

Our strategy for the future

Improving health, well-being and health care in North Wales



Byw'n iach | **Living Healthier**
Aros yn iach | **Staying Well**




Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

cymryd rhan  get involved

Introduction

North Wales is a great place to live and work. There's lots to see, lots to do, and strong communities to be part of. Betsi Cadwaladr University (BCU) Health Board works across North Wales. We work to improve health and well-being for everyone living here.

 **Well-being** is about being healthy and happy in all areas of your life.

We're responsible for:

- GP practices
- dentists
- pharmacists
- optometrists (eye care)
- community health teams
- health centres
- hospitals
- mental health services.

Well-being is important because it affects day-to-day life and day-to-day health.

This is our ten year strategy to improve health, well-being and health care.

We can't do everything at once. So, we're focussing on the actions we'll take in the first three years from 2018-2021.

Getting it right for the future

We need to help people manage their health and well-being.

This will bring better results in the short term and long term.

Our goals 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.



Background

There are new laws that give us an opportunity to change how we work and improve services.

The Social Service and Well-being (Wales) Act 2014.

This sets out steps for improving the well-being of people in Wales.

The Well-being of Future Generations (Wales) Act 2015.

This is about improving well-being now, for the future. It says we must think about how decisions we make affect the next generation. It's seven goals are for:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales.

The five ways of working for the Well-being of Future Generations



Long term – balancing short-term needs with long-term needs.



Prevention – stopping problems happening or getting worse.



Integration – thinking about how this strategy works with other plans.



Collaboration – working together with other services to meet our goals.



Involvement – involving people so they have a say in decisions.



Outcomes – getting it right for the future

Longer term outcomes

We want to see changes in population health:

- longer life and health
- mental well-being
- a fair chance of a healthy life.

Intermediate outcomes

We want to see changes in behaviour, practice and environment.

Living conditions that support health:

- children have the best start in life
- people have the resources to live healthy lives
- communities are resilient
- the area supports health and well-being.

Ways of living that improve health:

- healthy actions
- healthy starts.

Health throughout life:

- health in the early years and childhood
- good health in working age
- healthy ageing
- taking action to reduce ill health.



Our challenges

All services, including NHS services, are facing challenges.

The North Wales population is changing.

It will grow from

694,000



720,000

by 2039.

Children and young people

24,000 children (under 16) live here. Services support more children and young people today than five years ago.

Older people

Around 150,000 people aged 65 and over live here. This could be 210,000 by 2039.

People are living longer which is good, but it puts more demands on services.

Health inequalities



In better off areas men can:

- live up to 8 years longer
- have up to 13 years better health.



In better off areas women can:

- live up to 5 years longer
- have up to 14 years better health.

Smoking causes:

- 27,700 adult hospital admissions in Wales each year
- 5,450 adult deaths.

Dementia

11,000 people live with dementia in North Wales. We expect this to rise.

Mental health

Anxiety and depression are issues reported the most. Many more people are experiencing mental health issues. 1-in-4 will be affected at some time.

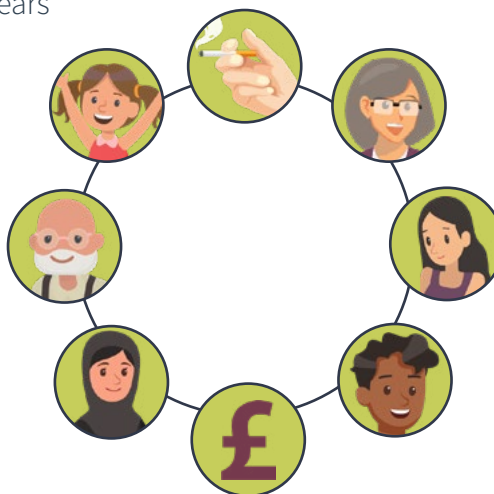
Carers

The number of carers in North Wales is growing. People aged 50 to 64 give the most unpaid care. There are over 1,000 young carers.

