdd Llywodraethu yn penodi cadeirydd i'r Bwrdd Llywodraethu.
- 6.18 Bydd y Bwrdd Llywodraethu yn cyfarfod [yn chwarterol] ac yn:
- 1) Adolygu cynnydd Chwaraeon Gogledd Cymru yn erbyn yr Amcanion ac yn sicrhau fod amcanion Chwaraeon Cymru yn cyd-fynd â rhai Chwaraeon Cymru trwy'r Prosiectau a gymeradwyir gan y Bwrdd Llywodraethu;**
 - 2) Adolygu cynnydd Prosiectau sydd wedi'u cymeradwyo;**

- 3) Adolygu a chymeradwyo Ceisiadau am arian;
- 4) Cadarnhau trefniadau i ddyrannu arian mewn perthynas â Phrosiectau sydd wedi eu cymeradwyo;
- 5) Darparu adborth tryloyw i Fwrdd y Bartneriaeth ynglŷn ag unrhyw Geisiadau sydd wedi eu gwrthod;
- 6) Datrys unrhyw faterion sy'n cael eu codi gan Fwrdd y Bartneriaeth (yn ffurfiol ac yn unol â'r Broses Datrys Anghydfod);
- 7) Gwneud unrhyw benderfyniadau ynglŷn a'r strategaeth gwasanaeth i gwsmeriaid a'r cynllun marchnata sy'n cael eu codi gan Fwrdd y Bartneriaeth;
- 8) Gwahodd cynrychiolwyr o Chwaraeon Cymru i gyfarfodydd, yn ôl yr angen i arsylwi a chefnogi;
- 9) Cynorthwyo â phenodiad y Cyfarwyddwr Rhanbarthol, yn ôl y gofyn gan CBSC, os nad yw'r Cyfarwyddwr Rhanbarthol eisoes wedi ei benodi gan CBSC, neu gynorthwyo â phenodi Cyfarwyddwr Rhanbarthol newydd (eto, yn ôl y gofyn gan CBSC);
- 10) Bod yn gyfrifol am benodi'r cynrychiolwyr i Fwrdd y Bartneriaeth, gyda chadeirydd annibynnol Bwrdd y Bartneriaeth yn rhan o'r penodiadau hyn.
- 11) Sicrhau bod Ceisiadau a gynigir gan Aelodau ChGC neu Sefydliadau Cyflenwi, yn unol â'r Broses Cymeradwyo Prosiectau, yn cael ystyriaeth gyfartal a chymesur;
- 12) Sicrhau bod blaenoriaeth yn cael ei rhoi i gynnwys y Cais, a theilyngdod y Cais a'i alinio â'r Weledigaeth a'r Amcanion, yn hytrach na'r Aelod ChGC neu'r Sefydliad Cyflawni penodol sydd wedi cyflwyno'r Cais;
- 13) Os yw'n briodol, cymeradwyo unrhyw benderfyniadau a wneir gan y Bwrdd Partneriaeth yn ôl yr angen,

Bwrdd Partneriaeth ChGC

- 6.19 Mae'r Bwrdd Partneriaeth cytbwys, cynhwysol, amrywiol a medrus yn cynnwys un cynrychiolydd o'r Aelodau ChGC presennol sy'n rhan o Chwaraeon Gogledd Cymru, ac fe allai hefyd gynnwys hyd at 5 aelod annibynnol o'r bwrdd a gaiff eu recriwtio'n allanol gan y Bwrdd Llywodraethu ar sail eu sgiliau, sy'n cynrychioli rhanbarth Gogledd Cymru ac a fydd yn gweithio i sicrhau perfformiad yn erbyn Amcanion Chwaraeon Gogledd Cymru.
- 6.20 Bydd cynrychiolwyr yr awdurdodau lleol ar Fwrdd y Bartneriaeth yn wahanol i'r cynrychiolwyr hynny sydd ganddynt ar y Bwrdd Llywodraethu.
- 6.21 Penodir cadeirydd annibynnol i Fwrdd y Bartneriaeth.

Achos Busnes i sefydlu Chwaraeon Gogledd Cymru (ChGC) yn ffurfiol

6.22 Yng ngoleuni amcan gor-redol y partïon o hyrwyddo cynhwysiant, gellir caniatáu i Aelodau ChCC sydd wedi bod yn gyfranogwyr gweithredol wrth ddatblygu cynllun busnes y Cydweithrediad fynychu cyfarfodydd y Bwrdd Partneriaeth fel 'Arsyllwyr' penodedig heb unrhyw hawliau pleidleisio na gallu i fel arall yn uniongyrchol. dylanwadu ar benderfyniadau'r Bwrdd Partneriaeth.

6.23 Bydd Bwrdd yn Bartneriaeth yn cyfarfod [yn fisol] ac yn:

- 1) Sicrhau bod cyfeiriad strategol ac Amcanion Chwaraeon Gogledd Cymru yn symud ymlaen yn llwyddiannus;**
- 2) Adolygu a chymeradwyo Ceisiadau:**
 - gan Sefydliadau Cyflawni/Aelodau ChGC am gyllid rhwng £10,000 a £50,000; a
 - gan Sefydliadau Cyflawni/Aelodau ChGC am gyllid o dan £10,000 lle mae'r Cyfarwyddwr Rhanbarthol yn gofyn am gymorth;
- 3) Trafod syniadau ar gyfer prosiectau sydd ar ddod y gellir eu cynnwys mewn Ceisiadau;**
- 4) Adolygu a chymeradwyo Ceisiadau gan sefydliadau (Aelodau ChGC a sefydliadau cyflenwi eraill fel clybiau chwaraeon yng Ngogledd Cymru) i'w cyflwyno i'r Bwrdd Llywodraethu; adolygu, cymeradwyo a chymeradwyo ceisiadau am hyd at £50k**
- 5) Trafod syniadau ar gyfer prosiectau sydd ar ddod y gellir eu cynnwys mewn Ceisiadau;**
- 6) Darparu fforwm i Aelodau ChGC gynghori a chefnogi ei gilydd ar ôl cwblhau Ceisiadau gan sicrhau cydymffurfiaeth ag Amcanion Chwaraeon Gogledd Cymru;**
- 7) Cytuno ar ddull gweithredu, cynlluniau gweithredu ac amserlenni ar gyfer datblygu Ceisiadau sy'n ystyried unrhyw ymwneud aml-bleidiol â Chais;**
- 8) Trafod unrhyw faterion neu heriau mewn perthynas â Phrosiectau sy'n cael eu cyflawni a sut y gall Aelodau ChGC gydweithio i oresgyn/helpu Aelod ChGC sy'n cyflawni'r Prosiect i oresgyn y materion neu'r heriau hyn;**
- 9) Arwain ar ymgysylltu â rhanddeiliaid sy'n ceisio barn, profiadau, mewnwelediad ac awgrymiadau cyfranogwyr chwaraeon yng Ngogledd Cymru;**
- 10) Monitro cynnydd a glynir wrth siarter y gwasanaeth cwsmeriaid a rhoi'r wybodaeth ddiweddaraf i'r Bwrdd Llywodraethu;**
- 11) Monitro cynnydd y cynllun marchnata a rhoi'r wybodaeth ddiweddaraf i'r Bwrdd Llywodraethu;**

- 12) Trafod adborth gan y Bwrdd Llywodraethu mewn perthynas ag unrhyw Geisiadau a wrthodwyd;**
- 13) Gwahodd cynrychiolwyr o Chwaraeon Cymru i gyfarfodydd, yn ôl y gofyn i arsylwi a chefnogi Cydweithrediad Chwaraeon Gogledd Cymru;**
- 14) Bod yn gyfrifol am benodi cadeirydd annibynnol fydd yn:**
 - Gweithredu fel cyswllt rhwng Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu, ac yn cynrychioli Bwrdd y Bartneriaeth mewn unrhyw drafodaethau ar lefel y Bwrdd Llywodraethu;
 - Cyfarwyddwr anweithredol nad yw'n derbyn tâl ond sy'n meddu ar brofiad fydd yn hwyluso ac yn arwain gweithgareddau Bwrdd y Bartneriaeth; a
 - Cymryd rhan ym mhroses y Bwrdd Llywodraethu o benodi cynrychiolwyr i Fwrdd y Bartneriaeth.

Cyfarwyddwr Rhanbarthol ChGC

6.24 Bydd y Cyfarwyddwr Rhanbarthol, a benodir gan CBSC, yn:

- 1) Gyfrifol am weithrediad Chwaraeon Gogledd Cymru, gan sicrhau fod ei weithgareddau yn cyfrannu at berfformiad yn erbyn yr Amcanion yn unol â'r Cytundeb hwn;**
- 2) Cyfrifol am gysylltu â Bwrdd y Bartneriaeth a chyflwyno unrhyw faterion sydd wedi eu codi gan Fwrdd y Bartneriaeth i'r Bwrdd Llywodraethu;**
- 3) Gweithredu fel swyddog arweiniol, yn gyfrifol am gyflawni Amcanion a chynllun strategol ChGC;**
- 4) Cyfrifol am gynghori'r Bwrdd Llywodraethu ar unrhyw faterion llywodraethu neu risg y daw'r Cyfarwyddwr Rhanbarthol yn ymwybodol ohonynt yn rhinwedd y swydd;**
- 5) Aelod o Fwrdd y Bartneriaeth a'r Bwrdd Llywodraethu ill dau mewn rôl adrodd;**
- 6) Gweithio gyda, ac ar ran, y Bwrdd Llywodraethu i arwain cyfeiriad strategol, datblygiad a phroffil Chwaraeon Gogledd Cymru yn rhanbarthol yn unol â'r Weledigaeth a'r cynllun strategol i hwyluso'r gwaith o gyflawni Amcanion a gwerthoedd Chwaraeon Gogledd Cymru er budd Gogledd Cymru;**
- 7) Cynrychioli'r Bwrdd Llywodraethu ar Fwrdd y Bartneriaeth;**

- 8) Cynrychioli Chwaraeon Gogledd Cymru mewn trafodaethau â Chwaraeon Cymru a rhan-ddeiliaid a phartneriaid eraill, gan ddarparu diweddariadau mewn perthynas â gweithgareddau a chynnydd Chwaraeon Gogledd Cymru (yn ôl y gofyn);**
- 9) Hyrwyddo brand Chwaraeon Gogledd Cymru a chreu cysylltiadau ledled y DU i uchafu gwelededd a phroffil Chwaraeon Gogledd Cymru;**
- 10) Bod yn gyfrifol am sicrhau arian pellach i Chwaraeon Gogledd Cymru ar ben yr arian a dderbynnir gan Chwaraeon Cymru;**
- 11) Sicrhau nawdd (corfforaethol ac anghorfforaethol) i Brosiectau a gweithgareddau Chwaraeon Gogledd Cymru.**

Proses Cymeradwyo Prosiectau

- **Lefelau Gwerth**

- Os yw lefel y cyllid y gofynnir amdano yn £10,000 neu lai, bydd gan y Cyfarwyddwr Rhanbarthol y pŵer i gymeradwyo Ceisiadau gan Sefydliad Cyflawni neu Aelod o ChGC.
- Os yw lefel y cyllid y gofynnir amdano yn £50,000 neu lai, bydd gan y Bwrdd Partneriaeth y pŵer i gymeradwyo Ceisiadau gan Sefydliad Cyflawni neu Aelod o ChGC.
- Os yw lefel y cyllid y gofynnir amdano yn fwy na £50,000, bydd y Bwrdd Partneriaeth yn penderfynu a yw Cais gan Sefydliad Cyflawni neu Aelod ChGC wedi'i gymeradwyo i'w ystyried gan y Bwrdd Llywodraethu; a bydd gan y Bwrdd Llywodraethu y pŵer i gymeradwyo'r Cais.

- **Ceisiadau – Cam Cyntaf a Chynnwys**

- Bydd ceisiadau i'r Cyfarwyddwr Rhanbarthol (os gofynnir am arian yn is na £10,000) neu'r Bwrdd Partneriaeth (os gofynnir am arian yn fwy na £10,000), boed hynny gan Sefydliad Cyflawni neu Aelod o ChGC, yn dilyn ffurflen dempted gymeradwy a manylion:
 - ❖ Enw'r Sefydliad Cyflawni neu Aelod ChGC;
 - ❖ Natur a chwmpas y prosiect arfaethedig a'r gwerthoedd ariannol a briodolir i brif elfennau'r prosiect;
 - ❖ Lefel y cyllid y gofynnir amdano gan Chwaraeon Gogledd Cymru;
 - ❖ Lefel y cyllid y bydd y Sefydliad Cyflawni/Aelod ChGC yn ei gyfrannu at y prosiect o'i adnoddau ei hun (neu adnoddau eraill);
 - ❖ **"Cynllun Cyflawni'r Prosiect"** sy'n cynnwys:
 - ❖ targedau ac allbynnau;
 - ❖ dyddiadau cerrig milltir ar gyfer elfennau allweddol y prosiect;
 - ❖ allbynnau;
 - ❖ esboniad o sut mae'r prosiect yn cyd-fynd ag Amcanion a gwerthoedd Chwaraeon Gogledd Cymru;
 - ❖ esboniad o'r manteision i'r Sefydliad Cyflawni/Aelod ChGC a Gogledd Cymru fel rhanbarth os caiff y prosiect ei gymeradwyo, ynghyd â'r **"Cais"**.

- **Ystyried Ceisiadau**

- Bydd y Cyfarwyddwr Rhanbarthol yn ystyried Ceisiadau am gyllid o dan £10,000 pan gânt eu cyflwyno iddynt. Gall y Cyfarwyddwr Rhanbarthol ofyn am gymorth gan y Bwrdd Partneriaeth wrth ystyried Ceisiadau am arian o dan £10,000.
- Bydd y Bwrdd Partneriaeth yn ystyried Ceisiadau â gwerth sy'n fwy na £10,000 yng nghyfarfod misol perthnasol y Bwrdd Partneriaeth.
- Bydd y Bwrdd Llywodraethu yn ystyried Ceisiadau a gymeradwywyd gan y Bwrdd Partneriaeth yng nghyfarfod chwarterol nesaf y Bwrdd Llywodraethu yn dilyn cyfarfod y Bwrdd Partneriaeth lle rhoddwyd cymeradwyaeth i'r Cais.

- **Ceisiadau wedi'u Gwrthod**

- Os na chaiff Cais ei gymeradwyo gan y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu, bydd crynodeb o'r rhesymau dros wrthod y Cais yn cael ei ddarparu i'r Sefydliad Cyflawni/Aelod ChGC a gyflwynodd y Cais yn ogystal â rhoi adborth ar feysydd i'w datblygu os yw'r Cais i gael ei ail-gyflwyno yn y dyfodol.
- Bydd Cais wedi'i ail-gyflwyno yn cael ei adolygu yn yr un modd â Chais a gyflwynir am y tro cyntaf ac nid yw ail-gyflwyno yn gwarantu y bydd Cais yn cael ei gymeradwyo gan y Cyfarwyddwr Rhanbarthol/Bwrdd Partneriaeth ar ei ail gyflwyniad, neu yn y dyfodol.
- Gellir ailgyflwyno Cais uchafswm o 2 waith. Os gwrthodir Cais ar ôl ei ail gyflwyniad, ni fydd y Sefydliad Cyflenwi / Aelod ChGC yn ailgyflwyno'r Cais y trydydd tro oni bai bod cyfiawnhad dros y Cais fel un sydd wedi'i amrywio'n sylweddol o'r Cais a wrthodwyd yn flaenorol.
- Bydd y Bwrdd Partneriaeth / Cyfarwyddwr Rhanbarthol yn adrodd ar bob cais a wrthodwyd a'r rhesymau pam y cawsant eu gwrthod i'r Bwrdd Llywodraethu.
- Bydd y Bwrdd Llywodraethu yn penderfynu a yw'n adolygu unrhyw geisiadau a wrthodwyd i sicrhau bod Ceisiadau wedi cael ystyriaeth gyfartal a chymesur a bod y broses ymgeisio wedi'i dilyn yn llawn.
- Os bydd anghydfod rhwng y Bwrdd Partneriaeth / Cyfarwyddwr Rhanbarthol ac ymgeisydd, y Bwrdd Llywodraethu fydd y canolwr terfynol

- **Ystyriaethau Cymeradwyo Ceisiadau**

- Wrth benderfynu a yw Cais yn cael ei gymeradwyo gan y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu, ystyrir y canlynol:
 - ❖ alinio'r Cais â'r Weledigaeth, yr Amcanion a'r Gwerthoedd;
 - ❖ y cais i hyrwyddo egwyddorion y siarter gwasanaeth cwsmeriaid;
 - ❖ allbynnau a'r hyn y gellir ei gyflawni mewn perthynas â Gogledd Cymru fel rhanbarth;
 - ❖ y prosiect arfaethedig yn gallu cyflawni (gan gynnwys gallu Aelod ChGC i gyflawni a'r amserlen berthnasol ar gyfer cyflawni);
 - ❖ lefel y cyllid sydd ei angen ac argaeledd cyllid i Chwaraeon Gogledd Cymru.

- **Gofynion Cymeradwyo Ceisiadau**

- I'w gymeradwyo gan y Cyfarwyddwr Rhanbarthol, rhaid i'r Cais fodloni'r ystyriaethau uchod.
- I'w gymeradwyo gan y Bwrdd Partneriaeth, mae angen cymeradwyaeth o fwy na 50% gan gynrychiolwyr y Bwrdd Partneriaeth sy'n bresennol. Os yw'r bleidlais gychwynnol yn benderfyniad rhanedig o 50:50, ni chaiff y Cais ei gymeradwyo gan y Bwrdd Partneriaeth.
- I'w gymeradwyo gan y Bwrdd Llywodraethu, mae angen mwy na 50% o gymeradwyaeth gan gynrychiolwyr y Bwrdd Llywodraethu ar Gais. Os yw'r bleidlais gychwynnol yn benderfyniad 50:50 hollt, bydd gan y cadeirydd y bleidlais fwrw.

- **Ceisiadau Cymeradwy (Prosiectau)**

- Os caiff Cais ei gymeradwyo, bydd y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu yn cadarnhau:
 - ❖ bod y Cais, ar ôl ei gymeradwyo, yn **"Brosiect"**;
 - ❖ lefel y cyllid a ddyfernir ar gyfer cyflawni'r Prosiect;
 - ❖ camau y mae'n rhaid i'r Sefydliad Cyflawni/Aelod ChGC eu cadarnhau cyn i'r cyllid gael ei ymrwymo i'r Prosiect;
 - ❖ unrhyw gytundeb y mae'n rhaid i'r Sefydliad Cyflawni/Aelod ChGC ymrwymo iddo gyda CBSC cyn iddo gael unrhyw gyllid mewn perthynas â'r Prosiect; a
 - ❖ amllder talu rhandaliadau o gyllid (os na ddarperir yn llawn ar ddechrau Prosiect sy'n cael ei gymeradwyo).

6.25 Ar ôl i'r Prosiect gael ei gymeradwyo, rhaid i'r Sefydliad Cyflawni/Aelod ChGC gyflawni'r Prosiect yn unol â Chynllun Cyflawni'r Prosiect ac unrhyw gytundeb a wnaed gan y Sefydliad Cyflawni/Aelod ChGC a CSBC mewn perthynas â chyflawni'r Prosiect.

Cyfrif ar wahân

6.26 Er mwyn sicrhau y cynhelir systemau a rheolaethau rheoli arian effeithiol, bydd CBSC yn cynnal cyfrif ar wahân er mwyn derbyn y taliadau ar gyfer dyfarniad Chwaraeon Cymru. Bydd y cyfrif hwn yn dangos yn dryloyw y trafodion hynny sy'n ymwneud â dyfarniad Chwaraeon Cymru, ac fe fydd yn destun cyfrifo llyfr agored fel bod yr holl bartïon â dealltwriaeth eglur o'r:

- 1) **Trafodion i fewn ac allan o'r cyfrif; a**
- 2) **Gwerth y trafodion hynny.**

6.27 Gall Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu drafod unrhyw ymholiadau ynglŷn â chyfrif ChGC.

Gweithwyr

6.28 Dan drefniant cytundebol, bydd gweithwyr pob Aelod ChGC yn parhau yng nghyflogaeth yr Aelod ChGC hwnnw, ac nid oes unrhyw fwriad i'r gweithwyr hyn wneud trosglwyddiad TUPE at Aelod ChGC ar all o ganlyniad i'r Gydweithredfa hon.

6.29 Os daw swyddi'n wag o fewn Aelod ChGC, bydd yr Aelod ChGC yn penderfynu ar y ffordd fwyaf priodol o gamu ymlaen mewn perthynas â'r swydd wag, gyda chynghor gan Fwrdd y Bartneriaeth a'r Arweinydd Gweithredol, yn ôl y gofyn (a chyda holl Aelodau ChGC yn ymwybodol o'r rhwymedigaeth i gyfrannu tuag at gryfder, llwyddiant a chynaliadwyedd Chwaraeon Gogledd Cymru trwy ddyrannu adnoddau digonol i'r Byrddau Partneriaeth a Llywodraethu (gweler "Rhwymedigaethau Aelodau ChGC")).

Atodiad 1: Penawdau Telerau Cytundeb Llywodraethu Rhyng-Awdurdod Cydweithrediad Chwaraeon Gogledd Cymru

Rhif	Darpariaeth	Rhwymedigaethau materol
1.	Partïon	<p>Cyngor Bwrdeistref Sir Conwy o Bodlondeb, Conwy Gogledd Cymru, LL32 8DU ("CBSC");</p> <p>Cyngor Sir Dinbych o Wynnstay Road, Ruthin, LL15 1YN;</p> <p>Cyngor Sir Fflint o County Hall, Wyddgrug, Fflint CH7 6NB;</p> <p>Cyngor Gwynedd o Pencadlys, Stryd y Castell, Caernarfon, Gwynedd, LL55 1SE;</p> <p>Cyngor Sir Ynys Mon o Swyddfeydd y Cyngor Llangefni, Ynys Mon LL77 7TW;</p> <p>Cyngor Bwrdeistref Wrecsam o 16 Lord Street, Wrecsam LL11 1LG;</p> <p>Bwrdd iechyd Prifysgol Betsi Cadwaladr o Ysbyty Wrexham Maelor, Croesnewydd Road, Wrecsam, LL13 7TD;</p> <p>Prifysgol Bangor o Ffordd y Coleg, Bangor, LL57 2DG</p> <p>Prifysgol Glyndwr Wrecsam o Mold Road, Wrecsam, LL11 2AH</p> <p>Chwaraeon Anabledd Cymru o Canolfan Genedlaethol Chwaraeon Cymru, Caerdydd, CF11 9SW</p> <p>GwE o Bryn Eirias, Ffordd Abergele, Bae Colwyn, LL29 8BY</p> <p>Iechyd Cyhoeddus Cymru o 2 Capital Quarter, Tyndall Street, Caerdydd, CF10 4BZ</p> <p>Adra o Tŷ Coch, Llŷs y Dderwen, Parc Menai, Bangor, LL57 4BL</p> <p>Tai Gogledd Cymru o Plas Blodwel, Broad Street, Cyffordd Llandudno, Conwy, LL31 9HL.</p> <p>Tai Wales & West o Tŷ Draig, St. David's Park, Ewloe, Deeside. CH5 3DT</p> <p>Grwp Cynefin o Ty Silyn, Penygroes, Gwynedd.</p> <p>Cartrefi Conwy o Morfa Gele, Parc Busnes Gogledd Cymru, Cae Eithin, Abergele, LL22 8LJ</p> <p>ClwydAllyn o 72 Ffordd William Morgan, Parc Busnes Llanellwy, Llanellwy, Dinbych. LL17 0JD</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		pob un yn " Aelod ChGC " a gyda'i gilydd yn " Aelodau ChGC " (ac eithrio lle mae wedi'i ddiffinio'n unigol).
2.	Cefndir a Datganiadau	<p>O dan frand/baner "Chwaraeon Gogledd Cymru", mae Aelodau ChGC yn y broses o baratoi achos busnes i'w gyflwyno i Chwaraeon Cymru, yn ymwneud â chreu cydweithredfa fydd, trwy CBSC fel awdurdod lletya'r gydweithredfa, yn derbyn arian yn uniongyrchol gan Chwaraeon Cymru i'w wario ar weithgareddau a phrosiectau chwaraeon a hamdden ledled Gogledd Cymru. ("Chwaraeon Gogledd Cymru" neu'r "Cydweithredfa").</p> <p>Mae Aelodau ChGC yn deall fod llywodraethu da yn sail allweddol i lwyddiant Chwaraeon Gogledd Cymru; ac nad rheoli gweithrediadau dyddiol yn unig ydyw, ond yn hytrach y fframwaith o strategaeth, rheoliadau a phrosesau rheoli risg, a dull sefydliadol o fynd ati o sicrhau y caiff y diwylliant, y gwerthoedd a'r cywirdeb eu dilyn gan bawb.</p> <p>Ar hyn o bryd, mae Chwaraeon Cymru yn dyrannu arian yn uniongyrchol i'r chwe awdurdod lleol ar wahân a nodir ym mharagraff 1 (Partïon), sydd wedyn yn gyfrifol am wariant yn eu rhanbarthau eu hunain. Fodd bynnag, os caiff ChGC ei gymeradwyo, bydd yn derbyn arian cronus gan Chwaraeon Cymru (amcangyfrif o oddeutu £13.14 dros bum mlynedd y cytundeb) ("Dyraniad Chwaraeon Cymru"), ac yn penderfynu ar sut y caiff yr arian hwn ei wario ar draws rhanbarth Gogledd Cymru.</p> <p>Rhagwelir y bydd ffurfio'r Cydweithredfa yn hwyluso gwariant ar draws plattfform ehangach ac yn cefnogi gweledigaeth Chwaraeon Gogledd Cymru i "rymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egnïol a byw bywydau hapusach ac iachach" (sydd yn ei thro yn cyd-fynd â strategaeth Chwaraeon Cymru ac yn y pen draw yn cyfrannu at y weledigaeth sector gyfan o "genedl egnïol lle mae pawb yn gallu mwynhau chwaraeon am oes".)</p> <p>Er bod partïon yn y Cydweithrediad wedi'u nodi ym mharagraff 1 o'r Pennawd Telerau hyn, mae'r Cytundeb Cydweithio ("Cytundeb") yr ymrwymwyd iddo gan Aelodau ChGC yn cynnwys Proses Cymeradwyo Prosiect (gweler paragraff 10) lle mae Aelodau ChGC a sefydliadau cyflawni eraill, fel clybiau chwaraeon yng Ngogledd Cymru ("Sefydliadau Cyflenwi") yn gallu gwneud cais am arian gan Chwaraeon Gogledd Cymru i gefnogi prosiectau chwaraeon lleol a rhanbarthol ledled Gogledd Cymru.</p> <p>Er mwyn cefnogi'r achos busnes i ffurfio ChGC, mae angen i Aelodau ChGC gyflwyno fframwaith gyfreithiol a llywodraethu gyda'u hachos busnes, er mwyn dangos fod strwythur cadarn yn ei le fydd yn sicrhau bod</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>Aelodau ChGC wedi eu cynrychioli a bod ganddynt broses gwneud penderfyniadau sydd yn effeithiol ac a fydd yn cefnogi'r gwaith o gyflawni'r:</p> <ol style="list-style-type: none"> 1) Amcanion; 2) y Weledigaeth; 3) Fframwaith Llywodraethu ac Arweinyddiaeth Chwaraeon Cymru; a 4) Fframwaith Galluedd Chwaraeon Cymru. <p>Yn unol ag adran 2 Deddf Llywodraeth Leol 2000 ac adran 111 Deddf Llywodraeth Leol 1972, os caiff yr achos busnes dros Chwaraeon Gogledd Cymru ei gymeradwyo gan Chwaraeon Cymru, bydd Aelodau ChGC yn ymrwymo i'r Cytundeb sy'n nodi'n glir eu rolau a'u cyfrifoldebau mewn perthynas â'r llywodraethu a strwythur cydweithrediad Chwaraeon Gogledd Cymru, fel y nodir yn y Pennawd Telerau hyn.</p> <p>Cytuna'r partïon y byddai'r darpariaethau sydd wedi eu cynnwys yn y Penawdau Telerau yn llywodraethu'r berthynas rhwng y partïon yng nghydweithredfa ChGC, pe byddai'n cael ei gymeradwyo gan Chwaraeon Cymru.</p> <p>Bydd Chwaraeon Gogledd Cymru yn cynnwys dau fwrdd:</p> <ol style="list-style-type: none"> 1) Bwrdd Llywodraethu sydd a cynrychiolwyr o'r chwe awdurdod lleol yng Ngogledd Cymru (a bydd pob awdurdod lleol yn dirprwyo pwerau i'r cynrychiolydd ar y Bwrdd Llywodraethu); a 2) Bwrdd Partneriaeth sydd â chynrychiolaeth ehangach o'r sector cyhoeddus yng Ngogledd Cymru (awdurdodau lleol, iechyd, addysg, tai a chydaddoldebau) yn ogystal ag aelodau annibynnol a benodir ar sail eu sgiliau. <p>Mae'r Bwrdd Partneriaeth yn eistedd o dan y Bwrdd Llywodraethu ac mae ganddo ffocws mwy gweithredol, (gweler adran 8 isod) sy'n gyfrifol am weithredu gweledigaeth strategol Chwaraeon Gogledd Cymru a sicrhau bod Amcanion Chwaraeon Gogledd Cymru yn cael eu symud ymlaen yn llwyddiannus ledled y rhanbarth, ond gyda lleol effaith, tra bydd y Bwrdd Llywodraethu yn goruchwyllo llywodraethu Chwaraeon Gogledd Cymru a gweithgareddau'r Bwrdd Partneriaeth (gweler adran 7 isod). Oherwydd ei gyfansoddiad, ni fydd yn arfer pwerau dirprwyedig ond bydd yn gweithredu mewn swyddogaeth gynghorol ynghylch ei swyddogaethau.</p> <p>Y rheswm dros gael dau fwrdd yw bod ChGC wedi cytuno i fabwysiadu dull 'model lletyol' awdurdod lleol yn unol ag adran 2 Deddf Llywodraeth Leol 2000 ac adran 111 Deddf Llywodraeth Leol 1972. Mae hyn yn ei gwneud yn ofynnol i Aelodau Awdurdod Lleol ChGC ymrwymo i'r Cytundeb Llywodraethu Rhyng-Awdurdod, sy'n nodi'n glir eu rolau a'u cyfrifoldebau mewn perthynas â llywodraethu a strwythur ChGC. Yn hytrach na chael un</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>bwrdd â phwerau gwneud penderfyniadau yn cael ei ddal yn ganolog gan y chwe Awdurdod Lleol cytunwyd i gyflwyno ail fwrdd (y Bwrdd Partneriaeth) a fyddai ag awdurdod i weithredu'r weledigaeth ar gyfer ChGC ac a allai ennyn cynrychiolaeth ehangach o'r bartneriaeth ranbarthol fel yn ogystal ag aelodau bwrdd annibynnol sy'n seiliedig ar sgiliau. Mae'r dull byrddau deuol yn sicrhau craffu ac atebolrwydd digonol ar gyfer gweithgareddau strategol a gweithredol, gyda amlinelliad clir rhwng y ddau.</p> <p>Bydd Cyfarwyddwr Rhanbarthol, a gyflogir gan CBSC, yn gyfrifol am berfformiad a llwyddiant Chwaraeon Gogledd Cymru a bydd yn gweithredu fel cyswllt rhwng y Bwrdd Partneriaeth a Llywodraethu (gweler adran 9 isod). Ni fydd gan y Cyfarwyddwr Rhanbarthol awdurdod mewn perthynas â swyddogaethau'r Bwrdd Llywodraethu ond bydd yn gweithredu'r penderfyniadau a wneir gan y Bwrdd Llywodraethu.</p>
3.	Tymor	<p>Tymor cychwynnol o bum mlynedd o'r dyddiad y gweithredir y Cytundeb yn ddilys gan Aelodau ChGC.</p> <p>Yn gallu cael ei estyn trwy gytundeb Aelodau ChGC a Chwaraeon Cymru gyda hyd yr estyniad hefyd i'w gytuno gan Aelodau ChGC.</p>
4.	Amcanion Gwerthoedd Chwaraeon Gogledd Cymru	<p>a Amcanion Chwaraeon Gogledd Cymru, sy'n cyd-fynd â Fframweithiau Llywodraethu ac Arweinyddiaeth a Galluedd Chwaraeon Cymru, yw;</p> <ol style="list-style-type: none"> 1. Moderneiddio, gwella a datblygu sector chwaraeon cynaliadwy yng Ngogledd Cymru, gan sicrhau cydbwysedd rhwng arweinyddiaeth a llywodraethu i gyflawni'r Weledigaeth a gosod y cyfeiriad strategol ar gyfer Gogledd Cymru trwy Fyrddau Llywodraethu a Phartneriaeth amrywiol yn seiliedig ar sgiliau; 2. Creu'r amodau sydd eu hangen ar y sector i ymateb yn rhagweithiol ac yn ddeinamig i'r heriau sydd wedi eu gosod ar gyrrff cyhoeddus gan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 i ystyried effaith hir dymor eu penderfyniadau a blaenoriaethu gweithio gyda phobl a chymunedau; 3. Cynyddu cyfranogiad mewn chwaraeon trwy: <ol style="list-style-type: none"> a. ymddwyn gydag uniondeb, atebolrwydd a thryloywder; b. blaenoriaethu llwythi gwaith a meysydd all wneud y gwahaniaeth mwyaf; c. canolbwyntio ar ymddygiad a diwylliant; d. rhoi cyfranogwyr yn ganolog i'r penderfyniadau a wneir a sicrhau dull sy'n canolbwyntio ar y cyfranogwr; e. sefydlu sail i drafodaethau ynglŷn a sut y gall Aelodau ChGC wella fel sefydliadau; a f. fframwaith ddeilliannau sydd â ffocws ac sy'n targedu plant, oedolion ifanc, oedolion a phobl dros 60 oed. 4. Mynd i'r afael â'r heriau cymdeithasol ac economaidd sy'n wynebu'r sawl sy'n ymwneud â chwaraeon cymunedol;

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>5. Mynd i'r afael ag anghydraddoldeb mewn chwaraeon a darparu ar gyfer natur amrywiol y sector er mwyn sicrhau diogelwch, lles a llesiant pawb sy'n cymryd rhan mewn chwaraeon;</p> <p>6. Sicrhau bod ymagwedd gref tuag at gydymffurfiaeth iechyd a diogelwch sy'n treiddio trwy holl weithgareddau'r Gydweithredfa;</p> <p>7. Sicrhau bod safonau diogelu yn cael eu bodloni yn holl feysydd Chwaraeon Gogledd Cymru (gweler Atodiad 5);</p> <p>8. Denu buddsoddiad gan ffynonellau cyllid eraill; a</p> <p>9. Hyrwyddo cydraddoldeb, amrywiaeth, cynaliadwyedd a chynwysoldeb ym mhob gweithred (Gweler Atodiad 6 a 9).</p>
5.	Rhwymedigaethau CSBC	<p>Mae Aelodau ChGC yn gytûn mai CBSC fydd yr awdurdod arweiniol ar gyfer y Tymor llawn.</p> <p>Bydd CBSC, fel yr awdurdod lletya yn:</p> <ol style="list-style-type: none"> 1) gweithredu fel awdurdod arweiniol a lletya, a chorff atebol, i ChGC; 2) yn gyfrifol am benodiad a chyflogaeth y Cyfarwyddwr Rhanbarthol; ("Cyfarwyddwr Rhanbarthol" gweler paragraff 9 isod) a staff cefnogol ychwanegol sy'n ymroddedig i'r Cydweithrediad; 3) yn derbyn cyfran gytunedig o arian Chwaraeon Cymru i gyfrannu at swydd y Cyfarwyddwr Rhanbarthol a swyddogaeth CBSC fel yr awdurdod lletya ac arweiniol; 4) yn gweithredu fel prif gyswllt ar gyfer ymgysylltu â Chwaraeon Cymru mewn perthynas ag arian Chwaraeon Cymru, ac ymlyniad at ofynion llywodraethu Chwaraeon Cymru ar ran y Gydweithrediad; 5) barti cytundebol mewn cytundeb â Chwaraeon Cymru mewn perthynas â Dyraniad Chwaraeon Cymru ar ran Chwaraeon Gogledd Cymru ("Cytundeb Dyraniad Chwaraeon Cymru"); 6) yn barti cytundebol i unrhyw gytundebau cyllido gydag Aelodau ChGC neu Sefydliadau Cyflenwi sydd i dderbyn cyllid mewn perthynas â Phrosiectau a gymeradwywyd naill ai gan y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu; 7) Rheoli Cyfrif ChGC (gweler paragraff 11 isod) a bod yn gyfrifol am ddyrannu cyllid o Gyfrif ChGC fel y penderfynir gan y Bwrdd Llywodraethu; 8) Ymgysylltu â gweithwyr mewn swyddi sy'n ymwneud â rheoli a gweithredu'r Cydweithrediad; 9) Sicrhau y caiff cyfarfodydd Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu eu cynnal yn unol â'r darpariaethau ar gyfer y bwrdd ac yn unol â rhwymedigaethau penodol CBSC a nodir ym mharagraff 7 ac
6.	Rhwymedigaethau Aelodau ChCG	<p>Bydd Aelodau ChGC yn:</p> <ol style="list-style-type: none"> 1) cyfrannu at gryfder, llwyddiant a chynaliadwyedd Chwaraeon Gogledd Cymru trwy ddyrannu adnoddau digonol i'r Byrddau Partneriaeth a Llywodraethu a gweithio ar y cyd, yn ddiwyll a chydag uniondeb, atebolrwydd a thryloywedd, er budd Gogledd Cymru; 2) cadw at yr Amcanion sy'n gosod yr egwyddorion, y gwerthoedd a'r moesau sy'n berthnasol i holl agweddau ChGC; 3) datblygu siarter gwasanaeth i gwsmeriaid hollgynhwysol, sy'n sicrhau datrysiadau cyflym, effeithiol a chwrtais i gwsmeriaid drwy'r amser; 4) sicrhau bod system TG gweithredol ac effeithlon mewn lle ac yn cael eu cynnal dros gyfnod y cytundeb;

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>5) sicrhau fod y Gydweithredfa yn perfformio mewn modd sy'n hyrwyddo ac yn gwella enw da ChGC a Chwaraeon Cymru fel ei gilydd, a hynny trwy gynllun marchnata eglur sy'n hyrwyddo defnydd a mynediad at chwaraeon;</p> <p>6) cefnogi CBSC gydag unrhyw geisiadau am wybodaeth sydd eu hangen i gefnogi'r Gydweithredfa mewn perthynas ag ymdriniaethau â Chwaraeon Cymru, Llywodraeth Cymru ac unrhyw un arall sy'n rhoi nawdd i ChGC;</p> <p>7) cytuno fod gan CBSC, fel awdurdod lletya ChGC, wedi ei awdurdodi i dderbyn taliad ar gyfer dyfarniad Chwaraeon Cymru i ChGC (sy'n cyfateb i'r dyfarniad a arferai gael ei dalu ar wahân gan Chwaraeon Cymru i bob un o'r chwe awdurdod lleol sy'n aelodau o ChGC);</p> <p>8) sicrhau fod nifer a graddfa'r Ceisiadau a gyflwynir ganddynt i'r Byrddau Partneriaeth a Llywodraethu yn rhesymol a chymesur;</p> <p>9) cyfeirio holl ymholiadau'r wasg a chyhoedduswydd yn ymwneud â ChGC at CBSC neu swyddog y wasg enwebedig a benodir gan Fwrdd Llywodraethu ChGC;</p> <p>10) ble'n berthnasol, bod yn gyfrifol am gyflawni'r Prosiectau, unwaith eu bod wedi eu cymeradwyo gan y Bwrdd Llywodraethu, yn unol â'r Cynllun Cyflawni Prosiect, gan dderbyn fod swyddogaeth Chwaraeon Gogledd Cymru yn gyfyngedig i ystyried a chymeradwyo Ceisiadau/Prosiectau a darparu cyllid yn hytrach na chyflawni'r Prosiectau eu hunain:</p> <p>11) Ddarparu unrhyw wybodaeth sydd ei angen ar y Bwrdd Llywodraethu a CBSC i:</p> <ul style="list-style-type: none"> a. dystiolaethu fod y cyllid a ddyfarnwyd ar gyfer Prosiect wedi ei wario ar y Prosiect hwnnw; b. tystiolaethu ar gynnydd Prosiect sydd wedi derbyn cymeradwyaeth y Bwrdd Llywodraethu; c. adrodd i Chwaraeon Cymru mewn perthynas â chynnydd Chwaraeon Gogledd Cymru a'r Prosiectau a gymeradwywyd gan y Bwrdd Llywodraethu; a d. cefnogi CBSC i gydymffurfio â Cytundeb Dyraniad Chwaraeon Cymru; e. galluogi i CBSC gyflawni ei rwymedigaethau dan y Cytundeb. <p>12) Cefnogi CBSC i gydymffurfio â Cytundeb Dyraniad Chwaraeon Cymru</p> <p>13) Ad-dalu CBSC am unrhyw gyllid na chaiff ei wario mewn perthynas â'r Prosiect y cymeradwywyd yr arian ar ei gyfer;</p> <p>14) Ad-dalu CBSC am unrhyw gostau neu dreuliau y mae CBSC yn eu hwynebu o ganlyniad i dorri Cytundeb Dyraniad Chwaraeon Cymru a achoswyd gan Aelod ChGC;</p> <p>15) Ymrwmo i unrhyw gytundebau, yn ôl yr angen, mewn perthynas â chyflawni Prosiect yn defnyddio arian a ddyrannwyd yn unol â'r Gydweithredfa;</p> <p>16) Caniatáu i gynrychiolwyr y Bwrdd Llywodraethu gynnal arolygon neu archwiliadau i gefnogi tystiolaeth fod:</p> <ul style="list-style-type: none"> a. arian a ddyrannwyd yn cael ei wario yn unol â'r Rhaglen Cyflawni Prosiect; a b. bod Prosiect yn gwneud cynnydd yn unol â'r Cynllun Cyflawni Prosiect a gymeradwywyd gan y Bwrdd Llywodraethu. <p>17) cydnabod Chwaraeon Gogledd Cymru wrth hyrwyddo unrhyw Brosiect sy'n defnyddio arian Chwaraeon Gogledd Cymru ac, fel y bo'n berthnasol, defnyddio unrhyw frandio Chwaraeon Gogledd Cymru;</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		18) cydnabod Chwaraeon Cymru ac, os yn berthnasol, cefnogaeth y Loteri Genedlaethol (neu unrhyw arianwyr dilynol neu eraill) wrth hyrwyddo unrhyw Brosiect sy'n defnyddio arian gan y sefydliadau hyn ac, fel y bo'n berthnasol, defnyddio eu brandio.
7.	Bwrdd Llywodraethu	<p>Mae gan y Bwrdd Llywodraethu cytbwys, cynhwysol, amrywiol a medrus ffocws strategol a goruchwyllo i sciehau llwyddiant parhaus Chwaraeon Gogledd Cymru yn erbyn yr Amcanion gan oruchwyllo'r Bwrdd Partneriaeth.</p> <p>Mae'r Bwrdd Llywodraethu yn cynnwys 1 cynrychiolydd a benodir gan bob un o chwe Aelod ChGC awdurdod lleol sy'n rhan o'r Cydweithrefda.</p> <p>Bydd gan bob un o chwe Aelod ChGC awdurdod lleol yr awdurdod i benodi cynrychiolydd eu swyddogion ar y Bwrdd Llywodraethu gan sicrhau bod eu cynrychiolydd yn cael ei benodi ar sail yr ystod o sgiliau sydd eu hangen i sicrhau Bwrdd Llywodraethu cytbwys, cynhwysol a medrus. Bydd y cynrychiolydd hwn yn "sefydlog" er mwyn sicrhau cysondeb er y gallai fod angen anifeiliaid cyfnewid dros dro mewn rhai amgylchiadau.</p> <p>Penodir cadeirydd gan y Bwrdd Llywodraethu (un o'r chwe cynrychiolydd awdurdod lleol).</p> <p>Bydd y Bwrdd Llywodraethu yn cyfarfod [yn chwarterol] ac yn:</p> <ol style="list-style-type: none"> 1) Adolygu cynnydd Chwaraeon Gogledd Cymru yn erbyn yr Amcanion ac yn sicrhau fod amcanion Chwaraeon Cymru yn cyd-fynd â rhai Chwaraeon Cymru trwy'r Prosiectau a gymeradwyir gan y Bwrdd Llywodraethu; 2) Adolygu cynnydd Prosiectau sydd wedi'u cymeradwyo, yn gyfan (yn hytrach na Phrosiectau unigol), oni bai bod y Prosiect unigol yn cael effaith ranbarthol strategol; 3) Adolygu a chymeradwyo Ceisiadau am gyllid gyda gwerth ariannol sydd fwy na £50,000; 4) Cadarnhau trefniadau i ddyrannu arian mewn perthynas â Phrosiectau sydd wedi eu cymeradwyo; 5) Darparu adborth tryloyw i Fwrdd y Bartneriaeth ynglŷn ag unrhyw Geisiadau sydd wedi eu gwrthod; 6) Datrys unrhyw faterion sy'n cael eu codi gan Fwrdd y Bartneriaeth (yn ffurfiol ac yn unol â'r Broses Datrys Anghydfod); 7) Gwneud unrhyw benderfyniadau ynglŷn a'r strategaeth gwasanaeth i gwsmeriaid a'r cynllun marchnata sy'n cael eu codi gan Fwrdd y Bartneriaeth; 8) Cynorthwyo â phenodiad y Cyfarwyddwr Rhanbarthol, yn ôl y gofyn gan CBSC, os nad yw'r Cyfarwyddwr Rhanbarthol eisoes wedi ei benodi gan CBSC, neu gynorthwyo â phenodi Cyfarwyddwr Rhanbarthol newydd (eto, yn ôl y gofyn gan CBSC); 9) Cynorthwyo Cyfarwyddwr/Pennaeth Gwasanaeth CBSC gyda'u cyfrifoldebau rheoli llinell mewn perthynas â'r Cyfarwyddwr

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>Rhanbarthol, yn ôl cais Cyfarwyddwr/Pennaeth Gwasanaeth CBSC (e.e. drwy roi adborth ar berfformiad y Cyfarwyddwr Rhanbarthol)</p> <p>10) Bod yn gyfrifol am fonitro perfformiad y Bwrdd Partneriaeth yn erbyn Amcanion a gwerthoedd Chwaraeon Gogledd Cymru</p> <p>11) Bod yn gyfrifol am benodi'r cynrychiolwyr i Fwrdd y Bartneriaeth, gyda chadeirydd annibynnol Bwrdd y Bartneriaeth yn rhan o'r penodiadau hyn;</p> <p>12) Gwahodd cadeirydd annibynnol y Bwrdd Partneriaeth i gyfarfodydd, yn ôl y gofyn, i gymryd rhan a chynrychioli'r Bwrdd Partneriaeth; a</p> <p>13) Gwahodd cynrychiolwyr o Chwaraeon Cymru i gyfarfodydd, yn ôl yr angen i arsylwi a chefnogi</p> <p>14) sicrhau bod Ceisiadau a gynigir gan Aelodau ChGC neu Sefydliadau Cyflenwi, yn unol â'r Broses Cymeradwyo Prosiectau, yn cael ystyriaeth gyfartal a chymesur;</p> <p>15) sicrhau bod blaenoriaeth yn cael ei rhoi i gynnwys y Cais, a theilyngdod y Cais a'i alinio â'r Weledigaeth a'r Amcanion, yn hytrach na'r Aelod ChGC neu'r Sefydliad Cyflawni penodol sydd wedi cyflwyno'r Cais; a</p> <p>16) Os yw'n briodol, cymeradwyo unrhyw benderfyniadau a wneir gan y Bwrdd Partneriaeth yn ôl yr angen,</p> <p>Cyn pob cyfarfod o'r Bwrdd Llywodraethu, bydd y Cyfarwyddwr Rhanbarthol yn dosbarthu agenda, ynghyd â chopïau o'r holl ddogfennau ategol sy'n ymwneud ag eitemau'r agenda (gan gynnwys Ceisiadau i'w hystyried yn y cyfarfod sydd i ddod).</p> <p>Yn dilyn pob cyfarfod, bydd cofnodion yn cael eu dosbarthu i gynrychiolwyr pob Aelod o ChGC.</p> <p>Mae gan y Bwrdd Llywodraethu bŵer i wneud penderfyniadau mewn perthynas â'r Cydweithio ac, yn amodol ar y Broses Datrys Anghydfodau, mae ei benderfyniadau'n rhwymo Aelodau ChGC i'r graddau y mae Dyraniad Chwaraeon Cymru yn y cwestiwn.</p> <p>Penodir y Bwrdd Llywodraethu am gyfnod pum mlynedd y Cytundeb.</p> <p>Bydd angen cworwm o 4 Aelod ChGC ar gyfarfodydd y Bwrdd Llywodraethu a gallant eu cynnal yn electronig.</p> <p>Bydd y Bwrdd Llywodraethu yn ystyried ac yn adolygu llywodraethu'r Cydweithio o leiaf unwaith y flwyddyn o'r tymor er mwyn penderfynu a ddylid cyflwyno unrhyw welliannau neu amrywiadau sy'n ofynnol i gwmpas a chylch gwaith naill ai'r Bwrdd Partneriaeth, y Bwrdd Llywodraethu neu Gydweithredu ei hun er budd gweithredu'r Cydweithio. Caiff unrhyw amrywiadau eu prosesu drwy'r weithdrefn rheoli newid a nodir ym mharagraff 13 isod.</p>
8.	Bwrdd Partneriaeth	<p>Mae gan y Bwrdd Partneriaeth cytbwys, cynhwysol, amrywiol a medrus gyfranogiad ehangach na'r Bwrdd Llywodraethu ac mae'n canolbwyntio ar weithgareddau gweithredol, o ddydd i ddydd Chwaraeon Gogledd Cymru.</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>Mae'r Bwrdd Partneriaeth yn cynnwys 6 gynrychiolydd o Aelodau presennol ChGC sy'n rhan o Chwaraeon Gogledd Cymru (2 o awdurdodau lleol (un yn cael ei glustnodi i'r awdurdod lletyol, sef Cyngor Conwy (CSBC)), 1 o ieuchyd, 1 o addysg, 1 o dai ac 1 cydraddoldeb).</p> <p>Bydd y Bwrdd Partneriaeth hefyd yn cynnwys hyd at 5 aelod annibynnol o'r bwrdd sy'n cael eu recriwtio'n allanol gan y Bwrdd Llywodraethu yn seiliedig ar eu sgiliau a'u hamrywiaeth ac sy'n cynrychioli rhanbarth Gogledd Cymru ac a fydd yn gweithio i sicrhau perfformiad Amcanion Chwaraeon Gogledd Cymru.</p> <p>Bydd cynrychiolwyr awdurdodau lleol ar y Bwrdd Partneriaeth yn wahanol i gynrychiolwyr yr awdurdodau lleol hynny ar y Bwrdd Llywodraethu.</p> <p>Bydd cadeirydd annibynnol hefyd yn cael ei benodi i'r Bwrdd Partneriaeth (h.y. cyfanswm o 12 cynrychiolydd wrth gynnwys y 6 cynrychiolydd o Aelodau ChGC a 5 cynrychiolydd a recriwtiwyd yn annibynnol).</p> <p>Yng ngoleuni amcan gor-redol y partïon o hyrwyddo cynhwysiant, gellir caniatáu i Aelodau ChCC sydd wedi bod yn gyfranogwyr gweithredol wrth ddatblygu cynllun busnes y Cydweithrediad fynychu cyfarfodydd y Bwrdd Partneriaeth fel 'Arsyllwyr' penodedig heb unrhyw hawliau pleidleisio na gallu i fel arall yn uniongyrchol. dylanwadu ar benderfyniadau'r Bwrdd Partneriaeth.</p> <p>I ddechrau, bydd y Bwrdd Partneriaeth yn cyfarfod bob mis (a bydd yn adolygu amllder y cyfarfodydd hyn yn dilyn y cyfnod cychwynnol o chwe mis o ddyddiad y Cytundeb) a bydd yn:</p> <ol style="list-style-type: none"> 1) Sicrhau bod cyfeiriad strategol ac Amcanion Chwaraeon Gogledd Cymru yn symud ymlaen yn llwyddiannus 2) Adolygu a chymeradwyo Ceisiadau: <ol style="list-style-type: none"> a. gan Sefydliadau Cyflawni/Aelodau ChGC am gyllid rhwng £10,000 a £50,000; a b. gan Sefydliadau Cyflawni/Aelodau ChGC am gyllid o dan £10,000 lle mae'r Cyfarwyddwr Rhanbarthol yn gofyn am gymorth; 3) Adolygu ceisiadau i'w cyflwyno i'r Bwrdd Llywodraethu lle mae' rcyllid yn fwy na £50,000; 4) Trafod syniadau ar gyfer prosiectau sydd ar ddod y gellir eu cynnwys mewn Ceisiadau; 5) Darparu fforwm i Aelodau ChGC gynghori a chefnogi ei gilydd ar ôl cwblhau Ceisiadau gan sicrhau cydymffurfiaeth ag Amcanion Chwaraeon Gogledd Cymru; 6) Cytuno ar ddull gweithredu, cynlluniau gweithredu ac amserlenni ar gyfer datblygu Ceisiadau sy'n ystyried unrhyw ymwneud aml-bleidiol â Chais; 7) Trafod unrhyw faterion neu heriau mewn perthynas â Phrosiectau sy'n cael eu cyflawni a sut y gall Aelodau ChGC gydweithio i

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>oresgyn/helpu Aelod ChGC sy'n cyflawni'r Prosiect i oresgyn y materion neu'r heriau hyn;</p> <p>8) Arwain ar ymgysylltu â rhanddeiliaid sy'n ceisio barn, profiadau, mewnwelediad ac awgrymiadau cyfranogwyr chwaraeon yng Ngogledd Cymru;</p> <p>9) Monitro cynnydd a glynir wrth siarter y gwasanaeth cwsmeriaid a rhoi'r wybodaeth ddiweddaraf i'r Bwrdd Llywodraethu;</p> <p>10) Monitro cynnydd y cynllun marchnata a rhoi'r wybodaeth ddiweddaraf i'r Bwrdd Llywodraethu;</p> <p>11) Trafod adborth gan y Bwrdd Llywodraethu mewn perthynas ag unrhyw Geisiadau a wrthodwyd;</p> <p>12) Gwahodd cynrychiolwyr o Chwaraeon Cymru i gyfarfodydd, yn ôl y gofyn i arsylwi a chefnogi Cydweithrediad Chwaraeon Gogledd Cymru;</p> <p>13) Sicrhau bod Ceisiadau a gynigir gan Aelodau ChGC neu Sefydliadau Cyflenwi, yn unol â'r Broses Cymeradwyo Prosiectau, yn cael ystyriaeth gyfartal a chymesur;</p> <p>14) Sicrhau bod blaenoriaeth yn cael ei rhoi i gynnwys y Cais, a theilyngdod y Cais a'i alinio â'r Weledigaeth a'r Amcanion, yn hytrach na'r Aelod ChGC neu'r Sefydliad Cyflawni penodol sydd wedi cyflwyno'r Cais;</p> <p>15) Bod yn gyfrifol am benodi cadeirydd annibynnol fydd yn:</p> <ul style="list-style-type: none"> a. Gweithredu fel cyswllt rhwng Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu, ac yn cynrychioli Bwrdd y Bartneriaeth mewn unrhyw drafodaethau ar lefel y Bwrdd Llywodraethu; b. Cyfarwyddwr anweithredol nad yw'n derbyn tâl ond sy'n meddu ar brofiad fydd yn hwyluso ac yn arwain gweithgareddau Bwrdd y Bartneriaeth; a c. Cymryd rhan ym mhroses y Bwrdd Llywodraethu o benodi cynrychiolwyr i Fwrdd y Bartneriaeth. <p>Cyn pob cyfarfod o'r Bwrdd Partneriaeth, bydd y Cyfarwyddwr Rhanbarthol yn dosbarthu agenda, ynghyd â chopïau o'r holl ddogfennau ategol sy'n ymwneud ag eitemau'r agenda (gan gynnwys Ceisiadau i'w hystyried yn y cyfarfod sydd i ddod).</p> <p>Yn dilyn pob cyfarfod, bydd cofnodion yn cael eu dosbarthu i gynrychiolwyr pob Aelod o ChGC.</p> <p>Mae'r Bwrdd Partneriaeth yn fwrdd gweithredol sy'n rhan annatod o lwyddiant Chwaraeon Gogledd Cymru a chyflawni Prosiectau sydd o fudd i Ogledd Cymru ond nid oes ganddo bŵer i wneud penderfyniadau mewn perthynas â Chydweithredu na chymeradwyo Ceisiadau am gyflawni fel Prosiectau sydd â gwerth ariannu dros £50,000. Fodd bynnag, mae ganddo'r pŵer i gymeradwyo Ceisiadau i'w cyflawni fel Prosiectau sydd â gwerth ariannu o dan £50,000.</p> <p>Penodir y Bwrdd Partneriaeth am gyfnod pum mlynedd y Cytundeb.</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		Bydd angen cworwm o 6 ar gyfarfodydd y Bwrdd Partneriaeth a gallant ddigwydd yn electronig.
9.	Cyfarwyddwr Rhanbarthol	<p>Bydd y Cyfarwyddwr Rhanbarthol, a benodir gan CBSC, yn:</p> <ol style="list-style-type: none"> 1) Gyfrifol am weithrediad Chwaraeon Gogledd Cymru, gan sicrhau fod ei weithgareddau yn cyfrannu at berfformiad yn erbyn yr Amcanion yn unol â'r Cytundeb hwn; 2) Gyfrifol am gysylltu â Bwrdd y Bartneriaeth a chyflwyno unrhyw faterion sydd wedi eu codi gan Fwrdd y Bartneriaeth i'r Bwrdd Llywodraethu; 3) Gweithredu fel swyddog arweiniol, yn gyfrifol am gyflawni Amcanion a chynllun strategol ChGC; 4) Gyfrifol am gynghori'r Bwrdd Llywodraethu ar unrhyw faterion llywodraethu neu risg y daw'r Cyfarwyddwr Rhanbarthol yn ymwybodol ohonynt yn rhinwedd y swydd; 5) Adolygu a chymeradwyo Ceisiadau am gyllid gyda gwerth cyllido hyd at £10,000, gan ofyn am gefnogaeth gan y Bwrdd Partneriaeth os oes angen; 6) Aelod o Fwrdd y Bartneriaeth a'r Bwrdd Llywodraethu ill dau mewn rôl adrodd; 7) Gweithio gyda, ac ar ran, y Bwrdd Llywodraethu i arwain cyfeiriad strategol, datblygiad a phroffil Chwaraeon Gogledd Cymru yn rhanbarthol yn unol â'r Weledigaeth a'r cynllun strategol i hwyluso'r gwaith o gyflawni Amcanion a gwerthoedd Chwaraeon Gogledd Cymru er budd Gogledd Cymru; 8) Cynrychioli'r Bwrdd Llywodraethu ar Fwrdd y Bartneriaeth; 9) Gweithio'n agos gyda chadeirydd annibynnol y Bwrdd Partneriaeth i gyfrannu at gyflawni'r Amcanion; 10) Cynrychioli Chwaraeon Gogledd Cymru mewn trafodaethau â Chwaraeon Cymru a rhan-ddeiliaid a phartneriaid eraill, gan ddarparu diweddariadau mewn perthynas â gweithgareddau a chynnydd Chwaraeon Gogledd Cymru (yn ôl y gofyn); 11) Hyrwyddo brand Chwaraeon Gogledd Cymru a chreu cysylltiadau ledled y DU i uchafu gwelededd a phroffil Chwaraeon Gogledd Cymru; 12) Bod yn gyfrifol am sicrhau arian pellach i Chwaraeon Gogledd Cymru ar ben yr arian a dderbynnir gan Chwaraeon Cymru; 13) Sicrhau nawdd (corfforaethol ac anghorfforaethol) i Brosiectau a gweithgareddau Chwaraeon Gogledd Cymru.
10.	Proses Cymeradwyo Prosiectau	<p><u>Lefelau Gwerth</u></p> <p>Os yw lefel y cyllid y gofynnir amdano yn £10,000 neu lai, bydd gan y Cyfarwyddwr Rhanbarthol y pŵer i gymeradwyo Ceisiadau gan Sefydliad Cyflawni neu Aelod o ChGC.</p> <p>Os yw lefel y cyllid y gofynnir amdano yn £50,000 neu lai, bydd gan y Bwrdd Partneriaeth y pŵer i gymeradwyo Ceisiadau gan Sefydliad Cyflawni neu Aelod o ChGC.</p> <p>Os yw lefel y cyllid y gofynnir amdano yn fwy na £50,000, bydd y Bwrdd Partneriaeth yn penderfynu a yw Cais gan Sefydliad Cyflawni neu Aelod</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>ChGC wedi'i gymeradwyo i'w ystyried gan y Bwrdd Llywodraethu; a bydd gan y Bwrdd Llywodraethu y pŵer i gymeradwyo'r Cais.</p> <p><u>Ceisiadau – Cam Cyntaf a Chynnwys</u></p> <p>Bydd ceisiadau i'r Cyfarwyddwr Rhanbarthol (os gofynnir am arian yn is na £10,000) neu'r Bwrdd Partneriaeth (os gofynnir am arian yn fwy na £10,000), boed hynny gan Sefydliad Cyflawni neu Aelod o ChGC, yn dilyn ffurflen dempted gymeradwy a manylion:</p> <ul style="list-style-type: none">a. Enw'r Sefydliad Cyflawni neu Aelod ChGC;b. Natur a chwmpas y prosiect arfaethedig a'r gwerthoedd ariannol a briodolir i brif elfennau'r prosiect;c. Lefel y cyllid y gofynnir amdano gan Chwaraeon Gogledd Cymru;d. Lefel y cyllid y bydd y Sefydliad Cyflawni/Aelod ChGC yn ei gyfrannu at y prosiect o'i adnoddau ei hun (neu adnoddau eraill);e. "Cynllun Cyflawni'r Prosiect" sy'n cynnwys:f. targedau ac allbynnau;g. dyddiadau cerrig milltir ar gyfer elfennau allweddol y prosiect;h. allbynnau;i. esboniad o sut mae'r prosiect yn cyd-fynd ag Amcanion a gwerthoedd Chwaraeon Gogledd Cymru;j. esboniad o'r manteision i'r Sefydliad Cyflawni/Aelod ChGC a Gogledd Cymru fel rhanbarth os caiff y prosiect ei gymeradwyo, ynghyd â'r "Cais". <p><u>Ystyried Ceisiadau</u></p> <p>Bydd y Cyfarwyddwr Rhanbarthol yn ystyried Ceisiadau am gyllid o dan £10,000 pan gânt eu cyflwyno iddynt. Gall y Cyfarwyddwr Rhanbarthol ofyn am gymorth gan y Bwrdd Partneriaeth wrth ystyried Ceisiadau am arian o dan £10,000.</p> <p>Bydd y Bwrdd Partneriaeth yn ystyried Ceisiadau â gwerth sy'n fwy na £10,000 yng nghyfarfod misol perthnasol y Bwrdd Partneriaeth.</p> <p>Bydd y Bwrdd Llywodraethu yn ystyried Ceisiadau a gymeradwywyd gan y Bwrdd Partneriaeth yng nghyfarfod chwarterol nesaf y Bwrdd Llywodraethu yn dilyn cyfarfod y Bwrdd Partneriaeth lle rhoddwyd cymeradwyaeth i'r Cais.</p>

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p><u>Ceisiadau wedi'u Gwrthod</u></p> <p>Os na chaiff Cais ei gymeradwyo gan y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu, bydd crynodeb o'r rhesymau dros wrthod y Cais yn cael ei ddarparu i'r Sefydliad Cyflawni/Aelod ChGC a gyflwynodd y Cais yn ogystal â rhoi adborth ar feysydd i'w datblygu os yw'r Cais i gael ei ail-gyflwyno yn y dyfodol.</p> <p>Bydd Cais wedi'i ail-gyflwyno yn cael ei adolygu yn yr un modd â Chais a gyflwynir am y tro cyntaf ac nid yw ail-gyflwyno yn gwarantu y bydd Cais yn cael ei gymeradwyo gan y Cyfarwyddwr Rhanbarthol/Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu ar ei ail gyflwyniad, neu yn y dyfodol.</p> <p>Gellir ailgyflwyno Cais uchafswm o [2] gwaith. Os gwrthodir Cais ar ôl ei ail gyflwyniad, ni fydd y Sefydliad Cyflenwi / Aelod ChGC yn ailgyflwyno'r Cais y trydydd tro oni bai bod cyfiawnhad dros y Cais fel un sydd wedi'i amrywio'n sylweddol o'r Cais a wrthodwyd yn flaenorol.</p> <p>Bydd y Bwrdd Partneriaeth / Cyfarwyddwr Rhanbarthol yn adrodd ar bob cais a wrthodwyd a'r rhesymau pam y cawsant eu gwrthod i'r Bwrdd Llywodraethu.</p> <p>Bydd y Bwrdd Llywodraethu yn penderfynu a yw'n adolygu unrhyw geisiadau a wrthodwyd i sicrhau bod Ceisiadau wedi cael ystyriaeth gyfartal a chymesur a bod y broses ymgeisio wedi'i dilyn yn llawn.</p> <p>Os bydd anghydfod rhwng y Bwrdd Partneriaeth / Cyfarwyddwr Rhanbarthol ac ymgeisydd, y Bwrdd Llywodraethu fydd y canolwr terfynol.</p> <p><u>Ystyriaethau Cymeradwyo Ceisiadau</u></p> <p>Wrth benderfynu a yw Cais yn cael ei gymeradwyo gan y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu, ystyrir y canlynol:</p> <ul style="list-style-type: none"> a. alinio'r Cais â'r Weledigaeth, yr Amcanion a'r Gwerthoedd; b. y cais i hyrwyddo egwyddorion y siarter gwasanaeth cwsmeriaid; c. allbynnau a'r hyn y gellir ei gyflawni mewn perthynas â Gogledd Cymru fel rhanbarth; d. y prosiect arfaethedig yn gallu cyflawni (gan gynnwys gallu Aelod ChGC i gyflawni a'r amserlen berthnasol ar gyfer cyflawni); e. lefel y cyllid sydd ei angen ac argaeledd cyllid i Chwaraeon Gogledd Cymru. <p><u>Gofynion Cymeradwyo Ceisiadau</u></p>

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>I'w gymeradwyo gan y Cyfarwyddwr Rhanbarthol, rhaid i'r Cais fodloni'r ystyriaethau uchod.</p> <p>I'w gymeradwyo gan y Bwrdd Partneriaeth, mae angen cymeradwyaeth o fwy na 50% gan gynrychiolwyr y Bwrdd Partneriaeth sy'n bresennol. Os yw'r bleidlais gychwynnol yn benderfyniad rhanedig o 50:50, ni chaiff y Cais ei gymeradwyo gan y Bwrdd Partneriaeth.</p> <p>I'w gymeradwyo gan y Bwrdd Llywodraethu, mae angen mwy na 50% o gymeradwyaeth gan gynrychiolwyr y Bwrdd Llywodraethu ar Gais. Os yw'r bleidlais gychwynnol yn benderfyniad 50:50 hollt, bydd gan y cadeirydd y bleidlais fwrw.</p> <p><u>Ceisiadau Cymeradwy (Prosiectau)</u></p> <p>Os caiff Cais ei gymeradwyo, bydd y Cyfarwyddwr Rhanbarthol, y Bwrdd Partneriaeth neu'r Bwrdd Llywodraethu yn cadarnhau:</p> <ul style="list-style-type: none"> a. bod y Cais, ar ôl ei gymeradwyo, yn "Brosiect"; b. lefel y cyllid a ddyfernir ar gyfer cyflawni'r Prosiect; c. camau y mae'n rhaid i'r Sefydliad Cyflawni/Aelod ChGC eu cadarnhau cyn i'r cyllid gael ei ymrwymo i'r Prosiect; d. unrhyw gytundeb y mae'n rhaid i'r Sefydliad Cyflawni/Aelod ChGC ymrwymo iddo gyda CBSC cyn iddo gael unrhyw gyllid mewn perthynas â'r Prosiect; a e. amllder talu rhandaliadau o gyllid (os na ddarperir yn llawn ar ddechrau Prosiect sy'n cael ei gymeradwyo). <p>Ar ôl cymeradwyo'r Prosiect, rhaid i'r Sefydliad Cyflenwi / Aelod ChGC gyflawni'r Prosiect yn unol â'r Cynllun Cyflenwi Prosiect ac unrhyw gytundeb a wnaed gan y Sefydliad Cyflenwi / Aelod ChC a CBSC mewn perthynas â chyflawni'r Prosiect.</p>
11.	Cyfrif ar wahan	<p>Er mwyn sicrhau y cynhelir systemau a rheolaethau rheoli arian effeithiol, bydd CBSC yn cynnal cyfrif ar wahân ("Cyfrif ChGC") er mwyn derbyn y taliadau ar gyfer dyfarniad Chwaraeon Cymru. Bydd y cyfrif hwn yn dangos yn dryloyw y trafodion hynny sy'n ymwneud â dyfarniad Chwaraeon Cymru, ac fe fydd yn destun cyfrifo llyfr agored fel bod yr holl bartïon â dealltwriaeth eglur o'r:</p> <ul style="list-style-type: none"> 1) Trafodion i fewn ac allan o'r cyfrif; a 2) Gwerth y trafodion hynny.

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		Gall Bwrdd y Bartneriaeth a'r Bwrdd Llywodraethu drafod unrhyw ymholiadau ynglŷn â chyfrif ChGC.
12.	Gweithwyr	<p>Fel trefniant cytundebol, bydd gweithwyr pob Aelod ChGC yn parhau yng nghyflogaeth yr Aelod ChGC hwnnw, ac nid oes unrhyw fwrdd i'r gweithwyr hyn wneud trosglwyddiad TUPE at Aelod ChGC arall o ganlyniad i'r Gydweithredfa hon.</p> <p>Os daw swydd o fewn Aelod ChGC, a ariennir o Gyllid Chwaraeon Cymru, yn wag i swyddogion Aelod ChGC, bydd y cydweithredfa yn:</p> <ol style="list-style-type: none"> 1) Ystyried y rôl sydd wedi'i dod yn wag ac a oes gofyniad, i'r Cydweithio yn ei gyfanrwydd, lewni'r rôl; a 2) Ystyried y dull gorau o ddisodli'r rôl hon drwy ystyried y sgiliau sydd eu hangen i gyfrannu tuag at lwyddiant y Cydweithio; a 3) Penderfynu pa Aelod o ChGC sydd yn y sefyllfa orau i gyflogi'r cyflogai cyfnewid (nad yw o reidrwydd yn Aelod ChGC y mae'r cyflogai yn gwyro oddi arno). <p>Y Cyfarwyddwr Rhanbarthol. Bydd y Bwrdd Partneriaeth a'r Cyfarwyddwr Rhanbarthol yn cynghori mewn perthynas â disodli gweithwyr ymadawedig</p>
13.	Gweithrefn Rheoli Newid	<p>Caiff unrhyw un o Aelodau ChGC ofyn am welliant i gwmpas, natur, strwythur neu weithrediad y Cydweithrediad a/neu unrhyw dymor o'r Cytundeb ("Newid") yn unol â'r broses a amlinellir isod (y "Weithdrefn Rheoli Newid"): </p> <ol style="list-style-type: none"> 1) Pan fo Aelod o ChGC yn gofyn am Newid: <ol style="list-style-type: none"> a. bydd yr Aelod perthnasol o ChGC yn cyflwyno cais ysgrifenedig am newid ("Hysbysiad Cais am Newid") i'r Bwrdd Llywodraethu sy'n nodi cymaint o wybodaeth ag sy'n angenrheidiol i alluogi'r Bwrdd Llywodraethu i baratoi cofnod ysgrifenedig o'r Newid y gall y partion ei gymeradwyo yn unol â'r Weithdrefn Rheoli Newid hon ("Ffurflen Rheoli Newid"); a b. bydd y Bwrdd Llywodraethu, oni chytunir fel arall, yn dosbarthu Ffurflen Rheoli Newid i holl Aelodau ChGC ar ôl cyfarfod nesaf y Bwrdd Llywodraethu ar ôl i'r Aelod perthnasol o ChGC anfon y Ffurflen Gais am Newid. 2) Bydd y Ffurflen Rheoli Newid yn cynnwys digon o wybodaeth i alluogi'r holl bartion i asesu'r Newid, gan gynnwys o leiaf: <ol style="list-style-type: none"> a. teitl y Newid; b. gwreiddiol neu'r Newid a dyddiad y cais; c. disgrifiad o'r Newid; d. manylion effaith y Newid arfaethedig ar: <ol style="list-style-type: none"> i. y Cydweithio; ii. y Weledigaeth; iii. unrhyw Brosiectau presennol neu brosiectau yn y dyfodol; a iv. unrhyw un o amodau eraill y Cytundeb; e. dyddiad dod â dilysrwydd y Ffurflen Rheoli Newid i ben; a f. darpariaeth ar gyfer llofnod gan Aelodau ChGC a chadeirydd y Bwrdd Partneriaeth.

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		<p>3) Os, yn dilyn y cylchrediad, Ffurflen Rheoli Newid yn unol â'r Weithdrefn Rheoli Newid hon:</p> <ul style="list-style-type: none"> a. bod holl Aelodau ChGC a'r Bwrdd Llywodraethu yn cytuno i delerau'r Ffurflen Rheoli Newid berthnasol, bydd pob un ohonynt yn ei llofnodi a bydd y Ffurflen Rheoli Newid wedi'i llofnodi yn diwygio'r Cytundeb hwn; neu b. nad yw unrhyw un o Aelodau ChGC neu'r Bwrdd Llywodraethu yn cytuno i unrhyw un o unrhyw dymor o'r Ffurflen Rheoli Newid, yna caiff y parti sy'n cynnig y Newid gyfeirio'r anghytundeb yr ymdrinnir ag ef yn unol â'r Weithdrefn Datrys Anghydfodau. <p>4) Ni ddaw unrhyw Newid i rym nes bydd Ffurflen Rheoli Newid wedi'i llofnodi gan gynrychiolwyr awdurdodedig holl Aelodau ChGC a chadeirydd y Bwrdd Llywodraethu.</p> <p>5) Bydd pob parti yn ysgwyddo'i gostau ei hun mewn perthynas â chydymffurfio â'r Weithdrefn Rheoli Newid.</p>
14.	Swyddogaethau Statudol	<p>Mae pob parti'n cydnabod bod yn rhaid iddynt weithredu'n unol â'u swyddogaethau statudol, eu cyfansoddiadau a'u rhwymedigaethau cyfreithiol ac ni chaiff unrhyw beth yn y Penaethiaid Telerau hyn llyffethair, cyfyngu neu orfodi Aelodau ChGC i wneud, neu hepgor i wneud, unrhyw beth sy'n:</p> <ul style="list-style-type: none"> 1) yn anghydnaws ag arfer cyfreithlon eu pwerau; 2) yn anghydnaws â chyflawni eu swyddogaethau'n gyfreithlon; 3) yn rhannu unrhyw Aelodau o SNW o'u pwerau statudol; neu 4) yn ei gwneud yn ofynnol i Aelod o SNW beidio ag arfer unrhyw bwerau.
15.	Gweithdrefn Datrys Anghydfod	<p>Mae Aelodau ChGC yn cytuno i ddatrys unrhyw anghydfod neu fater rhyngddynt eu hunain yn unol â'r weithdrefn a nodir yn Atodlen 1.</p>
16.	Terfynu	<p>Bydd y Cytundeb yn dod i ben pan ddaw'r tymor pum mlynedd cychwynnol i ben oni bai:</p> <ul style="list-style-type: none"> a. terfynu'n gynharach drwy gytundeb ar y cyd gan Aelodau ChGC; neu b. wedi'i ymestyn ymhellach drwy gytundeb ar y cyd gan Aelodau ChGC. <p>Er mwyn osgoi amheuaeth, bydd holl Aelodau ChGC yn cytuno ar unrhyw estyniad neu derfynu'r Cytundeb ac nid dim ond aelodau sy'n bresennol mewn cyfarfod penodol o'r Bwrdd Llywodraethu.</p>
17.	Olyniaeth	<p>Bydd y Cytundeb hwn yn rhwymo ac yn fanteisiol i'r partïon i'r Cytundeb hwn a'u priod Olynwyr a'r trosglwyddwyr a/neu'r rhai a ganiateir. Felly, bydd cyfeiriadau at barti yn y Cytundeb hwn yn cynnwys Olynwyr y blaid honno, trosglwyddeion a ganiateir a/neu aseiniwr.</p> <p>Bydd "Olynydd" yn golygu "unrhyw endid cyfreithiol, sefydliad, elusen, partneriaeth, cwmni neu bersonoliaeth gyfreithiol arall sy'n cynnwys, yn</p>

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
		uno ag, yn caffael neu fel arall yn disodli unrhyw un o Aelodau ChGC yn dilyn Newid Rheolaeth, ailstrwythuro sefydliadol, gweithred Seneddol, Newid yn y Gyfraith, neu weithred o Lywodraeth.
18.	Ymadael	<p>Heb effeithio ar unrhyw hawl neu rwymedi arall sydd ar gael iddo, gall unrhyw Aelod o ChGC ddewis dod yn "Barti wedi Ymadael" i'r Cytundeb hwn yn unochrog yn amodol ar cyflwyno hysbysiad ysgrifenedig o ddim llai na chwe mis ("Hysbysiad Ymadael") i'r partïon eraill.</p> <p>Er gwaethaf darpariaethau (1) uchod, ni fydd trosglwyddo Aelod ChGC i Barti wedi Ymadael yn unol â thelerau'r cytundeb hwn, er mwyn osgoi amheuaeth, yn rhyddhau Parti wedi Ymadael o unrhyw rwymedigaethau neu rwymedigaethau sy'n codi mewn cysylltiad â'i rwymedigaethau o dan y Cytundeb hwn cyn y Dyddiad Ymadael.</p> <p>"Parti Ymadael" fydd "Aelod ChGC sy'n peidio â bod yn rhan o'r Cytundeb hwn ar ôl y Dyddiad Ymadael"; a</p> <p>Y "Dyddiad Ymadael" fydd "y dyddiad a nodir ar Hysbysiad Ymadael a gyflwynir yn briodol fel y dyddiad y bydd Aelod ChGC yn dod yn Barti wedi Ymadael. Er mwyn osgoi amheuaeth, bydd y Dyddiad Ymadael yn ddyddiad heb fod yn llai na chwe mis o ddyddiad yr Hysbysiad Ymadael.</p>
19.	Rhyddid Gwybodaeth	Mae Aelodau ChGC yn cydnabod y rhwymedigaethau datgelu a nodir yn Neddf Rhyddid Gwybodaeth 2000 a byddant yn cynorthwyo ar unwaith unrhyw Aelodau ChGC sy'n destun ceisiadau Rhyddid Gwybodaeth i gasglu gwybodaeth sy'n ofynnol i ymateb i unrhyw gais sy'n ymwneud â chydweithrediad Chwaraeon Gogledd Cymru.
20.	Cytundeb Cyfan	<p>Mae Aelodau ChGC yn cytuno mai'r Cytundeb hwn yw'r cytundeb a'r ddealltwriaeth gyfan rhwng y partïon mewn perthynas â llywodraethu cydweithrediad Chwaraeon Gogledd Cymru.</p> <p>Ni all y partïon ddibynnu ar ddogfennau eraill, cytundebau llafar, sylwadau ynghylch llywodraethu cydweithrediad Chwaraeon Gogledd Cymru oni bai bod rhwymedigaethau o'r fath yn cael eu cynnwys yn y Cytundeb.</p>
21.	Dim Partneriaeth	Nid yw'r Cytundeb yn sefydlu partneriaeth ffurfiol rhwng Aelodau ChGC ac nid yw'n awdurdodi unrhyw barti i wneud ymrwymadau ar gyfer y llall, ac eithrio i'r graddau y nodir ymrwymadau o'r fath yn y Cytundeb.
22.	Cyfraith ac Awdurdodaeth Lywodraethol	Mae'r Cytundeb yn ddarostyngedig i gyfraith Cymru a Lloegr ac awdurdodaeth unigryw Llysoedd Cymru a Lloegr.

Chwaraeon Gogledd Cymru

Achos Busnes

Rhlf	Darpariaeth	Rhwymedigaethau materol
23.	Hawliau Trydydd Parti	Nid oes gan berson neu endid ac eithrio Aelodau ChGC unrhyw hawliau o dan Ddeddf Contractau (Hawliau Trydydd Partïon) 1999 i orfodi unrhyw un o amodau'r Cytundeb.
24.	Cymheiriaid	Gellir gweithredu'r Cytundeb yn unol a thrwy ddulliau electronig.
25.	Darpariaethau Ychwanegol	Mae darpariaethau pellach i'w cadarnhau yn y Cytundeb sy'n ymwneud â: 1) gwahanadwyedd; 2) diwygiadau; a 3) [CLAUSES BOILERPLATE YCHWANEGOL]

ATODLEN 1

Gweithdrefn Datrys Anghydfodau

Os bydd unrhyw anghydfod yn deillio o'r Cydweithio; neu mewn cysylltiad â'r Cydweithio, bydd Aelodau ChGC yn dilyn y weithdrefn a nodir isod.

1. Drwy ei gynrychiolydd ar y Bwrdd Partneriaeth, bydd Aelod ChGC yn rhoi hysbysiad ysgrifenedig i'r Bwrdd Partneriaeth o'i fater, gan nodi ei natur a'i fanylion llawn, ynghyd â dogfennau ategol perthnasol cyn cyfarfod o'r Bwrdd Partneriaeth ("**Hysbysiad Cyhoeddi**").
2. Yng nghyfarfod nesaf y Bwrdd Partneriaeth ar ôl dosbarthu'r Hysbysiad Cyhoeddi, bydd y Bwrdd Partneriaeth yn ceisio datrys y mater yn ddiwyll, gan gymryd golwg gyfannol ar ddatrys y mater sy'n ystyried amcanion cydweithredol Chwaraeon Gogledd Cymru.
3. Os na fydd y Bwrdd Partneriaeth yn gallu datrys y mater yng nghyfarfod y Bwrdd Partneriaeth, bydd yn codi'r mater i'w ystyried yng nghyfarfod nesaf y Bwrdd Llywodraethu. Bydd y Bwrdd Llywodraethu yn ceisio datrys y mater yn ddiwyll ac yn gwneud unrhyw gynigion i Aelod ChGC a gododd y mater i ddechrau i ddatrys y mater.
4. Os nad yw Aelod ChGC yn derbyn penderfyniad neu gynigion y Bwrdd Llywodraethu, bydd y partïon yn ceisio setlo'r anghydfod drwy gyfryngu yn unol â Gweithdrefn Cyfryngu Enghreifftiol y Ganolfan Datrys Anghydfod Effeithiol ("**CEDR**"). Oni chytunir fel arall rhwng y partïon, bydd y cyfryngwr yn cael ei enwebu gan y CEDR. Er mwyn cychwyn y cyfryngu, rhaid i barti roi hysbysiad ysgrifenedig ("**Hysbysiad ADR**") i'r partïon eraill i'r anghydfod yn gofyn am gyfryngu. Dylid anfon copi o'r cais at y CEDR. Bydd y cyfryngu'n dechrau heb fod yn hwyrach na 14 diwrnod ar ôl dyddiad yr Hysbysiad ADR.
5. Os na chaiff y cyfryngu ei ddatrys o fewn 28 diwrnod ar ôl cyflwyno'r Hysbysiad ADR, caiff yr anghydfod ei ddatrys o'r diwedd gan lysoedd Cymru a Lloegr.

