

Bundle Strategy, Partnerships and Population Health Committee 2 April 2019

AGENDA

9.30am Boardroom, Ysbyty Gwynedd, Penrhosgarnedd, Bangor LL57 2PW

- 1 SP19/18 Apologies for absence
Ms Helen Wilkinson
- 2 SP19/19 Declarations of Interest
- 3 09:30 - SP19/20 Draft minutes of the meeting held on 5.2.19 for accuracy, matters arising and summary action plan
SP19.20a Minutes SPPHC 5.2.19 v.02 draft.docx
SP19.20b Summary Action Log.docx
- 4 09:35 - SP19/21 Development of an integrated research and innovation strategy
Mr Adrian Thomas / Dr Evan Moore
Recommendation
The Committee is asked to note for information, and receive strategy for approval on completion
SP19.21a R&D Strategy development coversheet.docx
SP19.21b R&D strategy development.docx
- 5 09:55 - SP19/22 Mental Health Strategy: Mental Health Transformation Project
Mr Andy Roach
Recommendation:
The Committee is asked to note:
The progress made so far
The actions to be completed in the next phase

SP19.22 Mental Health Transformation Paper March 2019.docx
- 6 10:10 - SP19/23 Learning Disabilities update: Learning Disability Transformation Project
Mr Andy Roach
Recommendation:
The Committee is asked to note:
The progress made so far
The actions to be completed in the next phase

SP19.23 Learning Disability update_LD Transformation project.docx
- 7 10:25 - SP19/24 Civil Contingencies and Business Continuity Draft Work Programme 2019/20
Mr Mark Wilkinson
Mr John Darlington in attendance
Recommendation:
It is recommended that the SPPH Committee:
1. Receive this report.
2. Consider and endorse the Civil Contingencies and Business Continuity Draft Work Programme for 2019/20

SP19.24a Civil Contingencies coversheet.docx
SP19.24b Civil Contingencies Report Work Plan March 2019 v2.doc
- 7.1 10:45 - Comfort Break
- 8 10:55 - SP19/25 Third Sector Strategy update
Mr Mark Wilkinson
Recommendation:
The Committee is asked to note the brief update, and offer any further comments.
SP19.25a Third Sector strategy update coversheet.docx
SP19.25b Third Sector strategy update.docx
- 9 11:15 - SP19/26 Wylfa Redevelopment update - verbal
Mr Mark Wilkinson
- 10 11:25 - SP19/27 BCUHB Governance Structure for Adverse Childhood Experiences (ACE's)
Miss Teresa Owen
Recommendation:
SP19.27b ACES coversheet.docx

- 11.1 11:45 - SP19/28 Reducing smoking prevalence to improve population health – An update on progress
Miss Teresa Owen
Recommendation:
It is recommended that SPPH:
- *Note the evidence, which demonstrates an association between health outcomes and ACE's, as well as the significant impact on demand on health care services and ACE's across the whole life course.*
 - *Note the ongoing work on ACE and F1000 days being taken forward in partnership by women's and children's services as part of the Children's Transformation Group, Regional Partnership Board and Safer Communities Board*
 - *Approve the plan for the wider strategic co-ordination and ACE planning work within the Health Board to be overseen by the Health Improvement Inequalities Transformation Group, with an annual update to the Strategy, Partnership and Population Health Committee.*
- SP19.28 Reducing smoking prevalence to improve population health.pdf
- 12 12:00 - SP19/29 North Wales Regional Partnership Board update : Community Services Transformation Funding briefing
Mr Mark Wilkinson
Recommendation:
The Committee is asked to note the report
- SP19.29a Community Services Transformation Proposal Cover Sheet.docx
- SP19.29b Community services transformation proposal REVISED.pdf
- 13 12:15 - SP19/30 North Wales Public Service Boards update
Mrs Ffion Johnstone, Area Director West in attendance
Recommendation:
The Committee is asked to note the update and current progress made by the Gwynedd & Anglesey Public Service Board.
- SP19.30a PSB coversheet March19.docx
- SP19.30b Public Services Board Report to SPPH March 2019.docx
- 14 12:35 - SP19/31 Committee annual report 2018/19, Terms of Reference and Cycle of Business
Mr Mark Wilkinson
- SP19.31c SPPHCommittee TOR v4.0 December 2019.doc
- SP19.31d SPPHC COB 2019_20 v1.0 Feb 2019.doc
- 15 SP19/32 Issues of significance to inform the Chair's assurance report
- 16 12:50 - SP19/33 Date of next meeting 11.6.19 Carlton Court
- 17 SP19/34 Exclusion of the Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



**Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held on 5.2.19
in the Boardroom, Carlton Court, St Asaph**

Present:

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| Mrs Marian Wyn Jones | Independent Member (Chair) |
| Mrs Bethan Russell Williams | Independent Member |
| Ms Helen Wilkinson | Independent Member |

In Attendance:

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| Mr Neil Bradshaw | Assistant Director Planning ~ Capital (<i>part meeting</i>) |
| Mr John Darlington (JD) | Assistant Director ~ Corporate Planning |
| Mrs Sue Green | Executive Director Workforce and Organisational Development |
| Mrs Eleri Hughes-Jones | Head of Welsh Language Services (<i>part meeting</i>) |
| Mr Rob Nolan | Finance Director ~ Commissioning and Strategy |
| Miss Teresa Owen | Executive Director Public Health |
| Mrs Katie Sargent | Assistant Director Communications and Engagement (<i>part meeting</i>) |
| Dr Chris Stockport | Executive Director Primary and Community Care |
| Mr Mark Wilkinson (MW) | Executive Director Planning and Performance |
| Ms Diane Davies (DD) | Business Support Manager ~ Committee secretariat |

| AGENDA ITEM | ACTION |
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| <p>SP19/1 Apologies for Absence</p> <p>Apologies were received from Cllr Medwyn Hughes</p> | |
| <p>SP19/2 Declaration of Interest</p> <p>It was noted that Mrs Bethan Russell Williams and Ms Helen Wilkinson declared their interests in items pertaining to the Third Sector due to their substantive roles as Chief Officers of local voluntary councils. In addition, Mrs Marian Wyn Jones declared her interest in the Estate Strategy due to her position as Chair of Bangor University Council.</p> | |
| <p>SP19/3 Draft minutes of meeting held on 4.12.18 for accuracy, matters arising and review of Summary Action Log</p> <p>The minutes were <i>approved</i> as an accurate record and the summary action plan updated.</p> | |
| <p>SP19/4 Committee Cycle of Business</p> | |

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| <p>highlighted that more work was required on Alcohol awareness and MECC. It was highlighted that a GP practice in Flintshire had achieved the highest flu immunisation uptake in Wales out of 416 GP practices by exceeding 90.2% for the 65 and over patient group. Discussion ensued on how lessons could be learned from this, especially with the success of cluster lead involvement. The Executive Director of Public Health invited members to attend the fortnightly ongoing flu immunisation debriefs, should they wish to do so.</p> <p>SP19/5.4 In respect of Care Closer to Home, the Committee praised the development of the Ambulatory Care Unit at Llandudno hospital and subsequent improvements for patients which had ensued. The Executive Director of Primary and Community Care highlighted areas which were reported as amber.</p> <p>SP19/5.5 Good progress in respect of Women’s Services was noted, being at ‘green status’ overall. The Executive Director of Public Health drew attention to the work required to move forward the transformation of the Gynaecology service. She also advised that the Maternity dashboard had progressed as well as more substantive appointments within Women’s services. In response to the Committee, the Executive Director of Public Health agreed to clarify progress in respect of BCU’s breastfeeding strategy which had been delayed due to the expected introduction of a national breastfeeding strategy.</p> <p>SP19/5.6 In respect of Children and Young People, the Executive Director of Public Health advised that rebasing was required due to an over ambition in target setting and lack of capacity, however good work had been achieved over quarter 3. She advised that a report on Adverse Childhood Experiences would be provided to the next meeting. The Committee was keen to understand the self harm pathway, especially in respect of referrals.</p> <p>SP19/5.7 Progress in respect of Mental Health was noted. The Committee Chair commented that the Unscheduled and Planned Care plans were less developed and appeared to be in a similar position to the previous year. Discussion ensued on the likely outcome of Quarter 4 progress, which was due to be submitted to the Committee in June. The Committee suggested it would be important to demonstrate within the final quarter report major area focus, “where next” focus, outcomes on key indicators and metrics, learning and recognition. The inclusion of a patient story, and also a staff story, to demonstrate significant impacts were also suggested.</p> <p>The Committee resolved to</p> <ul style="list-style-type: none"> • Receive and note the positive progress made at the end of Q3. • Note the further remedial actions identified for Q4. • Agree the submission of a Q4 report in June. | <p>TO</p> <p>TO</p> <p>JD</p> <p>JD</p> |
| <p>SP19/6 Development of the Three Year Plan 2019/21</p> <p>SP19/6.1 The Executive Director of Planning and Performance advised that BCUHB’s 3 year draft plan had been presented to the Board on 24.1.19 and would continue to be developed, including engagement activities eg with voluntary sector and Local</p> | |

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| <p>Authorities. He pointed out the importance of articulating key deliverables with outcomes and impacts. He drew attention to the huge amount of work ahead, especially in the areas of Unscheduled and Planned Care as well as financials. In explaining the Assurance checklist provided, he explained the focus on majors ie Finance, RTT and Unscheduled Care.</p> <p>SP19/6.2 Having confirmed that a robust EQIA was in place for the Plan, the Executive Director Workforce & OD requested that this was more explicitly demonstrated in the document as well as addressing the enabling strategies. Discussion ensued on the format and content of the document. The Executive Director of Public Health requested that the Welsh Language needed to be included as an enabler. The importance of engagement was emphasised and it was confirmed by the Assistant Director Communications that a Communications plan would be in place by the end of March 2019.</p> <p>SP19/6.3 The Executive Director of Planning and Performance provided assurance that a paper would be presented to the Executive Management Group the following day outlining how the Plan would be delivered. The Chair summarised that the document was welcomed and noted the priorities and presentation. Whilst there was a need for clarity on implementation, she was assured regarding the development of the Communications plan outlined.</p> <p>The Committee resolved to</p> <ul style="list-style-type: none"> • Note the draft paper • Note areas where there remain gaps and challenges which will require resolution prior to presenting to Board on 28th February 2019. <p><i>The Assistant Director of Planning ~ Capital joined the meeting</i></p> | |
| <p>SP19/7 Draft Enabling Strategies supporting the 3 year plan – Estate, Workforce and Digital</p> <p>SP19/7.1 Draft Estate Strategy</p> <p>The Assistant Director of Planning ~ Capital presented the draft Estate Strategy. It was noted that prioritisation involved criteria fit, alignment with the 3 year plan and was risk based. The Committee questioned the process of selection which had taken place and requested that an explanatory briefing be provided to members, especially in respect of the Well-Being Centre in Bangor. The Committee suggested that the Strategy’s introduction needed to contain stronger narrative in respect of the difficult decisions to be made in order to better set public expectations, as well as outlining that some areas of estate were not sustainable or not fit for purpose for patients or staff. It was agreed that the Assistant Director of Planning ~ Capital would liaise with the Independent Member concerned for further detail. In response to the Committee Chair, he confirmed that the Ablett Unit redevelopment was included.</p> <p>The Committee resolved to</p> <p>approve submission of the draft Strategy to the Health Board subject to</p> <ul style="list-style-type: none"> • Inclusion of the amendments resulting from the Committee’s discussion • Provision of prioritisation process | <p>NB</p> <p>MW</p> |

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| <ul style="list-style-type: none"> • Include references to partnerships in the overview • Include explicitly the Bangor Well-Being Centre • Reference financial benchmarking • Ensure final read across contains references to partnerships throughout the document <p><i>The Assistant Director of Planning ~ Capital left the meeting</i></p> <p>SP19/7.2 Draft Workforce Strategy</p> <p>The Executive Director of Planning and Performance advised that the draft provided would be amended in line with Board’s comments on 24.1.19 regarding deliverables and be subject to narrative revision by the Communications team. The Committee was keen to understand key deliverables set out in the document which the Executive Director Workforce & OD detailed further, highlighting the need to map to financial sustainability. She also advised that a Workforce Improvement Group was to be formed for an integrated view. The Committee put forward a number of suggestions which included Health Education Improvement Wales work, referencing the Welsh Language Standards and that linkage regarding University should be more clearly drawn out. The ambition to develop an integrated workforce strategy 2022-25 with health and social care partners was highlighted.</p> <p><i>It was resolved that the Committee</i></p> <p>approve submission of the draft Strategy to the Health Board subject to inclusion of the suggestions discussed.</p> <p>SP19/7.3 Draft Digital Strategy</p> <p>The Committee put forward various suggestions in respect of the draft strategy. This included questioning the inclusiveness of primary care and area team perspectives during development. It was also felt that some of the timescales for implementation could explore interim arrangements due to their length. The Executive Director Planning and Performance pointed out that the context for the digital strategy was different, given the reliance on all Wales systems which had their own governance structures. He questioned the extent to which BCU could develop its own digital strategy which might require clearer articulation in respect of BCU’s freedom to act. The Committee also questioned how partnership working had been addressed and it was noted that the Executive Director of Workforce queried whether the Digital Strategy should be considered following the development of BCU’s Clinical Services Strategy. It was understood that the Information Governance and Informatics Committee would be considering the draft Strategy further on 14.2.19.</p> <p><i>It was resolved that the Committee</i></p> <ul style="list-style-type: none"> • agreed that the Executive Director Planning and Performance provide feedback on the points discussed to the Chief Information Officer and Executive Medical Director ahead of consideration at the next IGIC meeting. | <p>SG</p> <p>MW</p> |
| <p>SP19/8 Staff Engagement - NHS Survey 2018 – Draft Organisational</p> | |

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| <p>Improvement plan and Divisional Improvement plans</p> <p>SP19/8.1 The Executive Director of Workforce and OD presented this item. She drew attention to the mixed picture across the Health Board and stated that more engagement was required with Trade Unions which would be discussed further at the next Local Partnership Forum. She highlighted that cross referencing to year one of the 3 year Plan would be more explicit in the iteration to be submitted to the March Board meeting. Discussion ensued on the future format of staff surveys on a national level, in which the Committee emphasised their strong support for a continued survey which would also enable comparability with other Health Boards. The Committee was keen to understand what would replace the national survey if it was to be withdrawn. In respect of the varied quality of Divisional plans provided, it was suggested that good practice examples be shared with others to improve quality.</p> <p>SP19/8.2 The Chair highlighted that Executive (and senior management) visibility and Bullying & Harassment were of concern. The Executive Director Workforce and OD confirmed that an Executive Team Divisional plan was being addressed at the Executive Team meeting to take place on 27.2.19. The Committee also queried accountability and respect which was discussed further.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the key results from the survey and raised areas of concern • supported the draft organisational improvement plan for further engagement with staff during February and March. • noted the Divisional improvement plans. • noted oversight of progress against the organisational and divisional improvement plans by the Executive Management Group/Workforce Improvement Executive Group with a further SPPH progress report to be submitted in October 2019. | |
| <p>SP19/9 Reconnecting with the Public – an update on public engagement</p> <p>SP19/9.1 The Assistant Director ~ Communications presented this item. She highlighted work within the report that had been undertaken in respect of Special Measures, Living Healthier ~ Staying Well, Wider Public and Stakeholder engagement activity and Planned activity for 2019. In outlining the Stakeholder Consultation Year 2: 2018 and Continuous Engagement Monitoring: Evaluation Study Year 2 surveys which had been undertaken, which indicated a strengthened position in relation to partnerships, she agreed to share the survey reports with members when available. The Assistant Director ~ Communications advised that a communications plan was being developed in respect of the 3 year plan in which the importance of effective messaging was emphasised.</p> <p>SP19/9.2 The Committee highlighted that there was no overlap with the existing third sector network in respect of West engagement and attention was drawn to the need to compliment and not duplicate resources in this area. In the discussion which followed the importance of highlighting collaborative opportunities with partners at events was also raised.</p> | <p>KS</p> |

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| <p>SP19/9.3 The Executive Director of Public Health welcomed the report, drawing attention the Live Lab update and it was suggested that screening and its impact would be important to highlight moving forward into the future. In response to the Committee Chair question regarding how ‘good’ improvement could be quantified within the stakeholder survey, the Assistant Director ~ Communications advised that a shift of 5% would be indicative, and that BCU was incrementally moving in the right direction. Discussion ensued on the questionnaires undertaken and experiences shared from the perspective of other third sector organisations. The Executive Director of Primary and Community Services took on board comments encouraging the involvement of GP clusters within engagement activities.</p> <p><i>It was resolved that the Committee</i></p> <p>noted the report and welcomed the immense progress made</p> | |
| <p>SP19/10 no item</p> | |
| <p>SP19/11 Welsh Language Standards</p> <p>SP19/11.1 The Head of Welsh Language Services joined the meeting to present this item. She informed that the document contained detail of all the standards which BCUBH were required to comply with. It was noted that a project management team had been established to ensure compliance which included representatives of all areas and divisions. She highlighted the good progress achieved since the initial RAG rating had been undertaken in October 2016. The Head of Welsh Language Services also drew attention to four areas of compliance risk which were of concern outlined within the report, namely standards 19, 25, 37 and 63 and the mitigating actions being worked on, with the affected areas, to establish assessments and mechanisms to assist going forward. It was noted that the Board Secretary was undertaking an assessment of potential resource involvement in respect of Board and Committee papers.</p> <p>SP19/11.2 The Welsh Language Board Champion was complimentary of the investment made at an early stage to address compliance with the standards, suggesting that other areas of the organisation could benefit from lessons learned in the Service’s approach. She requested that partnership work also be measured. In response to the Committee Chair’s question, the Head of Welsh Language Services stated that compliance with Standard 19 was of the most concern however, she referenced the Bilingual Skills Strategy which BCU had introduced and gave examples of improvements being made. The Executive Director of Public Health also praised early intervention work that had been undertaken within the Workforce and OD Division which had made a difference. The Committee Chair emphasised that whilst the Welsh Language was implicit within BCU’s plans, it was important to reinforce its importance as an enabling strategy and ensure compliance.</p> <p><i>It was resolved that the Committee</i></p> <p>noted the report and progress achieved.</p> | EHJ |
| <p>SP19/12 EU Exit Transition planning</p> | |

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| <p>The Executive Director of Planning and Performance drew attention to the risks outlined in the report, highlighting All Wales work that was being undertaken. The Executive Director of Primary and Community Services commented on issues regarding medication and the Executive of Public Health shared discussion undertaken at the Regional Partnership Board.</p> <p><i>It was resolved that the Committee</i></p> <p>note the report</p> | |
| <p>SP19/13 BCUHB – Main Budget Changes – Additional funding 2019/20</p> <p>The Finance Director ~ Commissioning and Strategy presented this item, drawing attention to the summary of uplift and allocation provided within the report in respect of additional funding allocated for 2019/20 and explained the ‘top slice’ process. He advised that of the £53.103m total revenue resource limit, £20.98m was in respect of the Agenda for Change pay award and did not include the General Medical Services & General Dental Services contracts which were yet to be agreed.</p> <p><i>It was resolved that the Committee</i></p> <p>note the report</p> | |
| <p>SP19/14 North Wales Regional Partnership Board update</p> <p>The Executive Director Planning and Performance presented this item. He highlighted work being progressed in respect of the Community Services Transformation funding and agreed to provide a further briefing at the next meeting. He also drew attention to the different lead organisations for the various areas of transformation funding. Discussion ensued on the maturity and size of the RPB in which the need for a conversation regarding values needed to be addressed in the near future.</p> <p><i>It was resolved that the Committee</i></p> <ul style="list-style-type: none"> • Note the report • Include Community Services Transformation funding at next meeting via COB, followed by other transformation funding briefings at future meetings | MW |
| <p>SP19/15 Public Service Boards (PSB)</p> <p>It was noted that this would be a standard item at future Committee meetings. An Area Director, that represents BCUHB at PSB meetings, would be present in turn, to update on developments taking place at the various Public Service Boards in North Wales going forward.</p> | |
| <p>SP19/16 Issues of significance to inform Chair’s Assurance Report</p> <p>To be confirmed following the meeting.</p> | |

SP19/17 Date of next meeting

2.4.19 at Ysbyty Gwynedd Boardroom, with provision of simultaneous translation, in order to facilitate opportunities for Welsh Language team member skill training and development.

| BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE | | | | |
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| Summary Action Plan | | | | |
| Officer/s | Minute Reference and summary of action agreed | Original Timescale | Latest Update Position | Revised Timescale |
| Transferred from Finance and Performance Committee 17.1.19 | | | | |
| Justine Parry / Sally Baxter Mark Wilkinson | FP18/159.3 Information Governance Updates Discuss testing of BCU's Business Continuity Plan with the Civil Contingency Group | 13.9.18 | <p>The next Civil Contingency Group meeting is on 6.11.18. The lead officer and Business Continuity Manager have been contacted to ensure inclusion on the agenda.</p> <p>25.10.18 update :- It was agreed that the action remain open until resolution regarding the testing of BCU's Business Continuity Plan at CCG is reported.</p> <p>14.11.18 – Justine Parry advises that there is a 5 year work plan in place and clinical areas are to take priority. Regular updates are provided to CCG to monitor progression.</p> <p>22.11.18 Although a closing statement had been provided, members were not fully assured as to the testing of business continuity in the wider sense. The Executive Director of Planning & Performance would follow up and report back in due course.</p> <p>10.1.19 Briefing note circulated to members</p> <p>17.1.19 Additional briefing note requested regarding Business Continuity testing for Mr John Cunliffe, Independent Member</p> <p>17.1.19 The Executive Director of Planning and Performance met with Mr John Cunliffe after the meeting and agreed that this issue</p> | |

