1 OPENING BUSINESS AND EFFECTIVE GOVERNANCE

1.1 10:00 - 18.125 Chairman’s Introductory Remarks - Dr Peter Higson

1.2 18.126 Special Measures

Mr G Doherty (introduction)

1.2.1 10:05 - 18.126.1 Task & Finish Group : Verbal Update from Chair - Mrs Margaret Hanson

1.3 10:10 - 18.127 Apologies for Absence

1.4 10:11 - 18.128 Declarations of Interest

1.5 10:12 - 18.129 Draft Minutes of the Health Board Meetings held in public on 28.3.18 and 5.4.18 for accuracy and review of Summary Action Log

18.129a Minutes Health Board 28.3.18 Public v0.03.doc

18.129b Minutes Health Board 5.4.18 public V0.03.doc

18.129c Summary Action Log Public_v129 24.4.18.doc

2 ITEMS FOR CONSENT

2.1 10:22 - 18.130 Committee and Advisory Group Chair’s Assurance Reports

Quality, Safety & Experience Committee 20.3.18 (Mrs M Hanson)

Finance & Performance Committee 22.3.18 (Mrs M W Jones)

Financial Recovery Group 29.3.18 (Dr P Higson)

Mental Health Act Committee 23.2.18 (Mrs M Hanson)

Healthcare Professionals Forum 2.3.18 (Prof M Rees)

18.130a Chair's Assurance Report QSE 20.3.18 V1.0.doc

18.130b Chair's Assurance Report FPC 22.3.18 v.02.doc

18.130c Chair's Assurance Report FRG 29.3.18 v0.01.doc

18.130d Chair's Assurance Report MHAC 23.02.18 V1.0.doc

18.130e Chair's Report HPF 2.3.18 V1.0 Approved.pdf

2.2 10:42 - 18.131 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Mr Gary Doherty

Recommendation:
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales and the All Wales Register of Approved Clinicians.

18.131 AC & S12 Report.docx

2.3 10:44 - 18.132 Flintshire, Wrexham and Gwynedd & Anglesey Public Service Board Well Being Plans - Mr Geoff Lang

Recommendation:
The Health Board is asked to approve the Well Being plans.

18.132a PSB Well-Being Plans coversheet_amended.docx

18.132b PSB Well-being Plan_Flintshire.pdf

18.132c PSB Well Being Plan_Wrexham.pdf

18.132d PSB Well-Being Plan_Gwynedd Anglesey.pdf

3 FOR DISCUSSION

3.1 10:59 - 18.133 Finance Report (Draft Unaudited Financial Outturn for 2017/18) - Mr Russ Favager

Recommendations:
1) The Board is asked to note the report, including the risks being taken forward into 2018/19.
2) The Board is asked to delegate authority to the Audit Committee to approve the audited statutory accounts and associated reports. The Board is also asked to confirm that the Charitable Funds Committee can approve the audited annual Charitable Funds Accounts.

18.133 Finance Report Month 12 amended.docx

3.2 11:29 - 18.134 Primary Care Update - Ms Morag Olsen
Recommendations:
The Board is asked to:
1) Note the current and proposed use of Welsh Government primary care funding.
2) Note the role of the primary care investment group in overseeing the allocation and utilisation of Welsh Government Primary Care Funds

18.134 Primary Care Update.docx

4
11:59 - FOR INFORMATION

4.1
18.135 Information circulated since the last Board meeting

16.4.18 – Unscheduled Care Improvement Programme update
16.4.18 – Monthly Update on Sub Regional Neonatal Intensive Care Centre

5
CLOSING BUSINESS

5.1
18.136 Date of Next Meeting

Thursday 7.6.18, 10.00am, Wrexham

5.2
18.137 Committee Meetings to be held in public before the next Board Meeting

10.5.18 Strategy, Partnerships & Population Health Committee; 11.5.18 Mental Health Act Committee;
22.5.18 Quality, Safety & Experience Committee; 28.5.18 Finance & Performance Committee.
Betsi Cadwaladr University Health Board (BCUHB)

Minutes of the Extraordinary Health Board Meeting held in public on 28.3.18 in ‘Preswylfa’, Mold

Present:

Dr P Higson Chairman
Cllr C Carlisle Independent Member
Mr J Cunliffe Independent Member
Mr G Doherty Chief Executive
Mr R Favager Executive Director of Finance
Mrs M Hanson Vice Chair
Mrs G Harris Executive Director of Nursing and Midwifery
Mrs M W Jones Independent Member
Mr G Lang Executive Director of Strategy
Mrs G Lewis-Parry Board Secretary
Mrs L Meadows Independent Member
Dr E Moore Executive Medical Director
Mrs M Olsen Chief Operating Officer
Professor M Rees Associate Board Member (Chair of Healthcare Professionals Forum) – part meeting
Mrs B Russell-Williams Independent Member
Mr C Stradling Independent Member
Mr A Thomas Executive Director of Therapies and Health Sciences
Mr Ff Williams Associate Board Member (Chair of Stakeholder Reference Group)

In Attendance:

Miss R Hughes Charity Accountant (part meeting)
Mr D Jenkins Independent Adviser
Mrs H MacArthur Head of Financial Services (part meeting)
Mrs L Roberts Executive Business Manager (Chair’s Office)
Mrs K Thomson Head of Fundraising (part meeting)

Translator, staff, observers and members of the public

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.87 Chairman’s Introductory Remarks</td>
<td></td>
</tr>
<tr>
<td>18.87.1 The Chair welcomed members of the Board and public to the Extraordinary Board meeting.</td>
<td></td>
</tr>
<tr>
<td>18.88 Apologies for Absence</td>
<td></td>
</tr>
<tr>
<td>18.88.1 Apologies for absence were received for Cllr Bobby Feeley, Professor Jo Rycroft-Malone, Mrs Teresa Owen, Mr Richard Jones and Mr Andy Roach.</td>
<td></td>
</tr>
</tbody>
</table>
18.88.2 The Chair advised that Cllr Feeley’s term of office was due to end on 31 March 2018, and, on behalf of the Board, thanked her for her valuable contribution over the past 4 years.

18.89 Declarations of Interest

18.89.1 No declarations of interest were received

18.90 Financial Budget 2018-19 and Financial Strategy

18.90.1 The Executive Director of Finance presented the item to the meeting. It was noted that copies of the proposed interim financial plan had been circulated to members previously. Members were advised that the Health Board was facing a very difficult financial challenge both in terms of balancing the financial position, and in moving forward healthcare services whilst achieving performance targets.

18.90.2 Members noted that the 2018/19 Draft Interim Financial Plan had previously been presented for consideration and endorsed at the Finance and Performance Committee on 22 March 2018, prior to presentation to the Board.

18.90.3 In presenting the report, the following key issues were noted:

18.90.4 The process of developing the plan had commenced in October 2017 and had included wide-ranging engagement across the organisation which was evidence based in understanding the underlying issues and opportunities. It was highlighted that the Health Board was on a journey from stability through to turnaround and transformation. What needed to happen had been identified in the plan, and the Health Board now needed to ensure people were empowered to implement the plans worked up and being worked up at pace. The approach to savings was almost a 50:50 split between cost containment (maintain current spend and mitigate future financial pressures from demographic changes etc) and cash releasing savings (reduce the current actual spend). The savings approach was discussed, including a themed approach in addition to a 1% transactional target across all budget holders. Each themed savings area was led by a Director and the overall programme would be overseen by the new Director of Turnaround. It was highlighted how crucial it was to resource this team in order for it to succeed.

Members were assured that there had been challenge and due diligence throughout this process, including monthly updates to the Finance and Performance Committee on progress since October 2017. As the Health Board were not empowered to spend more than its financial allocation and hence set a deficit budget, the Chief Executive, as Accountable Officer, had written to Welsh Government (WG) prior to the Board meeting to provide a copy of the report being presented to the Board and the recommendations being made. No response had been received prior to the Board meeting. The Executive Director of Finance explained that the report presented for approval was an interim plan subject to approval by WG however, under its own Standing Financial Instructions (SFIs), the Board needed to approve a budget prior to the commencement of the financial year in order to allow budget holders to sign contracts, Service Level Agreements and commit expenditure from 1 April 2018. There had been on-going dialogue between the Health Board and WG over the past few months in order to ensure that WG were aware of the recommendation being presented to the Board. It was noted that there were over £20m of new investments referenced in the Draft Three Year Plan.
which was also being presented to the Board at this meeting however none of these had been funded in the budget being presented, and would require other funding sources to be identified, eg, WG £50m Transformation Fund, Invest to Save, Intermediate Care Fund, Primary Care monies, etc. The Executive Director of Finance stated Business Cases need to be fully worked up now with the top 4 to 5 schemes prioritised in order that they could be submitted as soon as any funding was announced.

18.90.5 It was noted that whilst the headline showed a deficit reduction from £36m to £35m the underlying deficit reduction would be from a position of £49m to £35m. This was due to a number of one-off savings that had occurred in 2017/2018.

18.90.6 Members noted that the draft interim financial plan proposed a deficit budget of £35m after delivery of £45m (4.5% of non-ring-fenced budgets) savings, (£23m cost containment, and £22m cash releasing).

18.90.7 The plan presented was for year one of a four year recovery programme, although this may change dependent on discussions with WG. Whilst the first year would be focussed on financial stability (reducing the underlying deficit from £49m to £35m), recovering the position further would require a focus on financial turnaround and transforming services over a longer period. The plan outlined areas of service inefficiency and key cost drivers which had contributed to the underlying deficit, and implementing a turnaround plan to address the areas which would need to be an immediate focus for the Board.

18.90.8 Over the period of this budget, and the forthcoming three year period, it was imperative that the Health Board embraced a transformational approach in its strategic and the operational planning and delivery measures were in place to stabilise the current position, however, as highlighted in the Deloitte’s report the Health Board needed to adopt a different approach.

18.90.9 A key component in moving forward would be the appointment of the Director of Turnaround, and this would be critical role in moving forward to ensure that the Board delivered the proposed saving schemes.

18.90.10 Members were advised that from the savings target of £45m the current position was of concern with only £27m of schemes developed were in the programme management system (CAMMS), with just under £10m still under discussion / in development. The Board were advised that any schemes not in the system by month 1 would be profiled from month 1 on a 1/12 basis. The Executive Director of Finance advised that the £8.2m savings identified as the first year of the deficit reduction programme were still being worked up by executive colleagues, and therefore the profile of these savings would be back-loaded to the last 6 to 7 months of the financial year. This was a risk the Board needed to be aware of and a change of approach from the previous year, and thus it was imperative that all the savings schemes were confirmed, detailed plans established and input into the savings system within the next couple of months for implementation to commence from August onwards. The 2018/2019 savings requirement and deficit reduction programme approach over the next 4 years would be led by the Director of Turnaround and critical to its success would be clinical ownership, Board level leadership and oversight, and adequate resourcing.

