

- 0 Exclusion of the Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from this item of the 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."
- 0.3 10:15 - Commencement of session held in public
- 1 10:15 - SP19/81 Apologies for absence
Miss Teresa Owen
- 2 10:15 - SP19/82 Declarations of Interest
- 3 10:15 - SP19/83 Minutes of meeting held on 3.9.19 and summary action log
SP19.83a Minutes SPPHC 3.9.19 v.03 public session.docx
SP19.83b Summary Action Log.docx
- 4 10:20 - SP19/84 Reconnecting with the public – an update on public engagement
Mrs Sue Green
Mrs Katie Sargent / Mr Rob Callow
Recommendation:
To note the progress detailed in this paper
SP19.84a Public Engagement update Report coversheet.docx
SP19.84b Public Engagement update Report Oct19.doc
SP19.84c Public Engagement update Report_App 1 Continuous Engagement Plan 2019-2020V2.docx
SP19.84d Public Engagement update Report_App 2 Oct 2019.docx
- 5 10:45 - SP19/85 Public Health Update : Well North Wales
Mr Glynne Roberts in attendance
Recommendation:
The Committee is asked to note the report, and support the continued emphasis on tackling health inequalities across the Health Board
SP19.85a WNW Annual Report coversheet.docx
SP19.85b WNW Annual Report 201819 (2).docx
- 6 10:55 - SP19/86 Presentation: Research and Innovation Strategy
Mr Adrian Thomas / Ms Lynne Grundy in attendance
Presentation to follow
- 7 11:15 - SP19/87 Annual Operational Plan Monitoring report
Mr Mark Wilkinson
Mr John Darlington in attendance
Recommendation:
The Strategy, Partnerships and Population Health Committee is asked to note the report and to assist in addressing the governance issues raised.
SP19.87a APPMR August 2019 coversheet.docx
SP19.87b APPMR Annual Plan Progress Monitoring Report - August 2019 FINAL.pdf
- 7.1 11:30 - Comfort break
- 8 11:40 - SP19/88 Development of Three Outlook and 2020/21 Annual Plan
Mr Mark Wilkinson
Mr John Darlington in attendance
Recommendation:
It is recommend that SPPH committee receive this report setting out the progress made towards the development of our Three Year Outlook and 2020/21 plan in line with the agree timetable.
SP19.88a 3 Year outlook 20-21 plan coversheet.docx
SP19.88b Development of three year outlook 2020-21 plan.docx
- 10 12:00 - SP19/88.1 Enabling Strategies : Quality Improvement Strategy briefing
Mrs Deborah Carter in attendance
SP19.88.1 Enabling Strategy_Quality Improvement Strategy update 1.10.19.ppt
- 12 12:15 - SP19/89 Transformation Bid: Children and Young People Update

Mrs Bethan Jones in attendance

Recommendation:

The Committee is asked to note the progress of the Childrens and Young People's Transformation Programme

SP19.89a CYP coversheet.docx

SP19.89b CYP Trans programme Highlight report 060919.pdf

14 12:30 - SP19/90 Planning Board - Substance Misuse Update

Mr John Darlington and Mr Ben Carter in attendance

Recommendation:

It is recommended that the Committee:

- *Receive this report and note the role and function of NWAPB including the interface with BCUHB*
- *Receive an update of progress made in our joint working as part of NWAPB and opportunities for improved alignment and joint working going forward.*

SP19.90a APB_SMS Coversheet.docx

SP19.90b APB_SMS paper October 2019.docx

16 12:45 - SP19/91 Welsh Language Standards Compliance Monitoring Report

Welsh Language team representative in attendance

Recommendation:

Members are asked to note the report and ongoing work in relation to delivery of the Welsh Language Standards.

SP19.91a WLS Welsh Language Standards Update Coversheet.docx

SP19.91b WLS Welsh Language Standards Update SPPH October 2019.docx

SP19.91c WLS Hysbysiad Cydymffurfio44 Bwrdd Iechyd Prifysgol Betsi Cadwaladr (en).pdf

17 13:00 - SP19/92 Strategic Equality Plan and Objectives 2020-24 - For agreement in draft prior to external consultation

Mrs Sue Green

Mrs Sally Thomas in attendance

Recommendation:

The Committee is asked to approve the SEP in draft for a period of public consultation. The final draft will return to SPPH Committee in December for agreement prior to submission to Board.

SP19.92a Draft SEP_ coversheet.docx

SP19.92b Draft SEP_Strategic Equality Plan v0.03 draft EHRSF for SPPH.docx

SP19.92c Draft SEP_EqIA Screening BCUHB SEP 2020-2024 draft v0.02 2019.09.18.docx

20 13:15 - SP19/93 Public Service Boards Update : Wrexham and Flintshire

Mr Rob Smith in attendance

Recommendation:

The Committee is asked to note the update and current progress made by the Flintshire and Wrexham PSBs

SP19.93a PSB coversheet October 2019 RS.docx

SP19.93b PSB Flintshire and Wrexham PSBs report.docx

SP19.93c PSB Appendix 1_Nina_Ruddle_PSB_presentation_July_2019.pptx

SP19.93d PSB Appendiix 2_Resilience Sept2019.docx

21 13:35 - SP19/94 Summary of InCommittee Business to be Reported in Public

SP19.94 InCommittee items reported in public.docx

22 13:35 - SP19/95 Key Themes for Delivery for Winter 2019/20: a National Approach

Dr Chris Stockport

Recommendation:

To note the contents and actions / timescales to deliver plans

SP19.95a Winter Delivery 2019-20 coversheet.docx

SP19.95b Winter Resilience 2019_20 letter.pdf

27 13:40 - SP19/96 Issues of Significance to Inform the Chair's Assurance Report

28 13:40 - SP19/97 Date of next meeting 3.12.19 Committee

Workshop : 12.11.19 Committee 3.12.19



Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held on 3.9.19
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>)
Mrs Emma Binns	Head of Emergency Preparedness and Resilience (<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>)
Miss Teresa Owen	Executive Director Public Health
Dr Chris Stockport	Executive Director Primary and Community Services(<i>part meeting</i>)
Mr Mark Wilkinson	Executive Director Planning and Performance
Ms Diane Davies	Corporate Governance Manager ~ Committee secretariat

AGENDA ITEM	ACTION
SP19/61 Apologies for absence and declarations of interest Apologies were received from Mrs Sue Green It was noted that Ms Helen Wilkinson declared her interest in item SP19/64 in respect of her role as Chief Officer, Denbighshire Voluntary Services Council.	
SP19/62 Draft minutes of meeting held on 4.7.19 for accuracy, matters arising and review of Summary Action Log SP19/62.1 The minutes were approved as an accurate record and the summary action plan was updated.	
SP19/63 Cycle of Business (COB) review SP19/63.1 In discussion of the COB, the Committee raised concern that a WG guidance letter had not yet been received in respect of funding in order to confirm work on winter resilience planning. The Committee also raised concern on whether summer resilience planning was undertaken to deal with the increased pressure of tourists visiting and staying in the area, especially in the areas of ED and primary care. The Executive Director of Planning and Performance undertook to explore this	MW

<p>further (particular with reference to primary and secondary care) and include an item for discussion into the COB the following year.</p> <p>SP19/63.2 The Executive Director Public Health agreed to provide an update on infant feeding in the new year (date to be agreed) she also advised that the emerging work on Adverse Childhood Experiences, previously advised to the Committee, had been well received. It was agreed that the receipt of a Welsh Language standards compliance monitoring report would be clarified following plans to incorporate reporting within BCU's monthly Integrated Quality and Performance report.</p> <p><i>The Committee resolved to</i></p> <p>agree amendments to the COB</p>	<p>TO</p> <p>TO/MW</p>
<p>SP19/64 Public Service Boards (PSB) update – Conwy and Denbighshire</p> <p>SP19/64.1 The Area Director (Centre) joined the meeting to present this item. The Committee was pleased to receive the Conwy and Denbighshire PSB annual report and complimented the content and format. A discussion ensued on the connectivity between PSBs and the Regional Partnership Board (RPB), especially in respect of shared agendas along with greater potential for developing projects and services with shared funding.</p> <p>SP19/64.2 The Area Director (Centre) introduced the Community Green Pledges and Environmental Policy statements being moved forward and the Committee reflected on how BCU's activities generated a plethora of environmental impacts from travel to single use plastic whilst also being mindful of current financial and performance pressures. In the discussion which ensued the potential for moving this green agenda forward in the workplace, and in conjunction with other key partners across the service boards, was supported and ought to be a key corporate and strategic priority. The Executive Director of Public Health reminded that the environment was a priority which was shared across all the PSBs in North Wales, although the Committee acknowledged the lack of budget to drive this through.</p> <p>SP19/64.3 The Committee agreed that the Board should discuss this further and requested that the Executive Director of Planning and Performance prepare a paper for discussion at the next meeting, taking into account further feedback from the Area Director (Centre).</p> <p><i>The Committee resolved to</i></p> <p>note the annual report of the Conwy and Denbighshire PSB</p> <p>support further exploration of the Draft Environmental Policy Statement in relation to BCU.</p>	<p>MW</p>
<p>SP19/65 North Wales Regional Partnership Board</p> <p>SP19/65.1 The minutes of the meeting held on 7.6.19 were noted, with particular attention to the following items :</p> <ul style="list-style-type: none"> • publication of the NWRPB annual report (which was received) 	

<ul style="list-style-type: none"> • Wrexham Council for Voluntary Action presentation and discussion of third sector roles and support • progress in relation to the establishment of pooled budgets <p>SP19/65.2 The Committee noted a RPB workshop taking place on 6.9.19 to discuss the way forward including alignment with PSBs and the financial challenges. The Committee questioned the adequacy of BCU representation and attendance, noting improvements and also the reflecting on the transformation work which had been driven forward with greater ease given the involvement of other partnership organisations. The Finance Director ~ Commissioning & Strategy reminded that the RPB discussion had been around a pooled budget 'model' and not pooled budgets. The potential for opportunities in this area was noted, given the Minister's vision in moving this forward.</p> <p><i>The Committee resolved to</i></p> <p>note the report</p> <p><i>The Assistant Director ~ Corporate Planning joined the meeting</i></p>	
<p>SP19/66 Annual Plan 2019/20 progress monitoring report</p> <p>SP19/66.1 The Executive Director of Planning and Performance presented this item which provided a self-assessment of progress against the key actions within the Health Boards operational plan for 2019-20. He highlighted the principal performance challenges were within Planned Care, advising that a programme approach had been introduced to move forward improvements, as in the case of unscheduled care. He stated that the plan was galvanising action, especially in the area of management and would be developed to provide greater specificity</p> <p>SP19/66.2 In discussion of the efficacy of RAG status scores, the Committee also questioned a lack of project manager recruitment forward planning which had led to a red status action in relation to AP023 Eye Care pathway. The Committee Chair also commented that inconsistency in provision of narrative for red RAG status actions would require improvement as the report developed.</p> <p>The Committee resolved to</p> <p>note the progress in implementing the operational plan</p>	
<p>SP19/67 Developing our plan for 2020/23 – draft planning principles and outline timetable</p> <p>SP19/67.1 The Executive Director of Planning and Performance presented this item which set out the draft planning principles and timetable to support the development of BCU's 2020/23 Integrated Medium Term Plan (IMTP). The Assistant Director ~ Corporate Planning advised that there was a perception that the organisation viewed the work of planning as a start/stop process however the planning department was promoting continuous planning. He also highlighted appointment of planning leads and the move towards health economy planning. It was noted that these were at different levels of maturity. In discussion of the move towards integrating health and</p>	

<p>social care and cluster work the Executive Director of Primary and Community Services commented that whilst the approach was very helpful capacity issues remained in respect of clusters.</p> <p>SP19/67.2 The Chair questioned what would be different in the planning process in comparison to previous years and whether there was sufficient capacity. In the discussion which followed the Assistant Director ~ Corporate Planning highlighted the need for the new health economies to 'live within their means' and explore areas of inefficiencies and variation before consideration of investment. The Committee also noted tension in respect of the time available to also address improvement group work. The Finance Director ~ Commissioning & Strategy also highlighted the financial perspective on spending, emphasising the challenge in addressing the pace of change.</p> <p>SP19/67.3 The Chair stated that there was a universal welcome for the developments which were not without challenges, however the Committee understood these to be the 'right thing to do'. She acknowledged that whilst the timeline was ambitious, it was needed to address Welsh Government expectations.</p> <p><i>The Committee resolved to</i></p> <p>approve the draft planning principles and outline timetable for 2020/23</p> <p><i>The Assistant Director ~ Corporate Planning left the meeting</i></p>	
<p>The Committee members requested access to future draft SPPHC agenda and that the agenda setting process (to include the allocation of item timings) be discussed at the next Committee Business Management Group meeting.</p>	DD / MWJ
<p>SP19/68 Third Sector strategy update</p> <p>SP19/68.1 The Assistant Director ~ Health Strategy joined the meeting to update the Committee on progress. It was reported that budgets had had been devolved to the Area teams, in respect of the third sector, which would provide a greater connect to PSBs and improved decision making consideration. The Assistant Director ~ Health Strategy reported that nominations were awaited for the newly established strategic commissioning forum. It was noted that a meeting had taken place with the Vice-Chair and the Independent Member with expertise within the sector, and agreement reached on the process to conclude the work to refresh the BCU strategic partnership framework. It was noted that a paper was being finalised to bring together the strands, setting out a clear commitment to collaboration and would be brought back to the Committee for agreement.</p> <p>SP19/68.2 The Committee Chair noted the update provided, including engagement that had taken place to date, drawing particular attention to the 3000+ third sector organisations operating within BCU's catchment. The Assistant Director ~ Health Strategy advised that a communications plan would be developed with the Assistant Director Communications and welcomed the suggestions put forward by Committee members in relation to linking into voluntary councils, PSBs and RPB third sector representatives.</p>	SB

<p>SP19/68.3 In Independent Members clarified that their appointments as <i>Independent</i> Board members was on the basis of having expertise within areas such as Third Sector/Communities/Local Authorities etc and they were not appointed as representatives of these areas.</p> <p><i>The Committee resolved to</i></p> <p>note the update and acknowledged the depth and scale of engagement undertaken.</p>	
<p>SP19/69 EU Exit</p> <p>SP19/69.1 The Assistant Director ~ Health Strategy provided a verbal update on work underway to plan and respond to the potential impact of exit from the EU, highlighting a variety of additional processes being introduced and areas of risk. The date on which the UK was understood to exit being 31 October. Business continuity and contingency plans were being developed to respond to the possible “no deal” scenario. It was noted that the document provided had been produced by the Welsh NHS Confederation and provided a summary of key issues relating to EU Exit.</p> <p>SP19/69.2 Within the Health Board, the EU Exit Task & Finish Group had recommenced and was reviewing the current assessment of risk and mitigation plans to ensure that appropriate measures would be in place. The Health Board was also working closely with regional and national forums. The designated Senior Responsible Officer for EU Exit being the Executive Director of Planning & Performance.</p> <p>SP19/69.3 In response to the Chair, the Assistant Director ~ Health Strategy advised on internal communication cascade, whilst the Executive Director of Primary and Community Services shared discussion taking place in primary care.</p> <p>The Committee resolved to</p> <p>note the update</p> <p><i>The Assistant Director ~ Health Strategy left the meeting</i></p>	
<p><i>This item was taken out of order to meet operational need</i></p> <p>SP19/71 Civil Contingencies annual report 2018/19</p> <p>SP19/71.1 The Head of Emergency Preparedness and Resilience joined the meeting to present this item. She highlighted, further to the previous item, that EU Exit preparatory work was reported within the document provided which had been prepared in May 2019. The Head of Emergency Preparedness and Resilience advised that incomplete actions from the previous year had been brought forward into current operational planning. She advised that a major incident exercise would be carried out on 13.9.19 around the newly developed Emergency Department at Ysbyty Gwynedd involving many external organisations, learning from which would be included within the next report to the Committee. The Committee Chair was keen to ensure that internal and external communication was adequately planned for.</p> <p>SP19/71.2 The Executive Director of Public Health advised this update to be a key</p>	

annual report in relation to Health and Safety, she drew attention to the fact that the Head of Emergency Preparedness and Resilience was now substantively appointed and it was noted that a Business Continuity Manager had been appointed and would commence in October 2019.

The Committee resolved to

note the report and progress made in enhancing organisational resilience during 2018/19

SP19/70 Public Health: Update on promoting healthy weight (adults) in BCUHB

SP19/70.1 The Executive Director of Public Health presented this item. The report provided an overview of the Health Board's current provision of services that support adults to maintain a healthy weight, the related surveillance data, and also described the new level two service that was under development.

SP19/70.2 The Executive Director of Public Health advised that obesity was causing issues within the organisations such as the need for hoists and other bariatric equipment. It was noted that indicators were likely to be introduced in the future which were likely to be reported within the IQPR. She also drew attention to poverty work, nutritional issues with young and older people, bariatric pathway development and tier 2 investment progress. The Executive Director of Primary and Community services reminded that promoting healthy weight not only involved nutrition but also how energy was being expended.

The Committee resolved to

- note the opportunity for continued improvement in supporting the adult population of North Wales to achieve and maintain a healthy weight.
- endorse the approach being taken to:
 - develop the Obesity Level 2 service.
 - maintain the Obesity Level 3 service
 - review the Obesity Level 4 service
 - The collaborative approach taken to reduce food poverty

SP19/72 Gender Identity services

The Executive Director of Primary and Community services introduced this item which highlighted the developments underway in setting up the Wales Gender Team and a Local Gender Team. It was understood the local team included a GP with special interest located on the East/Centre border. The intention to repatriate services provided in London to Cardiff was noted, whilst the Committee raised concern regarding travel time involved for patients, it was clarified there was in the region of 70 to 100 individuals needing treatment per year across Wales.

The Committee resolved to

note the report

supported a continuation of services provided via London for North Wales patients due to travel time	
<p>SP19/73 Transformation Bid : Community Services</p> <p>SP19/73.1 The Executive Director of Primary and Community services presented this item. The report provided an overview of the Community Services Transformation programme across North Wales, in terms of key policy drivers for change, and the vision for the transformation of community services across the region. The report also provided an update on the progress achieved so far, and information on the timescales and budget, which form the parameters of the programme.</p> <p>SP19/73.2 The Finance Director ~ Commissioning & Strategy questioned the sustainability of funding. The Committee was assured in respect of financial governance arrangements with the RPB by the Executive Director of Public Health, following a request for clarity by a member. The Committee encouraged the organisation to seek maximum opportunities for potential resources as it was being dispensed by the RPB.</p> <p>SP19/73.3 In discussion of the evaluation process it was noted that an evaluation partner was to be appointed on 4.9.19 and the variation of 'Cluster' maturity across the organisation was also questioned. The Executive Director of Primary and Community services emphasised that there was clarity within BCU that all work being developed via this transformation funding needed to be sustainable into the future and whilst there was creative tension, the Area Directors would be tasked with ensuring all future expenditure would be covered.</p> <p><i>The Committee resolved to</i> note the overall direction of travel and progress being made.</p>	
<p>SP19/74 Summary of InCommittee business to be reported in public</p> <p><i>The Committee resolved to</i> note the report</p>	
<p>SP19/75 Issues of significance to inform Chair's Assurance Report</p> <p>To be confirmed following the meeting.</p>	
<p>SP19/76 Date of next meeting</p> <p>1.10.19 Committee meeting</p>	
<p>Exclusion of the Press and Public</p> <p>Resolution to exclude the press and public</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in</p>	

accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.”	
---	--

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
4.7.19				
Sue Green	SP19/52 Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement Progress Report Arrange to circulate leadership network briefing to members	31.7.19	Circulated 24.9.19	Action to be closed
3.9.19				
Mark Wilkinson	Re Suggestion of Summer resilience planning the Executive Director of Planning and Performance undertook to explore this further (particular with reference to primary and secondary care) and include an item for discussion into the COB the following year.	24.9.19	24.9.19 Despite year round pressures on our unscheduled care system, winter still has a separate connotation in part because of factors such as flu, also because we receive additional non recurrent funding and extra planning / reporting obligations from Welsh Government. The year round resilience of our unscheduled care system is within the scope of work for the Unscheduled Care Improvement Group.	Action to be closed
Teresa Owen	SP19/63.2 The Executive Director Public Health agreed to provide an update on infant feeding in the new year (date to be agreed)	24.9.19	COB amended	Action to be closed
Mark Wilkinson / Teresa Owen	It was agreed that the receipt of a Welsh Language standards compliance monitoring report would be clarified following plans to incorporate reporting within BCU's monthly Integrated Quality and Performance report.	24.9.19	Welsh Language Standards item on agenda	Action to be closed
Mark Wilkinson	Re: Environmental Policy statements The Executive Director of Planning and	24.9.19	24.9.19 – Natural Resources Wales have been contacted with a view to receiving a	

	Performance agreed to prepare a paper for discussion at the next meeting, taking into account further feedback from the Area Director (Centre).		presentation from them at a future meeting. This may be more of a developmental subject and will be scheduled as soon as possible.	
Diane Davies / Marian Wyn Jones	The Committee members requested access to future draft SPPHC agenda and that the agenda setting process (to include the allocation of item timings) be discussed at the next Committee Business Management Group meeting.	24.9.19	Acting Board Secretary has confirmed to be discussed at next CBMG	Action to be closed
Sally Baxter	Third Sector Strategy update It was noted that a paper was being finalised to bring together the strands, setting out a clear commitment to collaboration and would be brought back to the Committee for agreement.	24.9.19	Draft paper is awaiting sign off and a brief period of further engagement will be undertaken for final comments before submission at the December meeting.	Action to be closed

24.9.19

**Strategy, Partnerships and
Population Health Committee**

1.10.19


GIG
CYMRU
NHS
WALES

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Reconnecting with the public – an update on public engagement
Report Author:	Mrs Katie Sargent Assistant Director of Communications and Mr Rob Callow, Head of Engagement
Responsible Director:	Mrs Sue Green Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	To provide the Committee with an update on the key public engagement activity and its impact since the last report in February 2019 and outline future engagement priorities.
Approval / Scrutiny Route Prior to Presentation:	The Strategy, Partnerships and Population Health Committee has a key role in ensuring appropriate arrangements for continuous engagement are in place. The Committee is therefore, asked to provide scrutiny and comment on the recommendations outlined in the report.
Governance issues / risks:	There are no service specific risks associated with this report
Financial Implications:	There are no specific financial implications associated with this report
Recommendation:	To NOTE the progress detailed in this paper.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people –	√	4.Putting resources into preventing	√

individuals, families, carers, communities - to achieve their own well-being		problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper
Reconnecting with the public and regaining the public's confidence” is one of the key priorities under the special measures improvement framework. This report outlines the work that has been undertaken to deliver on the expectations of Welsh Government.

Equality Impact Assessment

It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities.

We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Reconnecting with the public – an update on public engagement

1.0 Purpose of report

- 1.1 To provide the Committee with an update on the key public engagement activity and its impact since the last report in February 2019 and outline future engagement priorities.

2.0 Introduction and context

- 2.1 Improving public and stakeholder engagement is a key priority for the Health Board and this is reflected in our values, vision and strategic goals.

Effective engagement with staff and the public remains a priority area in the Special Measures Improvement Framework. It is crucial that we involve people as we take forward the actions outlined in our Three Year Outlook and annual plan.

- 2.2 This update report gives an overview of our approach and designated public engagement activities undertaken at both a corporate and a more localised Area level. We have been working with communities and stakeholders to foster confidence and to help develop and improve services in line with our Three Year Outlook.

- 2.3 Our ongoing principles are:

- Reconnecting with our communities to become a listening organisation;
- Improving public confidence and trust in the Health Board;
- Shifting from “doing to” to “doing with”; and
- Increasing involvement in service development.

The Engagement Team is supporting colleagues who lead our services to work with communities and partners to make improvements which can secure better health outcomes for the population.

3.0 Public and stakeholder engagement activity

- 3.1 Since the last report in February 2019, a comprehensive range of public and stakeholder engagement activity has continued across North Wales. This has been focused on a number of key areas:

- Service development and improvements;
- Health improvement and education; and

- Strengthening partnerships and networks.

As the Committee is aware, we do not have an approved annual plan for 2019/20 or a clinical services strategy upon which to focus our engagement activity. It is important that we maintain a flexible, agile approach so that we can scale up engagement activity as appropriate when these plans are agreed.

- 3.2 Engaging on the developing transformation/improvement programmes aligned to the Three Year Outlook will be a priority. As these work streams progress, engagement on any significant service redesign will be planned in, particularly in the areas identified in the developing clinical services strategy. For example, we are already working with and advising nuclear medicine and orthopaedics colleagues on public involvement in their future service plans.
- 3.3 An overarching engagement plan sets out the key issues for engagement themes 2019 -20 (**Appendix 1**) and these are supported by detailed Area Team plans.

3.4 **Service improvement**

Below are some examples of how the engagement team has supported corporate and service improvement programmes across the Health Board and intends to continue this focus over the next year.

- 3.5 Activity has been varied and reflects the blend of approaches detailed in our engagement strategy including workshops, discussion groups, online surveys, social media and face to face contact.

3.6 **Primary Care and GP Practices**

“Have your say” sessions held at Alyn Family Doctors (Llay, Gresford and Rossett) in May 2019 asked patients about their experiences and ideas for improvement. These sessions led to the establishment of a new patient engagement group in July 2019.

At our managed practice at Cambria Surgery, Holyhead a “Have your say” session with patients held in June highlighted a wide range of issues. The need for further public engagement to discuss GP services in the area was identified and another event is being planned for later this month.

In July 2019 an engagement exercise examining the benefits realisation of the Flint Health Centre was undertaken. This included face to face patient questionnaires and an online survey designed by the engagement team. The feedback and comments will be used to inform the future services at the health centre.

3.7 Dental services

In the summer of 2019 work began on a new dental and oral health strategy. Working alongside the Assistant Director of North Wales Dental Services, the engagement team has started to engage widely to ensure the strategy is informed by a range of stakeholder feedback including staff, public, partners and clinicians.

A health impact assessment session was held in June followed by a professional clinical and public engagement event in July. Alongside this, an online survey was undertaken which received just under 1,850 responses from the public. The valuable insight was used to shape discussions at a dental event for clinicians in September.

3.8 Outpatients and Did Not Attends (DNAs)

Understanding patients' experiences is an important part of service improvement. Working with service improvement and outpatients leads, we designed an online survey and undertook face to face engagement at a number of outpatients clinics asking about the barriers to attending hospital appointments. We received over 2,200 responses. The feedback gathered has informed a number of improvements:

- an improved text reminder service, launched in September 2019, which gives patients more detailed information about their appointment and in the language of their choice; and
- more robust analysis of the reasons for hospital initiated cancellations (HICS) and regular monitoring of HICS levels.

There is ongoing engagement at public events, stakeholder networks and through targeted social media to promote and share information about the new service.

3.9 Maternity services

We have been working with the Health Board's Consultant Midwife to develop improved ways of listening to the views and experiences of people using our maternity services. This work is informing the training of midwives at the School of Health Sciences at Bangor University.

A framework of questions was trialled at an event at the new Family Centre in Abergele and will be used as the basis for ongoing engagement to listen to mothers.

3.10 Nuclear medicine

The Health Board has been reviewing the way nuclear medicine services are provided across North Wales. The engagement team is advising on how this is taken forward through supporting stakeholder and clinical engagement events and service user surveys.

3.11 Denbighshire Community Hospital Project

The capital investment in a North Denbighshire Community Hospital continues to be a key project for engagement support. The engagement team has led on developing activities to provide existing service user groups and patient action groups to get involved.

Our ongoing approach is to bring the public up to date, showcase our plans and be clear on our expected progress. We will build on events such as roadshows in public libraries with information stands and artist's impressions. We are currently exploring holding day and evening sessions with Health Board staff and securing information stands at local supermarkets.

4.0 **Health improvement and education**

Enabling people to take control of their own health is one of the Health Board's priorities. Through continuous engagement we have opportunities to promote important messages raise awareness, discuss barriers to health improvement and effect behavioural change.