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| | | 30.5.19 | falls within the remit of SPPH and should be addressed at June SPPH meeting within the emergency planning annual report and forward plan. In addition, an internal audit of our work in this area has recently been commissioned. Action transferred to SPPHC. | |
| 4.12.18 | | | | |
| Teresa Owen | SP18/92.2 Summary action plan Circulate response from the Welsh Language Commissioner | 7.12.18 | 5.2.19 – TO advised that the response had been circulated to the IM Welsh Language Champion | Action to be closed |
| Mark Wilkinson | SP18/96 Review of the Committee's allocated risks extracted from the corporate risk register The Committee questioned the process of Audit amendment to SPPH risk, feedback to be requested from OBS. | 24.12.18 | | |
| 5.2.19 | | | | |
| Teresa Owen | SP19/4.2 COB The Executive Director of Public Health undertook to provide a list of public health items for inclusion to the next iteration, including dates for the Mid Wales Healthcare Collaborative. | 19.3.19 | Completed | Action to be closed |
| Diane Davies | SP19/4.3COB Update Cob following discussion | 19.3.19 | Completed | Action to be closed |
| Teresa Owen | SP19/5.5 Annual Operational Plan monitoring 2018/19 quarter 3 The Executive Director of Public Health agreed to clarify progress in respect of BCU's breastfeeding strategy which had been delayed due to the expected introduction of a | 19.3.19 | The Infant Feeding Strategic Plan (includes breast-feeding) was launched successfully on Monday 25 March 2019. A WG representative was in attendance. The Action Plan is being progressed. We are the first UHB in Wales to publish a plan of this nature. (The national | Action to be closed |

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| | national breastfeeding strategy. | | work is ongoing). | |
| Teresa Owen | SP19/5.5 Annual Operational Plan monitoring 2018/19 quarter 3 The Executive Director of Public Health advised that a report on Adverse Childhood Experiences would be provided to the next meeting | 19.3.19 | Agenda item April meeting | Item to be closed |
| John Darlington | SP19/5.5 Annual Operational Plan monitoring 2018/19 quarter 3 The Committee suggested it would be important to demonstrate within the final quarter report major area focus, “where next” focus, outcomes on key indicators and metrics, learning and recognition. The inclusion of a patient story, and also a staff story, to demonstrate significant impacts were also suggested. | 19.3.19 30.5.19 | Feedback to be incorporated into the full end of year report scheduled for 11.6.19 SPPH Committee | |
| John Darlington | SP19/5.7 Annual Operational Plan monitoring 2018/19 quarter 3 Provide a full Q4 report in June and a headline report in April. | 19.3.19 30.5.19 | Full report scheduled for Committee meeting to be held on 11.6.19 | |
| Neil Bradshaw | SP19/7.1 Draft Estate Strategy The Committee questioned the process of selection which had taken place and requested that an explanatory briefing be provided to members, especially in respect of the Well-Being Centre in Bangor. | 19.3.19 | The development of the Estate strategy was an iterative process and the identification of the proposed future changes to the estate was undertaken in consultation with the Division. The Strategy was subject to discussion with the Executive Management Group and Executive Team prior to presentation to the Health Boards as part of a developmental workshop. The selection criteria were determined by the | Action to be closed |

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| | | | <p>Executive Team in order to support the identification of the project pipeline. It was acknowledged that the realisation of the Estate Strategy was expected to take in excess of 15 years. The initial 3 year pipeline reflected the assessment of those projects that sought to address the immediate high risks of the Health Board.</p> <p>This initial assessment did not identify the Well-Being Centre in Bangor as an immediate risk. However further consultation with the Area Divisions, including the Well North Wales programme identified the importance of this scheme in addressing local estate deficiencies and promoting new models of collaborative delivery with partners.</p> | |
| Mark Wilkinson | SP19/7.1 Draft Estate Strategy submission of the draft Strategy to the Health Board subject to amendments suggested by the Committee | 14.2.19 | The draft estate strategy has been amended to reflect the Committee's discussion. | Action to be closed |
| Sue Green | SP19/7.2 Draft Workforce Strategy Submit the draft Strategy to the Health Board subject to inclusion of the suggestions discussed. | 14.2.19 | Amendments made and Strategy submitted to the Board 28/03/19 | Action to be closed |
| Mark Wilkinson | SP19/7.3 Draft Digital Strategy Executive Director Planning and Performance to provide feedback on the points discussed to the Chief Information Officer and Executive Medical Director ahead of consideration at the next IGIC meeting. | 13.2.19 | Completed | Action to be closed |
| Katie Sargent | SP19/9 Reconnecting with the Public – an update on public engagement | 19.3.19 | Completed | Action to be closed |

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| | The Assistant Director ~ Communications agreed to share the survey reports with members when available. | | | |
| Eleri Hughes-Jones | SP19/11 Welsh Language Standards Arrange for partnership work to also be measured. | 19.3.19 | Evaluation of the Health Board's partnership work with the National Centre for Learning Welsh is currently being undertaken. This was discussed at the All Wales Partnership Board for Welsh Language Services in Health and Social Care, and the findings will be utilised as a way forward for other Health Boards. | Action to be closed |
| Mark Wilkinson | SP19/14 North Wales Regional Partnership Board update Include Community Services Transformation funding at next meeting via COB, followed by other transformation funding briefings at future meetings | 19.3.19 | Agenda item 2.4.19 | Action to be closed |

27.3.19

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| Strategy, Partnerships and Population Health Committee 2.4.19 |  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care |
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| Report Title: | Development of an integrated research and innovation strategy |
| Report Author: | Lynne Grundy - Associate Director of Research & Innovation |
| Responsible Director: | Adrian Thomas - Executive Director Of Therapies & Health Sciences, Evan Moore, Executive Medical Director |
| Public or In Committee | Public |
| Purpose of Report: | To update the Committee on the development of an integrated Research and Innovation Strategy development which is being supported by The Innovation Agency |
| Approval / Scrutiny Route Prior to Presentation: | No prior scrutiny |
| Governance issues / risks: | None |
| Financial Implications: | Not applicable |
| Recommendation: | The Committee is asked to note for information, and receive strategy for approval on completion. |

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

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| 5.To improve the safety and quality of all services | x | 5.Considering impact on all well-being goals together and on other bodies | x |
| 6.To respect people and their dignity | | | |
| 7.To listen to people and learn from their experiences | x | | |
| Special Measures Improvement Framework Theme/Expectation addressed by this paper | | | |
| Due to the scope and breadth of the topics included all of the themes are of relevance. | | | |
| Equality Impact Assessment | | | |
| Not applicable. | | | |

Disclosure:

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

DEVELOPMENT OF AN INTEGRATED RESEARCH AND INNOVATION STRATEGY

Background

The BCUHB Clinical Research and Development (R&D) three year Strategy was approved in 2016 with commitment that it would be reviewed and refreshed on a regular basis, with annual updates provided to the Board.

A restructure of the R&D Department delayed the review and refresh of the strategy earlier in 2018, however this is now being progressed. There is a strong desire to develop an integrated research and innovation strategy that integrates research, innovation and improvement aims which is meaningful and engaging to staff and public, which meets local population needs and is jointly shared with our key stakeholders and partners. Recent publications such as *A Healthier Wales* and other local and national policy drivers will all inform the integrated strategy to ensure that it is fit or purpose for the future.

We believe that external, expert support to develop such a strategy would provide a fresh eyes approach and add value and benefit. In the first instance we invited the Director of Transformation and the Associate Director of Improvement and Education from the Innovation Agency to our Research and Innovation (R&I) Strategic Partnership Group to scope out some ideas. The Innovation Agency are the Academic Health Science Network for the North West Coast, covering Cheshire, Merseyside, Lancashire and South Cumbria. We felt that the Innovation Agency had local available expertise that could present opportunity and advantage due to the wealth of knowledge and experience available and could also help develop further partnership working opportunities.

Progress

The Director of Transformation and the Associate Director of Improvement and Education from the Innovation Agency have facilitated a meeting of our R&I Partnership Group, which includes academic and Welsh Government representation, to enable us to reflect on where we are and what we are trying to achieve. They have the support of their Chief Executive for continued support and will be attending the Executive Management Group meeting in April.

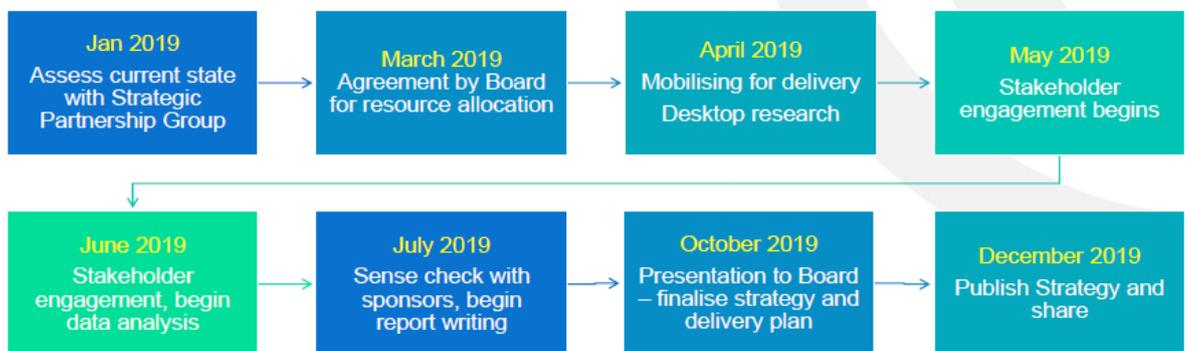
The proposal for strategy development and timeline is shown below.

○ A Strategy for Value in Research, Development, Innovation and Improvement

The proposal of strategy development brings together....



○ The proposal and timeline in brief



It is proposed that the strategy will be presented to the SPPH for approval in advance of going to Board.



| | |
|---|---|
| Report Title: | Mental Health Transformation Project |
| Report Author: | Mrs Lesley Singleton Director Partnership MH/LD |
| Responsible Director: | Mr Andy Roach Director MH/LD |
| Public or In Committee | Public |
| Purpose of Report: | To update the committee on the progress of the mental health transformation project. |
| Approval / Scrutiny Route Prior to Presentation: | Together for Mental Health Partnership Board |
| Governance issues / risks: | <p>Risk we cannot recruit enough suitably experienced/qualified staff in the timescale. To mitigate we are promoting the posts widely to our networks.</p> <p>Risk that we are not able to spend the funding allocated in the timescale in a way that meets the project objectives. To mitigate establish project governance, regular monitoring and reporting and prepare plans for managing slippage.</p> <p>Risk that the changes made are not sustainable after the end of the project. To mitigate make stakeholder engagement a key part of the project and commission project evaluation to run alongside the project to act as a 'critical friend' so that lessons are learned along the way.</p> |
| Financial Implications: | |
| Recommendation: | <p>The Committee is asked to note:</p> <p>The progress made so far</p> <p>The actions to be completed in the next phase</p> |

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i> | √ |
|---|---|---|---|
| 1.To improve physical, emotional and mental health and well-being for all | √ | 1.Balancing short term need with long term planning for the future | √ |
| 2.To target our resources to those with the | √ | 2.Working together with other partners to | √ |

| | | | |
|---|---|---|---|
| greatest needs and reduce inequalities | | deliver objectives | |
| 3.To support children to have the best start in life | | 3. Involving those with an interest and seeking their views | √ |
| 4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being | √ | 4.Putting resources into preventing problems occurring or getting worse | √ |
| 5.To improve the safety and quality of all services | √ | 5.Considering impact on all well-being goals together and on other bodies | √ |
| 6.To respect people and their dignity | √ | | |
| 7.To listen to people and learn from their experiences | √ | | |

Special Measures Improvement Framework Theme/Expectation addressed by this paper

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

Equality Impact Assessment

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

Disclosure:

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

Board/Committee Coversheet v10.0

Mental Health Transformation Project

1. Purpose of report

1.1 To provide an update on the progress of the project.

2. Project description

2.1 Provide a seamless integrated urgent care service for individuals who experience mental health crisis or require immediate support. Developed as part of the implementation of the mental health strategy and as part of the Welsh Government Transformation Programme to deliver A Healthier Wales. See [appendix 1](#) for more detail.

3. Status summary

3.1 Budget

[Green]

The total project budget is £2,320,000 million.

3.2 Schedule: progress against the project initiation plan

[Green]

| Key milestones | Deadline | Achieved | Variance/Explanation |
|---------------------------------|------------|----------|--|
| 1. Establish project governance | Nov 2018 | Ongoing | Governance structure agreed. |
| 2. Recruitment to project team | Jan 2019 | Ongoing | Recruitment in progress. 3 project business managers due to commence April |
| 3. Evaluation | March 2019 | Ongoing | Procurement documents on Sell to Wales. |
| 4. Programme Delivery | Ongoing | Ongoing | Plans in place. |

4. Work completed in this reporting period (October and November 2018)

4.1 Actions completed to date are:

- **Project governance:** proposal agreed ([appendix 2](#))
- **Recruitment:** 3 Business Support Leads have been successfully recruited and will commence in post before within the month. Further recruitment of Programme lead and further specialist staff to be commenced within next phase.
- **Evaluation:** Evaluation of Mental Health Strategy Implementation tender has been published, closing date for responses 22nd April. ([appendix 3](#)).

5. Work planned for next reporting period (April 2019 - to July 2019)

5.1 Actions to be completed are:

- **Governance:** Draw up commissioning and Assurance Framework as agreed by the TG4MH Board 08.03.19
- **Recruitment:** Agree final Team structure and advertise remaining posts, shortlist and interview.
- **Evaluation:** Review, consider and award evaluation tender.
- **Programme Delivery:** Each local implementation to team to develop delivery plans and implement project support pathway.

6. Requests for change

7. Key risks and issues

| | | | | | | | |
|------------|----------------|---|----------|-----|--------|------|-----------|
| Likelihood | Almost certain | A | | | | | |
| | Likely | B | | | | | |
| | Possible | C | | | | | |
| | Unlikely | D | | | | | |
| | Rare | E | | | | | |
| | | | 5 | 4 | 3 | 2 | 1 |
| | | | Very low | Low | Medium | High | Very high |
| | | | Impact | | | | |

Risks

| Ref | Description and mitigating action | Risk score |
|-----|--|------------|
| 1 | Risk we cannot recruit enough suitably experienced/qualified staff in the timescale. To mitigate we are promoting the posts widely to our networks. | C3 |
| 2 | Risk that we are not able to spend the funding allocated in the timescale in a way that meets the project objectives. To mitigate establish project governance, regular monitoring and reporting and prepare plans for managing slippage. | B3 |
| 3 | Risk that the changes made are not sustainable after the end of the project. To mitigate make stakeholder engagement a key part of the project and commission project evaluation to run alongside the project to act as a 'critical friend' so that lessons are learned along the way. | C2 |

Issues

None identified

8. Lessons report

8.1 The work will draw on lessons learned from the development of the Together for Mental Health Strategy and work closely with the other transformation projects to share learning. The evaluation commissioned will include a 'critical friend' role so that there is an ongoing process of adapting the project in response to lessons learned.

Appendix 1: Project summary

Together for Mental Health in North Wales

The aim of the project is to provide a seamless integrated urgent care service for individuals who experience mental health crisis or require immediate support.

The project aims to achieve this in a number of different ways:

- Pilot alternative service models to maintain individuals in the community which would include crisis cafés / safe havens, sanctuaries, strengthened home treatment services and step-down services.
- Work with criminal justice services to provide an effective integrated response to people with mental health needs who come into contact with police services.
- Review Community Mental Health Teams and the role of third and independent sector with supporting people at risk of severe mental health crisis including digital technology solutions.

The Transformation Project supports the Together for Mental Health Strategy's ambition to promote the Mental Health Well Being of all people in North Wales and to ensure that people with Mental health problems and mental illness get the support they need when they need it, with the expectation that over the next few years to have shifted from providing hospital based care and treatment to health, well-being and prevention.

Through the Together for Mental Health Strategy it has been identified there is currently a fragmented approach to managing people in mental health crisis which can have a negative impact on these individuals and on our ambition is to be more able to provide a seamless integrated urgent care service for those individuals who experience mental health crisis or require immediate support to prevent crisis in the community, thus avoiding unnecessary hospital admission. This approach of prevention and early intervention will support people to maintain their independence and will enable care and support to be provided on 'what matters' to the individual and thereby improving outcomes.

The Transformation project offers a real opportunity to deliver on the key commitments within the T4MH Strategy.

What's new - scaling up the model

This project is about designing and implementing an integrated pathway to support people in mental health crisis but also to provide support much earlier to avoid crisis occurring.

The reality is that due to the lack of provision and the fragmentation of provision that is available we are not making the best use of resources.

We need to transform the way we support people with mental illness and this project is about pump priming the system to support the transformation and once

established there will be a shift in how existing resources are utilised differently to support the new model care.

The change we want to see

We will work closely with independent evaluators to assess how the project is making a difference to people's lives and to learn from where the project is working less well. We will know the project is a success if we see the following.

- Reduce the rate of s136 detention
- Reduce demand on unscheduled care system
- Improved access and integration to mental health support across sectors
- Reduced admission to psychiatric units
- Improved patient experience
- Improved experience for families and carers
- Improved staff satisfaction
- Improved quality of CTP if multiagency ways of working are maximised
- Greater choice of community support
- Improved housing support
- Greater integration with physical health services
- Improve knowledge and skills of the emergency services on mental health, suicide and self-harm

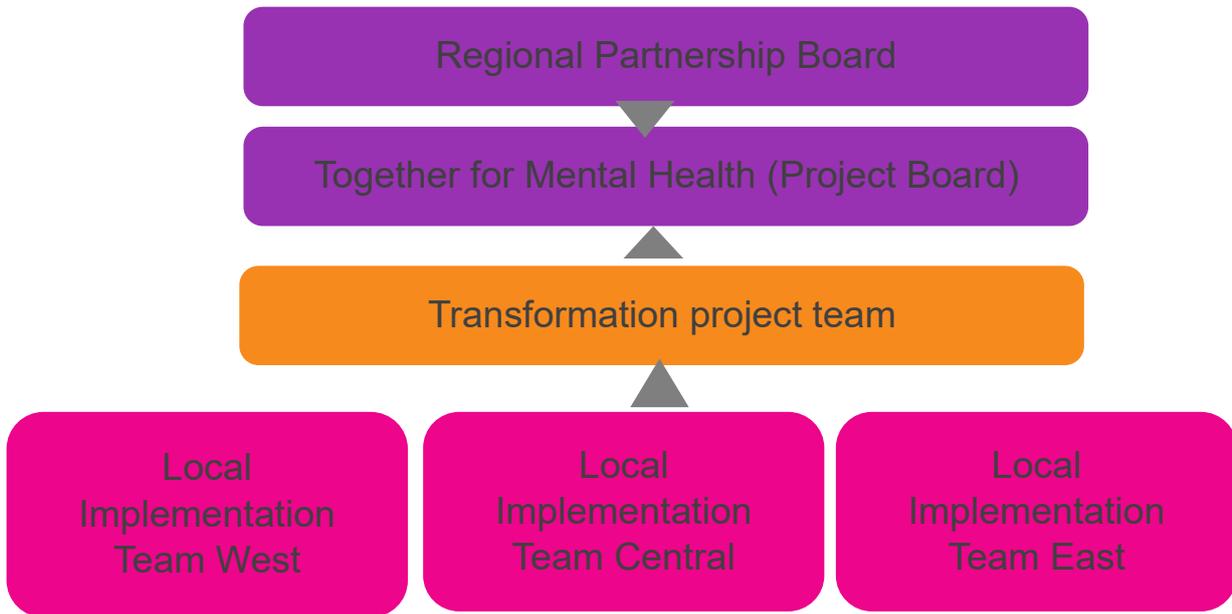
Project partners

- the six Local Authorities
- Public Health Wales
- North Wales Police
- Universities and education providers
- Welsh Ambulance Services Trust
- Local voluntary and independent sector organisations
- North Wales Fire and Rescue Service
- North Wales Community Health Council
- Neighbouring NHS bodies in England and Wales;
- The Community Voluntary Councils
- BCUHB – All divisions including primary care
- Caniad – representing people with lived experience
- Housing Associations

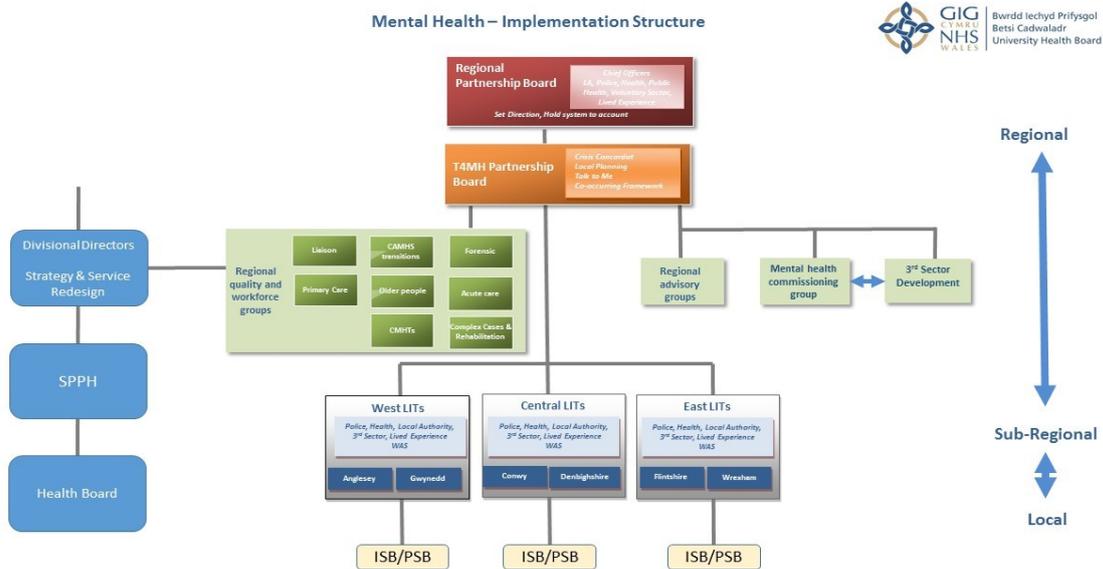
The project is managed by the Together for Mental Health Board.