[Prof M Rees joined the meeting]

18.90.11 The Executive Director of Finance advised that no new investment for
Performance targets were included within the financial plan, however discussions were on-going with WG and the Health Board around 2018/2019 investment in this area. The Health Board will continue to continue to invest in reducing waiting times so this would be an area of financial risk in the first quarter. Within the Health Board’s own savings schemes and activity plans, there was an expectation that there would be improvements in efficiency and productivity to contribute to both financial and performance targets.

18.90.12 In concluding the presentation, the Executive Director of Finance reminded the Board that having a financial deficit was unacceptable and should not been seen as the norm. Board members were reminded that this would mean that the financial statements would be qualified on the basis of regularity. The Board were requested to approve the draft interim financial plan for 2018/19 with a projected budget deficit of £35m, equating to a 2.5% deficit of the overall budget. It was acknowledged that the savings plan was very challenging however it was appropriate for the Board, in a deficit position, to set itself challenging savings targets. It was accepted that savings were there to be made however this would require the whole organisation to take collective responsibility for their delivery.

18.90.13 The Chair of the Finance and Performance Committee advised that the report had been scrutinised in-committee. It was noted that other Health Boards in Wales faced similar financial challenges. The Committee did consider whether the approach being proposed was too conservative but had felt that the plan was more realistic and sustainable in order to deliver a balanced position over a four year period. The Committee also noted concerns around capacity at Board level to turnaround which would be crucial in delivering the plan, however an assurance was given by the Chief Executive that steps were being taken to contain spend which would provide a firmer foundation moving forward.

18.90.14 The Chief Executive acknowledged that the position was not acceptable however he stated that there were opportunities to improve. The challenge for the Health Board as a whole would be to focus on these areas urgently to address these. A considerable amount of work had been undertaken in-year and this was acknowledged.

18.90.15 With regard to Divisional Pre-Commitments ‘options to withdraw’, and what impact this would have on patient care, it was noted that these had been debated by the Executive Team. The Chair requested that these be discussed at a future Finance and Performance Committee prior to proceeding with these.

18.90.16 The Chair requested that a more detailed report on of the four year recovery programme be presented to the May Board meeting.

18.90.17 Members were advised that divisional accountability meetings took place monthly, and discussions had been held around further escalation if required.

18.90.18 In response to a question as to whether the structure and skills were in place in the relevant areas to deliver the plan, the Chief Executive advised that in terms of approach these were the correct areas, however, he did not feel that there was sufficient capacity within the organisation to support the delivery of this work at the required pace and that support would need to be provided to individuals to create capacity and space. Discussions were being held internally and externally as to how this could be addressed.

18.90.19 Members were advised that lessons had been learnt from previous years in
terms of sign off and challenge, and that this would be rolled out across the organisation.

**18.90.20** The Executive Director of Finance reiterated that the Standing Financial Instructions and Standing Orders required the Health Board to set a budget. The draft interim financial plan presented to the meeting would be temporary until discussions had been concluded with WG. Should the plan not be signed off by WG it was noted that a revised budget would need to be brought back to the Board for approval.

**18.90.21** The Chief Executive recommended that the Board approve the Draft Interim Financial Plan for 2018/19. Following conclusion of discussions with WG, a report would be made to the Board to confirm the outcome of discussions.

**18.90.21** It was **resolved** that the Draft Interim Financial Plan 2018/19 be approved in line with recommendations outlined within the report.

**18.91 Funded Nursing Care: Supreme Court Judgement**

**18.91.1** The Executive Director of Finance advised Members that the report set out the All Wales approach. The Supreme Court Judgement had led to an increase in Funded Nursing Care (FNC) to £162.75 per week, which would be Health Board costs. Welsh Government had provided funding to cover backdated cases for the period 2014/15 and 2017/18 of £3.1m. The on-going cost of £668,000 per year was a cost pressure to the Health Board and had been included within the 2018/19 Financial Plan. The Board were requested to note the report and approve the increases so that work could progress to manage reimbursement of backdated claims, and the need to consider the current policy model in discussions with Welsh Government.

**18.91.2** It was **resolved** that the recommendations in the report were noted.

**18.92 Draft Three Year Plan**

**18.92.1** The Executive Director of Strategy presented the Draft Three Year Plan to the Board.

**18.92.2** The Draft Three Year Plan had been developed to reflect the priorities set out in the Board’s strategic direction ‘Living Healthier Staying Well’, along with essential performance improvement areas set out by Welsh Government. This provided the basis for the on-going work to move towards the production of the Health Board’s Integrated Medium Term Plan (IMTP), which the Health Board would be required to develop during 2018/19. The draft plan was aligned to the Health Board’s financial plan, and acknowledged the financial constraints.

**18.92.3** The draft plan outlined what needed to be achieved over the next three years, and highlighted the need to shift the focus towards health inequalities and provision of care closer to home. Discussion with Welsh Government had determined that an Annual Plan would also be required to focus on 2018/19, which should demonstrate real improvement in areas of Special Measures. The draft plan presented was not a definitive plan, but set out the ambition of the organisation in moving forward and would need to be further refined and developed. The Annual Delivery Plan would provide further specific detail regarding what will be developed in 2018/19.

**18.92.4** Members were advised of two key areas for further work to be undertaken:
• **Unscheduled Care** – work was on-going with Pryce Waterhouse Cooper and this section of the plan would be further developed as the plan progressed.

• **Referral to Treatment (RTT)** and the Health Board’s intention to continued performance to reduce waiting times – discussions were on-going with Welsh Government and further detail, including resource assumptions, would be included as part of the annual plan.

**18.92.5** The Annual Plan would be presented to the May Board meeting and would include reference to deliverables and milestones for the year ahead.

**18.92.6** The Board were requested to endorse the areas for priority and attention.

**18.92.7** The Vice Chair thanked the Executive Director of Strategy and his team for the work undertaken in developing the draft plan. With regard to available funding for ‘must do’ priorities, the Board were assured that targeted resources were in place for some areas, and in new areas where we would want to develop capacity in the community, these would require access to transformational funds which would require business cases to be developed in year to secure the necessary resources for delivery either internally or from Welsh Government.

**18.92.8** In terms of delivering the plan the Board were assured that it had been designed to reflect the need for good joint working with stakeholders and partners.

**18.92.9** With regards to performance measurement on outcomes, assurance was sought that individual plans or projects would deliver as these were key to the overall delivery of the plan. The Executive Director of Strategy advised that this work was under development and that there would be a need for clear detail around programmes of work and their impacts to be set out in the Annual Plan, to ensure they could be tracked throughout the year.

**18.92.10** In summary the Chair advised that the draft three year plan followed on from the strategy presented to the previous Board meeting, and that the detailed delivery plan would be submitted to the May Board meeting. The Chair emphasised the need for the Annual Plan be fully integrated with the Board’s financial plan.

**18.92.11** With regard to communicating the plan it was agreed that a one year plan would need to be put in place to communicate both internally and externally with partners and stakeholders. This would be considered further by the Executive Team.

**18.92.12** It was **resolved** that the Board:

1. Note the detailed work that has been undertaken to develop the Plan and its connection with Living Healthier, Staying Well strategy.
2. Endorse the priorities set out within the Plan for delivery over the three year period.
3. Endorse the proposal to develop a detailed delivery plan for 2018/19 which will be presented to the Board for adoption in May 2018.
4. Note the requirement to continue to build on the priorities set out in the Plan to develop an IMTP for 2018/19

**18.93** **Trustees Items**
### Introductory Remarks

**18.93.1** The Chair welcomed Kirsty Thomson, Head of Fundraising and Rebecca Hughes, Charity Accountant from Awyr Las, and Helen MacArthur Head of Financial Services BCU, to the meeting. It was noted that the Board met annually as Trustees in order to receive the accounts and be updated on any regulatory changes.

### Minutes of Trustees Board Meeting Held on 30.1.17

**18.94.1** The minutes were agreed as an accurate record.

**18.94.2** Members noted the significant number of positive stories in the media around the work of Awyr Las.

**18.94.3** The Head of Financial Services advised Members that Awyr Las continued to work closely with the Charity Commission, the Association of NHS Charities and the Fundraising Regulator to identify any new relevant regulations and guidance issued and to ensure that the charity remained compliant.

### Charitable Funds Annual Report and Financial Statements 2016/17 (incorporating Regulatory Update and Charitable Expenditure Briefing)

**18.95.1** The Head of Financial Services presented the annual report and accounts to the Health Board. It was noted that the charitable funds were accounted for separately, and subjected to audit by Wales Audit Office (WAO), with submission of the accounts to the Charity Commission. The draft accounts were presented to the Audit Committee prior to final sign off by the Charitable Funds Committee in December 2017. There were no issues of note to bring to the attention of the Board.

**18.95.2** Income for 2016/17 was reported at £2.5m, which showed a decrease of 23% on the previous year; this was due to a fall in donations and legacies. Legacy income had reduced by £0.7m year on year. It was noted that legacies were an unpredictable source of income and that part of the charity’s strategy was to increase legacy income it received, although it was expected that this would take some time to show effect. Many of the donations and legacies received by the charity could not be spent immediately as they needed to be accumulated to fund the most appropriate purchases. Members were advised that donations were invested in order to generate further income and protect their value in real terms. During 2016/17 gains on these investments totalled £1.1m compared to a loss of £0.3m in 2015/16. In terms of management, the charity used professional fund advisors, and took moderate risk, long term strategy with its investments to provide some degree of certainty on return.

**18.95.3** Members were advised that expenditure in year amounted to £1.7m, 64% lower than the previous year. The primary reason for the fall in expenditure was a reduction in grants awarded of 69%. It was important to note that Awyr Las was actively working to identify expenditure plans for the future.

**18.95.4** The funds of the charity at the end of 2016/17 totalled £8.1m, and provided the Board with an assurance of the sound financial position, and there were no issues of governance to note.
The Chair of the Charitable Funds Committee thanked the Head of Financial Services and her team for the financial report provided. It was noted that the charity had continued to raise its profile and there was an increase in the number of volunteers raising money. Members noted the importance of ensuring best use of funds available for patients, staff and services and the need for an effective plan to be in place to support this.

18.95.5 It was resolved that the Board, as Corporate Trustees receive the Charitable Funds Annual Report and Financial Statements for 2016/17.