- 4.1 Working with the Communications Team, sharing messages to reduce the pressure on emergency departments has been a focus for us and will continue to be over the next year. We have been supporting community pharmacy services to talk to community groups and the members of the public about the range of services they now offer. We routinely promote alternatives to attending hospital emergency departments including minor injury units, out of hours GP services and NHS Direct Wales.

4.2 Flu Campaign

Once the national flu campaign launches on 1st October information will be distributed at all public events we attend. Posters and other printed materials will be shared with library and leisure services across North Wales. Information will also be sent out via the Engagement Practitioners Forum which includes local authority staff, third sector and private sector partners.

Our approach to the communications campaign this year is much more targeted than in previous years and we will be engaging with target at-risk groups to support the work of the Communications Team.

The East Area Team has planned a Winter Wellness Campaign which includes the promotion and raising awareness of flu immunisation. Events are scheduled for the week beginning 14th October and will be hosted at Wrexham Maelor, community hospitals, health centres and at public sector sites through our Bite Sized Health events.

5.0 **Strengthening Partnerships and Networks**

- 5.1 Evidencing improved public and stakeholder relationships is an important element of the Welsh Government Special Measures Improvement Framework. To test progress against this, we continue to take account of a range of feedback, comments and perceptions. Over the last two years we have undertaken in depth public perception and stakeholder surveys to begin collecting and tracking information on levels of trust and how the Health Board is perceived.
- 5.2 This month, we will repeat these surveys to monitor any changes in attitudes towards the Health Board. We would expect slow and incremental improvements as rebuilding trust and reputation will take time. What matters is that we are moving in the right direction.
- 5.3 Improved partnership working at a local, regional (including through the Public Service Board and Regional Partnership Board) and national level is something that we must all work towards – not just those with the word engagement in their job title.

We are a member of Welsh Government's NHS Wales Engagement Network, working with public sector partners from across Wales to take forward the involvement of our communities in the transformation described in *A Healthier Wales*. Welsh Government has given us positive feedback on our public and stakeholder engagement work and we were recently asked to present to the Network on the good practice work being undertaken in North Wales.

5.4 **Local partnerships and networks**

As reported in our last update to the Committee, the engagement team has established three engagement practitioners' forums, which have flourished. They meet at least quarterly and each Area meeting typically attracts between 25 and 35 representatives of partner organisations.

- 5.5 We have continued to work together with local authorities and community and voluntary sector groups that represent service users and carers to share their experiences, expertise and networks/contacts. A great example of this collaborative working includes our new Bitesize Health events.

5.6 Bitesize Health Events

Engaging with hard-to-reach groups is an important part of our continuous engagement approach to support the health and wellbeing of our population. One such group, which is often overlooked is the working age population. This group lead busy lives and can find it difficult to attend traditional engagement meetings due to being at work. We decided to try going to them at their workplace to offer health information and advice.

- 5.7 Our pilot 'Wellbeing in the Workplace' event was held in Redwither Tower on the Wrexham Industrial Estate in April 2019. This brought BCUHB services and partners together to offer support and advice to staff in the form of a lunchtime drop-in session for employees. Information on diabetes, healthy lifestyles, ICan Mental Health, community pharmacy and bowel screening was available from representatives of a number of partner organisations.

Since the first event, others have taken place at:

- Mold Magistrate Court;
- Tomlinson's Dairies;
- XPO Logistics; and
- Hoya Lens UK / Wockhardt.

We have had encouraging feedback from the employers involved and a number of positive outcomes have come out of the pilot. For example, XPO Logistics has agreed to fund 152 of their staff to receive the flu vaccination.

The intention is to now roll out Bitesize Health across North Wales and we are exploring opportunities to host them in West and Central areas.

6.0 Designated continuous engagement activity

- 6.1 We have continued to build on existing relationships and establish new ones with community groups and partners. In particular we routinely support third sector networks and forums and collaborate on work spanning a number of issues. These include engagement with Syrian refugee groups, membership of the North Wales Police Race Group, Veterans/ Armed Forces liaison and linking in with older people's networks and learning disabilities groups.
- 6.2 Working with networks representing protected characteristic groups and the our Equality Team we are using the findings from the Equalities and Human Rights Commission report "*Is Wales Fairer?*" (2018) to ensure we address any gaps in our work.
- 6.3 We will continue to develop engagement programmes to understand the health priorities of seldom heard groups, in particular people from rural isolated communities and the adult working population.

Appendix 2 provides an example of the meetings and activities undertaken by the team between June and September 2019.

- 6.4 Over the summer we attended the National Eisteddfod in Llanrwst, enabling staff and departments to promote their services, support national campaigns and show the Health Board's human side.

We focused on engaging on the range of primary care services on offer in our communities and arranged for representatives from community pharmacy, dentistry, wellbeing and mental health to attend. We also used the opportunity to promote recruitment and careers opportunities. We invited partners such as Macmillan Cancer Support, Design to Smile, epilepsy and kidney support charities to share our space.

We also attended the Denbigh and Flint, Merioneth and Anglesey shows during August.

7.0	Digital engagement
------------	---------------------------

7.1 **New website bcuhb.nhs.wales / bipbc.gig.cymru**

Since our last update to the Committee, we have undertaken a significant project migrating to a new public-facing website. This is a critical project as our website is the 'shop window' of the Health Board and should reflect what the general public want to know.

- 7.2 The migration of the websites of all Health Boards in Wales to a new Content Management System (CMS) is a Welsh Government-led project. For some time, Health Boards had expressed their dissatisfaction with the old Cascade CMS to Welsh Government and NHS Wales Informatics Service. Cascade is not mobile responsive, and given that we know that almost 80 per cent of mobile phone owners use their device to go online and that over 60 per cent of time spent online is on a smartphone, we were falling at the first hurdle. Neither does it have video capability – a key mechanism for getting across information in the 21st century.

- 7.3 BCUHB is part of the second tranche of NHS Wales organisations to migrate to the new system, following Swansea Bay UHB, Public Health Wales, Health Education and Improvement Wales and NHS Wales Informatics Services. Welsh Government expect all major NHS Wales organisations to have completed migration by the end of this financial year and report that the new sites have evaluated well with the public and much better than the old ones.

- 7.4 As of September 2019, new legislation states that every public sector website and app will need to meet more demanding accessibility standards, which the Cascade CMS does not comply with.

- 7.5 The migration project at BCUHB must be delivered through a phased approach, working backwards from our most popular (most visited) pages, migrating them over to the new Mura site.
- 7.6 The content of our Get Involved website bcugetinvolved.nhs.wales / pbccymrydrhan.co.uk will be migrated to the new website as part of phase two of the project.
- 7.7 We continue to issue fortnightly newsletters to subscribers to keep them updated on news, events and opportunities to get involved. Prior to the General Data Protection Regulation coming in, we had over two thousand subscribers to Get Involved. Like many organisations and companies holding personal details, we contacted all subscribers asking permission to continue holding their information. We had very few responses, so the number has fallen to about 700.
- 7.8 As detailed above, as we are due to undertake our third annual public perceptions survey this month, we will use this opportunity to increase numbers of subscribers and ask respondents if they would like to sign up for updates from the Health Board.
- 7.9 We use our website in conjunction with other digital communications channels that we have worked hard to build up over recent years, including our social media accounts - namely Twitter and Facebook. Over the past few months, we have also started using Instagram to try to appeal to a new younger demographic, targeting relevant information such as our Sextember campaign messages.

8.0	Strategic Framework 2019 - 2022
------------	--

- 8.1 Our public and stakeholder engagement strategy is being refreshed to reflect our learning and to enable us to take forward our aspirations as outlined in the report.
- 8.2 It will take account of feedback from others including the Community Health Council, voluntary organisations and other stakeholders and will be underpinned by national priorities set out in *A Healthier Wales* and our own Three Year Outlook and annual plan.
- 8.3 The strategy will provide a framework that sets out our approach to public engagement, our principles, delivery mechanisms and desired outcomes.
- 8.4 We recommend that the direction of travel described in the strategy should be our framework for delivering public and stakeholder engagement.

9.0	Recommendations
------------	------------------------

9.1 For the Committee to **NOTE** the progress detailed in this paper.



Continuous Engagement Priorities and Annual Plan 2019-2020

Theme 1. Area Engagement

Action	From When	Lead	Comments
1. Undertake public and stakeholder engagement on BCUHB capital programmes being developed across North Wales	April 2019	Engagement Team/Area Teams	There will be potential public engagement on the development of the Royal Alexandra Hospital and Wrexham Maelor. There will also be ongoing engagement on the established developments such as Flint Health Centre and Blaenau Ffestiniog Health Centre.
2. Develop the use of our monitoring template and indicators to measure engagement activities	August 2019	Engagement Team	Monthly monitoring of activity and is routinely carried out and reviewed to capture activity and to establish meaningful performance measures
3. Facilitate opportunities for Health Board clinical staff to participate in public and stakeholder engagement activities	April 2019	Engagement Team	A key role of engagement is to mainstream and encourage staff to participate and engage with the public and stakeholders
4. Maintain and grow engagement practitioner networks across the three areas to ensure ongoing stakeholder engagement, share information and good practice, identify opportunities for collaboration	April 2019	Engagement Team	Each area to host a minimum of 4 meetings a year
5. Develop and implement bespoke engagement activities to support delivery of area priorities	April 2019	Engagement Team	We must give everyone the opportunity to participate and ensure we engage with different audiences using innovation approaches wherever appropriate. Area teams will set their priorities and local engagement plans developed.
6. Support Promotion of key health campaigns through collaboration with internal and external stakeholders, e.g. Flu jab, SEXTember etc.	April 2019	Engagement Team/Public Health Wales	This will link to the Health Inequalities and Improvement Transformation Groups priorities

Theme 2. Corporate Engagement

Action	From When	Lead	Comments
1. Build on and develop www.bcugetinvolved.wales promoting opportunities to get involved with BCUHB and increase the numbers of people signing up to the get involved newsletter	April 2019	Digital Media Team	<p>We will continue to encourage people to sign up to the get involved scheme and to produce fortnightly e newsletter.</p> <p>We will build on the website content including updating the living healthier staying well sections and promoting questionnaires and other feedback mechanisms.</p>
2. Deliver BCUHB attendance at public events. Focus on prevention and wellbeing and information about local services. Seek views on corporate strategy priorities e.g. community services	June 2019	Engagement Team	For 2019/20 this will include a BCUHB presence at the National Eisteddfod, Denbigh and Flint and Merioneth shows, Mold and Llangollen food festivals. We will also attend a range of smaller events where we have the other opportunity to increase BCUHB visibility and reputation with the public and stakeholders
3. Support the delivery of public consultation on service changes and improvements to stroke services as identified in the LHSW strategy work programme.	TBA	Engagement Team	No decisions have been made to undertake significant service changes or to carry out public consultations. However as work progresses on areas such as stroke and urology reviews and options for service change are being explored. This will link to the 3 year plan and Transformation Group work streams.
4. Increase internal and external communications to promote our engagement activities amongst staff, stakeholders and public	April 2019	Communications Team	We will continued to produce positive internal and external communications and develop the staff app
5. Undertake 3rd public and stakeholder surveys to measure changes in perceptions, influence and involvement	September – November 2019	Engagement Team	We will continue to undertake our public and stakeholder surveys and monitor any changes in perceptions and reputation

Theme 3. Equalities and seldom heard groups

Action	From When	Lead	Comments
1. Maintain and strengthen relationships with seldom heard and protected characteristic groups networks	April 2019	Engagement Team	The Engagement Team will continue to involve and engage with harder to reach communities. In particular working age population and establish new relationships with Gypsy and Traveller communities.
2. Develop and undertake engagement activity in rural isolated communities focusing initially on the impacts of mental health and wellbeing on agricultural workers.	April 2019	Engagement Team	Some engagement was undertaken with agricultural workers and farmers in Ruthin and St Asaph early in 2018. Further opportunities to undertake more engagement will be developed over the next year. There will be good opportunities at the county shows to explore health issues for rural isolated communities.
3. Create opportunities for BCUHB services to involve seldom heard groups influence and inform service improvement	April 2018	Engagement Team	As previously highlighted it is important to encourage staff and service leads to involve and engage with seldom heard groups to ensure effective and responsive service improvements

Theme 4. Co-ordination

Action	From When	Lead	Comments
1. Establish co-ordination mechanisms to oversee the development of the 3 year plan and wider engagement issues across BCUHB	TBA	Engagement Team	Some co-ordination between the engagement team and services is undertaken but this tends to be on an ad hoc or issue specific basis. It has been identified that a more robust system of co-ordination between BCUHB's strategic programmes, e.g. Care closer to home, Transformation Boards and Area Team change programmes is required. There is also need to horizon scan more in order to plan engagement more effectively, reduce duplication of effort and resources.
2. Monitor performance and key metrics for the for the plan	April 2019	Engagement Team	Monitoring will be provided through the monitoring template and results of perception surveys

3. Build on the toolkits and guides to help support engagement activities and formal consultation exercises	April 2019	Engagement Team	An engagement toolkit has been established on the intranet and will be developed. The Engagement Team has also been working to identifying opportunities to help services consider how public engagement is taken into account as part of service improvement.
4. Annual Evaluation and review	February 2020	Engagement Team/Consultation Institute	This will take place in Q4

Appendix 2

Engagement Team - Meetings, Events, Networks - July to September 2019

JULY 2019

Engagement preparation, advice and planning

- Eisteddfod planning meetings
- Royal Alexandra Hospital management team meeting
- Glan Clwyd Hospital - Cancer Centre engagement event planning meeting
- Engagement Practitioners Network planning (East Central West)
- Pharmacy engagement project meeting
- Llandudno Hospital engagement event planning
- North Denbighshire Community Hospital Programme Board
- North Denbighshire Community Hospital engagement framework review
- Llandudno Community Hospital, Health Promoting Hospital meeting,
- ICAN work link to Bitesize Health , Wrexham
- Survey preparation meeting for Flint Health Centre
- Cluster engagement planning, Flintshire
- Wellbeing network preparation East Area
- Welsh Language Standards Group
- Rural engagement planning group
- ICAN and West, Local Implementation Team collaboration in rural areas
- Gwynedd Council "Looking after myself" planning meetings
- Anglesey Show planning
- Engagement planning for activity in Maesgeirchen, Bangor
- Older peoples day engagement planning, Holyhead
- Standard Operating Procedure (SOP) planning meeting for blood pressure testing in community settings (West)
- Preparation for community engagement events at Cambria Surgery Holyhead

Partnership and networking

- Conwy and Denbighshire Local Implementation Team (LIT)
- Mid wales Health Care Collaborative
- Wrexham and Flintshire Local Implementation Team (LIT)
- Engagement Practitioners' Network (Central, East, West)
- Cross Health Board Consultation meeting
- Intergeneration school project planning, Ysgol Owen Jones, Northop
- Smoke Free Wrexham Group
- Gwynedd Third Sector Volunteering Network
- West Local Implementation Team
- Gwynedd and Anglesey Carers Partnership

Designated public engagement

- Ruthin Livestock Auction
- Dental Strategy engagement workshop
- Armed Forces Artwork – Celebration event, Llandudno
- Ambulatory Care Unit Engagement Llandudno
- Versus Arthritis, Rhos on Sea
- Bitesize Health Event, Expo Logistics, Wrexham
- Flint Health Centre – patient engagement event
- Alyn Family Doctors – Patient Engagement Group
- Alltwen Community Hospital open day
- Anglesey Wellbeing Network

August 2019

Engagement preparation, advice and planning

- Health Promoting Hospital, Llandudno
- North Denbighshire Community Hospital engagement team meeting
- Substance Misuse Team - Rhyl
- It Makes Sense - Planning Meeting
- Wellbeing Action Planning for East Area
- North Wales Police (Bite Size Health)
- Public Health Wales proposed engagement at Wrexham Football Club
- Merioneth show planning
- Sextember campaign planning
- Nuclear Medicine review advice meetings

Partnership and networking

- North Wales Police Liaison Group
- Senedd Yr Ifainc (Youth Parliament) Wrexham
- Wrexham and Flintshire Local Implementation Team (LIT)

Designated public engagement

- National Eisteddfod 2-8 August
- Denbigh & Flint Show
- Hafal Promise Launch Event
- Merioneth Show
- Plas Madoc – Wellbeing Day
- Anglesey show (days)

Engagement preparation, advice and planning

- Llandudno Hospital Management Team
- Maternity Voices meeting
- Promoting Hospital planning meeting
- Engagement and consultation advice on Orthopaedics Programme
- Community dental services support for Bite Size Health events
- Winter Wellness Plan (East)
- Childrens Rights Based approach advice
- Advice on collaboration between Park Fields Community Centre and Mold Community Hospital
- Engagement advice to community care collaborative (Wrexham)
- 50 plus Action Group, Connah's Quay
- Preparation for Bite Size Health, Wockhardt, Wrexham
- Cluster meeting, Holywell
- Preparation for Bitesize Health events Porthmadog
- Engagement planning for activity in Maesgeirchen

Partnership and networking

- Transforming Cancer Services together network
- Wrexham Carers Strategy meeting
- Armed Forces Health subgroup
- North Wales Childrens Participation Network
- Wellbeing Network, Plas Pentwyn, Wrexham
- Integrated pathway for Older People event
- Gwynedd Older Peoples Council
- Social prescribing Blaenau Ffestiniog
- Engagement Practitioner Forum (East)
- Welsh Government Healthier Wales Engagement Leads Network

Designated public engagement

- Ruthin Livestock Auction
- MacMillan Health and Wellbeing event
- Mold Food Festival
- Bite Size Health event – Expo Logistics, Wrexham
- “Looking after myself “ week , Caernarfon, Bangor, Porthmadog, Pwllheli, Blaenau Ffestiniog

Strategy, Partnerships and Population Health Committee
1.10.19

**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**To improve health and provide
excellent care**

Report Title:	Well North Wales Annual Report 2018-19
Report Author:	Dr Glynne Roberts, Programme Director, Well North Wales
Responsible Director:	Miss Teresa Owen, Executive Director of Public Health
Public or In Committee	Public
Purpose of Report:	To Update the Committee on progress with the Well North Wales programme
Approval / Scrutiny Route Prior to Presentation:	N/A
Governance issues / risks:	The work highlighted within this report emphasises the importance of tackling health inequalities, and the need for the Health Board to ensure that the prevention agenda is fully integrated into its' medium-to long-term strategies.
Financial Implications:	The financial implications of the partnership working and the accountability arrangements embodied in this report fall within the governance arrangements for each individual initiative.
Recommendation:	The Committee is asked to note the report, and support the continued emphasis on tackling health inequalities across the Health Board.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to	√	4.Putting resources into preventing problems occurring or getting worse	√

achieve their own well-being			
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
EqIA will be considered for each component part of the initiatives highlighted in the report, and taken forward by the partner organisations, as appropriate to each individual programme.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Gogledd Cymru Well North Wales

Well North Wales Annual Report 2018-19



Contents

		Page
	Background	3
	Strategic context	5
	Infrastructure and networking <i>Health and wellbeing centres</i> <i>Community programmes</i> <i>Regeneration programmes</i> <i>Well North Wales Alliance</i> <i>Higher Education</i> <i>2025</i>	7
	Housing and homelessness <i>Homelessness strategies</i> <i>Local initiatives</i>	13
	Social prescribing <i>Establishing new programmes</i> <i>Research and evaluation</i> <i>Community of practice</i>	14
	Food poverty <i>Co-ordination</i> <i>Local initiatives</i>	16
	Partnership working	17

There are unacceptable variations in the levels of good health between different groups and communities in Wales, which has an impact in all areas of people's lives. This is sometimes caused by the continuing shadow of post-industrial legacies, but also the stubborn impact of poor economic, social and environmental conditions. Too often, it is hardest to access services in the areas they are needed the most.

Welsh Government, Prosperity for All: the national strategy, 2017

1. Background

The concept of Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales.

This Annual Report, covering the third full-year of the Well North Wales programme, aims to highlight the number of successful partnerships created, and how the Health Board's links with organisations from across the public sector, third sector and housing providers has underpinned the health inequalities agenda across the region. This complex web of inter-agency working has brought together a number of fruitful partnership arrangements, demonstrating the power of collaboration, shared agendas, and putting into practice local strategic aims.

Over the last three years, Well North Wales has been integral to developing a range of initiatives aimed at tackling health inequalities and fostering partnerships, in recognition of the fact that health inequalities arise from a web of interrelated factors which largely fall outside the primary scope of the NHS.

Health inequalities are largely preventable, and are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.¹ On average, people living in our most deprived communities experience a 25% higher rate of emergency hospital admissions; there is a life expectancy differential of 7 years; and a poor health and disability differential of 14 years.

Tackling the problems most commonly associated with health inequalities can also help to reduce the direct costs to the NHS and wider societal costs. The work of Well North Wales, therefore, is to tackle the areas with poorest health in a way that harnesses the role of partner agencies, but which in turn allows those agencies to benefit from working with the Health Board.

In addition to fostering local connections, Well North Wales has also successfully linked up with national organisations to ensure that the learning from these links can be brought back into North Wales, and also that the work being undertaken in North Wales is highlighted on a broader platform.

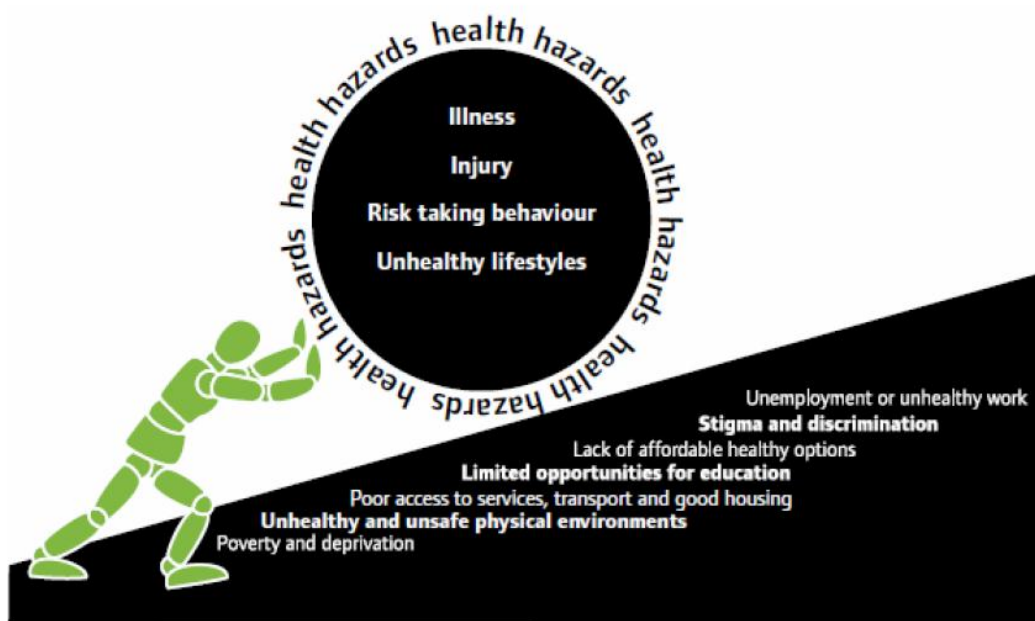
¹ ¹ *The Spirit Level*, R Wilkinson and K Pickett, Bloomsbury Press, 2009.

In year, the management arrangements for the Well North Wales programme transferred to the Executive Director of Public Health. This has enabled the programme to be more closely aligned to the work of the Local Public Health Team, whilst also retaining the strong working relationships created within BCUHB during the initial two years of the programme.

The four key strands of the Well North Wales programme – Infrastructure and networking; Housing and Homelessness; Social Prescribing, and Food Poverty – are inter-twined, and provide the solid foundations from which the overall programme has been able to flourish. The focus remains on addressing the social determinants, and working to build the network of relevant organisations to work with the Health Board in a co-ordinated programme to tackle health inequalities.

In summary, Well North Wales:

- Supports the strategic aims of the Health Board, specifically as set out in the Improving Health and Reducing Inequalities and the Care Closer to Home components of *Living Healthier Staying Well*.
- Aims to provide local multi-agency infrastructure partnerships to foster a culture of collaboration, shared objectives, and improved service delivery.
- Works as a partnership from a local, neighbourhood level, as well as with larger communities, to foster health and well-being initiatives that are aimed at tackling health inequalities.
- Integrates with, strengthens, and adds value to what is already going on at a local level, and informs the development of services to better meet local needs.
- Engages with local priority initiatives aimed at addressing locally-identified priorities.
- Leads for the Health Board on specific programmes that require regional co-ordination, e.g. social prescribing; homelessness, food poverty.



2. Strategic context

Over the past few decades, while overall population health indicators have improved, not all population groups have benefited equally, demonstrating that widespread health inequalities still exist between and within communities, as emphasised in the Marmot Review, *Fair Society, Healthy Lives*: “Inequalities in health arise because of inequalities on society – through differences in which individuals are born, grow, live, work and age.”²

There are numerous national and regional policy drivers and programmes that emphasise the need for action to tackle inequalities. The current Welsh Government Programme for Government crystallises this desire: “There is still too big a gap between the health of the richest and poorest in our communities. These challenges require a range of responses from birth through to old age, maximising health and well-being throughout life”.³

The *Well-Being of Future Generations Act* (2015) focuses on the need to map local well-being priorities and, in particular, drive towards a resilient and healthier Wales, working towards greater integration via Public Service Boards. The Well North Wales philosophy addresses all five sustainable development principles embodied within the *Well Being of Future Generations Act*:

- Long-term
- Prevention
- Integration
- Collaboration
- Involvement

The *Social Services and Wellbeing Act* (2014) ensures that local authorities focus on the population needs for well-being within the social services setting. Many of these needs can be addressed through the partnership agenda embodied within Well North Wales, especially with the social prescribing developments.

Welsh Government has reiterated its commitment to tackling health inequalities through a number of strategies. In *Prosperity for All*⁴, there is a commitment to tackle inequalities between communities and deliver more services closer to home, acknowledging the importance of communities and the wider environment for good health and well-being. The strategy also recognises that “there are unacceptable variations in the levels of good health between different groups and communities in Wales, which has an impact in all areas of people’s lives.”

The commitment to tackling health inequalities is also reinforced by the Chief Medical Office for Wales: “Good health depends on much more than the provision of

² Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. (2010)

³ Welsh Government, *Taking Wales Forward 2016-2021*.

⁴ Welsh Government, *Prosperity for All: the national strategy, Taking Wales Forward*, (2017).

good health services. The way a society is organised; its' economic prosperity; a person's early life chances; their education and employment opportunities; community support and cohesion; the food we eat; the homes in which we live and many more factors make up the wider social determinants which impact on the health of both an individual and the nation. All these factors are more important in determining a person's health and wellbeing than the health services which prevent and treat ill health."⁵

A Healthier Wales: Responding to the Parliamentary Review, this strategy aims to address the wider influences on health and wellbeing, tackling social and economic influences such as housing, parenting, education and employability. The strategy explains the overall Welsh Government vision: "We will build on the philosophy of Prudent Healthcare, and on the close and effective relationships we have in Wales, to make an impact on health and wellbeing throughout life. We will have a greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and be integrated health and social care services which are delivered closer to home."⁶

The recent planning guidance from Welsh Government includes a significant section on health inequalities, with increased expectations on health boards to deliver a number of actions in support of the preventative and inequalities agenda. The scope of the planning guidance is beyond what the Well North Wales programme in isolation can deliver, but the overall contribution of Well North Wales to this agenda has set the Health Board on a solid footing with regard to multi-agency work; addressing the social determinants of health, and having a focal point from which strategic and operational initiatives can be built upon and developed.

Homelessness: Under the auspices of the North Wales Supporting People Regional Collaborative Committee, the six local authorities have worked collaboratively to produce a regional strategy. From this, each has developed an action plan relevant to their own circumstances and requirements. Additionally, through the Housing First initiative and the drive to reduce rough sleeping, Welsh Government is supporting a range of strategies to support local efforts to address homelessness.