Atodiad 2 (i) Cyllideb ddrafft 5 mlynedd ar gyfer Chwaraeon Gogledd Cymru

Incwm	2021-22	2022-23	2023-24	2024-25	2025-26
Chwaraeon Cymru					
Pobl Ifanc Egnïol	1,003,520	953,344	905,677	860,393	817,373
Cynllun Nofio am Ddim	323,550	323,550	323,550	323,550	323,550
Gweithredol	159,119	115,000	115,000	115,000	115,000
	1,486,189	1,391,894	1,344,227	1,298,943	1,255,923
Rhaglenni Grant arall (bydd ChGC yn ceisio am grantiau fydd yn cefnogi rhaglenni yn y rhanbarth)					
	0	0	0	0	0
Incwm Masnachol Ychwanegol e.e. Digwyddiadau a Phartneriaid Corfforaethol					
	0	50,000	60,000	70,000	100,000
CYFANSWM INCWM	1,486,189	1,441,894	1,404,227	1,368,943	1,355,923
Gwariant					
Costau staffio					
Cyfarwyddwr Rhanbarthol - seiliedig ar gyflog o £60k	82,000	82,984	83,980	84,988	86,007
Gweinyddwr rhan amser	23,089	23,551	24,022	24,502	24,992
	105,089	106,535	108,002	109,490	110,999
Costau awdurdod lletyol	14,300	14,300	14,300	14,300	14,300
Costau Partneriaeth					
Costau swyddfa - nwyddau, ffon ayb	1,250	1,250	1,250	1,250	1,250
Gofod swyddfa	6,000	6,000	6,000	6,000	6,000
Hyfforddiant	1,000	1,000	1,000	0	0
Cyfieithu	4,080	4,080	4,080	4,080	4,080
Marchnata	7,200	7,200	7,200	7,200	7,200
Teithio	2,500	2,500	2,500	2,500	2,500
Ffioedd Archwilio	1,500	1,500	1,500	1,500	1,500
Caffael	2,000	2,000	2,000	2,000	2,000
Monitro a Gwerthuso	6,000	6,000	6,000	6,000	6,000
Wrth gefn (10%)	3,200	3,200	3,200	3,000	3,000
	34,730	34,730	34,730	33,530	33,530
Bwrdd Llywodraethu a Partneriaeth					
Cyfarfod; teithio	5,000	5,000	5,000	5,000	5,000
Prosiectau ChGC					
Pobl Ifanc Egnïol	1,003,520	953,344	905,677	860,393	817,373
Cynllun Nofio am Ddim	323,550	323,550	323,550	323,550	323,550
Prosiectau ChGC	0				
	1,327,070	1,276,894	1,229,227	1,183,943	1,140,923
CYFANSWM GWARIANT	1,486,189	1,437,459	1,391,259	1,346,263	1,304,752
Gwarged + / Colled -	0	4,435	12,968	22,680	51,171

Cyfraniad anariannol Gwasanaethau Cyhoeddus

Rheolaeth llinell gan yr awdurdod lletyol	15,000
Bwrdd Llywodraethu	6,912
Bwrdd Partneriaeth	17,280
Cyfanswm cyfraniad anariannol	39,192

1 diwrnod yr wythnos, rheolaeth llinell y Cyfarwyddwr Rhanbarthol gan Bennaeth Gwasanaeth
4 diwrnod y flwyddyn, 6 ALI ar lefel Pennaeth Gwasanaeth
12 cyfarfod y flwyddyn i 5 aelod ChGC ar lefel Pennaeth Gwasanaeth

Atodiad 2 (ii) Costau sefydlu arfaethedig i Mawrth 2021

	£
Costau TG - gliniadur ayb	2,000
Prynu ffonau symudol	300
Costau recriwtio	3,000
Costau gweithredol	1,250
Costau cyfreithiol	3,000
Cyfieithu	4,080
Marchnata	2,000
Rheolaeth Prosiect	2,813
Wrth gefn (10%)	1,400
Cyfanswm	19,843

Atodiad 2 (iii) Costau lletya Chwaraeon Gogledd Cymru

	BI 1	BI 2	BI 3	BI 4	BI 5	
Costau canolog (cyllid, cyflogau ayb)	10,000	10,000	10,000	10,000	10,000	Amcan gorau
Costau cyfreithiol (DWF)	3,000	3,000	3,000	3,000	3,000	
Wrth gefn (10%)	1,300	1,300	1,300	1,300	1,300	
Cyfanswm	14,300	14,300	14,300	14,300	14,300	

Atodiad 3: Archwiliad Cadeirydd Annibynnol Bwrdd/ Cymwyseddau Bwrdd, Sgiliau Technegol, Gwybodaeth, Profiad a Chymwyseddau

Rhowch fanylion i ni o lefel y profiad, y dystiolaeth ac unrhyw gymwysterau perthnasol (lle bo hynny'n briodol) ar gyfer sut rydych chi'n cwrdd â'r disgrifyddion a restrir yn y tablau isod. Rhennir y rhain yn ddwy adran: Sgiliau technegol, gwybodaeth a phrofiad; a Cymwyseddau. (Defnyddiwch daflenni ychwanegol os oes angen).

Sgiliau technegol, gwybodaeth a phrofiad

Disgrifiad		Nodwch dystiolaeth sut ydych yn cwrdd â'r cymhwysedd									
Profiad o gadeirio cyfarfodydd/ Bwrdd		<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
		Tystiolaeth:				Cymwysterau perthnasol:					
		•				•					
Llywodraethu / gweinyddiaeth cyffredinol		<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
		Tystiolaeth:				Cymwysterau perthnasol:					
		•				•					
Busnes/Masnachol		<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
		Tystiolaeth:				Cymwysterau perthnasol:					
		•				•					
Cydraddoldeb, Chynhwysiant	Amrywiaeth a	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
		Tystiolaeth:				Cymwysterau perthnasol:					
		•				•					
Anabledd / Nam		<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
		Tystiolaeth:				Cymwysterau perthnasol:					
		•				•					
Chwaraeon cymunedol gweithgaredd corfforol	a	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
		Tystiolaeth:				Cymwysterau perthnasol:					
		•				•					

Chwaraeon Gogledd Cymru

Achos Busnes

Disgrifiad	Nodwch dystiolaeth sut ydych yn cwrdd â'r cymhwysedd					
Chwaraeon llwybr / Gwybodaeth am NGBs	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Cynllunio strategol a ffocws	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Perthnasau stratgeol: Addysg / Iechyd / Awdurdod Lleol / Tai / Ymddiriedolaeth ayb	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Adnoddau Dynol	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Cyllid (gan gynnwys rheolaeth fewnol ac archwilio)	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Asesiad Risg ac Iechyd a Diogelwch	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Cyfreithiol	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
	•			•		
Marchnata, Cyfathrebu Strategol ac Eiriolaeth	<input type="checkbox"/> Lefel uchel	<input type="checkbox"/> Cryf	<input type="checkbox"/> Da	<input type="checkbox"/> Cyfyngedig	<input type="checkbox"/> Dim	
	Tystiolaeth:			Cymwysterau perthnasol:		
Mewnwelediad, Ymchwil, Data, Dysgu	•			•		

Chwaraeon Gogledd Cymru

Achos Busnes

Cymhwysedd:

Disgrifiad	Nodwch dystiolaeth sut ydych yn cwrdd â'r cymhwysedd									
Gweithio mewn tim	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					
Cyfathrebu	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					
Siarad cyhoeddus	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					
Sgiliau ymgysylltu	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
Ymgysylltu gyda grwpiau nodweddion gwarchodedig (h.y. nam; EMC; LGB&T; menywod a merched; Crefydd, ffydd neu gred;ayb)	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					
Gwenud penderfyniadau a datrys problemau	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					
Hunan ddatblygiad a datblygiad eraill	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					
Arweinyddiaeth	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth:				Cymwysterau perthnasol:					
	•				•					

Chwaraeon Gogledd Cymru

Achos Busnes

Disgrifiad	Nodwch dystiolaeth sut ydych yn cwrdd â'r cymhwysedd									
Rheolaeth strategol	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth: •					Cymwysterau perthnasol: •				
Arall (nodwch yma):	<input type="checkbox"/>	Lefel uchel	<input type="checkbox"/>	Cryf	<input type="checkbox"/>	Da	<input type="checkbox"/>	Cyfyngedig	<input type="checkbox"/>	Dim
	Tystiolaeth: •					Cymwysterau perthnasol: •				

Chwaraeon Gogledd Cymru

Achos Busnes

Bwrdd Partneriaeth Chwaraeon Gogledd Cymru

Disgrifiadau Rôl Aelod o'r Bwrdd

a) Disgrifiad Rôl Aelod o'r Bwrdd Cyffredinol

- Darparu arweinyddiaeth strategol effeithlon ac effeithiol o Chwaraeon Gogledd Cymru (ChGC).
- Cynnal a gweithio tuag at weledigaeth, cenhadaeth, gwerthoedd, ymddygiadau ac amcanion ChGC a sicrhau bod y sefydliad yn parhau i weithio tuag at y rhain.
- Trosoli rhwydweithiau i gefnogi codi arian, trefnu sefydliadol a datblygu busnes.
- Gweithredu er budd ChGC bob amser mewn perthynas ag asedau, eiddo, rhwymedigaethau statudol a gofynion rheoli fel yr amlinellir yn Llawlyfr y Bwrdd.
- Cytuno ar amserlen o faterion a neilltuwyd yn benodol ar gyfer gwneud penderfyniadau mawr gan y Bwrdd Partneriaeth.
- Sicrhau bod ChGC yn cydymffurfio â gofynion cyfreithiol a llywodraethu perthnasol.
- Hyrwyddo rheolaeth ddarvoudus ac effeithiol o adnoddau sefydliadol (ariannol a dynol).
- Sicrhau bod strategaethau a pholisïau ar waith a fydd yn cefnogi amcanion ChGC.
- Datblygu a monitro strategaethau rheoli risg effeithiol ar gyfer ChGC.
- Datblygu a monitro rheolaethau a systemau mewnol sy'n dryloyw ac yn atebol i randdeiliaid.
- Creu a chynnal perthnasoedd cadarnhaol a chynhyrchiol â rhanddeiliaid
- Bob amser, gweithredu gyda gonestrwydd a chynnal buddiannau ChGC.
- Hyrwyddo gwaith ChGC a gweithredu fel llefarydd ar ran ChGC lle bo angen.

b) Manyleb Person Cyffredinol

- Tystiolaeth o lwyddiant, yn y sector chwaraeon neu'r tu allan iddo, mewn sefydliad rhanbarthol neu gydweithredol, Elusen, Corfforaethol, Iechyd, Tai, Addysg, Cydraddoldeb neu Wasanaethau Proffesiynol.
- Tystiolaeth o'r gallu i weithredu gyda phroffesiynoldeb a chywirdeb, a chydag athroniaeth gref o degwch, cynhwysiant ac amrywiaeth.
- Tystiolaeth o arwain mewn amgylchedd newid.
- Profiad o Fyrddau neu reolwyr eraill lle'r oedd cynllunio strategol yn rhan o'r rôl.
- Credadwydd yn sector chwaraeon Cymru a gwybodaeth amdano.
- Ymwybyddiaeth a dealltwriaeth o Bartneriaethau Chwaraeon Rhanbarthol a'u potensial.
- Cymwysterau a phrofiad perthnasol sy'n benodol i'r disgwyliadau a amlinellir yn nisgrifiadau rôl penodol y Bwrdd.

Chwaraeon Gogledd Cymru

Achos Busnes

Cadeirydd

Pwrpas Rôl

Gan weithio gyda'r tîm gweithredol, rôl y Cadeirydd yw darparu arweinyddiaeth a chyfeiriad strategol effeithiol gan ganolbwyntio ar weledigaeth, gwerthoedd craidd ac amcanion ChGC.

Disgrifiad o'r Rôl

- Mae'r Cadeirydd yn gyfrifol am arwain Bwrdd Partneriaeth Ranbarthol ChGC a chyd-arweinyddiaeth y tîm gweithredol, gan sicrhau ei effeithiolrwydd ym mhob agwedd ar ei rolau llywodraethu a gweithredol.
- Bydd y Cadeirydd yn cynrychioli Bwrdd Partneriaeth ChGC yng nghyfarfodydd Bwrdd Llywodraethu ChGC.
- Mae'r Cadeirydd yn arwain y Bwrdd Partneriaeth a'r tîm gweithredol wrth ddatblygu diwylliant moesegol yn unol â gwerthoedd y sefydliad.
- Mae'r Cadeirydd yn ganolog wrth greu'r amodau ar gyfer effeithiolrwydd cyffredinol y Bwrdd Partneriaeth ac aelodau'r Bwrdd Partneriaeth unigol a'r tîm gweithredol ac mae'n sicrhau cysylltiadau adeiladol rhwng aelodau'r Bwrdd a staff.
- Mae'r Cadeirydd yn rhwym wrth Bennaeth Telerau, llywodraethu, polisïau a phenderfyniadau ChGC ac felly nid oes ganddo awdurdod unigol i newid, diwygio neu anwybyddu'r rhain.
- Nid yw swydd y Cadeirydd yn creu hawl ynddo'i hun i wneud penderfyniadau annibynnol.
- Gall y Cadeirydd arfer y pwerau hynny a ddirprwywyd i'r swydd gan Bennaeth Telerau ChGC, y Bwrdd Llywodraethu neu'r Bwrdd Partneriaeth.

Disgrifiad Rôl y Gadair

Rheoli Cyfarfodydd y Bwrdd

- Cadeirio hyd at 12 cyfarfod Bwrdd y flwyddyn. Fel rheol, cynhelir y cyfarfodydd bwrdd hyn yng Ngogledd Cymru.

Arweinyddiaeth a Llywodraethu Strategol

- Galluogi'r Bwrdd a'r staff i ddiffinio'r cyfeiriad a'r blaenoriaethau strategol a sicrhau bod adnoddau priodol ar gael i'w cyflawni.
- Galluogi'r Bwrdd i fonitro ac adolygu'r risg sy'n gysylltiedig â chyflawni'r Strategaeth a'r effaith debygol ar fusnes gan gynnal safon uchel o lywodraethu bob amser.

Cysylltu â'r Tîm Gweithredol

- Er bod gan Gyngor Bwrdeistref Sirol Conwy gyfrifoldeb fel cyflogwr y tîm gweithredol, mae'r Bwrdd fel arfer yn cael ei gynrychioli trwy'r Cadeirydd wrth reoli'r berthynas waith gyda'r tîm gweithredol.

Chwaraeon Gogledd Cymru

Achos Busnes

Datblygu ac Annog Aelodau'r Bwrdd

- Arwain wrth sefydlu a datblygu aelodau unigol o'r Bwrdd Partneriaeth, gyda'r bwriad o wella effeithiolrwydd cyffredinol y Bwrdd fel tîm a chynorthwyo gyda chynllunio olyniaeth.

Asesu Perfformiad

- Sicrhau bod asesiadau cymheiriaid a hunanasesiadau o berfformiad yn cael eu cynnal yn rheolaidd ar gyfer holl aelodau'r Bwrdd Partneriaeth, gan gynnwys y Cadeirydd, a'r tîm gweithredol. Gall y Cadeirydd ddirprwyo rhai agweddau ar ei awdurdod ond bydd yn parhau i fod yn atebol am weithred y dirprwy.

Hyrwyddo Tegwch a Chydraddoldeb

- Galluogi tegwch yn ymarferol ac ymdrech i sicrhau cydraddoldeb i'r holl aelodau, staff ac aelodau bwrdd y Bartneriaeth. Sicrhau bod y Bwrdd wedi cymryd ac yn cymryd cyfrifoldeb am Bolisi Cydraddoldeb ac Amrywiaeth a chynllun gweithredu'r sefydliad.

Proffil

- Tystiolaeth o lwyddiant, yn y sector chwaraeon neu'r tu allan iddo, mewn sefydliad rhanbarthol neu gydweithredol, amgylchedd Elusen, Corfforaethol, Iechyd, Tai, Addysg, Cydraddoldeb neu Wasanaethau Proffesiynol.
- Tystiolaeth o'r gallu i weithredu gyda phroffesiynoldeb a chywirdeb, a chydag athroniaeth gref o degwch, cynhwysiant ac amrywiaeth.
- Tystiolaeth o arwain mewn amgylchedd newid.
- Profiad o Fyrddau neu reolwyr eraill lle'r oedd arweinyddiaeth a chynllunio strategol yn rhan o'r rôl.
- Credadwyedd yn sector chwaraeon Cymru a gwybodaeth amdano.
- Ymwybyddiaeth a dealltwriaeth o'r materion sy'n wynebu sefydliadau chwaraeon ar lefel ddomestig a / neu ryngwladol.
- Byddai profiad Llywodraethu Cyfreithiol a Chorfforaethol yn fuddiol.
- Siaradwr Cymraeg yn ddymunol

Aelod o'r Bwrdd ag Arbenigedd Ariannol - Cyfrifoldebau Penodol

- Rhoi cyfeiriad ariannol strategol i gefnogi'r Bwrdd Partneriaeth i gyflawni ei nodau strategol.
- Cynorthwyo'r Bwrdd Partneriaeth i nodi, deall a rheoli ei risgiau ariannol.
- Mewn partneriaeth â CBSC, sicrhewch fod ChGC yn ariannol gadarn a chynaliadwy.
- Sicrhau bod y Bwrdd Partneriaeth yn cydymffurfio'n llawn ag unrhyw rwymedigaethau statudol a rheoliadol.
- Sicrhau bod ChGC yn cyflawni safonau uchel o lywodraethu ariannol a gwneud penderfyniadau tryloyw.
- Bod yn llofnodwr awdurdodedig ar gyfer y Bwrdd Partneriaeth.
- Ymgeiswyr i fod ag o leiaf 5 mlynedd o brofiad ym maes rheoli ariannol. Mae'n ddymunol i ymgeiswyr feddu ar brofiad cyfrifeg.

Chwaraeon Gogledd Cymru

Achos Busnes

- Tystiolaeth o lwyddiant, yn y sector chwaraeon neu'r tu allan iddo, mewn amgylchedd Asiantaeth Ranbarthol neu Gydweithredol, Elusen, Corfforaethol, Iechyd, Tai, Addysg, Cydraddoldebau neu Wasanaethau Proffesiynol.
- Tystiolaeth o'r gallu i weithredu gyda phroffesiynoldeb a chywirdeb, a chydag athroniaeth gref o degwch, cynhwysiant ac amrywiaeth.
- Tystiolaeth o arwain mewn amgylchedd newid.
- Profiad o Fyrddau neu reolwyr eraill lle'r oedd cynllunio strategol yn rhan o'r rôl.
- Credadwyedd yn sector chwaraeon Cymru a gwybodaeth amdano.
- Ymwybyddiaeth a dealltwriaeth o'r materion sy'n wynebu sefydliadau chwaraeon ar lefel ddomestig a / neu ryngwladol.
- Byddai profiad Llywodraethu Corfforaethol yn fuddiol.

Aelod o'r Bwrdd ag Arbenigedd Cyfreithiol - Cyfrifoldebau Penodol

- Darparu arbenigedd a chynghor cyffredinol ar yr holl faterion cyfreithiol, yn benodol, lliniaru risg a rhagori ar safonau cod llywodraethu elusennau.
- Gweithredu fel mentor a seinfwrdd ar gyfer Chwaraeon Gogledd Cymru mewn perthynas â materion cyfreithiol.
- Herio Codi Pwysau Cymru i ddatblygu a gwella ein gweithrediadau yn unol â pholisïau, gweithdrefnau a safon gyhoeddus ddisgwyliedig.

Aelod o'r Bwrdd ag Arbenigedd Marchnata / Cyfathrebu – Cyfrifoldebau Penodol

- Cefnogi a gyrru strategaeth farchnata a chyfathrebu ChGC.
- Cefnogi gweithgareddau cysylltiadau cyhoeddus wrth baratoi ar gyfer ac yn ystod digwyddiadau a gweithgareddau rhanbarthol.
- Rhoi mewnbwn ar becynnau masnachol.
- Darparu datganiadau i'r wasg mewnbwn ac ymgyrchoedd marchnata

Atodiad 4: Swydd Ddisgrifiad Cyfarwyddwr Rhanbarthol Chwaraeon Gogledd Cymru

Mae chwaraeon yng Nghymru yn destun newid digynsail mewn diwylliant gyda gweledigaeth sy'n gallu ysbrydoli cyflwyno canlyniadau mwy, gwell ar gyfer chwaraeon.

Bydd arweinyddiaeth gref, fywiog yn hanfodol.

Felly rydym yn chwilio am arweinydd sydd â'r sgiliau a'r angerdd i chwarae rhan arweiniol mewn chwaraeon cymunedol yng Nghymru i 'Greu Cenedl Egniol lle gall pawb gael mwynhad gydol oes o chwaraeon' a chyflawni'r uchelgais i Chwaraeon Gogledd Cymru 'rymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egniol, gan fyw bywydau iachach a hapusach'- ai hwn ydych chi?

Mae Cymru yn arwain y ffordd o ran cyfranogiad pobl ifanc ond mae mwy i'w wneud - bydd hyn yn gofyn am ddull newydd, partneriaethau newydd a meddwl o'r newydd i gyflawni'r nodau uchelgeisiol hyn. Mae angen i ni ddefnyddio mewnwelediad a dysgu yn fwy effeithiol i ddiwallu anghenion cymdeithas yn y dyfodol, gan fanteisio ar dechnoleg i'n galluogi i gynllunio a chyflawni mewn ffordd wahanol.

Mae'r ffordd y mae chwaraeon yn cael ei ddarparu a'i weinyddu yn newid yng Nghymru. Mae arnom angen i Gyfarwyddwr Rhanbarthol Chwaraeon Gogledd Cymru achub ar y cyfle cyffrous hwn a chyflawni'r newidiadau hyn ledled y rhanbarth.

Swydd Deitl

Cyfarwyddwr Rhanbarthol Chwaraeon Gogledd Cymru

Adrodd i

Pennath Gwasanaeth, Cyngor Bwrdeistref Sirol Conwy (elfennau cyflogaeth)

Cadeirydd, Bwrdd Partneriaeth Chwaraeon Gogledd Cymru (perfformiad)

Atebol i

Bwrdd Llywodraethu Chwaraeon Gogledd Cymru

Pwrpas y swydd

Gweithio gyda ac ar ran Bwrdd Chwaraeon Gogledd Cymru (ChGC) i arwain a gyrru cyfeiriad strategol y bartneriaeth i gyflawni ei weledigaeth a'i dyheadau. Bydd gofyn i chi ymgysylltu'n strategol yn rhanbarthol ac yn genedlaethol i hyrwyddo nodau'r bartneriaeth, rheoli elfennau gweithredol ChGC a sicrhau bod y bartneriaeth yn parhau i fod yn addas at y diben. Bydd hyn yn gofyn am arweinyddiaeth ddeinamig i greu newid sylweddol mewn dull a meddwl ac yn ei gwneud yn ofynnol i chi arwain gydag angerdd ac eglurder cyfeiriad i reoli newid yn effeithiol ac yn y pen draw greu, datblygu ac arwain sefydliad sy'n perfformio'n dda i gyflawni'r weledigaeth hon ledled Gogledd Cymru.

Fodd bynnag, bydd angen i'r rôl hefyd arwain o'r tu blaen a chymryd rhan ar lefel fanylach lle mae'r achlysur yn mynnu er mwyn sicrhau bod y bartneriaeth yn cael ei chefnogi'n llawn yn y cam cychwynnol hwn ac na cholir mesurau llwyddiant.

Cyfrifoldebau Allweddol a Rheoli Llinell

I ddechrau, bydd eich cyfrifoldebau allweddol yn cynnwys rheolaeth llinell Swyddog Cymorth Busnes a gall dros amser gynnwys cyfrifoldebau staff ychwanegol wrth i'r bartneriaeth ddatblygu.

Byddwch yn cefnogi'r Bwrdd Llywodraethu a'r Bwrdd Partneriaeth i bennu Cyfeiriad Strategol y bartneriaeth a sicrhau bod y Cynllun Busnes yn cael ei gyflawni.

Prif Ddyletswyddau a Chyfrifoldebau

Arwain y Dyfodol

- Gweithio gyda'r Bwrdd Llywodraethu a'r Bwrdd Partneriaeth i ddatblygu a chyflawni'r Weledigaeth a'r Strategaeth ar gyfer Chwaraeon Gogledd Cymru a sicrhau bod llinellau adrodd ac atebolrwydd effeithiol ar waith.
- Ymgysylltu â phartneriaethau newydd i gyflawni yn erbyn ei fframwaith strategol
- Bod yn eiriolwr dros Chwaraeon Gogledd Cymru a chynrychioli'r sefydliad ac anghenion chwaraeon yng Ngogledd Cymru ar grwpiau strategol priodol sy'n cyd-fynd â chyflawni canlyniadau buddsoddi, gan gynnwys ond nid yn unig (lleihau troseddu ac ymddygiad gwrthgymdeithasol; mynd i'r afael ag anghydraddoldebau, iechyd; cymdeithasol; rhagnodi - 2025)
- Manteisio ar gyfleoedd i ddatblygu partneriaethau masnachol a mynd ati i chwilio am gyfleoedd noddi a chynhyrchu incwm i yrru twf a datblygiad parhaus chwaraeon ar draws y rhanbarth.

Chwaraeon Gogledd Cymru

Achos Busnes

- Sicrhau bod y sefydliad yn datblygu ei “fewnwelediad” ac yn ei ddefnyddio i lywio'r blaenoriaethau ar gyfer partneriaid a rhanddeiliaid allweddol er mwyn cynyddu cyfranogiad mewn chwaraeon a gweithgaredd corfforol.
- Ceisio newid ac esblygu i ddiwallu anghenion y dyfodol trwy adolygu a cheisio arfer gorau yn rheolaidd;
- Adolygu a chymhwyso dysgu yn rheolaidd - dysgu gwella yn hytrach na phrofi
- Codi proffil y chwaraeon yng Ngogledd Cymru trwy ddatblygu cyfleoedd marchnata a hyrwyddo effeithiol. Gwerthu'r negeseuon cadarnhaol ynghylch chwaraeon a'r hyn y gall ei wneud.
- Deall a Dylanwadu ar agendâu gwleidyddol allweddol er budd canlyniadau chwaraeon.
- Gyrru cyflenwi yn erbyn Deddf Llesiant Cenedlaethau'r Dyfodol

Arwain gydag Eraill

- Adeiladu a chynnal perthynas waith effeithiol gyda Chadeirydd a Bwrdd Partneriaeth Chwaraeon Gogledd Cymru
- Darparu arweinyddiaeth ysbrydoledig i dîm staff ChGC yn ogystal â'r rhwydwaith partneriaeth ehangach o staff, gan feithrin ffordd ddeinamig o weithio; datblygu diwylliant o ddysgu a datblygu yn unol â fframwaith arweinyddiaeth y sector chwaraeon
- Datblygu a rheoli perthnasoedd effeithiol â rhanddeiliaid allweddol i gynnwys, ond nid yn gyfyngedig i Chwaraeon Cymru, partneriaid awdurdodau lleol, NGBs, Partneriaid Cenedlaethol (Urdd, Streetgames ac ati), partneriaid rhanbarthol (Y Bartneriaeth Awyr Agored)
- Dylanwadu ar bartneriaid newydd, gwirfoddol a masnachol i brynu i mewn a chymryd rhan weithredol yn y gwaith o gyflawni'r Weledigaeth ar gyfer Chwaraeon Gogledd Cymru.
- Adeiladu rhwydweithiau effeithiol i helpu i werthu negeseuon allweddol a dylanwad trosoledd o amgylch gwerth chwaraeon i gymuned Gogledd Cymru, gan arwain at gyflawni canlyniadau gwell.

Arwain ar gyfer Canlyniadau

- Arwain ar weithredu Strategaeth Chwaraeon Gogledd Cymru trwy gynllun gweithredol effeithiol a datblygu strategaethau, polisïau a chynlluniau busnes eraill yn y dyfodol fel sy'n berthnasol.
- Sicrhau bod systemau rheoli perfformiad effeithiol yn cael eu datblygu a'u gweithredu gan ganiatáu adrodd rheolaidd ar gynnydd yn erbyn targedau a chanlyniadau i'r Bwrdd a phartneriaid cyllido.

Chwaraeon Gogledd Cymru

Achos Busnes

- Sicrhau bod Chwaraeon Gogledd Cymru wedi ymrwymo i welliant parhaus a bod adolygiadau rheolaidd yn cael eu hymgorffori i sicrhau bod y sefydliad yn parhau i fod ar flaen y gad o ran arfer gorau'r diwydiant.
- Rheoli'r holl adnoddau (dynol, ariannol a chorfforol) yn effeithiol ac yn effeithlon er mwyn sicrhau bod cymaint o adnoddau â phosibl yn gyrru drwodd i gefnogi cyflenwi.
- Goruchwyllo rheolaeth ariannol gadarn cyllideb y sefydliad a datblygu ffrydiau incwm eang ac amrywiol i gynnal dyfodol tymor canolig i hir y sefydliad.
- Bod yn ystwyth i allu ymateb a manteisio ar newidiadau allanol
- Cefnogi'r Bwrdd i gyflawni yn erbyn y Fframwaith Llywodraethu ac Arweinyddiaeth ar gyfer Cymru, cwrdd â gofynion y Fframwaith Gallu a'i ofynion cyfreithiol.
- Sicrhau bod cydraddoldeb ac amrywiaeth yn rhan annatod o arferion ac egwyddorion Sport North Wales. Dylai hyn gynnwys dangos bod effaith y rhai sy'n rhannu nodwedd warchodedig, ac ar ben hynny anfantais iaith Gymraeg ac Economaidd Gymdeithasol yn cael ei hystyried a'i deall.
- Sicrhau y cedwir at reoliadau ariannol a'u bod yn gosod ac yn cyflawni'r safonau cyfrifyddiaeth a chywirdeb ariannol uchaf.
- Sicrhau bod ChGC yn cydymffurfio â'r holl ofynion rheoliadol mewn perthynas ag iechyd a diogelwch, diogelu, cydraddoldeb ac amrywiaeth.

Arwain fy Hun

- Arwain trwy esiampl, gan ddangos dilysrwydd, tegwch a gwerthoedd cadarnhaol
- Yn adlewyrchu ac yn cydnabod sut mae eich ymddygiadau eich hun yn effeithio ar eraill ac yn addasu arddull yn unol â hynny i gael y gorau o eraill
- Yn derbyn ac yn addasu i newid cyson ac yn ymrwymo i welliant parhaus
- Yn croesawu heriau newydd ac yn ceisio adborth rheolaidd
- Mynychu cyfleoedd hyfforddi a datblygu sy'n berthnasol i'r swydd yn ogystal â datblygiad personol parhaus

YMRWYMEDIG I DDIOGELU

Atodiad 5: Datganiad o Fwriad Diogelu Chwaraeon Gogledd Cymru



Chwaraeon Gogledd Cymru

Achos Busnes

Mae Chwaraeon Gogledd Cymru yn cydnabod y ddyletswydd gofal i ddiogelu a hyrwyddo lles plant ac oedolion mewn perygl, ac yn ymrwymedig i sicrhau fod ymarfer diogelu yn adlewyrchu cyfrifoldebau statudol a chanllawiau'r llywodraeth, ac yn cydymffurfio ag arferion gorau a gofynion Chwaraeon Cymru.

Mae'r datganiad o fwriad hwn yn cydnabod fod lles a buddiannau plant ac oedolion mewn perygl yn hollbwysig ym mhob sefyllfa. Bydd polisïau'r dyfodol yn ceisio sicrhau bod pob plentyn ac oedolyn mewn perygl, waeth beth yw eu hamgylchiadau o ran oedran, abled neu anabled, aillbennu rhywedd, hil, crefydd neu greddau, rhyw neu gyfeiriadedd rhywiol, a chefnidir cymdeithasol ac economaidd

- yn cael profiad cadarnhaol a mwynhad o chwaraeon a gweithgareddau yng Ngogledd Cymru, a hynny mewn amgylchedd diogel, a lle bo'n briodol, un sy'n canolbwyntio ar y plentyn / oedolyn mewn perygl
- wedi eu gwarchod rhag camdriniaeth tra'n cymryd rhan yn rhaglenni neu weithgareddau Chwaraeon Gogledd Cymru.

Mae Chwaraeon Gogledd Cymru yn cydnabod fod rhai plant, gan gynnwys plant sydd ag anabledau, pobl ifanc neu oedolion sydd mewn perygl neu'r sawl sy'n dod o gymunedau lleiafrifoedd ethnig, yn medru bod yn arbennig o agored i ystod o gamdriniaeth, ac rydym yn derbyn y cyfrifoldeb o gymryd camau rhesymol a phriodol i sicrhau eu lles.

Fel rhan o'n polisi diogelu bydd Chwaraeon Gogledd Cymru yn

- hyrwyddo a blaenoriaethu diogelwch a llesiant plant, pobl ifanc ac oedolion mewn perygl.
- sicrhau fod pawb sy'n gysylltiedig â gweithgareddau Chwaraeon Gogledd Cymru yn deall eu rolau a'u cyfrifoldebau o ran diogelu, ac yn cael eu darparu â chyfleoedd dysgu priodol er mwyn adnabod ac ymateb i arwyddion o gamdriniaeth, esgeulustod a phryderon diogelu eraill yn ymwneud â phlant, pobl ifanc ac oedolion mewn perygl.
- sicrhau y caiff camau priodol eu cymryd ac y dilynir gweithdrefnau os bydd digwyddiadau/pryderon yn ymwneud â chamdriniaeth, ac y caiff cefnogaeth ei rhoi i'r unigolyn/unigolion sy'n codi neu ddatgelu'r pryder
- sicrhau y caiff cofnodion cyfrinachol, manwl a chywir o'r holl bryderon diogelu eu cynnal a'u cadw'n ddiogel
- atal cyflogi/defnyddio unigolion anaddas
- sicrhau fod trefniadau a gweithdrefnau diogelu cadarn yn weithredol.

Chwaraeon Gogledd Cymru

Achos Busnes

Bydd y sefydliad yn sicrhau fod y canlynol yn eu lle:

- Gwiriadau DBS
- Polisi a gweithdrefnau diogelu.
- Cynllun diogelu (dashfwrdd) sy'n cael ei adolygu'n flynyddol fel rhan o'r broses cynllunio gweithredol.
- Adroddir ar ymrwymiad a chynnydd tuag at gyrraedd safonau diogelu dan arweiniad y sector yn adroddiad perfformiad blynyddol Chwaraeon Gogledd Cymru.

Bydd Chwaraeon Gogledd Cymru yn sicrhau fod partneriaid darparu (yn ogystal â'r rhwydwaith ehangach ...) yn gosod y safonau diogelu gofynnol a ganlyn.

- Polisi diogelu a chynllun gweithredu yn nodi:
- Gweithdrefnau ar gyfer adrodd ar bryderon ynghylch plentyn neu oedolyn mewn perygl. (dashfwrdd)
- Cofnodi digwyddiadau, pryderon a chyfeiriadau diogelu.
- Delio â chwynion gan rieni a phobl ifanc
- Gweithdrefnau ar gyfer recriwtio staff/gwirfoddolwyr, sy'n cynnwys canllawiau ar y rolau hynny lle mae gwiriadau DBS yn ofynnol
- Rhaglen dreigl o hyfforddiant ymwybyddiaeth diogelu ar gyfer pob swydd lle mae cyfrifoldeb arferol a/neu sylweddol am/cyswllt â phlant ac oedolion mewn perygl.

Bydd Chwaraeon Gogledd Cymru yn sicrhau fod aelod o'r bwrdd â chyfrifoldeb dros ddiogelu
Bydd diogelu hefyd yn ymddangos ar gofrestr risg y sefydliad

Caiff y polisi a'r gweithdrefnau eu hyrwyddo'n eang, ac maent yn orfodol i bawb sy'n ymwneud â Chwaraeon Gogledd Cymru.

Eir i'r afael â methiant i gydymffurfio â'r polisi a gweithdrefnau heb oedi, ac fe allai yn y pen draw achosi diswyddiad/gwaharddiad/rhyddhad o weithgareddau'r sefydliad.

Chwaraeon Gogledd Cymru

Achos Busnes

Monitro

Caiff polisi diogelu cytunedig ChGC ei adolygu flwyddyn ar ôl ei ddatblygu, a phob tair blynedd wedi hynny, neu dan yr amgylchiadau a ganlyn:

- newidiadau mewn deddfwriaethau a/neu canllawiau'r llywodraeth
- fel sy'n ofynnol gan Fyrddau Diogelu Lleol a/neu Chwaraeon Cymru
- o ganlyniad i unrhyw newid arwyddocaol neu ddigwyddiad arall.

YMRWYMEDIG I GYDRADDOLDEB AC AMRYWIAETH

Atodiad 6:

Datganiad o Fwriad Cydraddoldeb ac Amrywiaeth Drafft
Chwaraeon Gogledd Cymru



Chwaraeon Gogledd Cymru

Achos Busnes

Datganiad o Fwriad Cydraddoldeb ac Amrywiaeth

Datganiad o Fwriad Cydraddoldeb

Mae gan chwaraeon a gweithgaredd corfforol y gallu i ysbrydoli unigolion a chymunedau i adeiladu ar eu hyder, eu sgiliau, eu hiechyd a'u llesiant. Mae ganddo'r grym i uno pobl mewn modd unigryw.

Mae Chwaraeon Gogledd Cymru (ChGC) yn llwyr ymrwymedig i sicrhau fod chwaraeon a gweithgaredd corfforol yn hawdd i gael mynediad ato, yn briodol i anghenion, ac yn amrywiol ei gynnig i holl drigolion, cymunedau ac ymwelwyr i Ogledd Cymru.

Bydd Chwaraeon Gogledd Cymru yn sicrhau y bydd yr iaith Gymraeg yn cael ei hyrwyddo, a bod Diwylliant Cymreig byw yn ganolog i'w holl bolisïau, rhaglenni a chyfathrebiadau.

Wrth ddatblygu'r datganiad o fwriad drafft hwn, mae Chwaraeon Gogledd Cymru yn cydnabod ei ddyletswyddau deddfwriaethol ac yn cydnabod a chefnogi uchelgais Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 i greu Cymru sy'n fwy cyfartal.

Gweledigaeth ddrafft Chwaraeon Gogledd Cymru yw:

‘Grymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egnïol, gan fyw bywydau iachach a hapusach’

Mae Chwaraeon Gogledd Cymru yn llwyr ymrwymedig i sicrhau nad oes unrhyw weithiwr, gwirfoddolwr, swyddog, hyfforddwr, tiwtor, aelod, athletwr, cyfranogwr, clwb neu ymgeisydd swydd yn cael ei drin yn llai ffafriol ar sail anabledd neu amhariad; oedran; hunaniaeth neu ddosbarthiad rhyweddol; rhyw; tarddiad ethnig, cenedligrwydd; statws rhieni, priodasol neu bartneriaeth sifil; beichiogrwydd; cefndir dosbarth, cymdeithasol neu ariannol; cyfeiriadaeth rywiol; Yr iaith Gymraeg; neu gred wleidyddol.

Caiff triniaeth, darpariaeth cyfleoedd a bwriad teg ei ystyried gan Chwaraeon Gogledd Cymru NID fel braint i rai, ond fel hawl i bawb.

Bydd Chwaraeon Gogledd Cymru yn datblygu ystod o bolisïau ac adnoddau sy'n argymhell ac yn modelu diwylliant cynhwysol a gaiff ei rannu gan weithwyr, partneriaid a sefydliadau darparu a chomisiwn i sicrhau fod cynwysoldeb a thegwch yn ganolog bob amser wrth gynllunio, darparu a datblygu polisi.

Mae Chwaraeon Gogledd Cymru yn llwyr ymrwymedig i sicrhau fod diwylliant cynhwysol yn dod yn arfer parhaus i bawb sy'n rhan o gydlynw, rheoli, darparu neu gymryd rhan mewn gweithgaredd corfforol (gan gynnwys chwaraeon) ar draws Gogledd Cymru.

Er mwyn cyflawni hyn, mae Chwaraeon Gogledd Cymru yn ymrwmo i gyflawni yn erbyn yr Amcanion Cydraddoldeb a ganlyn. Mae'r rhain yn gyson a'r rhai a adnabuwyd gan Lywodraeth Cymru a Chwaraeon Cymru, ac yn cyd-fynd â'r Fframwaith Llywodraethu ac Arweinyddiaeth i Gymru

Chwaraeon Gogledd Cymru

Achos Busnes

Mae ChGC yn credu fod yna berthynas ddwyochrog rhwng Amrywiaeth a Chydraddoldeb. Trwy ganolbwyntio ar yr amcanion isod, caiff amrywiaeth ei gyflawni trwy weithredoedd ymwybodol (tegwch) sy'n sicrhau fod arferion teg yn cael eu gwerthfawrogi a'u darparu. Bydd ChGC yn defnyddio'r dull hwn er mwyn gweithio tuag at gyflawni cydraddoldeb ac amrywiaeth ym mhob agwedd o'i wasanaeth.

Amcanion Cydraddoldeb

Amcan Cydraddoldeb 1:

Arddangos a sefydlu diwylliant cynhwysol trwy holl arferion ac ymddygiadau ChGC

Amcan Cydraddoldeb 2:

Ymgysylltu'n rhagweithiol â'r holl Sefydliadau Cydraddoldeb er mwyn sicrhau y caiff gwerth uchel amrywiaeth ac ecwiti ei adlewyrchu yn yr holl waith proffilio cymunedol, casglu data, cydweithio, ymgynghori a darparu a arweinir gan ChGC.

Amcan Cydraddoldeb 3:

Sicrhau fod gweithlu a thîm arweinyddiaeth ChGC ([Bwrdd] a Staff) yn derbyn cefnogaeth i ddatblygu eu hymwybyddiaeth o amrywiaeth ac ecwiti trwy gael mynediad at hyfforddiant sy'n arwain y sector a Dysgu Proffesiynol Parhaus.

Amcan Cydraddoldeb 4:

Sicrhau fod prosesau recriwtio ac adolygu yn adnabod y parch a'r gwerth a roddir ar amrywiaeth ac ecwiti; a bod gweithredu cadarnhaol yn digwydd i gyfathrebu â chymunedau amrywiol ynglŷn a chyfleoedd cyflogaeth ac ymgysylltu.

Chwaraeon Gogledd Cymru

Achos Busnes

Gweithredu

Amcan Cydraddoldeb 1: Arddangos a sefydlu diwylliant cynhwysol trwy holl arferion ac ymddygiadau ChGC		
Ffocws	Gweithred	Mesur Llwyddiant
Gweithio tuag at gyflawni Amcan 4 y Fframwaith Llywodraethu ac Arweinyddiaeth yng Nghymru	Bwrdd llywodraethu (endid cyfreithiol i'w benderfynu) yn cynnwys unigolion sydd â'r cydbwysedd perthnasol o sgiliau, gwybodaeth a phrofiad i gwrdd ag anghenion Chwaraeon Gogledd Cymru	
	Bwrdd, is-bwyllgorau, gweithgorau a grwpiau tasg a gorffen yn adlewyrchu cydbwysedd rhyweddol o 60/40 benyw/gwryw ?. Bydd ChGC yn adolygu ac yn ceisio adlewyrchu amrywiaeth ehangach o grwpiau demograffig sydd yng Nghymru, ac yn ystyried rhain wrth recriwtio i'w Fwrdd Llywodraethu ac unrhyw is-bwyllgorau cysylltiedig eraill	
Bydd yr Uwch Dîm Arweinyddiaeth a'r Bwrdd yn rhannu'r cyfrifoldeb dros gydraddoldeb ac yn dangos ymddygiad 'cynhwysol'	Caiff Pencampwr Amrywiaeth ei ethol i'r bwrdd	
	Cyflawni safonau cydraddoldeb cydnabyddedig	
	Cyfarfodydd ymgysylltu rheolaidd â phrif bartneriaid sy'n cefnogi'r sectorau chwaraeon, hamdden ac adloniant gyda materion amrywiaeth a chydraddoldeb	
Mynd i'r afael ag anghydraddoldebau yw un o'n Deilliannau Buddsoddi mewn Chwaraeon Cymunedol	Bydd amcanion strategol yn cyfrannu at leihau'r bwlch sy'n bodoli mewn chwaraeon a gweithgaredd corfforol rhwng y boblogaeth gyffredinol a'r grwpiau ffocws sydd wedi'u hadnabod a'u hamlygu uchod	

Chwaraeon Gogledd Cymru

Achos Busnes

Amcan Cydraddoldeb 2: Ymgysylltu'n rhagweithiol â'r holl Sefydliadau Cydraddoldeb er mwyn sicrhau y caiff gwerth uchel amrywiaeth ac ecwiti ei adlewyrchu yn yr holl waith proffilio cymunedol, casglu data, cydweithio, ymgynghori a darparu a arweinir gan ChGC.			
Ffocws	Gweithred		Mesur Llwyddiant
Datblygu mesurau cyhoeddus/DPAau i asesu effaith cydraddoldeb ac amrywiaeth yn ein gwaith	Proffilio data er mwyn deall ein cyfranogwyr a'n gweithlu yn well		
	Amlinellu demograffeg leol a meysydd sydd wedi eu tangynrychioli neu anghydraddoldebau; yn benodol, y rhai hynny sy'n byw mewn tlodi, menywod a merched, pobl Ddu a Lleiafrifoedd Ethnig (BME), pobl hŷn, ac anghydraddoldebau a/neu grwpiau eraill sydd wedi eu hadnabod gan gymunedau lleol penodol.		
Gwirio fod ecwiti ac amrywiaeth yn bresennol ym mhob gwaith cynllunio a darparu	Strategaeth Flynyddol, Cynlluniau Gweithredol a Mesurau ChGC oll yn cael eu hasesu am eu heffaith ar gydraddoldeb cyn eu gweithredu		
	Asesiadau Effaith Cydraddoldeb yn cael eu cwblhau ar bob agwedd o ddarparu'r rhaglen yn ystod cynllunio		
	Asesiadau Effaith Cydraddoldeb ar unrhyw sefydliadau partner sy'n cael eu comisiynu gennym neu sy'n cefnogi ein darpariaeth		
	Cefnogi Cyrff Llywodraethu Cenedlaethol, Chwaraeon Anabledd Cymru ac asiantaethau eraill wrth ddatblygu llwybrau hygyrch a chyfiawn sy'n canolbwyntio ar yr athletwr		
Cydweithio â, gwrando a rhoi gwerth ar gyngor ac arweiniad partneriaid sy'n cefnogi'r sector yng Nghymru mewn perthynas â materion amrywiaeth a chydraddoldeb ar hyn o bryd	<ul style="list-style-type: none">• Chwaraeon Anabledd Cymru• LGBT Sport Cymru• Stonewall Cymru• Chwaraeon BAME Cymru• Diverse Cymru• Street Games Wales	<ul style="list-style-type: none">• Cymdeithas Chwaraeon Cymru• Y Gyngghrair Chwaraeon a Hamdden (Sport and Recreation Alliance)• UK Coaching• CIMSPA• Anabledd Cymru• Anabledd Dysgu Cymru	

Chwaraeon Gogledd Cymru

Achos Busnes

Amcan Cydraddoldeb 3:
Sicrhau fod gweithlu a thîm arweinyddiaeth ChGC ([Bwrdd] a Staff) yn derbyn cefnogaeth i ddatblygu eu hymwybyddiaeth o amrywiaeth ac ecwiti trwy gael mynediad at hyfforddiant sy'n arwain y sector a Dysgu Proffesiynol Parhaus.

Ffocws	Gweithred	Mesur Llwyddiant
Amrywiaeth o brofiad, sgiliau, gwybodaeth a chymwyseddau wedi eu cynrychioli ar draws y gweithlu	Anghenion hyfforddi'r bwrdd a'r staff yn cael eu gwerthuso yn flynyddol	
	Asesiad Effaith Cydraddoldeb blynyddol o'r Matrics Sgiliau cyn gweinyddu	
	Darparu hyfforddiant amrywiaeth a chydraddoldeb priodol i fwrdd a thîm arweinyddiaeth Chwaraeon Gogledd Cymru, ac os yn briodol, y partneriaid darparu	

Amcan Cydraddoldeb 4:
Sicrhau fod prosesau recriwtio ac adolygu yn adnabod y parch a'r gwerth a roddir ar amrywiaeth ac ecwiti; a bod gweithredu cadarnhaol yn digwydd i gyfathrebu â chymunedau amrywiol ynglŷn a chyfleoedd cyflogaeth ac ymgysylltu.

Ffocws	Gweithred	Mesur Llwyddiant
Holl bolisiâu recriwtio ac adnoddau dynol yn dangos arfer orau mewn perthynas ag amrywiaeth a chydraddoldeb	Cytuno ar Bolisi Iaith Gymraeg	
	Pob polisi yn derbyn Asesiad Effaith Cydraddoldeb ar fatrics dreigl o adolygu	
Pob gwybodaeth mewn fformatau sy'n adlewyrchu, ac sy'n hygyrch i'r grwpiau amrywiol sy'n bresennol o fewn y rhanbarth	Cytuno ar Bolisi Fformatau Hygyrch	

Atodiad 7: Cynllun Llythrennedd Corfforol ar Dudalen

Prosiect Adeiladu Llythrennedd Corfforol (LC) Iach Gogledd Cymru (LCIGC)

Sesiwn Ymwybyddiaeth Llythrennedd Corfforol

Nod: Codi ymwybyddiaeth ynghyd â **galwad i weithredu** ar gyfer hyrwyddwyr llythrennedd corfforol o fewn sefydliadau. Codi ymwybyddiaeth yn eang o negeseuon allweddol.

- Beth yw'r cynllun ar gyfer Gogledd Cymru?
- Beth yw llythrennedd corfforol?
- Beth mae llythrennedd corfforol yn ei olygu yn eich gwaith?
- Sut allwch chi ystyried newid yn eich ymarfer?

Galwad i weithredu - ennill calonnau a meddyliau gan ddefnyddio egwyddorion systemau arweinyddiaeth.

Offeryn: Gweithdai wyneb yn wyneb / sesiynau Byw Ar-lein

Gweithdy Pwrpasol / Sesiynau byw ar-lein / cyfarfodydd

Nod: Cefnogaeth arweinyddiaeth. Diffinio darnau gwaith newydd / recriwtio pencampwyr

Offeryn: Gweithdy / cyfarfodydd byw ar-lein / sleidiau a thrafodaeth

Meysydd Prosiect Posibl ar gyfer Treial:

Ysgolion Iach a Lleoliadau Blynyddoedd Cynnar	Timau Chwaraeon Gogledd Cymru ym mhob awudrddod	E.e. Conwy/ sector awyr agored	E.e. Treial Pêl-droed Teulu Ynys Môn
---	---	--------------------------------	--------------------------------------

Prosiectau Treial

- Datblygu darnau allweddol o waith / prosiectau Treial
- Cipio'r gwersi a ddysgwyd a sut i'w cyflwyno ymhellach
- Gwerthuso gan ddefnyddio amrywiaeth o ddulliau gan gynnwys egwyddorion systemau arweinyddiaeth
- Datblygu pecyn cymorth o adnoddau fel sy'n briodol

Mentora / Hyfforddiant a Chefnogaeth

- Datblygu model *hyfforddi'r hyfforddwr* ar gyfer ein heiriolwyr fel y gallant ddylunio fersiwn bwrpasol o'r Sesiwn Ymwybyddiaeth i gefnogi aelodau eraill y tîm yn eu sefydliad i fabwysiadu dull LC yn eu gwaith
- Ymgwymerwyr LC i ddarparu mentora parhaus i eiriolwyr LC
- Ymgwymerwyr LC i gefnogi'r 'Pencampwyr LC' i werthuso eu gwaith

Adnodd parhaus

- **Gweithdy / Sesiwn Ymwybyddiaeth Fyw Ar-lein.**
Nod: Pecyn cymorth i'w ddefnyddio gan Bencampwyr Llythrennedd Corfforol i annog codi ymwybyddiaeth eang o negeseuon allweddol.
- **Adnoddau Llythrennedd Corfforol ar gyfer y Blynyddoedd Cynnar**
- **Gweledigaeth Strategol a Chynllun Gweithredu Llythrennedd Corfforol 2021 ymlaen**

Atodiad 8: Canllawiau a Chefndir ar Atebolrwydd

Chwaraeon Cymru - Cytundeb Partneriaeth

ATEBOLRWYDD

Agwedd newydd tuag at atebolrwydd

Mae ein hymagwedd newydd tuag at Atebolrwydd yn ein symud oddi wrth reoli perfformiad sy'n seiliedig ar ddeilliannau i ganolbwyntio ar greu partneriaethau gwych ac annog dysgu. Rydym yn dymuno creu gofod diogel lle caiff partneriaid eu hannog a'u cefnogi i fod yn onest am eu gweithredoedd ac i flaenoriaethu casglu mewnwelediad sy'n ddefnyddiol i'r helpu i ddysgu a gwella (yn hytrach na'n bodloni ni fel cyllidwr).

Defnyddio Datganiadau Atebolrwydd

Ar y cychwyn, byddwn yn defnyddio cyfres o Ddatganiadau Atebolrwydd i'n tywys i'r cyfeiriad hwn, ac i annog ymarfer adlewyrchol. Yn syml, cyfres o gwestiynau yw'r Datganiadau Atebolrwydd, sy'n gwahodd yr ymatebydd i ystyried yr hyn y maent yn ei wneud a'i ddysgu o fewn maes penodol. Mae'r Datganiadau Atebolrwydd yr ydym yn eu defnyddio ar y cychwyn wedi eu strwythuro o amgylch y chwe datganiad o fwriad strategol sydd yn Strategaeth Chwaraeon Cymru:

1. Canolbwyntio ar yr unigolyn - *Sut ydych yn sicrhau fod anghenion a chymhelliant yr unigolyn yn arwain y ddarpariaeth, boed hynny'n ddechrau arni, edrych i wneud cynnydd, neu'n anelu at ragoriaeth ar lwyfan y byd?*
2. Rhoi dechrau da i bob person ifanc - *Beth ydych chi'n ei wneud i sicrhau fod pobl ifanc yn derbyn y sgiliau, yr hyder a'r cymhelliant i'w galluogi i fwynhau a gwneud cynnydd ym myd chwaraeon? A ydych yn medru dangos sut mae'r weithgaredd hon yn eich ardal yn rhoi i gyfranogwyr y sail sydd ei angen arnynt i fyw bywyd iach, egniol a chyflawn?*
3. Sicrhau bod pawb yn cael cyfle i gymryd rhan mewn chwaraeon - *I ba raddau y gallwch gynnig cyfleoedd cynhwysol a sut eich bod yn gwybod fod y rhain yn darparu profiad gwych i'r rhai hynny sy'n ymwneud â nhw?*
4. Dod â phobl ynghyd ar gyfer y tymor hir - *Sut ydych wedi defnyddio mewnwelediad a dysg i gydweithio ag eraill, ac i sicrhau fod profiadau unigolion o chwaraeon yn newid i fod yn fwy cynaliadwy ac yn fwy llwyddiannus?*
5. Arddangos buddion chwaraeon - *Allwch disgrifio sut rydych yn tystiolaethu, yn arddangos ac yn dathlu buddion chwaraeon?*
6. Bod yn sefydliad a werthfawrogir yn fawr - *Sut mae Chwaraeon Cymru wedi (ac heb) ymddwyn gydag uniondeb, wedi ychwanegu gwerth ac annog arloesedd yn ei bartneriaeth â chi?*
7. Cwestiwn agored - *Beth yw'r peth mwyaf yr ydych wedi ei ddysgu dros y cyfnod diwethaf a pham?*

Mae ymchwil yn dangos, trwy ddatblygu ac adlewyrchu ar ddatganiadau fel rhain, fod y rhai sy'n eu defnyddio yn medru cael eglurder ar sut mae llwyddiant yn edrych, yr hyn sy'n eu rhwystro a pha gamau y dylid eu cymryd - a hyn oll mewn termau sydd ag ystyr iddynt. Gallant ddarparu'r mecanwaith ar gyfer gwneud synnwyr ar y cyd, mewn ffordd sy'n mynd y tu hwnt i'r farn gul a gynigir gan fanylebau, targedau ac amcanion, gan annog pobl i ddefnyddio'u golwg ffiniol, i amlygu ansicrwydd yn gynnar ac yn aml, ac i gynnig her adeiladol i'w gilydd ar hyd y ffordd.

Chwaraeon Gogledd Cymru

Achos Busnes

Yn y tymor hir...

Mae ein hymagwedd newydd tuag at atebolrwydd yn dechrau dod i'r amlwg. Rydym yn ceisio dysgu wrth fynd a gweithio â phartneriaid i ddatblygu'r dull hwn. Dros amser, gobeithiwn ddatblygu cyfres o 'ysgolion aeddfedrwydd' sy'n cyd-fynd â'r Datganiadau Atebolrwydd er mwyn ein cynorthwyo i asesu a monitro cynnydd partner mewn modd safonol. Fodd bynnag, rydym yn gwybod na allwn ragweld y dyfodol, felly gwyliwch y gofod hwn!

Mae Chwaraeon Cymru yn dymuno cytuno ar ffordd o weithio â phartneriaid sy'n creu trafodaethau ynghylch, ac yn casglu dysg a thystiolaeth yn erbyn y Datganiadau Atebolrwydd. Rhagwelwn y bydd y dull hwn yn esblygu ac yn addasu dros amser.

Mae Chwaraeon Cymru yn awyddus i ddeall

- Dull dewisol partner o gydweithio â Chwaraeon Cymru ar y Datganiadau Atebolrwydd, gan gynnwys sut y mae'r partner yn bwriadu gwreiddio'r defnydd o'r datganiadau o fewn ei ymarfer sefydliadol
- Y gefnogaeth y gallent fod ei angen wrth fabwysiadu'r ymagwedd newydd hon at Atebolrwydd

Rydym hefyd yn awyddus i bartneriaid addo:

- Eu bod yn ymrwymo at gael eu harwain gan ddysg, a defnyddio eu data a'u mewnwelediadau eu hunain i wella eu harferion presennol
- Eu cefnogaeth tuag at gydweithio i ddatblygu cyfres o 'ysgolion aeddfedrwydd' yn erbyn y Datganiadau Atebolrwydd, fydd yn cefnogi cynnydd a gwelliant ar draws y sector.

MEYSYDD BLAENORIAETH AR GYFER BUDDSODDI



Chwaraeon Anabledd Cymru

Atodiad 9: Asesiad Effaith Cydraddoldeb cychwynnol (AECc)



Enw'r Swyddog sy'n cyflwyno'r ddogfen/polisi/rhaglen/gwaith papur cyfle:

Enw'r ddogfen/polisi/rhaglen/cyfle i'w asesu:

Michelle Daltry

Achos Busnes Chwaraeon Gogledd Cymru V1

Dyddiad cwblhau'r gwaith papur:

Dyddiad adnewyddu'r asesiad:

29/9/2020

29/9/2021

Ai dogfen/polisi/rhaglen/cyfle newydd yw hon?

☒ Ia

☐ Na

Crynowch yn fyr bwrpas y ddogfen/polisi/rhaglen/cyfle, a'r canlyniadau a ddymunir.

Diben

Datblygwyd Gweledigaeth Chwaraeon Gogledd Cymru (ChGC) drwy'r bartneriaeth gydweithredol ChGC, fel ymateb i'r heriau anghydraddoldebau iechyd a gweithgarwch corfforol a nodwyd yng Ngogledd Cymru. Mae'r Weledigaeth hon yn cyfleu ymateb ChGC i'r dull newydd o ddarparu chwaraeon a gweithgarwch cymunedol a nodwyd gan Chwaraeon Cymru.

Mae gweledigaeth Chwaraeon Cymru ar gyfer model cyflawni newydd ar gyfer chwaraeon a gweithgarwch cymunedol yn cynrychioli symudiad o'r dull presennol a arweinir gan y rhaglen, at ddull a arweinir gan ganlyniadau, sy'n cyd-fynd â Deddf Llesiant Cenedlaethau'r Dyfodol, Gweledigaeth ar gyfer Chwaraeon yng Nghymru, (Strategaeth Llywodraeth Cymru), a'r Polisi Cydraddoldeb newydd.

Canlyniadau

'Grymuso ein cymunedau yng Ngogledd Cymru i fod yn fwy egnïol, gan arwain bywydau iachach a hapusach'

Gall pawb gyflawni eu potensial eu hunain

Mae gan bawb gyfle i fod yn weithgar drwy chwaraeon a gweithgarwch corfforol

Mae pobl yng Ngogledd Cymru yn byw bywydau corfforol egnïol

Mae gan bobl y sgiliau, yr hyder a'r cymhelliant i fod yn egnïol drwy chwaraeon

Pwy ddylai elwa o'r ddogfen/polisi/rhaglen/cyfle, ac ym mha ffordd?

Buddiolwyr

Sut?

Poblogaeth Gogledd Cymru – “Cel PAWB yn actif yng Ngogledd Cymru, Am Oes”.

Cyfeiriad penodol at blant, oedolion ifanc, oedolion a phoblogaeth dros 60.

Llywodraeth Cymru, Chwaraeon Cymru a phartneriaid allweddol:

6 Awdurdod Lleol

- Conwy
- Sir Ddinbych

SNW is seeking to achieve:



1. Gwellu, moderneiddio a datblygu sector chwaraeon cynaliadwy yng Ngogledd Cymru gan sicrhau

Atodiad 9: Asesiad Effaith Cydraddoldeb cychwynnol (AECc)

- Fflint
- Gwynedd
- Ynys Môn
- Wrecsam

Iechyd Cyhoeddus Cymru

Prifysgol Bangor

Prifysgol Glyndŵr

Chwaraeon Gogledd Cymru

Bwrdd Iechyd Betsi Cadwaladr

GWE

Cymdeithasau Tai Rhanbarthol (6

cymdeithas tai yn cael ei cynrychioli gan un person)

Cynrychiolydd y sector cyhoeddus

cydbwysedd rhwng arweinyddiaeth a llywodraethu er mwyn gwireddu'r Weledigaeth a gosod y cyfeiriad strategol ar gyfer Gogledd Cymru drwy Fyrddau Llywodraethu a Phartneriaeth amrywiol sy'n seiliedig ar sgiliau;

2. Creu'r amodau angenrheidiol er mwyn i'r sector ymateb yn rhagweithiol ac yn ddeinamig i'r heriau ar gyrrff cyhoeddus gan Ddeddf Cenedlaethau'r Dyfodol (Cymru) 2015 i ystyried effaith hirdymor eu penderfyniadau a blaenoriaethu gweithio gyda phobl a chymunedau;

3. Cynyddu cyfranogiad mewn chwaraeon drwy:

- weithredu gydag uniondeb, atebolrwydd a thryloywder;
- flaenoriaethu llwythi gwaith ac ardaloedd a all wneud y gwahaniaeth mwyaf;
- ganolbwyntio ar ymddygiad a diwylliant;
- roi cyfranogwyr wrth wraidd y broses o wneud penderfyniadau a sicrhau dull sy'n canolbwyntio ar gyfranogwyr;
- sefydlu sail ar gyfer sgysiau am sut y gall Aelodau ChGC wella fel sefydliadau; a
- fframwaith canlyniadau â ffocws sy'n targedu plant, oedolion ifanc, oedolion a phobl dros 60 oed.

4. Mynd i'r afael â'r heriau economaidd-gymdeithasol sy'n wynebu'r rhai sy'n ymwneud â chwaraeon cymunedol;

5. Mynd i'r afael ag anghydraddoldeb mewn chwaraeon a darparu ar gyfer natur amrywiol y sector er mwyn sicrhau diogelwch, lles a lles pawb sy'n cymryd rhan mewn chwaraeon;

6. Sicrhau dull cryf o gydymffurfio ag iechyd a diogelwch yn treiddio i holl weithgareddau'r Cydweithio;

7. Sicrhau bod safonau diogelu yn cael eu bodloni ym mhob rhan o Chwaraeon Gogledd Cymru;

8. Denu buddsoddiad o ffynonellau cyllid eraill; a

9. Hyrwyddo cydraddoldeb, amrywiaeth, cynaliadwyedd a chynwysoldeb ym mhob gweithred.

Sut mae cydraddoldeb wedi'i ystyried wrth ddatblygu/adolygu'r ddogfen/polisi/rhaglen/cyfle?

Mae Chwaraeon Anabledd Cymru (ChAC) wedi ymgysylltu â'r broses fel cymorth ynghylch cynnwys pobl anabl yn rhagweithiol ar draws rhaglenni o strategaeth i gyflawni.

Mae Chwaraeon Anabledd Cymru wedi gweithredu o fewn capasiti ehangach fel archwiliad a her reolaidd o amgylch pob maes cydraddoldeb, amrywiaeth a chynhwysiant.

Mae'r holl bartneriaid a gomisiynwyd wedi adlewyrchu blaenoriaethau lleol a rhanbarthol sy'n berthnasol i gydraddoldeb, amrywiaeth a chynhwysiant.

Atodiad 9: Asesiad Effaith Cydraddoldeb cychwynnol (AECc)

Mae Cydraddoldeb ac Amrywiaeth wedi'i ymgorffori fel gwerth craidd i'r model gweithredu newydd Mae Chwaraeon Gogledd Cymru (ChGC) wedi'i alinio â Deddf Llesiant Cenedlaethau'r Dyfodol sy'n cynnwys cyfeiriad penodol at "Cymru Fwy Cyfartal".

Mae Chwaraeon Gogledd Cymru yn ceisio mynd i'r afael ag anghydraddoldebau iechyd a lles fel blaenoriaeth a rennir gan bartneriaeth ChGC (adran 1.8)

Mae pob sefydliad wedi ymrwymo i wneud gwahaniaeth i gymryd rhan mewn chwaraeon a lleihau anghydraddoldebau yng Ngogledd Cymru (adran 1.13)

A yw'r ddogfen/polisi/rhaglen/cyfle hwn yn bodloni Amcanion Amrywiaeth ChAC (gweler Atodiad 1)?

<input type="checkbox"/> Ydi	<input type="checkbox"/> Na (cyfeiriwch yn ôl at y Swyddog cyflwyno i'w adolygu)	<input checked="" type="checkbox"/> Ddim yn berthnasol
------------------------------	--	--

Os YDI, nodwch pa Amcanion Amrywiaeth y mae'n eu bodloni:

<input type="checkbox"/> DO1	<input type="checkbox"/> DO2	<input type="checkbox"/> DO3	<input type="checkbox"/> DO4	<input type="checkbox"/> DO5	<input type="checkbox"/> DO6
------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

A yw'r ddogfen/polisi/rhaglen/cyfle hon yn rhan o brosesau recriwtio ChAC?

☐ Ydi ☒ Na

Beth yw graddau effaith y ddogfen/polisi/rhaglen/cyfle hwn?

	Uchel	Isel	Ddim yn Berthnasol
Nifer y cyfranogwyr dan sylw/i gymryd rhan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arferion gwaith staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bwriad i ddylanwadu ar ystod amrywiol o grwpiau	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ansawdd bywyd aelodau'r staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aelodau staff yn gallu cael mynediad i waith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyflawni Cenhadaeth a Gweledigaeth ChAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyflawni Blaenoriaethau ChAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A yw'r ddogfen/polisi/rhaglen/cyfle hwn yn gofyn am gyfarfod grŵp Asesiad Effaith Cydraddoldeb llawn?

☐ Ydi ☒ Na

Pwy arall yr ymgynghorwyd â hwy wrth gwblhau'r AECc hwn?

Enw/Ffynhonnell	Enw/Ffynhonnell
Michelle Daltry	
Rôl - Rheolwr Partneriaeth	Rôl
Sefydliad – Chwaraeon Anabledd Cymru	Sefydliad
Rheswm dros ymgynghori Sicrhau bod pobl anabl yn cael eu hadlewyrchu o fewn proses, ymarfer a gweithdrefnau. Defnyddio 6 Swyddog Datblygu Chwaraeon Anabledd Awdurdodau Lleol ac 1 Swyddog 'Get Out Get Active' (Gogledd)	Rheswm dros ymgynghori

Argymhellion

Gweler Atodiad 1: Newidiadau wedi'u Tracio a awgrymwyd yn y ddogfen/polisi/rhaglen/cyfle gwreiddiol. Mae pob argymhelliad yn cysylltu â'r sylwadau a nodwyd yn nhrefn rhifol.

Argymhellion ar gyfer newid	Rheswm dros awgrymu newid	Buddiolwyr ^[1] (fesul grŵp)
-----------------------------	---------------------------	--

**2.12 a ffig 2.1 – cydbwysedd rhwng y rhywiau o 60/40
l'w newid i isafswm o 40%**

- 60/40 yn adlewyrchu dealltwriaeth deuaidd o ryw ac nid yw'n cynnwys unrhyw un a allai nodi fel unrhyw beth heblaw gwryw neu fenyw.
- 60/40 yn awgrymu absoliwt o 60 o fenywod a ragdybiwyd a 40% yn hytrach nag isafswm gofyniad

- Menywod
- Unigolion trawsryweddol

2.12 a ffig 2.1 – ystyried cyfansoddiad amrywiaeth ehangach y Bwrdd Llywodraethu a'r Bwrdd Partneriaeth – linc i 3.3 a thynnu data penodol o'r SSS 2018

- Mae tybio bod amrywiaeth rhyw wedi'i nodi o'r fframwaith llywodraethau a chyfreithiol, ond gall hyn arwain at ragdybiaeth o flaenoriaeth o ran rhyw / rhyw vs nodweddion gwarchodedig eraill

- Yr holl nodweddion gwarchodedig

1.7 – ymestyn ffrydiau data i adlewyrchu cynrychiolaeth o gyfranogiad gan y rhai mewn cymunedau penodol. Atodi dogfen neu gysylltu â 3.14 gyda data lefel uchel i adlewyrchu lefelau ymgysylltu cyfredol nodweddion gwarchodedig penodol

- Mae data lefel uwch a adlewyrchir yn yr achos busnes yn gadarn, fodd bynnag, nid yw'n ymchwilio i anghydraddoldebau ehangach a all fodoli.
- MD i gysylltu â Chwaraeon Cymru i edrych tuag at ddata rhanbarthol penodol ar gyfer Gogledd Cymru y meysydd cydraddoldeb penodol.

- Yr holl nodweddion gwarchodedig

1.14 – ymestyn ymgynghoriad partner i gynnwys y rhai ag arbenigedd penodol o amgylch pob un o'r nodweddion gwarchodedig

- Byddai grŵp llywio cydraddoldebau yn cryfhau ymgysylltiad ac ymddiriedaeth o fewn grwpiau cymunedol penodol.

- Yr holl nodweddion gwarchodedig

Chwaraeon Anabledd Cymru



Atodiad 9: Asesiad Effaith Cydraddoldeb cychwynnol (AECc)

1.2 – Diffinio pa strategaeth Cydraddoldeb yr ydych yn cyfeirio ati

- Eglurder ynghylch fframweithiau sy'n cael eu defnyddio.

- Pob partner

Cwblhawyd yr Asesiad Effaith Cydraddoldeb cychwynnol gan:

Enw	Sefydliad	Chwaraeon Anabledd Cymru	Swydd Deitl
-----	-----------	--------------------------	-------------

Llofnod	Dyddiad
---------	---------

Sicrhawyd yr Asesiad Effaith Cydraddoldeb Cychwynnol hwn gan y Swyddog Arweiniol dros Gydraddoldeb ar Fwrdd ChAC:

Enw	Profiad
-----	---------

Llofnod	Dyddiad
---------	---------

Y Broses Monitro a Gwerthuso

Nodi'r cylch adolygu ar gyfer y rhaglen/prosiect/polisi hwn

Dyddiad yr Adolygiad Cychwynnol:

Swyddog sy'n gyfrifol am arwain yr adolygiad:

Canlyniadau'r adolygiad cychwynnol:

Chwaraeon Anabledd Cymru



Atodiad 9: Asesiad Effaith Cydraddoldeb cychwynnol (AECc)

Atodiad 1: Amcanion Amrywiaeth ChAC

Amcan amrywiaeth 1:

Sicrhau cynrychiolaeth amrywiol o brofiad, sgiliau, gwybodaeth a chymwyseddau ym mhob rhan o weithlu'r cwmni a Bwrdd ChAC

Amcan Amrywiaeth 2:

Sicrhau bod gweithlu, tîm arweinyddiaeth ac aelodaeth ChAC yn cael eu cefnogi i ddatblygu eu hymwybyddiaeth o amrywiaeth a thegwch drwy fynediad at hyfforddiant a Dysgu Proffesiynol Parhaus.

Amrywiaeth Amcan 3:

Sicrhau bod prosesau recriwtio ac adolygu yn gwerthfawrogi amrywiaeth a thegwch, ac yn cymryd camau cadarnhaol i wneud pob cymuned sy'n rhannu nodweddion gwarchodedig yn ymwybodol o gyfleoedd cyflogaeth, a phan gânt eu cyflogi bod amrywiaeth yn cael ei pharchu a'i gwerthfawrogi.

Amcan Amrywiaeth 4:

Sicrhau bod holl fusnes, digwyddiadau a gwybodaeth ffurfiol ChAC yn hygyrch i grwpiau amrywiol yng Nghymru

Amcan Amrywiaeth 5:

Sicrhau bod gwerth uchel o ran amrywiaeth ac arfer teg yn parhau i fod wrth wraidd holl ddarpariaeth, gweithredu, casglu data ac ymgynghori ChAC.

Amcan Amrywiaeth 6:

Gweithio'n rhagweithiol gyda phartneriaid i ddylanwadu ar eu harfer amrywiol a theg a'u herio er mwyn adlewyrchu arfer gorau mewn Cenedl Chwaraeon Balch.

Cynllun Trosiad Arfaethedig ChGC hyd at 30 Mawrth 2021 - CYFARFOD BWRDD CHWARAEON CYMRU 26/11/2020

[illegible]

[illegible]



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee (SPPH) 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Test, Trace and Protect (TTP) – SPPH update					
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health					
Awdur yr Adroddiad Report Author:	Jane Paice, Test, Trace, Protect Programme Lead					
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny. (Weekly updates on SCG are provided to the North Wales Strategic Co-ordinating Group – SCG).					
Atodiadau Appendices:	None					
Argymhelliad / Recommendation:						
The Committee is asked to note the status of the multiagency response programme for the North Wales TTP programme.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information
Sefyllfa / Situation:						
The Test, Trace and Protect (TTP) programme in North Wales went live on 01 June 2020. It is a multiagency activity with BCUHB as the lead agency driving the programme forward.						
Since the last report there have continued to be significant developments in the TTP service for North Wales:						
<ul style="list-style-type: none"> • New Variants of Concern identified, • Despite Tier 4 arrangements, a significant surge of positive cases across the region, • Welsh Government (WG) have issued a refreshed Testing Strategy, and • Recruitment remains a focus for test and trace. 						
Whilst the vaccination programme is a positive development in the response to reducing the impact of Covid-19, TTP will remain an important service alongside the vaccination programme for the foreseeable future.						

Cefndir / Background:

The TTP Programme in North Wales is being managed on a regional footprint under the leadership of the Executive Director of Public Health. A multi-agency response comprising members of the Health Board, the BCU public health team and the six Local Authorities has been established to operationalise the response plan within the region.

Testing people to identify those who have Covid-19 is one part of our overall programme to control the spread of Covid-19. Tracing those people who have been in close contact with a person who has tested positive, and providing advice and guidance is critical to stopping the virus spreading through our communities.

The NHS Covid-19 app, alongside traditional contact tracing staff, is used to notify people if they come into contact with someone who later tests positive for coronavirus.

It is important that there is a seamless link between testing and tracing.

1. **Testing** people with coronavirus symptoms, asking them to isolate from wider family, friends and their community whilst waiting for a result. Testing has now been extended to incorporate testing asymptomatic individuals to identify those who are positive but do not show symptoms.
2. **Tracing** people who have been in close contact with anyone who tests positive, requiring them to take precautions through self-isolation for 10 days.
3. **Protecting** the vulnerable or those at risk from the virus, providing advice, guidance and support, particularly if they develop symptoms or have been identified as a contact through the contact tracing process.

Asesiad / Assessment & Analysis

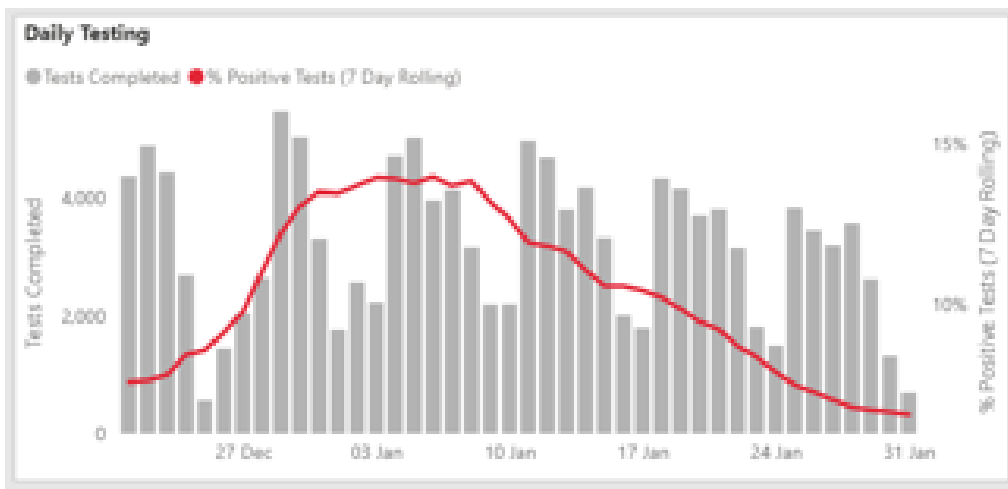
OVERVIEW

The period from early December 2020 to the end of January 2021 was the busiest period the TTP service has experienced since the start of the pandemic with the rate and volume of positive cases and associated contacts far exceeding those experienced in the Spring of 2020.

TTP resources have been stretched, but remained resilient during this time, with a brief period (between 23 December to 2 January), when the tracing service was not able to cope with the volume of incoming positive cases, and prioritisation enacted.

It should be noted that between 1st December and 31st January, in excess of **180,000** tests were undertaken in North Wales and just under **19,000** positive cases, with **30,000** associated contacts traced.

Volume of tests in North Wales six weeks to 31/1/21 and positivity rate:

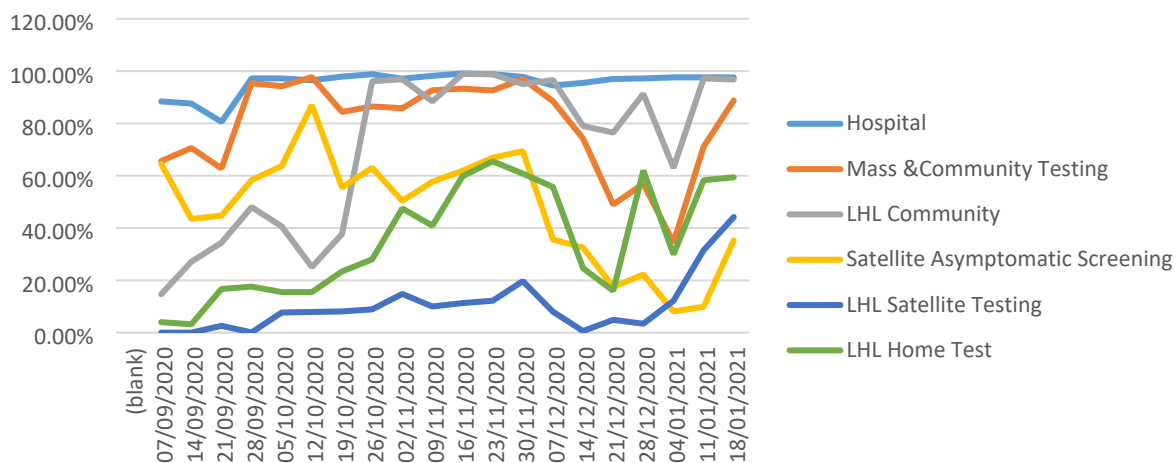


Source: Iris

The testing capacity was adequate to cope with demands. On the whole, turnaround times (TATs) in the PHW and Lighthouse labs were maintained. During late December/ early January there were some issues in the North Wales PHW lab due to equipment breakdown which impacted the TAT of some tests. TATs are monitored on an on-going basis.

Turnaround Times for North Wales

Turnaround Times

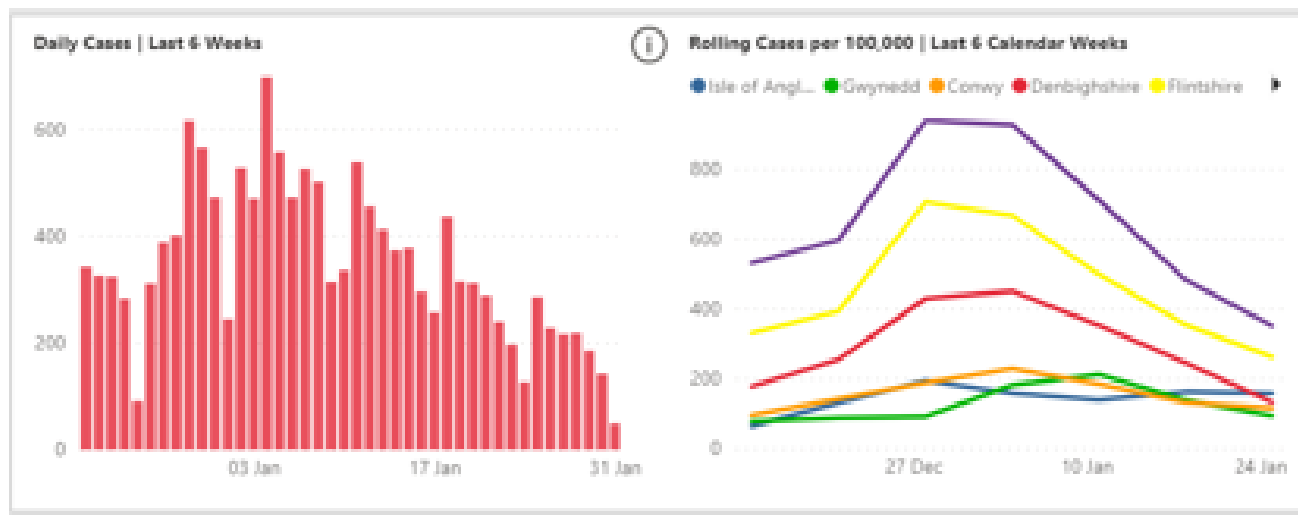


Source: WG issued

The peak of cases during this period was the seven days - 4-10th January when **3,691** positive cases were registered. Since this point, the demand for testing and confirmed positive cases have continued to decline. Support was provided by the National Surge Team to ensure cases were contacted on a timely basis.

The Local Authorities in North Wales are now recruiting additional staff to ensure demand can be met and to undertake the new requirements of the tracing service such as the expansion of the testing programme and requirement to undertake enhanced contact tracing.

Volume of positive cases and breakdown by Local Authority six weeks to 31/1/2021



Source: Iris

In December, it was noted a new Variant of Concern (VoC) (Kent) had been identified. This was identified as a strain that was significantly more infectious than the original strain – circa 50% more infectious. Cases had been identified in North Wales and it was predicted that by mid-January, the new VoC would exceed the number of positive cases of the original strain in North Wales. This has been the case.

A South African VoC was also identified. In the last two weeks, three cases have been identified and isolated in North Wales.

As a consequence, the UK government imposed travel restrictions on a number of countries around the world, categorised as RED countries. This currently stands at 33 countries. Since early January 2021, WG have required regional TTP teams to manage returning travellers from these countries. This has involved daily telephone checks and a test undertaken by a home visit. The task has been onerous with in excess of 100 travellers. The quality and timeliness of information received by the north Wales TTP team has been sub-optimal, and the concerns and associated risks fed back to WG. With effect from 15th February 2021, a national solution will be provided to manage these travellers, including the use of pre-booked isolation hotels and pre-booked tests to manage the associated risks.

TESTING

Welsh Government (WG) published the first Testing Strategy on 15 July 2020. Since that time, testing has continued to play a pivotal role in our overall approach to preventing the transmission of Covid-19 across Wales. As knowledge has grown and technologies developed, a revised Testing strategy for Wales was published on 28th January 2021.

The strategy outlines that testing on its own does not remove or reduce the extent to which the virus is circulating in communities. Everyone, irrespective of whether they have had a test recently must maintain social distancing where possible, practise good hand hygiene and follow the guidelines on the wearing of face coverings in order to keep us all safe.

Testing can play a part in reducing the harms associated with Covid-19 and since the first strategy was published, new testing technologies have demonstrated it is possible to test at far greater scale, frequency and speed than previously. Testing will continue to play an important role alongside the vaccine in supporting us to save lives and livelihoods during 2021 and the longer term.

The harm caused by Covid-19 is not limited to the direct harm caused to those who become infected. Harm also arises when the NHS and social care systems are overwhelmed; when other non-Covid related activities are reduced; and as a result of wider societal actions such as lockdown. The revised testing strategy aims to minimise or alleviate these harms wherever possible.