18.96 Exclusion of Press and Public

18.96.1 It was resolved that members of the press and public be excluded from the remainder of the meeting which would be conducted in-committee.
Betsi Cadwaladr University Health Board (BCUHB)

Minutes of the Health Board Meeting held in public on 5.4.18 in Neuadd Reichel, Bangor

Present:
Dr P Higson                 Chairman
Cllr C Carlisle            Independent Member
Mr J Cunliffe              Independent Member
Mr G Doherty               Chief Executive
Mr R Favager               Executive Director of Finance
Mrs S Green                Executive Director of Workforce & Organisational Development
Mrs G Harris               Independent Member
Cllr M Hughes              Independent Member
Mrs M W Jones              Independent Member
Mr G Lang                  Executive Director of Strategy
Mrs L Meadows              Independent Member
Dr E Moore                 Executive Medical Director
Miss T Owen                Executive Director of Public Health
Prof M Rees                Associate Board Member, Chair of Healthcare Professionals Forum
Mrs B Russell-Williams     Independent Member
Prof J Rycroft-Malone      Independent Member - University
Mr C Strading              Independent Member
Mr A Thomas                Executive Director of Therapies & Health Sciences
Mr Ff Williams             Associate Board Member, Chair of Stakeholder Reference Group

In Attendance:
Mrs K Dunn                  Head of Corporate Affairs
Mrs Ff Johnstone           Area Director (West) – for Ms M Olsen

Translator, staff, observers and members of the public

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.100 Chairman’s Introductory Remarks</td>
<td></td>
</tr>
<tr>
<td><strong>18.100.1</strong> The Chairman welcomed the new members to the Board (Mrs Sue Green – Executive Director of Workforce &amp; Organisational Development, and Cllr Medwyn Hughes – Independent Member, Local Authority). He also extended a welcome to Mrs Ffion Johnstone as deputy for Ms Morag Olsen.</td>
<td></td>
</tr>
<tr>
<td><strong>18.100.2</strong> The Chairman informed the Board that a petition of 1,145 signatures from the Hanmer Surgery Patient Action Group had been received, calling for the Health Board to support the surgery’s plans for a new build development. He noted that the Area Team (East) was arranging to meet with the Patient Action Group within the next two weeks.</td>
<td></td>
</tr>
<tr>
<td>18.101 Special Measures</td>
<td></td>
</tr>
<tr>
<td><strong>18.101.1</strong> The Chief Executive indicated that the Chair’s report from the meeting of the Special Measures Task &amp; Finish Group (SMIF) held on 20.2.18 was presented for</td>
<td></td>
</tr>
</tbody>
</table>
information. He added that meetings of the SMIF continued regularly whilst the Welsh Government framework document for the next phase was being finalised.

18.102 Apologies for Absence

18.102.1 Apologies had been received for Mrs M Hanson, Mrs G Lewis-Parry, Ms M Olsen and Mr A Roach.

18.103 Declarations of Interest

18.103.1 None were declared.

18.104 Minutes of the Health Board Meeting Held in Public on the 1.3.18

18.104.1 The minutes were approved as an accurate record pending one amendment to 18.75.2 to read “Funded Nursing Care”.

18.104.2 The summary action log was received and noted.

18.105 Committee and Advisory Group Chair’s Reports

18.105.1 Quality, Safety & Experience Committee 20.2.18

18.105.1.1 The Executive Director of Nursing & Midwifery presented the report, highlighting key areas of discussion by the Committee together with any identified risks and concerns. With regards to the reference to the stroke services peer review, the Chair of the Healthcare Professionals Forum expressed concern that there was clearly more work to be done to improve the indicators and add pace. It was confirmed this was being followed up with the Area Teams. A comment was also made that national reports received at Committee level (eg “Inquiry Into Loneliness & Isolation”) should be used appropriately to plan services.

18.105.2 Finance & Performance Committee 22.2.18

18.105.2.1 The Committee Chair presented the report, highlighting key areas of discussion by the Committee together with any identified risks and concerns. Members’ attention was drawn to the reference to the capital programme report which indicated that the capital resource limit would be fully utilised in-year, and that the Ysbyty Glan Clwyd (YGC) redevelopment programme was on target for completion by December 2018. A query was raised that the YGC scheme was also listed as a key risk or concern, and the Executive Director of Strategy confirmed that whilst the overall capital programme was on track, the complexities of various elements such as asbestos removal meant it remained a risk. It was also reported that the Committee had been pleased to note that the Phase 1 opening of the Sub Regional Neonatal Intensive Care Centre (SURNICCC) had been well-received by patients, staff and the public.

18.105.3 Financial Recovery Group (FRG) 14.2.18, 27.2.18 & 14.3.18

18.105.3.1 The Executive Director of Finance presented the combined report, highlighting key areas of discussion together with any identified risks and concerns. He reminded the Board that the FRG met every 2 weeks and that the latest financial position would be covered under a later agenda item.
18.105.4 Charitable Funds Committee

18.105.4.1 The Committee Chair presented the report, highlighting key areas of discussion by the Committee together with any identified risks and concerns. No points of clarity were raised.

18.105.5 Remuneration & Terms of Service Committee 23.1.18

18.105.5.1 The Committee Chair presented the report which highlighted key areas of discussion by the Committee together with any identified risks and concerns. No points of clarity were raised.

18.105.6 Strategy, Partnerships & Population Health (SPPH) Committee 5.3.18

18.105.6.1 The Committee Chair presented the report, highlighting key areas of discussion by the Committee together with any identified risks and concerns. The Committee had expressed particular concern at the completion rate of actions set out in the Q3 update against the 2017-18 Annual Operational Plan, and the Chief Executive indicated that a range of these would need to be carried forward as part of a focused annual plan for 2018-19 which was due to come to the Board in May. Members were also reminded that the draft Three Year Plan had been considered by the Health Board at an extraordinary meeting on the 28.3.18.

18.105.7 Stakeholder Reference Group (SRG) 19.3.18

18.105.7.1 The Advisory Group Chair presented the report, highlighting key areas of discussion together with any key advice or feedback to the Board. With regards to the points highlighted as a result of the presentation from the audiology service, the Executive Director of Therapies & Health Sciences would follow these up and feedback to the SRG Chair. In respect of the lack of attendance by Local Authority colleagues at SRG meetings, the Health Board Chair and Chief Executive would raise this at the next available opportunity with Local Authority colleagues.

18.106 Conwy and Denbighshire Public Service Board Well-Being Plan

18.106.1 The Executive Director of Strategy presented the paper, confirming that the SPPH Committee had seen early and final drafts and had sought ongoing assurance during the implementation phase around focused actions contributing to mental well-being and ensuring that community resilience actions addressed social inclusion. The Executive Director of Public Health welcomed the Plan and felt it provided opportunities to make a real and positive difference as partners in the provision and planning of health and social care. The Chairman noted that the Plan was well aligned with the Board’s strategic approach.

18.106.2 It was resolved that the Board approve the Well-Being Plan for Conwy & Denbighshire.

18.107 Changes to Standing Orders – Review of Terms of Reference

18.107.1 The Chairman indicated that the paper set out a range of amendments to terms of reference as approved by the Audit Committee on the 9.2.18.
18.107.2 **It was resolved that** the Board endorse the proposed changes to the terms of reference for the Quality, Safety & Experience Committee, the Charitable Funds Committee and the Local Partnership Forum.

18.108 **Children’s Health and Well-Being : The Impact Across the Life Course**

18.108.1 The Executive Director of Public Health presented the paper which set out priorities for health and well-being in terms of children and the early years element, where it was known there was potential for greater impact. She drew members’ attention to the focus within the paper on obesity as there were known high rates in Wales, and highlighted that the Childrens Transformation Board had agreed six key areas to take forward in partnership, with many of the actions relating to Public Sector Board (PSB) plans. She also referred to the Adverse Childhood Experiences (ACE) agenda and how statistics clearly demonstrated how adverse affects in early years followed through to adult life. The Board were informed of a successful bid to support the ACE agenda.

18.108.2 A discussion ensued. A request was made to use the full term Adverse Childhood Experiences rather than the acronym ACE when dealing directly with young people, as there were different connotations which were not positive. The Third Sector Independent Member highlighted the importance of preventative work and that the Third Sector did have access and experience of alternative funding streams which children and young people’s projects could benefit from. The exciting work in preventing and mitigating adverse childhood experiences and delivering trauma informed services was welcomed, and the Executive Director of Public Health indicated this was an innovative and sensitive area of work involving service evaluation through Health Visitors liaising with parents to target support appropriately. The Chief Executive remarked that there were clear community and society wide responsibilities in terms of this agenda and that there was rich data which provided real opportunities for the Health Board to deliver improvements in conjunction with its partners. The Chairman welcomed the opportunity to focus on this service area and suggested that in addition to reducing adverse childhood incidents the Board should also be working towards setting targets in relation to supporting those children and young people who had already been exposed to them.

18.108.3 **It was resolved that** the Board

- Note the evidence on the potential for prevention through investment in early years and child health & well-being.
- Endorse the principle of seeking to prevent long-term ill health through action as early in the life course as possible.
- Endorse continued participation with partners on the priorities identified for children and families, and in taking forward the evidence-based actions set out in the Health Board’s Three Year Plan.

18.109 **Integrated Quality Performance Report**

18.109.1 The Area Director (West) presented the report and reminded members that the respective indicators had been scrutinized by the Quality, Safety & Experience Committee and the Finance & Performance Committee. She reported that the latest unvalidated figures for Referral to Treatment (RTT) indicated an adverse variation with 5585 patients waiting over 36 weeks, and that the focus for Quarter 1 would be on trauma & orthopaedics and general surgery. With regards to cancer performance there had been a slight improvement in the 62 day target. There had been 459 breaches
within diagnostics. In terms of unscheduled care the high volume of escalation beds had had an adverse impact upon performance with 62.3% of triaged admissions being classed as amber or yellow which indicated higher levels of acuity. An improvement was reported in 1 hour ambulance handover waits. It was noted that a full review of pressures and winter plan would be undertaken by the end of April. Positive news was reported that unvalidated data indicated there were no breaches within therapies.

18.109.2 The Area Director (West) went on to report on the work of Price Waterhouse Cooper (PWC) in terms of the unscheduled care project. She confirmed that representatives of PWC had attended the Finance & Performance Committee on two occasions and were scheduled to attend the Health Board in June. A major gain was anticipated for the Ysbyty Glan Clwyd site through the implementation of the “SAFER” patient flow methodology which included increased senior review, early discharge process and strengthened family involvement.

18.109.3 A discussion ensued. The Chief Executive noted that the majority of patients within BCUHB were treated within target however there was a significant number of people waiting an unacceptably long time, and whilst this number had been reduced through efficiencies and outsourcing it was not enough. He also reminded members that diagnostics and RTT were affected by the loss of capacity in Wrexham, but that this had been re-established via bringing in additional temporary capacity and the modular theatre. In summary he noted it had been a very difficult winter period which had impacted upon both patients and staff and there was a continued need to maintain and drive down elective waiting times and maximise achievements from winter plan such as falls pathways, chest pain pathways, the use of advanced paramedic practitioners and the delayed transfers of care work with Local Authorities. A question was raised regarding the likely timeframe for confirmation from Welsh Government regarding additional investment to address Child & Adolescent Mental Health Services performance, and it was agreed that Ms Morag Olsen (Chief Operating Officer) be asked to contact the relevant board member outside of the meeting. The Chair of the Healthcare Professionals Forum (HPF) suggested that the number of vacancies being carried also impacted upon the Board’s ability to work smarter and more efficiently, and that the importance of creating an attractive work environment to boost recruitment and retention should not be under-estimated. A question was raised regarding the exception report into outpatient cancellations which indicated there were IT system barriers in delivering the 5% target, and it was agreed to ask Ms Morag Olsen (Chief Operating Officer) to send a further briefing note to members on this matter. The Chairman reflected that the exceptional pressures that had been encountered needed to be factored in to the performance figures however the Board must not normalise the numbers and figures currently being reported, and that a holistic approach should be taken to increase capacity and improve sustainability going into Quarter 1. He suggested it would be essential to identify the whole RTT target for Quarter 1 as soon as possible, and by how much this was going to be reduced. The Chief Executive indicated it was hoped to be in position to plan Quarter 1 within the next two weeks. The Chairman indicated to the Board that addressing RTT performance was going to cost but that he recommended it was spent at risk. The Board accepted this position. Finally the Chairman reported that Welsh Chairs had met with the Cabinet Secretary recently and discussed a potential national learning event on unscheduled care.