Appendix 2: Project governance proposal

Governance Structure



Together for Mental Health Board Governance:



Frequency of meetings

The Together for Mental Health Board meet bi-monthly.

Appendix 3: Evaluation service specification

Evaluation of the Together for Mental Health Strategy North Wales

1. Background

The Health Board has written a Mental Health Strategy which sets out a plan to improve services for people with mental health issues across North Wales.

The strategy has been coproduced with service user and staff involvement, and prepared in close consultation with partners across North Wales.

The strategy commits all stakeholders to adopting six key principles in everything that it does:

- Treat people who use services, and their carers and families as equal partners – all of us must be seen as essential assets in improving the mental health and wellbeing of the communities of North Wales
- Ensure everything we do is as integrated as possible – across disciplines, across agencies, across services – in both planning services, and delivering services. Fragmented care must be replaced by joined-up and continuous care.
- Work to ensure **everyone** feels valued and respected
- Support and promote the best quality of life for everyone living with mental health problems
- Promote local innovation and local evaluation in how we provide services
- Continually measure our impact on outcomes, within both national and local quality and outcomes frameworks – whether we have improved the lives of people for and with whom we provide services

The strategy confirms the aim to offer a comprehensive range of services which:

- Promote health and wellbeing for everyone, focussing on prevention of mental ill health, and early intervention when required;
- Provide evidence based interventions for people with common mental health conditions in the community as early as possible;
- Are community-based wherever possible, reducing our reliance on inpatient care
- Identify and provide evidence based care and support for people with serious mental illness as early as possible;
- Manage acute and serious episodes of mental illness safely, compassionately, and effectively;
- Support people to recovery, to regain and learn the skills they need after mental illness
- Assess and provide effective evidence based interventions for the full range of mental health problems, working alongside services for people with physical health needs

In order to deliver on these objectives a number of workstreams have been identified and described in the Parliamentary Review Bid, including the formation of LIT's to be responsible for the implementation of the mental health strategy in their area and they are beginning to establish themselves into action focused forums.

2. Work required

To evaluate, provide expert support and a '**critical friend**' role to the *Together for Mental Health Strategy* implementation, plus a Social Return on Investment report that assesses whether the investment has been worthwhile, and is sustainable. The evaluation should be **co-produced** with people with experience of Mental Health services and include people with current or recent service user experience as part of the evaluation team.

The key issues to address in the evaluation will need to be refined through reference to the Parliamentary Bid and through further discussion between the evaluation team and the project leads, but clear strands for the project are to:

a) Prevent - Deliver an effective framework in each county for identifying individuals with high levels of vulnerability and develop a multi-agency approach to prevent crisis occurring.

b) Respond – Develop an effective multi-agency crisis care pathway that will provide prudent (right time, right response, right place) care and support that meets the needs of the individual. This will build on and scale up projects already being partly funded from the MH Transformation monies that have been trialled on a small scale, including but not exclusively:

- enable ambulance crews to seek advice and support from mental health nurses whilst responding to an individual in crisis.
- locating a mental health practitioner in the police control room 24/7

c) Educate- Underpin the multi-agency approach to crisis care by re-educating front line staff from all organisations on respective roles and responsibilities to improve practice and the experience for people in crisis.

The overall objectives of the strategy implementation will be to demonstrate:

- Reduced rate of s136 detentions
- Reduced demand on unscheduled care system
- Improved access and integration to mental health support across sectors
- Reduced admission to psychiatric units
- Improved patient experience
- Improved experience for families and carers
- Improved staff satisfaction
- Improved quality of CTP if multiagency ways of working are maximised
- Greater choice of community support

The evaluation will develop indicators that show how the implementation of the strategy addresses the specific needs of people with emotional **dysregulation, psychosocial and mental health** issues and achieves the objectives outlined above. The evaluation will also look at how the tools and models developed can be embedded into services so that the process of gathering insight, improving and adapting services can continue after the end of the project.

2.1 Outputs

- An agreed set of research questions and an evaluation framework.
- A set of performance measures for each of the workstreams to include baseline measures and outcome measures as appropriate.
- Copies of research tools and methods used such as questionnaires as agreed in the evaluation framework.
- Copies of raw data collected in an editable format such as .CSV files or Microsoft Word.
- An SROI element to the report.
- A draft report and final report in Welsh and English summarising the evidence gathered and making recommendations for how beneficial outcomes from the project could be sustained or 'scaled up' across North Wales and other regions.
- A presentation of the report and recommendations to the project board. The presentation should be produced in Microsoft PowerPoint.

3. Evaluation Criteria

The **Regional Partnership Board** is seeking an organisation that can demonstrate the following.

- 3.1 That they have the capability and capacity to design and carry out an evaluation of the overall project and the various workstreams to include qualitative and quantitative research methods.
- 3.2 How they have successfully involved children, young people and adults with mental health issues in evaluating projects in the past and how they will involve people with experience of mental health issues in this evaluation, for example in paid or voluntary posts within the evaluation team.
- 3.3 An understanding of the transformation of health and social care that Welsh Government aims to achieve through A Healthier Wales: Our plan for health and social care.
- 3.4 That they can draw on professional experience of designing and managing successful **mental health** services to provide expert support and a '**critical friend**' role in the implementation of the transformation project.

3.5 That the evaluation will be accessible to all participants through their choice of Welsh or English. For example, by producing Easy Read or audio-visual versions of written materials in Welsh and English and having staff who are able to conduct interviews or focus groups through the medium of Welsh or English.

3.6 That they have experience of completing similar projects within budget and to agreed timescales and can meet the estimated timescales outlined in **4** below.

3.7 That the project management methods they would use to carry out the evaluation are robust and comprehensive.

4. Quality Assurance

The organisation should:

- Follow the [National Principles for Public Engagement in Wales](#).
- Follow the [Style.ONS](#) guide for writing about and presenting data.
- Collect equalities monitoring data to make sure that people with **protected characteristics** are included in the evaluation.
- Make sure all participants have given **consent** to take part in the evaluation.

5. Contract monitoring requirements

5.1 A highlight report every three months to the Together for Mental Health project board which describes:

- A budget summary
- Progress against the project plan and explanation of any differences
- Work completed in this reporting period
- Description of work planned for the next reporting period
- Any requests for change
- Key project risks and issues
- Lessons learned

6. Timescale

The evaluation needs to be completed by 31 March 2020. There is an option for the contract to be extended for a further 6 months.

7. Contract value

There is a budget of £100,000 (excluding VAT) to cover the required work.

8. In the event of query

Please submit any queries via the Sell 2 Wales e-Procurement portal using the dialogue facility.

Glossary of terms

- (1) **Active offer:** providing a service in Welsh without someone having to ask for it.
- (2) **Asset-based approach:** bringing people and communities together to achieve positive change using their own knowledge, skills and lived experience around the issues they encounter in their own lives. It is about recognising the strengths in individuals and a community and using those to solve problems instead of focussing on the deficits or problems in a community.
- (3) **Consent:** Consent means offering individuals real choice and control. Individuals should have clear and accessible information about the project. They should be able to withdraw their consent at any time and every step of the processing of their information without detriment. It should be as easy to withdraw consent as to give it.
- (4) **Co-production:** An **asset-based approach** that enables people providing and people receiving services to share power and responsibility, and work together in equal, reciprocal and caring relationships.
- (5) **Critical friend:** A person who is encouraging and supportive but who also provides honest and candid feedback that may be uncomfortable or difficult to hear. Someone who agrees to speak truthfully but constructively about weaknesses, problems and emotionally charged issues. This may include asking challenging questions and providing a different perspective.
- (6) **Integrated services:** for example, social services and health services working more closely together so that people receive a 'seamless service', where they don't experience delays or fall through the gaps between services because of the way that services are set up.
- (7) **Protected characteristics:** It is against the law to discriminate against someone because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. These are called protected characteristics.
- (8) **Regional Partnership Board:** Regional Partnership Boards were set up in each region by the Social Services and Well-being (Wales) Act 2014 to drive the strategic regional delivery of social services in close collaboration with health. In North Wales the board currently meets monthly and membership includes the local authorities, the health board, third sector representatives, service user and carer representative as well as co-opted members from the North Wales Police, Welsh Ambulance Services Trust, and North Wales Fire Service. More information is available at: <https://www.northwalescollaborative.wales/regional-partnership-board/>
- (9) **Work package:** this is a list of tasks that need to be carried out as part of a larger project. The work package includes details of what needs to be done, who will do it and by when.



| | |
|---|--|
| Report Title: | Learning Disability Transformation Project |
| Report Author: | Mrs Lesley Singleton Director of Partnerships MH/LD |
| Responsible Director: | Mr Andy Roach, Director MH/LD |
| Public or In Committee | Public |
| Purpose of Report: | To update the committee on the progress of learning disability transformation project. |
| Approval / Scrutiny Route Prior to Presentation: | The Learning Disability project group |
| Governance issues / risks: | <p>Risk we cannot recruit enough suitably experienced/qualified staff in the timescale. To mitigate we are promoting the posts widely to our networks.</p> <p>Risk we do not involve people with learning disabilities and parents/carers in co-producing the project. To mitigate include co-production in project planning, project team job descriptions and as an objective of the evaluation team.</p> <p>Risk that we are not able to spend the funding allocated in the timescale in a way that meets the project objectives. To mitigate establish project governance, regular monitoring and reporting and prepare plans for managing slippage.</p> |
| Financial Implications: | |
| Recommendation: | <p>The Committee is asked to note</p> <p>The progress made so far</p> <p>The actions to be completed in the next phase</p> |

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

| | | | |
|---|---|---|---|
| 4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being | √ | 4.Putting resources into preventing problems occurring or getting worse | √ |
| 5.To improve the safety and quality of all services | √ | 5.Considering impact on all well-being goals together and on other bodies | √ |
| 6.To respect people and their dignity | √ | | |
| 7.To listen to people and learn from their experiences | √ | | |

Special Measures Improvement Framework Theme/Expectation addressed by this paper

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

Equality Impact Assessment

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

Disclosure:

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

North Wales Learning Disability Transformation Project

1. Purpose of report

1.1 To provide an update on the progress of the project.

2. Project description

2.1 To develop seamless health and social care services for people with learning disabilities in North Wales as part of the Welsh Government Transformation Programme to deliver A Healthier Wales. See [appendix 1](#) for more detail.

3. Status summary

3.1 Budget

[Green]

The total project budget is £1.7 million. Projected spend is £100,000 to 31 March 2019. .

3.2 Schedule: progress against the project initiation plan

[Green]

| Key milestones | Deadline | Achieved | Variance/Explanation |
|---------------------------------|------------|----------|------------------------------|
| 1. Establish project governance | Jan 2019 | Ongoing | Governance proposal drafted. |
| 2. Recruitment to project team | March 2019 | Ongoing | Recruitment in progress. |
| 3. Evaluation procurement | March 2019 | Ongoing | Currently out to tender |
| 4. Communication | Ongoing | Ongoing | Plans in place. |
| 5. Participation | Ongoing | Ongoing | Plans in place. |

4. Work completed in this reporting period (October and November 2018)

4.1 Actions completed to date are:

- **Project governance:** drafted structure ([appendix 2](#)) Learning Disability Project Board in place including representatives from health and social care, children and adults' services, housing and a carers' representative. First two meetings held and dates booked for the year.
- **Recruitment:** Agreed Flintshire County Council will host the staff for the project and developed a project team structure ([appendix 3](#)).
- Kathryn Whitfield Programme Manager commenced in post on 11 March and recruitment is underway for the other posts. Team due to be in place by April 2019.

- **Evaluation procurement:** Service specification ([appendix 4](#)), evaluation methods and criteria, well-being impact assessment, data protection impact assessment, budget template, community benefits plan template, commissioning form and consultancy control form.
- Currently out to tender. Contract due to be in place by May 2019.
- **Communication:** Initial press release shared and project summary produced ([appendix 1](#))
- Produced blog posts about the project and circulated them to project networks along with updates about recruitment and tendering opportunities.
- **Participation:** Working with the with regional participation group on the evaluation procurement and including participation in the recruitment process.

5. Work planned for next reporting period (March 2019 to May 2019)

Actions to be completed are:

- **Recruitment:** Complete recruitment of remaining posts.
- **Evaluation procurement:** Complete the procurement and award the contract. Work with national group to develop consistent approach to evaluation for all transformation projects.
- **Communication:** Plan project launch for May 2019.
- **Participation:** Continue working with the Regional Participation Group and self-advocacy groups to plan involvement in the project and evaluation.

6. Requests for change

6.1 Request approval for proposed project governance structure ([appendix 2](#))

7. Key risks and issues

| | | | | | | | |
|------------|----------------|---|----------|-----|--------|------|-----------|
| Likelihood | Almost certain | A | | | | | |
| | Likely | B | | | | | |
| | Possible | C | | | | | |
| | Unlikely | D | | | | | |
| | Rare | E | | | | | |
| | | | 5 | 4 | 3 | 2 | 1 |
| | | | Very low | Low | Medium | High | Very high |
| | | | Impact | | | | |

Risks

| Ref | Description and mitigating action | Risk score |
|-----|---|------------|
| 1 | Risk we cannot recruit enough suitably experienced/qualified staff in the timescale. To mitigate we are promoting the posts widely to our networks. | C2 |
| 2 | Risk we do not involve people with learning disabilities and parents/carers in co-producing the project. To mitigate include co-production in project planning, project team job descriptions and as an objective of the evaluation team. | D2 |
| 3 | Risk that we are not able to spend the funding allocated in the timescale in a way that meets the project objectives. To mitigate establish project governance, regular monitoring and reporting and prepare plans for managing slippage. | B3 |
| 4 | Risk that the changes made are not sustainable after the end of the project. To mitigate make stakeholder engagement a key part of the project and | C2 |

| Ref | Description and mitigating action | Risk score |
|-----|---|------------|
| | commission project evaluation to run alongside the project to act as a 'critical friend' so that lessons are learned along the way. | |

Issues

None identified

8. Lessons report

- 8.1 The work will draw on lessons learned from the development of the Learning Disability Strategy and work closely with the other transformation projects to share learning. The evaluation commissioned will include a 'critical friend' role so that there is an ongoing process of adapting the project in response to lessons learned.

Appendix 1: Project summary

North Wales Together: Seamless services for people with learning disabilities

The aim of the project is to develop seamless health and social care services for people with learning disabilities. Through better integrating health, social care and the third sector, the project aims to help people with learning disabilities live more independently and get the care they need to closer to home.

The project aims to achieve this in a number of different ways:

- Better integration of health and social services and less duplication of record systems so people only have to 'say it once'.
- Workforce development to create better awareness of disability issues among the wider public sector workforce. This approach should reduce the demand for specialist learning disability services in future.
- Work with other organisations to improve commissioning and procurement and make sure we have the types of housing and support people need.
- Uses of assistive technology to help people with learning disabilities become more independent in their everyday lives.
- Community and culture change. Increasing the number of people employed in paid work, accessing training, and volunteering.

The project is based on the [North Wales Learning Disability Strategy](#) which was written by health and social care services together with people with learning disabilities and their families/carers. It's based on consultation and engagement with people involved in learning disability services across North Wales.

Our vision is that people with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control. The project will build on the skills, networks and community resources that people with learning disabilities already have. It will be co-produced with people with learning disabilities and their parents/carers, which means we will share power and responsibility for making the changes.

What's new - scaling up the model

There are examples of excellent, sector leading practice for people with learning disabilities throughout North Wales. This best practice is not always replicated across the region so our vision is to make sure the very best offer is available consistently to citizens across North Wales. This work will create structures and process that could be used across other regions and with other groups of service users.

The change we want to see

We will work closely with independent evaluators to assess how the project is making a difference to people's lives and to learn from where the project is working less well. We will know the project is a success if we see the following.

- New integrated structures in place so fewer people will fall between the gaps in services and no-one will experience delays in support due to disagreements between services.
- People with a learning disability will engage more in healthy lifestyle behaviours such as healthy eating and mental well-being interventions such as the five ways to well-being.
- Any health inequalities are reduced. It will be easier for people with learning disabilities to take up health screening opportunities and to have an annual health check.
- All GP surgeries will be signed up to delivering the learning disability annual health check and to change their services to make them easier to use. These changes are called 'reasonable adjustments'.
- Reduced demand on specialist learning disability services.
- People with learning disabilities and their parents/carers will have access to good, consistent and accessible information and advice.
- There will be fewer out of area placements. More people with learning disabilities will have choice and control over where they live and how they are supported.
- Increased take-up of support budgets / direct payments.
- Carers will have access to a range of flexible carer breaks.
- More people with learning disabilities will use technology safely to help them be more independent.

Project partners

Isle of Anglesey County Council
 Gwynedd Council
 Conwy County Borough Council
 Denbighshire County Council
 Flintshire County Council
 Wrexham County Borough Council
 Betsi Cadwaladr University Health Board

The project is managed by a project board including representatives from all partners, housing and the third sector. Flintshire County Council is the project lead.

Appendix 2: Project governance proposal

Governance Structure



Project board: Suggested membership

Chaired by Neil Ayling and Lesley Singleton. With representation from:

- Local authorities (representatives to include members from east, west and central regions, children's and adults' learning disability services)
- BCUHB (community representative, Mental Health and Learning Disability Division representative)
- Housing
- Voluntary sector
- Provider representative
- Education

Frequency of meetings

To meet monthly for the first four months of the project (January to April 2019) and every two months afterwards. To consider links with Partnership Friday and other transformation project boards when planning meetings.

Appendix 3: Transformation team structure



Appendix 4: Draft evaluation service specification

Evaluation and expert support of North Wales Together: Seamless services for people with learning disabilities

1. Background

The North Wales **Regional Partnership Board** (RPB) has written a Learning Disability Strategy which sets out our plan to improve services for people with learning disabilities across North Wales. Our aim is that people with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control. The strategy is based around what people have told us matters to them:

- having a good place to live
- having something meaningful to do
- friends, family and relationships
- being safe
- being healthy
- having the right support

Within each of these areas we include: the needs of people with profound and multiple learning disabilities and support for people through changes in life from early years to ageing well. We are committed to strengthening Welsh language services and providing an **active offer** through the Mwy na geiriau/More than just words framework.

To achieve our vision and provide services based on what matters to people we have planned five **work packages**:

- **Integrated services**: making sure health and social services work together better to support people with learning disabilities.
- **Workforce development**: Making sure staff know how to communicate well with people with learning disabilities and make reasonable adjustments to services so they are easier to use. This will help people get the health care they need. Make sure people who want support in Welsh can get it without having to ask.
- **Commissioning and procurement**: Work with other organisations to make sure we have the types of housing and support people need.
- **Community and culture change**: Work with the local community to make sure people with learning disabilities can access lots of different activities and meet new people if they want to. Help more people with learning disabilities to get paid jobs.
- **Assistive technology**: Find ways to use technology like alarms and mobile phones to support people to be more independent.

Each work package will take an **asset-based approach** to build on the skills, networks and community resources that people with learning disabilities already have. They will be **co-produced** with people with learning disabilities and their parents/carers so we share power and responsibility for making the changes.

The RPB has secured funding to put the strategy and work packages into action from the Welsh Government Transformation Fund set up to deliver A Healthier Wales: Our plan for health and social care. The grant guidance states that the project needs to be professionally evaluated in a timely fashion, to provide evidence which will inform decisions relating to wider adoption, considering particularly health and social care outcomes improvement, enhanced healthcare value, and affordable service delivery.

2. Work required

To evaluate, provide expert support and a '**critical friend**' role to the *North Wales Together: Seamless services for people with learning disabilities* project and the five work packages. The evaluation should be **co-produced** with people with learning disabilities and employ people with learning disabilities as part of the evaluation team.

The key issues to address in the evaluation will need to be refined through further discussion between the evaluation team and the project leads but clear priority areas to include are:

1. Does the new service model give people with learning disabilities more flexibility, choice and control about their lives?
2. Does the new model provide people with learning disabilities with a seamless service?
3. Has the new service model improved outcomes for people with learning disabilities?
4. Has the new service model improved integration of people with learning disabilities within the wider community?
5. How affordable is the new service model? How do the costs compare to the previous service models.

The evaluation will develop indicators that show how the new model addresses the specific needs of people with a **learning disability** and the change we want to see. The evaluation will also look at how the tools and models developed can be embedded into services so that the process of gathering insight, improving and adapting services can continue after the end of the project.

Outputs

- An agreed set of research questions and an evaluation framework.
- A set of performance measures for each of the five work packages to include baseline measures and outcome measures as appropriate.

- Copies of research tools and methods used such as questionnaires as agreed in the evaluation framework.
- Copies of raw data collected in an editable format such as .CSV files or Microsoft Word.
- A draft report and final report in Welsh and English summarising the evidence gathered and making recommendations for how beneficial outcomes from the project could be sustained or 'scaled up' across North Wales and other regions.
- A presentation of the report and recommendations to the project board. The presentation should be produced in Microsoft PowerPoint.

Quality assurance

The organisation should:

- Follow the [National Principles for Public Engagement in Wales](#).
- Follow the [Style.ONS](#) guide for writing about and presenting data.
- Collect equalities monitoring data to make sure that people with **protected characteristics** are included in the evaluation.
- Make sure all participants have given **consent** to take part in the evaluation.

3. Requirements

The **Regional Partnership Board** is seeking an organisation that can demonstrate the following.