In addition to using testing to diagnose and identify Covid-19 to help with treatment and to support contact tracing, thereby reducing the spread of the disease, new testing technologies offer the potential to adopt our approaches to testing. These should enable individuals to continue to receive in person education and to work, and this will help to maintain key services when the prevalence of the virus is high. Tests are now used across a variety of settings including hospitals, test sites, care homes and mobile testing units. Alongside the vaccination programme, testing will also support the safe return to normal society and economic activity.

The testing priorities remain the same:

1. To support NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care.
2. To protect our NHS and social care services and individuals who are our most vulnerable.
3. To target outbreaks and enhance community surveillance in order to prevent the spread of the disease amongst the population.
4. Supporting the education system and to support the health and well-being of our children and young people, and to enable them to realise their potential.
5. Identifying contacts of positive cases to prevent them from potentially spreading the infection if they were to become infected and infectious, and to maintain key services.
6. To promote economic, social, cultural and environmental wellbeing and recovery.

In summary the approach going forward, will be:

1. Test to diagnose
2. Test to safeguard
3. Test to find
4. Test to maintain
5. Test to enable

1. Test to diagnose

The aim is to identify patients who are infected/infectious as quickly as possible, particularly those presenting to hospital so that they may benefit from specific treatment for Covid-19.

A confirmed diagnosis is also important to reduce uncertainty and the need for further investigations. In this context a highly sensitive and specific test is required. Any test result should be interpreted in the clinical context and further testing directed as necessary.

Our testing strategy moving forward will continue to focus on supporting people receiving care and or being admitted to hospitals.

2. Test to Safeguard

Covid-19 is a challenge in closed settings such as hospitals, care homes and prisons because it can be difficult to control the spread once infection is introduced. The risk of infection being brought into a closed setting is related to the prevalence of infection in the community, therefore greater vigilance is needed when prevalence within the population is higher.

Infected individuals may enter closed settings as symptomatic or asymptomatic residents, visitors, or staff members. The primary measures to control risk of infection are the use of appropriate Infection, Prevention and Control procedures. Testing can provide some additional safeguards but cannot be used as a sole means of control.

Symptomatic staff, wherever they work, should self-isolate and request a test. Testing of asymptomatic staff working with vulnerable people, especially within closed settings, can potentially identify infected/infectious individuals who might otherwise pose a risk. It is recommended asymptomatic testing using lateral flow tests is undertaken at a minimum of twice per week.

In December 2020, the Welsh Government (WG) published a detailed control plan for social care to assist social care services and the public in understanding the measures in place to protect the most vulnerable individuals in Wales. This document sets out the testing that should be in place for staff at different levels of prevalence, and how to minimise the risk when allowing visitors and external care staff into the home.

Subject to supply, the aim of WG is to offer Covid-19 vaccination to all care home residents and staff; frontline health and social care staff; those 70 years of age and over; and clinically extremely vulnerable individuals by mid-February. Whilst this is incredibly positive, testing must remain in place for the foreseeable future. This is because the evidence is not yet available to determine the whether vaccination reduces the risk of the virus being transmitted to others.

With this in mind our approach to 'testing to safeguard' currently involves asymptomatic testing of:

- **NHS staff** - Testing of asymptomatic staff can potentially identify infected/infectious individuals who might otherwise mix within the hospital. This is in the process of being rolled out across the Health Board.
- **Care home staff** - Testing of asymptomatic staff can potentially identify infected/infectious individuals who might otherwise mix within the care home. This is in progress of being rolled out.
- **Supported Living staff** - Testing of asymptomatic staff visiting vulnerable people can potentially identify infected/infectious individuals who might otherwise expose the vulnerable individuals they visit. This is being explored.

- *Special school staff* - Testing of asymptomatic staff working with vulnerable people can potentially identify infected/infectious individuals who might otherwise expose the vulnerable individuals they work with. This will be in place from 22 February 2021 unless a school has opted out.
- *Domiciliary care staff* - Testing of asymptomatic staff visiting vulnerable people can potentially identify infected/infectious individuals who might otherwise expose the vulnerable individuals they visit. This is being explored.
- *Staff working in other residential care and support settings* – Testing of asymptomatic staff visiting vulnerable people can potentially identify infected/infectious individuals who might otherwise expose vulnerable individuals. This is being explored.
- *Prisoners* - Any prisoners who develop symptoms should be tested. All new arrivals should be tested on admission. This test should have high sensitivity and specificity (e.g. RT-PCR); the impact of false negative results could be significant due to the difficulty in controlling spread. This is in place.
- *Care home residents* - Any residents who develop symptoms should be tested. Admissions from the community or from hospitals or other closed settings should be tested prior to admission. This test should have high sensitivity and specificity (e.g. RT-PCR); the impact of false negative results could be significant due to the vulnerable nature of the residents and the setting, and therefore these should be minimised. This is in place.
- *Visitors* -
 - Symptomatic individuals who might be visitors should self-isolate and order a test. They should not visit a care home. This is in place.
 - For asymptomatic visitors, the main control measure is reduced social mixing for the 7-14 days prior to visiting. Testing can provide reassurance that a visitor is not infected/infectious at the time of the visit. This is in progress.
 - Professional visitors should be tested prior to attending a care home. If they are part of a regular testing programme (e.g. under the NHS testing programme) they will not need to be tested again prior to entry. If professional visitors are not part of a regular testing programme, they should be tested at the time of the visit. This is in place.

3. Test to Find

Identifying and isolating Covid-19 cases in the community reduces the transmission of infection and helps to slow or stop the spread of the disease. Reduced prevalence of infection in the community reduces the number of severe infections, protects vulnerable individuals, protects the NHS, and reduces mortality.

Everyone who thinks they have symptoms of Covid-19 should get a test. There are now a number of channels people can access testing through, including a network of testing centres with more planned for 2021, making testing for Covid-19 more accessible than ever before.

Our testing sites include:

- Regional Testing Sites (RTS) – provide drive through facilities. North Wales has access to two facilities based in Deeside and Llandudno
- Local Testing Sites (LTS) – provide walk in facilities. North Wales has four facilities based in Wrexham, Connah's Quay, Rhyl and Bangor.

- Mobile Testing Units (MTUs) – can provide flexible facilities to increase accessibility and to focus in areas of need. There have been four MTUs operating across North Wales. Three additional units are in the process of being deployed across the region
- Home testing – for people to have tests posted to them to take at home

Given that 40% of people may have mild or no symptoms, there are certain contexts in which there may be a need to deploy more active case finding approaches such as those trialled in Merthyr and Lower Cynon where whole area testing was undertaken during late November and December 2020. A Community Testing plan is currently being developed in partnership between the Health Board and Local Authorities for North Wales

4. Test to Maintain

On average 10% of contacts develop Covid-19. Currently, contacts of infected individuals are required to self-isolate for 10 days. While this strategy should effectively remove potentially infected/infectious contacts from mixing and potentially transmitting infection, it has a number of potentially negative impacts:

- Workforce pressures, especially at times of high Covid-19 prevalence. This is particularly important for critical workers (health, social care, category 1 responders and others)
- It creates economic pressures on key businesses that impact on critical supplies and those affected who may lose income
- It negatively impacts on the health and well-being of contacts having to isolate
- And of particular concern, large numbers of children and young people miss out on face to face education

Therefore, there are a number of tests for asymptomatic contacts being explored to potentially allow them to remain in work or education as an alternative to isolating for 10 days. Daily testing for the 5-7 days from identification as a contact could reduce the risk that a person attends work or education while infected/infectious.

Whether this type of daily contact testing can or should be adopted will be dependent on whether the individuals concerned work with vulnerable people, and whether they work within a closed setting. This is because the daily test only gives a snapshot of infectivity at the time of the test. This strategy will not be appropriate where the repercussions arising from a false negative could be very serious.

5. Test to enable

As the vaccine roll out moves forward and towards a lower prevalence of the virus, later in 2021, WG have signalled that they will look to see how testing can further support a return to normality and meet our sixth testing priority - to promote economic, social, cultural and environmental wellbeing and recovery.

Further work and approval of the testing approach and processes will be required to fully deliver Test to Enable.

A number of the above initiatives are led and enabled by the Health Board testing team whilst others are led centrally by WG. The expansion of the testing service is extensive and it is anticipated will be required for several months, if not years, to come. The Testing Team has been agile and adapted to increases in demand and rapid changes to implement new technologies. There is a significant amount of work still to do and the resources to support are under review.

TRACING

The Tracing service responds to positive cases as they are identified through the testing system. With the expansion of the testing offer to include frequent lateral flow testing to identify asymptomatic cases, it is anticipated the volume of work will increase for tracing.

Following the publication of the Testing Strategy, a roadmap to outline the expectations of the tracing service in 2021-22 is expected from WG before the end of February 2021.

This will support the next stages in the developments of the tracing service. Enhanced contact tracing (tracing backwards for up to 14 days compared to 2 days currently), opening telephone lines to take calls directly from the public and supporting the use of the NHS APP are all new expectations of the service.

PROTECT

As members of the community are asked to isolate due to a positive test, as a contact of a positive test or as part of shielding, the Protect work across the region seeks to provide support. The role of the Health Board is one of co-ordination and facilitation across the many organisations and services involved across the six Local Authorities and Third Sector.

NEXT STEPS

1. Continue to monitor the transmission of the virus and flex mobile testing units across the region.
2. Plan and implement the Testing strategy
3. Roll out lateral flow testing to frontline and public facing staff across the BCU Health Board
4. Develop and submit the Community Testing Plan to WG
5. Define the core service and resource model to for TTP in 2021-22
6. Once the Tracing Roadmap is available, review and apply to the service
7. Recruitment to manage increasing demands of the service
8. Await revised modelling from WG to support development of TTP service. Taking into account impact of the vaccination programme, new variants, lateral flow testing.

Strategy Implications

As already noted, TTP is about containing the virus and breaking the cycle of transmission. This work supports the HB plan, and TTP actions are included in the quarterly plans.

Options considered

N/A

Financial Implications

As described in the paper.

Risk Analysis

The TTP work programme maintains an overarching risk register.

Legal and Compliance

A data protection agreement has been reached (across Wales) in principle.

Impact Assessment

Supporting the most vulnerable in our society is a key element of the TTP process (PROTECT).

Appendix 1: Testing Capacity Across North Wales

	Testing Sites	Capacity daily	Capacity weekly	Balance
Community Testing Unit	Bangor	144	1008	4,032
	YGC	144	1008	
	Wrexham	144	1008	
	Alltwn	144	1008	
Mass Testing Site	Deeside	780	5460	9,226
	Llandudno	487	3766	
Local Testing Site	Rhyl	250	1750	7,000
	Wrexham	250	1750	
	Bangor	250	1750	
	<i>Connahs Quay**</i>	<i>250</i>	<i>1750</i>	
Mobile Testing Unit	Holyhead	300	2100	6,300
	Colwyn Bay	300	2100	
	Corwen (moving to Dolgellau 01.12.2020)	300	2100	
WAST <small>Mobile Testing Unit</small>	Ruthin	300	2100	2,100
	Total	4,094	28,658	28,658

** Not yet mobilised

- Homes Testing kits are also available, the public can access these online or by calling 119. Email addresses are a requirement.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships & Population Health Committee (SPPH) 23 rd February 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales COVID-19 Mass Vaccination Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris, Executive Director Nursing and Midwifery						
Awdur yr Adroddiad Report Author:	Kelsey Rees-Dykes, John Darlington						
Craffu blaenorol: Prior Scrutiny:	BCUHB Tactical COVID-19 Vaccination Group North Wales Strategic COVID-19 Vaccination Group Strategic Co-ordination Group						
Atodiadau Appendices:	1. North Wales COVID-19 Mass Vaccination Plan						
Argymhelliad / Recommendation:							
The Committee is requested to receive the North Wales COVID-19 Mass Vaccination Plan developed jointly with partners.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
Further to the All Wales National Strategy published on the 11 th January, a North Wales Mass Vaccination Implementation Plan (MVIP) has been developed in response to the expectation and deliverables of the COVID 19 vaccine programme. The plan has been developed as a matter of urgency alongside the implementation of the mass vaccination programme itself.							
Cefndir / Background:							
The purpose of the plan is to describe the overarching approach that has been adopted by Betsi Cadwaladr University Health Board (BCUHB), and partners, for delivering a mass vaccination delivery programme for our population, including our health and social care staff.							
The focus of this plan is upon delivery of the first cohort 1 (Priority group 1 to 4 as per Welsh Government guidance) with outline delivery plans for 2nd dose delivery and cohort 2.							
This is our approved partnership plan published in January. We are now working to refresh the plan to deliver for remaining vaccination cohorts which will take into account strengthening our delivery model, validation work around population groups, vaccination supply and latest WG guidance.							

Asesiad / Assessment & Analysis**Strategy Implications**

The overall strategic aim of this plan is as follows:

To develop and deliver a COVID-19 Mass Vaccination Programme to all eligible residents and health and care sector workers in North Wales.

A comprehensive risk register has been developed which is reviewed by workstream leads and monitored at both tactical, strategic group level and at Executive Incident Management Team.

An equity group has been established which feeds into the tactical COVID-19 vaccination group.



North Wales COVID-19 Mass Vaccination Implementation Plan (MVIP)

20th January 2021

Authors:	Kelsey Rees-Dykes, John Darlington – Betsi Cadwaladr University Health Board
Version:	Version 1.0
Approved on:	20 th January 2021
Approved by:	Gill Harris, Senior Responsible Owner, and Chair of the North Wales Strategic Vaccination Group

Please note: This plan is subject to change at short notice and is dependent upon further instruction from sources including the Welsh Government, Public Health Wales and the UK Joint Committee for Vaccination and Immunisation.

The Health Board wishes to thank our partners for their contributions of time, people, and facilities:

Conwy County Borough Council
 Denbighshire County Council
 Flintshire County Council
 Gwynedd Council
 Isle of Anglesey County Council
 Ministry of Defence
 North Wales Police
 North Wales Fire and Rescue Service
 Wrexham County Borough Council

Contents

1. Introduction	3
2. Priorities	4
3. Delivery.....	7
4. Workforce.....	14
5. Risks	18
6. Governance and Reporting	20

1.Introduction

Further to the All Wales National Strategy published on the 11th January, a North Wales Mass Vaccination Implementation Plan (MVIP) has been developed in response to the expectation and deliverables of the COVID-19 vaccine programme. The plan is being developed as a matter of urgency alongside the implementation of the mass vaccination programme itself.

A North Wales Strategic Vaccine Group has been established with multi-agency partners reporting to the North Wales Strategic Co-ordination Group (SCG). The plan has been developed across North Wales to deliver the COVID-19 Vaccination Programme in line with Welsh Government guidelines and parameters. The SCG have now included support for the vaccination programme within their strategic remit.

Partners have worked closely with supporting and establishing all Mass Vaccination Centres, providing staff and expertise, working together on care home delivery, communication including circulation of letters to all households.

It is noted that implementation of the programme is progressing at pace and as such the programme is changing on an almost daily basis; with previous briefings and report updates quickly becoming out of date.

The purpose of the plan is to describe the overarching approach that has been adopted by Betsi Cadwaladr University Health Board (BCUHB), and partners, for delivering a mass vaccination delivery programme for our population, including our health and social care staff.

The focus of this plan is upon delivery of the first cohort (Priority groups 1 to 4 as per Welsh Government guidance) with outline delivery plans for 2nd dose delivery and cohort 2.

Accordingly, this plan will be reviewed towards the end of the first Cohort (14th February) to reflect changes in guidance as well as detail on further developed long-term plans as and when they arise.

2. Priorities

On the 11th January, the national COVID-19 vaccination strategy was published. This plan reflects months of detailed delivery planning and sets out the national strategy and priorities for the coming months.

Aims and Objectives

The overall strategic aim is as follows:

To develop and deliver a COVID-19 Mass Vaccination Programme to all eligible residents and front line health and care sector workers in North Wales.

The key objectives are:

1. To develop and oversee the implementation and delivery of a high quality COVID vaccination programme in line with Welsh Government policy for the eligible people in the North Wales
2. To provide confidence and assurance to the North Wales population through a robust vaccine monitoring and reporting regime of fair and equal access to the vaccination programme for all groups with special characteristics.
3. To identify all eligible individuals and ensure 100% offer is made in a timely manner, vaccinating all eligible residents and health and care sector workers within priority groupings, targets and timeframes set by the Welsh Government
4. To ensure fair and equal access to the vaccination programme for all population groups, including those with protected characteristics, to achieve the highest possible uptake.

5. To identify and put in place the necessary resources, including workforce, assets, Information, communications and Technology (ICT), training, PPE, vaccination supply and storage which will enable the vaccination programme to be implemented safely and efficiently within the defined timescales.

The priority groups below are prioritised to receive a COVID-19 vaccine priority as determined by the Joint Committee on Vaccination and Immunisation (JCVI) at a UK level. This is based on evidence of those who are most at risk from COVID-19.

The national strategy sets out three key milestones:

- By mid-February (i.e. 14th February) – all care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable will have been offered vaccination ((the first four priority groups). (Cohort 1 P1-P4))
- By the spring – vaccination will have been offered to all the other phase one priority groups. This is everyone over 50 and everyone who is at-risk because they have an underlying health condition. (Cohort 2. P5-P9)
- By the autumn – vaccination will have been offered to all other eligible adults in Wales, in line with any guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI). (Cohort 3. P10)

The numbers of people in each of the eligible groups who are either resident and/or work within health and social care in North Wales are as follows:

Priority	Risk group	North Wales Population
1	Residents in a care home for older adults and staff working in care homes for older adults	14,498
2	All those 80 years of age and over and frontline health and social care workers	69,366
3	All those 75 years of age and over	39,235
4	All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)	60,326
5	All those 65 years of age and over	39,689
6	Adults aged 16 to 65 years in an at-risk group (see below)	80,666
7	All those 60 years of age and over	30,020
8	All those 55 years of age and over	35,910
9	All those 50 years of age and over	38,831
10*	Rest of the population (to be determined)	TBC

*Welsh Government guidance is awaited.

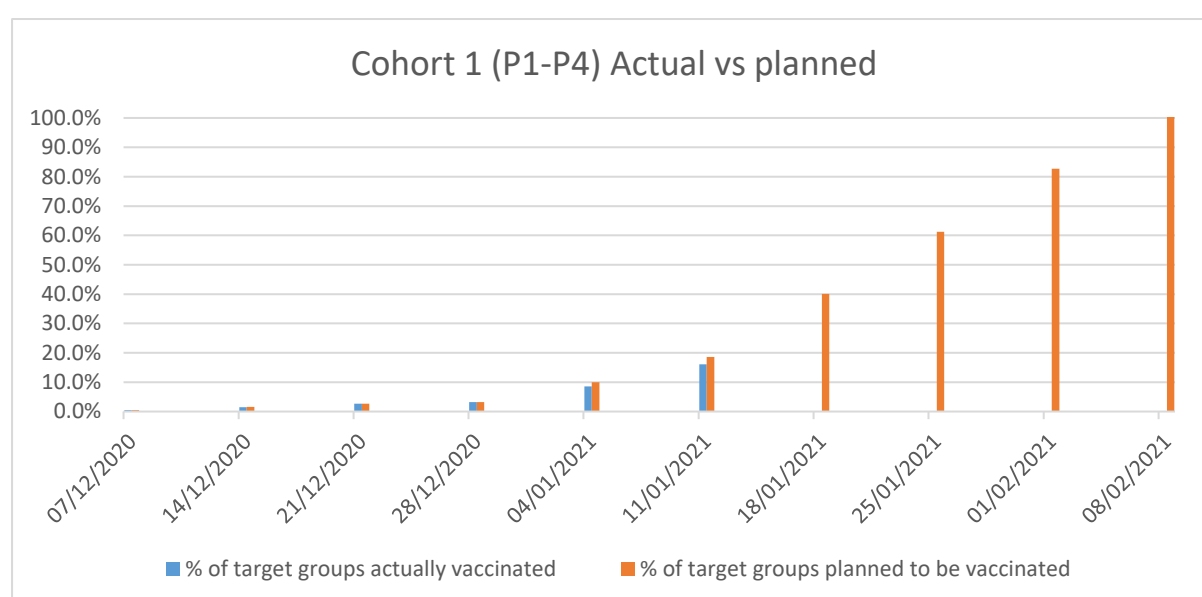
3. Delivery

This plan sets out our ambition and feasible intentions for the period up to Autumn 2021. The mass vaccination programme defines when and how the COVID 19 vaccines will be delivered across North Wales. The scale of the programme is to vaccinate the eligible adult population of North Wales by autumn 2021.

Priority Group		Total	East (Wrexham and Flintshire)	West (Gwynedd and Ynys Mon)	Centre (Conwy and Denbighshire)
1	Care home staff	8,344	3,488	2,253	2,603
	Care Home residents	6,154	2,572	1,662	1,920
2	Over 80's	35,371	14,785	9,550	11,036
	BCUHB staff	18,122	7,575	4,893	5,654
	Primary care staff	2,291	958	619	715
	Social care staff	12,000	5,016	3,240	3,744
	Other staff groups	1,582	661	427	494
3	Over 75's	39,235	16,400	10,593	12,241
4	Over 70's	42,753	17,871	11,543	13,339
	Shielding groups	17,573	7,346	4,745	5,483
Total		183,425	76,672	49,525	57,229
5	Over 65s	39,689	16,590	10,716	12,383
6	16 to 64 - high clinical risk	80,666	33,718	21,780	25,168
7	Over 60s	30,020	12,548	8,105	9,366
8	Over 55s	35,910	15,010	9,696	11,204
9	Over 50s	38,831	16,231	10,484	12,115
Total		225,116	94,098	60,781	70,236

*NB: Figures published on population priority groups may vary due to overlapping of priority groups.

The following graph shows the actual vs planned vaccine administered for cohort one of the programme vaccination delivery. Please note, the rapid increase in planned vaccination is due to the increased supply of vaccines for both, Pfizer and AstraZeneca. Our modelling presents us with the required information to understand our supply and demand.



We are opening Mass Vaccination Centres for longer hours, increasing weekend working, and increasing vaccine supply to community based vaccinators, so we are confident delivery will match the planning profile.

Our supply of vaccine is currently scheduled on a weekly basis, receiving vaccines from both, Pfizer and AstraZeneca. Utilising both vaccines has enabled the Health Board to rapidly, rollout the offer of the vaccine across Cohort 1. (P1-P4).

The Strategic Vaccine Group partners will work to ensure consistency of our booking system in line with the national guidance, avoiding the potential inequity of delivery across patient groups and across geography of North Wales.

By January 17th 2021 over 30,000 people have already received their first dose of the vaccine in North Wales. The figures for frontline BCUHB staff vaccinated by 17th Jan was 8,379. By 18th January, the Health Board will have received 11,200 of the AstraZeneca vaccine as well as 22 Pfizer vaccine trays totalling 25,300 doses. The Pfizer programme commenced December 7th 2020 with deliveries expected on 19th January of a further 21,000 AstraZeneca and 16,100 Pfizer doses. Our programme draws a further dose from each AstraZeneca and Pfizer vial above the Welsh Government's official figures.

By 14th February over 183,000 vaccines will have been administered to the priority cohort 1 across North Wales figures may vary dependent on level of uptake. Within that we will have offered and administered first doses for all front line health and social care staff by 5th February.

The strategy depends on sufficient and regular supply of the vaccines. We are confident that the North Wales COVID-19 Vaccine Programme will receive our proportion of the vaccines and will be able to administer it to match the future rate of supply. Outline delivery schedules indicate sufficient supplies to vaccinate the priority groups within Cohort 1 (P1-P4). The vaccine will be offered to all the population of North Wales, with an ambition to achieve uptake for all of the North Wales adult population. We note, there will be an anticipated small numbers of people, based from our modelling, who do not wish to uptake the offer of a vaccine and we expect to see this in small numbers and this will be reflected in our reporting.

In order to deliver a timely response to the challenges of planning during a pandemic where there is a fluidity in good practice and available guidance, a number of assumptions have had to be made in order to inform the initial plan. The planning approach adopted combines planning flexibility in the need that the latest Welsh Government guidance may change. The plan will continue to be reviewed, revised and tested.

We have identified Hospital Vaccination Centre's (HVC), Mass Vaccination Centre's (MVC), Local Vaccination Centre's (LVC) as well as having full sign up from all GP surgeries within North Wales area. This provides us with the capability to fulfil the Mass

vaccination delivery programme. In addition, a community pharmacy model has been tested in BCUHB on behalf of Welsh Government and expressions of interest for further roll out is ongoing.

Delivery models have been planned to meet the expected supplies of COVID-19 vaccines into North Wales, as determined by the Wales COVID-19 Vaccine Programme Delivery Board, and the priority groups as set out by the JCVI.

All three Mass Vaccination Centres (MVCs) located in Bangor, Llandudno and Deeside are now operational, together with three Hospital Vaccination Centres (Ysbyty Gwynedd, Ysbyty Glan Clwyd, and Ysbyty Wrexham Maelor). We have used the initial weeks to test, modify and amend our operational procedures and processes. No other Health Board has commissioned this number of sites and establishing this scale of delivery has been the programme's objective over the initial weeks.

The current delivery models are as set out overleaf:

Setting	Cohort
Hospital Vaccination Centre (HVC)	Frontline healthcare workers Care home staff*
Mass Vaccination Centre (MVC)	Care home staff <i>Frontline healthcare workers</i> <i>Frontline social care workers</i> Age cohorts
Primary care (GP Surgeries)	Frontline healthcare workers Frontline social care workers Care home staff (complete) Age cohorts (initial focus on over 80s)
Local Vaccination Centre (LVC) Contingency service***	Frontline social care workers Age cohorts Support for Primary Care
Care homes**	Care home residents
Domiciliary Care	All Housebound
Community Pharmacy	Frontline healthcare workers Frontline social care workers Care home staff (mop up) Age cohorts (initial focus on over 80s)

*This option is currently being scoped with regional partners.

**Care home residents to be managed in line with the Red Risk assessment, See risks log for definition and mitigation.

*** The LVC's will open if required to support primary care services and also dependant on the outcome of the Pfizer vaccine pilot scheme.

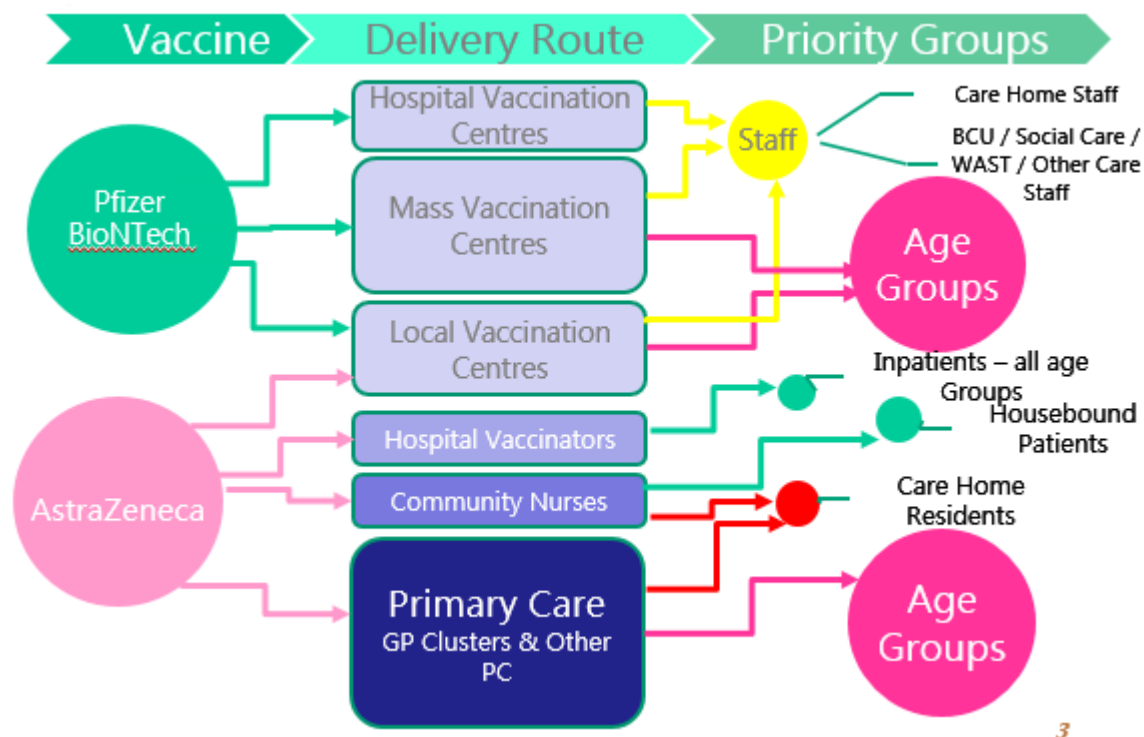
The primary care vaccine rollout will focus on delivering the AstraZeneca vaccine. The primary care vaccination rollout started on the 5th January and has already administered 11,200 vaccines. The primary care vaccine plan will initially focus on P1-P2 priority groups (includes care homes, and over 80's). This is being co-ordinated across North Wales by Area leads taking into consideration numbers of patients in each priority group within each practice, planned delivery within MVC's, alongside weekly vaccine availability.

As of 19th January there has been 21,000 AstraZeneca vaccine deployed across Primary care. This will increase to circa 25,000 by the week commencing 25th January; these vaccines will be used to continue to vaccinate the over 80's. It is unclear at this stage what the AstraZeneca supply is beyond February 15th. The Welsh Government have requested that we continue to vaccinate the first dose only and they will inform us when to start administering the second dose. A plan is in place in readiness to deliver the second dose to the North Wales population the moment the Welsh Government advises to do so. Within the plan, we expect to vaccinate those who have had first doses by the 12-week point, starting week commencing 22nd February this will allow us to have completed vaccinating Cohort 1, as per government guidance.

In addition to the AstraZeneca vaccine being used within the primary care services, as from the week commencing 18th January there are 2 trays of Pfizer vaccine (circa 2,300) being deployed for two GP Surgeries as pathfinders / pilot schemes within a Local Vaccination Centre / GP practice. Welsh Government have supported North Wales to be a pan Wales primary vaccination of the over 80's pilot scheme using the Pfizer vaccine.

Alongside the primary care initiative, we are developing the community pharmacy pilot scheme, which has enabled community pharmacies to vaccine 100 people over 80's in the last week. This is now increasing to 200 this week, with a scale up of community pharmacy vaccination going forwards. This has the opportunity for increased scale up following the invitation of expressions of interest from all community pharmacies across North Wales.

The 'Delivery route' illustrated overleaf, presents the flow through of vaccines into North Wales, representing the various delivery models being implemented, to meet the needs of the individual cohorts and entire population.



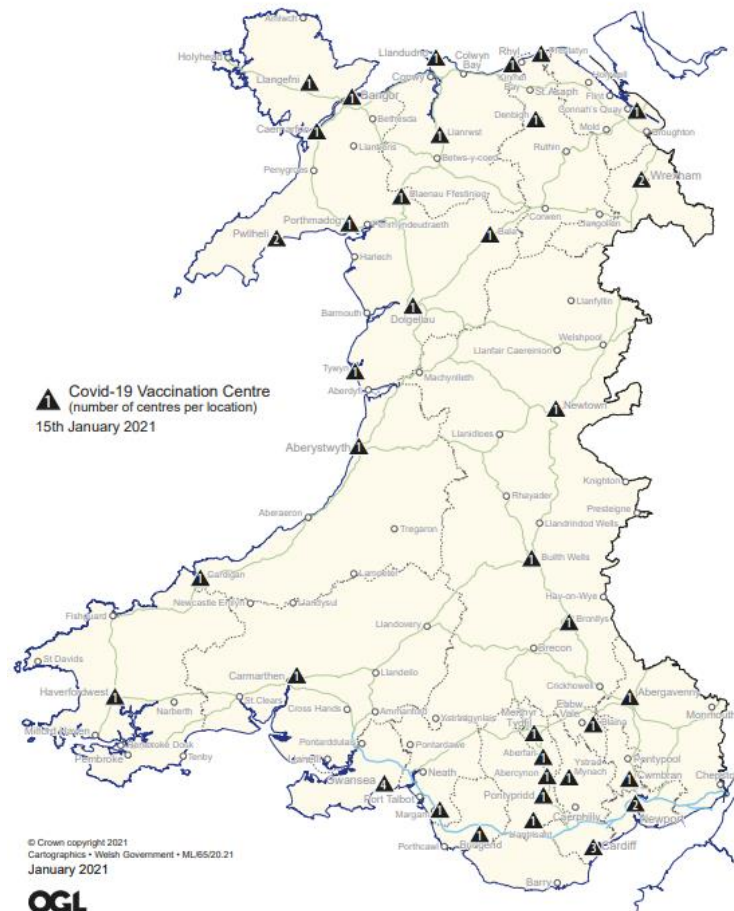
Hospital Vaccination Centres are located on hospital sites. These centres have been set up as the most convenient locations for the majority of frontline healthcare staff to receive vaccinations.

As part of a contingency plan for vaccine delivery, and if required to upscale at pace, we have the potential to open a further 15 Local Vaccination Centres (LVC), planned to ensure that the majority of the North Wales population are within a 30 minute drive time of a vaccination centre. Deployment will be dependent on supply of vaccine in order to upscale capacity and delivery of the vaccine to the North Wales population.

LVCs can be mobilised within 7 days, but will only be required when vaccine supplies reach 40,000 vaccines per week or where GP Clusters request a vaccination site.

WALES

COVID-19 VACCINATION CENTRES



4. Workforce

Our delivery model is underpinned by robust workforce plans which provide assurance that through working in partnership we can achieve, if not exceed, the expectations of us in this most critical and challenging programme. Our plan details the additional workforce to extend and expand the vaccination programme to support the delivery of Cohorts 2 and 3.

As part of this, our workforce team has worked closely together with Area Vaccination Leads and Occupational Health to develop a workforce plan to enable the delivery of

the vaccination programme across North Wales. Initially a deployed workforce of existing registered staff were identified as vaccinators across the Health Board and are administering vaccines, Following the change in legislation to allow non registered staff to be trained as vaccinators, we are blending into a mixed workforce, administering the vaccine when the change in legislation allows through 2021.

The figures presented here are the very latest estimates. It is intended that delivery of the programme will be phased in such a way for an equitable delivery across North Wales. We have a capability to upscale the delivery programme substantially per week if further increases of vaccines became available.

The workforce model for the vaccination centres is based on a maximum 12-hour 7-day provision together with the numbers of vaccination lanes required to deliver the vaccines required for the population

In addition, a level of extra staff have been included given the need to build in contingency.

Required WTE	
Lead (8a)	3.00
Clinical Lead (7)	6.00
Deputy Nurse Manager	10.20
Vaccinator	115.00
Vaccinator Admin Assistant/HCSW	115.00
Admin	20.80
Recovery	8.19
Pharmacy	25.14
Total	294.33

Following the decision to utilise GP practices all of the 98 GP practices across North Wales have registered and expressed interest to deliver and administer the COVID-19 vaccine. This will provide a more local delivery route particularly for the over 80's

and care homes, utilising the AstraZeneca vaccine. General Practices are being planned into the delivery programme on a week by week basis, and it is expected that uptake will accelerate when practices can order their supply direct. This roll out commenced in the week of 11th January.

The workforce plan has been developed taking a collaborative approach to maximise escalation and mitigate risk. Working together with Health Board Vaccination Leads, Occupational Health and partners a plan has been developed to enable the delivery of the vaccination programme across North Wales. Whilst BCUHB has an existing pool of over 600 vaccinators, many of these support direct clinical services and as such the intention is not to utilise these staff unless the risk is assessed as appropriate.

The intention will be to utilise our workforce by allowing vaccinators to provide a proportion of their week to work on the programme of between ½ and 1 day. This period is to be determined dependant on the volume and pace at which the vaccine arrives in North Wales. As such, the plan is focussed upon deployment of:

1. External recruitment
2. External “volunteer” expression of interest
3. External/Partner organisation support
4. Internal clinical staff in non-clinical roles
5. Flexible “bank” workers
6. Occupational Health
7. Existing Vaccinators

This order of deployment has been further enabled by the approval of the two national documents relating to the COVID-19 vaccines been developed by Welsh Government:

1. The National Protocol for COVID-19 Astra Zeneca Vaccine
2. The National Protocol for COVID-19 Pfizer BioNTech Vaccine

These documents have been devised to ensure that the COVID-19 vaccines can be administered to overcome the fact that initially the vaccines will not be licenced, although they will have been authorised for use under a Section 274A Regulation. This

will enable health services to rapidly increase the workforce that is able to vaccinate in this emergency pandemic situation. It will also provide indemnity cover for staff working to the Protocols whether they are registered or unregistered.

This includes staff working within the framework employed by BCUHB (paid and/or volunteer) or within a third party partnership organisation, including agency, independent contractors, Universities, other Health Board's and trusts and the military. For the purposes of this framework non-registered professional persons involved in the vaccination pathway include:

- Health Care Support Care Workers with direct or indirect clinical experience
- Student Health Professionals on placement within BCUHB
- Military personnel with clinical experience

Deployment includes a comprehensive approach to training and competency assessment.

We are working in close partnership with a Military Assistance Team whose focus is supporting our work in North Wales. Current opportunities for collaboration have included:

- A number of RAF staff are already working across our three Mass Vaccination Centres both in vaccinator and support roles.
- A strategic military planner has reviewed our detailed operational plans.
- The possibility of military support in the event of adverse weather is being explored.

Further opportunities will be identified and explored as part of our close ongoing dialogue.

Training

A full training matrix is in place and being led and delivered by a team comprising Clinical Trainers, Corporate Trainers and key subject matter experts. The Training is split into:

- Pre learning using eLearning
- Clinical Skills training/refresher (as appropriate)
- In situ Local Induction and on-site training
- Competency Assessment through observation

Using the learning from the first weeks of vaccination delivery, the process for “on boarding” and mobilising all roles within vaccination has been streamlined to ensure a steady flow of the pipeline.

5. Risks

Risks will be identified and managed as an integral part of the programme management arrangements initiated for the COVID -19 Mass Vaccination programme and will utilise the Health Board’s standard risk management framework.

All risks will be held on a Risk Register and each will be assigned owners, assessed according to probability and impact and mitigating actions identified. The risks will be closely monitored and reviewed within the programme governance structure and appropriate timely action taken to ensure the objectives of the Mass Vaccination programme are met.

Given the pace at which the mass vaccination programme is being developed and the number of current uncertainties, a number of planning assumptions have had to be made at this stage and significant risks identified, that could impact the delivery of the programme. We will work in partnership to constantly review and mitigate these risk which include:

- Uncertainties about vaccine availability (timing and delivery). A number of planning assumption have been made to inform the vaccine rollout which may prove to be inaccurate.
- Limited planning timeframe of vaccine availability potentially increasing risk that the programme will not be fully operationally ready.

- Anti-vaccine and/or safety concerns amongst the public could lead to a lower take up to the vaccine.

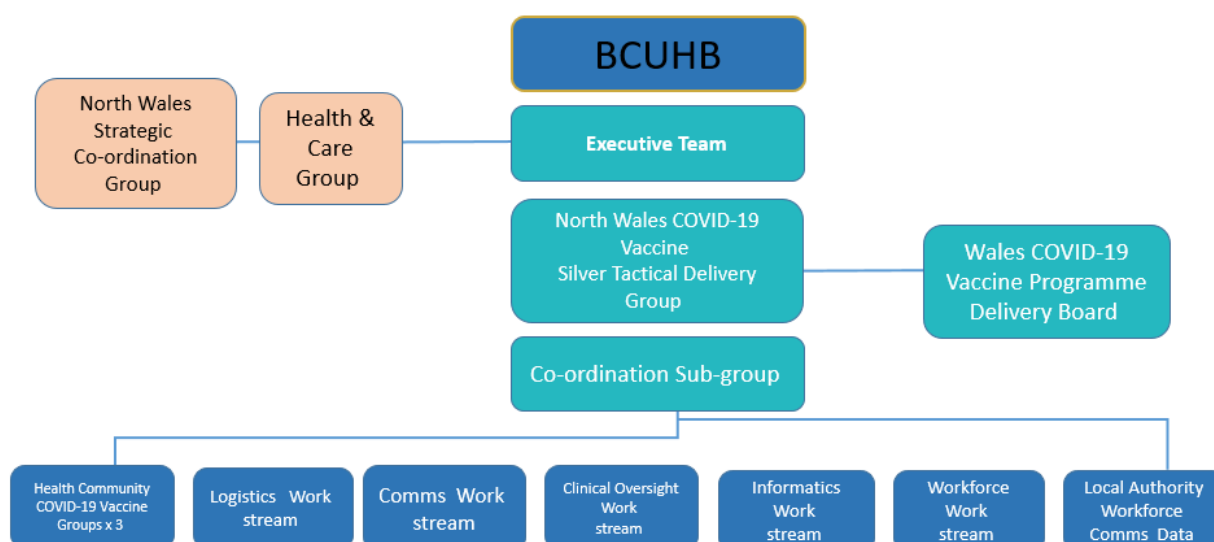
Strategic Risks	Mitigation
<p>1. There is a risk that the Vaccination Delivery Programme may not be able to secure adequate staff to fulfil the requirements of the Programme. This may be due to capacity and demand issues in primary care and community services, redeployment of staff into other programmes, capacity required for the 20/21 Flu Vaccination programme. This may result in delay in delivering the vaccination programme</p>	<ul style="list-style-type: none"> • The military has offered support further immunisation support • On-going recruitment of workforce • Dedicated Silver group owning and managing/mitigating risks • Partner involvement to support vaccination programme • Ability to escalate issues to WG via SCG or directly if required
<p>2. There is a risk of unsustainable pressure on services with knock-on effects caused by rising COVID-19 infections leading to system pressures, workforce pressures etc. Surge / super-surge situation. The impact may be to suspend the vaccination programme due to strain on staffing causing dis-benefits elsewhere in system</p>	<ul style="list-style-type: none"> • Alert Level 4 measures in place to reduce transmission • Full LRF and SCG structure in place to work to combat the spread of C19 in the community, reduce hospitalisations and subsequent pressures including working with Health & Social Care on hospital discharges • Ability to escalate and influence WG via SCG or directly where additional measures may be required • Dedicated Silver group owning managing and mitigating risks
<p>3. There is a risk of lack of operational readiness and preparedness to implement a COVID-19 vaccination programme due to uncertainties about vaccine availability (timing and delivery). There is also a risk that there may be disruption to critical supplies for the Vaccination Delivery Programme, such as clinical consumables, PPE. This may be due to overall increased demand for supplies due to the pandemic such</p>	<ul style="list-style-type: none"> • Dedicated silver group in addition to tactical delivery group to own, manage and mitigate risks • North Wales Mass Vaccination Implementation plan being drafted with risks and issues escalated as appropriate • Senior Partner support available via LRF to draw on as required • Full LRF and SCG structure in place to identify and escalate risks (for example PPE) to WG as required

as the PPE requirements; competing needs of the Flu Vaccination programme; disruption to supply chains due to the end of the EU transition period. This may limit the capacity for the Programme and delay delivery.	
4. Insufficient supply of vaccines	<ul style="list-style-type: none"> • Full LRF and SCG structure in place to identify and escalate risks (for example PPE) to WG as required • Escalate to WG
5. Lack of clarity in prioritisation criteria leading to lack of alignment with JCVI recommendations / the evidence	<ul style="list-style-type: none"> • Robust programme governance. Escalate to SCG if needed
6. Concerns about vaccine safety and efficacy reduce uptake	<ul style="list-style-type: none"> • Communications and Engagement activity
7. Perceived lack of progress causes reputational damage to SCG partners in the eyes of the communities we serve	<ul style="list-style-type: none"> • Communications and Engagement activity • Transparency of performance reporting Robust programme governance and escalation.
8. Risk public confidence in reporting system, recording numbers vaccinated from cohort 2 or 3.	<ul style="list-style-type: none"> • Validation process, monitoring and dashboard accuracy. • Communication and engagement activity Implementing lessons learnt
9. Red Risk Care Homes assessment	Utilise all wales risk assessment tool working with LA.

6. Governance and Reporting

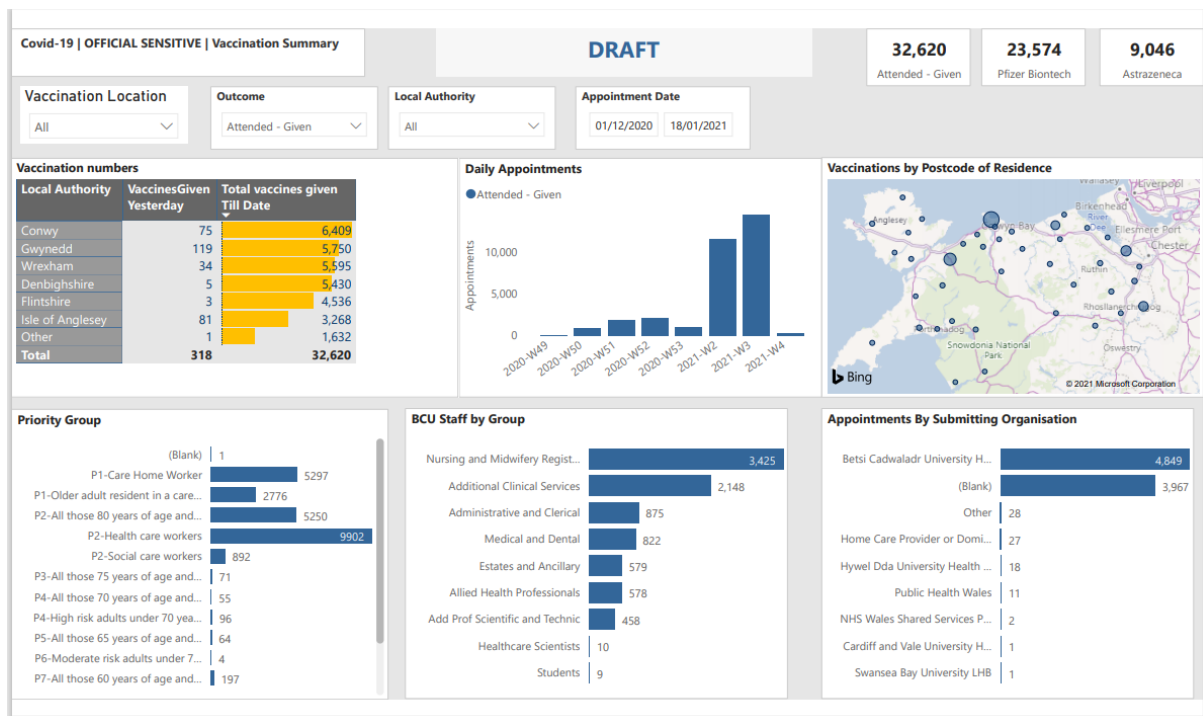
A North Wales COVID-19 Vaccine Tactical Delivery Group has been established with multi-agency partners. A plan has been developed across North Wales to deliver the COVID-19 Vaccine Programme in line with Welsh Government guidelines and parameters, which feeds into the North Wales Strategic Co-ordination Group (SCG). The SCG have now included support for the vaccination programme within their strategic remit. This plan is published on the Health Board's website (bcuhb.nhs.wales), and will be available bilingually before 27th January.

BCUHB Chair and Chief Executive are in continuous dialogue and with the vaccination programme team. The Chair is ensuring Independent members are sighted on developments. The Board receives a comprehensive briefing each week and is also advised of any significant developments immediately.



Reporting

A dashboard has been developed to monitor vaccination activity. This will include tracking against trajectories for delivery and have varying levels of granularity to provide a consistent overview of activity from public facing high level summaries to operational detail. The dashboard will be published and updated regularly via our website: bcuhb.nhs.wales. Snapshots from this will be included in updates to SCG and our weekly intelligence cell update.



*Illustrative example.

Communication & Engagement

Work has been undertaken to develop informative strategies and tools to support the effective communication planning and management in response to delivering the COVID-19 mass vaccination programme. This will be carried out in line with any national work led by the Welsh Government and Public Health Wales.

A strong communications and engagement plan is being developed with all partners from the SCG, which aims to:

- Be proactive rather than reactive.
- Focus on the mass vaccination programme's key objectives.
- Develop links with key partners.
- Take control in association with the Welsh Government and Public Health Wales plans.
- Ensure that all elements and opportunities have been properly considered.
- Ensure that everybody involved knows what they are required to deliver.

We are also in the meantime reviewing our engagement and communication channels with the following:

- Members of Parliament
- Members of the Senedd
- Partners via North Wales Strategic Coordinating Group
- Staff
- GPs and other primary care contractors
- Patients

Our plan will also identify what data we have available and how we use this to inform partners, Welsh Government and the North Wales population of the programme progress. Further to the communication plan we will develop an FAQs document.

Annex 1

The following table shows Silver Level Risks, comprising of the key risks identified above and including escalated risks from the Vaccination operational programme.

Programme High Risks		
Description	Controls in place	Further action required
<p>There may be a Governance risk in potentially having multiple COVID-19 vaccines within the programme, delivery sequencing, Standard Operating Procedures and allocation of vaccine to individuals. This may be caused by numerous vaccines with differing characteristics and different indications/contraindications. This may result in the wrong vaccine to wrong person, difference frequencies, repeat dose of some vaccines</p>	<ol style="list-style-type: none"> 1 training developed to understand different characteristics 2. Close liaison with the Flu Vaccination programme 3. Information regarding priority groups may already be available 4. Given the defined nature of the priority groups, scheduling of vaccinations can be better managed 5. One vaccine per site at any one time. 6. Development of SOPs 7. Confirm priority groups and timing 8. Confirm need for early flu vaccination for shielded patients & healthcare staff 9. SharePoint for central data repository 10. There is a physical difference in appearance of vaccine vials and volumes which significantly helps to distinguish between products. 	<ol style="list-style-type: none"> 1. Development of colour coded system for easy recognition by staff of vaccine being used (with logistics) and action cards. 2. Dependent upon future vaccination characteristics, anyone presenting for vaccination who has difficulty in providing a coherent medical history will be given a specific vaccine.
<p>There is a risk that the workforce able to administer vaccines may be expanded to those who are not members of professional regulatory bodies. This may be</p>	<ol style="list-style-type: none"> 1. All BCU employees are covered by organisational indemnity 2. Consider appointment to BCU or National Bank for attaining indemnity for non-BCU employees if necessary 	<ol style="list-style-type: none"> 1. Engage with discussion with CVB at Director of Workforce level to explore options. 2. Await communication

caused by a need to significantly increase the number of vaccinators required to cover the identified mass vaccination numbers. The impact may be a requirement to ensure suitable professional indemnity arrangements are in place.		regarding vaccine to HBs/Trust when advised at UK level.
There is a risk that the workforce may not possess the skills required to carry out and required dedicated facilities / equipment /consumables. This may be because vaccine candidates may require reconstitution/dilution/ specialised preparation prior to administration. This may impact upon vaccinators' ability to administer the vaccine.	<p>1. Training developed by national work stream and implemented/overseen by IC (Leigh) logistics and planning work streams being aware of differing vaccine characteristics</p> <p>2. Guidance from national group incorporated in SOP for vaccinators</p> <p>3. Application of BCU policy re. injectable medicines: 'For injectable medicines prepared in clinical areas, practitioners must not administer an injectable medicine that has been prepared by another practitioner unless they have witnessed or supervised the preparation themselves.'</p> <p>4. 24.11.2020 Injectable medicines policy allows for a change in process to have a preparation area with 2 registered nurses mixing and drawing separately from the vaccinator to allow for breaks.</p> <p>5. 02.12.2020 Courageous vaccine - reconstitution of vaccine will be</p>	1. The Clinical services lead is working on 'how to reconstitute' as part of the competency for the wider vaccination pool. A National video is being done and technical services are taking a lead on it.

	limited to 5 professions; Nurses, midwives, doctors, pharmacists and dentists	
Welsh Government Guidance in relation to reviewing priority levels and eligible grouping.	<p>Contingency plans within LVC's, however dependant on Vaccine supply.</p> <p>There exists additional capability, and capacity to meet the needs if this were to be amended within the guidance.</p>	<p>Limitations of vaccine availability means that to include teachers, we either delay others being vaccinated or depend upon the numbers in other cohorts not taking up their offer of a vaccine is greater than the numbers of teachers requiring vaccines. The latter is likely to be the case, however we cannot plan for that.</p>

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Regional Partnership Board meeting update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Mark Wilkinson, Executive Director of Planning and Performance						
Craffu blaenorol: Prior Scrutiny:	This update is being brought for information.						
Atodiadau Appendices:	<ul style="list-style-type: none">Notes of 11th December 2020 Regional Partnership Board meeting attached						
Argymhelliad / Recommendation:							
The Committee is asked to note the updates received at the North Wales Partnership Board and to receive the notes of the meeting held on 11 th December 2020.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	X
Sefyllfa / Situation:							
The notes of the Regional Partnership Board Meeting provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 11 th December 2020 meeting are attached.							
Cefndir / Background:							
Items discussed at 11 th December RPB Meeting include:							
1) Health & Care Recovery Group update 2) Mass Vaccination Plan 3) SS&WB Act 2014 Codes and Guidance – Part 9 Statutory Guidance (partnership arrangements): <ul style="list-style-type: none">Update from meeting between RPB Chair and Co-opted MembersUpdated NWRPB Terms of ReferenceFocus and Priorities Final Document 4) AHW Transformation Programme 21/22 Welsh Government grant allocations							
Asesiad / Assessment							
The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.							
Financial Implications are identified within each specific workstream.							



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

11th December 2020

9:00 am – 11:30 am

Via M S Teams

Present:	Teresa Owen (chair), Bethan Jones Edwards, Morwena Edwards, Catherine Elaine Jones, Cllr Bobby Feeley, Cllr Christine Jones, Cllr Joan Lowe, Cllr Louise Emery, Cllr Dilwyn Morgan (DMo) (attending for Cllr Dafydd Meurig), Ffion Johnstone (attended until 10:00 am), Fon Roberts (attended until 10:00 am), Helen Corcoran, Jenny Williams, John Gallanders (JGa), John Gladston (JGI), Judith Greenhalgh (JGr attended until 10:00 am), Cllr Llinos Medi Huws, Lucy Reid, Mary Wimbury (MWim), Neil Ayling, Nicola Stubbins, Peter Williams, Shan Lloyd Williams
Apologies:	Alwyn Jones, Bethan E Jones, Clare Budden, Chris Stockport, Dr Lowri Brown, Estelle Hitchon, Kevin Roberts, Lynda Colwell, Mark Wilkinson, Rob Smith, Roma Hooper, Sam Parry, Steve Gadd
In Attendance:	Bethan Roberts, Audit Wales (for agenda item 3 only)

Item		Actions
1.	<p><u>Welcome, Introductions & Apologies</u></p> <p>The chair welcomed everyone to the last meeting of 2020 and thanked everyone for their support and commitment through an extremely challenging 2020.</p> <p>The chair welcome Bethan Roberts, Audit Wales, who is observing today's meeting, specifically agenda item 3.</p> <p>The chair informed board members of CB recent resignation from the NWRPB and took the opportunity to thank CB for the support and contribution to the RPB over the last 2 years.</p> <p>The chair also thanked LC for her support and work on the Board for the last 2 terms as one of the third Sector representatives. Unfortunately LC is unable to attend her last meeting today.</p> <p>Action: Formal letters of thanks will be sent to CB and LC.</p> <p>BJE informed the recent Carer Eol has been unsuccessful in recruiting new carer representatives on to the RPB. The RPB are grateful to PW, who has agreed to continue as a Carer representative on the RPB until a new representative has been recruited. The Carer Expression of Interest will be circulated once again.</p>	<p>Send letters to LC and CB – RW</p> <p>Circulate Carer Eol – RW</p>

2.	<p><u>Notes and actions of last meeting –November 2020</u></p> <p>The minutes of meeting 13.11.2020 were agreed as a correct record with all actions completed.</p>	
3.	<p><u>Health & Care Recovery Group (H&CRG) update</u></p> <p>The board received a verbal update from JG on the work of the H&CRG.</p> <p>The work of the H&CRG focusses predominantly on the Covid-19 pandemic and winter planning across H&SC and the output from the Data and Intelligence Cells, providing both local and national updates.</p> <p>The group has also started to discuss the WG Rehabilitation: A framework for Continuity and Recovery. The H&CRG will lead on this piece of work which will be developed by considering all work completed to date across the 4 population groups, identifying gaps and any further work to be considered. The work will be completed by existing sub-groups, collated and presented to the RPB in the New Year.</p> <p>Cllr LIMH raised concern regarding the use of terminology, in particular the use of ‘recovery’ being misleading considering public bodies are continuing to respond to the pandemic crisis. In particular it was questioned whether the Health & Care Recovery Group’s title was appropriate given that Covid figures are currently increasing across Wales, as well as whether Audit Wales (in attendance) would be critical of this.</p> <p>BR (AW) agreed to take this enquiry back to the team and will report back via e-mail.</p> <p>JG informed the group was set up to consider the interface between H&SC and the title was agreed when the overall Recovery Board was taking place, a legacy from the structure put in place during the summer.</p> <p>ME was also in agreement noting CllrLIMH having a valid point. The surge in Covid feeling particularly severer than the first wave and also having to deal concurrently with winter pressures. ME also proposed it may be beneficial for the H&CRG to clarify its’ work, to avoid giving an impression that the board solely undertook work on recovery and also supported further clarity on the title.</p> <p>JG agreed to take these comments away for consideration with Chair of the Strategic Co-ordination Group.</p>	BR to report back

4.	<p><u>Mass Vaccination Plan</u></p> <p>The board received a verbal update from FJ on the ongoing work of the mass vaccination plan.</p> <p>FJ informed that work plans are now in place and have been received by WG and scrutinized, receiving positive feedback from the military. The plans have also been shared with other Health Boards and externally to the Strategic Coordination Group.</p> <p>FJ is the chair of the Technical Group, with further groups responsible for other aspects of the plan; clinical model, workforce, logistics group and security and transport group which also includes communication and appointments and bookings group.</p> <p>The need to be flexible is especially important for all groups as the planning guidelines received from the Joint Committee on Vaccination and Immunisation (JCVI) change frequently. Daily SIT REP meetings are held with WG and vaccinations in Wales have already started with each Health Board receiving one tray of vaccinations containing 975 doses. BCUHB rollout has started in the North East as this area has seen the most significant outbreaks of positive Covid-19 numbers to date.</p> <p>NHS and care workers and people over 80 are the first to receive the vaccination. A pilot of care homes is being explored. Regular updates will be provided to all Leaders and the Assembly.</p> <p>MWim noted there are lots of questions in relation to how the HB propose to vaccinate care home workers, and the more communication with the sector the better. Although informed of a further announcement expected today re care homes pilot, there are significant logistical difficulties, and concern, in particular as vaccinating the care sector in North Wales has not started.</p> <p>FJ noted the valid points concerning keeping care homes informed and hopefully the impending arrangements due next week will appease the sector.</p> <p>JGal asked if there was a demand for volunteers to be supporting at vaccination centres. The third sector would appreciate an updated as soon as possible.</p> <p>FJ informed the Covid vaccination process is an appointment and pre-booking process only available through BCU at the moment, not within the community and GP settings. FJ noted the Tactical Group would pick up the query re third sector in the meeting this afternoon.</p> <p>Cllr LE requested colleagues to be realistic with timings on the eligibility list and advocated for front line and health workers to be prioritised. Cllr LE asked on the numbers involved and in terms of accountability queried where the control of decisions are made.</p> <p>TO confirmed that the JCVI, a national UK wide committee have the overall control, not only for Covid guidance, but all UK vaccinations, and advise the Health Board on all health related aspect of guidance.</p>	
----	---	--

	<p>CllrJL proposed regular communication is circulated wide, explaining everyone need to wait their turn and asked when subsequent batches are expected to be received.</p> <p>FJ agreed a weekly bulleting will be essential, to be agreed at the Tactical group this afternoon. The Medical Registration Association release the batches of vaccination, although currently restricted on the number of batches, owing to adapting systems and processes a reasonable amount is expected in the region.</p> <p>Cllr BF noted the importance of linking with GP's being the main link with residents, and understood that other individuals apart from GP's could administer the vaccinations. It also needs to be clear the vaccination is not suitable for people with allergies and individuals should wait for another brand of vaccine to become available.</p> <p>FJ replied that BCUHB work to a legal framework and only registered professionals are able to administer the vaccination. An immense training programme has ensured all staff are competent to deliver vaccinations. BCU Clinical lead has already ensured links with Pharmacies and Community Pharmacies. As per the allergies, with guidelines changing from day to day, the paperwork is continually changing as a result of contra indicators received.</p> <p>JGI informed from the recent Disability Wales AGM a figure of 70% was quoted as a mortality rate within the disabled community and agreed to forward the source of this information to FJ who will share with BCU colleagues.</p> <p>Several RPB members noted the importance of having clear information available for the population and FJ agreed on a Frequently Asked Questions and Answers sheet to be available for wide circulation.</p> <p>TO thanked FJ and her team on all the excellent work done on the vaccination programme.</p>	<p>JGI to forward info to FJ</p> <p>FAQ's for wide circulation</p>
5.	<p>Social Service and Well-being (Wales) Act 2014 Codes and Guidance: Part 9 Statutory Guidance (Partnership Arrangements)</p> <p><u>5.1 Co-opted Members - Update from meeting between RPB Chair and Co-opted RPB members - 11.09.2020</u></p> <p>BJE and TO presented an update following the discussion at the RPB 7.8.2020, agenda item 'Social Services and Well-being (Wales) Act 2014 – updated Codes and Guidance: Part 9 Statutory Guidance (Partnership Arrangements)', an action was taken to continue the discussion and options concerning NWRPB co-opted members outside RPB with an outcome paper to be presented to a future RPB.</p> <p>BJE informed following discussion the outcome and decision at the meeting 11.09.2020 was Option 5: Co-opted member will continue to</p>	

attend the NWRPB.

5.2 Updated NWRPB Terms of Reference for agreement – Bethan Jones Edwards

The board received the final draft of the ToR incorporating amendments made following discussions at past meetings and co-opted members meeting. The final draft ToR also takes into consideration the Social Services and Well-being (Wales) Act 2014 – updated Codes and Guidance: Part 9 Statutory Guidance (Partnership Arrangements) requirements.

BJE informed there are 2 highlighted sections in the document for agreement:

1. The regional Partnership Board may co-opt other persons to be members of the board as appropriate. The regulations refer to the minimum membership of the boards but the number of representatives and range of people involved is a matter for local determination. There will be a 2 year review of co-opted members.
2. The following representative will be selected to sit on the Regional Partnership Board through an Expression of Interest and peer selection process:
Person who represents the interests of care providers in the area covered by the regional partnership board

Apart from the agreement of the above, the ToR is regarded as being sufficient to safeguard the work of the board.

MWim experienced technical difficulties at this time and was unable to respond verbally, however included the following on the RPB chat bar:

I have been on the RPB since the start. Since CFW represent a significant proportion of members across north Wales and as the only employee in North Wales that does not seem unreasonable on an ongoing basis.

CllrJL pointed out the term for Elected Members should be changed to May 2022

ME noted Gwynedd Council have 2 Elected Cabinet Members, with a shared portfolio of adults and children. Due to the importance of having the right person attending, depending on the agenda Cllr Dilwyn Morgan (Cabinet responsibilities for Children & Family Support) is delegating today in place of Cllr Dafydd Meurig (Cabinet member for Adults and Community). ME also informed the chair that Cllr DMO will delegate for Cllr DME at times on the RPB.

It was noted that the following is noted within the ToR's.

Members of the Regional Partnership Board are permitted to send a nominated representative to attend in their place however, it is asked that this representative has been fully briefed about the work of the Board. When a nominated representative is to attend the Chair must be informed prior to the meeting.

Update
ToR.

	<p>The NWRPB were in agreement to endorse the Terms of Reference pending a discussion between BJE and Provider sector rep.</p> <p><u>5.3 Focus and Priorities Final Document for agreement – Bethan Jones Edwards</u></p> <p>BJE presented the final version of the Focus and Priorities paper, including an additional paragraph on Covid, as requested previously by the board. The document is a reminder of the work completed by the board and the work required in future, which everyone agreed will be very different.</p> <p>The NWRPB were in agreement to endorse the final version of the Focus and Priorities document. The final version will be available for circulation and on the collaborative website.</p>	
6.	<p><u>AHW – Transformation Programmes 2021/2022 WG grant allocation</u></p> <p>The board received an update from BJE on the transformation Programmes 2021/2022 WG grant allocation.</p> <p>BJE explained Welsh Government required the current transformation programmes to submit a business case to demonstrate progress to date, the amount of funding required and proposed use of funding for 2021/22. NWRPB reports were submitted to WG with a total funding requirement of £11M across the 4 programmes.</p> <p>In response WG offered a tentative allocation of £4.6M, a considerable financial gap, and RPB Elected Members wrote to the Minister to note their disappointment to the indicative allocation.</p> <p>A meeting was arranged between WG, North Wales Head of Regional Collaboration and Programme Sponsors to discuss the queries and questions raised in relation to the 4 business cases. The maximum, optimum and minimum funding required to move forward with each programme was also discussed and the outcome of that meeting was that NWRPB would prepare one business case for 2021/22 bringing the elements of the current four programmes together to be taken forward as one programme, with one grant awarded to the region of the total allocation.</p> <p>Following a great deal of work and negotiation, North Wales have negotiated a total of £6.7M of funding and work is progressing on confirmation of activity, outcomes and breakdown of spend, staffing requirements and timeline for delivery in 2021-22, required by WG by end of December.</p> <p>TO thanked BJE for the huge amount of work involved securing the additional funding to a total of £6.7M to maximise the allocation for the region.</p> <p>NA, Programme Sponsor for the LD Transformation Programme also acknowledged the huge amount of work done by BJE to secure the North Wales allocation and was also noted being in support of prioritising the Children & Young People Programme with £3.8M, both Learning Disability Transformation and Mental Health Transformation</p>	

	<p>programmes will receive £750K respectively and £1.28 allocated to the CST Programme and the remainder of the funding for evaluation.</p> <p>NS, Programme Sponsor for Children and Young People noted the region were very ambitious with the first request for transformation funding and the 4 priority areas still remain with everyone committed to all 4 programmes. Unfortunately whilst negotiating a significantly higher amount, this remained insufficient to deliver on all 4 programmes to the minimal level, resulting in exploring various ways of sharing and distribution of the allocation.</p> <p>TO, Programme Sponsor for Together for Mental Health also noted being in support of the proposal and the importance of early prevention work, working as one programme to maximise the funding to secure a better future for everyone.</p> <p>BJE informed next steps will focus on the detail of the single business case, confirm the activity outcomes, breakdown of spending, staffing required and timeline for delivery of activities. A great deal of this information is already available and Programme Sponsors will progress the completion of this information at pace as the information will need to be submitted to Welsh Government by the end of December 2020.</p> <p>NWRPB members were all in agreement and supportive of the proposal around the funding of different elements of the 2021/22 programme.</p> <p>Members also pointed out to also keep in mind how the transformation work will be incorporated into future core budgets</p> <p>JGal asked having identified a number of priorities that have not been funded what are we going to do with the unfunded priorities?</p> <p>NS replied that when RPB determined its' priorities, the work also continued within all other areas i.e. Carers. The priority areas chosen where those considered where most impact could be made. This additional funding is a bonus, and work will continue to focus once the transformation funding has ended, not committed at exclusion of other work.</p> <p>BJE also informed communication is in the pipeline and will be forwarded following the agreement of the NWRPB today and followed with regular communication updates in the New Year to ensure everyone are informed and updated on progress.</p> <p>Action – the programme for 2021/22 will be shared at next RPB meeting.</p>	
7.	<u>Any Other Business</u> – no other business from members	
8.	<p>The following documents have been included for information:</p> <ul style="list-style-type: none"> • Funding for delivery of Discharge to Recover and Assess (D2RA) pathways • Welsh Government Transformation Programme Fund 2021-22 Research, Innovation & Improvement Co-ordination (RI&IC) Hubs: Guidance 	

	Date of the next meeting:	
	Friday 15 th January 2021 10:30 – 12:30 pm	



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIAANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Cofnodion Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

11^{eg} Rhagfyr 2020

9:00 am – 11:30 yb

Trwy gyfrwng M S Teams

Yn Bresennol:	Teresa Owen (Cadeirydd), Bethan Jones Edwards, Morwena Edwards, Catherine Elaine Jones, Y Cyng. Bobby Feeley, Y Cyng. Christine Jones, Y Cyng. Joan Lowe, Y Cyng. Louise Emery, Y Cyng. Dilwyn Morgan (DMo) (yn mynychu ar ran Y Cyng. Dafydd Meurig), Ffion Johnstone (yn bresennol tan 10:00 am), Fon Roberts (yn bresennol tan 10:00 am), Helen Corcoran, Jenny Williams, John Gallanders (JGa), John Gladston (JGI), Judith Greenhalgh (JGr yn bresennol tan 10:00 am), Y Cyng. Llinos Medi Huws, Lucy Reid, Mary Wimbury (MWim), Neil Ayling, Nicola Stubbins, Peter Williams, Shan Lloyd Williams
Ymddiheuriadau:	Alwyn Jones, Bethan E Jones, Clare Budden, Chris Stockport, Dr Lowri Brown, Estelle Hitchon, Kevin Roberts, Lynda Colwell, Mark Wilkinson, Rob Smith, Roma Hooper, Sam Parry, Steve Gadd
Hefyd yn Bresennol:	Bethan Roberts, Archwilio Cymru (ar gyfer eitem agenda 3 yn unig)

Eitem		Camau Gweithredu
1.	<p><u>Croeso, Cyflwyniadau ac Ymddiheuriadau</u></p> <p>Estynnodd y Cadeirydd groeso i bawb i gyfarfod olaf 2020 a diolchodd i bawb am eu cymorth a'u hymroddiad drwy flwyddyn eithriadol o heriol yn 2020.</p> <p>Estynnodd y Cadeirydd groeso i Bethan Roberts, Archwilio Cymru, sy'n arsylwi'r cyfarfod heddiw, yn arbennig eitem agenda 3.</p> <p>Hysbysodd y Cadeirydd aelodau'r bwrdd o ymddiswyddiad diweddar CB o'r BPRhGC a chymerodd y cyfle i ddiolch i CB am y cymorth a'r cyfraniad i'r BPRh dros y 2 flynedd ddiwethaf.</p> <p>Diolchodd y Cadeirydd hefyd i LC am ei chymorth a'i gwaith ar y Bwrdd dros y 2 dymor diwethaf fel un o gynrychiolwyr y Trydydd Sector. Yn anffodus, nid oes modd i LC fynychu ei chyfarfod olaf heddiw.</p> <p>Gweithredu: Anfonir llythyrau i ddiolch yn ffurfiol i CB a LC.</p>	Anfon llythyrau at LC a CB – RW

	<p>Eglurodd BJE na fu'r Datganiad o Ddiddordeb ar gyfer Gofalwyr yn llwyddiannus o ran recriwtio cynrychiolwyr gofalwyr newydd ar y BPRh. Mae'r BPRh yn ddiolchgar i PW sydd wedi cytuno i barhau fel cynrychiolydd Gofalwyr ar y BPRh hyd nes y gellir recriwtio cynrychiolydd newydd. Bydd y Datganiad o Ddiddordeb ar gyfer Gofalwyr yn cael ei gylchredeg unwaith eto.</p>	<p>Cylchredeg y DoDd Gofalwyr – RW</p>
2.	<p><u>Nodiadau a chatau gweithredu ers y cyfarfod diwethaf – Tachwedd 2020</u></p> <p>Cytunwyd bod cofnodion 13.11.2020 yn gofnod cywir gyda'r holl gamau gweithredu wedi'u cwblhau.</p>	
3.	<p><u>Diweddariad ar y Grŵp Adfer Iechyd a Gofal (GAlaG)</u></p> <p>Derbyniodd y bwrdd ddiweddariad llafar gan JG ar waith y GAlaG.</p> <p>Mae gwaith y GAlaG yn canolbwyntio'n bennaf ar y pandemig Covid-19 a chynllunio ar gyfer y gaeaf ar draws laGC, ynghyd â'r allbynnau gan Gelloedd Data a Gwybodaeth, sy'n darparu diweddariadau lleol a chenedlaethol.</p> <p>Hefyd, mae'r grŵp wedi dechrau trafod Fframwaith Adsefydlu LIC ar gyfer parhad ac adfer gwasanaethau. Bydd y GAlaG yn arwain ar y darn hwn o waith a ddatblygir drwy ystyried yr holl waith a gwblhawyd hyd yma ar draws y 4 grŵp o'r boblogaeth, gan ganfod unrhyw fylchau ac unrhyw waith pellach y mae angen ei ystyried. Bydd y gwaith yn cael ei gwblhau gan is-grwpiau sy'n bodoli eisoes, ac yn cael ei goladu a'i gyflwyno i'r BPRh yn y flwyddyn newydd.</p> <p>Cododd Y Cyng. LIMH bryder ynghylch y defnydd o derminoleg, yn enwedig y defnydd o 'adfer' sy'n gamarweiniol o ystyried bod cyrff cyhoeddus yn parhau i ymateb i argyfwng y pandemig. Cwestiynwyd yn arbennig p'un a oedd teitl y Grŵp Adfer Iechyd a Gofal yn briodol o ystyried bod ffigyrau Covid yn cynyddu ar hyn o bryd ledled Cymru, yn ogystal â ph'un a fyddai Archwilio Cymru (a oedd yn bresennol) yn feirniadol o hyn.</p> <p>Cytunodd BR (AW) i basio'r ymholiad hwn i'r tîm a bydd yn adrodd yn ôl drwy e-bost.</p> <p>Eglurodd JG y sefydlwyd y grŵp i ystyried y rhyngwyneb rhwng laGC a chytunwyd ar y teitl yn ystod cynnal y Bwrdd Adfer cyffredinol, sef trefn a etifeddwyd o'r strwythur a roddwyd yn ei le yn ystod yr haf.</p> <p>Roedd ME yn cytuno hefyd gan nodi bod Y Cyng. LIMH yn gwneud pwynt dilys. Roedd y cynnydd mewn Covid yn teimlo'n waeth o lawer a rhaid delio â phwysau'r gaeaf hefyd. Cynigiodd ME hefyd y gall fod yn fanteisiol i'r GAlaG egluro ei waith, i osgoi rhoi'r argraff mai unig bwrpas y bwrdd oedd canolbwyntio ar adfer, ac roedd hefyd yn cefnogi y dylid cael eglurhad pellach o ran teitl y grŵp.</p> <p>Cytunodd JG i basio'r sylwadau hyn ymlaen i'w hystyried gyda Chadeirydd y Grŵp Cydlynu Strategol.</p>	<p>BR i adrodd yn ôl</p>

<p>4.</p>	<p><u>Cynllun Brechu Torfol</u> Derbyniodd y Bwrdd ddiweddariad llafar gan FJ ar y gwaith parhaus o ran y cynllun brechu torfol.</p> <p>Eglurodd FJ bod cynlluniau gwaith yn eu lle bellach ac wedi'u derbyn gan LIC, a'u craffu gan dderbyn adborth cadarnhaol gan y lluoedd arfog. Rhannwyd y cynlluniau hefyd gyda Byrddau Iechyd eraill ac yn allanol gyda'r Grŵp Cydlynau Strategol.</p> <p>FJ yw cadeirydd y Grŵp Technegol, gyda grwpiau eraill yn gyfrifol am agweddau eraill ar y cynllun; y model clinigol, y gweithlu, grŵp logisteg a grŵp diogelwch a chludiant sydd hefyd yn cynnwys grŵp cyfathrebu ac apwyntiadau ac archebu.</p> <p>Mae'r angen i fod yn hyblyg yn arbennig o bwysig i bob grŵp gan fod y canllawiau cynllunio a dderbynnir gan y Cyd-bwyllgor ar Imiwneiddio a Brechu (CBIB) yn newid yn aml. Cynhelir cyfarfodydd dyddiol gyda LIC i drafod y sefyllfa bresennol ac mae'r brechlynnau wedi dechrau'n barod gyda bob Bwrdd Iechyd yn derbyn un pecyn o frechlynnau sy'n cynnwys 975 dos. O fewn ardal BIPBC, mae'r gwaith o'u cyflwyno wedi dechrau yn y Gogledd Ddwyrain gan mai yno y gwelwyd yr achosion mwyaf sylweddol o niferoedd Covid-19 cadarnhaol hyd yma.</p> <p>Gweithwyr gofal a'r GIG a phobl dros 80 yw'r cyntaf i dderbyn y brechlyn. Mae cynllun peilot ar gyfer cartrefi gofal yn cael ei ystyried. Darperir diweddariad rheolaidd i'r holl Arweinwyr a'r Cynulliad.</p> <p>Nododd MWim bod llawer o gwestiynau o ran sut y mae'r Bwrdd Iechyd yn cynnig cyflwyno'r brechlyn i weithwyr cartrefi gofal, a dywedodd gorau po fwyaf o gyfathrebu â'r sector. Er y cafwyd gwybod am gyhoeddiad pellach y disgwylir amdano heddiw ynghylch y peilot ar gyfer cartrefi gofal, ceir cryn drafferthion logistaidd, ynghyd â phryder, yn enwedig gan nad yw'r gwaith o frechu'r sector gofal yng Ngogledd Cymru wedi dechrau.</p> <p>Nododd FJ y pwyntiau dilys o ran sicrhau bod cartrefi gofal yn cael y wybodaeth ddiweddaraf, a gobeithir y bydd y trefniadau sydd i ddod yr wythnos nesaf yn tawelu pryderon y sector.</p> <p>Gofynnodd JGal p'un a oedd galw am wirfoddolwyr i gynorthwyo yn y canolfannau brechu. Byddai'r trydydd sector yn gwerthfawrogi diweddariad ar hyn cyn gynted ag y bo modd.</p> <p>Eglurodd FJ mai proses apwyntiadau a drefnir ymlaen llaw yw'r broses frechu ar gyfer Covid, nad yw ond ar gael drwy BIPBC ar hyn o bryd ac nid o fewn y gymuned ac mewn lleoliadau Meddygon Teulu. Nododd FH y byddai'r Grŵp Tactegol yn codi'r ymholiad o ran cefnogaeth gan y trydydd sector yn y cyfarfod sydd i'w gynnal prynhawn yma.</p> <p>Gofynnodd Y Cyng. LE i gydweithwyr fod yn realistig o ran amseriadau'r rhestr o rai sy'n gymwys i gael y brechlyn ac roedd yn dadlau dros roi blaenoriaeth i weithwyr iechyd a rheng flaen. Holodd y Cyng. LE am y niferoedd dan sylw ynghyd ag atebolrwydd o ran</p>	
-----------	--	--

	<p>pwy sy'n rheoli'r penderfyniadau.</p> <p>Cadarnhaodd TO mai pwyllgor cenedlaethol y CBIB (JCVI), sy'n gweithredu ar ran y DU gyfan sy'n rheoli materion yn gyffredinol, nid yn unig yng nghyswllt canllawiau Covid ond hefyd holl frechiadau'r DU, ac mae'n cynghori'r Bwrdd Iechyd ynghylch holl agweddau canllawiau sy'n ymwneud ag iechyd.</p> <p>Cynigiodd Y Cyng. JL y dylid cylchredeg cyfathrebiadau rheolaidd sy'n egluro bod angen i bawb ddisgwyl eu tro, a gofynnodd pryd y disgwylir y bydd cyflenwadau pellach yn cael eu derbyn.</p> <p>Cytunodd FJ y bydd bwletin wythnosol yn hanfodol, bydd hyn yn cael ei gytuno yn y Grŵp Tactegol y prynhawn yma. Y Gymdeithas Cofrestru Meddygol sy'n rhyddhau'r cyflenwadau o'r brechlyn, ac er ei fod wedi'i gyfyngu ar hyn o bryd o ran nifer y cyflenwadau, oherwydd gorfod addasu systemau a phrosesau, mae disgwylir y bydd cyflenwad rhesymol ar gael yn y rhanbarth.</p> <p>Nododd Y Cyng. BF bwysigrwydd cysylltu â Meddygon Teulu fel y prif gyswllt â phreswylwyr, ac roedd yn deall y gallai unigolion eraill ar wahân i staff Meddygon Teulu roi'r brechlynnau. Mae angen bod yn glir hefyd and yw'r brechlyn yn addas i bobl a chanddynt alergeddau, a dylai unigolion ddisgwyl i frand arall o frechlyn fod ar gael.</p> <p>Atebodd FJ bod BIPBC yn gweithio yn ôl fframwaith cyfreithiol ac mai dim ond gweithwyr proffesiynol cofrestredig sy'n gallu rhoi'r brechlyn. Mae rhaglen hyfforddi enfawr wedi sicrhau bod yr holl staff yn gymwys i roi brechlynnau. Mae Arweinydd Clinigol BIPBC eisoes wedi sicrhau cysylltiadau â Fferyllfeydd a Fferyllfeydd Cymunedol. O ran yr alergeddau, gyda'r canllawiau yn newid o ddydd i ddydd, mae'r gwaith papur yn newid yn barhaus o ganlyniad i'r gwrtharwyddion a dderbyniwyd.</p> <p>Dywedodd JGI, yng Nghyfarfod Blynnyddol diweddar Anabledd Cymru, dyfynnwyd ffigur o 70% o ran y gyfradd farwolaethau o fewn y gymuned anabl, a chytunodd i anfon ffynhonnell y wybodaeth hon ymlaen i FJ a fydd yn ei rhannu â chydweithwyr o fewn BIPBC.</p> <p>Nododd sawl un o aelodau'r BPRh bwysigrwydd sicrhau bod gwybodaeth glir ar gael i'r boblogaeth, ac roedd FJ yn cytuno y dylai taflen o Gwestiynau a Ofynnir yn Aml a'u hatebion fod ar gael i'w cylchredeg yn eang.</p> <p>Diolchodd TO i FJ a'i thîm am yr holl waith ardderchog a wnaed ar y rhaglen frechu.</p>	<p>JGI i anfon gwybodaeth at FJ</p> <p>Cwestiynau a Ofynnir yn aml i'w cylchredeg yn eang</p>
5.	<p>Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 – Codau a Chanllawiau: Rhan 9 Canllawiau Statudol (Trefniadau Partneriaeth)</p> <p>5.1 <u>Aelodau Cyfetholedig – Diweddariad o gyfarfod rhwng Cadeirydd y BPRh ac Aelodau Cyfetholedig y BPRh -</u></p>	

11.09.2020

Cyflwynodd BJE a TO ddiweddariad yn dilyn y drafodaeth yn y BPRh ar 7.8.2020, eitem agenda 'Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 – Codau a Chanllawiau diweddaredig: Rhan 9 Canllawiau Statudol (Trefniadau Partneriaeth)', nodwyd cam gweithredu i barhau'r drafodaeth a'r opsiynau o ran aelodau cyfetholedig BPRhGC y tu allan i'r BPRh, gyda phapur canlyniadau i'w gyflwyno i gyfarfod o'r BPRh yn y dyfodol.

Eglurodd BJE, yn dilyn trafodaeth, mai'r canlyniad a'r penderfyniad yn y cyfarfod ar 11.09.2020 oedd Opsiwn 5: Bydd aelod cyfetholedig yn parhau i fynychu BPRhGC.

5.2 Cylch Gorchwyl Diweddaredig BPRhGC i'w gytuno - Bethan Jones Edwards

Derbyniodd y bwrdd y drafft terfynol o'r Cylch Gorchwyl a oedd yn ymgorffori'r newidiadau a wnaed yn dilyn trafodaethau mewn cyfarfodydd blaenorol ac mewn cyfarfod o'r aelodau cyfetholedig. Mae'r drafft terfynol o'r Cylch Gorchwyl hefyd yn ystyried gofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 - Codau a Chanllawiau: Rhan 9 Canllawiau Statudol (Trefniadau Partneriaeth).

Hysbysodd BJE y cyfarfod bod 2 adran o'r ddogfen wedi'u hamlygu ar gyfer eu cytuno:

1. Gall y Bwrdd Partneriaeth Rhanbarthol gyfethol unigolion eraill i fod yn aelodau o'r bwrdd fel y bo'n briodol. Mae'r rheoliadau'n cyfeirio at leiafswm aelodaeth y byrddau ond mae nifer y cynrychiolwyr ac ystod y bobl sy'n rhan ohonynt yn faterion i'w penderfynu ar lefel leol. Bydd yr aelodau cyfetholedig yn cael eu hadolygu bob 2 flynedd.
2. Bydd y cynrychiolydd a ganlyn yn cael ei ddewis i eistedd ar y Bwrdd Partneriaeth Rhanbarthol trwy Ddatganiad o Ddiddordeb a phroses ddethol gan gymheiriaid:
Unigolyn sy'n cynrychioli diddordebau darparwyr gofal yn yr ardal a gynhwysir o fewn y Bwrdd Partneriaeth Rhanbarthol.