The Well North Wales Programme Director is a member of the recently-appointed ministerial Homelessness Task Group for Wales, which will ensure that the national strategy is updated and will provide a robust multi-agency approach to tackling issues around homeless prevention both locally and nationally.

⁵ Chief Medical Officer for Wales Annual Report 2015-16, Rebalancing healthcare Working in partnership to reduce social inequity

⁶ Welsh Government, *A Healthier Wales: our plan for Health and Social Care (Welsh Government, 2018)*

3. Infrastructure and networking

Almost one in four people in Wales (700,000) lives in poverty, which means they get less than 60% of the average wage. That level of relative poverty has remained unchanged for a decade

Oxfam Wales

Well North Wales works effectively because of the enthusiasm and support of partner organisations, evidenced most ambitiously in the programme of work to develop health and wellbeing centres. These centres will be developed across the region to address local requirements; build the necessary partnerships; and to develop realistic responses to the locally-identified needs. This strategic intent is set out in the Health Board's Estates Strategy (February 2019): *"The Health Board is committed to working with partner organisations, including local authorities and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership"*.

As part of the commitment to introduce community-focused activities, Well North Wales has undertaken preliminary work with partners in local communities to identify needs, and is working collaboratively to deliver on meeting local priorities.

In terms of community-based programmes, partnerships are being formed in Denbighshire, Conwy and Gwynedd, to supplement the work already established in other areas, and the programme is also able to support primary care cluster leads in many areas across the region as they develop a population health focus.

a. Health and Wellbeing Centres

The development of the health and wellbeing centres in some of the most disadvantaged areas in North Wales will facilitate a process whereby a range of services are located within communities, allowing communities greater access to these services. The added value is that the centres, which will be embodied within the plans of the three Area Teams, will encompass a range of services drawn from across the community spectrum, where often the Health Board will be tenants rather than owners of the facilities.

The work with housing associations, in particular, is an important facet of the programme, given that their housing stock is often in the most deprived areas of North Wales, and that they have demonstrated a willingness to become actively involved in the health inequalities agenda. Some of this is covered by the 2025 movement, but more fundamentally, housing associations have been able to position themselves as potential key providers of health and wellbeing facilities.

In the work to develop health and wellbeing centres (particularly in Bangor, Penygroes and Denbigh), housing associations are key partners, and can access capital funding that is not available to the NHS. Likewise, housing associations are key players in facilitating the development of homeless facilities, again accessing

funding that is not available within the public sector, but which will benefit significantly the provision of services to vulnerable individuals and their ability to access healthcare.

Each of the initiatives noted below is at a different stage of development, with some progressing at a greater speed than others over the last 12 months.

3.1.1. Shotton

Following a decision by Tata Steel to offer their Sports and Social Club to the local community – along with 35 acres of land – Care and Repair North East Wales (CaRNEW) were selected as tenants for the site.

Following a successful exercise during 2017/18 to purchase the site, and to build on the concept of a “Place for You” for the local community, proposals are being drawn up for the future development of the site in partnership with Flintshire County Council, the Health Board and the voluntary sector. The vision of “Place for You” is to enhance the health and well-being of the local community through the provision of facilities, training, and support, and to introduce new ways of working through links with existing services from the public, private and voluntary sectors.

The next steps to redevelop the site have been hindered by on-going discussions regarding flood plain issues. Once these have been resolved, progress can be made to make the case for a major development that will dovetail with the priorities identified by the East Area Team and local partners.

3.1.2. Denbigh

In collaboration with Grwp Cynefin and Denbighshire County Council, the initial steps will be to hold discussions with the local community, as well as engaging with local stakeholders to gauge the interest and need for the development.

Building on the existing long-standing working relationships between Grwp Cynefin and the Well North Wales programme, the proposed development would complement the Hwb in Denbigh – a development which demonstrates how the housing sector can play a leading role in bringing together a range of community services into a purpose-built facility.

Under the auspices of the Central Area Team, discussions have commenced regarding an increased health presence in the existing Hwb building, which has seen the implementation of a successful social prescribing programme.

3.1.3. Bangor

The proposals being developed in Bangor offer an opportunity to establish an innovative one-stop-shop facility in the city centre, which will encompass a number of health and wellbeing services and an allied housing development.

The Bangor scheme is closely aligned to a number of Welsh Government priority areas: quality health and social care facilities; economic regeneration; synergy with the third sector; multi-agency integration and collaboration; and a broad wellbeing offer that will be a beacon for similar projects in years to come.

Prioritised by the Welsh Government's Targeted Regeneration Initiative locally, and therefore anchored in the economic regeneration proposals for the city, the health services that are under consideration for the proposal include:

- GPs and other primary care services.
- Therapy services that would be better suited to a community setting rather than an acute site.
- Community dental service.
- Community mental health services.
- Community children's service.
- Community Resource Team
- A broad-based wellbeing service, offering advice, information and access to 3rd sector organisations.

Central to the development is the link to housing. Cartrefi Cymunedol Gwynedd will provide a significant housing component for vulnerable individuals, ensuring ease of access to a range of services that would otherwise be located in a number of different dispersed locations. This fits in with the West Area Team's strategic priorities, and will provide an opportunity to rationalise the Health Board's estate in the Bangor area.

A city-centre site, currently owned by Bangor University, has been identified for the development, which could potentially see around 1,000 staff and users utilising the facility on a daily basis, thereby creating the much-needed footfall to the High Street. Discussions are on-going with the University around the preferred site, and how the various partners can support each other in taking this development forward. It is anticipated that the scheme will commence in 2022.

3.1.4. Penygroes

Of all the proposed health and wellbeing centre developments, the Penygroes scheme has made the most significant progress during 2018-19.

Supported by the West Area Team, this scheme presents an opportunity to consolidate health and a range of wellbeing services onto one site, with a view to bringing together primary care teams, a base for the Grwp Cynefin housing association, and a range of other community services.

Progress to date:

- Location: A site has been purchased in Penygroes, and Grwp Cynefin have taken the lead to co-ordinate the different strands encompassed within the scheme.
- Continued stakeholder engagement with a broad range of community partners, with broad agreement that the hub would focus on at least four identified aspects:
 - i. A one-stop, integrated prevention service at primary care level, which would bring together a wide range of primary and, potentially, secondary prevention

services. This would include GPs and community nurses, other health care providers, as well as a wider range of social prescribing, health literacy and rights-based services.

- ii. Video/ tele connections to external advice and diagnostic services as part of the hub-and-spoke link to more regional services.
 - iii. Housing possibilities, to include extra-care models, within a broader mixed housing offer to suit the identified needs of the Nantlle Valley population. needs of an ageing population across the Nantlle Valley.
 - iv. A local cultural offer, with support and links to other community enterprises in the area.
- Stakeholder support and funding: The outline proposals have been approved at Cabinet level within Gwynedd Council, and a significant capital allocation towards funding the project has been identified. To support the initiative, a number of project groups have been created to take this forward.
 - As with the Bangor Health and Wellbeing Centre proposal, the main capital element for this scheme will be generated via a housing association, building on the strategic support to link health and housing initiatives, and enhancing the growing strategic interface between the Health Board and housing providers.

The Penygroes vision

- A physical, integrated, delivery hub for health and social care, housing and retail.
- Public realm improvements – creating a wider central hub in the village.

Poverty can mean having no money in your pocket, your children going to school hungry, or to bed without enough food. It can mean not being able to afford a winter coat, or heat your home. But it can also be about living for years without work or hope, cut off from opportunities and change. And people in poor communities have worse health and shorter life expectancy.

Oxfam Wales

3.2. Community programmes

Rhyl: Under the auspices of Denbighshire County Council, a Community Development Board has been established to address the factors of deprivation that place seven of the 16 LSOAs in Rhyl in the top 10% of deprived LSOAs in Wales. The Board comprises of public sector services in Denbighshire, aiming to delivering initiatives that will contribute to the long-term vision of Rhyl having a strong community and addressing the social determinants of health.

South Gwynedd: Linked to the need to consider how to introduce social prescribing activities into rural areas, a task and finish group has been established to identify opportunities for closer inter-agency collaboration. Comprising the cluster lead, Area Team representatives and the third sector, a mapping exercise was undertaken to inform future service developments. The group will continue to meet, and focus on key deliverables that build on existing strengths and resources.

Plas Madoc: Initial work has commenced to support the community-owned leisure centre in Plas Madoc (Wrexham), and to identify opportunities for additional health

and wellbeing services to link in with the centre. Serving one of the most deprived communities in North Wales, the centre provides a focal point for the community, and is keen to support the health inequalities agenda, initially with regard to food poverty and supporting the First 1,000 Days agenda.

3.3. Regeneration programmes

Economic regeneration programmes have a massively significant role to play in tackling the social determinants of health, and in addressing the health inequalities agenda. Well North Wales is represented on various regeneration initiatives, as the first point of contact to bring the Health Board to the centre of these developments:

Bangor: The Bangor Regeneration Partnership has worked through a series of priority areas, and agreed that the top two initiatives to be developed as part of the Welsh Government's Targeted Regeneration Investment will be the integrated health and wellbeing hub as the main priority, with the daycare facility for the homeless as the second-placed priority. These initiatives sit alongside a range of more traditional regeneration developments, and represent a significant step forward for health and wellbeing programmes as part of the wider economic development agenda.

Bay Life: The Colwyn Bay regeneration group has developed a range of proposals aimed at regenerating the town centre.

3.4. Well North Wales Alliance

Whatever place we happen to live in, the communities we belong to support and nurture our health. The evidence is stacking up that social relationships, norms and community networks – or the absence of them – have an impact on our health and wellbeing and on our resilience

King's Fund: A Vision for Population Health

As part of the partnership approach, Well North Wales has facilitated the sharing of good practice both within North Wales and beyond. The formation of the Well North Wales Alliance has enabled a number of local projects to showcase their programmes, building a coherent network across the region, and enabling organisations that would otherwise have been unconnected to establish their own partnerships and to develop joint enterprises in support of the Well North Wales objectives. The Alliance brings added value to projects, and provides an umbrella forum for sharing good practice, generating new ideas, and forging new collaborations.

Over the last 12 months, the Alliance has met formally on three occasions, and has also facilitated a number of discussions around the social prescribing agenda in particular.

3.5. Higher Education

One of the key objectives of the Well North Wales programme is to foster close working relationships around the research and evaluation agenda, especially in relation to health inequalities. The engagement with individuals with an academic and research background helps to enhance the local knowledge and evidence base, and foster a learning culture in this area of work.

The main links for the Well North Wales programme are:

Bangor University

- Representation on the steering groups for a number of research projects:
 - KESS PhD study (linked to Rhyl City Strategy)
 - KESS PHD study – realist evaluation of community health programmes.
 - KESS application in developmental stage – social prescribing
- Food Poverty – collaboration with Geography and Social Sciences Departments, linking to the North Wales Food Poverty Alliance
- Social Value Hub: presentation at the launch of the Hub.
- Working together as part of the Bangor Regeneration Partnership

Glyndwr University

- Collaboration around social prescribing “Community of Practice” and development of associated educational programmes.
- Public Sector Leadership programme (in association with the 2025 movement).

University of South Wales

USW are the lead agency for the All Wales Social Prescribing Research Network, of which Well North Wales is a member. This collaboration also includes Bangor and Glyndwr universities.

3.6. 2025

2025 is a voluntary group of individuals and organisations working together with a shared purpose of tackling avoidable health inequality in North Wales. Well North Wales and the 2025 movement are working closely on a number of initiatives to ensure that the relative strengths of both are maximized.

Leading on from the excellent work of the 2025 “Just Do It” Groups, Well North Wales has been actively involved in the workstreams around homelessness, food poverty, and social prescribing.

The 2025 movement has demonstrated the importance of partnership working, and how the health inequalities agenda is influenced mainly by organisations that sit outside the traditional NHS model.

4. Housing and homelessness

It is unacceptable that people are forced to sleep on the streets in a prosperous society.... Those living rough often have complex needs and we need to respond to all of them, providing a joined up service, and recognising that not having a home can severely impact the ability to get help.

Welsh Government, Prosperity for All: the national strategy (2017)

Effective healthcare interventions for homeless people present a significant opportunity to contribute to a reduction in health inequalities and would respond to the specific needs of this vulnerable population.

Housing conditions are acknowledged as a major issue in improving health and well-being, and homelessness has been highlighted as a key feature in tackling health inequalities. Successful homeless strategies require all public services and related third sector organisations to contribute in a way that recognises the personal needs, strengths and assets of each partner.

Well North Wales has been actively supporting the homeless agenda at a local, regional and national level, aiming to facilitate a broader partnership approach, and to assist in enabling key services to access the necessary BCUHB services.

Operationally, Well North Wales has been supporting two specific homelessness projects: the work of the Community Care Collaborative in Wrexham, and the multi-agency project in Bangor. Both offer opportunities to work towards a more networked approach.

Wrexham: In the North Wales context, Wrexham is the main centre for homelessness and rough sleeping. The work of the Community Care Collaborative, has adopted an 'Everyone in the Room' strategy to bring together individuals and agencies across all sectors. By working collaboratively, a more coordinated, holistic and resource-efficient approach is provided which also addresses concerns around delays and multiple referrals from one service to another.

Work is on-going to establish the Wrexham initiative on a more stable and sustainable platform, so that the services and proven effectiveness of the initiative can be maintained and strengthened in the long-term.

Bangor: In Bangor, a multi-agency partnership has been established to develop a facility for the homeless. The project has been prioritised within the top 3 initiatives to be taken forward by the Bangor Regeneration Partnership, and potential premises have been identified. Further work is required to consolidate the funding model, and it is anticipated that there will be progression with this scheme by the end of 2019.

Ultimately, both the Wrexham and Bangor projects will demonstrate an emphasis on the prevention of homelessness through early intervention and joint agency working involving various statutory bodies and voluntary sector partners. The projects foster a culture of improving the opportunities available to homeless individuals in terms of physical and mental health care support, education and housing.

Strategically, Well North Wales is represented on the All Wales Housing First Network, the learning from which has been useful in contributing to the Housing First project being undertaken in Conwy and Denbighshire. Additionally, Well North Wales sits on the North Wales Regional Supporting People Collaborative Committee, and the county-based strategic groups in Wrexham, Conwy and Ynys Môn.

The Well North Wales Programme Director has also been invited to sit on the All Wales Ministerial Homelessness Action Group.

5. Social prescribing

**It's a reason to get up in the morning, and it's better than any drug.
Participant, Mantell Gwynedd social prescribing scheme**

Over the last few years, a number of unrelated, largely un-coordinated social prescribing programmes have been established across North Wales. These have been largely funded through ICF or cluster funds, and have different characteristics, reporting frameworks and monitoring arrangements. Many are reliant on short-term funding and lack the infrastructure to be stable and sustainable in the longer term.

The period under review has seen a significant increase in the level of interest in social prescribing, and in the broader agenda to link social prescribing to the wider health and wellbeing agenda.

The Well North Wales programme supports social prescribing in a number of ways:

- **Facilitating practitioners:** In conjunction with Glyndwr University, establishing and supporting a Community of Practice. Over the past year, three events have been held, with an average of 100 attendees at each. The Community of Practice allows practitioners to network, share good practice, and identify their education and training needs. The period under review saw the first cohort of practitioners undertake a bespoke training programme through Glyndwr University, which will be built upon in future years.
- **Building the evidence base:** supporting programmes with research and evaluation, and linking with academic institutions to foster this relationship. In addition to local links, Well North Wales works with academics from across Wales as part of the Wales Institute for Social Prescribing Research, and has recently forged links with successful programmes operating in Scotland and Northern Ireland.

- Commissioning new programmes: In addition to the existing network of activities, additional funding was provided in-year to address gaps and promote innovative approaches. As an example of this, funding was provided for the following:
 - Gwynedd: a new community connector post to enable social prescribing to be developed in rural communities
 - Conwy: funding a GP to promote physical activity and co-ordinate activity between different practices.
 - Denbighshire: funding an arts in health programme in Denbigh.
 - Wrexham: promoting a social prescribing programme that would be closely aligned with the existing work of the community agents.
 - Co-ordination: Commissioning bespoke software that would track individuals and provide valuable outcome data.

In drawing together the various strands of the wider North Wales programme, the anticipated outputs are:

- A consistent, equitable and practical approach to facilitate social prescribing across the whole of North Wales which does not stifle local innovation.
- Developing a range of opportunities for individuals that will alleviate some of the pressures on existing NHS services, particularly primary care.
- Establishment of a system that can help monitor the impact and value for North Wales, with a focus on social value and economic benefits across all sectors, linked to robust evaluation.
- A system that links to primary care information systems and tracks outcomes for individuals.
- Development of a high quality educational framework and training programme for all aspects of the North Wales programme, based on practitioner-identified priorities regardless of geography or organisational background.
- Building robust mechanisms to identify capacity issues for those organisations receiving referrals.
- Opportunities for further research and evaluation, extension of the programme, and establishing North Wales as a centre of excellence.
- Sharing good practice both locally and further afield.

6. Food poverty

Food poverty is the inability to afford, or to have access to, food to make up a healthy diet. It is about the quality of food as well as quantity and affordability. It is not just about hunger, but also about being appropriately nourished to attain and maintain health and wellbeing.

North Wales Food Poverty Alliance, Action Plan (December 2018)

The Well North Wales programme supports a number of food poverty initiatives, aiming to have at least one programme running in each local authority area across North Wales.

BCUHB is a partner organisation in the North Wales Food Poverty Alliance, which is working on the following 10 aims:

- Agree common goals, objectives and strategies.
- Build awareness of food poverty amongst policy makers, front line staff and the general public.
- Maintain a focus on prevention.
- Work together to increase access to affordable, healthy food.
- Encourage initiatives which improve nutrition and cooking skills.
- Embed support for food poverty programmes in council and NHS policy
- Support organisations providing emergency support for people in food crisis.
- Improve access to cooking equipment, particularly for vulnerable individuals.
- Work with food producers to provide sustainable solutions to food poverty in North Wales.
- Research best practice, share learning and measure impact.

As a significant provider of food to patients and staff, BCUHB has the scope, ability and economic power to extend its traditional role, and to maximise its position to support community-based food poverty initiatives across North Wales. The BCUHB support for this programme will also overlap into the workstream supporting homeless individuals.

The BCUHB catering teams were able to contribute to the food hampers being produced for families in need in Ynys Môn and Flintshire, and were also able to provide a 3-course Christmas meal to the residents of the homeless hostels in Bangor.

Proposals have been drawn up in support of BCUHB staff health and wellbeing. A pilot project will commence in Wrexham offering a low-cost healthy meal option, supported by education materials to encourage staff to copy the recipe at home. Given the prominent role of BCUHB in developing collaborative food poverty initiatives, Well North Wales presented at a UK-wide NHS Facilities Managers conference in Birmingham in June 2018.

Future BCUHB initiatives will see discussions about freeing up land for community use, so that fresh produce can be grown.

Close links have been forged with the Port Grocery in Ellesmere Port, which is a food waste initiative serving the local community. Based on this model, similar initiatives are being planned for Ynys Môn and Denbighshire, with discussions also on-going in Plas Madoc in Wrexham.

7. Partnership working

During the period under review, meetings were held with the following organisations to promote Well North Wales and identify opportunities for further partnership working:

Infrastructure and networking

- Future Generations Commissioner's Office
- Big Lottery
- Public Health Wales (national team)
- BCU Cancer Services
- BCU Corporate Health Group
- Bangor University – Social Value Hub
- Flintshire County Council – Community benefits
- Ty Hapus – Community hub, Llandudno
- Chief Executives of CAB x 6
- Building Communities Trust
- Conwy County Borough Council - Eirias
- Grwp Cynefin
- Cwmni'r Fran Wen – theatre company
- Mantell Gwynedd
- Cartrefi Cymundol Gwynedd
- Community Health Council
- Care and Repair North East Wales
- Welsh Government (Regeneration)
- Flint Regeneration Partnership
- Rhyl City Strategy
- Maesgeirchen Children's First Group
- Flintshire Inspiring Communities Programme
- Denbighshire County Council

Housing and Homelessness

- Welsh Government (Housing)
- Welsh Government (Homelessness)
- Wrexham County Council – Homeless Service Managers
- BCUHB Health and Housing
- Steve Morgan Foundation
- Gwynedd Housing Forum
- Digartref Mon
- Pennaf Housing
- Coleg Llandrillo/ Menai
- BCU Residential Accommodation Group
- Cartrefi Cymunedol Gwynedd
- Police and Crime Commissioner
- Grwp Cynefin
- Clwyd Alyn – needs of complex homeless individuals
- Bangor Cathedral

Social prescribing

- MIND
- North Wales Police
- Welsh Institute for Social Prescribing Research
- Wrexham social prescribing steering group
- Ynys Mon Pooled Budgets Steering Group
- Denbighshire Talking Points Steering Group
- Outdoor Partnership
- Heads of Library Services North Wales
- Glyndwr University – meeting with WG Education Minister
- Grwp Cynefin
- North Wales Ageing Well Network
- Cwmni'r Fran Wen – theatre company
- Plas Madoc leisure centre, Wrexham
- Canllaw Care and Repair Agency
- Mantell Gwynedd
- Medrwn Mon
- Flintshire Local Voluntary Council
- BCUHB Maternity services
- BCUHB Diabetes Prevention proposal
- Mental Health ICAN programme
- Let's Get Moving North Wales
- LIT x 3
- Cluster Leads Meeting – Arfon
- Cluster Leads meeting – Meirionnydd
- Cluster leads Meeting – Wrexham

Food Poverty

- Heads of Library Services North Wales
- Bangor Cathedral
- Denbighshire County Council
- Plas Madoc leisure centre, Wrexham
- Mantell Gwynedd
- Medrwn Mon
- Conwy Community Voluntary Council
- Ynys Mon CAB
- Denbighshire CAB

External Committee membership:

- Bangor University KESS Steering Group – Community Health development
- Bangor University KESS Steering Group – Psychology
- Academi Wales Graduate Programme
- Health and Housing All Wales Public Health Group
- Conwy & Denbighshire Housing First Partnership Board
- All Wales Housing First Network
- Outdoor Partnership
- Wrexham Homeless Steering Group
- Conwy Homeless Forum
- Digartref Mon steering group
- Anglesey Homelessness Forum
- Care and repair, North East Wales
- Bay Life
- North Wales Food Poverty Alliance
- Rhyl Community Development Board
- Anglesey Loneliness and Isolation Group
- Good Food Flintshire Steering Group
- Gwynedd Housing Partnership
- Hwb Dinbych Steering Group
- Bangor Strategic Partnership
- 2025 Management Group
- Regional Employability Pathway Group
- Supporting People Regional Collaborative Committee
- Penygroes H&WB Centre Project Board

BCU Committee membership:

- Staff Residences Group
- Corporate Health Platinum Group
- HIIT
- HIRIG
- Dental Strategy workshop
- BCU Food Poverty Group
- South Gwynedd Social Prescribing Group
- Care Closer to Home Steering Group

During the year, presentations highlighting the Well North Wales programme were undertaken for:

- BCU Quality Improvement, Innovation & Research Conference
- Funders Forum
- Shelter Cymru All Wales Conference
- Healthy Homes, Healthy People Conference
- Big Lottery management team
- Grwp Cynefin/ Shelter Cymru North Wales conference
- Arfon Cluster Leads Meeting
- North Wales Food Poverty Conference
- Cymorth Cymru conference
- Community Health Council (Central)
- North Wales Food Poverty Conference
- Flintshire PSB
- Social Prescribing Community of Practice conference
- Pobl Seiriol launch
- UK Health Service Facilities Managers conference

Visits to examples of best practice:

- Crisis Café, London
- United Welsh Housing Association, Caerphilly
- Port Grocery, Ellesmere Port.

Strategy, Partnerships and Population Health Committee
1.10.19

**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**To improve health and provide
excellent care**

Report Title:	Annual Plan Progress Monitoring Report (APPMR)
Report Author:	Mark Wilkinson, Executive Director of Planning & Performance
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	<i>Public</i>
Purpose of Report:	This report provides the committee with a summary of progress against the key Actions within the Annual Plan
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.
Governance issues / risks:	N/A
Financial Implications:	N/A
Recommendation:	The Strategy, Partnerships and Population Health Committee is asked to note the report and to assist in addressing the governance issues raised.

Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides.			
Equality Impact Assessment This report monitors the delivery of the Health Board's Annual Operating Plan, which has a completed Equality Impact Assessment.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



August 2019

Cover	1
Content	2
About this Report	3
Our Core Priorities as a Health Board	
Health Improvement & Health Inequalities Matrix	4
Care Closer to Home Matrix	5
Planned Care Matrix	6
Planned Care Exception	7
Unscheduled Care Matrix	8
Our Key Enablers	
Improving Quality and Outcomes	9
Workforce Matrix	10
Digital Health Matrix	11
Estates Matrix	12
Finance	13
Further Information	14

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

August 2019

This report presents performance 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 executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions. 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.

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.

Where the letter M is blue instead of white in a cell, this indicates a Milestone. The letter P in a purple cell states the Action has been achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	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.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional information required
Purple	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)

August 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							M
AP002	Healthy weight services increased	Executive Director of Public Health	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							M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	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						M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	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				M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		A	A	A	A							M

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

August 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
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						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				M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	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						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G				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						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		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							M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	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				M			

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

August 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						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							
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							
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	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							
AP025	Implement year one plans for Endoscopy	Executive Director Health Sciences	G	G	A	R	R								
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director Health Sciences	G	G	A	R	R							M	
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	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				M				
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	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							M	

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

August 2019

AP021. Implement preferred model for acute urology services.

The original business case was written as a capital investment and linked with the Urology service plans. Subsequent progress has led to a partnership business case with the potential to contribute to an All Wales Robotic assisted surgical (RAS) programme. This utilises a managed service contract model which would enable greater utilisation of robotic assisted surgery and potentially greater financial efficiencies. A delivery group is being re-established to support this work. Current timescales are to share a draft by end Dec 2019 and to submit an All Wales business case by April 2020. The service delivery model was based on a series of engagement events undertaken in 2017/18. Further work is progressing to determine the detailed service model for delivery of pathways of care across North Wales. Given the interdependencies with other surgical specialties input from these specialties into possible service models is being obtained in contributing to the business case. A review of on call is being undertaken to identify if the current phasing could be managed in an alternative manner to reduce the on-call frequency and maintain site safety.

AP023. Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

Work is progressing at pace to develop the business case for the clinical pathways of Glaucoma, Cataracts and wet AMD. There is strong clinical engagement from across the multi-disciplinary staff of eye care professionals and support for the shared-care model. The business case will be completed in November. Non-recurrent funding has been received for specific schemes to test sustainable change and reduce the current follow-up backlog.

AP025b. Implement year one plans for Endoscopy

The update on endoscopy was presented to the August F&P committee and is being discussed with colleagues at Welsh Government. Demand and capacity analysis for sustainable services is being completed. Immediate actions have been taken to reduce backlogs while this work is completed.

AP025c. Systematic review and plans developed to address diagnostic service sustainability

Work on our efficiency and productivity is being used to inform the longer-term service requirements and will assist in determining the sustainability of the current service. The output from this work will determine whether a business case for service change is required.

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

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

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

August 2019

AP031. Workforce shift to improve care closer to home

This action required the recruitment of advanced nurse practitioners, which has not been successful to date. We have been out to agency with limited success and are continuing to try and recruit to the posts. We have significant gaps at Wrexham in both nursing and medics, hence the highlighted Red position.

AP039. Stroke Services

Due to the financial position of the Health Board, the F&P Committee were unable to support the business case for Stroke Care during 2019/20. Work is taking place on continual incremental improvement of services within available resources.

