



**LIVING HEALTHIER, STAYING WELL**  
**Improving health, well-being and health care in North Wales**  
**Refreshing our strategy**

## Introduction

During 2017, we spent many months discussing what our priorities should be with patients, carers and community representatives, out staff and partner organisations. This led to the publication of our long term strategy, **Living Healthier, Staying Well** (LHSW) in 2018.

Whilst we have made some progress in many areas, there is a lot more to do to fulfil our ambition and deliver against the priorities we had identified. Much has changed since the strategy was developed, including the onset of the Covid-19 pandemic in early 2020. In 2021, as we entered the later stages of the pandemic and what we hope is the recovery phase, we decided the time was right to review where we were:

- To review our existing plans and priorities, to ensure we are focusing on what is important as we begin to tackle the challenges facing us
- Check with our staff, patients, partner organisations and the public how Covid-19 has affected health and well-being and what we can do to learn from the experience
- And finally, to check whether our long term strategy for health and well-being is still relevant.

We asked people their views to support us in doing this. A short engagement exercise took place using the discussion document (attached) to describe why we need to review our plans and priorities, recap the priorities we had set out, and describe what has changed.

You can find the detailed engagement report here ([insert hyperlink.](#)) This report summarises key areas identified for which our strategic approach is being refreshed, and how we will address these as we take the strategy forward.

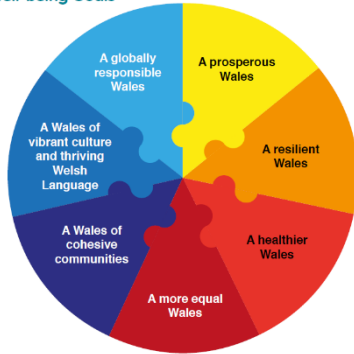
## The strategic context

At the time of writing the long-term strategy, the Parliamentary review of Health and Social Care in Wales had recently published its initial report. Since that time, Welsh Government has published [A Healthier Wales: our Plan for Health and Social Care](#). This describes the ambition for health and social care services to work more closely together, providing services that are designed and delivered around the needs and preferences of individuals and with a much greater emphasis on keeping people healthy and well. The plan is predicated on the quadruple aim:



The principles of A Healthier Wales are embedded into all of our planning and development work. We are working in partnership, through the North Wales Regional Partnership Board and supporting programmes, to transform how we deliver health and social care. We will work with Local Authorities to continue to deliver the transformation programmes we have commenced, to maximise the outcomes from the new Regional Integration Fund, and respond to the ongoing national work programmes on rebalancing care and support.

Well-being Goals



The Well-being of Future Generations Act placed new emphasis on improving the well-being of both current and future generations. In addressing the Act we have been moving to plan more for the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach.

We have been working in partnership through the Public Services Boards in North Wales - Gwynedd and Ynys Môn, Conwy and Denbighshire, Flintshire, and Wrexham – to respond to the Act.

We have also increased our emphasis on sustainability, including environmental sustainability, in the Health Board. Green groups are established across North Wales and are introducing innovative practices to improve our response; there are a number of partnership schemes which focus on green health and the environment. We are currently finalising work on a **decarbonisation plan** for the Health Board which will be published shortly. We have also, through our Integrated Medium Term Plan, identified long-term sustainable funding for a number of initiatives which were previously funded through short term grant funding

## Getting it right for the future – our long term goals

LHSW described our goals for health and well-being. These are as set out below.

- 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

The overall feedback on our long term goals was that these are still relevant. In the online survey undertaken, the overwhelming majority either strongly agreed or agreed with this. Many people

identified that the first goal – improving health and well-being for all – was most important, although a similar number felt all the goals should be of equal priority.

Supporting children to have the best start in life was again considered relevant by the majority. We know that giving children the best start in life can make a significant difference, and that getting it right can also reduce lifelong health problems such as heart disease, diabetes and cancer. We also recognise the levels of concern regarding children and young people's mental health needs, exacerbated by the impact of the pandemic.