Ar wahân i'r cytundeb uchod, ystyrir bod y Cylch Gorchwyl yn ddigonol i ddiogelu gwaith y Bwrdd.

Roedd MWim yn profi anawsterau technegol ar y pryd ac nid oedd modd ymateb ar lafar, fodd bynnag, cyflwynwyd y sylwadau a ganlyn yn ysgrifenedig drwy'r cyfleuster sgwrsio ar y sgrin yn ystod y cyfarfod:

Rwyf wedi bod ar y BPRh ers y dechrau. Gan fod Fforwm Gofal Cymru yn cynrychioli cyfran sylweddol o aelodau ar draws Gogledd Cymru, ac fel yr unig weithiwr yng Ngogledd Cymru, nid yw hynny'n ymddangos yn afresymol ar sail barhaus.

Dywedodd Y Cyng. JL y dylid newid y tymor ar gyfer Aelodau Etholedig i Fai 2022.

Diweddaru'r
Cylch
Gorchwyl

	<p>Nododd ME bod gan Gyngor Gwynedd 2 Aelod Cabinet Etholedig, sy'n rhannu portffolio oedolion a phlant. Oherwydd pwysigrwydd sicrhau bod yr unigolyn iawn yn mynychu, yn dibynnu ar yr agenda, mae'r Cyng. Dilwyn Morgan (a chanddo gyfrifoldebau ar y Cabinet dros Gefnogi Plant a Theuluoedd) yn bresennol heddiw yn lle'r Cyng. Dafydd Meurig (Aelod Cabinet dros Oedolion a'r Gymuned). Hysbysodd ME y Cadeirydd hefyd y bydd Y Cyng. DMO yn dirprwyo ar ran Y Cyng. DMe ar y BPRh o bryd i'w gilydd.</p> <p>Nodwyd y cynhwysir y canlynol o fewn y Gylch Gorchwyl: <i>Caniateir i aelodau'r Bwrdd Partneriaeth Rhanbarthol anfon cynrychiolydd enwebedig i fynychu yn eu lle, fodd bynnag, gofynnir i'r cynrychiolydd hwn cael ei friffio'n llawn ynghylch gwaith y Bwrdd. Pan fydd cynrychiolydd enwebedig yn mynychu bydd rhaid hysbysu'r Cadeirydd cyn y cyfarfod.</i></p> <p>Roedd BPRhGC yn cytuno i gymeradwyo'r Cylch Gorchwyl a fydd yn destun trafodaeth rhwng BJE a chynrychiolydd y sector Darparwyr.</p> <p><u>5.3 Dogfen Derfynol Ffocws a Blaenoriaethau i'w gytuno - Bethan Jones Edwards</u></p> <p>Cyflwynodd BJE y fersiwn terfynol o'r papur Ffocws a Blaenoriaethau, gan gynnwys paragraff ychwanegol ar Covid, fel y gofynnwyd amdano'n flaenorol gan y Bwrdd. Mae'r ddogfen yn fodd o atgoffa am y gwaith a gwblhawyd gan y Bwrdd ynghyd â'r gwaith y mae angen ei wneud yn y dyfodol, yr oedd pawb yn cytuno y bydd yn wahanol iawn.</p> <p>Cytunodd BPRhGC i gymeradwyo'r fersiwn terfynol o'r ddogfen Ffocws a Blaenoriaethau. Bydd y fersiwn terfynol ar gael i'w gylchredeg ac ar y wefan gydweithredol.</p>	
6.	<p><u>AHW – Rhaglenni Trawsnewid 2021/2022 Dyranid Grant LIC</u> Derbyniodd y Bwrdd ddiweddariad gan BJE ar ddyranid grant LIC o dan Raglenni Trawsnewid 2021/2022.</p> <p>Eglurodd BJE bod Llywodraeth Cymru yn gofyn i'r rhaglenni trawsnewid presennol gyflwyno achos busnes i ddangos y cynnydd hyd yma, faint o gyllid a fynnir ynghyd â'i ddefnydd arfaethedig ar gyfer 2021/22. Cyflwynwyd adroddiadau BPRhGC i LIC, gan ofyn am gyfanswm cyllid o £11M ar draws y 4 rhaglen.</p> <p>Mewn ymateb, cynigiodd LIC ddyranid petrus o £4.6M, sy'n golygu bod bwch sylweddol o ran cyllid, ac ysgrifennodd Aelodau Etholedig y BPRh at y Gweinidog i nodi eu siomedigaeth dros y dyranid dangosol.</p> <p>Trefnwyd cyfarfod rhwng LIC, Pennaeth Cydweithredu Rhanbarthol Gogledd Cymru a Noddwyr y Rhaglenni i drafod yr amheuan a'r cwestiynau a godwyd mewn perthynas â'r 4 achos busnes. Trafodwyd hefyd uchafswm y cyllid ynghyd â'r cyfanswm mwyaf ffafriol a'r isafswm fyddai eu hangen i symud ymlaen gyda phob rhaglen. Canlyniad y cyfarfod hwnnw oedd y dylai BPRhGC baratoi</p>	

un achos busnes ar gyfer 2021/2022 gan ddod ag elfennau'r pedair rhaglen bresennol ynghyd er mwyn bwrw ymlaen â hwy fel un rhaglen, gydag un grant yn cael ei ddyrannu i'r rhanbarth ar gyfer y cyfanswm.

Yn dilyn llawer o waith a chyd-drafod, mae Gogledd Cymru wedi negydu cyfanswm cyllid o £6.7M ac mae gwaith yn mynd yn ei flaen ar gadarnhau'r gweithgareddau, y canlyniadau a'r dadansoddiad o'r gwariant, y gofynion o ran staff a'r llinell amser ar gyfer ei gyflawni yn 2021-22, a fyynnir gan LIC erbyn diwedd Rhagfyr.

Diolchodd TO i BJE am y gwaith aruthrol a wnaed i ddiogelu'r cyllid ychwanegol i sicrhau cyfanswm o £6.7M er mwyn cael y dyraniad gorau bosibl ar gyfer y rhanbarth.

Roedd NA, Noddwr y Rhaglen ar gyfer y Rhaglen Trawsnewid AD hefyd yn cydnabod y gwaith aruthrol a wnaed gan BJE i ddiogelu dyraniad Gogledd Cymru. Nodwyd hefyd y gefnogaeth i flaenoriaethu'r Rhaglen Plant a Phobl Ifanc gyda chyllid o £3.8M, bydd y rhaglenni Trawsnewid Anableddau Dysgu a Thrawsnewid Iechyd Meddwl yn derbyn £750K yr un a dyrannwyd £1.28 i'r rhaglen CST gyda gweddill y cyllid ar gyfer gwerthuso.

Nododd NS, Noddwr y Rhaglen Plant a Phobl Ifanc bod y rhanbarth yn uchelgeisiol iawn gyda'r cais cyntaf am gyllid trawsnewid ac mae pawb yn dal i fod yn ymroddedig i bob un o'r 4 maes blaenoriaeth. Yn anffodus, er eu bod wedi trafod cael swm llawer uwch, roedd yn dal i fod yn annigonol i gyflawni gofynion sylfaenol bob un o'r 4 rhaglen, oedd yn golygu bod angen archwilio amryw ddulliau o rannu a dosbarthu'r dyraniad.

Nododd TO, Noddwr y Rhaglen Gyda'n Gilydd Dros Iechyd Meddwl, hefyd ei bod yn cefnogi'r cynnig ynghyd â phwysigrwydd gwaith ataliol cynnar, gan weithio fel un rhaglen i wneud y gorau o'r cyllid er mwyn diogelu dyfodol gwell i bawb.

Eglurodd BJE y bydd y camau nesaf yn canolbwyntio ar fanylion yr achos busnes unigol, ynghyd â chadarnhau canlyniadau'r gweithgareddau, y dadansoddiad o'r gwariant, y staff a fyynnir ynghyd â'r llinell amser ar gyfer cyflawni gweithgareddau. Mae llawer o'r wybodaeth hon ar gael eisoes, a bydd Noddwyr y Rhaglenni yn bwrw ymlaen â chwblhau'r wybodaeth hon yn gyflym, gan y bydd angen cyflwyno'r wybodaeth i Lywodraeth Cymru erbyn diwedd Rhagfyr 2020.

Roedd holl aelodau BPRhGC yn cytuno â'r cynnig ac yn ei gefnogi ar gyfer ariannu gwahanol elfennau rhaglen 2021/22. Dywedodd yr aelodau hefyd bod angen cadw mewn cof sut y bydd y gwaith trawsnewid yn cael ei ymgorffori o fewn cyllidebau craidd i'r dyfodol.

Holodd JGal, o ran nifer o flaenoriaethau a ganfuwyd sydd heb eu cyllido, beth ydym am ei wneud ynghylch y blaenoriaethau hyn?

	<p>Atebodd NS, pan oedd y BPRh yn penderfynu ar ei flaenoriaethau, roedd y gwaith hefyd yn parhau o fewn pob maes arall, h.y. Gofalwyr. Y meysydd blaenoriaeth a ddewiswyd oedd y rheiny lle gellid cael yr effaith fwyaf. Mae'r cyllid ychwanegol hwn yn fonws, a bydd y gwaith yn parhau i ganolbwyntio ar yr holl feysydd hyn ar ôl i'r cyllid trawsnewid ddod i ben.</p> <p>Dywedodd BJE hefyd bod diweddariad ar y ffordd a bydd yn cael ei anfon ymlaen yn dilyn cytundeb BPRhGC heddiw. Bydd diweddariadau cyfathrebu rheolaidd yn dilyn yn y Flwyddyn Newydd i sicrhau bod pawb yn cael eu diweddarau ynghylch unrhyw gynnydd.</p> <p>Gweithredu – rhennir y rhaglen ar gyfer 2021/22 yng nghyfarfod nesaf y BPRh.</p>	
7.	<p><u>Unrhyw Fater Arall</u> – ni chodwyd unrhyw faterion eraill gan yr aelodau.</p>	
8.	<p>Cafodd y dogfennau a ganlyn eu cynnwys er gwybodaeth:</p> <ul style="list-style-type: none"> • 'Funding for delivery of Discharge to Recover and Assess (D2RA) pathways' • Cronfa Rhaglen Trawsnewid Llywodraeth Cymru 2021-22 Hybiau Cydlynu Ymchwil, Arloesi a Gwella: Canllawiau 	
	<p>Dyddiad y cyfarfod nesaf: Dydd Gwener 15^{fed} Ionawr 2021 10:30 – 12:30 yp</p>	



Cyfarfod a dyddiad: Meeting and date:	Strategy Partnerships and Population Health Committee 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Population Needs Assessment Rapid Review					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:	Mark Wilkinson, Executive Director of Planning and Performance					
Craffu blaenorol: Prior Scrutiny:	North Wales Regional Partnership Board					
Atodiadau Appendices:	English and Welsh versions of the Population Needs Assessment Rapid Review Reports					
Argymhelliaid / Recommendation:						
The Strategy Partnerships and Population Health Committee is asked to receive the Population Needs Assessment Rapid Review Reports and to note the work that has been undertaken which will inform future strategies and plans.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information X
Sefyllfa / Situation:						
To introduce the Population Needs Assessment Rapid Review and to note the commitment to take this through local approval processes to support the dissemination of the recommendations and their adoption in local recovery plans.						
Cefndir / Background:						
<p>Welsh Government asked Regional Partnership Boards to undertake a rapid review of the Population Needs Assessment originally published in 2017. There were only eight weeks to complete this work, so the Directors agreed a proposal for a light-touch refresh to summarise the research about the impact of COVID-19 and findings from the COVID-19 lessons learned project. It was agreed not to update the population data or carry out additional consultation and engagement for the project.</p> <p>The report has been to the following regional groups for approval before submission to the Regional Partnership Board and Welsh Government.</p> <ul style="list-style-type: none"> • Strategic Research and Innovation Partnership / Research, Innovation and Improvement Coordination Programme Board • Health and Care Recovery Group 						

- Leadership Group

It was agreed that the assessment would focus on bringing together the findings of the consultation that has already taken place. This was because of the timescales and also the risk of duplication and 'consultation fatigue' due to the high number of projects reviewing the impact of COVID-19. The findings could then be reviewed as part of the full Population Needs Assessment update planned for 2021 to be published March 2022.

Asesiad / Assessment & Analysis

Strategy Implications

The Regional Partnership Board had developed priorities for integrated working based on the original population assessment.

The Rapid Review of the Population Needs Assessment supports the need for the Regional Partnership Board to continue to focus on these priorities.

Financial Implications

As this report is for information, there are no specific financial implications. Implementing the recommendations would have financial implications. These will be identified and assessed as part of our planning process.

Risk Analysis

There is a risk that, failing to understand how population needs are changing, the Health Board misallocates its resources and as a result ends up delivering sub optimal care and support.

Legal and Compliance

None identified

Impact Assessment

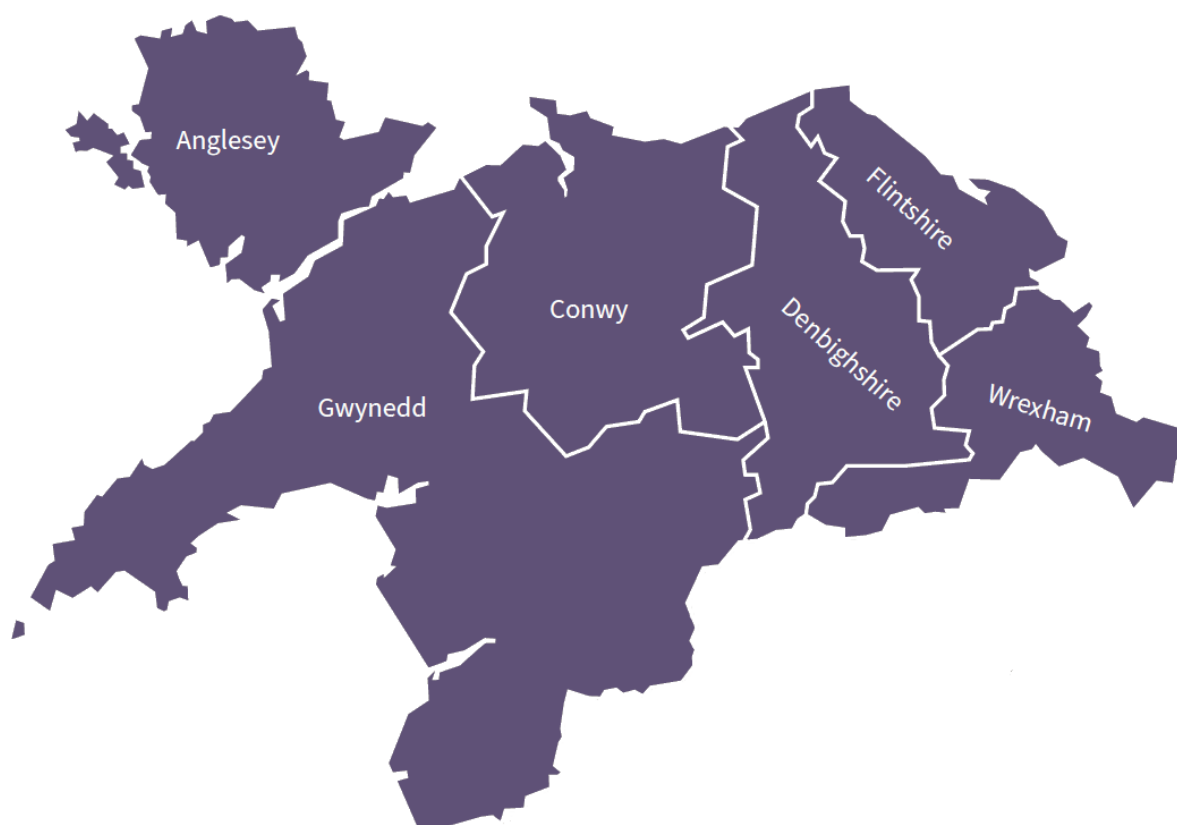
This report identifies that the pandemic has exacerbated existing health inequalities and makes recommendations to minimise any further impact.



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment Rapid Review



October 2020

Contents

Introduction	3
Summary	3
Key themes	3
Priorities and principles	5
Overview of COVID-19 in North Wales	7
Welsh language	8
Impact on people with care and support needs	9
Children and young people with complex needs	9
Unpaid carers	21
Older people	25
Health, physical disability and sensory impairments	38
People with learning disability / autism	45
People with mental health needs	53
Conclusions and recommendations	57
References	59

Introduction

Welsh Government asked Regional Partnership Boards to carry out a rapid review of the Population Needs Assessment originally published in 2017. The review summarises the available research about the impact of COVID-19 on people who receive care and support and changes to the way these services have been delivered. The North Wales Regional Partnership Board (NWRPB) will use the information from this rapid review to inform its winter plans and recovery and reconstruction work.

The original population needs assessment was produced along with people who use services and people who provide services. This approach has had to be adapted to a lighter-touch approach to take account of the short timescales for the review. The review involved a literature search of the impact on each group and includes findings from the COVID-19 innovations and lessons learned report (North Wales Research, Innovation and Improvement Hub, 2020). This includes findings from consultation and engagement undertaken as part of other related projects. It also includes a selection of stories gathered as part of our 'Most Significant Change' interviews, which will share more about in a future report. The conclusions of this review can then be checked and reviewed as part of the population assessment update due to take place during 2021 to be published in March 2022.

Summary

Key themes

Equality and human rights

The coronavirus pandemic has highlighted and exacerbated many existing inequalities in society, such as the disproportionate impact on protected groups including Black, Asian and Ethnic Minority (BAME) people, older people and disabled children, young people and adults.

There has been an impact on human rights and the rights of protected groups, particularly people receiving care and support, those who have been 'shielding' and children's rights to play. There have been concerns around Deprivation of Liberties (DoLS) particularly for people living in care homes and for people with learning disabilities living in shared accommodation. While well intended, these practices

could have significant impacts on the liberty and relationships and be detrimental to people's health and well-being.

There are also concerns about the impact on the use of the Welsh language, including availability of guidance and community activities in Welsh, as well as a reduction in the number of bilingual meetings as services have moved online.

Remote working and virtual meetings

These were used across all priority areas for business continuity and as a way of continuing to deliver some services. Staff say this generally works well and has brought forward changes that needed to happen. There is a lot less travelling and some services are now more efficient. Working from home was the change that people most wanted to keep. However, remote working has been challenging for some staff, particularly those who live alone or who have caring responsibilities. As well as the lack of peer support and opportunities for de-briefs on difficult cases and incidents.

Many services found online delivery worked well and made services more accessible for many people. The Covid Conversations survey found that 76% of people who had experienced a phone or video consultation found it a positive experience.

"A very good system that should be continued after the pandemic"

"Quick and easy. None of the usual lengthy delays waiting in a doctor's surgery"

However, 24% did not have a good experience. Some people who use services have struggled with the technology, online services are less accessible for some people, some miss the human contact and there is an increasing digital divide.

"Not personal, unable to read the person's body language or facial expression".

"Very difficult trying to explain to a GP over the phone how I am feeling with multiple symptoms."

The increasing reliance on digital technology for meetings, service delivery and helping people stay in touch with friends and family has identified the need for more training and support for care workers in how to support the people they care for to use technology.

Participants suggested taking a blended approach to virtual service delivery in future, so face to face options are available where necessary, with research and evaluation

needed to make sure that the virtual approaches are meeting people's needs and working to achieve what matters to people.

Communication, information and advice

Many organisations increased the frequency of communication and pulled together resources for members of the public and people who use their services. Examples included a website of community resources, lists of local food delivery providers and emergency contact details. There were issues initially with large amounts of guidance and a lack of consistent advice, particularly relating to infection control procedures and Personal Protective Equipment (PPE) in care homes. While easy read guidance and videos have been helpful for people with learning disabilities, the production of materials has not always been timely and circulation of materials has been patchy.

Flexible and adaptable workforce

Staff worked flexibly and quickly adapted to the new ways of working, including redeployment to different roles, changes in shift patterns and office hours, and providing weekend cover. There are concerns about the sustainability of this in the long-term and the risk of burn out.

Integrated working and faster decision making

Many staff spoke about how integrated working improved between different agencies and professions in response to the crisis and that key decisions were made much more quickly than normal.

Mental health

For all groups there is an emerging mental health crisis as a result of the pandemic and the steps taken to control the spread of the virus. This will be exacerbated by future lockdowns as well as job losses, increases in unemployment and poverty due to the wider socio-economic impacts of the virus.

Priorities and principles

The review supported the continued work on the Regional Partnership Board priorities:

- Older people with complex needs and long term conditions, including dementia

- People with learning disabilities
- Carers, including young carers
- Children and young people
- Mental health

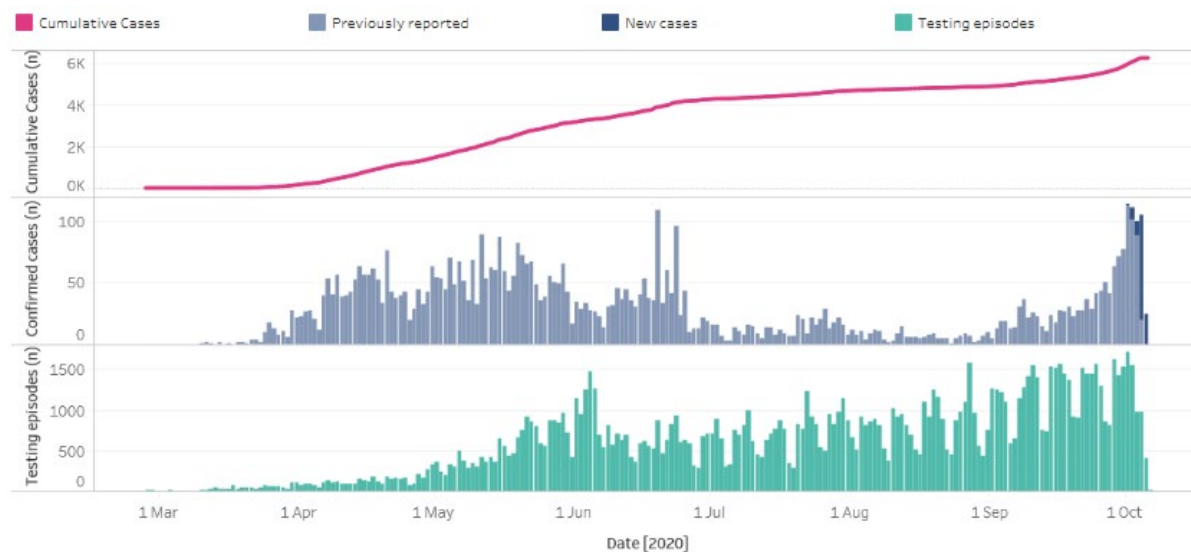
The review also identified the following principles based on lessons learned from the pandemic, which should inform future work on these priorities.

1. **Promote digital inclusion.** This includes making sure people who use and provide services have access to technology and connectivity along with the skills to use it.
2. **Inclusive approaches to service redesign.** While there have been many benefits to remote working and increased use of technology during the pandemic, these approaches do not work for everyone nor do they work in all circumstances. As services adopt new ways of working, they need to be carefully evaluated to identify and mitigate any potential harm. For example, by taking a blended approach to service delivery to maximise the benefits of virtual and face to face approaches.
3. **Take a rights-based approach** to future lockdowns and reopening of services to mitigate harm caused by policies designed to control the spread of the virus. This must include involving people who use services in co-producing policy and response and having voice and control in their own lives.

Overview of COVID-19 in North Wales

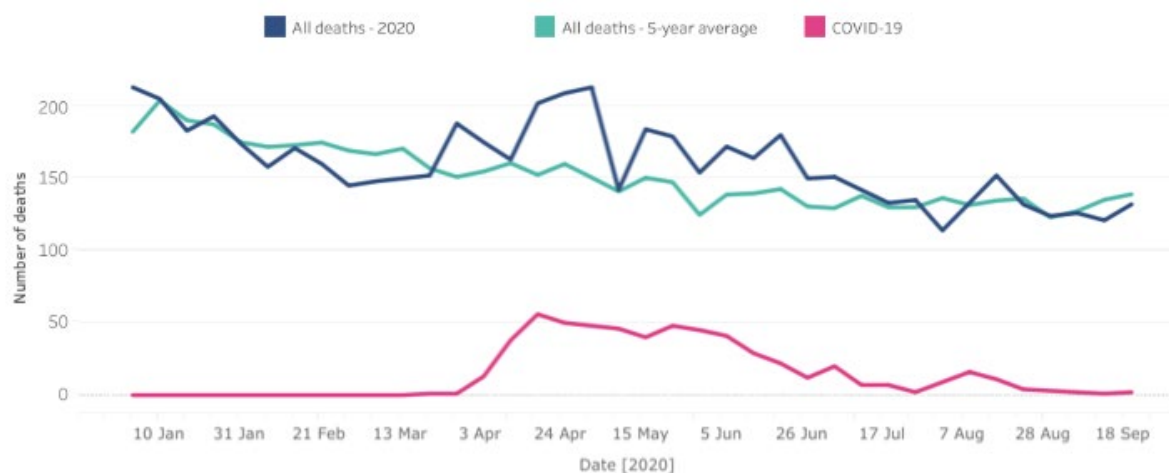
By 6 October 2020 there had been around 6,200 confirmed cases of COVID-19 in North Wales, or 1,300 for each 100,000 people in the population (Public Health Wales, 2020). As shown in the chart below, after a fall in the number of cases during the summer, cases began to rise during September and at time of writing, most of North Wales is in a local lockdown.

Chart 1: Testing episodes, confirmed cases, cumulative cases, North Wales



The number of deaths in North Wales due to COVID-19 in North Wales at 6 October, was between 427 (confirmed cases) and 574 (deaths registered with COVID-19 mentioned on the death certificate).

Chart 2: Weekly number of deaths registered, all deaths, COVID-19 deaths (any mention) and 5-year average (2015-2019), North Wales



Welsh language

The Regional Partnership Board is committed to strengthening Welsh language services and providing an active offer through the Mwy na geiriau/More than just words framework. There are concerns that Welsh language provision may have worsened during the crisis, which has a significant impact on the quality of services delivered, particularly for people living with dementia or receiving mental health services. The Mwy Na Geiriau Forum is continuing to meet and that work will continue to try to ensure that the impact of this is reduced.

The Social Care Wales / Health Education and Improvement Wales Workforce Strategy has also recently been launched and we will wish to work as a region to ensure that the requirements within Mwy na geiriau/More than just words are mainstreamed into future developments.

Guidance around infection control and Personal Protective Equipment (PPE) for health and social care settings is issued jointly by the UK public health agencies on gov.uk in English only (Public Health England, 2020). We will need to reflect on the impact of an emergency situation on bilingual guidance and other initiatives to promote the Welsh language and how to mitigate that in future.

The Welsh Language Commissioner (2020) has raised concerns about the disproportionate effect of the COVID-19 crisis on community activities held through the medium of Welsh and whether people's daily use of the language will reduce if working from home. There is also concern that the number of meetings held bilingually across North Wales has reduced due to the move online. To help address this the Welsh Language Commissioner (2020) has produced a guide to holding bilingual video meetings. There are a number of research projects underway about the impact of COVID-19 on the use of the Welsh language, which we will monitor so that we can including any findings and recommendations in future regional plans.

Impact on people with care and support needs

Children and young people with complex needs

Children with disabilities and/or illness

A rapid assessment from Unicef (2020) states how paediatric health services were limited, with staff moving to adult services and many appointments and planned surgeries cancelled. This could further exacerbate the health of children with complex health needs. Results of the Children in Wales (2020) survey found access to critical care needed to be improved for children with additional health needs. The report from Royal College of Paediatrics and Child Health (2020) also raised concerns about children with long term conditions missing therapies and surgeries, increased waiting times for referrals, delayed assessments and the impact this could have on their health and exacerbation of existing conditions. Special Needs Jungle (2020) reported that speech and language, and physiotherapy sessions were missed for months and worry many children will require intensive support to regain lost skills.

The Unicef (2020) assessment claims the lack of schools and leisure centres for physical activity can be particularly important for children with disabilities, and lack of physical activity can impact the mental wellbeing of children.

Research from Family Fund (2020) found 94% of families felt their child's health and wellbeing had been affected by lockdown and 89% thought their behaviour or emotions had worsened, 65% claimed support like physiotherapy and mental health support they received had declined, and 30% had struggled with the cost of food. Special Needs Jungle (2020) found anxiety levels rose for most children with special needs, however, for some children it was reduced due to less pressure and fewer sensory issues.

In a report from Co-Space (2020) it was stated parents of children with special needs and neurodevelopmental conditions experienced higher levels of stress during the pandemic. Co-Space (2020) and The Disabled Children's Partnership (2020) both found parent carers were stressed and worried about their child's behaviour, wellbeing, home-schooling and catching COVID-19. The survey from All Wales Forum (2020) echoed these findings but also found parent carers were confused by

guidance at the start and many of those who needed to shield were also left confused by the information they were given.

Family Fund (2020) found 74% of parents were concerned about educating their special needs child at home. Special Needs Jungle (2020) found a similar figure of 68%, with 1 in 4 reporting that work was not adjusted to suit their child's needs, meaning they could not complete it.

Co-Space (2020) found parents would like support managing their children's emotional and behavioural problems and they preferred support from professionals in an online format.

The Unicef (2020) assessment details the pressure the pandemic has put on charities, with increased demand and reduced income, means many are at risk of not surviving. Children with complex needs often access charitable services and so this will have an effect upon them.

Universal health care to children was affected by COVID-19 including health visiting and school nursing as many staff were redeployed to frontline nursing training or cover. The restrictions may have had an impact on new parents with restrictions in ante-natal and post-natal monitoring and lack of home visiting in the early weeks and months of birth, which is a critical time to pick up on post-natal depression and issues with bonding and adjustment of family dynamics (partners and siblings).

Children who are care experienced

The British Psychological Society (2020) explain that children who have experienced care may be more vulnerable to the pandemic, having faced insecurity and stressful situations before or they may have had to be alert to danger, which can cause stress responses during lockdown, affecting their behaviour and emotions. Voices from Care Cymru (2020) state how care experienced children are already disadvantaged socially and financially, claiming the pandemic may exacerbate inequalities.

National Youth Advocacy Service (2020) found 50% of children in care and 4 in 5 care leavers felt lonely and anxious during lockdown. Voices from Care Cymru (2020) also found children felt more isolated and anxiety had increased, they claim isolation may impact the mental health of children who have already experienced trauma, and those receiving mental health support may have found this disrupted. The British Psychological Society (2020) claim reduced time with their birth parents may also have an impact on their mental wellbeing. The direct counselling / face to

face contact from Children and Adolescent Mental Health Services (CAMHS) ceased and this will have disrupted the therapeutic journey for all children and their families, whether in care or not.

The Fostering Network (2020) report some foster carers found lockdown challenging, creating behavioural issues but some found the children were more settled. Adoption UK (2020) report among children in care 50% were distressed/anxious and 31% increased violent behaviours. There were positive impacts from lockdown, 50% of teenagers were calmer and 54% had improved relationships with carers/families. In North Wales, weekly calls were made to all placements in residential, Independent Fostering Agency (IFA) and Local Authority foster care provision to monitor welfare which was an increased level of surveillance so that direct support could be offered to maintain placement stability. Laptops were provided to ensure that looked after children could maintain virtual contact with their families and friends as well as ensure they could access on line learning.

In a survey of care experienced children, National Youth Advocacy Service (2020) found 1 in 10 children in care and 1 in 5 care leavers didn't have the technology to stay in touch with family and friends. Voices from Care Cymru (2020) also found care experienced children lacked access to technology to keep in touch. In North Wales, care leavers who needed them were provided with mobile phones to make sure they could maintain contact.

The British Psychological Society (2020) highlight how disruption to care experienced children's education can affect their feeling of belonging, especially if they have had to change schools in the past. The Fostering Network (2020) claim children have lower educational attainment and this disruption to education could further widen the gap. Many carers reported additional learning needs not being met during the pandemic, a significant proportion of care experienced children have these additional needs. Adoption UK (2020) also claim looked after children achieve lower education levels and have higher rates of additional educational needs, they found 85% were not getting extra support from school.

The survey from the National Youth Advocacy Service (2020) found during lockdown, 9 in 10 had contact with their social worker. Discussions with children's services in North Wales found that statutory visits were completed in all cases where there was risk of placement breakdown or stressors had been identified through the weekly calls to monitor placements. The report from National Youth Advocacy

Service (2020) claims many children in care struggled to get in touch with their social workers when needed. This was echoed by Voices from Care Cymru (2020) who found that there was reduced contact from social workers.

In a report from National Youth Advocacy Service (2020) they have seen fewer child protection referrals due to children interacting with fewer agencies, which they believe can make children more vulnerable to violence. In North Wales, there was an initial dip but then the rate of referrals returned to expected levels. An increased level of monitoring visits took place to households where there were children on the child protection register – weekly visits instead of the 10-day timescale. Community Care (2020) found that among social workers, children's services staff were more dissatisfied, they were more concerned about personal protective equipment availability, and reported an increased workload, with domestic abuse referrals putting a strain on the system.

Welsh Government operational guidance was issued for providers of children's social care services during the coronavirus pandemic on the continued provision of support to vulnerable, at risk and care experienced children.

Children who are in need of care and support

In a report from Scottish Government (2020) they claim 'vulnerable children' such as those in need of care and support were exposed to more risks during lockdown, due to reduced incomes, increased stress on families and being less visible to professionals. Usher et al (2020) also claim the increased financial difficulties, isolation, extra stress and reduced childcare/schooling in lockdown, can exacerbate neglect, domestic violence and abuse in children in need of care and support.

Scottish Government (2020) report Parentline has received four times the usual number of calls and the UK Domestic Abuse Helpline has seen a 150% increase in visits to its website, suggesting those children already at risk could be at increased risk but also potentially more children being in need of care and support. The Innovation Unit (2020) also show increased reports of domestic violence to helplines. The Office for National Statistics (2020) report a rise in domestic violence incidents from police reports during May, June and July, they also report rises in calls to the NSPCC and UNICEF helplines, highlighting the increased risk of abuse faced by children. A report from Women's Aid (2020) shows how domestic abuse has increased during lockdown, children have both witnessed and experienced more

violence, and access to support and therapies for children who are victims of abuse has been reduced.

Nation Cymru (2020) found data shows 180,000 (1 in 3) children in Wales are living in poverty, and households with children are more likely to have been financially affected by COVID. Nation Cymru (2020) claim children living in poverty are more vulnerable to domestic abuse, and the increase in financial hardship will result in increased risk to children. Sinha, Bennett and Taylor-Robinson (2020) also state that children from poorer families are at greater risk of neglect and domestic violence, and that the pandemic has impacted on finances, with use of food banks increased. All children eligible for free school meals continued to receive this service.

Reports from Welsh Government (2020) show attendance at school for vulnerable children in Wales was below 10% during lockdown and the Innovation Unit (2020) report as few as 5% of children with a social worker attended school during lockdown. The lack of attendance reduces contact with professionals who could identify potential safeguarding concerns for those children at risk of becoming looked after. Donagh (2020) points out school can be the only safe place for some children. In North Wales, a 'Vulnerable Learners Group' met twice weekly at the height of lockdown to make sure that all children known to be vulnerable to risk of abuse and neglect could be discussed and monitoring calls / visits be arranged as appropriate. All high risk children were offered a place at the school day care provision.

Donagh (2020) raises concerns that some social workers have received resistance contacting families, finding it difficult to monitor any escalation of risk of abuse or neglect. Also not being able to support the children alone, due to them being in lockdown with their abuser, means children are missing this support. This did occur in North Wales in a minority of cases with some families refusing contact claiming they were fearful of contracting the virus. This was overcome by use of Personal Protective Equipment (PPE) and meetings outdoors.

Community Care (2020) found the workload of children's social care services had increased during lockdown, this could have impacted on the support children received during this time.

The Local Government Association (2020) report children's social care referrals dropped by one fifth during lockdown, as a result they are anticipating a significant rise in the months following children returning to school. The British Association of Social Workers (2020) also claim social workers could be overwhelmed following

children returning to school, as they predict a rise in referrals due to safeguarding concerns being identified in new and existing children in the need of care and support.

Children who are at risk of becoming looked after

In a report from Scottish Government (2020) they claim 'vulnerable children' such as those at risk of becoming looked after, will be exposed to more risks during lockdown, due to reduced incomes, increased stress on families and being less visible to professionals. Usher et al (2020) also claim the increased financial difficulties, isolation, extra stress and reduced childcare/schooling faced in lockdown, can exacerbate neglect, domestic violence and abuse in children at risk of becoming looked after.

Scottish Government (2020) report Parentline has received four times the usual number of calls and the UK Domestic Abuse Helpline has seen a 150% increase in visits to its website, suggesting those children already at risk could be at increased risk. The Innovation Unit (2020) also show increased reports of domestic violence to helplines. The Office for National Statistics (2020) report a rise in domestic violence incidents from police reports during May, June and July, they also report rises in calls to the NSPCC and UNICEF helplines, highlighting the increased risk of abuse for children. A report from Women's Aid (2020) highlights how domestic abuse has increased during lockdown, children have both witnessed and experienced more violence, and access to support and therapies for children who are victims of abuse has been reduced. The increase in domestic abuse could impact children who are already at risk of becoming looked after.

Children with emotional and behavioural needs

In surveys comparing the start of lockdown to one month later conducted by CoSPACE (2020), parents reported an increase in emotional and behavioural issues in primary school aged children. In secondary school aged children parents reported an increase in restless behaviours but emotional behaviours reduced, however teenagers themselves reported no difference in emotional or behavioural difficulties. They also found parents of children with special educational needs (SEN) reported reduced emotional difficulties but behavioural issues remained the same. This research suggests that children with pre-existing emotional and behavioural needs may require more support, but also more children may present with emotional and behavioural needs who previously didn't need support.

Nonweiler et al (2020) found during lockdown parents of children with neurodevelopmental disorders reported worsened emotional symptoms compared to before COVID-19. Courtenay and Perera (2020) claim those with intellectual difficulties can find it difficult to manage changes to their routine along with reduced access to support and therapies can result in an increase to challenging behaviours. In North Wales, there is concern that waiting lists will have increased, creating more delay for children awaiting assessment and access to services.

A study from Patel (2020) found that children with pre-existing mental health conditions may experience exacerbated symptoms due to lockdown, increasing their emotional and behavioural needs of these young people. Young Minds' (2020) survey also showed children with mental health issues reported relapsing or symptoms deteriorating during lockdown.

Singh et al (2020) claim children with existing conditions that cause emotional and behavioural issues such as mental health conditions and special needs, have been disproportionately impacted by the pandemic. They state how the individual needs of these children will be very different and so it is important that those specific needs are considered, in supporting them and their families moving forward.

The Coronavirus and Me Survey found that the majority (58%) of children and young people said that they felt happy most of the time and a large majority (84%) report feeling safe most of the time. Overall 2% said that they have 'not very often felt safe'. The things that have had the most impact on how they feel are; not being able to spend time with friends, not being able to visit family members and school or college closing (Children's Commissioner for Wales, 2020)

More information on the impact of COVID-19 on those with learning disabilities can be found in the learning disability section of this report. More information about the impact of COVID-19 on mental health in North Wales, particularly for young people, has been pulled together by the BCUHB Local Public Health Team (2020).

Children's rights

There are concerns from the Children's Commissioner that the current rules around self-isolation for 14 days following possible contact with a positive COVID-19 case has significant detrimental impact on children's mental and physical health as well as severely impinging their right to play, particularly in instances where the child does not have access to a garden or outside area.

How services responded during the crisis

Services have moved to carrying out more work **digitally**, such as using the NEWid Ap to work virtually with children and families and the new virtual engagement tool 'Mind of My Own' for all children to provide their wishes and views in some areas.

Meetings have moved online and been held virtually including Fostering and Permanence Panels and Child Protection Conferences. Holding Child Protection Conferences and Looked After Children's Reviews virtually has led to improved attendance and participation from parents and families who find it less threatening.

Some services continued to take place face to face. For example, the Personal Advisor Team continued to support care leavers in Conwy and continued to offer face to face contact where care leavers requested this.

Home working

Feedback from children's services staff about new **working from home arrangements** has been largely positive. Although as well as social worker's workload increasing many also had to balance home working with their personal child care and home education responsibilities due to their own children being home as a result of school closure. As such the children of social workers should also be acknowledged as having been disadvantaged by the lockdown period.

Positive feedback from one county said that working from home removed the stress of the commute, school run and travel time to meetings, which freed up more time for exercise, healthy eating and time with family. Meetings have been more focussed on the agenda and there has been more engagement from parents and professionals. Online meetings can help give people the confidence to speak up and staff can feel more confident about having difficult conversations with the risk of physical threats removed. Some said that workloads feel more manageable and it's easier to finish on time without being caught by last minute conversations at the end of the day, although this wasn't the case for everyone. Staff also said that they feel more supported by managers who are available by Skype and phone and are checking in with them in a more proactive way than at the office. There are however concerns that as the COVID-19 period has continued and local lockdown has occurred a proportion of social workers, especially newly qualified and those holding the high risk and most complex casework are starting to struggle without the peer support and opportunities for de-briefs on difficult cases, incidents, secondary trauma. This is likely to have an impact on resilience of the workforce longer term.

Mental health

During the lockdown period, the BCUHB Early Intervention Prevention Service (EIPS) has continued to help and support young people and families through services such as run an Arts Project which aims to help with mood, self-esteem and confidence; family consultations have been offered to support families; and CAMHS compiled the COVID-19 resource packs which was sent out to everyone on the waiting list with helpful resources. Links have continued to be made with the school hubs during the school shut down. Professional consultation has remained in place (although this was stopped at the beginning to focus on crisis) to support professionals from other services other than school based. Links have been made with all schools and a new arm of the early intervention service had been set up to support both primary and secondary school clusters through consultation, training and appropriate referrals into CAMHS. There has been increased input into Seasons and Be Smart programmes and friends training is set to be delivered to all schools.

Children's services transformation programme

The programme has adapted to the new situation. **Work-stream one**, early intervention and prevention to improve the emotional health, wellbeing and resilience of children and young people is developing an integrated framework with guiding principles for supporting children and young people aged 0 to 18 years, including guidance and resources. COVID-19 has had a significant impact on development of the framework. The work-stream was paused while senior leadership focused on emergency planning. Recently activity has started to pick up and a survey has been carried out with senior leaders to determine priorities and concluded that the focus should be on difficult family relationships in the 8 to 11 age group.

COVID-19 has brought the emotional and mental health needs of young people into even sharper focus. The programme board has been able to re-direct underspend to accelerate the development and roll out of two programmes: Stay Wise and FRIENDS Resilient, to help children and young people build resilience and improve their wellbeing.

Work-stream two, edge of care interventions including multi-disciplinary teams, was affected by COVID-19 in different ways. For example, in some areas, staff were re-deployed during the crisis and rate of progress slowed. In others, delivery continued as planned as it was seen as a priority to ensure children were not admitted to hospital inappropriately or taken into care. The East area team

successfully carried out their MST recruitment and training online and the delivery of the programme was rapidly adapted to online methods so that work with families could start as planned, working with families within 72 hours or less following a referral whose children were at risk of becoming looked after. Progress was also made in the Central area to establish their multi-disciplinary team. Conwy also developed their Behaviour Support Team Pilot and rolled this out across central area. The West area has re-focused its plans for the remainder of this year and is delivering a comprehensive training programme to upskill local authority and health staff to enable them to deliver therapeutic interventions as well as other best practice approaches. Both the East and the West are working with the community and voluntary sector to put in place a community resilience scheme in response to families' immediate needs for support during COVID-19 and in the recovery phase

Another part of work-stream two was the provision of short term residential services which would meet the immediate need for alternative accommodation and enable both a multi-disciplinary assessment and appropriate interventions to be carried out locally in a safe place when staying in the family home is not possible. This work-stream is progressing with property identified East area and progress continuing on the planning permission and site preparation for the new build in Central area.

The transformation programme in the East also identified a high number of calls during lockdown from families whose children were awaiting a neuro developmental assessment or on the pathway and reaching crisis situations. They commissioned Y Teulu Cyfan to support families identified as in crisis or in need of urgent support working closely with Action for Children Disability. The health board also worked with schools to support staff to understand children's behaviours as they returned to school. Flintshire have also commissioned an independent organisation STAND (a community interest company) to provide six online training courses and a parents' forum for neuro developmental families with courses to include Makaton, SLEEP, Teenlife, plus a mindfulness course for parents whose child/ren has a disability.

Work-stream three, a pilot in Gwynedd Council to transform children protection practice has been operational for 18 months. The pilot practice framework has been developed collaboratively by practitioners in Gwynedd Council with a view to being rolled out across North Wales. The impact of COVID-19 has been felt directly by this developmental project in several ways. Operating in an area of critical priority practice with families, staff have prioritised emergency response to COVID-19 at the

initial expense of the project's activities. Over time it has been possible to re-establish the planned interventions with staff and individual and group mentoring were delivered virtually. However, from an ethos of forming working relationships with staff, parallel to those better relationships with families; COVID-19 has altered the communication landscape. It has resulted in re-defining the project to make sure it is resilient to be delivered and effective under the new constraints.

Where possible **third sector organisations** have continued to support children and young people through online groups, over the phone counselling sessions and activity packs sent out to families. There have been significant difficulties with moving support online for children and young people including engagement and safeguarding concerns. However, some organisations report good levels of engagement and positive results to online work.

Covid chronicles: stories from the frontline

Empowering patients by video

From physiotherapy point of view, Covid-19 has brought the wider physiotherapy service together. Before Covid-19 sub teams like GP practices, outpatients, Neurology, Paediatrics and other specialists worked very separately. We didn't know who the other teams were, what their roles were, their names or faces. When the majority of staff in outpatient departments were redeployed into acute services, we became one big team. I think that will make services after coronavirus much more joined up. From a training point of view and the knowledge, it's been a positive as staff have gained new skills and now we're going to work on how we can retain some of those new skills.

For the paediatric service, it's been a shocker. The redeployment of paediatric therapists has left children with disabilities across the health board without community services. We have only been operating on urgent priority cases, this was difficult to manage because there was no team left to contact families to see whether they needed urgent therapy.

We did send a letter out to all families on the paediatric physiotherapy caseload to say 'we're still here, contact us'. As although we were re-deployed we were still able to do telephone and video calls and urgent face to face if needed, but hardly anyone contacted us. It appears in the press that the NHS have been too busy with Covid-19. There have been no carers going in to these families, no school and no one to talk to and they're just left at home with a child with really demanding needs.

I went to see a little boy only last week, his mum was really struggling because over lockdown he's been quite poorly and his condition has deteriorated but she

hadn't wanted to bother us. She was struggling with the fact that he didn't appear happy anymore and he wasn't engaging in play and she just didn't know what to do.

He had increases in medication to try and manage his symptoms but that had made him less able to perform physically, for example a side effect for a child might be difficulty in lifting their own head up or managing their swallow. Mum was struggling to manage even his day to day needs, her mental health was really suffering because her little boy was so unhappy all the time.

We spent an hour showing mum easier positions of play so that his head control didn't have to be so good to be able to play with his toys. He then started to engage, smiling and looking at mum and mum read him a book, which she hadn't been able to read to him much because he really struggled to keep in the same position and becomes uncomfortable and we were able to position him well enough that Mum could read him his book and he held a toy that was from the book and he kept on looking at the book and looking at mum's face as she was reading to him and smiling.

Mum emailed me afterwards and said that what a difference it made to see him engaging in play and happy again and it made her feel you know that it was worthwhile persevering and that therapy would start again soon and she just felt a bit more in control. I have to say it made me cry leaving the house because I just felt that I couldn't do enough for them.

There will be an increase in demand for our service when the schools go back. One special school we have over seventy pieces of postural needs equipment that is likely to need adjusting for growth for the child and that's just to make it safe, that's not about checking that that's the best piece of equipment for the child, reviewing their physiotherapy needs, setting new programmes, that's just about getting them safe to start off with.

I think probably the most significant and positive change has been moving to video assessment and treatment because of the empowerment of families definitely, and it's become a much more two-way communication with the families so they're seeing it as more normal to send us short videos of their child or to show us a picture of their child achieving different things where in their home environment, rather than coming in to clinic and telling us and their child not performing very well in a clinic setting. I think seeing the child in their own homes for assessment and therapy via video has been really positive and we will definitely take that forward alongside face to face appointments.

Unpaid carers

Figures in a report from Carers Week (2020), including data from the Office for National Statistics and a YouGov survey highlight that the COVID-19 pandemic has seen an increase of up to 196,000 additional unpaid carers in Wales by June 2020. 98,000 of these new unpaid carers are also working alongside their caring responsibilities. The Office for National Statistics (2020) data showed a rise in reporting poor mental health among carers, with an even greater increase among female carers. Carers Wales (2020) stated they have seen a rise in people accessing support from the charity with concerns around; their mental health, PPE, testing, food, medicine, feeling invisible or abandoned, and ongoing loss of independence.

In a report from Carers Trust Wales (2020) a number of issues for young carers and young adult carers have been raised. The research found, during the pandemic, young carers and young adult carers mental health has worsened, they are more worried about the future, more stressed, less connected, and their caring hours have increased. Young carers have asked for more support with wellbeing, help to stay connected, breaks, help to balance caring with education and work, and support to stay fit and healthy.

The survey report from Carers Week (2020) highlighted the key challenges for carers in Wales as not being able to get time away, stress and responsibility, financial costs, other relationships, impact on mental and physical health, impact on paid work, and not having anyone to talk to. The report also showed a higher percentage of female than male carers and found that women were more likely to worry about their health and finances. This suggests that women may be disproportionately affected as a result of caring responsibilities exacerbated by the COVID-19 crisis, this could further impact gender equality issues faced by carers. Carers UK (2020) Behind Closed Doors report found the majority of carers in Wales feel; concerned they will burnout, anxious services won't be restored and worried what will happen if they become ill. However, there were concerns that this report did not include sufficient representation from carers in North Wales.

The Wales Carers Alliance (2020) raised issues with Welsh Government during the lockdown regarding confusion over changes to carers' rights in Wales due to the Coronavirus Act, resulting in reduced support plans for some. Other issues that were identified included; being discharged without adequate support, reduced respite

care, confusion over guidelines for self-isolating, as well as the above issues mentioned in the Carers Week (2020) survey.

How services responded and supported carers during the crisis

Despite the pandemic, carers services across North Wales have continued seamlessly, providing a vital and valuable service to unpaid carers through online and distant working. Carers and their families have also continued to receive one to one support should they request, adhering to social distancing guidelines and use of PPE.

Third and voluntary sector services have been supporting carers by: providing shopping and medication collections; carer groups meeting over video calls and individual phone calls; keeping in touch calls including follow-up calls to 'shielding' letters; food and well-being boxes; providing local databases of support available; sharing financial support available through grant applications and emergency grant funds.

Local authorities have been supporting carers by: creating COVID-19 support teams to help people in local communities during the pandemic; sharing key national and local guidance and information about available services; keeping an open dialogue with providers to check how things are going, demand and challenges; working with providers to change services to respond to the new needs of carers and give providers a level of autonomy to make changes as needed; sharing of resources to help with where the demand is; providing increased counselling and emotional support. They have also been carrying out keeping in touch calls; food provision; providing local databases of support available; sharing financial support available through grant applications and emergency grant funds, supporting parent carers with access to education/childcare.

Local authorities have been working closely with County Voluntary Council's to coordinate volunteering and community support, which it is hoped will help to identify and reach informal carers, especially in rural areas.

Promas Caring for People CIC provided free courses for carers around staying well mentally, physically & emotionally, offering hints and tips, allowing carers to identify where they may need more support.

Main findings

- The number of carers registering with support services has increased during COVID-19 due to more people taking on a caring role as a replacement to support services that may have stopped or been suspended by the family. Lockdown has proven to be very difficult for many carers and has reiterated the importance of future planning.
- Over the past few months the devastating effect of isolation on carers has been evident across the region, and carers have struggled with the lack of visiting at hospitals and care homes.

Covid chronicles: stories from the frontline

Coping with caring during COVID-19

“Unpaid carers are a group of people who are under immense pressure, they are often caring for a loved one 24/7. As an unpaid carer during the coronavirus crisis; suddenly your support network around you who might be family or friends disappear, the local authority may be unable to deliver services into your home, the person you care for is unable to go to a respite or day centre three days a week; you are unable to go to the shops because you’re unable to leave your loved one; you are suddenly isolated; alone; your loved one may have died or may be in hospital.

What we’re hearing from our carers is isolation has been crippling. Not being able to be with loved ones as they pass away is leaving regret, it’s leaving guilt and it’s leaving difficulty in the grieving process because they weren’t there at the end.

We started keeping in touch calls with every carer over the age of 70 connected to our organisation. We started with the ones that were most at risk and vulnerable. Eight weeks in we contacted people and they were saying ‘you are the first person that we’ve spoken to. No one else has asked us how we are, normally a social worker or the local authority are involved’. Or ‘my husband’s come out of hospital and no one’s followed up, you are the first person that is contacting us’. This was heart-warming for us to know we were making a difference.

From the beginning of the pandemic we have been delivering ‘Keep Healthy’ food boxes to carers, things like bread, eggs, milk, vegetables – all fresh. We have delivered 2,400 boxes. Typically, that would be delivering to people who perhaps live in a rural area, have no buses and no access to the internet to order shopping online.

We also have a social enterprise arm, our chain of charity shops which closed during the pandemic. We decided to use some of the stock to make 'Keep Busy' boxes tailored to each carer. If the person being cared for liked jigsaws and were happy to do that for a couple of hours, the carer could have a bath or read a book. If you are caring for someone – perhaps you haven't slept and are frustrated, no one is there to help you. Then you get out a game from your Keep Busy box and you can play it with your loved one, you get respite away from your role as being cared for and a carer.

People have actually nurtured relationships. We've delivered draughts to a couple who hadn't played in years. They played every afternoon and the carer said she loved spending time with her husband.

That sounds very simple but unpaid carers have told us this has been a lifeline, we've helped sustain them and kept them alive and well."

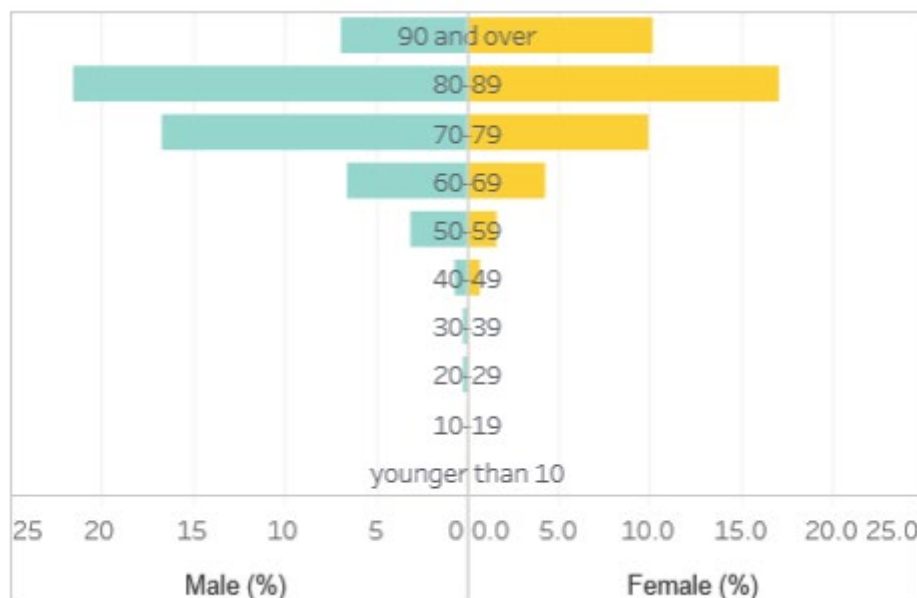
Recommendations

- Reach out to carers who are digitally excluded and ensure equity of services, encourage them to join support groups to talk to other carers and find out, through invited speakers, what other advice and information services are still out there for them to access.
- Consistency across three District General Hospitals around carer presence when the person cared for is having treatment, some services allow the carer to provide support, this inconsistency causes anxiety for both the carer and person cared for.
- Recognise and understand the impact of lockdown on carers and ensure services across all sectors are set up to respond to this to help prevent carer breakdown.
- National/Regional/Local campaign to encourage carers to make a contingency plan where possible and ensure they can cope during the Autumn/Winter.
- We need to work closely with GPs, District Nurses and support services to ask for any information regarding young people who may be young carers. Raising awareness is essential in identifying this group of young people who require support.

Older people

Chart 3 below shows how much more of an impact of COVID-19 has had on older people compared to younger age groups.

Chart 3: Age and sex distribution of suspected COVID-19 deaths in lab confirmed cases, BCUHB



Source: [Public Health Wales](#) [Accessed 26 September 2020]

Kings Fund (2020) state data shows that age increases the risk of dying from COVID-19 due to deterioration of immune systems and being more likely to have chronic conditions. Figures from ICNARC (2020) show age increases the likelihood of dying if admitted to critical care with COVID-19.

The Office for National Statistics found over 50% of the over 60s were worried about their wellbeing, of these 70% were worried about the future, 54% were stressed/anxious and 43% felt bored. They found the over 60s coped by staying in touch with family/friends, gardening, reading and exercise. The data showed they were more likely to help neighbours, less worried about finances, more worried about getting essentials and less optimistic about how long the pandemic would last. Banerjee (2020) also claims older people are more vulnerable to mental health problems during a pandemic and recommends that consideration is made for the mental health of this group, with increased risk of health anxiety, panic, depression and feeling of isolation, particularly those living in institutions.

Hoffman, Webster and Bynum (2020) discuss the implications of isolation on the older population. They claim reduced physical activities, lack of social contact, and cancellation of appointments, can lead to increases in disability, risk of injury, reduced cognitive function and mental health issues. Campbell (2020) also finds social isolation can impact physical and mental health, with reduced physical activity, limited access to resources, loneliness and even grief. Cox (2020) claims the higher risks for older people are further exacerbated by inequalities including; chronic illness, poverty and race, making individuals with long-term conditions, low socio-economic status and Black, Asian and Minority Ethnic (BAME) people even more vulnerable.

The Centre for Ageing Better (2020) claim that although many more of the over 55s have moved online, the digital divide has widened during the pandemic, with more services moving to online only. It is important to ensure that older people aren't digitally excluded moving forward. Boulton et al (2020) in a review of remote interventions for loneliness, highlighted methods that can reduce loneliness including; telephone befriending, video communication, online discussion groups and mixed method approaches. They claim that the most successful involved the building of close relationships, shared experiences or characteristics and some pastoral care. In a rapid review, Noone et al (2020) contradict this, suggesting evidence that video consultations reduced loneliness, symptoms of depression and/or quality of life were inconclusive and more high quality evidence was needed.

Third sector organisations supporting older people across the region have reported two major concerns, the first being digital exclusion and the need to find alternatives for those who don't want or aren't able to move activities online. The second concern has been raised regularly by older people of Do Not Resuscitate (DNR) notices being automatically applied to older people in hospital during the pandemic.

Care homes

Statistics from the Office for National Statistics (2020) show deaths in care homes were up 46% from the same period last year, the data shows as well as COVID-19 deaths, other deaths also increased during this period. They found in Wales age specific deaths in care homes were higher than those not in care homes and COVID-19 deaths in care homes exceeded COVID-19 deaths in any other location. Figures also show men had a higher rate of mortality.

The Older People's Commissioner for Wales (2020) found the supply of personal protective equipment (PPE) to care home was mixed, with some saying there were delays and long waits for more supplies. The use of PPE had been distressing to some who are hard of hearing and care homes had to purchase their own transparent masks. They highlight the issue of lack of availability of tests for care homes, delayed results, lack of information at the start, all of which was felt to have impacted the outcomes in care homes. This reflects local feedback which highlighted the need for clear and consistent PPE guidance with better version control so that it's clear when a document supersedes another or when it is additional to existing guidance. The report also stated how the mental wellbeing of care home residents had been impacted by not having visitors, worries regarding COVID-19 and deaths of other residents.

In reports from House and Fewster (2020) they claim care homes were not prioritised and a series of issues contributed to their high transmission rates these included; the data from care home deaths initially not being recorded, testing not carried out and asymptomatic spread not being considered. The delayed response and lack of clarity to care homes could have contributed to the high number of deaths in care homes. In North Wales, many care staff were working across a number of care homes in a variety of roles which caused challenges for infection control and limited staff employment options and affected their income. There were some concerns about the discharge process at the start of the pandemic, with some providers feeling pressure to accept admissions from hospital to ensure acute bed stability, with no clear process in place relating to testing of patients prior to discharge into a care home. The North Wales Safeguarding Adult's Board also noted abuse of people's rights from the perspective of Deprivation of Liberty Safeguards (DoLS) and decisions being made without referring to the guidance.

Innovations/Collaborations

In a report from the British Geriatrics Society (2020) they highlight some innovations and collaborations to help protect and improve the care of older people during the pandemic, examples include:

- Anticipatory care intervention for those who are high risk
- Multidisciplinary team response to urgent care needs
- Hospital at home collaboration to keep people at home
- Multiagency approach for rapid guidance and support to care homes

- Advanced care planning to identify individual needs
- Children's ward utilised for elderly patients and found beneficial
- Integrated discharge planning
- Proactive rehabilitation with targeted physiotherapy prior to discharge
- Delivery of telephone and digital appointments

How services responded during the crisis

"The care providers have been amazing, in particular care homes who have shown great resilience and determination to keep infection rates low"

Regional approach to supporting care homes

From the outset of the pandemic a range of multiagency planning and reporting arrangements were put in place as part of the overall emergency response. These have been effective in providing high level tactical coordination and operational responses. A health and social care emergency planning group was established as part of the regional command structure alongside a Care Home Cell led by the Health Board with input from Public Health Wales, the Regional Partnership Board, Care Forum Wales and Care Inspectorate Wales. Operational delivery and response arrangements were also put in place at a local authority and area team level to support the sector.

During the pandemic, we worked with partners to change the culture and reduce the burden placed on care homes from multiple contacts. This has developed into a new data collection and early warning system making "one contact a day" calls to care homes. This ensures a minimum data set is collected and shared between statutory partners so that appropriate support is offered in a timely way. This system is still in place although is now happening twice a week. This information informs the North Wales care home escalation and support tool. This dynamic reporting provides early indicators of pressures and issues and allows early intervention and support.

During the pandemic three multiagency Home First Bureau were established to support the timely and appropriate transfer of patients from acute and community hospitals back to their own homes, existing care home or new placement. They are an integral part of the COVID-19 Hospital discharge Service requirements (Wales) and have been essential to the safe implementation of the revised step up and step down care ensuring that negative test results are available for patients before they

are discharged from hospital back to their care settings, or moving between care homes.

Keeping in touch

The Regional Partnership Board provided iPads for care homes and hospitals to support residents/patients to contact friends and families during lockdown and as part of a longer term digital community services transformation project. Support was provided by the Wales Cooperative Centre to help people use the iPads and IT skills of staff have been highlighted as a workforce development issue that will need more support to avoid creating a further digital divide.

Isle of Anglesey County Council developed an emergency contact centre and joint working between Single Points of Access/ and service entry points. Gwynedd Council set up a new team “Tîm Cymorth COVID-19” the five areas covered by the Community Resources Teams and provide information on the council website about local community support services. Conwy also developed a website to list community volunteer groups and businesses. Some care homes have established groups to support each other.

Denbighshire County Council created a Proactive Calling Team, a new temporary service staffed with redeployed employees from across the council. The team made calls to shielding residents and residents aged 70 and over during lockdown and kept in regular contact if the resident wanted this. They offered advice, made sure they had access to food and medication and referred to appropriate services.

Wrexham County Borough Council improved access to the Community Inclusion Grant which enabled care homes to bid for small grants to facilitate alternative and new activity during lockdown. Examples include home cinema experience, home salon, musical entertainment group and sensory garden.

Many voluntary and community groups also provided support including advice, information and buddy schemes. For example, Flintshire council worked with the local County Voluntary Council to support care homes with trained volunteers delivering PPE and supplies.

Digital service delivery

Social Workers used WhatsApp to view the condition of homes by video when physical visits were not possible.

Digital Communities Wales have developed a suite of bite sized modules to support digital inclusion and people's health and well-being in Wales.

Flexible service delivery

Examples include increased opening hours, providing cover over weekends. The way care is delivered changed, for example, commissioning 15-minute care packages in domiciliary care to move people through the system. A council found brokerage is more efficient than ever because of short waiting lists, real time information about people who are moving through reablement so that brokers can better plan their permanent care package. Social workers are not providing individuals with a set time for each domiciliary call, giving providers more flexibility. Providers are undertaking their own reviews of packages and where necessary handing back hours which are not needed and taking on additional packages. Providers have also worked with each individual's resources to support care and support needs, for example, care workers calling morning and evening and family supporting with lunch and tea. Treffynnon care home reopened to provide step down rehabilitation.

The enhanced role of Environmental Health Officers in supporting care homes has been valued and seen as a move away from their traditional regulatory function to a supportive function in helping homes with their infection management plans.

Supporting the workforce

One of the truly inspiring images we have of the pandemic is the heroic work of care staff, which was not necessarily recognised by the media or population at large at the outset of the pandemic. Their personal contribution and impact soon became evident. As a region, we are committed to ensuring that this change of profile is not lost and that we ensure that the needs of individual staff are identified and supported. At least one council has seen lower sickness levels and have introduced occupational health support for their staff and the independent sector as well as trauma support for direct care and front-line social services staff.

Services that stopped

The following services were not delivered during lockdown. Some, such as training, where able to continue online, but others stopped completely.

- Delivering care packages to all those who do not fit into a Priority 1 category.
- Day services.
- Respite / carer breaks.

- Social worker placements in some areas (discussions are taking place regionally about how to support students to complete their degree).
- Face to face training.
- QCF observations.
- Reduced monitoring visits to urgent only.
- Delayed opening of new Extra Care facility.
- Home visits (unless requested by families) although resumed once restrictions changed adhering to social distancing and using PPE.
- On-going podiatry and dental visits. These are key to care home residents' welfare and many homes are keen for these to resume as they have seen a decline in residents' health.

Provider SWOT analysis

In June 2020 a group of social care and support providers were brought together to discuss and reflect on the shared response to the initial outbreak of COVID-19 in the first half of 2020. This produced the following SWOT analysis as a summary of the key messages (Care Forum Wales et al, 2020).

<p>Strengths</p> <ul style="list-style-type: none"> • Resilience, flexibility and maintenance of the workforce • Inter-organisational communication and partnership • Independent organisational rapid responses • Membership organisations supporting the workforce • Some responses from external organisations 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Position of the sector going in to the crisis • Perpetually changing guidance and lack of clarity on implementation • PPE availability early on • Testing policy and implementation • Funding • Collaboration outside the statutory sector sometimes lacking • Retaining the new workforce
<p>Opportunities</p> <ul style="list-style-type: none"> • Partnerships: trust and relationships • Commissioning: outcomes and flexibility • Person centred approaches • Workforce 	<p>Threats</p> <ul style="list-style-type: none"> • Business as usual • Temporary loss of demand for services and perhaps collapse of the care home sector • Loss of recognition for the sector • Complacency • Further pandemics • School return

People living with dementia

Figures from the Office for National Statistics (2020) show almost half of COVID-19 deaths up to June 2020 in care homes were residents with dementia during March to June 2020. Further figures from Office for National Statistics (2020) demonstrate people with dementia made up 26% of all deaths involving COVID-19 in March to June 2020. Alzheimer's Society (2020) highlighted statistics that showed non-COVID deaths in April, among those with dementia were also up by 50% than usual. These figures suggest that people with dementia have been disproportionately affected by the pandemic.

Research by Wang et al (2020) suggests delirium from COVID-19 can make it hard to identify COVID in dementia patients, this could impact their care. In a report from Suárez-González et al (2020) it is claimed that dementia patients often have other conditions, further increasing the risk of complications from COVID-19. They also claim those with dementia experience greater functional loss, worse functional recovery, and changes to their routine or environment can further impair cognitive functioning. Research from Mok et al (2020) also found; increased risk of infection, worse outcomes, adverse impact on cognition and these patients were harder to isolate.

The general wellbeing and care of those living with dementia has also been impacted by the pandemic. Alzheimer's Society (2020) argue people with dementia face challenges with infection control and the impact of social isolation. Mok et al (2020) found non-COVID related health care appointments were impacted, lack of social engagement and support may have resulted in a deterioration of their condition, also isolation could affect psychological wellbeing. A rapid review published regarding older people by the Centre for Evidence Based Medicine (2020) highlighted social isolation could impact quality of life, health and wellbeing outcomes, and could reduce mobility. Loneliness has been linked with dementia, so Alzheimer's Research UK (2020) are investing in research to look into the true impact of COVID on mental health, wellbeing, health, and using social care.

The Social Care Institute for Excellence (2020) in 'Dementia in Care Homes', highlight issues those with dementia may have; not understanding the need for isolation, they may find personal protective equipment frightening and they may struggle with communication. The Social Care Institute for Excellence (2020) 'Safeguarding adults with dementia during the COVID-19 pandemic' raise concerns warning people with dementia may be more vulnerable to abuse or neglect during

the pandemic. This may be due to; social isolation, stress on carers, overstretched care staff, increased scams, increased domestic abuse, and new staff/volunteers/support.

Young Dementia UK (2020) share stories from those living with early onset dementia, they highlight issues such as; lack of routine, feeling forgotten, loneliness, isolated, confusion, feeling vulnerable, losing skills, not being entitled to support and loss of confidence. These stories also discussed many positive aspects, with some saying they had learnt new skills, found the virtual support beneficial and one even felt less anxious as going out makes them anxious. The stories highlight how it is important to consider the individual when implementing support for those with dementia.

How services responded during the crisis

Carers Trust North Wales Taith ni clubs for people could no longer meet so met by Zoom. They had to stop most home visits unless families requested when they followed social distancing requirements and used Personal Protective Equipment (PPE) and carried out more telephone reviews.

Alzheimer's Society's Dementia Connect service has 1,437 active service users in North Wales, 646 of these are people with dementia and 791 are carers. Dementia Connect has continued to support anyone affected by dementia during this period and has seen an increase in the number of people requiring local or complex support. Dementia Connect is commissioned by all local authorities in North Wales (with the exception of Denbighshire), mainly funded through Integrated Care Fund (ICF) to provide this support. Denbighshire has also used ICF money to improve support for people living with dementia, by funding grants to community groups through Denbighshire Voluntary Services council and providing two in-house specialist dementia support workers in each of the multi-agency Community Resource teams in the county. More information about the services available to support people affected by dementia in North Wales is available in the service mapping report produced as part of the North Wales Dementia Strategy.

The Community Makers network is a group of people with experience in setting up online communities and groups for people affected by dementia. They are developing a [Community Makers website](#) and building a resource to help groups and individuals who support people affected by dementia to get online and reconnect during the COVID-19 related isolation and beyond. They are exploring the role of

technology in helping groups and members get connected, and creating a knowledge exchange network to share experiences and advice. They are also building a resource of creative ideas to inspire groups with different approaches to digital involvement, including ideas on how to reach people without technology or technical skills.

“Isolation and inability to continue with routines affected people with Dementia. Loss of confidence of going out of the home now evident.” North Wales COVID-19 review, survey participant

Covid chronicles: stories from the frontline

Covid Warriors

“The lockdown of the [residential and nursing] home was so sad because we were having to turn visitors away. Normally they are coming in and out, we know them all and we look after them, they come for dinner with their partners. Then all of a sudden it just stopped and obviously some of them weren't happy about it, they blame you and you felt that you were in the wrong really trying to make them to stop coming in it was a difficult time.

The residents were all isolated in their bedrooms, they had to have their doors shut which was dreadful, it affected their mental health. Our lounge is always very lively usually we have music on, games, people doing crosswords, coming and going, there is a real buzz usually...now there was just me at my desk. It was a bit like a ghost town, you didn't see anybody until you donned PPE and went into a room.

It used to take me two hours just to do a round to give residents a drink and again before I went home. I was stuck doing a thirteen hour shift every day because I needed to be here. One day one of the nurses she came in at ten o'clock and I said 'what are you doing here you're not due in until one o'clock?' she said 'I had to come in it's no good being at home'. We needed to be at home because we were so tired but at the same time we wanted to be here.

We staggered staff testing for Covid-19, there was only a few off at any one time waiting for results, which worked well. I had my test on a Monday, so had to be off during the week. I was constantly in touch with staff whilst I was working from home. We did have to use agency staff over that two-week period but carers were doing extra hours they just all pulled together.

It was such hard work because you're donning and doffing and all that it takes time and it's so warm as well. We were all sweating, we all had roots in our hair, we used to laugh about it. Morale was good and one Saturday the staff called me into the empty lounge and they gave me this lovely bag of goodies of things really

personal for me, bottle of fizz and some chocolate and things to thank me, it made me cry.

You're trying to keep positive for everybody else and as a manager I tried to keep positive for all the staff you know, come on we've got this we're ok you know and inside I'm dying. I think the overwhelming realisation of how much love and protection we have for the residents was there. I used to just dread coming in in the morning because the nights would say oh so and so is coughing and my heart would just sink. We got the virus here in May time, they were the darkest days I've ever had in my career. A lot of the residents we had to test and then we had to ring for the results. On the phone I heard 'so and so date of birth, so and so positive, and the next one positive, next one positive... it was heart breaking. I was crying on the phone.

Once we had the results of the residents, we had to ring their families to tell them one after the other. A lot of relatives were lovely and they said 'oh gosh it's one of those things, it can't be helped' then you had the odd one 'how the bloody hell have they got that then and who's brought that in!?'.

Residents who passed away with Covid-19 went downhill very quickly. Their families weren't here to say goodbye. Usually we have the family come in and they can pack the room up and you know spend a bit of time give them a cup of tea and all that now we just had to leave the stuff outside for them to pick up, it felt cold. We had feedback from relatives saying 'well she didn't have her favourite earrings on' it was hard to hear that when that was so important for the family. You just felt as if you were failing the families.

It must have been hard for the NHS staff on ICU, they were nursing people they didn't know, it must have been awful and they did a great job. Here, these were people we've nursed for years and we were surrounded by the virus and death. We were grieving for people that we've nursed for so long and their families.

I would have all the authorities ringing, the local health board, public health, social services all ringing for the same information constantly, taking up your time. This was a big issue; I would have somebody ring wanting to do a review at dinner. I'd think why are you ringing at this time? They were all working from home, I was in despair.

Now we have garden and conservatory visits. We've got a conservatory so the residents will come and sit in the conservatory, we'll open up the top window and they just kind of talk like that, a lot of residents are hard of hearing so it is not ideal. You feel very authoritative saying 'no sorry you can't do this, you can't do that', it is difficult."

Recommendations

In response to the nationally commissioned rapid review of care homes led by Professor John Bolton the Regional Partnership Board has developed a Regional Care Home Action Plan for North Wales. This action plan covers strategic arrangements and operational support for care homes within the region.

The Older People's Commissioner (2020) recommends the following immediate actions:

- Public bodies should take action to ensure that public health messaging is communicated more effectively to older people
- Undertake community-level audits of vulnerable older people who have been digitally excluded during the pandemic and provide user-friendly devices with access to the internet.

The recommendations from the Alzheimer's Society (2020) about mitigating the effects of COVID-19 as we approach winter are below.

1. The NHS and local authorities must set out how they will involve social care providers and care homes in winter pressure planning to ensure that social care is placed on an equal footing with the NHS, and that their situation is understood, accounted for and supported. This must include the provision of regular and timely testing and PPE.
2. National UK governments must guarantee that where care was stopped due to coronavirus precautions (particularly domiciliary care), it will be reinstated when deemed safe, without the need for unnecessary further formal assessment.
3. The UK Government must ensure that the Infection Control Fund remains in place until at least April 2021 and care providers should be able to use that fund flexibly, including for infection control, technology and supporting visits.
4. National UK governments should commit to ensuring that any communications to, or requirements of, people affected by dementia (both in the community and in care homes) are clear, consistent and straightforward to understand. Any guidelines should reflect the daily lived experience and particular needs of people affected by dementia.
5. Recognising the key role that informal carers play in the lives of people living with dementia, national UK governments must take action to support people in this role by:

- a) Allowing for at least one informal carer per care home resident to be designated a key worker, with access to training, COVID-19 testing/vaccinations and PPE.
 - b) Ensuring the delivery of carers' assessments and provision of short breaks for carers.
 - c) Collecting local authority and health authority data on carer assessments and respite care.
6. Where care homes are unable to facilitate visits from loved ones, they must be required to notify national care inspectorates (CQC/CSSIW/RQIA) and seek to put in place suitable alternative arrangements to maintain appropriate contact between loved ones and care home residents who have dementia.
 7. National UK governments needs to set out a clear strategy to enable people affected by dementia to recover from the effects of the pandemic, including rehabilitation to counteract effects on cognitive or physical functioning, support for mental and physical health, and speech and language therapy.
 8. National UK health and social care departments must develop and implement a clear recovery plan to ensure that all elements of memory assessment services can re-open and urgently catch up on waiting lists so the freefall in dementia diagnosis rates does not continue.

Health, physical disability and sensory impairments

It is unknown what the long-term impact on health of COVID-19 will be for those hospitalised or those with milder forms of the virus, and the impact this has on the need for social care. Around 10% of patients who test positive for SARS-CoV-2 virus remain unwell after 3 weeks of experiencing symptoms and most but not all show improvement over time (Greenhalgh *et al.*, 2020).

Figures from the Office for National Statistics (2020) show COVID mortality rates for disabled people were 1.9 times higher for men and 2.4 times higher for women. Further information from Office for National Statistics (2020) show a greater social impact on disabled people: they were more worried about wellbeing, getting groceries, accessing healthcare and 1 in 10 felt unsafe outside their home. It was also noted their concerns have increased over time, while concerns of other population groups have stabilised.

In a manifesto from Difference North East (2020), it was reported many disabled people were classed as clinically vulnerable and had felt isolated and forgotten, with many not receiving appropriate support. Research from Scope (2020) found 63% of disabled people were concerned they may be refused treatment if they became ill, and they worried about catching COVID from carers due to lack of protective equipment. They also found 28% felt ignored by the government and over 50% were concerned for the future, stressed and anxious.

The United Nations for Human Rights (2020) claim disabled people can be more vulnerable as they often have other health conditions, particularly those in care homes, due to the high death rates. They report that the barriers they can experience in accessing healthcare were exacerbated due to the pandemic. They were more vulnerable to discrimination and violence, this was especially true for disabled people who were; prisoners, homeless or without adequate housing.

Iob, Steptoe and Fancourt (2020) found disabled people were more likely to experience abuse, self-harm and suicidal thoughts. Lund (2020) also raises concerns regarding the increased risk of abuse for disabled people due to increased reliance on care, and expressed concerns they may fail to report abuse due to their reliance on support.

Some benefits for disabled people were reported by Difference North East (2020), including greater use of technology allowing them to connect with others in ways

they hadn't been able to before and home/flexible working benefiting some disabled workers. Although Annaswamy, Verduzco-Gutierrez, Frieden (2020) recognise the benefits, they also highlight that many disabled people can be disadvantaged by the use of technology due to internet and technology costs and mobility or manual dexterity disabilities may create challenges due to difficulties interacting with the technology. They stress it is vital each individual's situation is considered when considering switching from face to face appointments to online.

The World Health Organisation (2020) stated those with physical disabilities may be more at risk of COVID due to; barriers to hygiene, lack of accessible handwashing, being unable to wash hands sufficiently, close physical contact for support, contact with surfaces to support themselves, underlying conditions or reduced access to services they rely on to stay well.

The MS Society (2020) claim some people with MS were classed as 'extremely clinically vulnerable' to COVID-19, some had cancelled appointments, cancelled support, reduced exercise and those living alone felt lonely. In a survey of MS healthcare professionals, Multiple Sclerosis Trust (2020) report that 70% felt services were not meeting needs of people with MS, with rehab being the most cancelled and the service that most wanted to see return.

Hearing impairments

Action on Hearing Loss (2020) report 70% of those hard of hearing are over 70, so at increased risk of COVID-19 so it is vital that information is accessible, both with subtitles and British Sign Language (BSL), and for public health announcements these need to be in place from the start. The British Psychological Society (2020) claim those who rely on sign language struggle under normal conditions, but under lockdown it has been increasingly difficult, this is especially true for Welsh speakers as most interpreters are English speaking. Park (2020) found those with hearing loss struggled as healthcare services, such as COVID-19 testing, being inaccessible.

According to Action on Hearing Loss (2020) the switch to telephone and online appointments can make things harder for those who are hard of hearing, as they often rely on visual cues and lip-reading, they recommend individual consultation to determine communication needs. They also find face to face interactions difficult due to mask wearing, as it is a hidden disability many worried about a negative response to asking someone to remove their mask to communicate with them. The wearing of face masks can be problematic to those with over ear hearing aids, getting them

tangled or damaged when caught in the mask ear loops. Park (2020) also found those who are deaf were negatively impacted by the use of masks. Many of the online technologies are not accessible to those who are hard of hearing, according to Annaswamy, Verduzco-Gutierrez and Frieden (2020).

The National Deaf Children's Society (2020) conducted a survey and found the main issues for deaf children were; loss of their existing support network, lack of access to audiology for repairs or delayed cochlear implant surgery, accessing online home learning materials. If schools insist on face masks and other changes to education that can impact children who are hard of hearing, who are already disadvantaged in education (British Association of Teachers of the Deaf, 2020), this will risk further widening the gap. The accessibility of remote learning is also questioned by the British Association of Teachers of the Deaf.

Action on Hearing Loss (2020) claim some workplace changes can have a disproportionate effect on those who are deaf, like sitting back to back, wearing masks and the erection of physical barriers. Grote and Izagaren (2020) highlight the difficulties they had as hard of hearing healthcare professionals, struggling when trying to discuss important information when people were wearing masks.

People who are deaf face increased isolation due to impaired social interaction (Action on Hearing Loss, 2020), impacted by masks and social distancing. The hard of hearing were less likely to leave their home during lockdown just 54.8% in an average week, compared to 80% of disabled people with a mental health issue, further impacting feelings of isolation.

Vision impairments

Research from the Royal National Institute for the Blind (2020) found social distancing has been near impossible for those with visual impairments, with inaccessible signage and fear of reprisals if they fail to distance, some reported being confronted by others for not socially distancing. This is a concern especially as Henshaws (2020) stated a quarter were high risk and needed to shield and Senjam (2020) found the visually impaired were a group at higher risk of catching COVID.

Royal National Institute for the Blind (2020) research found 74% worried about getting food due to limited deliveries, and 21% rationed food. In a report from Difference North East (2020) they found many disabled people weren't vulnerable enough to get support and struggled to get shopping, many visually impaired people

may have fallen into this category. Many reported losing confidence going out and two thirds felt less independent. Senjam (2020) also reported disruption to support services, and fear of going out had increased feeling isolated, which may impact mental wellbeing.

Royal National Institute for the Blind (2020) found 26% couldn't access information in an accessible format during the pandemic. Senjam (2020) also found those with visual impairments had difficulties accessing information. Survey results from Henshaws (2020), a Greater Manchester based charity, found 41% didn't receive public health information in a format accessible to them. The findings suggest consideration for visual impairments is needed when circulating information in a health pandemic, especially as blind people are at increased risk.

With many appointments moving online, this can be problematic for those with visual impairments, Annaswamy, Verduzco-Gutierrez and Frieden (2020) claim many of the technologies do not meet their accessibility needs.

How services responded during the crisis

Remote service delivery

There was a shift to providing health services remotely. This included GP triage by phone, phone appointments, roll out of video call consultations using Attend Anywhere, eConsult which gives patients a way to contact their GP practice online and Consultant Connect providing access to advice and guidance. Other examples include prehab sessions to help get patients fit for surgery through video technology and equipment and information to take home and the Kidney BEAM project offering an online platform of resources to enhance physical activity.

Research and innovation

COVID-19 research: BCUHB have been able to rapidly and safely set up, open and recruit to COVID-19 studies, supported by committed clinical teams, across all 3 secondary care sites and in primary care. A potential facility in North Wales has been identified for vaccine studies.

A virtual Health Hack was held, in collaboration between BCUHB, the Bevan Commission and M-SPARC on 14 May and 20 May. Winners include a project to develop a short-range communication aid for use while wearing Personal Protective Equipment (PPE); a 'Clear Masks for Communication' project to look at PPE design

for patients with hearing impairments; an idea to create a virtual community based on the Community Care Collaborative physical hub, where people are supported through informal and friendly conversation to access the support they need through a virtual network of partners.

