

## Bundle Strategy, Partnerships and Population Health Committee 3 December 2019

9.30am Boardroom, Carlton Court, St Asaph, LL17 0JG

- 1 SP19/106 Apologies for absence  
*Helen Wilkinson, Sue Green and Gill Harris (for item SP19/110)*
- 2 SP19/107 Declarations of Interest
- 3 09:30 - SP19/108 Draft minutes of the meeting held on 1.10.19 for accuracy, matters arising and summary action plan  
SP19.108a Draft Minutes SPPHC 1.10.19 v.04 public session.docx  
SP19.108b Summary Action Log SPPH.docx
- 4 09:35 - SP19/109 Review of the Committee's allocated risks extracted from the Corporate Risk Register  
*Mr Mark Wilkinson*  
*Recommendation:*  
*The Committee is asked to:*  
*1) Consider the relevance of the current controls;*  
*2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks;*  
*3) Approve the presented risks.*  
SP19.109 Corporate Risk Register SPPHC.docx
- 5 09:45 - SP19/110 Digitally enabled Clinical Strategy  
*In attendance:*  
*Dr David Fearnley Executive Medical Director*  
*Mr Dylan Williams, Chief Information Officer*  
*Recommendation:*  
*The committee is asked to discuss the report and suggest further amendments. The report will be presented to the board workshop on 5 December 2019*  
SP19.110 A digitally enabled clinical strategy for BCUHB (SPPH).docx
- 6 10:15 - SP19/112 2019/20 Annual Plan Progress Monitoring Report  
*Mr Mark Wilkinson*  
*Recommendation:*  
*The Strategy Partnerships & Population Health Committee is asked to note the report and to assist in addressing the governance issues raised.*  
SP19.112a Coversheet SPPH - APPMR October 2019 DRAFT.docx  
SP19.112b Annual Plan Progress Monitoring Report - October 2019 FINAL.PDF
- 7 10:25 - SP19/113 Review of 2020/21 Cluster Plans  
*Mr Mark Wilkinson*  
*Mr John Darlington*  
*Recommendation:*  
*It is recommended that SPPH Committee:*  
*1. Receive this report*  
*2. Note the progress made towards developing cluster plans for 2020/21 alongside actions to ensure key priorities are incorporated into respective health economy plans.*  
SP19.113a Cluster plans.docx  
SP19.113b Appendix 1 -Anglesey Cluster plan exec summary.docx
- 9 10:40 - SP19/114 Draft Strategic Equality Plan (SEP) 2020-24  
*Mrs Sue Green*  
*Mrs Sally Thomas in attendance*  
*Recommendation:*  
*The Committee is asked to approve the SEP and recommend to Board for final approval and publication.*  
SP19.114a coversheet SEP 2019.docx  
SP19.114b Strategic Equality Plan v0.05 (for SPPH Following Public Consultation).docx
- 10 10:55 - SP19/115 Regional Partnership Board update  
*Mr Mark Wilkinson / Miss Teresa Owen*  
*Recommendation:*  
*The Committee is asked to receive the update from the North Wales Regional Partnership Board*  
SP19.115a NWRPB coversheet .docx  
SP19.115b NWRPB Notes 11th October Meeting.pdf
- 11 11:00 - SP19/116 Transformation Fund Update : Community Services update

Dr Chris Stockport

*Recommendation:*

*The Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Fund.*

SP19.116a\_Community Transformation Update\_03.12.19.docx

SP19.116b Community Services APPENDIX 1\_Regional Design Principles\_V.03\_18.11.19.pdf

SP19.116c Community Services APPENDIX 2\_Locality Pacesetters.pdf

SP19.116d Community Services APPENDIX 3\_Community Services Transformation Logic Model\_V.01\_25.09.19.pdf

12 11:15 - SP19/117 Public Service Boards Gwynedd & Anglesey

*Mrs Ffion Johnstone*

*Recommendation:*

*The Committee is asked to note the update and current progress made by the Gwynedd & Anglesey Public Service Board.*

SP19.117 Gwynedd and Anglesey Public Services Board Report .docx

13 11:30 - SP19/118 Update on alcohol strategies in BCUHB

*Miss Teresa Owen*

*Recommendation:*

*It is recommended that the Committee:*

- *Note the opportunities contained in the recommendations of the Substance Misuse Needs Assessment.*
- *Note the opportunities for addressing the harms of alcohol misuse through the North Wales Alcohol Harm Reduction Strategy and Delivery Plan on its release.*

*Endorse the approach being taken to:*

- *Develop a regional 'Alcohol Harm Reduction Strategy and Action Plan'*
- *Further develop the alcohol licensing process and administration.*

SP19.118 Alcohol Update V1.0.docx

14 11:45 - SP19/119 Update on the work on the Adverse Childhood Experiences agenda

*Miss Teresa Owen*

*Recommendation:*

*Update on the work on the Adverse Childhood Experiences agenda*

*It is recommended that SPPHC note the progress in taking forward the ACE agenda in partnership across the region*

SP19.119 ACEupdate Dec 2019 v1.0.docx

15 12:00 - SP19/120 Terms of Reference Review

*Mr Mark Wilkinson*

SPPH Committee TOR V5.0.doc

16 12:05 - SP19/121 Summary of business considered in private session to be reported in public

*Mr Mark Wilkinson*

*Recommendation*

*The Committee is asked to note the report*

SP19.121 Private session items reported in public v2.0.docx

17 SP19/122 Issues of significance to inform the Chair's assurance report

18 12:05 - SP19/123 Date of next meeting 14.1.20 Workshop 4.2.19 Committee

19 Exclusion of Press and Public

*Resolution to Exclude the Press and Public*

*"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."*



**Strategy, Partnerships and Population Health Committee (SPPHC)**  
**Draft minutes of meeting held on 1.10.19**  
**in the Boardroom, Carlton Court**

**Present:**

Mrs Marian Wyn Jones	Independent Member (Chair)
Cllr Medwyn Hughes	Independent Member
Mrs Helen Wilkinson	Independent Member

**In Attendance:**

Mrs Sally Baxter	Assistant Director ~ Health Strategy ( <i>part meeting</i> )
Mr John Darlington	Assistant Director ~ Corporate Planning ( <i>part meeting</i> )
Mrs Bethan Jones	Area Director (Centre) ( <i>part meeting</i> )
Mr Rob Nolan	Finance Director ~ Commissioning & Strategy ( <i>part meeting</i> )
Mr Mark Wilkinson	Executive Director Planning and Performance
Mrs Gill Harris	Executive Director Nursing & Midwifery ( <i>part meeting</i> )
Mrs Katie Sergeant	Assistant Director of Communications & Engagement ( <i>part meeting</i> )
Mr Robert Callow	Head Of Engagement, Communications ( <i>part meeting</i> )
Mr Glynne Roberts	Programme Director (Well North Wales), ( <i>part meeting</i> )
Mr Adrian Thomas	Executive Director of Therapies & Health Sciences, ( <i>part meeting</i> )
Ms Lynne Grundy	Associate Director, Research & Development, ( <i>part meeting</i> )
Mrs Deborah Carter	Associate Director of Quality Assurance, ( <i>part meeting</i> )
Mrs Alaw Griffiths	Welsh Language Standards Compliance Officer, ( <i>part meeting</i> )
Mr Mike Townson	Senior Equalities Manager, Equal Opportunities, ( <i>part meeting</i> )
Mrs Jody Evans	Corporate Governance Officer, Acting Secretariat

AGENDA ITEM	ACTION
<b>SP19/81 &amp; 82 Apologies for absence and declarations of interest</b>  <b>SP19/81.1</b> Apologies were received from Ms Teresa Owen, Ms Diane Davies and Dr Chris Stockport.  <b>SP19/82.1</b> Ms Helen Wilkinson declared her interest in respect of her role as Chief Officer, Denbighshire Voluntary Services Council.  <b>SP19/82.2</b> Mrs Marian Wyn Jones declared her interest in respect of her Council role within Bangor University.	
<b>SP19/83 Draft minutes of meeting held on 3.9.19 for accuracy, matters arising and review of Summary Action Log</b> <b>SP19/83.1</b> The minutes were <i>approved</i> as an accurate record and the summary action plan was updated.	

## **SP19/84 Reconnecting with the public – an update on public engagement**

**SP19/84.1** The Assistant Director of Communications and Head of Engagement joined the meeting to present this item. The update report summarised the approach and key public engagement activities undertaken. It was widely recognised that the team had been working with communities and stakeholders, in order to gain and raise confidence in the Health Board to help develop and improve services in line with the Three Year Outlook.

**SP19/84.2** The Committee was pleased to receive the update on key public engagement activity and its impact (since the previous report received in February 2019,) and noted the content in relation to future engagement priorities. Examples were given in relation to how the engagement team had supported service programmes throughout the time period, which included examples of various meetings and activities undertaken between the months of June and September 2019. Committee discussion ensued and provided scrutiny on the recommendations outlined within the report.

**SP19/84.3** It was noted that the BCUHB web site had been in the process of being migrating to the new public facing website. It was also recognised within the report that the engagement content included the use of digital newsletters, surveys and social media accounts. The Committee also noted that the digital voting system of the “Seren Betsi” awards had recently been launched, along with the digital encouragement drive of the Flu Vaccination uptake. The need for further staff vaccinators was expressed. It was also reported that the public and stakeholder engagement strategy had been undergoing a refresh.

**SP19/84.4** The Committee noted that the team had been nominated for a “Public Sector Communications Team of the Year Award” and would be attending Cardiff for the ceremony. The Chair expressed the Committee’s congratulations on achievement of the nomination, and noted the positive feedback from outside of the wider team.

**SP19/84.5** Actions taken in relation to Special Measures and reconnecting with the public and visibility with the 3<sup>rd</sup> sector links was also raised. The continuous need for strong relationships with staff, patients and the 3<sup>rd</sup> sector was noted as a key priority. Equalities was discussed, along with the required support in relation to engagement. The Committee noted the positive work undertaken and the future links being made with key partners, and in particular the crucial interface and channels to engage with community groups and 3<sup>rd</sup> sector partners. Opportunities in building strong links with 3<sup>rd</sup> sector partner organisations (at future exhibition spaces,) was raised. Feedback measurement regarding exhibitions and the need for “drawing in the public” was discussed. It was confirmed that the visible feedback had been difficult to measure. A further discussion ensued in relation to the many challenges faced with primary care communications along with the current corporate identity of BCUHB.

### ***The Committee resolved to***

Note the progress of the detail within the paper.



<p><b>SP19/85 Public Health Update: Well North Wales – Annual Report 2018-19</b></p> <p><b>SP19/85.1</b> The Programme Director (Well North Wales) joined the meeting to present this item and the Committee received the update.</p> <p><b>SP19/85.2</b> The overview of the report content was noted in relation to the 4 domains, namely:</p> <ul style="list-style-type: none"> <li>• Infrastructure and networking</li> <li>• Housing and Homelessness</li> <li>• Social Prescribing</li> <li>• Food Poverty</li> </ul> <p><b>SP19/85.3</b> The desire to commence work alongside academic institutions was raised along with investment within social prescribing. Productivity and digital procurement was noted and it was confirmed that the team was close to signing off a digital procurement concept. In relation to catering and food poverty aspects; it was reported that the Programme Director WNW had accepted an invitation to the UK wide Conference in support of food poverty, within the wider role of providing support to areas in relation to specific programmes.</p> <p><b>SP19/85.4</b> Existing projects were included within the report and it was confirmed that in terms of the clinical services strategy; the governance links and structure had been reviewed along with the work-streams and complexities of prioritisation in relation to the 3 year plan. Direct links with GP cluster leads were reported along with the BCU wide initiative.</p> <p><b>SP19/85.5</b> Following discussion, the Committee recognised the need to include an acknowledgement of the involvement of voluntary agency contributions within the report.</p> <p><b>SP19/85.6</b> The Committee agreed to continue to support the continued emphasis on talking health inequalities across the Health Board and noted the report.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the progress of the detail and progress within the annual report.</p>	GR
<p><b>SP19/86 Presentation: Research and Innovation Strategy</b></p> <p><b>SP19/86.1</b> The Executive Director of Therapies &amp; Health Sciences, the Associate Director of Research and Innovation and the Associate Director of Improvement &amp; Education [Innovation Agency] presented this item; which provided an update in relation to the progress of the Strategy for Research and Innovation within BCUHB. The presentation overview included:</p> <ul style="list-style-type: none"> <li>• The review of process to date</li> <li>• Feedback on engagement activity</li> <li>• Purpose and vision</li> <li>• Strategic themes</li> </ul>	

<p>The presentation overview concluded with suggested next steps as:</p> <ul style="list-style-type: none"> <li>• To approve the strategic framework.</li> <li>• Identify KPIs for each aim within the strategy.</li> <li>• Develop projects, metrics and milestones for first 2 years against each programme.</li> <li>• Publish 'high level' strategy by year end (it was noted that the Strategy would be taken to the 7<sup>th</sup> November 2019 BCU Health Board Meeting).</li> <li>• Identify resources and governance structure needed to deliver first 2 years by February 2020.</li> <li>• Create first 2 years business plan by 1st April 2020.</li> </ul> <p><b>SP19/86.2</b> A discussion regarding links to the clinical and digital strategy took place and weaknesses identified within the current plan had been noted. Positivity with regards to recruitment was noted along with embracing new and upcoming scholars. It was agreed that the connection be highlighted within the paper with regards to inclusion of the Health Board values. It was agreed to take forward and expand upon the "plan on a page", with identification of KPI's for inclusion. It was further noted to clearly articulate the links with current 3 year plan and strategy. Finally it was agreed that the presentation be updated and include the strategy links and KPI informational points, whilst incorporating the learning and strategic markers therein.</p> <p><b>SP19/86.3</b> It was noted that the plan would be taken to the Board workshop later in October, in order to discuss, following which Board would receive the Strategy at the November meeting.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the progress of the detail and progress within the presentation.</p>	AT/LG/JK
<p><b>SP19/87 Annual Operational Plan Monitoring report</b></p> <p><b>SP19/87.1</b> The Executive Director of Planning and Performance and Assistant Director of Planning presented this item which set out the governance issues raised.</p> <p><b>SP19/87.2</b> The Committee noted the report and agreed to continue to address and support governance therein.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the report.</p>	
<p><b>SP19/88 Development of Three Outlook and 2020/21 Annual Plan</b></p> <p><b>SP19/88.1</b> The Executive Director of Planning and Performance and Assistant Director of Planning presented the report setting out the progress made towards the development of BCU's Three Year Outlook and 2020/21 plan in line with the agreed timetable.</p> <p><b>SP19/88.2</b> It was agreed that the action plan in relation to the Estates strategy include more specific information in relation to actions being taken. The significant work being undertaken with regards to planned care and RTT would be reported upon at the</p>	

<p>Board Meeting in November. Following recent discussion at the Finance and Performance Committee it had been agreed to include the random sample review of planned actions at the end of quarter two.</p> <p><b>SP19/88.3</b> Information supplied in relation to the Ophthalmology care pathway was highlighted in relation to the RAG rating stated within the report. The Executive Director Planning and Performance agreed to analyse the information and clarify the narrative in relation to the RAG rating and amend and feedback to the Committee member.</p> <p><b>SP19/88.4</b> It was noted that the 3 year outlook had been submitted in draft to the national planning leads. Planning in relation to annex 1 forms were also noted along with financial recovery aspects. It was stated that the balance of where time was being spent had been hugely challenging and that work continued. It was also confirmed that the plan would be submitted to Welsh Government by 3<sup>rd</sup> January 2020.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the progress of the update.</p>	MW
<p><b>SP19/89 Enabling Strategies : Quality Improvement Strategy briefing</b></p> <p><b>SP19/89.1</b> The Associate Director of Quality Assurance, Nursing and Midwifery joined the meeting to present this item. She confirmed that the strategy had been launched two and a half years ago and advised that the Board had also received regular updates in relation to the work that had taken place. Within the presentation the themes and goals included:</p> <p><i>Through strong leadership from the ward to the board;</i></p> <ul style="list-style-type: none"> <li>• To reduce mortality</li> <li>• Reduce harm</li> <li>• To improve reliability of care</li> <li>• To deliver what matters most</li> <li>• To deliver integrated care</li> </ul> <p><b>SP19/89.2</b> From discussion, learning from incidents had been noted along with lessons learnt from complaints. Reductions regarding infection control rates and key areas were noted. The improvement of ward accreditation was also raised and common themes discussed. Datix reporting was also noted along with common reporting rates. It was confirmed that the Harm Profile Dashboard of information would be launched in November 2019.</p> <p><b>SP19/89.3</b> Information presented into the “crude death rate” was noted and the Associate Director Quality Assurance agreed to liaise with the Senior Associate Medical Director to analyse and refresh the version presented.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the progress within the presentation.</p>	DC

<p><b>SP19/90 Transformation Bid: Children and Young People Update</b></p> <p><b>SP19/90.1</b> The Area Director (Central), provided the Committee with an update on the progress of the Childrens and Young People's Transformation Programme, focussing on the strategic vision, risks and sustainability of the programme. It had been noted that the report had been discussed at the North Wales Regional Partnership Board.</p> <p><b>SP19/90.2</b> The Area Director (Central) reported on delays in recruitment which had impacted on the initial progress of the programme. It was noted that to date there had been a total of three Project Managers appointed. The risk register was also highlighted along with the mitigating actions.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the progress of the programme to date.</p>	
<p><b>SP19/91 Planning Board - Substance Misuse Update</b></p> <p><b>SP19/91.1</b> The Regional Commissioning Manager presented the report and asked the Committee to note the role and function of NWAPB including the interface with BCUHB. The update was presented in relation to the work of the APB and the key interfaces with the Health Board, following reports presented at the SPPH meetings in May and October 2018.</p> <p><b>SP19/91.2</b> The Committee noted updates on achievements within the report to date and the strong relationships with key services. Key developments were noted and the confirmation of budgets being allocated was noted. The Regional Commissioning Manager also highlighted that relationships with mental health had improved substantially. The Committee acknowledged progress in performance and the challenges around recruitment and retention alongside the impressive innovative projects to date. The Committee commended and gave thanks for the comprehensive paper which clearly outlined the information presented.</p> <p><b>SP19/91.3</b> It was agreed that the Chair of the SPPH would visit the Elms in Wrexham at a future date following the positive feedback received of the new multi-agency building.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the progress of the update.</p>	MWJ
<p><b>SP19/92 Welsh Language Standards Update</b></p> <p><b>SP19/92.1</b> The Welsh Language Standards Compliance Officer provided the Committee with the update in relation to progress with delivering the Welsh Language Standards, following the Health Board being issued with the final compliance notice in line with the Welsh Language (Wales) Measure 2011.</p> <p><b>SP19/92.2</b> The introduction and overview was given and the Committee noted that the Standards came into force from 30<sup>th</sup> May 2019, it was noted that any breaches were now subject to the scheme. The summary of standards were received by the group</p>	

and challenges had been noted throughout the report. Identification of staff within ESR were noted at 88% in comparison to the previous year. Progress in relation to the “orange symbol” in relation to the identification of Welsh language speakers was discussed. The key issues and continued progression was commended and it was agreed that responsibility lay within the services to continue promotion.

**SP19/92.3** It was confirmed that training, promotion and awareness in response to the standards continued to be carried out with staff. It was further clarified that services needed to ensure ownership at divisional governance meetings whilst embedding Welsh language updates as standing agenda items.

**SP19/92.4** Extensions due to further challenges to the standards was questioned and it was confirmed that BCUHB would apply for extensions should the need arise. It was confirmed that the standards would continue to be reviewed frequently. Self-policing with regards to the standards and monitoring was raised and self-assessment was discussed. Challenges with the recruitment of Welsh language speakers had also been highlighted.

**SP19/92.5** The Committee noted the report and ongoing work in relation to delivery of the Welsh Language Standards and expressed thanks and support to the Welsh Language Team.

***The Committee resolved to***

Note the progress of the update.

**SP19/93 Strategic Equality Plan and Objectives 2020-24 - For agreement in draft prior to external consultation**

**SP19/93.1** The Senior Equalities Manager presented the draft Strategic Equality Plan (SEP) and Objectives 2020-24 and requested that the Committee approve the SEP in draft for a period of public consultation. It was confirmed that the final draft would return to SPPH Committee in December 2019 for agreement, prior to submission to the Board.

**SP19/93.2** The set of 8 objectives were noted. It was clarified that the focus and social economic duty had been highlighted therein. It was confirmed that the themes would be raised at the Board workshop, in order to discuss the national reporting changes and requirements. It was clarified that feedback from the recent equalities forum had been positive. The equalities team were commended on the tremendous amount of work undertaken to date. It was also reported that an extensive statement had been communicated in June setting out the Welsh Government agenda for increasing and enhancement of the equality law in Wales. In relation to the law it was noted that the implementation date would be set by the end of the year, which would include enhanced equalities legalities.

**SP19/93.3** It was agreed that the SEP be submitted to the SPPH Committee in December 2019 for agreement prior to submission to Board.

<p><b><i>The Committee resolved to</i></b></p> <p>To approve the SEP in draft for the period of consultation.</p>	
<p><b>SP19/94 North Wales Regional Partnership Boards update: Wrexham and Flintshire</b></p> <p><b>SP19/94.1</b> The Committee noted the update and current progress made by the Flintshire and Wrexham PSBs.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the update provided.</p>	
<p><b>SP19/95 Summary of InCommittee business to be reported in public</b></p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the report</p>	
<p><b>SP19/96 Key Themes for Delivery for Winter 2019/20: a National Approach</b></p> <p><b>SP19/95.1</b> The Committee noted the contents and actions along with timescales in order to deliver plans as stated within the report. It was noted that themes had been identified with a particular focus for Winter 2019/20.</p> <p><b>SP19/95.2</b> It was reported that the Finance and Performance Committee had requested a detailed plan prior to board delivery, to ensure safe handling of risks and understanding, regarding the forecast within scenario planning.</p> <p><b>SP19/95.3</b> The future intention of developing a summer plan was noted and discussed.</p> <p><b><i>The Committee resolved to</i></b></p> <p>Note the report</p>	
<p><b>SP19/97 Issues of significance to inform Chair's Assurance Report</b></p> <p><b>SP19/97.1</b> To be confirmed following the meeting.</p>	
<p><b>SP19/98 Date of next meeting</b></p> <p><b>SP19/98.1</b> To be held on 3<sup>rd</sup> December 2019</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
<b>3.9.19</b>				
Mark Wilkinson	Re: Environmental Policy statements The Executive Director of Planning and Performance agreed to prepare a paper for discussion at the next meeting, taking into account further feedback from the Area Director (Centre).	24.9.19	24.9.19 – Natural Resources Wales have been contacted with a view to receiving a presentation from them at a future meeting. This may be more of a developmental subject and will be scheduled as soon as possible.  1.10.19 - It had been agreed to invite Natural Resources Wales to a future SPPHC to supplement the Environmental Policy.  6.11.19 Rod Taylor advises representative to attend 14.1.20 workshop session	
<b>1.10.19</b>				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
Glynne Roberts	<b>SP19/85 Public Health Update: Well North Wales – Annual Report 2018-19</b>  <b>SP19/85.5</b> The committee recognised the need to include the acknowledgement of involvement of the voluntary agency contributions within the report.	October	25.11.19 Glynne Roberts confirmed amendment made	Action to be closed
Adrian Thomas Lynne Grundy Juliette Kumar	<b>SP19/86 Presentation: Research and Innovation Strategy</b>			Actions to be closed

	<ul style="list-style-type: none"> <li>Amend paper in respect of : inclusion of the Health Board values take forward and expand upon the “plan on a page”, identify KPI’s for inclusion articulate links with current 3 year plan and strategy. Update slides re strategy links, KPI informational points, learning and strategic markers.</li> <li>Ensure plan to be provided to the board workshop later in October, in order to discuss and support and the Board would receive the Strategy at the November meeting.</li> </ul>	October/November	<p>Lynne Grundy advised all amendments were actioned:</p> <ul style="list-style-type: none"> <li>Inclusion and connection with Health Board values</li> <li>‘Plan on a Page’ expanded</li> <li>KPIs included in Board paper</li> <li>Links with current strategy articulated</li> <li>Slides updated</li> </ul>	
		October/November	Strategy with additions and updates was presented to the Board in November and approved	
Mark Wilkinson	<p><b>SP19/88 Development of Three Outlook and 2020/21 Annual Plan</b></p> <p><b>SP19/88.3</b> Information supplied in relation to the Ophthalmology care pathway was highlighted in relation to the RAG rating stated within the report. The Executive Director Planning and Performance agreed to analyse the information and clarify the</p>	October	The update report that is submitted to the December meeting contains a narrative explaining the RAG status and all the actions that are being undertaken in relation to this piece of work.	Action to be closed



	narrative in relation to the RAG rating and amend and feedback to the Committee member (MH).			
Deborah Carter  > Senior Associate Medical Director	<b>SP19/89 Enabling Strategies : Quality Improvement Strategy briefing</b>  <b>SP19/89.3</b> Information presented into the “crude death rate” was noted and the Associate Director Quality Assurance agreed to liaise with the Senior Associate Medical Director to analyse and refresh the version presented.	October	21.11.19 An update has been requested from the Senior Associate Medical Director and is awaited.	
Marian Wyn-Jones	<b>SP19/91 Planning Board - Substance Misuse Update SP19/91.3</b> It had been agreed that the Chair of the SPPH would in future visit the Elms in Wrexham following the positive feedback received of the new multi-agency building.	December	Marian Wyn Jones visited the Elms on 22.10.19	Action to be closed

25.11.19

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health Committee						
	03/12/2019						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Review of Corporate Risks Assigned Strategy, Partnerships and Population Health Committee						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	CRR01 Executive Director of Public Health CRR09 Director of Primary and Community Care CRR14 Executive Director of Workforce and OD CRR15 Executive Director of Workforce and OD CRR17 Executive Director of Planning and Performance CRR18 Executive Director of Planning and Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Mrs Justine Parry, Assistant Director: Information Governance and Assurance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review. This report has been approved for submission to the Committee by the Deputy Chief Executive / Executive Director of Nursing and Midwifery.						
<b>Atodiadau Appendices:</b>	1						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to: <ol style="list-style-type: none"> <li>1) Consider the relevance of the current controls;</li> <li>2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks;</li> <li>3) Approve the presented risks.</li> </ol>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
The attached report has been produced from the web-based Datix system and details the risk entries allocated to the Strategy, Partnership and Population Health Committee (SPPH).							

The Audit Committee agreed on the 16<sup>th</sup> October, that commencing in 2020/21 all corporate risks will be presented at each Committee meeting. Therefore these risks will next be presented to the first SPPH Committee for 2020/21.

#### **Cefndir / Background:**

Over the last few months, the Risk Management team has been supporting Directorates, Divisions and Area teams in timely updating and refreshing risks on their risk registers as engagement and staff capacity building in risk management are critical in embedding risk management. The Health Board recognises that it is on a risk management improvement journey which in the next few years will culminate in the implementation of an Enterprise Risk Management (ERM) Model.

The support generated by Senior Leaders across the Health Board in driving forward improvements in our risk management culture is important in ensuring success and embedding a positive risk management and governance architecture. This renewed energy has created a positive culture of risk awareness and momentum across the Health Board that is providing focus to our ongoing debates and conversations around how best to capture, strengthen and monitor the effective management of our principal risks. This will over the next few months enable us:-

- To appropriately identify, assess and capture the Health Board's principal risks which are aligned to the achievement of its objectives as defined in its 3 Year Plan and emergent clinical strategy.
- To align this to an assurance framework and widening our understanding of our key principal strategic risks as well as providing assurance that there are systems, processes and governance arrangements in place to robustly identify, assess, monitor and manage them, fostering a better understanding of the Health Board's strategic and extreme operational risks.

Defining the principal risks will enable the Health Board to appropriately frame and inform agendas. It will enable a timely response to any gaps in controls and assurance in a more dynamic way.

#### **Asesiad / Assessment**

##### **Strategy Implications**

In line with the Health Board's Risk Management Strategy, all corporate risks are reviewed by a dedicated Committee of the Board which provides a structure and framework to consistently manage both strategic and operational risks as drivers for better decision making. These risks will identify the risks associated with the delivery of the Health Board's objectives as defined in the 3 year plan and annual plans.

##### **Financial Implications**

These are identified through the development of business cases and plans required as part of the further actions to achieve the target risk score, as detailed in each risk register entry.

**Risk Analysis**

The report provides for the identification of the risk, the arrangements in place presently to control the risk and further mitigation action/s required.

**CRR01 Population Health**

Key progress: Risk description was reviewed and re-assessed with emphasis being placed on non-communicable diseases and the impact this could have on primary and secondary care services. Current controls reflect the continued engagement of the Live Lab work with the Office of Future Generations Commissioner and Public Health Wales, focussing on healthy weight in pregnancy and children. There has been no change to the current risk scoring.

**CRR09 Primary Care Sustainability**

Key progress: Risk controls have been updated to include partnership premium to support and encourage GPs becoming partners. There has been no change to the current risk scoring.

**CRR14 Staff Engagement**

Key progress: This risk has now achieved its target score with further emphasis currently being placed on sustaining and embedding its controls. The current and target risk scores have also been decreased since the last presentation to the Committee.

**CRR15 Recruitment and Retention**

Key progress: Key controls have been strengthened and updated to include the use of social media channels for good news stories, a 12 months event planner in place and pipeline reports to provide focus on vacancy hotspot areas. Further actions have also been identified to support targetted recruitment and structure changes to support achieving the target risk score. There has been no change to the current risk scoring.

**CRR17 Development of an IMTP**

Key progress: Risk has been reviewed and re-assessed following discussions at the Audit Committee. Risk controls have been strengthened to include site and speciality activity profiles, Cluster plan development to feed into health economy plans and planning principles agreed. The current risk rating has increased from 16 as per the last CRR report to 20 in line with the Audit Committee recommendations.

**CRR18 EU Exit – Transition Arrangements**

Key progress: This risk has been reviewed and controls strengthened especially in the light of government hightened preparation for `no deal` exit. These include linking lower tiered risks to support the corporate risk mitigation, updated staff briefings, information on medicines circulated pharmacies and daily SitReps commenced. The current risk score has since been decreased in light of the strengthened controls.

**Legal and Compliance**

Due to the nature of this report, legal and compliance issues are addressed as part

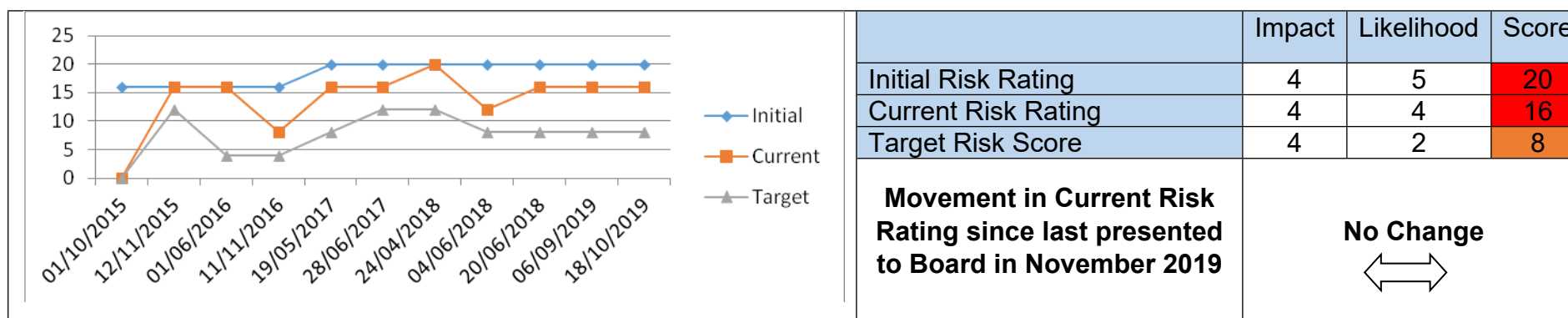
of the risk assessment for each risk entry.

**Impact Assessment**

Due to the nature of this report, Impact Assessments are not required.

## Appendix A

CRR01	<b>Director Lead:</b> Executive Director of Public Health	<b>Date Opened:</b> 1 October 2015
	<b>Assuring Committee:</b> Strategy, Partnerships and Population Health Committee	<b>Date Last Reviewed:</b> 18 October 2019
	<b>Risk:</b> Population Health	<b>Target Risk Date:</b> 31 March 2021
There is a risk that the Health Board fails to deliver improvements in population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This will lead to higher levels of non communicable diseases such as obesity, hypertension, coronary heart disease, stroke, diabetes, and some cancers. This will lead to an increase in demand on primary and secondary care, and increase levels of health inequalities between our most and least deprived communities.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status.</li> <li>2. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023.</li> <li>3. Review of Board cycle of business completed to enable focus on population health issues.</li> <li>4. Wellbeing Assessments completed and approved.</li> </ol>	<ol style="list-style-type: none"> <li>1. Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards.</li> <li>2. Health Improvement and Inequalities Transformation (HIIT) Group lead the development of relevant section of 2019/22 IMTP submission, and ensure co-ordination with other aspects of the Plan which are interdependent.</li> <li>3. Identify substantive PMO support for this programme.</li> </ol>

<p>5. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs.</p> <p>6. Strategic Partnerships in place providing opportunities for advocacy for improving population health with partners.</p> <p>7. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention.</p> <p>8. Baseline Assessment informing LHSW completed, underpinned by WG Public Health Outcomes Framework.</p> <p>9. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website.</p> <p>10. Organisational objectives have now been revised and redefined as our Wellbeing Objectives.</p> <p>11. 2018/19 BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP.</p> <p>12. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda.</p> <p>13. Delivery of Public Health Team workplan is aligned with operational Area Teams.</p> <p>14. Public Service Boards Wellbeing Plans developed.</p> <p>15. Health Improvement and Inequalities Transformation Group now fully established and has led the development of the relevant section of the 2019/20 IMTP submission, to ensure co-ordination of the Plan which are interdependent.</p> <p>16. Continued engagement with the Live Lab work with Office of Future Generations Commissioner and Public Health Wales. Focusing on Healthy Weight in Pregnancy and Children.</p>	<p>4. Participate in Live Lab work with Office of Future Generations Commissioner and Public Health Wales to provide a new focus for prevention within the delivery of community services, and generate learning which can be shared across Wales.</p> <p>5. Review of all other public health risks underway which will inform the existing risk mitigation measures for this overarching risk.</p>
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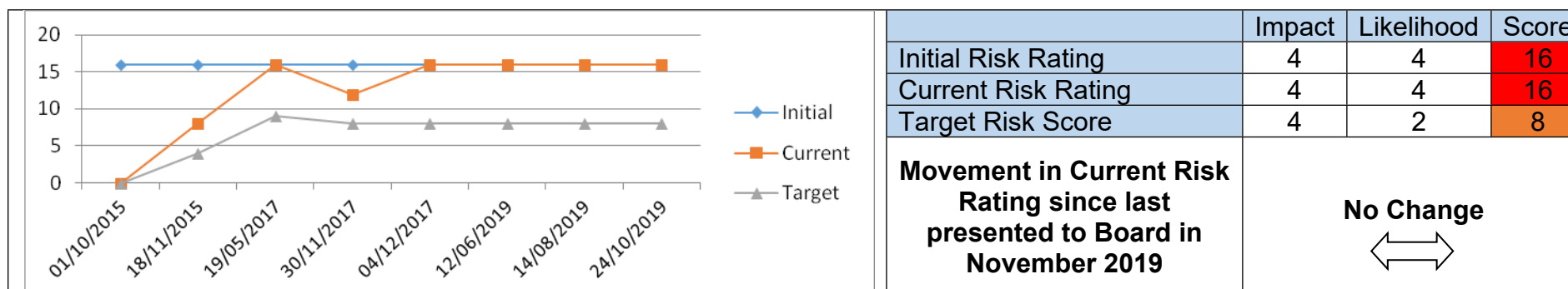
Assurances	Links to		
1. Oversight by Public Service Boards and Local Authority Scrutiny Committees. 2. WG Review Meetings (JET). 3. Public Health	Strategic Goals	Principal Risks	Special Measures

Observatory reports and reviews. 4. WG Review and feedback on needs assessment.			<b>Theme</b>
	1 2 5 6 7	PR8	Strategic and Service Planning



CRR09	<b>Director Lead:</b> Director of Primary and Community Care	<b>Date Opened:</b> 1 October 2015
	<b>Assuring Committee:</b> Strategy, Partnerships and Population Health Committee	<b>Date Last Reviewed:</b> 24 October 2019
	<b>Risk:</b> Primary Care Sustainability	<b>Target Risk Date:</b> 31 March 2021

There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. 5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken July 2019.</li> <li>2. Each Area has developed a regular practice review process to prioritise support.</li> <li>3. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability.</li> <li>4. National Sustainability assessment process allows practices to request support from the Health Board.</li> <li>5. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices.</li> <li>6. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since April 2019.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evaluation and integration of new service models into primary care to ascertain their success.</li> <li>2. New governance models of primary care need to be assessed to identify their reliability and assurance.</li> <li>3. Care closer to home strategy to be evaluated.</li> <li>4. Establish primary care academy and further develop primary care training, including mentorship.</li> <li>5. Recruit to GP schemes being adopted by Clusters and supported by new project manager for recruitment and retention.</li> <li>6. Primary care workforce plan to be developed and fully implemented.</li> <li>7. Further engagement with primary care and partner</li> </ol>

<p>7. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, other practices progressing recruitment at present.</p> <p>8. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales.</p> <p>9. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place.</p> <p>10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.</p> <p>11. Developing new models of delivery of care within GP practices.</p> <p>12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.</p> <p>13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2018/19.</p> <p>14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.</p> <p>15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.</p> <p>16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.</p> <p>17. Navigators working within GP practices signposting patients to the right healthcare.</p> <p>18. Workflow optimisation training available to practices.</p> <p>19. Intermediate care funded schemes supporting primary care.</p> <p>20. 16 BCUHB managed practices in place that are providing opportunities to trial new models of working and develop new areas of clinical care.</p>	<p>organisations.</p> <p>8. Demand management scheme – establishing ways to release GP capacity and shift services out of hospital settings – new roles, new models, and new services.</p> <p>9. Work with Deanery to increase the number of GP training places in N Wales.</p> <p>10. Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.</p> <p>11. Accelerated role out of advanced practice training.</p> <p>12. Promote practice mergers and federating.</p> <p>13. Project to establish a Primary &amp; Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models.</p> <p>14. Further development of clusters/localities with partners to strengthen primary/community/social care.</p> <p>15. Accelerate estates improvements to ensure fit for purpose buildings for care in community settings.</p>
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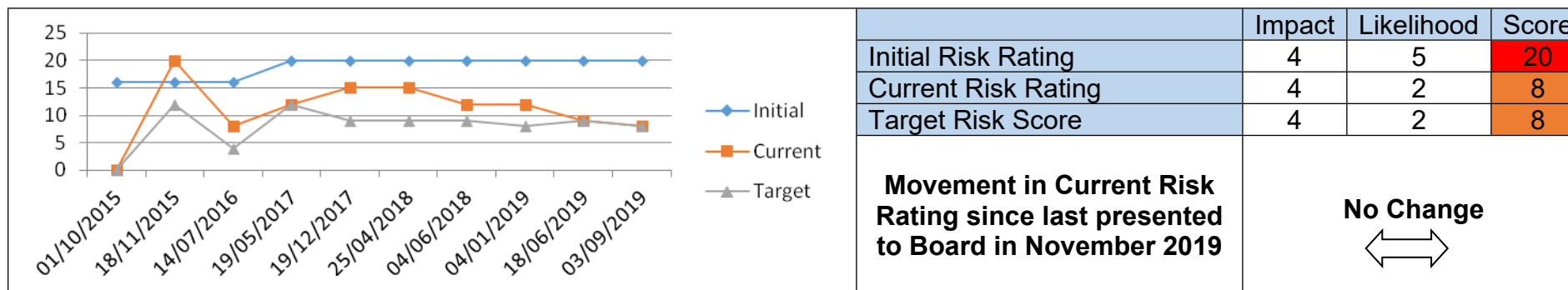
<p>21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary care setting in the future. A CCtH transformation board has been established to oversee progress, with the first meeting held on 20 July 2018.</p> <p>22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.</p> <p>23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.</p> <p>24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.</p> <p>25. Programme for recruiting and training practice nurses funded by PC funds in place with 6 nurses being recruited per annum.</p> <p>26. Director of Primary and Community Health Services appointed and in post.</p> <p>27. Plans to progress CCtH built into IMTP 2019-20, identified leads for progressing 4 themes (CRTS, Clusters, Health and Workforce/service model) Centres.</p> <p>28. Project to establish a Primary &amp; Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models. Project Manager appointed August 2019 and additional pacesetter proposal being submitted in same month to further develop the Academy.</p> <p>29. Changes to GP contract include partnership premium to support and encourage GPs becoming partners going forward.</p>	
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Assurances	Links to		
1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care. 3. GP council Wales Reviews. 4. Progress reporting to Community Health Council Joint Services Planning	Strategic Goals	Principal Risks	Special Measures Theme

Committee.	1 2 3 4 5 6 7	PR6	Primary Care
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CRR14	<b>Director Lead:</b> Executive Director of Workforce and Organisational Development	<b>Date Opened:</b> 1 October 2015
	<b>Assuring Committee:</b> Strategy, Partnerships and Population Health	<b>Date Last Reviewed:</b> 03 September

Committee	2019
<b>Risk: Staff Engagement</b>	<b>Target Risk Date: 31 March 2020</b>
There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.	