Whilst some felt that safety and quality should be embedded in all that we do, we know there is further work to do on ensuring that we understand and address variation in performance against quality standards. Quality also encompasses the experience of patients and their families, and we need to focus on ensuring compassionate care is delivered consistently. Our **Quality Improvement Strategy** is to be reviewed and refreshed and will support this goal.

In the original LHSW strategy, the need to support, train and develop our staff to excel in order to fulfil the long-term goals was recognised, and workforce issues were woven into the supporting programmes of action. However, feedback has emphasised the need to recognise and address staff well-being, capacity, recruitment and retention, as well as organisational development, skills and leadership. Our **People Strategy & Plan** addresses these issues and the need for strategic organisational reset, building upon the learning from previous years and particularly through the Covid19 pandemic, working with our people to create the environment for improvement, transformation and ultimately delivering better services, experience and outcomes for our patients and the citizens of North Wales.

Notwithstanding the support for the goals as set out, there were many comments that the goals feel aspirational and that delivery has not progressed as it should have. We need clear and measurable objectives, performance indicators and focus on outcomes. Our **Integrated Medium Term Plan for 2022-2025** sets out clear and SMART actions for delivery against priorities, with short, medium and longer term outcomes identified. We are also developing set of clear metrics which will help us to understand and be able to demonstrate how much we have done, how well we have done it, and who is better off as a result. This work will be completed in the early part of 2022-23.

## The health and well-being of our population – assessment of needs

Understanding our population health and trends is critical to ensuring we are able to focus on delivery of our strategic goals. We know that some aspects of health and well-being have deteriorated as a result of a number of significant influences over recent years, not least the impact of the Covid-19 pandemic, but also the impact of austerity and economic well-being.<sup>1</sup> We also know from the evidence that the pandemic, and the measures introduced to control this, have exacerbated health inequalities in a number of areas.

During 2021 our Public Health Team reviewed and updated the key data relating to health needs. The summary reports are included as appendix 1. We know that in North Wales we have an ageing population, with the percentage of the population aged 85 years and over expected to increase by 66% by 2043. However, we also know from recent analysis of trends that there has been a stalling in life expectancy and a slowing down of improvements in mortality rates from circulatory diseases. This is similar to trends in other countries.<sup>2</sup>

Covid-19 has had far reaching consequences on all aspects of life, including both physical and mental health and well-being. Some groups have been disproportionately impacted by the pandemic including older people; Black, Asian and minority ethnic groups; children and young people, in particular mental health; low skilled workers and the most disadvantaged members of society. There is also some evidence of similar groups being adversely affected by the impact of Brexit, and at greater risk from the impact of climate change.

During 2021, along with our Local Authority partners on the North Wales Regional Partnership Board (RPB) we have supported the development of the second Population Needs Assessment (PNA.) This assesses the care and support needs of the population and identifies gaps or development needs in the services required to provide this care and support. The PNA will be approved by the RPB in March 2022 and will inform our future joint commissioning plans for services and inform the Market Stability Report which is now being developed.

The Public Services Boards (PSBs) are currently drafting updated Well-being Assessments. The Well-being Assessments are required by the Well-being of Future Generations Act and will address broader aspects affecting well-being including prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. Although the PNA and Well-being Assessments are being run as separate processes, there are working links between the teams developing the assessments. The Well-being Assessments will update our understanding of these broader aspects and enable us to work with the wider partnerships to develop well-being plans for each area.

We have also developed Locality Needs Assessment for each of the 14 localities across North Wales, which will enable a greater focus on needs and variation in needs at a local level. These assessments will support the further development of the Integrated Health and Social Care Localities, aligned to the Accelerated Cluster Development Programme, and wider place-based planning.