The School of Health Sciences at Bangor University have developed the following in response to Covid-19 in addition to training and education innovations across the university.

1. **Learning from Covid-19:** Resilience survey with health students. The study aims to understand both the external (systems) and internal (personal attributes) influences on students' resilience to the COVID 19 pandemic and subsequent disruptions to their courses.
2. **Critical Care Skills:** Critical Care Skills Questionnaire assessment developed in response to request from BCUHB. This questionnaire is designed to assist with baseline assessment of nurses' knowledge and skills in critical care.
3. **Fast-track course for nurses working in critical care:** [For over 170 BCUHB staff](#)
4. **Research projects** funded by NIHR and NHS England in the context of Covid-19. Currently confirmation of funding is embargoed but there is more to follow in this area.

Third sector organisations across the region have continued to support disabled people throughout lockdown. This support has included telephone and online support one to one and in groups and has ranged from benefit advice, mental health support, activity packs to practical support with food and prescriptions.

Rehabilitation needs of people affected by the impact of COVID-19

The Welsh Government COVID-19 Planning and Response Rehabilitation Task and Finish Group, was established in response to the growing evidence of population need for rehabilitation by people affected both directly and indirectly by the pandemic. The group developed a [national rehabilitation framework](#).

The group has also produced the following resources to support health boards, local authorities and the third sector to plan and develop local services in line with the framework.

- Guidance on services for each of the four identified population groups affected by the pandemic: [Rehabilitation Needs of People Affected by the Impact of Covid-19.](#)
- An [Evaluation Framework](#) to understand demand for and evaluate the impact of rehabilitation in the four populations affected by the COVID-19 pandemic.
- A [modelling resource](#) to help identify the potential demand for rehabilitation and the capacity required to meet that demand in order to maximise people's recovery.
- A [legacy document](#) recommending areas of action for national programmes as collectively we recover and re-set the health and care system.

The framework, and accompanying resources reinforce the importance of rehabilitation as a core and integral component of a sustainable health and care system which achieves the vision in A Healthier Wales and build on the innovation and advances made in response to COVID-19 and are designed to inform and support local action to recover and re-set services.

Covid chronicles: stories from the frontline

Audiology

There has been quite a change to dealing with patients with hearing loss during lockdown. We have had to prioritise patients to see them face to face or by video. Our patients have had a tough time, if you've got a hearing problem you may rely on lip reading, people are wearing face coverings of course that's mandated in certain areas like public transport etc. so they have more problems with communication.

If you wear a hearing aid your ears are more likely to block. A lot of GP surgeries have stopped or reduced seeing patients for ear irrigation. Problems associated with this are hearing problems, pain and discomfort. If you've got wax it can make the hearing aid feedback and whistle, which can really drive you potty and everyone around you. GP surgeries would typically treat 5 to 10 patients per week for ear irrigation.

Patients may pay for services privately, but not everyone is in a position to do that so they may self-treat using olive oil. They might purchase equipment which is not safety tested and try to DIY treat themselves which can cause problems.

Lack of access to irrigation at the GP surgery is also going to have an impact on an individual's healthcare now because a larger proportion of GP consultations are over the telephone now and that will be a communication barrier. Video

assessment is preferred for this group but not everyone has the equipment or IT skills.

Now I am back at some GP surgeries I can see patients and treat them, but I can only see a small number myself.

Confidence and Covid

It's very frustrating for me sometimes when I go to the shops and people have facemasks on and I can't understand what people are saying to me. I have to ask them please can you remove put it down slightly and they refuse and they're still talking to me. I haven't got a clue what they are saying and it upsets me. Someone might need to come into the house like the gas service and I panic.

Face shields are a good alternative but you are not as protected. You can get face masks with little windows in them. Deaf people prefer to lip read using the whole facial expression so wearing a mask is still blocking part of your face.

I sometimes suffer with panic attacks, but before Covid-19 I was really happy going out, I'd go to the shops no problem. Now the toilets are closed I get anxious about going to the toilet, I'm scared of catching Covid so crowds are my biggest problem. A few things have happened with communication too so my confidence is lower, it's given me the anxiety. I've been upset while I've been out, my heart's been racing, my palms sweaty I've just thought to myself 'I can't do this'. I mostly I do online shopping now because it's easier and it gets brought to me.

People with learning disability / autism

A report from Improvement Cymru (2020) found those with learning disabilities had a higher rate of mortality than the general population in Wales. Statistics from the Care Quality Commission (2020) also showed an elevated mortality rate for those with a learning disability, compared to the same period last year. Mencap (2020) have raised concerns about the disproportionate impact on mortality of those with learning disabilities, higher than that found in care homes. The Welsh Parliament (2020) report 'Into Sharp Relief', stated how COVID had widened inequalities in terms of mortality, income, risks of COVID and they point out how those with special education needs may have fallen further behind. Courtenay and Perera (2020) claim those with a learning disability are at increased risk of infection and experiencing more severe symptoms.

The North Wales Learning Disability Transformation Programme raised concerns about increasing health inequalities including the temporary stopping of Annual Health Checks during COVID-19 and pause on planned work to increase uptake of health checks. There are also concerns about the availability and accessibility of nasal spray flu vaccines to people with learning disabilities who become seriously distressed with needles and whether this will be an option for a potential COVID-19 vaccination. If a nasal spray is not an option for a COVID-19 vaccine, then support will need to be available to people with learning disabilities who are needle phobic as part of the plan to roll out the vaccine and maximise uptake.

The Learning Disability Consortium Wales (2020) found some people with learning disabilities didn't receive shielding letters when they should have and others were confused by the letters, they had issues accessing food, supplies and healthcare appointments (some found telephone appointments problematic). Those with learning disabilities who are employed have had to learn new ways of working and using transport safely.

The Third Sector Additional Needs Alliance (2020) claim families of children with complex needs have found it challenging, as school can be a form of respite. They found the children and young people they support, felt isolated and experienced accessibility issues with learning. Courtenay and Perera (2020) claim withdrawal of support; school, day centres and respite, will affect the finances and mental wellbeing of families/carers. They also point out that the change of routine and physical restrictions can cause anxiety, paranoia and behavioural problems, in those

with learning disabilities. The Learning Disability Consortium Wales (2020) also reported those with learning disabilities and their families were more anxious about the virus, safety of their support, new rules and losing support.

Learning Disability Wales (2020) discussed the use of technology, claiming those with learning disabilities can be excluded due to; costs, lack of skills, needing help or inaccessible technology. During lockdown many support groups moved online which has benefited some, attracting those who would not attend physical groups.

Learning Disability Consortium Wales (2020) highlight positives of the pandemic for those with learning disabilities including; learning new things, excellent community support and the Welsh Government being largely responsive to their needs.

In the early days of the pandemic, organisations such as Learning Disability Wales, Mencap and All Wales People First led successful campaigns to draw attention to ethical decisions being made around people with learning disabilities, showing the continued risk that people with learning disabilities could be treated differently as a result of having that label.

What people told us

These national findings are consistent with local reports. Day service settings shut down and social care and health community staff worked from home. In-house services appeared to adapt less quickly to lock down though contracted out services such as HFT, Tyddyn Mon, Co-options were able to adapt more quickly and offer online activities to those known to their services. Some quotes from families in North Wales are listed below;

“We felt we weren’t in the loop initially and that we were abandoned.”

“Did services talk to families because we should have put our heads together?”

“Our world suddenly became very small”

Citizens report losing their employment or having been away from volunteering opportunities having had a detrimental impact on their wellbeing.

“If it had not been for Conwy Connect, Transformation team, All Wales People First and the participation groups what would we have had? We needed to be connected. We need those activities to continue”.

Coming out of lockdown/shielding

- Families and providers are anxious about individuals leaving isolation particularly given their physical health vulnerabilities.
- Support has to be bespoke and person centred and practitioners are having to rapidly review and redesign each person's day, requiring a great deal of input to review complex behaviour support plans and so on.
- There are concerns from people with learning disabilities and their families around approaches being taken to shielding and the restricted use of "bubbles" within shared supported living. While well intended, the result of some of these practices could have significant impacts on the rights, liberty and relationships of people with learning disabilities, do not always adhere to national guidance and therefore have a disproportionately draconian effect on people with learning disabilities living in these settings.

Workforce and availability of support

- Support workers report feeling exhausted. The workforce was depleted by people being off sick, self-isolating or furloughed. Again this is supported both by Paradigm and local experiences. Social care staff feel underpaid and undervalued particularly when compared with health colleagues.
- Gwynedd reported having the buildings available to provide respite, breaks and day services for people. Their issue was the lack of availability of staff. The care homes and 24 hour supported living services had to be prioritised, meaning staff hours were taken away from bespoke domiciliary support options that might have alleviated the stress on families.

Digital inclusion

- One local supported living provider reported challenges in supporting people with learning disabilities to access Zoom and other technologies as staff did not always have time to sit with individuals.
- A lack of skill and knowledge amongst those supporting people with learning disabilities, a lack of or restricted internet access and lack of access to equipment are the main issues barriers to digital inclusion.
- Statutory day services have stated they would have liked to have offered more virtual activities and meet ups, the digital infrastructure and skills were not in place to set this up.

- A number of citizens and advocates reported reluctance amongst providers and carers to allow people with learning disabilities to access the internet citing risk and confidentiality factors.

Guidance and availability of accessible information

- Agencies referenced the pressures of receiving large amounts of guidance, usually by email from several authorities at a time of pressure on their services. This was exacerbated for national providers who had to familiarise themselves with English and Welsh guidance.
- While easy read guidance and videos have been helpful, the production of materials has not always been timely and circulation of materials has been patchy.

Autism

The National Autistic Society (2020) in their report 'Left Stranded', claim the pandemic has disproportionately affected those with autism and their families. The research found compared to the general population, those with autism were 7 times lonelier and 6 times more likely to have low life satisfaction, and 9 in 10 were concerned about their mental wellbeing. Ghent University (2020) also found those with autism had higher levels of anxiety and depressive symptoms.

Eshraghi et al (2020) claim disruption to routine can be especially distressing for those with autism. They point out some may struggle with social distancing, mask wearing, and may not understand the need to follow these rules. Ghent University (2020) also found adults with autism found following the new rules difficult making them anxious especially when shopping, and struggled with changes in routine.

The report from the National Autistic Society (2020) found those who require constant support were significantly more impacted by lockdown. It was also found adults with autism need for support increased, with many who didn't require support now needing it, (Ghent University, 2020). The National Autistic Society (2020) found the increased need for support had impacted many families, with 1 in 5 families reducing their working hours due to increased caring responsibilities.

The National Autistic Society (2020) reported how the education of those with autism had been impacted, with 7 in 10 parents struggling with the school work and half of parents felt their child's educational progress had been impacted.

How services responded during the crisis

Technology

The use of technology has increased, including use of digital platforms such as Zoom/Facebook/What's App video. Engagement with social media, short videos, Facebook live and so on has increased, enabling more direct contact and correspondence with the community. Some areas made IT equipment available to some citizens in residential care and supported living through ICF funding and others and where this was provided, it proved beneficial.

Online activities such as quizzes, bingo, discos (mostly provided by the third sector organisations, person centred practice and advocacy groups), have worked well for people with learning disabilities and their carers. They provided routine activities for citizens, respite for carers, and invaluable contact for all. Citizens, families and providers reported that routines, including routine virtual activities, were crucial to minimising the negative impact on wellbeing and feelings of isolation.

The North Wales Integrated Autism Service has trialled and evaluated assessments by video conferencing from 27 May 2020. The outcome of the evaluation was to continue to offer video consultation even after COVID-19 restrictions are lifted. The size of the North Wales region means that video consultations can be rolled out to all clients which will help reduce travel costs and overcome the challenges of finding suitable venues for face to face interviews.

Collaboration

Peer support and sharing of information, within the third sector worked well. These organisations proved to be more agile and adapted to lockdown quicker than some.

Easy read guidance has been helpful for families and individuals. Advice and support from organisations such as All Wales People First, Learning Disability Wales, North Wales Advocacy Association, Mencap Mon, STAND, Conwy Connect and many others has been circulated via social media and has been invaluable in informing families of rights and regulations, particularly when these issues were complex.

Direct Payments

Those with Direct Payments in place have been able to continue a level of support for individuals with Learning disabilities, albeit the use of those payments has been impacted by the availability of staff, fears around the vulnerability of individuals and

families thorough having contact with support workers and so on. There are also unresolved issues around payments of retainers that need to be considered in local authority teams.

Provider forums

Provider forums in Denbighshire and Anglesey were cited as being helpful in the support of providers.

Covid chronicles: stories from the frontline

“When I was a child I was diagnosed with Asperger’s syndrome, now called Autism Spectrum Disorder. I have Dyspraxia and have trouble with my walking and balance because I have mild Cerebral Palsy. Two years ago I had a lot of trouble... At that point I got a support worker who helped me with my problems. Before Covid-19 I was up and down recovering, but coping, I was still doing things with the Community Mental Health team.

I had a couple of calls from the Community Mental Health team at start of lockdown and then they started the Zoom in May or June but they didn’t really carry on with that. It’s once a week but quite a few times they cancelled it just like doing a quiz just for an hour once. I haven’t had regular phone calls every week or anything to check in to see how I am and how I’m doing if anything I’ve been with everything.

I’m a tough cookie but I would like more support for middle aged people. I’m 31 years old, there seems to be an emphasis on the elderly on the news. Services for the elderly people like older adults saying they’re isolated they’re alone but there’s a lot of middle aged people who are.

The changing rules have been confusing and stressful, people with high functioning Autism find it hard to process changes especially when they’re brought in fast paced and there has been conflicting information for England and Wales and misinformation on social media. Was I going to be allowed out more than once a day? What are the police going to ask me? Will I get fined? It’s been mind boggling. It would be good if there was information specifically for people with Autism to read.

I’m still spending a lot of time on my own, I’m trying not to go out as much because the rules have changed with the face masks, I will wear one even though I don’t have to wear one because technically I’m exempt because of my autism but I feel like I have to wear one because I’ve heard people are getting hassle for not wearing one. For people with autism they can’t bear the feeling of the mask on their skin.”

Recommendations

Recommendations from All Wales Forum of Parents and Carers of People with Learning Disabilities (2020)

1. Reinstating meaningful engagement opportunities for carers and carer services across Wales, helping shape the road map for recovery going forward; specifically, at strategic levels in co-designing solutions that will really work, and not just as responders to consultations.
2. Clear shared plans and reassurance that carer support services and the community services they rely on, are not at risk of being 'non-essential' going forward; specifically seeking to restart the assessment process as soon as is practical, with digital communication methods used in meantime, and also the re-starting of regional partnership working with confirmation of funding for local community support.
3. Respite in all its forms including short breaks, creative direct payments and day services, should be seen as a priority when considering next steps of support; specifically enabling flexible approaches to the use of Direct Payments.
4. Providing clear guidance to families with SEN children for returning to school as soon as is practicable; specifically providing guidance to families around the support that schools will receive to manage risk for this particularly vulnerable group of children, and also guidance to support young carers, including siblings, if someone they care for is shielding in the family.

Recommendations from the North Wales Learning Disability Transformation Programme

5. Staff will need to skill up in relation to knowledge of technological applications. They will also need to develop confidence and skills in their use and set aside their own risk aversion and other prejudices against use of technology if that approach is to be fully taken advantage of. The value of internet access and technology needs to be appreciated and individual and service led investment made in this area.
6. Any future promotion or supply of technology such as phones and iPads needs to include access to technological support for individuals, families and support workers as initial problems with access very quickly put these individuals off using that technology rendering it useless from the very start.
7. Continued access to equipment, internet access and so on will be critical to responses to future outbreaks and will enable quicker adaptation to future

lockdown situations. In addition, a larger stock holding of equipment will be required, particularly that sourced from overseas.

8. Services will need to consider and evaluate how citizen need will be met in the event of further lockdowns and a need for citizens to self-isolate. Some quotes from families are listed below;

“Finding a way to still see the staff from the day services (would have been good). It would have been good if they could have done zooms, maybe of themselves doing the usual work and having a chat or thinking of something he could have done from home with them. Even just a chat with a cup of tea.”

“He needed to see friends. Needed some sort of organized online meetings. We couldn’t ring other families up because we didn’t have their numbers.”

“Craft packages or activity packages to match with a zoom session by the usual staff from the day services. If it’s cooking, send the recipe a week beforehand”.

People with mental health needs

In a press release from the Royal College of Psychiatrists in May (2020), psychiatrists have reported a 43% increase in emergency appointments and a 45% reduction in routine appointments, they warn of a surge in mental health cases could be ahead. The report from NHS Confederation (2020) reflects this prediction, highlighting increased referral rates, higher than pre-lockdown. They are expecting further rises with; those with existing mental health issues, those relapsing and new patients. Statistics from the Office for National Statistics (2020) show depressive symptoms doubled during lockdown with 1 in 5 adults experiencing some form of depression. Mind (2020) reported 1 in 5 people in Wales were unable to access mental health support at the start of lockdown, they claim this can lead to people reaching crisis point and needing emergency care. Mind, also report increased access to their online services.

Reports from the Mental Health Foundation (2020) and the Centre for Mental Health (2020) highlight the disproportionate impact on the mental health of people from Black, Asian and Ethnic Minority (BAME) groups and those facing financial insecurity, lower income households. The Centre for Mental Health (2020) also highlight other groups where lockdown has had a disproportionate impact on their mental health, including; those with existing mental health problems, those with long-term health conditions, older people and those subject to trauma/violence in lockdown. Usher, Bhullar and Jackson (2020) argue it is important to recognise that isolation can have a more severe impact on children, older adults, minority groups, lower socio-economic groups, women and those with pre-existing mental health conditions. Iab, Steptoe and Fancourt (2020) found these groups were more likely to self-harm and have suicidal thoughts, as well as disabled people and people with COVID. These inequalities were echoed in a report by Mind (2020) 'The Mental Health Emergency'.

In a survey of those with pre-existing mental health conditions, from Rethink Mental Illness (2020) 79% reported their mental health had worsened due to the pandemic. Over 50% exercised less and ate less healthily, this could result in worsened physical health, which could have implications on those with severe mental illness whose life expectancy is already reduced. Those with mental health issues are more likely to gain weight due to medications and lifestyle, this may put them at higher risk of severe symptoms of COVID.

Age groups

A study from Mental Health Wales (2020) showed one third of children experienced mental health issues during lockdown. Alfven (2020) also reported an increase in anxiety and depression amongst children and raised concerns about how; missing education, poverty, malnutrition and inequalities may exacerbate these problems.

It has been found (Vernooij-Dassen, Verhey and Lapid, 2020) that social distancing during the pandemic has had a negative impact on the mental health of older people, including; anxiety, stress and depression. Webb (2020) states as well as increasing anxiety, stress and depression, the pandemic can reduce their resilience and feeling of self-worth.

The Coronavirus and Me Survey found that the majority (58%) of children and young people said that they felt happy most of the time and a large majority (84%) report feeling safe most of the time. Overall 2% said that they have 'not very often felt safe'. The things that have had the most impact on how they feel are; not being able to spend time with friends, not being able to visit family members and school or college closing (Children's Commissioner for Wales, 2020). The early findings from the HAPPEN at Home Survey (2020) found that children's worry levels were the same as before lockdown and 91% said they could stay in touch with friends.

Pregnancy and Postnatal

Women are at higher risk of mental health problems during pregnancy and postnatal, Durankus and Aksu (2020), and Babies in Lockdown (2020) found depression and anxiety were even higher in this group of women during the pandemic. Babies in Lockdown (2020) found the increase in anxiety and depression was higher for BAME mothers and lower income families. Both reports state how mental health can impact the pregnancy and the baby, so it is an important issue to avoid long-term complications, and to address the greater impact this has had on disadvantaged groups.

Alcohol use

Research from Alcohol Change UK (2020) found among current or former drinkers, 28% had been drinking larger quantities and 21% had been drinking more frequently. They also found of those drinking more, 40% said this was due to stress or anxiety, and 1 in 6 felt concerned about their level of drinking. Research from Wardell et al (2020) suggests solitary drinking and drinking as a coping mechanism, both of which

increased in lockdown, are associated with drinking problems. The research indicates that issues with alcoholism may be more of a concern due to the pandemic.

More information about the key messages for social workers about alcohol and COVID-19 are available on the [Social Care Wales website](#).

Eating disorders

Castellini et al (2020) found lockdown had a significant impact on those with eating disorders, causing post-traumatic symptoms and impaired recovery, this was particularly prevalent in those who suffered early trauma or attachment issues. In a study by Baenas et al (2020) it was found that symptoms of eating disorders were exacerbated during lockdown.

Obsessive Compulsive Disorder (OCD)

A case is discussed by French and Lyne (2020), in which they claim those with OCD are potentially at increased risk of relapse during a health pandemic, such as COVID, and express the importance of supporting this vulnerable group.

COVID-19 Survivors

In a review of the literature, Kaseda and Lavene (2020) claim there is a high likelihood of psychiatric symptoms and disorders in COVID-19 survivors, including post-traumatic stress disorder (PTSD). Lyons et al (2020) also report high incidences of post-viral depression following previous similar viruses and warn this could be the case with those recovering from COVID-19. Rogers et al (2020) warns clinical staff should be aware of the possibility of PTSD, depression and anxiety, following recovery from COVID-19.

How services responded during the crisis

- Conwy Mind set up a Virtual Hub and counselling services through the lock-down, using emergency funding from the Steve Morgan Foundation.
- The Isle of Anglesey invested an additional £50,000 in the Parabl service to provide additional capacity for bereavement and mental health services. This included counselling sessions, CCBT serenity sessions, virtual 'coping with life' and 'mindfulness' sessions.
- Anglesey links with Police Community Support Officers (PCSO) who have local knowledge and are aware of residence who have may mental health needs,

including dementia. This has resulted in older residents who are self-isolating feeling reassured by (socially-distanced) checks on their well-being.

- ICAN support provided over the phone following a referral, after volunteers were taken out of GP surgeries and unscheduled care due to COVID-19. Have now had 700 referrals across North Wales and each area has 12 to 15 volunteers providing support. A lot of support is available to volunteers. Tuesday afternoons have been set aside for training. Support is available for any escalation and after every call if needed, but a minimum of one supervision every 2 weeks. There is also a once a month Zoom supervision for volunteers to speak to each other. People's ratings from before and after the support shows that it does help to improve their mood.
- Remote delivery of Active Monitoring (CBT based guided self-help) which has included adapting materials for online delivery and has been successful so far.
- Numerous third sector mental health organisations across the region including (but not limited to) Kim inspire, Advance Brighter Futures, Breathe, DPJ Foundation, Cais and more have continued to offer one to one and group mental health support throughout the pandemic.
- Many third sector organisations and community groups across the region have established befriending services to combat loneliness.

Recommendations

Reflecting on the results of their survey, in a statement on 30 June, Mind (2020) state that the pandemic has been a mental health crisis and mental health needs to be central in recovery plans. They claim the full impact on mental health is yet to come with increased; unemployment, financial and housing difficulties. A briefing from Centre for Mental Health (2020) recommend support with financial instability which can cause mental health problems, proactive mental health support for COVID-19 sufferers and health and social care staff, and the use of trauma focused approaches to support schools, health and social care, and businesses.

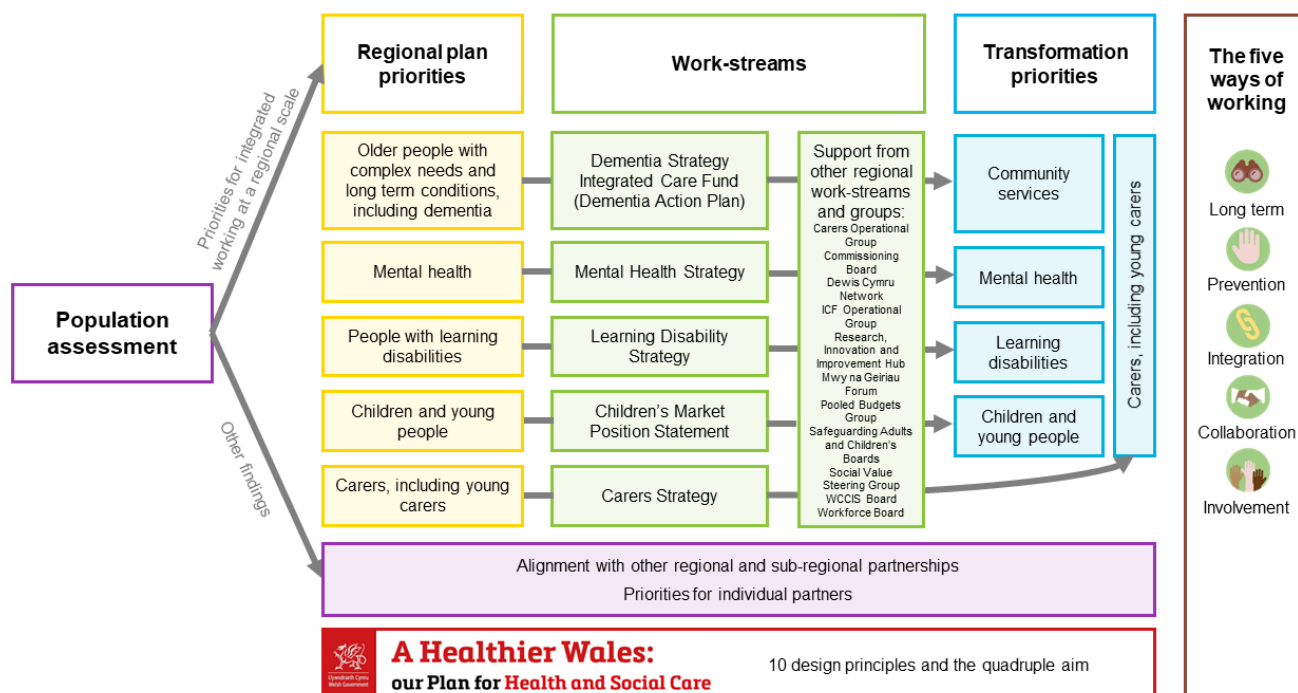
Conclusions and recommendations

The Regional Partnership Board developed priorities for integrated working based on the original population assessment, which were:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Children and young people
- Mental health

The diagram below shows how these priorities link to the transformation priorities and other regional work-streams.

North Wales Regional Partnership Board: overview of priorities



This rapid review of the population needs assessment supports the need for the Regional Partnership Board to continue to focus on these priorities. There are also some consistent principles which the rapid review identified for this work.

1. **Promote digital inclusion.** This includes making sure people who use and provide services have access to technology and connectivity along with the skills to use it.

2. **Inclusive approaches to service redesign.** While there have been many benefits to remote working and increased use of technology during the pandemic, these approaches do not work for everyone nor do they work in all circumstances. As services adopt new ways of working, they need to be carefully evaluated to identify and mitigate any potential harm. For example, by taking a blended approach to service delivery to maximise the benefits of virtual and face to face approaches.
3. **Take a rights-based approach** to future lockdowns and reopening of services to mitigate harm caused by policies designed to control the spread of the virus. This must include involving people who use services in co-producing policy and response and having voice and control in their own lives.

References

- Action on Hearing Loss (2020). *Coronavirus position statement*. Available at: <https://actiononhearingloss.org.uk/about-us/research-and-policy/coronavirus-policy-statement/> Accessed: 14/9/20.
- Adoption UK (2020). *Home learning during the COVID-19 lockdown: The impact of school closures on care experienced children*. Available at: <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=b3326f3b-4cdf-46fe-94e1-8724bbb75475> Accessed: 21/9/20.
- Alcohol Change UK (2020). *Research: drinking in the UK during lockdown and beyond*. Available at: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond> Accessed: 8/9/20.
- Alfven, T. (2020). 'What will the long-lasting effect of the COVID-19 pandemic be on children's health and wellbeing?'. *Acta Paediatrica*. <http://dx.doi.org/10.1111/apa.15513>
- All Wales Forum (2020). *Living with the COVID-19 pandemic: Learning Disability Family Carers in Wales – 'what matters' to us?* Available at: <http://www.allwalesforum.org.uk/wp-content/uploads/Life-in-Lockdown-for-LD-Families-in-Wales-An-All-Wales-Forum-of-Parents-and-Carers-Report-...pdf> Accessed: 18/9/20.
- Alzheimer's Society (2020). *Worst hit: dementia during coronavirus*.
- Alzheimers Research UK (2020). *Alzheimer's Research UK explores impact of isolation in those at risk*. Available at: <https://www.alzheimersresearchuk.org/impact-of-isolation-at-risk/> Accessed 4/9/20.
- Alzheimers Society (2020). *Office of National Statistics figures show dementia is main underlying condition for COVID-19 deaths*. Available at: <https://www.alzheimers.org.uk/news/2020-05-15/ons-figures-show-dementia-main-underlying-condition-COVID-19-deaths-alzheimers> Accessed 4/9/20.
- Alzheimers Society (2020). *ONS figures show almost 13,000 people who died from COVID-19 had dementia*. Available at: <https://www.alzheimers.org.uk/news/2020-06-23/ons-figures-show-almost-13000-people-who-died-COVID-19-had-dementia> Accessed 4/9/20.
- Annaswamy, T.M., Verduzco-Gutierrez, M., and Frieden, L. (2020). 'Telemedicine barriers and challenges for persons with disabilities: COVID-19 and beyond'. *Disability and Health Journal*. <https://doi.org/10.1016/j.dhjo.2020.100973>
- Babies in Lockdown (2020). *Listening to parents to build back better*. Available at: <https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version-1.pdf> Accessed: 9/9/20.
- Baenas, I. et al (2020). 'COVID-19 and eating disorders during confinement: Analysis of factors associated with resilience and aggravation of symptoms'. *European Eating Disorders Review*. <https://doi.org/10.1002/erv.2771>
- Banerjee, D. (2020). The impact of Covid-19 pandemic on elderly mental health. *International Journal of Geriatric Psychiatry*. <https://doi.org/10.1002/gps.5320>
- BCUHB Local Public Health Team (2020): *Impact of COVID-19 on demand for mental health services by residents of Denbighshire, especially younger people*.
- Boulton, E., et al (2020). Rapid review of reviews: what remotely delivered interventions can reduce social isolation and loneliness among older adults? Available at: <http://eppi.ioe.ac.uk/CMS/Portals/0/LonelinessExecSummary-5.pdf> Accessed: 17/9/20.
- British Association of Social Workers (2020). *Social workers could be overwhelmed when children return to school*. Available at: <https://www.basw.co.uk/media/news/2020/may/social-workers-could-be-overwhelmed-when-children-return-school> Accessed: 23/9/20.
- British Association of Teachers of the Deaf (2020). *NDCS update: deaf children face "challenge of their educational lifetimes"*. Available at: <https://www.batod.org.uk/ndcs-update-deaf-children-face-challenge-of-their-educational-lifetimes/> Accessed: 14/9/20.
- British Geriatrics Society (2020). *Capturing beneficial change from the COVID-19 pandemic*. Available at: <https://www.bgs.org.uk/sites/default/files/content/attachment/2020-07->

[03/Beneficial%20changes%20from%20COVID%20-%20response%20from%20BGS.pdf](#) Accessed: 17/9/20.

British Psychological Society (2020). *Supporting care-experienced children and young people during the COVID-19 crisis and its aftermath*. Available at:

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Supporting%20care-experienced%20children%20and%20young%20people%20during%20the%20COVID-19%20crisis%20and%20its%20aftermath.pdf> Accessed: 21/9/20.

British Psychological Society (2020). *The impact of the COVID-19 outbreak on health and social care in Wales*. Available at: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Response%20-%20Impact%20of%20COVID-19%20on%20Health%20and%20Social%20Care%20in%20Wales.pdf> Accessed: 14/9/20.

Campbell, A.D. (2020). 'Practical Implications of Physical Distancing, Social Isolation, and Reduced Physicality for Older Adults in Response to COVID-19'. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1772933>

Care Forum Wales, Community Housing Cymru, Cymorth Cymru, 2020. Provider SWOT analysis of the initial month COVID-19 response.

Carers Trust (2020) 'Support not sympathy: A call to action from Wales' young and young adult carers'.

Castellini, G. et al (2020). 'The impact of COVID-19 epidemic on eating disorders: A longitudinal observation of pre versus post psychopathological features in a sample of patients with eating disorders and a group of healthy controls'. *International Journal of Eating Disorders*. <https://doi.org/10.1002/eat.23368>

Centre for Ageing Better (2020). *How has COVID-19 changed the landscape of digital inclusion?* Available at: <https://www.ageing-better.org.uk/sites/default/files/2020-08/landscape-COVID-19-digital.pdf> Accessed: 17/9/20.

Centre for Evidence Based Medicine (2020). *Maximising mobility in older people when isolated with COVID-19*. Available at: <https://www.cebm.net/COVID-19/maximising-mobility-in-the-older-people-when-isolated-with-COVID-19/> Accessed 4/9/20.

Centre for Mental Health (2020). *COVID-19 and the nation's mental health: Forecasting needs and risks in the UK*. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf Accessed: 8/9/20.

Children in Wales (2020). *COVID 19 – Results from Members Survey*. Available at: <https://www.childreninwales.org.uk/news/news-archive/children-wales-members-survey-COVID-19-results-summary-report/> Accessed: 18/9/20.

Children's Commissioner for Wales, 2020. *Coronavirus and me survey results July 2020*. Available at: <https://www.childcomwales.org.uk/coronavirus-and-me-results/> Accessed 18/09/2020

Children's Society (2020). *Delivering a recovery that works for children: Full list of recommendations*. Available at: https://www.childrenssociety.org.uk/sites/default/files/cv19-full-recommendations-recovery-plan_0.pdf Accessed: 21/9/20.

Community Care (2020). *Social work under coronavirus: children's practitioners report bigger problems than adults' colleagues*. Available at: <https://www.communitycare.co.uk/2020/06/04/social-work-coronavirus-childrens-practitioners-report-bigger-problems-adults-colleagues/> Accessed: 21/9/20.

Community Care (2020). *Social work under coronavirus: children's practitioners report bigger problems than adults' colleagues*. Available at: <https://www.communitycare.co.uk/2020/06/04/social-work-coronavirus-childrens-practitioners-report-bigger-problems-adults-colleagues/> Accessed: 23/9/20.

Co-Space (2020). *Report 02: COVID-19 worries, parent/carer stress and support needs, by child special educational needs and parent/carer work status*. Available at: https://emergingminds.org.uk/wp-content/uploads/2020/05/Co-SPACE-report-02_03-05-20.pdf Accessed: 18/9/20.

CoSPACE (2020). *Report 04: Changes in children and young people's emotional and behavioural difficulties through lockdown*. Available at: <https://emergingminds.org.uk/wp-content/uploads/2020/06/CoSPACE-Report-4-June-2020.pdf> Accessed: 24/9/20.

- Courtenay, K., and Perera, B. (2020). 'COVID-19 and people with intellectual disability: impacts of a pandemic'. *Irish Journal of Psychological Medicine*. DOI: <https://doi.org/10.1017/ipm.2020.45>
- Cox, C. (2020). 'Older Adults and Covid 19: Social Justice, Disparities, and Social Work Practice'. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1808141>
- Difference North East (2020). *Manifesto for a 'Better Normal'*. Available at: <https://differencenortheast.org.uk/wp-content/uploads/2020/09/Manifesto-Full-Report.pdf> Accessed: 11/9/20.
- Disabled Children's Partnership (2020). *#LeftInLockdown - Parent carers' experiences of lockdown*. Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers%E2%80%99-experiences-of-lockdown-June-2020.pdf> Accessed: 18/9/20.
- Donagh, B. (2020). 'From Unnoticed to Invisible: The Impact of COVID-19 on children and Young People Experiencing Domestic Violence and Abuse'. *Child Abuse Review*. DOI: 10.1002/car.2649.
- Durankus and Aksu (2020). 'Effects of the COVID-19 pandemic on anxiety and depressive symptoms in pregnant women: a preliminary study'. *Journal of Maternal-Fetal & Neonatal Medicine*. <https://doi.org/10.1080/14767058.2020.1763946>
- Family Fund (2020). *Health and wellbeing of disabled children at risk during pandemic*. Available at: <https://www.familyfund.org.uk/news/health-and-wellbeing-of-disabled-children-at-risk-under-pandemic-as-government-announces-extra-10-million-funding-for-children-with-complex-needs> Accessed: 18/9/20.
- Fostering Network (2020). *Education during the COVID-19 pandemic and transitioning back to school: Experiences of the fostering sector*. Available at: <https://www.exchangewales.org/wp-content/uploads/sites/14/2020/08/Education-during-the-COVID-19-pandemic-and-transitioning-back-to-school-Experi.pdf> Accessed: 21/9/20.
- French, I. & Lyne, J. (2020). 'Acute exacerbation of OCD symptoms precipitated by media reports of COVID-19'. *Irish Journal of Psychological Medicine*. <https://doi.org/10.1017/ipm.2020.61>
- Greenhalgh, T. et al. (2020) 'Management of post-acute COVID-19 in primary care', *BMJ*. British Medical Journal Publishing Group, 370. doi: 10.1136/bmj.m3026.
- Grote, H., and Izagaren, F. (2020). 'COVID-19: The communication needs of D/deaf healthcare workers and patients are being forgotten'. *BMJ*. <https://doi.org/10.1136/bmj.m2372>
- Health and Attainment of Pupils in a Primary Education Network (2020) 'Early findings from the HAPPEN At Home Survey'. Available at: <https://happen-wales.co.uk/early-findings-from-the-happen-at-home-survey/>. Accessed: 18/9/20
- Henshaws (2020). *COVID-19: Henshaws survey with blind partially sighted people*. Available at: https://www.henshaws.org.uk/wp-content/uploads/2020/06/COVID-19-Henshaws-survey-with-blind-partially-sighted-people-Final-report-15-June-2020.pdf?utm_source=GM+LA%2FNHS+Contacts&utm_campaign=319df1e5e8-EMAIL_CAMPAIGN_2020_06_16_03_05&utm_medium=email&utm_term=0_2d98d16d40-319df1e5e8-119171586&mc_cid=319df1e5e8&mc_eid=f628086146 Accessed: 14/9/20.
- Hoffman, G.J., Webster, N.J., and Bynum, J.P.W. (2020). 'A Framework for Aging-Friendly Services and Supports in the Age of COVID-19'. *Journal of Aging & Social Policy*. <https://doi.org/10.1080/08959420.2020.1771239>
- House, S. and Fewster, E. (2020). *An Infection Prevention and Control perspective on why COVID-19 has had such a deadly impact on care home residents in the UK*. Available at: <https://ltccovid.org/2020/09/08/an-infection-prevention-and-control-perspective-on-why-COVID-19-has-had-such-a-deadly-impact-on-care-home-residents-in-the-uk/> Accessed: 17/9/20.
- lab, E., Steptoe, A., and Fancourt, D. (2020). 'Abuse, self-harm and suicidal ideation in the UK during the COVID-19 pandemic'. *The British Journal of Psychiatry*. <https://doi.org/10.1192/bjp.2020.130>
- ICNARC (2020). *COVID-19 Report*. Available at: <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports> Accessed: 17/9/20.
- Innovation Unit (2020). *Learning from a crisis: transforming children's social care*. Available at: <https://www.innovationunit.org/projects/learning-from-a-crisis-transforming-childrens-social-care/> Accessed: 22/9/20.

- Innovation Unit (2020). *Learning from a crisis: transforming children's social care*. Available at: <https://www.innovationunit.org/projects/learning-from-a-crisis-transforming-childrens-social-care/> Accessed: 22/9/20.
- Iob, E., Steptoe, A. and Fancourt, D. (2020). 'Abuse, self-harm and suicidal ideation in the UK during the COVID-19 pandemic'. *The British Journal of Psychiatry*. <http://dx.doi.org/10.1192/bjp.2020.130>
- Kaseda, E.T. & Levine, A.J. (2020). 'Post-traumatic stress disorder: a differential diagnostic consideration for COVID-19 survivors'. *The Clinical Neuropsychologist*. <https://doi.org/10.1080/13854046.2020.1811894>
- Kings Fund (2020). *Deaths from COVID-19 (coronavirus): how are they counted and what do they show?* Available at: <https://www.kingsfund.org.uk/publications/deaths-COVID-19> Accessed: 17/9/20.
- Local Government Association (2020). *Children's social care referrals fell by a fifth during lockdown*. Available at: <https://www.local.gov.uk/childrens-social-care-referrals-fell-fifth-during-lockdown> Accessed: 23/9/20.
- Lund, E. M. (2020). Interpersonal violence against people with disabilities: Additional concerns and considerations in the COVID-19 pandemic. *Rehabilitation Psychology*. 65 (pp.199-205). <http://dx.doi.org/10.1037/rep0000347>
- Lyons, D. et al (2020). 'Fallout from the COVID-19 pandemic – should we prepare for a tsunami of post viral depression?'. *Irish Journal of Psychological Medicine*. <https://doi.org/10.1017/ipm.2020.40>
- Mental Health Foundation (2020). *The COVID-19 pandemic, financial inequality and mental health*. Available at: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/COVID-19-inequality-briefing> Accessed: 9/9/20.
- Mind (2020). *Almost one in five people in Wales unable to access mental health support*. Available at: <https://www.mind.org.uk/news-campaigns/news/almost-one-in-five-people-in-wales-unable-to-access-mental-health-support/> Accessed: 9/9/20.
- Mind (2020). *The Mental Health Emergency: How has the coronavirus pandemic impacted our mental health?* Available at: https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf Accessed: 10/9/20.
- Mind (2020). *UK Government must urgently plan for recovery from coronavirus mental health crisis, says Mind*. Available at: <https://www.mind.org.uk/news-campaigns/news/uk-government-must-urgently-plan-for-recovery-from-coronavirus-mental-health-crisis-says-mind/> Accessed: 8/9/20.
- Mok, V.C.T., Pendlebury, S., Wong, A. et al (2020). 'Tackling challenges in care of alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future'. *Alzheimer's and Dementia*. (pp.1-11). <https://doi.org/10.1002/alz.12143>
- MS Society (2020). *Life in lockdown: experiences of living with MS during the coronavirus pandemic*. Available at: <https://www.mssociety.org.uk/what-we-do/our-work/our-evidence/ms-in-the-uk#covid> Accessed: 11/9/20.
- Multiple Sclerosis Trust (2020). *Findings of a survey of MS healthcare professionals on the impact of COVID-19 on MS services in the UK*. Available at: <https://www.mstrust.org.uk/sites/default/files/MS%20Professional%20Covid%20survey%20findings%20July%202020.pdf> Accessed: 11/9/20.
- Nation Cymru (2020). *Coronavirus has exposed the harsh inequalities of child poverty in Wales*. Available at: <https://nation.cymru/opinion/coronavirus-has-exposed-the-harsh-inequalities-of-child-poverty-in-wales/> Accessed: 23/9/20.
- National Deaf Children's Society (2020). *Coronavirus: Your priorities for our campaigning work*. Available at: <https://www.ndcs.org.uk/get-involved/campaigning/coronavirus/> Accessed: 14/9/20.
- National Youth Advocacy Service (2020). *COVID-19 and Care-experienced Children and Young People*. Available at: <https://www.nyas.net/wp-content/uploads/NYAS-Cymru-Report-on-Care-experienced-Young-People-and-the-COVID-19-pandemic-May.2020.pdf> Accessed: 21/9/20.
- National Youth Advocacy Service (2020). *Young Lives in Lockdown: NYAS' Survey of Care-Experienced Children and Young People during COVID-19*. Available at: <https://www.nyas.net/wp-content/uploads/NYAS-Coronavirus-Survey-Report-Young-Lives-in-Lockdown-May-2020.pdf> Accessed: 21/9/20.

NHS Confederation (2020). *Mental Health Services and COVID-19: Preparing for a rise in the tide*. Available at: https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Report_Mental-health-services-NHS-Reset_FNL.pdf Accessed: 9/9/20.

Nonweiler, J., Rattray, F., Baulcomb, J., Happé, F., and Absoud, M. (2020). 'Prevalence and Associated Factors of Emotional and Behavioural Difficulties during COVID-19 Pandemic in Children with Neurodevelopmental Disorders'. *Children*. 7(9). <https://doi.org/10.3390/children7090128>

Noone, C., et al. (2020). 'Video calls for reducing social isolation and loneliness in older people: a rapid review'. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD013632>

North Wales Research, Innovation and Improvement Hub (2020) 'North Wales COVID-19 review report'.

Office for National Statistics (2020). *Coronavirus (COVID-19) related deaths by disability status, England and Wales: 2 March to 15 May 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/2marchto15may2020> Accessed: 11/9/20.

Office for National Statistics (2020). *Coronavirus and crime in England and Wales: August 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/coronavirusandcrimeinenglandandwales/august2020> Accessed: 23/9/20.

Office for National Statistics (2020). *Coronavirus and depression in adults, Great Britain: June 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020> Accessed: 9/9/20.

Office for National Statistics (2020). *Coronavirus and the social impacts on older people in Great Britain: 3 April to 10 May 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsolderpeopleingreatbritain/3aprilto10may2020> Accessed: 17/9/20.

Office for National Statistics (2020). *Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 (provisional)*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional> Accessed: 17/9/20.

Office for National Statistics (2020). *Deaths involving COVID-19, England and Wales: deaths occurring in June 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinjune2020#pre-existing-conditions-of-people-who-died-with-COVID-19> Accessed 4/9/20.

Older People's Commissioner for Wales (2020). *Care Home Voices*. Available at: https://www.olderpeoplewales.com/Libraries/Uploads/Care_Home_Voices_Report_e.sflb.ashx Accessed: 17/9/20.

Older People's Commissioner for Wales (2020). *Leave no-one behind: Action for an age-friendly recovery*. Available at: https://www.olderpeoplewales.com/en/news/news/20-08-18/Leave_no_one_behind_Action_for_an_age-friendly_recovery.aspx. Accessed: 12/10/20

Park, J. (2020). 'Unraveling the Invisible but Harmful Impact of COVID-19 on Deaf Older Adults and Older Adults with Hearing Loss'. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1799282>

Patel, K. (2020). 'Mental health implications of COVID-19 on children with disabilities'. *Asian Journal of Psychiatry*. DOI: 10.1016/j.ajp.2020.102273.

Public Health Wales (2020) Rapid COVID-19 virology, Tableau Software. Available at: https://public.tableau.com/views/RapidCOVID-19virology-Public/Headlinesummary?%3Aembed=y%3AshowVizHome=no%3Adisplay_count=y%3Adisplay_static_image=y%3AbootstrapWhenNotified=true%3Alanguage=en-

GB&embed=y&showVizHome=n&apiID=host0#navType=0&navSrc=Parse (Accessed: 24 August 2020).

Rethink Mental Illness (2020). *The impact of COVID-19 lockdown measures on the physical health of people living with severe mental illness*. Available at: <https://www.rethink.org/media/3813/physical-health-during-COVID-19-outbreak.pdf> Accessed: 9/9/20.

Rogers, J.P. et al (2020). 'Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic'. *Lancet Psychiatry*. 7 (pp.611-27). [https://doi.org/10.1016/S2215-0366\(20\)30203-0](https://doi.org/10.1016/S2215-0366(20)30203-0)

Royal College of Paediatrics and Child Health (2020). *The impact of COVID-19 on child health services – report*. Available at: <https://www.rcpch.ac.uk/resources/impact-COVID-19-child-health-services-report#main-findings> Accessed: 18/9/20.

Royal College of Psychiatrists (2020). *Psychiatrists see alarming rise in patients needing urgent and emergency care and forecast a 'tsunami' of mental illness*. Available at: <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/05/15/psychiatrists-see-alarming-rise-in-patients-needing-urgent-and-emergency-care#:~:text=Latest%20news-.Psychiatrists%20see%20alarming%20rise%20in%20patients%20needing%20urgent%20and%20emergency,a%20'tsunami'%20of%20mental%20illness&text=43%25%20of%20psychiatrists%20have%20seen,following%20the%20COVID%2D19%20lockdown> Accessed: 9/9/20.

Royal National Institute for the Blind (2020). *The effect of lockdown and social distancing on blind and partially sighted people*. Available at: <https://www.rnib.org.uk/campaigning/priority-campaigns/inclusive-journeys/effect-lockdown-and-social-distancing-blind-and-partially-sighted-people> Accessed: 14/9/20.

Scope (2020). *Disabled people's COVID-19 death rate as much as 11 times higher than non-disabled people*. Available at: <https://www.scope.org.uk/media/press-releases/ons-disabled-death-rate-response/> Accessed: 11/9/20.

Scottish Government (2020). *Coronavirus (COVID-19): supporting vulnerable children and young people: Data intelligence report*. Available at: <https://www.gov.scot/publications/supporting-vulnerable-children-young-people-data-intelligence-report/> Accessed: 22/9/20.

Senjam, S.S. (2020). 'Impact of COVID-19 pandemic on people living with visual disability'. *Indian Journal of Ophthalmology*. 68 (7, pp.1367-70). DOI:10.4103/ijo.IJO_1513_20

Singh, S., et al (2020). 'Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations'. *Psychiatry Research*. DOI: 10.1016/j.psychres.2020.113429.

Sinha, I., Bennett, D., and Taylor-Robinson, D.C. (2020). 'Children are being sidelined by COVID-19'. *BMJ*. DOI:10.1136/bmj.m2061.

Social Care Wales (2020) *Dementia and COVID-19*. Available at: <https://socialcare.wales/service-improvement/dementia-and-COVID-19> (Accessed: 24 August 2020).

Special Needs Jungle (2020). *Coronavirus and SEND Education*. Available at: <https://www.specialneedsjungle.com/coronavirus-send-education-survey/> Accessed: 18/9/20.

Suárez-González et al (2020). *Impact and mortality of COVID-19 on people living with dementia: cross-country report*. Available at: <https://ltccovid.org/wp-content/uploads/2020/08/International-report-on-the-impact-of-COVID-19-on-people-living-with-dementia-19-August-2020.pdf> Accessed 4/9/20.

The Social Care Institute for Excellence (2020). *Dementia in care homes and COVID-19*. Available at: <https://www.scie.org.uk/care-providers/coronavirus-COVID-19/dementia/care-homes> Accessed 4/9/20.

The Social Care Institute for Excellence (2020). *Safeguarding adults with dementia during the COVID-19 Pandemic*. Available at: <https://www.scie.org.uk/care-providers/coronavirus-COVID-19/dementia/safeguarding> Accessed 4/9/20.

Unicef (2020). *Children in Lockdown: Rapid Assessment of the Impact of Coronavirus on Children in the UK*. Available at: https://www.unicef.org.uk/wp-content/uploads/2020/04/UnicefUK_ChildrenInLockdown_RapidAssessment.pdf Accessed: 3/9/20.

- United Nations for Human Rights (2020). *COVID-19 and the Rights of Persons with Disabilities*. Available at: https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf Accessed: 11/9/20.
- Usher, K., Bhullar, N., and Jackson, D. (2020). 'Life in the pandemic: Social isolation and mental health'. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.15290>
- Usher, K., et al (2020). 'Family violence and COVID-19: Increased vulnerability and reduced options for support'. *International Journal of Mental Health Nursing*. DOI:10.1111/inm.12735.
- Usher, K., et al (2020). 'Family violence and COVID-19: Increased vulnerability and reduced options
- Vernooij-Dassen, M., Verhey, H., and Lapid, M. (2020). 'The risks of social distancing for older adults: a call to balance'. *International Psychogeriatrics*. <https://doi.org/10.1017/S1041610220001350>
- Voices from Care Cymru (2020). *Response from: Voices From Care Cymru*. Available at: <https://business.senedd.wales/documents/s101462/CYPE%20COV%2030%20-%20Voices%20From%20Care%20Cymru%2005%20May%202020%20Published%2028%20May%202020.pdf> Accessed: 21/9/20.
- British Association of Social Workers (2020). *Social workers could be overwhelmed when children return to school*. Available at: <https://www.basw.co.uk/media/news/2020/may/social-workers-could-be-overwhelmed-when-children-return-school> Accessed: 23/9/20.
- Wang et al (2020). 'Dementia care during COVID-19'. *The Lancet*. 395 (10231, pp.1190-1). [https://doi.org/10.1016/S0140-6736\(20\)30755-8](https://doi.org/10.1016/S0140-6736(20)30755-8)
- Wardell, J.D. et al (2020). 'Drinking to Cope During COVID-19 Pandemic: The Role of External and Internal Factors in Coping Motive Pathways to Alcohol Use, Solitary Drinking, and Alcohol Problems'. *Alcoholism: Clinical and Experimental Research*. <https://doi.org/10.1111/acer.14425>
- Webb, L. (2020). 'COVID-19 lockdown: A perfect storm for older people's mental health'. *Journal of Psychiatric and Mental Health Nursing*. <https://doi.org/10.1111/jpm.12644>
- Welsh Language Commissioner (2020), *Holding bilingual video meetings*. Available at: <http://www.comisiynyddygyrnaeg.cymru/English/News/Pages/Hold-bilingual-meetings-from-home-during-COVID-19.aspx> Accessed: 20/10/2020
- Welsh Government (2020). *Attendance at local authority settings during the coronavirus (COVID-19) pandemic: 22 to 26 June 2020*. Available at: <https://gov.wales/attendance-local-authority-settings-during-coronavirus-COVID-19-pandemic-22-26-june-2020-html> Accessed: 22/9/20.
- Women's Aid (2020). *A Perfect Storm: The impact of COVID-19 pandemic on domestic abuse survivors and the services supporting them*. Available at: <https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf> Accessed: 23/9/20.
- World Health Organisation (2020). *Disability considerations during the COVID-19 outbreak*. Available at: <https://www.who.int/docs/default-source/documents/disability/COVID-19-disability-briefing.pdf> Accessed: 11/9/20.
- Young Dementia UK (2020). *Coronavirus & dementia*. Available at: <https://www.youngdementiauk.org/coronavirus-dementia> Accessed 4/9/20.
- Young Minds (2020). *Coronavirus: Impact on young people with mental health needs*. Available at: <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf> Accessed: 24/9/20.

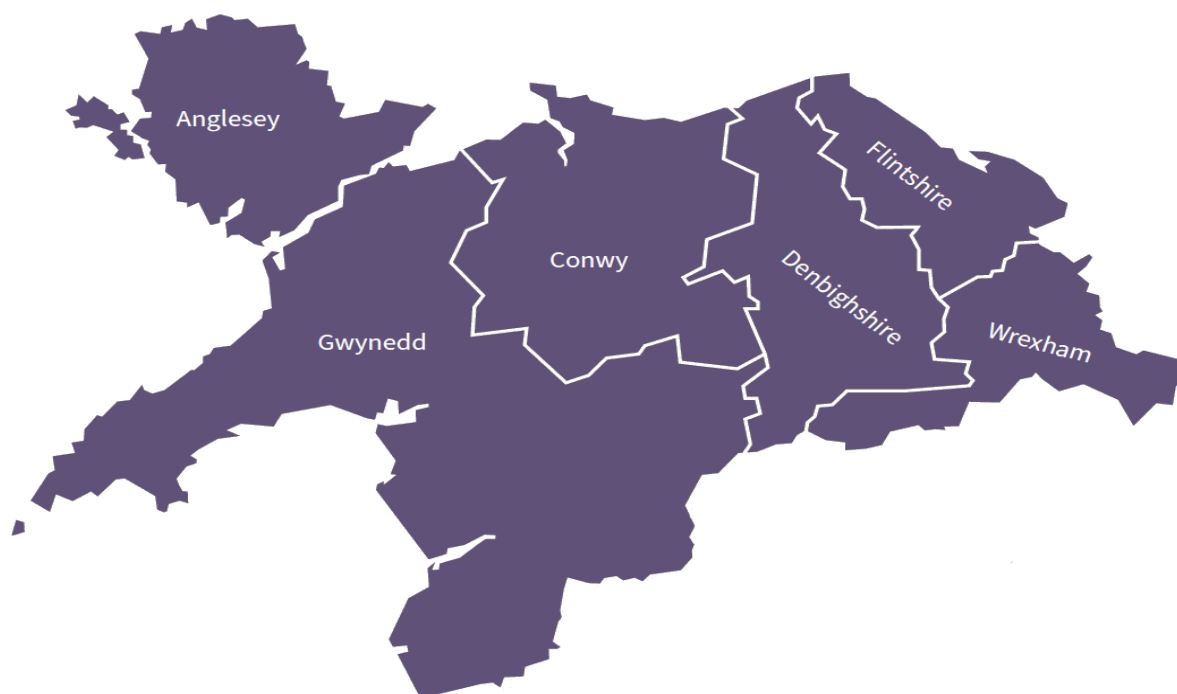


CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Aseiad o Anghenion Poblogaeth Gogledd Cymru

Adolygiad Cyflym



Hydref 2020

Cynnwys

Cyflwyniad.....	3
Crynodeb.....	3
Themâu allweddol.....	3
Blaenoriaethau ac egwyddorion	6
Trosolwg o COVID-19 yng Ngogledd Cymru.....	7
Y Gymraeg	8
Effaith ar bobl ag anghenion gofal a cymorth	9
Plant a phobl ifanc ag anghenion cymhleth	9
Gofalwyr di-dâl.....	23
Pobl hŷn.....	28
Iechyd, anableddau corfforol a nam ar y synhwyrâu.....	42
Pobl ag anableddau dysgu/awtistiaeth	50
Pobl gydag anghenion iechyd meddwl	58
Casgliadau ac argymhellion	63
Cyfeiriadau	65

Cyflwyniad

Gofynnodd Llywodraeth Cymru i Fyrddau Partneriaeth Rhanbarthol gynnal adolygiad cyflym o'r Asesiad o Anghenion Poblogaeth a gyhoeddwyd yn wreiddiol yn 2017.

Mae'r adolygiad yn crynhoi'r ymchwil sydd ar gael am effaith COVID-19 ar bobl sydd yn derbyn gofal a chymorth a newidiadau i'r ffordd y mae'r gwasanaethau hynny wedi cael eu darparu. Bydd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru (NWRPB) yn defnyddio'r wybodaeth o'r adolygiad cyflym yma er mwyn hysbysu ei gynlluniau ar gyfer y gaeaf a'r gwaith adfer ac ailadeiladu.

Cynhyrchwyd yr asesiad o anghenion poblogaeth gwreiddiol gyda'r bobl sydd yn defnyddio'r gwasanaethau a'r bobl sydd yn darparu gwasanaethau. Bu'n rhaid addasu'r dull yma i fod yn ddull ysgafnach er mwyn ystyried yr amserlenni byr ar gyfer yr adolygiad. Roedd yr adolygiad yn cynnwys chwiliad o lenyddiaeth am yr effaith ar bob grŵp, ac mae'n cynnwys canfyddiadau o'r adroddiad ar arloesedd a'r gwersi a ddysgwyd mewn perthynas â COVID-19 (North Wales Research, Innovation and Improvement Hub, 2020). Mae hynny yn cynnwys canfyddiadau o'r ymgynghori a'r ymgysylltu a digwyddodd fel rhan o brosiectau cysylltiedig eraill. Mae hefyd yn cynnwys detholiad o straeon a gasglwyd fel rhan o'n cyfweiliadau 'Newid Mwyaf Arwyddocaol', y byddwn yn rhannu mwy amdanynt mewn adroddiad yn y dyfodol. Gellir gwirio casgliadau'r adolygiad yma a gellir eu hadolygu fel rhan o'r diweddariad o'r asesiad o boblogaeth fydd yn cael ei gynnal yn ystod 2021 ac a fydd y cael ei gyhoeddi ym Mawrth 2022.

Crynodeb

Themâu allweddol

Cydraddoldeb a Hawliau Dynol

Mae pandemig coronafeirws wedi amlygu ac wedi gwaethygu nifer o anghydraddoldebau sydd yn bodoli mewn cymdeithas, megis yr effaith anghymesur ar grwpiau gwarchodedig yn cynnwys pobl Ddu, Asiaidd a Lleiafrifoedd Ethnig (BAME), pobl hŷn a phan anabl, pobl ifanc ac oedolion.

Mae effaith wedi dod ar hawliau dynol a hawliau grwpiau a ddiogelir, yn benodol pobl sy'n cael gofal a chefnogaeth, y rheiny sydd wedi bod yn 'gwarchod' a hawliau plant i chwarae. Mae pryderon wedi bod ynghylch Amddifadu Rhyddid (DoLS) yn arbennig yn achos pobl sydd yn byw mewn cartrefi gofal a phobl ag anableddau dysgu sydd

yn byw mewn llety a rennir. Er y bwriad da, gallai'r arferion yma effeithio'n sylweddol ar ryddid a pherthnasoedd a gall fod yn niweidiol i iechyd a lles pobl.

Yn ogystal mae pryderon ynghylch yr effaith ar y defnydd o'r Gymraeg, gan gynnwys argaeledd canllaw a gweithgareddau cymunedol yn y Gymraeg, yn ogystal â lleihad yn y nifer o gyfarfodydd dwyieithog gan fod gwasanaethau wedi symud ar-lein.

Gweithio o bell a chyfarfodydd rhithwir

Defnyddiwyd y rhain ledled y meysydd blaenoriaethol ar gyfer dilyniant busnes ac fel ffordd o barhau i ddarparu rhai gwasanaethau. Mae staff yn dweud bod hyn yn gweithio yn gyffredinol ac mae wedi cyflwyno newidiadau oedd angen digwydd. Mae yna lawer llai o deithio ac mae rhai gwasanaethau erbyn hyn yn fwy effeithlon.

Roedd gweithio o gartref yn newid yr oedd y rhan fwyaf o bobl eisiau ei gadw. Ond, mae gweithio o bell wedi bod yn heriol i rai aelodau staff, yn arbennig y rhai hynny sydd yn byw ar eu pennau eu hunain neu sydd â chyfrifioldebau gofal. Yn ogystal â diffyg cymorth cymheiriaid a chyfluoedd ar gyfer adrodd yn ôl ar achosion a digwyddiadau anodd.

Roedd nifer o wasanaethau yn gweld bod darpariaeth ar-lein yn gweithio'n dda ac yn golygu bod gwasanaethau yn fwy hygyrch i nifer o bobl. Canfu arolwg Sgyrsiau Covid bod 76% o'r bobl oedd wedi cael profiad o ymgynghoriadau ffôn neu fideo wedi dweud ei fod yn brofiad cadarnhaol.

"System dda iawn ddylai barhau ar ôl y pandemig"

"Cyflym a hawdd. Dim o'r oedi hir arferol mewn meddygfa"

Ond dywedodd 24% nad oeddent wedi cael profiad da. Mae rhai pobl sydd yn defnyddio gwasanaethau wedi cael anhawster gyda'r dechnoleg, mae gwasanaethau ar-lein yn llai hygyrch i rai pobl, mae rhai yn colli'r cyswllt â phobl ac mae yna raniad digidol cynyddol.

"Ddim yn bersonol, ddim yn gallu darllen iaith corff y person na mynegiant yr wyneb".

"Anodd iawn egluro i feddyg teulu dros y ffôn sut yr wyf yn teimlo gyda symptomau lluosog."

Mae'r ddibyniaeth gynyddol ar dechnoleg ddigidol ar gyfer cyfarfodydd, darparu gwasanaethau a helpu pobl i aros mewn cysylltiad gyda ffrindiau a theulu wedi

dangos yr angen am fwy o hyrfforddiant a chymorth i weithwyr gofal o ran sut mae cefnogi'r bobl maent yn gofalu amdanynt i ddefnyddio technoleg.

Awgrymodd cyfranogwyr y dylid defnyddio dull cyfun o ddarparu gwasanaethau rhithwir yn y dyfodol, fel bod opsiynau wyneb yn wyneb ar gael pan fo angen hynny, a bod angen ymchwil a gwerthuso er mwyn sicrhau bod y dulliau rhithwir yn bodloni anghenion pobl ac yn gweithio o ran cyflawni beth sydd yn bwysig i bobl.

Cyfathrebu, gwybodaeth a chynghor

Bu i nifer o sefydliadau gynyddu amledd y cyfathrebu a chyfuno adnoddau ar gyfer aelodau'r cyhoedd a phobl sydd yn defnyddio eu gwasanaethau. Roedd enghreifftiau yn cynnwys gwefan o adnoddau cymunedol, rhestrau o ddarparwyr danfon bwyd lleol a manylion cyswllt brys. Roedd yna broblemau ar y cychwyn gyda symiau mawr o ganllawiau a diffyg cynghor cyson, yn benodol mewn perthynas â gweithdrefnau rheoli haint ac Offer Diogelu Personol (PPE) mewn cartrefi gofal. Er bod canllawiau hawdd eu darllen a fideos wedi bod yn fuddiol i bobl ag anableddau dysgu, nid yw cynhyrchu deunyddiau wedi bod yn amserol bob amser ac mae dosbarthu deunyddiau wedi bod yn ddarniog.

Gweithlu Hyblyg

Gweithiodd staff yn hyblyg gan addasu'n gyflym i'r ffyrdd newydd o weithio, yn cynnwys adleoli i wahanol rolau, newidiadau i batrymau shifftiau ac oriau swyddfa, a darparu llanw ar benwythnosau. Mae yna bryderon ynghylch cynaliadwyedd hynny yn yr hirdymor a'r risg o lethu.

Gweithio integredig a gwneud penderfyniadau yn gyflymach

Siaradodd nifer o'r staff am sut yr oedd gweithio integredig wedi gwella rhwng gwahanol asiantaethau a phroffesiynau wrth ymateb i'r argyfwng, a bod penderfyniadau allweddol wedi cael eu gwneud yn llawer cyflymach na'r arfer.

Iechyd meddwl

Yn achos pob grŵp mae yna argyfwng iechyd meddwl yn ymddangos o ganlyniad i'r pandemig a'r camau gaiff eu cymryd i reoli lledaeniad y firws. Bydd hynny yn cael ei waethygu gan gyfnodau clo yn y dyfodol yn ogystal â cholli swyddi, cynnydd mewn diweithdra a thlodi o ganlyniad i effeithiau economaidd gymdeithasol ehangach y firws.

Blaenoriaethau ac egwyddorion

Roedd yr adolygiad yn cefnogi'r gwaith parhaus ar flaenoriaethau'r Bwrdd

Partneriaeth Rhanbarthol:

- Pobl hŷn ag anghenion cymhleth a chyflyrau hirdymor, yn cynnwys dementia
- Pobl ag anableddau dysgu
- Gyrfaoedd, yn cynnwys gofalwyr ifanc
- Plant a Phobl Ifanc
- Iechyd meddwl

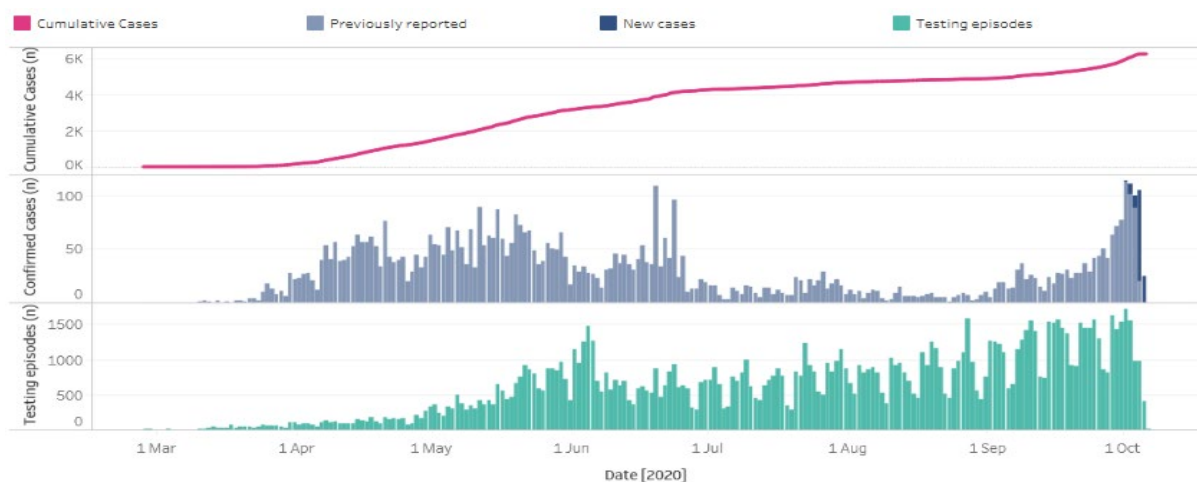
Nododd yr adolygiad hefyd yr egwyddorion canlynol yn seiliedig ar wersi a ddysgwyd o'r pandemig, ddylai hysbysu gwaith yn y dyfodol ar y blaenoriaethau yma.

1. **Hyrwyddo cynhwysiant digidol.** Mae hynny yn cynnwys sicrhau bod gan bobl sydd yn defnyddio ac sydd yn darparu gwasanaethau fynediad i dechnoleg a chysylltedd yn ogystal â'r sgiliau i'w defnyddio.
2. **Dulliau cynhwysol o ailddylunio gwasanaethau.** Er y bu nifer o fuddion i weithio o bell a chynnydd yn y defnydd o dechnoleg yn ystod y pandemig, nid yw'r dulliau yma yn gweithio i bawb ac nid ydynt yn gweithio o dan pob amgylchiad. Mae pob gwasanaeth yn mabwysiadu ffyrdd newydd o weithio, mae angen eu gwerthuso'n ofalus er mwyn adnabod a lliniaru unrhyw niwed posibl. Er enghraifft, drwy ddefnyddio dull cyfun o ddarparu gwasanaethau er mwyn gwneud y mwyaf o fuddion dulliau rhithwir a wyneb yn wyneb.
3. **Defnyddio dull seiliedig ar hawliau** mewn perthynas o chyfnodau clo yn y dyfodol ac ailagor gwasanaethau er mwyn lliniaru'r niwed a achoswyd gan bolisïau a ddyluniwyd i reoli lledaeniad y firws. Mae'n rhaid i hynny gynnwys cynnwys pobl sydd yn defnyddio gwasanaethau wrth gydgyhyrchu polisïau ac ymateb a chael llais a rheolaeth ar eu bywydau eu hunain.

Trosolwg o COVID-19 yng Ngogledd Cymru

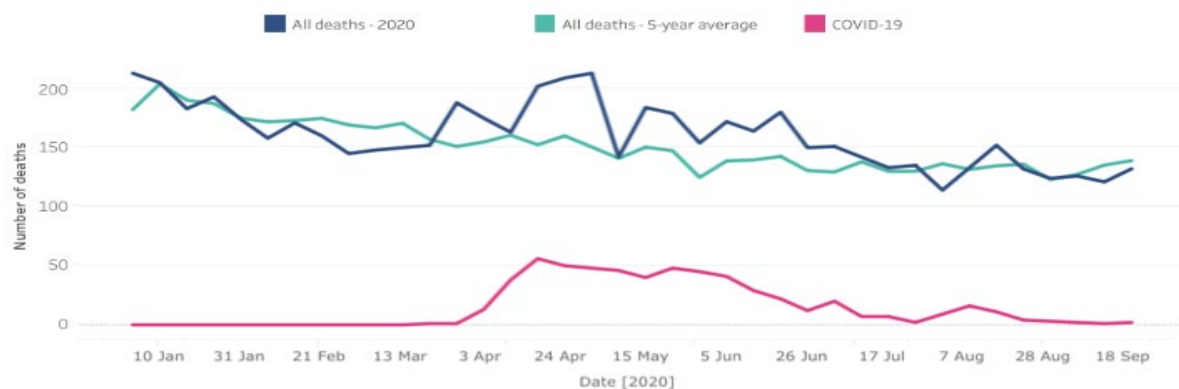
Erbyn 6 Hydref bu tua 6,200 o achosion wedi eu cadarnhau o COVID-19 yng Ngogledd Cymru, neu 1,300 o bob 100,000 o bobl yn y boblogaeth (Public Health Wales, 2020). Fel y dengys yn y siart isod, ar ôl gostyngiad yn y nifer o achosion yn ystod yr haf, dechreuodd achosion gynyddu yn ystod mis Medi ac ar adeg ysgrifennu hwn, roedd y mwyafrif o Ogledd Cymru dan gyfyngiadau clo lleol.

Siart 1: Penodau profi, achosion a gadarnhawyd, achosion cronol, Gogledd Cymru



Roedd nifer y marwolaethau yng Ngogledd Cymru o ganlyniad i COVID-19 ar 6 Hydref rhwng 427 (achosion a gadarnhawyd) a 574 (marwolaethau a gofrestrwyd gyda COVID-19 wedi ei nodi ar y dystysgrif marwolaeth).

Siart 2: Nifer wythnosol y marwolaethau a gofrestrwyd, pob marwolaeth, marwolaethau COVID-19 (unrhyw gyfeiriad) a chyfartaledd 5 mlynedd (2015-2019), Gogledd Cymru



Y Gymraeg

Mae'r Bwrdd Partneriaeth Rhanbarthol wedi ymrwymo i gryfhau'r gwasanaethau a ddarperir yn Gymraeg a darparu cynnig gweithredol drwy'r fframwaith Mwy Na Geiriau. Mae pryderon bod darpariaeth y Gymraeg wedi gwaethygu yn ystod yr argyfwng, ac sydd wedi cael effaith sylweddol ar ansawdd gwasanaethau a ddarperir, yn arbennig i bobl sy'n byw gyda dementia neu'n cael gwasanaethau iechyd meddwl. Mae'r Fforwm Mwy Na Geiriau yn parhau i gyfarfod a bydd y gwaith hwn yn parhau i geisio sicrhau lleihau'r effaith hwn.

Mae [Strategaeth Gweithlu](#) Addysg Iechyd a Gwelliannau Cymru a Gofal Cymdeithasol Cymru wedi'i lansio'n ddiweddar a byddwn yn dymuno gweithio fel rhanbarth i sicrhau bod y gofynion o fewn Mwy na geiriau yn cael eu cynnwys ym mhrif ffrwd datblygiadau yn y dyfodol.

Mae canllaw ynghylch rheoli haint a Chyfarpar Diogelu Personol ar gyfer lleoliadau iechyd a gofal cymdeithasol yn cael eu cyhoeddi ar y cyd gan asiantaethau iechyd cyhoeddus y DU ar gov.uk yn Saesneg yn unig (Public Health England, 2020). Byddwn angen adlewyrchu ar effaith sefyllfa brys ar ganllaw dwyieithog a mentrau eraill i hyrwyddo'r Gymraeg a sut i liniaru hynny yn y dyfodol.

Mae Comisiynydd Y Gymraeg (2020) wedi mynegi pryderon ynghylch yr effaith anghymesur argyfwng COVID-19 ar weithgareddau cymunedol a gynhelir drwy'r Gymraeg ac a fydd defnydd dyddiol pobl o'r iaith yn cael ei leihau drwy weithio gartref. Yn ogystal mae pryder bod nifer o gyfarfodydd a gynhelir yn ddwyieithog ar draws Gogledd Cymru wedi lleihau oherwydd eu bod wedi cael eu symud ar-lein. I helpu i fynd i'r afael â hyn mae Comisiynydd Y Gymraeg (2020) wedi cynhyrchu canllaw ar sut i gynnal cyfarfodydd fideo yn ddwyieithog. Mae nifer o brosiectau ymchwil ar y gweill ynghylch effaith COVID-19 ar ddefnydd o'r Gymraeg, a byddwn yn ei fonitro fel y gallwn gynnwys unrhyw ganfyddiadau ac argymhellion mewn cynlluniau rhanbarthol yn y dyfodol.

Effaith ar bobl ag anghenion gofal a cymorth

Plant a phobl ifanc ag anghenion cymhleth

Plant ag anableddau a/neu salwch

Mae asesiad cyflym gan Unicef (2020) yn nodi sut yr oedd gwasanaethau iechyd pediatrig yn gyfyngedig, gyda staff yn symud i wasanaethau oedolion a nifer o apwyntiadau a llawdriniaethau cynlluniedig yn cael eu canslo. Gallai hynny waethygu mwy ar iechyd plant gydag anghenion iechyd cymhleth. Canfu canlyniadau arolwg Plant yng Nghymru (2020) bod angen gwella mynediad i ofal critigol ar gyfer plant ag anghenion iechyd ychwanegol. Hefyd mynegodd adroddiad gan Goleg Brenhinol y Peditryddon ac Iechyd Plant (2020) bryderon ynghylch plant gyda chyflyrau hirdymor yn colli therapïau a llawdriniaethau, mwy o amseroedd aros neu atgyfeiriadau, asesiadau yn cael eu hoedi a'r effaith allai hynny ei gael ar eu iechyd a gwaethygu cyflyrau sydd yn bodoli. Adroddodd Special Needs Jungle (2020) bod sesiynau iaith a lleferydd a ffisiotherapi yn cael eu colli am fisoedd a'u bod yn pryderu y bydd nifer o blant angen cymorth dwys er mwyn adfer sgiliau a gollwyd.

Mae asesiad Unicef (2020) yn honni y gall diffyg ysgolion a chanolfannau hamdden ar gyfer gweithgaredd corfforol fod yn arbennig o bwysig i blant ag anableddau, a gall diffyg gweithgaredd corfforol effeithio ar les meddyliol plant.

Canfu ymchwil gan Family Fund (2020) bod 94% o deuluoedd yn teimlo y cyfnod clo wedi effeithio ar iechyd a lles eu plant ac roedd 89% yn credu bod eu hymddygiadau neu emosiynau wedi gwaethygu, honnodd 65% bod cymorth megis ffisiotherapi a chymorth iechyd meddwl yr oeddent wedi ei dderbyn wedi dirywio, ac roedd 30% wedi cael anawsterau gyda chost bwyd. Canfu Special Need Jungle (2020) bod lefelau gorbryder wedi codi yn achos y rhan fwyaf o blant gydag anghenion arbennig, ond yn achos rhai plant roedd hynny wedi gostwng oherwydd llai o bwysau a lai o broblemau synhwyraidd.

Mewn adroddiad gan Co-Space (2020) nodwyd bod rhieni plant ag anghenion arbennig a chyflyrau niwroddatblygiadol wedi dioddef lefelau uchel o straen y ystod y pandemig. Canfu Co-Space (2020) a Phartneriaeth Plant Anabl (2020) bod rhieni sydd yn ofalwyr yn teimlo straen ac yn poeni am ymddygiad, lles ac addysg cartref eu plant, a dal COVID-19. Roedd arolwg gan Fforwm Cymru Gyfan (2020) yn ategu'r

canfyddiadau yma, ond canfu hefyd bod rhieni sydd yn ofalwyr yn cael eu drysu gan ganllawiau ar y dechrau a bod llawer o'r rhai oedd angen eu gwarchod yn cael eu drysu gan y wybodaeth a roddwyd iddynt.

Canfu Family Fund (2020) bod 74% o'r rhieni yn bryderus ynghylch addysgu eu plant anghenion arbennig gartref. Canfu Special Needs Jungle (2020) ffigwr cyffelyb o 68%, gyda 1 mewn 4 yn adrodd nad oedd gwaith wedi addasu ar gyfer anghenion eu plant, oedd yn golygu nad oeddent yn gallu ei gwblhau.

Canfu Co-Space (2020) y byddai rhieni yn dymuno cymorth o ran rheoli problemau emosiynol ac ymddygiadol eu plant a bod yn well ganddynt gymorth gan bobl broffesiynol mewn fformat ar-lein.

Mae asesiad Unicef (2020) yn manylu ar y pwysau yr oedd y pandemig wedi ei roi ar elusennau, gyda mwy o alw a llai o incwm yn golygu bod nifer yn wynebu risg o fethu â goroesi. Mae plant ag anghenion cymhleth yn aml yn cael mynediad i wasanaethau elusennol, felly bydd hyn yn effeithio arnynt.

Effeithiodd COVID-19 ar ofal iechyd cyffredinol i blant yn cynnwys ymweliadau iechyd a nyrsio mewn ysgolion wrth i nifer o aelodau staff gael eu symud i hyfforddiant nyrsio rheng flaen neu lanw. Efallai bod y cyfyngiadau wedi effeithio ar rieni newydd o ganlyniad i gyfyngiadau mewn monitro cynenedigol ac ôl-enedigol a diffyg ymweliadau cartref yn ystod yr wythnosau ar misoedd cyntaf yn dilyn genedigaeth, sydd yn amser critigol ar gyfer canfod unrhyw iselder ôl-enedigol a phroblemau ymlyniad a addasiadau i ddeinameg teuluoedd (partneriaid a brodyr a chwiorydd).

Plant sydd â phrofiad o ofal

Mae Cymdeithas Seicolegol Prydain (2020) yn egluro y gall plant sydd â phrofiad o ofal yn fwy agored i'r pandemig, oherwydd eu bid wedi wynebu ansicrwydd a sefyllfaoedd o straen cyn hynny neu eu bod wedi gorfod bod yn wylidwrs o berygl, all achosi adweithiau i straen yn ystod y cyfnod clo, sydd yn effeithio ar eu hymddygiad a'u hemosiynau. Mae Lleisiau gan Ofal Cymru (2020) yn nodi sut y mae plant sydd â phrofiad o ofal eisoes yn wynebu anfantais yn gymdeithasol ac ariannol, gan honni y gall y pandemig waethygu anghydraddoldebau.

Canfu'r Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol (2020) bod 50% o blant mewn gofal a 4 mewn 5 o adawyr gofal yn teimlo'n unig ac yn orbryderus yn ystod y cyfnod clo. Hefyd canfu Lleisiau o Gofal Cymru (2020) bod plant yn teimlo'n fwy

ynysig a bod gorbryder wedi cynyddu, ac maent yn honni y gallai ynysu effeithio ar iechyd meddwl plant sydd eisoes wedi profi trawma, a efallai bydd y rhai sydd yn derbyn cymorth iechyd meddwl wedi gweld y b amharu ar hynny. Honnodd Cymdeithas Seicolegol Prydain (2020) y gallai llai o amser gyda'i rhieni naturiol effeithio ar eu lles meddyliol. Daeth cwnsela / cyswllt wyneb yn wyneb uniongyrchol gan Wasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS) i ben, a bydd hynny wedi effeithio ar y daith therapiwtig yn achos yr holl blant a'u teuluoedd, p'un a ydynt mewn gofal neu beidio.

Roedd y Rhwydwaith Maethu (2020) yn adrodd bod y cyfnod cloi wedi bod yn heriol i ofalwyr maeth, gan greu problemau ymddygiadol, ond canfuwyd bod rhai plant wedi setlo mwy. Adroddodd Adoption UK (2020) bod 50% o blant mewn gofal yn teimlo trallod/gorbryder ac roedd cynnydd mewn ymddygiadau treisgar mewn 31%. Roedd yna effeithiau cadarnhaol o ganlyniad i'r cyfnod clo, roedd 50% o'r glasoes yn dawelach eu meddwl ac roedd 54% wedi cael gwell perthynas gyda'u gofalwyr/teuluoedd. Yng Ngogledd Cymru, rhoddwyd galwadau wythnosol i bawb oedd wedi eu lleoli mewn darpariaeth gofal preswyl, yr Asiantaeth Maethu Annibynnol (IFA) ac Awdurdod Lleol, er mwyn monitro lles, ac roedd hynny yn lefel ychwanegol o oruchwyliaeth fel y gellid cynnig cymorth uniongyrchol er mwyn cynnal sefydlogrwydd lleoliad. Darparwyd gliniaduron er mwyn sicrhau y gallai plant mewn gofal gynnal cyswllt rhithwir gyda'u teuluoedd a ffrindiau yn ogystal â sicrhau y gallent gael mynediad at ddysgu ar-lein.

Mewn arolwg o blant sydd wedi derbyn gofal, canfu'r Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol (2020) nad oedd gan 1 o bob 10 plentyn mewn gofal a 1 o bob 5 o adawyr gofal y dechnoleg i aros mewn cysylltiad â theulu a ffrindiau. Hefyd canfu Lleisiau o Ofal Cymru (2020) bod gan blant â phrofiad o ofal ddiffyg mynediad at dechnoleg er mwyn cadw mewn cysylltiad. Yng Ngogledd Cymru, rhoddwyd ffonau symudol i adawyr gofal er mwyn sicrhau y gallent gynnal cyswllt.

