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CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

BCUHB DRAFT CLINICAL SERVICES STRATEGY ENGAGEMENT DOCUMENT

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FOREWORD

Despite the many challenges, we have all faced over the past two years of the pandemic, innovation and collaboration has flourished across the NHS including here in north Wales. As we move forwards, we have an opportunity to build on the excellent foundations this work has provided, to do things differently and to improve the services we provide for the population we serve.

Clinical services are those involving contact with a health care professional, this could be in a hospital or community setting including at home. We are developing a BCUHB Clinical Services Strategy, which will detail our future direction and strategic intentions for clinical services in north Wales. It will allow us to share with our patients, staff, partners and the wider community our vision for the future of clinical care in north Wales and to describe the culture, practices and processes we will apply to manage and develop our services.

The Strategy will set out the principles, which will guide our decisions around large-scale strategic service change and will inform our clinical service priorities. We will detail these priorities in a Clinical Services Plan, which will feed into the development of our 2023/26 Integrated Medium Term Plan (IMTP).

We have developed this draft engagement document to share our work so far and to test our current thinking. We want you to be involved in the development of this important document, which will guide the way we plan our services in the future. We value your views and look forward to receiving your comments and suggestions to help us shape the final version of the Strategy, which we plan to finalise and submit to our Board for approval in July this year.

SECTION 1: INTRODUCTION

1.1 Why do we need a Clinical Services Strategy?

The Covid 19 pandemic fundamentally changed how we lived our lives and significantly constrained our ability to provide health and care services to the population we serve. Status quo is not an option, as we look towards the future, it is important that we have a clear understanding of the challenges we face and have robust plans in place to address them. We must ensure that we have the right culture, infrastructure and processes to make the most of the opportunities available to us as we seek to transform our services and provide excellent care for the people of north Wales.

Our Clinical Services Strategy will give us a framework to help shape the future direction and agree our strategic intentions for clinical services in north Wales and will provide a 'blue print' for large-scale service redesign.

1.2 Our Clinical Vision

The fundamental purpose of the Clinical Services Strategy is to deliver our Clinical Vision and strategic ambition for health care in north Wales.

We have developed a draft vision for clinical services informed by engagement on our long-term strategy, 'Living Healthier, Staying Well' (LHSW) and our initial clinical engagement sessions, as below:

- To create a healthier north Wales, with opportunities for everyone to realise their full potential so that over time the people of north Wales should experience a better quality and length of life.
- To commission and provide excellent person centred care, provided in the right place at the right time, with a focus on improving outcomes and user experience and, wherever possible, bringing care closer to home.
- To empower our staff to transform and innovate and to be an organisation where the pursuit of continuous improvement is the norm.
- To work with our partners to maximise value from the resources we have available to support health and well-being in north Wales.

1.3 What will success look like?

Ultimately, our Clinical Services Strategy will be successful if it helps us to ensure the clinical, financial and operational sustainability of the services we provide and commission, and improves the health and well-being of our population.

Specific evidence of success will include:

- Quantifiable evidence that we are meeting the health needs of our population as demonstrated by:

- *A reduction in the burden of disease*
- *Ongoing improvement in reported health, quality of life and well-being measures and outcomes*
- *A reduction in health inequalities in terms of improved access, experience and outcomes for all.*

- Individuals reporting positive outcomes and experiences of our clinical services.
- Our staff will be empowered to deliver clinical services that are exemplars of prudent value-based health care with outcomes that are comparable to, if not better than, our peers.
- All our clinical services are safe, sustainable and high quality and provided in line with the National Quality and Safety Framework.
- We will be an employer of choice with a reduced reliance on temporary and agency staff.
- We will be at the vanguard of healthcare provision with others seeking to learn from our consistent achievements.

1.4 What will be different?

The Clinical Services Strategy will help us make better and more informed choices about the way we provide our services. We want this to include:

- Holistic person centred care, which takes account of the individual's mental, physical health and well-being needs. This must recognise the opportunity to provide support for well-being at work, in schools and across a range of points of contact for people and their families.
- Authentic involvement and empowerment of service users in the co-design of services.
- Transformation of clinical services through end-to-end pathway redesign, with the starting point being keeping people well.
- An improved approach to self-management that empowers and supports individuals, their families and carers to live with long-term conditions. This will be based on increased access of appropriate information to inform decision making, recognising the crucial importance of resources in the Welsh language
- Partnership working leading to new models of clinical care, improved service user outcomes and experience.
- Seamless transition between hospital care and care provided in the primary and community setting and vice versa.
- Greater vertical and horizontal integration of health and care services realised through our plans for three integrated Health Communities that will work in partnership with other health and care organisation alongside effective regional Health Board wide planning.
- Promoting access to care at home or in the community to help reduce unnecessary acute hospital attendances.
- Greater separation of planned and unplanned hospital care to minimise the number of elective operations cancelled.

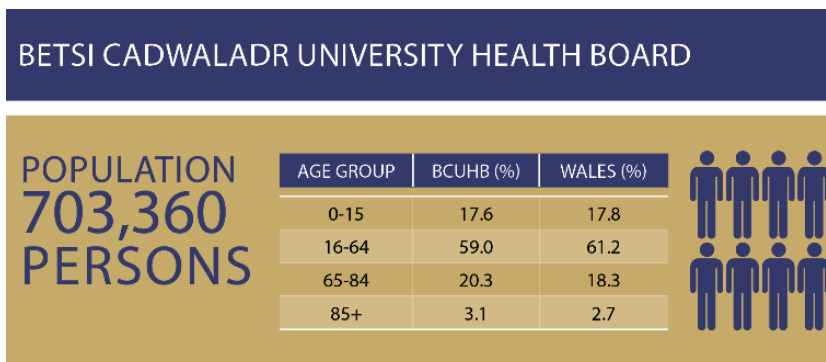
- Seeking out ‘Once for north Wales’ opportunities, for example, a single point of access to Health Board services and a single waiting list management system.
- Reduced waiting times with timely access to the right care provided in the right place.
- Reduced lengths of stay facilitated by an increase in Prehabilitation and Reablement services.
- Increased, timely and accessible diagnostic services provided outside the hospital setting wherever possible.
- Providing as much health care within north Wales as possible.
- Maximising the use of digital technology, including Artificial Intelligence (AI), and addressing barriers that may prevent certain groups from benefitting from developments in this field to help individuals better manage their health conditions.
- A vibrant and thriving health care service, which actively encourages and supports clinical service research and innovation.
- Building on the best national and international examples of effective healthcare provision to bring new ways of providing care to north Wales.