18.109.4 It was resolved that the Board note the report.

18.110 Delivering a Sustainable Elective Orthopaedic Surgery Service for North
Wales: Short to Medium Term Plans 2018/19 – 2020/21

18.110.1 The Executive Director of Strategy presented the paper indicating to members that the Head of Health Strategy & Planning was in attendance to respond to any detailed questions. He reminded the Board that a range of papers had previously been considered regarding the strategic approach for orthopaedics in terms of developing a sustainable service, and that this latest paper brought together a forward look for the next three years with a set of priorities against financial considerations. Members’ attention was drawn to Table 1 which set out short to medium term priorities. The Executive Director of Strategy indicated there was clarity on the amount of work to be done such as the proposed expansion of the consultant base and outsourcing which would be influenced by recruitment. In terms of cost, the plans would require a capital investment of around £5.2m which would require discussion with Welsh Government and which essentially would enhance bed/ward capacity in Ysbyty Gwynedd (YG), complete the relocation of orthopaedics from Abergale Hospital to Ysbyty Glan Clwyd (YGC) and provide additional out-patient capacity in Wrexham. Members’ attention was drawn to the financial summary within Table 5, and the risks to delivery which had been set out. Finally the Executive Director of Strategy reaffirmed that delivery of this work would require the securing of additional resources from Welsh Government in terms of both revenue and capital, but that work was being progressed in advance to address the current backlog of patients waiting over 36 months.

18.110.2 A discussion ensued. The question was asked whether a workforce analysis had been undertaken to provide assurance that there was sufficient resources and clinical leadership to ensure the delivery of a North Wales Musculoskeletal Delivery Framework. The Executive Director of Strategy responded that there were existing networks across the three sites of operational and clinical staff, however, there would need to be additional leadership resources identified. The Executive Medical Director alluded to the benefits of dedicated management support in similar developments previously – such as within vascular services. The Chairman enquired as to the governance arrangements for the network and it was noted that terms of reference were being developed but that the network would report to the Executive Management Group in terms of performance and delivery. A concern was raised around the lack of a contingency if resources did not follow from Welsh Government, and also the accountability of the network managers in terms of delivering the plans. The Chief Executive indicated that part of the role of the network manager would be to ensure the more efficient use of resources, to benchmark data around efficiency and effectiveness and to learn from other sites. He felt that the model of care was clearly set out and supported, and that the next step was to build on this whilst increasing capacity. In response to a comment regarding the lack of detail against efficiencies within Appendix 1, it was noted these were built in relating to patients not actual figures, but had been drawn out more clearly in a previous paper. The Chair of the Stakeholder Reference Group noted that the paper had made reference to the delivery of theatre capacity being ‘challenging’, and the Executive Director of Therapies & Health Sciences was asked to circulate a briefing note to members to explain this further and to also include the issue of relative and absolute capacity.

18.110.3 The Chairman summarised that the strategic direction for orthopaedic services had previously been agreed and that the paper in effect sought approval of the recommended way forward to achieve that strategic direction. The Board were happy to endorse this approach in principle, whilst noting that external funding to deliver the plans was not yet confirmed. The Chairman enquired as to timescales for the next steps with
Welsh Government and the Chief Executive was not able to estimate when conversations would conclude however he assured the Board that there was a high level of determination and energy within Welsh Government to work with the Health Board on this matter. The Executive Director of Strategy added that individual business cases would also need to be submitted for the capital elements of the plans, and there would be scoping undertaken as to whether savings would be created as a result of moving some services to a different site. The Chief Executive undertook to ensure that regular updates were provided to the Board as part of its cycle of business.

18.110.4 It was resolved that the Board
- Endorse the plans short to medium terms plans to eliminate the backlog of long waiting patients over a 36 month period.
- Endorse further work to develop business cases for submission to Welsh Government for the short to medium term solutions identified.

18.112 A Vision for Sustainable Eye Care Services in North Wales

18.112.1 The Area Director (West) presented the paper which set out an updated vision and programme for the development of Eye Care Services across North Wales, covering both community and acute service provision, which had been supported by clinical leads. The paper set out a range of service areas which it was proposed could be delivered through more of a multi-disciplinary team approach including cataracts, glaucoma, wet age-related macular degeneration, urgent care, diabetic retinopathy, paediatric care and healthy living optometry. Members’ attention was drawn to the new eye care measures being developed by Welsh Government which would ensure that patients received a clinically relevant target date based on their clinical pathway and individual circumstances. The Area Director (West) highlighted that the paper also set out programme of service transformation and pathway redesign to deliver short to medium term plans to eliminate the backlog of long waiting patients which would be supported by a robust communications plan. In terms of programme governance it was noted this would be met through the GP Cluster Groups, Area level local eye care groups and the BCU collaborative at a North Wales level.

18.112.2 A discussion ensued. A question was asked as to how clinical variation would be addressed and a timeframe for theatre efficiency optimisation. The Area Director (West) accepted that standardisation would be necessary and suggested this would be picked up at the North Wales Eye Care Collaborative Group. In terms of timescales she confirmed that the BCU plan was aligned to and dependent upon the national eye care plan. In response to a question regarding outsourcing, it was confirmed that this was being utilised currently, and the Executive Director of Finance added that it should be noted that the Board was also in-sourcing. The Chairman suggested that certain aspects of eye care services did lend themselves to a single site solution, and the Executive Director of Strategy confirmed that whilst this had not been addressed as part of the paper, it would now be explored. The Independent Members requested that this be followed up, accepting that such an option would also require discussion around capital. A concern was noted at the harm being caused by follow up delays and the challenge was made that the pace could be improved at which the service could change and absorb different ways of working. The Chair of the Healthcare Professionals Forum enquired as to the current workforce position against the full establishment of surgeons, and the Area Director (West) would provide this detail outside of the meeting. In response to another question regarding benefits realisation, she also undertook to
ensure that this element was strengthened.

18.112.3 The Chairman summarised that the paper clearly set out the challenges and that he had heard there was a general endorsement by members of the need for transformation but concerns expressed around pace and ambition. He noted that patients requiring eye care services could also have interdependencies across other services they needed and as a Board, the organisation needed to develop a more holistic approach to patient waiting times and experience. The Chairman requested a further paper be prepared for June or July, and he reminded members that the eye care plans were subject to same level of discussion with Welsh Government as the orthopaedic plans.

18.112.4 It was resolved that the Board:

- Recognised the increasing demands on eye care services and the need for adequate resources to deliver the North Wales Eye Care plan.
- Endorsed the programme of service transformation, pathway redesign and the short to medium terms plans to eliminate the backlog of long waiting patients and ensure that patients receive follow up care in accordance with their treatment plans.
- Noted the further work required to develop longer term plans, which would deliver a high quality sustainable eye care service for the North Wales population and would address forecast increases in demand and the changing needs of our ageing population.
- Supported implementation of the Programme management and Governance arrangements outlined in section 5 of the paper required to oversee delivery of the North Wales Eye Care plan in the short to medium term and to take forward the work to develop plans for a sustainable service model. This included the requirement for a pan North Wales consultant lead, plus appropriate project support.

18.111 Finance Report Month 11

18.111.1 The Executive Director of Finance presented the report, confirming that the financial position had been considered in detail by the Finance & Performance Committee, the Financial Recovery Group and at the extraordinary Board meeting in public held on the 28.3.18 in terms of the interim budget for 2018-19. He indicated that the latest data indicated a deficit out turn for 2017-18 of just under £36m which meant that the Board had achieved the run rate that it was seeking, however, it remained in a deficit position of spending more money than it was allocated. In summary there was an improved position with regards to specialised services, agency costs and out of area placements, and the Board had managed its cash position well within the tolerance limits. With regards to capital it was anticipated that the end of year position would be close to the cash resource limit. In terms of risks, the known challenges in continuing health care, funded nursing care and Health Resource Group (HRG4) tariff would carry forward. The Executive Director of Finance noted there had been positive improvements in terms of financial control and processes in the latter half of 2017-18 which would need to be sustained into the next year.

18.111.2 The Chair of the Finance & Performance Committee felt it was important to acknowledge the efforts made across the organisation to make the clear improvements in terms of monthly performance and run rates, and to end the year as close to target as was anticipated. She noted that maintaining this progress into 2018-19 was key through sustained discipline. The Committee Chair also referred to the potential clawback of resources against the non delivery of referral to treatment (RTT) targets, and the
Executive Director of Finance confirmed this remained a risk and was dependent on final RTT figures and the associated methodology.

18.111.3 It was resolved that the Board:
- Note the report and that the forecast outturn remained at £36m;
- Recognise the significant risks to the financial position as outlined in Section 4 of the paper.
- Note that the management of cash remained a key priority, including the management of the shortfall in requested strategic cash support.

18.113 Nurse Staffing Levels (Wales) Act 2016: Preparedness

18.113.1 The Executive Director of Nursing & Midwifery presented the paper which set out progress and actions required to meet the legal duties associated with the Nurse Staffing Levels (Wales) Act 2016, provided an update on the Acute Nurse Staffing Establishment Review and an update on the nurse vacancy profile within BCUHB. She reported that work had jointly been undertaken on a site basis with colleagues in the finance teams and across secondary care for acute medical wards in the first instance. Significant inconsistencies had been identified across sites and specialties, and ward managers had been involved to ensure they understood and agreed their respective staffing establishment both in terms of nurse-to-patient ratios and skill mix. The Executive Director of Nursing & Midwifery informed members that in line with a requirement of the Act, she had been nominated as the designated person with responsibility. She also highlighted that as part of delivery of the Act, there would be a cross-reference of harm against staffing levels, and that within BCUHB it was planned to use the SAFECARE model to provide assurance that the workforce was being used efficiently and safely.