Mae Cymdeithas Seicolegol Prydain (2020) yn amlygu sut y gall amharu ar addysg plant â phrofiad o ofal effeithio ar eu teimlad o berthyn, yn arbennig os ydynt wedi gorfod newid ysgolion yn y gorffennol. Mae'r Rhwydwaith Maethu (2020) yn honni bod gan blant cyrhaeddiad addysgol is ac y gallai'r amharu hwn ar addysg ymestyn mwy ar y bwlch. Adroddodd nifer o ofalwyr nad oedd anghenion dysgu ychwanegol yn cael eu bodloni yn ystod y pandemig, ac mae gan gyfran sylweddol o blant sydd â phrofiad o ofal yr anghenion ychwanegol yma. Mae Adoption UK (2020) hefyd yn honni bod plant sy'n derbyn gofal yn cyrraedd lefelau mabwysiadu is a bod ganddynt

gyfraddau uwch o anghenion addysgol ychwanegol, a chanfuwyd nad oedd 85% yn derbyn cymorth ychwanegol gan yr ysgol.

Canfu'r Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol (2020) bod 9 o bob 10 wedi cael cyswllt â'u gweithwyr cymdeithasol yn ystod y cyfnod clo. Canfu trafodaethau gyda gwasanaethau plant yng Ngogledd Cymru bod ymweliadau statudol wedi cael eu cwblhau ym mhob achos ble roedd yna risg bod lleoliadau yn mynd i fethu, neu pan fo straenachoswyr wedi cael eu hadnabod drwy'r galwadau wythnosol er mwyn monitro lleoliadau. Mae'r adroddiad gan y Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol (2020) yn honni bod nifer o blant mewn gofal wedi cael anhawster cysylltu â'u gweithwyr cymdeithasol pan fônt angen hynny. Ategwyd hynny gan Leisiau gan Ofal Cymru (2020) a ganfu bod yna lai o gyswllt gan weithwyr cymdeithasol.

Mewn adroddiad gan y Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol (2020) maent wedi gweld llai o atgyfeiriadau amddiffyn plant oherwydd bod plant yn rhyngweithio gyda llai o asiantaethau, maent yn credu all wneud i blant fod yn fwy agored i drais. Yng Ngogledd Cymru roedd yna ostyngiad ar y dechrau ond cododd y gyfradd atgyfeirio yn ôl i'r lefelau disgwyledig. Digwyddodd lefel uwch o ymweliadau ag aelwydydd ble roedd yna blant ar y gofrestr amddiffyn plant - ymweliadau wythnosol n hytrach na'r amserlen 10 diwrnod. Canfu Gofal yn y Gymuned (2020) mai staff gwasanaethau plant, ymysg gweithwyr cymdeithasol, oedd fwyaf anfodlon, roeddent yn fwy pryderus ynghylch argaeledd offer diogelwch personol, ac yn adrodd am fwy o lwyth gwaith, a bod atgyfeiriadau cam-drin domestig yn rhoi straen ar y system.

Cyhoeddwyd canllawiau gweithredol Llywodraeth Cymru i ddarparwyr gwasanaethau gofal cymdeithasol plant yn ystod pandemig coronafeirws ynghylch y cymorth parhaus a ddarperir i blant agored i niwed, plant sydd yn wynebu risg a phlant sydd â phrofiad o ofal.

Plant sydd angen gofal a chymorth

Mewn adroddiad gan Lywodraeth Yr Alban (2020) maent y honni bod 'plant agored i niwed' megis y rhai sydd angen gofal a chymorth n wynebu mwy o risg yn ystod y cyfnod clo, o ganlyniad i lai o incwm, mwy o straen ar deuluoedd a bod yn llai gweladwy i weithwyr proffesiynol. Mae Usher et al (2020) hefyd yn honni y gall yr anawsterau ariannol, yr ynysu, y straen ychwanegol a'r llai o ofal plant/amser ysgol yn ystod y cyfnod clo, waethygu esgeulustod, trais a cham-drin domestig yn achos plant sydd angen gofal a chymorth.

Mae adroddiad Llywodraeth Yr Alban (2020) yn adrodd bod Parentline wedi derbyn pedair gwaith gymaint ag arfer o alwadau a bod Llinell Gymorth Cam-drin Domestig y DU wedi gweld cynnydd o 15% mewn ymweliadau â'i wefan, a bod hynny yn awgrymu y gallai'r plant hynny sydd eisoes yn wynebu risg yn wynebu mwy o risg, ond hefyd bod mwy o blant o bosibl angen gofal a chymorth. Mae'r Innovation Unit (2020) hefyd yn dangos riportio cynyddol am drais domestig i linellau cymorth. Mae'r Swyddfa Ystadegau Gwladol (2020) yn adrodd am gynnydd mewn digwyddiadau trais domestig mewn adroddiadau'r heddlu yn ystod Mai, Mehefin a Gorffennaf, ac maent hefyd yn adrodd am gynnydd mewn galwadau i linellau cymorth NSPCC ac UNICEF, sydd yn amlygu'r risg cynyddol o gamdriniaeth y maen plant yn ei wynebu. Mae adroddiad gan Cymorth i Ferched (2020) yn dangos sut mae cam-drin domestig wedi cynyddu yn ystod y cyfnod clo, mae plant wedi gweld a dioddef mwy o drais, ac mae mynediad at gymorth a therapïau i blant sydd yn ddioddefwyr camdriniaeth wedi lleihau.

Canfu Nation Cymru (2020) bod data yn dangos bod 180,000 (1 o bob 3) o blant yng Nghymru yn byw mewn tlodi, a bod COVID-19 yn fwy tebygol o effeithio ar aelwydydd â phlant. Mae Nation Cymru (2020) yn honni bod plant sydd yn byw mewn tlodi yn fwy agored i gam-drin domestig, ac y bydd y cynnydd mewn caledi ariannol n arwain at fwy o risg i blant. Mae Sinha, Bennett a Taylor-Robinson (2020) hefyd yn nodi bod plant o deuluoedd tlotach yn wynebu mwy o risg o esgeulustod a thrais domestig, a bod y pandemig wedi effeithio ar faterion ariannol, ar cynnydd o fanciau bwyd wedi cynyddu. Roedd yr holl blant oedd yn gymwys i dderbyn prydau ysgol am ddim yn parhau i dderbyn y gwasanaeth yma.

Mae adroddiadau gan Lywodraeth Cymru (2020) yn dangos bod presenoldeb mewn ysgolion yn achos plant agored i niwed yng Nghymru yn is na 10% un ystod y cyfnod clo ac mae'r Innovation Unit (2020) yn adrodd bod cyn lleied â 5% o blant sydd â gweithiwr cymdeithasol wedi mynychu'r ysgol yn ystod y cyfnod clo. Mae'r diffyg presenoldeb yn lleihau cyswllt gyda gweithwyr proffesiynol allai adnabod pryderon posibl ynghylch diogelwch yn achos y plant hynny sydd yn wynebu risg o ddod yn blant sy'n derbyn gofal. Mae Donagh (2020) yn nodi y gall yr ysgol fod yr unig le diogel i rai plant. Yng Ngogledd Cymru cyfarfu 'Grŵp Dysgwyr Agored i Niwed' ddwy waith yr wythnos yn ystod anterth y cyfnod clo er mwyn sicrhau y gellid trafod yr holl blant oedd yn hysbys eu bod yn wynebu risg o gam-drin ac esgeulustod ac y gellid trefnu galwadau / ymweliadau monitro fel bo'n briodol. Cynigwyd lle i'r holl blant risg uchel mewn darpariaeth dydd yn yr ysgol.

Mae Donagh (2020) yn mynegi pryderon bod rhai gweithwyr cymdeithasol wedi wynebu gwrthwynebiad o ran cysylltu â rhai teuluoedd, a chael anawsterau o ran monitro unrhyw esgoli o ran risg o gam-drin neu esgeulustod. Hefyd, mae methu â chefnogi'r plant eu hunain, oherwydd eu bod yn byw mewn cyfnod clo gyda'u camdriniwr, yn golygu bod plant yn colli'r cymorth yma. Digwyddodd hynny yng Ngogledd Cymru mewn lleiafrif o achosion, gyda rhai teuluoedd yn gwrthod cyswllt gan honni eu bod yn ofni dal y feirws. Datryswyd hynny drwy ddefnyddio Offer Diogelwch Personol (PPE) a chyfarfod yn yr awyr agored.

Canfu Gofal yn y Gymuned (2020) bod llwyth gwaith gwasanaethau gofal cymdeithasol i blant wedi cynyddu yn ystod y cyfnod clo, a gallai hynny fod wedi effeithio ar y cymorth a dderbyniodd plant yn ystod y cyfnod hwnnw.

Adroddodd Cymdeithas Llywodraeth Leol (2020) bod atgyfeiriadau gofal cymdeithasol i blant wedi gostwng un rhan o bump yn ystod y cyfnod clo, ac o ganlyniad maent yn disgwyl cynnydd sylweddol yn ystod y misoedd ar ôl i blant ddychwelyd i'r ysgol. Hefyd, mae Cymdeithas Gweithwyr Cymdeithasol Prydain (2020) yn honni y gallai gweithwyr cymdeithasol gael eu llethu ar ôl i blant dychwelyd i'r ysgol, oherwydd eu bod yn rhagweld cynnydd mewn atgyfeiriadau oherwydd pryderon am ddiogelwch yn cael eu hadnabod ymysg plant newydd a phlant sydd eisoes angen gofal a chymorth.

Plant sydd yn wynebu risg o fod angen gofal

Mewn adroddiad gan Lywodraeth Yr Alban (2020) maent y honni bod 'plant agored i niwed' megis y rhai sydd yn wynebu risg o fod angen gofal, yn wynebu mwy o risg yn ystod y cyfnod clo, o ganlyniad i lai o incwm, mwy o straen ar deuluoedd a bod yn llai gweladwy i weithwyr proffesiynol. Mae Usher et al (2020) hefyd yn honni y gall yr anawsterau ariannol, yr ynysu, y straen ychwanegol a'r llai o ofal plant/amser ysgol yn ystod y cyfnod clo, waethygu esgeulustod, trais a cham-drin domestig yn achos plant sydd yn wynebu risg o fod angen gofal.

Mae adroddiad Llywodraeth Yr Alban (2020) yn adrodd bod Parentline wedi derbyn pedair gwaith gymaint ag arfer o alwadau a bod Llinell Gymorth Cam-drin Domestig y DU wedi gweld cynnydd o 15% mewn ymweliadau â'i wefan, a bod hynny yn awgrymu y gallai'r plant hynny sydd eisoes yn wynebu risg yn wynebu mwy o risg. Mae'r Innovation Unit (2020) hefyd yn dangos riportio cynyddol am drais domestig i linellau cymorth. Mae'r Swyddfa Ystadegau Gwladol (2020) yn adrodd am gynnydd mewn digwyddiadau trais domestig mewn adroddiadau'r heddlu yn ystod Mai,

Mehefin a Gorffennaf, ac maent hefyd yn adrodd am gynnydd mewn galwadau i linellau cymorth NSPCC ac UNICEF, sydd yn amlygu'r risg cynyddol o gamdriniaeth y mae plant yn ei wynebu. Mae adroddiad gan Cymorth i Ferched (2020) yn amlygu sut mae cam-drin domestig wedi cynyddu yn ystod y cyfnod clo, mae plant wedi gweld a dioddef mwy o drais, ac mae mynediad at gymorth a therapïau i blant sydd yn ddioddefwyr camdriniaeth wedi lleihau. Gallai'r cynnydd mewn cam-drin domestig effeithio ar blant sydd eisoes yn wynebu risg o fod angen gofal.

Plant ag anghenion emosiynol ac ymddygiadol

Mewn arolygon sydd yn cymharu dechrau'r cyfnod clo ag un mis yn ddiweddarach a gynhaliwyd gan CoSPACE (2020), adroddodd rhieni am gynnydd mewn problemau emosiynol ac ymddygiadol mewn plant oedran cynradd. Mewn perthynas â phlant oedran uwchradd, adroddodd rhieni am gynnydd mewn ymddygiad anniddig, ond bod ymddygiadau emosiynol wedi lleihau, ond ni adroddodd pobl ifanc yn eu harddegau am unrhyw wahaniaeth o ran anawsterau emosiynol neu ymddygiadol. Hefyd, canfuwyd bod rhieni plant ag anghenion addysgol arbennig (SEN) yn adrodd am ostyngiad mewn anawsterau emosiynol ond bod problemau ymddygiadol yr un fath. Mae'r ymchwiliad yma yn awgrymu y gallai plant ag anghenion emosiynol ac ymddygiadol oedd yn bodoli eisoes fod angen mwy o gymorth, ond hefyd gallai mwy o blant nad oedd angen cymorth yn flaenorol gyflwyno anghenion emosiynol ac ymddygiadol.

Canfu Nonweiler et al (2020) bod rhieni plant gydag anhwylderau niwroddatblygiadau yn ystod y cyfnod clo bod symptomau emosiynol wedi gwaethygu o'i gymharu â chyn COVID-19. Mae Courtenay a Perera (2020) yn honni y gall rhai sydd ag anawsterau deallusol gael anawsterau o ran rheoli newidiadau i'w arferion, a gall llai o fynediad at gymorth a therapïau arwain at gynnydd mewn ymddygiadau heriol. Yng Ngogledd Cymru, mae yna bryder y bydd rhestrau aros wedi cynyddu, gan greu mwy o oedi i blant sydd yn disgwyl am asesiadau a mynediad at wasanaethau.

Canfu astudiaeth gan Patel (2020) y gall plant gyda chyflyrau iechyd meddwl sydd eisoes yn bodoli ddioddef gwaethygiad mewn symptomau o ganlyniad i'r cyfnod clo, allai gynyddu anghenion emosiynol ac ymddygiadol y bobl ifanc yma. Hefyd, dangosodd arolwg Young Minds (2020) bod plant â phroblemau iechyd meddwl yn adrodd am atglafychu neu am symptomau yn gwaethygu yn ystod y cyfnod clo.

Mae Singh et al (2020) yn honni bod plant sydd â chyflyrau sydd eisoes yn bodoli sydd yn achosi problemau emosiynol ac ymddygiadol megis cyflyrau iechyd meddwl ac anghenion arbennig, wedi dioddef yn anghymesur o ganlyniad i'r pandemig. Maent yn nodi sut y bydd anghenion unigol y plant hynny yn wahanol iawn, ac felly mae'n bwysig bod yr anghenion penodol hynny yn cael eu hystyried, o ran eu cefnogi nhw a'u teuluoedd wrth symud ymlaen.

Canfu arolwg Coronafeirws a Fi bod y rhan fwyaf o blant a phobl ifanc (58%) wedi dweud eu bod yn teimlo'n hapus y rhan fwyaf o'r amser, ac mae mwyafrif mawr (84%) yn adrodd eu bod yn teimlo'n ddiogel y rhan fwyaf o'r amser. At ei gilydd dywedodd 2% eu bod 'heb deimlo'n ddiogel yn aml iawn'. Y pethau sydd wedi effeithio fwyaf ar y ffordd maent yn teimlo yw; methu â threulio amser gyda ffrindiau, methu â gallu ymweld ag aelodau'r teulu ac ysgolion a cholegau yn cau (Comisiynydd Plant Cymru, 2020).

Mae mwy o wybodaeth am effaith COVID-19 ar y rhai ag anableddau dysgu i'w cael yn adran anableddau dysgu yr adroddiad yma. Mae rhagor o wybodaeth am effaith COVID-19 ar iechyd meddwl yng Ngogledd Cymru, yn arbennig ymysg pobl ifanc, wedi'i ddwyn ynghyd gan y Tîm Iechyd Cyhoeddus Lleol Bwrdd Iechyd Prifysgol Betsi Cadwaladr (2020).

Hawliau Plant

Mae'r Comisiynydd Plant yn pryderu bod y rheolau presennol ynghylch hunan ynysu am 14 diwrnod yn dilyn cyswllt posibl ag achos cadarnhaol o COVID-19 wedi effeithio'n niweidiol ar iechyd meddyliol a chorfforol plant, ac wedi amharu'n sylweddol ar eu hawl i chwarae, yn arbennig mewn achosion pan nad oes gan y plentyn fynediad at ardd neu le n yr awyr agored.

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng

Mae gwasanaethau wedi symud at wneud mwy o waith yn **ddigidol**, megis defnyddio Ap NEWid er mwyn gweithio yn rhithwir gyda phlant a theuluoedd, a'r offeryn ymgysylltu rhithwir newydd 'Mind of My Own' fel y gall pob plentyn fynegi eu dymuniadau a'u safbwyntiau mewn rhai meysydd. **Mae cyfarfodydd wedi symud ar-lein ac wedi cael eu cynnal yn rhithwir** yn cynnwys Paneli Maethu a Sefydlogrwydd a Chynadleddau Amddiffyn Plant. Mae cynnal Cynadleddau Amddiffyn Plant ac Adolygiadau o Blant sydd yn Derbyn Gofal wedi arwain at well

presenoldeb a chyfranogiad gan rieni a theuluoedd sydd yn ystyried bod hynny yn llai bygythiol.

Parhaodd rhai gwasanaethau i gael eu darparu wyneb yn wyneb. Er enghraifft, parhaodd y Tîm Cyngori Personol i gefnogi gadawyr gofal yng Nghonwy a pharhau i gynnig cyswllt wyneb yn wyneb pan fo gadawyr gofal yn gofyn am hynny.

Gweithio gartref

Mae'r adborth gan staff gwasanaethau plant ynghylch **trefniadau gweithio o adref** wedi bod yn gadarnhaol ar y cyfan. Er bod llwyth gwaith gweithwyr cymdeithasol wedi cynyddu, roedd nifer yn gorfod cydbwysu gweithio adref gyda threfniadau gofal plant personol a chyfrifoldebau addysgu gartref oherwydd bod eu plant eu hunain adref o ganlyniad i gau ysgolion. Oherwydd hynny dylid hefyd gydnabod bod plant gweithwyr cymdeithasol wedi wynebu anfantais o ganlyniad i'r cyfnod clo.

Dywedodd adborth cadarnhaol o un sir bod gweithio o adref wedi gwaredu straen cymudo, y cludo i'r ysgol a'r amseroedd teithio i gyfarfodydd, a bod hynny wedi rhyddhau mwy o amser ar gyfer ymarfer corff, bwyta'n iach ac amser gyda'r teulu. Mae cyfarfodydd wedi canolbwyntio mwy ar yr agenda a bu mwy o ymgysylltu gan rieni a gweithwyr proffesiynol. Gall cyfarfodydd ar-lein helpu i roi hyder i bobl roi eu barn a gall staff deimlo'n fwy hyderus ynghylch cael sgysiau anodd gyda'r risg o fygythiadau corfforol yn cael eu dileu. Dywedodd rhai bod llwyth gwaith yn fwy rheoladwy a'i bod yn haws gorffen yn brydlon heb gael eu dal gan sgysiau munud olaf ar ddiwedd y dydd, er nad dyna oedd yr achos i bawb. Hefyd dywedodd staff eu bod yn teimlo eu bod yn cael mwy o gefnogaeth gan reolwyr sydd ar gael drwy Skype ac ar y ffôn, a'u bod yn cysylltu â nhw mewn ffordd fwy rhagweithiol nag yn y swyddfa. Ond, wrth i gyfnod COVID-19 barhau ac wrth i gyfnodau clo lleol ddigwydd, mae yna bryderon bod cyfran o weithwyr cymdeithasol, yn arbennig rhai sydd newydd gymhwyso a'r rhai sydd yn wynebu'r risg mwyaf ac sydd yn delio â'r gwaith achos mwyaf cymhleth, yn dechrau cal anawsterau heb y cymorth cymheiriaid a chyfluoedd i adrodd yn ôl ar achosion anodd, digwyddiadau a thrawma eilaidd. Mae hynny yn debygol o effeithio ar gydnerthedd y gweithlu yn yr hirdymor.

Iechyd meddwl

Yn ystod y cyfnod clo, mae'r Gwasanaeth Atal Ymyrraeth Gynnar Bwrdd Iechyd Prifysgol Betsi Cadwaladr wedi parhau i gynorthwyo a chefnogi pobl ifanc a theuluoedd drwy wasanaethau megis Prosiect Celf, sydd yn ceisio helpu gyda

hwyliau, hunan-barch a hyder; mae ymgynghoriadau teulu wedi eu cynnig i gefnogi teuluoedd; ac mae CAMHS wedi creu pecynnau adnodd COVID-19 a anfonwyd i bawb a oedd ar y rhestr aros gydag adnoddau defnyddiol. Mae cysylltiadau yn parhau i gael eu gwneud gyda chanolfannau ysgol yn ystod cyfnodau cau ysgolion. Mae ymgynghoriad proffesiynol wedi parhau (er bu i hyn stopio ar y dechrau i ganolbwyntio ar yr argyfwng) i gefnogi gweithwyr proffesiynol o wasanaethau eraill ar wahân ag yn yr ysgolion. Mae cysylltiadau wedi cael eu gwneud gyda phob ysgol a mae estyniad newydd i'r gwasanaeth ymyrraeth gynnar wedi'i sefydlu i gefnogi clystyrau ysgolion cynradd ac uwchradd drwy ymgynghoriad, hyfforddiant ac atgyfeiriadau priodol i CAMHS. Mae mewnbwn cynyddol i raglenni Seasons a Be Smart, a mae hyfforddiant cyfeillion i'w darparu i bob ysgol.

Rhaglen drawsnewid gwasanaethau plant

Mae'r rhaglen wedi addasu i'r sefyllfa newydd. Mae **maes gwaith un**, ymyrraeth gynnar ac atal er mwyn gwella iechyd emosiynol, lles a chydnerthedd plant a phobl ifanc, yn datblygu fframwaith integredig gydag egwyddorion arweiniol ar gyfer cefnogi plant a phobl ifanc 0-18 oed, yn cynnwys canllawiau ac adnoddau. Mae COVID-19 wedi effeithio'n sylweddol ar ddatblygu'r fframwaith yma. Cafodd y llif gwaith ei rewi tra bod yr uwch dîm arweiniol yn canolbwyntio ar gynllunio brys. Yn ddiweddar mae gweithgaredd wedi dechrau cynyddu a chynhaliwyd arolwg gydag uwch arweinyddion er mwyn pennu blaenoriaethau, gan gasglu y dylai'r ffocws fod ar berthnasoedd anodd mewn teuluoedd yn y grŵp 8 i 11 oed.

Mae COVID-19 wedi rhoi ffocws manylach ar anghenion emosiynol ac iechyd meddwl pobl ifanc. Mae'r bwrdd rhaglen wedi gallu arallgyfeirio tanwariant er mwyn cyflymu'r gwaith o ddatblygu a chyflwyno dwy raglen: Stay Wise a FRIENDS Resilient, er mwyn helpu plant a phobl ifanc i feithrin cydnerthedd a gwella eu llesiant.

Effeithiwyd ar **faes gwaith dau**, ymyriadau cyrion gofal, yn cynnwys timau amlddisgyblaethol, gan COVID-19 mewn gwahanol ffyrdd. Er enghraifft, mewn rhai meysydd, adleolwyd staff yn ystod yr argyfwng ac arafodd cyflymder y cynnydd. Mewn meysydd eraill, parhaodd y ddarpariaeth yn ôl y bwriad, ac ystyriwyd bod sicrhau nad oedd plant yn cael eu derbyn i ysbytai yn amhriodol neu'n cael eu rhoi mewn gofal yn flaenoriaeth. Llwyddodd tîm ardal y Dwyrain i gynnal eu gwaith recriwtio a hyfforddiant MST ar-lein ac addaswyd y gwaith o ddarparu'r rhaglen yn gyflym i ddulliau ar-lein fel y gallai gwaith gyda theuluoedd ddechrau fel a gynlluniwyd, gan weithio gyda theuluoedd o fewn 72 awr neu lai ar ôl atgyfeiriad pan

fo'r plant yn wynebu risg o fod angen gofal. Hefyd gwnaethpwyd cynnydd yn yr ardal Canolbarth er mwyn sefydlu eu tîm amlddisgyblaethol. Hefyd, datblygodd Conwy eu Peilot Tîm Cymorth Ymddygiad a chyflwyno hynny ledled yr ardal canolbarth. Mae ardal y Gorllewin wedi ailffocysu ei gynlluniau ar gyfer gweddill y flwyddyn hon ac mae'n darparu rhaglen hyfforddi gynhwysfawr er mwyn uwchsgilio staff awdurdod lleol ac iechyd er mwyn eu galluogi i ddarparu ymyriadau therapiwtig yn ogystal â dulliau arferion gorau eraill. Mae'r Dwyrain a'r Gorllewin yn gweithio gyda'r gymuned a'r sector gwirfoddol er mwyn sefydlu cynllun cydnerthedd cymunedol fel ymateb i anghenion uniongyrchol teuluoedd am gymorth yn ystod COVID-19 ac yn ystod y cyfnod adfer.

Rhan arall o faes gwaith dau oedd darparu gwasanaeth preswyl tymor byr fyddai yn bodloni'r angen uniongyrchol am lety ac yn galluogi cynnal asesiad amlddisgyblaethol ac ymyriadau priodol yn lleol mewn man diogel pan nad yw aros yng nghartref y teulu yn bosibl. Mae'r maes gwaith yma yn mynd rhagddo ac mae eiddo wedi cael ei glustnodi yn ardal y Dwyrain a gwaith yn mynd rhagddo ar y caniatâd cynllunio a pharatoi'r safle ar gyfer yr adeiladu newydd yn yr ardal Canolbarth.

Mae'r rhaglen drawsnewid yn y Dwyrain hefyd wedi nodi nifer uchel o alwadau yn ystod y cyfnod clo gan deuluoedd y mae eu plant yn disgwyl am asesiad niwroddatblygiadol neu sydd ar y llwybr ac sydd yn cyrraedd sefyllfaoedd o argyfwng. Maent wedi comisiynu Y Teulu Cyfan er mwyn cefnogi teuluoedd a nodwyd fel rhai mewn argyfwng neu ag angen brys am gymorth gan weithio yn agos â Gweithredu er mwyn Anabledd Plant. Hefyd gweithiodd y bwrdd iechyd gydag ysgolion er mwyn cefnogi staff i ddeall ymddygiadau plant wrth iddynt dychwelyd i'r ysgol. Mae Sir y Fflint hefyd wedi comisiynu sefydliad annibynnol, STAND (cwmni buddiant cymunedol) i ddarparu chwe chwrs hyfforddiant ar-lein a fforwm i rieni ar gyfer teuluoedd, gyda chysiau yn cynnwys Makaton, SLEEP, Teenlife, a chwrs ymwybyddiaeth ofalgar i rieni y mae gan eu plant anableddau.

Mae **llif gwaith tri**, cynllun peilot gan Gyngor Gwynedd i drawsnewid ymarfer amddiffyn plant wedi bod yn weithredol am 18 mis. Mae'r fframwaith ymarfer peilot wedi cael ei ddatblygu yn gydweithredol gan ymarferwyr yng Nghyngor Gwynedd gyda'r nod o gyflwyno hynny ledled Gogledd Cymru. Mae effaith COVID-19 wedi cael ei deimlo yn uniongyrchol gan y prosiect datblygiadol yma mewn nifer o ffyrdd. Gan weithredu mewn maes ymarfer blaenoriaethol critigol gyda theuluoedd, mae staff wedi blaenoriaethu ymateb brys i COVID-19 am gost gychwynnol i

weithgareddau'r prosiect. Gyda threigl amser bu'n bosibl ailsefydlu'r ymyriadau cynlluniedig gyda staff ac unigolion, a darparwyr mentora grŵp yn rhithwir. Ond, o ethos o ffurfio perthnasoedd gwaith gyda staff, yn gyfochrog â'r gwell perthnasoedd hynny gyda theuluoedd; mae COVID-19 wedi newid y cyd-destun cyfathrebu. Mae wedi arwain at ailddiffinio'r prosiect er mwyn sicrhau ei fod yn gydnerth er mwyn cael ei darparu ac yn effeithiol dan y cyfyngiadau newydd.

Pan fo'n bosibl mae'r **sefydliadau trydydd sector** wedi parhau i gefnogi plant a phobl ifanc drwy grwpiau ar-lein, sesiynau cwnsela dros y ffôn ac anfon pecynnau gweithgareddau i deuluoedd. Bu anawsterau sylweddol o ran symud y cymorth ar-lein i blant a phobl ifanc, yn cynnwys pryderon o ran ymgysylltu a diogelu. Ond, mae rhai sefydliadau yn adrodd am lefelau da o ymgysylltu a chanlyniadau cadarnhaol o ganlyniad i waith ar-lein.

Croniclau Covid: straeon o'r rheng flaen

Grymuso cleifion drwy fideo

O safbwynt ffisiotherapi, mae Covid-19 wedi dod â'r gwasanaeth ffisiotherapi ehangach at ei gilydd. Cyn Covid-19 roedd is-dimau megis meddygfeydd, allgleifion, Niwrolleg, Paediatreg ac arbenigwyr eraill yn gweithio ar wahân yn bennaf. Nid oeddem yn gwybod pwy oedd y timau eraill, beth oedd eu rolau, eu henwau na'u wynebau. Pan adleolwyd y rhan fwyaf o'r staff mewn adrannau allgleifion i wasanaethau aciwt, daethom i fod yn un tîm mawr. Rwyf yn credu y bydd hynny yn golygu y bydd gwasanaethau ar ôl coronafeirws yn llawer mwy cydlynol. O safbwynt hyfforddi a gwybodaeth, mae wedi bod yn gadarnhaol oherwydd bod staff wedi ennill sgiliau newydd a nawr rydym yn dechrau gweithio ar sut y gallwn gadw rhai o'r sgiliau newydd hynny.

Yn achos y gwasanaeth pediatriig mae wedi bod yn frawychus. Mae adleoli therapyddion pediatriig wedi gadael plant ag anableddau ar draws y bwrdd iechyd heb wasanaethau cymunedol. Rydym ond wedi bod yn gweithio ar achosion blaenoriaeth frys, ac roedd hynny yn anodd ei reoli oherwydd nod oedd tîm ar ôl i gysylltu â theuluoedd i weld a oeddent angen therapi brys.

Bu i ni anfon llythyr i'r holl deuluoedd yn y llwyth achosion ffisiotherapi pediatriig i ddweud 'rydym yn dal yma, cysylltwch â ni'. Oherwydd er ein bod wedi ein hadleoli, roeddem yn dal i allu wneud galwadau ffôn a fideo a wyneb yn wyneb brys pe bai angen, ond bu i brin neb gysylltu â ni. Mae'n ymddangos yn y wasg bod y GIG wedi bod yn rhy brysur gyda Covid-19. Nis oes dim gofawr wedi bod yn ymweld â'r teuluoedd yma, di ysgol a neb i siarad â nhw, ac maent wedi cael eu gadael gartref gyda phlentyn sydd ag anghenion dwys iawn.

Euthum i weld bachgen bach yr wythnos ddiwethaf, roedd ei fam yn cael anawsterau mawr yn ystod y cyfnod clo, mae'r bachgen wedi bod yn eithaf gwael ac mae ei gyflwr wedi dirywio ond nid oedd eisiau achosi trafferth i ni. Roedd yn cael anhawster gyda'r ffaith nad oedd yn ymddangos ei fod yn hapus mwyach ac nid oedd yn ymgysylltu â chwarae ac nid oedd yn gwybod beth i'w wneud.

Cafodd fwy o feddyginiaethau er mwyn ceisio rheoli ei symptomau, ond roedd hynny wedi golygu ei fod yn llai abl i berfformio'n gorfforol. Er enghraifft, gallai sgil effaith i blentyn fod yn anhawster codi ei ben ei hyn i fyny neu reoli ei lwnc. Roedd y fam yn cael anhawster ymdopi â'i anghenion dydd i ddydd hyd yn oed, roedd ei iechyd meddwl yn dioddef oherwydd bod ei bachgen bach mor anhapus drwy'r amser.

Bu i ni dreulio awr yn dangos ystumiau chwarae haws fel nad oedd raid i'w reolaeth o'i ben fod mor dda er mwyn gallu chwarae gyda'i deganau. Yna dechreuodd ymgysylltu, gwenu ac edrych ar ei fam, a darllenodd y fam lyfr iddo, ac nid oedd hi wedi gallu darllen llawer iddo oherwydd ei fod yn cael anhawster aros yn yr un ystum ac roedd yn dod yn anghyfforddus, ac roeddem yn gallu gosod ei ystum yn ddigon da fel y gallai'r fam ddarllen llyfr iddo a gafaelodd mewn tegan o'r llyfr ac roedd yn dal i edrych ar y llyfr ac yn edrych ar wyneb y fam wrth iddi ddarllen iddo a gwenu.

Ar ôl hynny anfonodd y fam e-bost ataf a mynegodd faint o wahaniaeth a wnaethpwyd o'i weld yn ymgysylltu â chwarae a'i fod yn hapus eto, a bu i hynny wneud iddi deimlo y bu'n werth dyfalbarhau ac y byddai therapi yn dechrau'n fuan eto ac roedd yn teimlo ei bod yn rheoli mwy ar y sefyllfa. Rhaid i mi ddweud fy mod yn teimlo fel wylo wrth adael y tŷ oherwydd nad oeddwn yn teimlo y gallwn wneud digon iddynt.

Bydd yna gynnydd yn y galw am ein gwasanaeth pan fydd yr ysgolion yn ailagor. Mewn un ysgol arbennig mae gennym dros saith deg o ddarnau o offer osgo'r corff mae'n debyg fydd angen eu haddasu ar gyfer twf plant, ac mae hynny dim ond er mwyn eu gwneud yn ddiogel, a ddim yn ymwneud â gwirio mai dyna'r darn gorau o offer ar gyfer y plentyn, adolygu eu hanghenion ffisiotherapi, pennu rhaglenni newydd, mae'n ymwneud yn unig â sicrhau eu bod yn ddiogel i ddechrau i defnyddio.

Rwy'n credu efallai mai'r newid mwyaf arwyddocaol a chadarnhaol fu symud i asesiad a therapi fideo oherwydd bod hynny yn bendant yn grymuso teuluoedd, ac mae wedi dod yn gyfathrebiad llawer mwy dwy ffordd gyda'r teuluoedd, felly maent yn ystyried ei fod yn llawer mwy normal anfon fideos byr atom o'u plant neu ddangos llun i ni o'u plant yn cyflawni gwahanol bethau yn amgylchedd eu cartref, yn hytrach na dod i mewn i'r clinig ac yn dweud wrthym nad yw eu plant yn perfformio'n dda iawn mewn clinig. Rwy'n credu bod gweld y plentyn yn eu cartrefi eu hunain ar gyfer asesu a therapi drwy gyfrwng fideo wedi bod yn

gadarnhaol iawn a byddwn yn bendant yn defnyddio hynny yn y dyfodol ynghyd ag apwyntiadau wyneb yn wyneb.

Gofalwyr di-dâl

Mae ffigyrau gan Carers Week (2020), yn cynnwys data gan y Swyddfa Ystadegau Gwladol ac arolwg YouGov yn amlygu bod pandemig COVID-19 wedi arwain at gynnydd o hyd at 196,000 o ofalwyr di-dâl yng Nghymru erbyn Mehefin 2020. Mae 98,000 o'r gofalwyr di-dâl newydd yma hefyd yn gweithio yn ogystal ag ysgwyddo eu cyfrifoldebau gofal. Roedd data y Swyddfa Ystadegau Gwladol (2020) yn dangos cynnydd yn yr adroddiadau am iechyd meddwl gwael ymysg gofalwyr, gyda chynnydd hyd yn oed mwy ymysg gofalwyr benywaidd. Nododd Gofalwyr Cymru (2020) eu bod wedi gweld cynnydd mewn pobl sydd yn ceisio mynediad at gymorth gan yr elusen, gyda phryderon ynghylch; eu iechyd meddwl, PPE, profi, bwyd, meddyginiaeth, teimlo'n anweledig neu eu bod wedi cael eu gadael, a cholli annibyniaeth parhaus.

Mewn adroddiad gan Ymddiriedolaeth Gofalwyr Cymru (2020) mae nifer o faterion wedi cael eu codi mewn perthynas â gofalwyr ifanc a gofalwyr sydd yn oedolion ifanc. Canfu'r ymchwiliad bod iechyd meddwl gofalwyr ifanc a gofalwyr sydd yn oedolion ifanc wedi gwaethygu yn ystod y pandemig, maent yn poeni mwy am y dyfodol, yn teimlo mwy o straen, yn llai cysylltiedig, ac mae eu horiau gofalu wedi cynyddu. Mae gofalwyr ifanc wedi gofyn am fwy o gymorth ynghylch llesiant, help i barhau i fod yn gysylltiedig, egwylliau, help i gydbwyso gofalu ac addysg a gwaith, a chymorth i aros yn ffit ac iach.

Roedd yr adroddiad arolwg gan Carers Week (2020) yn amlygu'r heriau allweddol sydd yn wynebu gofalwyr yng Nghymru, sef; methu â chael amser i ffwrdd, straen a chyfrifoldeb, costau ariannol, perthnasoedd eraill, effaith ar iechyd meddwl ac iechyd corfforol, effaith ar waith cyflogedig, a neb i siarad â nhw. Roedd yr adroddiad hefyd yn dangos canran uwch o ofalwyr benywaidd na gwrywaidd, a chanfuwyd bod merched yn fwy tebygol o boeni am eu iechyd meddwl a materion ariannol. Mae hynny yn awgrymu y gallai cyfrifoldebau gofalu a waethygydd gan argyfwng COVID-19 fod yn effeithio yn anghymesur ar ferched, a gallai hynny effeithio mwy ar faterion cydraddoldeb rhwng y rhywiau y mae gofalwyr yn eu wynebu. Canfu adroddiad Behind Closed Doors Carers UK (2020) bod y rhan fwyaf o ofalwyr yng Nghymru yn teimlo; pryder y byddent yn cael eu llethu, gorbryder na fydd gwasanaethau yn cael eu hadfer ac yn poeni beth fydd yn digwydd os byddant yn cael eu taro'n wael. Ond, roedd yna bryderon nad oedd yr adroddiad yma yn cynnwys digon o gynrychiolaeth o blith gofalwyr yng Ngogledd Cymru.

Mynegodd Cynghair Gofalwyr Cymru (2020) faterion i Lywodraeth Cymru yn ystod y cyfnod clo mewn perthynas â dryswch ynghylch newid i hawliau gofalwyr yng Nghymru o ganlyniad i Ddeddf Coronafeirws, a arweiniodd at lai o gynlluniau cymorth i rai. Roedd y materion eraill a nodwyd yn cynnwys; rhyddhau heb gymorth digonol, llai o ofal seibiant, dryswch ynghylch canllawiau hunanynysu, yn ogystal â'r materion uchod a nodwyd yn arolwg Carers Week (2020).

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng a sut y cefnogwyd gofalwyr

Er gwaethaf y pandemig, mae gwasanaethau gofalwyr ledled Gogledd Cymru wedi parha yn ddi-dor, gan ddarparu gwasanaeth allweddol a gwerthfawr i ofalwyr di-dâl drwy weithio ar-lein ac o bell. Mae gofalwyr a'u teuluoedd hefyd wedi parhau i dderbyn cymorth un i un os bydd angen hynny arnynt, gan gadw at ganllawiau pellhau cymdeithasol a defnyddio PPE.

Mae gwasanaethau trydydd sector a'r sector gwirfoddol wedi bod yn cefnogi gofalwyr drwy: siopa a chasglu meddyginiaethau; grwpiau gofalwyr yn cyfarfod drwy alwadau fideo a galwadau ffôn unigol; galwadau cadw mewn cysylltiad yn cynnwys galwadau dilynol a llythyrau 'gwarchod'; bocsys bwyd a lles; darparu cronfeydd data o gymorth sydd ar gael; rhannu cymorth ariannol sydd ar gael drwy geisiadau grant a chronfeydd grantiau argyfwng.

Mae awdurdodau lleol wedi bod yn cefnogi gofalwyr drwy: greu timau cymorth COVID-19 er mwyn helpu pobl mewn cymunedau lleol yn ystod y pandemig; rhannu canllawiau a gwybodaeth genedlaethol a lleol allweddol ynghylch gwasanaethau sydd ar gael; cynnal deialog agored gyda darparwyr er mwyn gwirio sut mae pethau yn mynd rhagddynt, a chadw llygaid ar y galw a'r heriau; gweithio gyda darparwyr ar newid gwasanaethau er mwyn ymateb i anghenion newydd gofalwyr a rhoi lefel o annibyniaeth i ddarparwyr er mwyn gwneud y newidiadau angenrheidiol; rhannu adnoddau er mwyn helpu o ran ble mae'r galw yn bodoli; darparu mwy o gwnsela a chymorth emosiynol. Maent hefyd wedi bod yn cynnal galwadau cadw mewn cysylltiad; darparu bwyd; darparu cronfeydd data lleol o gymorth sydd ar gael; rhannu cymorth ariannol sydd ar gael drwy geisiadau grant a chronfeydd grantiau argyfwng, cefnogi rhieni sydd yn ofalwyr mewn perthynas â mynediad at addysg/gofal plant.

Mae awdurdodau lleol wedi bod yn gweithio'n agos gyda Chyngor Gwirfoddol y Sir er mwyn cydlynu gwirfoddoli a chymorth yn y gymuned, a gobeithir y bydd hynny yn

helpu i adnabod a chyrraedd gofalwyr anffurfiol, yn arbennig mewn ardaloedd gwledig.

Darparodd Promas Caring for People CIC gyrsiau am ddim i ofalwyr ynghylch parhau i fod yn iach yn feddyliol, corfforol ac emosiynol, gan gynnig cyngor ac awgrymiadau, galluogi i ofalwyr nodi ym mha faes y maent angen cymorth.

Prif Ganfyddiadau

- Mae nifer y gofalwyr sydd wedi cofrestru gyda gwasanaethau cymorth wedi cynyddu yn ystod COVID-19 oherwydd bod mwy o bobl y ysgwyddo rolau gofalu yn lle gwasanaethau cymorth allai fod wedi cael eu gohirio neu eu stopio gan y teulu. Bu'r cyfnod clo yn anodd iawn i nifer o ofalwyr ac mae wedi pwysleisio pwysigrwydd cynllunio i'r dyfodol.
- Yn ystod y misoedd diwethaf mae effaith niweidiol ynysu ar ofalwyr wedi bod yn amlwg ledled y rhanbarth, ac mae gofalwyr wedi cael anhawster gyda'r diffyg ymweliadau mewn ysbytai a chartrefi gofal.

Croniclau Covid: straeon o'r rheng flaen

Ymdopi â gofalu yn ystod COVID-19

"Mae gofalwyr di-dâl yn grŵp o bobl sydd yn ysgwyddo pwysau mawr iawn, maent yn aml yn goflau am rywun annwyl 24/7. Fel gofalwr di-dâl yn ystod argyfwng coronafeirws; yn sydyn mae eich rhwydwaith cymorth o'ch cwmpas, allai fod yn deulu neu ffrindiau, yn diflannu, efallai na fydd yr awdurdod lleol yn gallu darparu gwasanaethau i'ch cartref, nid yw'r person yr ydych yn gofalu amdano yn gallu mynd i ganolfan seibiant neu ganolfan ddydd oherwydd nad ydych yn gallu ei adael; yn sydyn rydych wedi eich ynysu; yn unig; efallai bod y person sydd yn annwyl i chi wedi marw neu efallai ei fod yn yr ysbyty.

Rydym wedi clywed gan ein gofalwyr bod ynysu wedi bod yn llethol. Mae methu â bod gydag anwyliaid wrth iddynt farw yn achosi edifeirwch; euogrwydd ac anhawster yn y broses o alaru, oherwydd nad oeddent yno ar y diwedd.

Bu i ni ddechrau galwadau cadw mewn cysylltiad gyda phob gofalwr dros 70 oed sydd yn gysylltiedig â'n sefydliad. Bu i ni dechrau gyda'r rhai oedd yn wynebu mwyaf o risg ac a oedd fwyaf agored i niwed. Wyth wythnos yn ddiweddarach bu i ni gysylltu â phobl ac roeddent yn dweud 'chi yw y bobl gyntaf yr ydan ni siarad â nhw. Nid oedd neb arall wedi gofyn i ni sut ydym, fel arfer mae gweithiwr cymdeithasol neu'r awdurdod lleol yn cysylltu'. Neu 'mae fy ngŵr wedi dod allan o'r ysbyty ac nid oes neb wedi gwneud cyswllt dilynol, chi yw'r person cyntaf i gysylltu â ni'. Roedd yn codi ein calonnau ein bod yn gwneud gwahaniaeth.

Ers dechrau'r pandemig rydym wedi bod yn cludo bocsys bwyd 'Cadw'n Iach' i ofalwyr, pethau megis bara, wyau, llaeth, llysiau - popeth yn ffres. Rydym wedi danfon 2,400 o focsys. Fel arfer, byddai hynny yn golygu danfon i bobl sydd efallai yn byw mewn ardal wledig, ble nad oes gwasanaeth bysiau neu fynediad i'r rhyngwyd er mwyn archebu siopa ar-lein.

Mae gennym hefyd gangen menter gymdeithasol, sef ein cadwyn o siopau elusen a gaeodd yn ystod y pandemig. Penderfynwyd defnyddio peth o'r stoc i wneud bocsys 'Aros yn Brysur' wedi eu teilwra i bob gofalwr. Os oedd y person a ofalwyd amdano yn hoffi jig-sos a'i fod yn hapus i wneud hynny am gwpl o oriau, byddai'r gofalwr yn cael bath neu'n darllen llyfr. Os ydych yn gofalu am rhywun - efallai eich bod heb gysgu ac yn rhwystredig, nid oes neb ar gael i'ch helpu. Yna rydych yn estyn gêm o'ch bocs Cadw'n Brysur a gallwch ei chwarae gyda'ch anwyliad, rydych yn cael seibiant o'ch rôl fel gofalwr ac fel rhywun sydd yn derbyn gofal.

Mae pobl yn wirioneddol wedi meithrin perthnasoedd. Rydym wedi danfon gêm o 'draughts' i gwpl nad oedd wedi ei chwarae ers blynnyddoedd. Roeddent yn ei chwarae bob prynhawn a dywedodd y gofalwr ei bod wrth ei bodd yn treulio amser gyda'i gŵr.

Mae hynny yn swnio'n syml iawn ond mae gofalwyr di-dâl wedi dweud wrthym bod hyn wedi bod yn achubiaeth, rydym wedi helpu i'w cynnal ac wedi eu cadw'n fyw hefyd."

Argymhellion

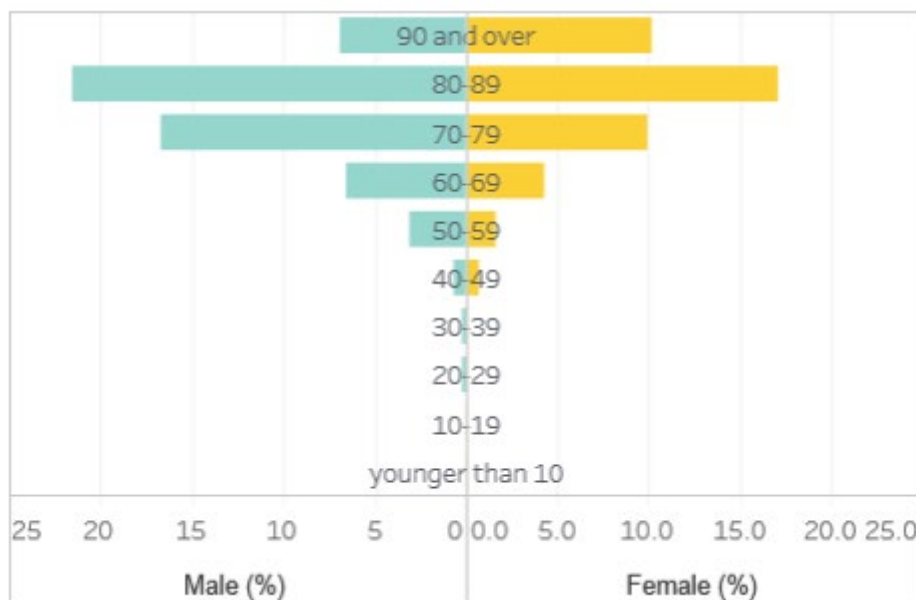
- Cysylltu â gofalwyr sydd wedi eu hallgau yn ddigidol a sicrhau tegwch gwasanaethau, eu hannog i ymuno â grwpiau cymorth er mwyn siarad â gofalwyr eraill a chanfod, drwy siaradwyr gwadd, pa gyngor a gwasanaethau gwybodaeth sydd yn dal yn bodoli y gellir cael mynediad atynt.
- Cysondeb ar draws y tri Ysbyty Ardal Cyffredinol ynghylch presenoldeb gofalwyr pan fo'r person y gofalir amdano yn cael triniaeth, mae rhai gwasanaethau yn caniatáu i'r gofalwr ddarparu cymorth, mae'r anghysondeb yma yn achosi gorbryder i'r gofalwr a'r person y gofalir amdano.
- Cydnabod a deall effaith y cyfnod clo ar ofalwyr a sicrhau bod gwasanaethau ar draws yr holl sectorau wedi cael eu trefnu er mwyn ymateb i hyn a helpu i atal gofalwyr rhag torri i lawr.
- Ymgrych Genedlaethol/Ranbarthol/Leol er mwyn annog gofalwyr i lunio cynllun wrth gefn pan fo'n bosibl a sicrhau y gallent ymdopi yn ystod yr Hydref/Gaeaf.

- Mae angen i ni weithio yn agos gyda meddygon teulu, Nyrsys Rhanbarth a gwasanaethau cymorth er mwyn gofyn am unrhyw wybodaeth mewn perthynas â phobl ifanc allai fod yn ofalwyr ifanc. Mae codi ymwybyddiaeth yn hanfodol er mwyn adnabod y grŵp yma o bobl ifanc sydd angen cymorth.

Pobl hŷn

Mae Siart 3 isod yn dangos faint mwy o effaith mae COVID-19 wedi ei gael ar bobl hŷn o'i gymharu â grwpiau oedran iau.

Siart 3: Dosbarthiad oedran a rhyw marwolaethau COVID-19 a amheuir mewn achosion a gadarnhawyd mewn labordai, BCUHB



Ffynhonnell: [Iechyd Cyhoeddus Cymru](#) [Mynediad ar 26 Medi 2020]

Mae Kings Fund (2020) yn nodi bod data yn dangos bod oedran yn cynyddu'r risg o farw o COVID-19 o ganlyniad i systemau imiwnedd ac o fod yn fwy tebygol o ddioddef cyflyrau cronig. Mae ffigyrau gan ICNARC (2020) yn dangos bod oedran yn cynyddu'r tebygolrwydd o farw os derbynnir i ofal critigol gyda COVID-19.

Canfu'r Swyddfa Ystadegau Gwladol. Bod dros 50% o bobl dros 60 oed yn poeni am eu lles, ac o blith y rhain roedd 70% yn poeni am y dyfodol, roedd 54% dan straen/gorbryderus a 43% wedi diflasu. Canfuwyd bod pobl dros 60 oed yn ymdopi drwy gadw mewn cysylltiad gyda theulu/ffrindiau, garddio, darllen ac ymarfer corff. Roedd y data yn dangos eu bod yn fwy tebygol o helpu cymdogion, yn llai pryderus am faterion ariannol, yn fwy pryderus am gael pethau hanfodol ac yn llai optimistaidd am ba mor hir fydd y pandemig yn para. Mae Banerjee (2020) hefyd yn honni bod pobl hŷn yn fwy agored i broblemau iechyd meddwl yn ystod pandemig ac mae'n argymhell ystyried iechyd meddwl y grŵp yma, gyda risg cynyddol o orbryder am iechyd, panig, iselder a theimlo'n ynysig, yn arbennig rhai sydd yn byw mewn sefydliadau.

Mae Hoffman, Webster a Bynum (2020) yn trafod goblygiadau ynysu ar y boblogaeth hŷn. Maent yn honni y gall llai o weithgareddau corfforol, diffyg cyswllt cymdeithasol, a chanslo apwyntiadau arwain at gynnydd mewn anabledd, risg o anaf, llai o ffwythiant gwybyddol a phroblemau iechyd meddwl. Mae Campbell (2020) hefyd yn canfod y gall ynysu cymdeithasol effeithio ar iechyd corfforol a meddyliol, gyda llai o weithgaredd corfforol, llai o fynediad i adnoddau, unigrwydd a galar. Mae Cox (2020) yn honni bod y risgiau uwch i bobl hŷn yn cael eu gwaethygu ymhellach gan anghydraddoldebau yn cynnwys; salwch cronig, tlodi a hil, gwneud i unigolion â chyflyrau hirdymor, statws economaidd-gymdeithasol isel a phobl Ddu, Asiaidd a Lleiafrifoedd Ethnig (BAME) fod yn hyd yn oed mwy agored i niwed.

Mae'r Ganolfan Heneiddio'n Well (2020) yn honni, er bod mwy o bobl dros 55 oed wedi symud ar-lein, bod y rhaniad digidol wedi ehangu yn ystod y pandemig, wrth i fwy o wasanaethau symud ar-lein yn unig. Mae'n bwysig sicrhau nad yw pobl hŷn yn cael eu hallgau yn ddigidol wrth symud ymlaen. Bu i Boulton et al (2020) mewn adolygiad o ymyriadau o bell ar gyfer unigrwydd, amlygu dulliau all leihau unigrwydd, yn cynnwys; cyfeilio dros y ffôn, cyfathrebu fideo, grwpiau trafod ar-lein a dulliau cymysg. Maent yn honni bod y rhai mwyaf llwyddiannus yn cynnwys meithrin perthnasoedd agos, rhannu profiadau neu nodweddion a pheth gofal bugeiliol. Mewn adolygiad cyflym mae Noone et al (2020) yn gwrthddweud hynny, gan awgrymu nad yw'r dystiolaeth ynghylch gallu ymgynghoriadau fideo i leihau unigrwydd, symptomau iselder a/neu ansawdd bywyd, yn derfynol a bod angen mwy o dystiolaeth o ansawdd uchel.

Mae sefydliadau'r trydydd sector sydd yn cefnogi pobl ledled y rhanbarth wedi adrodd am ddwy bryder sylweddol, sef allgau digidol a'r angen i ganfod dulliau eraill i'r rhai nad ydynt yn dymuno neu nad ydynt yn gallu symud gweithgareddau ar-lein. Ac mae'r ail bryder wedi cael ei fynegi yn rheolaidd gan bobl hŷn ynghylch hysbysiadau Na Cheisier Dadebru (DNR) ddim yn cael eu cymhwyso i bobl hŷn mewn ysbytai yn ystod y pandemig.

Cartrefi Gofal

Mae ystadegau gan y Swyddfa Ystadegau Gwladol (2020) yn dangos bod marwolaethau mewn cartrefi gofal wedi codi 46% ers yr un cyfnod y llynedd, ac yn ogystal â marwolaethau COVID-19 mae'r data yn dangos bod marwolaethau eraill wedi cynyddu hefyd. Canfuwyd bod marwolaethau oedran benodol yng Nghymru mewn cartrefi gofal yn uwch na'r rhai oedd ddim mewn cartrefi gofal a bod marwolaethau COVID-19 mewn cartrefi gofal yn uwch na marwolaethau COVID-19

mewn lleoliadau eraill. Mae'r ffigyrau hefyd yn dangos bod gan ddynion gyfradd marwoldeb uwch .

Canfu Comisiynydd Pobl Hŷn Cymru (2020) bod y cyflenwad o offer diogelwch personol (PPE) i gartrefi gofal yn gymysg, a rhai yn dweud bod yna oedi ac amseroedd aros am fwy o gyflenwadau. Roedd defnyddio PPE wedi bod yn drallodus i rai sydd yn drwm eu clyw a bu'n rhaid i gartrefi gofal brynu eu mygydau tryloyw eu hunain. Maent yn amlygu problem diffyg argaeledd profion ar gyfer cartrefi gofal, oedi o ran canlyniadau, diffyg gwybodaeth ar y dechrau, a theimlwyd bod hynny i gyd wedi effeithio ar y deilliannau mewn cartrefi gofal. Mae hynny yn adlewyrchu adborth lleol oedd yn amlygu'r angen am ganllawiau clir a chyson ynghylch PPE, gyda mwy o reolaeth ar fersiynau fel ei bod yn glir pan fo dogfen yn disodli un arall neu pan ei fod yn ychwanegol at ganllawiau sydd eisoes yn bodoli. Roedd yr adroddiad hefyd yn nodi sut yr effeithiwyd ar les meddyliol trigolion cartrefi gofal gan beidio â chael ymwelwyr, pryderon ynghylch COVID-19 a marwolaethau preswylwyr eraill.

Mewn adroddiadau gan House a Fewster (2020) maent yn honni na flaenoriaethwyd cartref gofal, a bod cyfres o faterion wedi cyfrannu at eu cyfraddau trosglwyddo uchel, oedd yn cynnwys; y data o gartrefi gofal ddim yn cael ei gofnodi ar y dechrau, profion ddim yn cael eu cynnal a gwasgariad ansymptomatig ddim yn cael ei ystyried. Gallai'r oedi o ran ymateb a'r diffyg eglurder i gartrefi gofal fod wedi cyfrannu at y nifer uchel o farwolaethau mewn cartrefi gofal. Yng Ngogledd Cymru, roedd nifer o staff gofal yn gweithio ar draws nifer o gartrefi gofal mewn amrywiaeth o rolau, ac achosodd hynny heriau o ran rheoli heintio ac opsiynau cyfyngedig o ran staff, ac roedd hynny yn effeithio ar eu hincwm. Roedd yna beth pryder am y broses ryddhau ar ddechrau'r pandemig, ac roedd rhai darparwyr yn teimlo pwysau i dderbyn derbyniadau o'r ysbyty er mwyn sicrhau sefydlogrwydd gwelyau aciwt, gyda dim proses glir wedi ei sefydlu mewn perthynas â phrofi cleifion cyn eu rhyddhau i gartrefi gofal. Hefyd, nododd Bwrdd Diogelu Oedolion Gogledd Cymru y tramgwyddwyd ar hawliau pobl o ran Mesurau Diogelu rhag Colli Rhyddid (DoLS) a phenderfyniadau yn cael eu gwneud heb gyfeirio at y canllawiau.

Arloesedd/Cydweithrediadau

Mewn adroddiad gan Gymdeithas Henoed Prydain (2020) maent yn amlygu rhai camau arloesol a chydweithrediadau ar gyfer helpu i ddiogelu a gwella gofal o bobl hŷn yn ystod y pandemig, ac mae enghreifftiau yn cynnwys:

- Ymyrraeth gofal rhagdybiol i rai sydd yn wynebu risg uchel
- Ymateb tîm amlddisgyblaethol i anghenion gofal brys
- Cydweithredu ysbyty yn y cartref er mwyn cadw pobl gartref
- Dull amlasiantaeth er mwyn darparu arweiniad a chymorth cyflym i gartrefi gofal
- Cynllunio gofal ymlaen llaw er mwyn adnabod anghenion unigol
- Ward plant yn cael ei defnyddio ar gyfer cleifion hŷn a bu hynny yn fuddiol
- Cynllunio rhyddhau integredig
- Adsefydlu rhagweithiol gyda ffisiotherapi wedi'i dargedu cyn rhyddhau
- Darparu apwyntiadau digidol a thros y ffôn

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng

“Mae'r darparwyr gofal wedi bod yn rhyfeddol, yn arbennig cartrefi gofal sydd wedi dangos cydnerthedd a phenderfyniad mawr er mwyn cadw cyfraddau heintio yn isel”

Dull rhanbarthol o gefnogi cartrefi gofal

Ers dechrau'r pandemig sefydlwyd amrywiaeth o gynlluniau amlasiantaeth a threfniadau riportio fel rhan o'r ymateb cyffredinol i'r argyfwng. Mae'r rhain wedi bid yn effeithiol o ran darparu lefel uchel o gydlynw tactegol ac ymatebion gweithredol. Sefydlwyd grŵp cynllunio gofal iechyd a chymdeithasol brys fel rhan o'r strwythur rheoli rhanbarthol ynghyd â Chell Cartrefi Gofal dan arweiniad y Bwrdd Iechyd gyda mewnbwn gan Iechyd Cyhoeddus Cymru, y Bwrdd Partneriaeth Rhanbarthol, Fforwm Gofal Cymru ac Arolygiaeth Gofal Cymru. Hefyd sefydlwyd trefniadau darparu ac ymateb gweithredol ar lefel tîm awdurdod lleol ac ardal er mwyn cefnogi'r sector.

Yn ystod y pandemig, bu i ni weithio gyda phartneriaid er mwyn newid y diwylliant a lleihau'r baich ar gartrefi gofal o ganlyniad i gysylltiadau lluosog. Mae hynny wedi datblygu i fod yn system gasglu data a rhybuddio cynnar, gan wneud “un cyswllt y dydd” â chartrefi gofal. Mae hynny yn sicrhau bod lleiafswm set data yn cael ei gasglu ac n cael ei rannu rhwng partneriaid statudol fel bod cymorth priodol yn cael ei gynnig yn amserol. Mae'r system yma yn dal i fodoli er bod hyn yn digwydd ddwy waith yr wythnos erbyn hyn. Mae'r wybodaeth yma yn hysbysu'r offeryn esgoli a chefnogi cartrefi gofal Gogledd Cymru. Mae'r riportio deinamig yma yn darparu dangosyddion cynnar o bwysau a phroblemau ac mae'n galluogi ymyrraeth a chefnogaeth gynnar.

Yn ystod y pandemig sefydlwyd tri Biwro Cartrefi yn Gyntaf er mwyn cefnogi trosglwyddo cleifion yn amserol a phriodol o ysbytai aciwt a chymunedol yn ôl i'w cartrefi eu hunain, cartrefi gofal neu leoliadau newydd. Maent yn rhan hanfodol o ofynion Gwasanaeth Rhyddhau o Ysbytai COVID-19 (Cymru) ac maent wedi bod yn allweddol o weithredu'r gofal step i fyny a step i lawr adolygedig, gan sicrhau bod canlyniadau profion negyddol ar gael i gleifion cyn eu rhyddhau o'r ysbyty yn ôl i'w sefydliadau gofal, neu symud rhwng cartrefi gofal.

Cadw mewn cysylltiad

Mae'r Bwrdd Partneriaeth Rhanbarthol yn darparu iPads i gartrefi gofal ac ysbytai er mwyn cefnogi preswylwyr/cleifion i gysylltu â ffrindiau a theulu n ystod y cyfnod clo fel rhan o brosiect trawsnewid gwasanaethau cymuned ddigidol hirdymor.

Darparwyd cymorth gan Ganolfan Gydweithredol Cymru er mwyn helpu pobl ddefnyddio'r iPads, ac mae sgiliau TG saff wedi cael ei glustnodi fel mater datblygu gweithlu fydd angen mwy o gymorth er mwyn osgoi creu mwy o raniad digidol.

Mae Cyngor Sir Ynys Môn wedi datblygu canolfan gyswllt a phroses gydweithio rhwng Pwyntiau Mynediad Unigol/ a pwyntiau mynediad i wasanaethau. Mae Cyngor Gwynedd wedi sefydlu tîm newydd "Tîm Cymorth COVID-19" mewn pum ardal gaiff eu gwasanaethu gan y Timau Adnoddau Cymunedol ac maent yn darparu gwybodaeth ar wefan yn cyngor ynghylch gwasanaethau cymorth cymunedol lleol. Mae Conwy hefyd wedi datblygu gwefan er mwyn rhestru grwpiau a busnesau gwirfoddol cymunedol. Mae rhai cartrefi gofal wedi sefydlu grwpiau i gefnogi ei gilydd.

Mae Cyngor Sir Ddinbych wedi creu Tîm Ffonio Rhagweithiol, sydd yn wasanaeth dros dro newydd gyda chyflogeion wedi eu hadsefydlu o bob rhan o'r cyngor. Mae'r tîm wedi ffonio preswylwyr a thrigolion gwarchodedig 70 oed a hŷn yn ystod y cyfnod clo ac wedi cadw mewn cysylltiad yn rheolaidd os oedd y preswylwyr yn dymuno hynny. Roeddent yn cynnig cyngor, yn sicrhau bod ganddynt fynediad at fwyd a meddyginiaeth ac yn atgyfeirio at wasanaethau priodol.

Mae Cyngor Bwrdeistref Sirol Wrecsam wedi gwella mynediad at y Grant Cynhwysiant Cymunedol oedd yn galluogi cartrefi gofal i fidio am grantiau bach er mwyn hwyluso gweithgaredd gwahanol a newydd yn ystod y cyfnod clo. Mae enghreifftiau yn cynnwys profiad sinema yn y cartref, salon yn y cartref, grŵp adloniant cerddorol a gardd synhwyrdd.

Hefyd darparodd nifer o grwpiau gwirfoddol a chymunedol gymorth, yn cynnwys cyngor, gwybodaeth a chynlluniau cyfeillio. Er enghraifft, gweithiodd Cyngor Sir y Fflint gyda Chyngor Gwirfoddol y Sir er mwyn cefnogi cartrefi gofal gyda gwirfoddolwyr hyfforddedig i ddarparu PPE a chyflenwadau.

Darparu gwasanaeth digidol

Defnyddiodd Gweithwyr Cymdeithasol WhatsApp i weld cyflwr cartrefi drwy fideo pan nad oedd ymweliadau personol yn bosibl.

Mae Cymunedau Digidol Cymru wedi datblygu swît o fân fodiwlau er mwyn cefnogi cynhwysiant digidol a iechyd a lles pobl yng Nghymru.

Darparu gwasanaeth hyblyg

Mae enghreifftiau yn cynnwys mwy o oriau agor, darparu llanw ar benwythnosau. Mae'r ffordd y mae gofal yn cael ei ddarparu wedi newid, er enghraifft, darparu pecynnau gofal 15 munud mewn gofal preswyl er mwyn symud pobl drwy'r system. Mae un cyngor wedi canfod bod broceru yn fwy effeithlon nag erioed oherwydd y rhestrau aros byr, gwybodaeth amser real am bobl sydd yn symud drwy ailalluogi fel y gall brocerwyr gynllunio eu pecynnau gofal parhaol yn well. Nid yw gweithwyr cymdeithasol yn darparu amser penodol i unigolion ar gyfer pob galwad breswyl, ac mae hynny yn rhoi mwy o hyblygrwydd i ddarparwyr. Mae darparwyr yn ymgymryd â'u hadolygiadau eu hunain o becynnau, a phan fo angen yn rhoi oriau nad oes eu hangen yn ôl ac yn derbyn pecynnau ychwanegol. Mae darparwyr hefyd wedi gweithio gydag adnoddau pob unigolyn er mwyn cefnogi gofal ac anghenion gofal, er enghraifft, gweithwyr gofal yn galw yn y bore a gyda'r nos a theulu yn cefnogi gyda chinio a the. Ailagorodd cartref gofal Treffynnon er mwyn darparu gwasanaeth adsefydlu step i lawr.

Mae rôl ehangach Swyddogion Iechyd Amgylcheddol o ran cefnogi cartrefi gofal wedi cael ei werthfawrogi ac fe'i hystyrir fel symudiad oddi wrth eu swyddogaeth reoleiddiol draddodiadol i swyddogaeth gefnogol o ran helpu cartrefi gyda'u cynlluniau rheoli haint.

Cefnogi'r gweithlu

Un o'r delweddau gwirioneddol ysbrydoledig sydd gennym o'r pandemig yw gwaith arwrol staff gofal, na chydabuwyd o reidrwydd gan y cyfryngau na'r boblogaeth yn gyffredinol ar ddechrau'r pandemig. Yn fuan daeth eu cyfraniad a'u heffaith personol i'r amlwg. Fel rhanbarth, rydym yn ymrwymedig i sicrhau na cholir y newid proffil

yma a'n bod yn sicrhau bod anghenion staff unigol yn cael eu hadnabod a'u cefnogi. Mae o leiaf un cyngor wedi gweld lefelau salwch is ac wedi cyflwyno cymorth iechyd galwedigaethol i'w staff a'r sector annibynnol, yn ogystal â chymorth trawma ar gyfer gofal uniongyrchol a staff gwasanaethau cymdeithasol rheng flaen.

Gwasanaethau a ataliwyd

Ni ddarparwyd y gwasanaethau canlynol yn ystod y cyfnod clo. Roedd rhai, megis hyfforddiant, yn gallu parhau ar-lein, ond ataliwyd eraill yn gyfan gwbl.

- Darparu pecynnau gofal i bawb nad ydynt yn perthyn i gategori Blaenoriaeth 1.
- Gwasanaethau Dydd.
- Seibiant / seibiannau gofalwyr.
- Lleoliadau gweithwyr cymdeithasol mewn rhai ardaloedd (mae trafodaethau yn digwydd yn rhanbarthol ynghylch sut mae cefnogi myfyrwyr i gwblhau eu gradd).
- Hyfforddiant wyneb yn wyneb.
- Arsylwadau QCF.
- Llai o ymweliadau monitro i rai brys yn unig.
- Gohirio agor cyfleuster Gofal Ychwanegol.
- Ymweliadau â'r cartref (oni ofynnir am hynny gan deuluoedd) er yr ailddechreuwyd hynny pan newidiodd y cyfyngiadau gan gadw at bellhau cymdeithasol a defnyddio PPE.
- Ymweliadau podiatreg a deintyddol parhaus. Mae'r rhai yn allweddol i les preswylwyr cartrefi gofal oherwydd bod nifer o gartrefi yn awyddus i'r rhain ailddechrau oherwydd eu bod wedi gweld dirywiad yn iechyd preswylwyr.

Darparu dadansoddiad SWOT

Ym Mehefin 2020 daethpwyd â grŵp o ddarparwyr gofal a chymorth at ei gilydd i drafod a myfyrio ar yr ymateb ar y cyd i'r brigiad COVID-19 cyntaf yn ystod hanner cyntaf 2020. Bu i hynny gynhyrchu'r dadansoddiad SWOT canlynol fel crynodeb o'r negeseuon allweddol (Care Forum Wales et al, 2020).

Cryfderau	Gwendidau
<ul style="list-style-type: none"> • Cydnherthedd, hyblygrwydd a chynnal y gweithlu • Cyfathrebu a phartneriaeth ryngsefydliadol • Ymatebion cyflym sefydliadol annibynnol 	<ul style="list-style-type: none"> • Sefyllfa y sector yn wynebu'r argyfwng • Canllawiau oedd yn newid yn barhaus a diffyg eglurder ynghylch gweithredu • Argaeledd PPE ar y dechrau • Polisi profi a gweithredu hynny

<ul style="list-style-type: none"> • Aelod sefydliadau yn cefnogi'r gweithlu • Rhai ymatebion gan sefydliadau allanol 	<ul style="list-style-type: none"> • Arian • Cydweithredu y tu allan i'r sector statudol yn ddiffygiol ar brydiau • Ailhyfforddi'r gweithlu newydd
Cyfleoedd <ul style="list-style-type: none"> • Partneriaethau: ymddiriedolaethau a pherthnasoedd • Comisiynu: deilliannau a hyblygrwydd • Dulliau sydd yn canolbwyntio ar y person • Gweithlu 	Bygythiadau <ul style="list-style-type: none"> • Busnes fel arfer • Colli galw am wasanaethau dros dro ac efallai y sector cartrefi gofal yn methu • Colli cydnabyddiaeth i'r sector • Hunanfodlonrwydd • Mwy o bandemigau • Dychwelyd i'r ysgol

Pobl sydd yn byw â dementia

Mae ffigyrau gan y Swyddfa Ystadegau Gwladol (2020) yn dangos bod bron i hanner y marwolaethau COVID-19 hyd at Fehefin 2020 mewn cartrefi gofal yn breswylwyr gyda dementia yn ystod Mawrth i Fehefin 2020. Mae ffigyrau eraill gan y Swyddfa Ystadegau Gwladol. (2020) yn dangos bod pobl gyda dementia yn cyfateb i 26% o'r holl farwolaethau oedd yn gysylltiedig â COVID-19 ym Mawrth i Fehefin 2020.

Amlygodd Cymdeithas Alzheimer's (2020) ystadegau oedd yn dangos bod marwolaethau heb fod yn gysylltiedig â COVID-19 ym mis Ebrill, ymysg y rhai â dementia, 50% yn uwch na'r arfer hefyd. Mae'r ffigyrau yma yn awgrymu yr effeithiwyd yn anghymesur ar bobl â dementia gan y pandemig.

Mae ymchwil gan Wang et al (2020) yn awgrymu y gall deliriwm o ganlyniad i COVID-19 ei gwneud yn anodd adnabod COVID mewn cleifion dementia, a gallai hynny effeithio ar eu gofal. Mewn adroddiad gan Suárez-González et al (2020) honnir bod gan gleifion dementia gyflyrau eraill yn aml, sydd yn cynyddu mwy ar y risg o gymhlethdodau o ganlyniad i COVID-19. Maent hefyd yn honni bod rhai â dementia yn colli mwy o ffwythiant, bod eu hadferiad ffwythiannol yn salach, ac y gall newidiadau i'w harferion a'u hamgylchedd amharu mwy ar ffwythiant gwybyddol. Hefyd canfu ymchwil gan Mok et al (2020); risg cynyddol o haint, deilliannau gwaeth, effaith niweidiol ar wybyddiaeth a bod y cleifion yma yn anoddach i'w hynysu.

Hefyd effeithiodd y pandemig ar les a gofal cyffredinol pobl sydd yn byw â dementia. Mae Cymdeithas Alzheimer's (2020) yn dadlau bod pobl â dementia yn wynebu heriau o ran rheoli haint ac effaith ynysu cymdeithasol. Canfu Mok et al (2020) yr effeithiwyd ar apwyntiadau gofal iechyd nad oeddent yn gysylltiedig â COVID, a

gallai diffyg ymgysylltu â chymorth cymdeithasol fod wedi arwain at ddirywiad yn eu cyflwr, a gallai ynysu effeithio ar les seicolegol. Amlygodd arolwg cyflym a gyhoeddwyd mewn perthynas â phobl hŷn gan Ganolfan Meddyginiaeth Seiliedig ar Dystiolaeth (2020) y gallai ynysu cymdeithasol effeithio ar ansawdd bywyd a deilliannau iechyd a lles, a gallai leihau symudedd. Mae unigrwydd wedi cael ei gysylltu â dementia, felly mae Ymchwil Alzheimer's UK (2020) yn buddsoddi mewn ymchwil er mwyn edrych ar wir effaith COVID ar iechyd meddwl, lles, iechyd a defnyddio gofal cymdeithasol.

Mae Sefydliad Gofal Cymdeithasol dros Ragoriaeth (2020) yn 'Dementia in Care Homes', yn amlygu y problemau sydd yn wynebu pobl â dementia efallai; heb ddeall yr angen i ynysu, efallai y byddant yn teimlo bod offer diogelu personol yn codi braw ac efallai y byddant yn cael anhawster cyfathrebu. Mae 'Safeguarding adults with dementia during the COVID-19 pandemic' gan y Sefydliad Gofal Cymdeithasol dros Ragoriaeth (2020) yn mynegi pryderon gan rybuddio y gallai pobl â dementia fod yn fwy agored i gamdriniaeth neu esgeulustod yn ystod y pandemig. Gallai hynny fod o ganlyniad i; ynysu cymdeithasol, straen ar ofalwyr, staff gofal yn cael eu hystrebu yn ormodol, sgamiau cynyddol, mwy o gam-drin domestig, a staff/gwirfoddolwyr/cymorth newydd.

Mae Young Dementia UK (2020) yn rhannu straeon gan y rhai sydd yn byw â dementia cynnar, ac maent yn amlygu materion megis; diffyg patrwm, teimlad bod rhywun wedi cael ei anghofio, unigrwydd, arwahanrwydd, dryswch, teimlo'n agored i niwed, colli sgiliau, ddim â hawl i dderbyn cymorth a cholli hyder. Roedd y straeon yma hefyd yn trafod nifer o agweddau cadarnhaol, a rhai yn dweud eu bod wedi dysgu sgiliau newydd, wedi canfod bod cymorth rhithwir yn fuddiol, ac roedd un hyd yn oed yn teimlo'n llai gorbryderus oherwydd bod mynd allan yn eu gwneud yn orbryderus. Roedd y straeon yn amlygu pa mor bwysig yw ystyried yr unigolyn wrth roi cymorth i rai â dementia.

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng

Nid oedd clybiau Taith Ni Ymddiriedolaeth Gofalwyr Gogledd Cymru yn gallu cyfarfod mwyach, felly bu iddynt gyfarfod ar Zoom. Roedd raid iddynt stopio'r rhan fwyaf o ymweliadau â chartrefi oni bai bod teuluoedd yn gofyn am hynny pan fônt yn dilyn gofynion pellhau cymdeithasol ac yn defnyddio Offer Diogelu Personol (PPE) ac yn cynnal mwy o adolygiadau dros y ffôn.

Mae gan wasanaeth Cyswllt Dementia y Gymdeithas Alzheimer's 1,437 o ddefnyddwyr gwasanaeth yng Ngogledd Cymru, ac mae 646 o'r rhain yn bobl â dementia ac mae 791 yn ofalwyr. Mae Dementia Connect wedi parhau i gefnogi unrhyw un y mae dementia wedi effeithio arnyn nhw yn ystod y cyfnod yma ac mae wedi gweld cynnydd yn nifer y bobl sydd angen cymorth lleol neu gymhleth. Mae Dementia Connect yn cael ei gomisiynu gan y holl awdurdodau lleol yng Ngogledd Cymru (ac eithrio Sir Ddinbych), a hynny yn cael ei ariannu yn bennaf drwy Gronfa Gofal Integredig (ICF) er mwyn darparu'r cymorth yma. Mae Sir Ddinbych hefyd wedi defnyddio arian ACF er mwyn gwella cymorth i bobl sydd yn byw â dementia, drwy ariannu grantiau i grwpiau cymunedol drwy gyngor Gwasanaethau Gwirfoddol Sir Ddinbych a darparu dau weithiwr cymorth dementia arbenigol mewnol ym mhob un o'r timau Adnoddau Cymunedol amlasiantaeth yn y sir. Mae mwy o wybodaeth am y gwasanaethau sydd ar gael i gefnogi pobl y mae dementia yn effeithio arnynt yng Ngogledd Cymru ar gael yn yr adroddiad mapio gwasanaethau a gynhyrchir fel rhan o Strategaeth Dementia Gogledd Cymru.

Mae rhwydwaith Crewyr Cymuned yn grŵp o bobl sydd â phrofiad o sefydlu cymunedau a grwpiau ar-lein ar gyfer pobl y mae dementia yn effeithio arnynt. Maent yn datblygu [gwefan Crewyr Cymuned](#) ac yn creu adnodd i helpu grwpiau ac unigolion sydd yn cefnogi pobl y mae dementia yn effeithio arnynt i fynd ar-lein ac ailgysylltu yn ystod y cyfnod ynysu cysylltiedig â COVID a thu hwnt. Maent yn archwilio rôl technoleg o ran helpu grwpiau ac aelodau i gysylltu, ac yn creu rhwydwaith cyfnewid gwybodaeth er mwyn rhannu profiadau a chynghor. Maent hefyd yn creu adnodd o syniadau creadigol er mwyn ysbrydoli grwpiau sydd â gwahanol ddulliau o ddefnyddio technoleg, yn cynnwys syniadau ynghylch sut mae cyrraedd pobl heb sgiliau technoleg neu dechnegol.

"Mae ynysu ac anallu i barhau â phatrwm bywyd wedi effeithio ar bobl â Dementia. Mae colli hyder o fynd allan o'r cartref yn dod yn amlwg erbyn hyn." Cyfranogwr i arolwg, adolygiad COVID-19 Gogledd Cymru

Croniclau Covid: straeon o'r rheng flaen

Ymladdwyr Covid

"Roedd y cyfnod clo yn y cartref [preswyl a nyrsio] mor drist oherwydd roedd yn rhaid i ni droi ymwelwyr i ffwrdd. Fel arfer maent yn dod i mewn ac allan, rydym yn adnabod pob un a rydym yn goflau amdanynt, maent yn dod am swper gyda'u partneriaid. Yna, mwyaf sydyn, daeth hynny i ben, ac yn amlwg nid oedd rhai yn

hapus am hynny, maent yn eich beio chi a roeddech yn teimlo eich bod yn gwneud cam â nhw wrth geisio eu hatal rhag dod i mewn, roedd yn amser anodd.

Roedd y preswylwyr wedi eu hynysu yn eu hystafelloedd cysgu, ac roedd rhai cau eu drysau ac roedd hynny yn erchyll, roedd yn effeithio ar eu iechyd meddwl. Fel arfer mae ein lolf a yn fywiog iawn a rydym yn chwarae cerddoriaeth, gemau, pobl yn gwneud croeseiriau, yn mynd a dod, mae yna gyffro gwirioneddol yno fel arfer.....nawr dim ond fi wrth fy nesg. Roedd yn debyg iawn i dref ysbrydion, nid oeddech yn gweld neb nes eich bod yn gwisgo PPE ac mynd i mewn i ystafell.

Roeddwn yn arfer cymryd dwy awr i wneud un rownd o ddioddydd, ac yna yr un peth cyn i mi fynd adref. Roeddwn yn sownd yn gwneud shifft tair awr ar deg bob dydd oherwydd bod angen i mi fod yma. Un diwrnod daeth un o'r nyrsys i mewn am ddeg o'r gloch a dywedais 'beth wyt ti yn ei wneud yma, ti ddim i fod yma tan un o'r gloch?' a dywedodd 'roedd yn rhaid i mi ddod i mewn, nid yw bod adref yn helpu neb'. Roeddem ni angen bob adref oherwydd ein bod mor flinedig, ond ar yr un pryd roeddem eisiau bod yma.

Bu i ni brofi'r staff am yn ail am Covid-19, a doedd ond ychydig i ffwrdd ar unrhyw adeg penodol yn disgwyl am y canlyniadau, a gweithiodd hynny yn dda. Cefais fy mhrawf ar ddydd Llun, felly roedd raid i mi fod i ffwrdd am yr wythnos. Roeddwn yn gyson mewn cysylltiad â staff tra fy mod yn gweithio o gartref. Roedd yn rhaid i ni ddefnyddio staff asiantaeth yn ystod y pythefnos hwnnw, ond roedd gofawyr yn gwneud oriau ychwanegol, a chydymdrechodd pawb.

Roedd yn gymaint o waith caled oherwydd eich bod yn gwisgo a dadwisgo offer ac mae hynny i gyd yn cymryd amser ac mae mor boeth hefyd. Roedd pob un ohonom yn chwysu, roedd gan bob un ohonom wreiddiau yn ei gwalltiau, a roeddem yn arfer chwerthin am hynny. Roedd morâl yn dda ac un dydd Sadwrn cefais fy ngalw gan y staff i'r lolf a wag a rhoi bag o ddanteithion hyfryd personol iawn i mi potel o win pefriog a siocledi a phethau i ddiolch i mi, a daeth hynny â dagrau i fy llygaid.

Rydych yn ceisio aros yn bositif i bawb arall ac fel rheolwr roeddwn yn ceisio aros yn bositif i'r holl staff, gallwn ni wneud hyn, ryda ni'n ymdopi, ond y tu fewn rwyf wedi fy llethu. Rwyf yn credu bod y sylweddoliad llethol o faint o gariad a gwarchodaeth sydd gennym am y preswylwyr yn amlwg. Roeddwn yn arfer gwaredu mynd i mewn yn y boreau oherwydd byddai'r staff nos yn dweud bod hwn a'r llall wedi bod yn pesychu a byddai fy nghalon yn suddo. Cyrhaeddodd y feirws ym mis Mai, a dyna oedd dyddiau tywyllaf fy ngyrfa. Roedd raid i ni brofi llawer o'r preswylwyr ac yna ffonio i gael y canlyniadau. Ar y ffôn roeddwn yn clywed 'dyddiad geni hwn a'r llall, y cyntaf yn bositif, y nesaf yn bositif, a'r nesaf yn bositif....roedd yn dorcalonnus. Roeddwn yn wylo ar y ffôn.

Ar ôl i ni gael canlyniadau'r preswylwyr, roedd yn rhain i ni ffonio eu teuluoedd a rhoi gwybod iddynt, un ar ôl y llall. Roedd nifer o berthnasau yn unig ac yn dweud 'o diar, mae'n un o'r pethau yna, ni ellir ei helpu' ac roeddech yn cael ambell un

od yn dweud 'sut ar wyneb y ddaear mae wedi cael hwn, a phwy sydd wedi dod â hynny i mewn!?'.

Roedd y preswylwyr a fu farw gyda Covid-19 yn dirywio'n gyflym iawn. Nid oedd eu teuluoedd yma i ffarwelio. Fel arfer bydd y teulu yn dod i mewn a gallent ddod i'r ystafell i bacio a threulio ychydig o amser, rhoi paned o de iddynt, ond nawr roedd raid i ni adael y stwff y tu allan iddynt eu casglu, roedd yn teimlo'n oeraidd. Cafwyd adborth gan berthnasau yn dweud 'nid oedd yn gwisgo ei hoff glustdlysau', roedd yn anodd clywed hynny pan roedd hynny mor bwysig i'r teulu. Roeddech yn teimlo eich bod yn gwneud cam â'r teuluoedd.