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. Implemented Proud to Lead - Leadership Behaviours Framework.</li> <li>2. Implemented a range of engagement processes including: <ul style="list-style-type: none"> <li>-3D Model-Discover, Debate, Deliver; Listening Leads; Staff Engagement Ambassadors; "Proud Of" Groups established in each DGH and some Community Hospitals.</li> <li>-Implemented Staff Reward and Recognition Schemes such as Seren Betsi Star, Staff Achievement Awards and Long Service Awards.</li> </ul> </li> <li>3. Implemented range of public engagement opportunities.</li> <li>4. Trade Union partnership arrangements: Local Partnership Forum/Local Negotiating Committee in place.</li> <li>5. Defined purpose and values.</li> <li>6. Implemented "Hello my name is" / "Helo fy enw I ydy".</li> <li>7. Raising Concerns Procedure and Safe Haven Scheme in place with task and finish group oversight.</li> <li>8. Workforce, clinical and operational policies and procedures in place</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitoring progress of the 2018 Staff Survey Organisational Improvement Plan and Divisional Improvement Plans to be through the Workforce Improvement group.</li> <li>2. Development of an organisational Retention Improvement Plan Q1 2019/20.</li> <li>3. Development of an Attraction Improvement Plan Q2 2019/20.</li> <li>4. Development of a Succession Planning Framework at Tiers 1-3 Q3 2019/20.</li> </ol>

including Dignity at Work.

9. BCU and Professional Codes of conduct in place.
10. Leadership Development Programmes in place including the newly refreshed Ward Manager Development Programme (previously known as Generation 2015 programme).
11. Implemented Speak out safely campaign.
12. Staff Engagement Strategy and delivery plans have been superseded by the Workforce Strategy 2019-22 and associated Annual Objectives.
13. Simplified PADR documentation currently under consultation.
14. 3D Listening Methodology in place and "You Said - We Did" are collated for each project area. Model has been amended following staff feedback, the 3D Lite has been launched. Teams are using this method widely now to gather staff feedback and ideas to improve patient care, staff working environment and practices and generally raise ideas to improved morale.
15. Leading for Transformation Senior Leadership development programme focussing on leadership behaviours for Bands 8a and above and Medical & Dental staff launched in Q1 2019/20.
16. 2018 Staff Survey Improvement Plans in place for the Organisation, Divisions and Corporate Divisions.
17. BCUHB Best, Facebook and Twitter in place.
18. BCUHB are part of the All Wales Public Services Coaching Network. In-house coaching programmes have been established and are currently available.
19. Partnerships established with Local Further Education Providers to deliver a programme of Essential Skills for Staff.
20. Senior Leadership Master Classes have been established for 2019/20.
21. Staff Engagement resource tool kit developed and available on the Intranet.
22. Workforce Metrics dashboard implemented.
23. First staff engagement organisational survey

ByddwchYnFalch/BeProud is currently live and will close at the end of

June 2019. This provides a process for continuous engagement and feedback from staff. A survey will be launched on a quarterly basis.

24. The first ByddwchYnFalch/BeProud Pioneer Teams, 10 in total have commenced their engagement journey. The next cohort of 10 teams commence their journey on 19th June 2019, with Cohort 3 commencing in September 2019. This is a 26 week programme to support teams to build staff engagement at team/local level.

25. PADR Improvement plan in place, PADR compliance gradually improving.

26. Seren Betsi Aur/Gold Award developed - to recognise achievement, selected from all Seren Betsi winners annually, through nomination process and awarded at staff achievement awards - implemented Q3 18/19.

27. Proud of initiative - developed further in Q4 18/19 to amalgamate a range of engagement tools/methods to support staff engagement across the organisation.

28. An advanced Coaching Skills training programme for Medical Staff and Senior Leaders has been developed and delivered with good engagement and outcomes.

29. Proud of Groups - Tested new approach in Area East with positive feedback from staff and senior managers. Outcomes include:

- Local groups being established within Community Hospitals to build on and improve staff engagement.
- Improved accessibility to Area Director through regular and rotating meetings with staff.
- Various engagement methods such as recognition tools and 3D used to celebrate successes and exploring further engagement methods within teams.

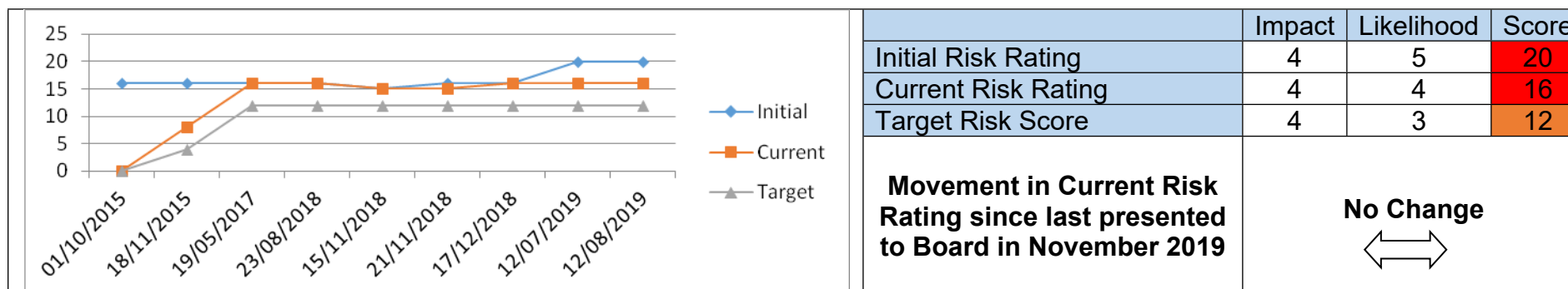
Assurances	Links to		
1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3. Corporate Health Award. 4.	Strategic Goals	Principal Risks	Special Measures

Implmentation of I Want Great Care.			<b>Theme</b>
	1 2 3 4 5 6 7	PR9	Engagement

CRR15	<b>Director Lead:</b> Executive Director of Workforce and Organisational Development	<b>Date Opened:</b> 1 October 2015
	<b>Assuring Committee:</b> Strategy, Partnerships and Population Health Committee	<b>Date Last Reviewed:</b> 12 August 2019



<b>Risk:</b> Recruitment and Retention	<b>Target Risk Date:</b> 31 January 2020
There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.	



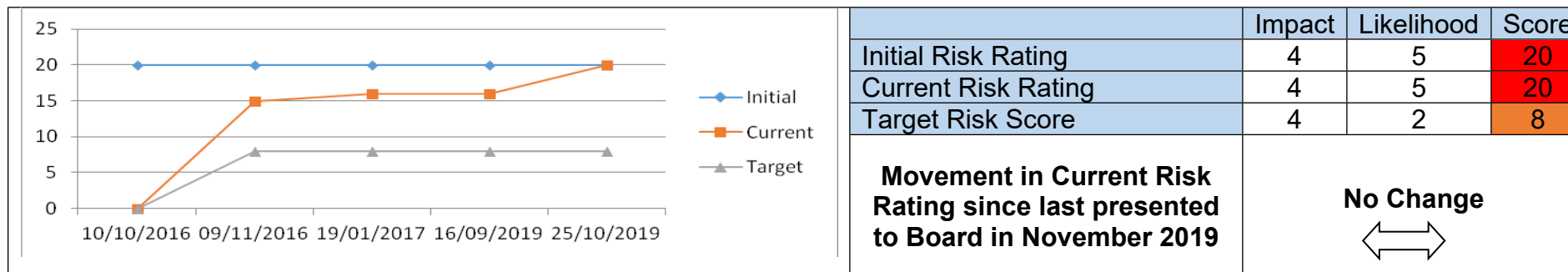
Controls in place	Further action to achieve target risk score
<p>1. Promotion of the employment brand and introduced digital marketing through social media channels job of the week and using the good news stories from communications team to add a link to relevant jobs in that area. e Train Work live North Wales continues to attract with increased numbers of visitors to the site.</p> <p>2. A 12 month events calendar is now in place which includes two national job fairs Manchester and Birmingham and local engagement events such a national Eisteddford, Denbighshire shows and food festivals. Recruitment team have co-ordinated staff from BCU HB to attend. Recruitment days for YGC, YG and WMH are planned.</p> <p>3. The pipeline report is also used to provide the top 10 hotspots of vacancies and then intense focus is placed on these although this creates further challenges as there is no marketing budget agreed. Executives need to support and provide the necessary funding.</p> <p>4. Recruitment lead for BCU HB working with corporate Nursing on a number of recruitment pipelines such as fast track of HCA band 4 to adult nurse course at Bangor University (2 year course will provide 12</p>	<p>1. Further targeted recruitment across the UK.</p> <p>2. Identification of recruitment co-ordinators in each secondary care high vacancy areas. Continue with student recruitment and promotion of nurse vacancies to Manchester, Chester and Staffordshire Universities.</p> <p>3. Contribution to Medical Training Initiatives (MTI) Bapio Scheme.</p> <p>4. Exit interviews not fully embraced by service further work around this with OD teams, divisions and services.</p> <p>5. BCU HB needs recruitment marketing funding to support further digital marketing. Celebrate local achievements through 'Proud of Campaign' building on existing staff awards and celebration of success.</p> <p>6. Further work on recruitment pipelines such as trainees, graduates return to practice, cadet scheme and overseas candidates.</p> <p>7. A focus on retention during 2019 working with</p>

<p>nurses in 2020). A return to practice campaign will be further promoted later in 2019 - although challenges raised in November 2018 to Bangor University on lack of places for BCU RTP nurses. Corporate nursing taking forward. Positive changes to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS. A focus on retention with Appraisal compliance and mandatory training monitored. National KPI's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP. TRAC system in place which ensures standardised processes.</p> <p>5. HR are supporting with the promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks etc.</p> <p>6. Staff benefits such as cycle to work schemes and other non-pay benefits in place.</p> <p>7. HR and recruitment team continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.</p> <p>8. An Agency cap for medical and dental staff in place, with tight controls in place to reduce agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.</p> <p>9. BCU HB contributes to the All-Wales Recruitment campaigns - 'train, work, live' brand. BCU recruitment team now has the SPOC which is promoted Nationally and locally. Student nurse recruitment is the most successful pipeline and BCU have worked with WG/SSP to introduce a more robust method of recruiting our nurse graduates resulting in 130 nurses joining in September 2019 and a further 75 planned to join in March 2020.</p>	<p>corporate nurses to ensure a buddy system in place for newly qualified and preceptorship is rolled out.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Staff surveys. 2. WG reporting (e.g. sickness absence and long term disciplinary cases). 3. NMC Royal College and Deanery Reviews and Reports. 4. Review of NWSSP recruitment timescales	1 2 3 4 5 6 7	PR4	Leadership

CRR17	<b>Director Lead:</b> Executive Director of Planning and Performance	<b>Date Opened:</b> 10 October 2016
	<b>Assuring Committee:</b> Strategy, Partnerships and Population Health Committee	<b>Date Last Reviewed:</b> 25 October 2019
	<b>Risk:</b> Development of IMTP (Integrated Medium Term Plan)	<b>Target Risk Date:</b> 31 March 2020

There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018.</li> <li>2. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018.</li> <li>3. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP for 2018/19.</li> <li>4. Transformation fund proposals developed with RPB partners Proposals for Community Services, children, mental health and learning disabilities submitted to Welsh Government.</li> <li>5. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops held on 4th October, 8th November and 13th December 2018.</li> <li>6. Care closer to home service transformation plan and approach reviewed and re-profiled under the leadership of the Director of Primary and Community Services.</li> <li>7. Board resolved to develop a 3 year plan for 2019/22 and WG notified.</li> <li>8. Board received draft 2019/22 3 year plan in January 2019.</li> <li>9. Planned care delivery group established in January 2019. Work</li> </ol>	<ol style="list-style-type: none"> <li>1. 2019/22 plan refresh paper to Board in November 2019.</li> <li>2. Draft health economy plans for 2020/23 due by 5th November for initial review by Improvement Groups.</li> <li>3. SPPH Committee to review draft 2020/23 plan in December.</li> <li>4. Draft 2020/23 plan to Board in January 2020 and for submission to WG.</li> </ol>

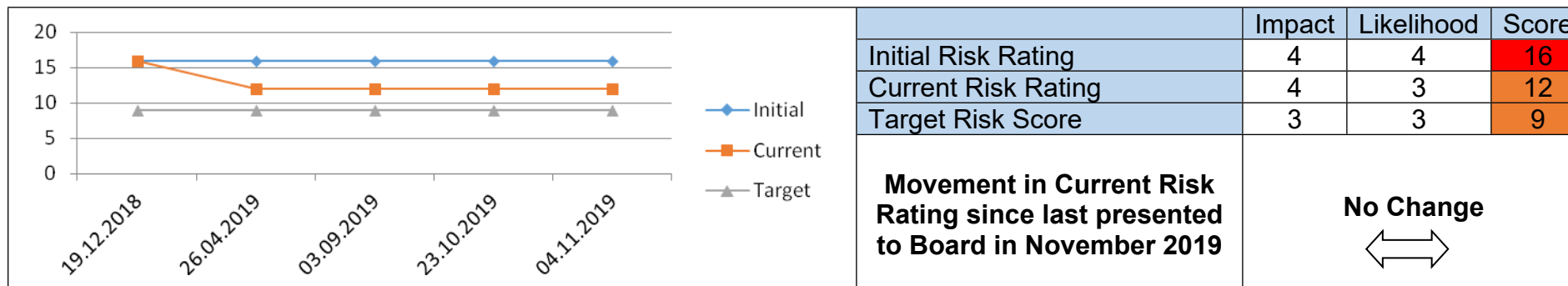
<p>programme under development including; RTT, diagnostics, cancer and outpatient plans, infrastructure/support, Strategic/tactical change - Acute hospital care programme schemes, Policy/national programmes - National delivery plans, Enablers - PMO turnaround schemes with a focus short term productivity and efficiency improvements and processes i.e. transactional rather than transformational.</p> <p>10. Feedback from WG received around ensuring a clear work programme for 2019/20 to deliver improvements in RTT and Unscheduled care.</p> <p>11. Three Year outlook and 2019/20 Annual plan presented to Board in March 2019. Plan approved with further work identified and agreed around elective care in the specialties set out on page 40 of the paper.</p> <p>12. The Board received an updated plan in July and recommended that further work be undertaken led by F&amp;P Committee to scrutinise underpinning planning profiles, specifically RTT, (including diagnostics), unscheduled care alongside the financial plan for 2019/20.</p> <p>13. Completed profiles at BCU level completed and submitted to F&amp;P committee on 22nd August.</p> <p>14. Site and speciality core activity profiles developed.</p> <p>15. Draft 2020/23 Cluster plans developed to feed into health economy plans.</p> <p>16. Key deliverables for 2020/23 developed in September 2019.</p> <p>17. Health economy planning arrangements established to support development of 2020/23 plan with linked support from corporate planning team.</p> <p>18. 2020/23 Planning principles and timetable prepared and presented to EMG, F&amp;P and SPPH Committees. Identified plan development actions to be implemented September - December to ensure plan developed for submission to WG by end January 2020.</p>	
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Assurances	Links to
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1. Board and WG oversight as part of Special Measures. 2. Oversight of plan development through the SPPH Committee. 3. All Wales peer review system in place. 4. Joint Services Planning Committee of Community Health Council.5. Regular links to advisory for a - LPF, SRG, HPF.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7 8	PR5	Strategic and Service Planning

CRR18	<b>Director Lead:</b> Executive Director of Planning and Performance	<b>Date Opened:</b> 19 December 2018
	<b>Assuring Committee:</b> Strategy, Partnerships and Population Health Committee	<b>Date Last Reviewed:</b> 04 November 2019
	<b>Risk:</b> EU Exit - Transition Arrangements	<b>Target Risk Date:</b> 31 December 2019
There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack		

of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. BCUHB Task &amp; Finish Group established.</li> <li>2. Initial scoping of potential risks and issues.</li> <li>3. Involvement with regional co-ordinating groups established under the Local Resilience Forum.</li> <li>4. Involvement with national forums addressing potential risks from EU withdrawal.</li> <li>5. Support from WG, Welsh NHS Confederation, NWSSP.</li> <li>6. Engagement with nationally commissioned work streams providing advice and support in respect of supplies and procurement.</li> <li>7. Engagement with LRF Strategic Co-ordinating Group (meeting monthly).</li> <li>8. Engagement with Executive Team to ensure cascade of actions (briefing 09/01/19).</li> <li>9. Update briefing to staff via Bulletin, and webpage established (February).</li> <li>10. Internal and external communication plans in line with national guidance by end February, linking with LRF Warning &amp; Informing Group.</li> </ol>	<ol style="list-style-type: none"> <li>1. Following extension to date of exit to 31 Jan 2020, planning and preparations to be maintained at current state of readiness; however, response and reporting arrangements stood down until further advice.</li> <li>2. EU SS scheme advice and support to be made available to staff as part of national programme.</li> </ol>

11. Exercise undertaken 15/02/19 on business continuity. 12. Local tactical response and management arrangements post-exit agreed by Executive Team, briefed to EMG March. 13. Situation reporting and response arrangements paused in light of the extension to article 50. 14. BCUHB Task & Finish Group re-commenced in August 2019. 15. LRF SCG and national NHS Wales SROs' Group re-commenced September 2019 (meeting weekly from October). 16. Risk and impact assessments reviewed in light of updated evidence and revised anticipated date of exit. 17. Lower level risks entered onto Datix and linked to CRR18. 18. Staff briefings circulated by Comms team. 19. National medicines information for patients circulated via pharmacies. 20. Daily SitReps commenced 21/10/19.	
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Assurances	Links to		
1. Reporting to Executive Team and SPPH Committee 2. WAO audit of preparedness 3. WG oversight through national work streams	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR1	Not Applicable



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health Committee 3.12.19						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	A digitally enabled clinical strategy for BCUHB – a blueprint for better outcomes						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr David Fearnley, Executive Medical Director						
<b>Awdur yr Adroddiad Report Author:</b>	Dr David Fearnley, Executive Medical Director (along with significant contributions from Gill Harris and Dylan Williams and others as part of board presentations and discussions)						
<b>Craffu blaenorol: Prior Scrutiny:</b>	<p>This report was considered by the Digital &amp; Information Governance Committee on 21 November 2019 and amended to reflect further emphasis on the use of data, research and benefit of new terminology e.g. pathways, to describe and define the care being delivered.</p> <p>It was also discussed at the health board executive accountability meeting on 21 November 2019, with positive feedback. Further work would be required to prioritise pathway implementation through a process of wide engagement, particularly ahead of annual planning commitments. A focus on standards and outcomes was perceived to be crucial in order engage clinical staff in the new strategy.</p>						
<b>Atodiadau Appendices:</b>	Appendix 1 is provided along with the report.						
<b>Argymhelliad / Recommendation:</b>							
The committee is asked to discuss the report and suggest further amendments. The report will be presented to the board workshop on 5 December 2019.							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth For Discussion*</b>	√	<b>Ar gyfer sicrwydd For Assurance*</b>		<b>Er gwybodaeth For Information*</b>	
<b>Sefyllfa / Situation:</b>							
Welsh Government has requested a clinical strategy from BCUHB, one that provides more detail on how services will change to meet the needs of the population, and in keeping with the policy direction of ‘A Healthier Wales’.							
<b>Cefndir / Background:</b>							
This report sets out the case for a wide-ranging redesign of the clinical services across the Health Board, based upon: <ul style="list-style-type: none"><li>• a deeper understanding of the health of the population</li><li>• partnerships and public engagement</li><li>• evidence based pathways</li></ul>							

- professional networks
- a new digital platform
- a learning health system
- value-based health care
- co-production

It focuses on better outcomes by adopting effective and person centred care, supported by professional networks and digital health care technology.

## **Asesiad / Assessment**

### **Strategy Implications**

This report sets out changes to the delivery of the 'Living Healthier, Staying Well' strategy, building high quality and evidence based care pathways. It highlights the imperative of adopting digital healthcare technology to enable complex care pathways to be delivered safely and effectively. It proposes that by adopting digital systems across the organization and with partners there will be greater learning and also contribution to new knowledge through research and innovation. This report supports the Wellbeing of Future Generations Act sustainable development principles:

1. Balancing short term need with long term planning for the future
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

### **Financial Implications**

This digitally enabled clinical strategy offers an exciting opportunity to reinvest in prevention and care closer to home. It also strengthens the development of excellence in hospital care by accelerating the introduction of digital systems across the entire care pathway. This strategy indicates the need to redesign support services to provide the capability and capacity to transform at such a scale.

### **Risk Analysis**

There are risks currently identified as high risk on the risk register in relation to many aspects of care delivery, including digital systems. This strategy will prompt a review of risks and assurances required to satisfy the health board that the strategic change is delivered.

### **Legal and Compliance**

This strategy will require wide and extension engagement with the public and partners. It offers a structured approach to compliance with evidence based pathways and clinical audit, which will help reduce the risk of failing to comply with statutory duties of quality.

### **Impact Assessment**

There will be a full impact assessment following publication of the Strategic Equality Plan in December 2019, and further work to ensure support of all areas are reviewed and assessed before implementation of any aspect of this strategy.

# **A digitally enabled clinical strategy for Betsi Cadwaladr University Health Board – a blueprint for better outcomes**

## **1. Introduction**

This report sets out a digitally enabled clinical strategy for the Health Board, based upon an understanding of the population's needs, national digital health and social care policy, and a move towards evidence based pathways and professional networks. This report is designed to be shared widely with all stakeholders so that by March 2020 a more detailed report can be produced which will set out the three year implementation plan for the new strategy.

**It proposes an ambition for North Wales to become an exemplar for digitally enabled health and social care. This will require extensive partnership working across and beyond the region, sharing approaches, joining pathways and ensuring that digital systems across North Wales work together to improve the health and wellbeing of the population.**

## **2. The health of the population of North Wales**

This digitally enabled clinical strategy will only succeed if it is informed by the health needs of the population of North Wales. Much is already known about the inequalities within the population that drive poorer health outcomes, and service planning has been based upon this information for many years. The Health Board's Strategic Equality Plan (due December 2019) will identify further actions to reduce inequalities.

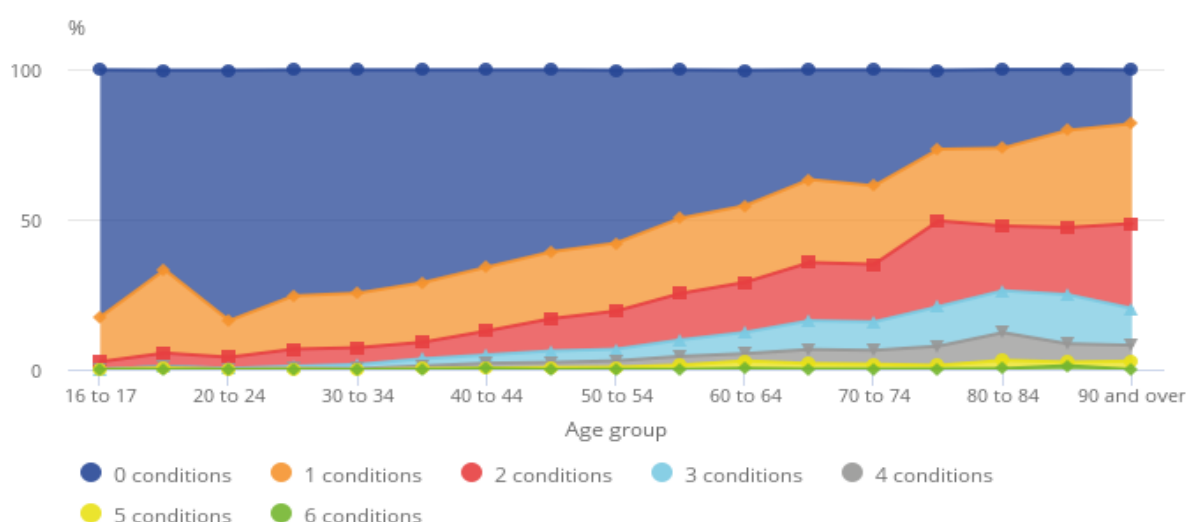
However, there are new and emerging methods to analyse large health databases and this can improve service design and allocation of resources. For example, the Health Board invested in a collaborative research programme that reviewed the two major approaches to population health assessment, based upon primary care clusters. The findings tentatively suggest that age may be a less effective indicator of need than comorbidity, potentially having implications for how services are planned (Population Health Management in Cwm Taf Morgannwg, 2018).

Comorbidity is an important factor in this clinical strategy because it increases complexity and risk when providing care and requires reliable and effective health record systems to drive better outcomes. Figure 1 shows the trend for people to have multiple conditions as they age, and illustrates the importance of connected digital health and care systems to ensure good outcomes. Extending the population health management study to the Health Board would be just one opportunity to learn more about health trends in Wales.

A population health approach underpins this clinical strategy, including health improvement, health service improvement, and health protection. These aspects are contained within the Health Board's *Living Healthier, Staying Well* strategy. Evidence

based pathways exist to enable improvement in all of these areas of population health and are crucial to this digitally enabled clinical strategy.

**Figure 1: Long term conditions increase in each decade of life (Office for National Statistics, 2018)**



Source: Health Survey for England, NHS Digital

### 3. Key national digital, health and social care policies – a ‘wellness’ system.

There are many policies that guide this digitally enabled clinical strategy. In 2015, *Informed Digital Health - A Digital Health and Social Care Strategy for Wales* was published (Welsh Government, 2015) which set out a vision that included supporting people and professionals to use information.

In 2018 *A Healthier Wales: A Plan for Health and Social Care* set out the following:

*“Our vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible.*

*There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be a ‘wellness’ system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.*

*This whole system approach will be equitable. Services and support will deliver the same high quality of care, and achieve more equal health outcomes, for everyone in*

*Wales. It will improve the physical and mental well-being of all, throughout their lives, from birth to a dignified end.*

*When people need support, care or treatment, they will be able to access a range of services which are made seamless and delivered as close to home as possible. Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.*

*People will only go to a general hospital when that is essential. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.*

*Because of its emphasis on driving change and improvement, its emphasis on wellbeing, prevention and early intervention, and on using technology to support high quality services, this whole system approach will be more effective, efficient and equitable, so that it is sustainable for future generations in Wales.”*

The 10 year strategy identified a ‘quadruple aim’:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care
- Motivated and sustainable health and social care workforce

The report also suggested the use of design principles, which will be adopted in the further development of this strategy. It also recognised digital healthcare technology as a key enabler of transformational change, whilst also acknowledging the challenges of driving digital change at pace and scale across health and care in Wales. It recommended the following:

- Accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, and creating an online digital platform for citizens, alongside other nationally mandated services.
- Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy.
- Develop an ‘open platform’ approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.
- Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.
- Establish a national data resource which allows large scale information to be shared securely and appropriately.

Other reports such as *Informatics Systems in NHS Wales* (Public Accounts Committee, 2018) identified challenges in delivering digital transformation. For example, the Chair's foreword stated:

*'In 2003 the iPhone was yet to be invented and Google Gmail and Skype were yet to take off. It was in this same year that the Informing Healthcare strategy was launched, with an electronic patient record for Wales at its heart. The other technological innovations of that year have not only been realised, but leapfrogged several times, and yet NHS Wales remains far away from a seamless electronic portal for patient records.'*

Further concerns about the pace of change were identified in *Informatics systems in NHS Wales* (Wales Audit Office, 2018). This report identified concerns about the electronic patient record in Wales, highlighting delays and problems with functionality, which persist in the Health Board to this day.

In 2019, the Welsh Government reviewed the deployment of digital healthcare technology and proposed a new digital focus for Wales based upon a revised digital architecture and governance arrangements. The Digital Governance Review proposed a Chief Digital Officer (CDO) for Health and Care who will define national standards and services, as part of moving to an open digital architecture, across all digital systems; advise on future digital strategy, and act as a professional lead for the digital workforce; and be a champion for digital health and care in Wales. The review also proposed:

- a stronger emphasis on common technical standards
- new governance and decision-making structures
- shared services approach to core digital services.

The Digital Architecture Review described how systems should be strengthened and defined more clearly and consistently as an 'open platform' built on common standards and recommended targeted improvement options.

Additional funding of £50 million will also be available to support a portfolio of transformational programmes, covering five strategic themes:

- Transforming digital services for patients and public
- Transforming digital services for professionals
- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

This national digital approach offers new opportunities for the Health Board to engage with partners within local authorities, the emergency services (police, fire and rescue, and ambulance), universities, industry, and the third sector. Our partners are similarly developing digital solutions and a joint regional approach offers wider benefits.

The Health Board's strategy *Living Healthier, Staying Well* was produced in 2018 after widespread consultation and distilled the strategic goals into three key areas across the life span:

- Improving health, reducing health inequalities
- Care closer to home
- Acute hospital care

This led to an annual plan for 2019-20 with 42 separate actions linking to these three goals and a further 30 relating to enablers such as workforce and estate. The actions have been reviewed throughout the year and plans for 2020-21 will take account of this digitally enabled clinical strategy.

#### **4. Integrated pathways – an ambitious redesign**

There are many evidence based pathways, but a particularly useful source is provided by the National Institute for Health and Care Excellence (NICE) (<https://pathways.nice.org.uk/>). These pathways are based upon the highest standards of evidence. Many are already used across the Health Board, but it is suggested they become the clear delivery approach of this digitally enabled clinical strategy. This means moving away from a focus on structures and the associated organisational boundaries (e.g. surgeries, care homes, hospitals, clinics, sites, services, departments, 'primary, secondary and tertiary care') towards Health Board wide functional pathways that draw upon digital systems to continually measure and improve outcomes.

The NICE Pathways are categorised in the following six domains:

- Conditions and diseases
- Health protection
- Lifestyle and wellbeing
- Population groups
- Service delivery, organisation and staffing
- Settings

It is proposed that adoption of these pathways will also enable improved outcomes by stating clearly the standards of care that should be met and supporting participation in each of the 43 National Clinical Audit and Outcome Review Plans that are in the Health Board's 2019-20 clinical audit plan. These signify areas of national focus and priority – they are mandatory clinical audits.

Appendix 1 lists the NICE Pathways and aligns the relevant National Clinical Audit and Outcome Review Plan (NCAORP) and the six National Pathways under consideration (these include heart failure, stroke, cataracts, knee surgery, colorectal, and lung cancer). In addition, Appendix 1 links some of the 42 actions in the health board's annual plan 2019-20 that involve pathways (although only 2 pathways are specifically referred to in the plan). This framework will require wider engagement to prioritise the design and implementation of pathways across the Health Board. Tier 2 clinical audits (local Health Board priorities) will be included in the next phase of the development of this strategy.

The annual planning process can be used to phase the redesign of the pathways to ensure that the following priorities are satisfied:

- Special Measures Improvement Framework
- National Pathways
- National Clinical Audit and Outcome Review Plan
- Health Board clinical audit priorities
- Current business cases
- Quality, safety and patient experience concerns
- Regional Partnership Board priorities

**Therefore, over the next three years, over 75 key pathways will be reviewed and developed further to ensure that the health board is not only delivering care based upon evidence based pathways but that it is doing so in a comprehensive and consistent manner.**

A series of workshops will be established to enable the design principles of *A Healthier Wales* to be used to reorganise existing services into pathways and develop further existing pathways. This will include the use of digital healthcare technology and the formation of professional networks to support the pathways. This will involve people who use the services so that co-design is an integral part of the new pathway development.

## **5. Networks**

Pathways will provide standards and consistency, reducing unwarranted variation in planning and delivery of care. However, the workforce requirements are for **integrated professional networks**, overcoming organisational boundaries and building expertise and resilience. Networks are a key aspect of large scale change programmes (NHS England, 2018) and exists in various forms across the health board and nationally. This digitally enabled clinical strategy requires a renewed focus on developing networks so that unwarranted variation is reduced, and resources can be distributed more effectively within networks rather than just based on structural arrangements.

Outstanding leadership of pathways and networks is required to ensure development and delivery of care against standards and best practice. Further workforce development will be required for individuals, teams, and the Health Board (with a focus on digital readiness and digital maturity). A key aspect of this strategy will be digital literacy (Health Education England, 2019) and rethinking the ambition for our workforce and population to be skilled and confident users of digital technology.

A further key aspect of developing the workforce involves participation in research, development and innovation. The new Research and Innovation Strategy for the health board sets out a programme of development to increase research activity and educational opportunities to support the new clinical strategy.

## **6. The digital architecture required to enable delivery of the clinical strategy**



The health board has continued to develop digital solutions to health and social care services in collaboration with the NHS Wales Informatics Service (NWIS). However, as set mentioned above there has been delay and lack of progress with digital healthcare technology development within the Health Board. This is a key strategic issue. Not only do single pathways require digital health records (which do not exist across the Health Board) to be safe and effective, but a growing number of people within North Wales have multiple long term conditions and are on many pathways at any one time (see Figure 1). This level of comorbidity and complexity requires extensive and highly connected digital systems across the entire health board and across all partners in the region to deliver safe and effective care. Digital information infrastructures also enable advanced data analytics such as machine-learning and augmented intelligence, and these sophisticated approaches already being used in healthcare.

It is proposed that a '**core digital bundle**' is prioritised during next three years. This will include health board wide full deployment of five key digital solutions:

- **digital health record** (DHR) across primary, community, mental health and learning disability, and secondary care
- **digital prescribing**
- **digital results management**
- **digital dictation and speech recognition**
- **digital referrals management** (e.g. e-booking, e-letters etc.)

The health board is carrying significant risks to quality in the absence of these digital systems, relying instead on paper based and outdated forms of communication. It is less able to measure performance and quality in the absence of modern digital health technology. The health board has had little if any autonomy in developing digital solutions due to the clear rational of a single Welsh solution. However, the delay is no longer clinically tenable.

## **7. Timeline for development and delivery of the new clinical strategy**

This report summarises the key strategic issues facing the Health Board. This strategy will be discussed at the Health Board workshop on 5 December 2019, with period of three months to engage more widely and refine the proposals. Developing the strategy alongside the annual planning process will be an opportunity to focus on key milestones for the first year of the strategy.

Resources will be required for delivery of this ambitious strategy. This will include investment in digital systems and supporting all staff, new workforce skills and capabilities, organisational development support, and a steering group to oversee the development of the strategy, with strong communications and engagement emphasis to ensure co-production is achieved. It is recommended that the Programme Steering Group reports to SPPH for governance purposes but also the Digital and Information Governance Committee to ensure digital planning is fully incorporated in the clinical strategy (and thus avoids two separate digital and clinical strategies).

## 8. Conclusion

This digitally enabled clinical strategy sets out the case for a wide-ranging redesign of the clinical services across the Health Board, based explicitly upon:

- a deeper understanding of population health
- partnerships
- evidence based pathways
- professional networks
- a new digital platform
- a learning health system
- value-based health care
- co-production

It focuses on better outcomes by adopting effective and person centred care, supported by professional networks and digital health care technology. National policy on health and social care highlights a desperate need for greater use of digital healthcare technology – the health board can lead a transformation in partnership across North Wales.

This strategy moves away from a reliance on structural forms towards functional pathways and networks, underpinned and fully enabled by digital healthcare technology. By redesigning services along evidence based pathways, there will be an opportunity to identify more clearly how digital healthcare technology can be utilised especially across pathways for people with multiple long term conditions. Focus on a 'core digital bundle' will provide professional networks with credible timescales for change and co-design with people who use services.

## 9. Recommendation

The Committee is asked to note this report and seek further assurance to enable the strategy to be considered by the Health Board in December 2019.

## 10. References

A Healthier Wales: Our Plan for Health and Social Care (2018). Welsh Assembly Government. Available at: <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

Informatics systems in NHS Wales (2018). Available at: [https://www.audit.wales/system/files/publications/NHS\\_-\\_Informatics-2018%20-%20English.pdf](https://www.audit.wales/system/files/publications/NHS_-_Informatics-2018%20-%20English.pdf)

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Population Health Management in Cwm Taf Morgannwg. Using Segmentation and Risk Stratification to generate a novel quantitative evidence base for new models of care. Unpublished - available from the author.

## Appendix 1.

*Table listing NICE Pathways, related National Clinical Audit and Outcome Review Plan (NCAORP), prominence in the Annual Plan 2019-20 and template for prioritisation over the next three years (after wider engagement). Tier 2 (Health Board priority clinical audits will be included during next stage of development)*

NICE Pathway	Related National Clinical Audit and Outcome Review Plan (NCAORP)	Annual plan priority (to be developed further by wider engagement)			
		19/20	20/21	21/22	22/23
<b>1. Conditions and diseases</b>					
Digestive tract conditions (Colorectal in National Plan)	National Emergency Laparotomy Audit (NELA)				
Diabetes and other endocrine, nutritional and metabolic conditions	National Diabetes Foot Care Audit  Diabetes Inpatient Audit (NaDia)  Pregnancy in Diabetes Audit Programme  National Core Diabetes Audit: <ul style="list-style-type: none"> <li>Core Report 1 –Care Processes and Treatment Targets</li> <li>Insulin Pump</li> </ul> National Diabetes Transition Report  National Paediatric Diabetes Audit (NPDA)				
Blood and immune system conditions					
Breast conditions	National Audit of Breast Cancer in Older Patients (NABCOP)	Yes			
Cancer (Lung cancer in National Plan)	National Lung Cancer Audit  National Gastrointestinal Cancer Audit Programme: <ul style="list-style-type: none"> <li>Oesophago-gastric</li> <li>Bowel</li> </ul> National Prostate Cancer Audit	Yes			
Cardiovascular conditions (Stroke and Heart Failure in National Plan)	Cardiac Rhythm Management  PCI Audit (previously Coronary Angioplasty Audit)  National Vascular Registry Audit (incl. Carotid Endarterectomy Audit)  Cardiac Rehabilitation  Sentinel Stroke National Audit Programme (SSNAP)	Yes			

	National Heart Failure Audit  Comparative audit of critical care unit adult patient outcomes (case mix) (INNARC)  Myocardial Ischaemia National Audit Project (MINAP)				
Injuries, accidents and wounds	Trauma Audit & Research Network (TARN)  Falls & Fragility Fractures Audit Programme: <ul style="list-style-type: none"><li>• National Hip Fracture database</li><li>• In-patient Falls Audit</li><li>• Fracture Liaison Service</li></ul>				
Ear, nose and throat conditions	All Wales Audiology Audit				
Fertility, pregnancy and childbirth	National Neonatal Audit Programme (NNAP)  National Maternity & Perinatal Audit <ul style="list-style-type: none"><li>• Organisational report</li><li>• Clinical report</li></ul>				
Infections					
Genetic conditions					
Chronic fatigue syndrome myalgic encephalitis					
Respiratory conditions	National Asthma & COPD Audit Programme (NACAP): <ul style="list-style-type: none"><li>• Children and Young People Asthma</li><li>• Adult Asthma</li><li>• COPD</li><li>• Pulmonary Rehabilitation</li></ul>				
Kidney conditions	Renal Registry				
Liver conditions					
Mental health and behavioural conditions	National Clinical Audit of Psychosis  National Dementia Audit	Yes			
Multiple long term conditions	National Audit of Care at the End of Life (NACEL)				
Musculoskeletal conditions (Knee surgery in National Plan)	National Early Inflammatory Arthritis Audit (NEIAA)  National Joint Registry (NJR)	Yes			
Neurological conditions	Epilepsy 12 -Clinical				
Oral and dental health					
Skin conditions					
Urogenital conditions		Yes			
Eye conditions (Cataracts in National Plan)		Yes			
<b>2. Health protection</b>					
Communicable disease					
Drug misuse					
Environment					
<b>3. Lifestyle and wellbeing</b>					
Air pollution					
Alcohol					

Behaviour changes					
Cardiovascular disease: identifying and supporting people most at risk of dying early					
Community pharmacies: promoting health and wellbeing	Yes				
Diet, nutrition and obesity	Yes				
Drug misuse					
Mental health and wellbeing	Yes				
Oral and dental health					
Physical activity					
Sexual health					
Smoking and tobacco	Yes				
Suicide prevention					
Sunlight exposure					
<b>4. Population groups</b>					
Behaviour change					
Black and minority ethnic groups					
Children and young people	Yes				
Infants and neonates	Yes				
Older people					
People with learning disabilities	Yes				
Vulnerable groups	Yes				
<b>5. Service delivery, organisation and staffing</b>					
Acute and critical care	Yes				
Adult social services					
Contraception					
End of life care					
Maternity Services					
Medicines management					
Oral and dental health					
Organ and tissue transplantation					
Patient and service user care					
Safeguarding	Yes				
Service transition	Yes				
Staffing	Yes				
Suicide prevention					
Surgical care					
<b>6. Settings</b>					
Accident and injury prevention	Yes				
Care homes	Yes				
Communities	Yes				
Community engagement	Yes				
Community pharmacies: promoting health and wellbeing	Yes				
Drug misuse					
Environment					
Home					
Hospitals					
Prisons and other secure settings					
Schools and other educational settings					

Transport					
Workplaces					







**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Strategy Partnerships and Population Health Committee						
	3.12.19						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	<b>Annual Plan Progress Monitoring Report</b>						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Mark Wilkinson Executive Director of Planning & Performance						
<b>Awdur yr Adroddiad</b> <b>Report Authors:</b>	Edward Williams, Head of Performance Assurance, Jill Newman Director of Performance, and Mark Wilkinson, Executive Director of Planning & Performance						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.						
<b>Atodiadau</b> <b>Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The Strategy Partnerships & Population Health Committee is asked to note the report and to assist in addressing the governance issues raised.							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth For Discussion*</b>		<b>Ar gyfer sicrwydd For Assurance*</b>		<b>Er gwybodaeth For Information*</b>	R
<b>Sefyllfa / Situation:</b>							
This report provides an update on the progress of the actions contained within the Health Boards operational plan for 2019/20. The progress is Red-Amber-Green-Purple (RAGP) rated against each action and Red rated actions have a summary narrative to explain the reasons for this rating. Future milestones against each action are included by inclusion of an M in the table.							
<b>Cefndir / Background:</b>							
The Health Board's operational plan 2019/20 have a number of actions to deliver by March 2020. For reasons of good governance it is important that the delivery of these actions are monitored to completeness. For each action an executive lead is responsible for rating the progress towards delivery each month. Quarterly a deep dive is undertaken on a random sample of actions from each chapter to ensure consistency in application of the RAGP rating.							