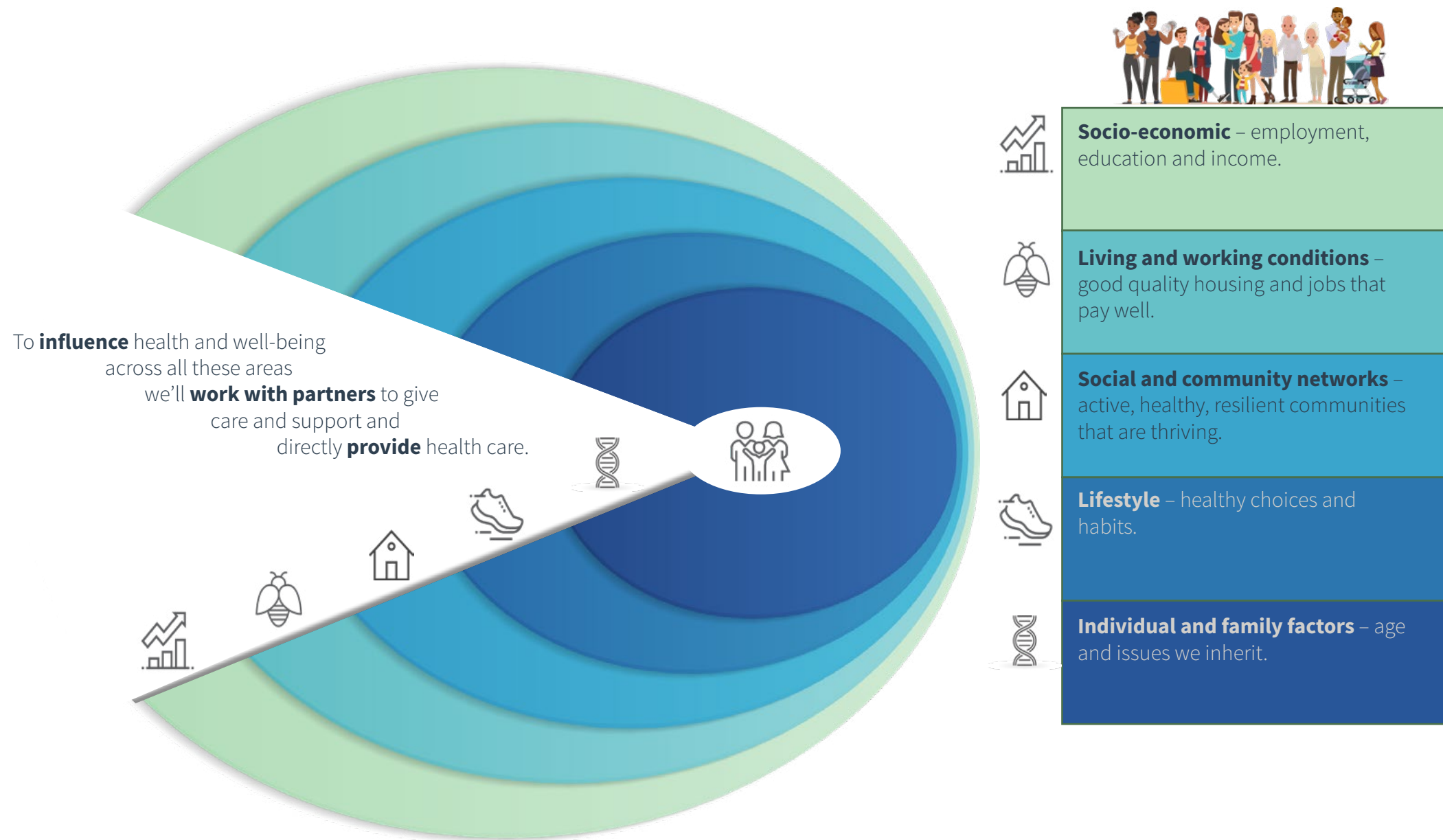
Money is tight

The demand on services is costing us a lot more money than we have. In 2017/18 we have a shortfall of around **£36 million**.

If nothing changes, in 10 years we will need 260 more hospital beds.



Influences on health and well-being



(Adapted from the Dahlgren-Whitehead model)

The Strategy

The strategy has 6 main areas:

1. **Improving health and reducing inequalities**
2. **Care closer to home**
3. **More serious health needs**
4. **Mental health and well-being**
5. **Children and young people**
6. **Healthy ageing.**

Our principles

It is shaped by our principles:

- We promote equality and human rights.
- We will actively provide Welsh language services to address the needs of our Welsh speaking population, in line with the Welsh Language (Wales) Measure 2011.
- We work together with local authorities, other services, organisations and charities.
- We listen to what matters to people and involve them in decisions.
- We will address the needs of individuals and their carers.
- We use evidence of what works so we can improve health and learn.
- We work to improve services.
- We use our resources wisely (finances, buildings and staff).
- We will work with the principles of prudent healthcare.