“The strategy should be a pathway focus of interventions and models of patient access...”

Response to engagement on Living Healthier, Staying Well, autumn 2021

SECTION 2: STRATEGIC CONTEXT AND THE CASE FOR CHANGE

2.1 Our population



North Wales is the largest geographical region in Wales with approximately half the area officially classified as rural. The more densely populated areas in the region are along an urban strip, which broadly follows the northern coast/A55 and English border. Our diverse geography creates a complex mix of care needs and circumstances that differ significantly between the communities we serve. BCUHB spans six Local Authority areas – Ynys Mon, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

A significant proportion of our residents use healthcare services and support outside of the area. This is particularly the case in the rural south Meirionnydd area, where provision of healthcare and support is often from Bronglais Hospital, and there are close links with the Mid Wales area. We work in collaboration with other partners through the Mid Wales Joint Committee to address the needs of this population. Around a third of the population of Flintshire access healthcare services through the Countess of Chester Hospital, and some of our residents in the south of the region link with Shrewsbury and Telford Hospitals NHS Trust.

Another important consideration for future service redesign is the significant numbers of Welsh speakers across the region with the greatest percentage of Welsh-speakers in the West. Use of language of choice in healthcare services can be a quality and safety issue, with evidence supporting this for specific services, such as speech and language therapy, but also in urgent or crisis situations, and for example for people with mental health needs.

OLDER PEOPLE

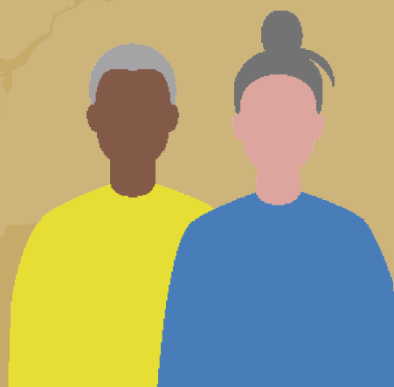
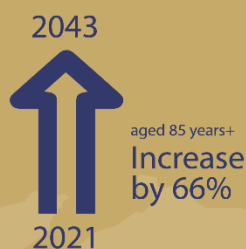
North Wales has an ageing population. The percentage of the population aged 85 years and over is expected to increase by 66% between 2021 and 2043.

Around 10% of people aged over 65 live with frailty, rising to between 25% and 50% for those aged over 85. Frailty is characterised by issues such as reduced muscle strength and fatigue and describes an individual's overall resilience.

Falling is a key concern for older people and a major contributing factor to their social isolation. There were 1,009 hip fracture admissions in BCUHB in 2020.

Flu immunisation uptake in 65 year olds and over is 78% in BCUHB and 77% across Wales.

Older people are vulnerable to experiencing mental health problems. Depression and dementia are the most common problems. Around 11,600 people aged 65 and over in BCUHB with dementia, this number is predicted to increase to around 18,700 by 2040.



CHRONIC CONDITIONS

Percentage of patients registered with a North Wales GP surgery as having a chronic condition.

	BCUHB (%)	WALES (%)
Hypertension	16.9	15.9
Diabetes mellitus (patients aged 17+)	7.8	7.8
Asthma	7.6	7.4
Cancer	3.7	3.3
COPD	2.7	2.4
Atrial fibrillation	2.6	2.4
Stroke & transient ischaemic attack	2.2	2.2
Heart failure	1.1	1.1

Patients with chronic conditions are recorded by GPs on registers as part of the Quality Assurance and Improvement Framework (QAIF). Limitations of the data include variation in practice coding and recording of data.

We know that the size and composition of our population is changing. The most recent north Wales Population Needs Assessment (PNA) published in 2022 ([see, North Wales PNA 2022](#)) forecasts an overall increase in the resident population of North Wales by the year 2040. Whilst the overall increase is likely to be relatively small the numbers of older people, particularly in the group aged 85 years and above are likely to increase significantly. This is important because we know that older people are more likely to be living with one or more complex health issues such as diabetes or heart disease. Our clinical services need to be responsive to this by taking a holistic view of the needs of each individual so that we can support people to manage these conditions better and help them to live their lives to the full.

INEQUALITIES

BCUHB has some of the most deprived areas in Wales.

Almost a quarter of children and young people under the age of 20 years live in poverty in Wales. Across BCUHB this ranges from 18% in Gwynedd to 25% in Denbighshire. Rhyl West 2 is the most deprived area in Wales, followed by Rhyl West 1.

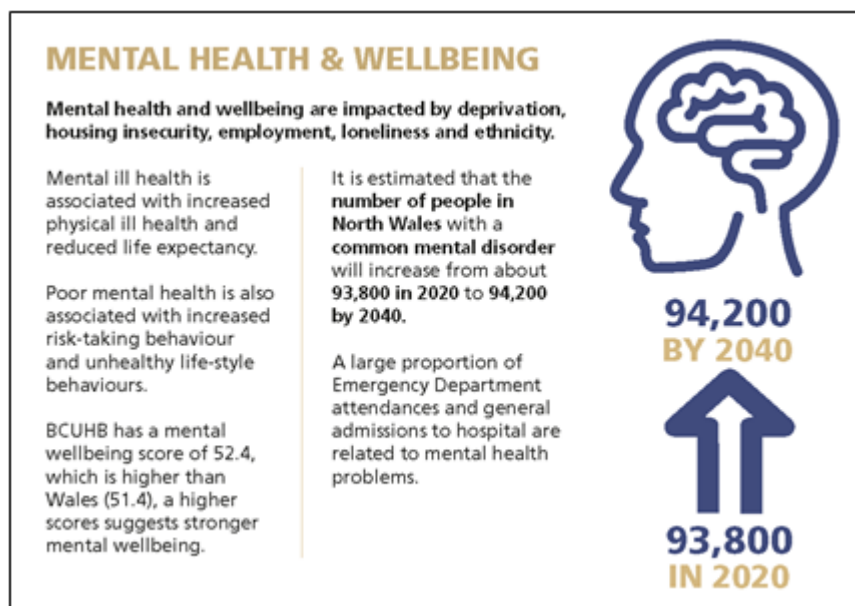
LSOA NAME	LA NAME	WIMD RANK
Rhyl West 2	Denbighshire	1
Rhyl West 1	Denbighshire	2
Queensway 1	Wrexham	9
Rhyl West 3	Denbighshire	11
Rhyl South West 3	Denbighshire	19
Glyn (Conwy) 2	Conwy	20
Wynnstay	Wrexham	45
Rhyl South West 1	Denbighshire	57
Abergele Pensarn 2	Conwy	70
Tudno 2	Conwy	78