18.113.2 A discussion ensued. In response to a question regarding recruitment, the Executive Director of Nursing & Midwifery detailed a range of actions and processes in place including targeted work with Universities on the ‘return to practice’ approach, the ‘Train Work Live’ campaign, the implementation of centralised recruitment to minimise delays, engagement with schools and sixth forms and participation in job fairs. She also set out actions regarding skill mix and a blended approach across therapies and nursing. The Chair of the Healthcare Professionals Forum suggested that the health care support worker role could be developed in conjunction with universities to take on more traditionally nursing-related responsibilities. This would be explored further with the HPF, the University and the Executive Directors of Nursing & Midwifery and Workforce & Organisational Development. The Chair of the Stakeholder Reference Group raised a point regarding benchmarking of harm and the identification of acceptable levels, and the Executive Director of Nursing & Midwifery would provide a briefing note on harm categories and levels. A suggestion was also made that future analysis of benchmarking capacity in totality could be useful for a future meeting.

18.113.3 It was resolved that the Board endorsed:
- The nomination of the Executive Director of Nursing and Midwifery as the designated person with responsibility
- The activity underway to ensure preparedness and compliance with the Act.
- Systems of scrutiny and monitoring established to gain assurance.
- The actions taken to reduce time to hire and increase nurse recruitment within the Health Board.
<table>
<thead>
<tr>
<th>18.114 Information circulated since the last Board meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.114.1 It was resolved that the Board note the information as detailed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18.115 Summary of In Committee Board business to be reported in public</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.115.1 It was resolved that the Board note the paper.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18.116 Emergency Ambulance Services Committee Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.116.1 The Chief Executive assured members that BCU was not one of the organisations who had received a letter regarding concern over levels of attendance.</td>
</tr>
<tr>
<td>18.116.2 It was resolved that the Board note the confirmed minutes of the meeting held in public on 28.11.17 and the Chair's summary of the meeting held in public on 29.1.18.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18.117 NHS Wales Health Collaborative Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.117.1 It was resolved that the Board note the approved minutes of the meeting held 11.12.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18.118 Date of Next Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was noted the next meeting would be held on WEDNESDAY 2nd May 2018, 10.00am in Preswylfa, Hendy Rd, Mold CH7 1PZ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18.119 Committee Meetings to be held in public before the next Board Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.119.1 It was noted that the following meetings would take place: 12.4.18 Strategy, Partnerships &amp; Population Health Committee; 24.4.18 Quality Safety &amp; Experience Committee; 26.4.18 Finance &amp; Performance Committee; 30.4.18 Remuneration &amp; Terms of Service Committee.</td>
</tr>
<tr>
<td>Lead Executive / Member</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>R Favager</td>
</tr>
<tr>
<td>R Favager</td>
</tr>
<tr>
<td>G Lang</td>
</tr>
<tr>
<td>G Lang</td>
</tr>
<tr>
<td>A Thomas</td>
</tr>
<tr>
<td>P Higson</td>
</tr>
<tr>
<td>Ff Johnstone</td>
</tr>
<tr>
<td>Contacts Cllr C Carlisle regarding timeframe for WG investment in CAMHS</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>Ff Johnstone 18/109.3 Request the Chief Operating Officer to provide a briefing note for members on the exception report on out-patient cancellations.</td>
</tr>
<tr>
<td>G Doherty 18/109.3 Identify whole RTT target for Q1</td>
</tr>
<tr>
<td>A Thomas 18/110.2 Circulate a briefing note for members on the delivery of theatre capacity (relative and absolute)</td>
</tr>
<tr>
<td>G Doherty 18/110.3 Ensure that regular updates are provided to the Board on elective orthopaedic services</td>
</tr>
<tr>
<td>G Lang 18/112.2 Explore potential option of a single site solution for eye care services</td>
</tr>
<tr>
<td>Ff Johnstone 18/112.2 Provide detail of current workforce position against full establishment for ophthalmic surgeons, to the HPF CHair</td>
</tr>
<tr>
<td>Ff Johnstone 18/112.2 Strengthen elements of benefits realisation within further iteration of eyecare services paper</td>
</tr>
<tr>
<td>G Harris 18/113.2 Explore opportunities for extended HSCW role as part of discussion with the HPF Chair, the University IM and Exec Dir W&amp;OD, to support safe staffing.</td>
</tr>
<tr>
<td>G Harris</td>
</tr>
<tr>
<td>----------</td>
</tr>
</tbody>
</table>

V129 24.4.18
**Committee Chair’s Report**

<table>
<thead>
<tr>
<th>Name of Committee:</th>
<th>Quality, Safety &amp; Experience Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:</td>
<td>20.3.18</td>
</tr>
<tr>
<td>Name of Chair:</td>
<td>Mrs Margaret Hanson</td>
</tr>
<tr>
<td>Responsible Director:</td>
<td>Mrs Gill Harris, Executive Director of Nursing &amp; Midwifery</td>
</tr>
</tbody>
</table>

**Summary of key risks and other items discussed:**

- **CRR02 Infection Prevention & Control**  
The Committee received a monthly report setting out current performance in relation to key infections, and how BCUHB benchmarked with other Welsh Health Boards and over-all NHS England performance.

- **CRR13 Mental Health Services**  
  A quarterly report on service improvements and developments within mental health was received.

- **CRR16 Safeguarding**  
  As part of the ‘in-committee’ agenda, the Committee received the Corporate Safeguarding Annual Report for 2017-18 and endorsed the forward work plan proposed for 2018-19. Board Members can access the final report via [this link](#).

**Summary of other business discussed:**

- The Committee endorsed a new NHS Wales policy ‘Prior Approval for Funding of Routine Interventions Outside Locally Commissioned Services’.
- The Committee received a paper setting out activity to date to ensure preparedness for the Nurse Staffing Levels (Wales) Act 2016.
- The Committee received the Legal and Risk Services & Welsh Risk Pool Services Annual Review 2016/2017 for information.
- As part of the ‘in-committee’ agenda, the Committee considered and took assurance from the Welsh Government’s Delivery...
Unit’s interim evaluation of the BCUHB roll out of patient safety huddles.

### Key assurances provided at this meeting:
- In terms of infection prevention and control, assurance was given that the 90 Day Plan was on target with no exceptions to report.
- The Mental Health Division had sustained compliance with the 30 day Putting Things Right target since November, 2017 and had also sustained zero out of area placements.
- The roll out of the Patient Safety Huddles was impacting positively on the safety of services being provided to patients.

### Key risks and concerns:
- The Committee was concerned at the impact of using escalated beds upon nurse staffing levels, as this presented a potential risk of harm. No assurance was given that such harm had not occurred during the most recent period of escalation and the Committee has requested the Quality Safety Group to look at this issue as a matter of urgency.
- With regards to performance against the safe care target related to the prescribing of combined antibacterial items, the Committee requested that the Quality Safety Group (QSG) consider this issue and report back through the QSG Chair’s report in due course.
- The Committee felt that there were significant risks associated with the Governance around the quality and safety of substance misuse services and there was a lack of clarity in terms of accountability for the services. The Committee will consider a report on this issue at the earliest possible date.

<table>
<thead>
<tr>
<th>Special Measures Improvement Framework Theme/Expectation addressed</th>
<th>Leadership and Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues to be referred to another Committee</td>
<td>None</td>
</tr>
<tr>
<td>Matters requiring escalation to the Board:</td>
<td>None</td>
</tr>
<tr>
<td>Planned business for the next meeting:</td>
<td>Range of regular reports plus</td>
</tr>
<tr>
<td></td>
<td>• Radiation Protection Subgroup Annual Report</td>
</tr>
<tr>
<td></td>
<td>• Patient experience joint presentation with WAST</td>
</tr>
<tr>
<td></td>
<td>• Committee annual report</td>
</tr>
<tr>
<td>Date of next meeting:</td>
<td>24.4.18</td>
</tr>
</tbody>
</table>
**Committee Chair’s Report**

**Name of Committee:** Finance & Performance Committee  

**Meeting date:** 22.3.18  

**Name of Chair:** Mrs Marian Wyn Jones  Committee Chair  

**Responsible Director:** Mr Russell Favager  Executive Director of Finance  

**Summary of key risks and other items discussed:**

- The Committee received a presentation on the Informatics Draft Operational Plan for 2018/19. Concerns were raised around the constrained funding environment, and the sufficiency of the level of investment made into our IM&T infrastructure and systems. Following this discussion, the plan was approved.
- Assurance was provided on the Health Board’s progress in implementing the requirements of the General Data Protection Regulations. While positive assurance was provided, it was acknowledged that the applicable guidance is being revised and updated over the roll-out period.
- The finance report for Month 11 was presented. The Health Board’s run rate has improved from previous months, and while the operational forecast exceeds £36m at Month 11 (£36.6m), it was the view of the Executive Director of Finance that the target of £36m remained achievable. However, the greatest risk which was reported against this target was whether Welsh Government would withdraw the revenue provided for achievement of waiting list targets.
- The Committee reviewed in detail the 2018/19 Draft Interim Financial Plan. While the plan outlines a modest reduction in the reported deficit (from £36m in 2017/18 to £35m in 2018/19), this was on the basis of a significant improvement in the underlying deficit from £49m in 2017/18 to £35m in 2018/19. Achieving this reduction is on the basis of delivering £45m of savings (both cash releasing and cost avoidance). Such a scale of savings delivery will be a challenge for the Health Board, and the need for a Turnaround Director and team was emphasised. Cost growth mainly related to decisions which have previously been taken, or where the Health Board has limited choices.
- The Capital programme for 2017/18 was discussed, and concerns raised at the level of expenditure required in Month 12 in order to fully utilise the Capital Resource Limit. Assurance was provided that the available resources would be fully utilised.
- The Committee approved the allocation of the Discretionary Capital
Programme for 2018/19, recognising the constrained availability of capital funding and the impact which this may have on the Health Board’s IM&T, Estates and Medical Devices infrastructure.

- The Committee also approved a framework for ensuring that benefits are assessed following the completion of major capital schemes.
- The Chief Operating Officer provided an update on the Integrated Quality and Performance Report. The contract with PwC has focused on unscheduled care work at Ysbyty Glan Clwyd, before rolling out in the future to other sites. The four hour target deteriorated to 70.02% in February (72.43% in January), but there was a slight reduction in those patients waiting longer than 12 hours. Referral to treatment performance remains challenged, with significant risks to the year-end target. It was reported that the year-end target is unlikely to be achieved and performance is being reviewed on a daily basis.

The Incommittee session discussed
- PricewaterhouseCoopers LLP Unscheduled Care Programme progress update
- Draft Committee Annual Report
- Medical and Dental Agency and Locum Monthly report
- Upholding Professional Standards report
- Financial Recovery Group notes for 11 January; 14 February and 27 February.

Key assurances provided at this meeting:
- Actions taken to address the financial position
- Progress against Capital schemes
- Actions taken to address improvements required in unscheduled care and RTT performance

Key risks and concerns:
- The Committee noted that finance and performance are both the subject of targeted intervention by WG.
- Financial position and forecast outturn.
- Performance on unscheduled care and RTT trajectory.
- Progress on capital schemes requires acceleration in the final quarter.
- Ysbyty Glan Clwyd capital scheme.
- SuRNICC phase 2 expected completion date which is being addressed with the providers.
- Delivery of improvement and year end performance for USC, RTT and diagnostics.
- Planned schedule of USC work supported by PwC.