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<sup>1</sup> [Rising to the Triple Challenge of Brexit, Covid-19 and Climate Change for health, well-being and equity in Wales](#), Public Health Wales, 2021

<sup>2</sup> [Life Expectancy and Mortality in Wales 2020](#), Public Health Wales, 2022

The LHSW strategy set out our ambition to adopt a rights based approach which places human rights at the centre of our policies and practice, and the person at the centre of his or her own care. This approach is based on the values of Fairness, Respect, Equality, Dignity and Autonomy.

Feedback on this area shows there is a lack of certainty amongst people responding to our survey as to whether we have delivered on this commitment. However, a range of detailed comments received drew attention to areas of concern. These aspects point to the need to re-emphasise our commitment and to ensure it is enacted.

Since the publication of the strategy, there have been a number of significant developments in the equality and human rights field including:

- Implementation of the socio-economic duty from April 2021 and the requirement to assess the impact of strategic decisions
- Consultation on the Wales Race Equality Action Plan, which will require fresh commitment to delivering on anti-racism and race equality, when the final plan is published
- Emerging evidence of inequalities being exacerbated, as described above, during the pandemic but also as a result of austerity, Brexit, and the potential impact of climate change
- Publication of a range of further important evidence and guidance documents, such as Locked Out - Liberating disabled people's lives and rights in Wales beyond Covid-19, and the Code of Practice on the Delivery of Autism Services, amongst others.

There have been some positive actions during the pandemic which have recognised and addressed the challenges we have faced, such as the Equity Steering Group which has supported the Covid-19 vaccination programme in reaching groups that are seldom heard and less likely to access services. We will learn from the approaches used in this programme to inform future delivery models.

We have committed as an organisation to putting the UN Convention on the Rights of the Child at the centre of all that we do, and work is currently underway to develop a Children's Rights Charter for North Wales. We have also committed to working to fulfil the UN Principles for Older Persons and will ensure that these principles are recognised in our strategic planning and delivery.

Further work is needed to embed equality and human rights, including socio-economic factors, consistently into all that we do, and particularly to be aware of the impact of intersectionality. We are also mindful that the Covid recovery programme, which will address the ongoing impact of the pandemic, access and waiting times, must be responsive to specific needs including digital inclusion, travel and access, and the rebuilding of relationships with groups who have experienced barriers to services during this time.

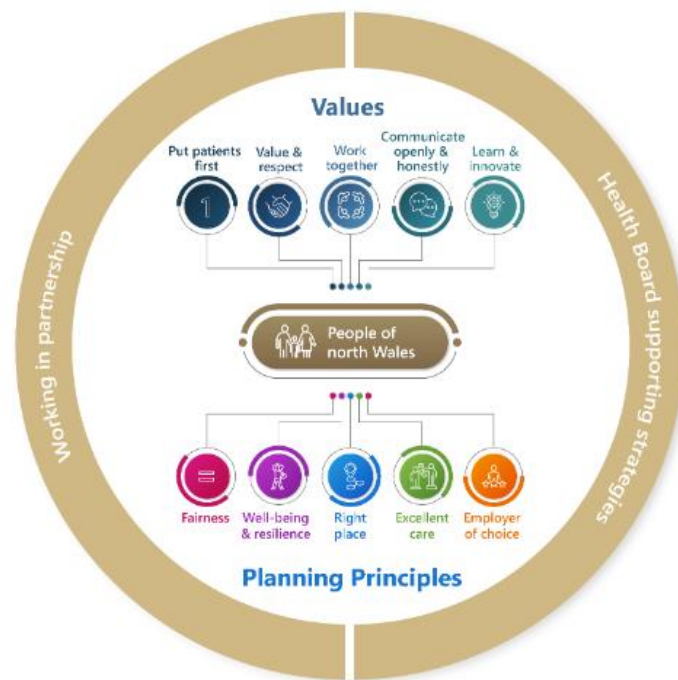
The **Strategic Equality Plan** sets out more detailed actions to be taken to address equality and human rights matters and is an important enabling plan for the delivery of this strategy.