Welsh Index of Multiple Deprivation, 2019.
Ten most deprived areas in Betsi Cadwaladr UHB.



We know that the overall health status of our population compares favourably to other parts of Wales but the benefits are not equal across our population. Feedback from our engagement on the refresh of LHSW emphasised the need for a greater focus on reducing health inequalities and improving health. This is consistent with the overarching national strategy for health and social care, 'A healthier Wales: Our plan for health and social care' (see, [A healthier Wales](#)) which seeks to shift resources from hospital-based care to primary and community services and to increase 'upstream' interventions designed to keep people well and avoid or delay the need for treatment.

We recognise that to reduce health inequalities we need a significant change in the way we invest our resources with an increased focus on health promotion and keeping people well. Our Clinical Services Strategy will provide a framework to help us decide how we utilise our budgets to meet population health need, current and forecast.



We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives. We are committed to working with people with experience of mental ill health along with other partners to design and deliver modern services, which do more to support people with long-term mental health problems. This resonates with feedback from our engagement, which also highlighted the wish for a more holistic approach to care that takes account of mental and physical health and well-being needs.

2.2 How we provide our services.

We provide a broad and diverse range of primary, community, mental health and acute hospital services to the north Wales population as well as some residents from Powys Teaching Health Board, Hywel Dda University Health Board, and the north west of England. We commission more specialised services, which we are not able to provide in north Wales, from other providers predominantly located in the north West of England.

We co-ordinate the work of 98 GP practices (13 are directly managed by us) as well as NHS services provided by 89 dental practices, 74 optometry practices and opticians and 152 pharmacies across north Wales.

We provide acute services from our three main hospitals - Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and the Ysbyty Maelor Wrexham. We provide orthopaedics and ophthalmology services at Abergelge Hospital, adjacent to the tier 4 Child and Adolescent Mental Health Service (CAMHS) unit. We also have a network of community hospitals, health centres, clinics, mental health units and community team bases and provide prison healthcare services within HMP Berwyn, Wrexham.

In 2020/21, we had a revenue income of £1.81 billion and employed just over 19,000 people.

The way we are organised is changing and we are moving to a new Health Board 'operating model', which will lead to the majority of our acute hospital, primary and

community services being managed within three integrated Health Communities – West, Central and East. This will enable greater integration between primary, community and hospital services in each health community area.

Management of mental health, women's, cancer, diagnostic and therapy services will be on a pan north Wales basis, as the operational and strategic management of these services can be more effectively provided at a regional level. We will ensure there are strong links between the Health Communities and regional services and are making these changes to improve our planning and performance.

At a local level our Health Communities incorporate 14 integrated Health and Social Care Localities, which comprise primary care professionals, Local Authorities and third sector as well as other partners, as per the map below.



Each Locality has a completed Locality Needs Assessments (LNA) (see, [Locality Pen Profiles 2022](#)). The localities are broadly coterminous with primary care Cluster areas.

We are seeking to strengthen the capacity of Clusters in alignment with the national Accelerated Cluster Development Programme to support planning at the local level, to promote place-based collaboration and development. The Programme will also support the development of professional collaborative groups at the local level, bringing together General Medical, Dental and Optometry practitioners, pharmacists, nurses, Allied Health Professionals and social care professionals to assess population needs and service improvement priorities for their local area.

The clusters, and professional collaborative groups supporting them, will work closely with third sector, independent and other community groups to build on local community assets and develop services in a way that addresses local need, and feeds into the integrated localities approach as described above.

The Accelerated Cluster Development Programme links to the Regional Partnership Board and will support us to achieve the objectives in a 'A Healthier Wales' working in partnership with other public sector organisations.

The Population Needs Assessment (PNA), previously referenced, along with the LNAs will help us to identify priority areas for improvement and strengths upon which we can build. Both documents will be key resources as we implement our Clinical Services Strategy and develop our Clinical Services Plan.

2.3 Our partners

The Health Board's overarching purpose is to improve the lifelong health and well-being of the people of north Wales. We cannot achieve this on our own and are committed to working in partnership with individuals their families and carers, our communities, and other organisations.

We already have established working relationships in place with many of our partners, we will continue to build and grow these relationships to:

- Develop clinically led services that are 'co-designed' with the active involvement of our staff, patients, carers and the wider community including statutory and non-statutory partners.
- Design and provide services with Local Authorities and other public bodies to provide 'joined up' care, which meets the health and well-being needs of individuals as well as the wider population.
- Recognise the vital role of the third sector and local networks in sustaining communities and supporting health and well-being, particularly as we seek to find alternatives to medical care when clinically appropriate to do so.
- Continue working closely with the Welsh Ambulance Service Trust (WAST), local authority and third sector partners to address the challenges of providing timely access to urgent and emergency care.
- Develop our relationships with Digital Health and Care Wales (DHCW), Health Education and Improvement Wales (HEIW), and the Welsh Health Specialised Services Committee (WHSSC) to ensure we make the best use of the resources we have available.
- Engage fully with Welsh Government, the Community Health Council (CHC) and regional partners, especially when we need to make major changes to services ensuring that patients, carers and community representatives are involved from the early stages

2.4 The case for change

We are the largest Health Board in Wales and the only Health Board to have a regional footprint. We have significant resources at our disposal and by taking a strategic

longer-term view have the opportunity to reorganise our resources to maximise the value they provide by delivering excellent outcomes and service user experience.