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

August 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
AP040	Implement Year Three of Quality Improvement Strategy	Executive Director of Nursing and Midwifery	G	G	G	G	G							

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

August 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
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director WOD	G	G	G	G	G	M						
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director WOD	G	G	G	G	G	M						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 WOD	A	A	A	A	A	M						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 WOD	G	A	A	A	A	M			M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director WOD	A	G	G	G	G	M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director WOD	G	G	A	G	G	M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director WOD	G	A	A	A	A	M			M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director WOD	G	G	G	A	A				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 WOD	A	A	A	A	A	M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCNUB reputation	Executive Director WOD	A	G	G	G	G	M			M			M

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

August 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
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						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			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						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						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M						
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							M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M						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							M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A							M
AP060	Support Eye Care Transformation	Executive Medical Director	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						

WCCIS continues as a red with no further prospect of delivering the anticipated original scope of the community nursing pilot in this year. This due to the supplier being unable to deliver the functionality and required development plan. We are however working on two alternative regional prototypes under the wider community integration agenda which will utilise and test the benefits of community resource teams using; a) existing Anglesey and Gwynedd social care WCCIS functionality, b) existing GP systems in Llangollen locality. Both prototypes will help evaluate various facets of the integration agenda with social and primary care.

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

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

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

August 2019



Appendix A: Further Information

The Annual Plan is included on page 423 of the July 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)

August 2019

Strategy, Partnerships and Population Health
Committee

1.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

*To improve health and provide
excellent care*

Report Title:	Development of Three Outlook and 2020/21 Annual Plan
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	This paper sets out the progress made towards the development of our Three Year Outlook and 2020/21 plan, in line with the approach presented to SPPH Committee on 3 rd September.
Approval / Scrutiny Route Prior to Presentation:	<p>A workshop was held on 19th June with Planning and Service Development group members to support a review of our previous years planning cycle and to make recommendations for improving the way we plan across the Health Board going forward. The output of which and recommendations have informed this paper.</p> <p>The outline content of the paper have also been discussed by Executive Team and shared with leads within Health Economies for feedback and comments</p>
Governance issues / risks:	<p>The development of an approvable Integrated Medium Term Plan is a critical organisational requirement, as a specific action under the Special Measures Improvement Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act. The risk relating to failure to develop a plan is identified within the Corporate Risk Register.</p> <p>Following our financial review, our aim is to develop a refreshed Three Year Outlook for 2020/23 alongside a Work Programme for 2020/21 in the context of our statutory duty to produce a three-year IMTP. A fully an approvable IMTP will therefore not be submitted for 2020/23.</p>
Financial Implications:	The planning principles reinforce that plans must be delivered within delegated budgets and these will reflect the need to reduce our deficit and to internally manage all cost pressures over our allocation.
Recommendation:	It is recommend that SPPH committee receive this report setting out the progress made towards the development of our Three Year Outlook and 2020/21 plan in line with the agree timetable.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Strategic and Service Planning Financial Strategy			
Equality Impact Assessment The IMTP will be subject to an Equality Impact Assessment prior to submission to the Board in December. Any significant Equality and Human Rights considerations will be flagged in relevant areas of the Plan as these are developed.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Development of Three Outlook and 2020/21 Annual Plan

1. Purpose of report

This paper sets out the progress made towards the development of our Three Year Outlook and 2020/21 plan in line with the agreed timetable which will ensure the plan is presented to Board and submitted to Welsh Government by end January 2020.

2. Background

A workshop was held on 19th June with Planning and Service Development group members to support a review of our previous years planning cycle and to make recommendations for improving the way we plan across the Health Board going forward.

The output and recommendations from this work have informed the draft planning principles and timetable paper which were presented to SPPH Committee in September 2019. Our Planning Principles for 2020/23 are summarised as follows:

- ***Focus on Quality, Safety and Outcome driven plans.***
- ***Cost effective delivery.***
- ***Health economy level planning - Cluster IMTP plans will be developed by September 2019 (based on the national template) and incorporated into Health Economy Plans.***
- ***Plans will demonstrate a robust deficit reduction plan - there will be no opportunity to bid for additional resources and each Health Economy plan will 'live within means'.***

This report builds upon and provides an update of progress against the identified within the work plan and specifically actions taken to identify key deliverables for 2020/23.

3. National Planning Context

The introduction of Integrated Medium Term Plans across Wales signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies.

A Healthier Wales is Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing physical and mental illness.

The NHS Wales Planning Framework was received on 20th September and reinforces the requirement for every NHS organisation to have a clinical services strategy approved by their Boards.

The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'.

4. Local Planning Update

Following our financial review, our aim is to develop a refreshed Three Year Outlook for 2020/23 alongside a Work Programme for 2020/21 in the context of our statutory duty to produce a three-year IMTP.

Good progress has been made in terms of developing cluster plans for 2020/23 for completion by 30th September 2019. These plans will provide a sound basis on which to build from cluster level through to Health Economy and up to BCU level.

Improvement Groups, overseen by the Financial Recovery Group, have a lead role in setting commissioning intentions. Key deliverables for 2020/23 have been identified by Executive leads and linked to key NHS Planning Framework performance measures. (see Appendix 1). These have been issued to Health Economy Planning leads to support preparation of their plans alongside performance trajectories based on current plan or 'do nothing' scenarios. In addition, corporate planning links are fully engaged and supporting health economy leads across North Wales.

Separate plans are also under development for regional services with key actions from regional plans that can be disaggregated, to be embedded within Health Economy plans, e.g. Women's and Mental Health and Learning Disabilities as applicable to specific Health Economy areas.

Work is on-going to embed the improvement group structure across the organisation which will further reinforce the balance of short, medium and long term planning work across the organisation.

5. Key Next Steps/ Milestones

Key Milestones/ next steps are set out below:-

- **5th November - Health Economy plans drafted.**
- **6th November – draft plan to EMG/Execs.**
- **November – budgets aligned to plan.**
- **29th November - plan to Finance and Performance Committee in draft**
- **December – Welsh Government Planning Framework Annex C templates finalised at Health Economy and BCU level (performance, workforce, financial templates)**

- **3rd December** - draft plan to SPPH Committee.
- **January 2020** - Three Year Plan submitted to Board.
- **31st January 2020**- Three year Plan submitted to WG with underpinning Health Economy Plans.

6.	Recommendations
-----------	------------------------

It is recommend that SPPH committee receive this report setting out the progress made towards the development of our Three Year Outlook and 2020/21 plan in line with the agree timetable.

Appendix 1 –Draft Key Deliverables

The Key Performance Indicators included within Annex C of the NHS Wales Planning Framework are set out below. These have been mapped to the relevant key deliverable in this paper.

Staying Healthy	DFM002	DFM003				
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Percentage of children who received 2 doses of the MMR vaccine by age 5				
Safe Care	DFM021c	DFM021b	DFM021a	DFM021d	DFM021e	DFM023
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C. difficile	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: (MRSA & MSSA)	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E. coli	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Klebsiella sp	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Aeruginosa	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales
Effective Care	DFM025	DFM026	DFM027			
	Number of health board mental health delayed transfer of care	Number of health board non mental health delayed transfer of care	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death			
Dignified Care	DFM040					
	The percentage of concerns that have received a final reply (under Reg 24) or an interim reply (under Reg 26) up to and including 30 working days from the date the concern was first received by the organisation					
Timely Care	DFM052	DFM053	DFM054	DFM055	DFM056	DFM063
	The percentage of patients waiting less than 26 weeks for treatment	The number of patients waiting more than 36 weeks for treatment	The number of patients waiting more than 8 weeks for a specified diagnostic	The number of patients waiting more than 14 weeks for a specified therapy	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialities	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)
	DFM064	DFM071	DFM072	DFM073		
	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Number of ambulance handovers over one hour	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		
Staff and Resources	DFM087	DFM088				
	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation				

Health Improvements and Health Inequalities

Lead - Executive Director of Public Health

Annex C KPI	2020/21	2021/22	2022/23
	<p>Increase opportunities for accessing alcohol services</p> <p>Progress Tier two Healthy Weight pathway (Adults)</p> <p>Optimise community mapping to support Health Inequalities actions</p> <p>Support the roll out of the Gwen am Byth programme.</p> <p>Support partnership initiatives to tackle poverty (including fuel and food poverty)</p> <p>Optimise smoking cessation offer through the development of an integrated Health Board plan</p> <p>In partnership, review our North Wales Reducing Suicide & self harm Strategy</p> <p>Commence new pharmacy lifestyle programmes</p> <p>Support services strategy with prevention data / opportunities</p> <p>Support the Sports North Wales programme with partners</p>	<p>Scale up lifestyle services – based on evaluation</p> <p>Review opportunities for further health and well-being activity with libraries and pharmacies</p> <p>Scale up pharmacy lifestyle activities</p> <p>Explore Public Health actions to reduce ‘injuries’ with partners</p> <p>Review the Health Board ‘resilience’ offer</p> <p>Explore digital options to support the HIRIG agenda.</p> <p>Agree HIRIG actions on healthy ageing</p> <p>School Readiness actions to be explored</p>	<p>Support workplace health activities</p> <p>Review and build upon ‘resilience’ activity with partners, and the BCUHB offer.</p>

<p>Use the findings of the HNA for Gypsies/travellers (as part of the North Wales Action) to inform planning action.</p> <p>Support the 1 million Welsh Speakers by 2050 campaign through the Welsh Language requirements for new entrants to the HB (Senior level posts)</p> <p>Promote Chlamydia testing in the under 25s and promote the C card scheme to support our sexual health actions as a HB.</p> <p>Implement Year 1 Recommendations and priorities set out in the Maternity Strategy - using the 5 principles to set the direction</p> <p>Breast Feeding / Infant Feeding Strategy - Implement yr 2 actions and national requirements</p>		
---	--	--

Care Closer to Home Care

Lead - Executive Director of Primary & Community

Annex C KPI	2020/21	2021/22	2022/23
	<p>Complete roll out of integrated clusters, to cover all remaining clusters in North Wales.</p> <p>Development of cluster team infrastructure.</p> <p>Primary and community care workforce development supported through the established academy.</p> <p>Implementation of agile working of CRT staff enabled through digital plan.</p> <p>Primary Care dashboard development and roll out to support management of primary care services.</p> <p>Triage/phone first model explored to improve access to primary care.</p> <p>Diabetes clinical pathway reconfiguration, supporting care closer to home and reducing demand upon secondary care services.</p>	<p>Continued maturity of integrated clusters, to deliver increased autonomy.</p> <p>Cluster IMTPs to inform and shape 2021/22 planning.</p> <p>Sustainable capacity in primary care and community services.</p> <p>North Denbighshire Health and Well-being centres implemented. e.g. Progress works on site at Vale of Clwyd OBC.</p>	

	<p>Delivery of 2020/21 Social prescribing action plan, (specific priority areas to be identified)</p> <p>Health and Well-being centres development, e.g. completion of North Denbighshire Full Business case.</p> <p>Implementation of new service models for Mental Health and Learning Disability across primary and secondary care.</p> <p>Implementation of Regional Partnership Board early intervention and intensive support for children and young people.</p> <p>Delivery of children's neurodevelopment plan with our partners.</p> <p>Improve waiting times for specialist tier 3 CAMHS services.</p>		
--	--	--	--

Planned Care

Lead – Executive Director of Nursing & Midwifery

Annex C KPI	2020/21	
DFM026	Elective length of stay	2021/22
	Theatre Improvement	Sustainable Orthopaedics Improvement
DFM052, DFM053, DFM056	RTT / FU Improvement: no 52 weeks and 15% reduction on FU waiting list	2022/23 RTT / FU Improvement: reduction in 36 weeks waits compared to March 2020 and 2% reduction on FU waiting list Orthopaedics Network
DFM054	Endoscopy Improvement	
DFM054	Diagnostic Demand Management	
DFM052, DFM053, DFM063, DFM064, DFM056	Specialty Plans: - Orthopaedics Delivery Plan - Ophthalmology- Cataract “One stop clinic” Cataract Second Eye/Bilateral Pathway Glaucoma Pathway	

DFM052, DFM053, DFM063, DFM064, DFM056	<p>Specialty Plans:</p> <ul style="list-style-type: none"> - ENT - Dermatology - Urology- PSA Self-management, One Stop Haematuria Clinic, Prostate Diagnosis mp-MRI - Outpatients 		
DFM026	<p>Out of Hospital - Referral Guidance, E-advice and Guidance and INNU's</p> <p>Hospital Efficiency - Hospital Initiated Cancellations, DNA Management, Virtual Clinics, Booking standardisation, Electronic Outcomes and Clinic Outcomes.</p> <p>Elective Ambulatory Care - Straight to Test, See on Symptoms and One Stop.</p> <p>Virtual PROMs FU in Orthopaedics</p> <p>Independent Review of Gynaecology Services (develop options for long term sustainable service model)</p>		

Unscheduled Care Midwifery

Lead - Executive Director of Nursing &

Annex C KPI	2020/21	2021/22	2022/23
DFM072, DFM073	<p>Demand</p> <p>Migration of GP OOH and NHS Direct services to 111 in BCUHB</p> <p>Improve access to MIUs and determine future strategic vision to support demand</p> <p>Improved access to Primary Care services</p> <p>Admission avoidance schemes to prevent ED attendance from Nursing / Residential Homes</p> <p>Improve access to Community Resource Teams</p> <p>Flow</p> <p>Embed Ambulatory / Same Day Emergency Care within Acute Sites</p>	<p>Develop MIUs to meet demand requirements to avoid ED attendances - based on evaluation</p> <p>Utilising Primary Care Services, linked with care closer to home</p> <p>Ongoing resource reviews to meet demand within primary and acute care</p> <p>Further pathway development for deliver good patient care</p> <p>Home First fully embedded and fully operational discharge to assess</p> <p>Achieve 90% 4 hour performance</p>	<p>Complete MIU development</p> <p>Ongoing pathway development between Primary and Secondary care</p> <p>Achieve 95% 4 hour performance</p>

DFM071	<p>Zero tolerance to Ambulance handovers over 60 minutes</p> <p>Zero tolerance to ED delays over 24 hours</p> <p>Reduce Medical and Nursing vacancies in Unscheduled Care by 50%</p> <p>Embedding SAFER principles across Acute and Area sites</p> <p>Pathway development</p> <p>Implement Recurring Miscarriages Services across North Wales (Early Pregnancy Service Review concluded in Year 1 (2019 / 2020))</p> <p>Discharge</p>		
DFM026	<p>Reduction in length of stay patients through robust stranded patient review process</p> <p>Improving Discharge to Assess model utilising Home First principles</p> <p>Formalising access to Community Hospitals</p>		

Mental Health & Learning Disabilities Disabilities

Lead – Director of Mental Health & Learning

Annex C KPI	2020/21	
DFM026	Implementation of Primary Care initiative to support deliver of MHM performance.	2021/22
	Crisis Care initiative implementation to support interface with ICAN and 2° care.	Continued development of ICAN Community Hub / Step Up, Step Down.
	Commence redesign of Rehabilitation Service.	Continued implementation of rehab pathway.
	Develop Psychological Therapies review action plan.	Continue Systems Change Programme to include Estates; Workforce & Information to support required service change.
	Roll out ICAN training.	Commissioning - services will be developed on the assessment of need and cycle of review and monitoring.
	Support implementation of ICAN Pathway including Primary Care - Community Hubs - Unscheduled and ICAN plus.	Further development of community model.
		2022/23
		Further develop the workforce that uses performance data as a key vehicle for informing and embracing service change and is driven by 'what matters' to individuals.
		Develop our estates to be modern, fit for purpose.
		IT systems will be integrated as much as possible for the benefit of delivering what matters to users.

DFM026	Complete training needs analysis and OD plan.	Commence bed based care model of redesign.	We will deliver person centred care, we will co-produce with citizens and patients.
	Complete Outline Business Case Ablett.	Roll out of Wellness, Work and You project Group.	We will embed TODAY I CAN.
	Complete delivery plan for LD strategy inc. financial & workforce modelling.	Continue OPMH redesign programme inc memory services in GP practices.	Ablett site will be developed.
	Implementation of co-occurring framework.	Continue delivery of LD strategy.	Deliver 7 days per week community care.
	Commence community service redesign linked to Community Resource Teams in Areas.	Implementation of Psychological therapies review actions.	
	Review current estates configuration to determine changes required to implement new models of care.	Implement 7 days per week community care.	
	Embed & evaluate the Crisis, Rehab & Primary Care Pathways.		

Enabling Strategies

Workforce & Organisational Development

Lead – Executive Director of Workforce & OD

Annex C KPI	2020/21	
	<p>Deliver tangible improvement in system leadership in workforce development across health and social care.</p> <p>Roll out year one BCU Improvement System delivery plan.</p> <p>Deliver benefits from year one workforce optimisation objectives and delivered year two objectives.</p> <p>Sustain benefits from year one Health and Safety Improvement programme and deliver year two objectives.</p> <p>Deliver year one education improvement programme.</p> <p>Provide “one stop shop” enabling services for reconfiguration or workforce redesign linked to key priorities under Care Closer to Home and Excellent Hospital Care services.</p> <p>Deliver year one of Strategic Equality Plan.</p> <p>Deliver year two of Communications Strategy.</p>	<div data-bbox="911 400 2045 555">2021/22</div> <div data-bbox="911 555 1476 1406"><p>Sustain benefits from year one and two of strategy.</p><p>Demonstrate significant improvements in efficiency and value based healthcare delivery.</p><p>Sustain benefits from years one and two of Health and Safety Improvement plan and deliver year three.</p><p>Deliver year two of Education Improvement Programme.</p><p>Deliver year two of Strategic Equality plan.</p><p>Deliver year three of Communications Strategy.</p><p>Develop an integrated Workforce Strategy 2022/2025 together with health and social care partners.</p></div> <div data-bbox="1476 491 2045 635">2022/23</div>

Annex C KPI	2020/21		
	2021/22	2022/23	
	<p>Primary care project pipeline (need to clarify priorities)</p> <p>Year 2 Well-being hubs (need to clarify priorities)</p> <p>North Denbighshire commence works on site</p> <p>Complete relocation of Ruthin health centre</p> <p>Ablett Unit FBC</p> <p>Implement orthopaedic capital programme</p> <p>Implement nuclear medicine reconfiguration</p> <p>Progress WMH infrastructure</p> <p>SOC in support of Abergele and LLGH</p> <p>Wrexham redevelopment PBC/OBCs</p> <p>YG infrastructure PBC</p>	<p>Primary care project pipeline (need to clarify priorities)</p> <p>Year 3 Well-being hubs (need to clarify priorities)</p> <p>North Denbighshire complete new build</p> <p>Ablett Unit commence works on site</p> <p>Complete nuclear medicine reconfiguration</p> <p>Progress WMH infrastructure</p> <p>FBCs in support of Abergele and LLGH</p> <p>Wrexham redevelopment OBCs</p> <p>Progress YG infrastructure</p> <p>Complete central medical records on site</p>	<p>Primary care project pipeline (need to clarify priorities)</p> <p>Year 4 Well-being hubs (need to clarify priorities)</p> <p>North Denbighshire complete refurbishment RAH</p> <p>Ablett Unit progress works on site</p> <p>Progress WMH infrastructure</p> <p>Progress Abergele and LLGH</p> <p>Wrexham redevelopment FBC</p> <p>Progress YG infrastructure</p> <p>Imaging/diagnostic equip' replacement programme</p>

	<p>Commence central medical records on site</p> <p>Residencies business case</p> <p>Imaging/diagnostic equip' replacement programme</p> <p>Implement Bryn Beryl integrated dementia centre</p>	<p>Implement Residencies business case</p> <p>Imaging/diagnostic equip' replacement programme</p>	
--	--	---	--

Annex C KPI	2020/21	2021/22	2022/23
	<p>Phase 3 of Welsh Patient Administration Project (PAS) will complete replacing the Commercial PAS system in the West and standardising processes relating to this system in other sites</p> <p>Review and act upon the findings from pilot studies to inform solutions for community staff and integrated working e.g. the Welsh Community Care Information System pilots</p> <p>The Welsh Emergency Department (ED) System project will continue upgrading the ED System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)</p> <p>Phase two of the local Digital Health Record project will continue this will strengthen our investment and approach to the delivery of an electronic patient record</p> <p>Approval of long term storage solution for Central file library</p>	<p>Phase 4 of the WPAS ends resulting in a Single Patient Administration System</p> <p>Phased implementation to deliver solutions for community staff e.g. WCCIS</p> <p>Phase 4 of the Welsh Emergency Department System will end, resulting in a single WEDS solution which is fully integrated into WPAS</p> <p>The local Digital Health Record project will continue, strengthening our investment and approach to the delivery of an electronic patient record</p> <p>Phase 2 of digital patient services, which continues programmes of work to increase use of electronic appointment letters and reminders</p>	<p>Phased implementation to deliver solutions for community staff e.g. WCCIS</p> <p>Local Digital Health record project will continue strengthening approach to the delivery of an electronic patient record</p> <p>Provision of infrastructure and access to support care closer to home</p> <p>Rolling programmes of work to maintain / improve the digital infrastructure e.g migration of telephony from an end of life solution to one which is fully supported and underpins service change.</p>

	<p>Delivery of information content to support flow / efficiency including electronic outcomes.</p> <p>Phase 1 of digital patient services which includes piloting electronic appointment letters and using technology to increase electronic appointment reminders.</p> <p>Rolling programmes of work to maintain / improve the digital infrastructure</p> <p>Provision of infrastructure and access to support care closer to home</p> <p>Reduction in transactional overheads via the wider deployment of solutions such as Single Sign on</p>	<p>Rolling programmes of work to maintain / improve the digital infrastructure eg. migration of telephony from an end of life solution to one which is fully supported and underpins service change including single call centre</p> <p>Provision of infrastructure and access to support care closer to home</p> <p>Wider deployment of Single Sign completes providing a reduction in transactional overheads</p> <p>Business cases for sexual health and telehealth will be supported in production</p>	<p>Pipeline of business case such as PACS and LIMS are anticipated</p>
--	--	--	--

Draft Finance Commissioning Intentions

- **3 Year Health economy Financial Plan including a Deficit Reduction Plan and underpinned by Divisional plan including an agreed Underlying Deficit position**
- **The identification of a fair share of resources based on population health needs, will support the implementation of the Deficit Reduction Plan across localities**
- **Identify price growth**
- **Identify volume growth**
- **3 Year Savings Plans to deliver year on year savings of 3%**
- **Indicative Activity Plans to delivery key performance targets for each Secondary Care Hospital Site; Community Hospitals and Community Services including Unit Specialty prices**
- **All new developments to be backed up by a fully approved business case with robust financial plans that identifies how any resultant cost pressure will be funded from internal efficiencies generated within the health economy**
- **Demonstrate improved efficiency over 3 years to peer group levels**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Quality Improvement Strategy ongoing opportunities update September 2019

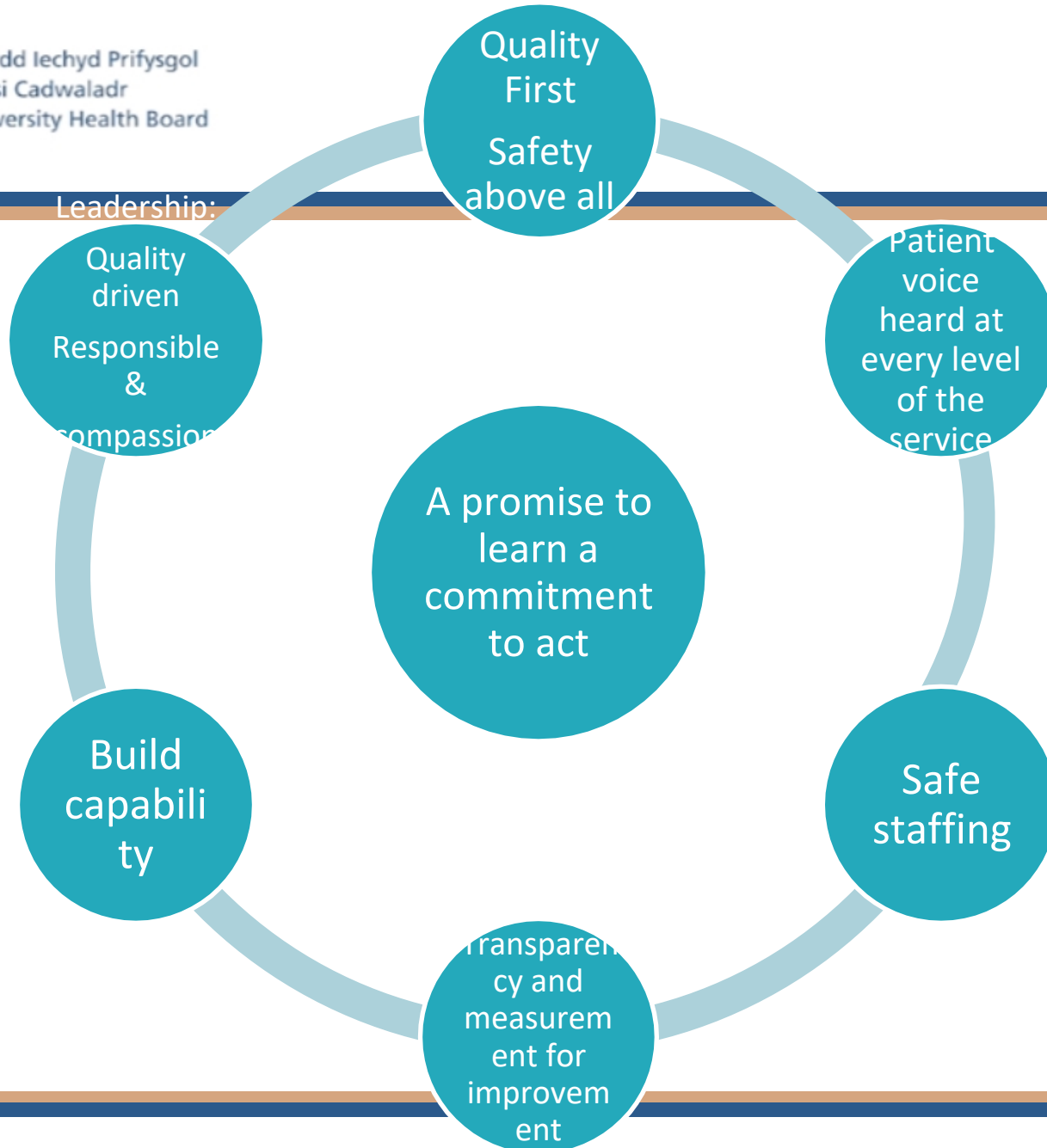
Strategy, Partnerships and Population Health
Committee 1.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Leadership:



Strategy Aims ...

Through strong Leadership from Ward to Board,

- Reduce mortality;
- Reduce harm;
- Improve reliability of care;
- Deliver what matters most;
- Deliver integrated care.

SAFE ~ CARING ~ EFFECTIVE

Leadership from Ward to Board,

- Nurse Staffing Act – report submitted May 2019;
- Implementation of robust governance and accountability structures;
- Learning from incidents/complaints;
- Listening mechanisms for patients and staff.

Internal Audit review this year in preparation for strategy for next 3 years...

Reducing Mortality ...