Special Measures Improvement Framework Theme/Expectation addressed
- Governance and Leadership themes

Issues to be referred to another Committee
None
| Matters requiring escalation to the Board:          | • Financial position  
• Unscheduled care and RTT  
• Financial plan |
|---------------------------------------------------|--------------------------------------------------|
| Planned business for the next meeting:            | Range of regular reports plus  
• 2018/2019 Interim Financial Plan Update  
• Continuing Health Care Rates 2018/19  
• Employee Relations Case Management  
• Registration and Revalidation Updates : Professions Allied to Medicine  
• Information Governance update report  
• Committee Annual report 2017/18 and Cycle of Business review |
| Date of next meeting:                            | 26 April 2018 |

Disclosure:

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

v.02 draft
Committee Chair’s Report

<table>
<thead>
<tr>
<th>Name of Committee:</th>
<th>Finance Recovery Group (FRG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:</td>
<td>29.3.18</td>
</tr>
<tr>
<td>Name of Chair:</td>
<td>Dr Peter Higson</td>
</tr>
<tr>
<td>Responsible Director:</td>
<td>Mr Russell Favager, Executive Director of Finance</td>
</tr>
</tbody>
</table>

**Summary of key risks and other items discussed:**
- Deficit reduction programme
- Favourable efficiencies
- Underlying deficit - £49m, with Medical Staffing (£10.8m) and Nurse Staffing (£17.4m) being the biggest cost drivers.
- Clinical non-savings schemes – comprising transactional savings, improved deployment and utilisation of resources and service transformation.

**Key assurances provided at this meeting:**
- As part of the deficit reduction programme, there is to be a focus on rapid delivery of ‘big ticket’ items in areas of known inefficiency; the role of Turnaround Director will be important in providing the necessary leadership.
- There is to be a structured programme to tackle clinical variation

**Key risks and concerns:**
- Capacity is an issue in relation to delivering savings.
- Detailed plans/business cases are not yet in place for all savings schemes. Further clarity is needed on how the required changes will begin to be made in the current year.

**Issues to be referred to another Committee**
None (the Finance & Performance Committee will continue to be updated on progress routinely)

**Matters requiring escalation to the Board:**
None (the Board will receive its own financial update covering the issues discussed).

**Planned business for the next meeting:**
The future role of the Financial Recovery Group will be considered.

**Date of next meeting:**
30.4.18.

**Disclosure:**
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board
V0.01
Committee Chair’s Report

<table>
<thead>
<tr>
<th>Name of Committee:</th>
<th>Mental Health Act Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:</td>
<td>23.02.2018</td>
</tr>
<tr>
<td>Name of Chair:</td>
<td>Mrs Margaret Hanson</td>
</tr>
<tr>
<td>Responsible Director:</td>
<td>Mr Andy Roach</td>
</tr>
</tbody>
</table>

**Summary of key risks and other items discussed:**

1. The Committee was not assured at the level of Child, Adolescent Mental Health Services (CAMHs) performance and requested that an action plan be produced to illustrate how the position vis a vis the Mental Health Measure targets could be recovered.

2. The Committee remained concerned at the pressure placed on practitioners across all sites by the need to apply Deprivation of Liberty Safeguards (DoLs) legislation in line with the Cheshire West judgement. This issue needs to remain on the Health Board’s Corporate Risk Register.

3. The Committee discussed alternative places of safety for young people rather than placing them in a S136 suite. The Committee expressed the opinion that the latter should never be used for children and young people and sought assurance that this is the case.

4. The Committee received the report into the provision of Independent Advocacy. It also considered the issue of the provision of such service for people attending hearings under the Act. The Committee was not assured that there was adequate provision to ensure that this support was available to every person who could use it, especially older people with dementia.

**Key assurances provided at this meeting:**

1. The good work of the Welsh Language team in the East was recognised by the Committee. This was following reports from members of the Power of Discharge Committee with regards to the assistance given to a Welsh speaking patient with
dementia. The team provided support to enable the patient to live his life through the medium of Welsh whilst in Heddfan unit.

2. The Committee was pleased to receive an update on DoLs performance data, which has improved, as a result of the recruitment and training of additional Best Interest Assessors [BIA]. The Committee noted that the Corporate Safeguarding Team had successfully appointed to a BIA post, with the candidate receiving his BIA award from Manchester University in September 2017. The revised proposal to the Safeguarding Service structure realignment confirms that there will be 6 BIAs across the Health Board, with two in each area. Arrangements have also been put in place to recruit sessional bank BIAs to provide additional capacity until a full complement of staff is obtained. The Committee was assured that training on DoLs has been made available at Level 2 and Level 3 and was now mandatory. This training has been revised and improved to ensure staff had a better understanding of mental capacity issues and completion of DoLS applications. Bespoke training had also been undertaken across various sites and there were plans to provide training on mental capacity and DoLS to Paediatrics, F1 and F2 doctors, Senior Medical Staff in the East Division and Mental Health Act Associate Hospital Directors. The Committee was informed that all responsible bodies across Wales were struggling to meet the demand created by DoLs.

3. The Committee considered an update to the arrangements and service developments for the approval and re-approval of Approved Clinicians and section 12[2] Doctors in Wales. It noted that Health Board representatives were regularly meeting with Welsh Government. Issues of concern to the Committee around better training for and recruitment of both Approved Clinicians and S12 (2) Doctors had been discussed. The Committee was assured that an improvement plan was being developed nationally to respond to the challenges described in the paper, to be rolled out by September 2018.

<table>
<thead>
<tr>
<th>Key risks and concerns:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Committee received an update on CAMHS services within the Health Board and the performance against the Mental Health Act and Mental Health Measure targets. The service has been asked to produce a recovery plan for all teams to meet and sustain targets. It was noted that the review of Crisis Care was still ongoing with North Wales Police and Social Services.</td>
</tr>
<tr>
<td>2. The Committee received a DoLs Report and was concerned at the significant increase in the number of assessments required.</td>
</tr>
</tbody>
</table>
A recruitment drive was currently underway to increase the number of Best Interest Assessors, which itself would present another problem regarding office accommodation on the three acute sites.

<table>
<thead>
<tr>
<th>Special Measures Improvement Framework Theme/Expectation addressed</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues to be referred to another Committee</td>
<td>None</td>
</tr>
<tr>
<td>Matters requiring escalation to the Board:</td>
<td>None</td>
</tr>
</tbody>
</table>
| Planned business for the next meeting: | • Range of regular reports  
• Committee Annual Report |
| Date of next meeting: | 11.5.18 |

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

Committee Chair’s Assurance Report Template V4.0 June.16
Advisory Group Chair’s Report

Name of Advisory Group: Healthcare Professionals Forum (HPF)

Meeting date: 02.03.18

Name of Chair: Professor Michael Rees

Responsible Director: Mr Adrian Thomas, Executive Director of Therapies & Health Science

Summary of key items discussed:

1. The Director of Performance provided an update on Performance Planning to HPF members.
2. The Forum received a Primary Care Update on Healthy Prestatyn Iach from Dr Christopher Stockport.
3. Members discussed A Place to Call Home: Impact & Analysis report that was published on the 23rd January 2018.
4. Members received a good news item from the Hospital & Primary Care Pharmacy Representative on the Impact of cluster funded pharmacists (West Area).

Key advice / feedback for the Board:

HPF members received an update on Performance Planning from the Director of Planning. Members asked if the data from the Countess of Chester KPI’s could be included in the report to the Health Board.

Members also noted the competition for resources between Unscheduled Care and Referral to treatment times that have been more acute recently. They also noted the impact that treating out of turn could have and agreed to take this back to their professions as appropriate. Members were pleased to hear that RTT work is starting earlier in 2018/19 and were supportive of this approach.

The Forum received a Primary Care Update on Healthy Prestatyn Iach from Dr Christopher Stockport. HPF members ask the Health Board to consider establishing a Primary Care Strategy as this is vital for consideration of recruitment for the future.

HPF members briefly discussed “A Place to Call Home: Impact & Analysis” report that was published on the 23rd January 2018 by the Older People’s Commissioner for Wales; for which Marianne Walmsley was in attendance.

The Forum and Marianne agreed that this item should be received
again for a fuller discussion with the improvement plan. The HPF also recommended that the report should be discussed at a future Health Board meeting.

Members received a good news item from the Hospital & Primary Care Pharmacy Representative on the Impact of cluster funded pharmacists (west area) and asked the Health board to receive this.

In April 2017 the first cluster funded pharmacist roles were introduced in BCUHB West. Since then there has been a gradual introduction of suitable pharmacists into the GP practices funded by the clusters.

The pharmacist role within each GP practice has been developed to meet the specific needs of the individual. All the pharmacists are either trained prescribers or are training to become prescribers. The focus this year has been to embed the pharmacists within the GP practice in order to develop the necessary skills to work as part of the multi-disciplinary GP team. The main aim of the cluster pharmacist roles is to release some GP time, allowing them to focus their skills where they are needed most e.g. diagnosing and treating complex patients.

Feedback from patients has been excellent – with one patient stating that “I was comfortable talking with the pharmacist and talking about what I was doing right and wrong”. The pharmacist explained why they were taking the dosage of the tablet down”

<table>
<thead>
<tr>
<th>Planned business for the next meeting:</th>
<th>Range of standing items plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduction to Executive Director of Workforce and Organisational Development.</td>
</tr>
<tr>
<td></td>
<td>Unscheduled Care Improvement – PricewaterhouseCoopers (PWC)</td>
</tr>
<tr>
<td></td>
<td>A Place to Call Home: Impact &amp; Analysis Update</td>
</tr>
<tr>
<td>Date of next meeting:</td>
<td>Healthcare Professionals Forum Annual Report 2017/18</td>
</tr>
<tr>
<td></td>
<td>04.05.18</td>
</tr>
</tbody>
</table>

Disclosure: Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board v1.0
<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong></td>
<td>Mrs Heulwen Hughes  All Wales Project Support Manager for Approved Clinicians and Section 12(2) Doctors</td>
</tr>
<tr>
<td><strong>Responsible Director:</strong></td>
<td>Dr Evan Moore, Executive Medical Director</td>
</tr>
<tr>
<td><strong>Public or In Committee:</strong></td>
<td>Public</td>
</tr>
<tr>
<td><strong>Strategic Goals</strong></td>
<td><em>(Indicate how the subject matter of this paper supports the achievement of BCUHB’s strategic goals – tick all that apply)</em></td>
</tr>
<tr>
<td></td>
<td>1. Improve health and wellbeing for all and reduce health inequalities</td>
</tr>
<tr>
<td></td>
<td>2. Work in partnership to design and deliver more care closer to home</td>
</tr>
<tr>
<td></td>
<td>3. Improve the safety and outcomes of care to match the NHS’ best ✓</td>
</tr>
<tr>
<td></td>
<td>4. Respect individuals and maintain dignity in care</td>
</tr>
<tr>
<td></td>
<td>5. Listen to and learn from the experiences of individuals</td>
</tr>
<tr>
<td></td>
<td>6. Use resources wisely, transforming services through innovation and research</td>
</tr>
<tr>
<td></td>
<td>7. Support, train and develop our staff to excel. ✓</td>
</tr>
<tr>
<td><strong>Approval / Scrutiny Route</strong></td>
<td>The information is collated by the All Wales Project Support Team and register updates are submitted directly to the Board.</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
<td>Betsi Cadwaladr University Health Board is the Approval Board for Approved Clinicians and Section 12(2) Doctors in Wales and as such, receives regular register updates.</td>
</tr>
<tr>
<td><strong>Significant issues and risks</strong></td>
<td>Register updates are presented for Section 12(2) Doctors and Approved Clinicians for 3.2.18 – 5.4.18</td>
</tr>
<tr>
<td><strong>Equality Impact Assessment</strong></td>
<td>No equality impact assessment is considered necessary for this update paper. Approval Process is part of Legislative process.</td>
</tr>
<tr>
<td><strong>Recommendation/ Action required by</strong></td>
<td>The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Approved Doctors for Wales</td>
</tr>
</tbody>
</table>
the Board and the All Wales Register of Approved Clinicians.