- 3.1 That they have the capability and capacity to design and carry out an evaluation of the overall project and the five work packages to include qualitative and quantitative research methods.
- 3.2 How they have successfully involved children, young people and adults with learning disabilities in evaluating projects in the past and how they will involve people with learning disabilities in this evaluation, for example in paid or voluntary posts within the evaluation team.
- 3.3 An understanding of the transformation of health and social care that Welsh Government aims to achieve through A Healthier Wales: Our plan for health and social care.
- 3.4 That they can draw on professional experience of designing and managing successful **learning disability** services to provide expert support and a '**critical friend**' role in the implementation of the transformation project.
- 3.5 That the evaluation will be accessible to all participants including people with profound or multiple learning disabilities, through their choice of Welsh or English. For example, by producing Easy Read or audio-visual versions of written materials in Welsh and English and having staff who are able to conduct interviews or focus groups through the medium of Welsh or English.

3.6 That they have experience of completing similar projects within budget and to agreed timescales and can meet the estimated timescales outlined in 4 below.

3.7 That the project management methods they would use to carry out the evaluation are robust and comprehensive.

4. Contract monitoring requirements

4.2 A highlight report every three months to the project board which describes:

- A budget summary
- Progress against the project plan and explanation of any differences
- Work completed in this reporting period
- Description of work planned for the next reporting period
- Any requests for change
- Key project risks and issues
- Lessons learned

5. Timescale

The evaluation needs to be completed by 31 March 2020. There is an option for the contract to be extended for a further 6 months.

6. Contract value

There is a budget of £100,000 (excluding VAT) to cover the required work.

7. In the event of query

Please submit any queries via the 'Proactis' e-Procurement portal using the dialogue facility.

Glossary of terms

(1) **Active offer:** providing a service in Welsh without someone having to ask for it.

(2) **Asset-based approach:** bringing people and communities together to achieve positive change using their own knowledge, skills and lived experience around the issues they encounter in their own lives. It is about recognising the strengths in individuals and a community and using those to solve problems instead of focussing on the deficits or problems in a community.

(3) **Consent:** Consent means offering individuals real choice and control. Individuals should have clear and accessible information about the project. They should be able to withdraw their consent at any time and every step of the processing of their information without detriment. It should be as easy to withdraw consent as to give it.

(4) **Co-production:** An **asset-based approach** that enables people providing and people receiving services to share power and responsibility, and work together in equal, reciprocal and caring relationships.

(5) **Critical friend:** A person who is encouraging and supportive but who also provides honest and candid feedback that may be uncomfortable or difficult to hear. Someone who agrees to speak truthfully but constructively about weaknesses, problems and emotionally charged issues. This may include asking challenging questions and providing a different perspective.

(6) **Integrated services:** for example, social services and health services working more closely together so that people receive a 'seamless service', where they don't experience delays or fall through the gaps between services because of the way that services are set up.

(7) **Learning Disability:** The term is used to describe an individual who has a significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or a reduced ability to cope independently (impaired adaptive functioning); which started before adult-hood and has a lasting effect on development.

(8) **Protected characteristics:** It is against the law to discriminate against someone because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. These are called protected characteristics.

(9) **Regional Partnership Board:** Regional Partnership Boards were set up in each region by the Social Services and Well-being (Wales) Act 2014 to drive the strategic regional delivery of social services in close collaboration with health. In North Wales the board currently meets monthly and membership includes the local authorities, the health board, third sector representatives, service user and carer representative as well as co-opted members from the North Wales Police, Welsh Ambulance Services Trust, and North Wales Fire Service. More information is available at: <https://www.northwalescollaborative.wales/regional-partnership-board/>

(10) **Work package:** this is a list of tasks that need to be carried out as part of a larger project. The work package includes details of what needs to be done, who will do it and by when.

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| Strategy, Partnerships and Population Health Committee 2.4.19 |  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care |
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|---|---|
| Report Title: | Civil Contingencies and Business Continuity Draft Work Programme 2019/20 |
| Report Author: | Miss Emma Binns, Business Continuity Manager Mr John Darlington, Assistant Director, Corporate Planning |
| Responsible Director: | Mr Mark Wilkinson, Executive Director of Planning and Performance |
| Public or In Committee | Public |
| Purpose of Report: | <p>This paper sets out a resilience work programme for 2019/20, building upon established organisational resilience arrangements in the delivery of duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance.</p> <p>The cycle of business demonstrates how the Civil Contingencies Group, provides assurance and governance relating to health preparedness as well as coordination of specific health economy resilience</p> |
| Approval / Scrutiny Route Prior to Presentation: | The draft programme of work for 2019/20 is overseen by the Civil Contingencies Group which is the Board's internal forum and provides leadership relating to health preparedness as well as coordination of specific aspects of health economy resilience. |
| Governance issues / risks: | Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a "Category 1 Responder" and therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015). Gaps and shortfalls against the NHS England Emergency Preparedness, Resilience & Response (EPRR) core standards have also been identified. |
| Financial Implications: | The action plan can be delivered within available resources. |
| Recommendation: | <p>It is recommended that the SPPH Committee:</p> <ol style="list-style-type: none"> 1. Receive this report. 2. Consider and endorse the Civil Contingencies and Business Continuity Draft Work Programme for 2019/20 |

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| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all</i> | √ | WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has</i> | √ |
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| <i>that apply and expand within main report)</i> | | <i>embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i> | |
| 1.To improve physical, emotional and mental health and well-being for all | | 1.Balancing short term need with long term planning for the future | ✓ |
| 2.To target our resources to those with the greatest needs and reduce inequalities | | 2.Working together with other partners to deliver objectives | ✓ |
| 3.To support children to have the best start in life | | 3. Involving those with an interest and seeking their views | ✓ |
| 4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being | | 4.Putting resources into preventing problems occurring or getting worse | ✓ |
| 5.To improve the safety and quality of all services | ✓ | 5.Considering impact on all well-being goals together and on other bodies | |
| 6.To respect people and their dignity | ✓ | | |
| 7.To listen to people and learn from their experiences | ✓ | | |
| Special Measures Improvement Framework Theme/Expectation addressed by this paper | | | |
| Equality Impact Assessment | | | |
| Individual plans developed in response to the Civil Contingencies Act (2004) will be subject to EQIA assessment. | | | |

Disclosure:

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

Betsi Cadwaladr University Health Board
Civil Contingencies and Business Continuity Work Programme 2019/20

1. Purpose of report

The purpose of this paper is to present the committee with the proposed draft programme of work and Cycle of Business for the Civil Contingencies Group for 2019/20. The attached work plan Identifies gaps and shortfalls against the Emergency Preparedness, Resilience & Response (EPRR) core standards, the Emergency Preparedness Response and Recovery Assurance Audit Report dated April 2018, the draft Business Continuity Audit Report dated March 2018 and outstanding items from the 2018/19 work plan. The planned programme of work will build upon established organisational resilience arrangements and ensure delivery of the duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance.

2. Organisational Arrangements

The Board has arrangements in place in to be compliant with its legislative duties and capable of responding to a major incident or disruptive challenge.

Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a “Category 1 Responder” and therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015).

The Health Board currently delivers its resilience programme through the following structures and responsible individuals: -

Lead Responsibility

- The Director of Planning and Performance holds the **Executive Lead** for resilience, and is supported in discharging this function through civil contingency group divisional leads.
- The **Resilience Team** sit within the Strategy Directorate and support the overarching delivery of the resilience programme. The team have specific resilience expertise that supports the development of plans, delivery of training, business continuity and co-operation with external partners in matters relating to the wider civil resilience agenda.

North Wales Structure

- The **Local Resilience Forum** and its sub structure is a non-statutory forum for delivering resilience across the whole of the civil responder community in North Wales. It is the primary mechanism for achieving compliance with key duties of the Civil Contingencies Act, including production of a community risk register and strategies to warn and inform our communities.

- The **Civil Contingencies Group** is the Board's internal forum which provides leadership relating to health preparedness as well as coordination of specific aspects of health economy resilience.

The Health Board contributes to the **Emergency Planning Advisory Group**, a Welsh Government led forum which brings health resilience managers and practitioners together in order to ensure consistency in preparedness and shared knowledge relating to response. Furthermore, the Board liaises with the NHS England Resilience planning structure and a number of pan Wales specific working groups relating to for example mass casualties, pandemic influenza and the pre-hospital medical response to major incidents.

3. Priorities for Action 2019/20

The priorities and work programme for 2019/20 are set out in Appendix 1 below. In addition, the Cycle of Business for Civil Contingencies Group is set out in Appendix 2 for completeness.

4. Conclusions

The forward work programme will be overseen by the Civil Contingencies Group throughout 2019/20 with formal reporting of progress to be presented to the Strategy, Partnerships and Population Health Committee as follows:

- June 2019 - 2018/19 Annual Report
- October 2019 – 2019/20 Mid-year Report

5. Recommendations

It is recommended that the Committee:

Consider and approve the draft work programme described in this paper for 2019/20.

ANNEX 1



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Betsi Cadwaladr
University Health Board

CIVIL CONTINGENCIES

DRAFT WORKPLAN 2019/20

| Key theme | Lead | Actions | Timescale for completion of Action (Q1, Q2, Q3, Q4) | Outcome /Expected Impact |
|--|------|--|--|---|
| To maintain compliance with the Civil Contingencies Act (2004) | EB | <p>Governance</p> <p>Identify gaps and shortfalls against the Emergency Preparedness, Resilience & Response (EPRR) core standards and update plans accordingly.</p> <p>Comply with the NHS Wales Emergency Preparedness Checklist.</p> <p>Prepare a Civil Contingencies end of year report 18/19.</p> | <p>Q1</p> <p>Q1 - Q4</p> <p>Q1</p> | <p>The Civil Contingencies Act (2004) sets out 6 legislated duties for bodies such as the Health Board. The role of the Resilience unit in this regard is</p> |

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| | <p>Prepare a Civil Contingencies mid-year monitoring report.</p> <p>Develop a cycle of business for the Civil Contingencies Group.</p> <p><i>Duty to Assess the Risks within the local community:</i></p> <p>Review the National Risk and Threat Assessment along with the local Community Risk Register in order to identify specific gaps within our preparedness or capability.</p> <p>Develop appropriate arrangements to mitigate identified risks in line with the Community Risk Register and the pre-determined LRF workload priorities.</p> <p>Develop arrangements to respond to high risk public events within the community.</p> <p>Explore options that secure more detailed local planning and response capabilities with health and social care partners.</p> <p>Review the risks and issues identified in relation to the UK's transition from the European Union.</p> <p><i>Duty to maintain Plans</i></p> <p>Develop arrangements to support the evacuation of a hospital.</p> <p>Develop a plan which supports the health board in the</p> | <p>Q3</p> <p>Q1</p> <p>Q1 – Q4</p> <p>Q4</p> <p>Q1</p> | <p>to maintain compliance with these duties.</p> |
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| | <p>event of a national fuel disruption.</p> <p>Support the development of robust “Lockdown” arrangements for each acute, community and mental health hospital/facility.</p> <p>Respond to and address any recommendations within the Internal Audit Report relating to business continuity.</p> <p>Develop Business Impact Analysis and Business Continuity Plans for area teams.</p> <p>Continue to develop business continuity arrangements across remaining areas within the Health Board in line with the Business Continuity Monitoring Report.</p> <p>Develop a HAZMAT/CBRN plan incorporating the updated Emergency Department arrangements.</p> <p>Develop arrangements to support the management of a mass fatality incident within North Wales.</p> <p>Coordinate the development of the outstanding Health Board Pandemic Influenza arrangements specifically in relation to primary and secondary care.</p> <p>Further to a review of the actions and recommendations from the Kerslake Report, develop arrangements in relation to bereavement and psychological support.</p> <p>Review the Health Board Major Emergency Plan.</p> | <p>Q3</p> <p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q1 - Q2</p> <p>Q1</p> <p>Q3</p> <p>Q1</p> | |
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| | <p>Co-ordinate a full review of site specific Hospital Major Incident Plans.</p> <p>Develop arrangements to support the Health Board during the UK's transition from the European Union.</p> <p><i>Duty to have in place command and control arrangements.</i></p> <p>Develop reporting arrangements to support the UK's transition from the European Union.</p> <p>Review command and control arrangements in line with revised on-call arrangements.</p> <p><i>Duty to communicate with the public;</i></p> <p>Review and address any changes to the Exodus arrangements which, allow the sharing of information relating to vulnerable persons affected by an emergency.</p> <p>Further develop social media capabilities to warn and inform the public affected during a major emergency.</p> <p><i>Duty to cooperate with our civil contingencies partners:</i></p> <p>Co-operate with the Local Resilience Forum and its substructures.</p> | <p>Q1 – Q4</p> <p>Q1 – Q4</p> <p>Q1</p> <p>Q1 – Q4</p> <p>Q2 – Q3</p> <p>Q3 – Q4</p> <p>Q1 – Q4</p> | |
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| | | Develop activation arrangements with partners in NHS England for access to mutual aid. | Q3 | |
| | | Revise mass fatality arrangements with partner agencies in line with national guidance. | Q1 – Q4 | |
| | | Review mass casualty arrangements with NHS partners across Wales and England. | Q1 – Q4 | |
| | | <i>Duty to share information:</i> | | |
| | | Continue to share information between Category 1 and 2 responders as and when required. | Q1 | |
| | | <i>Training & Exercising</i> | | |
| | | To provide adequate training opportunities at for staff who have identified roles within emergency plans. | Q1 – Q4 | |
| | | To facilitate exercises to test Business Continuity Plans across acute and area teams. | Q1 – Q4 | |
| | | Identify training requirements within each of the acute hospitals and develop a training schedule. | Q1 – Q4 | |
| | | Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training and maintain a register. | Q1 | |
| | | Work with the Local Resilience Forum Learning & | Q1 | |

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| | | <p>Development Group to formalise a schedule of exercising that meets the Health Board's training objectives.</p> <p>Review current MERIT training arrangements with WAST to provide a national approach and deliver a further course.</p> <p>Participate in multi-agency LRF exercises.</p> <p>Review and update training register for business continuity training.</p> <p>Review and update a training register for major incident training.</p> | <p>Q2</p> <p>Q1 – Q4</p> <p>Q1</p> <p>Q1</p> | |
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ANNEX 2

CYCLE OF ANNUAL BUSINESS
CIVIL CONTINGENCIES GROUP

| Agenda Items | Note | 04/03/19 | 03/06/19 | 15/10/19 | Jan TBC |
|--|-------------------|----------|----------|----------|------------|
| Opening Business (Standing items) | | | | | |
| Apologies | Standard item | x | x | x | |
| Draft minutes of previous meeting, matters arising and review of outstanding actions | Standard item | x | x | x | |
| Governance matters | | | | | |
| Work plan 2019/20 | Annual review | x | | | |
| Cycle of business | Annual review | x | | | |
| Terms of Reference review | Annual review | x | | | |
| Review of Tier 2 Directorate and Divisional Risks | Agenda Item | | x | | x |
| Civil Contingencies End of Year Report | Annual submission | | x | | |
| Civil Contingencies Mid-Year Monitoring Report | Annual submission | | | x | |
| Business Continuity Audit Report | Annual review | | x | | |
| Welsh Government Annual Report | Annual submission | x | | | |
| Civil Contingencies | | | | | |
| Major Emergency Plan | 3 year review | | x | | |
| Hospital Major Incident Plan | 3 year review | | | | |
| Training | Agenda item | x | x | x | x |
| Exercises | Agenda item | x | x | x | x |

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|---------------------------------------|---------------|--------------|-------------|----------------|------------|
| National Guidance ad hoc | Agenda item | x | x | x | x |
| Incidents ad hoc | Agenda item | x | x | x | x |
| Feedback from EPAG | Agenda item | x | x | x | x |
| Feedback from LRF | Agenda item | x | x | x | x |
| Agenda Items | Note | March | July | October | Jan |
| Business Continuity | | | | | |
| Business Continuity Policy | 3 year review | | | | |
| Business Continuity BIAs and Plans | 3 year review | x | x | x | X |
| Business Continuity Monitoring Report | Agenda item | | x | | x |
| Business Continuity Leads Meeting | Agenda item | | x | | x |
| Training | Agenda item | x | x | x | x |
| Exercises | Agenda item | x | x | x | x |
| Closing Business (standing items) | | | | | |
| Date of next meeting | Standard item | x | x | x | x |
| Summary of actions | Standard item | x | x | x | x |

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| Strategy, Partnerships and Population Health Committee 2.4.19 |  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care |
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| Report Title: | Third sector strategy – update briefing |
| Report Author: | Sally Baxter, Assistant Director – Health Strategy |
| Responsible Director: | Mark Wilkinson, Director of Planning and Performance |
| Public or In Committee | Public |
| Purpose of Report: | <p>To provide a brief update on development of third sector strategy for the Health Board.</p> <p>In 2016 the Board approved a strategic approach to partnership working with the sector and commissioning arrangements for third sector services. However, this was not progressed in depth, and requires review and refresh. Work has been undertaken to review current partnership arrangements and proposals are being developed to build on these.</p> <p>The brief paper attached summarises issues being considered, progress to date and next steps.</p> |
| Approval / Scrutiny Route Prior to Presentation: | The report is being brought for information. |
| Governance issues / risks: | Failure to work effectively in partnership with the sector may have detrimental impact on the delivery of high quality care to the population. Failure to engage appropriately would breach current legislative and policy expectations. |
| Financial Implications: | No immediate financial implications at this stage. |
| Recommendation: | The Committee is asked to note the brief update, and offer any further comments. |

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

Disclosure:

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

Board/Committee Coversheet v10.0

Title of paper

Third sector strategy – briefing March 19

1. Purpose of report

This paper gives a brief update to SPPH on the refresh of third sector strategy for the Health Board.

2. Introduction

In September 2018 a brief presentation was made to SRG on the key elements of the existing third sector strategy of the Health Board (dating from 2016) and key considerations for discussion.

A timeline was proposed for refresh of the strategy which included work to run in parallel with the process to develop the three year plan for the Health Board, engagement with the sector, and refreshed proposals to be finalised by March 2019.

Discussions have taken place with key individuals and engagement is being arranged to allow broader discussion of the current perspectives on relationships with the sector, the priorities for action and areas for inclusion in future collaboration arrangements. This paper gives a brief update on issues identified through internal and external discussions and planned next steps.

3. Context

3.1 The third sector is an **inclusive** and **overarching** description of a very diverse range of organisations that share a set of values and characteristics. It is widely accepted that third sector organisations are:

- independent, non-governmental bodies, established voluntarily by people who choose to organise themselves;
- 'value-driven' and motivated by social, cultural or environmental objectives, rather than to simply make a profit;
- committed to reinvesting their surpluses to further their social aims and for the benefit of people and communities.

Within this common values-based approach, there is a **broad range** of organisations which make up the fabric of the Third Sector, including community associations, self-help groups, voluntary organisations, charities, faith-based organisations, social enterprises, community businesses, housing associations, development trusts, co-operatives and mutual organisations.

3.2 The previous Statement of Strategic Intent agreed by the Health Board identified four key roles for the third sector:

- A **Strategic Partner** - bringing its expertise, strength and diversity to contribute on an equal basis to the planning, shaping, decision making, and implementation of agreed local priorities
- A **Service Provider** – improving health and wellbeing outcomes by responding to local and diverse health and wellbeing needs
- An **Enabler of the Citizens Voice** and **Community Representation** by encouraging and supporting local service users and citizens to inform planning and decision making by the Health Board
- A source and support for **volunteering and fund raising**

These roles remain relevant today, and there is additional emphasis brought by the changed legislative and policy landscape on partnerships, including with the third sector:

- new formal statutory partnerships have been developed through the Well-being of Future Generations Act - the four **Public Services Boards**; and the Social Services and Well-being (SSWB) Act – the **North Wales Regional Partnership Board**
- collaboration and involvement are amongst the five ways of working which are required to deliver the sustainable development principle as described by the WFG Act
- **A Healthier Wales** recognises the need for broader and deeper partnerships to deliver the aspirations of the strategy, including the third sector
- The Health Board’s strategy, **Living Healthier, Staying Well**, confirms as one of our overarching goals that we will work in partnership to support people to achieve their own well-being.

Under the SSWB Act the Health Board is required to work with Local Authorities through a regional forum to support social value based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of this forum is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities.

3.3 It is well recognised that in addition to the formal partnerships identified above, collaboration needs to be embedded throughout the Health Board, from the frontline to the top of the organisation:

- engagement at a local level of frontline staff working with provider organisations
- involvement in the cluster development plans, and the vision for integrated health and social care localities which work in collaboration with all partners
- tactical and strategic relationships with divisional leadership structures
- relationships with corporate functions, including strategic planning, commissioning and contracting
- visibility and recognition at Committee and Board level.

3.4 The report by Donna Ockenden, **Review of the Governance Arrangements relating to the care of patients on Tawel Fan ward prior to its closure** (June

2018), found the approach from BCUHB towards the voluntary sector to lack a strategic approach, leading to gaps and duplication (finding 5) and recommended that the HB “needs to work effectively at a strategic level with the voluntary sector and a wide range of multi-agency partners”. The mental health strategy, Together for Mental health in North Wales, has begun to address this in respect of mental health services and support; however assurance is needed that this is reflected across the whole organisation. For that purpose, the operational lead for the recommendation has been assumed by the Assistant Director – Health Strategy with effect from February 2019.

4. Development of a refreshed strategic approach to collaboration

The commitment to development of a refreshed strategic approach has been confirmed in the 3 Year Outlook plan submitted to the Board on 28 March 2019. Discussions have been held through the Health Board’s Stakeholder reference Group and with the group of Chief Officers of the six North Wales County Voluntary Councils regarding a way forward to refresh the strategic relationships with the third sector.