- Crude death rate (CDR) has ↓ 11% between 2017/18 & 2018/19 – reduction common cause variation:
 - CDR Pneumonia – ↓ 13%
 - CDR Septicamia - ↓ 24%
- YGC ED mortality ↓ - median 0.34% to 0.28%

Actions in year:

- Safe Clean Care campaign – reducing HCAs;
- Ward accreditation;
- Pressure ulcer collaborative;
- Sepsis collaborative –to improve uptake of sepsis 6 bundle; focussing on ED;
- HAT project rollout across BCU;
- Raise awareness of AKI – IRIS dashboard development;
- Learning from Deaths Policy for MH/LD division developed, now implementing

Mortality Reduction 2019/20

- Introduce DATIX deaths review module
- Embed mortality review learning in Q&S meetings at all levels
- Action on Pneumonia and Acute Kidney Injury
- Complete spread of HAT work across BCU
- Develop systems for monitoring primary care
- Support improvements in End of Life Care

BCUHB Ward Accreditation Programme

Areas Reviewed during the unannounced Ward Accreditation visit:



Awarded Status	Definition
GOLD	Achieved excellent standards and have clear evidence of sustaining this success in data over at least 6 months
SILVER	Achieved very good standards and have some data over time to evidence this
BRONZE	Achieved good standards as expected by the Trust but have no evidence of sustaining this over time or have fallen below expected standards but are completing appropriate actions to address this
WHITE	Have not achieved the Trust minimum standards in at least one area and are not completing appropriate actions to address this issue – some additional support is required
FLAGGED	Serious concerns have been identified in relation to safety or quality that require weekly monitoring and significant support

Progress to date: 64 wards across all areas confirmed accreditation score: 23 *Silver*, 25 *Bronze*, 10 *White*, 5 *awaiting validation*

Areas for Improvement

Record keeping
Ward Leadership
Patient Experience Feedback for QI
SAFER implementation
Health and Safety

Areas for Celebration

Local QI projects
Positive Feedback from MDT
Ward Leadership
Ward teams embracing the accreditation process
Improving team morale



BCUHB focus on our 4 Main Harms



Falls
Collaborative
commenced
Aim for a
15% reduction
inpatient falls by
end of November



HB Standards
launched so far:
Datix reporting
streamlined—SBAR
Staff knowledge &
Resources –Are you
chair aware?
Masterclasses July
for detailed training
with staff



SCC to continue
with year two
focus being on
embedding
learning
Success so far:
C Diff reduction
MRSA reduction
Reduction in
mortality and
morbidity



Implementation of
medication
standards
Ward to Board
assurance
strengthened
Focus on storage
& information on
discharge

BCUHB Reducing Harms- Collaborative Approach

Utilising a collaborative approach- focused improvements relating to our key harms with support from QI team & subject experts as a faculty our identified cohort wards has/will provide:

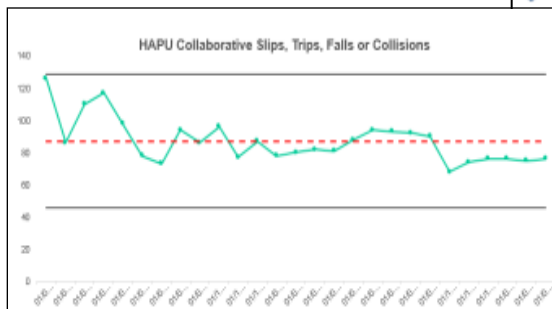
- Opportunity to embed common Quality Improvement language & methodology;
- Embed a set of standards or creates '**Always Events**' for patients;
- Provides a clear framework for our quality, safety and patient care agenda.

HAPU

- Standardised & streamlining reporting on Datix;
- Standardised training resources;
- Are you chair aware?

Results so far ...

- Early indication reduction grade 2 and above on collaborative wards;
- Reduction in **falls!!!**.




Are you chair aware?

1 On the diagram, please indicate the areas at risk of pressure damage:

2 How long should a patient sit in a chair before being repositioned?

Inpatient Falls

- Multidisciplinary Faculty established;
- Masterclass June 11th ;
- Cohort wards identified & fully engaged as MDT;
- Measures determined.

Medication Management

- Implementation of medication standards
- Ward to board assurance- utilising ward accreditation, medicine management team, strategic group

Area of focus...

- Safe storage;
- Information to patients/families on discharge.



- Interactive Harms dashboard measures harms data in *real time* therefore:
 - supporting focused quality improvements;
 - provides opportunity for wards to shine;
 - provides opportunity for sharing best practice
 - Provides opportunity for intervention and support
- ARK project YG success aim to roll out across HB

Deliver What Matters Most...

- Patient Advise & Liaison Service across HB
- To embed 'Always events' as part of the nurse rounding follow up workshops August to support wards
- Dignified end of life care - Strategic group to oversee development
- Listening and learning from real time feedback-focus groups, Viewpoint.



Improving reliability of Care..

- Clinical Pathways strengthened-Sepsis, AKI, VTE, dementia care;
- Ability to report real time harm data;
- Learning systems-PTR, external reviews, patient feedback;
- Standardised approach to quality improvement continues.

Building Capability

- QI Hub – Co designed and launched September 2018
average of 35 new Twitter followers per month
- Master Classes methodology, e-handbooks & QI clinics
- Training in programmes in place
 - Silver IQT-107 staff trained in the past year
 - Project Quality Assurance process developed
 - Specialty /team specific IQT programmes
- Academic QI pathway with Bangor University developed

Celebrating Success

- QI hub – database to be launched to capture QI Projects support spread
- HAT work finalist NHS Wales Awards/ highly commended HSJ awards/ Exemplar site status at YGC, Wrexham Maelor site in progress for exemplar status YG about to commence
- 5 entrants to NHS Wales awards
- SCC commended at HCAI event
- QIRI conference

Strategy, Partnerships and Population Health Committee

1.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Children and Young People's Transformation Programme
Report Author:	Nicola Stubbins, Project Lead
Responsible Director:	Dr Chris Stockport, Executive Director Primary and Community Services
Public or In Committee	Public
Purpose of Report:	To provide 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
Approval / Scrutiny Route Prior to Presentation:	This Highlight report has been discussed at the North Wales Regional Partnership Board on the 6 th September 2019
Governance issues / risks:	Risk register contained within the highlight report
Financial Implications:	WG funded
Recommendation:	The Committee is asked to note the progress of the Childrens and Young People's Transformation Programme

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to		4.Putting resources into preventing problems occurring or getting worse	

achieve their own well-being			
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESANT GOGLEDD CYMRU

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Highlight report

Report to:	North Wales Regional Partnership Board
Project Lead:	Nicola Stubbins
Contact name:	Sharon Hinchcliffe, Childrens and Young People's Programme Manager
Subject:	Childrens and Young People's Transformation Programme
Date:	6 th September 2019

1. Purpose of report

- To provide 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.

2 Background Information

- What we want to do
Focus on children and young people as part of the regional vision for seamless locality based services.
- Delivery
 - Early help: develop early intervention/help hubs
 - Edge of care: extend access to therapeutic support through integrated teams/pathways
 - Assessment and support teams: short term residential assessment with a multi-disciplinary on site team to identify the most appropriate placement to meet the support needs and desired outcomes
- Outcomes
 - A reduction in the number of children coming permanently into full time care
 - A reduction of time spent in care
 - A reduction of family / placement breakdowns
 - A reduction in the use of independent residential units for long-term care.
 - A reduction in care proceedings

Stakeholders

- Children and young people
- Parents / carers / families
- Third and independent sectors
- Health, social care, education
- Housing Associations

2. Work completed in this reporting period

- Actions completed to date are:
 - Signed Grant Award letter sent to WG
 - Quarterly reports collated and submitted to WG within specified timeframes.
 - Highlight report sent to RPB in May.
 - Programme Manager in post mid-May. Recruitment to Project Manager posts x 4, vacancies advertised (three will be covering an area i.e..West, Centre and East and one for Emotional Health, Wellbeing and Resilience Work Stream). Successfully recruited to three of the posts, two have joined with third colleague joining September.
 - Engage with Procurement team to agree evaluation tender approach. Joint tender with other Transformation Programmes, three lots i.e. C & YP Services, Community Services and T4MH. Evaluation tender now closed, three bids received for the C&YP Services.
 - Effective Child Protection – project launched in pilot area.
 - Co-production embedded in delivery throughout the project: C&YP Transformation Workshop (facilitated by IPC Oxford Brookes), held on 27th June.

3. Work planned for next reporting period

- Actions to be completed are:
 - *Project team to be in place: Recruitment of final Project Manager underway, interviews scheduled for remaining vacancy*
 - *Development of work programme and project delivery plan including spend plan: Delivery of plans commences with each of the 3 Local sub-regional governance arrangements: Stakeholder meetings scheduled with the four work streams West / Central / East / Regional Improving Emotional Health, Mental Well-Being and Resilience of Children. Work programmes currently developed and delivery will commence when project team are in place.*
 - Project activities underway: Initial stakeholder meetings have taken place, along with three area scoping workshops. Further regular area meetings diarised for when project team is in place. Each area is drafting

Framework Delivery Models, showing roles included in Multi-Disciplinary teams.

- *Evaluation requirements agreed in line with WG requirements. Evaluation partner will be appointed by end of Q2. We are linking closely with WG evaluation requirements.*

4. Requests for change

Updated delivery plan and timelines will be submitted with Quarter 2 reports

5. Key risks and issues

REF	RISK DESCRIPTION AND MITIGATING ACTION	CONSEQUENCE	RISK SCORE / RAG STATUS	DATE IDENTIFIED	RISK OWNER	RISK STATUS (ACTIVE / NOT ACTIVE)
CYP-01	Suitably skilled and experienced staff to work within new models of multi-disciplinary teams may not be available to recruit.	Model Framework for delivery is Impacts on ability to complete the project within time, scope, budget and quality. Loss of reputation to North Wales.	B2	07.08.19	CPTG	ACTIVE.
CYP-02	Children transitioning to adulthood do not have appropriate support in the community to deliver person centred outcomes	Escalation to crisis situations requiring specialist support	C3	07.08.19	HoCS	NOT ACTIVE
CYP-03	WG timeframes for spending the funding are too short, restricting delivery of full transformation.	Project partially delivers, therefore loss of remaining budget and reputation to North Wales	B2	07.08.19	CPTG	ACTIVE
CYP-04	Suitably skilled and experienced staff to work within local authority project teams may not be available to meet the needs of the project work.	Impacts on ability to complete the project within time, scope, budget and quality. Loss of reputation to North Wales.	B3	07.08.19	CPTG	ACTIVE
CYP-05	Projects do not deliver anticipated benefits, therefore, models of delivery are unsustainable. Ensure project exit strategies are in place and the	Unable to sustain quality outcomes when Transformation Funding expires in March 2021.	C2	30.08.19	CTPG	NOT ACTIVE

REF	RISK DESCRIPTION AND MITIGATING ACTION	CONSEQUENCE	RISK SCORE / RAG STATUS	DATE IDENTIFIED	RISK OWNER	RISK STATUS (ACTIVE / NOT ACTIVE)
	programme is evaluated and benefits determined and communicated to WG to foster ongoing funding discussions					

6. Lessons report

- Recruitment taken longer than anticipated, which has impacted on the initial progress of the programme, however, we will endeavour to progress swiftly once the full team are on board,

**Strategy, Partnerships and
Population Health Committee**
1.10.19

**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	North Wales Area Planning Board (APB) for Substance Misuse
Report Author:	Ben Carter, Regional Commissioning Manager, North Wales APB Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To provide an update around the work of the APB and the key interfaces with Betsi Cadwaladr University Health Board (BCUHB), following the reports presented at the SPPH meetings in May 2018 & October 2018
Approval / Scrutiny Route Prior to Presentation:	This report has been informed by the work of the North Wales Substance Misuse Area Planning Board (APB).
Governance issues / risks:	In addition to the key stakeholder role BCU play within the partnership and the WG requirement for the APB to sign off BCUHB substance misuse budget there a number of other specific interface requirements of BCUHB which are outlined within this report.
Financial Implications:	NWAPB utilise Substance Misuse Action Fund (SMAF) revenue funding to commission substance misuse services. Current SMAF allocated to NWAPB is £5.4 million. In addition, there is an expectation from WG that 0.4% of any Health Board budget is invested in substance misuse, for BCUHB this currently amounts to approximately £5.275 million for 19/20 financial year.
Recommendation:	It is recommended that SPPH Committee: <ul style="list-style-type: none"> • Receive this report and note the role and function of NWAPB including the interface with BCUHB • Receive an update of progress made in our joint working as part of NWAPB and opportunities for improved alignment and joint working going forward.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Strategic and Service Planning Financial Strategy			
Equality Impact Assessment Substance misuse plans are subject to EQIA assessment.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

1. PURPOSE

An introductory report was presented to SPPH Committee in May 2018 in respect to the work of the North Wales Substance Misuse Area Planning Board (APB), followed by an update report in Oct 2018.

This paper builds on the previous reports and further updates on progress made around the work of the APB, incorporating the key interface work with Betsi Cadwaladr University Health Board (BCUHB).

2. BACKGROUND

The APB is the partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services at a Regional level.

7 Area Planning Boards were established across Wales in 2010 as part of the new arrangements to deliver the Welsh Government (WG) Substance Misuse Strategy. APBs are intended to provide:

- a regional framework to strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy and;
- enhance and improve the key functions of planning, commissioning and performance management.

Tackling substance misuse activities are underpinned by the Welsh Government's 10 year strategy, 'Working Together to Reduce Harm' (2008-18) and associated 'Delivery Plan for 2016 to 2018' which outlines the priority areas for action across Wales. The four priority action areas covered in the strategy are:

- Preventing harm.
- Support for substance misusers to improve their health and aid and maintain recovery.
- Supporting and protecting families.
- Tackling availability and protecting individuals and communities via enforcement activity.

The WG guidance issued for the formation of APBs also intended that they would assist responsible authorities and other relevant partners to discharge their statutory responsibility by providing a mechanism to pool scarce resources where appropriate and share expertise to deliver the Welsh Government's Substance Misuse Strategy.

Welsh Government are currently finalising updated substance misuse priorities and an associated delivery plan, following the end of the 10 year strategy referred to above. This will help further inform the APB's strategic direction and commissioning priorities moving forward.

APB Membership

APB membership is outlined in WG guidance, to be representative of Health Boards, Police, Probation, Community Rehabilitation Companies (CRC), Local Authorities, Public Health Wales and third sector. In addition to this NWAPB also have representatives from the Office of the Police and Crime Commissioner (OPCC), Community Safety Partnership Chairs representation and service user representation. Current BCUHB representation on the APB Executive Board is as follows:

- Executive Director Public Health
- Assistant Director- Corporate Planning
- Clinical Director Substance Misuse Services (SMS)- Mental Health and Learning Disability (MHLD)
- Clinical Network Manager- MHLD
- Assistant Area Director- Primary Care

3. REGIONAL STRATEGIC DIRECTION/ COMMISSIONING STRATEGY

The strategic direction for substance misuse is set through the APB Commissioning Strategy 2014-18 and informed by a full needs assessment of the North Wales population. The APB has identified 5 key themes illustrated in figure 3 below.



These are coupled with 6 priority areas identified as follows:

1. **Improve how we Work Together**
2. **Improve Equity of services appropriate to identified needs**
3. **To Promote a Sustainable Recovery Journey**
4. **Adopt an approach that considers the whole family**
5. **Provide for the needs of Young People**
6. **Reduce the Impact of substance Misuse on Communities**

The APB is in the process of finalising the recommendation from the substance misuse needs assessment for North Wales, which had recently been update (led by the BCUHB Public Health Team). The recommendations and resulting actions will be discussed and agreed by the APB Executive Board in October, particularly with regard to how these will inform the production of a revised APB commissioning strategy.

The recommendation of the needs assessment fall within the following broad themes:

- **Enhanced data/further analysis** - including to better understand alcohol related admissions, morbidity and mortality data, particularly variation and trends across North Wales,
- **Enhanced stakeholder engagement, working towards co-production** – primarily to establishing a systematic approach to capture the views and opinions of hazardous and

harmful alcohol drinkers and drug users not currently accessing substance misuse services; and relating to Children and Young People.

- **Outcome monitoring** – further develop re longer term outcomes for service users
- **Enhanced support, treatment and aftercare, including suitable housing and environment** – Including further development of pathways, particularly around primary care/GPs
- **Safe and supportive environments** – particularly around links to current North Wales needs assessment relating to County Lines
- **Changed attitudes and social norms** – including around alcohol related harms and stigmatisation of drug & alcohol users
- **Families and children are supported and protected** – including regarding pathways through/between services and transition to adult service

4. FUNDING STREAMS & COMMISSIONING OF SERVICES

The APB utilise Substance Misuse Action Fund (SMAF) revenue funding to commission substance misuse education/prevention, early intervention, treatment /support, recovery and service user involvement services across North Wales.

For 2019/20 the APB has received an increase of £0.5m to it's SMAF allocation, which now totals £5.4m, WG have highlighted the following priority areas for the additional investment: co-occurring substance misuse & mental health, children & families, Harm Reduction /reducing drug related deaths. The APB have recently received formal approval of the 19/20 expenditure plan from WG, a summary of which is included at **Appendix 1** for information. Although historically the majority of funding has been spent on treatment, there has been and continues to be a more strategic shift towards increasing prevention, early intervention and recovery activity.

In addition to SMAF funding there are number of other revenue streams available for substance misuse services, including:

i) BCUHB substance misuse 'Ring Fenced' budget

WG require Health Boards to invest a minimum 0.4% of their overall budget in substance misuse services. The BCUHB allocated ring fence for 2019/20 is £5.275m, a notional increase of £187k for 2019/20, which is being used to fund an increase in supervised consumption and added value to the CAIS/Hafan Wen Detox contract.

WG requires APBs to work collaboratively with their respective Health Boards (HBs) to ensure that the funding allocated to tackling substance misuse is both coordinated to provide the most effective use of the available funding and to avoid potential duplication. Funding will be withheld from HBs until confirmation is received from the Chair of the relevant APB that the use of these resources complements the Delivery of the Welsh Government Substance Misuse Strategy, HB local delivery plans and local substance misuse commissioning strategy/plans. As such APBs are required to sign off Health Board substance misuse expenditure plans in order for monies to be released.

Appendix 2 outlines the 19/20 BCUHB Substance Misuse Expenditure Plan, which includes expenditure on both externally commissioned and BCUHB delivered services. The APB Executive Board signed of the expenditure plan at the May 2019 meeting.

It is worth noting the potential to develop jointly commissioned projects especially those which are commissioned externally. Consideration is currently being given to the counselling provision as there is potential for remodelling along with the APB commissioned Therapeutic Intervention service; this will be informed by the wider BCUHB MH/LD Division review of psychological therapies which is currently underway.

ii) Criminal Justice substance misuse related budgets

The Office of the Police and Crime Commissioner (OPPC) and Her Majesties Prison and Probation Service (HMPPS) also fund substance misuse interventions related to offending behaviour, primarily through the Drug Intervention Programme (DIP). The DIP programme is currently being recommissioned by the OPCC, and will include a prescribing element moving forward; this requires further consideration regarding implications for current BCUHB substance misuse prescribing services.

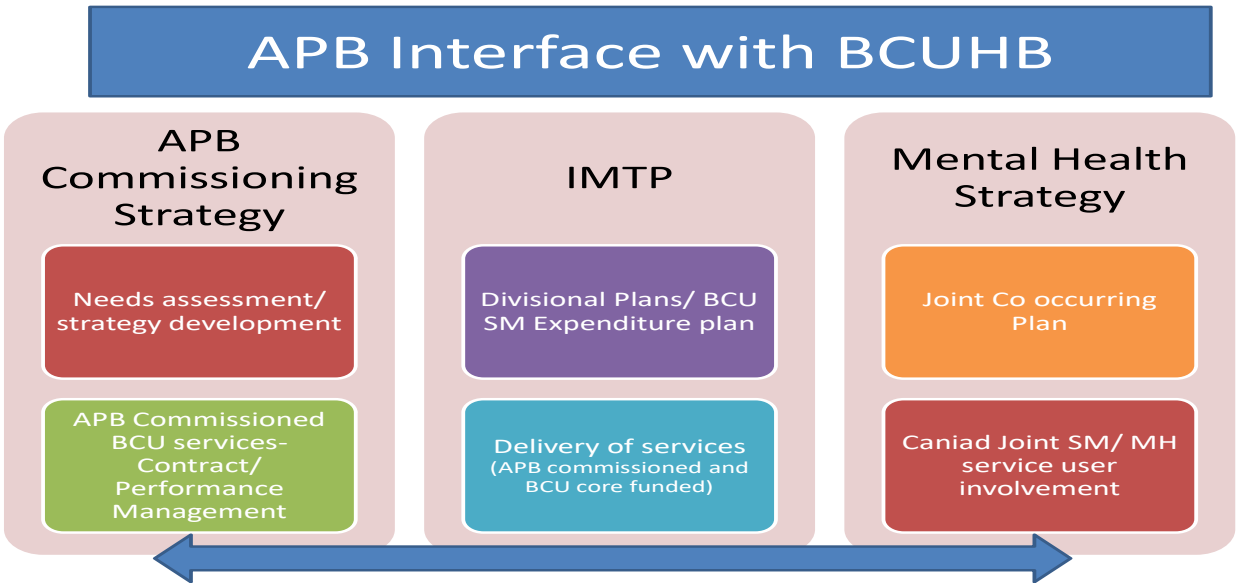
iii) Local Authority Community Care Budgets

In addition to the funding that the APB allocates for substance misuse residential rehabilitation placements, Local Authorities provide limited funding towards placement as part of their statutory responsibilities. Further more some Local Authorities fund social work capacity within local BCUHB substance misuse treatment teams.

The APB’s role is to commission substance misuse services to meet the needs of the NW population and to enhance what is already commissioned/provided through other funding streams. There are currently no formal arrangements for joined up budgets in place, but there is recognition from APB and constituent partners that increased alignment would have positive impact.

5. APB INTERFACES WITH BCUHB

In addition to being a key APB partner and the WG requirement for the APB to sign off BCUHB substance misuse budget, there are a number of other specific interfaces and requirements of BCUHB, including as a commissioned service provider, which are outlined below:



i) APB commissioning strategy/services commissioned from BCUHB

The APB is currently in the process of updating the needs assessment and commissioning strategy for North Wales, this is being supported by the BCUHB Public Health Team and being developed in partnership with BCUHB and other APB partners.

The APB commission BCUHB as a service provider for key services delivered across the regions, and as such BCUHB is accountable to the APB for delivery and performance of these services. Current services commissioned from BCUHB are as followings:

- Contribution towards core SMS Treatment/Support service (£1.209k)
- Harm Reduction Team (£306k)
- Alcohol/Drug Liaison Service (£239k)
- Contribution towards N.Wales Prescribed Medication Support Service (£30k)
- Special Substance Misuse CAMHs capacity (£184k)

The core BCUHB substance misuse treatment/support service, funded though the ring fence and APB funding, contributes towards the North Wales performance against WG substance misuse Key Performance Indicators (KPIs). The APB/partners are held accountable for performance against the KPIs by WG and the APB team work closely with providers to manage this. BCUHB services performance against the KPIs for 2018/19 is summarised in Table 1 below:

Table 1: BCUHB performance against WG Substance Misuse KPIs

	KPI 1: DNA post assessment baseline<20 %	KPI 2: Waiting time between referral and treatment baseline>80 %	KPI 3: Treatment Outcome Profile (TOPs) reduction in substance use baseline>86.5%	KPI 4: TOPs improvement in quality of life baseline>84.2%	KPI 5: numbers of patients closed as treatment complete baseline >76.9%
BCUHB Q4	2.34%	89.11%	86.79%	83.55%	91.62%

The current contract for the BCUHB services commissioned by the APB expires on 31st March 2020, and the APB team are currently working with BCUHB colleagues to review these to inform future commissioning intentions. It is recognised that we need to further develop performance and accountability arrangements, specifically within the Alcohol/Drug Liaison Service and Specialist Substance Misuse CAMHs to ensure commissioning outcomes are fully meet, and that current service models best support this; however positive discussions have recently been re-established to move this forward.

ii) Integrated Medium Term Plan

Divisional plans are aligned to funding profile/budget for substance misuse, as signed off by NWAPB, ensuring that services are complementary and avoid duplication.

BCUBH has responsibility for the delivery of integrated services whether core funded or commissioned by APB.

Multiagency Capital Projects: The APB also have access to WG SMAF capital funding to support substance misuse service delivery sites/estate. Although this is increasingly becoming limited, there has been significant investment in BCUHB Substance Misuse estate through this funding over recent years. This has enabled much needed improvement to the quality of buildings from where substance misuse services are delivered, from both a service user and staff perspective. By developing multiagency substance misuse service buildings, services can be delivered more effectively by partners in an integrated manner, recent investment has included:

- **Brighton Road, Rhyl** – remodelling and expansion of the existing SMS base in Denbighshire – completed 2016
- **The Elms, Wrexham** – remodelling and extension of the existing SMS base in Wrexham to create a multiagency building, including BCUHB SMS Service, the Drug Intervention/Health & Well-being programme, Recovery and Service User Involvement services. – building work completed and delivery of service from remodelled building commenced June 2019. A WG capital monitor visit was undertaken in September 2019 and very positive feedback was received.
- **Rowley's Drive, Shotton** - remodelling and extension of the existing SMS base in Flintshire to create a multiagency building, including BCUHB SMS Service, the Drug intervention/Health & Well-being programme, Out of Work Programme, Recovery and Service User Involvement services. – Funding approved Sept 18, to be completed in 2020/21. Planning permission has now been secured and currently awaiting tenders from prospective contractors to undertake the work.
- **Craig Hyfred, Holyhead** – purchase and remodelling of the existing SMS base in Holyhead to create a multiagency building including BCUHB SMS Service, the Drug Intervention/Health & Well-being programme, Community Mental Health Team, Out of Work Programme, Recovery and Service User Involvement services. – Funding approved Sept 18, project to be completed in 2020/21. Building purchased and Planning approval obtained, currently awaiting planning permission decision re decant building, and tender for contractors being finalised.

Hafan Wen – SMS Detox Contract and Capital: The BCUHB ring fence funded contract with CAIS for detoxification services (primarily at Hafan Wen, Wrexham) has recently been renewed for 5 years with added flexibility and a more seamless service; and the lease of the building by BCUHB to CAIS has also been renewed. The APB have worked with BCUHB and CAIS to secure approximately £130k of WG Substance Misuse capital funding, to undertake much needed refurbishment/improvements to Hafan Wen, this work will completed by 31st March 2020.

iii) Mental Health

In line with Welsh Government requirements, a joint co-occurring substance misuse and mental health plan has been developed, to facilitate the implementation of the Co-Occurring Substance Misuse and Mental Health Framework; to ensure that those experiencing co-occurring issues do not face barriers and get the right treatment and support at the right time. This delivery plan has been agreed and is progressing through partner engagement by the BCUHB Mental Health Quality and Workforce Groups and Area Local Implementation Teams.

Key Principles have been agreed as to how this framework is to be implemented by BCUHB MHL Division from the 1st of April 2019.

Jointly run clinics have been introduced with the Consultant from Adult Mental Health and the SMS Consultant in Denbighshire. This has had a positive impact with streamlining of access between the services, and informal feedback from service users has been positive so far. Work is ongoing to expand this approach across North Wales.

A representative from all of the SMS teams attend the Adult Mental Health SPOA meetings, and there are meetings that occur between CMHT managers and SMS Team managers in some areas to promote joint working Which will be to replicated across North Wales.

6. APB DEVELOPMENTS

- Andy Jones (Head of North Wales Probation) has been appointed as Chair of the APB & Nicola Stubbins (Corporate Director Denbighshire Council) has been appointed as Vice Chair of the APB. This further strengthens the Boards criminal justice links, safeguarding governance/relationships and wider links with LA's.
- APB partners are developing a North Wales Alcohol Harm Reduction Strategy, which will to take a broad partnership and population approach – building on the workshop held in October 2018. A follow up workshop is scheduled for 26th November 2019 to finalise the strategy, and agreed how the key aims can be implemented across North Wales.
- Implementation of the recommendations of the North Wales Tier 2/Open Access Substance Misuse Service evaluation is in progress, with positive partnership working taking place; particularly between the Harm Reduction Service and Tier 2 providers, which will see joint integrated delivery of outreach across North Wales. As part of this work we are also examining how rapid access to support and treatment, where appropriate, can be mainstreamed to ensure that vulnerable/hard to engage with individuals can be supported by all key agencies, building on and learning from the 'Gold/NPS' Taskforce work in Wrexham; and endorsed by the North Wales Safer Communities Board in regard to rolling out such an approach across N.Wales.

WG have recently requested proposals via APBs for funding for additional capacity to support vulnerable individuals with complex needs relating to substance misuse, mental health and homelessness. This presented an opportunity to develop a North Wales proposal that will support moving the above approach forward. As such a proposal has been submitted, which if successful will build on existing Harm Reduction and Tier 2 services with additional outreach capacity relating to mental health and housing support; together with capacity to coordinate between agencies to enable timely wraparound support. This proposal aligns with on going

grant applications by Third Sector providers to supply additional housing capacity for vulnerable individual. Regardless of the outcome of the complex needs proposal the APB will fund elements of this additional capacity in, the East initially.