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board
## Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales
9th December 2017 – 2nd February 2018

<table>
<thead>
<tr>
<th></th>
<th>AC</th>
<th>S12 (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approvals and Re-approvals</strong></td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td><strong>Removed – Expired</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Approvals suspended – yearly evidence not submitted as no longer working in Wales</strong></td>
<td>10</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Approvals re-instated – yearly evidence submitted late</strong></td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Approval Ended</strong></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Removed – AC approved</strong></td>
<td>NA</td>
<td>5</td>
</tr>
<tr>
<td><strong>No longer registered</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Transferred from AC register</strong></td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td><strong>Approval Ended as no longer working in Wales</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Registered without a licence to practice</strong></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
### Approvals and re-approvals – 10

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones</td>
<td>Richard</td>
<td>Cwmseren PICU, Hafan Derwen, Parc Dewi Sant, Carmarthen, SA31 3BB</td>
<td>19 February 2023</td>
</tr>
<tr>
<td>Kandalama</td>
<td>Udai</td>
<td>Cefn Coed Hospital, Waunarlyydd Road, Cockett, Swansea, SA2 0GH</td>
<td>20 February 2023</td>
</tr>
<tr>
<td>Yadav</td>
<td>Devender Singh</td>
<td>Heatherwood Court Hospital, Llantrisant Road, Penycoedcae, Pontypridd CF37 1PL</td>
<td>20 February 2023</td>
</tr>
<tr>
<td>Athithan</td>
<td>Thiagarajah</td>
<td>Bro Cerwen, Fishguard Road, Haverfordwest, Pembrokeshire SA61 2PZ</td>
<td>25 February 2023</td>
</tr>
<tr>
<td>Govan</td>
<td>Catherine Ray</td>
<td>Specialist CAMHS, Elizabeth Williams Clinic, Mill Lane, Llanelli SA15 3SE</td>
<td>27 February 2023</td>
</tr>
<tr>
<td>Jacques</td>
<td></td>
<td>Defynnog Ward, Bronllys Hospital, Bronllys, Powys, LD3 OLY.</td>
<td>27 February 2023</td>
</tr>
<tr>
<td>Bagshaw</td>
<td>Ruth</td>
<td>Caswell Clinic, Glanrhys Hospital, Tondu Road, Bridgend, CF31 4LN</td>
<td>01 March 2023</td>
</tr>
<tr>
<td>Purushothaman</td>
<td>Bhuvaneswari</td>
<td>Bro Cerwen, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ</td>
<td>03 March 2023</td>
</tr>
<tr>
<td>Tanti</td>
<td>Geoffrey</td>
<td>Coed Du Hall Independent Hospital, Nant Alyn Road, Rhydymwyn Flintshire, CH7 5HA</td>
<td>11 March 2023</td>
</tr>
<tr>
<td>Rufus</td>
<td>Michael E. Olanrewaju</td>
<td>6 Gold Tops, Newport, NP20 4PG</td>
<td>15 March 2023</td>
</tr>
</tbody>
</table>

### Approvals expired – 1

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ather</td>
<td>Muhammad</td>
<td>Ty Bryn Adolescent Unit, St Cadoc's Hospital, Caerleon, Newport, NP18 3XQ</td>
<td>13 August 2018</td>
</tr>
</tbody>
</table>
### Approvals suspended – yearly evidence not submitted as no longer working in Wales – 10

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ezeh</td>
<td>Damian</td>
<td>Hergest Unit, Ysbyty Gwynedd, Bangor, Gwynedd LL57 2PW</td>
<td>09 March 2021</td>
</tr>
<tr>
<td>Ali</td>
<td>Abdelazim</td>
<td>Cwm Taf LHB CMHT, Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil CF48 1BZ</td>
<td>02 February 2021</td>
</tr>
<tr>
<td>Lodhi</td>
<td>Shruti</td>
<td>Older Adult Mental Health Team, St Cadocs Hospital, Lodge Road, Caerleon Newport NP18 3SX</td>
<td>10 February 2022</td>
</tr>
<tr>
<td>Khurram</td>
<td>Shahzad</td>
<td>Hergest Unit, Ysbyty Gwynedd, Bangor. LL57 2PW</td>
<td>11 February 2019</td>
</tr>
<tr>
<td>Majekodunmi</td>
<td>Olukayode</td>
<td>Alltwen Hospital, Tremadog, Porthmadoc LL49 9AQ</td>
<td>16 February 2020</td>
</tr>
<tr>
<td>Zaman</td>
<td>Wahid</td>
<td>Ty Derbyn, Croesnewydd Road, Wrexham, LL13 7TD</td>
<td>24 February 2019</td>
</tr>
<tr>
<td>Oretti</td>
<td>Rossana</td>
<td>Cardiff Community Addictions Unit /CAU, Angove Unit- DATT, Longcross Street CRI, Cardiff, CF240SZ</td>
<td>03 March 2020</td>
</tr>
<tr>
<td>Matthews</td>
<td>Helen</td>
<td>ASD Diagnostic Service,2nd Floor, 1 Penlarn Road, Camarthen SA31 1DN</td>
<td>15 March 2020</td>
</tr>
<tr>
<td>Mirza</td>
<td>Qasim</td>
<td>Heddfan Unit, Wrexham Maelor Hospital Croesnewydd Road, Wrexham, LL13 7T</td>
<td>21 March 2021</td>
</tr>
<tr>
<td>Akinkunmi</td>
<td>Akintunde</td>
<td>North Wales Forensic Psychiatric Services, Ty Llywellyn, Bryn Y Neuadd Hospital, Llanfairfechan, Conwy LL33 0HH</td>
<td>23 March 2020</td>
</tr>
</tbody>
</table>

### Approval re-instated – yearly evidence submitted late 0

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Approvals Ended – 0

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Approvals and Re-approvals – 3

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Date Approval Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson</td>
<td>Rowan</td>
<td>Home address</td>
<td>11 February 2023</td>
</tr>
<tr>
<td>Chen</td>
<td>Nelson</td>
<td>PO Box 60, Newport, NP10 8UZ</td>
<td>18 February 2023</td>
</tr>
<tr>
<td>Litvinov</td>
<td>Yevgen</td>
<td>Glangwili General Hospital, olgwilli Road, Carmarthen, SA31 2AF</td>
<td>27 February 2023</td>
</tr>
</tbody>
</table>

### Removed – Expired – 2

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Date Approval Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patel</td>
<td>Yusef Ahmed</td>
<td>Llysmeddyg Surgery, Dew Road, Sandfields, Port Talbot SA12 7HE</td>
<td>12 March 2018</td>
</tr>
</tbody>
</table>

### Removed – Ended – 2

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Date Approval Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaudhary</td>
<td>Vivek</td>
<td>Wepre House, OPMH CMHT, Connah's Quay, CH5 4HA. Locum</td>
<td>24 October 2018</td>
</tr>
<tr>
<td>Narasimhaiah</td>
<td>Srinivasan</td>
<td>Wepre House, Civic Way, Connahs Quay CH5 4HA. Locum</td>
<td>25 January 2022</td>
</tr>
</tbody>
</table>
### Removed – AC approved – 5

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Date Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabi</td>
<td>Adedayo</td>
<td>Caswell Clinic, Glanrhyd Hospital, Tondu Road, Bridgend CF31 4LN</td>
<td>1 April 2018</td>
</tr>
<tr>
<td>Dalrymple</td>
<td>Sheriffa Bibi</td>
<td>Tonteg Hospital, Coity Road, Tonteg, CF38 1HE</td>
<td>7 March 2018</td>
</tr>
<tr>
<td>Purushothaman</td>
<td>Bhuvaneswari</td>
<td>Bro Cerwyn Centre, Fishguard Road, Haverfordwest, Pembrokeshire SA 61 2PG</td>
<td>24 June 2018</td>
</tr>
<tr>
<td>Athinan</td>
<td>Thiagarajah</td>
<td>Bro Cerwyn Centre, Fishguard Road, Haverfordwest, Pembrokeshire SA 61 2PG</td>
<td>13 June 2018</td>
</tr>
<tr>
<td>Ahmed</td>
<td>Raja Adnan</td>
<td>Ty Siriol Unit, County Hospital, Griffithstown, Pontypool, Torfaen NP4 5YA</td>
<td>5 February 2018</td>
</tr>
</tbody>
</table>

### No longer registered – 0

### Transferred from AC Register – 0

### No longer working in Wales – 0

### Registered without a licence to practice - 1

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Workplace</th>
<th>Date Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilmore</td>
<td>Rodney</td>
<td>Private Address</td>
<td>28 October 2020</td>
</tr>
</tbody>
</table>
# Title:
North Wales Public Services Boards: Well-being Plans

## Author:
Mrs Sally Baxter, Assistant Director – Health Strategy

## Responsible Director:
Mr Geoff Lang, Executive Director of Strategy

## Public or In Committee
Public

### Strategic Goals

(Indicate how the subject matter of this paper supports the achievement of BCUHB’s strategic goals – tick all that apply)

<table>
<thead>
<tr>
<th>Number</th>
<th>Goal</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Improve health and wellbeing for all and reduce health inequalities</td>
<td>X</td>
</tr>
<tr>
<td>2.</td>
<td>Work in partnership to design and deliver more care closer to home</td>
<td>X</td>
</tr>
<tr>
<td>3.</td>
<td>Improve the safety and outcomes of care to match the NHS’s best</td>
<td>X</td>
</tr>
<tr>
<td>4.</td>
<td>Respect individuals and maintain dignity in care</td>
<td>X</td>
</tr>
<tr>
<td>5.</td>
<td>Listen to and learn from the experiences of individuals</td>
<td>X</td>
</tr>
<tr>
<td>6.</td>
<td>Use resources wisely, transforming services through innovation and research</td>
<td>X</td>
</tr>
<tr>
<td>7.</td>
<td>Support, train and develop our staff to excel.</td>
<td>X</td>
</tr>
</tbody>
</table>

## Approval / Scrutiny Route

The draft Well-being plans of all North Wales Public Services Boards were considered at the Strategy, Partnerships & Population Health Committee (SPPH) workshop in November 2017. The draft plans were subject to a period of engagement and consultation before being reviewed and refined in the light of feedback.