## **Asesiad / Assessment**

### ***Strategy Implications***

Delivery of actions within our operational plan on time are important in ensuring our delivery of our strategic direction delivering improving population health and well-being, care closure to home and excellent hospital services.

### ***Financial Implications***

The operational plan is supported through our budget setting process. Delivery of the actions in the plan are part of delivering care for our population within the financial resources available to the health board. Delay to delivery of actions has impact on financial as well as service management.

### ***Risk Analysis***

The RAGP rating is used to identify early risks to delivery. Purple is used to denote completed actions, green actions on course to deliver. Amber denotes actions with the potential to deliver but with risks which need to be managed to secure delivery by year end. Red indicates high risk of non-delivery.

### ***Legal and Compliance***

This report is generated monthly to ensure continual focus on the actions to be delivered and disseminated to committees of the board and the Board as a complete report to ensure full oversight of the plan is achieved.

### ***Impact Assessment***

The annual operational plan has been equality impacted assessed.



GIG  
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WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



October 2019

<b>Cover</b>	<b>1</b>
<b>Content</b>	<b>2</b>
<b>About this Report</b>	<b>3</b>
Health Improvement & Health Inequalities Matrix	4
Care Closer to Home Matrix	5
Planned Care Matrix	6
Planned Care Exception Report - Urology	7
Planned Care Exception Report – Eye Care Pathway	7
Planned Care Exception Report – Endoscopy & Diagnostics	8
Unscheduled Care Matrix	9
Unscheduled Care Exception Report	10
Workforce Matrix	11
Estates Matrix	12
Estates Exception Report	13
Digital Health Matrix	14
Digital Health Exception Report	15
Finance Matrix	16
<b>Further Information</b>	<b>17</b>

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

This report presents performance as at the end of October 2019 against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the lead executive. On this occasion, the report has not been collectively reviewed by the Executive Team. In future months the production of the report will be brought forward to enable this to be completed ahead of submission.

Where a red rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address. Future reports will include narrative submissions in respect of amber ratings so as to indicate factors delaying progress.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk. Future milestone markers are included as M in the matrix to indicate when elements of actions contained in the report were due for completion. Many of the actions have multiple milestones to support delivery of the year end position. Only when all milestones are complete can the action be achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email [Jill.Newman@Wales.NHS.UK](mailto:Jill.Newman@Wales.NHS.UK).

RAG	Every Month End	By year end	Actions depending on RAG rating given
<b>Red</b>	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
<b>Amber</b>	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
<b>Green</b>	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
<b>Purple</b>	Achieved	N/A	Where RAG is Purple: No additional Information required

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and Milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G	G	G	G					M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G	G	G	G					
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	G	G	G	G	G	G	G					M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G	G	G	G					M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G	G	M	G					M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G	G	G	G		M			M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	G	G	G	G	G	G	G		M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		R	A	A	A	A	A					M

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**



# Programme Care Closer to Home Matrix

5

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	G	G	A	A	A	M	G					M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G	G	G	G		M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	G	G	G	G	G	G	G					M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G	G	M	G					M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G	G	A		M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A	A	M	A					M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G	G	G	G					M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A	A	A	A					M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G	G	G	G					M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A	A	A	G		M			

Three Year Outlook and 2019/20 Annual Plan  
Monitoring of progress against Actions for Year One (2019/20)

October 2019

# Programme Planned Care Matrix

6

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	G	G	A	R	R	M	R					M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	G	G	A	A	A	M	A					
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	A	A	A	R	R	M	R					
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	A	A	A	A	A		M			
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	G	G	A	A	A	M	A					
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	G	G	A	R	R	R	R					
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	G	G	A	R	R	A	A					M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A	A	A	A					M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	G	G	G	G		M			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	G	G	G	G					
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G	A	A	G					M

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**





## **AP021. Implement preferred model for acute urology services.**

The preferred service model is being reviewed for consistency against the overarching Health Board Strategy. This is partly as a result of the uncoupling of the Robotic Assisted Surgery programme and the potential of introducing a new model of care which could enhance day case surgery. This model may form part of the planned care strategy rather than being specific to Urology, this was explored in a workshop on the 25th October 2019. The service model continues to be discussed and will include a demand and capacity review of the urology services to inform the business case.

## **AP023. Transform Eye Care Pathway to deliver more care closer to home delivered in partnership with local optometrists**

While the introduction of Eye Care measure is progressing well and in line with or ahead of the rest of Wales, we are not yet in a position to produce a business case. The work being undertaken in re-designing the three main clinical pathways of cataracts, glaucoma and wet AMD needs to inform the business case and be underpinned by the implementation of the National EPR so as to ensure a shared care model can be implemented across primary, community and secondary care. The cataract direct access route has been implemented and work is underway to quantify both the outpatient capacity released and the sustainable surgical capacity required to improve access times. The expression of interest for primary care provision of referral refinement for glaucoma care and development post training of primary care Ophthalmology diagnostic and treatment centres (ODTCs) together with expansion of community ODTCs has been finalised with tenders being evaluated on 2nd January 2019. The increased injection room capacity for wet AMD will be available from the end of December with non medical injector training planned from Jan- March 2020 so as to reduce delays to treatments for these patients.

The e- referral and EPR programmes are slightly delayed due to factors beyond the control of the health board. Capital procurement for the replacement Ophthalmology equipment to facilitate sharing of digital images is underway as part of the digital transformation fund.

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**



## AP025 - Implement year one plans for Endoscopy

Milestone 1/June 2019 - Put in place in year service delivery plan

There is an in year service delivery intention which is awaiting confirmation of funding from WG. Delivery of this plan has been hindered by the delay in the Vanguard unit being commissioned and the rooms in Wrexham coming fully on stream. YG and YGC have insourced additional capacity regularly at the weekend as agreed.

Milestone 2/September 2019 – Endoscopy deliver sustainable delivery plan including staffing and estate.

The North Wales Endoscopy Group has been established with workstreams including Workforce, Estates, Capacity & Demand and Pathways. These mirror the National Endoscopy Programme Board workstreams, with which the Health Board is fully engaged. The Health Board has undertaken Capacity and Demand modelling with the Delivery unit (DU) and this is to be further refined during December 2019 and will inform our plan going forwards. The Health Board have continued to insource activity as above and await a decision on funding.

Milestone 3/March 2020 - Endoscopy develop Joint Advisory Group (*on gastrointestinal (GI) endoscopy*) (JAG) accreditation timetable/plan

The National Endoscopy Programme Board has commissioned a JAG preparation visit for all Health Boards which is currently being arranged. This will inform the planning process to achieve full accreditation.

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

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AP029	<b>Demand</b> Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	G	G	G	G	G	G	G		M				
AP030	<b>Demand</b> Enhanced care closer to home / pathways	Executive Director Primary and Community Care	G	G	G	A	A	M	A		M			M	
AP031	<b>Demand</b> Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	G	G	G	A	R	M	R						
AP032	<b>Demand</b> Improved Mental Health crisis response	Executive Director of MH & LD	G	A	A	A	A	M	G					M	
AP033	<b>Demand</b> Improved Crisis intervention services for children	Executive Director Primary and Community Care	A	A	G	A	A	A	A					M	
AP034	<b>Flow</b> Emergency Medical Model	Executive Director Nursing and Midwifery	G	G	A	G	A	M	A						
AP034	<b>Flow</b> Management of Outliers	Executive Director Nursing and Midwifery	Grey	Grey	Grey	G	A	M	A						
AP035	<b>Flow</b> SAFER implementation	Executive Director Nursing and Midwifery	G	A	A	A	A	M	A		M				
AP036	<b>Flow</b> PICU for Mental Health	Executive Director of MH & LD	G	A	A	A	A	G	G					M	
AP037	<b>Flow</b> Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	G	G	G	G	G	M	G		M				
AP038	<b>Discharge</b> Integrated health and social care	Executive Director Nursing and Midwifery	A	A	A	A	A	M	A					M	
AP039	Stroke Services	Executive Medical Director	A	A	R	A	R	R	R						

Three Year Outlook and 2019/20 Annual Plan  
Monitoring of progress against Actions for Year One (2019/20)

October 2019



## **AP039. Stroke Services**

This action remains red rated as it has not been possible to find a route to resource the business case in 2019/20. However, progress has been made in implementing aspects of year 1 of the business case. As such the thrombectomy service ( clot retrieval) has been expanded to provide a seven day per week service from November 2019. The health board has been successful in its bid for rehabilitation assistants and is moving forward to recruit 2wte assistants for each acute site so as to increase the acute therapeutic time patients receive and support patient optimal recovery and early discharge. The consultants home-based technology has been improved to support prompt decision making in relation to opportunities for thrombolysis. Work is continuing to include the implementation of the early supportive discharge and rehabilitation model within health economy plans for 2020-2021.

## **AP031. Demand: Workforce shift to improve care closer to home**

Recruitment is progressing, however it has not been possible to recruit to all the positions at this time. Interviews are scheduled for 3<sup>rd</sup> December to recruit the 25 health care support workers required in East. The shortlisting is from 16 applicants and so a further round of recruitment will be required. It has not been possible to release resource from the Acute sector while priority is given to work on stabilising unscheduled care performance and in light of the number of staff vacancies. Winter monies and focus on care closer to home will enable additional resources to be deployed over the winter across BCU

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	G	G	G	G	G	M	G					
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	G	G	G	G	G	M	G					M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	A	A	A	A	A	M	A					M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	G	A	A	A	A	M	A		M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	A	G	G	G	G	M	G		M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	G	G	A	G	G	M	G					
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	G	A	A	A	A	M	G		M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	G	G	G	A	A	G	G		M			M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	A	A	A	A	A	M	A					M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director Workforce & Organisational Development	A	G	G	G	G	M	G		M			M

**Three Year Outlook and 2019./20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

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AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G	G	G	G					M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	G	G	G	G	G	G	G					M
AP064	Well-being Hubs	Executive Director Planning and Performance	G	G	A	A	A	A	A					M
AP066	Ruthin Hospital	Executive Director Planning and Performance	G	G	G	G	P							M
AP067	Vale of Clwyd	Executive Director Planning and Performance	G	G	G	G	G	G	R					M
AP068	Orthopaedic Services	Executive Director Planning and Performance	G	G	G	G	G	G	G					M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	G	G	G	G	A	R	R					M
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	R	R	R	R	P	M						
AP071	Hospital Redevelopments	Executive Director Planning and Performance	G	G	G	G	A	A	A					M
AP072	Central Medical Records	Executive Director Planning and Performance	G	G	G	G	A	A	R					M
AP073	Residencies	Executive Director Planning and Performance	G	G	G	G	G	G	A					M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	G	G	G	G	A	G	G					

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**



## AP069 Ablett Mental Health Unit

Following the appointment of the Supply Chain Partner, the Project Board has reviewed the programme and noted two critical factors:

1. The consultation/engagement in support of the relocation of services from Bryn Hesketh
2. Together with the SCP the Project Board have undertaken further work to assess the risks and deliverability of the current preferred option (partial demolition, rebuild and refurbishment of the existing unit) This review has indicated that consideration should be given to the benefits/consequence of an alternative option to develop a new build solution on the YGC site (to mitigate the risks of the interface with operational services and expected planning objections)

Together these factors have indicated the need to extend the period of development of the OBC from January 2020 to May 2020.

By ensuring the OBC is robust and comprehensive the Project Board believe that the planned completion of the FBC and commissioning of the new facility will not change from the original programme.

## AP072 Central Medical Records

Medical Records storage is being considered as part of the Ablett redevelopment and therefore follows the same timescale as for AP069.

## AP067 Vale of Clwyd

Central Area Leadership Team have reviewed their priorities and are now focusing upon Project Paradise The proposed investment in Ruthin reduces the risk created by the temporary loss of beds in Denbigh and opportunities to establish a reablement oriented facility are being explored with Denbigh County Council.

The update paper proposes the removal of this scheme from the 2019/20 plan.

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

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AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	G	G	G	G	G	M	G					M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R	R	M	R		M			M
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G	G	M	G					M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G	G	M	G					
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M	G					
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A	A	A	A					M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M	G					M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A	A	A	A					M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A	A	A					M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G	G	G	G					M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G	A	M	A					

**Three Year Outlook and 2019./20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**





## AP052. WCCIS

Has been subject to exception reporting for some time. It is clear that Milestones that were identified within 2019/20 plans to “complete pilot studies and learn lessons to inform the wider installation of the Welsh Community Care Information System (WCCIS)” will not be met. Milestones will not be met as the WCCIS product is subject to delay. Functional issues have been identified and accepted, a correction plan to understand planned defect resolution remains outstanding. Engagement with Regional Local Authority Partners and Community Resource Teams Development Teams for a prototype continues. The Pilot / Prototype has been re-scoped and implementation is now anticipated in Q4 via Local Authority agreements. The recent acquisition of CareWorks by Advanced Computer Software Group Limited (Advanced), the UK’s third largest provider of business software and services, may provide more assurance moving forward. CareWorks will continue to operate as a separate entity, but it is hoped that Advanced will provide the experience and additional resources to accelerate delivery of the required functionality.

**Three Year Outlook and 2019/20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

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AP075	Governance	EDN&M & Deputy CEO	Grey	Grey	M	A	A	M	A					
AP076	Grip and Control	Executive Director of Finance	Grey	Grey	M	A	G	M	A					
AP077	Planning	Executive Director of Finance	Grey	Grey	M	A	A	M	A					
AP078	Procurement	Executive Director of Finance	Grey	Grey	M	A	G	M	A					
AP079	Risk Management	Deputy CEO	Grey	Grey	Grey	Grey	Grey	M	G					
AP080	Staffing (Clinical Rostering)	Executive Director WOD	Grey	Grey	M	A	A	M	A					
AP081	Staffing (Medical Rostering)	Executive Director WOD	Grey	Grey	M	A	A	A	A					

**Three Year Outlook and 2019./20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**



The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

**Three Year Outlook and 2019./20 Annual Plan**  
Monitoring of progress against Actions for Year One (2019/20)

**October 2019**

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health (SPPH) Committee: 3.12.19						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Review of 2020/21 Cluster Plans</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning and Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Mr John Darlington, Assistant Director - Corporate Planning						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Draft plans have been reviewed by WG Policy lead and reported through the All Wales Directors of Primary Care.						
<b>Atodiadau Appendices:</b>	Appendix 1: Example Cluster plan Executive Summary						
<b>Argymhelliad / Recommendation:</b>							
It is recommended that SPPH Committee:							
<ol style="list-style-type: none"> <li>1. Receive this report</li> <li>2. Note the progress made towards developing cluster plans for 2020/21 alongside actions to ensure key priorities are incorporated into respective health economy plans.</li> </ol>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth For Discussion*</b>	√	<b>Ar gyfer sicrwydd For Assurance*</b>	√	<b>Er gwybodaeth For Information*</b>	√
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to update SPPH Committee in respect to the progress made in developing 2020/21 Cluster Integrated Medium Term Plan (IMTP's).							
This report sets out national context and expectations of this work together with progress and next steps required to ensure that these plans are incorporated into BCU Health Economy plans for 2020/21.							
<b>Cefndir / Background:</b>							
A Healthier Wales set out the need to accelerate the implementation of the Primary Care Model for Wales and sets a clear ambition to bring health and social care services together for the benefit of service users.							
This is not a new vision, but is now supported by clear expectations, milestones and design principles to establish new models of care in every part of Wales. The overall aim is to provide services that are designed and delivered around the needs and							

preferences of individuals, with greater emphasis on sustaining a healthy population and preventing ill health. The Primary Care Model for Wales supports the delivery of the vision in *A Healthier Wales*.

The Primary Care Model for Wales National Delivery Milestones for 2019/20 included a requirement for strategic planning at a cluster level that requires health boards to work with their local authority and service provider partners to develop three year 'Cluster IMTPs' for 2020-2023, by the end of September 2019, using a nationally agreed template.

Clusters are the underpinning delivery model for this and there is a need to ensure they are core and central to our system in terms of planning and delivery.

In March 2019, the Minister for Health and Social Services wrote to Health Boards outlining the Primary Care delivery milestones to be delivered in 2019/20; these included the following milestone:

***Cluster working:*** *Cluster IMTPs for 2020-23 complete, using a nationally agreed template and underpinned by cluster workforce development plans by the end of September 2019.*

This expectation was reinforced through the revised national GMS contract 2019/20, with the following agreed:

- A mandatory requirement on practices to be members of a cluster included in the core contract;
- Reformed cluster output and activity indicators in the new Quality Assurance and Improvement Framework (QAIF) related to engagement (minimum of 5 meetings), contribution to cluster IMTPs and delivery of outcomes for relevant services.

## **Asesiad / Assessment**

Early expectations of the statutory LHB IMTP planning cycle for 2020-23 were communicated and discussed at the All Wales IMTP Summer Learning in June 2019.

This included the expectation that Cluster IMTPs will be completed by the end of September in order to feed into and influence the development of health board IMTPs by December. This requirement has been further reinforced within the NHS Planning Framework issued by Welsh Government in September 2019.

The Strategic Programme for Primary Care developed a nationally agreed plan template in July 2019.

In North Wales, the 14 Cluster IMTPs have been shaped and informed by local population needs assessments, our long-term strategy, partnerships plans and previous cluster plans to set out the actions for the next three years in the clusters pursuit of its strategic goals.

Whilst the Cluster IMTP needs to be owned locally by cluster GP practices, recognising the variation in maturity across clusters, the Area primary care teams have worked with them to develop plans and ensure consistency in presentation and content across the clusters in North Wales. This allows BCU Health Board and Welsh Government to have a clear picture across North Wales and to be able to inform plans at pan-cluster, health economy and health board / RPB level. This work has served to ensure that cluster planning is central to planning within the Health Board.

There are key common priorities that all clusters will be focusing on over the next 3 years, key themes include:

- ***Healthy lifestyles – smoking, obesity, alcohol***
- ***Family Wellbeing and children's mental health services***
- ***Community Resource Team (CRT) development – Community resource teams providing a multi-professional model of care Development of health and social care integrated clusters with integrated Locality Leadership Teams; 5 clusters have been selected by the RPB to lead this work as 'pacesetters'***
- ***GP Practice sustainability***
- ***Achievement of access standards in line with the GMS contract requirements***
- ***Improving Mental Health services in the community***
- ***Improve Flu immunisation uptake***
- ***Managing Winter Pressures***
- ***Social Prescribing navigation and referral system, tackling social isolation***
- ***Falls prevention***
- ***Care Homes***
- ***Digital technology***
- ***Premises to meet future demand and care models***

As required, all 14 clusters across North Wales submitted draft plans to WG colleagues at end of September 2020 as 'work in progress' for a review and summary to be presented to the Directors of Primary Care across Wales.

Whilst at that time it was recognised more work was required to finalise these, we received some very positive early comments as follows:-

*...the hub team thought that the content of the Betsi plans thus far are the best in Wales.*

*The feedback contained high level anonymised feedback on the cluster IMTP submissions*

*"The Betsi plans were deemed to be 'exemplary' when compared to the other 4 HBs submissions that were reviewed – I know there are still gaps in your plans that you will continue to work on, but the corporate approach, personal detailed narrative and content of the plans is heads and shoulders above the other HB submissions and your team should be congratulated on the work thus far.*

*Although Betsi scored 60% in terms of 'completeness in line with the plan guidance headings' (rank #2), your plans were more robust when compared to the top scoring HBs, and scores aside, your plans are the plans other HBs should be benchmarking against. HB 5 and 4 both had good sections which you could benefit from sharing."*

The all Wales Public Health Hub team are progressing some further thematic analysis of the plans in the current form; for example feeding all the prevention and wellbeing actions into the strategic programme work stream which again will be shared back through the all Wales Heads of Primary Care group to aid sharing and learning across Wales.

### **Further Actions Undertaken Since September Submission**

It is critical that these plans are evidence driven by knowledge, innovation, evaluation, and use of data. The planning department has continued to assist the Area Primary Care teams and clusters in strengthening plans and drawing from population needs assessments undertaken by Public Health.

Revised plans were developed and submitted on 13<sup>th</sup> November in response to feedback and an example executive summary plan is attached in **Appendix 1**.

The priorities within cluster plans are being incorporated into health economy plans as part of our planning mechanisms for 2020/21.

The true test of any plan also lies in its implementation and the resulting improvements in outcomes, service delivery and patient/service user experience.

Effective governance, assurance and performance management arrangements are critical to this and providing early indications if performance varies from plan. Plans have been robustly tested to ensure they are realistically deliverable and will be monitored at cluster and health economy level.

## **Developmental Work to Inform the 2021/24 IMTP**

In planning for 2021/22, we need to ensure that cluster plans are core and central to Health Board planning, and in turn, into Regional Partnership Board planning.

The new cluster plan template takes the form of a cluster level IMTP, triangulating population health and wellbeing needs assessment, planning of new services, workforce, and finances, not just those of the NHS. It sets out a requirement of Health Board corporate departments e.g., planning, workforce, finance and informatics, to assist clusters in the development of these plans.

GMS Contract Wales 2019/20 Guidance states

CND015W - Contributing relevant cluster information to the Primary Care Cluster IMTP which will include information on the demand and capacity tool and also the workforce development plan.

GMS contractors are expected to contribute to the population needs assessment, demand and capacity analysis and workforce development plan and also to support Cluster IMTPs. This should include:-

- (I) Planning – each contractor to contribute alongside their fellow GP practices and in collaboration with the wider cluster partners to the cluster IMTP:
- (II) A population needs assessment;
- (III) An analysis of current services available to the cluster population and identifying any gaps in provision;
- (IV) A consideration and analysis of current numbers and skills of workforce and its development needs;
- (V) An analysis of current performance against the phase 2A primary care measures
- (VI) Measurement of local health needs as determined by the cluster.

This can be achieved either through: Practices producing a plan to demonstrate how they contribute to the cluster plan, or The GP Cluster Network plan clearly demonstrating how each individual practice has contributed to the plan.

The above process and timetable will be incorporated into our organisational timetable for the development of 2021/24 IMTP with a requirement for cluster plans completed by 30<sup>th</sup> September 2020.

\*Tick as appropriate



## **Appendix 1: Extract from Anglesey Cluster plan Executive Summary – Dr Dyfrig ap Dafydd, Cluster Lead**

The Anglesey cluster population is ageing, the over 85 population is set to double in the next 10 to 15 years and continue to rise. Demands on all services are already currently high and difficult to meet, planning to meet the increasing needs of our ageing population will need to be one of our highest priorities.

We need to collaborate across all community agencies to develop and plan communities and housing that improve, support and facilitates self-care and the independence of frail elderly, with a focus on dementia. This will need collaboration at locality management levels and joint working at patient contact levels through the community resource teams. Carer and family support will be essential.

The Community Resource Teams will focus on “what matters” to patients and aim to minimise unnecessary repeated contacts and re-assessments from a variety of clinicians. Discussing and planning patient needs as a team with varying skills and experience should, in addition to better understanding each other’s roles and capabilities, allow us to collectively identify the best options for each individual. There will be an initial challenge to co-locate and develop a shared team. Developing this concept to work across the three localities with a variety of general practices will be a challenge and rely on good communication and IT resources.

Avoiding isolation and maintaining independence as we age relies heavily on mobility and physical functioning. Promoting physical activity at all ages but particularly on our over 50 population and especially in the most deprived population groups is also one of our main goals. Changing behaviours, mind-set and understanding will be important. For example education promoting the benefits of physical activity and weight loss (through dieting!) for arthritis rather than accepting (and sometimes colluding with patients) that joint pain is an unavoidable and acceptable cause of weight gain and decreased activity. We need to challenge cultural norms and beliefs around ageing.

Falls and fractures, particularly hip fractures are still a high cause of preventable mortality and morbidity and we are focussing on improved awareness and early prevention efforts, again with an emphasis on increasing physical activity for strength and fitness.

Isolation in the elderly leads to reduced activity, weakness, depression, anxiety and is a contributing factor to cognitive impairment and dementia. Antidepressants and similar medications are not as effective as hoped or perceived, particularly in the elderly. Improved socialisation and regular interactions with others is the most effective method of improving wellbeing and health in the elderly. Simply leaving the home

every day is one of the most protective factors in promoting good health and wellbeing as we age.

Traditional models of hospital care are increasingly seen as unsuitable for some of our frail elderly patients with acute illness. Hospital admission can cause rapid de-conditioning in the elderly and we want to support and develop the Mon Enhanced Care project. Our aim is the concept of a community ward team with geriatrician lead and experienced support. Emergency admissions for over 75s on Anglesey dropped almost 15% in 2016 and 2017 when the MEC team was at its highest staffing level, admissions increased in 2018 after losing clinician numbers and support.

Advanced care planning of various levels and types, from early anticipatory care planning for well adults to planning ceilings of care in our frail elderly and good advanced palliative care planning, should become a standard aspect of routine care with the level of such planning appropriate to each individual. This can help us understand “what matters” to individuals and to allow an individual to clearly express their care preferences and allow for better and speedier appropriate interventions when there is acute need.

Mental Health problems have a large impact on communities and all service workload. We need to de-medicalise mild mental health problems. We need to “upstream” our focus by improved community cohesiveness, wellbeing and resilience with better social opportunities. We need increased awareness and support for schemes focussing on good health within the communities, ideally we should be promoting and supporting independent groups already within the community who are more likely to self-manage and continue operating long-term without the need for ongoing funding or public sector staffing.

Obesity, smoking, excess alcohol and physical inactivity continue to be high priorities. We need to ensure good systems are in place to ensure risk factors such as hypertension, high cholesterol, high BMI and high glucose are identified and modified, particularly in our most deprived areas. This is an area of work where we should be able to better utilise staff and resources across the locality, we have had training up-skilling our practice nurses in diabetes care and seen an improvement in the quality of activity and improvement in average blood sugars. We want to expand this approach to other chronic diseases. We want to look at improving the use of advanced and community pharmacist in chronic disease management and in supporting us to make sure that our hardest to reach patients are at least having their risk factors measured.

GP access and capacity is an ongoing concern, particularly when there are clinician shortages and practices failing due to financial pressures. We need to develop alternate methods of triaging and meeting patient needs and demands. We need to develop and better utilise the skills of practice nurses and staff, advanced physiotherapists, paramedics, pharmacists, audiology, community mental health,

dental, optician and community pharmacy services, especially when triaging and managing acute care.

<b>Cyfarfod a dyddiad: Meeting and date:</b>		Strategy, Partnerships and Population Health Committee 3.12.19					
<b>Cyhoeddus neu Breifat: Public or Private:</b>		Public					
<b>Teitl yr Adroddiad Report Title:</b>		Draft Strategic Equality Plan (SEP) 2020-24					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>		Sue Green Executive Director of Workforce & Organisational Development					
<b>Awdur yr Adroddiad Report Author:</b>		Sally Thomas Head of Equality and Human Rights					
<b>Craffu blaenorol: Prior Scrutiny:</b>		The draft SEP has been subject to scrutiny by the Equality and Human Rights Strategic Forum in August 2019 and was agreed in draft at SPPH 1 <sup>st</sup> October 2019 prior to public consultation. This final draft version has been amended in response to the feedback received during the consultation period.					
<b>Atodiadau Appendices:</b>		The draft SEP is attached as appendices					
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to approve the SEP and recommend to Board for final approval and publication.							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>	<b>X</b>	<b>Ar gyfer Trafodaeth For Discussion*</b>		<b>Ar gyfer sicrwydd For Assurance*</b>		<b>Er gwybodaeth For Information*</b>	
<b>Sefyllfa / Situation:</b>							
As a listed body in Wales under the Equality Act 2010, BCUHB is required to draw up a Strategic Equality Plan (SEP) at least every 4 years. The purpose of this Plan is to document the steps which the Health Board is taking to fulfil its Specific Duties under the Act. The commitment of the Board to tackle barriers to equality and inclusion are applied across the portfolios of all Executive Directors, this will help ensure that equality and inclusion are not compartmentalised but remain the responsibility of all.							
<b>Cefndir / Background:</b>							
This is the Health Board's third SEP. The Plan builds upon the progress to date and provides a framework to advance equality. The objectives are informed by national and local evidence and shaped by ongoing public engagement and have been identified as:							
<b>Objective 1:</b> We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.							
<b>Objective 2:</b> We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.							
<b>Objective 3:</b> We will prioritise action to respond to key policy and legal							

developments in healthcare for people sharing different protected characteristics in North Wales.

**Objective 4:** We will prioritise action to advance gender equality in North Wales.

**Objective 5:** We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.

**Objective 6:** We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.

**Objective 7:** We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.

**Objective 8:** We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.

## Asesiad / Assessment

### ***Strategy Implications***

Living Healthier Staying Well the long-term vision for our population, reflects the Equality Duty and has been informed by the Health Board's Strategic Equality Plan (SEP). As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation. Whilst the equality objectives cut across many of the well-being goals, they will make the greatest progress towards:

- A healthier Wales: A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
- A more equal Wales: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
- A Wales of cohesive communities: Attractive, viable, safe and well-connected communities (always recognising the needs of those who are excluded, or whom by choice are not part of a community).

Our draft equality objectives cut across all of the domains of the NHS Outcomes and Delivery Framework. The Improvement Groups, as part of their role in setting the commissioning intentions to deliver key National Delivery Framework performance measures, provide the opportunity to enable the Health Board to build upon the equality commitments set out within LHSW and ensure that equality and human rights principles underpin improvement activity. We will also optimise opportunities to work together with other public bodies via Public Service Boards and Regional Partnership Boards, to advance equality and reduce the inequalities linked to socio-economic disadvantage, through partnership working.

To realise this work we need to ensure plans are built and operate from an equality and rights context from cluster level through to Health Economy and up to BCUHB level with planning and delivery supported through an equality and rights lens.

## ***Financial Implications***

### ***Risk Analysis***

Failure to deliver the Equality Duty is a breach of the Board's statutory responsibilities under the The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. This may also compromise the Board's ability to address the health needs of the population inclusively across North Wales.

### ***Legal and Compliance***

This is a requirement of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. There is alignment with the Social Services and Well-being (Wales) Act 2014 and Well-being of Future Generations (Wales) Act 2015. Changes to further strengthen the equality landscape in Wales are anticipated in 2020 including enactment of the socio-economic duty in Part One of the Equality Act 2010, which requires BCUHB to consider the impact of strategic decisions on the poorest people and groups. The Welsh Specific Duties under the Public Sector Equality Duty (PSED), are also under review currently to ensure they are up to date, proportionate and effective.

### ***Impact Assessment***

An Equality Impact Assessment has informed the development of the draft SEP





# Strategic Equality Plan 2020-2024

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## Contents

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	<b>Page</b>
Foreword.....	1
Background.....	2
• The Strategic Equality Plan.....	2
• The Equality Act 2010.....	2
• The General Duty.....	2
• The Specific Duties in Wales.....	2
Betsi Cadwaladr University Health Board.....	3
• About the Health Board.....	3
• Strategic Direction.....	3
• Our Well-being Objectives.....	4
Our Equality Objectives.....	6
• Developing our Objectives.....	6
• Our Equality Objectives.....	7
• Meeting our Objectives.....	8
• Monitoring Progress.....	8
• The Equality and Human Rights Strategic Forum.....	9
• Equality Stakeholder Network.....	10
• Annual Reporting.....	10
Identifying and Collecting Relevant Equality Information.....	10
Publishing Relevant Equality Information.....	11
Publishing Equality Information.....	11
Our Arrangements for Equality Impact Assessments (EqIA).....	11
Promoting Knowledge and Understanding.....	12
• Equality and Human Rights Training.....	12
• Personal Assessment and Development Review.....	12
• Guidance and Support.....	12
• Patient Stories.....	12
Pay Gaps and Gender Pay Objectives.....	13
Publishing and Commenting on this Plan.....	13
Appendix 1 Our Vision.....	14
Appendix 2 Developing Equality Objectives at BCUHB.....	15
Appendix 3 Draft Equality Objectives.....	16
Appendix 4 Our Strategy and Planning Map.....	30

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## Foreword

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Equality is central to the work of Betsi Cadwaladr University Health Board (BCUHB) and our vision for improving health, wellbeing and healthcare in North Wales. On behalf of the Board at BCUHB we welcome Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales.

It is essential that we have a clear overview and understanding of the major issues facing people with different protected characteristics to inform the Health Board's work. We have listened, continue to listen and hear key messages and value this feedback. We are committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. It is the outcomes that matter and as such it is vital that rights are implemented in a way which gives them practical effect, so that they have a real and positive impact on the lives of the people of Wales.

We welcome this Plan which provides a framework to help ensure that equality is properly considered within our organisation and influences decision-making at all levels across BCUHB. This is not an exhaustive list of all activities undertaken by our Health Board that promote and advance equality and rights; it is however, an outline of our key strategic focus. We recognise that the NHS in Wales faces some of the biggest challenges since its creation, and over the duration of this Plan we must adapt to the changing health needs of our population.

As a Board, we will work to ensure that our statutory obligations to deliver the Public Sector Equality Duty are understood and discharged. We will continue to scrutinise implementation of this Strategic Equality Plan agreed by our Health Board in January 2020 and will strive to ensure that our organisation is fair, responsive, inclusive and accessible for all, as we work towards the goal to create a fairer, more equal Wales.



**Mark Polin OBE, QPM**  
Chairman



**Gary Doherty**  
Chief Executive



**Sue Green**  
Executive Director  
Workforce &  
Organisational  
Development



**Jacqueline Hughes**  
Independent Member  
& Equality Champion

## Background

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### 1.0 The Strategic Equality Plan

As a listed body in Wales under the Equality Act 2010, we are required to draw up a Strategic Equality Plan at least every 4 years. The purpose of this Strategic Equality Plan is to describe BCUHB and document the steps which the Health Board is taking to fulfil its Specific Duties under the Act. This is the Health Board's third Strategic Equality Plan, progress is reported annually and can be accessed via: <http://www.wales.nhs.uk/sitesplus/861/page/54509>

### 1.2 The Equality Act 2010

The Equality Act 2010 brought together and replaced the previous anti-discrimination laws with a single Act. The Act includes a public sector equality duty the 'General Duty'.

### 1.3 The General Duty

The aim of the General Duty is to ensure that public authorities and those carrying out a public function consider how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities. Public bodies, such as the Health Board are required to have due regard to the need to:

- ✓ eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- ✓ advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- ✓ foster good relations between people who share a protected characteristic and those who do not.

### 1.4 The Specific Duties in Wales

Most devolved public authorities in Wales covered by the General Duty are also covered by the Specific Duties. The Specific Duties set out the steps that listed bodies in Wales must take in order to demonstrate that we are meeting the General Duty. BCUHB is a listed public authority in Wales and is required as such to develop equality objectives and publish a Strategic Equality Plan. Further information is available via:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guides-psed-wales>

# Betsi Cadwaladr University Health Board

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## 2.0 About the Health Board

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, we provide a range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales. The Health Board has a budget of £1.3 billion and a workforce of approximately 18,000.

We have three main hospitals, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital, along with a network of community hospitals, health centres, clinics, mental health units and community team bases. We also coordinate the work of GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales. Further information is available via <http://www.wales.nhs.uk/sitesplus/861/home>

## 2.1 Strategic Direction

'Living Healthier Staying Well (LHSW)' is our long term strategy that describes how health, wellbeing and healthcare in North Wales might look in the future and how we are working towards this. We are focusing on making changes in three key areas:

- We want to improve health and reduce health inequalities
- We want people to have care closer to home
- We want everyone to have excellent hospital care

There are many factors that influence our health and well-being, not least rising levels of poverty and inequality throughout the life-time of this Plan. Our ambition is nevertheless to narrow the gap in life expectancy between those who live longest in the more affluent areas of North Wales and those living in our more deprived areas. In doing so we will need to become more of a "wellness" service than an "illness" service. We are doing this by engaging and working with our population, patients and staff and our statutory, independent and voluntary partners to plan for the future needs of people living in North Wales and for our workforce. Further information is available via: <https://www.bcugetinvolved.wales/lhsw>

## Living Healthier Staying Well

LHSW, the long-term vision for our population, reflects the Equality Duty and has been informed by the Health Board's Strategic Equality Plan (SEP). As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation.

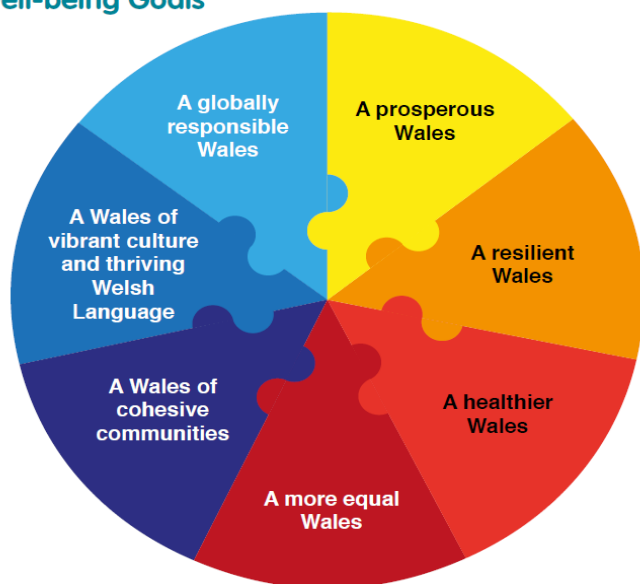
## The Three Year Outlook

Our vision and priorities set out in the Health Board's Three Year Outlook are illustrated in Appendix 1. Our purpose is to improve the health of the population of North Wales, which means that, over time, there will be a better quality and length of life across the whole population of North Wales. We aim to provide excellent care, which means that our focus will be on developing a network of high quality services, which deliver safe, compassionate and effective care that really matters to our patients. The Three Year Outlook clarifies the Health Board's responsibility to ensure that equality is properly considered and influences decision-making at all levels. It sets out the requirements for equality impact assessment as a process to help identify and address potential inequality leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.

## 2.2 Our Well-being Objectives

The Well-being of Future Generations (Wales) Act gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Well-being of Future Generations Act requires us to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

### Well-being Goals



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals. These are the five ways of working we need to think about when working towards this.



We have sought to reflect the 5 ways of working in developing our Strategic Equality Plan. One of our duties under the Well-being of Future Generations Act is to set well-being objectives for the Health Board. The Health Board have identified the following seven well-being objectives with partners and stakeholders:

- ✓ To improve physical, emotional and mental health and well-being for all
- ✓ To target our resources to those with the greatest needs and reduce inequalities
- ✓ To support children to have the best start in life
- ✓ To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being
- ✓ To improve the safety and quality of all services
- ✓ To respect people and their dignity
- ✓ To listen to people and learn from their experiences

## Our Equality Objectives

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### 3.0 Developing our Objectives

It is essential that we have a clear overview and understanding of the major issues facing people with different protected characteristics, to inform the Health Board's strategic direction described above. We have gathered and analysed relevant information held by BCUHB and are maintaining engagement with communities, individuals and experts to help identify what may have changed during the last four years to inform our objective-setting. One such example is making the links with the Social Services and Well-being (Wales) Act 2014 and Well-being of Future Generations (Wales) Act 2015, and adopting the principles of looking to the long term and working in partnership across the public sector. Whilst our public sector Equality Objectives will cut across many of the well-being goals, they will make the greatest progress towards:

- **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
- **A more equal Wales:** A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
- **A Wales of cohesive communities:** Attractive, viable, safe and well-connected communities (always recognising the needs of those who are excluded, or whom by choice are not part of a community).

Our Equality Objectives have been developed on the basis of a consideration of all the Health Board's work and activities, including employment, service delivery and policy development and informed by gathering and analysing information from national and local evidence, impact assessment and from ongoing engagement with staff and service users (Appendix 2).

We have reviewed a range of national reports from bodies including the Equality and Human Right Commission (EHRC) and Welsh Government, and have undertaken a review of current literature and considered the equality profiles of the population of North Wales. The evidence gathered to date provides us with information on a wide range of issues affecting people who share protected characteristics. Some of the overarching sources of equality evidence reviewed include:

- EHRC Is Wales Fairer? 2018 (EHRC, 2018)
- Prosperity for All: The National Strategy (Welsh Government 2017)
- Rapid Review of Gender Equality (Chwarae Teg, 2018)
- Review of the Evidence of Inequality in Wales (Welsh Government, 2019)
- Well-being of Wales 2017-18 (Welsh Government, 2018)
- House of Commons Library Briefing Paper No. 7096, Poverty in the UK: Statistics (April 2018)

- Institute for Fiscal Studies, Living standards, poverty and inequality in the UK: 2018 (June 2018)
- EHRC The cumulative impact of tax and welfare reforms. Country-specific appendix: Wales (2018).

In addition, in accordance with the Welsh Language Act (1993), and the Welsh Language Measure (Wales) 2011 the Health Board has a comprehensive Welsh Language Scheme in place, further information can be accessed via:

<http://howis.wales.nhs.uk/sitesplus/861/page/67009>

### 3.1 Our Equality Objectives

Our equality objectives embody the commitment of the Board to tackle barriers to equality and inclusion. This is not an exhaustive list, it is however, an outline of our key strategic focus. We recognise that the NHS in Wales faces some of the biggest challenges since its creation, and over the duration of the implementation of our equality objectives going forward, we must adapt to the changing needs of our communities. Further information on each equality objective is provided in Appendix 3.