The geography and demography of north Wales means that the health needs of our local populations vary. We need to understand the best way of providing services at a local level by listening and engaging with communities in a meaningful way and working with our partners to provide the right solutions.

Prior to the pandemic a number of our services were not sustainable primarily due to challenges we experienced in the recruitment and retention of key staff, these challenges persist. A high level of vacancies means that we are heavily reliant on temporary and agency staff and in cases where we do not have the necessary specialist staff in post, we have to refer patients to providers outside north Wales for treatment. Consequently, we are not always able to offer timely access to the full range of services in north Wales that our patients have the right to expect. We must address this issue to ensure that in future all our services are safe and sustainable.

We have plans to develop a medical and health sciences school in north Wales; this is a hugely significant and exciting opportunity and we will need to ensure our services can support education, training, workforce development and the retention of graduates. We are also planning to establish a Primary Care Academy to sustain, expand and further develop our Primary Care workforce.

The pandemic severely constrained our ability to provide planned care. As is the case for many NHS organisations across the UK, our waiting lists and waiting times have increased significantly over the past 2 years. Through our engagement, you told us this was a major concern and that we should prioritise plans to reduce waiting times as soon as possible. To do this we will need to build temporary additional capacity to remove the backlog of long waiting patients, retaining sufficient permanent capacity to sustain the delivery of timely access to services as we go forwards.

The pandemic also highlighted the challenges of operating a healthcare system in which there is limited physical separation of planned, emergency and urgent care services. In our case, this significantly curtailed our ability to provide planned care services during the first and subsequent waves of the pandemic. We will review and renew our planned care provision making greater use of alternative models of care. To facilitate this we plan to establish north Wales Regional Treatment Centres (RTCs), which will be standalone facilities providing diagnostic and outpatient services with the potential to undertake some planned day case procedures.

During the pandemic, the way in which we interacted with our service users changed. We were able to offer assessment and treatment in different ways often remotely. In several cases, these were changes we had already planned to make but fast tracked due to necessity. Many of our service users reported that these new ways of working were more convenient, increased their involvement and gave them more control of their treatment. We do not want to lose the positive changes we have made and need to find a way to embed them into our 'business as usual.'

We are not currently providing timely access to urgent and emergency care and many patients in our acute hospital Emergency Departments could receive care in other

settings. Working with our partners in health and social care, we need to ensure that our services are able to meet the whole spectrum of urgent and emergency care needs. This includes supporting individuals to manage minor ailments and injuries themselves as well as being able to provide rapid access to care for life threatening conditions.

In line with national strategy, we need to identify opportunities to reduce the footprint of our hospital-based services. In doing so we recognise that much of the care we currently provide in a hospital setting, could be provided elsewhere, for example, in primary care, the community or at home.

Much of our estate is old and in need of renewal, we currently have a redevelopment programme for the Ysbyty Maelor Wrecsam site and a business continuity programme for Ysbyty Gwynedd, whilst fire safety compliance works are underway. Taken with our intention to develop RTCs the work to modernise our estate provides an opportunity to look at how we currently provide hospital based services and make best use of all our buildings and facilities.

There have been huge advances in clinical practice, technology and workforce over recent years we want to get the best value from these advances by making sure we are a learning organisation, constantly striving for excellence and empowering our staff to transform and we improve our services.

SECTION 3: DEVELOPING THE STRATEGY

3.1 National and local drivers – the foundations already in place

Existing national and local strategies and plans will provide the foundations for our Clinical Services Strategy. We have discussed and received feedback on the key features of these documents with stakeholders through our engagement and co-design work undertaken to date. The key strategies and plans we have considered include:

3.1.1 Living Healthier, Staying Well (LHSW), BCUHB (2018 (see, [BCUHB Living Healthier Staying Well Strategy](#))

In 2018 following extensive engagement with patients, carers, community organisations, the Community Health Council, other partner organisations, and our staff we produced our long term strategy for health and well-being, 'Living Healthier, Staying Well' (LHSW). LHSW provides an overarching strategy for the Health Board, describing our long-term objectives for health and well-being, which are to:

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

During 2021, in preparation for the development of the Clinical Services Strategy we undertook significant follow-up engagement with the public of north Wales to test whether the goals set out in LHSW remain relevant, three years on, and in the light of the changed environment brought about by the COVID-19 pandemic.

The engagement exercise reaffirmed the Health Board goals although participants highlighted the need for greater focus on improving physical, emotional and mental health; strengthening our commitment to partnership working to shape our future strategies and plans and an increased focus on inequalities, keeping people well and early intervention. We will take these programmes of work forward using the simplified Planning Principles set out within our Integrated Medium Term Plan (see section 3.1.6 below).

The LHSW refresh provides the basis for the Clinical Services Strategy.

3.1.2 A Healthier Wales: our plan for health and social care, Welsh Government (2018)

'A Healthier Wales' is the overarching national strategy for health and social care in

Wales, it describes a vision in which health and social care are provided seamlessly underpinned by an integrated whole system approach to care. Its principles are reflected in LHSW as it encourages an increased focus on health promotion and keeping people well and the provision of care close to home wherever possible, with hospital care provided only when clinically necessary. It sets out the reasons why we need to move to a smaller acute hospital footprint across Wales with a greater proportion of services provided remotely, by phone or using digital technology, in a primary or community setting or at home.

3.1.3 National Clinical Framework (NCF): a learning health and care system, Welsh Government (2021)

The National Clinical Framework (NCF) ([see, National clinical framework, 2021](#)) seeks to improve patient outcomes and support the planning and provision of resilient clinical services. It provides a vision for the national strategic and local development of NHS clinical services and is a key driver for our Clinical Services Strategy.

The NCF sets out how clinical change should take place across the health system by describing key national, regional and local NHS planning processes. It details how clinical services should be planned and developed in Wales based on the application of prudent and 'value based' healthcare principles, for more detail see 3.1.4 below. By adopting this approach, the Framework highlights the need to shift our focus from care provided in a hospital setting to person centred community based care, particularly, care and support that enables people to stay well, self-manage their condition with access to seamless specialist support when needed. Key to achieving this goal is the national creation and local adoption of higher value pathways that focus on the patient rather than the setting in which care takes place.