We are continuing to progress actions to fulfil the Welsh Language Standards and are clear in our commitment to promoting the Welsh language and culture. We recognise people's rights to use the language of choice in healthcare and the positive impact this has on health outcomes for that person and the experience for them and their family.

An Equality Impact Assessment and a Socio-economic Duty Impact Assessment have been undertaken in support of the review and refresh process.

## Taking forward our priorities

The LHSW strategy, with key areas of refresh identified above, sets out the organisation’s overarching goals in respect of improving health and well-being for our population. Our Integrated Medium Term Plan will now take forward the detailed plans for the delivery against the overarching goals. The approach is set out on our “plan on a page” which describes the Health Board’s organisational values, and also the planning principles derived from the initial LHSW programmes.



In the light of the evidence of increasing inequalities in health and well-being, and to address unacceptable variation in access and outcomes, the specific planning principle fairness – reducing avoidable and unfair differences in health – has been included. Our People Strategy will take forward the ambition of becoming an employer of choice. This aligns to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of north Wales.

During 2022-23 we are also developing our Clinical Services Strategy and plan, which will provide the framework for addressing strategic service models and development, based on a set of design principles which will be subject to discussion and debate with our clinicians, our wider staff group, patients, carers, and representatives of partner organisations and the public, before finalising.

We will monitor, review and evaluate to ensure that the refreshed strategic goals and priorities are delivering improved outcomes, better patient experience and contributing to improved health and well-being for the population.



## Betsi Cadwaladr University Health Board

### Population

703,360 persons



Age group	BCUHB (%)	Wales (%)
0-15	17.6	17.8
16-64	59.0	61.2
65+	23.4	21.1
85+	3.1	2.7

### Children & Young People



5.6% of singleton births in BCUHB are of low birth weight and 5.9% in Wales.

90% of 4 year olds in BCUHB and 88% in Wales are up to date with vaccinations.

70% of 5 year olds in BCUHB are of healthy weight compared to 74% in Wales.

Risk factors for mental illness in childhood include parental alcohol, tobacco and drug use during pregnancy and poor parental mental health.

Poor mental health has a significant impact on a range of outcomes during childhood, including poor educational attainment and a greater risk of suicide and substance misuse, through into adulthood.

	BCUHB	Wales
Percentage rating their life satisfaction as 6 or above	80	81
Mean loneliness score**	5	5

SWEMWBS: Short Warwick-Edinburgh Mental Wellbeing Scale

\*SWEMWBS scores range from 7-35; a higher score reflects more positive wellbeing

\*\* Loneliness scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)

Estimates show that in BCUHB, around 9,280 children aged 5 to 16 years have a mental health condition.

### Inequalities

BCUHB has some of the most deprived areas in Wales, with 12% of the population living in the most deprived fifth 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.

### Welsh Index of Multiple Deprivation, 2019

Ten most deprived areas in Betsi Cadwaladr UHB.

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 2	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



### Main causes of mortality

Cancer, heart disease and respiratory disease are the leading cause of death in BCUHB.

Main causes of death as a percentage of all deaths in BCUHB.



Evidence & data based on latest published sources which are available as an appendix.  
The impact of Covid-19 is presented in a separate infographic.  
Infographic created: September, 2021



### 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.

### Behaviours affecting health

	BCUHB (%)	Wales (%)
Smoking	18	17
Use of e-cigarettes	6	6
Drinking above guidelines	18	19
Active at least 150mins in previous week	55	53
Fruit & vegetable consumption	26	24
Overweight/obese	55	60
Follow 0/1 healthy behaviours	9	10



Adults aged 16 years and over

### Mental health & wellbeing

Mental health and wellbeing are impacted by deprivation, housing insecurity, employment, loneliness and ethnicity.



Mental ill health is associated with increased physical ill health and reduced life expectancy. Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours.

BCUHB has a mental wellbeing score of 52.4, which is higher than Wales (51.4), a higher score suggests stronger mental wellbeing.