- The APB has recently gone out to tender for a Structured Recovery Programme to be delivered across all of North Wales (a similar service has historically been delivered only in Conwy & Denbighshire). The service will support individuals in their recovery from drug and/or alcohol misuse, by building skills, resilience and recovery capital; and will provide an additional or alternative option to BCUHB delivered services for individuals seeking to move on in their recovery.
- The APB have also recently gone out to tender to recommission a North Wales Primary School Aged Substance Misuse Education Service, which will now include children in non-mainstream education settings. The service will incorporate a broad life skills approach, empowering young people to make responsible, well-informed decisions about drugs and alcohol, and drug and alcohol related harms.
- A new North Wales Substance Misuse Workforce Development Service has been commissioned by the APB and commenced in Feb 2019, delivered by CAIS. The service will ensure that there are appropriately skilled and knowledgeable staff across North Wales, to meet the needs of those who misuse drugs and/or alcohol; or are at risk of doing so; the service will be delivered at 3 levels:
 - Level 1 – Substance Misuse Awareness Raising Sessions for non-substance misuse professionals
 - Level 2 – 2 day Introductory / Foundation Substance Misuse Training
 - Level 3 – Specialist Substance Misuse Training

RECOMMENDATIONS:

It is recommended that SPPH Committee:

- Receive this report and note the role and function of NWAPB including the interface with BCUHB
- Note progress made in our joint working as part of NWAPB and opportunities for improved alignment and joint working going forward

Final Approved North Wales Substance Misuse APB 2019/20 SMAF Revenue Grant Expenditure Plan

Appendix 1

Theme/Area	Details	19/20 Total Budget
Awareness Prevention and Education	Universal Specialist substance misuse Prevention and Educational Programme for primary school aged pupils across North Wales	£51,357
Alcohol Well-being/Harm Reduction	Multi faceted project at both strategic and operational levels to address alcohol related Harm and increase well-being	£48,809
Children, Young People and Family	Comprehensive substance misuse services delivered across North Wales to Children, Young People and Families	£1,413,785
Open Access	Accessible drug and alcohol specialist services for a wide range of substance users referred from a variety of sources including self referrals or presentations	£407,608
Treatment/Support	Specialist structured treatment services including primary care key work support, secondary care prescribing, one to one key work support, group work, Alcohol Liaison Service, Prescribed Medication Service, harm reduction interventions, IDVA contribution and a range of therapeutic interventions.	£2,199,115
Recovery	<ul style="list-style-type: none"> • To empower individuals to take responsibility for their drug or alcohol use and make positive meaningful changes. • To enable substance misusers users to become drug and alcohol free • To enable substance misusers to maintain their abstinence 	£509,461
Tier 4/Residential Rehabilitation	To provide residential rehabilitation to service users across North Wales in line with the WG National Framework, and detox placements where appropriate	£358,056
Service User Involvement	Service to support substance misuse service user involvement and engagement.	£149,149
Workforce Development	To ensure an appropriately knowledgeable and skill specialist and non specialist works force, who are able to identify and support individuals with or at risk of substance misuse issues	£49,375
APB Development and Support	To support the APB and wider partners in the delivery of the North Wales APB Commissioning Strategy and the priorities within the Welsh Government's Substance Misuse Strategy/priorities and related delivery plan	£259,475
North Wales APB Total Budget		£5,446,190

BCUHB substance misuse 'Ring Fenced' budget

Appendix 2

Betsi Cadwaladr University Health Board

Substance Misuse Service Income and Expenditure Summary Report 2019-20

	2019/20 Budget	2019/20 Forecast	2019/20 Forecast Variance	2018/19 Plan	2018/19 Actual	2018/19 Variance	Change over 18/19
1 Funding allocation	5,275,000	5,275,000		5,088,290	5,088,290		186,710
Expenditure							
2 Pharmacy costs supervised consumption	224,890	410,000	185,310	224,890	410,000	185,310	0
Needle Syringe Exchange (Consumables)	98,169	127,000	28,831	98,169	127,000	28,831	0
Needle Syringe Exchange (Pharmacy service costs)	254,331	239,495	(14,836)	254,331	239,495	(14,836)	0
Primary Care (GP) Prescribed costs	280,000	288,190	8,190	280,000	288,190	8,190	0
Total Primary Care	857,190	1,064,685	207,495	857,190	1,064,685	207,495	0
3 Medical (Dr costs)	639,511	652,626	13,115	597,459	537,700	(59,759)	42,052
3 Nursing & Support	2,759,854	3,041,707	281,853	2,644,138	2,867,432	223,294	115,716
Total Secondary care	3,399,365	3,694,333	294,968	3,241,597	3,405,132	163,535	157,768
4 Inpatient beds (Hafan wen detox unit)	972,725	972,725	0	932,196	932,196	0	40,529
SMS Counselling	210,000	210,000	0	210,000	210,000	0	0
Total payments to CAIS	1,182,725	1,182,725	0	1,142,196	1,142,196	0	40,529
Total expenditure	5,439,280	5,941,743	502,463	5,240,983	5,612,013	371,030	198,297
Balance over / (under)	164,280	666,743	502,463	152,693	523,723	371,030	11,587
	0						
BCUHB Total Budget Allocation	1,490,607,472			1,391,508,000			
SMS expenditure as % of Allocation	0.4%	0.4%		0.4%	0.4%		

- 1 Increase in ring fence is £186,710 over 18/19
Increase in ring fence badged to;
*Increase in supervised consumption (approx 100 additional patients on supervised consumption in 18-19 compared to 17-18 and 33% increase in pharmacies claiming for supervised consumption)
*Increase in Hafan Wen contract by £40k
- 2 Significant increase in spend from 17/18 to 18/19 due to an additional 30% of pharmacies now claiming for supervised consumption
- 3 Uplift from 18/19 to 19/20 plan is due to re basing of pay budgets in line with A4C and Medical pay rates
- 4 New contract for Hafan Wen showing £40k increase

Strategy, Partnerships and
Population Health Committee

1.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Welsh Language Standards Update
Report Author:	Mrs Alaw Griffith, Welsh Language Standards Compliance Officer
Responsible Director:	Ms Teresa Owen, Executive Director of Public Health
Public or In Committee	Public
Purpose of Report:	To update the Committee on 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. The Welsh Language Standards are set out within the attached document.
Approval / Scrutiny Route Prior to Presentation:	No prior scrutiny at Committee level
Governance issues / risks:	Failure to deliver the Standards would lead to possible risk of legislative non-compliance.
Financial Implications:	The report does not generate any explicit financial implications. Any breach in Welsh language legislation carries a potential financial penalty of up to £5000. In view of the mitigating actions implemented to address the Standards, it is unlikely that the Health Board would be placed in this position. However, this should be noted for information.
Recommendation:	Members are asked to note the report and ongoing work in relation to delivery of the Welsh Language Standards.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental	√	1.Balancing short term need with long	√

health and well-being for all		term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
N/A			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Welsh Language Standards Update

1. Introduction

- 1.1 The Welsh Language Commissioner (the Commissioner) issued the Betsi Cadwaladr Health Board (BCUHB) with its Welsh Language Standards Compliance Notice on 30 November 2018.
- 1.2 This places a legislative requirement on the Health Board to comply with the Welsh Language (Wales) Measure 2011 through the form of Welsh Language Standards.
- 1.3 The legislation gives the Welsh language official status in Wales, with the Welsh language not being treated less favourably than the English language.
- 1.4 The Welsh Language Standards came into force for the Health Board on the 30th May 2019.

2. Application to challenge the Standards

Prior to the imposition date of the 30th May, all organisations were able to challenge the Standards that they still deemed to be unreasonable and disproportionate. Following consultation with services, the decision was made by the BCUHB Welsh Language Strategic Forum to challenge Standards 19, 24, 25, and 97. The details are as follows:

Standard 19:

When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls mad to A from then onwards in Welsh.

The Health Board challenged this Standard on the basis that at the time not all the organisation's systems and processes had the capacity to record patients' language choice. At least six different systems has been identified within the Health Board. There is no systematic function to allow for the transfer of information from one system to another. In addition, every member of staff does not have access to the patient administration systems, as access is dependent on the remit and requirements of their post.

A variation to the Standard was requested. The Welsh Language Commissioner did not agree to all of the variations but did agree to one element in addition to those previously agreed to following the first consultation. The wording of the Standard now is as follows:

Standard 19

When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh.

- *You must comply with standard 19 in every circumstance, except:*
 - *Where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter;*
 - *Where no Welsh speaking member of staff is available to provide a service on that specific subject matter; and*
 - *Where a one off telephone call is made to a patient in relation to booking or cancelling an appointment.*

The requirement under standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand"); The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh applies in relation to every call which involves the matter in hand.

Standard 24:

You must produce and publish a policy on how to establish whether an in-patient ("A") wishes to use the Welsh language during A's inpatient admission if A is unable to inform you that A wishes to use the Welsh language to communicate with you during an in-patient admission.

The Health Board challenged this Standard on the basis that a draft policy has been produced but aware that it had not been through the appropriate internal channels to be published by the imposition date. The Health Board requested an extension until February 2020. The Welsh Language Commissioner has agreed to the extension until February 2020.

Standard 25:

If you invite an individual ("A"), to a case conference which will be held 5 or more working days after the invitation is sent— (a) you must ask A whether A wishes to use the Welsh language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and (b) if A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.

The Health Board challenged this Standard on the basis that a large piece of work is still required in order to understand the full extent of the requirements within the organisation. Initial queries have taken place to understand the full scope of the Standard. Discussions will be arranged initially with Discharge Liaison Nurses across the three district hospital sites in north Wales, as it has been identified that they will be

affected by this Standard in terms of meetings held to discuss the discharge of patients from hospital with family and social services. These meetings would also need to be emulated within the Community Hospitals. The Health Board requested an extension until February 2020. The Welsh Language Commissioner has agreed to the extension until February 2020.

Standard 97:

You must provide opportunities for training in Welsh in the following areas, if you provide such training in English –

- (a) recruitment and interviewing;*
- (b) performance management;*
- (c) complaints and disciplinary procedures;*
- (ch) induction;*
- (d) dealing with the public; and*
- (dd) health and safety.*

You must comply with standard 97 by 30 May 2019 in every circumstance, except:

- *ch) induction;*
- *dd) health and safety*

You must comply with standard 97 in every circumstance by 30 November 2019

The Health Board challenged this Standard on the basis that all the work involved in translating the relevant materials will not be completed by the imposition date of the 30th May. The course documentation and power point slides, which are currently in the process of being translated, amount to 50,000 words in total. Of this, 10,000 words have already been translated, with 40,000 words remaining.

A translation schedule (designed to accommodate our current workload) has been developed to ensure all documentation will have been translated by November 2019. The Health Board requested an extension until November 2019 which has been agreed.

Update on Further challenges to the Standards

There are 10 Standards which come into force on the 30th November 2019. As with the other 111 Standards, we will follow the same consultation route to decide whether we require any further amendments or extensions. One Standard being considered for an extension is Standard 110 which states:

You must publish a plan for each 5 year period setting out:

- a) the extent to which you are able to offer to carry out a clinical consultation in Welsh;*
- b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;*
- c) a timetable for the actions that you have detailed in b)*

This Standard is currently being discussed on an all Wales basis with a One for Wales approach. Welsh Government are undertaking a piece of work to scope

the work of GP practices with that work in turn informing our policy for Standard 78.

3. Progressing the Welsh Language Standards

- 3.1 A central Welsh Language Standards Project Management Group (PMG) with structured Terms of Reference, Monitoring Controls and Risk Register, was established in October 2017 as an implementation forum to drive forward the delivery of the Standards, with membership consisting of representatives from key services from across the Health Board.
- 3.2 In the months leading up to 30th May, the Welsh Language Standards Compliance Officer attended many managerial and team meetings to talk about the Welsh Language Standards and their implications and to answer any specific queries. Examples of meetings attended include:
- Managed practices - East, Central and West
 - Office of Board Secretary Workshop
 - Local Partnership Forum
 - Office of the Medical Director
 - Workforce Team meeting
 - Cancer Division Management Team meeting
 - Admin Managers, YGC
 - Therapies Quality and Safety Group
 - Children's Senior Management team meeting
 - Patients' Experience Team meeting

Other meetings have been held to ensure implementation of the Standards that affect specific service areas. For example, extensive discussions have taken place with Informatics with regards to developments required to IT systems to ensure compliance, with the following actions being completed:

- A new roll out of the WPAS system allows staff to record patients' language preference
 - Information on staff's Welsh language skills is being pulled through and displayed on the new ward based electronic white boards
 - A small number of patients in the first instance are being asked what is their preferred language to receive text appointment reminders
- 3.3 An Internal communications campaign was also conducted, comprising of an 'Are you ready' poster that was emailed to staff at three weeks and two weeks prior to the 30th May. An email signature was also created with members of the Welsh Language Team and the Project Management Team adding it onto their email signature to ensure the widest possible circulation.
- 3.4 Following on from these meetings, dedicated Welsh Language Standards sub-groups have been established to focus on implementation of the Standards. Such groups have been set up within Area West, Secondary Care

Central, and a collaborative group between Secondary Care East and Area East.

4.	Monitoring and Reporting
-----------	---------------------------------

- 4.1 A self-assessment monitoring form was distributed in July for all service areas within the Health Board to complete in order to gain a baseline of current compliance with the Welsh Language Standards. A deadline of 13th September was given for submission. The forms will be discussed at the next Welsh Language Standards Project Management Group (PMG) meeting on the 3rd of October.
- 4.2 A compliance score and RAG status will be provided for every area of compliance. Non-compliance will be addressed with the relevant areas via the Welsh Language Standards PMG, with support from the Welsh Language Standards Compliance Officer. A report on the findings will then be provided to the Welsh Language Strategic Forum.
- 4.3 All service areas will be required to complete the monitoring form twice a year in order to demonstrate and evidence progress, with the information provided being utilised to inform the Health Board's Welsh Language Service Annual Report to the Welsh Language Commissioner.

This completion of the self-assessment monitoring form is intended as a continuous cycle of monitoring and evaluation. The planning undertaken prior to the Standards has been achieved with all systems in place with the focus now being on ensuring consistent implementation of the Standards across all areas within the Health Board.

5.	Recommendations
-----------	------------------------

Members are asked to:

- note the report and ongoing work in relation to delivery of the Welsh Language Standards.

COMPLIANCE NOTICE – SECTION 44 WELSH LANGUAGE (WALES) MEASURE 2011

Betsi Cadwaladr University Health Board – Issue Date: 30/11/2018

Standard Number	Class of Standard	Standard	Imposition Day
1	Service Delivery standards	If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.	30/05/2019
4	Service Delivery standards	When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version.	30/05/2019
5	Service Delivery standards	If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.	30/05/2019
6	Service Delivery standards	If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).	30/05/2019
7	Service Delivery standards	You must state - (a) in correspondence, and	30/05/2019

		(b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.	
8	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.	30/05/2019
9	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.	30/05/2019
10	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/05/2019
11	Service Delivery standards	When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language.	30/05/2019
12	Service Delivery standards	If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service.	30/05/2019
13	Service Delivery	When you publish your main telephone number, or any helpline	30/05/2019

	standards	numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.	
14	Service Delivery standards	If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.	30/05/2019
15	Service Delivery standards	Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.	30/05/2019
16	Service Delivery standards	When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.	30/05/2019
17	Service Delivery standards	If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/05/2019
18	Service Delivery standards	When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.	30/05/2019
19	Service Delivery	When you telephone an individual ("A") for the first time you must ask	30/05/2019

	standards	<p>A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh.</p> <p>You must comply with standard 19 in every circumstance, except:</p> <ul style="list-style-type: none"> ○ where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter; and ○ where no Welsh speaking member of staff is available to provide a service on that specific subject matter; and ○ where a one off telephone call is made to a patient in relation to booking or cancelling an appointment. <p>The requirement under standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand");</p> <p>The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh applies in relation to every call which involves the matter in hand.</p>	
20	Service Delivery standards	Any automated telephone systems that you have must provide the complete automated service in Welsh.	30/05/2019
21	Service Delivery standards	If you invite one person only ("P") to a meeting— (a) you must ask P whether P wishes to use the Welsh language at	30/05/2019

		<p>the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and</p> <p>(b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.</p>	
22	Service Delivery standards	If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting.	30/05/2019
22A	Service Delivery standards	If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019
22CH	Service Delivery standards	If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019
23	Service Delivery standards	You must ask an in-patient ("A") on the first day of A's in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.	30/05/2019
23A	Service Delivery standards	If the in-patient ("A") informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.	30/05/2019
24	Service Delivery	You must produce and publish a policy on how to establish whether	28/02/2020

	standards	an in-patient (“A”) wishes to use the Welsh language during A’s inpatient admission if A is unable to inform you that A wishes to use the Welsh language to communicate with you during an in-patient admission.	
25	Service Delivery standards	If you invite an individual (“A”), to a case conference which will be held 5 or more working days after the invitation is sent— (a) you must ask A whether A wishes to use the Welsh language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and (b) if A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.	28/02/2020
26	Service Delivery standards	If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.	30/05/2019
27	Service Delivery standards	When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.	30/05/2019
28	Service Delivery standards	If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must— (a) ask each person invited to speak whether he or she wishes to use the Welsh language, and (b) if that person (or at least one of those persons) has informed you	30/05/2019

		that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh to English for that purpose (unless you conduct the meeting in Welsh without a translation service).	
29	Service Delivery standards	If you arrange a meeting that is open to the public and at which public participation is allowed, you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh— (a) that they are welcome to use the Welsh language, and (b) that a simultaneous translation service is available.	30/05/2019
30	Service Delivery standards	If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.	30/05/2019
31	Service Delivery standards	If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).	30/05/2019
32	Service Delivery standards	If you organise a public event, or fund at least 50% of a public event, you must ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in relation to services offered to persons attending the event, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).	30/05/2019
33	Service Delivery standards	Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.	30/05/2019

34	Service Delivery standards	Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language version of the material less favourably than the English language version.	30/05/2019
36	Service Delivery standards	If you produce a form that is to be completed by an individual, you must produce it in Welsh.	30/05/2019
37	Service Delivery standards	If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh- (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.	30/05/2019
38	Service Delivery standards	If you produce a document or a form in Welsh and in English you must— (a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not); (b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and (c) ensure that the English language version clearly states that the document or form is also available in Welsh.	30/05/2019
39	Service Delivery standards	You must ensure that— (a) the text of each page of your website is available in Welsh, (b) every Welsh language page on your website is fully functional, and	30/05/2019

		(c) the Welsh language is not treated less favourably than the English language on your website.	
42	Service Delivery standards	If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.	30/05/2019
43	Service Delivery standards	You must provide the interface and menus on every page of your website in Welsh.	30/05/2019
44	Service Delivery standards	All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.	30/05/2019
45	Service Delivery standards	<p>When you use social media you must not treat the Welsh language less favourably than the English language.</p> <p>You must comply with standard 45 in the following circumstances:</p> <ul style="list-style-type: none"> ○ when using social media on your corporate and departmental accounts. 	30/05/2019
46	Service Delivery standards	If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).	30/05/2019
47	Service Delivery standards	<p>When you—</p> <p>(a) erect a new sign or renew a sign (including temporary signs); or</p> <p>(b) publish or display a notice;</p> <p>any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the</p>	30/05/2019

		Welsh language text less favourably than the English language text.	
48	Service Delivery standards	When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	30/05/2019
49	Service Delivery standards	You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.	30/05/2019
50	Service Delivery standards	Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.	30/05/2019
52	Service Delivery standards	You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.	30/05/2019
53	Service Delivery standards	You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.	30/05/2019
54	Service Delivery standards	Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.	30/05/2019
55	Service Delivery standards	When you invite applications for a grant, you must— (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and (b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst	30/05/2019

		other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).	
56	Service Delivery standards	When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.	30/05/2019
57	Service Delivery standards	Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.	30/05/2019
58	Service Delivery standards	When you publish invitations to tender for a contract, you must— (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).	30/05/2019
59	Service Delivery standards	When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.	30/05/2019
60	Service Delivery standards	You must promote any Welsh language service that you provide, and advertise that service in Welsh.	30/05/2019
61	Service Delivery standards	If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.	30/05/2019
62	Service Delivery standards	When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English	30/05/2019

		language.	
63	Service Delivery standards	If you offer an education course to one or more individuals, you must— (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.	30/11/2019
64	Service Delivery standards	When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	30/05/2019
65	Service Delivery standards	When you know that a primary care provider is willing to provide a primary care service or part of a primary care service through the medium of Welsh, you must designate and maintain a page on your website (in Welsh) containing that information.	30/05/2019
66	Service Delivery standards	You must— (a) provide an English to Welsh translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs or notices displayed in connection with its primary care service, and (b) encourage the use of the translation service provided by you in accordance with this standard.	30/05/2019
67	Service Delivery standards	You must— (a) make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh, and (b) promote to a primary care provider the wearing of the badge.	30/05/2019
68	Service Delivery standards	You must provide training courses, information or hold events so that a primary care provider can develop—	30/05/2019

		<p>(a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and</p> <p>(b) an understanding of how the Welsh language can be used in the workplace.</p>	
69	Policy Making standards	<p>When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on—</p> <p>(a) opportunities for persons to use the Welsh language, and</p> <p>(b) treating the Welsh language no less favourably than the English language.</p>	30/05/2019
70	Policy Making standards	<p>When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on—</p> <p>(a) opportunities for persons to use the Welsh language, and</p> <p>(b) treating the Welsh language no less favourably than the English language.</p>	30/05/2019
71	Policy Making standards	<p>When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on—</p> <p>(a) opportunities for persons to use the Welsh language, and</p> <p>(b) treating the Welsh language no less favourably than the English language.</p>	30/05/2019
72	Policy Making standards	<p>When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under</p>	30/05/2019

		consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	
73	Policy Making standards	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30/05/2019
74	Policy Making standards	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
75	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
76	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the	30/05/2019

		<p>research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on—</p> <p>(a) opportunities for persons to use the Welsh language, and</p> <p>(b) treating the Welsh language no less favourably than the English language.</p>	
77	Policy Making standards	<p>When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on—</p> <p>(a) opportunities for persons to use the Welsh language, and</p> <p>(b) treating the Welsh language no less favourably than the English language</p>	30/05/2019
78	Policy Making standards	<p>You must publish a policy on providing a primary care service which requires you to take the following into account when you make decisions in relation to providing a primary care service—</p> <p>(a) what effects, if any (and whether positive or negative), the decision would have on—</p> <p>(i) opportunities for persons to use the Welsh language, and</p> <p>(ii) treating the Welsh language no less favourably than the English language;</p> <p>(b) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on—</p> <p>(i) opportunities for persons to use the Welsh language, and</p> <p>(ii) treating the Welsh language no less favourably than the English language; and</p> <p>(c) how the decision could be taken or implemented so that it would</p>	30/11/2019

		not have adverse effects, or so that it would have decreased adverse effects on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.	
78A	Policy Making standards	On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must — (a) assess to what extent you have complied with the policy; and (b) publish that assessment on your website within 6 months of the end of the period.	30/11/2019
79	Operational standards	You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.	30/05/2019
80	Operational standards	When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.	30/11/2019
81	Operational standards	You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh - (a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives; (ch) any documents that outline or record A's career plan; (d) any forms that record and authorise annual leave; (dd) any forms that record and authorise absences from work;	30/11/2019

		<p>(e) any forms that record and authorise flexible working hours.</p> <p>You must comply with standard 81 in every circumstance by 30 November 2019, except:</p> <ul style="list-style-type: none"> ○ when the activity is carried out through the use of the Electronic Staff Record (ESR). <p>You must comply with standard 81 in every circumstance by 30 November 2020.</p>	
82	Operational standards	<p>If you publish any of the following, you must publish it in Welsh -</p> <ul style="list-style-type: none"> (a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to working conditions; (e) a policy relating to work patterns. 	30/05/2019
83	Operational standards	<p>You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may -</p> <ul style="list-style-type: none"> (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; <p>and you must also inform each member of staff of that right.</p>	30/05/2019
84	Operational standards	<p>If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must -</p> <ul style="list-style-type: none"> (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and 	30/05/2019

		(b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh or, if necessary, with the assistance of a simultaneous or consecutive translation service from Welsh to English.	
85	Operational standards	When you inform a member of staff (A) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A - (a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.	30/05/2019
86	Operational standards	You must - (a) allow and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.	30/05/2019
87	Operational standards	If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30/05/2019

88	Operational standards	<p>When you inform a member of staff ("A") of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A -</p> <ul style="list-style-type: none"> (a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure. 	30/05/2019
89	Operational standards	You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).	30/05/2019
90	Operational standards	<p>You must ensure that -</p> <ul style="list-style-type: none"> (a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and (c) the Welsh language is treated no less favourably than the English language on your intranet. <p>You must comply with standard 90 in relation to the staff app.</p>	30/05/2019
93	Operational standards	<p>If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.</p> <p>You must comply with standard 93 in relation to the staff app.</p>	30/05/2019
94	Operational standards	You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.	30/05/2019

		You must comply with standard 94 in relation to the staff app.	
95	Operational standards	<p>You must provide the interface and menus on your intranet pages in Welsh.</p> <p>You must comply with standard 95 in relation to the staff app.</p>	30/05/2019
96	Operational standards	You must assess the Welsh language skills of your employees.	30/05/2019
97	Operational standards	<p>You must provide opportunities for training in Welsh in the following areas, if you provide such training in English -</p> <ul style="list-style-type: none"> (a) recruitment and interviewing; (b) performance management; (c) complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; and (dd) health and safety. 	30/11/2019
98	Operational standards	<p>You must provide opportunities for training in Welsh on using Welsh effectively in -</p> <ul style="list-style-type: none"> (a) meetings; (b) interviews; and (c) complaints and disciplinary procedures. 	30/05/2019
99	Operational standards	<p>You must provide opportunities during working hours -</p> <ul style="list-style-type: none"> (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers. 	30/05/2019
100	Operational standards	You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.	30/05/2019
101	Operational standards	You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.	30/05/2019

102	Operational standards	<p>You must provide training courses so that your employees can develop -</p> <ul style="list-style-type: none"> (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace. 	30/05/2019
103	Operational standards	When you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.	30/05/2019
104	Operational standards	<p>You must provide -</p> <ul style="list-style-type: none"> (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages. 	30/05/2019
105	Operational standards	<p>You must -</p> <ul style="list-style-type: none"> (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff. 	30/05/2019
106	Operational standards	<p>When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply -</p> <ul style="list-style-type: none"> (a) Welsh language skills are essential; 	30/05/2019

		(b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	
106A	Operational standards	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh	30/11/2019
107	Operational standards	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.	30/05/2019
107A	Operational standards	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.	30/11/2019
107B	Operational standards	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	30/05/2019
108	Operational standards	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other	30/05/2019

		method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.	
109	Operational standards	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.	30/05/2019
110	Operational standards	You must publish a plan for each 5 year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b).	30/11/2019
110A	Operational standards	Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must - (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.	30/11/2019
111	Operational standards	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs),or (b) publish or display a notice in your workplace; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	30/05/2019
112	Operational standards	When you - (a) erect a new sign or renew a sign in your workplace (including	30/05/2019

		temporary signs); or (b) publish or display a notice in your workplace; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	
113	Operational standards	You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.	30/05/2019
114	Operational standards	When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	30/05/2019
115	Record keeping standards	You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.	30/05/2019
116	Record keeping standards	You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.	30/05/2019
117	Record keeping standards	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30/05/2019

118	Standards which deal with Supplementary Matters	You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.	30/05/2019
119	Standards which deal with Supplementary Matters	You must— (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and (b) publish a document that records that procedure on your website.	30/05/2019
120	Standards which deal with Supplementary Matters	(1) You must produce a report (an “annual report”), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year. (2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to)— (a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115); (b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116); (c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where— (i) Welsh language skills were essential; (ii) Welsh language skills needed to be learnt when appointed to the	30/05/2019

		<p>post;</p> <p>(iii) Welsh language skills were desirable; or</p> <p>(iv) Welsh language skills were not necessary.</p> <p>(3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates.</p> <p>(4) You must ensure that a current copy of your annual report is available on your website.</p>	
121	Standards which deal with Supplementary Matters	You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are under a duty to comply.	30/05/2019

Meri Huws

Meri Huws
Welsh Language Commissioner

Date: 30/11/2018 (Varied on 20/08/2019)

Strategy, Partnerships and Population Health Committee

1.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

*To improve health and provide
excellent care*

Report Title:	Strategic Equality and Human Rights Plan 2020-2024
Report Author:	Sally Thomas, Head of Equality and Human Rights
Responsible Director:	Sue Green, Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	<p>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. 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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Objective 4: We will prioritise action to advance gender equality in North Wales.</p> <p>Objective 5: We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.</p> <p>Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.</p> <p>Objective 7: We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.</p> <p>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.</p>

Approval / Scrutiny Route Prior to Presentation:	The draft SEP has been subject to scrutiny by the Equality and Human Rights Strategic Forum in August 2019.
Governance issues / risks:	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.
Financial Implications:	
Recommendation:	The Committee is asked to approve the SEP in draft for a period of public consultation. The final draft will return to SPPH Committee in December for agreement prior to submission to Board.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment An Equality Impact Assessment has informed the development of the draft SEP.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Strategic Equality Plan 2020-2024



Contents

	Page
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

Foreword

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

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

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.