Mae'n rhaid ei fod wedi bod yn anodd i staff y GIG ar ICU roeddent yn nyrsio pobl nad oeddent yn eu hadnabod, mae'n rhaid bod hynny wedi bod yn ofnadwy, ac fe wnaethon nhw waith rhyfeddol. Yma, roedd y rhain yn bobl yr ydym wedi eu nyrsio am flynyddoedd ac roeddem wedi cael ein hamgylchynu gan y feirws a marwolaeth. Roeddem yn galaru am bobl yr ydym wedi eu nyrsio am gymaint o amser, a'u teuluoedd.

Byddai'r holl awdurdodau lleol yn fy ffonio, y bwrdd iechyd lleol, iechyd cyhoeddus, gwasanaethau cymdeithasol yn ffonio am yr un wybodaeth dro ar ôl tro, a hynny yn cymryd eich amser. Roedd hynny yn broblem fawr; byddai rhywun yn ffonio yn disgwyl cynnal adolygiad yn ystod amser swper. Roeddwn yn meddwl, pam ydych yn ffonio ar yr adeg yma? Roedd pob un yn gweithio o gartref, roeddwn mewn anobaith.

Erbyn hyn rydym yn cael ymweliadau â'r ardd a'r ystafell wydr. Mae gennym ystafell wydr felly bydd y preswylwyr yn dod i eistedd yn yr ystafell wydr, byddwn yn agored y ffenestr uchaf ac maent yn siarad fel yna, mae llawer o'r preswylwyr yn drwm eu clyw felly nid yw hynny yn ddelfrydol. Rydych yn teimlo'n awdurdodol iawn yn dweud 'na sori, ni allwch wneud hyn, ni allwch wneud hynny', mae'n anodd".

Argymhellion

Fel ymateb i'r adolygiad cyflym i gartrefi gofal a gomisiynwyd gan Yr Athro John Bolton, mae'r Bwrdd Partneriaeth Rhanbarthol wedi datblygu Cynllun Gweithredu Cartrefi Gofal Rhanbarthol ar gyfer Gogledd Cymru. Mae'r cynllun gweithredu yn cynnwys trefniadau strategol a chymorth gweithredol i gartrefi gofal yn y rhanbarth.

Mae'r Comisiynydd Pobl Hŷn (2020) yn argymhell y camau uniongyrchol canlynol:

- Dylai cyrff cyhoeddus gymryd camau i sicrhau bod negeseuon am iechyd cyhoeddus yn cael eu cyfathrebu yn fwy effeithiol i bobl hŷn.

- Cynnal archwiliadau lefel cymuned o bobl hŷn agored i niwed sydd wedi cael eu hallgau'n ddigidol yn ystod y pandemig a darparu dyfeisiau cyfeillgar i ddefnyddwyr gyda mynediad i'r rhyngrwyd.

Mae argymhellion Cymdeithas Alzheimer's (2020) ynghylch lliniaru effeithiau COVID-19 wrth i'r gaeaf gyrraedd, ar gael isod.

1. Mae'n rhaid i'r GIG ac awdurdodau lleol nodi sut y byddant yn cynnwys darparwyr gofal cymdeithasol a chartrefi gofal mewn cynlluniau pwysau gaeaf er mwyn sicrhau bod gofal cymdeithasol yn cael ei ystyried yn gydradd gan y GIG, a bod eu sefyllfa yn cael ei ddeall, ei gyfrifo a'i gefnogi. Mae'n rhaid i hynny gynnwys darpariaeth profi rheolaidd ac amserol a PPE.
2. Mae'n rhaid i lywodraethau cenedlaethol y DU warantu, pan fo gofal wedi cael ei stopio o ganlyniad i ragofalon coronafeirws (yn arbennig gofal preswyl), y bydd yn cael ei adfer pan fo'n ddiogel gwneud hynny, heb yr angen am asesiad ffurfiol ychwanegol diangen.
3. Mae'n rhaid i Lywodraeth y DU sicrhau bod y Gronfa Reoli Haint yn dal yn bodoli tan o leiaf Ebrill 2021 a dylai darparwyr gofal allu defnyddio'r gronfa honno yn hyblyg, yn cynnwys ar gyfer rheoli haint, technoleg a chefnogi ymweliadau.
4. Dylai llywodraethau cenedlaethol y DU ymrwmo i sicrhau bod unrhyw gyfathrebiadau gyda, neu ofynion o bobl yr effeithir arnynt gan ddementia (yn y gymuned ac mewn cartrefi gofal) yn glir, cyson ac yn hawdd eu deall. Dylai unrhyw ganllawiau adlewyrchu profiadau bob dydd a anghenion penodol y bobl y mae dementia yn effeithio arnynt.
5. Gan gydnabod y rôl allweddol y mae gofalwyr anffurfiol yn ei chwarae ym mywydau pobl sydd yn byw â dementia, mae'n rhaid i lywodraethau cenedlaethol y DU gymryd camau i gefnogi pobl yn y rôl yma drwy:
 - A) Ganiatáu dynodi o leiaf un gofalwr anffurfiol ar gyfer pob un preswylydd cartref gofal fel gweithiwr allweddol, gyda mynediad at hyfforddiant, profion/brechlyn COVID-19 a PPE.
 - B) Sicrhau y darperir asesiadau o ofalwyr a darparu seibiannau byr i ofalwyr.
 - C) Casglu data awdurdodau lleol a data awdurdod iechyd ar asesiadau gofalwyr a gofal seibiant.
6. Pan nad yw cartrefi gofal yn gallu hwyluso ymweliadau gan anwyliaid, mae'n rhaid iddi fod yn ofynnol iddynt hysbysu arolygiaethau gofal cenedlaethol (CQC/CSSIW/RQIA) a cheisio sefydlu trefniadau eraill er mwyn cynnal cyswllt priodol rhwng anwyliaid a phreswylwyr cartrefi gofal sydd â dementia.

7. Mae angen i lywodraethau cenedlaethol y DU nodi strategaeth glir er mwyn galluogi pobl y mae dementia yn effeithio arnynt wella o effeithiau'r pandemig, yn cynnwys adsefydlu i wrthwneud effeithiau ar ffwythiant gwybyddol neu gorfforol, cymorth ar gyfer iechyd meddylion a chorfforol a therapi lleferydd ac iaith.
8. Mae'n rhaid i adrannau gofal iechyd a chymdeithasol cenedlaethol y DU ddatblygu a gweithredu cynllun adfer clir er mwyn sicrhau y gall pob agwedd o wasanaethau asesu cof ailagor a dal i fyny ar frys mewn perthynas â rhestrau aros fel nad yw'r cwmp mewn cyfraddau diagnosis dementia yn parhau.

Iechyd, anabledau corfforol a nam ar y synhwyrau

Nid yw'n hysbys beth fydd effaith hirdymor COVID-19 ar iechyd yn achos y rhai a dderbyniwyd i ysbytai neu rai sydd â mathau ysgafnach o'r firws, ac effaith hynny ar yr angen am ofal cymdeithasol. Mae tua 10% o gleifion sydd yn cael prawf firws SARS-CoV-2 positif yn dal yn wael ar ôl tair wythnos o brofi symptomau, a bydd y rhan fwyaf, ond nid pob un, yn gwella gyda threigl amser (Greenhalgh *et al.*, 2020)

Mae ffigyrau gan y Swyddfa Ystadegau Gwladol (2020) yn dangos bod cyfraddau marwoldeb COVID yn achos pobl anabl yn 1.9 gwaith yn uwch ar gyfer dynion ac yn 2.4 gwaith y uwch ar gyfer merched. Mae gwybodaeth bellach gan y Swyddfa Ystadegau Gwladol (2020) yn dangos mwy o effaith cymdeithasol ar bobl anabl: roeddent yn fwy pryderus am les, cael nwyddau, mynediad at ofal iechyd, ac roedd 1 o bob 10 yn teimlo'n anniogel y tu allan i'w cartrefi. Nodwyd hefyd bod eu pryderon wedi cynyddu dros amser, tra bod pryderon grwpiau eraill o'r boblogaeth wedi sefydlogi.

Mewn manifestio gan Difference North East (2020), adroddwyd bod nifer o bobl anabl yn cael eu dosbarthu fel rhai clinigol fregus a'u bod wedi teimlo'n ynysig ac unig, ac nid oedd llawer yn erbyn cymorth priodol. Canfu ymchwil gan Scope (2020) bod 63% o bobl anabl yn pryderu y byddid yn gwrthod triniaeth iddynt petaent yn cael eu taro'n wael, ac roeddent yn poeni am ddal COVID gan ofalwyr oherwydd diffyg offer diogelu. Hefyd bu iddynt ganfod bod 28% yn teimlo eu bid yn cael eu hanwybyddu gan y llywodraeth ac roedd 50% yn bryderus am y dyfodol, yn teimlo straen a gorbryder.

Mae'r Cenhedloedd Unedig dros Hawliau Dynol (2020) yn honni y gall pobl anabl fod yn fwy agored i niwed oherwydd bod ganddynt gyflyrau iechyd eraill yn aml, yn arbennig rhai mewn cartrefi gofal, oherwydd y cyfraddau marwolaethau uchel. Maent yn adrodd bod y rhwystrau maent yn eu wynebu o ran cael mynediad at ofal iechyd wedi cael eu gwaethygu o ganlyniad i'r pandemig. Roeddent yn fwy agored i wahaniaethu a thrais, ac roedd hynny yn arbennig o wir am bobl anabl oedd yn; garcharorion, digartref, neu heb dai digonol.

Canfu Iob, Steptoe a Fancourt (2020) bod pobl anabl yn fwy tebygol o ddioddef camdriniaeth, hunan-niwed a meddyliau hunanladdol. Mae Lund (2020) hefyd yn mynegi pryderon mewn perthynas â'r risg cynyddol o gamdriniaeth yn achos pobl anabl o ganlyniad i'r ddibyniaeth gynyddol ar ofal, gan fynegi pryderon y gallent fethu â riportio camdriniaeth oherwydd eu dibyniaeth ar gymorth.

Bu i Difference North East (2020) adrodd am rai buddion i bobl anabl, yn cynnwys mwy o ddefnydd o dechnoleg oedd yn eu galluogi i gysylltu â phobl eraill mewn ffyrdd nad oeddent wedi gallu ei wneud o'r blaen, a bu i rai gweithwyr anabl elwa o weithio o gartref/hyblyg. Er bod Annaswamy, Verduzco-Gutierrez, Frieden (2020) yn cydnabod y buddion, maent hefyd yn amlygu y gall nifer o bobl anabl wynebu anfantais o ganlyniad i ddefnyddio technoleg oherwydd costau y rhwyngwyd a thechnoleg, a gall anabledau medrusrwydd symudol neu faniwal greu heriau o ganlyniad i anawsterau o ran rhyngweithio gyda'r dechnoleg. Maent yn pwysleisio ei bod yn hanfodol bod sefyllfa pob unigolyn yn cael ei ystyried pan ystyrir newid o apwyntiadau wyneb yn wyneb i rai ar-lein.

Nododd Sefydliad Iechyd y Byd (2020) y gallai rhai ag anabledau corfforol wynebu mwy o risg o ddal COVID o ganlyniad i; rhwystrau hylendid, diffyg cyfleusterau golchi dwylo hygrych, methu â golchi dwylo yn ddigonol, cyswllt corfforol agos wrth gael cymorth, cyswllt â wynebau gwrthrychau er mwyn cynnal eu hunain, cyflyrau tanategol neu lai o fynediad i wasanaethau maent yn dibynnu arnynt i aros yn iach.

Mae Cymdeithas MS (2020) yn honni bod rhai pobl ag MS wedi cael eu dosbarthu fel rhai oedd yn 'eithriadol glinigol agored' i ddal COVID-19, roedd rhai wedi canslo apwyntiadau, wedi canslo cymorth, wedi lleihau ymarfer corff ac roedd y rhai oedd yn byw ar eu pennau eu hunain yn teimlo'n unig. Mewn arolwg o weithwyr proffesiynol gofal iechyd MS, mae Ymddiriedolaeth Sglerosis Ymledol (2020) yn adrodd bod 70% yn teimlo nad oedd y gwasanaethau yn bodloni anghenion pobl ag MS, ac adsefydlu a ganslwyd amlaf a hwnnw oedd y gwasanaeth yr oedd y rhan fwyaf eisiau ei weld yn dychwelyd.

Nam ar y clyw

Mae Action on Hearing Loss (2020) yn adrodd bod 70% o'r bobl trwm eu clyw yn dros 70 oed, ac felly yn bobl sydd yn wynebu mwy o risg o ddal COVID-19, felly mae'n hanfodol bod gwybodaeth yn hygrych, gydag isdeitlau ac iaith Arwyddion Prydeinig (BSL), ac yn achos datganiadau iechyd cyhoeddus mae angen i hynny gael ei sefydlu o'r dechrau. Mae Cymdeithas Seicolegol Prydain (2020) yn honni bod y rhai sydd yn dibynnu ar iaith arwyddion yn cae anhawster o dan amodau arferol, ond yn ystod y cyfnod clo mae hynny wedi bod yn gynyddol anodd, a hynny yn arbennig o wir yn achos siaradwyr Cymraeg oherwydd bod y rhan fwyaf o gyfieithwyr yn siaradwyr Saesneg. Canfu Park (2020) bod y rhai trwm eu clyw wedi cael anhawster oherwydd bod gwasanaethau gofal iechyd, megis profion COVID-19, wedi bod yn anhygrych.

Yn ôl Action on Hearing Loss (2020) gall y newid i apwyntiadau ffôn neu ar-lein wneud pethau yn anoddach i bobl trwm eu clyw, oherwydd eu bod yn aml yn dibynnu ar arwyddion gweledol a darllen gwefusau, ac maent yn awgrymu ymgynghori unigol er mwyn penderfynu ar anghenion cyfathrebu. Maent rhyngweithio wyneb yn wyneb hefyd yn anodd iddynt o ganlyniad i wisgo mygydau, ac oherwydd ei fod yn anabledd cudd roedd nifer yn poeni am ymateb negyddol wrth ofyn i bobl dynnu eu mygydau er mwyn cyfathrebu gyda nhw. Gall gwisgo mygydau fod yn broblemus i rai sydd â chymhorthion clyw dros y glust, o ran clymu neu ddifrod wrth i ddolenni mygydau ddal yn y ddyfais. Hefyd canfu Park (2020) yr effeithiwyd yn negyddol ar bobl fyddar o ganlyniad i ddefnyddio mygydau. Nid yw nifer o dechnolegau ar-lein yn hygyrch i bobl trwm eu clyw, yn ôl Annaswamy, Verduzco-Gutierrez a Frieden (2020).

Cynhaliodd y Gymdeithas Plant Byddar Genedlaethol (2020) arolwg a chanfod mai'r prif broblemau i blant byddar oedd; colli eu rhwydwaith cymorth, diffyg mynediad at awdioleg ar gyfer gwaith atgyweirio neu lawdriniaethau mewnblianiad yn y cochlea yn cael eu gohirio, mynediad at ddeunyddiau dysgu ar-lein gartref. Os yw ysgolion yn mynnu bod pawb yn gwisgo mygydau a gweithredu newidiadau eraill all effeithio ar blant trwm eu clyw, sydd eisoes yn wynebu anfantais o ran addysg (Cymdeithas Athrawon Plant Byddar Prydain, 2020), bydd hynny yn achosi risg o waethygu mwy ar y bwlch. Mae hygyrchedd dysgu o bell hefyd yn cael ei gwestiynu gan Gymdeithas Athrawon Plant Byddar Prydain.

Mae Action on Hearing Loss (2020) yn honni y gall rhai newidiadau i'r gweithle effeithio'n anghymesur ar bobl fyddar, megis eistedd gefn wrth gefn, gwisgo mygydau a chodi rhwystrau ffisegol. Mae Grote a Izagaren (2020) yn amlygu'r anawsterau a gawsant fel gweithwyr gofal iechyd y clyw proffesiynol, a'r anhawster wrth geisio trafod gwybodaeth bwysig pan fo pobl yn gwisgo mygydau.

Mae pobl fyddar yn wynebu mwy o arwahanrwydd o ganlyniad i lai o ryngweithio cymdeithasol (Action on Hearing Loss, 2020), a hynny o ganlyniad i wisgo mygydau a pellhau cymdeithasol. Roedd pobl drwm eu clyw yn llai tebygol o adael eu cartrefi yn ystod y cyfnod clo, di ond 54,8% yn ystod wythnos arferol, o'i gymharu â 80% o bobl anabl â phroblem iechyd meddwl, a hynny yn effeithio mwy ar y teimlad o arwahanrwydd.

Nam ar y golwg

Canfu ymchwil gan Sefydliad Cenedlaethol Brenhinol y Deillion (2020) bod pellhau cymdeithasol wedi bod bron yn amhosibl i rai sydd â nam ar y golwg, gydag

arwyddion anhygyrch ac ofn i bobl ymateb yn chwyrn os byddant yn methu ag ymbellhau, ac adroddodd rhai bod pobl wedi eu herio am beidio â phellhau yn gymdeithasol. Mae hyn yn achos pryder, yn arbennig o ystyried bod Henshaws (2020) wedi nodi bod chwarter o bobl â nam ar y golwg yn wynebu risg uchel ac angen cael eu gwarchod, a chanfu Senjam (2020) bod pobl â nam ar y golwg yn grŵp oedd yn wynebu risg uwch o ddal COVID.

Canfu ymchwil Sefydliad Cenedlaethol Brenhinol y Deillion (2020) bod 74% yn poeni am gael bwyd oherwydd gwasanaethau danfon cyfyngedig, ac roedd 21% yn dogni bwyd. Mewn adroddiad gan Difference North East (2020) canfuwyd na doedd nifer o bobl anabl yn ddigon agored i niwed i gael cymorth ac yn cael trafferth cael nwyddau siopa, ac mae'n bosibl bod nifer o bobl â nam ar y golwg yn perthyn i'r categori yma. Adroddodd nifer am golli hyder o ran mynd allan ac roedd dwy ran o dair yn teimlo'n llai annibynnol. Hefyd, adroddodd Senjam (2020) am amharu ar wasanaethau cymorth, a bod ofn mynd allan wedi cynyddu'r teimlad o arwahanrwydd, a gall hynny effeithio ar les meddyliol.

Canfu Sefydliad Cenedlaethol Brenhinol y Deillion (2020) na allai 26% gael mynediad at wybodaeth ar fformat hygyrch yn ystod y pandemig. Hefyd canfu Senjam (2020) bod pobl â nam ar y golwg yn cael anhawster cael mynediad at wybodaeth. Canfu canlyniadau arolwg gan Henshaws (2020), elusen o Fanceinion fwyaf, na doedd 41% yn derbyn gwybodaeth iechyd cyhoeddus mewn fformat oedd yn hygyrch iddynt. Mae'r canfyddiadau yn awgrymu bod angen ystyried nam ar y olwg wrth ddosbarthu gwybodaeth yn ystod pandemig iechyd, yn arbennig os yw pobl ddal yn wynebu mwy o risg.

Gyda nifer o apwyntiadau yn symud ar-lein, gall hyn fod yn broblemus i bobl â nam ar y golwg, ac mae Annaswamy, Verduzco-Gutierrez a Frieden (2020) yn honni nad yw llawer o'r dechnoleg yn bodloni eu hanghenion mynediad.

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng

Darparu gwasanaeth o bell

Roedd yna newid i ddarparu gwasanaethau iechyd o bell. Roedd hynny yn cynnwys meddygon yn brysennu dros y ffôn, apwyntiadau ffôn, cyflwyno ymgynghoriadau galwadau fideo gan ddefnyddio Attend Anywhere, eConsult sydd yn rhoi ffordd i gleifion gysylltu â'r meddygfa ar-lein, a Consultant Connect sydd yn darparu mynediad i gyngor ac arweiniad. Mae enghreifftiau yn cynnwys sesiynau rhagesfydlu

er mwyn helpu i gael cleifion yn ffit ar gyfer llawdriniaeth drwy dechnoleg fideo ac offer a gwybodaeth i fynd adref, a phrosiect Kidney BEAM sydd yn cynnig platfform ar-lein o adnoddau er mwyn gwella gweithgaredd corfforol.

Ymchwil ac arloesedd

Ymchwil COVID-19: Mae BCUHB wedi gallu sefydlu, agor a recriwtio ar gyfer astudiaethau COVID-19 yn gyflym a diogel, a hynny gyda chymorth timau clinigol rhwymedig, yn y 3 safle gofal eilaidd ac mewn gofal sylfaenol. Mae cyfleuster posibl ar gyfer Gogledd Cymru wedi cael ei glustnodi ar gyfer astudiaethau brechlyn.

Cynhaliwyd Hac lechyd rhithwir, mewn cydweithrediad rhwng BCUHB, Comisiwn Befan a M-SPARC ar 14 a 20 Mai. Roedd yr enillwyr yn cynnwys prosiect i ddatblygu cymhorthion cyfathrebu cyrhaeddiad byr i'w ddefnyddio wrth wisgo Offer Diogelwch Personol (PPE); prosiect 'Mygydau Clir ar gyfer Cyfathrebu' er mwyn edrych ar ddyluniad PPE ar gyfer cleifion â nam ar y clyw; syniad i greu cymuned rithwir yn seiliedig ar hyb ffisegol Cydweithrediad Gofal yn y Gymuned, pan fo pobl yn cael cymorth drwy sgysiau anffurfiol a chyfeillgar i gael mynediad at y cymorth sydd ei angen arnynt drwy rwydwaith rhithwir o bartneriaid.

Mae Ysgol Gwyddorau lechyd ym Mhrifysgol Bangor wedi datblygu'r canlynol fel ymateb i Covid-19 yn ychwanegol at arloesedd hyfforddi ac addysg ledled y brifysgol.

1. **Dysgu o Covid-19:** Arolwg cydnerthedd gyda myfyrwyr ieuchyd. Mae'r astudiaeth yn amcanu at ddeall y dylanwadau allanol (systemau) a mewnol (rhinweddau personol) ar gydnerthedd myfyrwyr mewn perthynas â phandemig COVID-19 a'r amharu ar eu cyrsiau o ganlyniad i hynny.
2. **Sgiliau Gofal Critigol:** Asesiad Holiadur Sgiliau Gofal Critigol wedi ei ddatblygu fel ymateb i gais gan BCUHB. Mae'r holiadur yma wedi ei ddylunio i gynorthwyo gydag asesiadau gwaelodlin o wybodaeth a sgiliau nyrsys mewn gofal critigol.
3. **Cwrs llwybr cyflym i nyrsys sydd yn gweithio mewn gofal critigol:** [I dros 170 o aelodau staff BCUHB](#)
4. **Prosiectau ymchwil** wedi eu hariannu gan NIHR a GIG Lloegr yng nghydestun Covid-19. Ar hyn o bryd mae cadarnhau yr arian yn destun embargo ond mae yna fwy i ddod yn y maes yma.

Mae sefydliadau'r trydydd sector ledled y rhanbarth wedi parhau i gefnogi pobl anabl drwy gydol y cyfnod clo. Mae'r cymorth yma wedi cynnwys cymorth ffôn ac ar-lein,

un i un ac mewn grwpiau, ac mae wedi amrywio o gyngor ar fudd-daliadau, cymorth iechyd meddwl, pecynnau gweithgareddau i gymorth ymarferol gyda bwyd a phresgripsiynau.

Anghenion adsefydlu i bobl sydd wedi'u heffeithio gan COVID-19

Sefydlwyd Grŵp Gorchwyl a Gorffen Adsefydlu ar gyfer Cynllunio ac Ymateb i COVID-19 mewn ymateb i'r dystiolaeth gynyddol o anghenion adfer pobl gan bobl sydd wedi cael eu heffeithio'n uniongyrchol ac anuniongyrchol gan y pandemig. Datblygodd y grŵp [fframwaith adsefydlu cenedlaethol](#).

Yn ogystal mae'r grŵp wedi cynhyrchu'r adnoddau canlynol i gefnogi byrddau iechyd, awdurdodau lleol a'r trydydd sector i gynllunio a datblygu gwasanaethau lleol yn unol â'r fframwaith.

- Canllaw ar wasanaethau i bob un o'r grŵp poblogaeth a nodwyd i gael eu heffeithio gan y pandemig: [Anghenion adsefydlu pobl y mae sefyllfa COVID-19 wedi effeithio arnynt](#).
- [Fframwaith Gwerthuso](#) i ddeall y galw ac i werthuso effaith adsefydlu yn y pedwar poblogaeth sydd wedi cael eu heffeithio gan bandemig COVID-19.
- [Adnodd modelu](#) i helpu adnabod y galw posibl ar gyfer adsefydlu a'r cymhwysedd sydd ei angen i fodloni'r galw hwnnw er mwyn gwella adferiad pobl.
- [Dogfen etifeddol](#) yn argymhell meysydd gweithredu ar gyfer rhaglenni cenedlaethol ar y cyd fel yr ydym yn adfer ac yn ailosod y system iechyd a gofal.

Mae'r fframwaith, a'r adnoddau cysylltiedig yn atgyfnerthu pwysigrwydd adferiad fel cydran graidd a chyfannol i system iechyd a gofal cynaliadwy, sydd yn cyflawni gweledigaeth Cymru lachach ac adeiladu ar arloesi a gwelliannau a wneir mewn ymateb i COVID-19, ac maent wedi eu llunio i hysbysu a chefnogi camau gweithredu lleol i adfer ac ailsefydlu gwasanaethau.

Croniclau Covid: straeon o'r rheng flaen

Awdioleg

Bu dipyn o newid o ran delio â chleifion sydd wedi colli eu clyw yn ystod y cyfnod clo. Bu'n rhaid i ni flaenoriaethu cleifion er mwyn eu gweld wyneb yn wyneb neu drwy fideo. Mae ein cleifion wedi cael amser anodd, os oes gennych nam ar y clyw efallai eich bod yn dibynnu ar ddarllen gwefusau, mae pobl yn gwisgo gorchuddion wyneb wrth gwrs ac mae hynny yn fandadol mewn rhai mannau

megis trafnidiaeth gyhoeddus etc. Felly maent yn cael mwy o broblemau gyda chyfathrebu.

Os ydych yn gwisgo cymhorthion clywed mae eich clustiau yn fwy tebygol o flocio. Mae llawer o feddygfeydd wedi stopio neu wedi cyfyngu ar weld cleifion ar gyfer glanhau clustiau. Y problemau sydd yn gysylltiedig â hyn yw problemau clyw, poen ac anghyfforddusrwydd. Os oes gennych gŵyr gall hynny achosi i'r cymhorthyn clywed fwydo sain yn ôl a chwibanu, a gall hynny fod yn annymunol iawn i chi a phawb o'ch cwmpas. Fel arfer byddai meddygfeydd yn trin 5 i 10 claf yr wythnos ar gyfer glanhau clustiau.

Gall cleifion dalu am wasanaethau yn breifat, ond nid yw pawb mewn sefyllfa i wneud hynny, felly efallai byddant yn trin eu hunain gan ddefnyddio olew olewydd. Efallai byddant yn prynu offer nad yw wedi ei brofi er diogelwch ac yn ceisio trin eu hunain a gall hynny achosi problemau.

Mae diffyg mynediad at driniaeth glanhau mewn meddygfeydd hefyd yn mynd i effeithio ar ofal iechyd yr unigolyn nawr oherwydd bod cyfran uwch o ymgynghoriadau meddygon teulu yn cael eu gwneud dros y ffôn nawr a bydd hynny yn rhwystr cyfathrebu. Ffafir asesiad fideo ar gyfer y grŵp yma, ond nid oes gan bawb yr offer neu'r sgiliau TG.

Erbyn hyn rwyf yn ôl mewn rhai meddygfeydd a gallaf weld a thrin cleifion, ond dim ond nifer fechan allaf eu gweld fy hun.

Hyder a Covid

Weithiau mae'n rhwystredig iawn i mi pan fyddaf yn mynd i'r siop ac mae pobl yn gwisgo mygydau ac ni allaf ddeall beth mae pobl yn ei ddweud wrthynt. Mae'n rhaid i mi ofyn yn garedig iddynt ei dynnu i ffwrdd eu i lawr ychydig, ond maent yn gwrthod ac maent yn dal i siarad gyda fi. Nid oes gen i syniad beth maent yn ei ddweud wrthyf ac mae hynny yn fy ngwneud yn drist. Efallai y bydd angen i rywun ddod i mewn i'r tŷ, megid y gwasanaeth nwy, ac rwyf yn teimlo panig.

Mae gwarchodwyr wyneb yn ddewis arall da ond nid ydynt yn eich gwarchod cystal. Gallwch gael mygydau gyda ffenestri bach ynddynt. Mae'n well gan bobl fyddar ddarllen gwefusau gan ddefnyddio hol fynegiant y wyneb, felly mae gwisgo mwgwd yn dal yn cuddio rhan o'ch wyneb.

Weithiau rwyf yn dioddef ag ymosodiadau panig, ond cyn Covid-19 roeddwn yn hapus iawn yn mynd allan, a buaswn yn mynd i'r siopau heb drafferth. Nawr mae'r toiledau wedi cau rwyf yn gorbryderu am fynd i'r toiled, rwyf yn ofni dal Covid felly torfeydd yw fy mhroblem fwyaf. Mae rhai pethau wedi digwydd o ran cyfathrebu hefyd, felly mae fy hyder yn is, a dyna sydd wedi achosi fy ngorbryder. Rwyf wedi teimlo'n ddigalon pan wyf allan, mae fy nghanol wedi bod yn curo'n

gyflym, mae cledrau fy nwylo yn chwyslyd ac rwyf yn meddwl 'alla i ddim gwneud hyn'. Y rhan fwyaf o'r amser rwyf yn gwneud fy siopa ar-lein nawr oherwydd mae'n haws ac mae'n cael ei gludo i mi.

Pobl ag anableddau dysgu/awtistiaeth

Canfu adroddiad gan Improvement Cymru (2020) bod gan bobl ag anableddau dysgu gyfradd marwoldeb uwch na'r boblogaeth gyffredinol yng Nghymru. Hefyd dangosodd ystadegau gan y Comisiwn Ansawdd Gofal (2020) gyfradd marwoldeb uwch ar gyfer y rhai sydd ag anabledd dysgu, o'i gymharu â'r un cyfnod y llynedd. Mae Mencap (2020) wedi mynegi pryderon am yr effaith anghymesur ar farwoldeb pobl ag anableddau dysgu, sydd yn uwch na'r hyn a ganfuwyd mewn cartrefi gofal. Nododd adroddiad Senedd Cymru (2020) 'Into Sharp Relief' sut yr oedd COVID wedi gwaethygu anghydraddoldebau o ran marwoldeb, incwm, risg o ddal COVID ac maent yn nodi sut bod pobl ag anableddau dysgu wedi llithro ymhellach ar ei hôl hi efallai. Mae Courtenay a Perera (2020) yn honni bod pobl ag anableddau dysgu yn wynebu mwy o risg o haint ac o brofi symptomau mwy difrifol.

Mynegodd Rhaglen Trawsnewid Anableddau Dysgu Gogledd Cymru bryderon ynghylch anghydraddoldebau iechyd cynyddol yn cynnwys stopio Gwiriadau Iechyd Blynyddol dros dro yn ystod COVID-19 a rhewi gwaith cynlluniedig er mwyn cynyddu'r defnydd o wiriadau iechyd. Mae yna hefyd bryderon ynghylch argaeledd a hygyrchedd brechlyn fflw chwistrelliad ffroenol i bobl ag anableddau dysgu sydd yn anniddig iawn ynghylch nodwyddau, a fyddai hynny yn opsiwn ar gyfer brechlyn COVID-19 posibl. Os nad yw chwistrelliad ffroenol yn opsiwn ar gyfer brechlyn COVID-19, bydd angen i gymorth fod ar gael i bobl ag anableddau dysgu sydd â ffobia nodwyddau fel rhan o'r cynllun i gyflwyno'r brechlyn a gwneud y defnydd mwyaf posibl ohono.

Canfu Consortiwm Anableddau Dysgu Cymru (2020) nad oedd rhai pobl ag anableddau dysgu wedi derbyn llythyrau gwarchod pan y dylent fod wedi eu derbyn, ac roedd eraill wedi eu drysu gan y llythyrau, roedd ganddynt broblemau o ran cael mynediad i fwyd, cyflenwadau ac apwyntiadau gofal iechyd (roedd apwyntiadau ffôn yn broblemus i rai). Mae pobl ag anableddau dysgu sydd yn gyflogedig wedi gorfod dysgu ffyrdd newydd o weithio a defnyddio trafnidiaeth yn ddiogel.

Mae Cynghair Anghenion Ychwanegol y Trydydd Sector (2020) yn honni bod hyn wedi bod yn heriol i deuluoedd plant ag anghenion cymhleth, oherwydd gall yr ysgol fid yn fath o seibiant. Roeddent yn canfod bod plant a phobl ifanc y maent yn eu cefnogi, yn teimlo'n ynysig, ac yn teimlo problemau o ran mynediad at ddysgu. Mae Courtenay a Perera (2020) un honni y bydd tynnu cymorth yn ôl, ysgol, canolfannau dydd a seibiant, yn effeithio ar faterion ariannol a lles meddyliol teuluoedd/ gofalwyr.

Maent hefyd yn nodi y gall y newid patrwm a chyfyngiadau ffisegol achosi gorbryder, paranoia a phroblemau ymddygiadol, yn achos rhai ag anableddau dysgu. Hefyd adroddodd Consortiwm Anableddau Dysgu Cymru (2020) bod rhai ag anableddau dysgu a'u teuluoedd yn fwy gorbryderus am y feirws, diogelwch eu cymorth, rheolau newydd a cholli cymorth.

Mae Anabledd Dysgu Cymru (2020) wedi trafod y defnydd o dechnoleg, gan honni y gall y rhai ag anableddau dysgu gael eu hallgau oherwydd; costau, diffyg sgiliau, angen help neu dechnoleg anhygyrch. Yn ystod y cyfnod clo symudodd nifer o grwpiau cymorth ar-lein ac mae hynny wedi bod o fudd i rai, gan ddenu rhai na fyddai yn mynychu grwpiau.

Mae Consortiwm Anabledd Dysgu Cymru (2020) yn amlygu elfennau cadarnhaol y pandemig i'r rhai sydd ag anableddau dysgu yn cynnwys; dysgu pethau newydd, cymorth cymunedol rhagorol, a Llywodraeth Cymru yn bod yn ymatebol i raddau helaeth i'w hanghenion.

Yn ystod dyddiau cynnar y pandemig, arweiniodd sefydliadau megis Anabledd Dysgu Cymru, Mencap a Phobl yn Gyntaf Cymru Gyfan ymgyrchoedd llwyddiannus er mwyn tynnu sylw at benderfyniadau moesegol gaiff eu gwneud ynghylch pobl ag anableddau dysgu, gan ddangos y risg parhaus y gallai pobl ag anableddau dysgu gael eu trin yn wahanol o ganlyniad i gael y label hwnnw.

Beth ddywedodd pobl wrthym

Mae'r canfyddiadau cenedlaethol yma yn gyson ag adroddiadau lleol. Caeodd sefydliadau gofal dydd a gweithiodd staff gofal cymdeithasol a ieuchyd cymunedol o gartref. Roedd yn ymddangos bod gwasanaethau mewnol yn addasu yn llai cyflym i'r cyfnod clo er bod gwasanaethau a allgontractwyd, megis HFT, Tyddyn Môn, Co-options yn gallu addasu yn gyflymach a chynnig gweithgareddau ar-lein i'r rhai oedd yn hysbys i'w gwasanaethau. Mae rhai dyfyniadau gan deuluoedd yng Gogledd Cymru yn cael eu rhestru isod;

“Roeddem yn teimlo nad oeddem yn cael ein cynnwys i ddechrau, a'n bod wedi cael ein gadael.”

“A siaradodd y gwasanaethau gyda theuluoedd oherwydd y dylem fod wedi dod at ein gilydd?”

“Yn sydyn roedd ein byd yn fach iawn”

Roedd dinasyddion yn adrodd am golli cyflogaeth neu golli cyfleoedd gwirfoddoli a bod hynny wedi effeithio'n niweidiol ar eu lles.

“Oni bai am Conwy Connect, y tîm Trawsnewid, Pobl yn Gyntaf Cymru Gyfan a'r grwpiau cyfranogi, beth fyddem wedi ei gael? Roedd angen i ni fod yn gysylltiedig. Rydym angen i'r gweithgareddau hynny barhau”.

Dod allan o'r cyfnod clo/gwarchod

- Mae teuluoedd a darparwyr yn orbryderus ynghylch unigolion yn rhoi'r gorau i hunanynysu, yn arbennig o ystyried breguster eu iechyd corfforol.
- Mae'n rhaid i gymorth fod yn bwrpasol a chanolbwyntio ar yr unigolyn ac mae'n rhaid i ymarferwyr adolygu ac ailddylunio diwrnod pob person yn gyflym, ac mae hynny yn golygu bod angen llawer iawn o fewnbwn er mwyn adolygu cynlluniau cymorth ymddygiad cymhleth ac yn y blaen.
- Mae yna bryderon gan bobl ag anableddau dysgu a'u teuluoedd ynghylch y dulliau a ddefnyddir ar gyfer gwarchod a'r defnydd cyfyngedig o “swigod” mewn sefydliadau byw â chymorth a rennir. Er y bwriad da, gallai rhai o'r arferion yma effeithio'n sylweddol ar hawliau, rhyddid a pherthnasoedd pobl ag anableddau dysgu, nid ydynt bob amser yn cydymffurfio â chanllawiau cenedlaethol ac felly gallent effeithio'n ddraconaidd anghymesur ar bobl ag anableddau dysgu sydd yn byw yn y sefydliadau yma.

Gweithlu ac argaeledd cymorth

- Mae gweithwyr cymorth yn adrodd eu bod yn teimlo'n flinedig iawn. Roedd y gweithlu wedi ei ddisbyddu o ganlyniad i bobl i ffwrdd yn sâl, yn hunanynysu neu ar ffyrlo. Eto mae hyn yn cael ei gefnogi gan Paradigm a phrofiadau lleol. Mae staff gofal cymdeithasol yn teimlo nad ydynt yn cael digon o gyflog na'u gwerthfawrogi'n ddigonol, yn arbennig o'u cymharu â chydweithwyr iechyd.
- Adroddodd Gwynedd bod ganddynt yr adeiladau ar gael er mwyn darparu gwasanaethau seibiant a dydd i bobl. Y broblem oedd diffyg argaeledd staff. Roedd rhaid blaenoriaethu gwasanaethau byw â chymorth 24 awr, oedd yn golygu bod oriau staff wedi eu cymryd oddi wrth opsiynau cymorth preswyl pwrpasol alai fod wedi lleihau'r straen ar deuluoedd.

Cynhwysiant digidol

- Adroddodd un darparwr byw â chymorth lleol am heriau o ran cefnogi pobl ag anableddau dysgu i gael mynediad i Zoom a thechnolegau eraill, oherwydd nid oedd gan staff amser i eistedd gydag unigolion.
- Diffyg sgiliau a gwybodaeth ymysg rhai sydd yn cefnogi pobl ag anableddau dysgu, diffyg mynediad neu fynediad cyfyngedig i'r rhyngwrdd a diffyg mynediad at offer yw'r prif rwystrau i gynhwysiant digidol.
- Mae gwasanaethau sydd statudol wedi nodi y byddent wedi hoffi gallu cynnig mwy o weithgareddau a chyfarfodydd rhithwir, ond nid oedd y seilwaith digidol a'r sgiliau ar gael i alluogi hynny.
- Adroddodd nifer o ddinasyddion ac eiriolwyr am amharodrwydd ymysg darparwyr a gofawr i ganiatáu pobl ag anableddau dysgu i gael mynediad i'r rhyngwrdd gan nodi ffactorau risg a chyfrinachedd.

Canllawiau ac argaeledd gwybodaeth hygyrch

- Cyfeiriodd asiantaethau at y pwysau o dderbyn nifer fawr o ganllawiau, fel arfer drwy e-bost gan nifer o awdurdodau ar adeg o bwysau ar eu gwasanaethau. Roedd hynny yn cael ei waethgu yn achos darparwyr cenedlaethol oedd yn gorfod ymgyswngtu â chanllawiau yng Nghymru a Lloegr.
- Er bod canllawiau hawdd eu darllen a fideos wedi bod yn fuddiol, nid yw cynhyrchu deunyddiau wedi bod yn amserol bob amser ac mae dosbarthu deunyddiau wedi bod yn ddarniog.

Awtistiaeth

Mae'r Gymdeithas Awstistiaeth Genedlaethol (2020) yn eu hadroddiad 'Left Stranded' yn honni bid y pandemig wedi effeithio'n anghymesur ar rai ag awtistiaeth a'u teuluoedd. O'i gymharu â'r boblogaeth yn gyffredinol, canfu'r ymchwiliad bod rhai ag awtistiaeth yn 7 gwaith mwy unig ac yn 6 gwaith mwy tebygol o gael bodlonrwydd bywyd isel, ac roedd 9 o bob 10 yn pryderu am eu lles meddyliol. Hefyd canfu Prifysgol Ghent (2020) bod gan rai ag awtistiaeth lefelau uwch o symptomau gorbryder ac iselder.

Mae Eshraghi et al (2020) yn honni y gall amharu ar batrymau bywyd fod yn arbennig o drallodus i rai ag awtistiaeth. Maent yn nodi y gall rhai gael anhawster gyda phellhau cymdeithasol, gwisgo mygydau, ac efallai na fyddant yn deall yr angen i ddilyn y rheolau yma. Hefyd canfu Prifysgol Ghent (2020) bod dilyn y rheolau newydd yn anodd i oedolion ag awtistiaeth, a bid hynny yn eu gwneud yn

orbryderus, yn arbennig pan yn siopa, a'u bod yn cael anhawster gyda newid arferion.

Canfu'r adroddiad gan y Gymdeithas Awtistig Genedlaethol (2020) yr effeithiwyd yn llawer mwy sylweddol ar y rhai sydd angen cymorth parhaus o ganlyniad i'r cyfnod clo. Hefyd canfuwyd bod yr angen gan oedolion ag awtistiaeth am gymorth wedi cynyddu, a bod nifer nad oeddent angen cymorth ei angen erbyn hyn (Prifysgol Ghent, 2020). Canfu'r Gymdeithas Awtistig Genedlaethol (2020) bod yr angen cynyddol am gymorth wedi effeithio ar nifer o deuluoedd, a bod 1 o bob 5 teulu yn lleihau eu horiau gwaith o ganlyniad i fwy o gyfrifoldebau gofalu.

Adroddodd y Gymdeithas Awtistig Genedlaethol (2020) am sut yr effeithiwyd ar addysg rhai ag awtistiaeth, gyda 7 o bob 10 rhiant yn cael anhawster gyda gwaith ysgol a hanner y rhieni yn teimlo yr effeithiwyd ar gynnydd addysgol eu plant.

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng

Technoleg

Roedd y defnydd o dechnoleg wedi cynyddu, yn cynnwys y defnydd o blatfformau digidol megis Zoom/Facebook/What's App. Mae'r ymgysylltu â chyfryngau cymdeithasol, fideos byr, Facebook live ac yn y blaen wedi cynyddu, gan alluogi cyswllt a gohebu mwy uniongyrchol â'r gymuned. Roedd rhai meysydd wedi trefnu i offer TG fod ar gael i rai dinasyddion mewn gofal preswyl a byw â chymorth gydag arian ICF ac arian arall, a phan ddarparwyd hynny, roedd yn fuddiol.

Mae gweithgareddau ar-lein megis cwisiau, bingo, discos (a ddarparwyd yn bennaf gan sefydliadau trydydd sector, grwpiau ymarfer ac eiriol sydd yn canolbwyntio ar yr unigolyn), wedi gweithio'n dda i bobl ag anableddau dysgu a'u gofalmwyr. Bu iddynt ddarparu gweithgareddau arferol i ddinasyddion, seibiant i ofalmwyr a chyswllt amhrisiadwy i bawb. Adroddodd dinasyddion, teuluoedd a darparwyr bod arferion, yn cynnwys gweithgareddau rhithwir, yn allweddol ar gyfer lleihau effaith negyddol ar les a theimlad o arwahanrwydd.

Mae Gwasanaeth Awtistiaeth Integredig Gogledd Cymru wedi treialu a gwerthuso asesiadau drwy cynadledda fideo ers 27 Mai 2020. Deilliant y gwerthusiad oedd parhau i gynnig ymgynghori fideo hyd yn oed ar ôl codi cyfyngiadau COVID-19. Mae maint rhanbarth Gogledd Cymru yn golygu y gellir cyflwyno ymgynghori fideo i'r holl gleientiaid, a bydd hynny yn helpu i leihau costau teithio a goresgyn yr heriau o ran canfod lleoliadau addas ar gyfer cyfweiliadau wyneb yn wyneb.

Cydweithredu

Mae cymorth cymheiriaid a rhannu gwybodaeth yn y trydydd sector wedi gweithio'n dda. Roedd y sefydliadau yma yn fwy hyblyg nag eraill gan addasu'n gyflymach i'r cyfnod clo.

Mae canllawiau hawdd eu darllen wedi bod yn fuddiol i deuluoedd ac unigolion. Mae cyngor a chymorth gan sefydliadau megis Pobl yn Gyntaf Cymru Gyfan, Anabledd Dysgu Cymru, Cymdeithas Eirioli Gogledd Cymru, Mencap Môn, STAND, Conwy Connect, a nifer o rai eraill, wedi cael ei rannu ar gyfryngau cymdeithasol ac mae wedi bod yn amhrisiadwy o ran hysbysu teuluoedd am eu hawliau a rheoliadau, yn arbennig pan fo'r materion yma yn rhai cymhleth.

Taliadau Uniongyrchol

Mae'r rhai sydd yn derbyn Taliadau Uniongyrchol wedi gallu parhau lefel o gymorth i unigolion ag anableddau dysgu, er yr effeithiwyd ar y defnydd o'r taliadau hynny gan argaeledd staff, pryderon ynghylch natur fregus unigolion s theuluoedd o ganlyniad i gael cyswllt gyda gweithwyr cymorth ac yn y blaen. Mae yna hefyd faterion nad ydynt wedi cael eu datrys ynghylch talu taliadau cadw y mae angen eu hystyried gan dimau awdurdodau lleol.

Fforymau darparwyr

Nodwyd bod fforymau darparwyr yn Sir Ddinbych ac Ynys Môn yn fuddiol o ran cefnogi darparwyr.

Croniclau Covid: straeon o'r rheng flaen

“Pan oeddwn yn blentyn cefais fy niagnosio gyda syndrom Asperger, sydd erbyn hyn yn cael ei alw'n Anhwylder Sbectwm Awtistiaeth. Mae gennyf Dispracsia a rwyf yn cael trafferth gyda cherdded a chydbwysedd oherwydd bod gennyf Barlys yr Ymennydd ysgafn. Dwy flynedd yn ôl cefais lawer o anawsterau....a'r adeg hwnnw cefais weithiwr cymorth a roddodd hepl i mi gyda fy mhroblemau. Cyn Covid-19 roeddwn i fyny ac i lawr o ran gwella, ond yn ymdopi, roeddwn yn dal i wneud pethau gyda'r tîm lechyd Meddwl Cymunedol.

Cefais gwpl o alwadau gan y tîm lechyd Meddwl Cymunedol ar ddechrau'r cyfnod clo ac yna dechreuwyd gyda Zoom ym Mai neu Fehefin, ond ni pharhawyd â hynny mewn gwirionedd. Mae'n digwydd unwaith yr wythnos, ond fe'i canslwyd tipyn o weithiau, ac nid yw'n ddim mwy na gwneud cwis am awr. Nid wyf wedi cael alwadau ffôn bob wythnos na dim i wirio sut ydw i, a sut yr wyf yn ymdopi gyda phopeth.

Rwyf yn berson gwydn ond buaswn yn hoffi cael mwy o gefnogaeth ar gyfer pobl canol oed. Rwyf yn 31 oed ac mae'n ymddangos bos yna bwyslais ar yr henoed ar y newyddion. Gwasanaethau ar gyfer pobl hŷn, ac oedolion hŷn yn dweud eu bod yn teimlo'n ynysig, ond mae yna lawer o bobl canol oed hefyd.

Mae'r rheolau newidiol wedi bod yn ddryslyd ac wedi achosi straen, mae pobl ag Awtistiaeth dwys yn cael anhawster prosesu newidiadau yn arbennig pan fônt yn cael eu cyflwyno yn gyflym, ac mae yna wybodaeth gyferbyniol wedi cael ei chyhoeddi ar gyfer Cymru a Lloegr, a chamwybodaeth ar y cyfryngau cymdeithasol. A oeddwn yn cael mynd allan fwy nag unwaith y dydd? Beth mae'r heddlu yn mynd i'w ofyn i mi? A fyddaf yn cael dirwy? Mae wedi bod yn ddryslyd. Byddai'n dda petai yna wybodaeth yn benodol ar gyfer pobl ag Awtistiaeth.

Rwyf yn dal i dreulio llawer o amser ar fy mhen fy hun, rwyf yn ceisio peidio mynd allan gymaint oherwydd mae'r rheolau wedi newid ynghylch mygydau, byddaf yn gwisgo un er and oes raid i mi oherwydd yn dechnegol rwyf wedi fy esemptio oherwydd fy awtistiaeth, ond rwyf yn teimlo bod raid i mi wisgo un oherwydd rwyf wedi clywed bod pobl yn cael trafferthion am beidio gwisgo un. Ni all pobl ag awtistiaeth ddioddef y teimlad o fwgwd ar eu croen."

Argymhellion

Argymhellion gan Fforwm Rhieni a Gofalwyr Pobl ag Anableddau Dysgu Cymru Gyfan (2020)

1. Adfer cyfleoedd ymgysylltu ystyrlon i ofalwyr a gwasanaethau gofalu ledled Cymru, helpu i siapio'r llwybr ar gyfer adfer i'r dyfodol; yn benodol ar lefelau strategol o ran cyd-ddylunio datrysiadau fydd yn wirioneddol yn gweithio, ac nid fel ymatebion i ymgynghoriadau yn unig.
2. Cynlluniau clir ar y cyd a sicrwydd nad yw gwasanaethau cymorth gofalwyr a'r gwasanaethau cymunedol maent yn dibynnu arnynt yn wynebu risg o fod yn 'anhanfodol' wrth symud ymlaen; gan geisio ailgychwyn yn benodol y broses asesu cyn gynted a bod hynny yn ymarferol, gan ddefnyddio dulliau cyfathrebu digidol yn y cyfamser, a hefyd ailddechrau gwaith partneriaeth rhanbarthol gan gadarnhau arian ar gyfer cymorth cymunedol lleol.
3. Dylid ystyried bod gwasanaethau seibiant o bob math yn cynnwys seibiannau byr, taliadau uniongyrchol creadigol a gwasanaethau dydd, yn flaenoriaeth wrth ystyried y camau nesaf o ran cymorth; yn benodol, galluogi dulliau hyblyg o ddefnyddio Taliadau Uniongyrchol.
4. Darparu canllawiau clir i deuluoedd gyda phlant SEN ar gyfer dychwelyd i'r ysgol cyn gynted a bod hynny yn ymarferol; yn benodol, darparu canllawiau i deuluoedd ynghylch y cymorth fydd ysgolion yn ei dderbyn er mwyn rheoli'r risg

ar gyfer y grŵp yma o blant sydd yn agored i niwed, a hefyd canllawiau ar gyfer cefnogi gofalwyr ifanc, yn cynnwys brodyr a chwiorydd, os bydd rhywun maent yn gofalu amdano yn ymwarchod yn y teulu.

Argymhellion gan Raglen Trawsnewid Anableddau Dysgu Gogledd Cymru

5. Bydd angen i staff uwchsgilio mewn perthynas â'r wybodaeth ynghylch cymwyseddau technolegol. Hefyd bydd angen iddynt ddatblygu hyder a sgiliau o ran eu defnyddio, a rhoi eu hagweddau at osgoi risg a rhagfarnau eraill i'r neilltu mewn perthynas â defnyddio technoleg, os dymunir manteisio'n llawn ar y dechnoleg honno. Mae angen gwerthfawrogi gwerth mynediad i'r ryngwrwyd, ac mae angen buddsoddi yn y maes yma gan unigolion a gwasanaethau.
6. Mae angen i unrhyw waith hyrwyddo neu gyflenwi technoleg yn y dyfodol, megis ffonau ac iPads, gynnwys mynediad i gymorth technolegol i unigolion, teuluoedd a gweithwyr cymorth, oherwydd bod problemau cychwynnol gyda mynediad yn gallu codi braw ar yr unigolion yma yn gyflym iawn, sydd yn golygu bod y dechnoleg yn ddiwerth o'r dechrau.
7. Bydd mynediad parhaus i offer, mynediad i'r rhyngwrwyd ac yn y blaen yn gritigol i ymatebion i frigiadau yn y dyfodol, a bydd hynny yn galluogi addasu yn gyflymach i sefyllfaoedd clo i'r dyfodol. Hefyd, bydd angen mwy o stoc o offer, yn arbennig offer a geir o dramor.
8. Bydd angen i wasanaethau ystyried a gwerthuso sut y bydd anghenion dinasyddion yn cael eu bodloni mewn cyfnodau clo yn y dyfodol, a'r angen i dinasyddion hunanynysu. Mae rhai dyfyniadau gan deuluoedd yn cael eu rhestru isod;

"Byddai canfod ffordd o barhau i weld y staff gwasanaethau dydd (wedi bod yn dda). Byddai wedi bod yn dda petaent wedi gallu cynnal cyfarfodydd Zoom, efallai ohonynt ru hunain yn gwneud eu gwaith arferol a chael sgwrs neu feddwl am rywbeth y gallai fod wedi ei wneud o gartref gyda nhw. Dim ond sgwrs a phaned o de hyd yn oed."

"Mae angen gweld ei ffrindiau. Angen rhyw fath o gyfarfodydd ar-lein wedi'u trefnu. Nid oeddem yn gallu ffonio teuluoedd eraill oherwydd nid oedd eu rhifau gennym."

"Pecynnau crefft neu becynnau gweithgareddau i gyd-fynd â sesiwn Zoom gan y staff gwasanaethau dydd arferol. Os mai coginio yw hynny, anfonwch y rysâit wythnos ymlaen llaw."

Pobl gydag anghenion iechyd meddwl

Mewn datganiad i'r wasg gan Goleg Brenhinol y Seiciatryddion ym Mai (2020), mae seiciatryddion wedi adrodd am gynnydd o 43% mewn apwyntiadau brys a gostyngiad o 45% mewn apwyntiadau arferol, ac yn rhybuddio am ymchwydd o achosion iechyd meddwl posibl yn y dyfodol. Mae adroddiad gan Gonffederasiwn y GIG (2020) yn adlewyrchu y rhagfynegiad hwnnw, gan amlygu cyfraddau atgyfeirio uwch na chyn y cyfnod clo. Maent yn profi mwy o broblemau gyda; rhai â phroblemau iechyd meddwl sydd eisoes yn bodoli, rhai sydd yn atglafychu a chleifion newydd. Mae ystadegau gan y Swyddfa Ystadegau Gwladol. (2020) yn dangos bod symptomau iselder wedi dyblu yn ystod y cyfnod clo a bod 1 o bob 5 oedolyn yn dioddef rhyw fath o iselder. Adroddodd Mind (2020) bod 1 o bob 5 o bobl yng Nghymru yn methu cael mynediad at gymorth iechyd meddwl ar ddechrau'r cyfnod clo, gan honni y gallai hynny arwain at bobl yn cyrraedd pwynt argyfwng ac angen gofal brys. Hefyd adroddodd Mind am fynediad cynyddol i'w gwasanaethau ar-lein.

Mae adroddiadau gan y Sefydliad Iechyd Meddwl (2020) a'r Ganolfan Iechyd Meddwl (2020) yn amlygu'r effaith anghymesur ar iechyd meddwl pobl o grwpiau Du, Asiaidd a Lleiafrifoedd Ethnig (BAME) a rhai sydd yn wynebu ansicrwydd ariannol, aelwydydd incwm is. Mae'r Ganolfan Iechyd Meddwl (2020) hefyd yn amlygu grwpiau eraill y mae'r cyfnod clo wedi effeithio'n anghymesur ar eu iechyd meddwl, yn cynnwys; rhai â phroblemau iechyd meddwl eisoes, rhai â chyflyrau iechyd meddwl hirdymor, pobl hŷn a rhai sydd wedi dioddef trawma/trais yn ystod y cyfnod clo. Mae Usher, Bhullar a Jackson (2020) yn dadlau ei bod yn bwysig cydnabod y gall arwahanrwydd effeithio'n fwy difrifol ar blant, oedolion hŷn, grwpiau lleiafrifol, grwpiau economaidd gymdeithasol is, merched a rhai â chyflyrau iechyd meddwl sydd yn bodoli eisoes. Canfu lab, Steptoe a Fancourt (2020) bod y grwpiau yma yn fwy tebygol o hunan niweidio ac o gael meddyliau hunanladdol, yn ogystal â phobl anabl a phobl gyda COVID. Ategwyd yr anghydraddoldebau yma mewn adroddiad gan Mind (2020) 'The Mental Health Emergency'.

Mewn arolwg o rai â chyflyrau iechyd meddwl sydd eisoes yn bodoli gan Rethink Mental Illness (2020), adroddodd 79% bod eu iechyd meddwl wedi gwaethygu o ganlyniad i'r pandemig. Roedd dros 50% yn gwneud llai o ymarfer corff ac yn bwyta yn llai iach, a gallai hynny arwain at waeth iechyd corfforol, allai effeithio ar y rhai â salwch meddwl difrifol y mae eu disgwyliad oes eisoes yn is. Mae rhai â phroblemau iechyd meddwl yn fwy tebygol o ennill pwysau o ganlyniad i feddyginiaethau a ffordd

o fyw, a gallai hynny olygu eu bod yn wynebu risg uwch o ddioddef symptomau COVID difrifol.

Grwpiau oedran

Dangosodd astudiaeth gan Iechyd Meddwl Cymru (2020) bod un rhan o dair o blant yn dioddef problemau iechyd meddwl yn ystod cyfnod clo. Hefyd adroddodd Alfven (2020) am gynnydd mewn gorbryder ac iselder ymysg plant gan fynegi pryderon ynghylch sut y gall; colli addysg, tlodi, diffyg maeth ac anghydraddoldebau waethygu'r problemau yma.

Canfuwyd (Vernooij-Dassen, Verhey a Lapid, 2020) bod pellhau cymdeithasol yn ystod y pandemig wedi effeithio yn negyddol ar iechyd meddwl pobl hŷn, yn cynnwys; gorbryder, straen ac iselder. Mae Webb (2020) yn nodi, yn ogystal â chynyddu gorbryder, straen ac iselder, y gall y pandemig leihau eu cydnerthedd a theimlad o hunanwerth.

Canfu arolwg Coronafeirws a Fi bod y rhan fwyaf o blant a phobl ifanc (58%) wedi dweud eu bod yn teimlo'n hapus y rhan fwyaf o'r amser, ac mae mwyafrif mawr (84%) yn adrodd eu bod yn teimlo'n ddiogel y rhan fwyaf o'r amser. At ei gilydd dywedodd 2% eu bod 'heb deimlo'n ddiogel yn aml iawn'. Y pethau sydd wedi effeithio fwyaf ar y ffordd maent yn teimlo yw; methu â threulio amser gyda ffrindiau, methu â gallu ymweld ag aelodau'r teulu ac ysgolion a cholegau yn cau (Comisiynydd Plant Cymru, 2020).. Canfu canfyddiadau cynnar arolwg HAPPEN at Home (2020) bod lefelau pryder plant yr un fath â chyn y cyfnod clo, a dywedodd 91% y gallent aros mewn cysylltiad â ffrindiau.

Beichiogrwydd ac Ôl-enedigol

Mae merched yn wynebu risg uwch o ddioddef problemau iechyd meddwl yn ystod beichiogrwydd a'r cyfnod ôl-enedigol, a chanfu Babies in Lockdown (2020) bod iselder a orbryder yn hyd yn oed uwch yn y grŵp yma o ferched yn ystod y pandemig. Canfu Babies in Lockdown (2020) bod y cynnydd mewn gorbryder ac iselder yn uwch yn achos mamau BAME a theuluoedd incwm is. Mae'r ddau adroddiad yn nodi sut y gall iechyd meddwl effeithio ar y beichiogrwydd a'r baban, felly mae'n fater pwysig er mwyn osgoi cymhlethdodau hirdymor, ac er mwyn mynd i'r afael ag effaith ddwysach hyn ar grwpiau dan anfantais.

Defnydd o alcohol

Canfu ymchwil gan Alcohol Change UK (2020), ymysg yfwyr presennol a chyn-yfwyr, bod 28% wedi bod yn yfed mwy a bod 21% wedi bod yn yfed yn fwy aml. Hefyd, yn achos y rhai sydd yn yfed mwy, canfuwyd bod 40% yn dweud bod hynny o ganlyniad i straen neu orbryder, ac roedd 1 o bob 6 yn pryderu am eu lefel yfed. Mae ymchwil gan Wardell et al (2020) yn awgrymu bod yfed ar ben eich hun ac yfed fel dull ymdopi, a gynyddodd yn ystod y cyfnod clo, yn gysylltiedig â phroblemau yfed. Mae'r ymchwil yn dangos y gallai problemau cysylltiedig ag alcoholiaeth fod yn fwy o bryder o ganlyniad i'r pandemig.

Mae rhagor o wybodaeth ynghylch y prif negeseuon i weithwyr cymdeithasol ynghylch alcohol a COVID -19 ar gael ar [wefan Gofal Cymdeithasol Cymru](#).

Anhwylderau bwyta

Canfu Castellini et al (2020) bod y cyfnod clo wedi effeithio'n sylweddol ar y rhai ag anhwylderau bwyta, gan achosi symptomau ôl-drawma ac amharu ar adferiad, ac roedd hynny yn arbennig o fynych ymysg rhai oedd wedi dioddef trawma cynnar neu broblemau ymlyniad. Mewn astudiaeth gan Baenas et al (2020) canfuwyd bod symptomau anhwylderau bwyta wedi cael eu gwaethygu yn ystod y cyfnod clo.

Anhwylder Gorfodaeth Obsesiynol (OCD)

Mae achos yn cael ei drafod gan French a Lyne (2020), pan fônt yn honni bod rhai ag OCD efallai yn wynebu mwy o risg o atglafychu yn ystod pandemig ieched, megis COVID, gan fynegi pwysigrwydd cefnogi'r grŵp yma sydd yn agored i niwed.

Goroeswyr COVID-19

Mewn adolygiad o lenyddiaeth, mae Kaseda a Lavene (2020) yn honni bod yna debygolrwydd uchel o symptomau ac anhwylderau seiciatrig mewn goroeswyr COVID-19, yn cynnwys anhwylder straen ôl-drawma (PTSD). Mae Lyons et al (2020) hefyd yn adrodd am achosion mynych o iselder ôl-firws yn dilyn firysau cyffelyb blaenorol, ac yn rhybuddio y gallai hynny fod yn wir yn achos rhai sydd yn gwella o COVID-19. Mae Rogers et al (2020) yn rhybuddio y dylai staff clinigol fod yn ymwybodol o bosibilrwydd PTSD, iselder a gorbryder, ar ôl gwella o COVID-19.

Sut yr ymatebodd gwasanaethau yn ystod yr argyfwng

- Sefydldd Mind Conwy Hyb Rhithwir a gwasanaethau cwnsela drwy gydol y cyfnod clo, gan ddefnyddio arian brys gan Sefydliad Steve Morgan.
- Buddsoddodd Ynys Môn £50,000 yn ychwanegol yn y gwasanaeth Parabl er mwyn darparu mwy o gapasiti ar gyfer gwasanaethau profedigaeth a iechyd meddwl. Roedd hynny yn cynnwys sesiynau cwnsela, sesiynau serenedd CCBT, a sesiynau 'ymdopi â bywyd' ac 'ymwybyddiaeth ofalgar'.
- Mae gan Ynys Môn gysylltiad â Swyddogion Cymorth Cymunedol yr Heddlu (PCSO) sydd â gwybodaeth leol ac sydd yn ymwybodol o drigolion sydd ag anghenion iechyd meddwl, yn cynnwys dementia. Mae hynny wedi golygu bod trigolion sydd yn hunanynysu yn teimlo sicrwydd o ganlyniad i wirio eu lles (sydd yn destun pellhau cymdeithasol).
- Darparwyd cymorth ICAN dros y ffôn ar ôl atgyfeirio, ar ôl i wirfoddolwyr gael eu tynnu o feddygfeydd a gofal heb ei gynllunio o ganlyniad i COVID-19. Erbyn hyn cafwyd 700 o atgyfeiriadau ledled Gogledd Cymru ac mae gan bob ardal 12 i 15 o wirfoddolwyr yn darparu cymorth. Mae llawer o gymorth ar gael i wirfoddolwyr. Mae prynhawniau Mawrth wedi cael eu neilltuo ar gyfer hyfforddi. Mae cymorth ar gael ar gyfer unrhyw esgoli ac ar ôl pob galwad os bydd angen hynny, ond lleiafswm o un goruchwyliaeth bob 2 wythnos. Mae yna hefyd oruchwyliaeth Zoom unwaith y mis er mwyn i wirfoddolwyr siarad gyda'i gilydd. Mae adborth pobl cyn ac ar ôl y cymorth yn dangos bod hynny yn helpu i wella eu tymer.
- Darparu Monitro Actif (hunangymorth seiliedig ar CBT) o bell sydd wedi cynnwys addasu deunyddiau ar gyfer darpariaeth ar-lein ac sydd wedi bod yn llwyddiannus hyd yma.
- Mae nifer o sefydliadau iechyd meddwl y trydydd sector ledled y rhanbarth, yn cynnwys (ond nid yn gyfyngedig i) Kim inspire, Advance Brighter Futures, Breathe, DPJ Foundation, Cais a mwy wedi parhau i gynnig cymorth iechyd meddwl un i un a grŵp drwy gydol y pandemig.
- Mae nifer o sefydliadau'r trydydd sector a grwpiau cymunedol ledled y rhanbarth wedi sefydlu gwasanaethau cyfeillio er mwyn brwydro yn erbyn unigrwydd.

Argymhellion

Gan fyfyrio ar ganlyniadau'r arolwg, mae Mind (2020) mewn datganiad ar 39 Mehefin yn nodi bod y pandemig wedi bod yn argyfwng iechyd meddwl a bod angen i iechyd meddwl fod yn rhan ganolog o gynlluniau adfer. Maent yn honni bod yr effaith lawn ar iechyd meddwl eto i ddod o ganlyniad i gynnydd mewn; diweithdra, anawsterau

ariannol a thai. Bu i adborth gan y Ganolfan Iechyd Meddwl (2020) argymhell cymorth tuag at ansefydlogrwydd ariannol all achosi problemau iechyd meddwl, cymorth iechyd meddwl rhagweithiol i ddioddefwyr COVID-19 a staff gofal iechyd a gofal cymdeithasol, a defnyddio dulliau sydd yn canolbwyntio ar drawma i gefnogi ysgolion, gofal iechyd a chymdeithasol a busnesau.

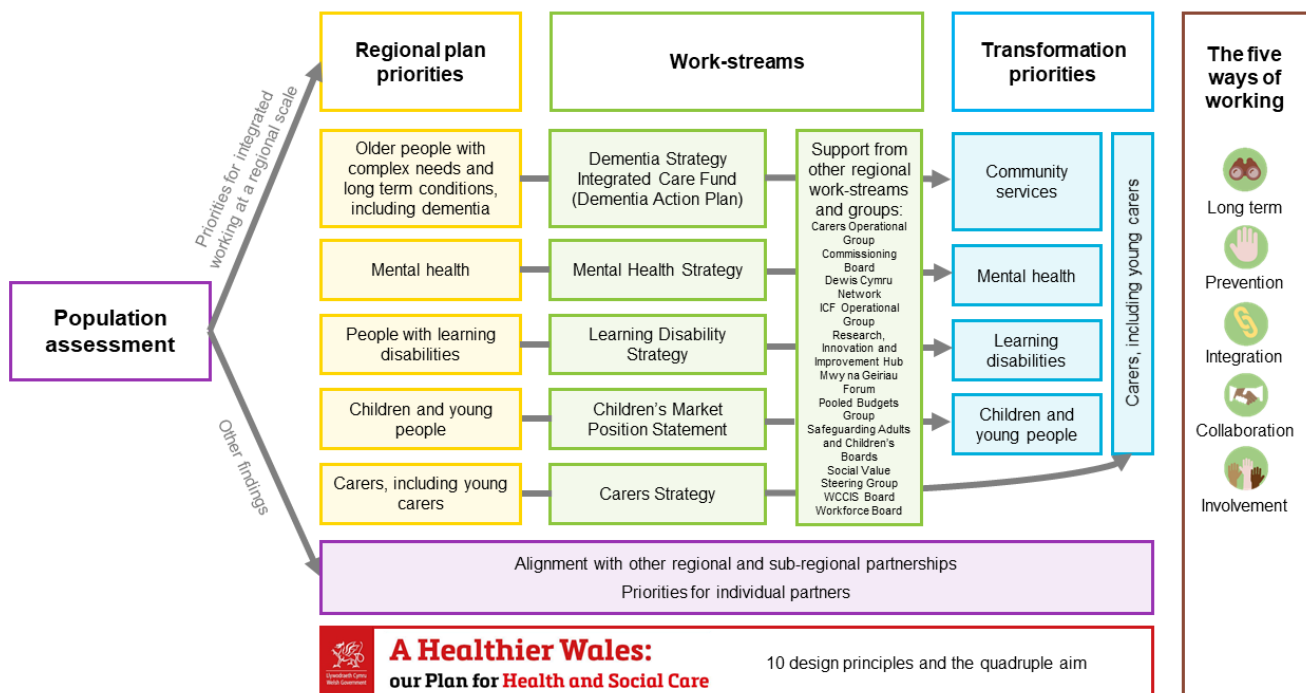
Casgliadau ac argymhellion

Datblygodd y Bwrdd Partneriaeth Rhanbarthol flaenoriaethau ar gyfer gweithio integredig yn seiliedig ar yr asesiad o boblogaeth gwreiddiol, sef:

- Pobl hŷn ag anghenion cymhleth a chyflyrau hirdymor, yn cynnwys dementia
- Pobl ag anableddau dysgu
- Gyrfaedd, yn cynnwys gofalwyr ifanc
- Plant a Phobl Ifanc
- Iechyd meddwl

Mae'r diagram isod yn dangos sut mae'r blaenoriaethau yma yn gysylltiedig â'r blaenoriaethau trawsnewid a ffrydiau gwaith rhanbarthol eraill.

North Wales Regional Partnership Board: overview of priorities



Mae'r adolygiad cyflym yma o'r asesiad o anghenion y boblogaeth yn cefnogi'r angen i'r Bwrdd Partneriaeth Rhanbarthol barhau i ganolbwyntio ar y blaenoriaethau yma. Mae yna hefyd rai egwyddorion cyson y mae'r adolygiad cyflym wedi eu nodi ar gyfer y gwaith yma.

1. **Hyrwyddo cynhwysiant digidol.** Mae hynny yn cynnwys sicrhau bod gan bobl sydd yn defnyddio ac sydd yn darparu gwasanaethau fynediad i dechnoleg a chysylltedd yn ogystal â'r sgiliau i'w defnyddio.

2. **Dulliau cynhwysol o ailddylunio gwasanaethau.** Er y bu nifer o fuddion i weithio o bell a chynnydd yn y defnydd o dechnoleg yn ystod y pandemig, nid yw'r dulliau yma yn gweithio i bawb ac nid ydynt yn gweithio o dan pob amgylchiad. Mae pob gwasanaeth yn mabwysiadu ffyrdd newydd o weithio, mae angen eu gwerthuso'n ofalus er mwyn adnabod a lliniaru unrhyw niwed posibl. Er enghraifft, drwy ddefnyddio dull cyfun o ddarparu gwasanaethau er mwyn gwneud y mwyaf o fuddion dulliau rhithwir a wyneb yn wyneb.
3. **Defnyddio dull seiliedig ar hawliau** mewn perthynas o chyfnodau clo yn y dyfodol ac ailagor gwasanaethau er mwyn lliniaru'r niwed a achoswyd gan bolisiau a ddyluniwyd i reoli lledaeniad y firws. Mae'n rhaid i hynny gynnwys cynnwys pobl sydd yn defnyddio gwasanaethau wrth gydgyhyrchu polisiau ac ymateb a chael llais a rheolaeth ar eu bywydau eu hunain.

Cyfeiriadau

Action on Hearing Loss (2020). *Coronavirus position statement*. Available at: <https://actiononhearingloss.org.uk/about-us/research-and-policy/coronavirus-policy-statement/> Accessed: 14/9/20.

Adoption UK (2020). *Home learning during the COVID-19 lockdown: The impact of school closures on care experienced children*. Available at: <https://www.adoptionuk.org/Handlers/Download.ashx?IDMF=b3326f3b-4cdf-46fe-94e1-8724bbb75475> Accessed: 21 Medi 2020

Alcohol Change UK (2020). *Research: drinking in the UK during lockdown and beyond*. Available at: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond> Accessed: 08 Medi 2020

Alfven, T. (2020). 'What will the long-lasting effect of the COVID-19 pandemic be on children's health and wellbeing?'. *Acta Paediatrica*. <http://dx.doi.org/10.1111/apa.15513>

All Wales Forum (2020). *Living with the COVID-19 pandemic: Learning Disability Family Carers in Wales – 'what matters' to us?* Available at: <http://www.allwalesforum.org.uk/wp-content/uploads/Life-in-Lockdown-for-LD-Families-in-Wales-An-All-Wales-Forum-of-Parents-and-Carers-Report-...pdf> Accessed: 18 Medi 2020

Alzheimer's Society (2020). *Worst hit: dementia during coronavirus*.

Alzheimers Research UK (2020). *Alzheimer's Research UK explores impact of isolation in those at risk*. Available at: <https://www.alzheimersresearchuk.org/impact-of-isolation-at-risk/> Accessed 4/9/20.

Alzheimers Society (2020). *Office of National Statistics figures show dementia is main underlying condition for COVID-19 deaths*. Available at: <https://www.alzheimers.org.uk/news/2020-05-15/ons-figures-show-dementia-main-underlying-condition-COVID-19-deaths-alzheimers> Accessed 4/9/20.

Alzheimers Society (2020). *ONS figures show almost 13,000 people who died from COVID-19 had dementia*. Available at: <https://www.alzheimers.org.uk/news/2020-06-23/ons-figures-show-almost-13000-people-who-died-COVID-19-had-dementia> Accessed 4/9/20.

Annaswamy, T.M., Verduzco-Gutierrez, M., and Frieden, L. (2020). 'Telemedicine barriers and challenges for persons with disabilities: COVID-19 and beyond'. *Disability and Health Journal*. <https://doi.org/10.1016/j.dhjo.2020.100973>

Babies in Lockdown (2020). *Listening to parents to build back better*. Available at: <https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version-1.pdf> Accessed: 09 Medi 2020

Baenas, I. et al (2020). 'COVID-19 and eating disorders during confinement: Analysis of factors associated with resilience and aggravation of symptoms'. *European Eating Disorders Review*. <https://doi.org/10.1002/erv.2771>

Banerjee, D. (2020). The impact of Covid-19 pandemic on elderly mental health. *International Journal of Geriatric Psychiatry*. <https://doi.org/10.1002/gps.5320>

BCUHB Local Public Health Team (2020): *Impact of COVID-19 on demand for mental health services by residents of Denbighshire, especially younger people*.

Boulton, E., et al (2020). Rapid review of reviews: what remotely delivered interventions can reduce social isolation and loneliness among older adults? Available at: <http://eppi.ioe.ac.uk/CMS/Portals/0/LonelinessExecSummary-5.pdf> Accessed: 17 Medi 2020

British Association of Social Workers (2020). *Social workers could be overwhelmed when children return to school*. Available at: <https://www.basw.co.uk/media/news/2020/may/social-workers-could-be-overwhelmed-when-children-return-school> Accessed: 23 Medi 2020

British Association of Teachers of the Deaf (2020). *NDCS update: deaf children face "challenge of their educational lifetimes"*. Available at: <https://www.batod.org.uk/ndcs-update-deaf-children-face-challenge-of-their-educational-lifetimes/> Accessed: 14/9/20.

British Geriatrics Society (2020). *Capturing beneficial change from the COVID-19 pandemic*. Available at: <https://www.bgs.org.uk/sites/default/files/content/attachment/2020-07->

[03/Beneficial%20changes%20from%20COVID%20-%20response%20from%20BGS.pdf](#) Accessed: 17 Medi 2020

British Psychological Society (2020). *Supporting care-experienced children and young people during the COVID-19 crisis and its aftermath*. Available at:

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Supporting%20care-experienced%20children%20and%20young%20people%20during%20the%20COVID-19%20crisis%20and%20its%20aftermath.pdf> Accessed: 21 Medi 2020

British Psychological Society (2020). *The impact of the COVID-19 outbreak on health and social care in Wales*. Available at: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Response%20-%20Impact%20of%20COVID-19%20on%20Health%20and%20Social%20Care%20in%20Wales.pdf> Accessed: 14 Medi 2020

Campbell, A.D. (2020). 'Practical Implications of Physical Distancing, Social Isolation, and Reduced Physicality for Older Adults in Response to COVID-19'. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1772933>

Care Forum Wales, Community Housing Cymru, Cymorth Cymru, 2020. Provider SWOT analysis of the initial month COVID-19 response.

Carers Trust (2020) 'Support not sympathy: A call to action from Wales' young and young adult carers'.

Castellini, G. et al (2020). 'The impact of COVID-19 epidemic on eating disorders: A longitudinal observation of pre versus post psychopathological features in a sample of patients with eating disorders and a group of healthy controls'. *International Journal of Eating Disorders*. <https://doi.org/10.1002/eat.23368>

Centre for Ageing Better (2020). *How has COVID-19 changed the landscape of digital inclusion?* Available at: <https://www.ageing-better.org.uk/sites/default/files/2020-08/landscape-COVID-19-digital.pdf> Accessed: 17 Medi 2020

Centre for Evidence Based Medicine (2020). *Maximising mobility in older people when isolated with COVID-19*. Available at: <https://www.cebm.net/COVID-19/maximising-mobility-in-the-older-people-when-isolated-with-COVID-19/> Accessed 4/9/20.