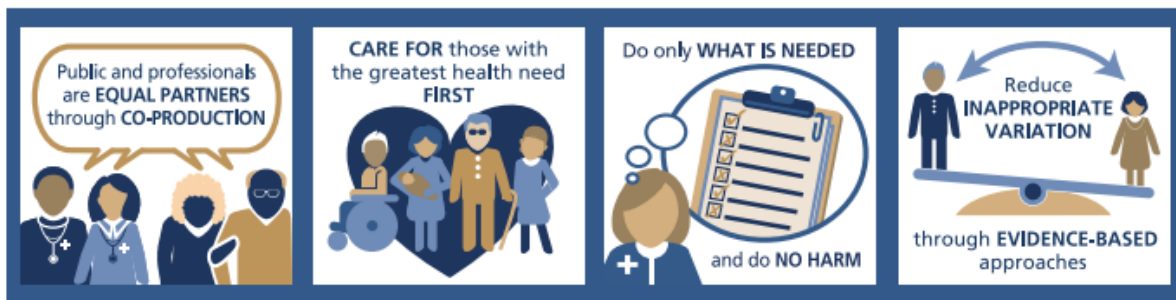
We recognise that focussing on the patient journey and adopting an 'end-to-end' pathway approach that begins with opportunities for health promotion and avoidance of ill health will be critical to the successful implementation of our Clinical Services Strategy.

We have established a Health Board Transformation and Improvement Team to embed this approach and have created a 'BCUPathways' programme to support pathway redesign at a local level, see the worked example included as Appendix 1.

3.1.4 Prudent and Value Based Health Care (VBHC) - Securing Health and Well-being for Future Generations, Welsh Government (2016 and 2021)

Our Clinical Services Strategy is founded in prudent value based health care, ([see Prudent healthcare, 2016](#)) a set of principles developed to ensure that health care in Wales is always adding value, contributing to improved outcomes and is sustainable.

The diagram overleaf depicts the four prudent healthcare principles:



Value Based Health Care (VBHC) is prudent health care in practice and is realised when organisations achieve the best possible healthcare outcomes for their population within the resources, financial and non-financial, that they have available. Organisations are encouraged to aspire to achieve outcomes that are comparable with the best in the world.

VBHC encourages us to find out what matters to patients, it recognises that our resources are finite and that we need to allocate them to maximum effect. The application of VBHC principles prompts us to think carefully about how we utilise our existing resources and to focus on service improvement and where appropriate service transformation. Key to effective use of prudent VBHC will be creating a culture that empowers our staff to reflect on their performance and practice, to make changes so that continuous improvement becomes the norm.

3.1.5 Well-being of Future Generations (Wales) Act Welsh Government (2015)

The Well-being of Future Generations Act (WBFGA), ([see The Well-being of Future Generations, 2015](#)) seeks to improve the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals as detailed in the diagram below. It requires public sector bodies to take a 'generational' long-term view and to work effectively with individuals, communities and partners to focus on preventing health care problems. It encourages a joined-up integrated approach to service provision which takes account of all the factors that can influence a person's health and well-being.



Our Clinical Services Strategy recognises the need for a much longer-term whole system view when we plan our services. This is important because the changes that

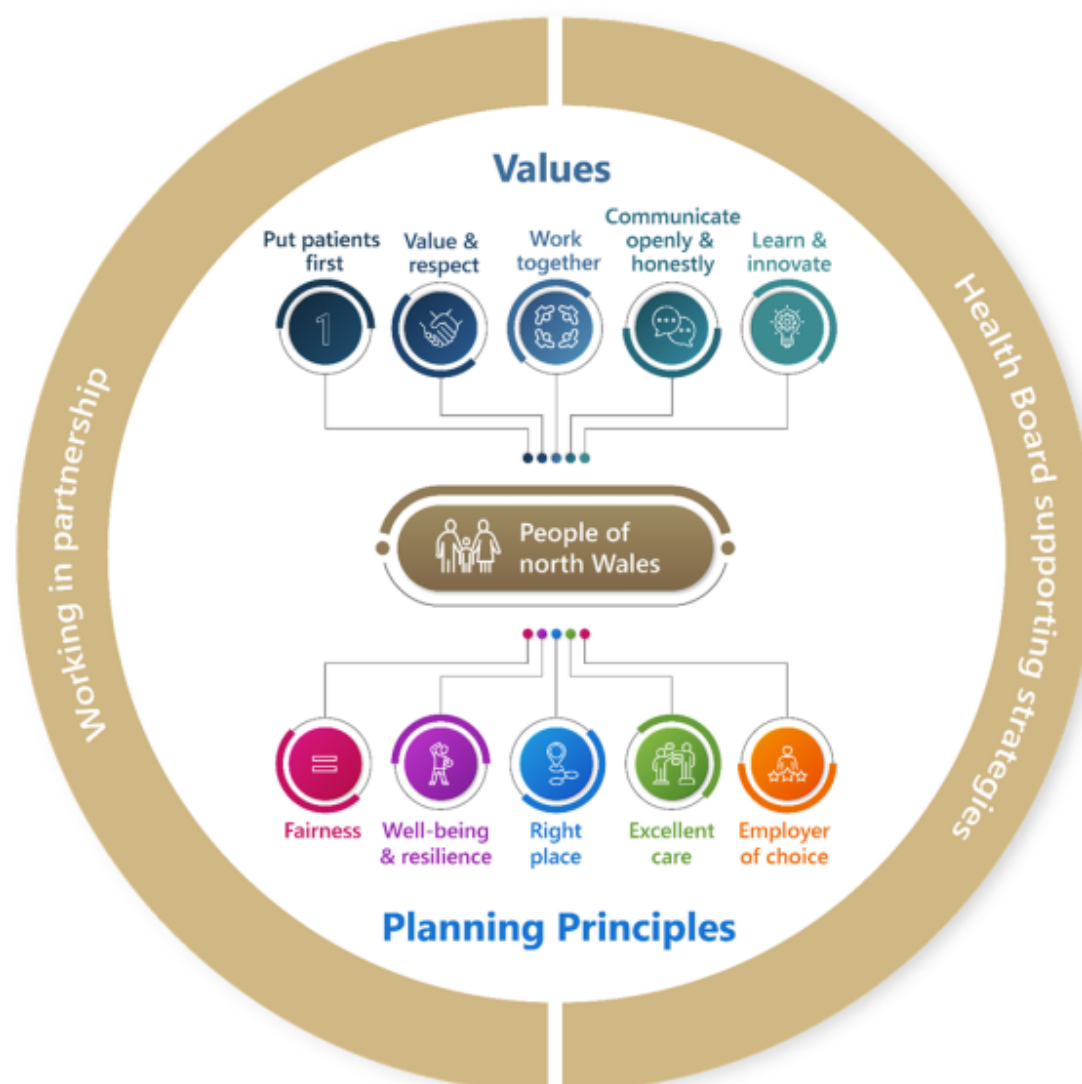
are required to improve health and well-being will take time to have an effect and because it is only through collaborative working that, we are able to make the most of our opportunities to improve health. Directly through the way we provide our services and by positively influencing our partners.