A series of workshop style discussions are being held with third sector networks across North Wales. Dates have been confirmed for Gwynedd, Denbighshire, Flintshire & Wrexham and are being arranged for other areas. These will give an opportunity to test with a broader representative group how relationships with the sector are currently working, what needs to be improved and how we can address this working together.

A Stakeholder workshop held to support the HASCAS / Ockenden improvement group has identified a number of representatives wishing to be involved with this work. Meetings have been held with these representatives already, or are being scheduled, to discuss the outcomes from the work.

Discussions are also being held with colleagues in Area Leadership Teams to ensure that the development builds on the approach taken within the Areas to develop relationships with the sector.

Priorities identified from the discussions to date include the following.

- the commitment to partnership working with the sector to be embedded within the three year plan, and further work to develop the strategic approach to be completed to support this
- development of a set of principles which can be used as a guideline for relationships with the sector
- explore the potential for working with the local county based Compact arrangements where feasible, to ensure close collaboration and reduce duplication
- review partnership working with the sector at all levels, aiming to clarify relationships and governance of the new partnership landscape and effective involvement of the sector within this

- Finance colleagues are reviewing third sector contracts to devolve responsibility to Area teams, the Mental Health and Secondary Care divisions.

It is proposed that a framework agreement or concordat will be developed that sets out the principles for collaboration between the Health Board and the Sector and commitments to a partnership approach on relationship management, evaluation of the impact of the concordat, and development of mechanisms to support the delivery. A draft will be developed during quarter 1 for consultation with the sector and with other key partners, with the aim of agreeing the content by end of quarter 2.

5. Assessment of risk and key impacts

Effective partnership working is an essential function of the Health Board. As identified above, collaboration with the third sector is a key requirement under the Social Services and Well-being Act, the Well-being of Future Generations (Wales) Act 2015 and **A Healthier Wales**.

Failure to engage and collaborate would breach the statutory duties of the Health Board under the Acts. However, failure to engage effectively would also compromise the ability of the Health Board to meet the needs of the population.

6. Recommendation

SPPH are asked to note the brief update, and offer any further comments.

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| Strategy, Planning and Population Health Committee |  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board |
| 2.4.19 | To improve health and provide excellent care |

| | |
|---|---|
| Report Title: | BCUHB Governance Structure for Adverse Childhood Experiences (ACE's) |
| Report Author: | Siobhan Adams, Consultant in Public Health Jane Trowman, Head of Planning Cerys Humphreys, Principal Practitioner Public Health |
| Responsible Director: | Teresa Owen, Executive Director of Public Health |
| Public or In Committee | Public |
| Purpose of Report: | This paper outlines a proposed governance structure for the strategic co-ordination and planning of the approach to Adverse Childhood Experiences (ACE) within BCUHB. The new proposed structure will also provide clear guidance to partners wishing to engage with the Health Board on the ACE agenda |
| Approval / Scrutiny Route Prior to Presentation: | Paper has been to Executive Team for discussion and approved for presentation to SPPH |
| Governance issues / risks: | <p>The key issues to highlight to SPPH are:</p> <ul style="list-style-type: none"> • There is an expanding body of research about the effects of ACE's well into adulthood and at present, this lifelong prevention approach to ACE's is not fully reflected within services plans across BCUHB • There is a senior manager within children's services to oversee the work of ACE's within the CTG and report progress, but given the impact of ACE in terms of health outcomes and health service use across the whole life course, ownership of this agenda is required across all departments and divisions, ensuring leads are identified within the key services such as mental health so that our partners can engage more easily with the HB in relation to this important programme of work • The importance of maximising the opportunities and new ways of working provided by new policy and legislation – Well-being of Future Generations (Wales) Act and the Social Services and Well-being (Wales) Act. |
| Financial Implications: | No implications at this time and none are detailed in this paper. However, investment in prevention and early intervention is cost effective and investment in this agenda and integrated working with partners will lead to reduced public sector costs in future |

| | |
|------------------------|---|
| Recommendation: | <p>It is recommended that SPPH:</p> <ul style="list-style-type: none"> Note the evidence, which demonstrates an association between health outcomes and ACE's, as well as the significant impact on demand on health care services and ACE's across the whole life course. Note the ongoing work on ACE and F1000 days being taken forward in partnership by women's and children's services as part of the Children's Transformation Group, Regional Partnership Board and Safer Communities Board Approve the plan for the wider strategic co-ordination and ACE planning work within the Health Board to be overseen by the Health Improvement Inequalities Transformation Group, with an annual update to the Strategy, Partnership and Population Health Committee. |
|------------------------|---|

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

system wide understanding of this issue in relation to how it impacts on individuals, their health and need for health care. This paper is not a policy or strategy so EQIA not required at present but will be required as HB polices and strategies are developed.

Disclosure:

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

Title of paper

BCUHB Governance Structure for Adverse Childhood Experiences (ACE's)

1. Purpose of report

This paper outlines a proposed governance structure for the strategic co-ordination and planning of the approach to Adverse Childhood Experiences (ACE) within BCUHB. The new proposed structure will also provide clear guidance to partners wishing to engage with the Health Board on the ACE agenda

2. Introduction/Context

The prevention and mitigation of ACE has been identified as a partnership priority by the Part 9 Regional Partnership Board (RPB). The North Wales Regional Partnership Board was established to meet the Social Services and Well-being (Wales) Act 2014 requirements. Actions around ACE are currently being taken forward by the Children's Transformation Group which is currently acting as a sub group of the RPB and is also overseeing delivery of the BCU HB operational plan for children.

Currently, actions to prevent or mitigate against Adverse Childhood Experiences within BCUHB appear mainly within the Women's and Children's Services draft IMTP and operational plans –which both have clear plans for ACE and First 1000 days of life. This input from both women's and children's services needs to continue, as the greatest impact of ACE is in the early years of the life course, with the impacts on brain development being greatest in the first 2 years of life.

The Health Board is engaging with partners and PSB's in taking forward action on ACE's as part of the F1000 Days Collaborative in Wrexham and Conwy and Denbighshire. Senior executives from the Health Board also sit on the Safer Communities Board to which the Early Action Together ACE police transformation programme is currently accountable (see section 3)

Due to the ongoing significant impact of ACE across the life course, there is now a need for wider ownership of the ACE agenda across BCU HB. In particular, in addition to children and families, partners are wishing to engage with the HB in relation to the ACE agenda and mental health, primary care and clusters, unscheduled care, substance misuse and safeguarding

3. Main body of the report

Background

Adverse Childhood Experiences (ACEs) are traumatic experiences that occur before the age of 18 and impact individuals throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. Such exposure can: significantly alter early neurological development; impact on attachment to caregivers; increase

adolescent and adult health-harming behaviours; change hormonal and immunological systems contributing to chronic tissue inflammation and increased allostatic load; and increase risks of adults having poor social adjustment, reduced cognitive capacity and low mental wellbeing. These physiological and psychological changes lead to increased rates of physical and mental health conditions as well as poorer educational and employment outcomes¹ (Bellis et al, 2017)

Evidence shows children who experience stressful and poor quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society²

Results from the first Welsh Adverse Childhood Experience (ACE) study (2015) show that suffering four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times³ The survey revealed around one in every seven adults aged 18-69 years in Wales had experienced four or more Adverse Childhood Experiences during their childhood and just under half had experienced at least one (see Appendix 1).

ACEs are strongly predictive of higher GP use, greater use of emergency care and increased hospitalisation. While GP use and hospitalisation were also related in part to deprivation, the impacts of ACEs appear independent of such deprivation and added to levels of health care use in a dose response fashion across socio-economic groups. Thus, compared with individuals with no ACEs living in the most affluent quintile, levels of higher GP use among those living in the most deprived quintile rose by two-thirds for those with no ACEs but threefold for those with 4 + ACEs.

Critically, the impacts of ACEs on health care use appear to be established by the beginning of adulthood. Thus, in those age 18–29 years, the adjusted prevalence of higher GP use in the last 12 months tripled from those reporting no ACEs to those reporting ≥ 4 ACEs. Marked increases in ED attendance by 18–29 year olds were seen in both those with 2–3 and ≥ 4 ACEs with levels more than doubling compared to those with no history of ACEs. Overnight hospital stays showed a

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

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

³ Public Health Wales (2015) **Welsh Adverse Childhood Experience Study**, available at [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

similar escalation with increases especially marked in those with a legacy of 2–3 and ≥ 4 ACEs.

In light of the above, as well as other evidence based studies which demonstrate the impact of ACE's, working towards reducing the incidence of ACE's and mitigating against their effects is important in reducing demand for services in the future, as well as working towards improving the wellbeing of the current and future populations of North Wales.

Overview of national ACE related programmes

Early Action Together – police transformation

The ACE agenda across Wales is dynamic, complex and multi-faceted.

In November 2017, the Home Office awarded £6.87million to set up the Early Action Together programme in Wales to transform the approach to addressing ACE and vulnerability with individuals and communities by frontline police and partner agencies. This is a collaborative approach between Public Health Wales, the four Police and Crime Commissioners, four Police Forces across Wales and key partners and aims to transform cross-organisational practice to vulnerability in Wales, moving to a multi-agency, ACE informed approach that enables early intervention and root cause prevention.

The regional Early Action Together programme is being delivered in each of the Local Authorities with local delivery groups established. Health Board staff from children's and the public health team sit on each of the local groups. The overall accountability for the programme in NW is currently to the Safer Communities Board, which reports up to the E.A.T National Programme Board.

The E.A.T programme needs to interface with a range of departments and divisions within BCU HB including children and families, maternity, primary care/clusters, unscheduled care, mental health and safeguarding. It is important therefore that there is a clear strategic governance structure within BCUHB so that partners can engage with the Health Board in a seamless way.

National ACE support hub

The ACE (Adverse Childhood Experiences) Support Hub was agreed by Cymru Well Wales in October 2016 and set up in April 2017. The hub's vision is to work with public sector and communities across Wales to prevent adversity and ACEs in Wales and minimise their impact and increase resilience of those who have experienced ACEs. The ACE hub is working closely with Early Action Together and is developing knowledge and skills frameworks for staff working in health, housing and school settings. They also need to engage with the HB in relation to their programmes of work.

First 1000 Days Collaborative

Public Health Wales are leading a national collaborative as part of Cymru Well Wales to share learning and best practice across Wales in relation to

improving outcomes in the first 1000 days of life. The 3 aims of the programme are; A healthy outcome from every pregnancy, children reach their developmental milestones at age 2 and ACE's are prevented in the first 1000 days of life. Two PSB's in North Wales are signed up to working as part of the F1000 Days collaborative. (Wrexham and Conwy & Denbighshire PSB's).

Well-Being of Future Generations

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

A Healthier Wales: our Plan for Health and Social Care

This recently published plan recognises the significant impact of ACEs throughout the life course. Mental and physical well-being throughout life helps individuals to realise their full potential. The focus is on the need for a holistic approach, which provides an equitable level of treatment, care or support to people throughout their lives. This means ensuring good health and healthy behaviours are supported in the first few years of life, with pre-birth and the first 1000 days as the most critical time to influence healthy outcomes.

4. Assessment of risk and key impacts

Whilst there is currently no BCUHB wide strategic plan for ACE, there are some very positive examples of partnership working across North Wales and the BCUHB Children's Transformation Board has recognised ACE's (and prevention within the First 1000 days) as one of their priority areas. The Health Board are currently working with partners on programmes of work to identify opportunities for early intervention, as well as mapping out services so that there is better regional co-ordination for the future.

The key issues to highlight to SPPH are:

- There is an expanding body of research about the effects of ACE's well into adulthood and at present, this lifelong prevention approach to ACE's is not fully reflected within services plans across BCUHB

- There is a senior manager within children’s services to oversee the work of ACE’s within the CTG and report progress, but given the impact of ACE in terms of health outcomes and health service use across the whole life course, ownership of this agenda is required across all departments and divisions, ensuring leads are identified within the key services such as mental health so that our partners can engage more easily with the HB in relation to this important programme of work
- The importance of maximising the opportunities and new ways of working provided by new policy and legislation – Well-being of Future Generations (Wales) Act and the Social Services and Well-being (Wales) Act.

5. Equality Impact Assessment

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

6. Conclusions / Next Steps

Following internal discussions with the lead executive director and key leads within women and children’s service, it is proposed that the overall strategic co-ordination of ACE’s within BCUHB should now sit within the Health Improvement Inequalities Transformation Group (HIIT), with regular updates to SPPH. This will ensure a broader ownership of the agenda and clear way into the organisation for partners wishing to work with the HB.

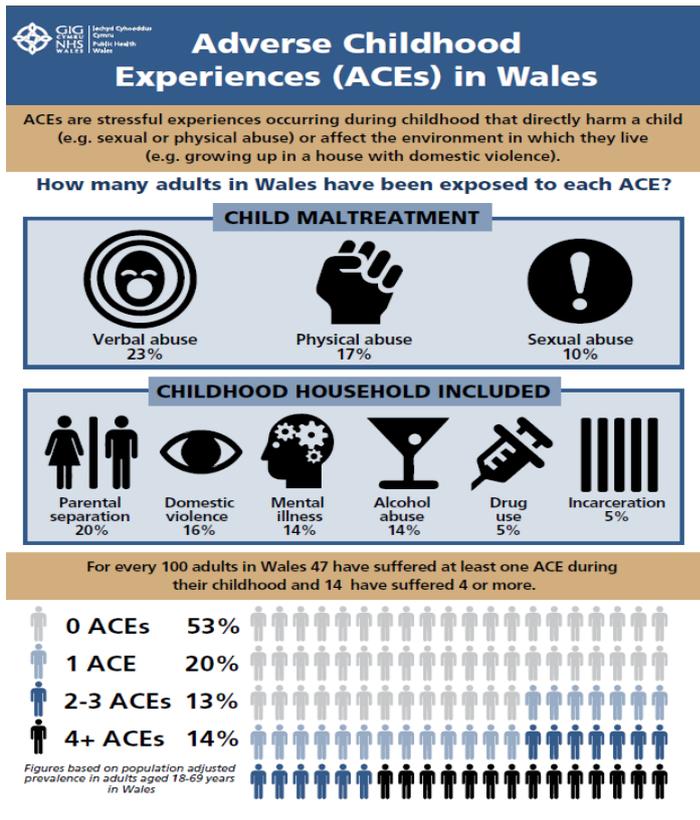
The CTG will continue to be responsible for the identified actions relating to Children and Young people and deliver on the priorities identified by RPB part 9 Board and Women’s division will continue to take forward their actions on ACE working jointly with children’s on F1000 days pathway. See Appendix 2 for proposed structure

7. Recommendations

It is recommended that SPPH:

- Note the evidence, which demonstrates an association between health outcomes and ACE’s, as well as the significant impact on demand on health care services and ACE’s across the whole life course.
- Note the vital ongoing work on ACE and F1000 days being taken forward in partnership by women’s and children’s services as part of the CTG/ RPB /SCB
- Approve the plan for the wider strategic co-ordination and ACE planning work within the Health Board to be overseen by the Health Improvement Inequalities Transformation Group, with annual updates to the Strategy, Partnership and Population Health Committee.

Appendix 1 – Incidence and impact of ACE’s in Wales (2015 study).

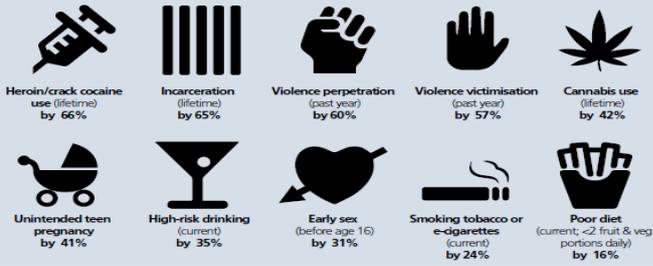


ACEs increase individuals' risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

Preventing ACEs in future generations could reduce levels of:



The national survey of Adverse Childhood Experiences in Wales interviewed approximately 2000 people (aged 18-69 years) from across Wales at their homes in 2015. Of those eligible to participate, just under half agreed to take part and we are grateful to all those who freely gave their time. Information in this info-graphic is taken from *Adverse Childhood Experiences and their association with health-harming behaviours in the Welsh adult population*.

The Policy, Research and International Development Directorate, Public Health Wales NHS Trust, Hadyr Ellis Building, Maindy Road, Cathays, Cardiff, CF24 4HQ.
www.publichealthwales.wales.nhs.uk Tel: +44(0)2921 41933

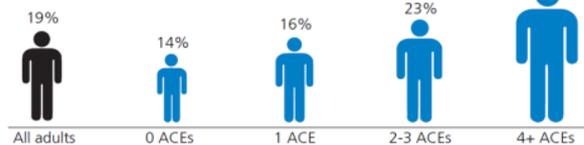
October 2015

ACEs – Lles Meddyliol/Mental well-being

The prevalence of low mental well-being in adults increased with the number of ACEs suffered in childhood

Mental well-being was measured using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) which includes seven questions to assess mental wellbeing over the last two weeks. Scores for these questions are combined to provide an overall mental well-being score ranging from 7 to 35. Individuals scoring below 20 were categorised as having low mental well-being.*

Prevalence of low mental well-being in adults by the number of ACEs suffered in childhood



*Low mental well-being was classified as >1 standard deviation below the mean overall mental well-being SWEMWBS score of all respondents (mean = 24.47, SD = 4.57, low <20).

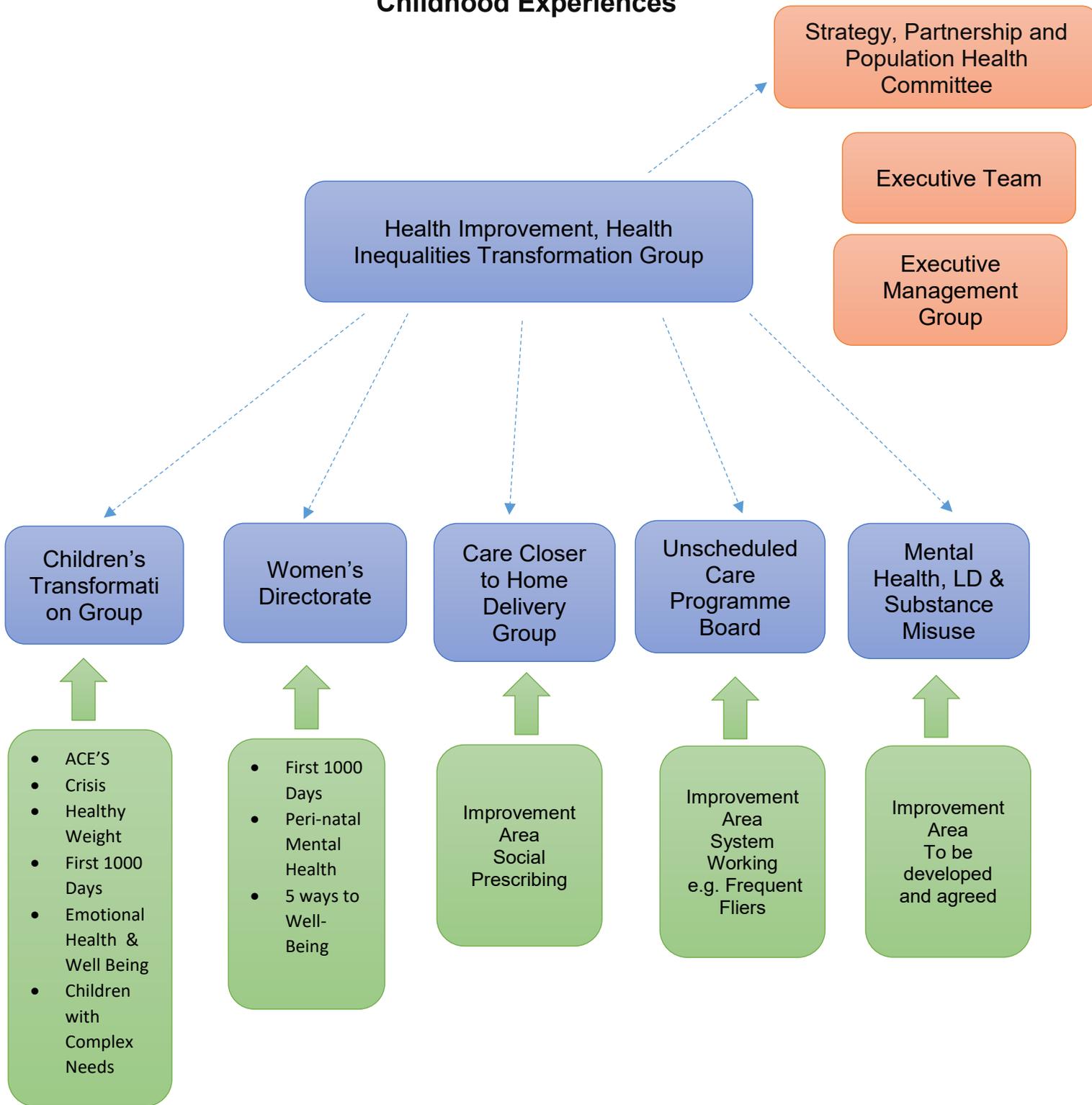


Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Iechyd Cyhoeddus
Sgymu
Public Health
Wales

Appendix 2 Proposed BCU HB Reporting Structure for Adverse Childhood Experiences



Disclosure:

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| <p>Strategy, Partnership & Population Health Committee</p> <p>2.4.19</p> |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
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| | |
|---|---|
| Report Title: | Reducing smoking prevalence to improve population health – An update on progress |
| Report Author: | Mrs Delyth Jones, Principal Public Health Officer Mrs Jo Charles, Associate Director Public Health |
| Responsible Director: | Miss Teresa Owen, Executive Director of Public Health |
| Public or In Committee | Public |
| Purpose of Report: | <p>The purpose of this report is two-fold:</p> <p>1) To describe the Health Board’s current provision and performance of smoking cessation services. This is a key component of the Board’s Living Healthier Staying Well strategy and supports the current Board focus on unscheduled care performance given that smoking causes approximately 5% of all hospital admissions in people aged 35 and over.</p> <p>2) To update Board members on our approach to the implementation of Smoke Free Premises and Vehicles (Wales) Regulations 2018, as required under the Public Health (Wales) Act 2017.</p> |
| Approval / Scrutiny Route Prior to Presentation: | This work has featured in the UHB’s annual plan for 18/19 with updates on progress presented at the Health Improvement, Health Inequalities Transformation (HIIT) group meeting. |
| Governance issues / risks: | <p>The UHB Corporate Risk Register (001) highlights the risk if population health issues such as smoking cessation are not fully addressed.</p> <p>Equality Impact Assessments (EQIA) have been undertaken for both Help Me Quit (HMQ) in Hospital Service and HMQ for Baby Service during their development.</p> |
| Financial Implications: | Reducing smoking prevalence in BCUHB brings financial benefits to individuals, communities and the NHS. |

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| | <p>Currently 7% of the NHS health care expenditure is attributed to smoking related conditions.</p> <p>It is expected that there will be financial implications for the Board in the delivery of Smoke Free Premises and Vehicles (Wales) Regulations 2018. However, as the consultation summary report has not been received from Welsh Government, these cannot be costed at this stage.</p> |
| Recommendation: | <p>The Committee is asked to:</p> <p>Note the opportunity for continued improvement against current Tier 1 performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services to reduce the burden of disease in North Wales.</p> <p>Note the service developments across the Health Board</p> <p>Endorse the approach being taken to ensure all our hospital sites become smoke free through the delivery of the Smoke Free Regulations.</p> |

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

| | | | |
|---|---|--|--|
| 7.To listen to people and learn from their experiences | √ | | |
| Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and Governance & Strategic and Service Planning http://www.wales.nhs.uk/sitesplus/861/page/81806 | | | |
| Equality Impact Assessment <p>EQIAs have been undertaken on smoking cessation services recently developed in the Health Board.</p> <p>As services evolve and develop, EQIA's will be undertaken to ensure that known differences in smoking prevalence and in uptake of smoking cessation services are addressed.</p> | | | |

Disclosure:

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

Title of Paper

Reducing smoking prevalence to improve population health update – An update on progress

1. Purpose of report

The purpose of this report is two-fold:

- 1) To describe the Health Board's current provision and performance of smoking cessation services. This is a key component of the Board's Living Healthier Staying Well strategy and supports the current Board focus on unscheduled care and planned care performance, given that smoking causes approximately 5% of all adult hospital admissions.
- 2) To update Board members on our approach to the implementation of Smoke Free Premises and Vehicles (Wales) Regulations 2018, as required under the Public Health (Wales) Act 2017.