- ✓ **BCUHB Equality Objective 1:** We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.
- ✓ **BCUHB Equality Objective 2:** We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.
- ✓ **BCUHB Equality Objective 3:** We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.
- ✓ **BCUHB Equality Objective 4:** We will prioritise action to advance gender equality in North Wales.
- ✓ **BCUHB Equality Objective 5:** We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.
- ✓ **BCUHB Equality Objective 6:** We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.
- ✓ **BCUHB Equality Objective 7:** We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.
- ✓ **BCUHB Equality Objective 8:** We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.



### **3.2 Meeting our Objectives**

As described the long-term vision for our population is aligned to the Health Board's Strategic Equality Plan (SEP). As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation. The commitment of the Board to tackle barriers to equality and inclusion has been applied across the portfolios of all Executive Directors, this ensures that equality and inclusion are not compartmentalised but remain the responsibility of all. We need to ensure plans are built from cluster level through to Health Economy and up to BCUHB level with planning and delivery supported through Health Economy Accountability Reviews. Our strategy and planning map is summarised in Appendix 4.

#### **The Improvement System for BCUHB**

As part of the organisation and governance structure for improvement, the Health Board has established a series of Improvement Groups. Each Improvement Group is:

- Accountable to the Chief Executive led Portfolio Management Group, which in turn reports into the Executive Team.
- Led by an executive director with another executive as vice chair to ensure executive continuity.
- Supported by the Improvement Team and Delivery Management Office.

Improvement Groups, overseen by the Portfolio Management Group (PMG), have a lead role in setting commissioning intentions. The commissioning intentions will incorporate key National Delivery Framework performance measures. This structure will enable the Health Board to build upon the equality commitments set out within LHSW and the Three Year Outlook to ensure that equality and human rights principles underpin improvement activity. We will also optimise opportunities to work together with other public bodies via Public Service Boards and Regional Partnership Boards, to advance equality and reduce the inequalities linked to socio-economic disadvantage, through partnership working.

As work is taken forward to strengthen the improvement system, programmes and projects must evidence due regard to the equality duty. The principal duties and remit for all Improvement Groups include responsibilities to:

- Ensure that the programme considers the needs and rights of people who share protected characteristics.
- Ensure that the equality impact assessment process is applied as a framework to help to ensure that any potential for disadvantage or discrimination is identified and addressed, and importantly that opportunities to improve or advance equality are optimised.

### **3.3 Monitoring Progress**

#### **NHS Outcomes and Delivery Framework**

The NHS Outcomes and Delivery Framework is one of three frameworks published to help drive the continual improvement in the health and wellbeing of the people of Wales, the others



relating to social services and public health. The Framework details how NHS Wales will measure and report performance in health care. Our equality objectives cut across all of the domains:

- **Staying healthy:** People in Wales are well informed and supported to manage their own physical and mental health.
- **Safe care:** People in Wales are protected from harm and supported to protect themselves from known harm.
- **Effective care:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful.
- **Dignified care:** People in Wales are treated with dignity and respect and treat others the same.
- **Timely care:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care.
- **Individual care:** People in Wales are treated as individuals with their own needs and responsibilities.
- **Our staff and resources:** People in Wales can find information about how their NHS is resourced and make careful use of them.

Progress against some of the Health Board's equality objectives can be evidenced in the measures reported against the NHS Wales Delivery Framework <https://gov.wales/sites/default/files/publications/2019-05/nhs-wales-delivery-framework-and-reporting-guidance-2019-2020-march-2019.pdf> In some instances, Welsh Government have identified where a more qualitative approach to measuring service delivery is required. This includes:

- Evidence of how NHS organisations are responding to service users experience to improve services.
- Evidence of how NHS organisations are advancing equality and good relations in their day to day activities.
- Qualitative report detailing progress against the five standards that enable the health and wellbeing of homeless and vulnerable groups to be identified and targeted.
- Qualitative report detailing the achievements made towards implementation of the all Wales standards for accessible communication and information for people with sensory loss.

Processes are in place, which provide the Board with assurances on the delivery of its key commitments, this is facilitated by a range of forums where performance is reported and discussed resulting in appropriate improvement action being agreed as necessary. The forums include monthly accountability meetings and quarterly performance reviews.

### 3.3.1 The Equality and Human Rights Strategic Forum

The Equality and Human Rights Strategic Forum continue to scrutinise progress and provide assurance to the Strategy Partnerships and Population Health Committee of the Health Board.

### 3.3.2 Equality Stakeholder Network

Further scrutiny is carried out by an external Equality Stakeholder Network that meets at least three times per year and comprises individuals and groups representing people with protected characteristics and others who have identified themselves as willing to work with us in this role.

### 3.3.3 Annual Reporting

The Annual Report and Accounts are part of the Health Board's public annual reporting and set out our service delivery, environmental and financial performance for the year and describe our management and governance arrangements. The Annual Governance Statement forms part of the Accountability Report section of the Annual Report, and provides a detailed report on our governance, arrangements for managing risk and systems of internal control. The Annual Quality Statement, published separately, provides information on the quality of care across our services and illustrates the improvements and developments we have taken forward over the last year to continuously improve the quality of the care we provide. Copies of all these documents can be downloaded from the Health Board's website at [www.wales.nhs.uk/sitesplus/861/page/40903](http://www.wales.nhs.uk/sitesplus/861/page/40903)

Our Annual Equality Report demonstrates in more detail the Health Board's progress towards advancing equality and includes a summary of:

- The steps we have taken to fulfil our equality duties and what we have achieved over the past year to eliminate discrimination and promote equality of opportunity and meet our targets.
- The results of the information-gathering, what evidence has been obtained and what it indicates
- What the Health Board has done with the information gathered and what actions will be taken as a result
- What our stakeholders think of the progress we have made

Our Annual Equality Reports are published on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/54509>

## Identifying and Collecting Relevant Equality Information

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### 4.0 Identifying and Collecting Relevant Equality Information

Collecting and using relevant information is critical in meeting the General and Specific Equality Duties. It ensures that the Health Board has the best evidence available to enable us to set meaningful objectives and carry out fully informed impact assessments. Currently information is collected from:

- National and local research i.e. Is Wales fairer 2018?
- Population profiles and needs assessments

- Service user experience information, feedback from patient satisfaction surveys and concerns
- Qualitative information from public engagement and focus groups
- Workforce monitoring information
- Incident reporting

During the 4 year life of this plan we have committed to scoping opportunities to strengthen the collection, monitoring and analysis of data on health outcomes and the use of health services disaggregated by protected characteristic and vulnerable groups.

## Publishing Relevant Equality Information

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### 5.0 Publishing Equality Information

Our Strategic Equality Plan and Equality Objectives are published on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/98907>

Our Annual Equality Reports are published on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/54509>

Our employment and pay reports are published on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/63948>

## Our Arrangements for Equality Impact Assessments (EqIA)

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### 6.0 Our Arrangements for Equality Impact Assessments (EqIA)

An organisational priority is to strengthen the equality and human rights infrastructure in year one of this strategy. This means working better to further embed equality and human rights requirements, including Equality Impact Assessment, within systems, plans, and processes to ensure equality and human rights considerations become routine practice.

We will continue to build organisational understanding and capacity around Equality Impact Assessment as a robust, structured process that is designed to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way taking into account the needs and rights of those who might be affected.

Equality Impact Assessment (EqIA) enables us to assess the likely impact on people sharing protected characteristics and also helps identify opportunities to advance equality. It drives improved inclusive decision-making that is sensitive and responsive to people's diverse needs, leading to better outcomes and experiences. We will work to ensure that equality and human rights are embedded and that EqIA informs the improvement programmes delivering the Health Board's long term strategy for the future 'Living Healthier Staying Well' as we plan for and implement the Socio Economic Duty. Scrutiny has already been strengthened at

committee level and a mechanism to strengthen the scrutiny of EqIA underpinning improvement activity within the revised improvement system is being established.

## Promoting Knowledge and Understanding

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### 7.0 Promoting Knowledge and Understanding

Equality awareness is built into our orientation programme for all new staff, and mainstreamed throughout leadership and management training programmes. We promote and build knowledge and understanding in a number of other ways including:

#### 7.1 Equality and Human Rights training.

Treat Me Fairly (TMF) is an e-learning resource which has been developed specifically for staff in NHS Wales. This is an ongoing mandatory training programme for all staff at BCUHB and we maintain high levels of compliance. Substantial progress has been made in raising awareness and helping staff understand how the duties impact upon both their individual roles and within the wider organisation. A programme of workshops, designed to equip staff with the skills and knowledge required to undertake Equality Impact Assessments, is also in place.

#### 7.2 Personal Assessment and Development Review

All staff undertake an annual Personal Assessment and Development Review (PADR) within which they are required to demonstrate they meet the levels of competence appropriate to their job as defined within the NHS Knowledge and Skills Framework (KSF). Equality and Diversity is one of the core competencies within the KSF and this helps to ensure staff are not just gaining the necessary knowledge and understanding, but also able to demonstrate how they apply this in their day-to-day work.

#### 7.3 Guidance and support

Our intranet site provides an additional source of information and guidance for staff and signposts to other resources including third sector organisations. We regularly promote international days and awareness raising campaigns across the organisation to build knowledge and understanding.

#### 7.4 Patient Stories

We capture and share stories told by individuals from their own perspective in a healthcare setting to provide us with an opportunity to understand their experience of the care that they have received helping us to learn the good, the bad and what could be done to improve their experience.

## Pay Gaps and Gender Pay Objectives

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### 8.0 Pay Gaps and Gender Pay Objectives

The Health Board's workforce is predominantly female, this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes, are designed to support equity and fairness, we have identified a gender pay gap across the workforce. We are working to better understand the reasons for this. A number of themes have emerged which are aligned to the BCUHB Workforce Strategy and Key Priorities around:

- Work-life balance
- Networks and Support Mechanisms
- Organisational Development and Training
- Recruitment, Retention and Progression

Our gender pay gap report is published, further information is available via:

<http://www.wales.nhs.uk/sitesplus/documents/861/Gender%20Pay%20Gap%20Report%20for%20Publication%202019%20FINAL%20v1.0.pdf>

During this 4 year plan we will be taking action to progress our gender pay action plan and working to identify and address, ethnicity and disability pay gaps.

### Publishing and Commenting on this Plan

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#### 9.0 Publishing and Commenting on this Plan

This revised SEP will be published, in a range of formats, on our website and circulated widely. Please contact BCUHB at the address below to request copies of the document or to request a copy in the format or language of your choice. We recognise the diverse needs of the communities we serve and welcome communication in Welsh, English, British Sign Language (BSL) and other languages.

##### 9.1 Comments or concerns

If you wish to make a comment or raise a concern about this Plan, please address it to:

The Executive Director of Workforce and Organisational Development  
Betsi Cadwaladr University Health Board, Headquarters  
Ysbyty Gwynedd, Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

##### 9.2 This Plan can be made available in other languages or formats on request



Please contact: The Corporate Communications Department

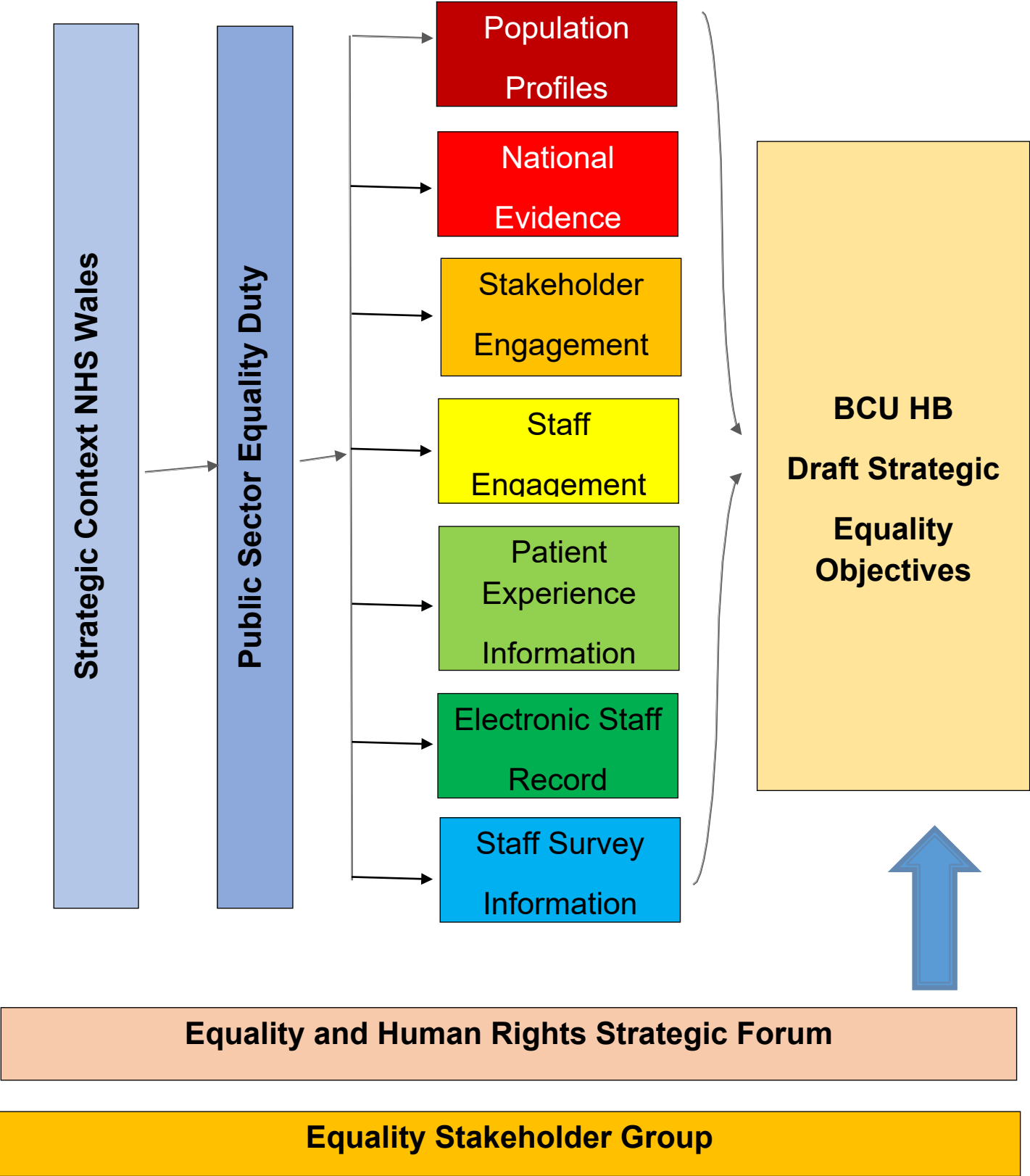
Email: [bcuhbpressdesk@wales.nhs.uk](mailto:bcuhbpressdesk@wales.nhs.uk)

Telephone: 01248 384776

## Appendix 1

OUR VISION			
<ul style="list-style-type: none"><li>We will improve the health of the population, with particular focus upon the most vulnerable in our society</li><li>We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public, and other statutory and third sector organisations</li><li>We will develop our workforce so that it has the right skills and operates in a research-rich environment</li></ul>			
Health Improvement, Health Inequalities	Care Closer to Home	Excellent Hospital Care	
<b>Healthy lifestyles</b> Smoking, healthy weight, alcohol  <b>Protection and prevention</b> Oral health, Making Every Contact Count, screening  <b>Resilient communities, tackling inequalities</b> Social prescribing, Well North Wales, health and well-being hubs  Promoting mental well-being Children, young people and families People with a learning disability  Maternity strategy for Wales	<b>Secondary prevention and early intervention</b> Stroke, diabetes, orthopaedics Children and young people  <b>Health &amp; Social Care working together in local communities</b> Community Resource Teams and clusters Primary and community mental health model  <b>Access to care in an emergency</b> Developing the unscheduled care hub, 111 service, community resource team Crisis support – children, mental health	<b>Sustainable planned care</b> Orthopaedics, ophthalmology, gastroenterology Acute medical and surgical care Inpatient care & rehabilitation - mental health needs  Access and waiting times  <b>Unscheduled care</b> Emergency Department access & patient flow <i>Help me get home</i> – integrated health and social care Early supported discharge (stroke)	<b>Specialist &amp; complex care</b> Urology, stroke, vascular services, cancer
Quality Improvement and patient experience - “What Matters”			
Carers and community assets	Co-production	Avoiding harm, focusing on outcomes	
Addressing equality and human rights and promoting the Welsh language			
Health and well-being centres	<b>Estates and infrastructure</b> Integrated resource teams	Sustainable hospital facilities	
Shared use of assets and new partnerships, joint ventures			
Digitally enabled health and care			
Community connectivity	Integrated health and social care systems	Hospital systems	
Whole health, care and support system workforce			
Supporting community networks	Integrated workforce across sectors Agile working	Sustainable acute models	

Developing Equality Objectives at Betsi Cadwaladr Health Board



## Appendix 3

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### Approach to Delivering the Draft Equality Objectives

The long-term vision for our population is aligned to the Health Board's Strategic Equality Plan (SEP). As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation. The commitment of the Board to tackle barriers to equality and inclusion are applied across the portfolios of all Executive Directors, this ensures that equality and inclusion are not compartmentalised but remain the responsibility of all.

#### **Delivering our objectives**

Our equality objectives cut across all of the domains of the NHS Outcomes and Delivery Framework. The Improvement Groups, as part of their role in setting the commissioning intentions to deliver key National Delivery Framework performance measures, will enable the Health Board to build upon the equality commitments set out within LHSW and ensure that equality and human rights principles underpin improvement activity. We will also optimise opportunities to work together with other public bodies via Public Service Boards and Regional Partnership Boards, to advance equality and reduce the inequalities linked to socio-economic disadvantage, through partnership working. To realise this work we need to ensure plans are built and operate from an equality and rights context from cluster level through to Health Economy and up to BCUHB level with planning and delivery supported through an equality and rights lens via the Health Economy Accountability Reviews.

Executive leads and governance structures for each equality objective are set out below.



<p><b>Long-term Aim - Elimination of the impact of inequality and poverty.</b></p> <p><b>BCUHB Equality Objective 1: We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of, or actually living in, low income households in North Wales by:</b></p>	<p><b>Lead Exec</b></p>	<p><b>Timescales</b></p>	<p><b>Improvement Group</b></p>	<p><b>Cross Ref to IMTP/Improvement Plan Actions</b></p>
<p><b>EHRC Priority Domain: Living Standards</b></p>				
<p>1. Working together with other public bodies via Public Service Boards and Regional Partnership Boards, to advance equality and reduce the inequalities linked to socio-economic disadvantage, through partnership working.</p>	<p>Executive Director Planning &amp; Performance Executive Director Primary &amp; Community Services Executive Director Public Health</p>	<p>Year 1 2020/21</p>	<p>Care Closer to Home Improvement Group</p>	
<p>2. Raising awareness of socio economic disadvantage and the relationship between poverty, health inequalities and employment.</p>	<p>Executive Director Public Health</p>	<p>Year 1 2020/21</p>	<p>Health Improvement Reducing Inequalities Group</p>	
<p>3. Creating career pathways that span organisational boundaries and</p>	<p>Executive Director Workforce &amp; OD</p>		<p>Workforce Improvement Group</p>	

employment lifecycles via the Workforce Improvement Group structure.				
4. Planning for and implementation of the Socio Economic Duty.	Executive Director Planning & Performance Executive Director Public Health	Year 1 2020/21	Health Improvement Reducing Inequalities Group	
5. Taking action to support staff living with poverty.	Executive Director Workforce & OD		Workforce IG	

<p><b>Long-term Aim - The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales.</b></p> <p><b>BCUHB Equality Objective 2: We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales, by:</b></p>	<b>Lead Exec</b>	<b>Timescales</b>	<b>Improvement Group</b>	<b>Cross Ref to IMTP/Improvement Plan Actions</b>
<b>EHRC Priority Domain: Health</b>				
1. Strengthening the equality and human rights infrastructure, working to embed equality and human rights requirements, including equality	Executive Director Workforce & OD	Year 1 2020/21 to Year 4 2023/24	Workforce IG	

impact assessment, within systems, plans, and processes to ensure equality and human rights considerations become routine practice.				
2. Ensuring that equality and human rights are embedded and that equality impact assessment informs the improvement programmes delivering the Health Boards long term strategy for the future 'Living Healthier Staying Well'.	Executive Director Workforce & OD	Year 1 2020/21	Financial Recovery Group	
3. Ensuring that equality and inclusion are embedded and that equality impact assessment informs programmes coming out of the estates strategy designed to enable 'Living Healthier Staying Well' via the Estates Improvement Group structure.	Executive Director Planning & Performance	Year 1 2020/21	Estates IG	
4. Ensuring healthcare services are responsive to the particular needs of areas and individuals and working towards closing the gaps in life expectancy between people living in the most and least deprived areas of North Wales via the Health Improvement Group structure.	Executive Director Public Health	Year 1 2020/21 to Year 4 2023/24	Health Improvement Reducing Inequalities Group  Care Closer to Home IG	
5. Scoping opportunities to strengthen the collection, monitoring and analysis	Executive Medical Director		Digital IG	

of data on health outcomes and use of health services disaggregated by protected characteristic and vulnerable groups.				
6. Strengthening information systems and improving communication across BCUHB in regards to advance decision and /or do not attempt cardiopulmonary resuscitation (DNACPR) decisions via the Digital Improvement Group structure.	Executive Medical Director		Digital IG	
7. Improving the accessibility of appointments, letters and patient information.	Executive Medical Director Executive Director Nursing & Midwifery		Digital IG	

Long-term Aim - Strong and progressive equality and human rights protections for Wales.		Lead Exec	Timescales	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
BCUHB Equality Objective 3: We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales, by:					
<b>EHRC Priority Domain: Health</b>					
1. Promoting a human rights based approach and embedding the UN Convention on the Rights of Disabled		Executive Director Nursing & Midwifery		Care Closer to Home IG Together for Mental Health IG	

People (UNCRPD) into healthcare strategy and delivery.			Planned care / Unscheduled Care IG Continuing Health Care IG	
2. Promoting a human rights based approach and embedding the 'Rights of Children and Young Persons (Wales) Measure' 2011 into healthcare strategy and delivery.	Executive Director Primary & Community Services  Executive Director Nursing & Midwifery		The Children and Young People Transformation Group on behalf of the NWRPB	
3. Promoting the social model of disability and the need for health services to focus more on independence, choice and control, making people equal partners in their health care choices for both patients and staff.	Executive Director Nursing & Midwifery	Year 1 2020/21 to Year 4 2023/24	Care Closer to Home IG Together for Mental Health IG Planned care / Unscheduled Care IG Continuing Health Care IG	
4. Promoting the rights of older people to ensure that the services, facilities and opportunities that people need to help them to age well do not discriminate against older people.	Executive Director Nursing & Midwifery		Care Closer to Home IG Together for Mental Health IG Planned care / Unscheduled Care IG Continuing Health Care IG	
5. Increasing access to healthcare for Gypsies, Roma and Travellers and targeting the health & well-being needs	Executive Director Primary & Community Services	Year 1 2020/21 to Year 2 2021/22	Care Closer to Home IG	

of homeless & vulnerable groups of all ages across North Wales. Working with partners to influence the wider key determinants of health.			Health Improvement Reducing Inequalities Group	
6. Increasing access to healthcare and improving the accessibility and quality of translation services available to migrants, refugees and asylum seekers.	Executive Director Primary & Community Services Executive Director Nursing & Midwifery	Year 1 2020/21 to Year 2 2021/22	Care Closer to Home IG Health Improvement Reducing Inequalities Group	
7. Increasing access to healthcare and improving the accessibility and quality of translation services available to people with sensory loss.	Executive Director Nursing & Midwifery	Year 1 2020/21	Care Closer to Home IG Together for Mental Health IG Planned care / Unscheduled Care IG	
8. Implementing the Welsh Government Code of Practice for autistic people to increase access to healthcare and improving the accessibility of the environment for autistic people in regards to sensory overload, or information overload.	Executive Director Nursing & Midwifery		Care Closer to Home IG Together for Mental Health IG Planned care / Unscheduled Care IG	
9. Implementing the gender identity pathway across North Wales. Maintaining engagement activity with individuals and groups.	Executive Director Primary & Community Services	Year 1 2020/21	Care Closer to Home IG	

10. Increasing the numbers of people with learning difficulties taking up their right to an annual health check.	Director Mental Health & Learning Disabilities	Year 1 2020/21	Together for Mental Health IG	
11. Implementing the North Wales Suicide and Self-Harm Prevention Strategic Plan.	Director Mental Health & Learning Disabilities	Year 1 2020/21 to Year 4 2023/24	Together for Mental Health IG	
12. Implementing BCUHBs Mental Health Strategy and evaluating the extent to which services are meeting the different needs of people sharing different protected characteristics via the Together for Mental Health Improvement Group structure.	Director Mental Health & Learning Disabilities	Year 1 2020/21	Together for Mental Health IG	
13. Implementing the Child and Adolescent Mental Health Strategy and improving the provision of timely children and young people's mental health services.	Executive Director Primary & Community Services	Year 1 2020/21 to Year 4 2023/24	The Children and Young People Transformation Group on behalf of the NWRPB	
14. Progressing action to close the health inequalities between disabled children and non-disabled children.	Executive Director Primary & Community Services	Year 1 2020/21 to Year 4 2023/24	The Children and Young People Transformation Group on behalf of the NWRPB	
15. Implementing the North Wales Carers' Strategy and evaluating the extent to which services are meeting the different needs of people sharing different protected characteristics.	Executive Director Primary & Community Services		Care Closer to Home IG	

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Long-term Aim - Wales is a world leader for gender equality.  BCUHB Equality Objective 4: We will prioritise action to advance gender equality in North Wales, by:	Lead Exec	Timescales	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
EHRC Priority Domain: Health and Work				
1. Publishing our gender pay gap and implementing the Health Boards Gender Pay Gap Improvement Plan.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
2. Establishing a Women’s Network and support mechanism.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
3. Improving awareness of, and access to work life balance opportunities.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
4. Taking action to support pregnant staff, those returning to work following maternity leave and new parents.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	



<b>Long-term Aim - Elimination of identity-based abuse, harassment, hate-crime and bullying.</b>  <b>BCUHB Equality Objective 5: We will prioritise action to address personal security for people sharing different protected characteristics in North Wales, by:</b>	<b>Lead Exec</b>	<b>Timescales</b>	<b>Improvement Group</b>	<b>Cross Ref to IMTP/Improvement Plan Actions</b>
<b>EHRC Priority Domain : Justice and Personal Security</b>				
1. Working with partners to improve the identification, reporting and support for victims of incidents and hate crime across all protected characteristics with a particular focus on LGBT+ and BAME people.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
2. Building equality and human rights into the BCUHBs Health & Safety Improvement programme and encouraging the reporting of hate crime and incidents across all protected characteristics.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
3. Implementing the Health Boards violence against women, domestic abuse and sexual violence policy (VAWDASV) including the extent to which services are meeting the different needs of people sharing different protected characteristics.	Executive Director Nursing & Midwifery		Quality IG	

4. Promoting the All Wales Dignity at Work Process, identifying and taking action to address unfair treatment, bullying and harassment in the workplace including sexual harassment.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	

<b>Long-term Aim – A Wales of cohesive communities that are resilient, fair and equal.</b>  <b>BCUHB Equality Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales by:</b>	<b>Lead Exec</b>	<b>Timescales</b>	<b>Improvement Group</b>	<b>Cross Ref to IMTP/Improvement Plan Actions</b>
<b>EHRC Priority Domain : Participation</b>				
1. Implementing the Health Boards Engagement Strategy, maintaining ongoing engagement with individuals and groups sharing different protected characteristics.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
2. Building equality and human rights into staff engagement programmes to identify any themes that may indicate disadvantage.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	

3. Establishing additional Staff Networks and support for disabled staff and BAME staff to better understand staff experience.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	

<p><b>Long-term Aim - Everyone in Wales is able to participate in political and everyday life.</b></p> <p><b>BCUHB Equality Objective 7: We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales, by:</b></p>	<b>Lead Exec</b>	<b>Timescales</b>	<b>Improvement Group</b>	<b>Cross Ref to IMTP/Improvement Plan Actions</b>
<b>EHRC Priority Domain: Participation</b>				
1. Working together with other public bodies via Public Service Boards and Regional Partnership Boards, to reduce inequalities linked to loneliness and social isolation through partnership working.	Executive Director Primary & Community Services		Care Closer to Home IG	

2. Ensuring that the Health Boards Communications Strategy is inclusive and accessible to all.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
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<p><b>Long-term Aim - The Welsh public sector leads the way as exemplar inclusive and diverse employers.</b></p> <p><b>BCUHB Equality Objective 8: We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce, by working towards:</b></p>	<b>Lead Exec</b>	<b>Timescales</b>	<b>Improvement Group</b>	<b>Cross Ref to IMTP/Improvement Plan Actions</b>
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<b>EHRC Priority Domain: Work</b>				
1. Ensuring that equality and inclusion are embedded and that equality impact assessment informs programmes coming out of the Workforce and Organisational Development Strategy designed to enable the Health Boards long term strategy for the future 'Living Healthier Staying Well' via the Workforce Improvement Group structure.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
2. Building a diverse workforce that is representative of North Wales.	Executive Director Workforce & OD		Workforce IG	

3. Taking action to address gender pay gaps across all staff groups including medical staff.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
4. Identifying and taking action to address ethnicity and disability pay gaps across all staff groups including medical staff.	Executive Director Workforce & OD		Workforce IG	
5. Increasing the number of and support for disabled people working at BCUHB.	Executive Director Workforce & OD		Workforce IG	
6. Taking action to increase participation of under-represented groups within employment initiatives and apprenticeship schemes.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
7. Ensuring alignment with the Health Boards integrated multi professional education and learning improvement programme.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	
8. Building equality and human rights into organisational development activity, leadership development programmes and wider training for all staff including volunteers.	Executive Director Workforce & OD	Year 1 2020/21	Workforce IG	

9. Building organisational understanding through a programme of equality and human rights training.	Executive Director Workforce & OD	Year 1 2020/21 to Year 4 2023/24	Workforce IG	
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## Appendix 4

### Our Strategy and Planning Map

Regional Partnership Board / Public Service Boards					
BCUHB Strategy – Living Healthier Staying Well					
Equality and Diversity					
Improving Health and Reducing Inequalities		Care Closer to Home		Acute Hospital Care	
Enabling Strategies ( * denotes key enabling strategy)					
Services Strategy *	Workforce *	Digital Health *	Estates *	Carers	
Welsh Language	Finance / recovery *	Quality and Safety *	R&D and Innovation	Mental Health Strategy	Learning Disabilities Strategy
Improvement Groups – Reporting to Portfolio Management Group					
Health Improvement Group	Care Closer to Home Improvement Group	Together for Mental Health Improvement Group	Planned Care Improvement Group	Unscheduled Care Sub Group	Digital Improvement Group
Estates Improvement Group	Workforce Improvement Group	Quality Improvement Group	Procurement Improvement Group	Medicines Management Improvement Group	Continuing Healthcare Improvement Group
East, Centre, West Health Economy Delivery Plans					
Underpinning Cluster / Service Delivery Plans					



<b>Cyfarfod a dyddiad:</b>	Strategy, Partnerships and Population Health Committee						
<b>Meeting and date:</b>							
<b>Cyhoeddus neu Breifat:</b>	Public						
<b>Public or Private:</b>							
<b>Teitl yr Adroddiad</b>	North Wales Regional Partnership Board Meeting						
<b>Report Title:</b>	update						
<b>Cyfarwyddwr Cyfrifol:</b>	Mark Wilkinson, Executive Director of Planning and Performance						
<b>Responsible Director:</b>							
<b>Awdur yr Adroddiad</b>	Suzanne Didcote, PA to Executive Director of Planning and Performance						
<b>Report Author:</b>							
<b>Craffu blaenorol:</b>	The report is being brought for information /						
<b>Prior Scrutiny:</b>	assurance.						
<b>Atodiadau</b>	Notes of 11 <sup>th</sup> October Regional Partnership Board						
<b>Appendices:</b>	meeting attached						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to receive the update from the North Wales Regional Partnership Board							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b>		<b>Ar gyfer Trafodaeth</b>		<b>Ar gyfer sicrwydd</b>	<b>x</b>	<b>Er gwybodaeth</b>	<b>X</b>
<b>For Decision/ Approval *</b>		<b>For Discussion*</b>		<b>For Assurance*</b>		<b>For Information*</b>	
<b>Sefyllfa / Situation:</b>							
The notes provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 11 <sup>th</sup> October meeting are attached.							
<b>Cefndir / Background:</b>							
Key points to note include:							
1) Work ongoing with Learning Disability Transformation Programme 2) Updates received on Digital Transformation work 3) Hospital to a Healthier Home update 4) Carers Strategy update 5) Winter Planning Process 19/20 and funding							
<b>Asesiad / Assessment</b>							
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

## Nodiadau Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

**11 Hydref 9:00 am – 12:30 pm yn yr Optic, Llanelwy**

Yn bresennol:	Teresa Owen (Cadeirydd), Bethan E Jones, Charlotte Walton, Cyng. Christine Jones, Cyng. Joan Lowe (JL), Cyng. Louise Emery, Cyng. Dafydd Meurig, Cyng. Bobby Feeley, Estelle Hitchon, Ffion Johnstone, Jenny Williams, Kevin Roberts, Lesley Singleton, Lynda Colwell, Peter Williams, Rob Smith, Catherine E Jones, John Gladston, Dave Worrall, Jennie Lewis (Jle), Sacha Hackett, Shan Lloyd Williams, Maria Bell (Cofnodwr), Fon Roberts (yn cynrychioli Alwyn Jones / Ynys Môn), Susie Lunt (yn cynrychioli Neil Ayling / Sir y Fflint), Sherry Weedall, AVOW (yn cynrychioli Wendy Jones / Trydydd Sector), Aled Davies (yn cynrychioli Morwena Edwards), Sally Baxter (yn cynrychioli Mark Wilkinson)
Ymddiheuriadau:	Bethan Jones Edwards, Cyng. Llinos Medi Huws, Alwyn Jones, Clare Budden, Wendy Jones, Marian Wyn Jones, Neil Ayling, Mark Wilkinson, Morwena Edwards, Chris Stockport, Mary Wimbury, Judith Greenhalgh, Nicola Stubbins
Hefyd yn Bresennol:	Maria Bell, Rheolwr Busnes Rhanbarthol (ar gyfer eitem 6) Mark John-Williams, Cyd-gyfarwyddwr Flintshire DO-IT (ar gyfer eitem 9) Catrin Gilkes, Cyfieithydd (cyfarfod cyfan)

Eitem		Camau Gweithredu / Penderfyniadau
	<u>Croeso, cyflwyniadau ac ymddiheuriadau</u> Estynnodd y Cadeirydd groeso cynnes i bawb. Cyflwynodd pawb eu hunain a derbyniwyd yr ymddiheuriadau fel y'u nodir uchod.	
1.	<u>Nodiadau'r cyfarfod blaenorol a chatau gweithredu.</u>  Derbyniwyd cofnodion y cyfarfod a gynhaliwyd ar 6 Mawrth fel cofnod cywir o'r cyfarfod.  Materion heb eu cwblhau: <ul style="list-style-type: none"><li>• Diweddariad gan Fforwm MTJW ar ôl cyfarfod mis Rhagfyr/Ionawr</li></ul> Materion yn codi: <ul style="list-style-type: none"><li>• Dim</li></ul>	

2.	<p><u>Cymru Iachach: Rhaglen Trawsnewid Anableddau Dysgu</u></p> <p>Rhoddodd Susie Lunt a Kathryn Whitfield ddiweddariad ar gyraeddiadau ac effaith y rhaglen hyd yma.</p> <p>Cydnabuwyd bod llawer o bapurau ond roeddent yn credu y byddai'r Bwrdd Partneriaeth yn gwerthfawrogi'r manylion. Mae croeso i aelodau BPRhGC wahodd Kathryn Whitfield i unrhyw gyfarfodydd lleol i drafod y rhaglen ymhellach.</p> <p>Mae'r Bwrdd Rhaglen a'r Dinasyddion (panel a grŵp cyfranogi) wedi cytuno ar y blaenoriaethau. Mae'r rhaglen wedi chwilio am arfer gorau ar draws y rhanbarth, Cymru a thu hwnt ac yn rhannu hyn.</p> <p>Bydd y ffocws heddiw ar waith i'r dyfodol. Mae gan y rhanddeiliaid gryn ddiddordeb yn y cyfle i gael £0.5m o gyllid ar gyfer peilota ymdriniaethau newydd. Mae proses ar gyfer cynigion wedi'i datblygu a bydd yn cael ei chyhoeddi yn yr wythnosau i ddod.</p> <p>Mae gwaith ar y gweill yn Ynys Môn i edrych ar gyllideb gyfun (cyllid iechyd a gofal cymdeithasol); caiff y Bwrdd aroddiad ar yr hyn a ddysgwyd yn sgil hyn yn ddiweddarach.</p> <p>Mae cryn waith ar y gweill i ddatblygu deunyddiau ar y cyd â rhanddeiliaid e.e. deunyddiau hyfforddi ar werthoedd ac egwyddorion. Mae bwriad i gyd-gynhyrchu opsiynau e-ddysgu a ffilmiau newydd; mae'r rhaglen yn ymgysylltu â Gofal Cymdeithasol Cymru a chyflogwyr ynghylch pa fath o hyfforddiant a dulliau dysgu sy'n angenrheidiol (gan adeiladu ar yr hyn sydd eisoes ar gael). Mae'r partneriaid wedi bod yn hynod o hael o ran rhannu eu deunyddiau eu hunain. Sefydlwyd Cymuned Ymarfer ar gyfer Cefnogaeth Weithredol.</p> <p>Mae'r gwaith ar ddatblygu opsiynau llety yn symud yn ei flaen yn gyflym ac mae'r sefyllfa wedi newid ers pan ysgrifennwyd yr adroddiad sydd yn y pecyn. Mae'r ALI yn edrych ar sefydlu trefniadau is-ranbarthol sy'n rhoi manylion am sut i reoli'r mater o 'breswyliaeth gyffredin' lle caiff llety gwell a gwasanaethau cefnogi ar gyfer pobl o wahanol wledydd eu comisiynu ar sail integredig. Mae 55 unigolyn y mae opsiynau newydd yn cael eu datblygu ar eu cyfer.</p> <p>Mae gwaith sylweddol yn digwydd i sicrhau bod gwybodaeth sy'n hyrwyddo iechyd ar gael ac i ofalu bod ymarferwyr ym maes iechyd yn ymwybodol o anghenion cyfathrebu a gwybodaeth pobl ag anawsterau dysgu e.e. arweiniad ar gyfer rhieni, teuluoedd a gweithwyr cefnogi ar sut i leddfu pryderon ynghylch mynd at y deintydd.</p> <p>IPC Prifysgol Oxford Brookes yw'r partneriaid sy'n gwerthuso'r rhaglen.</p> <p>Croesawodd JLe ymgysylltiad yn y rhaglen gan ddweud bod gwybodaeth hawdd ei darllen ragorol ar gael, ac yn byddai'n falch iawn pe bai modd dosbarthu'r wybodaeth honno.</p> <p>Mae Jennie'n cyfarfod rhieni a theuluoedd sy'n croesawu'r ymgysylltiad o ran gwerthuso'r effaith y mae'r rhaglen yn ei gael ar fywydau pobl.</p> <p>Gofynnodd RS ynghylch y targed ar gyfer mynediad at gyflogaeth ac a oes unrhyw beth ychwanegol y gallai BIPBC fod yn ei wneud i ddarparu cyfleoedd.</p>	<p>KW i rannu'r adroddiad diweddaredig</p> <p>Adolygiad hanner ffordd i'w rhannu gyda'r Bwrdd Partneriaeth Ranbarthol.</p>
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	<p>Cyfeiriodd SL at 'brosiect chwilio' Cyngor Sir y Fflint sy'n darparu interniaethau ar gyfer pobl ifanc ag anableddau dysgu er mwyn iddynt ennill sgiliau sy'n eu paratoi ar gyfer gwaith a lleoliadau. Mae'r cyfranogwyr yn rhoi cynnig ar amrywiaeth o swyddi gyda'r nod o ennill o leiaf 16 awr yr wythnos o brofiad gwaith yn sgil hynny.</p> <p>Dywedodd SB bod tîm cydraddoldebau BIPBC yn gweithio ar hyn.</p> <p>Dywedodd FfJ bod gan PBC brosiect tebyg ym Mlaenau Ffestiniog.</p> <p>Nododd KW bod angen i ni i gyd chwalu'r myth nad yw pobl ag anableddau dysgu yn gallu gweithio llawer iawn o oriau oherwydd y rhwystr 'enillion therapiwtig'.</p> <p>Dywedodd SLIW bod anghenion llety yn fater sy'n cael ei gynnwys ar raglenni cyfarfodydd Prif Swyddogion Gweithredol LCC.</p> <p>Mae'r BPRhGC yn croesawu'r adroddiadau gan y rhaglen.</p>	
3.	<p><u>Trawsnewid Digidol</u></p> <p>Cyflwynodd Bethan E Jones (BEJ) yr adroddiad. Mae gweithrediad y WCCIS yn ddibynnol ar seilwaith ac amgylchedd ehangach e.e. mynediad i rwydweithiau a chaledwedd (argraffwyr) er mwyn galluogi gweithio symudol a chydleoli. Rhaid i ni hefyd ddileu gwastraff e.e. pan fo gweithwyr angen 2 wahanol liniadur er mwyn cael mynediad i systemau GIG ac Awdurdod Lleol.</p> <p>Mae Penaethiaid TGCh a swyddogion arweiniol yng Ngogledd Cymru yn rhan o'r datblygiad.</p> <p>Bydd y cynnig y dylid sefydlu grŵp cydlynu a fydd yn adrodd yn ôl i'r Bwrdd Partneriaeth Rhanbarthol yn canolbwyntio ar gael gwared ar rai o'r rhwystrau gweithredol.</p> <p>Mae'r adroddiad yn rhoi manylion strwythur llywodraethu amlinellol - Bwrdd Trawsnewid Digidol y Gwasanaethau Integredig. Mae angen atebion technolegol ond rhaid chwilio amdanynt o fewn paramedrau'r hyn sydd ei angen ar ddinasyddion a sut orau i ddarparu hynny. Rhaid hefyd sicrhau ein bod yn croesawu pethau newydd ar yr un pryd â gwneud y defnydd gorau o'r systemau sydd eisoes yn bodoli.</p> <p>Nododd Teresa Owen (TO) bod yn rhaid sicrhau cydgysylltiad rhwng y strategaeth glinigol a'r un ddigidol.</p> <p>Gofynnodd Cyng BF am i gynnydd o ran sefydlu Timau Adnoddau Cymunedol gael ei amlygu, a bod y gwaith hwn yn hanfodol o ran gwneud i hyn weithio hyd yn oed yn well.</p> <p>Gofynnodd EH a oes gan y partneriaid sy'n rhan o'r rhaglen eu strategaethau/cynlluniau trawsnewid digidol eu hunain.</p> <p>Atebodd BEJ mai'r rhagdybiaeth yw mai dyma'r achos ond y cwestiwn ydi a yw'r rhain yn cadw i fyny gyda'r gofynion gweithredol.</p> <p>Nododd TO ei bod yn bwysig ein bod yn gwneud hyn yn iawn er mwyn galluogi cynaliadwyedd y rhaglenni trawsnewid.</p>	

	<p>Cadarnhaodd y Cyng DM bod hwn yn ddarn pwysig o waith, yn enwedig o ran llywodraethu a data.</p> <p>Holodd TO ynghylch yr amserlen ar gyfer symud y gwaith hwn yn ei flaen.</p> <p>Dywedodd BEJ bod ychydig dros 12 mis o gyllid ar gyfer y rhaglen trawsnewid, bod angen gwneud cynnydd yn gyflym a bod yn rhaid i BIPBC ac ALI roi blaenoriaeth i hyn tra bo'r adnoddau ar gael.</p> <p>Awgrymodd DW hefyd y byddai o fantais edrych ar sut y gallai'r sector darparwyr gael mynediad i'r systemau hyn.</p> <p>Nododd FfJ y bu argymhellion / gofynion bod y gwasanaethau iechyd sylfaenol ac eilaidd a systemau'r ALI yn gweithio gyda'i gilydd.</p> <p>Nododd SB ei bod yn bwysig sicrhau bod Timau Adnoddau Cymunedol yn ymwneud â phob grŵp – plant a phobl ifanc, pobl ag anghenion cefnogi lechyd Meddwl a phobl ag anableddau.</p> <p>Cadarnhaodd BEJ mai'r hyn sy'n allweddol yw gwaith integredig ar gyfer pobl hŷn.</p> <p>Dywedodd PW bod ei gefndir ef mewn TG a seilwaith TG; mae rhannu data bob amser yn her, ond gellir rhannu data'n ddiogel os oes protocolau a mesurau diogelwch effeithiol wedi'u sefydlu.</p> <p>Gofynnodd TO am safbwyntiau BPRhGC ar yr argymhellion yn yr adroddiad: Roedd cytundeb cyffredinol ond gofynnodd Cyng BF bod y gair 'gweithredol' (bydd y BPRh yn cefnogi'n weithredol) yn cael ei newid i 'ar frys'.</p> <p>Gofynnodd y CyngJL am linell amser ar gyfer adrodd yn ôl i BPRhGC.</p> <p>Cytunodd BEJ y byddai'n adrodd yn ôl ar y rhaglen a'i chynnydd ymhen 2 – 3 mis.</p>	<p>Adroddiad pellach i'r BPRhGC ymhen 3 mis.</p>
<p>4.</p>	<p><u>Adroddiad 'O'r Ysbyty i Gartref Iachach'</u></p> <p>Croesawodd TO yr adroddiad a'i fformat a gwahoddodd Lynda Colwell i roi trosolwg o'r gwaith a'r adroddiad.</p> <p>Dywedodd LC bod y gwaith ar y camau cynharaf ar hyn o bryd ond ei fod yn gwneud cynnydd da o fewn BIPBC ac ar draws Cymru.</p> <p>Caiff y rhaglen genedlaethol ar gyfer gofal heb ei drefnu ei darparu gan Gofal a Thrwsio Cymru mewn 7 o safleoedd ar draws Cymru.</p> <p>Dywedodd Stephen Harry (cyfarwyddwr y rhaglen genedlaethol) bod y peilot wedi bod yn galonogol a diolchodd i Ofal a Thrwsio ar draws Cymru am fod mor gyflym yn sefydlu eu hunain mewn ysbytai ar draws y wlad. Bydd y prosiect yn cael ei ymestyn a'i werthuso, a dyna arweinodd at yr adroddiad a roddwyd gerbron heddiw.</p> <p>Cytunwyd ar ddangosyddion / mesuryddion y gellir eu defnyddio i benderfynu ar ddyfodol y cyllid.</p> <p>Mae'r peilot wedi'i ymestyn eto hyd fis Mawrth 2020. Bydd cyfarfodydd yn cael eu trefnu rhwng y Gweinidogion Tai ac Iechyd er mwyn adrodd ar</p>	

gynnydd y gwasanaeth a'i wreiddio fel dull trawsnewidiol o fynd i'r afael â gofal heb ei drefnu ac oedi o ran rhyddhau cleifion o'r ysbyty.