Human rights – basic rights and freedoms that belong to everyone from birth until death. This includes dignity, fairness, equality and respect.

The 4 principles of prudent healthcare

We also:

- work together with the public and professionals
- care for people with the greatest health needs first
- do only what is needed and don't harm
- use evidence-based approaches.



1. Improving health and reducing health inequalities

Poverty affects people's well-being, health and opportunities. It can affect how long someone lives.

i Poverty – not having enough money for food, clothes and other basic needs. Poverty is one aspect of inequality, and also one of its effects.

We work with different people and groups across the community. Some find it harder to find information, get care and treatment. This includes groups that are harder to reach and face health inequalities because of age, disability, gender reassignment, marriage, pregnancy and maternity, race, religion, sex, sexual orientation, race or ethnicity. We will continue to work with all groups to improve health and well-being outcomes.



Tackling the ten public health issues

We're doing lots of new and creative things to support health and reduce inequalities across North Wales.

In the first years of this strategy were focusing on helping people make healthy lifestyle choices.



1. Improving health and reducing health inequalities

Actions

We will:

- promote well-being
- support people to meet their own needs
- step in early to stop problems getting worse
- do more to help people make healthy life choices – like stopping smoking
- launch our plan to prevent suicide and self-harm
- help people become more active and enjoy using green spaces
- help people take part in activities that help well-being, like arts projects
- promote healthy weight programmes
- train staff to see opportunities to improve health and well-being
- target resources to where they'll make the most difference
- look at ways to reduce food poverty using local projects
- apply for funding to develop projects in Llangefni, Denbigh and Wrexham
- support community development programmes
- work with housing to support tenants and people who are homeless
- challenge discrimination
- develop a new staff health and well-being strategy
- have staff health assessments.

Outcomes

Making these changes will move us towards communities where:

- People are healthy and active.
- People stay healthy.
- People have the information and advice they need.
- People have opportunities to improve their health and well-being.
- People are supported to manage and protect their physical, mental and social well-being.
- Inequalities are reduced.
- Support is good quality and based on what works.
- People stop smoking.

Measuring

A reduction in:

- smoking and smoking related health issues
- inequalities
- diseases like cardiovascular diseases, diabetes and cancer.

An increase in:

- people using screening services
- healthy behaviours
- people using programmes like National Exercise Referral Scheme and Expert Patient programmes.



2. Care closer to home

It's important to have local services that can meet needs in the right way at the right time. This includes GPs, pharmacists, specialist nurses and other community support. People want care as close to home as possible.

We asked people what was important to them and they said they want:

Appointments and tests on the same day in the same place.

Not to keep answering the same questions over and over again.

To have the information they need including where they are in a queue.

To only need to be assessed once.

To know where and who to go to for information.

To see the right person first time.



We have six areas to bring Care Closer to Home.

Care clusters – helping services work together better in one place.

Primary care workforce – working together, sharing information and supporting needs.

Health and well-being centres – offering advice, assessment, outpatient appointments and much more.

Digital health care and technology – offering independence and control.

Community resource teams – one point of assessment, co-ordinated care and support.

Social prescribing – non-clinical activities and support in the community that improve well-being.

2. Care closer to home

Actions

We will:

- support people to manage their own health
- help services to work together better
- build on the resources communities have
- work with local people to make the right plans for their area
- support carers more within Community Resource Teams
- support GP practices better
- use technology better including information and advice apps
- develop new ways to identify and support people who have higher health risks
- promote people to talk about end of life care when needed
- link into other service plans.

We will also develop **14 new primary care clusters** to:

- help services work together better
- support around 50,000 people
- have teams of professionals and bring in specialists
- have mental health teams.

We will have **new Health and Well-being centres** offering a wide range of advice, information, support and assessments.

Some will offer outpatient appointments, minor injuries and treatment services

Some of the centres will also have inpatient beds.

Outcomes

Making these changes will move us towards communities where:

- People have the right information, when they need it, in the way they want it.
- People have support close to their home.
- People are diagnosed early and treated quickly.
- People are safe and protected.
- People can get primary care services like appointments when they need them.
- People know what support is available.
- People have the best care and support possible.
- Care and support is based on evidence, research and best practice.

Measuring

A reduction in:

- ambulance trips to hospital
- people needing hospital admission.