2. Introduction

Smoking is the leading cause of preventable ill health and avoidable premature mortality in Wales. Smoking also remains one of the main causes of inequalities in health, with smoking rates in the most deprived areas over double those of the least deprived areas.

It is estimated that smoking causes approximately 5% of all hospital admissions in people aged 35 and over, and that smoking accounts for 7% of the NHS health care expenditure in Wales. It is estimated that the cost for the UHB is approximately £172 million per year.

Passive smoking also has considerable impact, especially on babies and children, and reducing exposure through supporting pregnant women, parents and families to quit smoking has substantial benefits in the early years and beyond.

It is reported that the majority of smokers wish to stop smoking, and there is strong evidence that those who access services are four times more likely to succeed. Smoking cessation services with pharmacotherapy (Nicotine Replacement Therapy - NRT) support are highly cost-effective in terms of Quality Adjusted Life Year (QALY) or life-year gained at £2,000, which is 1/10th of the NICE cut off for a good value intervention at £20,000 per QALY.

Lowering smoking prevalence is a key action in the Welsh Government's Tobacco Delivery Plan for Wales 2017-20 which has set an ambition to reduce the prevalence of smoking to 16% by 2020.

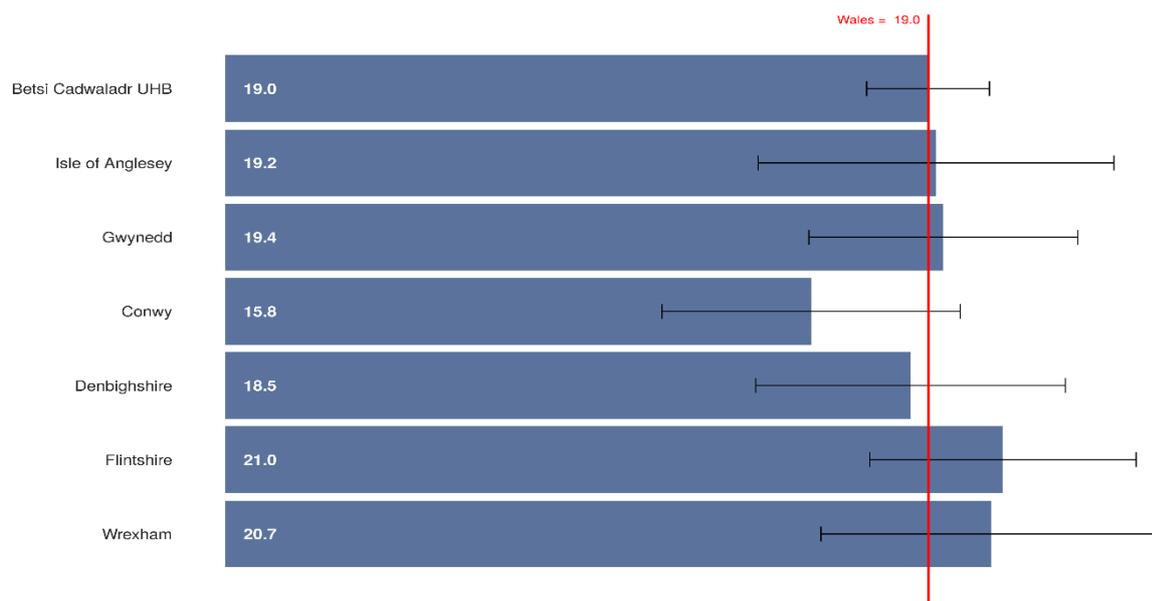
The percentage of adults smoking across Wales is decreasing, however, adult smoking prevalence across BCUHB is still at 19%. Variation can be seen across the counties ranging from 15.8% in Conwy to 21% in Flintshire. (See Figure 1)

Figure 1: Adult smoking prevalence, age-standardised percentage persons aged 16+, Betsi Cadwaladr UHB by local authority, 2016/17

Adult smoking prevalence, age-standardised percentage, persons aged 16+, Betsi Cadwaladr UHB by local authority, 2016/17 to 2017/18

Produced by Public Health Wales Observatory, using NSW (WG)

— 95% confidence interval



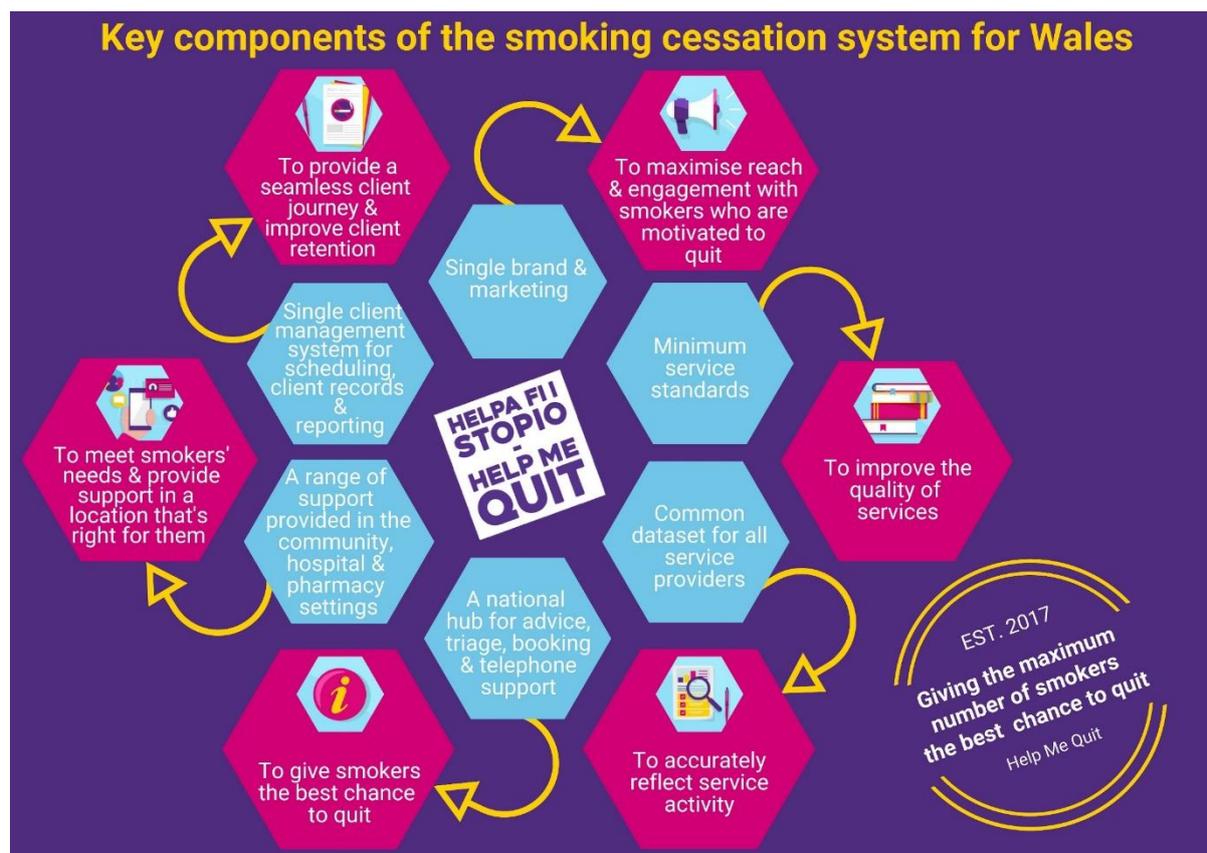
Welsh data indicates that the national prevalence target of 16% is unlikely to be met by 2020. This indicates that further focussed work needs to be undertaken to stop young people from starting to smoke and to improve both the numbers of smokers accessing services, and the proportion of those who are successful in quitting.

3. The Smoking Cessation system – national and local

Across Wales, it has been recognised that to meet the reduction in prevalence there is a need to work as a system with a specific focus on delivering high quality integrated smoking cessation services. Health Boards across Wales are key partners in developing this system alongside Welsh Government, Public Health Wales and the Wales Centre for Pharmacy and Professional Education.

The key components of the integrated smoking cessation system for Wales are identified in **Figure 2**.

Figure 2: Key components of the smoking cessation system for Wales



A number of the identified components are being developed nationally, with partners providing input and influence. In BCUHB, the Principal Public Health Practitioner attends monthly national meetings to ensure full alignment and to optimise the smoking cessation system. Progress against the six components is summarised below at a Wales level:

- A single client management system to record patient progress and outcomes is being developed. It is expected that this will be implemented by 2020
- A single national brand for marketing has been agreed since April 2018. This is known as Help Me Quit (HMQ) and agreed branding is in place for all smoking cessation services in Wales. This development built upon work undertaken in North Wales on a previous campaign which identified the benefits of a single brand and consistent marketing. The marketing of all HMQ services via social media and other forums is now undertaken once for Wales.
- A set of minimum service standards have been further developed and will be formally launched in April.
- A common data set has been agreed for all service providers.
- A national HMQ hub has been developed which is the contact centre for all services can be accessed at: <https://www.helpmequit.wales/>
- The Health Board continues to develop and review its services based on the needs of smokers. Section 3.1 provides the current detail.

3.1 Current local service organisation

This section of the report provides the current detail.

Leadership of smoking cessation services is the responsibility of the East Area team. To strengthen co-ordination of services across a BCUHB Tobacco Control group was established last year to co-ordinate activity and provide a focus for this priority. The group is chaired by the Assistant Director Primary Care and Commissioning- East.

The group has focussed its efforts on supporting and challenging the performance of existing services to deliver the quality required to meet targets. As services evolve work will be focussed on supporting the development of a quality integrated cessation service for the population.

In North Wales there are currently three providers of smoking cessation services, BCUHB, Community Pharmacies and Stop Smoking Wales provided by Public Health Wales.

3.1.1 BCUHB

HMQ for Baby Service

Funding was provided to Midwifery Services to develop the HMQ for Baby Service in April 2017. This funding employs 6 WTE Stop Smoking Support Workers (SSSW) to offer 1-1 specialist intensive smoking cessation support to women and others in the household who smoke.

Help Me Quit in Hospital

The Help Me Quit in Hospital service was established in April 2018 with national Respiratory Health Implementation Group funding. This funding employs 3.0 WTE Stop Smoking Practitioners across the three general hospitals and is hosted by Respiratory Services. The service provides intensive behavioural support to cardiac, respiratory and diabetes in-patients who are motivated to quit smoking during their in-patient stay.

The funding for this service will end in December 2019, and a business case has been submitted to maintain the service and to extend its offer to all in-patients and staff.

HMP Berwyn

BCUHB's Health and Wellbeing team at HMP Berwyn provide a full 12 week smoke-free programme through an approved clinical protocol for use at the prison. It allows the supply of nicotine replacement therapy by trained smoke free advisors whilst also undertaking the novel digital "Breaking Free from Smoking" intervention being used in UK prisons.

3.1.2 Community Pharmacy

The Health Board commissions community pharmacies across North Wales to deliver smoking cessation support. The Level 2 service provides Nicotine Replacement Therapy (NRT) only, whilst the Level 3 service offers one to one behavioural support with appropriate NRT and ongoing advice and support. These enhanced services were

first developed in North Wales, and similar services are now offered across all Health Board areas.

Geographical distribution of commissioned pharmacies is good across North Wales. As of March 2019, the Health Board commissions 115 pharmacies to provide the Level 2 service.

3.1.2 Stop Smoking Wales (SSW) (Public Health Wales)

SSW is a national service. The SSW advisors deliver a six-week behavioural support programme to smokers who want to quit smoking, usually in a group setting.

SSW advisors have supported the delivery of the Help Me Quit in Primary Care project in partnership with General Practices. This improvement project proactively targets smokers inviting them into the practice to discuss their smoking with an advisor. During this project an increase in the numbers of smokers accessing services and achieving success has been reported. Data is awaited at the end of the financial year.

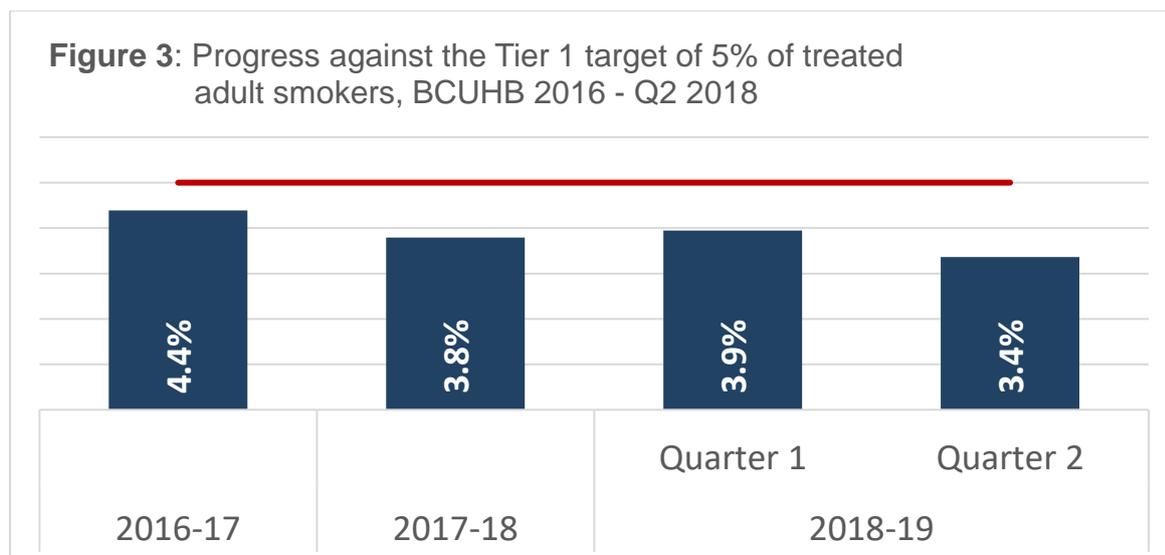
A national review of the smoking cessation system in Wales was undertaken last year to look at whether the current system was optimal for delivering the national prevalence target. Work is currently underway across the public health system to look at the configuration of services to meet the needs of the local population. Potentially this could mean that all smoking cessation services in the future could be fully integrated under the leadership of the Health Board.

3.2 Current Performance

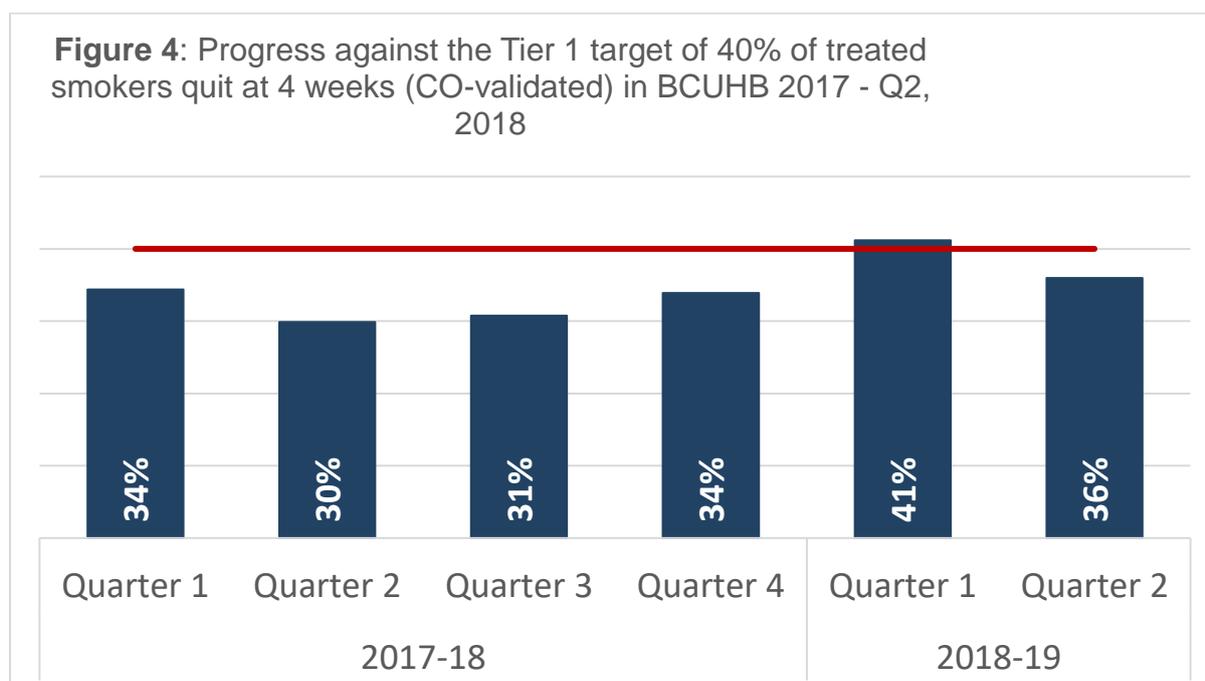
The NHS Wales Tier 1 smoking cessation performance targets for all Health Boards are:

- 5% of smokers to make a quit attempt via smoking cessation services and,
- at least 40% carbon monoxide (CO) validated quit rate at 4 weeks for treated smokers

In BCUHB there are an estimated 105,700 adult smokers and our current annual treatment target is 5,252. Tier 1 performance against both targets are shown in **Figures 3 & 4**.



Red line shows Tier 1 Target: 5% of treated adult smokers



Red line shows Tier 1 Target: 40% of treated smokers quit at 4 weeks (CO-validated)

It is anticipated that the UHB will achieve a 4% rate for treated smokers by year end. This is in line with the trajectory submitted to Welsh Government (18/19 plan), but falls short of achieving the 5% target. During 18-19 the 40% target was achieved in Quarter 1. Our plan going forward is that we will consistently achieve the 40% target.

In 2017/18 (the latest period for which robust comparative information is available), our achievement against the Treated Smokers target was the second best in Wales at 3.8% (Cwm Taf UHB reported the highest performance at 4.6%). Our confirmed Quit Rates, however were reported amongst the lowest in Wales during 17/18.

To support service performance management and reporting the Information Department have developed a Tobacco Control Dashboard which is in its final stages of development. The new dashboard includes progress against the Tier 1 targets for both treated smokers and CO-validated quits at 4 weeks including summaries over time, by area and smoking cessation service. The work has also included analysis at cluster and GP practice level for Help Me Quit for Baby, Help Me Quit in Hospital and Pharmacy Level 3 services. The completed dashboard will be published on Information Reporting Intelligence System (IRIS) in the coming months and therefore will be accessible to a wide range of users across the UHB.

4. Smoke Free Premises and Vehicles (Wales) Regulations 2018

To build on the success of other national interventions aimed at “de-normalising” smoking and accelerate progress towards matching best international prevalence, Welsh Government is continuing to pursue other legislative opportunities.

The Public Health (Wales) Act 2017 laid down the legislative framework for widening the extent of smoke free sites across Wales. Welsh Government (WG) consulted on the draft Smoke Free Premises and Vehicles (Wales) Regulations 2018 last year, and these are due to come into force later this year.

Informal advice suggests that the consultation summary report and final regulations will be published in May 2019 with legislation coming into force by the Autumn 2019.