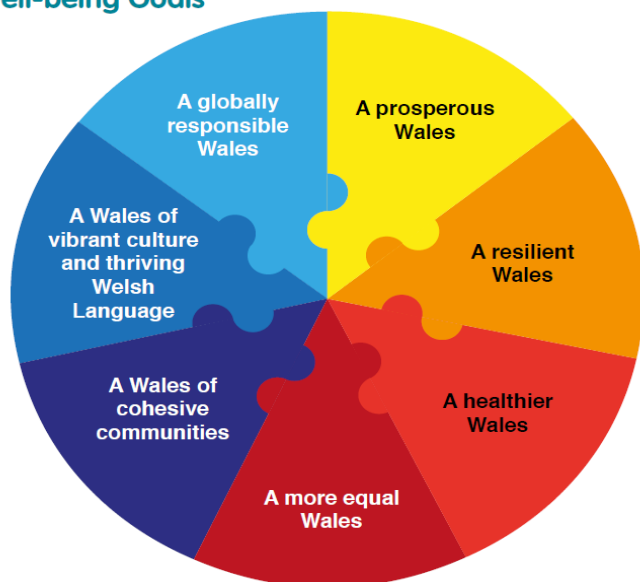
The Three Year Outlook

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

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

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

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

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)

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 equality impact assessment 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

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

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

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

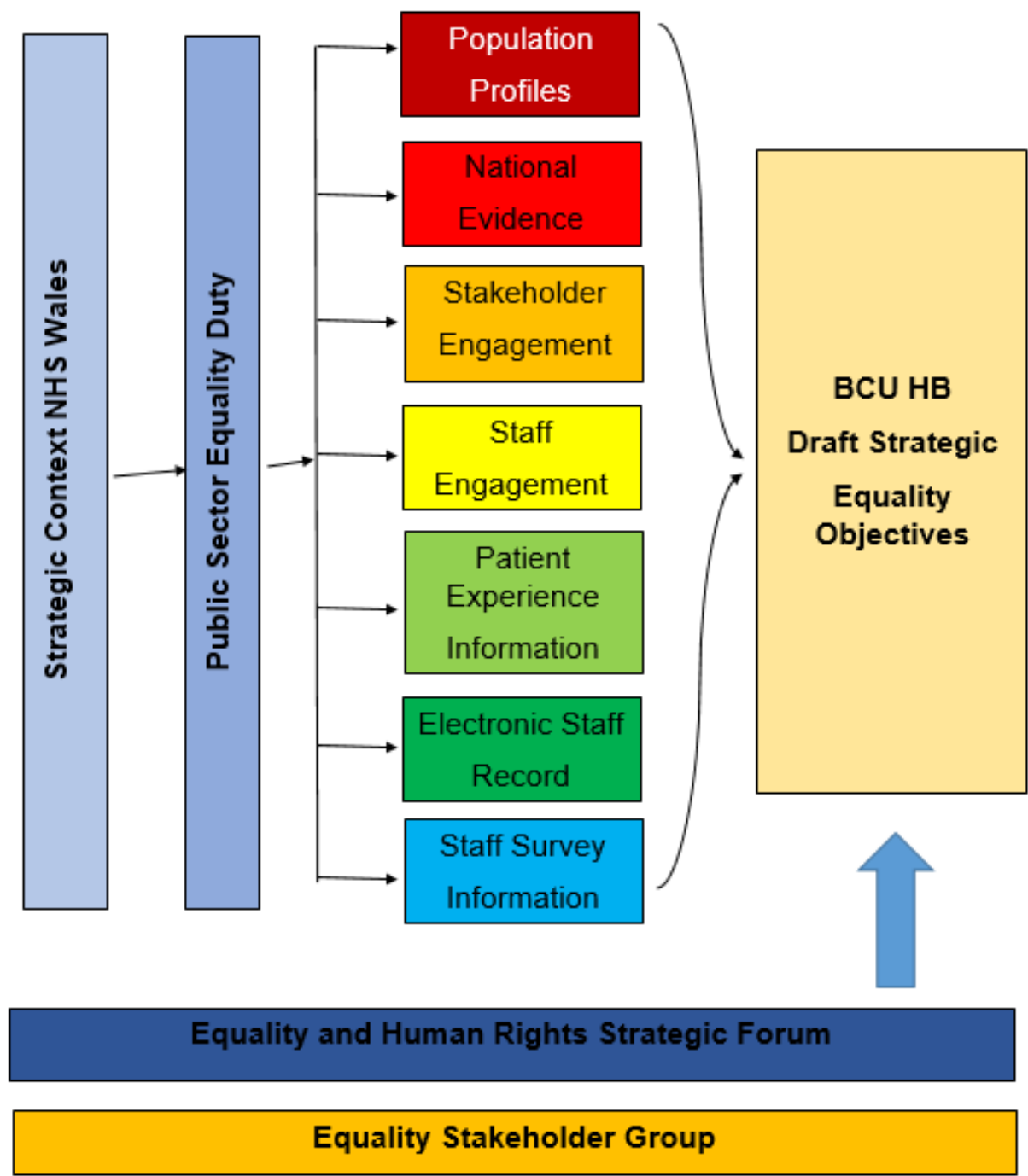
Telephone: 01248 384776

Appendix 1

OUR VISION			
<ul style="list-style-type: none">We will improve the health of the population, with particular focus upon the most vulnerable in our societyWe 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 organisationsWe will develop our workforce so that it has the right skills and operates in a research-rich environment			
Health Improvement, Health Inequalities	Care Closer to Home	Excellent Hospital Care	
Healthy lifestyles Smoking, healthy weight, alcohol Protection and prevention Oral health, Making Every Contact Count, screening Resilient communities, tackling inequalities 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	Secondary prevention and early intervention Stroke, diabetes, orthopaedics Children and young people Health & Social Care working together in local communities Community Resource Teams and clusters Primary and community mental health model Access to care in an emergency Developing the unscheduled care hub, 111 service, community resource team Crisis support – children, mental health	Sustainable planned care Orthopaedics, ophthalmology, gastroenterology Acute medical and surgical care Inpatient care & rehabilitation - mental health needs Access and waiting times Unscheduled care Emergency Department access & patient flow <i>Help me get home</i> – integrated health and social care Early supported discharge (stroke)	Specialist & complex care 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	Estates and infrastructure 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	

Appendix 2

Developing Equality Objectives at Betsi Cadwaladr Health Board



Appendix 3

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>Long-term Aim - Elimination of inequality and poverty.</p> <p>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:</p>	<p>Lead Exec</p>	<p>Improvement Group</p>	<p>Cross Ref to IMTP/Improvement Plan Actions</p>
<p>EHRC Priority Domain: Living Standards</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 & Performance Executive Director Primary & Community Services Executive Director Public Health</p>	<p>Care Closer to Home Improvement Group</p>	<p>Year 1 2020/21</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>Health Improvement Reducing Inequalities Group</p>	<p>Year 1 2020/21</p>
<p>3. Creating career pathways that span organisational boundaries and</p>	<p>Executive Director Workforce & 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	Health Improvement Reducing Inequalities Group	Year 1 2020/21
5. Taking action to support staff living with poverty.	Executive Director Workforce & OD	Workforce IG	Year 1 2020/21

<p>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.</p> <p>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:</p>	Lead Exec	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
EHRC Priority Domain: Health			
1. Strengthening the equality and human rights infrastructure, working to embed equality and human rights requirements, including equality impact assessment, within systems, plans, and processes to	Executive Director Workforce & OD	Workforce IG	Year 1 2020/21

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	Portfolio Management Group	Year 1 2020/21
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	Estates IG	Year 1 2020/21
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	Health Improvement Reducing Inequalities Group Care Closer to Home IG	Year 1 2020/21
5. Scoping opportunities to strengthen the collection, monitoring and analysis of data on health outcomes and use of health services disaggregated by protected characteristic and vulnerable groups.	Executive Medical Director	Digital IG	

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. 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:	Lead Exec	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
EHRC Priority Domain: Health			
1. Promoting a human rights based approach and embedding the UN Convention on the Rights of Disabled People (UNCRPD) into healthcare strategy and delivery.	Executive Director Nursing & Midwifery	Care Closer to Home IG Together for Mental Health IG 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	Year 1 2020/21
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	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	Year 1 2020/21
5. Increasing access to healthcare for Gypsies, Roma and Travellers and targeting the health & well-being needs of homeless & vulnerable groups of all ages across North Wales. Working with partners to influence the wider key determinants of health.	Executive Director Primary & Community Services	Care Closer to Home IG Health Improvement Reducing Inequalities Group	Year 1 2020/21

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	Care Closer to Home IG Health Improvement Reducing Inequalities Group	Year 1 2020/21
7. Increasing access to healthcare and improving the accessibility and quality of translation services available to people with sensory loss.	Executive Director Nursing & Midwifery	Care Closer to Home IG Together for Mental Health IG Planned care / Unscheduled Care IG	Year 1 2020/21
8. Increasing 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	Care Closer to Home IG	Year 1 2020/21
10. Increasing the numbers of people with learning difficulties taking up their right to an annual health check.	Director Mental Health & Learning Disabilities	Together for Mental Health IG	Year 1 2020/21

11. Implementing the North Wales Suicide and Self-Harm Prevention Strategic Plan.	Director Mental Health & Learning Disabilities	Together for Mental Health IG	Year 1 2020/21
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	Together for Mental Health IG	Year 1 2020/21
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	The Children and Young People Transformation Group on behalf of the NWRPB	Year 1 2020/21
14. Progressing action to close the health inequalities between disabled children and non-disabled children.	Executive Director Primary & Community Services	The Children and Young People Transformation Group on behalf of the NWRPB	Year 1 2020/21
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	

<p>Long-term Aim - Wales is a world leader for gender equality.</p> <p>BCUHB Equality Objective 4: We will prioritise action to advance gender equality in North Wales, by:</p>	<p>Lead Exec</p>	<p>Improvement Group</p>	<p>Cross Ref to IMTP/Improvement Plan Actions</p>
<p>EHRC Priority Domain: Health and Work</p>			
<p>1. 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'.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>
<p>2. Publishing our gender pay gap and implementing the Health Boards Gender Pay Gap Improvement Plan.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>
<p>3. Establishing a Women's Network and support mechanism.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>
<p>4. Improving awareness of, and access to work life balance opportunities.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>
<p>5. Taking action to support pregnant staff, those returning to work following maternity leave and new parents.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>

<p>Long-term Aim - Elimination of identity-based abuse, harassment, hate-crime and bullying.</p> <p>BCUHB Equality Objective 5: We will prioritise action to address personal security for people sharing different protected characteristics in North Wales, by:</p>	<p>Lead Exec</p>	<p>Improvement Group</p>	<p>Cross Ref to IMTP/Improvement Plan Actions</p>
<p>EHRC Priority Domain : Justice and Personal Security</p>			
<p>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+s and BAME.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>
<p>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.</p>	<p>Executive Director Workforce & OD</p>	<p>Workforce IG</p>	<p>Year 1 2020/21</p>
<p>3. Implementing the Health Boards violence against women, domestic abuse and sexual violence policy (VAWDASV) including the extent to</p>	<p>Executive Director Nursing & Midwifery</p>	<p>Quality IG</p>	

which services are meeting the different needs of people sharing different protected characteristics.			
4. Implementing the National Training Framework on violence against women, domestic abuse and sexual violence.	Executive Director Nursing & Midwifery	Quality IG	Year 1 2020/21
5. Promoting the Health Boards Dignity at Work Policy, identifying and taking action to address unfair treatment, bullying and harassment in the workplace including sexual harassment.	Executive Director Workforce & OD	Workforce IG	Year 1 2020/21

Long-term Aim – A Wales of cohesive communities that are resilient, fair and equal. BCUHB Equality Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales by:	Lead Exec	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
EHRC Priority Domain : Participation			
1. Implementing the Health Boards Engagement Strategy, maintaining ongoing engagement with individuals and groups sharing different protected characteristics.	Executive Director Workforce & OD	Workforce IG	Year 1 2020/21

2. Building equality and human rights into staff engagement programmes.	Executive Director Workforce & OD	Workforce IG	Year 1 2020/21
3. Establishing additional Staff Networks and support for disabled staff and BAME staff.	Executive Director Workforce & OD	Workforce IG	Year 1 2020/21

<p>Long-term Aim - Everyone in Wales is able to participate in political and everyday life.</p> <p>BCUHB Equality Objective 7: We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales, by:</p>	Lead Exec	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
EHRC Priority Domain: Participation			
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	Workforce IG	Year 1 2020/21

<p>Long-term Aim - The Welsh public sector leads the way as exemplar inclusive and diverse employers.</p> <p>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:</p>	Lead Exec	Improvement Group	Cross Ref to IMTP/Improvement Plan Actions
EHRC Priority Domain: Work			
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	Workforce IG	Year 1 2020/21

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

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 for 2019/20					
Underpinning Cluster / Service Delivery Plans					



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

PARTS A (Screening – Forms 1-4) and
B (Key Findings and Actions – Form 5)

<u>For:</u>	Equality and Human Rights Strategic Plan For Betsi Cadwaladr University Health Board 2020 -2024
<u>Date form completed:</u>	25 th August 2019



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

PARTS A: SCREENING and B:

KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "...all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or a disability as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- ✓ *How does your policy / proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?*
- ✓ *What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce / remove these?*
- ✓ *What barriers, if any, do people who share protected characteristics face as a result of your policy / proposal? Can these barriers be reduced or removed?*
- ✓ *Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.*
- ✓ *How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?*

Part A

Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Equality and Human Rights Strategic Plan For Betsi Cadwaladr University Health Board 2020-2024
2.	Provide a brief description, including the aims and objectives of what you are assessing.	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 (SEP). The Plan builds upon the progress of our previous SEPs published in 2012 and 2016. It provides a framework to continue to make progress on advancing equality, and is based on the human rights principles of fairness, respect, equality, dignity and autonomy (FREDA).
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Sue Green, Executive Director of Workforce & Organisational Development
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	<p>The SEP is aligned to the Health Boards plan for the future Living Healthier Staying well - Working in Partnership to Improve Health and Deliver Excellent Care across North Wales, and in particular the principle that we will promote equality and human rights in everything we do. The Workforce and Organisational Development Strategy 2019-22 and the 3 year Outlook 2019 – 22. It is related to a range of service policy areas and workforce including:</p> <ul style="list-style-type: none"> • WP8: Equality, Diversity & Human Rights Policy • WP7: Procedure for Equality Impact Assessment • WP5b: All Wales Dignity at Work Policy • WP27: Guidelines on the Fair Treatment of Disabled People at Work in BCUHB • WP42: Guidance on dealing with hate incidents and crimes against BCUHB employees • WP43: Guidelines to Support Transgender Staff in BCUHB

Part A

Form 1: Preparation

5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	BCUHB stakeholders, including patients, carers and our staff. Engagement is ongoing.
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc.?	The SEP must be aligned with core business and delivered via corporate planning, improvement and performance management processes to ensure success.
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	Implementation of this Plan will promote and advance equality and reduce inequality or disadvantage.

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. (*Please refer to the [Step by Step guidance](#) for more information*) It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? i.e. Will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Age (e.g. think about different age groups)	√√		√√		Evidence includes: North Wales population assessment and regional plan 2018- 2023 Making Wales the best place in the world to grow older: Commissioner's Strategy 2019-22 (OPCW 2018) Welsh Government Declaration of Rights for Older People in Wales (2014) Dignified Care? (OPCW 2011) 2011 Census Older People in Wales: Key Stats (Age Cymru 2014) Healthy Aging Evidence Review (Age UK 2014) Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017)	N/a
Disability (think about different types of impairment and health	√√		√√		Evidence includes: North Wales population assessment and regional plan 2018- 2023 Disability report: Being Disabled in Britain (EHRC 2017) Hidden In Plain Sight (EHRC 2011) Death By Indifference (MENCAP 2007)	N/a

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

conditions:- i.e. physical, mental health, sensory loss, Cancer, HIV)				Equal Treatment, Closing the Gap (Disability Rights Commission 2005) 2011 Census All Wales Standards for Accessible Communication and Information for People with Sensory Loss (WG 2013) Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017)	
Gender Reassignment (sometimes referred to as 'Gender Identity' or transgender)	√√		√√	Evidence includes: Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017) Preventing and tackling LGB and T hate crime (EHRC 2017) LGBT in Britain - Trans Report (Stonewall 2019)	N/a
Pregnancy and maternity	√√		√√	Evidence includes: EHRC Inquiry into Pregnancy & Maternity Discrimination in the Workplace (2015) Is Wales Fairer? (EHRC 2018)	N/a
Race (include different ethnic minorities, Gypsies and Travellers) Consider how refugees and asylum-seekers	√√		√√	Evidence includes: Healing a divided Britain: the need for a comprehensive race equality strategy (EHRC 2016) 2011 Census Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017) Travelling to Better Health (RCGP/Welsh Government 2015) Gypsies and Travellers: simple solutions for living together (EHRC)	N/a

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

may be affected.					Minority Ethnic Elders Advocacy Report (NWREN 2015) Nation of Sanctuary Refugee and Asylum Seeker Plan (WG 2019) North Wales population assessment and regional plan 2018 - 2023	
Religion, belief and non-belief	√√		√√		Evidence includes: 2011 Census Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017) Religion or belief: is the law working?(EHRC 2016)	N/a
Sex (men and women)	√√		√√		Evidence includes: North Wales population assessment and regional plan 2018 -2023 2011 Census Equality, Local Government and Communities Committee Is the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 working? (EHRC 2016) Working Patterns in Wales, Gender, Occupations and Pay (WAVE 2014) Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017) Rapid Review of Gender Equality (Chwarae Teg, 2018)	N/a
Sexual orientation (Lesbian, Gay and Bisexual)	√√		√√		Evidence includes: LGBT in Britain Home and Communities (Stonewall 2018) Double Stigma (Stonewall Cymru 2009) Gay In Britain (Stonewall 2013) Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017) Unhealthy Attitudes (Stonewall 2015)	N/a

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Marriage and civil Partnership (Marital status)	√√		√√		Evidence includes: Is Wales Fairer? (EHRC 2018) Public Health Wales County Equality Profiles (2017)	N/a
Low-income households	√√		√√		Evidence includes: Prosperity for All: The National Strategy (Welsh Government 2017) Is Wales Fairer? (EHRC 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). Public Health Wales County Equality Profiles (2017)	N/a

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166>

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2* *Right to life*
- *Article 3* *Prohibition of inhuman or degrading treatment*
- *Article 5* *Right to liberty and security*
- *Article 8* *Right to respect for family & private life*
- *Article 9* *Freedom of thought, conscience & religion*

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
√√		√√		<ul style="list-style-type: none"> • <i>Article 2</i> • <i>Article 3</i> • <i>Article 5</i> • <i>Article 8</i> • <i>Article 9</i> 	Evidence includes: Human Rights Inquiry (EHRC 2009) Is Wales Fairer? (EHRC 2018) Review of the Evidence of Inequality in Wales (Welsh Government, 2019)	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

					Well-being of Wales 2017-18 (Welsh Government, 2018)	
--	--	--	--	--	--	--

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language	√√		√√		The SEP is complimentary to the Welsh Language Strategy	
Treating the Welsh language no less favourably than the English language	√√		√√		Opportunities for people to engage in the development of the plan were available in both languages. The Plan will be published in both Welsh and English and bilingual easy read versions.	

Part A Form 4: Record of Engagement and Consultation

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

<p>What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.</p>	<p>Evidence has been gathered from</p> <ul style="list-style-type: none"> • Service user experience information, • Feedback from patient satisfaction surveys and concerns • Qualitative information from public engagement and focus groups • Workforce monitoring information • Incident reporting <p>Extensive engagement has taken place to inform the development of this plan, this has included direct engagement with people with, or who are representative of, protected characteristic groups. Engagement with a range of internal and external stakeholders, including close working with the Health Boards Equality Stakeholder Group, trade union representatives, the BCUHB Stakeholder Reference Group, Health Professionals Forum and with Management Teams and Staff. The feedback received has been considered and informed the developing plan and objectives.</p>
<p>Have any themes emerged? Describe them here.</p>	<p>Many themes emerged from the engagement activity and included:</p> <ul style="list-style-type: none"> • older people, • people on the autistic spectrum • disabled people • LGBT+ people • people living in poverty
<p>If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?</p>	<p>The themes have been reflected in the development of the plan and objectives.</p>

Part A Form 4: Record of Engagement and Consultation

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Part B Form 5: Summary of Key Findings and Actions

1. What has been assessed? (Copy from Form 1)	Equality and Human Rights Strategic Plan For Betsi Cadwaladr University Health Board 2020-2024
---	--

2. Brief Aims and Objectives: (Copy from Form 1)	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 (SEP). The Plan builds upon the progress of our previous SEPs published in 2012 and 2016. It provides a framework to continue to make progress on advancing equality, and is based on the human rights principles of fairness, respect, equality, dignity and autonomy (FREDA).
---	--

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?			
4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	<p>The Strategic Equality & Human Rights Plan is designed to enable BCUHB to meet the requirements of the General and Specific Equality duties in eliminating unlawful discrimination, harassment and victimisation, advancing equality of opportunity, and fostering good relations.</p> <p>Implementation of the SEP and achievement of the strategic equality objectives will challenge inequality and disadvantage for a range of people across North Wales, and optimise opportunities to advance equality.</p> <p>No adverse impacts were identified for any of the protected characteristics.</p>		
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Record Details:		
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	How is it being monitored?	<p>Scrutiny is provided by the Equality & Human Rights Strategic Forum (E&HRSF) and the Equality Stakeholder Group. The action plan describes how we will implement the objectives aligned to planning and performance management processes. Twice-yearly reports against the Advancing Equality Delivery Framework Measure are compiled and submitted to Welsh Government and an Annual Equality Report is published.</p>	

Part B Form 5: Summary of Key Findings and Actions

or proposal?	Who is responsible?	Sue Green, Executive Director of Workforce & Organisational Development and Executive Lead for Equality.
	What information is being used?	A range of existing quantitative and qualitative information.
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	In 4 years' time alongside the review and revision of the next SEP.

7. Where will your policy or proposal be forwarded for approval?	SPPH (Oct 2019) for approval for formal consultation, then again in Dec 2019 for approval of final draft to go to Board.
--	--

8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity	Name	Title/Role
	Sally Thomas	Head of Equality and Human Rights
	Mike Townson	Senior Equalities Manager
	Georgia Davies	Equality Officer

Part B Form 5: Summary of Key Findings and Actions

Senior sign off prior to committee approval:	Peter Bohan	Associate Director Of Health, Safety & Equality
Please Note: The Action Plan below forms an integral part of this Outcome Report		


Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/a		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	None		

Part B Form 5: Summary of Key Findings and Actions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	N/a		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/a		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	The SEP will be published on the BCUHB internet site and widely circulated following final approval. Implementation will be driven via planning, improvement and performance management processes.	Equality & Inclusion Manager	Publish by 31 st March 2020. Circulation during April and May 2020

Strategy, Partnerships and Population Health Committee	 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
1.10.19	To improve health and provide excellent care	

Report Title:	Flintshire and Wrexham Public Service Boards
Report Author:	Rob Smith Area Director (East)
Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Public or In Committee	Public
Purpose of Report:	<p>The report is intended to update members of the committee on developments and being plan</p> <p>Information in respect of PSB meetings may be accessed via the websites below:</p> <p>Wrexham web link – https://www.wrexhampsb.org/</p> <p>Flintshire web link - http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Flintshire-Public-Services-Board.aspx</p>
Approval / Scrutiny Route Prior to Presentation:	Approved by Executive Director
Governance issues / risks:	None
Financial Implications:	None.
Recommendation:	The Committee is asked to note the update and current progress made by the Flintshire and Wrexham PSBs

Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people –	✓	4.Putting resources into preventing problems	✓

individuals, families, carers, communities - to achieve their own well-being		occurring or getting worse	
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

- Leadership and governance
- Strategic and service planning

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

Equality 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.

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see <http://howis.wales.nhs.uk/sitesplus/861/page/47193>)

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Flintshire and Wrexham Public Services Boards (PSB)

1. Purpose of the Report

The report is intended to update members of the committee on developments and implementation plans of the East Area PSBs - Flintshire and Wrexham and their implications for the Health Board.

2. Introduction and Context

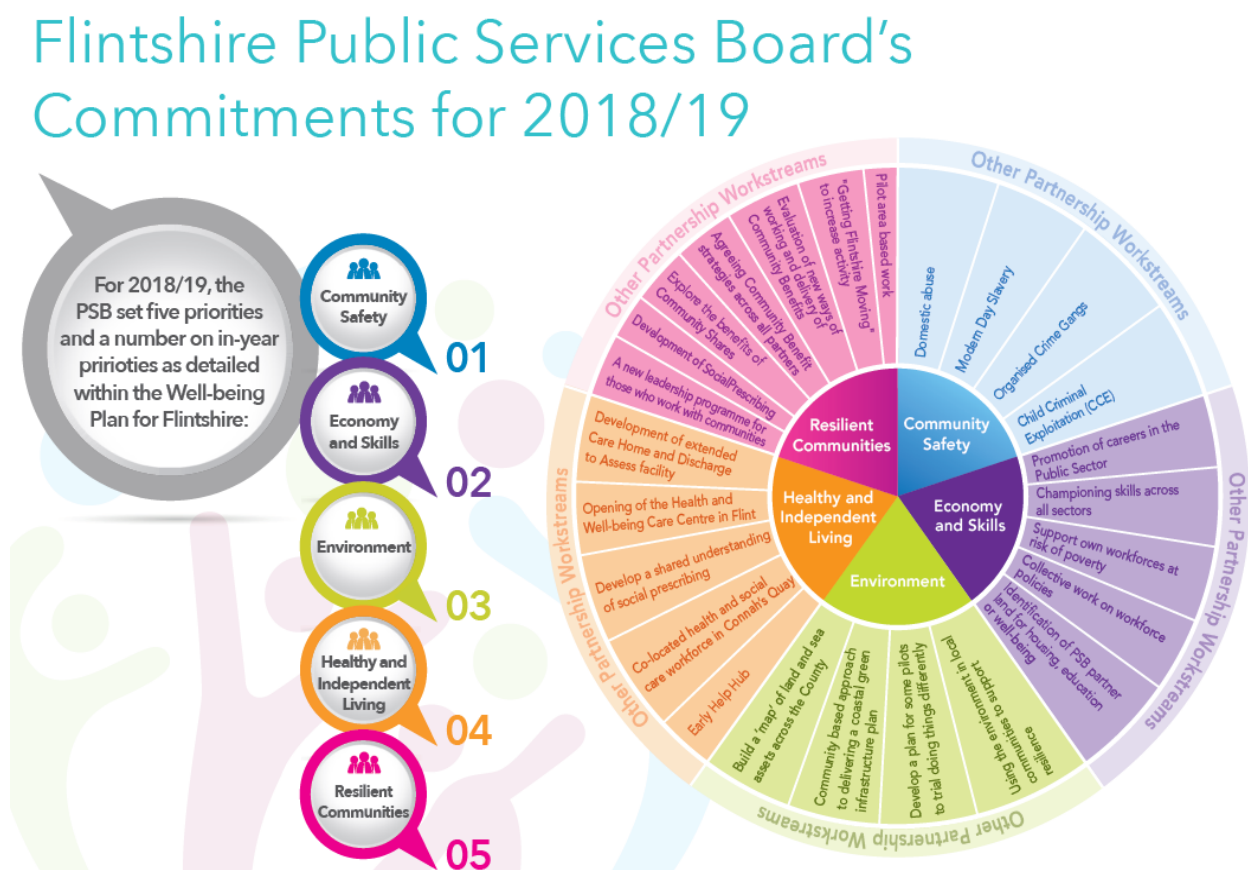
This report follows a similar update for the July meeting. Since July, there has been one further meeting of each PSB and there is limited further information to update.