Centre for Mental Health (2020). *COVID-19 and the nation's mental health: Forecasting needs and risks in the UK*. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf Accessed: 08 Medi 2020

Children in Wales (2020). *COVID 19 – Results from Members Survey*. Available at: <https://www.childreninwales.org.uk/news/news-archive/children-wales-members-survey-COVID-19-results-summary-report/> Accessed: 18 Medi 2020

Children's Commissioner for Wales, 2020. *Coronavirus and me survey results July 2020*. Available at: <https://www.childcomwales.org.uk/coronavirus-and-me-results/> Accessed 18/09/2020

Children's Society (2020). *Delivering a recovery that works for children: Full list of recommendations*. Available at: https://www.childrenssociety.org.uk/sites/default/files/cv19-full-recommendations-recovery-plan_0.pdf Accessed: 21 Medi 2020

Community Care (2020). *Social work under coronavirus: children's practitioners report bigger problems than adults' colleagues*. Available at: <https://www.communitycare.co.uk/2020/06/04/social-work-coronavirus-childrens-practitioners-report-bigger-problems-adults-colleagues/> Accessed: 21 Medi 2020

Community Care (2020). *Social work under coronavirus: children's practitioners report bigger problems than adults' colleagues*. Available at: <https://www.communitycare.co.uk/2020/06/04/social-work-coronavirus-childrens-practitioners-report-bigger-problems-adults-colleagues/> Accessed: 23 Medi 2020

Co-Space (2020). *Report 02: COVID-19 worries, parent/carer stress and support needs, by child special educational needs and parent/carer work status*. Available at: https://emergingminds.org.uk/wp-content/uploads/2020/05/Co-SPACE-report-02_03-05-20.pdf Accessed: 18 Medi 2020

CoSPACE (2020). *Report 04: Changes in children and young people's emotional and behavioural difficulties through lockdown*. Available at: <https://emergingminds.org.uk/wp-content/uploads/2020/06/CoSPACE-Report-4-June-2020.pdf> Accessed: 24 Medi 2020

- Courtenay, K., and Perera, B. (2020). 'COVID-19 and people with intellectual disability: impacts of a pandemic'. *Irish Journal of Psychological Medicine*. DOI: <https://doi.org/10.1017/ipm.2020.45>
- Cox, C. (2020). 'Older Adults and Covid 19: Social Justice, Disparities, and Social Work Practice'. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1808141>
- Difference North East (2020). *Manifesto for a 'Better Normal'*. Available at: <https://differencenortheast.org.uk/wp-content/uploads/2020/09/Manifesto-Full-Report.pdf> Accessed: 11 Medi 2020
- Disabled Children's Partnership (2020). *#LeftInLockdown - Parent carers' experiences of lockdown*. Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers%E2%80%99-experiences-of-lockdown-June-2020.pdf> Accessed: 18 Medi 2020
- Donagh, B. (2020). 'From Unnoticed to Invisible: The Impact of COVID-19 on children and Young People Experiencing Domestic Violence and Abuse'. *Child Abuse Review*. DOI: 10.1002/car.2649.
- Durankus and Aksu (2020). 'Effects of the COVID-19 pandemic on anxiety and depressive symptoms in pregnant women: a preliminary study'. *Journal of Maternal-Fetal & Neonatal Medicine*. <https://doi.org/10.1080/14767058.2020.1763946>
- Family Fund (2020). *Health and wellbeing of disabled children at risk during pandemic*. Available at: <https://www.familyfund.org.uk/news/health-and-wellbeing-of-disabled-children-at-risk-under-pandemic-as-government-announces-extra-10-million-funding-for-children-with-complex-needs> Accessed: 18 Medi 2020
- Fostering Network (2020). *Education during the COVID-19 pandemic and transitioning back to school: Experiences of the fostering sector*. Available at: <https://www.exchangewales.org/wp-content/uploads/sites/14/2020/08/Education-during-the-COVID-19-pandemic-and-transitioning-back-to-school-Experi.pdf> Accessed: 21 Medi 2020
- French, I. & Lyne, J. (2020). 'Acute exacerbation of OCD symptoms precipitated by media reports of COVID-19'. *Irish Journal of Psychological Medicine*. <https://doi.org/10.1017/ipm.2020.61>
- Greenhalgh, T. et al. (2020) 'Management of post-acute COVID-19 in primary care', *BMJ*. British Medical Journal Publishing Group, 370. doi: 10.1136/bmj.m3026.
- Grote, H., and Izagaren, F. (2020). 'COVID-19: The communication needs of D/deaf healthcare workers and patients are being forgotten'. *BMJ*. <https://doi.org/10.1136/bmj.m2372>
- Health and Attainment of Pupils in a Primary Education Network (2020) 'Early findings from the HAPPEN At Home Survey'. Available at: <https://happen-wales.co.uk/early-findings-from-the-happen-at-home-survey/>. Accessed: 18/9/20
- Henshaws (2020). *COVID-19: Henshaws survey with blind partially sighted people*. Available at: https://www.henshaws.org.uk/wp-content/uploads/2020/06/COVID-19-Henshaws-survey-with-blind-partially-sighted-people-Final-report-15-June-2020.pdf?utm_source=GM+LA%2FNFHS+Contacts&utm_campaign=319df1e5e8-EMAIL_CAMPAIGN_2020_06_16_03_05&utm_medium=email&utm_term=0_2d98d16d40-319df1e5e8-119171586&mc_cid=319df1e5e8&mc_eid=f628086146 Accessed: 14/9/20.
- Hoffman, G.J., Webster, N.J., and Bynum, J.P.W. (2020). 'A Framework for Aging-Friendly Services and Supports in the Age of COVID-19'. *Journal of Aging & Social Policy*. <https://doi.org/10.1080/08959420.2020.1771239>
- House, S. and Fewster, E. (2020). *An Infection Prevention and Control perspective on why COVID-19 has had such a deadly impact on care home residents in the UK*. Available at: <https://ltccovid.org/2020/09/08/an-infection-prevention-and-control-perspective-on-why-COVID-19-has-had-such-a-deadly-impact-on-care-home-residents-in-the-uk/> Accessed: 17 Medi 2020
- lab, E., Steptoe, A., and Fancourt, D. (2020). 'Abuse, self-harm and suicidal ideation in the UK during the COVID-19 pandemic'. *The British Journal of Psychiatry*. <https://doi.org/10.1192/bjp.2020.130>
- ICNARC (2020). *COVID-19 Report*. Available at: <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports> Accessed: 17/9/20.
- Innovation Unit (2020). *Learning from a crisis: transforming children's social care*. Available at: <https://www.innovationunit.org/projects/learning-from-a-crisis-transforming-childrens-social-care/> Accessed: 22 Medi 2020

- Innovation Unit (2020). *Learning from a crisis: transforming children's social care*. Available at: <https://www.innovationunit.org/projects/learning-from-a-crisis-transforming-childrens-social-care/> Accessed: 22 Medi 2020
- Iob, E., Steptoe, A. and Fancourt, D. (2020). 'Abuse, self-harm and suicidal ideation in the UK during the COVID-19 pandemic'. *The British Journal of Psychiatry*. <http://dx.doi.org/10.1192/bjp.2020.130>
- Kaseda, E.T. & Levine, A.J. (2020). 'Post-traumatic stress disorder: a differential diagnostic consideration for COVID-19 survivors'. *The Clinical Neuropsychologist*. <https://doi.org/10.1080/13854046.2020.1811894>
- Kings Fund (2020). *Deaths from COVID-19 (coronavirus): how are they counted and what do they show?* Available at: <https://www.kingsfund.org.uk/publications/deaths-COVID-19> Accessed: 17 Medi 2020
- Local Government Association (2020). *Children's social care referrals fell by a fifth during lockdown*. Available at: <https://www.local.gov.uk/childrens-social-care-referrals-fell-fifth-during-lockdown> Accessed: 23 Medi 2020
- Lund, E. M. (2020). Interpersonal violence against people with disabilities: Additional concerns and considerations in the COVID-19 pandemic. *Rehabilitation Psychology*. 65 (pp.199-205). <http://dx.doi.org/10.1037/rep0000347>
- Lyons, D. et al (2020). 'Fallout from the COVID-19 pandemic – should we prepare for a tsunami of post viral depression?'. *Irish Journal of Psychological Medicine*. <https://doi.org/10.1017/ipm.2020.40>
- Mental Health Foundation (2020). *The COVID-19 pandemic, financial inequality and mental health*. Available at: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/COVID-19-inequality-briefing> Accessed: 09 Medi 2020
- Mind (2020). *Almost one in five people in Wales unable to access mental health support*. Available at: <https://www.mind.org.uk/news-campaigns/news/almost-one-in-five-people-in-wales-unable-to-access-mental-health-support/> Accessed: 09 Medi 2020
- Mind (2020). *The Mental Health Emergency: How has the coronavirus pandemic impacted our mental health?* Available at: https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf Accessed: 10 Medi 2020
- Mind (2020). *UK Government must urgently plan for recovery from coronavirus mental health crisis, says Mind*. Available at: <https://www.mind.org.uk/news-campaigns/news/uk-government-must-urgently-plan-for-recovery-from-coronavirus-mental-health-crisis-says-mind/> Accessed: 08 Medi 2020
- Mok, V.C.T., Pendlebury, S., Wong, A. et al (2020). 'Tackling challenges in care of alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future'. *Alzheimer's and Dementia*. (pp.1-11). <https://doi.org/10.1002/alz.12143>
- MS Society (2020). *Life in lockdown: experiences of living with MS during the coronavirus pandemic*. Available at: <https://www.mssociety.org.uk/what-we-do/our-work/our-evidence/ms-in-the-uk#covid> Accessed: 11 Medi 2020
- Multiple Sclerosis Trust (2020). *Findings of a survey of MS healthcare professionals on the impact of COVID-19 on MS services in the UK*. Available at: <https://www.mstrust.org.uk/sites/default/files/MS%20Professional%20Covid%20survey%20findings%20July%202020.pdf> Accessed: 11 Medi 2020
- Nation Cymru (2020). *Coronavirus has exposed the harsh inequalities of child poverty in Wales*. Available at: <https://nation.cymru/opinion/coronavirus-has-exposed-the-harsh-inequalities-of-child-poverty-in-wales/> Accessed: 23 Medi 2020
- National Deaf Children's Society (2020). *Coronavirus: Your priorities for our campaigning work*. Available at: <https://www.ndcs.org.uk/get-involved/campaigning/coronavirus/> Accessed: 14 Medi 2020
- National Youth Advocacy Service (2020). *COVID-19 and Care-experienced Children and Young People*. Available at: <https://www.nyas.net/wp-content/uploads/NYAS-Cymru-Report-on-Care-experienced-Young-People-and-the-COVID-19-pandemic-May.2020.pdf> Accessed: 21 Medi 2020
- National Youth Advocacy Service (2020). *Young Lives in Lockdown: NYAS' Survey of Care-Experienced Children and Young People during COVID-19*. Available at: <https://www.nyas.net/wp-content/uploads/NYAS-Coronavirus-Survey-Report-Young-Lives-in-Lockdown-May-2020.pdf> Accessed: 21 Medi 2020

NHS Confederation (2020). *Mental Health Services and COVID-19: Preparing for a rise in the tide*. Available at: https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Report_Mental-health-services-NHS-Reset_FNL.pdf Accessed: 09 Medi 2020

Nonweiler, J., Rattray, F., Baulcomb, J., Happé, F., and Absoud, M. (2020). 'Prevalence and Associated Factors of Emotional and Behavioural Difficulties during COVID-19 Pandemic in Children with Neurodevelopmental Disorders'. *Children*. 7(9). <https://doi.org/10.3390/children7090128>

Noone, C., et al. (2020). 'Video calls for reducing social isolation and loneliness in older people: a rapid review'. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD013632>

North Wales Research, Innovation and Improvement Hub (2020) 'North Wales COVID-19 review report'.

Office for National Statistics (2020). *Coronavirus (COVID-19) related deaths by disability status, England and Wales: 2 March to 15 May 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/2marchto15may2020> Accessed: 11 Medi 2020

Office for National Statistics (2020). *Coronavirus and crime in England and Wales: August 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/coronavirusandcrimeinenglandandwales/august2020> Accessed: 23 Medi 2020

Office for National Statistics (2020). *Coronavirus and depression in adults, Great Britain: June 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020> Accessed: 09 Medi 2020

Office for National Statistics (2020). *Coronavirus and the social impacts on older people in Great Britain: 3 April to 10 May 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsnonolderpeopleingreatbritain/3aprilto10may2020> Accessed: 17 Medi 2020

Office for National Statistics (2020). *Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 (provisional)*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional> Accessed: 17 Medi 2020

Office for National Statistics (2020). *Deaths involving COVID-19, England and Wales: deaths occurring in June 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinjune2020#pre-existing-conditions-of-people-who-died-with-COVID-19> Accessed 4/9/20.

Older People's Commissioner for Wales (2020). *Care Home Voices*. Available at: https://www.olderpeoplewales.com/Libraries/Uploads/Care_Home_Voices_Report_e.sflb.ashx Accessed: 17 Medi 2020

Older People's Commissioner for Wales (2020). *Leave no-one behind: Action for an age-friendly recovery*. Available at: https://www.olderpeoplewales.com/en/news/news/20-08-18/Leave_no_one_behind_Action_for_an_age-friendly_recovery.aspx. Accessed: 12/10/20

Park, J. (2020). 'Unraveling the Invisible but Harmful Impact of COVID-19 on Deaf Older Adults and Older Adults with Hearing Loss'. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2020.1799282>

Patel, K. (2020). 'Mental health implications of COVID-19 on children with disabilities'. *Asian Journal of Psychiatry*. DOI: 10.1016/j.ajp.2020.102273.

Public Health Wales (2020) Rapid COVID-19 virology, Tableau Software. Available at: https://public.tableau.com/views/RapidCOVID-19virology-Public/Headlinesummary?%3Aembed=y%3AshowVizHome=no%3Adisplay_count=y%3Adisplay_static_image=y%3AbootstrapWhenNotified=true%3Alanguage=en-

GB&:embed=y&:showVizHome=n&:apiID=host0#navType=0&navSrc=Parse (Accessed: 24 August 2020).

Rethink Mental Illness (2020). *The impact of COVID-19 lockdown measures on the physical health of people living with severe mental illness*. Available at: <https://www.rethink.org/media/3813/physical-health-during-COVID-19-outbreak.pdf> Accessed: 09 Medi 2020

Rogers, J.P. et al (2020). 'Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic'. *Lancet Psychiatry*. 7 (pp.611-27). [https://doi.org/10.1016/S2215-0366\(20\)30203-0](https://doi.org/10.1016/S2215-0366(20)30203-0)

Royal College of Paediatrics and Child Health (2020). *The impact of COVID-19 on child health services – report*. Available at: <https://www.rcpch.ac.uk/resources/impact-COVID-19-child-health-services-report#main-findings> Accessed: 18 Medi 2020

Royal College of Psychiatrists (2020). *Psychiatrists see alarming rise in patients needing urgent and emergency care and forecast a 'tsunami' of mental illness*. Available at: <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/05/15/psychiatrists-see-alarming-rise-in-patients-needing-urgent-and-emergency-care#:~:text=Latest%20news-,Psychiatrists%20see%20alarming%20rise%20in%20patients%20needing%20urgent%20and%20emergency,a%20'tsunami'%20of%20mental%20illness&text=43%25%20of%20psychiatrists%20have%20seen,following%20the%20COVID%2D19%20lockdown> Accessed: 09 Medi 2020

Royal National Institute for the Blind (2020). *The effect of lockdown and social distancing on blind and partially sighted people*. Available at: <https://www.rnib.org.uk/campaigning/priority-campaigns/inclusive-journeys/effect-lockdown-and-social-distancing-blind-and-partially-sighted-people> Accessed: 14 Medi 2020

Scope (2020). *Disabled people's COVID-19 death rate as much as 11 times higher than non-disabled people*. Available at: <https://www.scope.org.uk/media/press-releases/ons-disabled-death-rate-response/> Accessed: 11 Medi 2020

Scottish Government (2020). *Coronavirus (COVID-19): supporting vulnerable children and young people: Data intelligence report*. Available at: <https://www.gov.scot/publications/supporting-vulnerable-children-young-people-data-intelligence-report/> Accessed: 22 Medi 2020

Senjam, S.S. (2020). 'Impact of COVID-19 pandemic on people living with visual disability'. *Indian Journal of Ophthalmology*. 68 (7, pp.1367-70). DOI:10.4103/ijo.IJO_1513_20

Singh, S., et al (2020). 'Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations'. *Psychiatry Research*. DOI: 10.1016/j.psychres.2020.113429.

Sinha, I., Bennett, D., and Taylor-Robinson, D.C. (2020). 'Children are being sidelined by COVID-19'. *BMJ*. DOI:10.1136/bmj.m2061.

Social Care Wales (2020) *Dementia and COVID-19*. Available at: <https://socialcare.wales/service-improvement/dementia-and-COVID-19> (Accessed: 24 August 2020).

Special Needs Jungle (2020). *Coronavirus and SEND Education*. Available at: <https://www.specialneedsjungle.com/coronavirus-send-education-survey/> Accessed: 18 Medi 2020

Suárez-González et al (2020). *Impact and mortality of COVID-19 on people living with dementia: cross-country report*. Available at: <https://ltccovid.org/wp-content/uploads/2020/08/International-report-on-the-impact-of-COVID-19-on-people-living-with-dementia-19-August-2020.pdf> Accessed 4/9/20.

The Social Care Institute for Excellence (2020). *Dementia in care homes and COVID-19*. Available at: <https://www.scie.org.uk/care-providers/coronavirus-COVID-19/dementia/care-homes> Accessed 4/9/20.

The Social Care Institute for Excellence (2020). *Safeguarding adults with dementia during the COVID-19 Pandemic*. Available at: <https://www.scie.org.uk/care-providers/coronavirus-COVID-19/dementia/safeguarding> Accessed 4/9/20.

Unicef (2020). *Children in Lockdown: Rapid Assessment of the Impact of Coronavirus on Children in the UK*. Available at: https://www.unicef.org.uk/wp-content/uploads/2020/04/UnicefUK_ChildrenInLockdown_RapidAssessment.pdf Accessed: 03 Medi 2020

- United Nations for Human Rights (2020). *COVID-19 and the Rights of Persons with Disabilities*. Available at: https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf Accessed: 11 Medi 2020
- Usher, K., Bhullar, N., and Jackson, D. (2020). 'Life in the pandemic: Social isolation and mental health'. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.15290>
- Usher, K., et al (2020). 'Family violence and COVID-19: Increased vulnerability and reduced options for support'. *International Journal of Mental Health Nursing*. DOI:10.1111/inm.12735.
- Usher, K., et al (2020). 'Family violence and COVID-19: Increased vulnerability and reduced options
- Vernooij-Dassen, M., Verhey, H., and Lapid, M. (2020). 'The risks of social distancing for older adults: a call to balance'. *International Psychogeriatrics*. <https://doi.org/10.1017/S1041610220001350>
- Voices from Care Cymru (2020). *Response from: Voices From Care Cymru*. Available at: <https://business.senedd.wales/documents/s101462/CYPE%20COV%2030%20-%20Voices%20From%20Care%20Cymru%2005%20May%202020%20Published%2028%20May%202020.pdf> Accessed: 21 Medi 2020
- British Association of Social Workers (2020). *Social workers could be overwhelmed when children return to school*. Available at: <https://www.basw.co.uk/media/news/2020/may/social-workers-could-be-overwhelmed-when-children-return-school> Accessed: 23 Medi 2020
- Wang et al (2020). 'Dementia care during COVID-19'. *The Lancet*. 395 (10231, pp.1190-1). [https://doi.org/10.1016/S0140-6736\(20\)30755-8](https://doi.org/10.1016/S0140-6736(20)30755-8)
- Wardell, J.D. et al (2020). 'Drinking to Cope During COVID-19 Pandemic: The Role of External and Internal Factors in Coping Motive Pathways to Alcohol Use, Solitary Drinking, and Alcohol Problems'. *Alcoholism: Clinical and Experimental Research*. <https://doi.org/10.1111/acer.14425>
- Webb, L. (2020). 'COVID-19 lockdown: A perfect storm for older people's mental health'. *Journal of Psychiatric and Mental Health Nursing*. <https://doi.org/10.1111/jpm.12644>
- Welsh Language Commissioner (2020), *Holding bilingual video meetings*. Available at: <http://www.comisiynyddygymraeg.cymru/English/News/Pages/Hold-bilingual-meetings-from-home-during-COVID-19.aspx> Accessed: 20/10/2020
- Welsh Government (2020). *Attendance at local authority settings during the coronavirus (COVID-19) pandemic: 22 to 26 June 2020*. Available at: <https://gov.wales/attendance-local-authority-settings-during-coronavirus-COVID-19-pandemic-22-26-june-2020-html> Accessed: 22 Medi 2020
- Women's Aid (2020). *A Perfect Storm: The impact of COVID-19 pandemic on domestic abuse survivors and the services supporting them*. Available at: <https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf> Accessed: 23 Medi 2020
- World Health Organisation (2020). *Disability considerations during the COVID-19 outbreak*. Available at: <https://www.who.int/docs/default-source/documents/disability/COVID-19-disability-briefing.pdf> Accessed: 11 Medi 2020
- Young Dementia UK (2020). *Coronavirus & dementia*. Available at: <https://www.youngdementiauk.org/coronavirus-dementia> Accessed 4/9/20.
- Young Minds (2020). *Coronavirus: Impact on young people with mental health needs*. Available at: <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf> Accessed: 24 Medi 2020



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Public Engagement Update February 2021				
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development				
Awdur yr Adroddiad Report Author:	Rob Callow, Head of Public Engagement				
Craffu blaenorol: Prior Scrutiny:	The Strategy, Partnerships and Population Health Committee has a key role in ensuring appropriate arrangements for continuous public engagement are in place. The Committee is therefore, asked to provide scrutiny and comment on the information outlined in the report.				
Atodiadau Appendices:	Appendix 1 Covid Conversations Appendix 2 Covid Vaccination 2021 - Public Engagement Plan				
Argymhelliad / Recommendation:					
For the Committee to note the progress detailed in this paper.					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information ✓
Sefyllfa / Situation:					
To provide the Committee with an update on the key public engagement activity since the update report provided at the October 2020 meeting.					
Cefndir / Background:					
<p>1. <u>Introduction</u></p> <p>1.1 This report gives an overview of the Public Engagement Team's approach and activities undertaken at corporate, area and service levels. We have been engaging with communities and stakeholders to provide reassurance, and listen to their views in order to help develop and improve our services.</p>					

1.2 Since the last committee update a comprehensive range of public and stakeholder engagement activity has continued across North Wales. This has primarily focused on:

- COVID-19, including Test Trace and Protect (TTP), staying safe, reducing the spread of infection and the vaccination roll out;
- strategy development and service improvements;
- strengthening partnerships and networks; and
- tackling inequalities.

2.0 **COVID-19**

2.1 The Public Engagement Team has continued to support the TTP programme by ensuring information and key messages are shared widely with stakeholders and the public. This has included sourcing and sharing information in other languages, easy read formats and British Sign Language (BSL). Another channel for sharing information and reaching communities is through the Public Engagements Team's **Covid Conversations** newsletter (**Appendix 1** - January 2021 edition) and our [BCU Get Involved newsletter](#). These engagement channels signpost people to Health Board and Public Health Wales information about TTP and wider COVID-19 information. They also provide partners with an opportunity to include and promote important messages they want to share.

2.2 Our engagement with partners enables us to identify barriers and areas for improvement. For example, feedback from a number of Wrexham based companies who have been supporting our [Bitesize Health in the workplace](#) programme felt that advice given by contact tracers was sometimes confusing. In order to get a better understanding of their issues and concerns, we facilitated a meeting with representatives from some of the larger companies including Magellan Aerospace, XPO Logistics and Wockhardt Pharmaceuticals and also invited Public Health Wales and Wrexham Council. It was agreed that experiences of a wider number of businesses operating from Wrexham industrial estate would be useful to understand if similar issues were being experienced.

A pilot [survey](#) is now being shared with businesses across Wrexham and this will be rolled out to other businesses across North Wales. Once collated, the feedback will be considered by the TTP Regional Hub to support training and further engagement with North Wales businesses.

2.3 Although the COVID-19 vaccine is being rolled out at pace, everybody should continue to follow advice about hand washing, keeping a physical distance, only leaving home for essential reasons and mask wearing. The team has been supporting Corporate Communications Team, Public Health Wales and Welsh Government by ensuring these messages continue to be promoted. At the start of the festive season in December, we targeted Black Asian and Minority Ethnic populations with tailored information in Mandarin, Portuguese, Polish, Romanian and Arabic. We also provided links to the same information in additional languages.

Feedback from partners demonstrated that they appreciated our efforts to provide this vital information in other languages.

In response to the First Minister urging prominent signage in retail stores we have engaged with a number of the larger supermarkets across North Wales and have provided them with a selection of posters about keeping staff and customers safe during the pandemic. We also designed a poster providing information about the locations of the COVID-19 vaccination centres and web links/QR code to the vaccination pages on our website.

3.4 Supporting the COVID-19 Vaccination programme has been an important focus for the team. Given the fast pace of the vaccine roll out and the associated time constraints, engaging with harder to reach groups is challenging. To maximise impact and reduce duplication of effort, we have been working in partnership with local authorities, the third sector and BCUHB services to identify and target at risk groups.

3.5 An engagement plan has been produced (**Appendix 2**) which outlines the actions and activities being undertaken to support engagement and just as importantly ensure that the Health Board meets its equality duties. The focus of the plan is to:

- raise awareness of the health risks posed by COVID-19;
- support awareness raising of the COVID-19 vaccination programme, its priorities and eligibility criteria;
- encourage people who are eligible for the vaccine to protect themselves, their families and friends from COVID-19 in order to maximise reach to priority groups;
- provide reassurance around the safety and efficacy of the COVID-19 vaccine; and
- identify barriers to access in order to continuously improve delivery of the programme.

3.6 The team has been working with a wide range of stakeholders and networks such as carers' forums, stakeholders representing Black Asian and Minority Ethnic Communities including Race Equality First and North Wales Regional Equality Network and learning disability forums such as Autistic UK. Our engagement activity has focused on providing reassurance to the public by listening to concerns and signposting to the latest trusted official information. Through our networks we asked for feedback from organisations and service users, focusing on a number of broad themes:

- What are the main barriers to taking up the vaccine?
- In terms of the vaccine, what concerns are there?
- Is further information needed to provide reassurance?

3.7 Feedback received is shared with vaccination programme leads to consider or respond to and provides new themes and learning to include in the Health Board's Frequently Asked Questions section of the COVID-19 Vaccination web pages.

To address specific concerns about take up of the vaccine amongst members of BAME communities, we are working with the Communications Team to develop a video to provide reassurance about the safety and efficacy of the vaccine. Welsh

Government have also asked for help from the Health Board to help address this issue.

3.8 This engagement work has also identified opportunities to facilitate more targeted engagement with stakeholders. For example, one of the COVID-19 vaccination project leads will participate in a question and answer session at the Community Cohesion Forum later this month. This provides the audience with clear, credible information from a trusted source and allows informed discussion about the vaccination programme. This is particularly important given the volume of misinformation circulating online and in some communities.

3.9 Another example of how we are responding to concerns is an issue raised by a learning disability patient group regarding the inaccessibility of some vaccination information. In response, we are collaborating with Digital Wales and the BCUHB Learning Disability Team to produce a digital information outlining the COVID-19 vaccination steps e.g. what to expect on arrival, what the waiting areas, and vaccination stations look like and so on. This will provide reassurance to people with learning disabilities and will be shared on our website, social media and with partners working with people with learning disabilities or other vulnerable groups such as those living with dementia.

4.0 **Service improvement**

4.1 Whilst responding to COVID-19 has been the main priority for the team, we have also been supporting other corporate and service improvement programmes.

4.2 Examples of engagement programmes currently being undertaken include:

- **Pharmaceutical Needs Assessment:**

Engagement activity about experiences of local pharmacy services and GP dispensing practices has recently been delivered. This approach was delivered through a number of stakeholder engagement events and a public survey which closed in January. The survey received 537 responses. The team also designed flyers and posters which were distributed to all pharmacies and dispensing GP practices.

- **Palliative Care**

An engagement plan has been prepared that will inform the Health Needs Assessment for adult palliative care in North Wales. The engagement activity will provide a better understanding of the needs of patients and their carers and the barriers to accessing palliative care services. A number of surveys, including a carer's questionnaire, are being designed and presentations at a number of patient forums have already taken place.

- **Video Consultations in Primary Care:**

An engagement exercise to listen to views on the increased use of video consultations in primary care during the pandemic was carried out in November and December 2020. Two surveys were conducted, one public facing and one for practice staff. This work followed engagement in July 2020 to listen to public and patients about the impact of changes to health services during the first stage of the Covid-19 Pandemic

- 4.3 Other key areas of engagement we are supporting include a new **Dental Training Unit** based in Bangor, the development of a **Neuro Rehabilitation Unit** project and business case for a project covering North Wales and **Penrhos Polish Home** project, which is a collaboration between Clwyd Alyn Housing, Gwynedd Council, BCUHB and other partners and reconfiguration of **Nuclear Medicine services** supporting a number of stakeholder options appraisal events.

5.0 Equalities

- 5.1 We have continued to develop engagement to understand the health priorities of seldom heard groups, in particular people from Black, Asian and Minority Ethnic Communities. An example of this is a new collaboration with Ethnic Minorities and Youth Support Team Wales, EYST. A joint event was held in November to explore how the Health Board and partners can improve communication and involvement with BAME communities. This resulted in a new links being established with the Chinese in Wales Association and a local Chinese Women's Association based in Flint. We have also asked Race Equality First to present at our Engagement Practitioner Forum and share information on how they support communities.

- 5.2 The TTP programme budget is helping to fund the appointment of an Engagement Officer to provide face-to-face engagement with Black, Asian and Minority Ethnic communities. This role comes as the evidence shows the huge and adverse impact COVID-19 has had on people from Black, Asian and Minority Ethnic communities.

The new role will help break down any barriers preventing people using our services and support a two-way communication between organisations and communities. It will also help to communicate key messages and dispel any myths and false information.

- 5.3 In collaboration with the Corporate Equalities Team, we have also undertaken stakeholder mapping to identify a wide range of organisations and networks to support the development of the North Wales Equality Information Hub. The purpose of this project is to create a repository of intelligence sources to enable managers and project leads to undertake robust Equality Impact Assessments to support evidenced based planning and ensure inclusive decision making that addresses health inequalities.

6.0 Planned priorities for 2021

- 6.1 COVID-19 will continue to be a key focus for the engagement team as we move through the year. We will continue to work with programme leads to support vaccination roll out TTP and continued public health and safety messaging. As part of this we will improve our engagement with seldom heard groups, in particular people from Black Asian and Minority Ethnic communities
- 6.2 Over the next year we will also be supporting engagement on wider health Board plans and strategies such as the emerging Clinical Service Strategy and other key transformation programmes. Translating our high level ambitions into delivering improved services will require the planning of targeted engagement programmes.

- 6.3 We will develop and build on existing networks and partnerships both at a locality and strategic level. In particular we will continue to work closely with the four Public Service Boards on their Wellbeing Assessments and on strengthening opportunities to support the North Wales Regional Partnership Board on its Locality Health and Social Care Needs Assessment and delivery plans.
- 6.4 The Health Board's public engagement strategy is being refreshed to reflect our learning not only from COVID -19 but also views from the public and stakeholders such as the Community Health Council, third sector organisations and other public sector partners. Having recently been de-escalated from Special Measures, there is an expectation by Welsh Government that we continue our improvement in the way we engage. The refreshed strategy will provide a framework that sets out our approach to public engagement, our principles, delivery mechanisms and desired outcomes.

7.0 Digital engagement

Through the Health Board's official social media channels between September 2020 to January 2021:

- We reached over 10 million people by publishing information and messages which is an increase of just over 50 per cent compared to the same period the previous year;
- We responded to 652 direct messages about all manner of issues from members of the public. This is an increase of 65 per cent compared to the same period the previous year; and
- Over 300,000 social media users engaged with our content, which is an increase of over 55 per cent compared to the same period the previous year.

Through the Health Board's website between September 2020 to January 2021:

- We received 2,251,350 views on our webpages, compared to 263,215 during the same period the previous year (this is not a typo!);
- Over 61 per cent of visitors to the website found us through a search engine; over 16 per cent directly by typing in the URL; over 14 per cent through social media; and 8 per cent through a referral from a link in a newsletter or email. These figures are broadly similar to the previous year; and
- Over 60 per cent of visitors to the website accessed our content through a smartphone device, similar to the previous year.

Strategy Implications

Public and stakeholder engagement is a critical element of strategy development and implementation. This report outlines how through continuous engagement and involvement of the public and stakeholders the Health Board complies with these responsibilities.

Options considered

No options required

Financial Implications

There are no specific financial implications associated with this report

Risk Analysis

There are no service specific risks associated with this report

Legal and Compliance

There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006

Impact Assessment

It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities.

We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies

COVID CONVERSATIONS

Monthly Dialogue - January 2021

Appendix 1



ABOUT THE VACCINE

The Medicines and Healthcare products Regulatory Agency have approved the Pfizer BioNTech, Oxford Astra Zeneca and Moderna COVID-19 vaccines. We now know we have safe and effective COVID-19 vaccines which can be used in Wales. Understandably, there will be a lot of questions about the COVID-19 vaccine. You can find answers to most frequently asked questions following the link below. The information on the link is updated regularly as and when new information is available.

<https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/about-the-vaccine/>

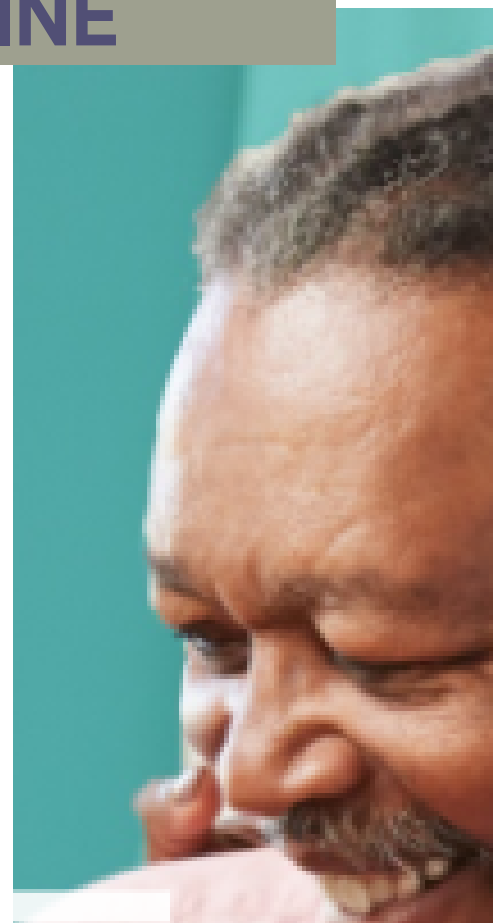
ELIGIBILITY FOR THE VACCINE

There may only be small quantities of a vaccine at first, so it will be offered to those who are most at risk first. Eventually every adult will be offered the vaccine. The groups to be prioritised to receive a COVID-19 vaccine first, are decided by the Joint Committee on Vaccination and Immunisation (JCVI) at a UK level. This is based on knowledge around who is most at risk from COVID-19. The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age. JCVI information...

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

Priority Groups for Vaccine...

<https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/eligibility-for-the-vaccine/>





VACCINATION CENTRES



Vaccinations are taking place at our Mass Vaccination Centres (MVCs), Local Vaccination Centres (LVCs) and GP practices. You will be contacted with an appointment to have the vaccine. The number and location of Local Vaccination Centres may change as we progress with the vaccination programme.

Link to vaccination centres information...

<https://bcuhb.nhs.wales/covid-19/covid-19-vaccination-information/our-vaccination-centres/>

Link to vaccination updates...

<https://bcuhb.nhs.wales/covid-19/covid-19-vaccination-information/vaccination-updates/>

NB - Please do not turn up too early for your vaccination - please keep to your allotted time slot - thank you.

Dr Chris Stockport, Executive Director of Primary and Community Care, said: "If a Local Vaccination Centre (LVC) in your area has not yet opened, this does not mean that the COVID-19 vaccination programme is behind schedule. Our plans for Local Vaccination Centres were made before the roll-out and expansion of the AstraZeneca vaccine within Primary Care. Because of the huge support we've received from GP practices and community pharmacies to administer the vaccine, the need for LVCs has changed. Where they are needed we will continue to open them, but they may not all be necessary, and their opening dates may vary to best meet the supply chain and the support of our primary care workforce."

COVID - HIGH ALERT - LEVEL 4



Alert level 4 means that: people must stay at home, except for very limited purposes people must not visit other households, or meet other people they do not live with, many types of businesses are required to close. As at all alert levels, face coverings continue to be mandatory in the indoor public spaces that remain open (subject to certain exemptions and exceptions), including on public transport and in taxis, and people must self-isolate when told to do so by NHS Wales Test, Trace, Protect. The purpose of moving to alert level 4 is to do everything we can to slow the spread of coronavirus and protect people's health, so every individual contribution counts towards that collective effort.

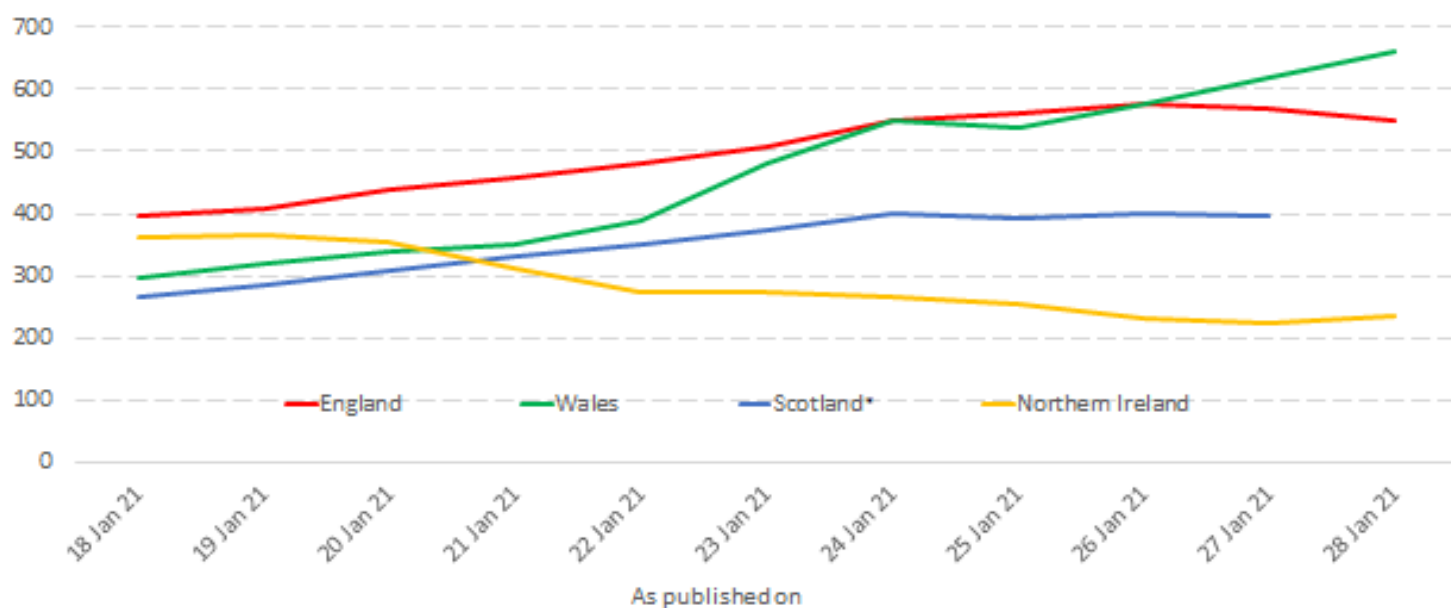
Where you breach the law, you may be told to go home or removed from where you are and returned home. You could be asked to pay a fixed penalty notice of £60. This will rise to £120 for the second breach and continue to increase for further breaches. For more serious offences, penalties start at £500. Or you could have criminal proceedings brought against you, and if found guilty, you will have to pay a fine.

NB - announced 29 Jan - 2 people from different households can exercise together.

<https://gov.wales/alert-level-4-frequently-asked-questions#section-58316>

DOSES given as at 28/1

First doses reported daily per 100,000 population in UK nations, 7-day rolling average



Source: Public Health Wales, UK Government.
Data as at 28/01/2021

*Due to an IT issue, data for the number of vaccinations in Scotland is not available for the latest date

The vaccination rate in Wales has increased over the past week.



Diogelu Cymru gyda'n gilydd
Together we'll keep Wales safe

SHIELDING GUIDANCE



The advice to those who are Clinically Extremely Vulnerable has changed. You are advised that you should no longer attend work or school outside the home. Welsh Government has sent a letter to everyone on the Shielding Patient List confirming this advice. A version of the letter can be viewed here...

<https://gov.wales/sites/default/files/inline-documents/2021-01/210105%20-%20Changes%20to%20advice%20for%20the%20clinically%20extremely%20vulnerable%20in%20Wales%20from%20the%2022nd.pdf>

At present, the advice not to attend work and school outside the home will continue to apply even after both doses of the vaccine have been received. This is because the incidence of coronavirus in our communities remains high and the proportion of people who have been vaccinated is relatively low. This advice is consistent across the four UK nations and will be kept under review by the four Chief Medical Officers.

NB - announced 29 Jan - Shielding has now been extended to the 31st March.

POLISH MENTAL HEALTH PROJECT

It's good to talk! - Mental health support project for the Polish community in Wales.

The aim of this project is to support Polish adults who live in Wales who experience mental health issues. They want to reach out to people who experience multiple barriers from engaging with British agencies to ensure that they access support at the right time. Support will be offered to Polish nationals aged 18 and over.

www.vestasfs.org

They offer the following services:

- peer support group for Polish women (predominantly from North Wales)
- telephone individual emotional support for men and women

Services are delivered by Polish-speaking experienced and qualified professionals and counsellors.



ZAPRASZAMY
DO KONTAKTU

07545 075 093 | info@vestasfs.org

LIVER AWARENESS

January promoted Love Your Liver Awareness Month

The British Liver Trust asked the nation to show their liver some love in January and take their first steps towards better liver health. In Wales, and across the UK, liver disease is on the rise. The three major preventable causes are drinking alcohol, obesity and viral hepatitis. When the liver is damaged it can repair itself, but only up to a point. Sadly, people with liver disease often don't have any symptoms until the disease has progressed and it's far too late for treatment. That's why it's so important to know the risk factors and to keep your liver happy and healthy for life - before long-lasting damage can occur.

Take your first steps towards better liver health today by visiting their website to:

- Get a snapshot of your liver health with the Love Your Liver screen~
- Download their free Diet and the Liver factsheet
- Read about the three simple steps you can take to love your liver
- Read about five fascinating liver facts
- Hear from people who checked their liver health at the 2019 Love Your Liver roadshow
- Hear about what it's like to have liver disease from liver patients
- Sign the petition for earlier diagnosis of liver disease.

www.britishlivertrust.org.uk/love-your-liver-month

JANUARY IS
**LOVE YOUR
LIVER**
AWARENESS MONTH



PONTIO

The MS Society Pontio Project provides emotional, befriending and one to one support to people living with and affected by Multiple Sclerosis (MS) in Wales. The project offers information and support on employment rights & welfare benefits (incl. PIP/ESA claims); ways to manage your MS; accessing treatments, health & social care services.

For further information contact **0808 800 8000**

mymscymru@mssociety.org.uk

www.mssociety.org.uk/wales



AGE CONNECTS - HOPE PROJECT



HOPE - Helping others participate and engage
HOPE is a partnership project between Age Cymru, Age Cymru local partners and Age Connects Wales partners throughout Wales. HOPE will deliver advocacy for older people (50+) and carers across Wales.

<https://www.ageuk.org.uk/cymru/our-work/advocacy/hope---helping-others-participate-and-engage/about-hope/>

Dementia Advocacy - The Dementia Advocacy Project provides independent, professional advocacy support to older people (50+) with dementia and carers across Wales.

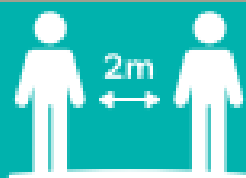
<https://www.ageuk.org.uk/cymru/our-work/advocacy/dementia-advocacy/>

REMEMBER...



WASH HANDS REGULARLY

Especially if you've been shopping, picked up a package or are about to handle food



KEEP SOCIAL DISTANCING

Stay two meters away from people who aren't in your extended household



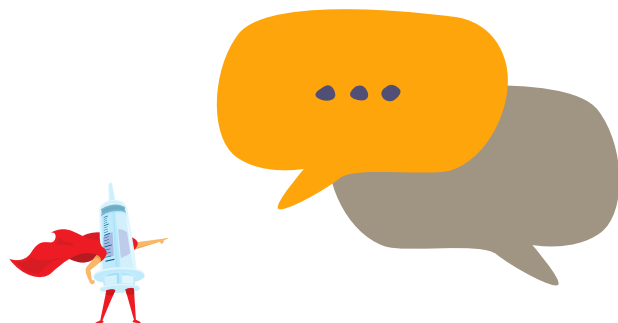
WEAR A FACE COVERING

Where required or in enclosed spaces where social distancing is difficult



SGYRSIAU COVID

Deialog Misol - Ionawr 2021



AMDAN Y BRECHLYN

Mae'r Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd wedi cymeradwyo brechlynnau COVID-19 Pfizer BioNTech, Rhydychen AstraZeneca a Moderna. Rydym yn gwybod bellach bod gennym frechlynnau COVID-19 diogel ac effeithiol y gellir eu defnyddio yng Nghymru. Yn ddealladwy, bydd llawer o gwestiynau am frechlyn COVID-19 posibl. Gallwch ddod o hyd i atebion i gwestiynau cyffredin ar y linc isod. Bydd y dudalen hon yn cael ei diwedddaru'n rheolaidd pan fydd gwybodaeth newydd ar gael.

<https://icc.gig.cymru/pynciau/imiwneiddio-a-brechlynnau/gwybodaeth-brechlyn-covid-19/ynghlyn-ar-brechlyn/>

CYMHWYSTER AR GYFER Y BRECHLYN

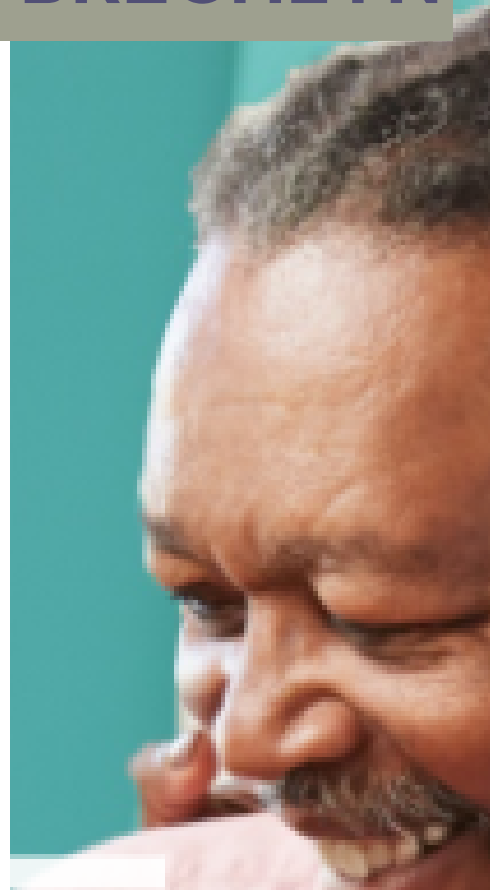
Efallai mai dim ond ychydig bach o frechlyn fydd 'na ar y dechrau, felly bydd yn cael ei gynnig i'r rhai sydd fwyaf mewn perygl yn gyntaf. Yn y pen draw, cynigir y brechlyn i bob oedolyn. Y Cyd-bwyllgor ar Frechu ac Imiwneiddio (JCVI) sy'n penderfynu ar y grwpiau sydd i'w blaenoriaethu i dderbyn brechlyn COVID-19 yn gyntaf. Mae hyn yn seiliedig ar wybodaeth ynghylch pwy sydd fwyaf mewn perygl o COVID-19. Mae'r Cyd-bwyllgor ar Frechu ac Imiwneiddio (JCVI) yn cynghori mai'r blaenoriaethau cyntaf ar gyfer rhaglen frechu COVID-19 ddylai fod atal marwolaeth a chynnal y systemau iechyd a gofal cymdeithasol. Wrth i'r risg o farwolaethau o COVID-19 gynyddu gydag oedran, mae'r flaenoriaethu'n seiliedig yn bennaf ar oedran.

Gwybodaeth JCVI... (saesneg)

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

Grwpiau Blaenoriaeth ar gyfer Brechlyn...

<https://icc.gig.cymru/pynciau/imiwneiddio-a-brechlynnau/gwybodaeth-brechlyn-covid-19/cymhwysra-ar-gyfer-y-brechlyn/>





CANOLFANNAU BRECHU



Mae brechiadau yn digwydd yn ein Canolfannau Brechu Torfol (CBT/MVCs), Canolfannau Brechu Lleol (CBLI/LVCs) a meddygfeydd MT. Cysylltir â chi gydag apwyntiad i gael y brechlyn. Efallai y bydd nifer a lleoliad y Canolfannau Brechu Lleol yn newid wrth inni symud ymlaen gyda'r rhaglen frechu.

Linc at wybodaeth canolfannau brechu...

<https://bipbc.gig.cymru/covid-19/gwybodaeth-brechlyn-covid-19/ein-canolfannau-brechu/>

Linc at diweddariad brechu...

<https://bipbc.gig.cymru/covid-19/gwybodaeth-brechlyn-covid-19/y-diweddaraf-ar-frechlynnau/>

DS - Peidiwch â dod yn rhy gynnar i gael eich brechiad - cadwch at eich slot amser penodedig - diolch.

Dywedodd Dr Chris Stockport, Cyfarwyddwr Gweithredol Gofal Sylfaenol a Chymunedol: "Os nad yw Canolfan Frechu Leol (CFL/LVC) yn eich ardal wedi agor eto, nid yw hyn yn golygu bod rhaglen frechu COVID-19 ar ei hôl. Gwnaed ein cynlluniau ar gyfer Canolfannau Brechu Lleol cyn cyflwyno ac ehangu'r brechlyn AstraZeneca o fewn Gofal Sylfaenol. Oherwydd y gefnogaeth enfawr a gawsom gan feddygfeydd MT a fferyllfeydd cymunedol i weinyddu'r brechlyn, mae'r angen am CFL/LVCs wedi newid. Lle mae eu hangen byddwn yn parhau i'w hagog, ond efallai na fydd angen pob un ohonynt, a gall eu dyddiadau agor amrywio er mwyn cwrdd â'r gadwyn gyflenwi a chefnogaeth ein gweithlu gofal sylfaenol orau."

COVID - RHYBUDD UCHEL - LEFEL 4



Mae Lefel 4 yn golygu'r canlynol: rhaid i bobl aros gartref, ac eithrio at ddibenion cyfyngedig iawn, ni chaiff pobl ymweld ag aelwydydd eraill, na chwrdd â phobl eraill nad ydynt yn byw gyda nhw, rhaid i nifer o fathau o fusnesau gau. Ar bob lefel, mae gorchuddion wyneb yn parhau i fod yn orfodol mewn lleoliadau cyhoeddus o dan do sydd ar agor (yn amodol ar rai eithriadau ac esemptiadau), gan gynnwys ar drafnidiaeth gyhoeddus ac mewn tacsis, a rhaid i bobl hunanynysu pan fo gwasanaeth Profi, Orlhain, Diogelu GIG yn dweud wrthynt am wneud hynny.

Diben symud i Lefel 4 yw gwneud popeth o fewn ein gallu i atal lledaeniad y coronafeirws, ac mae pob cyfraniad unigol yn cyfrif tuag at y nod hwnnw.

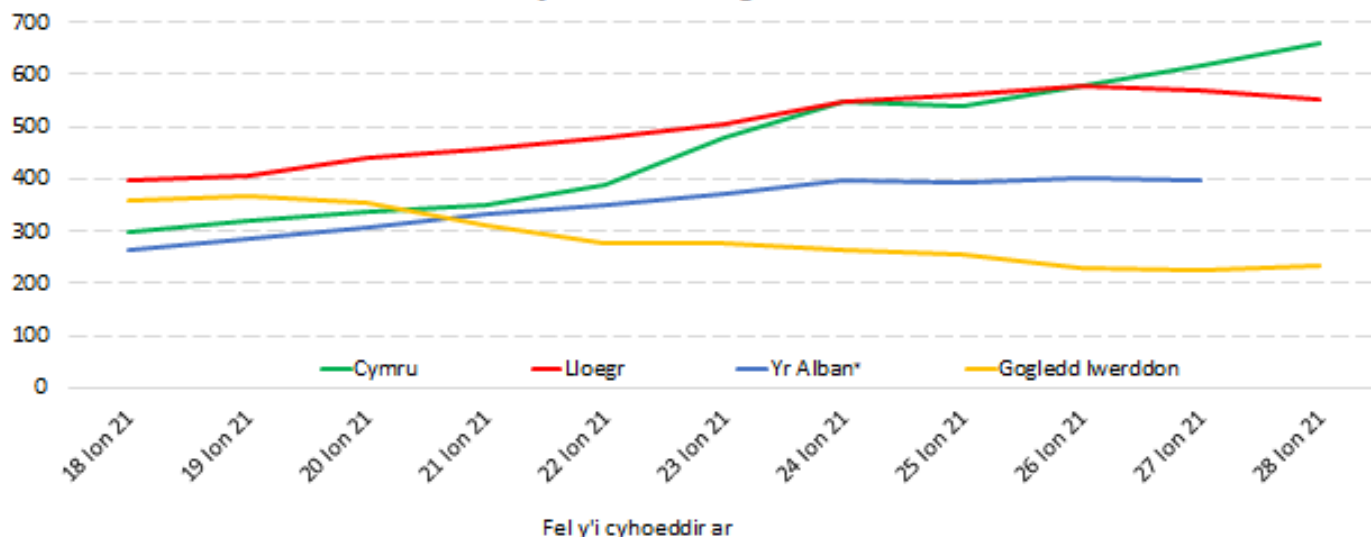
Os byddwch yn torri'r gyfraith, efallai y gofynnir ichi fynd adref neu byddwch yn cael eich danfon adref. Gallech orfod talu hysbysiad cosb benodedig o £60. Bydd hwn yn codi i £120 am yr ail drosedd ac yn parhau i godi os bydd rhagor o achosion. Am droseddau mwy difrifol, mae cosbau'n dechrau ar £500. Neu gellir cymryd camau troseddol yn eich erbyn. Ar ôl eich cael yn euog bydd rhaid ichi dalu dirwy.

DS - cyhoeddwyd 29 Ionawr - gall 2 berson o wahanol aelwyd ymarfer gyda'i gilydd.

https://llyw.cymru/lefel-rhybudd-4-cwestiynau-cyffredin?_ga=2.195056421.885881692.1612128166-2100287286.1607356533

DOSAU a roddir fel ar 28/1

Y dosau cyntaf a gofnodir bob dydd fesul 100,000 o'r boblogaeth yn wledydd y DU, cyfartaledd treigl 7 diwrnod



Fel y'i cyhoeddir ar

Flynhonnell: Iselyd Cyhoeddus Cymru, Llywodraeth y DU
Data'n gywir ar 28/01/2021

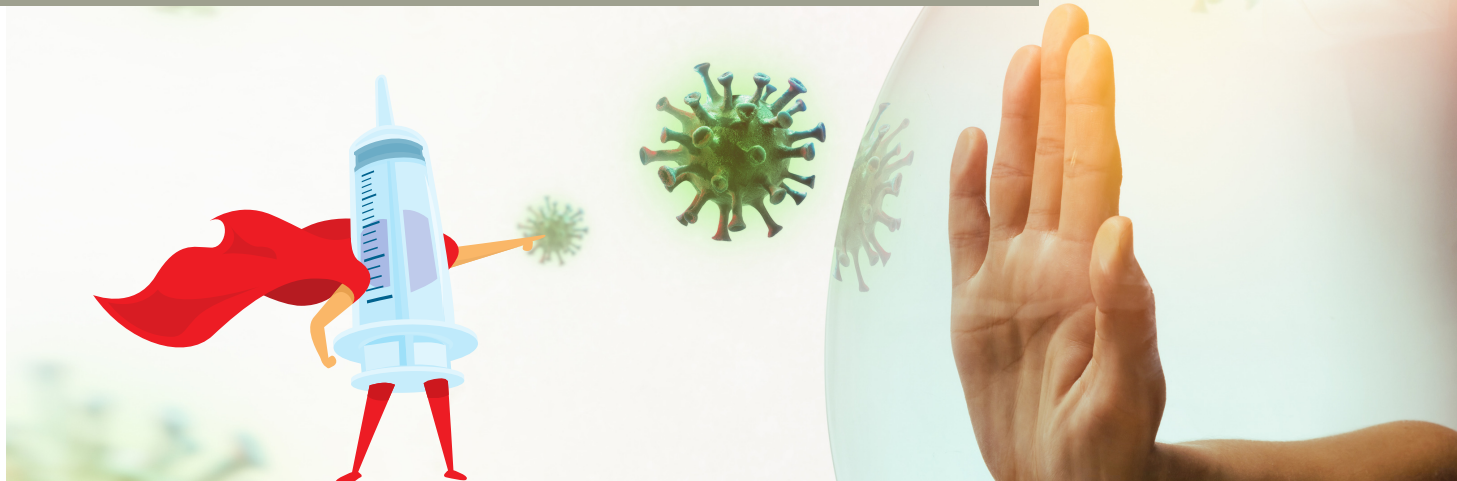
*Oherwydd problem Technoleg Gwybodaeth, nid yw data ar gyfer nifer y brechiadau yn yr Alban ar gael am y dyddiad diweddaraf

Mae'r gyfradd frechu yng Nghymru wedi cynyddu dros yr wythnos ddiwethaf.



Diogelu Cymru gyda'n gilydd
Together we'll keep Wales safe

CANLLAWIAU GWARCHOD



Mae'r cyngor i'r rhai sy'n Eithriadol o Agored i Niwed yn Glinigol wedi newid. Y cyngor nawr yw na ddylech fynd i'ch gwaith na'r ysgol y tu allan i'ch cartref. Rydym wedi anfon llythyr at bawb ar y Rhestr Gwarchod Cleifion i gadarnhau'r cyngor hwn. Mae fersiwn o'r llythyr ar gael ar y linc isod...

<https://llyw.cymru/sites/default/files/inline-documents/2021-01/210105%20-%20Newidiadau%20i%E2%80%99r%20cyngor%20ar%20gyfer%20pobl%20eithriadol%20o%20agored%20i%20niwed%20yn%20glinigol%20yng%20Nghymru%20o%2022%20Rhagfyr%20ymlaen.pdf>

Ar hyn o bryd, bydd y cyngor i beidio â mynychu gwaith a'r ysgol y tu allan i'r cartref yn parhau i fod yn berthnasol, hyd yn oed ar ôl cael y ddau ddos o'r brechlyn. Y rheswm am hyn yw bod nifer yr achosion o'r coronafeirws yn ein cymunedau yn dal yn uchel, a chyfran y bobl sydd wedi cael eu brechu yn gymharol isel. Mae'r cyngor hwn yn gyson ar draws pedair gwlad y Deyrnas Unedig a chaiff ei adolygu'n barhaus gan y pedwar Prif Swyddog Meddygol.

DS - cyhoeddwyd 29 Ionawr - Mae Gwarchod bellach wedi'i ymestyn i 31 Mawrth.

PROSIECT IECHYD MEDDWL BWYLAIDD

Mae'n dda siarad! - Prosiect cymorth iechyd meddwl ar gyfer y gymuned Bwylaidd yng Nghymru.

Nod y prosiect hwn yw cefnogi oedolion o Wlad Pwyl sy'n byw yng Nghymru sy'n profi problemau iechyd meddwl. Maent am estyn allan at bobl sy'n profi rhwystrau lluosog rhag ymgysylltu ag asiantaethau Prydain i sicrhau eu bod yn cyrchu cymorth ar yr adeg iawn. Cynigir cefnogaeth i wladolion Pwylaidd 18 oed a hŷn.

www.vestasfs.org (Saesneg)

Maent yn cynnig y gwasanaethau canlynol:

- grŵp cymorth cymheiriaid i ferched o Wlad Pwyl (yn bennaf o Ogledd Cymru)
- ffôn- cefnogaeth emosiynol unigol i ddynion a menywod

Darperir gwasanaethau gan weithwyr proffesiynol a chwnselwyr profiadol a chymwys sy'n siarad Pwyleg.



ZAPRASZAMY
DO KONTAKTU

07545 075 093 | info@vestasfs.org

YMWYBYDDIAETH AFU

Hyrwyddodd mis Ionawr Fis Ymwybyddiaeth Caru Eich Afu

Gofynnodd Ymddiriedolaeth Afu Prydain i'r genedl ddangos rhywfaint o gariad i'w afu ym mis Ionawr a chymryd eu camau cyntaf tuag at well iechyd yr afu. Yng Nghymru, a ledled y DU, mae clefyd yr afu ar gynydd. Y tri phrif achos y gellir eu hatal yw yfed alcohol, gordewdra a hepatitis firaol. Pan fydd yr afu wedi'i ddifrodi gall atgyweirio ei hun, ond dim ond hyd at bwynt. Yn anffodus, yn aml nid oes gan bobl â chlefyd yr afu unrhyw symptomau nes bod y clefyd wedi datblygu ac mae'n llawer rhy hwyr i gael triniaeth. Dyna pam ei bod mor bwysig i wybod y ffactorau risg a chadw'ch afu yn hapus ac yn iach am oes - cyn y gall difrod hirhoedlog ddigwydd.

Cymerwch eich camau cyntaf tuag at well iechyd yr afu heddiw trwy ymweld â'u gwefan i:

- Fynychu gipolwg ar iechyd eich afu gyda'r sgriniwr Caru Eich Afu
- Ddadlwytho eu taflen ffeithiau Diet a'r Afu am ddim
- Ddarllen am y tri cham syml y gallwch eu cymryd i garu'ch afu
- Ddarllen am bum ffaith hynod ddiddorol am yr afu
- Glywed gan bobl a wiriodd eu hiechyd yr afu yn 2019
- Sioe deithiol Caru Eich Afu
- Glywed sut brofiad yw cael clefyd yr afu gan gleifion yr afu
- Lofnod'r ddeiseb am ddiagnosis cynharach o glefyd yr afu

www.britishlivertrust.org.uk/love-your-liver-month (Saesneg)

JANUARY IS
LOVE YOUR
LIVER
AWARENESS MONTH



PONTIO

Mae Prosiect Pontio Cymdeithas MS yn darparu cefnogaeth emosiynol, cyfeillio ac un i un i bobl sy'n byw gyda Sglerosis Ymledol (SY/MS) ac yn cael ei effeithio ganddo yng Nghymru.

Mae'r prosiect yn cynnig gwybodaeth a chefnogaeth ar hawliau cyflogaeth a budd-daliadau lles (gan gynnwys hawliadau PIP/ESA); ffyrdd o reoli eich MS; cyrchu triniaethau, gwasanaethau iechyd a gofal cymdeithasol.

Am fwy o wybodaeth cysylltwch a **0808 800 8000**

mymscymru@mssociety.org.uk

www.mssociety.org.uk/wales (Saesneg)



AGE CONNECTS - PROSIECT HOPE



HOPE - Helpu eraill i gymryd rhan ac ymgysylltu. Mae HOPE yn brosiect partneriaeth rhwng Age Cymru, partneriaid lleol Age Cymru a phartneriaid Age Connects Cymru ledled Cymru. Bydd HOPE yn darparu eiriolaeth i bobl hŷn (50+) a gofalwyr ledled Cymru.

<https://www.ageuk.org.uk/cymru/our-work/advocacy/hope---helping-others-participate-and-engage/about-hope/> (Saesneg)

Eiriolaeth Dementia - Mae'r Prosiect Eiriolaeth Dementia yn darparu cefnogaeth eiriolaeth broffesiynol annibynnol i bobl hŷn (50+) gyda dementia a gofalwyr ledled Cymru.

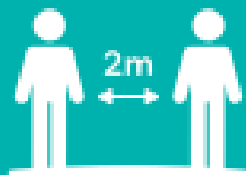
<https://www.ageuk.org.uk/cymru/our-work/advocacy/dementia-advocacy/> (Saesneg)

COFIWCH...



GOLCHI DWYLO'N AML

Yn enwedig os ydych chi wedi bod yn siopa, wedi codi pecyn neu ar fin trin bwyd



CADW PELLTER CYMDEITHASOL

Rhaid cadw dau fetr rhyngoch chi a phobl eraill sydd ddim yn eich cartref estynedig



GWISGO GORCHUDD WYNEB

Pan fo gofyn neu pan fo cadw pellter cymdeithasol yn anodd

Cysylltwch a'r Tîm Ymgysylltu <https://bipbc.gig.cymru/cymryd-rhan/>



COVID VACCINATION 2021

Public Engagement Plan



1. Introduction

This engagement plan has been developed to support awareness raising and engagement of the COVID-19 vaccination programme across North Wales. It will complement the communications activities being undertaken by BCUHB, Public Health Wales and other key stakeholders. It is important that accurate and timely information is available to the public and that as many people as possible who are eligible to receive the vaccine take up this opportunity.

2. Aims

The aim of the plan is to:

- Support awareness raising of the COVID-19 vaccination programme, priorities and eligibility
- Raise awareness of the health risks posed by COVID-19
- Encourage people who are eligible for the vaccine to protect themselves, their families and friends against COVID-19
- Provide reassurance around safety and efficacy of COVID-19 vaccine
- Support the communications plan for vaccination programme to maximise reach to priority groups

3. Objectives

- Increase engagement via established networks and partners
- Contribute to every opportunity to reassure public, via discussions and updates provided
- Provide opportunities for feedback and insight to inform ongoing programme

4. Target Audiences

The majority of our engagement activity will focus on specific target groups, individuals that have been identified as being more at risk of complications from COVID-19, in relation to the identified priority groups below.

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals, and those who are shielding

5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, including those with a learning disability
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

Action Plan Phases

Phase 1: Vaccine roll out priority groups 1 – 4 (January – March)

- Map networks and stakeholders representing priority groups to ensure wider reach information is shared e.g. older peoples networks, learning disability groups, BAME and those representing protected characteristics groups such as Portuguese, Polish, Refugees, Gypsy Roma Traveller and LGBT
- Facilitate opportunities for programme leads to engage and update with stakeholders through forums such as Engagement Practitioner Forums, Wellbeing Networks etc.
- Maintain continuous engagement with stakeholders to identify and share any barriers to accessing vaccination by priority groups, Chinese Community, EYST, NWREN etc.
- Share vaccination resources as available with those stakeholders representing priority groups
- Working with PHW to support insight work which can be fed back to the programme leads

Phase 2: Vaccine roll out priority groups 5 – 7 (April - June)

- Engagement to reach working age populations through e.g. Bite Sized Health initiative
- Engage with identified groups emerging during the programme e.g. non-attenders, newly identified groups
- Raise awareness of important second dose vaccination (link with priority groups)

Phase 3: Vaccine roll out priority groups 8 – 9 (June onwards)

- Engage with key stakeholders who provide ongoing support to our population; community groups, families, individuals, public and private sector workforce (including Supermarket contacts). i.e. Individuals who access mental health support, advocacy support, substance misuse guidance, homeless support, Gypsy Roma Travellers liaison teams, LGBTQ groups, patient groups & networks, working age population via the Business Forums, BAME networks, sensory loss support organisations, disability forums, older people groups, dementia, Carers, Men's Sheds and palliative care etc.
- Engage with and via our Covid Conversations Newsletter, Padlet information boards (re Engagement Forums), Community Newsletters – utilising our established networks with Community Navigators, PSB colleagues, NHS colleagues, LA colleagues, Social Care Wales Natural Resources Wales, North Wales Police, North Wales Fire Service and WAST.
- Continue to promote key messages to patient groups via Social Media – i.e. closed Facebook groups.

COVID - 19 Vaccination Programme : Engagement Plan		
Date	Action	Status
Phase 1 : Vaccine roll out priority groups 1 – 4 (January – March)		
3.12.20	Discussions regarding Covid-19 vaccines, priority groups and potential roll out with Disability and Equality Strategy Group, Flintshire	Regular Updates to be provided
8.12.20	Discussions regarding Covid-19 vaccines, priority groups and potential roll out with PSB – East area Poverty and Inequalities priority group	Ongoing
16.12.20	Covid-19 vaccination – voluntary response group – updates on vaccines, priority groups and potential roll out given via Thomas Halpin – vaccine lead for East	Regular Updates to be provided

Appendix 2

7.1.21	Discussions regarding Covid-19 vaccines, priority groups and roll out with Patient Groups – Liver Trust	Completed
7.1.21	Create a stakeholder data base for priority groups including older people, BAME and people from other protected characteristics	Completed
8.1.21	Discussed vaccine programme and signposted to further information at Learning Disability Advocacy Group (Gwynedd)	Completed
12.1.21	Developing a frequently asked questions and source links to useful information to be shared with partners and key stakeholders (based on feedback)	Ongoing
12.1.21	East Area Wellbeing Network	Regular Updates to be provided
18.1.21	Develop and share January issue of <i>Covid Conversations Newsletter</i> to include latest information on vaccine programme and information on issues raised by partners	Completed
19.1.21	Carers' Strategy Group Denbighshire - monthly - raise awareness of vaccination programme priority groups and signpost to latest information and updates and opportunity to learn about any barriers or issues	Completed
19.1.21	Conwy & Denbighshire Engagement Practitioner Forum, raise awareness of vaccination programme priority groups and signpost to latest information and updates	Completed
22.1.21	Race Equality First Network raise awareness of vaccination programme priority groups and signpost to latest information and updates and opportunity to learn about any barriers or issues	Completed
28.1.21	Caniad Big Chat – Mental Health Service users - raise awareness of vaccination programme priority groups and signpost to latest information and updates	Planned
2.2.21	Wellbeing of older adults in Conwy, raise awareness of vaccination programme priority groups and signpost to latest information and updates	Ongoing

Appendix 2

3.2.21	Conwy UK Resettlement Operational Meeting - monthly - raise awareness of vaccination programme priority groups and signpost to latest information and updates	Ongoing
	Open invitation to the Denbighshire and Conwy Syrian Refugee Vulnerable Person Resettlement Scheme Zoom Drop in every Tuesday at 4 pm.	
5.2.21	Bite Sized Health virtual Wellbeing sessions - raise awareness of vaccination programme priority groups and signpost to latest information and updates - Opportunity for lead from vaccine programme to attend	1 of 5 sessions Planned
10.2.21	Denbighshire Voluntary Services Council - Wellbeing Network bi monthly - raise awareness of vaccination programme priority groups and signpost to latest information and updates	Ongoing
11/2/21	Zoom event Advocacy Group – Learning disabilities and difficulties	
12.2.21	Cancer Patient Forum - raise awareness of vaccination programme priority groups and signpost to latest information and updates	Ongoing
18.2.21	Learning Disability Group Zoom Event Conwy	
18.2.21	Develop and share February issue of <i>Covid Conversations Newsletter</i> to include latest information on vaccine programme and information on issues raised by partners	Ongoing
23.2.21	East Area Engagement Practitioner Forum, raise awareness of vaccination programme priority groups and roll out; opportunity to signpost to latest information and updates	Ongoing
23.2.21	North East Wales Cancer Patients Network, raise awareness of vaccination programme priority groups and roll out; opportunity to signpost to latest information and updates	Ongoing
24.2.21	North East Wales Community Cohesion Awareness session, raise awareness of vaccination programme priority groups and roll out; opportunity to signpost to latest information and updates	Ongoing
1.3.21	Conwy Wellbeing Network – quarterly - raise awareness of vaccination programme priority groups and signpost to latest information and updates	Ongoing

30.3.21	West Area Engagement Practitioner Forum, raise awareness of vaccination programme priority groups and roll out; opportunity to signpost to latest information and updates	Ongoing
Phase 2: Vaccine roll out priority groups 5 – 7 (April - June)		
Date	Action	Status
22.4.21	Bite Sized Health virtual Wellbeing sessions - raise awareness of vaccination programme priority groups and signpost to latest information and updates - Opportunity for lead from vaccine programme to attend	2 of 5 sessions Planned
24.6.21	Bite Sized Health virtual Wellbeing sessions - raise awareness of vaccination programme priority groups and signpost to latest information and updates - Opportunity for lead from vaccine programme to attend	3 of 5 sessions Planned
Phase 3: Vaccine roll out priority groups 8 – 9 (June onwards) tbc		
Date	Action	Status
23.9.21	Bite Sized Health virtual Wellbeing sessions - raise awareness of vaccination programme priority groups and signpost to latest information and updates - Opportunity for lead from vaccine programme to attend	4 of 5 sessions Planned
18.11.21	Bite Sized Health virtual Wellbeing sessions - raise awareness of vaccination programme priority groups and signpost to latest information and updates - Opportunity for lead from vaccine programme to attend	5 of 5 sessions Planned

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 23.2.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Socio-economic Duty Procedure					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green Executive Director of Workforce and Organisational Development					
Awdur yr Adroddiad Report Author:	Sally Thomas Head of Equality and Human Rights					
Craffu blaenorol: Prior Scrutiny:	Socio- economic Duty T&F Group Equality and Human Rights Strategic Forum Executive Team					
Atodiadau Appendices:	Appendix 1 Procedure for Socio-economic Impact Assessment					
Argymhelliad / Recommendation:						
The Committee is asked to note the procedure						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>A briefing paper was presented to SPPHC in December 2020 setting out the statutory requirement of the Socio - economic Duty coming into force 31st March 2021. The Duty places a legal responsibility on relevant bodies when undertaking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. A procedure has now been developed to set out the series of actions necessary for authors to evidence due regard to the Socio-economic Duty and enable the Health Board to demonstrate how it has discharged its Duty.</p>						
Cefndir / Background:						
<p>Welsh Ministers have elected to commence Sections 1 to 3 of the Equality Act 2010 in Wales the Socio-economic Duty, the Duty will come into force on 31 March 2021. Commencing the Duty is a key mechanism in supporting the most vulnerable in society and something which will be extremely important in the Health Board's continued response to Covid-19. The Duty requires BCUHB, when making strategic decisions such as deciding priorities and setting objectives, to consider how our decisions might help reduce the inequalities associated with socio-economic disadvantage. When taking strategic decisions, the Health Board must be able to evidence that it has due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage.</p>						

Asesiad /Assessment & Analysis

Strategy Implications

This procedure seeks to enable BCUHB to evidence how we are meeting the statutory requirement by providing a clear audit trail for all decisions made under the 2010 Act by considering:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us? (Including those with lived experience of socio-economic disadvantage).
3. What does the evidence suggest about the decision's actual or likely impacts regarding inequalities of outcome as a result of socio-economic disadvantage?
4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
5. What does our impact assessment tell us about gender, race, disability and other protected characteristics that we may need to factor into our decisions alongside those suffering socio-economic disadvantage?
6. What existing evidence do we have about the proposal being developed, including what could be done differently?

The Duty applies to decisions of a strategic nature and includes:

- Strategic directive and intent
- Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy, Digital strategy)
- Changes to and development of public services
- Strategic financial planning
- Major procurement and commissioning decisions
- Strategic policy development.

Risk Analysis

The Task & Finish Group are working to identify the risk score and mitigating actions, this will be escalated to the Equality and Human Rights Strategic Forum and the risk reviewed prior to commencement of the Duty.

Legal and Compliance

The Board has a statutory duty to comply with the Equality Act 2010

Impact Assessment

The Socio- economic Duty and Impact Assessment seek to advance equality



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**Version &
Reference
Number**

PROCEDURE FOR SOCIO-ECONOMIC IMPACT ASSESSMENT

Author & Title	Sally Thomas Head of Equality & Human Rights				
Responsible Dept. / director:	Sue Green Executive Director, Workforce & Organisational Development				
Approved by:	Equality and Human Rights Strategic Forum				
Date approved:	26.01.2021				
Date activated (live):	31.03.2021				
Documents to be read alongside this document:	Appendix 1 and 2				
Date of next review:	26.01.24				
Date EqIA completed:	08.01.21				
First operational:	31.03.21				
Previously reviewed:	no				
Changes made yes/no:	no				

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

	Content Table	Page Number
1.0	Introduction/Overview	3
2.0	Policy Statement	3
3.0	Aims/Purpose.....	3
4.0	Objectives.....	3
5.0	Scope.....	4
6.0	Roles and Responsibilities	4
7.0	Key terms	4
	7.1 Decisions of a Strategic Nature	4
	7.2 Due Regard	5
	7.3 Socio-economic Disadvantage	5
	7.4 Communities of Interest	5
	7.5 Communities of Place	5
	7.6 Intersectionality.....	5
	7.7 Inequalities of Outcomes	5
8.0	Meeting the Duty when Commissioning and Procuring Services ...	6
9.0	Meeting the Duty when Working in Partnership	6
10.0	Resources	6
11.0	Training and Further Information	6
12.0	Review	6
13.0	References	6
14.0	Appendix 1 Socio-economic Impact Assessment (SEIA) Template Appendix 2 Examples of Strategic Decisions	7

1.0 Introduction/Overview

The Board has a statutory duty to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 which came into force on 5th April 2011. The Equality Act 2010 provides protection from unfair treatment for people who have 'protected characteristics'. The Well-being of Future Generations (Wales) Act 2015 and Social Services and Wellbeing (Wales) Act 2014 also provide opportunities to advance equality in a more integrated way. Despite the 2010 Act coming into force on 8 April 2010, Part 1 – the Public Sector duty regarding socio-economic inequalities, lay dormant on the statute book, as neither the UK Government, nor the devolved legislatures elected to commence it. Welsh Ministers have now elected to commence Sections 1 to 3 of the 2010 Act in Wales – the Socio-economic Duty.

The statutory requirement places a legal responsibility on relevant bodies when taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

2.0 Policy Statement

The Duty requires BCUHB, when making strategic decisions such as deciding priorities and setting objectives, to consider how our decisions might help reduce the inequalities associated with socio-economic disadvantage. When taking strategic decisions, the Health Board must be able to evidence that it has due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage.

3.0 Aims/Purpose

The aim of the Duty is to encourage better decision making, ensuring more equal outcomes. This document sets out the procedure to be followed by authors to evidence due regard to the Socio-economic Duty and enable the Health Board to demonstrate how it has discharged its Duty. An associated template to guide Socio Economic Impact Assessment is included in Appendix 1.

4.0 Objectives

This procedure seeks to enable BCUHB to evidence how we are meeting the statutory requirement by providing a clear audit trail for all decisions made under the 2010 Act by considering:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us? (Including those with lived experience of socio-economic disadvantage).
3. What does the evidence suggest about the decision's actual or likely impacts regarding inequalities of outcome as a result of socio-economic disadvantage?
4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
5. What does our impact assessment tell us about gender, race, disability and other protected characteristics that we may need to factor into our decisions alongside those suffering socio-economic disadvantage?

6. What existing evidence do we have about the proposal being developed, including what could be done differently?

5.0 Scope

This procedure applies to strategic decision making. The Duty applies to both new strategic decisions and when reviewing previous strategic decisions and includes the full range of functions for which BCUHB is responsible, including those carried out in partnership with other organisations.

6.0 Roles and Responsibilities

Responsibility for application of this procedure, including any actions that arise from the impact assessment rests, with the originator(s) of the particular strategic proposal or work-stream.

Approval of strategic priorities, setting objectives, new or amended strategies and other strategic proposals including business cases and service improvement plans, for example, will only be given subject to the provision of relevant evidence that a Socio- economic Duty Impact Assessment has been undertaken. This is a requirement included in the Board or Committee cover sheet.

Executives and Independent Members, Board and Committee Members should confirm that due regard has been given, that they are satisfied that the evidence and likely impact has been understood, and consideration of whether the policy can be changed to reduce inequality of outcome as a result of socio-economic disadvantage has been undertaken.

7.0 Key terms

7.1 Decisions of a Strategic Nature

In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. The duty applies to both new **strategic decisions** and when reviewing previous strategic decisions. Below are some examples (not an exhaustive list) of strategic decisions further information is included in **Appendix 2**:

- ✓ Strategic directive and intent
- ✓ Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- ✓ Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- ✓ Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- ✓ Changes to and development of public services
- ✓ Strategic financial planning
- ✓ Major procurement and commissioning decisions
- ✓ Strategic policy development.

7.2 Due Regard

This is an established legal concept in equality law and should be well understood in relation to the public sector equality duty. It means giving weight to a particular issue in proportion to its relevance.

7.3 Socio- Economic Disadvantage

Living in less favourable social and economic circumstances than others in the same society. Socio-economic disadvantage can be disproportionate in both communities of interest and communities of place, leading to further inequality of outcome, which can be further exasperated when considering intersectionality.

7.4 Communities of interest

Those who share one or more of the protected characteristics listed in the Equality Act 2010 can be considered communities of interest. Groups of people who share an experience, for example, people who have experienced homelessness, the health and social care system or a local service.

Accordingly, it is likely that people will reflect several communities of interest. Those who share an identity can similarly be communities of interest too, for example, lone parents and carers.

7.5 Communities of place

People who are linked together because of where they reside, work, visit or otherwise spend a substantial portion of their time.

7.6 Intersectionality

Intersectionality is about understanding the way in which characteristics such as gender, race or class, can interact and produce unique and often multiple experience and disadvantage in specific situation. One single form of discrimination cannot and should not be understood in isolation from one another. A truly intersectional approach ensures that this does not happen.

Socio-economic disadvantage doesn't respect urban and rural boundaries, disadvantage can be exacerbated by many factors of daily life. Poverty is often hidden in smaller communities where the cost of living and accessibility of transport, education and employment can impact more negatively on rural populations. In general, areas that are built-up or urban have a higher proportion of people in material deprivation than other areas.

7.7 Inequalities of Outcome

Inequality of outcome relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population.

8.0 Meeting the Duty when Commissioning and Procuring Services

As only specified public bodies are subject to the duty, the duty remains with the Health Board. Therefore, the requirement to meet the duty does not pass to a third party through procurement, commissioning or outsourcing. However, in circumstances where the procurement activity itself is considered to engage the Duty, the Health Board must consider how such arrangements reduce inequalities of outcome caused by socio-economic disadvantage.

9.0 Meeting the Duty when Working in Partnership

When a specified body works in partnership with bodies not covered by the duty, the duty only applies to the specified body. For example, local well-being plans under Part 4 of the Well-being of Future Generations (Wales) Act 2015 are developed and owned by a range of partners, however those public bodies subject to the duty i.e. the Health Board should ensure that we are discharging our duty through consideration of how the elements of the plan we have responsibility for will reduce inequalities of outcome caused by socio-economic disadvantage. All public bodies in Wales are encouraged to support the spirit of the duty.

10.0 Resources

Further guidance has been published by Welsh Government and is available from <https://gov.wales/socio-economic-duty> this includes:

A More Equal Wales: the Socio-economic Duty Examples of inequalities of outcome due to socio-economic disadvantage and COVID-19 [A More Equal Wales: The Socio-economic Duty | GOV.WALES](#)

Socio-economic Duty: scrutiny framework [Socio-economic Duty: scrutiny framework | GOV.WALES](#)

Tool to help decision makers meet their duty to have 'due regard' to the Socio-economic Duty

11.0 Training and Further Information

Training videos and webinars have been published by Welsh Government and are available from <https://gov.wales/socio-economic-duty>

An overview of Socio-economic Duty Impact Assessment is included within the wider Equality Impact Assessment training at BCUHB.

Support on applying the process is available from Strategy and Planning colleagues and the Equality Team. Support with interpreting public health data is available from the Betsi Cadwaladr Public Health Team.

12.0 Review

This procedure will be reviewed annually.

13.0 Reference

A More Equal Wales Preparing for the commencement of the Socio-economic Duty: Non-Statutory Guidance. Welsh Government 2020

14.0 Appendices

Appendix 1: Socio Economic Impact Assessment (SEIA) Template

Appendix 2: Examples of Strategic Decisions.

Appendix 1

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see <https://gov.wales/more-equal-wales-socio-economic-duty>

Public health data is available here [North Wales Population Health Directory](#). If you require support with interpreting public health data please contact the Betsi Cadwaladr Public Health Team.

Further support in applying this process is available from Strategy and Planning colleagues, the Equality Team and your Equality Delivery Group representative.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

Policy / Strategy / Proposal/Procedure Title	
Lead Manager	
Approval Committee	
Date form completed	
What are the aims and objectives of the policy/strategy/proposal?	

ACT ASSESSMENT TEMPLATE

STAGE 1: PLANNING					
Is the decision a strategic decision? See definition	YES / No	Please provide a brief explanation for your answer			
Have you identified key stakeholders groups? Please detail below	Yes / No	Can you identify relevant communities of interest? See guidance Please detail below	Yes / No	Can you identify relevant communities of place? See guidance Please detail below	Yes / No
STAGE 2: EVIDENCE					
What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this decision?					
Have you engaged with those affected by the Policy / Strategy Proposal / Policy?					

ACT ASSESSMENT TEMPLATE

<p>What engagement with people living with socio economic disadvantage will be / has been undertaken?</p>	
<p>How has / will this influence your work/guided your policy/proposal, or changed your recommendations?</p>	

DRAFT

Stage 3: ASSESSMENT AND IMPROVEMENT

What are the main socio economic impacts of the proposal?

Consider evidence from both research and any engagement already carried out.

Who is being affected? Be specific.

Are some communities of interest or communities of place more affected by disadvantage than others?

the [North Wales Population Health Directory](#)

Education

A literature review by the Centre for Research in Early Childhood (CREC) finds that evidence they examined indicates that in the UK, especially, parents' socio-economic status continues to be the primary predictor of which children prosper in adult life. They report that the magnitude of early childhood inequality in the UK is well-documented; some estimates suggest that half the attainment gaps for pupils are already present at the start of primary school. Using Millennium Cohort study data, this research shows large gaps exist in the UK for vocabulary tests between children aged 4 and 5 from families with middle incomes and those from families with lowest fifth of incomes.

Data for Wales also shows pupils eligible for free school meals and children in care have poorer educational outcomes in schools on average with the gap widening as pupils get older.

Consider:

- People less likely to have or have had access to training opportunities and qualifications

ACT ASSESSMENT TEMPLATE

<p><u>Health</u></p> <p>There is a clear social gradient in terms of health outcomes as documented by the Marmot Review (2010 and 2020 update). It makes it clear that health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources (i.e. the social determinants of health).</p> <p>Indeed, data for Wales shows that adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.</p>	<ul style="list-style-type: none"> • People according to their current access to healthcare and expected health outcomes. • Consider people with caring responsibilities to others 	
<p><u>Living standards</u></p> <p>3% of all people in Wales were living in relative income poverty between 2016-17 and 2018-19. This figure has remained relatively stable for the past 16 time periods. At 23%, the figure is slightly lower than last year's. Children were the age group most likely to be in relative income poverty (at 28%) and this has been true for some time.</p> <p>11% of children living in Wales between 2016-17 and 2018-19 were in material deprivation and low income households.</p>	<p>People in terms of their use of the physical environment:</p> <ul style="list-style-type: none"> • Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; • of the design of the built environment on the physical and mental health of patients, staff and visitors; • on air quality, exposure to pollutants; safety of neighbourhoods, • exposure to crime; • road safety and preventing injuries/accidents; quality and safety of play areas and open spaces. • Consider lone parents. 	

ACT ASSESSMENT TEMPLATE

<p><u>Work</u></p> <p>When considering all children in Wales, the likelihood of being in relative income poverty is much greater, and the gap is increasing for those living in a workless household compared to living in a working household (where at least one of the adults was in work).</p>	<ul style="list-style-type: none"> • People according to their income related group: • People in terms of their income and employment status: • Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions. • Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health. • Consider people in in-work poverty 	
<p><u>Justice and personal security</u></p> <p>The National Survey for Wales (2018-19) shows that people who were not in material deprivation were found to be more likely to feel safe in their local area, compared with those who were in material deprivation.</p> <p>Research by the University of Bristol shows that, notwithstanding some significant methodological limitations, existing analyses in the UK and internationally have consistently found vulnerability to domestic violence and abuse to be associated with low income, economic strain, and benefit receipt. This association is underpinned by a complex set of relationships and interdependencies.</p>	<ul style="list-style-type: none"> • People who live in less safe areas • People more likely to be victims of domestic violence and abuse 	

ACT ASSESSMENT TEMPLATE

<p><u>Participation</u></p> <p>The National Survey for Wales (NSW) shows that in 2018-19, 87% of households had access to the internet. Household internet access varies by WIMD levels of area deprivation. In 2018-19, 92% of households in the least deprived areas had internet access, compared to 83% of households in the most deprived areas. The NSW also shows households in social housing were less likely to have internet access (75% of such households) than those in private rented (90%) or owner occupied (89%) accommodation. Those in employment were more likely to have internet access at home (96%) than those who were unemployed (84%) or economically inactive (78%).</p>	<p>People according to where they live:</p> <ul style="list-style-type: none"> • Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. • People more likely to be digitally excluded. • People living in rural areas. 	
---	--	--

ACT ASSESSMENT TEMPLATE

What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?			
Impacts Identified	Mitigating Action to be Taken	Action Owner	Monitoring Arrangements

STAGE 4: STRATEGIC DECISION MAKERS

Who signed-off this SED Impact Assessment	Signatory As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions <u>must</u> have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.	
	Board or Sub Committee:	
Approval and Review	Approval Date:	
	Review Date:	

ACT ASSESSMENT TEMPLATE

Type of Decision Includes but is not limited to:	Equality Impact Assessment Required	Socio Economic Duty Impact Assessment Required
Strategic policy development.Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions	X	X
Health Board Wide Plans.Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	X	X
Business Case/Capital Involvement/Options Appraisal required	X	X
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		
Changes to and development of public services Closure of Services	X	X
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	X	X
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	X	X
Directorate Financial Planning	X	X
Divisional policies and procedures affecting staff	X	
New policies, procedures or practices that affect service delivery	X	
Large Scale Public Events	X	
Major procurement and commissioning decisions	X	X
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	X	X