3.1.6 BCUHB Integrated Medium Term Plan (IMTP) 2022/25

Our IMTP is a rolling three-year plan, refreshed each year, which sets out how we will achieve our vision for health care services in north Wales, it takes account of the resources we have available to us and describes our priorities for the three-year period.

We have created a 'Plan on a Page' approach to link together our various strategies, values, and the absolute need and commitment to work in partnership and have distilled them into the '5 BCUHB Planning Principles', see diagram overleaf. We have used these five overarching Planning Principles to shape the more specific guiding and design principles contained in the Clinical Services Strategy.

Plan on a Page - our 5 Planning Principles



-  **Fairness** we will reduce avoidable and unfair differences in health
-  **Well-being & resilience** we will maximise prevention, self-care, well-being, and strong community networks
-  **Right place** we will provide services that are sustainable, delivered close to where people live where it is safe and effective to do so
-  **Excellent care** we will design services that can deliver world-class outcomes and experience for patients
-  **Employer of choice** we will work, and organise, improve and transform ourselves, to support our teams to flourish



3.2 Digital, Data and Technology

Digital, Data and Technology will be a core part of the successful delivery of the Clinical Services Strategy. We recognise that we need to empower and enable health care professionals to change the way we provide our services by applying the culture, processes, and business models of the internet era. We acknowledge that all those

who make up the multidisciplinary circle of care across all sectors, including unpaid carers, will benefit from an approach to technology shaped by digitally knowledgeable clinical leaders.

Our Digital Strategy is not a standalone initiative and we acknowledge that the Clinical Services Strategy needs to have digital at its core. We aspire to models of care co-designed by multidisciplinary teams, including patients and carers, which harness the power of digital solutions.

Our clinical and business leaders also need to be digital leaders using the primary knowledge and skill of their professional discipline combined with the understanding and knowledge for how Digital, Data and Technology can transform the way we provide services.

3.3 Our Enablers

Enablers are essential supports, which will help us to achieve our clinical vision and strategic ambitions. We already have a number of enabling strategies and plans in place, which we have considered as we have developed and refined the Clinical Services Strategy, see table 1 below with further detail provided in Appendix 2

Table 1

<i>Clinical Services Strategy key enablers</i>
Locality Cluster Plans
National Programmes
Social Services and Well-being Act (Wales) 2014
BCUHB Quality Improvement Strategy
BCUHB Our Digital Future: Digital road map for health in North Wales 2022/24
Stronger Together/Mewn Undod Mae Nerth
BCUHB People Strategy and Plan 2022/2025
BCUHB Financial Plan 2022/25
BCUHB Estates Strategy, 2019
Together for Mental Health - A Strategy for Mental Health and Well-being in Wales, 2012
Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan (ICP) 2022/2025
The all-Wales maternity strategy, Maternity Care in Wales: a five year vision for the future (2019 – 2024)
Mid Wales Joint Committee for Health and Care Strategic Intent
More Than Just Words, 2012 and the Welsh Language Standards
BCUHB Strategic Equality and Human Rights Plan, 2020/2024
NHS Wales Decarbonisation Strategic Delivery Plan, 2021/2030
Research, Innovation and Improvement Coordination Hub, North Wales Collaborative
Public Sector Duty

3.4 Engagement and co-design

"There are some great initiatives but care would improve greatly if patient facing staff were given more opportunity to input into these services. Many issues missed by management are obvious to staff on the ground"

Response to engagement on Living Healthier, Staying Well, autumn 2021

The refresh of LHSW provided the foundations for the development of our Clinical Services Strategy. We also reviewed relevant national and local strategies plans and enablers, see section 2, from which we synthesised a set of draft guiding and design principles.

To ensure that the Strategy is clinical led and owned, we established a Clinical Senate comprising clinicians from different disciplines and areas across north Wales to provide independent professional advice, guidance and leadership and to act as the steering group for the development of the Clinical Services Strategy and the resultant Clinical Services Plan.

We have tested and iterated these principles with stakeholders, to arrive at the draft vision, set of guiding and design principles and checklist covered in this document. This process included a series of workshops, held during October 2021 and March 2022 with our staff. In addition, discussions have taken place with other groups internal and external to the Health Board including, the Health Professionals Forum, Health Board Stakeholder Reference Group (SRG), North Wales Cross Sector Chief Executive Officers Group amongst others. Colleagues contributed to these discussions with enthusiasm, and energy and the feedback received has been fundamental to the co-design process.

The Clinical Strategy engagement plan, appendix 3, details our planned engagement through a number of different channels including:

- On-line public questionnaire
- Social media platforms such as Facebook and Twitter to promote key messages and the survey
- Staff engagement through internal communication channels, building on approaches developed through the Stronger Together programme
- Workshops
- A Clinical Services Strategy discussion document.