Daw'r cyllid gan GIG (refeniw) a Tai (Cyfalaf – addasiadau, trwsio a chynnal a chadw). Mae'r rhaglen wedi'i halinio'n dda â Chymru Iachach gan alluogi partneriaethau hirdymor, cynaliadwy.

Y nod yw cefnogi pobl i gadw'n iach ac i fyw'n annibynnol ac yn ddiogel. Mae'r gwasanaeth yn cefnogi'r dyhead i sicrhau bod tai pobl hŷn yn ddiogel, yn gynnes ac yn gyfforddus.

Nododd LC mai pwynt gwerthu unigryw Gofal a Thrwsio yw brics a mortar y cartref ar yr un pryd a chefnogi'r unigolyn yn y cartref.

Ar draws ardal BIPBC cafwyd 400 o atgyfeiriadau am gyngor a arweiniodd at nifer sylweddol o wiriadau cartrefi iach, gwaith trwsio mewn 168 gartrefi a 175 gwiriad. budd-dal lles. Yn aml iawn mae modd cwblhau addasiadau ar yr un diwrnod h.y. gwaith trwsio hanfodol, gosod sêffs allweddi, symud gwlâu i lawr y grisiau.

Mae'r rhaglen hon yn cefnogi'r agenda 'cwympiadau' h.y. ar gyfer pobl sy'n ffit i'w rhyddhau o'r ysbyty ar ôl disgyn, mae'r gwasanaeth yn adolygu'r amgylchedd yn y cartref er mwyn gweld beth achosodd y ddamwaith ac a oes modd gwneud unrhyw newidiadau er mwyn osgoi rhagor o gwympiadau yn y dyfodol.

Disgrifiodd LC astudiaeth achos diweddar yn ymwneud â dynes gydag esgyrn wedi torri a welwyd cyn ei rhyddhau o'r ysbyty. Roedd wedi disgyn oddi ar ei sgwter symuedd wrth ei ddefnyddio ar lwybr nad oedd yn ddigon llydan ac o'r herwydd roedd y sgwter wedi troi drosodd ar ymyl y llwybr a hithau wedi disgyn. Gofynnodd y gwasanaethau 'sut ddigwyddodd hyn' a chafodd y llwybr ei wella cyn i'r ddynes fynd adref.

Disgrifiodd LC hefyd sefyllfaoedd lle mae pobl yn cymryd y byddant gallu ymdopi yn eu cartrefi heb fod yn ymwybodol bob amser o'r risgiau a'r rhwystrau. Mae hyn yn peri mwy o risg i'r unigolion a'u gofalwyr; gall y gwasanaeth sicrhau ymdriniaeth ataliol effeithiol, gan ychwanegu at wasanaethau eraill sydd ar gael (e.e. gweithio'n agos gyda Gwasanaeth Gwybodaeth i Ofalwyr Gogledd Cymru, y Groes Goch Brydeinig ac ati.) Cyswllt ac arwyddbosio gan Trwsio a Gofal ar draws y gwasanaethau cymunedol.

Mae'r gwasanaeth yn cyfuno ymdriniaeth unigolyn ganolog â sgiliau technegol.

Nododd y CyngLE bod cohort cynyddol o unigolion sydd yn eithaf gwael sydd angen 6 – 8 ymweliad drwy gydol y dydd, ddydd a nos. Dywedodd yr ymwelodd â chartref nyrsio yn ddiweddar a bod yr agenda i gefnogi mwy a mwy o bobl yn eu cartrefi yn cael effaith andwyol arno.

Dywedodd LC eu bod yn cael sgysiau sensitif gydag unigolion nad yw aros yn eu cartrefi o bosibl yn ddiogel nac yn ymarferol iddynt ac y dylent o bosibl ystyried opsiynau cartrefi gofal â gofal ychwanegol.

Gofynnodd JW ynghylch cynladwyedd y rhaglen a sut y gellir prif-frydio hyn gyda'r arian sydd eisoes yn y system.

Mae Gofal a Thrwsio Cymru wedi cael y drafodaeth hon. Yn hanesyddol, tan y rhaglen hon, mae cyllid GIG wedi bod ar lefel leol, nid ar lefel LIC. Mae Trwsio a Gofal yn awyddus i gael yn trafodaethau hyn gyda BPRhGC.

	<p>Nododd RS mai'r arferion hyn yw union ffocws gofal a chefnogaeth yn y cartref, trawsnewid cymunedol; nododd RS y gwaith effeithiol sydd eisoes yn digwydd rhwng Gofal a Thrwsio a Thimau Adnoddau Cymunedol yn Wrecsam. Gofynnodd RS a oes rhywbeth arall i'w gael o'r prosiect hwn. A oes rhagor o bobl ag arnynt angen y gefnogaeth hon?</p> <p>Dywedodd LC bod lle i'r prosiect hwn dyfu, yn amodol ar gyllid –mae'r galw yno. e.e. gallai weithio mewn adrannau Damweiniau ac Achosion Brys yn ogystal ag mewn lolfeydd rhyddhau. Mae Gofal a Thrwsio yn edrych ar darddiad yr atgyfeiriadau.</p> <p>Ategodd y CyngBF'r pryderon ynghlch natur rhaglenni 'peilot' ac phwysleisiodd eto bwysigrwydd sicrhau cyswllt â'r TAC</p> <p>Dywedodd ChW y bu trafodaeth yn Wrecsam ynghylch pwy ddylai fod yn eistedd o amgylch y bwrdd yn trafod cynllunio ar gyfer y gaeaf a thu hwnt, pwy yw'r partneriaid allweddol, sut allwn ni ddysgu o'r rhaglenni peilot.</p> <p>Nododd DW bod BRC yn gweithio ar brosiect y mae'n debygol y bydd yn rhaid ei dendro yn y dyfodol, sy'n ei roi mewn perygl.</p> <p>Dywedodd BEJ bod angen edrych ar hyn o fewn y system ehangach a gweithio i rwystro damweiniau/anafiadau ac ati rhag digwydd h.y. gwiriadau dogelwch yn y cartref.</p> <p>Soniodd KR bod gweithwyr y gwasanaeth tân yn cynnal gwiriadau mewn cartrefi bob dydd a gofynnodd sut y mae atgyfeiriadau'n gweithio, ac a yw'r gweithwyr achos wedi'u lleoli yn yr ysbytai. Dywedodd KR hefyd bod angen i ni sicrhau nad oes un 'pwynt methiant' h.y. bod angen datblygu amrywiaeth o lwybrau atgyfeirio</p> <p>Mae Trwsio a Gofal yn gweithio gyda Choleg Brenhinol y Therapyddion Galwedgaethol, mae gan weithwyr achos gymwysterau BTeC ac maent yn cael eu monitro a'u mentora gan Therapyddion Galwedigaethol.</p> <p>Dywedodd EH mai rhan o waith WAST yw peidio cludo pobl i ysbytai. Mae llwybrau atgyfeirio o leoliadau heblaw ysbytai yr un mor bwysig. Mae cyfle i edrych ar y llwybr cyfan.</p> <p>Nododd JLe bod y prosiect yn cynrychioli synnwyr cyffredin a gofynnodd sut y caiff Gofalwyr eu cynnwys? Dywedodd LC ei fod yn gweithio gyda gwasanaethau gofalwyr i godi ymwybyddiaeth.</p> <p>Dywedodd SLIW bod gwell cydweithio ar draws Cymru rhwng y gwasanaeth iechyd a sefydliadau tai. Mae Gofal a Thrwsio Gwynedd a Môn a Chonwy a Sir Ddinbych wedi'u cysylltu â Grŵp Cynefin ac mae hyn yn hyrwyddo cyfleoedd i brif ffrydio prosiectau sy'n gysylltiedig â gwasanaethau craidd, ond mae angen blaenoriaethu'r galw ar wasanaethu.</p>	
5.	<p><u>Diweddariad ar y Strategaeth Gofalwyr</u></p> <p>Nododd TO y cyfraniad arwyddocaol a wneir gan Ofalwyr - ni allai'r system gofal ac iechyd ymdopi â'r galw hebddynt.</p> <p>Cyflwynodd FfJ bapur yn rhoi diweddariad ar:</p>	

- Hunanasesiad Awdurdodau Lleol a BIPBC yn erbyn y safonau gwasanaeth a gytunwyd gyda Gofalwyr a chyflawniad amcanion y strategaeth.
  - Gwariant a pherfformiad yn erbyn Cyllid Gofalwyr Llywodraeth Cymru ar gyfer 2018/19 a 2019/20 (£213k y flwyddyn) sy'n canolbwyntio ar wella mynediad i ofal sylfaenol a chynllunio rhyddhad o'r ysbyty gyda gofalwyr.
  - Gwariant cyffredinol ar wasanaethau ar gyfer Gofalwyr yng Ngogledd Cymru (*dros £3.25m y flwyddyn, ar 80+ cytundeb gyda dros 30 sefydliad gofal a chymorth*)
  - Ymgysylltiad Gogledd Cymru gyda'r Grŵp Ymgynghorol Gweinidogol (GYG)
- Mae gwaith y GYG yn bwysig o ran sicrhau y clywir lleisiau Gofalwyr.

Mae Atodiad 1 yr adroddiad yn rhoi manylion am gynnydd yn erbyn y strategaeth.

Atodiad 2 yw'r adroddiad diwedd blwyddyn ar wariant a gyflwynwyd i LIC.

Bu ymdrechion i adolygu a rhesymoli strwythur llywodraethu'r grwpiau sy'n canolbwyntio ar y strategaeth Gofalwyr a darpariaeth weithredol yng Ngogledd Cymru.

Mae ffocws ar sut y gallwn wella comisiynu gwasanaethau gofalwyr, gan gynnwys mwy o gyfleoedd i gyd-gomisiynu/contractio.

Gofynnodd TO i JLe a PW am eu meddyliau am y gwaith sydd ar y gweill.

Dywedodd FfJ y rhagwelir y gofynnir i Ogledd Cymru rannu'r Strategaeth Gofalwyr gyda'r Grŵp Ymgynghorol Gweinidogol

Mae'r GYG wedi gofyn i BPRh gynghori pa 3 pheth yr ydym eu heisiau fel blaenoriaethau ar gyfer cynllun gweithredu ar gyfer Gofalwyr.

Cytunwyd y dylai BPRhGC fwydo'n ôl ar bwysigrwydd cyfranogiad gofalwyr ar y grwpiau hyn.

Dywedodd JLe bod Grŵp Ymgysylltu ac Atebolrwydd yn gysylltiedig â'r GYG a bod yr Ymddiriedolaeth Gofalwyr wedi'i ariannu i hwyluso'r grŵp hwn. Mae JLe wedi gofyn i swyddogion sy'n arwain ar bolisi faint o ofalwyr sy'n rhan o'r GYG a dywedwyd ei bod yn ymddangos bod LIC yn ffafrio model o gylchau consentrig gyda GYG a GYG Ymgynghori ac Atebolrwydd ar wahân; fodd bynnag yn y grŵp Ymgynghori GYG diweddar dim ond tri chynrychiolydd gofalwyr BPRh oedd yn bresennol.

Croesawodd PW y gwaith sydd ar y gweill i gefnogi gofalwyr pobl ag anghenion cymorth iechyd meddwl a soniodd am gyfarfod yr oedd wedi'i fynychu yng Nghaffi Gofalwyr Uned Ablett yn ddiweddar a'r wybodaeth o safon uchel sydd ar gael yno. Unwaith eto fodd bynnag, ef oedd yr unig Ofalwr oedd yn bresennol.

Cadarnhaodd LS y cynnydd da ar waith yn y gwasanaethau adferiad sy'n gweithio gyda phobl sydd wedi byw drwy'r fath brofiadau a gyda Gofalwyr. Nododd DW y gwaith y mae Trwsio a Gofal a'r Groes Goch yn ei wneud i gysylltu â phobl yn yr ysbytai a gofynnodd pa mor aml y gofynnir i bobl os ydynt yn ofalwyr. Dywedodd FfJ fod hyn yn rhan o'r sgwrs 'beth sy'n bwysig'.

Dywedodd TO y bydd cyfle i fwydo'n ôl am hyn fel rhan o gyfarfod Cadeiryddion y GPRh. Bydd BJE a Mary Wimbury yn cynrychioli Gogledd Cymru cyfarfod hwn.

	<p>Nododd TO bod llawer o'r amcanion strategol yn 'oren' a dywedodd er bod cynnydd da i'w weld, y byddai'n hoffi gweld mwy o wybodaeth o ran yr hyn y mae angen ei wneud i droi meysydd yn wyrdd.</p> <p>Trafododd y Bwrdd y gwahanol ddulliau adrodd, a yw'r mesur 'RAG' yn ddefnyddiol ac y gallai defnyddio'r seren lles fod yn fwy manteisiol. Trafodwyd hefyd y defnydd o astudiaethau achos (dywedodd MB bod templed astudiaethau achos wedi'i rannu gyda'r sefydliadau gofalwyr cysylltiedig a Grŵp Gofalwyr Gweithredol Gogledd Cymru).</p> <p>Dywedodd JLe bod angen hefyd i ni gael gwybod am, a rhannu straeon am bethau nad ydynt wedi bod mor llwyddiannus a dysgu o'r rhain.</p> <p>Dywedodd JGI bod angen i ni ystyried y defnydd o'r term 'gofalwr', mae pobl yn meddwl amdanynt eu hunain fel gwraig/cyfaill/teulu ac ati, byddai felly'n argymhell bod angen cymryd gofal gyda'r defnydd o'r term 'gofalwr'. Mae PW yn ategu hyn, peidio labelu fel 'Gofalwr' ond fel gŵr.</p> <p>Roedd yr adroddiad yn gofyn bod BPRhGC yn rhoi adborth i Grŵp Gweithredol Gofalwyr Gogledd Cymru.</p>	<p>Aelodau BPRhGC i adrodd yn ôl i FfJ / MB</p>
6	<p><u>Proses Gynllunio'r Gaeaf 2019/20</u></p> <p>Wrth feddwl am gynllunio ar gyfer y gaeaf, anogodd TO bawb i gael brechiad rhag y fflw os ydynt yn gymwys a gwahoddodd FfJ a BEJ i amlinellu'r broses gynllunio ar gyfer y gaeaf y cytunwyd arni yn dilyn llythyr a ddosbarthwyd am gyllid i alluogi darpariaeth dros y gaeaf 2019/20.</p> <p>Mae dwy elfen o gyllid:</p> <ul style="list-style-type: none"> <li>• £2.1m yn uniongyrchol i BIPBC (cyflwyno cynlluniau i LIC erbyn 23/10)</li> <li>• £3.5m i'w oruchwyllo gan BPRhGC (cyflwyno cynlluniau i LIC erbyn 15/11)</li> </ul> <p>Dywedodd BEJ bod yn rhaid i BPRhGC fod â throsolwg o'r 2 elfen a bod gwaith ar y gweill ar draws Gogledd Cymru i ddynodi blaenoriaethau lleol wedi'u halinio â'r themâu a nodwyd yn y llythyr am gyllid.</p> <p>Nododd BEJ y bydd blaenoriaethau y mae angen eu hariannu nad ydynt yn disgyn o fewn y meini prawf cyllido.</p> <p>Mae peth pryder bod gan y ddwy elfen wahanol ddyddiadau ar gyfer cyflwyno gwybodaeth.</p> <p>Gofynnodd y CyngDM sut y bydd yr arian yn cael ei glustnodi?</p> <p>Nododd BEJ bod taenlen benodol i'w chyflwyno fel rhan o'r cynllun, sy'n gysylltiedig a themâu/meini prawf LIC. Bydd dadansoddiad o fylchau lleol yn cael ei gynnal a thrafodaethau ynghylch pa sefydliad all helpu i gyflawni'r gofynion. Mae fformiwlâu ar gyfer dosrannu cyllid yng Ngogledd Cymru, a fydd yn sail dros flaenoriaethu'r dadansoddiad o anghenion lleol.</p> <p>Gofynnodd CyngBF a oes posibilrwydd o well cynllunio ymlaen llaw yn y dyfodol?</p> <p>Dywedodd BEJ bod nawdd ar gael bob blwyddyn ac y gallem ofyn i'r TAC feddwl am hyn ymlaen llaw. Erbyn hyn nid dim ond yn y gaeaf y mae'r</p>	<p>BEJ i roi diweddariad i TO ar drafodaethau am yr amserlen a chymeradwyo</p>



	<p>pwysau ond hefyd yn haf o ganlyniad i ymwelwyr (yn ôl y Daily Post daeth 30 miliwn o ymwelwyr i Ogledd Cymru eleni).</p> <p>Soniodd y CyngLE am bwysau 'twristiaeth iechyd'.</p> <p>Nododd JW nad dim ond ar GIG y mae'r pwysau ond hefyd ar y ofal cymdeithasol h.y. problemau gofal annisgwyl yn y gwasanaethau plant. Mae'r ardal ganolog yn adeiladu ar y cynllun sydd yn ei le gydol y flwyddyn.</p> <p>Yn ôl EH nid dim ond twristiaeth neu bwysau tymhorol sy'n effeithio ar hyn ond hefyd y symudiadau demograffig. Mae WAST yn gweld newid cadarnhaol mewn galw pan fo eira ar y llawr (sy'n cael ei weld fel newid mewn 'dewis' ymddygiadol yn hytrach na bod llai o bobl yn mynd yn sâl).</p> <p>Nododd KR mai'r un 'cwsmeriaid' sydd gennym ni i gyd a bod angen gweithio ar y cyd ar negeseuon allweddol, ac anogodd BIPBC a'r Awdurdodau Lleol i beidio ag anghofio Gwasanaeth Tân ac Achub Gogledd Cymru yn y cynlluniau.</p> <p>Nododd SB hefyd y gwaith sy'n digwydd gyda chartrefi gofal ac ati ar y risgiau perthnasol i adael yr Undeb Ewropeaidd (maes ychwanegol o risg).</p> <p>Gofynnodd y CyngBF a fyddai'n bosibl i'r Cadeirydd ddweud wrth Lywodraeth Cymru ar ran BPRhGC bod hyn yn bwysau gydol y flwyddyn.</p> <p>Cefnogodd BPRhGC y cynnig am un cynllun unigol ar gyfer Gogledd Cymru i gwmpasu'r £5.7m i gyd.</p> <p>Mae'r Bwrdd yn cyfarfod ar 8/11 a byddai hyn yn gyfle i roi sêl bendith.</p>	
7	<u>Digwyddiadau LIC</u>	
7i)	<p><u>Adborth o Weithdy Hunanasesiad LIC ar 02.10.2019</u></p> <p>Yn absenoldeb unrhyw un arall a fynychodd, rhoddodd Bethan E Jones adborth ar y digwyddiad. Nod y gweithdy oedd edrych ar declyn hunanasesu a ddatblygwyd gan gyd-grŵp tasg a gorffen AGC a AIC i drafod a oedd hyn yn ffordd ddefnyddiol o gefnogi'r cynnig am archwiliad.</p> <p>Roedd yr ymdriniaeth yn seiliedig ar fatrics aeddfedrwydd, ond nid oedd y mynychwyr yn sicr ai pwrpas hyn oedd profi grym Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru ynteu gwaith partneriaeth ei hun o fewn y rhanbarth.</p> <p>Bydd y gwaith yn dod i ben yn 2020 ar gyfer gweithrediad o 2021/2. Yr argymhellion oedd:</p> <ul style="list-style-type: none"> <li>- Bod angen eglurder o ran yr hyn sy'n cael ei archwilio</li> <li>- Bod matrices aeddfedrwydd yn ddefnyddiol</li> <li>- Y byddai adolygiad gan gymheiriaid hefyd yn fethodoleg gadarnhaol</li> </ul>	
7 ii)	<p><u>Ddigwyddiad Dysgu BPRh LIC - 5.12.2019</u></p> <p>Gofynnwyd i'r aelodau nodi'r newid yn y dyddiad o 28.11.2019. Cytunwyd ar y mynychwyr yn y cyfarfod diwethaf, fodd bynnag mae angen ystyried hyn eto oherwydd y dyddiad newydd.</p>	<p>Gofynnodd TO i'r rhai hynny oedd wedi rhoi eu henwau i gadarnhau gydag RW a ydynt yn dal i allu mynychu ac i</p>

	<p>Nododd BEJ bod costau teithio cyson i Gaerdydd / Gogledd Cymru yn achosi pwysau ariannol ar adeg pan fo BIPBC yn ceisio lleihau gwariant diangen, a hoffai archwilio cyfleoedd am fideo gynadledda.</p> <p>Ategwyd y pwynt hwn gan JLe a DW, ac yn ychwanegol dywedodd JL nad oes ganddi hi, EJ, JG na PW sefydliadau sy'n gwneud y trefniadau drostynt a'u bod yn mynychu'r fath ddigwyddiadau yn eu hamser eu hunain.</p> <p>Nododd JGI bod argyfwng newid hinsawdd wedi'i ddatgan ac awgrymodd y gallai LIC wneud defnydd o'r cyfleusterau yn eu swyddfa yng Nghyffordd Llandudno.</p> <p>Dywedodd Gatrín Hilkes y byddai angen cyfieithydd ym mhob lleoliad.</p>	<p>eraill ddweud os oes ganddynt ddi-ddordeb yn yn un o'r 8-10 lle sydd ar gael i BPRhGC.</p> <p>TO a BEJ i weld a ellid gwneud trefniadau amgen ar gyfer y digwyddiad hwn neu rai'r dyfodol yng ngoleuni'r ffaith y gallai'r tywydd fod yn anffafriol</p>
8	<p><u>Cymunedau 'Do It'</u></p> <p>Ymunodd Tom McKay, gwirfoddolwr a chyd-hyfforddwr yn Flintshire DO-IT â Mark John Williams (MJW), Cyd-Gyfarwyddwr DO-IT a swyddog prosiect ar Dîm y Rhaglen Trawsnewid AD.</p> <p>Gwahoddodd y Cadeirydd aelodau BPRhGC i gyflwyno eu hunain. Cyflwynodd Tom ei hun a dywedodd wrth y Bwrdd ei fod yn gobeithio cyn bo hir gwirfoddoli gydag AVOW mewn swydd farchnata.</p> <p>Dechreuodd Do-It fel menter gyd-gynhyrchu ac mae'n gysylltiedig â Datblygiad Cymunedol Seiliedig ar Asedau. Dywedodd MJW nad yw'r ymdriniaethau hyn yn aml iawn yn ddim mwy na jargon, ond yn Sir y Fflint fe wnaeth grŵp o unigolion gytuno i fynd ati a'i 'wneud o'. Mae'r prosiect wedi'i leoli yn ardal yr Wyddgrug ond mae'n ehangu i weithio ar draws Gogledd Cymru.</p> <p>Yn 2017, daeth Flintshire DO-IT yn gwmni a chydweithrediaeth Buddiant Cymunedol – nid oes ganddynt unrhyw adnoddau y telir amdanynt: mae'r holl aelodau'n wirfoddolwr. Mae'r prosiectau'n gynhwysol (unrhyw oedran a gallu) ac yn cynnwys:</p> <ul style="list-style-type: none"> <li>- prosiect sinema cymunedol ('watch-it')</li> <li>- cyfeillion gig ('gig-it')</li> <li>- grŵp cerddoriaeth ('rock-it')</li> <li>- cylch cefnogaeth ('circle-it')</li> <li>- ymgyrch ar gynyddu hygyrchedd toiledau cymunedol gan cynnwys cyfleusterau newid ar gyfer oedolion ('change-it')</li> <li>- boreau coffi cymunedol ('brew-it')</li> <li>- cyfleoedd detio ('love-it')</li> <li>- cyfleoedd teithio cymunedol ('thumb-it')</li> <li>- prosiect eiriolaeth, creu arweinyddiaeth gymunedol ('voice-it')</li> <li>- prosiect arweinyddiaeth / hyfforddi cymunedol, sydd yn elfen cynyrchu incwm posibl o'r prosiect ('inspire')</li> </ul> <p>Mae'r prosiect yn defnyddio credydau amser. Mae Theatr Clwyd, Freedom Leisure wedi eu cynnwys fel partneriaid credydau amser.</p> <p>Mae gwerthoedd y sefydliad yn seiliedig ar wir gydgyhyrchiad (yn hytrach nag ymgynghori) rhwng noddwyr, cefnogwyr/darparwyr a'r bobl sy'n manteisio ar y gwasanaethau.</p>	

	<p>I gloi, mae MJW yn teimlo bod gwir gydgynhyrchiad yn creu atebion gwirioneddol gynaliadwy i leddfu'r pwysau ar y gwasanaethau statudol gyda'r ffocws yn symud o:</p> <p>Be' sy'n bod &gt;&gt;&gt; be' sy'n gryf Annibyniaeth &gt;&gt;&gt; rhyngddibyniaeth (perthnasoedd) Cystadleuaeth &gt;&gt;&gt; cydgynhyrchiant</p> <p>Roedd TO yn cydnabod rôl DW o ran dod â'r prosiect hwn i sylw'r Bwrdd fel enghraifft o wella gwerth cymdeithasol.</p> <p>Dywedodd DW ei fod wedi'i synnu cymaint a gyflawnwyd gyda chyn lleied.</p> <p>Diolchodd TO i MJW a TMK am eu cyflwyniad.</p>	
9	<u>Unrhyw Fater Arall</u>	
	<p>Tynnodd Shan Lloyd Williams (SLW) sylw'r cyfarfod at ddigwyddiad a gynhaliwyd yr wythnos honno o'r enw 'Social Value – what's the point?'</p> <p>Dywedodd SLW bod MB wedi rhoi cyflwyniad ar waith Grŵp Llywio'r Fforwm Gwerth Cymdeithasol a'i bod wedi rhannu diagram yn dangos strwythur llywodraethu BPRhGC – yn rhoi manylion ar sut y mae Grŵp Llywio Gwerth Cymdeithasol Gogledd Cymru yn adrodd yn ôl i BPRhGC. Nododd SLW nad oedd gan y Grŵp Llywio Gadeirydd/cyd-gadeiryddion a'i fod o bosibl angen cyfeiriad gan y Bwrdd</p> <p>Gwahoddodd TO sylwadau gan grychiolwyr y trydydd sector ar y Bwrdd Partneriaeth Rhanbarthol</p> <p>Dywedodd DW yr hoffai ymwneud mwy â'r ochr Gwerth Cymdeithasol ond bod angen dod o hyd i wirfoddolwyr ar draws y sector i rannu'r rolau a'r cyfrifoldebau. Roedd LC a SW yn cytuno â hyn.</p>	Cynigiodd TO bod BJE, MB, TO a Shelley Davies yn cyfarfod i weld sut y gellir hyrwyddo'r gweithgaredd hwn.
	Cyhoeddodd SAC adolygiad o BGCau yr wythnos hon, cynigiodd EH y dylid edrych ar hyn yng nghyfarfod y NWRPB yn y dyfodol i weld a oes gwersi wedi'u dysgu.	
10	<u>Eitemau er gwybodaeth</u>	
10.1	Llythyr LIC: rhyddhad cyfalaf ICF 2018/19	Wed'u nodi
10.2	'Cymru Iachach' – Hyfforddiant Atebolrwydd Seiliedig ar Ganlyniadau	Wedi'i nodi
10.3	<p>Digwyddiad WIHSC : Dydd Mawrth 22 Hydref 2019 @ Clwb Pêl-droed Wreccsam</p> <p>Ydi'r Ddeddf yn cael effaith?</p> <p>Roedd taflen wybodaeth am y digwyddiad wedi'i chynnwys ym mhecyn y cyfarfod yn rhoi gwybodaeth am gyfleoedd i ddysgu mwy am y gwerthusiad o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) a rhannu gwybodaeth ynghylch yr effaith ar unigolion</p>	Wedi'i nodi
<b>Dyddiad y cyfarfod nesaf: Dydd Gwener 8 Tachwedd 2019 9.00 – 12.30 pm</b>		



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

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

## Notes of the North Wales Regional Partnership Board Meeting

**11th October 2019: 9:00 am – 12:30 pm in Optic, St Asaph**

<b>Present:</b>	Teresa Owen (chair), Bethan E Jones, Charlotte Walton, Cllr Christine Jones, Cllr Joan Lowe (JLo), Cllr Louise Emery, Cllr Dafydd Meurig, Cllr Bobby Feeley, Estelle Hitchon, Ffion Johnstone, Jenny Williams, Kevin Roberts, Lesley Singleton, Lynda Colwell, Peter Williams, Rob Smith, Catherine E Jones, John Gladston, Dave Worrall, Jennie Lewis, Sacha Hackett, Shan Lloyd Williams Maria Bell (note-taker), Fon Roberts (representing Alwyn Jones / Ynys Mon), Susie Lunt (representing Neil Ayling / Flintshire), Sherry Weedall, AVOW (representing Wendy Jones / Third Sector), Aled Davies (representing Morwenna Edwards), Sally Baxter (representing Mark Wilkinson)
<b>Apologies:</b>	Bethan Jones Edwards, Cllr Llinos Medi Huws, Alwyn Jones, Clare Budden, Wendy Jones, Marian Wyn Jones, Neil Ayling, Mark Wilkinson, Morwena Edwards, Chris Stockport, Mary Wimbury, Judith Greenhalgh, Nicola Stubbins
<b>In Attendance:</b>	Maria Bell, Regional Business Manager (for item 6) Mark John-Williams, Co-Director of Flintshire DO-IT (for item 9) Catrin Gilkes, Translator (whole meeting)

<b>Item</b>		<b>Actions / Decisions</b>
	<u>Welcome, introductions and apologies</u> The chair extended a warm welcome to everyone. Introductions were made and apologies noted as above.	
<b>1.</b>	<u>Notes and actions of last meeting</u> Minutes of the meeting 6 <sup>th</sup> September were accepted as a true record. Actions Outstanding: <ul style="list-style-type: none"> <li>Update requested from MTJW Forum after Dec / Jan meeting</li> </ul> Matters arising: <ul style="list-style-type: none"> <li>None</li> </ul>	
<b>2.</b>	<u>A Healthier Wales: Learning Disability Transformation Programme</u>  Susie Lunt and Kathryn Whitfield (KW) provided an update on the achievements and impact of the programme to date.  Recognised that there were a number of papers, as believed that the NWRPB would value the detail. Members of NWRPB were welcomed to invite KW to any local meetings to discuss the programme further.  Priorities have been agreed by the Programme Board and Citizens (panel & participation group). The programme has looked for best practice across the region, Wales and beyond and are sharing this.  Will focus today on the work going forward. Stakeholders are very interested in the opportunity to access £0.5M funding for piloting new	

approaches. A bidding process has been developed and will be published in the coming weeks.

Work ongoing in Anglesey to look at pooled budget arrangements (health & social care funding); the programme will report to a future NWRPB meeting on learning from this.

There is significant work ongoing to co-produce developments with stakeholders e.g. training materials on values and principles. There is an aim to coproduce new e-Learning options and films, the programme is engaging with Social Care Wales and employers on what kinds of training and methods of learning are required (building on what is already available). Partners have been very generous in sharing their own materials. A new Community of Practice for Active Support has been established.

The work on developing accommodation options is fast paced and the situation has changed since the report include in the pack. LAs are looking to establish sub-regional agreements that details how the issue of 'ordinary residence' is managed when there is integrated commissioning of enhanced accommodation and support services for people from different counties. There are 55 people for whom new options are being developed.

There is significant work ongoing to establish health promotion information and to ensure that health practitioners are aware of the communication and information needs that people with learning difficulties have; e.g. guidance for parents, families and support workers around anxiety in attending the dentist.

IPC Oxford Brookes University are the evaluation partners for the programme.

JLe welcomed involvement in the programme and flagged up that there is some excellent easy read information available about the programme and welcomed this being circulated.

Jennie meets with parents and families, who are welcoming involvement in evaluating the impact that the programme is making to people's lives.

RS asked about the target on access to employment and whether there is anything more that the BCUHB could be doing to provide opportunities.

SL noted that FCC have 'project search' providing internships for young people with learning disabilities, providing work readiness skills and placements. Candidates try a range of jobs, with an aim to gain at least 16 hours / week as a result.

SB advised that BCU's equalities team are working on this agenda.

FfJ advised that BCU in Blaenau Ffestiniog had a similar search project.

KW noted that we all need to bust the myth that people with LD cannot work many hours due to the 'therapeutic earnings scheme' barrier.

SLIW advised that accommodation needs is on the agenda of RSL CEO's meetings.

KW to share the updated report.

Mid-point review of the programme to be shared with the NWRPB

	NWRPB welcomes the reports from the programme.	
3.	<p><u>Digital Transformation</u></p> <p>Bethan E Jones (BEJ) introduced the report. Implementation of WCCIS is dependent upon a broader infrastructure and environment e.g. access to partners' networks and hardware (printers) to enable mobile working and co-location. We also need to eliminate waste e.g. where workers require 2 separate laptops in order to access both NHS &amp; LA systems.</p> <p>N Wales Heads of ICT and lead officers are involved in the development.</p> <p>The proposal for a co-ordinating group which reports to NWRPB will focus on unblocking some of the operational barriers.</p> <p>The report details an outline governance structure – Integrated Services Digital Transformation Board. There is a need for technological solutions but these must be sought within the parameters of what citizens need and how this can best be delivered. We also need to ensure that we are embracing innovations and making best use of existing systems.</p> <p>Teresa Owen (TO) noted that the clinical strategy must interlink with digital.</p> <p>CllrBF asked for it to be flagged that there is progress with establishment of Community Resource Teams and that this work is essential in making this work even better.</p> <p>EH asked whether the partners involved in the programme have their own digital transformation strategies/plans.</p> <p>BEJ responded that the assumption is that this is the case but the question is whether these are keeping pace with the operational requirements.</p> <p>TO noted that we need to get this right to enable sustainability of the transformation programmes.</p> <p>CllrDM confirmed that this is an important piece of work – particularly in respect of governance and data.</p> <p>TO enquired what is the timetable to move this work forward?</p> <p>BEJ advised that there is just over 12 months of the transformation programme funding, which needs rapid progress and prioritised by BCU &amp; LA's whilst there are resources available.</p> <p>DW also suggested that it would be advantageous to review how the provider sector may also access these systems.</p>	

	<p>FfJ noted that there have been recommendations/requirements for primary, secondary health services and LA systems to work together.</p> <p>SB noted that it is important to ensure that CRT's cover all groups – children and young people, people with MH support needs, disabilities.</p> <p>BEJ confirmed that the key is integrated working not just working for older people.</p> <p>PW advised that his background is in IT and IT infrastructure; sharing of data is always a challenge, but data security can be shared where there are effective protocols and securities.</p> <p>TO asked for the views of the NWRPB on the recommendations within the report: There was a general consensus although BF asked that the word 'actively' (RPB will actively support) is amended to 'urgently'.</p> <p>CllrJL asked for a timeline to reporting back to NWRPB.</p> <p>BEJ agreed to report on the programme and progress within 2 – 3 months.</p>	<p>Further report to NWRPB in 3 months' time.</p>
4.	<p><u>Hospital to a Healthier Home report</u></p> <p>TO welcomed the report and its format and invited Lynda Colwell to give an overview of the work and report.</p> <p>LC advised that the work is in its infancy, but is taking off well within BCU footprint and across Wales.</p> <p>The National Programme for Unscheduled Care was delivered by Care &amp; Repair Cymru in seven sites across wales.</p> <p>Stephen Harry (National Programme Director) advised been encouraged by the pilot and extended thanks for the pace at which Care &amp; Repair across Wales had been able to establish themselves within hospitals across Wales. The project was to be extended and evaluated – which resulted in the report shared today.</p> <p>Outcome indicators/measures were agreed, that could be used to decide on future of the funding.</p> <p>The pilot has been further extended to March 2020. Meetings will be arranged between Housing &amp; Health Ministers to report on progress of the service and embedding it as a transformative approach to tackle unscheduled care and delayed discharges.</p> <p>Funding is from NHS (revenue) and Housing (capital – adaptations, repairs &amp; maintenance). The programme is well aligned with Healthier Wales, enabling long term sustainable partnerships.</p>	

The aims are to support people to stay well, live independently and safely. The service supports the aspirations that older people's housing is safe, warm and comfortable.