The context and background were set out in the July meeting

3. Well Being Plans

Flintshire

The Flintshire Wellbeing Plan identified five priorities and a number of in year priorities for each priority. The following diagram illustrates the Flintshire Wellbeing plan priorities:



In the July meeting, the Flintshire PSB considered the potential value of adding digital transformation to the priorities. The meeting concluded that Digital Transformation was integral to all areas of improvement and therefore would be a theme running through each priority.

Wrexham

Within the overall Wrexham Wellbeing plan identified 15 Objectives set out in the table below:

Wrexham Public Service Board (PSB)

Our 15 Objectives



1. All people have opportunities to learn and develop throughout their lives

- Achievement levels for children and young people are improved.
- Appropriate support is available to enable people to access learning opportunities.

8. There is a range of things for people to do in their spare time

- All people can access a range of social, cultural, sporting and leisure activities.
- People make use of the countryside, parks and woodlands.

2. Children and young people are given a healthy start in life¹

- Children and young people have positive mental health and access to services and / or support when they need it.
- Parents and children and young people are able to make healthy choices.

9. The economy in rural areas is well supported and can thrive

- The agricultural sector is adaptable, diverse and resilient.
- Rural areas are better connected by good transport links.

3. People can live healthily, happily and independently in their old age

- People with dementia (and their families) are well supported
- People have appropriate housing and care options which meet their individual needs.

10. All people have access to good quality, appropriate homes throughout their lives

- There is an appropriate mix of sustainable homes to meet everyone's needs.
- People can access support and / or services when they need to

4. People have positive mental health

- People are able to maintain their own mental health.
- People can access support and / or services when they need to.

11. People can travel easily around the county and beyond

- People can access a range of sustainable and community based transport options.
- There is reliable, affordable and regular public transport.

5. People are able to make healthy choices

- People eat and drink healthily and take part in physical activity.
- People understand how to access appropriate support and / or services when they need to.

12. The Welsh language is thriving

- There are opportunities for people to learn and speak Welsh.
- People are proud of Wrexham's Welsh language and culture.

6. Our town is vibrant and welcoming

- There is a mixed economy of residential, retail, cultural and leisure in our town.
- Our town is attractive, and people feel safe.

13. Tourism supports the local economy

- There is a range of attractions and activities which people want to visit.
- The tourism sector is sustainable and ambitious.

7. There are good employment opportunities in Wrexham

- Supporting entrepreneurship and encouraging businesses to set up and grow in the county borough.
- People have skills and experiences which meet the requirements of employers.

14. The county borough is a safe place to live

- We look after those who are most vulnerable.
- People feel safe and there are low levels of crime.

15. Our communities are prepared for the future

- Communities are resilient and adaptable to changes such as population, climate, and the economy.
- Individuals take initiative and responsibility for themselves and recognise their role in the lives of others.

¹ By 'children' we mean from conception to age 10. By 'young people' we mean those aged 11 to 25.

The Wrexham PSB then decided to focus on the themes that featured most prominently in the consultation process. The priorities for the initial phase are therefore

- To ensure that Children and young people are given a healthy start
- To ensure all people have the opportunity to learn and develop through life

The initial phase of the PSB coincided with the publication of Healthier Wales, which cited PSBs as having a role within the overall delivery of Healthier Wales (see below). As a result, the following priority has been added as an initial priority:

- To ensure people can live healthily, happily and independently in old age

In the July meeting of the PSB it was decided to add Community Resilience to the priorities. The initial plan for Community Resilience is attached for information in appendix 1.

4. Relationship with Healthier Wales

The Healthier Wales programme creates a requirement for local agencies to work together to provide seamless health and social care. The Health Board has identified this work as a priority within the Living Healthier, Staying Well strategy (including the Care Closer to Home Strategy)

There is therefore a high degree of cross over between the delivery of Care Closer to Home and the health and wellbeing elements of the PSB delivery plans. This convergence of priorities ensures that the local organisations are fully engaged in the PSB delivery and ensuring that health and wellbeing of local residents can be improved.

A North East Wales strategy group oversees the joint work across the Health Board and both PSBs on the implementation of Healthier Wales. This group reports into the two PSBs on the Health & Wellbeing elements of the Wellbeing plans and aims to ensure consistent improvements to services across North East Wales.

The East Area Community Transformation Programme is making good progress and is on track with Regional Partnership Board and Care Closer to Home deadlines. Further detail can be provided within the verbal update to this group if required.

5. Developing System Leadership

Both East Area PSBs are being supported by Glyndwr University in the development of a system Leadership programme.

A copy of the presentation to the July Flintshire PSB is attached for information in appendix 2.

6. Recommendations

The Committee is asked to note the update and current progress made by the Flintshire and Wrexham Public Service Board.

Civic Mission and beyond Flintshire PSB 17th July 2019



Civic Engagement Strategy

And our civic mission...

- What is Civic Mission?
- Our civic engagement strategy
- What projects are evolving and work to date
- The Civic University and the challenges
- Our role collectively-
working in new spaces/ civic society



What is Civic Mission ?

“Engaging in learning beyond the campus walls, discovery which is useful beyond the academic community, and service that directly benefits the public.”

Mutually beneficial engagement that promotes and embeds partnerships *with* the community, industry and government, in co-production of knowledge, because complex problems require collaborative solutions

Our Civic Mission

To become a civic university that is **transformative, responsive and demand led**

Work in **partnership** in the region on the shared ambition to support the growth and resilience of people and communities.

Key focus on collaboration :

- Leading of place
- Active Citizenship
- Support Schools and young people
- Innovation and Social Capital
- Enable, Engage and develop the civic mission



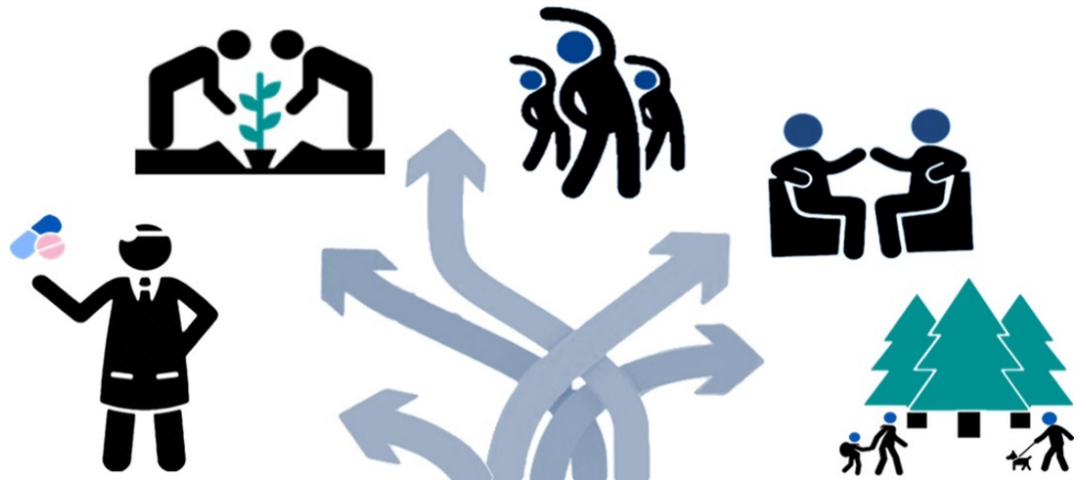
Our Civic Engagement Strategy



'Made in North Wales' Social Prescribing

Approach

- Model of referral linking individuals to sources of non-clinical, local community-based support
- Volunteering, arts activities, outdoor and sports, social activities



So Far

- Key priority- WISPR- bid
- New model working across region
- Conference – Minister – profile
- Community of Practice- Oct 18, Mar & July
- Social Prescribing Certificate- co created- FGA Education

Outcomes

- Effective use of clinical and community resources
- Long term service delivery change – catalyst
- Long term population change
- Develop more evidence and test and evolve an approach improve patient outcomes

Co created Public Service Leadership

Approach

- Responsive and demand led/ innovative built by public, private and third sector
- Systems leadership and cross sector working/ 5 ways of working
- Growing inequalities

So Far

- Stakeholder/ co created programme
- Leadership and learning conference/ significant and key partnership
- Funding from regional PSB- FCC
- Programme MA start – Sept 2019
- Academi Wales/ bespoke approach
- Only programme of its kind in Wales

programme



Outcomes

- Centre for Civic leadership 2025/PSB
- Bespoke short course delivery across region
- Alumni to shape and drive change
- Sustainable programme and short courses



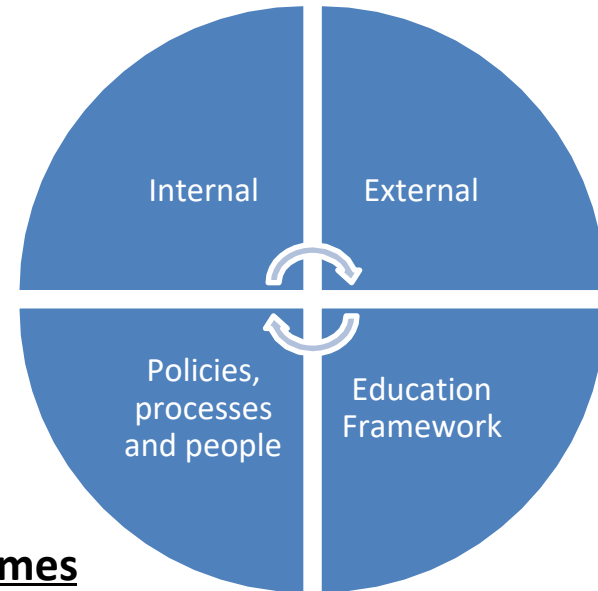
Third Sector/ Volunteering and HE

Approach

- Raise the profile of volunteering
- Pilot an approach to volunteering with the PSB's projects in Wrexham and Flintshire
- Develop an education approach that supports and upskills

So Far

- Model approach/ team developed
- Partnership agreed
- AVOW and FLVC both signed MoU
- Key priority in Wrexham and Flintshire Public Service Board
- Project Management in Third Sector- Level 4 – partnership



Outcomes

- 5 ways of well being
- Long term civic mission/ leadership across the region
- Expand skills and opportunity to give back
- Uses resources and time effectively to support key projects

Other projects

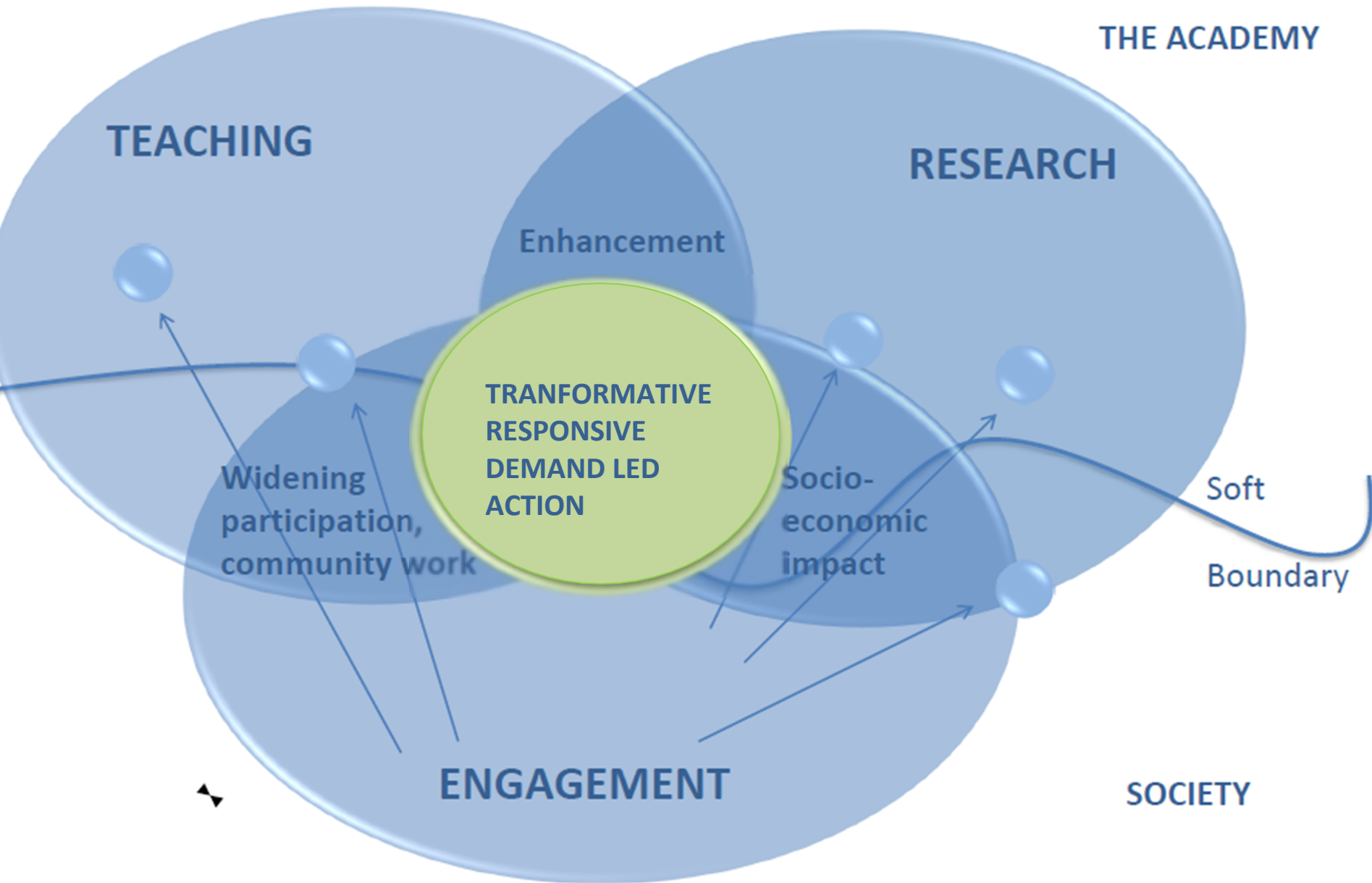
- Sports North Wales- partnership
- 2025 Health inequalities- international chapter- civic society
- RCE – Regional Centre of Expertise – all wales/ UN University
- ACE's project- Building Resilience – North Wales Police
- Arts Health and well being concordat – funding, education, celebration etc
- VNR UN Chaired the North Wales stakeholder group - long term engagement



Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme



The Civic University



Civic Society

- Opportunities? Our ambition.....to
- Work differently in new space
- How can Universities collaborate in new space?
 - Project delivery/ new funding models
 - Support regional PSB's connect/ critical friend and evidence
 - Co create education that is needed
 - Support communities/ mental health

Wrexham PSB

Community Resilience

Report prepared by John Gallanders AVOW September 2019

Background:

Wrexham PSB has now been running for over 3 years with the three key themes of:

1. All people have opportunities to learn and develop throughout their lives

- Achievement levels for children and young people are improved.
- Appropriate support is available to enable people to access learning opportunities.

2. Children and young people are given a healthy start in life:

- Children and young people have positive mental health and access to services and / or support when they need it.
- Parents and children and young people can make healthy choices.

3. Good Health

Within the PSB Wellbeing Plan for Wrexham there were 15 issues identified with the three partnership groups taking the above three themes.

<https://wrexhampsb.org/wp-content/uploads/2018/05/Wrexham-PSB-Well-Being-plan-March-2018.pdf>

More recently the Community Safety Partnership runs parallel to the PSB structure.

For 2019/20 a new themed approach is being proposed for consideration by the PSB around Community Resilience – this is identified in the Wellbeing Plan as: -

15. Our communities are prepared for the future-

- Communities are resilient and adaptable to changes such as population, climate, and the economy.
- Individuals take initiative and responsibility for themselves and recognise their role in the lives of others.

There are a number of the other 'priorities' within the Wellbeing Plan that could be linked to the theme of resilience- sustainable travel, free time.

Context:

Resilience is something that affects all citizens-

- on an individual level – personal resilience
- on a community level- whole community response

Individual-

PSB members have an integral role to play in both elements at an individual and broader community level. This can range from the support that is given to the work force for PSB members. This could potentially be more than 20,000 people locally – if the level of direct contact included volunteers engaged in PSB members and broader community another 20k+ could be added giving a total of nearly 30% of the population across the County Borough – with this level of direct population contact extrapolated out to include family members and message on resilience could be fed out in a proactive way through all PSB direct links. The next extension level would be to those people that receive services from the whole membership of the PSB.

The value of the input of volunteers into the work areas of all PSB members is immeasurable with many millions of hours a year- operationally many members would find it increasingly difficult to operate without their input as they have in numerous cases become part of the establishment. Volunteers in Sport contribute more than 1 million hours a year in the County Borough.

Police Cadets, Fire Cadets and retained, Red Cross/St Johns/ICAN, Students Unions, River Wardens, Museums, School Governors – the list is endless and crucially new opportunities being created almost weekly.

Community-

Community resilience is often seen to be how people and communities come together to deal with what are often seen to be community disrupters or unforeseen circumstances. Key community disrupters could be events that are linked to the environment/climate e.g. flooding and snow.

Issues such as these can be positive in the way that people within communities will come together to support each other- being able to develop resilient communities and individuals is something we need to be looking at being normal and not requires such instances to occur.

Depending on the type of incident PSB members will have very different roles to play both in terms of operational input and the timing of their engagement.

We cannot overlook the potential impact that Brexit will have with a potential for an increase in homelessness as some people will no longer have recourse to public funds, social/civil unrest, reverse migration, medication etc. There are so many implications with a knock-on effect across all our communities.

All Public bodies will have looked at these issues possibly created risk registers, but have we looked at the interlocking elements that could be put in place to be proactive and not reactive.

Individual resilience:

There are many definitions of what personal resilience means and what the impact may be-

“**Personal resilience** is the ability to cope with extreme stress-provoking events without experiencing any **personal** stress signs or symptoms. **Resilience** training can help build **personal resilience** to withstand such events without developing stress-related problems.” <http://www.mas.org.uk/management-advisory-service/managing-resilience.html>

“Resilience is a capacity which helps people and organisations respond well to challenge, setback and even crisis. It describes the ability to ‘bounce back’, to recover and respond with commitment and optimism.”

Existing resilience work in Wrexham.

Community-

There are various systems and processes in place to deal with the big emergencies through our Blue Light and Council colleagues as first responders- we are however probably not fully aware of pathways to respond with third tier community support as part of recovery stages.

Flintshire Council have recently undertaken a preparedness exercise that involved many partners as part of developing their response protocols etc.

Certain parts of the County Borough are geared up to potential floods now with the introduction of volunteers Flood Wardens and response systems were incidents may have occurred and a more preventative approach to readiness has been developed.

Glyndwr are leading on a piece of work around Mental Health resilience.

Do PSB members know of any other work on the topic.

Way forward:

Currently there is probably not a clear common understanding about what we mean by Resilience for both community and individuals. Respective partner may have several protocol definitions that are relevant specifically to their service area.

If the PSB is to progress around this topic there is a need to scope out in more detail what we are defining and what then do we want to do to make changes – if it is identified that there is a collective benefit to progress this work stream or whether the topic area is best left to each partner to cover in their own way.

At the PSB meeting we can run a short session to identify definitions and potential joint working to address the topic to determine if we will give any priority over the next 12 months.

September is National Preparedness Month

http://www.30days30waysuk.org.uk/?fbclid=IwAR1fINKukF1pyNZoPeTTWkhUwTXR0JaiJWZc1SkOy5c_8YiZ-MwjnmlVrbQ

This link has a considerable number of resources for individuals and organisations to raise awareness and address the issues of community resilience and what this means to an individual.

“When people talk about emergencies you may think of recent tragic events such as attacks on London and Manchester, recent storms and flooding, earthquakes, tsunami or other global disasters. “What if we told you that being prepared is not just for those headline grabbing incidents? Power cuts, water main bursts, gas leaks, fires, transport strikes, road closures etc. can happen any day in any community. Taking proactive steps to be better prepared will help you not only with everyday emergencies but also with far less likely incidents.”

Questions to PSB members:

1. Does your organisation have set plans and protocols for resilience work?
2. Does your organisation help support personal resilience within the workforce?
3. What if anything are you doing in other counties around the issues?
4. Is there a need for a whole PSB/Community risk assessment to deal with Brexit?

Recommended actions:

1. AVOW to lead an open space workshop to identify with the broader community what they would issues they identify and what support if any they want from PSB organisations.
2. Learn from the work currently being led by Glyndwr on resilience of people with Mental Health issues with a view to other cohorts being identified for further development.
3. Plan a ‘serious incident’ to test our respective ability to deal with large scale crisis within our community.

Background Information:

North Wales Resilience Forum

<https://www.facebook.com/pages/category/Government-Organization/North-Wales-Resilience-Forum-399258650148510/>

Wales Resilience Forum

<https://gov.wales/wales-resilience/what-we-do>

Intergenerational Community Resilience

<https://businesswales.gov.wales/walesruralnetwork/local-action-groups-and-projects/projects/intergenerational-community-resilience-project>

WCVA Developing more resilient communities


<https://www.wcva.org.uk/about-us/news/2017/09/developing-more-resilient-communities-in-wales>

Building Resilient Communities:

<http://gov.wales/docs/dsjlg/publications/150701-tackling-poverty-action-plan-2015-en.pdf>

Children and Young people Resilience- potential link to our Health Start Board

<https://www.boingboing.org.uk/developing-resilience-play-september-2019-hastings-resilience-forum/>

Strategy, Partnerships and Population Health Committee	 GIG Cymru NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
1.10.19	To improve health and provide excellent care	

Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Public or In Committee	Public
Purpose of Report:	To report in public session that the following items were considered at a workshop of the Strategy, Partnerships and Population Health Committee held in private session on 3.9.19 <ul style="list-style-type: none"> • Services Strategy
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	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.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓

5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<ul style="list-style-type: none"> • Leadership and governance • Strategic and service planning 			
Equality Impact Assessment			
Not applicable for a paper of this nature			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Strategy, Partnerships and
Population Health Committee

1.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Key Themes for Delivery for Winter 2019/20: a National Approach
Responsible Director:	Dr Chris Stockport, Executive Director of Primary and Community Care Deborah Carter, Associate Director for Quality Assurance
Public or In Committee	Public
Purpose of Report:	To note the report for information
Approval / Scrutiny Route Prior to Presentation:	<p>A review of delivery over Winter 2018/19 has been undertaken by Welsh Government officials. Themes have been identified by leaders for local organisations to deliver over the remainder of 19/20, with a particular focus for winter 19/20. These themes are:</p> <ol style="list-style-type: none"> 1. Optimising cross sector working to support resilience; 2. Urgent primary care / OOH resilience; 3. Preventing unnecessary conveyance to ED and admission to hospital; 4. Discharge to assess / recover; 5. Community step down capacity; 6. An enhanced focus on the respiratory pathway; and 7. An enhanced focus on the frailty pathway.
Governance issues / risks:	All completed winter operational tool / templates should be signed off by Health Board executive boards, Regional Partnership Boards and relevant clinical leads from the community and acute sector.
Financial Implications:	<p>The Minister for Health and Social Services has agreed to directly allocate £2.126m to BC UHB for the purposes of supporting improved delivery of urgent and emergency care services over the remainder of 19/20.</p> <p>Regional Partnership Boards will also receive an allocation to support urgent and emergency care delivery across the whole system. The totality of the funding should be used to deliver integrated winter delivery plans and the key themes set out in guidance sent to LHBs, WAST and LAs</p>
Recommendation:	To note the contents and actions / timescales to deliver plans.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Unscheduled care operational performance			
Equality Impact Assessment			
All plans will be subject to EQIA.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Dirprwy Brif Weithredwr Dros Dro, GIG Cymru

Health and Social Services Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

Local Health Boards and WAST:

Chief Executives
Chief Operating Officers
Directors of Primary, Community and Mental Health

Local Authorities:

Directors of Social Services

August 2019

Dear Colleague,

Key themes for delivery for winter 2019/20: a national approach

While system-wide pressures on health and social care services are a year-round experience, winter presents a very particular set of challenges and you will be aware that both the Minister and the Deputy Minister for Health and Social Services consider preparedness for the winter period to be a priority.

A review of delivery over winter 2018/19 has been undertaken by Welsh Government officials and a final report is enclosed. This should immediately be considered by your teams to inform local and regional planning for winter 2019/20.

A number of themes have been identified by leaders from across the system for local organisations to deliver over the remainder of 2019/20, with a particular focus on winter. Delivery of these actions should enable immediate improvement and strengthen resilience for the winter period:

- Optimising cross organisational and sector working
- Urgent primary care out of hours resilience
- Preventing unnecessary conveyance and admission to hospital
- Discharge to assess/ recover (D2AR)
- Community step down capacity
- An enhanced focus on the respiratory pathway
- An enhanced focus on the frailty pathway

The following winter delivery guidance, co-produced with Directors of Primary, Community and Mental Health, national clinical leaders and through the national programme for unscheduled care, is enclosed:

1. *A winter 2019/20 themes outline framework* - which describes expected action; and
2. *A winter 2019/20 operational template* - which should be used to describe current status and future plans to deliver the required action.



BUDDSODDWYR | INVESTORS
MEWN POBL | IN PEOPLE

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 0300 025 5582
Simon.Dean2@gov.wales

Gwefan • website: www.wales.gov.uk

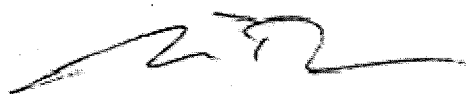
A winter delivery tool, which will support local teams to track progress against agreed measures, will be shared with you by the end of September.

Final winter operational templates should be submitted to the Welsh Government (Jamie.wardrop@gov.wales) by no later than 23 October 2019. Feedback will be provided throughout this process, and a second round of 'winter summit' meetings will be held in October and November - to discuss your plans.

Please contact Aled.brown@wales.gov.uk should you require advice or support on developing local plans via the national programme for unscheduled care or strategic programme for primary care. Monthly national calls with relevant members of your teams to appraise progress against each of the winter themes will be established shortly.

It is essential that winter plans are developed and delivered in partnership across the system as a whole. They should be focused on integrated working and must lead to improved delivery of urgent and emergency care services for the remainder of 2019/20.

Yours sincerely



Simon Dean
Deputy Chief Executive NHS Wales



Albert Heaney
Director of Integration and Social Services

Cc:

Andrew Goodall - Chief Executive NHS Wales
Stephen HARRY - Director, National Programme for Unscheduled Care
Sue Morgan - Director, Strategic Programme for Primary Care
Andrew Sallows - Delivery Programme Director, Health and Social Services Group, Welsh Government
Dr Frank Atherton - Chief Medical Officer, Welsh Government
Professor Jean White CBE - Chief Nursing Officer, Welsh Government
Dr Chris Jones - Deputy Chief Medical Officer, Welsh Government