As part of the approach, we are planning a number of events and general discussions with a wider range of groups including but not limited to:

- Local Authority Elected representatives - due to the local elections in May workshops will place in June
- Presentations to the Stakeholder Reference Group
- Presentations to the Community Health Council
- Presentation at the Regional Leadership Board
- Presentation to Equality and Human Rights Strategic Forum
- Presentation to the Health Professionals Forum

- North Wales Cancer Network
- Information and opportunities to feedback to both the Regional Partnership Board and each of the Public Services Boards.

SECTION 4: PRINCIPLES

The draft principles have been developed and refined through a process of engagement and co-design and take account of our vision, values and the strategies and plans we already have in place.

4.1 Our guiding principles

These are the principles we will use to underpin our plans for clinical services

- **Person centred and outcome based:** Services will be planned around the service user's journey and designed to ensure consistently good outcomes and a positive experience of BCUHB services.
- **Co-designed and owned:** We will co-design services with our service users, staff and partners and will aim to ensure authentic involvement and empowerment of all involved in the process. We will actively seek out views from individuals seldom heard.
- **Population health need:** We will design our services based on the current and forecasted health needs of our population.
- **Keeping people well, early intervention and reducing health inequalities:** We will actively pursue synergy with the 'Building a Healthier Wales' Programme and will work with our partners, service users and wider communities to tackle inequalities in health. 'We will use and 'end to end' pathway approach to underpin our service design and will ensure we start the design process by considering upstream opportunities to promote good health and keep people well.
- **Clinically led and information driven:** We will provide clinical colleagues with the information systems and tools needed to understand current service provision and performance. We will put systems in place to identify unmet need and to highlight areas for improvement. Examples of the systems and information we will use include - demand and capacity analysis, benchmarking information (CHKS/VBHC/ICHOM etc.), compliance with national and professional standards and pathway mapping.
- **Transformation and innovation:** We will test our proposals using prudent healthcare and VBHC principles. We will strive for continuous improvement and look to use social models of care wherever appropriate to do so. We will seek to remove adverse variation in practice, using end-to-end pathway mapping to drive improvement and will adopt a consistent evidence based approach to service provision. We will promote and encourage innovation, for example, expanding our provision of telehealth services to improve connectivity and integration of primary care and hospital services.

- **Right care, right place:** We recognise that acute care should not mean hospital care and aspire to make 'Hospital at Home' a reality. We will adopt an approach that supports self-care and management in the community where clinically appropriate and safe to do so.
- **Excellent and high quality care wherever it takes place:** Our clinical services will be safe, sustainable and resilient. We will develop service models that protect our elective capacity and promote ambulatory care i.e. same day care that does not require hospital admission.

We will reduce the number of avoidable conveyances to hospital and preventable admissions by ensuring we have effective pathways to support care in primary and community settings. We will address the backlog of long waiting patients in as short a time frame as possible and make the best use of Health Board resources by adopting a 'Once for North Wales' approach where appropriate.

- **Effective collaboration and partnerships:** We recognise that we cannot meet the health needs of the population we serve on our own. We will seek out opportunities for effective collaboration and partnerships with other NHS institutions, the third sector and other public sector bodies.

4.2 Key Enablers – supporting Health Board strategies

We recognise that we need specific strategies and plans for our key support services if we are to implement the Clinical Services Strategy successfully. These key 'enablers' relate to People (our workforce), Estates (our building and facilities) and Digital (our information technology systems). We have current strategies in place or in development relating to these, as summarised below:

- **People (in development)**
We will encourage the development of innovative models of care to make the most effective use of our clinical workforce. We will seek to create a culture that supports and empowers our staff to understand the value of the services they provide and where continuous improvement is the norm.
- **Estates (see [BCUHB Estates Strategy](#))**LHSW
We will seek out opportunities to leverage service transformation through our Estate, including our existing commitment to redevelop the Wrexham Maelor Hospital site and undertake fire safety compliance works at Ysbyty Gwynedd. In line with our Estates Strategy, we will review our use of local hospitals, primary and community facilities to ensure we are making best use of these resources, particularly to support the provision of services closer to home.
- **Digital (see, [BCUHB Digital Strategy](#))**
In line with our digital strategy we will consider a 'Digital first leaving no one behind' approach to service redesign and improvement. We are committed to implementing an electronic Health Patient Record, improving our digital infrastructure and connectivity and ensuring that we have standardised and consistent systems, which are fit for purpose and have the confidence of our staff and service users. We want to be at the forefront of the digital revolution

in healthcare leading the way in the use of new technologies including Artificial Intelligence and robotic assisted surgery.

4.3 Our Design principles

These are the principles we will use to help us develop proposals to provide excellent health care services;

- **Primary Care:** The majority of the clinical care we provide is quite rightly through primary care and this will continue. The Accelerated Cluster Development Programme will facilitate the further development of primary care and contribute to the reduction of dependence on care provided in an acute hospital setting.
- **Community hospitals:** We will continue to value our community hospitals and develop them as local healthcare facilities and resources. Our community hospitals will be developed as integral within health campuses – networks of services, facilities and support within the locality which will operate together to make best use of local assets to support well-being and good health.
- For both our **primary care facilities and community hospitals:** We will use these facilities to their full potential and will provide services closer to home.
- **Acute Hospitals:** There will continue to be three principal acute hospitals in north Wales - Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital, each will provide emergency care and associated clinical services.
- **Regional Treatment Centre(s) RTC(s):** RTCs are standalone facilities designed to provide a range of outpatient, diagnostic and therapy services and with the potential to include specified day case procedures. We will establish RTC(s) to increase and protect our planned care capacity.
- **Service models:** We will utilise a range of different service models to make the best use of our resources across the Health Board.
These models will include:
 - Hub and spoke:* a specialist unit on one site leads and supports services at hospital and community sites across North Wales, such as the North Wales Cancer Centre.
 - Networked:* a single service provided across multiple sites
 - Regional:* planned and provided on a regional basis, for example, mental health care
 - Digital solutions:* Using technology, for example virtual appointments and the introduction of electronic health records.
- **Specialised services:** Where we are unable to provide services within north Wales due to their specialised nature, where appropriate we will seek to provide elements of care locally and will ensure that from the service user perspective care is seamless.
- **North Wales Medical and Health Sciences School:** Together with Bangor University, alongside other higher education bodies and partners in the region, we have an ambition to develop a transformational inter-professional Medical and Health Sciences School by 2025. This represents a significant opportunity in north Wales for us to align education and training to our clinical strategy, support the delivery of our research strategy and address key challenges in our clinical workforce including the development of bilingual skills.