LC noted that the USP of Care & Repair (C & R) is the bricks & mortar of the home, whilst also supporting the person in the home.

Across BCU area there have been 400 advice referrals resulting in significant numbers of healthy home checks, 168 home repairs and 175 people received welfare benefit checks. Adaptations can often be completed within the same day, e.g. essential repairs, fitting key safes, moving beds from up to down stairs.

The programme supports the falls agenda e.g. for those people 'fit for discharge' following a fall, the service reviews the home environment to look at what caused the fall and whether any preventative changes need to be made to avoid further falls.

LC described a recent case study of a lady with fractures who was seen in the discharge lounge having fallen off her mobility scooter, which was used on a path which was not wide enough for and had caused her to topple off the path. The services asked 'how did this happen' and improved the path before she went home.

LC also described scenarios where people assume that they can cope at home, but not always aware of the risks and barriers. This places the individuals and their Carers at greater risk; the service can ensure an effective preventative approach, adding to other services that are available (e.g. work closely with other services NEWCIS, British Red Cross etc). C & R link and sign-post across community services.

The service combines a person centred approach with technical skills.

CllrLE noted that in Conwy there is a growing co-hort of individuals who are quite unwell and require 6 – 8 calls across day and night. Noted that visited a nursing home recently who were adversely impacted by the agenda to support more and more people at home.

LC responded that they are having to have sensitive conversations with people for whom staying at home may not be safe or practical and who should may be considering extra care, care home options.

JW asked about the sustainability of the programme and how this can be mainstreamed with money already in the system.

Care & Repair Cymru have had this discussion. NHS funding has historically been at local level, not WG, until this programme. C & R are keen to have these discussions with NWRPB.

RS noted that these practices are exactly the focus of care and support at home; Community transformation; RS noted the existing effective working of C & R with CRTs in Wrexham. RS asked what further scope there is from this project. Are there more people requiring this support?

LC advised that the project has scope to grow, subject to funding – there is demand e.g. could work in A&E as well as discharge lounges. C & R are looking at where referrals are coming from.



	<p>CllrBF echoed the concern about the nature of 'pilots' and reiterated the importance of linking to CRTs.</p> <p>ChW advised of discussions in Wrexham around who needs to be sitting around the table to discuss winter planning and beyond – who are the key partners, how can we learn from pilots.</p> <p>DW noted that British Red Cross are working on a project that is likely to have to be tendered in future, which puts it at risk.</p> <p>BEJ reflected that we need to look at this within the wider system and working upstream i.e. before the accident / fracture etc happens e.g. home safety check.</p> <p>KR noted that there are fire service professionals undertaking home checks everyday and asked how referrals work, whether the case worker is hospital based? KR further advised that we need to ensure that there isn't a single point of failure i.e. develop a range of referrals pathways.</p> <p>Care &amp; Repair are working with the Royal College of OTs, case workers have BTeC qualifications and are monitored and mentored by OTs.</p> <p>EH noted that part of the work of WAST is to not convey people into hospitals. The referral pathways from non-hospital settings are equally important. There is an opportunity to look at the whole pathway.</p> <p>JLe noted that the project represented common sense and asked how Carers are linked into the service? LC noted that it works with carers services to raise awareness.</p> <p>SLIW noted better cooperation across Wales between Health &amp; Housing organisations. C &amp; R Gwynedd &amp; Môn and Conwy &amp; Denbighshire are linked to Grŵp Cynefin, this promotes opportunities to mainstream the projects linking with core services, but demand on services need to be prioritised.</p>	
5.	<p><u>Update on Carers Strategy</u></p> <p>TO noted the significant contribution made by Carers, without whom the health &amp; care system would not manage demand.</p> <p>FfJ introduced the paper, providing an update on:</p> <ul style="list-style-type: none"> <li>- Local Authority &amp; BCUHB self-assessment against the service standards agreed with Carers and achievement of the strategy aims</li> <li>- Expenditure and performance against the WG Carers Funding for 2018/9 and 2019/20 (£213k p.a.); which is focussed on improving access to primary care and improved discharge planning with Carers.</li> <li>- Overall expenditure on services for Carers in North Wales (<i>in excess of £3.25M per annum, on 80+ agreements with in excess of 30 care and support organisations</i>)</li> <li>- N Wales' engagement with the Ministerial Advisory Group (MAG). The work of the MAG is important in ensuring the voices of Carers are heard.</li> </ul>	

<p>Appendix 1 of the report details some of the progress against the strategy.</p> <p>Appendix 2 is the end of year report provided to WG on the expenditure.</p> <p>There have been efforts to review and rationalise the governance structure of the groups focussed on Carers strategy and operational delivery within North Wales.</p> <p>There is a focus on how we can improve commissioning of carers services, including scope for more joint commissioning / contracting.</p> <p>TO asked JLe and PW for thoughts on the work ongoing.</p> <p>FfJ advised that N Wales is anticipated to be asked to share the Carers Strategy with the Ministerial Advisory Group.</p> <p>The MAG has asked RPB's to advise on what 3 things we want as priorities for a national action plan for Carers.</p> <p>It was agreed that NWRPB feedback on the importance of involvement of Carers in these groups.</p> <p>JLe advised that there is a linked MAG Engagement &amp; Accountability Group and that Carers Trust have been funded to facilitate this group. JL has asked WG policy leads how many Carers are involved in the MAG and advised that WG appears to prefer a model of concentric circles with separate MAG &amp; MAG – EAG; however at the recent MAG-EG there were only 3 RPB Carer reps in attendance.</p> <p>PW welcomed the work that is ongoing in supporting Carers of people with mental health support needs and advised of a meeting he attended in Ablett Unit Carers café recently and the good quality information that was available. Again, however, he was the only Carer in attendance.</p> <p>LS confirmed the good progress on work within rehab services in working with people with lived experience and with Carers.</p> <p>DW noted ongoing work of Care &amp; Repair and Red Cross linking with people in hospital and enquired how often are people asked if they are Carers. FfJ noted that this is part of the 'What Matters' conversation.</p> <p>TO noted that many of the strategic aims were reported as amber, and reflected that although there is good progress, would like to see more information on what needs to be done to turn areas green.</p> <p>The Board discussed different reporting methods, whether the 'RAG' was useful and that use of the wellbeing star may be more beneficial. The use of case studies was also discussed (MB advised that a case study template had been shared with Carers organisations linked to North Wales Carer Operational Group (NWCOG)).</p> <p>JLe advised that we need also to capture and share the stories where things haven't gone so well and learn from these.</p> <p>JGI advised that we need to consider the use of the term 'carer', people think of selves as wife / friend / family etc, would recommend care in use</p>	<p>TO advised that there will be an opportunity to feedback on this as part of the RPB Chairs meeting. BJE and Mary Wimbury will be representing N Wales at this meeting.</p> <p>NWRPB feedback to FJ/MB this week</p>
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	<p>of term 'carer'. PW would echo this, don't label self as 'Carer' but as husband.</p> <p>The report asked the NWRPB to provide feedback to the North Wales Carers Operational Group (NWCOG).</p>	
6	<p><u>Winter Planning Process 2019/20</u></p> <p>In considering winter planning, TO encouraged all to take up the flu jab if they are eligible and invited FfJ and BEJ to outline the winter planning process agreed following a letter regarding funding to enable delivery over winter 2019/20.</p> <p>There are 2 elements of funding:</p> <ul style="list-style-type: none"> <li>• £2.1M directly to BCUHB (submit plans to WG by 23/10)</li> <li>• £3.6M to be overseen by the NWRPB (submit plans to WG by 15/11)</li> </ul> <p>BEJ advised that the 2 allocations need the oversight of NWRPB and that work is ongoing across North Wales to identify local priorities aligned to the themes detailed within the funding letter.</p> <p>BEJ noted that there will be priorities that require funding that do not fall within the funding criteria.</p> <p>There is some concerns that the 2 allocations have different dates for submission.</p> <p>CllrDM asked how the funding will be allocated?</p> <p>BEJ noted that there is a specific spreadsheet to be submitted as part of the plan, linked to the themes / WG criteria. Local gap analysis will be undertaken and discussions about which organisation can help deliver the requirements. There are formulas to distribute funding for North Wales, which will be the basis of prioritisation of local needs analysis.</p> <p>CllrBF asked what scope there is to plan ahead better in future?</p> <p>BEJ conceded that there is funding every year and we could be asking CRTs to be thinking of this in advance. Pressures are not just in Winter now, but have summer pressures from visitors (Daily Post reported 30M visitors to North Wales this year).</p> <p>CllrLE noted pressure from health tourists, people in their caravans for the summer who access.</p> <p>JW noted that there are not just NHS pressures but social care pressures, e.g. there are unscheduled care issues in children's services in MH. In central area are building on the plan which is in place across the year.</p> <p>EH - not just tourism or seasonality but the demographic shift which is impacting. WAST see a positive shift in demand when there is snow on the ground (seen to be a behavioural 'choice' change rather than people being less unwell).</p>	<p>BJE to update TO on discussions in regards the timetable and sign-off</p>

	<p>KR noted that we all have the same 'customers' and need to work together on key messages, and urged BCU &amp; LAs to please not forget the North Wales Fire Service in the plans.</p> <p>SB also noted work ongoing with care homes etc on risks related to EU-Exit (an additional risk area).</p> <p>CllrBF asked whether there is scope for the Chair to make the point from NWRPB to Wales Government that this is an all year pressure.</p> <p>NWRPB supported the proposal for a single plan for North Wales to encompass the full £5.7M.</p> <p>NWRPB are meeting on 8/11 which would allow sign off.</p>	
7	<u>WG Events</u>	
7 i)	<p><u>Feedback from Self-Assessment Workshop 02.10.2019</u></p> <p>In absence of other attendees, BEJ provided feedback from the event. The workshop was to look at a self-assessment tool that had been developed by a CIW &amp; HIW joint inspection task &amp; finish group to discuss whether it was a useful way to support the proposal for an inspection.</p> <p>The approach taken was based on a maturity matrix, but attendees where not clear about whether the purpose was to test the strength of the Board (NWRPB) or of partnership working itself within the region.</p> <p>The work is concluding in 2020, for implementation from 2021/2. Recommendations were:</p> <ul style="list-style-type: none"> <li>- Need clarity on what is being inspected</li> <li>- A maturity matrix is a useful</li> <li>- Peer review would also be a positive methodology</li> </ul>	.
7 ii)	<p><u>WG RPB Learning Event 5.12.2019</u></p> <p>Members were asked to note the change of date from 28.11.2019. Attendees were agreed at last meeting however, this now requires further consideration given the date change.</p> <p>BEJ noted that costs of continual travel to Cardiff / S Wales are a pressure when BCUHB are trying to reduce unnecessary expenditure and wants to explore opportunities of video conferencing.</p> <p>This point was echoed by JLe and DW, furthermore JLe pointed out that CEJ, JG, PW and herself do not have organisations to make arrangements for them and would be attending such events within their own time.</p> <p>JGI noted that a climate change emergency has been declared and suggested that WG could make use of the facilities at the office in Llandudno Junction.</p> <p>Catrin Gilkes advised that there would need a translator at each venue.</p>	<p>TO asked those that had put their names forward to confirm with RW whether they are still able to attend and others to advise if they are interested in the 8-10 places available to NWRPB.</p> <p>TO &amp; BJE to follow up whether alternative arrangements could be made for this or future</p>

		events given that there could be adverse weather
8.	<p><u>Do It Communities</u></p> <p>Mark John Williams (MJW), Co-Director, Flintshire DO-IT and area project officer in the LD Transformation Programme Team was joined by Tom McKay (TMK) a volunteer and co-trainer in Flintshire DO-IT</p> <p>The chair invited the NWRPB members to introduce themselves. Tom introduced himself and advised NWRPB that he hoped to soon be volunteering with AVOW in a marketing role.</p> <p>Do-It started as a co-production initiative and is linked to Asset Based Community Development. MJW advised that these approaches are often just jargon, but in Flintshire a group of individuals agreed to just get on and 'do-it'. The project is based in the Mold area, but is expanding to work across N Wales.</p> <p>In 2017, Flintshire DO-IT became a Community Interest Company and Cooperative - they have no paid resources; all members are volunteers. Projects are inclusive (all age, abilities) and include:</p> <ul style="list-style-type: none"> <li>- a community cinema project ('watch-it')</li> <li>- gig buddies ('gig-it')</li> <li>- a music group ('rock-it')</li> <li>- circle of support ('circle-it')</li> <li>- campaign on increasing accessibility of public toilets including adult changing facilities ('change-it')</li> <li>- community coffee mornings ('brew-it')</li> <li>- dating opportunities ('love-it')</li> <li>- community travel opportunities ('thumb-it')</li> <li>- advocacy project, creating community leadership ('voice-it')</li> <li>- a community leadership / training project, which is a potential income generation element of the project ('inspire')</li> </ul> <p>The project uses time-credits. Theatre Clwyd, Freedom leisure are included as time credit partners.</p> <p>The values of the organisation are built on true coproduction (as opposed to consultation) between funders, supported / providers and people receiving.</p> <p>In summary, MJW feels that true coproduction creates truly sustainable solutions to the pressures on statutory services; with a shift in focus from: what's wrong &gt;&gt;&gt; what's strong independence &gt;&gt;&gt; interdependency (relationships) competition &gt;&gt;&gt; coproduction</p> <p>TO recognised DW's role in bringing this project to the attention of the NWRPB in increasing examples of social value.</p> <p>DW advised that he was struck by what had been achieved with so little.</p> <p>TO thanked MJW and TMK for their presentation.</p>	

9.	<p><u>Any Other Business</u></p> <p>SLIW advised the NWRPB of an event held this week on 'Social Value – what's the point?'</p> <p>SLIW advised that MB had presented to the event on the work of the Social Value Forum Steering Group and had shared the NWRPB governance structure diagram – detailing the reporting of the North Wales Social Value Forum Steering Group to the NWRPB. SLIW noted that Steering Group lacked a chair / co-chairs and may be needing direction from NWRPB</p> <p>TO invited comments from third sector RPB representatives</p> <p>DW advised that would like to be move involved in the SV side but we need to draw volunteers from across the sector to share the roles and responsibilities. LC &amp; SW echoed this.</p>	<p>TO proposed that BJE, MB, TO and Shelley Davies meet to discuss how this activity can be promoted.</p>
	<p>WAO published a review of PSBs this week, EH proposed that this is looked at in future meeting of the NWRPB to see if there are lessons learned.</p>	
10.	<p><u>Information Items</u></p>	
10.1	<p>WG letter: ICF Capital release 2018/19</p>	<p>Noted</p>
10.2	<p>'A Healthier Wales' – Results Based Accountability (RBA) Training</p>	<p>Noted</p>
10.3	<p>WIHSC event: Tuesday 22 October 2019 @ Wrexham Football Club</p> <p>Is the Act having an impact?</p> <p>An event flyer was included in the agenda pack detailing opportunity to find out more about the evaluation of the Social Services and Well-being (Wales) Act and to share information about impact on individuals.</p>	<p>Noted</p>
	<p><b>Date of next meeting: Friday 8th November 2019 9.00 – 12.30 pm</b></p>	

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Strategy, Partnerships and Population Health Committee 3.12.19						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Community Transformation						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr. Chris Stockport Executive Director Primary and Community Services						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Dr. Jo Ward (Regional Programme Manager)						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director Primary and Community Services						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1: Regional Design Principles Appendix 2: Locality Pacesetters Appendix 3: Logic Model						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Fund.							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion*</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance*</b>		<b>Er gwybodaeth</b> <b>For Information*</b>	<b>X</b>
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to provide Board members with a progress update on the Community Services Transformation programme across North Wales. The report outlines the work undertaken since the last report (September 2019) and details the actions that will be undertaken in the following quarter.							
<b>Cefndir / Background:</b>							
As reported previously, Community Transformation is an ambitious programme of work aimed at integrating health and social care services at a community level, in order to: <ul style="list-style-type: none"> <li>▪ Improve the citizen's experience of health and social care services by ensuring seamless provision with robust communication</li> <li>▪ Improve outcomes for citizens by delivering care and support, based on what matters to individuals</li> <li>▪ Release the capacity and capability of community health and social care services to respond to people's needs, delivering care closer to home</li> <li>▪ Manage demand for statutory services by refocusing attention on improving self-care, early intervention and prevention, including anticipatory care planning and risk stratification</li> <li>▪ Shift focus and resources away from the acute and into the community</li> </ul>							
The development of integrated health and social care localities, and the enhancement of Community Resource Teams (CRT's) are central to the delivery of this ambitious programme of work. In addition, three areas – workforce, digital, and community development – have been identified as key enablers for the development of integrated health and social care localities, which Areas are required to work through.							
Governance for the programme is achieved via the Community Services Transformation Board, with Area Integrated Service Board's for each area (West, Centre and East) reporting into it. This allows for the development of a regional framework, yet local delivery. Moving forward, the intention is to develop Locality Leadership Teams (LLTs), in order to provide senior management and decision-making at a locality level. The relationship with GP Clusters is being explored as part of this work.							

**Work completed in reporting period (September – November 2019):**

**Project teams:** Recruitment to Area project teams is now complete, and consists largely of internally recruited 'change agents'. Additional 'experts' support is being commissioned where required in order to accelerate learning and development.

**Regional Design Principles:** Regional Design Principles have been developed, and signed-off by the Programme Board (**Appendix 1**).

**Outcomes, KPIs and Baseline Data:** The programme has adopted a number of complementary initiatives to support the robust collation of outcome and performance data.

- **Right-Sizing Community Services:** the programme has agreed to lead on the implementation of this WG initiative on behalf of the RPB. The benefits of this approach are two-fold: allowing Areas to collect robust data on need, demand and capacity to respond; and the collection of baseline data that can be used to measure progress and performance.
- **Integrated Pathway for Older People (IPOP):** This work provides a useful framework for ensuring health and social care services are developed appropriately and in order to best meet the needs of citizens. The data collected as part of the 'Right-Sizing' work will be crucial here and will help to inform the development of a number of components within the IPOP framework. Crucial too is the fact that the IPOP work supports the development of robust metrics which partners will be able to use to meaningfully measure integration, and the difference it makes to citizens. The Programme Board are working collaboratively with WG on this initiative, with WG agreeing to fund Results Based Accountability (RBA) training for executives, managers, and staff, as well as to provide peer support to operational teams implementing the framework.
- **Sustainability Planning:** Prof. John Bolton has been commissioned to work with areas to support the development of long-term sustainable service re-design. This work will usefully build on the results of the 'Right-Sizing' work outlined above.

**Re-profiled spend:** Given the lateness of the programme in starting, a significant amount of underspend existed against the original 2019/20 grant allocation. The decision was taken to re-profile spend and submit this to WG in order to formally request permission to carry any unallocated monies in to 2020-21. Areas are confident that with this adjustment, they will be able to spend their allocation in full, with additional contingencies in place regionally, to monitor spend. WG approval is pending.

**Locality Leadership Teams (LLTs):** Areas are starting to make strides towards the development of Locality Leadership Teams, which will provide the local governance and overall strategic management of resources. Different models for leadership are being considered across the region, with some areas looking to develop LLTs for each locality. Whilst others are seeking to develop one overarching LLT per County. These different models will be evaluated throughout, with lessons learnt cascaded across the region.

**Locality Pacesetters:** Areas/ localities were asked to submit expressions of interest to become a locality pacesetter and lead on the implementation of one or more key development areas (workforce & operational delivery; leadership & governance; budget & finance; IT, informatics & estates). Additional funding of £71,000 was provided to each pacesetter locality in order to support this work. Five pacesetters have been funded in total (**Appendix 2**). A draft governance process to support pacesetters has been developed regionally, and is awaiting sign-off before being shared with pacesetter teams.

**Communications:** A Regional Communications Strategy has been developed and shared with Area Leads. The purpose is to provide a regional framework for communicating with stakeholders. The framework also sets out those actions which are to be taken forward regionally, with space for local actions to be included. An independent design company have been commissioned to develop some bespoke artwork for the programme, including logo, infographic and document templates.

**Support Services Workshop:** A key action from within the Communications Strategy was to engage with support services (HR, Finance, Legal, IT/IMS, Performance, Estates) across the health board and local authorities, to raise awareness of the Community Transformation programme, identify the role of support services in enabling areas to achieve the vision, and identify potential challenges and barriers to integration, as well as opportunities. A support services workshop was held on 4<sup>th</sup> November, and was well attended by managers and senior officers. Attendees committed to cascading information about the



programme throughout their networks. A follow-up workshop has been agreed for 6 months' time, and will include updates from locality pacesetters.

**Work planned for the next reporting period:**

**Independent Evaluation:** Workshops to finalise Theories of Change for each area are planned for 2<sup>nd</sup> and 3<sup>rd</sup> December. IPC, who have been commissioned to undertake the evaluation, are required to submit a mid-point review to Welsh Government by 10<sup>th</sup> January 2020.

**Maturity Matrix:** As part of the establishment of baseline performance information, localities are required to complete their baseline assessment on the maturity matrix, developed to support the implementation of integrated health and social care localities.

**Outcomes, KPIs and Baseline Data:** The 'Right-Sizing Community Services' work will have been submitted and analysed by the NHS Delivery Unit and Prof. John Bolton, and Areas will start the work of applying the findings to service developments and sustainability planning within their areas.

**Communications:** Work will begin with regards to publicizing both the Transformation Programme as a whole, as well as the Community Services programme in particular. Initial leaflets have been designed and will be disseminated and communications with operational staff will commence. Initial engagement with Trade Unions will also commence.

Asesiad / Assessment

### **Strategy Implications**

The Community Transformation programme is aligned to the BCUHB Care Closer to Home Workstream, in that its principle aim is to support the greater availability of integrated care and support within the community. The programme also aligns well to the Unscheduled Care agenda, with an anticipated outcome of the programme being a reduction in demand for acute services. The programme is working in partnership with the Associate Director of Nursing, in order to implement the IPOP's framework, and will ensure a whole systems approach to service development.

The programme delivers on the Well-being and Future Generations Act sustainable development principles in the following ways:

- **Long-term:** the programme seeks to take a phased approach to development; understanding what actions can be put in place to meet need in the short-term, whilst managing demand in the longer-term. Partners are signed-up to deliver community transformation in the longer-term, and beyond the initial funding period.
- **Prevention:** The placed-based models of care being developed are predicated on the need to work down-stream within communities in order to manage demand for statutory services in the long-term. The development of strong and resilient communities that are accessible, and which support opportunities for positive health, well-being and emotional resilience, are being achieved through greater community navigation and social prescribing. Anticipatory care planning, and risk stratification tools will support active demand management and ensure positive outcomes are achieved.
- **Integration:** the development of greater integrated working between primary care, community and social care services is the central premise of the programme, with clear metrics being developed in order to measure success.
- **Collaboration:** Integrated health and social care localities will work best when they actively collaborate with a wide range of stakeholders and communities in order to ensure the well-being of citizens is achieved
- **Involvement:** Co-production with professionals, stakeholders and citizens will ensure that services developed meet the needs of citizens and populations. This will ensure the sustainability of care and support in the long-term

### **Financial Implications**

Welsh Government Transformation Funding (£6,004,000) has been provided to support the initial programme of work, up until March 2021. As stated above, areas have submitted a re-profiled spend plan to WG, which outlines how the allocation will be spent in full. Mindful of the short-term nature of the grant, and the need for models of care to be sustainable, RPB took the decision to fund 'change agents' to provide capacity to transform services, rather than recruit and develop new operational teams. The expectation is that services and resources are re-aligned so as to enable integrated working to continue in the longer-term.

To support this, Professor John Bolton has been commissioned to work with areas to help develop long-term sustainable models of care and support. The aspiration is to work with colleagues in secondary care to develop Transformation and Sustainability plans, which will set out how the shift of resources from the acute into the community will be achieved.

### **Risk Analysis**

<b>Risk Description</b>	<b>Consequences</b>	<b>Initial Risk Score</b>	<b>Control Action</b>	<b>Residual Risk Score</b>
Funding is only available in the short-term. There is a risk that localities will not be sustainable once funding ceases	Without clear sustainability plans and a commitment to shift resources from the acute to the community, we will be unable to meet current and future demand. Without work being regarded as core business, the culture change required will not	B1	Prof. John Bolton has been commissioned to work with areas to develop sustainable models of care and support, including the production of Transformation and Sustainability Plans, which outline re-investment as well as how change will be	D2

	be sufficiently embedded within practice so as to sustain change		managed and embedded within strategy and operational delivery	
Inability to extract from current service models resulting in cost pressures	In order to make the changes required we will need to disinvest in services/ structures and processes. This may become challenging from a financial/ contractual and operational perspective	B1	As above	D2
Inability to re-engineer processes and systems so that they are fit for a lean and transformed health and social care system	The inability to change systems and approaches will mean that the efficiencies associated with community transformation will not be achieved	C2	Deployment of robust methodologies – Right-Sizing Community Services and IPOPs to support system re-engineering	D3

### ***Legal and Compliance***

The development of integrated health and social care localities, and the associated devolution of budgets will require the development of robust legal frameworks. The nature and form of these will be explored both through the locality pacesetters, as well as the programme as a whole. Budget has been set aside to commission specialist legal support to assist the programme.

With regards KPIs – an initial logic model has been developed (**Appendix 3**), which outlines the performance measures that will be used to report back to the board in the short-term. This will be supplemented by the findings of the Right-Sizing work, which along with the completed maturity matrices, will provide baseline data for the programme. Bespoke and meaningful measures will be developed as a result of the work being undertaken as part of the IPOPs Framework, and will be used to support reporting in the longer-term.

### ***Impact Assessment***

Full equalities and privacy impact assessments are to be completed, and will ensure that both the programme, and individual change projects are mindful of, and address any equality, Welsh language, GDPR and other policy issues.

# COMMUNITY SERVICES TRANSFORMATION

## Design Principles for North Wales (V.03)



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

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

### INTRODUCTION

The Social Services and Well-being (Wales) Act, 2014 and '*A Healthier Wales*' (2018) set out the national expectations for the planning and delivery of integrated care., whilst the North Wales Community Services Transformation Board sets out the principles which will underpin integrated health and social care for the region.

These principles describe 'how' integrated care should be planned and delivered, and are intended to work in tandem with the National Health and Well-being outcomes that describe 'what' integrated care is intended to achieve. Building on the priorities outlined within '*A Healthier Wales*' (2018) the design principles below set out the expectation of a culture of respect, parity of esteem and genuine engagement in the planning and delivery of relationship-centred, high quality integrated care and support.

This paper is intended to bring those expectations to life by providing a set of regionally agreed design principles, as well as offering a narrative on what someone accessing integrated care and support can expect each principle to mean for them in their day to day experience of services.

The principles are intended to be the driving force behind the changes in culture and services required over the coming months and years, to deliver these reforms successfully and improve outcomes for citizens. They explain what people using services, and their families and carers can expect from integrated services, as well as the behaviours and priorities expected of organisations and people planning and delivering care and support.

Challenge questions are set alongside the design principles, and are intended to provide partners with a series of questions to challenge their own effectiveness in integrating the design principles into their work.

## NORTH WALES INTEGRATED HEALTH & SOCIAL CARE DESIGN PRINCIPLES

The following 12 design principle shall guide the development of integrated health and social care localities and operational delivery across North Wales:

1. Health and social care services will be integrated from the perspective of the person receiving the service; their family/carer
2. Integrated services will respect people as individuals and deliver what matters to them
3. People will be supported to take control of their own health and well-being. This will be underpinned by professionals who recognise the value of personal and community assets, and work with people and communities to build resilience
4. Resources will be directed towards supporting people to stay well. Needs will be anticipated with measures in place to reduce escalation
5. People will be navigated to the right community support through the improved provision of information, advice and assistance
6. Care co-ordination will ensure that what matters to individuals and their family/ carer is achieved through joint needs assessment, care planning and case management, as well as joint discharge planning
7. Health and social care services will be developed in the community and underpinned by the 'care closer to home' ethos
8. Services will respond quickly and appropriately in an emergency, with access to acute care when required
9. Health and social care services will be planned and delivered locally, and reflect local need. This will be achieved through robust engagement and coproduction
10. Health and social care managers will be prudent; making the best possible use of available facilities, people and other resources
11. The quality of services will improve as a result of integration
12. Health and social care partners will share resources and operate joint budgets and contracts to improve the way they work together

DESIGN PRINCIPLE		WHAT DOES THE PRINCIPLE MEAN?	BENEFITS	WHAT DO WE WANT TO KNOW? (Challenge Questions)
1.	<b>Health and social care services will be integrated from the perspective of the person receiving the service; their family/carer</b>	<p>People access care and support in a variety of different ways. No one will be disadvantaged because of where or how they enter the system. Individuals will experience seamless support, which consists of the right care that is proportionate to their needs, whatever those needs are, and at any point in their journey.</p> <p>People's health and well-being and the support they need changes over time. Many people live with conditions that change day-to-day, some conditions change over time, whilst others are difficult to predict. People's circumstances also change. Care and support will respond flexibly to these changes.</p>	People will experience seamless care and support and avoid 'dropping through the net'	<ul style="list-style-type: none"> <li>How have you reduced complexity for people who access support so that they share their stories only once?</li> <li>How have you ensured this information is shared effectively and appropriately between those who need to use it?</li> <li>How well can you evidence seamless access to support regardless of point of entry?</li> <li>How can you demonstrate that you are applying this principle to all groups, particularly those at greater risk of experiencing poorer health and wellbeing?</li> </ul>
2.	<b>Integrated services will respect people as individuals and deliver what matters to them</b>	Very rarely will a 'one-size-fits-all' approach to delivering care and support work. We recognise that what matters to people, and the outcomes they want to achieve will vary from person to person. People using services, and health and social care staff need time to work together to identify a person's desired outcomes and make choices about the types of support that will best help meet these, as well as support to make informed and creative choices about how needs can be met.	Services will be developed in a needs-led rather than service-led manner	<ul style="list-style-type: none"> <li>How have you changed practice to evidence that peoples' views are listened to and they are supported in making decisions?</li> </ul>
3.	<b>People will be supported to take control of their own health and well-being. This will be underpinned by</b>	Many people will have access to a range of assets, through family, friends and the wider community that help them manage and improve their health and well-being. People, their carers and those providing and delivering services will co-design support which focuses on autonomy and empowerment, and that compliments rather than replaces existing support.	People will have as much choice and control over their care and support as possible	<ul style="list-style-type: none"> <li>How can you evidence increased choice and control for people in managing their health and well-being?</li> <li>How have you allocated time to enable staff to work together with people who use support and services to achieve their outcomes?</li> <li>What supports do people already have?</li> </ul>

	<p><b>professionals who recognise the value of personal and community assets, and work with people and communities to build resilience</b></p>	<p>For many people, taking part in their community and having strong social connections help them to stay well. People who use health and social care services are not simply recipients of care and support. Most are, or would like to be, active citizens who contribute to their communities and engage in their own networks, interests and activities. Assistance will be provided for those who need help to participate in social or community life.</p> <p>In order to be in control and manage their health and well-being people may need to be supported to make decisions. This means that integrated teams will need to have the time and skills to work with people, listen to their views and support them to make choices.</p> <p>People will be empowered to self-advocate and/ or make use of the wider assets available to them to enable someone to advocate on their behalf. Independent advocacy services will be made available to people who require them.</p>	<p>People will be provided with opportunities to improve their health and well-being by maintaining their community connections as well as recognising their own personal value</p>	<ul style="list-style-type: none"> <li>▪ How have different locality and community needs been identified and how have these differed in practice?</li> <li>▪ How are you supporting community development activity in your area to enable local people to engage meaningfully in the planning and delivery of integrated care?</li> <li>▪ How have local people and community leaders been involved in shaping future care provision?</li> <li>▪ How are existing community assets factored into local decision making?</li> <li>▪ How do services help enable people to participate and exercise their full citizenship rights as members of their community?</li> </ul>
4.	<p><b>Resources will be directed towards supporting people to stay well. Needs will be anticipated with measures in place to reduce escalation</b></p>	<p>People will have access to a range of community-based support that helps them to stay well, manage their health, well-being and emotional resilience, and remain as active and independent as possible. This will include support for people who are at risk of isolation, peer support to help people manage long-term conditions, and complex clinical support at home to avoid needing to go into hospital.</p> <p>Planners will work with communities to think creatively about the future and make sure the right support is in place for local citizens. Working collaboratively with communities and the third sector, partners will develop services that prevent poor health and well-being, and improve emotional resilience.</p>	<p>The system will focus on maximising an individual's independence with better outcomes, reducing the cost of long-term care and unnecessary emergency hospital admissions</p>	<ul style="list-style-type: none"> <li>▪ What community supports are available to enable active and independent living?</li> <li>▪ How does your service proactively inform anticipatory care planning?</li> <li>▪ How are you involved in, and how can you evidence, reducing health inequalities?</li> <li>▪ How do you ensure the earliest possible intervention?</li> <li>▪ How have you ensured that people in local areas know about the resources and assets available to them?</li> <li>▪ How can you evidence the positive benefits of shared resources within developments in your service or local area?</li> </ul>



		<p>Health and social care professionals will profile activity in order to identify and develop packages of integrated support for individuals who, without intervention, would be at risk of requiring long-term support, or would develop complex or worsening conditions whilst receiving long-term care. Anticipatory care planning will ensure that what matters to people retains a clear focus throughout their journey.</p>		<ul style="list-style-type: none"> <li>What processes do you have in place to help identify unmet need in your area?</li> <li>How does your service proactively inform anticipatory care planning?</li> </ul>
5.	<p><b>People will be navigated to the right community support through the improved provision of information, advice and assistance</b></p>	<p>Individuals will have access to a range of information and advice to enable them to effectively manage their own health and well-being without having to enter the health and social care system. Social prescribing, as well as risk stratification strategies will be employed to prevent escalations of need and signpost people to more appropriate means of support. Community navigation will be developed as a key role within localities, and will work with people at the edge of need to improve resilience, and support access to the range of care and support available within their local community.</p> <p>Integrated Health and Social Care Single Points of Access (SPoAs) will be central to navigating people to the appropriate services and managing demand on statutory care and support. People will often need a range of supports, including from community or third sector organisations, and health and social care staff will have the knowledge and ability to signpost or refer people on.</p> <p>Helping people stay well and planning for future needs requires good conversations between individuals (and often families and carers) and health and social care staff. This will include discussing people's circumstances, concerns, aspirations and potential risks to their health and well-being and putting in plans to meet their future needs.</p>	<p>Demand on statutory services will be positively managed by 'appropriately' signposting people in to community support</p>	<ul style="list-style-type: none"> <li>How does your service proactively inform anticipatory care planning?</li> <li>How do you ensure the earliest possible intervention?</li> <li>How have you ensured that people in local areas know about the resources and assets available to them?</li> <li>How can you evidence the positive benefits of shared resources within developments in your service or local area?</li> <li>What processes do you have in place to help identify unmet need in your area?</li> <li>How does your service proactively inform anticipatory care planning?</li> </ul>



6.	<b>Care co-ordination will ensure that what matters to individuals and their family/ carer is achieved through joint needs assessment, care planning and case management, as well as joint discharge planning</b>	<p>People will not have to tell their stories repeatedly. With a person's consent, information about them will be shared across organisations and professions in a way that is proportionate, secure and sensitive. To support this there will be one care plan with access to an individual's records in one place.</p> <p>Once decisions have been made, people can be confident that staff have the powers, resources and relationships they need to ensure integrated care and support is provided. This will happen regardless of which professions or organisations are involved in delivering care and support.</p> <p>Organisations delivering care and support will 'join up' to give an integrated, person-centred response across agencies. This will reduce the number of 'hand-off' between teams and services enabling timely, coherent and streamlined access to support.</p>	Individuals will experience greater autonomy and choice and will work with health and social care professionals to co-produce their care and support plans	<ul style="list-style-type: none"> <li>▪ How have you changed practice to evidence that peoples' views are listened to and they are supported in making decisions?</li> <li>▪ How have you reduced complexity for people who access support so that they share their stories only once?</li> <li>▪ How have you ensured that people have the time needed to coproduce their care and support?</li> <li>▪ How have you ensured that all relevant partners engage in the development of joint care planning?</li> <li>▪ How can you evidence the positive benefits of joint working, in terms of outcomes for individuals?</li> </ul>
7.	<b>Health and social care services will be developed in the community and underpinned by the 'care closer to home' ethos</b>	<p>Health and social care professionals, and partners from the third and independent sectors will work together to develop community-based solutions that provide real alternatives to an acute hospital admission/ prolonged stay. The focus of any intervention will be predicated upon the understanding that people are better off in their own homes.</p> <p>Care and support that enables people to step up or down into a more/ less supported environment for a short period will be commissioned. There will be a clear focus on rehabilitation and/ or enablement in order to promote positive physical health and emotional resilience.</p> <p>Care and support will be commissioned according to the outcomes that are important to the individual – this will ensure</p>	People will be provided with opportunities to remain in their own homes, supported by a system that recognises home is best	<ul style="list-style-type: none"> <li>▪ How have workforce plans been developed to reduce organisation competition?</li> <li>▪ What measures have you put in place to reduce waiting times for care and support?</li> <li>▪ How are you commissioning for outcomes?</li> <li>▪ What measures have you put in place to reduce duplication between services as well as reduce gaps in eligibility?</li> <li>▪ What evidence do you have that independence is sustained?</li> </ul>

		that enablement/ Reablement has a purpose beyond time and task, and enables people to access their communities and participate in those activities which positively contribute to the quality of their lives.		
8.	<b>Services will respond quickly and appropriately in an emergency, with access to acute care when required</b>	<p>Individuals can expect a single point of access into the integrated health and social care system. Entry might be through self-referral, referral from GPs, social care staff, community health staff or via hospitals. Access into the integrated health and social care system shall be as easy and quick to access as entering an acute hospital bed.</p> <p>There should be a single point of access and single assessment process for acute and community care.</p> <p>Community and secondary care will work closely together to ensure there is easy access to specialist support and planned care when necessary. Active case management will ensure individuals are 'pulled out' of the acute hospital system so as to ensure their admission is not unnecessarily elongated/ discharge delayed.</p> <p>Citizens will be provided with the tools and community assets to help them navigate local services and support themselves as well as enable them to better self-manage their condition. This will enable people to seek support without having to enter the statutory care system.</p>	The system will be easier to access and navigate. The pathway from hospital to community will be proactive and co-ordinated, adoption best practice solutions.	<ul style="list-style-type: none"> <li>▪ How well can you evidence seamless access to care and support regardless of point of entry?</li> <li>▪ How well can you evidence improvements in community responses to urgent care?</li> <li>▪ What measures are in place to ensure integration with secondary care services?</li> </ul>
9.	<b>Health and social care services will be planned and delivered locally, and</b>	People and communities will share control with professionals in order to coproduce the planning, development, delivery and improvement of care and support. Their expertise and experience will be at the heart of shaping local priorities, service planning and investment.	Services and support will be based on lived experience. This will help ensure long-term	<ul style="list-style-type: none"> <li>▪ How are practitioners building on supports that are already in place within families and communities?</li> <li>▪ Have you taken into account the different assets, needs and circumstances of people</li> </ul>

**reflect local need. This will be achieved through robust engagement and coproduction**

Individually and collectively people using services, carers and staff may require support to develop new skills to be involved in ways that suit them and to effectively shape and lead services. They may also need opportunities to participate in different formats, and at different times and places, in order to get involved meaningfully. People should be confident that their engagement will make a difference and that they are genuine partners.

People who use services and their carers are often best placed to describe what support or services would make their lives better and equally what does not work, or has not worked in the past. Equally, the workforce in the statutory, third and independent sectors has experience and knowledge of the local landscape and of delivering the challenges faced in delivering services and support.

People at the frontline – whether accessing or delivering care and support – will drive change. They should experience a culture within organisations and planning structures that empowers them to take a lead. They should be involved at all stages and have the opportunity to help shape how engagement can happen.

Proactive efforts will be made to involve people who face the greatest barriers to being heard and who currently experience the poorest outcomes. If this does not happen there is a risk that inequalities will be maintained or made worse.

Robust locality population needs assessments will underpin the development of localities and the services and support required to meet the needs of the population. Local citizens will help co-produce solutions to local need and have a clear

sustainability to new models of care and support by delivering 'what matters' to individuals.

Local assets are understood and used to support areas to meet unmet need.

who use services to achieve the best possible outcomes?