An increase in:

- services offered in Health and Well-being Centres
- more community teams
- people cared for at home
- people able to be discharged to their home
- people discharged early from hospital.



3. Care when your health needs are more serious

We want hospital care to be the best care possible.

Our three main hospitals are:

- Ysbyty Gwynedd in Bangor
- Ysbyty Glan Clwyd in Bodelwyddan
- Wrexham Maelor Hospital.

Each hospital has:

- a 24/7 emergency department
- consultant-led maternity and children's services
- a wide range of medical and surgical care.

Sometimes people have to travel to get specialised care. So we work with hospitals outside North Wales too.

We will widen the range of specialist care we provide in North Wales so ten years from now, people won't have to travel outside the area as often.

Actions

We will:

- make sure hospital services can meet increasing demand
- improve care in emergency departments
- work with professionals to reduce waiting times
- use hospital specialists better
- check how we provide out of hours ENT – ear, nose and throat
- keep maternity units running safely
- improve cancer services for women
- make eye care services better
- open the new Sub-Regional Neonatal Intensive Care Centre
- open one new vascular – veins and arteries – service for major surgery
- consider having one or two specialist centres for hospital care after a stroke
- improve support for people leaving hospital.

To improve **Orthopaedic** services – hips and knees – we will:

- improve referral systems
- invest extra resources.

To improve **Urology** services – diseases in urinary systems – we will:

- review the services we have
- explore having robotic assisted surgeries.

Outcomes

Making these changes will move us towards communities where:

- People have an early diagnosis and treatment when needed.
- People are able to get support more easily for more serious needs.
- Care is safe and high quality.
- People use hospital care less because they have more alternatives.
- Staff listen to individual needs and wishes.
- People have care at the right time, from the right person.
- People are able to make better lifestyle choices.
- Information about services is better and more easily available.

Measuring

A reduction in:

- outpatient follow-up appointments
- delayed care
- waiting times
- healthcare acquired infections
- re-admission rates
- mortality rates.

An increase in:

- tests provided in 8 weeks
- stroke services
- women starting labour outside a consultant led unit
- services provided outside hospital
- people recovering from a hip fracture
- people discharged back home
- Patient Related Outcome Measures
- Patient Related Experience Measures.

4. Mental health and well-being

Mental well-being is about:

- how people feel about their lives
- how much control they feel they have
- support networks
- feeling included
- resilience.

Anyone can experience mental health issues including depression and anxiety. It can affect work, life, relationships, health and well-being.

There are 5 ways to well-being. Evidence shows these help improve well-being:

1. **Connect** – with people around you like family, work colleagues and friends.
2. **Be active** – go for a walk, cycle, dance or garden. Moving makes you feel good.
3. **Take notice** – be curious, take time to notice the good things around you and be aware of the world.
4. **Keep learning** – try something new. Discover interests. It's fun and gives confidence.
5. **Give** – do something nice for a friend, volunteer or join a group. It makes you happy and connects you to community.

Actions

We will:

- promote the 5 ways to well-being
- promote peer support and other services for people moving on from care
- step in sooner to support young people with eating disorders
- improve support to young people who self-harm
- have more psychological therapies, including online services
- have more treatments for people with mental health problems for the first time
- have better 24/7 community services
- make hospital wards safe and comfortable
- have local care for all ages when possible
- support people living with dementia and their carers
- make sure everyone's needs are addressed – including people with more than one condition, or people who are homeless.

Outcomes

Making these changes will move us towards communities where:

- Mental health and well-being improve.
- Mental health problems and mental illness are better recognised and reduced.
- Inequalities, stigma and discrimination are reduced.
- People have a better experience of the support and treatment.
- People have an increased feeling of control over decisions.
- Staff values, attitudes and skills improve.

Measuring

A reduction in:

- calls to the mental health and dementia helplines per 100,000 of the population
- number of people on GP dementia registers
- out of area placements
- delayed transfers of care
- outpatient follow-up appointments
- waiting times.

An increase in:

- mental health assessments within 28 days
- advocacy support in hospitals
- services in health and well-being centres
- feedback through the patient experience survey
- patients discharged home
- number of staff taking up training.

5. Children and young people

We want all children to have the best start in life and future. We don't want them to experience Adverse Childhood Experiences (ACE).

i **ACEs** include parents separating or divorce, misuse of drugs or alcohol at home, or emotional neglect.