It is estimated that the number of people in North Wales with a common mental disorder will increase from about 93,800 in 2020 to 94,200 by 2040.

A large proportion of Emergency Department attendances and general admissions to hospital are related to mental health problems.

### 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



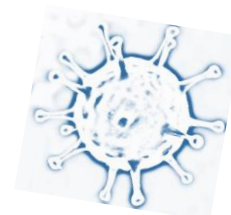
Patients with chronic conditions are recorded by GPs on registers as part of the Quality Assurance and Improvement Framework (QAIF). Limitations of the data include variation in practice coding and recording of data.

# Impact of COVID-19 on Betsi Cadwaladr University Health Board

COVID-19 has had far reaching consequences on all aspects of life, including both physical and mental health.

Since the start of the pandemic, there have been in BCUHB directly related to COVID-19:

- o almost 58,900 confirmed cases
- o around 2,100 community onset hospital admissions
- o over 1,000 deaths



Some groups disproportionately impacted by Covid including older people; Black, Asian and minority ethnic groups; low skilled workers; and the most disadvantaged members of society.

## Long Covid

Prevalence of long covid ranges from 2.3% to 37% in those infected.

Fatigue is the most common symptom. Almost 6 in 10 of those with long COVID report it has negatively affected their general well-being; their ability to exercise; and their work.

Possible risk factors include increasing age, female sex, overweight/obesity, pre-existing asthma, pre-pandemic poor physical and mental health, and hospitalisation for initial infection.

## Impact on mental health & wellbeing

Drivers of worsening mental health during the pandemic:

- o Job and financial loss
- o Social isolation
- o Housing insecurity and quality
- o Working in a front-line service
- o Loss of coping mechanisms – contact/exercise/work
- o Reduced access to mental health services



People in the most deprived groups are more likely to be very worried about their mental health during the coronavirus pandemic.

## Impact on Children & Young People

Childline has reported 'unprecedented demand' for service during the coronavirus pandemic.

32% of young people with mental health needs reported that coronavirus had made their mental health much worse.

The Coronavirus pandemic is likely to have a particularly significant impact on children living in poverty.

## Impact on Older People

Those with pre-existing mental health conditions have experienced an increase in the severity of their symptoms; others are experiencing symptoms for the first time.

1 in 3 older people agree that their anxiety is now worse or much worse than before the start of the pandemic.

Proportion of over 70s experiencing depression has doubled since the start of the pandemic.

Impact of isolation on physical health:

- o 1 in 3 have less energy
- o 1 in 4 older people are unable to walk as far as before
- o 1 in 5 feel less steady on their feet



95.7% of BCUHB residents aged 80 years and over have received 2 doses of the Covid vaccine compared to 95.0% across Wales.

## Impact of health & social care staff

Staff fatigue, particularly for those who have been on the front line over the last 12 months.

Staff absence due to infection; isolation; or caring responsibilities.



## Impact on health & social care services

COVID-19 has had a major impact on health and social care services across Wales, including:

- o Reduced capacity in emergency departments and hospitals as a whole.
- o Disruption of clinical service provision resulting in large backlogs in services.
- o Number of people waiting over 52 weeks is at its highest ever.
- o People delaying contacting GP about worrying symptoms, which could impact on treatment and outcomes.
- o Increase in demand for mental health services; estimated 25% increase in demand for hospital services, translating to around 10,000 referrals.
- o In mental health services, particular impact on CAMHS, Eating Disorders, Memory Assessment Services and access to Psychological Therapies referrals.
- o The coronavirus pandemic has been an exceptionally stressful and challenging time for care home staff, residents and their loved ones.
- o Financial impact for many social care providers due to the cost pressures of additional infection prevention and control activity; insurance liabilities; and staffing constraints, along with reduced income.
- o Many unseen and unreported issues that have built up during the pandemic will emerge, placing increased demands social care services.