- In what ways are staff working effectively and sensitively with people with diverse characteristics, from a diverse range of backgrounds and circumstances?
- How can you demonstrate that you are using a range of tools and approaches that meet the diverse needs of people using services and maximise their participation?
- How do you ensure that support and services are effective in helping to improve people's lives and the outcomes that matter to them?
- How are you supporting frontline staff to free up time and develop skills to engage meaningfully in the planning and delivery of integrated care?
- What processes do you have in place to help identify unmet need in your area?
- What processes do you have in place to ensure the voices of all local citizens are heard and listened to?

		understanding of their role and the role of the wider community in promoting positive health and wellbeing.		
10.	<b>Health and social care managers will be prudent; making the best possible use of available facilities, people and other resources</b>	<p>People will have access to the right support, at the right time and in the right place. For some people this may mean a reduction in the number of individuals involved in their care and support, or access to a range of services in a co-ordinated or co-located environment. It will also mean people not being admitted to hospital when this may not be the best option for them, or having underlying issues addressed so that higher levels of support are not required.</p> <p>People can often benefit from services that share facilities. This makes access easier as well as saving money that can be spent on other support.</p> <p>In the new system efficiency will be improved by reducing the number of time that an activity happens.</p>	<p>Citizens are able to access a range of services and support under one roof and in a way that is seamless and joined up. Duplication of activity is reduced</p>	<ul style="list-style-type: none"> <li>▪ How can you evidence the positive benefits of shared resources within developments in your service or local area?</li> <li>▪ How are you involved in, and how can you evidence, reducing health inequalities?</li> <li>▪ How do you ensure the earliest possible intervention?</li> </ul>
11.	<b>The quality of services will improve as a result of integration</b>	<p>People want to feel confident that they are accessing high quality care and support. Their experiences should be at the heart of assessing, monitoring and improving the quality of services.</p> <p>People will want to know that care and support is of high quality, and that services are continually trying to improve. They should experience:</p> <ul style="list-style-type: none"> <li>▪ Care and support that has a positive impact on their health and well-being and on their ability to achieve their desired outcomes</li> <li>▪ Services that are designed with and around the people who use them</li> </ul>	<p>Services, support and systems are evidenced based, with a clear rationale. Best practice is shared across the region</p>	<ul style="list-style-type: none"> <li>▪ Is your current improvement quality strategy leading to genuine improvements for people who use support and services?</li> <li>▪ How do you involve people who use support and services, families/ carers in assessing and improving quality?</li> <li>▪ How do you ensure that the services you commission and/ or deliver are providing appropriate education, training and supervision to staff to improve care quality?</li> <li>▪ Are you assured that staff in your area are clear about the lines of professional accountability for care, whichever sector they work in?</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Staff who communicate clearly and listen to their experiences, aspirations and preferences, working with them to support choice and decision-making</li> <li>▪ Staff who are compassionate, sensitive and respectful in every contact</li> <li>▪ Staff who have time to provide care and support</li> <li>▪ Environments that are clear, safe and accessible</li> <li>▪ Care and support that is delivered at the time it is needed and in the appropriate place</li> <li>▪ Continuity in the staff involved in their care and support</li> <li>▪ Staff who are supported to keep their learning and knowledge up-to-date and are committed to understanding best practice and reflecting on their actions</li> <li>▪ Organisations that actively encouraged feedback, listen to and act on comments, ideas and complaints appropriately</li> <li>▪ Care and support that clearly demonstrates it lives up to national standards and guidelines</li> </ul> <p>People should expect that organisation monitor and improve the quality of the care they plan and deliver effectively and that scrutiny bodies provide robust checks and balances to this, as well as ongoing support for improvements.</p> <p>When people are accessing care and support they must be assured that the organisation delivering the service is enabled, through the commissioning process, to provide high quality care, which is continually improving.</p>		<ul style="list-style-type: none"> <li>▪ How are you assured that the services you commission and/ or deliver have appropriate numbers of staff and skill mix to provide quality care?</li> <li>▪ How does your approach to joint delivery of health and social care improve outcomes and add greater value for people who use support and services?</li> <li>▪ How do you ensure that the nature of high quality care in your service area is easily understood by staff, people who use support and services, their families/ carers?</li> <li>▪ How do you currently measure the quality of this care to maximise its effectiveness?</li> <li>▪ How do you ensure that you have access to all available, relevant intelligence and use this to inform decisions and planning?</li> <li>▪ Can you demonstrate that feedback and complaints are being used actively to make improvements to the quality of care?</li> <li>▪ Do you support staff to make improvements to the care they provide by always giving feedback on the outcome of feedback, complaints, scrutiny activity and other performance assessments?</li> <li>▪ How does your commissioning and procurement practice support providers to deliver Best Value?</li> </ul>
12.	<b>Health and social care partners will share resources and</b>	<p>Helping people to stay well as healthy is everyone's business. Citizens can expect partners to work collaboratively with a wide range of stakeholders in a way that breaks down organisational barriers, and focuses upon the needs of the individual.</p>	<p>Staff will be able to have a clearer view of the individual's holistic needs,</p>	<ul style="list-style-type: none"> <li>▪ What systems are in place to ensure the needs of the local population drive commissioning and service delivery?</li> </ul>

**operate joint budgets and contracts in order to improve the way they work together**

Local population needs will be assessed, as will the capacity of services and communities to meet those needs. The results of these local population needs assessments will form the basis for partners to agree the total budget available to a locality, the services to be provided and/ or commissioned and the make-up of the Community Resource Team.

People will experience fewer hand-offs between services and agencies and will find accessing services easier to navigate due to the removal of divergent eligibility criteria. The waiting time for funding decisions to be approved will be reduced, as localities have access to devolved budgets.

Commissioning will occur across the life course, and will ensure a focus of positive health and well-being and the promotion of independence, autonomy and self-care. This will support people's transitions through the different stages in their lives, as well as help to anticipate needs and develop solutions which aim to reduce escalation.

enabling them to provide a better, more personalised service

- What evidence do you have that individuals experience fewer hand-offs between agencies?
- Is your area strategy genuinely helping to reduce demand on statutory services in the medium to long-term?
- What evidence is there of genuine collaboration?
- How do you ensure that service improvement is driven by performance managed?

## APPENDIX 2:      Locality Pacesetters within the Community Services Transformation Programme

<b>1</b>	<b>South Wrexham (IT &amp; Information Sharing)</b> Data sharing and the utilisation of the primary care record within the locality, as well as the development of a solution that works between WCCIS and the Primary Care record.
<b>2</b>	<b>North Denbighshire (Workforce &amp; Operational Delivery)</b> Mapping local need and the skills (rather than the professions) required to meet those needs, and looking at how we might need to re-model the workforce accordingly.
<b>3</b>	<b>Central-South Denbighshire (Workforce &amp; Operational Delivery)</b> Identifying the workforce model and resources required for the development of a sustainable integrated workforce.
<b>4</b>	<b>Conwy West (Governance &amp; Leadership)</b> Development of an integrated service implementation plan, looking at accountability, operational models, leadership and infrastructure as well as the required financial model within localities.
<b>5</b>	<b>Dwyfor (Workforce &amp; Operational Delivery)</b> Looking at aligning the CRT – locality boundary as well as the development of a Locality Leadership team.

## APPENDIX 4



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**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Community Services Transformation

## Logic Model

### Introduction

The North Wales Logic Model was designed to test our assumptions at a programme level. We remain clear about the problems we are trying to solve and the resulting interventions we expect will help solve them.

As operations have continued solutions have been more accurately defined into a smaller number of focused activities. Work is underway to develop a suite of meaningful corresponding outputs and outcomes in order to represent a truer picture of the desired impact of the new care model.

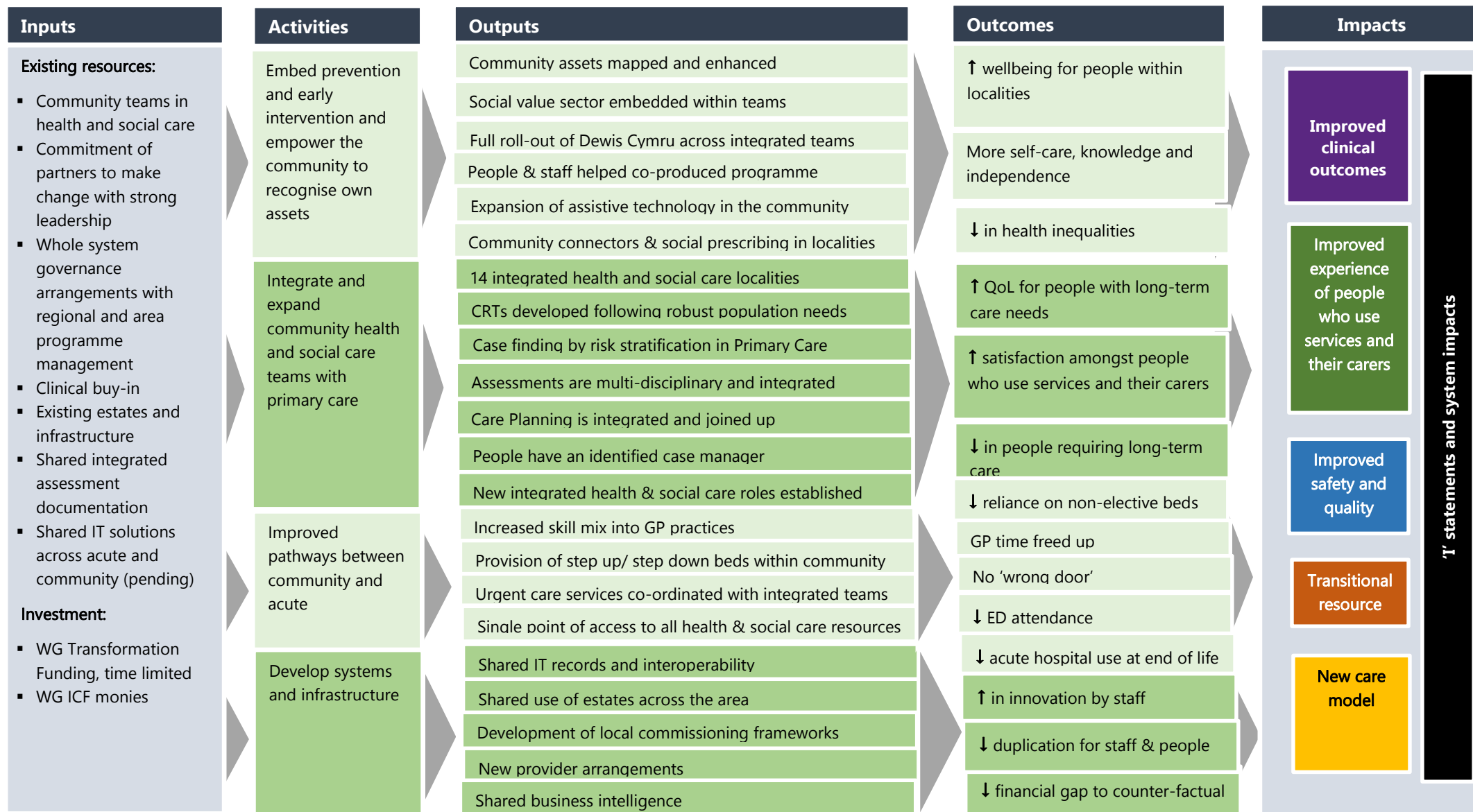
Work will take place at both the regional and local level in order to test out our assumptions at a more granular level. Outcome measures and performance metrics will be used as part of our evaluation framework and will support both local evaluation, as well as the evaluation of the programme as a whole. We will use our evaluation framework to learn and refine as part of continuous improvement.



## LOGIC MODEL

**Rational:** ▪ Care is not joined up ▪ Hospital admissions that could be managed in a less acute environment ▪ Lack of capacity in community and primary care settings resulting in not enough 'time to care' ▪ Avoidable admissions long-term social care ▪ duplication between teams ▪ Gaps between services and lack of continuity of care ▪ High demand for admission ▪ Uneven care home provision ▪ System sustainability ▪ Under use of assistive technology ▪ People tell us they want to tell their story once and have a truly seamless service

**Context:** ▪ Ageing population ▪ Funding Gap ▪ Rural deprivation and social isolation ▪ Cuts to LA budgets ▪ Emerging competition for workforce ▪ High expectations of services ▪ Two-tier local government ▪ Voluntary sector increasingly under challenge ▪ Generally good health outcomes ▪ Emergence of strong and resilient communities



## VALUE GENERATION HYPOTHESIS TREE

North Wales' proposal to improve community care through integrated health and social care localities will enhance **preventative** care and earlier interventions, **proactively** manage long-term conditions, reduce hospital ED attendances, hospital admissions and social care need, as well as improve the capacity in the community to **react** at times of crisis – improving care outcomes while reducing the need for long term care or hospitalisation.

<p><b><u>A: Clinical outcomes</u></b></p> <p>Measured by admissions and quality of life, will be improved through more reactive capacity, proactive interventions and preventative services in the community</p>	<p><b><u>B: Experience of people who use services</u></b></p> <p>Will be improved through co-creation of care through integrated assessment with personalised care planning</p>	<p><b><u>C: Safety and quality</u></b></p> <p>Will be improved through better coordination through integrated localities, shared information &amp; governance</p>	<p><b><u>D: The total</u></b></p> <p>The Transformation Fund will enable us to transform community service delivery models safely and at pace</p>	<p><b><u>E: Our New Care Model</u></b></p> <p>Will be more efficient and financially sustainable, enabled by empowering people and delivering joined-up services closer to home</p>
<p>A focus on early intervention and prevention, both within the community and within the integrated teams and via SPoAs offering a <b>simple and easy point of access</b> for health, social care and voluntary services and a focus on mental well-being will:</p> <ul style="list-style-type: none"> <li>▪ Reduce permanent admissions to LTC</li> <li>▪ Increase well-being</li> <li>▪ Reduce health inequalities</li> </ul> <p><b>Proactive interventions</b> for those with multiple conditions via <b>integrated Community Resource Teams, risk stratification</b> and <b>care planning</b> including <b>new roles</b> will result in:</p> <ul style="list-style-type: none"> <li>▪ Improved health-related quality of life for people with long-term conditions</li> <li>▪ Reduced ED attendances and hospital admissions</li> <li>▪ Free up GP time/ availability</li> </ul> <p>Robust pathways between acute and community and <b>rapid response to individuals at immediate risk of hospitalisation</b> with access to step up/ down capacity within the community will result in:</p> <ul style="list-style-type: none"> <li>▪ Reduction in adult ED attendances and emergency admissions</li> <li>▪ Reduced use of non-elective acute hospital beds.</li> </ul>	<p>A focus on prevention within localities and via SPoAs offering a <b>simple and easy point of access</b> for health, social care and <b>voluntary services</b> and a focus on <b>well-being</b> and <b>self-care</b> will:</p> <ul style="list-style-type: none"> <li>▪ Improve individual and carer reported outcomes on social contact; knowledge of their own health; how in control they feel</li> <li>▪ Reduce the need for professional health and/ or social care intervention</li> </ul> <p>A <b>personalised care plan and coordination</b> via CRTs with a shared client record to serve more complex individuals will result in:</p> <ul style="list-style-type: none"> <li>▪ More ownership and control over care plans by individuals and their carers</li> <li>▪ More confidence in self-management of condition</li> <li>▪ Improved qualitative measures (acceptability, perception, attitudes, values, behaviours)</li> <li>▪ Improved end of life care in the community.</li> </ul>	<p><b>The integration of clinical and social care services</b> via localities and CRTs will result in:</p> <ul style="list-style-type: none"> <li>▪ Co-ordination of care to prevent escalations in acuity</li> <li>▪ Quicker response to any deterioration in coordination</li> <li>▪ Greater staff satisfaction and confidence around safety</li> </ul> <p>A fully interoperable IT solution that <b>allows creation of shared views for both clinicians and individuals</b> will result in:</p> <ul style="list-style-type: none"> <li>▪ Appropriate sharing and linking of patient care records to ensure completeness</li> <li>▪ A base to add new services like e-referrals, telehealth monitoring, e-learning, etc., to improve care provided.</li> </ul>	<p>£6,004,000 Welsh Government <b>Transformation Funding</b> to transform community services and increase community-based capacity and capability will support:</p> <ul style="list-style-type: none"> <li>▪ Change Agents to review systems and processes and implement change</li> <li>▪ IT infrastructure and investment</li> <li>▪ Workforce and organisational development</li> <li>▪ Governance and leadership</li> </ul> <p><b>Sustainability and Transformation plans</b> will be developed to support preparation of (re)investment and future funding plans.</p>	<p>By investing in <b>care within communities, recurrent annual savings</b> will be made by:</p> <ul style="list-style-type: none"> <li>▪ Reducing avoidable hospital admissions</li> <li>▪ Reducing re-admissions</li> <li>▪ Reducing DToCs</li> <li>▪ Reducing length of stay</li> <li>▪ Reducing ED attendances</li> <li>▪ Reducing waste in the system</li> </ul> <p>Bringing together existing health and social care staff into <b>CRTs for each locality, redesigning staff roles</b> and using <b>service improvement methodology</b> will create efficiencies by:</p> <ul style="list-style-type: none"> <li>▪ Reduced duplication of services</li> <li>▪ Shift to more cost effective skill mix</li> <li>▪ Continually refining services</li> </ul> <p>Empowering people by increasing self-care knowledge, resilience and wellbeing and greater use of <b>assistive technology</b> will reduce dependency on health and social care by:</p> <ul style="list-style-type: none"> <li>▪ Reducing high cost packages of care</li> <li>▪ Reducing long-term residential placements</li> </ul> <p><b>Full integration of person's health &amp; care record</b> will enable:</p> <ul style="list-style-type: none"> <li>▪ Integrated assessment &amp; planning</li> <li>▪ Improved productivity of staff</li> <li>▪ Better experience for citizens</li> </ul> <p>Developing new ways to <b>commission services and establishing new provider arrangements</b> will result in maximization of health and social care outcomes from limited resources.</p>

**A: Clinical Outcomes****B. User Experience****C: Safety & Quality****D: Transitional Resource****E: New Care Model**

A focus on early intervention prevention within the integrated teams and via SPoAs offering a **simple and easy point of access** for health, social care and voluntary services and a focus on mental well-being will:

- Reduce permanent admissions to care homes
- Increase mental well-being
- Reduce health inequalities

**Proactive interventions** for those with multiple conditions via **integrated Community Resource Teams**, **risk stratification** and **care planning** including **new roles** will result in:

- Improved health-related quality of life for people with long-term conditions
- Reduced ED attendances and hospital admissions
- Free up GP time/ availability

Robust pathways between acute and community and **rapid response to individuals at immediate risk of hospitalisation** with access to step up/ down capacity within the community will result in:

- Reduction in adult ED attendances and emergency admissions
- Reduced use of non-elective acute hospital beds

<b>A: Clinical Outcomes</b>	<b>B. User Experience</b>	<b>C: Safety &amp; Quality</b>	<b>D: Transitional Resource</b>	<b>E: New Care Model</b>
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Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
Clinical outcomes, measured by admissions and quality of life, will be improved through more reactive capacity, proactive interventions and preventative services accessed in the community	<b>1) A focus on prevention within integrated Community Resource Teams and via SPoAs offering a <b>simple and easy point of access</b> for health, social care and <b>voluntary services</b> and a focus on <b>mental wellbeing will:</b></b> <ul style="list-style-type: none"> <li>▪ Reduce permanent admissions to care homes</li> <li>▪ Increase mental wellbeing</li> <li>▪ Reduce health inequalities</li> </ul>	<b>Transforming our health &amp; care system – Kingsfund 2015:</b> A focus on primary prevention is cost effective and can be more systematic in primary care; how secondary prevention improved health outcomes and reduced health inequalities; focussing on mental as well as physical health would have a high impact in terms of citizen experience and clinical outcomes, which logically leads to increased independence and less reliance on care homes; Self-management has potential to improve health outcomes in some cases, with individuals reporting increases in physical functioning.	We will work with citizens and communities to further understand the interrelationship between clinical outcomes and quality of life  <b>Programme specific metrics will be developed as part of the work being undertaken with WG and IPOPS</b>	Permanent admissions to residential and nursing care homes per 100,000 population
				Health related quality of life
				Proportion of people feeling supported to manage their condition
	<b>2) Proactive intervention for those with multiple conditions via <b>integrated CRTs, risk stratification and care planning including new roles</b> will result in:</b> <ul style="list-style-type: none"> <li>▪ Improved health-related quality of life for people with long-term conditions</li> <li>▪ Reduce ED attendances and hospital admissions</li> <li>▪ Free up GP time/ availability</li> </ul>	Improved care co-ordination can have a significant effect on the quality of life for older frail people and people with multiple long-term conditions; and that although short-term investment is needed, health systems that employ models of chronic care management tend to be better associated with lower costs, as well as better outcomes and higher citizen satisfaction; risk stratification helps reduce ambulatory care sensitive admissions	We will evaluate new roles and practices within the CRTs as they embed. This will involve qualitative and quantitative measurements of impact  <b>Programme specific metrics will be developed as part of the work being undertaken with WG and IPOPS</b>	Proportion of people who use services who have control over their daily life
				Carer reported quality of life
				Health related quality of life for people with long-term conditions
				Social care related quality of life
				ED attendances
				Non-elective hospital admissions

A: Clinical Outcomes	B. User Experience	C: Safety & Quality	D: Transitional Resource	E: New Care Model
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Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
	<b>3) Robust pathways between acute and community and rapid response to individuals at immediate risk of hospitalisation</b> with access to step up/ down capacity within the community will result in: <ul style="list-style-type: none"> <li>Reduction in adult ED attendances and emergency admissions</li> <li>Reduced use of non-elective acute hospital beds</li> </ul>	<b>Transforming our health &amp; care system – Kingsfund 2015:</b> Integrated urgent and emergency care services that manage demand more effectively have the potential to be significantly more cost-effective than existing arrangements	<p>We will continually monitor the impact on acute hospital utilisation during implementation to test that our assumption is working, and make changes and improvements and changes as we learn</p> <p><b>Programme specific metrics will be developed as part of the work being undertaken with WG and IPOPS</b></p>	ED attendances Non-elective hospital admissions Number of hospital bed days

**A: Clinical Outcomes****B. User Experience****C: Safety & Quality****D: Transitional Resource****E: New Care Model**

A focus on prevention within the Community Resource Teams and via SPoAs offering a **simple and easy point of access** for health, social care and **voluntary services** and a focus on **mental well-being** will:

- Improve individual and carer reported outcomes on social contact; knowledge of their own health; how in control they feel
- Reduce the need for professional health and/ or social care intervention

A **personalised care plan and coordination** via CRTs with a shared patient record to serve more complex individuals will result in:

- More ownership and control over care plans by individuals and their carers
- More confidence in self-management of condition
- Improved qualitative measures (acceptability, perception, attitudes, values, behaviours)
- Improved end of life care in the community

Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
<b>% of Citizen experience</b> will be improved through citizen co-production and co-creation through the SPoA and with personalised care planning	<b>1) A focus on prevention</b> within integrated CRTs and via SPoAs offering a simple and easy point of access for health, social care and voluntary services and a focus on mental wellbeing will: <ul style="list-style-type: none"> <li>Improve individual and carer reported outcomes on social contact; knowledge of their own health; how in control they feel</li> <li>Reduce the need for professional health and/ or social care intervention</li> </ul>	<b>Transforming our health &amp; care system – Kingsfund 2015:</b> Self-management can improve citizen experience, with people reporting benefits in terms of greater confidence, reduced anxiety as well as increased functioning  <b>Making our health and care system fit for an ageing population – Kingsfund 2014:</b> Loneliness, social isolation and social exclusion are important risk factors for ill health and mortality in older people and that effective interventions to combat older people's isolation and exclusion often combine public services action with volunteering and greater involvement by families and communities	We will measure how engaged citizens feel in their own health through ongoing evaluation  <b>Programme specific metrics will be developed as part of the work being undertaken with WG and IPOPS</b>	Proportion of people who use services who reported that they had as much social contact as they would like
				Proportion of people who felt involved in decisions about their care and support
				Proportion of people who felt they received the right information or advice when they needed it
				% of people reporting they are able to spend their time as they enjoy or value
				% of people who feel they belong to their local area
	<b>2) A personalised care plan and coordination</b> via CRTs with a shared patient record to serve more complex individuals will result in: <ul style="list-style-type: none"> <li>More ownership and control over care plans by individuals and their carers</li> <li>More confidence in self-management of condition</li> <li>Improved qualitative measures (acceptability, perception, attitudes, values, behaviours)</li> <li>Improved end of life care in the community</li> </ul>	<b>Transforming our health &amp; care system – Kingsfund</b>  <b>2015:</b> highly integrated primary care systems that emphasise continuity and coordination of care are associated with better citizen experience; and how improvements in end of life care have a high impact on citizen experience as well as the experience of family members and carers.  <b>Making our health and care system fit for an ageing population – Kingsfund 2014:</b> Care coordination and care planning in an elderly population is something that citizens and their families have repeatedly identified as important to them	We will measure the impact of care planning and coordination on individuals and carers, as well as capture staff views using qualitative techniques as part of our ongoing evaluation  <b>Programme specific metrics will be developed as part of the work being undertaken with WG and IPOPS</b>	Proportion of people in receipt of a direct payment
				% of people feeling supported to manage their condition
				% of people reporting they are able to do the things that matter to them
				% of people who use services who have control over their daily life
				Social care related quality of life
				Carer reported quality of life
				Proportion of carers who report they have been included in discussions about the person they care for
				Hospital usage within 100 days of end of life

**A: Clinical Outcomes**

**B. User Experience**

**C: Safety & Quality**

**D: Transitional Resource**

**E: New Care Model**

**The integration of clinical and social care services** via localities and CRTs will result in:

- Co-ordination of care to prevent escalations in acuity
- Quicker response to any deterioration in coordination
- Greater staff satisfaction and confidence around safety

A fully interoperable IT solution that **allows creation of shared views for both clinicians and individuals** will result in:

- Appropriate sharing and linking of patient care records to ensure completeness
- A base to add new services like e-referrals, telehealth monitoring, e-learning, etc., to improve care provided



<b>A: Clinical Outcomes</b>	<b>B. User Experience</b>	<b>C: Safety &amp; Quality</b>	<b>D: Transitional Resource</b>	<b>E: New Care Model</b>
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Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
<b>Safety and quality</b> will be improved through better coordination of care across services through integrated Community Resource teams and shared information and governance arrangements	<b>1) The integration of clinical and social care services</b> via localities and CRTs will result in: <ul style="list-style-type: none"> <li>Co-ordination of care to prevent escalations in acuity</li> <li>Quicker response to any deterioration in coordination</li> <li>Greater staff satisfaction and confidence around safety</li> </ul> <b>2) A fully interoperable IT solution that allows creation of shared views for both clinicians and individuals</b> will result in: <ul style="list-style-type: none"> <li>Appropriate sharing and linking of patient care records to ensure completeness</li> <li>A base to add new services like e-referrals, telehealth monitoring, e-learning, etc., to improve care provided</li> </ul>	<b>Transforming our health &amp; care system – Kingsfund 2015:</b> Integrated health and social care teams leads to care coordination and improved outcomes.  <b>Providing integrated care for older people with complex needs – Kingsfund 2014:</b> Using admission-prevention integrated teams of health and social care professionals that provide treatment at home for people who would otherwise be admitted to an acute hospital ward has higher individual and carer satisfaction, reduced mortality and reduced readmission rates for at-home services.  Shared records is key to better coordination leading to better service satisfaction and subjective quality of life for older people. shared records may improve the quality of out –of-hours decision making. Use of telecare has shown local benefits and is more likely to be successful om the context of integrated teams	We will measure staff satisfaction as part of our ongoing evaluation. We will monitor readmissions and serious incidents – this will check our assumption that greater integration improves safety  We will measure the impact of shared IT as part of our ongoing evaluation  <b>Programme specific metrics will be developed as part of the work being undertaken with WG and IPOPS</b>	Number of emergency readmissions
				Increased community caseload
				% of adults who completed a period of Reablement and have a reduced package of care and support 6 months later
				% of adults who completed a period of Reablement and have no package of care and support 6 months after
				% of adults who have received advice and assistance from the service and have not contacted the service for 6 months

**A: Clinical Outcomes**

**B. User Experience**

**C: Safety & Quality**

**D: Transitional Resource**

**E: New Care Model**

£6,004,000 Welsh Government **Transformation Funding** to transform community services and increase community-based capacity and capability in 2019/20 and 2020/21 will support:

- Change Agents to review systems and processes and implement change
- IT infrastructure and investment
- Workforce and organisational development
- Governance and leadership

**Sustainability and Transformation plans** will be developed to support preparation of (re)investment and future funding plans

<b>A: Clinical Outcomes</b>	<b>B. User Experience</b>	<b>C: Safety &amp; Quality</b>	<b>D: Transitional Resource</b>	<b>E: New Care Model</b>
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Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
The Transformation Fund will enable us to transform community service delivery models into the new care model, safely and at pace	<p>£6,004,000 Welsh Government <b>Transformation Funding</b> to transform community services and increase community-based capacity and capability in 2019/20 and 2020/21 will support:</p> <ul style="list-style-type: none"> <li>Change Agents to review systems and processes and implement change</li> <li>IT infrastructure and investment</li> <li>Workforce and organisational development</li> <li>Governance and leadership</li> </ul> <p><b>Sustainability and Transformation plans</b> will be developed to support preparation of (re)investment and future funding plans</p>	Existing evidence from the development of integrated Community Resource Teams across the health Board footprint highlights the benefits of this approach, and the cost savings attached	<p>Continual local monitoring and evaluation of the new model to determine if the following is at optimal levels:</p> <ul style="list-style-type: none"> <li>Deployment of staff, roles and skill mix</li> <li>Community-based beds</li> <li>Impact of IT investment</li> <li>Delivery of outputs and outcomes described in the Logic Model</li> </ul> <p>Regional evaluation by IPC will evaluate the impact of the community services transformation programme on key organisational outcomes</p>	Number of staff recruited to new roles
				Number of beds on virtual ward by month
				GP capacity released to support local integrated CRTs
				Roles across organisations and specialist teams have been rationalised

**A: Clinical Outcomes****B. User Experience****C: Safety & Quality****D: Transitional Resource****E: New Care Model**

By investing in **care within communities, recurrent annual savings** will be made by:

- Reducing avoidable hospital admissions
- Reducing re-admissions
- Reducing DToCs
- Reducing length of stay
- Reducing ED attendances
- Reducing waste in the system

Bringing together existing health and social care staff into **CRTs for each locality, redesigning staff roles** and using **service improvement methodology** will create efficiencies by:

- Reduced duplication of services
- Shift to more cost effective skill mix
- Continually refining services

Empowering people by increasing self-care knowledge, resilience and wellbeing and greater use of **assistive technology** will reduce dependency on health and social care by:

- Reducing high cost packages of care
- Reducing long-term residential placements

**Full integration of person's health & care record** will enable:

- Integrated assessment & planning
- Improved productivity of staff
- Better experience for citizens

Developing new ways to **commission services and establishing new provider arrangements** will result in maximization of health and social care outcomes from limited resources

Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
Our New Care Model will be more efficient and financially sustainable, enabled by empowering people and delivering joined-up services closer to home	<p>By investing in <b>care within communities, recurrent annual savings</b> will be made by:</p> <ul style="list-style-type: none"> <li>▪ Reducing avoidable hospital admissions</li> <li>▪ Reducing re-admissions</li> <li>▪ Reducing DToCs</li> <li>▪ Reducing length of stay</li> <li>▪ Reducing ED attendances</li> <li>▪ Reducing waste in the system</li> </ul> <p>Bringing together existing health and social care staff into <b>CRTs for each locality, redesigning staff roles</b> and using <b>service improvement methodology</b> will create efficiencies by:</p> <ul style="list-style-type: none"> <li>▪ Reduced duplication of services</li> <li>▪ Shift to more cost effective skill mix</li> <li>▪ Continually refining services</li> </ul>	<p>The <b>National Audit of Intermediate Care</b> (NAIC) concludes that Intermediate Care services are key to reducing the financial, quality and activity pressures being experienced in secondary care and the care services sector.</p> <p><b>Transforming our health care system – Kingsfund 2015</b> highlights how self-management can improve citizen experience, with individuals reporting benefits in terms of greater confidence and reduced anxiety as well as impacting on increased functioning</p>	<p>Local and regional evaluation of our new model</p> <p>Generation of a whole system metrics dashboard to monitor cross-system shifts in cost and activity</p> <p>Intermediate Care National benchmarking (NAIC)</p>	Permanent admissions to residential and nursing care homes per 100,000 population
				Non-elective admissions
				Emergency re-admissions
				Delayed Transfers to Care (DToC)
				ED attendances
				Conveyance rates

Primary assertion	Sub-assertion	Evidence available	Further evidence to be gathered	Metrics
Our New Care Model will be more efficient and financially sustainable, enabled by empowering people and delivering joined-up services closer to home	Empowering people by increasing self-care knowledge, resilience and wellbeing and greater use of <b>assistive technology</b> will reduce dependency on health and social care by: <ul style="list-style-type: none"> <li>▪ Reducing high cost packages of care</li> <li>▪ Reducing long-term residential placements</li> </ul>	<p><b>Kingsfund</b> report, <b>The future is now</b> concludes that new technologies, if adapted at scale, in ways that are tailored to local communities and services, have the power to truly transform care</p> <p><b>Place based systems of care (2015)</b> highlights how collaboration through place-based systems of care offers the best opportunity for NHS organisations to tackle the growing challenges that they are faced with</p>		Number of people with telecare/ telehealth
	<p><b>Full integration of person's health &amp; care record</b> will enable:</p> <ul style="list-style-type: none"> <li>▪ Integrated assessment &amp; planning</li> <li>▪ Improved productivity of staff</li> <li>▪ Better experience for citizens</li> </ul> <p>Developing new ways to <b>commission services and establishing new provider arrangements</b> will result in maximization of health and social care outcomes from limited resources</p>			Number of people with an integrated care plan



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Strategy, Partnerships and Population Health Committee 3.12.19					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Gwynedd and Anglesey Public Services Board					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Mark Wilkinson Executive Director Planning and Performance					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Ffion Johnstone, Area Director (West)					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	A similar report has been presented to the Anglesey Partnership and Regeneration Scrutiny Committee on 12 November 2019.					
<b>Atodiadau</b> <b>Appendices:</b>	1					
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to note the update and current progress made by the Gwynedd & Anglesey Public Service Board.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>		<b>Er gwybodaeth</b> <b>For Information</b>
						✓
<b>Sefyllfa / Situation:</b>						
The report is intended to update members of the committee on developments and implementation of the Gwynedd & Anglesey well-being plan and their implications for the Health Board.						
<b>Cefndir / Background:</b>						
Information in respect of PSB meetings may be accessed via the websites below. A copy of the Annual Report for 2018/19 is included within Appendix 1.						
Anglesey & Gwynedd Public Service Board: <a href="https://www.llesiantgwyneddaron.org/en/Amdanom/Papurau-Bwrdd/">https://www.llesiantgwyneddaron.org/en/Amdanom/Papurau-Bwrdd/</a>						



## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

Expectation addressed by this paper:

- Leadership and governance
- Strategic and service planning

<http://www.wales.nhs.uk/sitesplus/861/page/81806>

### **Financial Implications**

Management and administrative support for the Board is provided by the Isle of Anglesey County Council and Gwynedd Council.

### **Risk Analysis**

Governance arrangements relating to the Health and Care Integrated Group are covered within the body of the report.

### **Legal and Compliance**

*n/a.*

### **Impact Assessment**

The Gwynedd and Anglesey Public Services Board and the delivery groups will prepare equality and language impact assessments, where appropriate, in line with their implementation plans. The impact assessments will be live documents which will change and evolve alongside the delivery work.

# Gwynedd and Anglesey Public Services Board (PSB)

## 1. Purpose of the Report

The report is intended to update members of the committee on developments and implementation of the Gwynedd & Anglesey well-being plan and their implications for the Health Board.

## 2. Introduction and Context

**2.1** The aim of the Well-being of the Future Generations Act (2015) is to improve the economic, social, environmental and cultural well-being of Wales. The Act highlights seven well-being goals and five ways of working in order to give public bodies a common purpose.

**2.2** The Gwynedd and Anglesey Public Services Board was established in 2016, in accordance with the Well-being of Future Generations (Wales) Act 2015. The decision made by the Anglesey Executive at the time was to establish a Public Services Board. (PSB) for Anglesey which would *collaborate* with the Gwynedd Public Services Board.

**2.3** The PSB Well-being Assessment for the Anglesey well-being areas was published in May 2017 and, following a series of engagement and consultation sessions, the Well-being Plan was published in 2018. The Well-being Plan confirms the two objectives and six priority fields for which it was agreed that the Board could collaborate in order to ensure the best results for the residents of Gwynedd and Anglesey. Therefore, priority areas relevant to both Counties were agreed upon and the PSB will respond to these matters jointly across both Counties.

**2.4** Having looked at the main messages of the Well-being assessment and considered findings of other research and assessments, two well-being objectives have been agreed. The Public Service Board will give priority to specific areas to achieve those objectives. In a period of reduced public sector resources, improving joint working in these areas identified, should ensure the best possible results for the people of Gwynedd and Anglesey.

**2.5 Objective1:** Communities which thrive and are prosperous in the long-term. To realise the objective the PSB will prioritise:

- The Welsh language
- Homes for local people
- The effect of poverty on the well-being of our communities
- The effect of climate change on the well-being of communities

**2.6 Objective 2:** Residents who are healthy and independent with a good quality of life. To realise this objective the PSB will prioritise:

- Health and care of adults
- The welfare and achievement of children and young people

### 3. Public Services Board Governance Arrangements

**3.1** The terms of reference of the Public Services Board confirm its membership – four statutory members and invited participants contribute to the Board’s duties. The Gwynedd and Anglesey PSB is currently chaired by Emyr Williams, Chief Executive of Snowdonia National Park (September 2019). In addition Annwen Morgan has been appointed as Chief Executive of the Isle of Anglesey County Council since October 2019 and is therefore a new statutory member of the Board.

**3.2** Information in respect of the Gwynedd & Anglesey PSB wellbeing plan and Board meetings may be accessed via the websites below:

Anglesey & Gwynedd Public Service Board:

<https://www.llesiantgwyneddaron.org/en/Amdanom/Papurau-Bwrdd/>

<https://www.llesiantgwyneddaron.org/cy/Cynllun-Llesiant/>

**3.3** The PSB agreed on priority areas to achieve the above objectives. Four sub-groups have been established under Objective 1 as follows:

<b>3.4 Objective 1 - Communities which thrive and are prosperous in the long-term</b>			
<b>Priority area</b>	<b>An update on the arrangements of the sub-groups</b>	<b>What does the sub-group achieve that adds value to the current plans of the public bodies in the field</b>	<b>Proposed Timescale</b>

<p><b>The Welsh Language</b></p>	<p>A subgroup has been established under the leadership of Jerry Hunter, Bangor University of Wales.</p> <p>The sub-group's governance arrangements are arranged to ensure that it has a core group but also that further members of the Board can contribute to the group's work at different stages. Board members have recently been invited to contribute to the work and it is intended to include wider representation as the work of the sub-group develops.</p>	<p>The sub-group has identified areas of work under this priority namely: sharing good practice, improving the citizen's experience of using a public service and a child's linguistic journey and the barriers preventing them from holding on to the language. The subgroup has decided to focus primarily on one specific project 'Arfer' that looks at behavioural change within the workplace and can lead to greater use of Welsh by those individuals who do not feel comfortable/confident to use the Welsh Language at present. This is in addition to the work undertaken to promote the Welsh language in the public bodies participating in the project.</p>	<p>The 'Arfer' project is scheduled to run for 12 months in the first instance. A project Board was established in May 2019.</p>
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<b>Climate Change</b>	<p>A sub-group has been established and is operational under the leadership of Sian Williams, Natural Resources Wales. The sub group includes a wide representation from different organisations. In addition local and regional workshops have been held in order to 'include' further organisations and stakeholders in the discussion.</p>	<p>The subgroup to date has focused on understanding the data and evidence available from the group member's organisations, so that it can be used to shape future projections and models of climate change. This will allow the sub group to focus on the communities and assets most at risk of flooding in Gwynedd and Anglesey. The sub-group will plan collaboratively to ensure that the well-being of our communities are integral to their plans, and to reach an agreement on the role and responsibilities of different organisations and departments in responding to climate change.</p> <p>The sub-group has used Fairbourne as a case of good practice, and in order to learn lessons on aspects such as engagement and better collaboration for the wellbeing of our communities.</p>	
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<b>Homes for local people</b>	<p>A subgroup has been established and operates under the leadership of Ffrancon Williams, Adra. A core group has been set up to plan and keep an overview of the project. A wider representation of board members contributes to the sub group's activity through the innovative Housing group meeting.</p>	<p>Both counties are at present planning to develop innovative housing. The subgroup is proposing to bring together the plans of the public bodies, and to put in place arrangements to work together to consider a smaller number of innovative models but also to achieve economies of scale, which ultimately make more effective use of our resources.</p> <p>A part time project management resource has been secured to drive the work forward.</p>	<p>A draft project plan has been developed and it is anticipated that full approval including funding arrangements, for the project will be achieved by July 2020.</p>
<b>Poverty</b>	<p>Poverty remains a priority for the board but there is no subgroup leading on the work at present. It was agreed that there was an opportunity through the board to address the work already underway within the 2 Local Authorities in relation to poverty, before considering options for the board to work in a more integrated and cohesive way.</p>		

<b>3.5 Objective 2: Healthy and independent residents with a good quality of life</b>			
<b>Priority area</b>	<b>An update on the arrangements of the sub-groups</b>	<b>What does the sub-group achieve that adds value to the current plans of the public bodies in the field</b>	<b>Proposed Timescale</b>
<b>Health and Care of adults, and the welfare and achievement of children and young people.</b>	An Integrated Health and Social Care Group for the West has been established, and is under the leadership of Ffion Johnstone Betsi Cadwaladr University Health Board. The sub-group keeps an overview and ensures that the developments and changes we want to see in the West are introduced. The sub group also provides the leadership and governance required for the sub-groups associated with the following areas of work: children, adults, mental health and community transformation	We will see joint delivery, of a new health and care system – that will promote good health and wellbeing in our communities. The system will be able to contribute to enabling residents to use their independent living skills.	<b>To be confirmed</b> The North Wales Region via Regional Partnership Board has been successful in attracting short term funding from WG to support the transformation required to achieve the vision (2019-2021).