Supporting the first 1,000 days of life (from conception to a child's second birthday) makes a real difference to the rest of their life. Getting it right can reduce lifelong health problems like heart disease, diabetes, and cancer.

The United Nations Convention on the Rights of the Child (UNCRC).

We put children's rights at the centre of everything we do. We listen to children and young people and include them in decisions. They're helping us develop this strategy.

Actions

We will:

- keep putting children's and families' rights at the centre of our work
- improve support in the first 1,000 days of life
- find more ways to support children's emotional health, mental well-being and resilience
- focus on reducing childhood obesity and promoting healthy eating habits
- look at the crisis services we have for children and young people mental health needs
- find ways to handle ACEs better and reduce the impact they have
- improve how we bring services together to support children with complex needs
- improve how we listen to and engage with children and young people.

Outcomes

Making these changes will move us towards communities where:

- Children's Rights are met.
- All children in early years are safe, and feel safe.
- Children are cared for, supported and valued.
- Children are resilient and able to cope with problems.
- Services are right for a child's age.
- Children are listened to and involved in service planning.
- Children at risk of poor emotional well-being are supported early.
- Children have support to move through transitions.

Measuring

A reduction in:

- children overweight or obese at age 4 - 5 years
- infant mortality
- low birthweight babies
- waiting times for support.

An increase in:

- breast feeding
- immunisation – vaccination rates
- services available to respond to children in crisis
- services working together
- staff training
- partners working together to improve outcomes for children and families.

6. Healthy ageing

Older people say they want to stay as independent as possible, for as long as possible. They also want control over the support they get and decisions that affect them. When it's possible, we help people stay out of hospital or care homes.

Older people

By older people we mean people aged 50+. Some people will be in employment or early years of retirement.

End of life care

End of life care is not just an issue for older people – it's important the needs of children, families and other adults are also met.

Actions

We will:

- make sure older people have their rights respected and are involved in decisions
- base our plans and services on evidence of what works
- explore ways to reduce loneliness and isolation
- look at having health mentors in the community
- communicate better with older people with specific needs – such as sensory impairment or dementia
- make sure our plans work together with the Local Authorities' ageing well plans.

When people are facing the end of their lives we will:

- encourage people to talk
- help them get the support they need
- have information and advice that's easy to find and understand
- develop guidance for staff giving people end of life care
- work well with hospices.

Outcomes

Making these changes will move us towards communities where:

- People have information and advice about services.
- People have opportunities to improve their health and well-being.
- People have community support that reduces admission to hospital.
- There are high quality local services.
- People have services that help them manage long-term conditions including dementia.
- People are supported to recover following poor health or admission to hospital.
- People live in places that meet their needs, support ageing and help them to connect with others.
- There is good quality end of life care.

Measuring

A reduction in:

- older people feeling lonely
- fractures, including hip fractures
- unscheduled admissions to hospital for people at the end of life.

An increase in:

- life satisfaction
- older people taking health screening and immunisation opportunities
- older people being able to have a diet that promotes health
- older people being physically active
- older people with homes that meet their needs
- older people taking part in the 'Falls pathway' to help stop falls and give treatments
- Advanced Care Plans.

Making it work

All NHS services are facing financial challenges over the next three years. We're having to support more people with less money. The overall budget for Wales is reduced by 3.2%.

But, we have an agreed 1.46% increase from the Welsh Government for our area.

This strategy gives opportunities to:

- develop ways to work together more
- target resources to where they're needed most
- use best practice
- bring support closer to home
- help people manage their well-being.



Working together to improve services

We know we can't do this on our own.

The Welsh Government – In the past, we've struggled to deal with some challenges. So, the Welsh Government stepped in and helped us improve. Since then we have:

- opened new community facilities in Tywyn
- invested in new care services
- reduced waiting times for diagnostic tests and are meeting targets
- recruited consultant doctors in Glan Clwyd
- recruited more maternity staff.

But, there's more we want to do.
We want to build on the progress we've made.

Our partners – We will continue to work with:

- other NHS organisations
- Public Health Wales
- Community Health Council
- The six North Wales Local Authorities
- North Wales Police
- North Wales Fire and Rescue Service
- Natural Resources Wales
- The Together for Mental Health Partnership Board
- Regional Partnership Board
- Welsh Ambulance Services Trust
- Organisations and community groups.