Key provisions in the draft Regulations of direct relevance to the Health Board are:

- Extension of smoking ban to outdoor areas of hospital grounds and the requirement for Health Boards to work with Local Authorities to agree enforcement strategies (with fixed penalties for anyone smoking on site).
- Removal of an exemption from previous legislation that allows designation of a room in which patients and residents of mental health units may smoke, and replacing it with one that would expire 18 months after the new Regulations come into force.
- Conditions relating to areas designated for smoking in hospital grounds *should* an organisation use their discretion to provide such areas. Our response to the consultation in line with other Health Boards did not support the inclusion of this discretionary element, on the grounds that the NHS needs to be an exemplar in delivering the smoke free social norm vision.
- Provision of signage within clearly marked boundaries in a prominent position at or near the main entrance, to include following text “It is against the law to smoke in these hospital ground” together with a legible graphic representing a burning cigarette enclosed in a circle with a bar across circle which crosses the cigarette symbol. As under previous legislation, it will be an offence to fail to provide sufficient signage both inside buildings and in grounds.
- The Public Health (Wales) Act (Section 11, Sub-section 6) specifically notes that “...premises used to any extent as a dwelling, are not smoke-free by virtue of this section”, and thus means that staff residences on hospital grounds are exempt.

A multidisciplinary task and finish group, chaired by the Executive Director of Public Health has been established to take the work forward and will report to HIIT. The group includes members from across the organisation and Public Protection Departments, Local Authority. Based on our current understanding of the Regulations, the plan will need to deliver the following elements by Autumn 2019:

- Hospital sites will be smoke free with no designated smoking areas
- Hospital sites will have enforcement mechanisms in place, as agreed with Local Authority partners
- All sites will have signage which meets or exceeds the recommended standards
- An updated Smoke free policy (WP33)

Also by January 2021:

- All mental health units will be completely smoke free, and (where these are located on hospital sites) without outdoor smoking areas.

A robust communication and engagement plan will be fundamental to deliver this change as a voluntary smoking ban is already in place in all our hospital grounds, however compliance is variable.

5 Recommendations

It is recommended that the Committee:

Note the opportunity for continued improvement against current Tier 1 performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services to reduce the burden of disease in North Wales.

Note the service developments across the Health Board

Endorse the approach being taken to ensure all our hospital sites become smoke free through the delivery of the Smoke Free Regulations.

Strategy, Partnerships and Population Health Committee

2.4.19



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

| | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|--|---|--|---|---|---|
| Title: | Community Services Transformation Proposal | | | | | | | | | | | | | | |
| Author: | Mr Mark Wilkinson, Executive Director of Planning & Performance | | | | | | | | | | | | | | |
| Responsible Director: | Mr Mark Wilkinson, Executive Director of Planning & Performance | | | | | | | | | | | | | | |
| Public or In Committee | Public | | | | | | | | | | | | | | |
| Strategic Goals | <p><i>(Indicate how the subject matter of this paper supports the achievement of BCUHB's strategic goals –tick all that apply)</i></p> <table border="1"> <tr> <td>1. Improve health and wellbeing for all and reduce health inequalities</td> <td>✓</td> </tr> <tr> <td>2. Work in partnership to design and deliver more care closer to home</td> <td>✓</td> </tr> <tr> <td>3. Improve the safety and outcomes of care to match the NHS' best</td> <td>✓</td> </tr> <tr> <td>4. Respect individuals and maintain dignity in care</td> <td>✓</td> </tr> <tr> <td>5. Listen to and learn from the experiences of individuals</td> <td>✓</td> </tr> <tr> <td>6. Use resources wisely, transforming services through innovation and research</td> <td>✓</td> </tr> <tr> <td>7. Support, train and develop our staff to excel.</td> <td>✓</td> </tr> </table> | 1. Improve health and wellbeing for all and reduce health inequalities | ✓ | 2. Work in partnership to design and deliver more care closer to home | ✓ | 3. Improve the safety and outcomes of care to match the NHS' best | ✓ | 4. Respect individuals and maintain dignity in care | ✓ | 5. Listen to and learn from the experiences of individuals | ✓ | 6. Use resources wisely, transforming services through innovation and research | ✓ | 7. Support, train and develop our staff to excel. | ✓ |
| 1. Improve health and wellbeing for all and reduce health inequalities | ✓ | | | | | | | | | | | | | | |
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| 6. Use resources wisely, transforming services through innovation and research | ✓ | | | | | | | | | | | | | | |
| 7. Support, train and develop our staff to excel. | ✓ | | | | | | | | | | | | | | |
| Approval / Scrutiny Route | The 6 Local Authorities and BCU Health Board have been working together to establish integrated community based services. The early development of these services has been supported from a range of funding streams including the ICF. | | | | | | | | | | | | | | |
| Purpose: | This proposal seeks to build upon existing partnership work, allowing innovation in the development which will contribute to the overall transformation required. | | | | | | | | | | | | | | |
| Significant issues and risks | | | | | | | | | | | | | | | |
| Special Measures Improvement Framework Theme/ Expectation addressed by this paper | | | | | | | | | | | | | | | |

| | |
|---|---|
| Equality Impact Assessment | |
| Recommendation/ Action required by the Committee | It is recommended that the SPPH Committee: note the report |

Disclosure:

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

Committee Coversheet v10 June 2016

Parliamentary Review

| | |
|--|--|
| <p>Name of service model</p> | <p>Community Services Transformation: Working together for local communities <i>- Integrated health and social care locality development across North Wales</i></p> |
| <p>Name of BCU Area/LA where service exists currently</p> | <p>The 6 Local Authorities and BCU Health Board have been working together to establish integrated community based services. The early development of these services has been supported from a range of funding streams including the ICF. This proposal seeks to build upon existing partnership work, allowing innovation in the development which will contribute to the overall transformation required.</p> |
| <p>Clear description of the project scope and objectives relating to A Healthier Wales and to relevant design principles</p> | <p>Our plan describes the overall vision for our combined health and social care locality development for the region.</p>  <p>...“ models of seamless health and social care will integrate services at the local and regional level ”.....(A Healthier Wales, 2018)</p> <p>Our intention is to bring together all these components to develop combined health and social care localities based on the geography of the primary care clusters, building on the work to date and developing their links with local Community Resource Teams.</p> <p>There are 14 clusters across North Wales and work will be undertaken with cluster leads and the strengthened Community Resource Teams to identify areas where further developments are needed as well as scaling up services that are providing good outcomes.</p> <p>In some areas there are Community Resource Teams working at a more local level than the cluster footprint, where this best supports community needs and natural geographies. The future model will respect this local focus and ensure the relationship with clusters develops to support integration at local</p> |

delivery level as well as cluster footprint. Local teams within cluster areas must be empowered to innovate and retain their local approach.

This will be done by providing additional resources - people and funding - to enable developments to progress at pace; clusters will develop further as an integral part of the overall community resource, acting as transformation drivers within the combined health and social care localities working seamlessly across health, social care, third and independent sector services, ensuring that services to individuals are based on what matters and enable individual outcomes to be achieved.

The development of this place-based approach to integrated care will require appropriate and inclusive leadership; adoption of a social model of care; partnership and shared ownership of the locality approach; robust governance arrangements and pooling of resources.

Development of regional design principles:

As a region we will co-design regional design principles and blueprints to underpin our development. To achieve this partners will work with citizens to understand what would enable individuals and carers to have well-coordinated seamless services across health and social care services.

We are not however starting from a blank page; we have heard the voice of citizens many times and have some clear direction about what is required; the transformation proposed here will enable us to respond to those clear messages as well as those which emerge through ongoing engagement. We have also recently confirmed our carers' strategy which was co-produced with carers and groups representing their views, and will ensure the priorities are reflected in the overall transformation programme.

Operational structures and ways of working will be agreed to allow joint working between our localities, hospitals, care homes, domiciliary care and third sector services to enable specialist advice to be provided in person and remotely; thus enabling individuals to stay within their own home.

Whilst each cluster area will address local needs, there is a range of regional outcomes that will be common to all, within our North Wales Regional Partnership Board philosophy of design regionally, deliver locally.

Navigation

- Linking people to the right community support
- Provision of information, advice and assistance
- Linking into local area co-ordination models
- Enable self-management, reducing need over time for service and hospital intervention
- Roll out of DEWIS Cymru
- Individuals are involved and independent

Co-ordination

- Seamless coordination of care between partners
- Care Co-ordinator development
- Single documentation and integrated assessment
- Outcome focussed 'what matters' conversations

Managed Care and Support

- Ready access to care provision
- Agreed governance for allocation of resources
- Commissioned step up/down beds
- Ease of transfer of care from hospital
- Ethos of 'own bed instead', 'care closer to home'

Crisis response

- Comprehensive services through alignment and extension of hours supported, including overnight access to rapid care
- Effective co-ordination with other agencies outside of the CRT's.

In addition, there will be a focus throughout on ensuring people are enabled to use their confidence and skills to live independently, supported by a range of high quality, community based options, in line with the guiding principles established by the Regional Partnership Board.

These outcomes are aligned to A Healthier Wales.

Integrated teams:

Through the use of Integrated Care Funding (ICF) there are a number of community resource team developments across the region. Again work is underway to develop an agreed blueprint for support and to agree regional outcome measures for these teams. It is recognised, however, that there will be a need to allocate resources to further develop these teams based on local need and aligned to our Population Needs Assessment findings.

We would seek to ensure that we continue to scale up our developments in the following way:

- establish a fully integrated cluster model with dedicated management board, staff and pooled budget arrangements
- develop the learning from the Frome compassionate communities model within our localities
- develop a collaboration with specialist Care of the Elderly clinicians so that older people in the community are supported appropriately in their homes, whether that is in their own home or care home.

To support this work, we are submitting proposals through the Transformation Fund to develop three specific priority areas which we will implement, monitor and evaluate, and scale up those proven successful to build into our future plans. This will allow the capacity to develop these

areas of innovation whilst the work to develop further and embed the overall model continues.

1. Workforce:

The development of a sustainable workforce model to meet the community transformation agenda is the most critical and challenging task ahead.

In March 2018 we developed a North Wales Social Care and Community Health Workforce Strategy to support the shared vision of community services transformation and integration. This recognised the need to address workforce and sector sustainability issues across the market; and the changing roles, tasks, responsibilities, skills and knowledge required to support this. The strategy identified as a priority the move towards more generic roles and the need for a whole system / cross sector approach.

We would therefore develop a range of workforce projects to underpin the development of this model. This will include work around skills development across the whole health and social care community system, explore skill mixes and the new roles required to deliver on this model, joint training frameworks and career structure/progression opportunities, and joint workforce planning, asset mapping, recruitment and promotional activity.

To enable sustainability, work will also be needed to stabilise the current workforce across the whole system; to extend current working hours and explore opportunities for further roles hosted by the third and independent sectors. As part of this, work to understand the impact of staff terms and conditions across the sector and potential mitigation will be required. We also recognise that we need to develop and roll out a programme of culture change and risk management to underpin this new model of service whereby care and treatment is routinely provided at home rather than in hospital locations. Our proposals will support an uplift in qualified staff – augmenting specialist capacity in each cluster area – to accelerate further the development of integrated models.

Within this overall programme of work, the development of a workforce transformation programme across the whole system of health and social care will be an important element. Using our existing Regional Workforce Board structure, we would build on links with Further Education partners as well as the Universities to ensure that we have the right workforce, with the right skills to deliver in the longer term. Critically, within this transformation programme, we will work with the independent sector and third sector better to harness the skills of the care workforce and to develop in partnership roles and career opportunities within and across organisations to achieve a sustainable and supported workforce within every cluster. This will also include community development roles and skills to address the

need for prevention and early help services. This approach will build on existing initiatives, and learn from successes already achieved through investment in the care market, seeking to identify means of scaling up.

2. Digital:

Technology is a significant enabler to our model, both in terms of enabling communication and data sharing across the whole social care and health sector. In North Wales, the need for development of bilingual solutions to support and promote the use of the Welsh language is of critical importance. A fundamental component of this work therefore would be to increase the pace of work which is developing to create a comprehensive standardised corpus of terminology (Welsh and English) to support technology. We see this development as something that would be beneficial to WCCIS; GP systems; DEWIS Cymru and any other IT solution used within health and social care services. We believe this development could be rolled out nationally. We also recognise that as a region we will need to enhance our usage of telecare, telehealth, apps and other digital solutions so that this can be used to enable individuals to remain at home. This would also assist in ensuring that specialist advice could be provided without the need for visits to acute hospital sites. To support this, we are proposing to establish dedicated capacity to work alongside the overall integrated locality development programme. The key deliverable would be the identification of a model for digitally-enabled care, support and well-being that can be developed across North Wales and adapted to meet local need.

3. Developing community networks

A key element within our integrated service model is the contribution of the third sector in supporting well-being services, promoting inclusion and participation and co-ordinating social prescription.

"There is emerging evidence that social prescribing can lead to a range of positive health and well-being outcomes. Studies have pointed to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety."

In the consultation undertaken to support the development of our Area Plan under the Social Services and Well-being Act, we identified reducing loneliness and isolation as one of the main challenges for many. Enabling participation in meaningful activities can help combat these challenges.

Following the launch in 2017/18 of the "Made in North Wales" approach to social prescribing, arranged by the 2025 movement, it was agreed that a "community of practice" be established, creating a vibrant network for those involved in social prescribing to forge closer links between different programmes, and to share experiences. The community of practice will also

| | <p>link to the All Wales Social Prescribing Research Network, and to the educational programmes being developed by Wrexham Glyndŵr University.</p> <p>The importance of having flexibility to continue with locally determined programmes for well-being services, rather than a more unified “one-size-fits-all” delivery mechanism, was recognised. The aim is to ensure that each cluster area in North Wales develops its own approach based on community assets, ensuring that the programmes are tailored to the needs of individuals and communities. This approach builds on the early intervention work that has already been established in local authority areas within North Wales and the success of current well-being initiatives, scaling this up and linking to the integrated approach we are developing.</p> <p>As part of the development of new models, we are seeking a flexible fund to support the further development of community-asset based well-being initiatives identified as required in cluster areas, to develop the range of activities available for people, linking into social prescribing as required. One particular aspect for consideration is availability of support for people from specific groups to participate in well-being activities. One example is the requirement identified by the D/deaf community for the additional support required to enable them to participate in mainstream activities.</p> <p>Underpinning all initiatives: A Healthier Wales Design Principles</p> <p>The main aim of this programme is to transform the model of care to deliver a stronger focus on community support at an earlier stage of prevention. Appendix A describes how this work addresses the Design Principles:</p> <table border="1" data-bbox="443 1283 1323 1727"> <thead> <tr> <th>Principle</th> <th>Met?</th> </tr> </thead> <tbody> <tr> <td>Prevention and Early Intervention</td> <td>✓</td> </tr> <tr> <td>Safety</td> <td>✓</td> </tr> <tr> <td>Independence</td> <td>✓</td> </tr> <tr> <td>Voice</td> <td>✓</td> </tr> <tr> <td>Personalised</td> <td>✓</td> </tr> <tr> <td>Seamless</td> <td>✓</td> </tr> <tr> <td>Higher Value</td> <td>✓</td> </tr> <tr> <td>Evidence Driven</td> <td>✓</td> </tr> <tr> <td>Scalable</td> <td>✓</td> </tr> <tr> <td>Transformative</td> <td>✓</td> </tr> </tbody> </table> | Principle | Met? | Prevention and Early Intervention | ✓ | Safety | ✓ | Independence | ✓ | Voice | ✓ | Personalised | ✓ | Seamless | ✓ | Higher Value | ✓ | Evidence Driven | ✓ | Scalable | ✓ | Transformative | ✓ |
|--|---|-----------|------|-----------------------------------|---|--------|---|--------------|---|-------|---|--------------|---|----------|---|--------------|---|-----------------|---|----------|---|----------------|---|
| Principle | Met? | | | | | | | | | | | | | | | | | | | | | | |
| Prevention and Early Intervention | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Safety | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Independence | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Voice | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Personalised | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Seamless | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Higher Value | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Evidence Driven | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Scalable | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Transformative | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| <p>Cost of running the current service model (per year):</p> | <p>Cost of Running the Service</p> <p>The vision for our combined health and social care locality model bring together a range of services which are already in existence but at present, not all of these are working in an integrated way which enables citizens to access seamless services. Integration of community based services is developing across the region and these are being developed locally, based on needs. These services are currently funded from core or grant funding</p> | | | | | | | | | | | | | | | | | | | | | | |

streams such as Integrated Care Fund (ICF), cluster monies, primary care grant.

The region forecasts spend of c. £2.7 million on community teams through ICF (2-18/19 Revenue Investment Plan). There is also funding from both health and social care core budgets funding community based activity commissioned from the third and independent sector providers. This model would bring all these services together to achieve our vision.

| | | | | |
|---|--|----------------------|----------------------|----------------------|
| Funding required to scale up/ roll out regionally | | Year 1 £K | Year 2 £K | Year 3 £K |
| | Programme development and delivery | | | |
| | Programme management support | 50 | 400 | 200 |
| | Monitoring and evaluation | | 50 | 50 |
| | Integrated workforce | | | |
| | Professional qualified staff – cross sector | | 980 | 490 |
| | Development of a sustainable workforce model to meet the community transformation agenda | | 1,680 | 840 |
| | Digital | | | |
| | Corpus of terminology development and additional capacity to support the digital model for integrated localities | 100 | 300 | 300 |
| | Third sector | | | |
| | Enhanced development of community support | 81 | 322 | 161 |
| | TOTAL | 231 | 3,732 | 2,041 |

| | | | | | | | | | |
|---|-----------------------------------|---------|----|---------|----|----|----|-----------|----|
| monthly timeline setting out milestones and resource utilisation, including funding, throughout the life of the project | Timeline - to be completed | | | | | | | | |
| | | 2018/19 | | 2019/20 | | | | 2020/2021 | |
| | Milestone/Key Activity | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| | RPB approval and submission | ◆ | | | | | | | |
| | Proposal approved – WG | | ◆ | | | | | | |
| | Local funding allocated - RPB | | ◆ | | | | | | |
| Governance set up | | ◆ | | | | | | | |

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| | <ul style="list-style-type: none"> • People get the right care, support, diagnosis and seamless access to joined-up services, <ul style="list-style-type: none"> ○ As early as possible ○ At, or as close to, normal place of residence as possible ○ Though the Welsh language if they wish to <i>(Edited from SS&WB/NHS OF)</i> • People’s voices are heard and listened to. All conversations stem from what matters to the individual. People can contribute to the decisions that affect their own lives, and can engage in their community, or have someone to advocate on their behalf <i>(Edited from SS&WB/NHS OF)</i> • People are treated with dignity and respect, whilst being protected from abuse and neglect <i>(Edited from SS&WB/NHS OF)</i> |
| <p>How the project will engage with key stakeholders, including particularly those directly involved in the project (for example service providers, the public and patients)</p> <p>potential ‘next adopters’ of the new model or approach (for example Clusters and other RPBs)</p> | <p>Work undertaken to develop our Population Needs assessment includes comprehensive consultation with citizens. In addition, work undertaken locally by partners has informed the development of local plans. We have a regional citizen panel and we continually consult with this panel in our developments. In addition, a number of our regional work streams have dedicated service user and/or carer groups which have come together to inform planning. We also seek input from all partners at the Regional Partnership Board.</p> <p>Each of the cluster areas has links with local stakeholders and as part of the development, delivery and evaluation of the new models of care we will build local connections to ensure this is co-produced with all stakeholders as equal partners, critically including the voice of the citizen.</p> |
| <p>how the new model will be sustainable after the transformation project is completed</p> | <p>The investment in Community Resource Teams will influence the shift of care closer to home, away from the acute hospital sector and helping prevent unnecessary admissions to care homes. A conservative assessment of impact on Community Hospital beds would deliver reduction of 5% in bed occupancy which could equate to £2.7million p.a. cost avoidance. Effective, integrated community services could also reduce the requirement for escalation capacity across the whole system.</p> <p>Sustainability of this model will be achieved in a number of ways:</p> <ul style="list-style-type: none"> • The plan and funding requirements indicate a phased approach to delivery and ramping up core staffing models as benefits are demonstrated and initiatives prove their effectiveness • In Phase 2 work will be undertaken to agree metrics and activity will be monitored against these KPIs continually with key checkpoints to inform decisions to progress between stages (see above) |

| | |
|---|--|
| | <ul style="list-style-type: none"> • There will be opportunity to offset costs against benefits elsewhere in the system. Key benefits could include: reduced avoidable hospital admissions; reduced average length of stay (AvLos); reduced residential placements; better managed transfers and reduced delayed transfers of care (DTocS); increased access to community provision. <p>Sustainability will stem from a shift of delivery to the community and earlier intervention, prevention and more efficient use of resource in the integrated service models. Over time, this will assist sustainability overall in all sectors, with integrated working, flexible workforce and improved well-being.</p> <p>Examples from other parts of the UK illustrate where savings have been achieved include Neath Port Talbot CRTs, the Airedale Model and Compassionate Communities Model. These are shown within Appendix B. Ongoing analysis of benefits and measures will be undertaken in Phase 1.</p> |
| <p>Lead delivery organisation specific delivery organisation (if not the RPB itself) which will be accountable to the RPB and to the Welsh Government for managing project funding and delivery</p> | <p>Governance for the delivery of this programme would be overseen through our existing Regional Partnership Board Structure, delegated to local partnership level where delivery is local. The Leadership Group will have a significant role in ensuring that the programme is delivered. The NWRPB will provide the appropriate regional scrutiny and the developments would also be reported through each partner’s governance / political processes. On an area basis we see that the Area Integrated Services Board will keep an overview and drive developments forward. We would put in place the appropriate programme and project management structure to support the developments at cluster, community and sub-regional levels. Workforce matters will be dealt with through our regional Workforce Board and we would renew a regional approach to digital transformation.</p> |

APPENDIX A: RELEVANCE OF DESIGN PRINCIPLES

Prevention and Early Intervention

The focus is on intervening at as early stage and as close to home as possible. The emphasis on self-managed support for co-morbidities and prevention through awareness and self-help programmes will aid this focus.