“I would say that more local services are always better but understand that there are constraints which mean that ensuring top quality at these three sites is key. Access from more rural areas is still an issue.”

Response to engagement on Living Healthier, Staying Well, autumn 2021

SECTION 5: A BLUEPRINT FOR STRATEGIC SERVICE REDESIGN

(See Appendix 4)

5.1 Identifying areas for strategic service redesign

Given the breadth and range of services we provide we recognise the importance of providing guidance to help identify the services for strategic service redesign, which can be developed into proposals for formal consideration and prioritisation.

We took as our starting point the service redesign criteria included in the National Commissioning Framework. Through a process of engagement and co-design, we arrived at a consensus to adopt these criteria and to include a further two, which take account of pre-existing strategic commitments and to promote and encourage proposals from our staff that take forward learning from transformation and improvement work.

5.2 Strategic service redesign checklist

The checklist will support the development of proposals for strategic services change, using the checklist will ensure that the evidence required to assess the relative priority of proposals is available for scrutiny.

Although we have significant resources at our disposal, they are fixed and we will need to prioritise the plans we develop. A prioritisation framework will enable us to undertake structured assessment of our plans against the Clinical Strategy. It will help to inform decisions regarding the relative priority of each proposal and to agree the proposals to take forward via the BCUHB Clinical Services Plan and/or IMTP development process.

The prioritisation framework is currently in development and will enable a consistent approach across the Health Board.

SECTION 6: DEVELOPMENT OF THE CLINICAL SERVICES PLAN

6.1 Why is a clinical service plan required?

Our Clinical Services Plan will clearly set out how, over the period 2023/26, we will use the principles in our Clinical Services Strategy to restore timely access to our services and work towards ensuring that all our services are safe and sustainable in the future. In addition, the Plan will also show how we intend to respond to the changing demands we face, for example caring for the increasing number of older people in our population, and how we will make the most of the opportunities that the rapid increases in technological and medical innovation can provide.

Our Clinical Services Plan will bring together existing and emerging programmes of work to address these changes, and set out how we will achieve our strategic ambitions over the next three years and will be integral to the development of our IMTP.

We believe that through implementing our Plan our service users will have better health outcomes and experiences of the services we provide, we will deliver better value and our staff will have greater satisfaction from the work they undertake.

6.2 Our existing priorities

We have a number of existing programmes of work which the Plan will need to consider, ensure good strategic fit and assess the impact on the whole system:

- Regional Treatment Centres
- Planned Care – ‘Restore, Recover and Sustain’
- Urgent and emergency care programme
- Major capital schemes - Redevelopment of Wrexham Maelor Hospital and Fire Safety compliance Ysbyty Gwynedd
- Establishing the North Wales Medical School

We are developing a short narrative that describes the broad shape of future services and the direction for future health care and support, taking account of these major developments. We will use this as a basis for involving our citizens, partners, staff and other stakeholders in the design of the next layers of detail for our future clinical services within the clinical services plan.

6.3 The Programme Structure

In development as discussion is ongoing to ensure development of the Plan aligns to existing groups/processes in order to avoid duplication.

6.4 Time line

Linked to agreement of 6.3

GLOSSARY

BCUPathways	<p>A BCUHB Programme to develop pathways* for the Health Board.</p> <p>* A pathway helps guide decisions and timing for diagnosis, interventions, appropriate follow-up, escalation of treatment and onward referral. It enables practitioners to provide better health care and patient outcomes and make best use of available resources.</p>
Burden of disease	Disease burden is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators.
CAMHS (Child & Adolescent Mental Health Service)	The specialist Child and Adolescent Mental Health Services (CAMHS) focus on helping children and young people who experience emotional, behavioural and other psychological difficulties.
Cluster	The goal of healthcare clusters is to provide a continuum of care to a defined geographic region. As well as undertaking local needs assessments and developing services to meet these needs, they will progressively take on responsibility for the resources utilised by their local populations.
Diagnostic services	A clinical intervention performed on a patient to diagnose a condition or illness, for example, blood tests, x-ray
DHCW (Digital Health and Care Wales)	A national organisation building and designing digital services for health and care in Wales.
HEIW (Health Education and Improvement Wales)	A national organisation which has a leading role in the education, training, development and shaping of the healthcare workforce in Wales.
Health inequality	Differences in health between people or groups of people that may be considered to be unfair.
IMTP (Integrated Medium Term Plan)	The IMTP is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress our ten-year strategy.
Integrated Planning	Integrated health planning is an approach characterized by a high degree of collaboration and communication in the preparation of service planning, workforce and finance plans
Locality	Defined by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices
LNA (Locality Needs Assessment)	A systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities

Medical and Health Sciences School	The School of Medical and Health Sciences at Bangor University aims to provide teaching and research excellence by world-class academic leaders in their field.
National Quality and Safety Framework	A framework developed by Welsh Government which describes what quality looks like and what needs to be in place to be sure that high quality health and care services are in place at all times.
Outcome	Change in health status, usually due to an intervention.
Point of Care Testing	Testing that is carried out at the time of patient care, for example use of portable ultrasound.
Prehabilitation	Care initiated prior to treatment that prepares an individual for medical intervention and aids recovery.
Reablement	Short-term care at home, to aid recovery after discharge from hospital.
Regional Treatment Centre	Typically a regional healthcare facility, which provides same day care including diagnostics, therapies, day case procedures and outpatient services.
Value Based Healthcare	Value-based healthcare is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person
WHSSC (Welsh Health Specialised Services Committee)	Hosted by Cwm Taf Morgannwg University Health Board and established in 2010 by the Local Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services
Ysbyty Glan Clwyd	The district general hospital in Bodelwyddan, Denbighshire, north Wales
Ysbyty Gwynedd	The district general hospital in Bangor, Gwynedd, north Wales
Ysbyty Maelor Wrexham	The district general hospital in Wrexham, north Wales