## **4. Monitoring**

**4.1** The four sub-groups mentioned above are accountable to the Public Services Board in relation to any work commissioned. The sub-groups update the Board on progress quarterly, and during the meetings of the Board the update reports are challenged and discussed in detail.

**4.2** There is also a role for the Board's support team to support and maintain the work of the sub-groups between meetings of the Board. In addition an annual report is published by the Board that summarises the progress as the Board works towards achieving its strategic objectives (appendix 1).

## **5. Scrutiny arrangements**

**5.1** The work of the Board is regularly checked by Gwynedd Council and the Isle of Anglesey County Council scrutiny committees.

**5.2** The Wellbeing Act and associated national guidance set out 3 roles for local authority scrutiny committees in providing democratic accountability to the Public Services Board:

- Review of governance arrangements for the PSB
- Statutory consultee on the well-being assessment and well-being plan
- Monitoring progress of PSB's efforts in delivering the well-being plan

**5.3** At present the Public Services Board is subject to scrutiny by the Gwynedd and Anglesey Local authority's designated scrutiny committees. At the establishment of the PSB it was agreed that a joint scrutiny panel between the two counties should be considered to undertake this work across Gwynedd and Anglesey. Scrutiny officers from Gwynedd and Anglesey have evaluated both the options of continuing with the existing local authority scrutiny arrangements or establishing a joint panel. It was concluded that they do not recommend the establishment of a panel at this stage but rather to focus on aligning timetables and consistency of scrutiny arrangements across the two counties. This arrangement will be reviewed again in due course.

**5.4** A paper will be presented to the Board on 11th December 2019 in order to inform them of the recommendation to continue with the current scrutiny arrangements. The intention is to introduce arrangements where the joint working between the two counties will need to be confirmed and the work programme and timetable for joint scrutiny established.

## **6. Resources**

**6.1** The management and administrative support for the Board is provided by the Isle of Anglesey County Council and Gwynedd Council. The Board's support team is established and fully undertakes their role in supporting the work of the Board and its associated sub-groups.



**6.2** The Gwynedd and Anglesey PSB has requested that the sub-groups, where relevant, submit a business case as part of their request for resources for consideration by the Board. The PSB has agreed to co-fund a resource for supporting the work of one of the subgroups. It is anticipated that the need for resources will continue as the sub-groups mature and develop.

## **7. Risks**

**7.1** The Board manages risks in relation to projects and the work of the sub-groups, to ensure that they operate in accordance with the well-being plan and the specified timetable. It is anticipated that the board's risk register will be managed in line with the five ways of working. A draft risk register will be submitted to the Board for approval in December 2019.

## **8. A Review of the Public Services Boards (Wales Audit Office: October 2019)**

[https://www.audit.wales/sites/default/files/press\\_releases/review-of-public-service-boards-english.pdf](https://www.audit.wales/sites/default/files/press_releases/review-of-public-service-boards-english.pdf)

**8.1** In October 2019 a report on a Review of Public Services Boards was published. The report was carried out by the WAO on behalf of the Auditor General for Wales, the WAO has examined how PSBs operate. Part 2 of the report looks specifically at the scrutiny arrangements of the PSBs. This review hasn't been undertaken specifically for the Gwynedd and Anglesey Public Services Board, but rather a review undertaken on behalf of the 19 boards in Wales. However a number of the report's findings and recommendations are relevant to the Gwynedd and Anglesey PSB.

**8.2** A paper outlining a summary of the main recommendations founded in the report, and proposals on how the Gwynedd and Anglesey PSB could respond to them has been prepared. This paper will be presented to the Board at the next meeting on 11th December 2019. A copy of this will then be shared with the scrutiny committees.

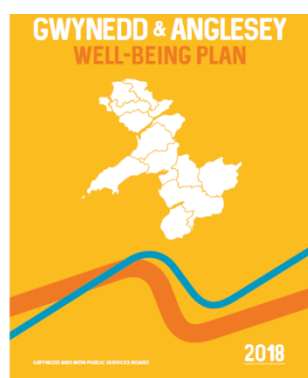
## **9. Recommendations**

**9.1** The Committee is asked to note the update and current progress made by the Gwynedd & Anglesey Public Service Board.

### Annual Report 2018/19

#### Gwynedd and Anglesey Public Services Board

Public organisations in Gwynedd and Anglesey have agreed to work together under the Well-being of Future Generations (Wales) Act 2015 through the Gwynedd and Anglesey Public Services Board. Board members are enthusiastic about change and demonstrate a willingness to work together on projects to realise the objectives of the Gwynedd and Anglesey well-being plan. The well-being plan sets out 6 priorities that are relevant to our communities at present and in the future. Sub-groups have been established in order to address the priority areas.



It has been a year since the Well-being Plan was published, and this report outlines what has been achieved over the last year in line with the priorities set out in it. The annual report highlights that work to develop the action plans has been undertaken by the Board and that further work needs to be undertaken in the specific areas of work. Looking forward to the 2019/20 year and further, we will continue to work with our partners and residents to contribute to the well-being objectives of the Public Services Board.

*"It has been a privilege to chair the Gwynedd and Anglesey's Public Services Board. Members have been committed to the work of the Board during the past year. At the beginning of the process the people of Gwynedd and Anglesey were asked their views on what is important to them in their communities, and those findings were used to shape the Board's work programme in the form of the well-being plan. The following report is evidence that the board has listened to the comments made. It is early days for the work of the Board but we are confident that we are on track to achieve our ambitions, ensuring that our decisions are appropriate for future generations".*

Ffion Johnstone

**Chair of the Gwynedd and Anglesey  
Public Services Board**

# Annual Report 2018/19

## How has the Public Services Board delivered?

The well-being plan was published in 2018. The wellbeing plan confirmed the two objectives and six priority areas where the Board agreed to work together to ensure the best outcomes for the residents of Gwynedd and Anglesey. Priority areas were agreed upon that were relevant to both counties and the PSB will respond to these joint issues across the two counties. In order to take the work forward within the priority areas sub groups have been established.

Objective 1: Communities which thrive and are prosperous in the long term

Priorities: The Welsh language

Homes for local people

The effect of poverty on the wellbeing of our communities

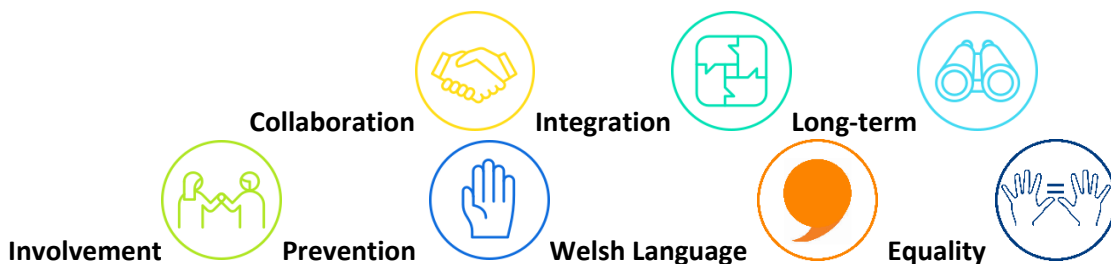
The effect of climate change on the well-being of communities

Objective 2: Healthy and independent residents with a good quality of life









Priorities: Health and care of adults






The welfare and achievement of children and young people














During the last 12 months the Public Services Board and the associated sub-groups have operated in line with the five national sustainable development principles (below). The Board agreed through the wellbeing plan to add two principles that are important to the residents of Gwynedd and Anglesey namely the Welsh language and equality. Each of the sub-groups will ensure that the Welsh language is a golden thread that runs through their work. The sub-groups will also continue to address inequality and disadvantage through the relevant impact assessments. These principles create a framework for the board to work together on the priorities, to consider the lessons learned from actions already undertaken and to address some challenges that public services will face in the future.












## Objective 1: Communities which thrive and are prosperous in the long term












 Collaboration	 Long-term	 Involvement	 Welsh Language	 Equality
The priority	The work undertaken by the Public Services Board			Potential impact in the Short, Medium, Long Term
<b>The Welsh Language-</b> We will work together to increase the use of the Welsh Language within public bodies in Gwynedd and Anglesey. We will promote the use of Welsh as the preferred Language of communication between public bodies across both counties.	<p>A Welsh Language sub-group has been established and the following areas of work have been agreed upon</p> <ol style="list-style-type: none"><li><b>1. Sharing good practice among public bodies</b></li><li><b>2. The citizen’s experience</b> The Board recognises that there are inconsistencies in the ways in which public services provide bilingual services in Gwynedd and Anglesey, which means that it is not always possible for residents to use Welsh easily when communicating with public bodies.</li><li><b>3. A child’s linguistic journey.</b> The continuation of use of the language for future generations is important to the subgroup and they will work in collaboration with organisations already undertaking work in this important area, in order to plan for the future.</li></ol> <p>Of the 3 priority areas listed above the sub-group decided to prioritise a project focusing on linguistic practices amongst the staff of some of the Board's organisations. This is prioritised by the group as they recognise that the workforce can provide opportunities to use, practice and learn the Welsh language. A project entitled 'Arfer ' has been approved by the Board which aims to develop an understanding of why some people do not make use of the Welsh language in the workplace and the intention is to work together on the interventions, with the aim of encouraging more Welsh-language users within the public organisations.</p> <p>As we now know, the government has set a target of creating a million Welsh speakers by 2050, and the use of Welsh in the workplace has a prominent place in this strategy. The Board shares the vision and recognises that increasing the numbers who are able to speak Welsh and make use of it is key to the prosperity of the language.</p>			<p><b>Short-term</b> Change the linguistic practices of communication within the workplaces of the public bodies.</p> <p><b>Medium term</b> To increase the use of the Welsh language in Gwynedd and Anglesey’s public bodies.</p> <p>To increase the use of Welsh as a first point of contact with public services bodies. Baseline data will be used to measure its progress.</p> <p><b>Long-term</b> To increase the use of Welsh within our wider communities which is key to the prosperity of the language.</p>
How will we contribute towards the national well-being goals				
A Prosperous Wales			A more equal Wales	
A Wales of Cohesive Communities				
A Wales of vibrant culture and thriving Welsh Language				

<div>  Collaboration  Long Term  Involvement  Welsh Language  Equality </div>		
The priority	The work undertaken by the Public Services Board	Potential impact in the Short, Medium, Long Term
<b>Homes for local people-</b> We will work with the housing sector to ensure more suitable and affordable homes in the right places to meet local needs. We will work together to ensure that homes are of a quality and meet the needs of residents.	<p>The housing sub group was established in June 2018 to encourage collaboration between organisations within the housing sector.</p> <p>Both counties at present plan to develop innovative housing. The sub-group proposes to bring together the plans of the public bodies, and put in place arrangements to work together to consider a smaller number of innovative models but also to achieve economies of scale that ultimately make more effective use of our resources. Some examples of innovative housing that have been considered by the sub-group are as follows:</p> <ol style="list-style-type: none"> <li>1. Wooden frame/Modular buildings</li> <li>2. The Passive approach of low energy, innovative building models</li> <li>3. Alternative community approaches that live with water; E.g. Housing that goes up and down on girders in accordance with water levels.</li> </ol> <p>In addition, the sub-group has started the process of identifying suitable development sites for those innovative home models across Gwynedd and Anglesey. It is proposed that they could be packaged together to achieve economies of scale, thereby reducing the construction cost per unit</p>	<p><b><u>Short-term</u></b> Work with our communities and our partners on innovative schemes in our communities.</p> <p><b><u>Medium term</u></b> Develop innovative housing projects in Gwynedd and Anglesey's communities</p> <p><b><u>Long-term</u></b> The development of new energy efficient and affordable homes.</p> <p>Increased energy efficiency brought about by the introduction of housing from innovative models. This is positively impacts on climate change and on fuel poverty.</p> <p>In the long term the group is looking at using innovative models to provide housing for our ageing population. This would also address the transformation aspirations within the health sector.</p>
<b>How will we contribute towards the national well-being goals</b> <div> <div>A prosperous Wales</div> <div>A resilient Wales</div> <div>A more equal Wales</div> <div>A Wales of cohesive communities</div> <div>A Wales of vibrant culture and thriving Welsh Language</div> <div>A globally responsible Wales</div> </div>		

<div>  Collaboration  Long-term  Integration  Involvement  Prevention  Welsh Language  Equality </div>		
The priority	The work undertaken by the Public Services Board	Potential impact in the Short, Medium, Long Term
<b>The effect of climate change on our communities:</b> We will work together locally to mitigate the effect of climate change on our communities	<p>The board has established a climate change sub-group that includes representations from a range of public bodies that can contribute to the adaptation work, together with the mitigation measures.</p> <p>Initial actions identified by the sub-group are: To work collaboratively with our key stakeholders and to plan in a joined-up way for extreme weather events and the impacts of current and future climate change. A mapping exercise will be undertaken of the areas and homes within our communities, in order to plan for those areas that are at risk of flooding. This will also take account of those areas that have been identified for shoreline management plans.</p> <p>The carbon emissions from public bodies are also being addressed, and the sub-groups will consider how to reduce carbon emissions across their activities.</p>	<p><b>Short-term</b> Work together to develop a shared understanding and reach a consensus on the actions required in relation to the impact of climate change on our communities.</p> <p><b>Medium/Long term</b> The PSB will have a better understanding of the risks and impact of climate change and we will have worked with our communities to raise awareness and strengthen the resilience and adaptation skills according to the medium and long term changes.</p>
<b>How will we contribute towards the national well-being goals</b> <div> <div>  A prosperous Wales  A resilient Wales  A more equal Wales  A Wales of cohesive communities </div> <div>  A Wales of vibrant culture and thriving Welsh Language  A globally responsible Wales </div> </div>		

 Collaboration  Long-term  Prevention  Welsh Language  Equality		
The priority	The work undertaken by the Public Services Board	Potential impact in the Short, Medium, Long Term
<b>The effect of poverty on the well-being of our communities</b> – we will develop a detailed understanding of how poverty affects the area and look to ensure that the work happening across public bodies is more effective in mitigating the long-term effects of poverty.	<p>A poverty subgroup has been established, and a workshop has been held that included representation from a wide range of partners, in order to develop the understanding of the effect of poverty on the well-being of our communities</p> <p>As a starting point the Board is considering the poverty work currently being undertaken by the two local authorities, before determining how the Board can work in a more integrated and cohesive way.</p>	<p><b><u>Short and medium term</u></b></p> <p>The PSB will have a greater understanding of the needs of our communities Provide/ commission interventions and services that respond to need.</p> <p><b><u>Long-term</u></b></p> <p>Partners to work in an integrated and more effective manner. Creating more resilient communities that are able to support themselves and their families.</p>
<b>How will we contribute towards the national well-being goals</b>		
<div>  A prosperous Wales  A more equal Wales  A Wales of cohesive communities </div> <div>  A Wales of vibrant culture and thriving Welsh Language </div>		

## Objective 2: Healthy and independent residents with a good quality of life

 Collaboration  Long term  Integration  Involvement  Prevention  Welsh Language  Equality		
The priority	The work undertaken by the Public Services Board	Potential impact in the Short, Medium, Long Term
<p><b>Health and care of adults:</b> we will work with the Regional Partnership Board to ensure that the Services planned for the older population meet local needs. We will collaborate locally to plan a wide range of preventative activities for adults to enable them to live healthy and independent lives.</p> <p><b>The welfare and achievements of children and Young people:</b> We will plan preventative services and activities together to support families before the need for intensive intervention arises. We will encourage children, young people and their families to improve their health so that they can live healthily and independently within their communities in the long term.</p>	<p>The Board has established an integrated health and social care sub-group for Gwynedd and Anglesey. The 'Healthier Wales' document informs the sub-group's governance and planning arrangements.</p> <p>The Board has established an integrated health and social care sub-group for Gwynedd and Ynys Môn. The 'Healthier Wales' document informs the sub-group's governance and planning arrangements. The ambition of the document is to bring together health and social care services, so that they are designed and delivered around the needs and preferences of the individual.</p> <p>The sub-group has agreed to focus on the following areas of work with the focus on preventative service and partnership working:</p> <ul style="list-style-type: none"> <li>Community work through clusters</li> <li>Children and young people/supporting families</li> <li>Mental health</li> <li>Learning disabilities</li> </ul>	<p><b>Short-term</b> Through consultation and engagement with our residents we will have an understanding of the health and care arrangements that are required to meet local needs. Governance arrangements to support the 4 areas of work will be established.</p> <p><b>Medium term</b> We will continue to see progress in the 4 areas of work and start the process of re-designing the health and social care system.</p> <p><b>Long-term</b> We will see the implementation of a new health and care system – which will promote good health and wellbeing in our communities. The system will offer a range of high-quality options that can contribute to enabling residents to use their independent living skills.</p>
<b>How will we contribute towards the national well-being goals</b> <div>  A prosperous Wales            A more equal Wales            A Wales of cohesive communities            A Wales of vibrant culture and thriving Welsh Language         </div>		



**Conclusion**

Gwynedd and Anglesey's Public Services Board are pleased to publish their first annual report for 2018/19. The above is evidence that the Board as individual organisations, and jointly continue to be committed to improving the well-being of Gwynedd and Anglesey. While the resources of public bodies are under pressure and threats of further cuts the Board identifies opportunities to work in different ways and to introduce innovative approaches. With the support of the public bodies and their staff, our residents and wider partners we can continue on the journey of creating communities which thrive and are prosperous in the long term and ensuring that our residents have the opportunity to live healthily and independently with a good quality of life.

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health Committee 3.12.19						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Update on alcohol strategies in BCUHB						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Ms Teresa Owen, Executive Director Public Health						
<b>Awdur yr Adroddiad Report Author:</b>	Mr Richard Firth, Consultant in Public Health						
<b>Craffu blaenorol: Prior Scrutiny:</b>	<ul style="list-style-type: none"><li>Executive Director Public Health</li><li>Health Improvement and Reducing Inequalities Group</li></ul>						
<b>Atodiadau Appendices:</b>	1 – Substance Misuse Needs Assessment Recommendations						
<b>Argymhelliad / Recommendation:</b>							
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"><li>Note the opportunities contained in the recommendations of the Substance Misuse Needs Assessment.</li><li>Note the opportunities for addressing the harms of alcohol misuse through the North Wales Alcohol Harm Reduction Strategy and Delivery Plan on its release.</li></ul> <p>Endorse the approach being taken to:</p> <ul style="list-style-type: none"><li>Develop a regional ‘Alcohol Harm Reduction Strategy and Action Plan’</li><li>Further develop the alcohol licensing process and administration.</li></ul>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth For Discussion*</b>		<b>Ar gyfer sicrwydd For Assurance*</b>		<b>Er gwybodaeth For Information*</b>	<b>x</b>
<b>Sefyllfa / Situation:</b>							
The purpose of this paper is to provide an update on strategic alcohol and related Area Planning Board (APB) activity.							
<b>Cefndir / Background:</b>							
1. Alcohol is thoroughly integrated into all aspects of society and our culture, is widely available, and has become increasingly affordable. Where alcohol is drunk sensibly it is enjoyed by many. However alcohol is a strong drug with serious health implications. Alcohol misuse has a marked effect on the physical and							

mental health wellbeing of the individual, as well as affecting their family and wider society. Alcohol misuse is strongly linked to crime disorder, antisocial behaviour, assault and domestic violence.

2. Alcohol misuse is a major cause of death and illness in Wales with around 1,500 deaths (one in twenty of all deaths) each year being attributable to alcohol. In North Wales 2017/2018 there were 11,682 alcohol attributable admissions and 394 alcohol attributable deaths. This places a considerable burden on health services.

3. Welsh Government's vision in its recently published Substance Misuse Delivery Plan 2019-2022 is: *"Everyone in Wales should have longer healthier lives, free from the potential harms of substance misuse, building personal resilience so they can be active and contribute positively to their communities"*. The aim of this delivery plan is to reduce the harms caused by substance misuse to the individual and wider society, and to ensure that people are aware of the dangers and the impact of substance misuse and to know where they can seek information, help and support if they need it.

### **Alcohol Minimum Unit Pricing**

4. In support of the Delivery Plan, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 (the 2018 Act) makes provision for the minimum price for which alcohol is to be sold/supplied at, and makes it an offence for alcohol to be sold/supplied below that price. Minimum Unit Price (MUP) is targeted at protecting the health of hazardous and harmful drinkers who tend to consume greater amounts of low-cost and high-strength alcohol. It provides a formula for calculating the applicable minimum price for alcohol by multiplying the percentage strength of the alcohol, its volume and the minimum unit price, allowing us to specifically target the sale and supply of that low-cost and high strength alcohol.

5. There is strong evidence to suggest that increasing the price of alcohol will contribute towards reducing levels of consumption (particularly amongst hazardous and harmful drinkers) which will then have a positive impact on reducing alcohol-related deaths and hospitalisations.

6. A MUP of 50 pence has now been agreed by the National Assembly and will be introduced on 02 Mar 2020. According to modelling undertaken by the University of Sheffield, a 50p MUP will lead to 66 fewer alcohol-attributable deaths and 1,281 fewer alcohol-attributable hospital admissions per year in Wales.

### **Area Planning Board**

7. Responsibility for delivering the national strategy lies with the North Wales Substance Misuse Area Planning Board (APB). The Health Board and Local Public Health Team (LPHT) are partners of the Board and have supported the following programmes of work :

- a. **Substance Misuse Needs Assessment.** A substance misuse needs assessment was produced by the LPHT, based on work carried out from

September 2018 to May 2019, supported by the APB with contributions from partner organisations. The needs assessment has a strong focus on Alcohol (rather than other drugs) as suggested during the initial scoping work. It also has a focus on intervening early in the life course and preventing children and young people misusing substances. The needs assessment links with other specific needs assessments – HMP Berwyn Health and Social Needs Assessment (Feb 2019) and the County Lines Needs Assessment (Sep 2019)

The needs assessment document was signed off by the APB in October 2019. It makes 28 recommendations to inform future analysis, commissioning and service development. The recommendations are presented under 7 themes

- Enhanced data / further analysis to obtain insight
- Enhanced stakeholder engagement
- Outcome monitoring
- Enhance support / aftercare
- Safe and supportive environments
- Changed attitudes and social norms
- Families and children

The APB executive are currently prioritising the recommendations to inform on-going work, including the Alcohol Harm Reduction Strategy and Action Plan. The recommendations are listed in Appendix A.

**b. Alcohol Harm Reduction Strategy.** The APB prioritised the development of a strategy for reducing the harm from alcohol. However, amongst APB partners there are differing interpretations of what harm reduction means. A working group, led by the LPHT and including Health Board personnel, was formed in February 2019 to ensure differing perspectives were captured and to contribute to the development of the strategy. The working group produced a draft strategy in September 2019; the first alcohol harm reduction strategy specifically for North Wales. The aim of the strategy is to:

- Promote a safe and sensible approach to alcohol consumption
- Protect families and wider communities from adverse impacts of alcohol
- Reduce the impact of alcohol related harms

These aims are to be delivered through 6 priority areas:

- Safe and supportive environments
- Changed attitudes and social norms
- Reduced availability
- Reduced affordability
- Support for behaviour change
- Children, Young People and Families

A workshop is being held on 26 November 2019 to enable final capture of partner inputs and develop the Delivery Plan. The vision is, through partnership working, to change the drinking culture in North Wales, reducing the harm caused by alcohol to individuals, families and communities, and creating an

environment where there low level or abstinence from alcohol consumption is the norm and where harmful and hazardous drinkers are identified early and supported via intervention programmes. The Health Board will be closely involved in working with partners in the delivery of the action plan.

### **Alcohol Licensing response**

8. The Health Board is a named responsible authority under the Licensing Act 2012 and is required to review licensing applications and develop objections which seek to influence licensing decisions and work with partners to promote the responsible sale of alcohol.

9. The purpose of the system of licensing for licensable activities is to promote four licensing objectives - the prevention of crime and disorder; public safety, prevention of public nuisance, and the protection of children from harm.

10. The role of reviewing licensing applications and developing objections falls under the remit of the Executive Director of Public Health. All licensing applications submitted to BCUHB are given to the LPHT to review, with team members responsible for reviewing applications against an agreed framework based on best practice in Wales, with applications categorised green and red. Responses to these applications are time sensitive (within 28 days of submission) and following an acknowledgement of receipt, the outcomes can be:

- No further action
- Discussion with partners on any concerns, or
- Negotiation directly with the applicant.

11. For all red applications the team members liaise with the applicant/licensing authority to discuss their concerns relating to the application. If following the above preliminary actions being undertaken there is still a concern, a Public Health representation (objection) can be considered if there is an evidence base to support the objection.

12. Further work is planned to review of the process as part of the new National Alcohol Licensing Group with the aim of exploring how to better influence licensing applications through negotiation with applicants at a stage between 'no action' and 'making a representation'

13. Over a six month period (1<sup>st</sup> April – 31<sup>st</sup> October 2019) 116 alcohol licensing applications have been received. The majority of the license applications (75) were new applications. The remaining applications were mostly a mix of one-off applications and variations to existing licences.

## Asesiad / Assessment

### Strategy Implications

Addressing the harmful impacts of alcohol consumption across North Wales aligns with the Welsh Government Substance Misuse Delivery Plan 2019-2022, the Health Board Three year plan for a healthier wales, Living Healthier, Staying Well, and the Health Board proposed three year outlook 2020-23, Improvement Group priorities ; *increase opportunities for accessing alcohol services.*

### Financial Implications

Failure to address harmful and hazardous alcohol consumption across the population will continue to have a considerable impact on BCUHB through alcohol related admissions to secondary care. In 2017/18 there were 11,682 alcohol attributable hospital admission in North Wales. Alcohol misuse costs Wales approximately £25billion per year in healthcare, crime and productivity costs.

Introducing a minimum unit price of 50p is estimated to be worth £783m to the Welsh economy in terms of the reduction in alcohol-related illness, crime and workplace absence over 20 years.

### Risk Analysis

The key risk is the limited partnership engagement and contribution to both the Needs Assessment and Harm Reduction Strategy and Delivery Plan, leading to incorrect assumptions and interventions. Both work programmes have been widely advertised and actions, such as the workshop event, have been conducted to ensure widespread contribution.

Other risks are:

- Potential prioritisation of funding to drug strategies may reduce funding availability to address the harms of alcohol.
- The introduction of MUP may precipitate those most vulnerable and reliant on alcohol into further difficulties. An evaluation of minimum pricing for alcohol is planned – and this will underpin the decision on whether minimum pricing should continue.
- Development of the alcohol harm reduction plan may lead to increase referrals to current alcohol services in the short to medium term. However, this will be offset by a reduction in admissions to secondary care for alcohol related conditions.

### Legal and Compliance

MUP Legislation is being employed to use price as a lever to reduce the excessive consumption of alcohol. Legal issues have been considered and none of significance have been identified.

### **Impact Assessment**

Equality, Welsh language and health impact assessments have been conducted on the MUP by Welsh Government. An Equality Impact Assessment has been completed on the Alcohol Harm Reduction Strategy highlighting minor action points to be picked up in the Action plan. As specific project and programmes fall out of the overarching strategic work health impact and equality assessment will be conducted as appropriate.

## **Recommendations from the Substance Misuse Needs Assessment 2019**

### **Enhanced data/further analysis to obtain insight**

1. Undertake further analysis to better understand frequency and patterns of cannabis use amongst young people.
2. Undertake benchmarking exercises against other areas of known good practice.
3. Work with stakeholders to better understand trends in licensed premises across North Wales.
4. Work with stakeholders to better understand alcohol related admission, morbidity and mortality data, particularly variation and trends across North Wales.

### **Enhanced stakeholder engagement, working towards co-production**

5. Promote a systematic approach to ensuring that the voices of children and young people are heard, utilising existing contacts and networks.
6. Establish a systematic approach to capture the views and opinions of hazardous and harmful alcohol drinkers and drug users not currently accessing substance misuse services.

### **Outcome monitoring**

7. Further develop outcome monitoring (including long term monitoring) with providers to ensure a consistent approach where appropriate.
8. To work with Welsh Government and North Wales stakeholders to ensure KPIs encourages positive incentives.

### **Enhanced support, treatment and aftercare, including suitable housing and environment**

9. Further develop service pathways to ensure holistic and integrated approach.
10. Support the implementation of Welsh Community Care Information System (WCCIS).
11. Work to ensure service providers consider appropriate aftercare and services post treatment including appropriate housing
12. Work with primary care professionals and GPs to raise education and awareness regarding substance misuse including aftercare and reducing stigmatisation.
13. Ensure that psychosocial interventions are available as part of treatment pathways where appropriate.
14. Work to further promote mutual aid and peer based recovery programmes.
15. Work to ensure equitable access to services from community based venues across North Wales, and reducing the barriers to access.
16. Take forward learning from the Wrexham 'Gateway Plus' model.
17. Work with wider partners to better understand housing related needs and gaps.



18. Ensure that appropriate recognition and services are available around early identification and intervention, particularly to meet the needs of trauma and Adverse Childhood Experiences.
19. Continue to support the implementation of the North Wales Co-occurring Framework Delivery Plan.
20. Undertake further engagement with the Department of Work & Pensions (DWP) to ensure appropriate signposting and engagement with drug and alcohol misusers.

### **Safe and Supportive Environment**

21. Continue to support a consistent approach regarding substance misuse policies across schools in North Wales.
22. Ensure substance misuse needs assessment is considered alongside the County Lines Needs Assessment, particularly in regard to understanding supply and demand, and any gaps between the two and resulting unmet need.

### **Changed attitudes and social norms**

23. Ensure that schools are supported to build resilience in young people to avoid risk taking behaviours in light of curriculum changes and the review of All Wales School Liaison Core Programme (AWSLCP).
24. Develop an Alcohol Harm Reduction strategy and delivery plan to tackle alcohol related harms.
25. Breaking down barriers to appropriate care including stigmatisation.

### **Families and children are supported and protected**

26. Provision of better information and support for family members/carers to advise them on strategies to support those with substance misuse problems.
27. Promote awareness of ACEs and ensure that appropriate services are in place to support parents/carers.
28. Further develop service pathways to better ensure a strategic approach to integrating services that support families.



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Strategy, Partnership and Population Health Committee 3.12.19						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Update on the work on the Adverse Childhood Experiences agenda						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Teresa Owen, Executive Director Public Health						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Siobhan Adams, Consultant Public Health						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director of Public Health						
<b>Atodiadau</b> <b>Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
It is recommended that SPPH note the progress in taking forward the ACE agenda in partnership across the region							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth For Discussion*</b>	✓	<b>Ar gyfer sicrwydd For Assurance*</b>	✓	<b>Er gwybodaeth For Information*</b>	
<b>Sefyllfa / Situation:</b>							
At the SPPH meeting in February 2019, SPPH was updated on the ongoing work around ACE agenda and developing ACE informed practice and approved the recommendation for the HIIT group to oversee the ACE work within the Health Board, with the partnership Children's Transformation Group continuing to oversee the work relating to children's and families.							
This report gives an overview on the progress of the work and new developments in this important field							
<b>Cefndir / Background:</b>							
Adverse Childhood Experiences (ACEs) are traumatic experiences that occur before the age of 18 and impact individuals throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. Such exposure can: significantly alter early neurological development; impact on attachment to caregivers; increase adolescent and adult health-harming behaviours; change hormonal and immunological systems contributing to chronic tissue inflammation and increased allostatic load; and increase risks of adults having poor social adjustment, reduced cognitive capacity and low mental wellbeing. These physiological and psychological changes lead to increased rates of physical and mental health conditions as well as poorer							

educational and employment outcomes<sup>1</sup> (Bellis et al, 2017)

Evidence shows children who experience stressful and poor quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to achieve their full potential in adulthood<sup>2</sup>.

The work to prevent and mitigate the impact is complex and multi-faceted and is being taken forward in partnership across the public and third sector and as part of several specific and separately funded programmes. This paper will update on developments both within the Health Board and also on key programmes where the Health Board is working closely with others to embed innovative approaches within communities.

### **Health Board**

- Links are being maintained between the Health Board, Local Public Health Team and National Programmes such as Early Action Together, ACE Support Hub, First 1000 days Collaborative and WG Early Years Integration Programme to ensure systems working between national and local teams to ensure progress on embedding ACE informed approach as part of routine practice
- Adverse Childhood Experiences (ACEs) - the prevention and mitigation of ACEs has been identified as a partnership priority by the Part 9 Regional Partnership Board (RPB) established to meet the Social Services and Well-being (Wales) Act 2014 requirements. Actions around ACEs are currently being led by the Children's Transformation Group which is currently acting as a sub group of the RPB.
- Embedding ACE informed practice is also part of the delivery of the BCUHB joint plan for women's and children to improve outcomes in the is First 1000 days of life.
- ACE enquiry during routine contact was piloted by all health visitors across Anglesey in 2017/2018 with mothers aged 18 years and over. Mothers were invited to complete an ACE questionnaire at either 6 weeks or 6 months post-delivery.  
The evaluation <http://www.wales.nhs.uk/sitesplus/888/news/50333> finds considerable support for the feasibility and acceptability of ACE enquiry in health visiting for both service users and practitioners. Larger scale pilot research is now underway in 3 Health Boards across Wales (not BCU HB) to test the intervention and scale and the most suitable timing of enquiry and

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<sup>1</sup> Bellis, M., Hughes, K. and Hardcastle, K. (2017) **The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study**, available at <http://journals.sagepub.com/doi/full/10.1177/1355819617706720> (last accessed 10th July 2018).

<sup>2</sup> (Public Health Wales, 2016) ACE Report 1, available at <http://www.wales.nhs.uk/sitesplus/888/page/88504> **Ace Report 1** (last accessed 10<sup>th</sup> July 2018).

longer term outcomes for mothers and children.

- Results have also recently been published from a further Anglesey ACE enquiry which was piloted during consultations with a general practitioner (GP) or nurse practitioner across three practices in 2017/18 with patients aged 18 years and over:  
<http://www.wales.nhs.uk/sitesplus/888/news/50784>. Whilst the pilot provides some encouraging insights into the feasibility of asking about ACEs, there continue to be complexities in this health setting that present challenges for engagement and the delivery of a sustained approach. Further research and evaluation is needed to build on these initial findings and explore the utility of scaled and sustainable approaches to ACE enquiry in general practice.

### **Early Action Together (EAT)**

- Early Action Together is a new initiative involving public health, policing and criminal justice organisations across Wales, taking a public health approach to policing and criminal justice by intervening early and taking preventative measures in dealing with vulnerable people to address the root causes of criminal behaviour
- The programme is supporting the police, prison and probation services to work collaboratively with multi-agencies (e.g. social services, schools, housing, third sector etc.) across Wales so they can identify vulnerable people, intervene early and keep them out of the criminal justice system, break the generational cycle of crime and ultimately improve their lives. The programme is primarily doing this by training frontline police and criminal justice staff and giving them the knowledge and confidence they need to work with other partners and offer support to vulnerable people who have experienced trauma. <https://www.rsph.org.uk/our-work/resources/early-action-together-learning-network.html>
- In November 2017, the Home Office awarded £6.87million to set up a programme in Wales to transform the approach to addressing ACE and vulnerability with individuals and communities by frontline police and partner agencies. This is a collaborative approach between Public Health Wales, the four Police and Crime Commissioners, four Police Forces across Wales and key partners. It aims to transform cross-organisational practice to vulnerability in Wales to a multi-agency, ACE informed approach that enables early intervention and root cause prevention. The project is funded until March 2020
- More than 5,500 police and partner staff across Wales have received ACEs training. The aim is for this to be 7800 by March 2020. ACE Coordinators are in place and the focus of their work has been continuing the embedding learning through police station presence
- The 'Early Help' model and Early Intervention projects are now live across all four police forces.

- The ACEs 'Train the Trainer' package for prison and probation staff has been developed and is being rolled out via a series of events. The National Probation Service has commenced wider roll out of the ACEs training across the probation workforce.
- Links have been made with Women in Justice, VAWDASV (Violence against Women, Domestic Abuse and Sexual Violence) and the new Violence Prevention Unit to align work streams and key messaging  
Phase 3, the final phase is underway, it is anticipated that the EAT programme will be fully implemented by March 2020, following which a formal full evaluation will be published to provide a national picture over the 2 year period.

### **National ACE Support Hub**

- The ACE Support Hub has a dedicated website with resources to support implementation of ACE awareness and informed practice at a local level: <https://www.aceawarewales.com/about>
- In June 2019, the Wales Adverse Childhood Experiences (ACE) Support Hub launched a Welsh Government funded campaign to urge people to take the time to be kind to help reduce the effects of Adverse Childhood Experiences: <http://howis.wales.nhs.uk/sitesplus/888/news/62267> / <https://www.aceawarewales.com/timetobekind>
- The Adverse Childhood Experiences (ACE) Hub has been delivering training to primary and secondary schools for the last 18 months across Wales. Funding from Welsh Government education department has provided for one education lead, who has developed and delivered the training using a cascade model. The ACE Support Hub is currently supporting schools in North Wales to become ACE informed. Further to a meeting with the Directors of Education across NW in July 2019, the ACE hub are currently providing training on a request basis. In Denbighshire 320 staff have been trained so far, and training is planned in Wrexham and Conwy. Counties are progressing at different stages to develop an ACE informed workforce.
- Approaches to developing ACE informed colleges and Universities are also being explored with Glyndwr University hosting a Wales wide event in partnership with ACE hub on Monday 9<sup>th</sup> December

### **Asesiad / Assessment**

#### **Strategy Implications**

ACE's are a core part of the HB's partnership planning and delivery in taking forward joint priorities with RPB and Public Service Boards (PSBs). Supporting families to prevent and mitigate ACE's, build resilience and improve outcomes in first 1000 days of life features as part of the HB's Integrated Medium Term Plan (IMTP) and

operational plans.

The Well-being of Future Generations (WBFGs) Act 2015 provides us with the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals for Wales: globally responsible, prosperous, resilient, healthier, more equal, cohesive communities, vibrant culture and thriving welsh language. In addition to the well-being goals it identifies five ways of working which we need to think about when working towards this: Long term, collaboration, Integration, Involvement and Partnership. ACE's are one of the top priority areas for action for the Future Generations Commissioner. All the wellbeing plans for PSB's in North Wales include either priorities around giving every child the best start in life or building community resilience.

### **Financial Implications**

No Financial implications

### **Risk Analysis**

The EAT programme and ACE hub are currently funded on a short term basis with no clarity as yet on funding post March 2020. This has implications for the sustainability of some of this partnership work across the region. These funding decisions are currently sitting with WG.

### **Legal and Compliance**

No legal implications

### **Impact Assessment**

ACEs are common and evidence suggests that those individuals who have experienced more adversity in childhood are significantly more likely to use health and social care services. It is therefore vital from an equality perspective that the Health Board has a system wide understanding of this issue in relation to how it impacts on individuals, their health and need for health care. This paper is not a policy or strategy so the EQIA is not required at present but will be required as HB policies and strategies are developed.

**Betsi Cadwaladr University Health Board**  
**Terms of Reference and Operating Arrangements**

**STRATEGY, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

**1 INTRODUCTION**

- 1.1 The Board shall establish a committee to be known as the Strategy, Partnerships and Population Health Committee (SP&PH). The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

**2 PURPOSE**

2.1 The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee will do this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

**3 DELEGATED POWERS**

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

- 3.1.1 ensure that current and emerging service strategies adhere to national policy and legislation, the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans and provide for sustainable futures;
- 3.1.2 advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's Medium and long term plans, together with the Annual Operating Plan;
- 3.1.3 ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;
- 3.1.4 Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership (Social Services and Partnership part 9 Board and Mental Health Partnership Board).

- 3.1.5 Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;
- 3.1.6 Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans;
- 3.1.7 Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness.
- 3.1.8 Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback.

#### **4 AUTHORITY**

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committees, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Strategy, Partnerships and Population Health matters.

4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

#### **5 SUB-COMMITTEES**



5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## **6 MEMBERSHIP**

### **6.1 Members**

Four independent members of the Board

### **6.2 In attendance**

Executive Director of Planning and Performance (Lead Director)  
Executive Director of Public Health  
Executive Director of Workforce and Organisational  
Development  
Executive Director Primary and Community Services  
Chair of Stakeholder Reference Group

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

### **6.3 Member Appointments**

6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

### **6.4 Secretariat**

6.4.1 Secretary: as determined by the Board Secretary.

### **6.5 Support to Committee Members**

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

## **7. COMMITTEE MEETINGS**

### **7.1 Quorum**

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that a minimum of one Executive Director will also be in attendance.

### **7.2 Frequency of Meetings**

7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

### **7.3 Withdrawal of individuals in attendance**

6.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

**8.1** Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

**8.2** The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

**8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **11. REVIEW**

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

**Amendments proposed by Audit committee 30.5.19**

**Ratified by Board 25.7.19**

**V5.0**

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health Committee						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson, Executive Director Planning and Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Diane Davies, Corporate Governance Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	None						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the report							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
To report in public session on matters previously considered in private session							
<b>Cefndir / Background:</b>							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
<b>Asesiad / Assessment</b>							
<p>The Strategy, Partnerships and Population Health Committee considered the following matters in private session on 1.10.19</p> <ul style="list-style-type: none"> <li>• Services Strategy update</li> </ul> <p>A private workshop held on 12.11.19 also discussed</p>							

- Developing BCU's Integrated Medium Term Plan
- Cluster Planning – West
- Health Economy Plan progress - West Health Economy