Our communities – We also will continue to listen and involve people through:

- BCU Health Board meetings
- events
- online surveys
- feedback forms
- email
- our Patient Advice and Support service team
- our website: bcugetinvolved.wales.

Our workforce

We're the largest employer in North Wales with over 17,000 people. Although we have a low turnover in staff we face challenges for the future. This is because:

- a large number of staff are over 50
- a low number of staff are under 20
- it's difficult to recruit staff in a number of specialist jobs and other roles.

We're committed to paying a living wage. Good well-paid jobs reduce health inequalities and stop poverty.

We want to:

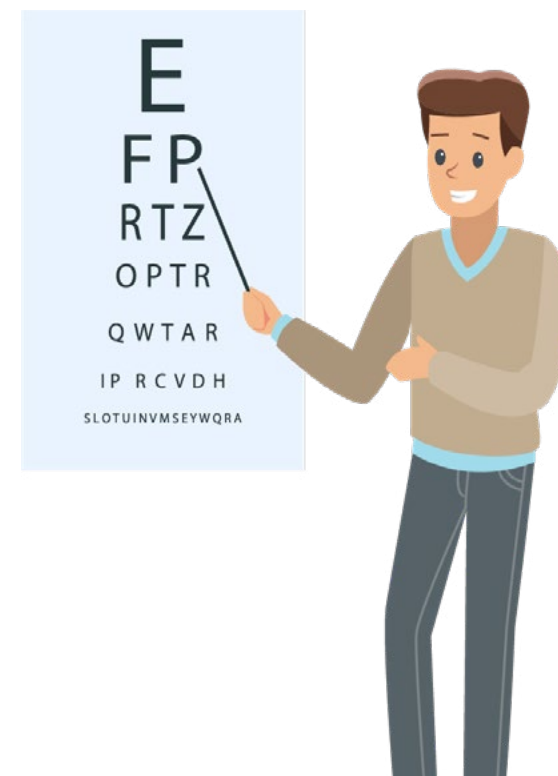
- develop new roles – such as the Physician's Associate to support doctors
- develop teams with health, social care, professionals and partners working together
- support skilled staff to use their expertise
- support and develop new roles to complement the healthcare team
- use resources better – making sure better service models of working are in place
- develop more specialist teams and centres to attract and keep specialist staff
- support all staff – including non-clinical support staff – to continue learning and professional development
- build on our links with Universities
- support and develop our volunteers.

This strategy supports action. It recognises the job everyone does and values their work.

Our new website:

[Train Work Live North Wales](#)

– focuses on recruiting and retaining staff.



Our estate – buildings and land

Like the rest of the NHS, our buildings and land need to be looked after. We need to spend money making sure they are safe, able to meet building regulations, fit for purpose and able to meet needs.

Some of our properties are going to need more investment to meet standards. But we need to secure money to do this. So, we're talking with the Welsh Government about opportunities while making sure the resources we have are used in the right ways.

Going forward

We will:

- look at how we use the facilities we have
- share facilities with other services and organisations when possible
- develop health and well-being centres
- improve the facilities for mental health services so people feel safe and comfortable
- improve facilities such as midwifery-led units so mothers have a comfortable birth experience
- modernise our hospitals and other facilities as needed
- dispose of premises that are expensive to run or don't support our models of care
- consider how we can make our buildings more environmentally friendly.

In the first three years

We will continue the work funded through All Wales Capital Resources and:

- complete the Ysbyty Glan Clwyd Redevelopment Project
- complete and open the Sub-regional Neonatal Intensive Care Centre at Ysbyty Glan Clwyd
- complete the Ysbyty Gwynedd Emergency Department
- redevelop The Elms Substance Misuse Services premises in Wrexham
- develop a Hybrid Theatre at Ysbyty Glan Clwyd to support the new complex vascular centre.

After this, we will develop a long-term programme of investment to improve our estate.



Next steps

Changes take time. We will check this strategy is working and that we're reaching our goals. Then we will alter the strategy as needed.

Thanks for reading this

We want people to continue to have a say and help us improve our services across North Wales.

If you would like to be involved:



e-mail:

bcu.getinvolved@wales.nhs.uk



post:

Living Healthier, Staying Well
BCU Health Board
Block 5, Carlton Court
St Asaph Business Park
St Asaph
LL17 0JG



web:

www.bcugetinvolved.wales



telephone:

01745 586397

If you'd like this in another format or language, please get in touch.