Safety

The principle of healthcare that does no harm and the focus on safeguarding people from risk of abuse, neglect or other kinds of harm will be built into our workforce and culture change programmes.

Independence

The main idea is to bring care closer to people's homes, supporting self-management of conditions and enabling recuperation and reablement outside the acute hospital setting with an ethos of "own bed instead". Digital telehealth will enable self-management at home.

Voice

A culture change programme will be rolled out to focus on understanding the strengths and assets of each person and their support network and identification of "what matters" using a common toolset will be put in place. This will be better enabled through use of common technology or, where this is not yet possible, standard forms for gathering and processing information using common data sets and standards.

Personalised

Care services will start from an identification of "what matters" to each person. The role of Care Co-ordinator will be further embedded into Primary Care as part of the community team. Support to Care Homes will be managed and coordinated so services are tailored to specific needs of individuals.

Seamless

Work is already in progress across the region to bring community health social care and third sector professionals closer together and encourage collaboration to meet care and support needs. Collaboration will be further strengthened through organisation development, entailing more combined roles (e.g. OTs, Health and Social care Support Workers), better information sharing, enabled through technology and common forms and data sets and reviewing how multiple groups can collaborate more effectively to deliver specific initiatives - e.g. there several enhanced services currently going into residential care homes and an opportunity to offer more seamless service to those residents.

Evidence Driven

The development of workforce and organisation design models will be built on initial research from within the UK and other models such as the Buurtzorg in the Netherlands¹ and Nuka system of Healthcare in Alaska². The local proof of concept projects will encourage innovation and testing of ideas and will be scaled up according to evidence.

Scalable – the approach will engender innovation and controlled risk-taking with new ways of working which can be monitored and scaled up across the Region. Successes will be shared with other organisations in Wales.

Transformative

The challenge is in changing ways of working and delivering better processes and tools for service delivery where IT cannot be enhanced. This will be in terms of standardising assessment and data gathering, and working with teams to improve sharing of information and personalised care co-ordination. In addition, development of the organisation to build on combined roles and co-ordination of care will enable transformational change. Uplift in resource will be essential over the next 2 years to ensure people can have time and space to develop the new skills and ways of working and to innovate and learn along the way.

¹ <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

² <https://www.kingsfund.org.uk/publications/population-health-systems/nuka-system-care-alaska>

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| Strategy, Partnerships and Population Health Committee 2.4.19 |  Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care |
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| Report Title: | Public Services Boards update : Gwynedd and Anglesey |
| Report Author: | Ffion Johnstone Area Director (West) |
| Responsible Director: | Mark Wilkinson Executive Director Planning and Performance |
| Public or In Committee | Public |
| Purpose of Report: | <p>The report is intended to update members of the committee on developments and implementation of the Gwynedd & Anglesey well-being plan and their implications for the Health Board.</p> <p>Information in respect of PSB meetings may be accessed via the websites below</p> <p>Anglesey & Gwynedd Public Service Board: https://www.llesiantgwyneddaron.org/en/Amdanom/Papurau-Bwrdd/</p> |
| Approval / Scrutiny Route Prior to Presentation: | A similar report has been presented to the Anglesey Partnership and Regeneration Scrutiny Committee on 12 March 2019. |
| Governance issues / risks: | Governance arrangements relating to the Health and Care Integrated Group are covered within the body of the report. |
| Financial Implications: | Management and administrative support for the Board is provided by the Isle of Anglesey County Council and Gwynedd Council. |
| Recommendation: | The Committee is asked to note the update and current progress made by the Gwynedd & Anglesey Public Service Board. |

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

| | | | |
|---|---|---|---|
| 4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being | ✓ | 4.Putting resources into preventing problems occurring or getting worse | ✓ |
| 5.To improve the safety and quality of all services | ✓ | 5.Considering impact on all well-being goals together and on other bodies | ✓ |
| 6.To respect people and their dignity | ✓ | | |
| 7.To listen to people and learn from their experiences | ✓ | | |

Special Measures Improvement Framework Theme/Expectation addressed by this paper

- Leadership and governance
- Strategic and service planning

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

Equality Impact Assessment

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

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

Disclosure:

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

Gwynedd and Anglesey Public Services Board (PSB)

1. Purpose of the Report

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

2. Introduction and Context

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

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

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

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

Objective 1: Communities which thrive and are prosperous in the long-term. To realise the objective the PSB will prioritise:

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

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

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

The Gwynedd and Anglesey PSB is currently chaired by Ffion Johnstone, Area Director (West). Information in respect of the Gwynedd & Anglesey PSB wellbeing plan and Board meetings may be accessed via the websites below:

Anglesey & Gwynedd Public Service Board:

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

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

3. An update on the progress of the sub-groups

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

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

| The Priority | Areas of work that have been set | Report on progress |
|---|--|--|
| <p>“The Welsh Language: We will work together to increase the use of the Welsh Language within public bodies in Gwynedd and Anglesey. We will promote the use of Welsh as the preferred language of communication between public bodies across both counties”.</p> <p>The Welsh Language sub-group is led by the Professor Jerry Hunter.</p> | <p>To share good practice on language issues, to try to ensure greater consistency in the way in which the Welsh language is used within the organisations, leading to more consistent user experience.</p> | <p>The sub-group submitted a request to the Welsh government to support the ' ARFer ' project which enables the public bodies to share good practice in dealing with linguistic habits, and the understanding of behavioural psychology. It is envisaged that this will lead to the development of the use of Welsh amongst Welsh Language speakers who do not use Welsh. Bangor University will expand the programme and test its effectiveness in a variety of different contexts.</p> |
| | <p>Give consideration to language issues from the citizen's perspective</p> | <p>The sub-group is interested in transferring ideas and schemes to promote the use of the Welsh language from one institution to another. The intention is to understand the reason for the preferred language from the perspective of service users, and to make the language choice easier and more obvious to the users.</p> |
| | <p>A child's language and linguistic journey and the barriers preventing them from holding on to the language.</p> | <p>The sub-group will work with organisations already undertaking work in this particular area to improve understanding, and work in collaboration to add value.</p> |

| | | |
|---|--|---|
| <p>"Homes for local people. We will work with the housing sector to ensure more suitable and affordable housing in the right places to meet local needs. We will work together to ensure that homes are of a high quality that meets the needs of residents "</p> <p>The housing sub group is led by Ffrancon Williams, chief executive of Cartrefi Cymunedol Gwynedd.</p> | <p>The sub-group is considering options for joint working on innovative housing schemes to avoid duplication, working in isolation and to achieve economies of scale. It's an innovative scheme and encourages collaboration between organisations within the housing sector. It will allow more suitable and affordable homes.</p> | <p>The sub-group will develop a detailed business case to</p> <ol style="list-style-type: none"> 1. Appraise innovative housing models. 2. produce a financial case and determine funding arrangements for the schemes 3. Develop innovative housing in our communities. |
| <p>"The impact of poverty on the wellbeing of our communities. We will develop a detailed understanding of how poverty affects our areas and seek to ensure that the work undertaken in the field across public bodies is more effective in mitigating long term impact "</p> <p>Sub-group leader to be agreed.</p> | <p>Board members will consider assessing the impact on poverty in their equality impact assessments when introducing policy/changes.</p> | <p>The sub-group will emphasise the relationship between equality and poverty and develop a tool to extend equality impact assessment-to also include the effects of poverty.</p> |
| <p>"The impact of climate change on the wellbeing of our communities. We will work together locally to mitigate the effects of climate change on our communities ".</p> <p>The climate change sub-group is led by Sian Williams, North West Operations manager, Natural Resources Wales</p> | <p>In the short term, review existing data, strategies and policies relevant to coastal communities that are at risk from the impacts of climate change in Gwynedd and Môn.</p> <p>Consider options to develop an analytical tool that will enable a more detailed understanding of climate change issues.</p> | <p>The work will enable the PSB to consider the impacts of climate change on the delivery of public services to communities in the area.</p> <p>The sub-group will present a project plan to the BGC in March 2019 to identify the project stages and resources.</p> |

3.2 Healthy and independent residents with a good quality of life

The two priority areas of ' health and care of adults ' and ' the welfare and achievement of children and young people' contribute towards Objective 2. It was agreed to establish one sub-group to address the two priorities – The West Health and Care Integrated Group.

| The Priority | Areas of work that have been set | Report on progress |
|---|---|--|
| <p>“Health and care of adults: we will work with the Regional Partnership Board to ensure that the services planned for the older population meet local needs. We will collaborate locally to plan a wide range of preventative activities for adults to enable them to live healthy and independent lives”.</p> <p>“The welfare and achievement of children and young people: we will plan preventative services and activities together to support families before the need for intensive services arises. We will encourage children, young people and families to improve their health so they can live healthily and independently within their communities in the long term ”.</p> <p>The health and care integrated group is led by Ffion Johnstone, Area Director for West Wales, Betsi Cadwaladr University Health Board.</p> | <p>The health and care integrated group has been established. The main purpose of the group is to ensure effective delivery of health and care services. The sub-group agreed that the group needed to draw up further sub-groups to work on specific issues of adults, children, mental health and well-being, so that they could undertake their functions in health and care effectively.</p> | <p>An action plan will be developed by the integrated health and care group and presented to the Public Services Board. The group wanted to ensure that robust integrated governance arrangements were in place before they developed the action plan.</p> |

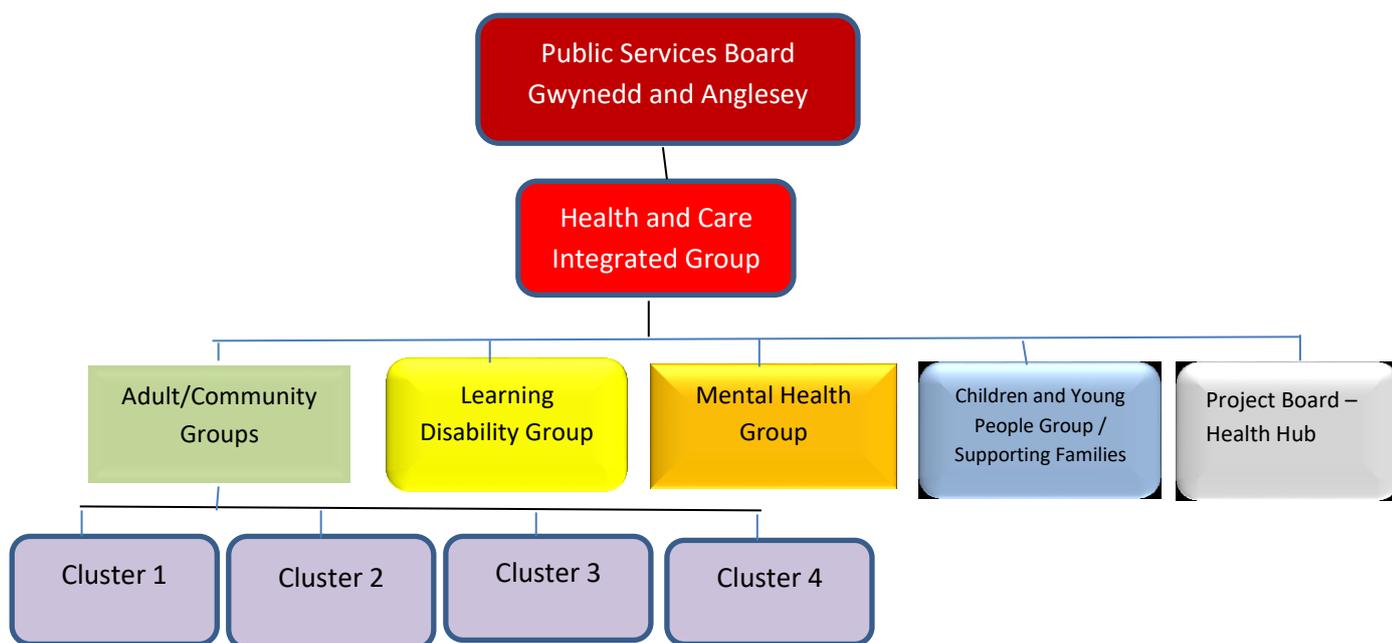
The above outline action plans were approved at the meeting of the Public Services Board on 10th December 2018. The Board requested that the sub- groups provide further details. Further updates to action plans have been submitted to the PSB on 13th March 2019.

The governance arrangements for the Health and Care Integrated Group are outlined below and have been approved at the March meeting of the PSB.

There is an intention locally in the PSB to replicate the Regional Partnership Board's arrangements for the 4 priority areas:-

- Community work through clusters
- Children and Young People / supporting Families
- Mental Health
- Learning Disabilities

The chart below outlines diagrammatically the establishment of a specific group for each of the above priority areas. As well as these four areas, it is intended to ensure that any specific project, such as developing a health hub reports to the Integrated Group.



In addition, the group will need to work collaboratively with the clusters within the Area. At the moment, these clusters are in their early days regarding maturity, but the group leaders will have to ensure that they work effectively with the 4 clusters, in order to ensure that the changes are established robustly within the local area, and make sense against the other changes and services within the area. The governance arrangements will be reviewed constantly as clusters mature.

The main matters that the individual groups need to concentrate on over the next period are outlined below:-

Adult / Community / Primary Care

- Implement the local element of the ‘transforming regional clusters bid’
- Transform home care services / health and social workers
- Prioritise, agree and monitor Adult elements of Integrated Care Funding (ICF) and other specific grants
- Monitor and improve matters relating to adult health and social system e.g. “flow” / Delayed Transfers of Care

Learning Disability Groups

- Implement the local element of the “transforming learning disability strategy bid”

Mental Health Group

- Implement the local element of the “transforming mental health strategy bid”
- Local Implementation Team requirements and key priorities

Children and Young People Group / Supporting Families

- Implement the local element of the “transforming children and young people bid”
 - Early hub centres/ integrated teams
 - Trauma / CAMHS intervention
 - Suitable locations
- Develop and implement ACE agenda requirements
- Prioritise, agree and monitor elements of the ICF funding for children and other specific groups

4. Delivery

The five sub-groups noted above are accountable to the Public Service Board in relation to delivering any work commissioned. The groups will also recommend the future direction of the specific work fields. The sub-group leaders are expected to report back on progress every quarter to the Gwynedd and Anglesey Public Services Board. The period of delivering the objectives will be an opportunity for PSB partners to show their willingness and commitment to working collaboratively and innovatively on achievable plans.

The PSB acts in accordance with seven principles, namely the five national sustainable development principles noted above, together with two which have been added by the Board, namely 'The Welsh language' and 'Equality'. This means taking action in a way which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

In order to respond to the timetable within the Well-being of Future Generations Act the PSB will publish an annual report by August 2019.

5. Scrutiny Arrangements

The Board's work will be checked regularly by the Scrutiny Committees of Gwynedd Council and the Isle of Anglesey County Council. The PSB will prepare an annual report to set out progress as it seeks to deliver the well-being objectives. A copy of every annual report will be sent to Welsh Ministers, the Commissioner, the Auditor General for Wales, the councils' scrutiny committees and Boards of the statutory members, including the Health Board.

The well-being act and the associated national guidance¹ set out 3 main roles for local authority's scrutiny committees in providing democratic accountability to the public services Board:

- Review of the governance arrangements of the PSB
- Acting as statutory consultees on the well-being assessment and well-being plan
- Monitoring progress on the PSBs implementation of the well-being plan and engagement in the PSB planning cycle;

The Public Services Board is currently subject to scrutiny by the designated Scrutiny Committees of Gwynedd and Anglesey local authorities. At the establishment of the PSB it was agreed that a joint scrutiny panel between the two counties would be developed to undertake this work across Gwynedd and Anglesey. Scrutiny Officers from both the Isle of Anglesey County Council and Gwynedd Council will address the key actions in relation to the establishment over the coming months.

6. Recommendations

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

¹ Guidance for Local Authority Scrutiny Committees on the scrutiny of Public Services Boards

Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

STRATEGY, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

1 INTRODUCTION

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

2 PURPOSE

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

3 DELEGATED POWERS

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

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

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

4 AUTHORITY

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

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

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

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

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

5 SUB-COMMITTEES

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

6 MEMBERSHIP

6.1 Members

Four independent members of the Board

6.2 In attendance

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

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

6.3 Member Appointments

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

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

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

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

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

7. COMMITTEE MEETINGS

7.1 Quorum

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

7.2 Frequency of Meetings

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

7.3 Withdrawal of individuals in attendance

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

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

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

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

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

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

8.3.2 sharing of information

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

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

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:

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

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

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

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

11. REVIEW

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

| Agenda Item | Lead officer | Feb 2 | Apr 2 | June 11 | Aug 6 | Sep 3 workshop | Oct 1 | Nov 12 workshop | Dec 3 | Jan 14 workshop | Feb 4 | Mar 5 workshop |
|---|--|-------|-------|---------|-------|----------------|-------|-----------------|-------|-----------------|-------|----------------|
| NB Consent items to be determined on a meeting by meeting basis | | | | | | | | | | | | |
| Opening Business (Standing Items) | | | | | | | | | | | | |
| Apologies for Absence | | x | x | x | x | | x | | x | | x | |
| Previous Minutes and Action Plan | | x | x | x | x | | x | | x | | x | |
| Governance Matters | | | | | | | | | | | | |
| Committee annual report (A) (inc annual review of ToR and Cycle of Business) | Mark Wilkinson | | A | | | | | | | | | |
| Cycle of Business review | Mark Wilkinson | | x | x | x | | x | | x | | x | |
| Corporate Risk Register – Review of allocated risks | Mark Wilkinson / Peter Barry | | | x | | | | | x | | | |
| Special Measures - Consideration of allocated expectations by the SPPH Committee | Mark Wilkinson / Liz Jones | | x | x | | | | | | | | |
| Public Health and Partnership Matters | | | | | | | | | | | | |
| Partnership Arrangements Mid Wales Health Collaborative 111 Public Health : 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups | Teresa Owen WNW- Glynne Roberts | | 1 | 2 | 3 | | 4 | | 5 | | 6 | |

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v1.0 February 2019

| Agenda Item | | Feb 2 | Apr 2 | June 11 | Aug 6 | Sep 3 workshop | Oct 1 | Nov 12 workshop | Dec 3 | Jan 14 workshop | Feb 4 | Mar 5 workshop |
|---|---|-------|---------------------------------------|---------|---------|----------------|-------------|-----------------|-------------|-----------------|-------------|----------------|
| Public Service Boards – Area Director updates | | | FfJ | RS | BJ | | RS | | FfJ | | TBA | |
| NW Regional Partnership Board - Minutes as available – Including update on Transformation funding | | X | X TF: Commu nity services | X TF | X TF | | X TF | | X | | X | |
| Planning Board – Substance Misuse | | | | X | | | X | | | | | |
| Strategic Matters | | | | | | | | | | | | |
| 3 year Plan – refresh including Estates Strategy and major project reports | Mark Wilkinson | X | X | | X | | | X | | | X | |
| 3 year Plan - Development | Mark Wilkinson | X | X | | | X | X | X | X | X | X | X |
| Living Healthier, Staying Well Strategy - refresh and supporting strategies Clinical Services strategy (CSC) | Mark Wilkinson Evan Moore (CSC) | | CSC | CSC | CSC | LHSW CSC | LHSW CSC | LHSW CSC | LHSW CSC | LHSW CSC | LHSW CSC | LHSW CSC |
| Key enabler Strategy updates: Workforce [W] ICT [i] Estates [E] Quality Improvement [Q] | Sue Green Chief Information Officer Neil Bradshaw Deborah Carter | | E | E | E Q | E | E | E | E | E | E | E |
| Staff Survey | Sue Green | X | | | | | X | | | | | |
| Engagement - updates | Katie Sargent | X | | X | | X | X | X | X | X | X | X |

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v1.0 February 2019

| Agenda Item | | Feb 2 | Apr 2 | June 11 | Aug 6 | Sep 3 workshop | Oct 1 | Nov 12 workshop | Dec 3 | Jan 14 workshop | Feb 4 | Mar 5 workshop |
|---|-----------------------------------|-------|-------|--------------------|-------|----------------|------------------|-----------------|-------|-----------------|-------|----------------|
| Civil contingency and business continuity progress and end of year update (E) | John Darlington | | Plan | End of year update | | | Mid Year monitor | | X | | | |
| Winter Resilience Planning - TBC | Meinir Williams | | | | | | | | | | | |
| Equalities: Strategic Equalities plan and Annual Report | Sally Thomas | | | X | | | X | | | | | |
| Major Strategic Projects (as required) | Wylfa – Wyn Thomas | | Wylfa | | X | | WNW (A) | | X | | X | |
| Mental Health Strategy: Together 4 Mental Health Partnership progress | Andy Roach | | X | | X | | | X | | | X | |
| Learning Disabilities Strategy | Andy Roach | | X | | X | | | | | | X | |
| Carer's Strategy | Chris Stockport / Ffion Johnstone | | | | A | | | | | | | |
| Third Sector Strategy | Mark Wilkinson / Sally Baxter | | X | | | | | | | | | |
| Volunteering Strategy incl Annual report (A) | Gill Harris | | | A | | | | | | | | |
| Welsh Language Strategic Reports (A) Annual Monitoring report | Eleri Hughes-Jones | X | | A | | | | | | | | |
| Closing Business (Standing Items) | | | | | | | | | | | | |
| Summary of In Committee business to be reported in public (as appropriate) | | X | X | X | X | | X | | X | | X | |
| Issues of Significance to Inform Chair's Report to Board | | X | X | X | X | | X | | X | | X | |