The final drafts of the Flintshire; Wrexham; and Gwynedd & Ynys Môn Well-being Plans were submitted to the SPPH Committee on 12 April 2018.

## Purpose:

The Health Board has a statutory duty under the Well-being of Future Generations (Wales) Act 2015, as one of the four statutory partners within the Public Services Boards (PSBs), to collaborate in the preparation and production of plans setting out the objectives of the PSBs and the steps they will take to meet them. This is to support the improvement of the economic, social, environmental and cultural well-being of the area. The plans are called Well-being Plans.

The Well-being Plans are required to be approved by the Health Board together with the other key statutory partners:
• The local authority
• The North Wales Fire and Rescue Service
• Natural Resources Wales.

Conwy and Denbighshire Public Services Board’s Well-being Plan was brought to SPPH in March 2018 and approved by the Board in April 2018.

The purpose of this report is to present to the Board the final draft Well-being Plans for:
- Flintshire Public Services Board
- Wrexham Public Services Board
- Gwynedd and Ynys Môn Public Services Board

The SPPH Committee on 12 April supported that the three draft Plans be recommended for approval by the Health Board. However, in discussion at the Committee, a small number of areas were noted that will require ongoing assurance in the implementation phase:

- Flintshire: the Committee noted and welcomed the priority areas identified. The need to ensure that the implementation actions throughout are also consistent with the BCU strategic direction, where appropriate, was noted. The Committee was keen to ensure good links between BCU HB priorities and developments and avoid any potential duplication.
- Wrexham: the Committee noted that the PSB had acknowledged comments made during the consultation process, albeit that the focus initially remains on two priority areas. The Committee looks forward to further work together to develop the broader priority areas now flagged in the plan.
- Gwynedd and Ynys Môn: the Committee noted that the draft may be subject to final minor amendment, but recommended the plan for approval, subject to confirmation that the final plan is not materially unaltered

The plans have been developed in partnership with input from the relevant Area Directors of the Health Board, the nominated Executive Leads, and Public Health Wales representatives and are commended for approval.

<p>| Significant issues and risks | Failure to prepare and produce the plans would be a breach of the collective duties under the Well-being of Future Generations (Wales) Act 2015. There would also be a significant risk to the partnership relationships which are developing within the PSBs, and a risk of failure to contribute to the improvement of well-being of the local population. |
| Special Measures Improvement Framework Theme/ Expectation | Leadership and Governance Engagement |</p>
<table>
<thead>
<tr>
<th>addressed by this paper</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equality Impact Assessment</strong></td>
<td>Equality Impact Assessment has been undertaken by the Public Services Boards and is available through the PSB.</td>
</tr>
<tr>
<td><strong>Recommendation/Action required by the Board</strong></td>
<td>The Health Board is asked to approve the Well Being plans.</td>
</tr>
</tbody>
</table>

Disclosed:

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*
A Well-being Plan
For Flintshire
2017 - 2023
Partners

These are the Flintshire Public Services Board partners. These organisations have helped to develop and deliver the Well-being Plan for Flintshire:

Include a colour logo for the following organisations:

- Betsi Cadwaladr University Health Board
- Natural Resources Wales
- North Wales Fire & Rescue Services
- Public Health Wales
- North Wales Police
- Flintshire Local Voluntary Council
- Coleg Cambria
- Glyndwr University
- Welsh Government
- National Probation Service
- Wales Community Rehabilitation Company
## Contents Page

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners</td>
<td>2</td>
</tr>
</tbody>
</table>

### SECTION 1:

Introduction from the Flintshire Public Services Board (PSB) | 4           |
Welcome to Flintshire’s Well-being Plan                      | 5           |
How the Plan has been developed                               | 7           |
Following the Plan – An Easy Guide                            | 9           |

### SECTION 2:

Our Priorities                                             | 10          |
Priority: Community Safety                                   | 11          |
Priority: Economy and Skills                                 | 18          |
Priority: Environment                                        | 24          |
Priority: Healthy and Independent Living                     | 31          |
Priority: Resilient Communities                              | 37          |

### SECTION 3:

Consultation and Engagement – Involving People              | 44          |
Governance and Assurance                                    | 46          |
Partnership Structure                                       | 47          |
Accessible Formats                                          | 48          |
SECTION 1:

Introduction from the Flintshire Public Services Board (PSB)

Flintshire has a longstanding and proud track record of partnership working. The communities we serve rightly expect statutory and third sector partners to work together to manage shared priorities through collaboration. The Flintshire Public Services Board (PSB) is at the heart of promoting a positive culture of working together and concentrates energy, effort and resources on providing efficient and effective services to local communities.

The Flintshire Public Services Board is a strong and unified team. We have set our initial priorities which are covered in full in this Plan. Over and above working towards these priorities it is our role to ensure that the supporting partnerships are effective in working within their specific briefs to improve services and outcomes for local people.

We trust that our Plan both informs and inspires. Flintshire is a high performing County with a positive future. Together we can continue to make a positive difference both today and in the future.

Colin Everett, Flintshire County Council / Chair - Flintshire Public Services Board

Rob Smith, Betsi Cadwaladr University Health Board / Vice Chair - Flintshire Public Services Board

Angela Tinkler, Public Health Wales / Vice Chair - Flintshire Public Services Board
Welcome to Flintshire’s Well-being Plan

Flintshire Public Services Board is pleased to present the “Well-being Plan for Flintshire 2017 – 2023”.

The Well-being of Future Generations Act (Wales) 2015 is a new piece of challenging legislation promoted by the Welsh Government. This ground-breaking legislation aims to improve further the social, economic, environmental and cultural well-being of Wales now and for the longer-term.

The Act is underpinned by seven well-being goals:

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

And five ways of working known as the sustainable development principles:

- Long term: The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
- Prevention: How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
- Integration: Considering how the public body’s well-being objectives may impact upon each of the well-being goals, or their other objectives, or on the objectives of other public bodies.
- Collaboration: Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
- Involvement: The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

The Plan supports both the well-being goals and the sustainable development principles outlined above and will demonstrate how they have been incorporated into our priorities.
Whilst the PSB realise that there is much that we can do to add value to public service and the communities of Flintshire we have set five initial priorities with a number of in-year priorities. These priorities have been chosen as the areas where the PSB can add most value and make a positive and lasting difference. Over the lifespan of the Well-being Plan for Flintshire, the in-year priorities will be revisited and adapted according to need and circumstance. The five PSB priorities are:

- Community Safety
- Economy and Skills
- Environment
- Healthy and Independent Living
- Resilient Communities

Working together to make an impact in these priorities is the collective aim of the PSB, realising that no single organisation can achieve this on their own; the partner organisations represented on the PSB can collectively make a positive difference for the people who live, visit and work in Flintshire.
How the Plan has been developed

To meet the requirements of the Well-being of Future Generations (Wales) Act 2015, the first piece of work for the Flintshire Public Services Board was to prepare and publish an Assessment of Local Well-being. This Assessment is an assessment of the state of economic, social, environmental and cultural well-being in Flintshire and was published by the Public Services Board on 2nd May 2017.

Please find below an overview of how the Well-being Plan for Flintshire was developed:

Flow chart overleaf to be included below text within the designed version.
Well-being Assessment for Flintshire

PSB meetings to agree draft priorities

Business cases

PSB Workshop

Special PSB Meeting to formally adopt priorities

Draft Well-being Plan for consultation

Public Consultation

Member Workshop

Public Engagement Events

Endorsement of Well-being Plan

Well-being Plan for Flintshire

Delivery Plans

Development of the Well-being Plan for Flintshire

Final draft of Well-being Plan
The following pages set out the priorities for the Flintshire Public Services Board (PSB). These being:

- Community Safety
- Economy and Skills
- Environment
- Healthy and Independent Living
- Resilient Communities

The priorities are shown in a diagram overleaf. The purpose of this diagram is to show both the overarching priorities of the PSB and the initial in-year priorities which support them. The diagram also shows that work outside of these priorities will continue to take place to meet the needs of Flintshire’s residents. The priorities that have been identified for the current year are those where the PSB is confident that it can make the biggest difference through a united partnership approach whilst contributing to the seven national Well-being goals of the Well-being of Future Generations (Wales) Act 2015.

Each priority is illustrated with a different colour. For example, “Environment” is Green and “Healthy and Independent Living”, is Yellow. The colour coding will make the priorities easier to follow as the reader works through the document.

The PSB has used data and evidence to identify its priorities and to set out what is needed to achieve these priorities. The PSB has used feedback from both the general public and a range of stakeholders to inform the content of this Plan and future delivery plans. Further detail can be found in the “Consultation and Engagement” section on page 44.

The PSB itself has strong governance and assurance arrangements in place to ensure the appropriate in-year monitoring to deliver the outcomes of the Plan. Further information can be found on page 46.

As a Public Services Board we will carry out in-year monitoring to deliver the agreed outcomes. Delivery Plans for each priority will support achievement against the actions and impacts detailed within the Plan.
SECTION 2:

Our Priorities

Dartboard diagram to be included here (within the designed version) to show the five PSB Priorities and the in-year priorities.
**Priority: Community Safety**

**What does this mean?**

Community Safety is about reducing and tackling crime and disorder within the county. It relies upon working in partnership with other agencies and communities to make the areas in which we live a safer. We will do this by:

- Identifying the signs and symptoms of domestic abuse and sexual violence and providing an effective response
- Tackling drugs and alcohol
- Reducing re-offending
- Responding to the threat of Organised Crime Gangs
- Tackling Modern Day Slavery
- Addressing the threat of Child Sexual Exploitation

**Why is this a priority for the PSB?**

This is a priority because:

As a Public Services Board we work in partnership to implement strategies that are in line with legislation and wider priorities. Our statutory requirements are to:

- Address crime and disorder to benefit communities and businesses;
- Tackle substance misuse to benefit the wider community where drug use can disrupt communities and residents can be victims of crime and antisocial behaviour;
- Reducing reoffending to support community rehabilitation;
- Increase reporting of incidents of Domestic Abuse and Sexual Violence to increase family and individual safety;
- Combatting Modern Day Slavery and Organised Crime Gangs;
- Reducing the risk of sexual abuse including Child Sexual Exploitation (CSE), and;
- Making our communities safer so that they can thrive.

The evidence behind this:

North Wales Police assessed crime and disorder issues affecting communities across Flintshire in April 2017. The areas that were identified as high risk priorities were:

---

1 These objectives draw upon Section 6 of the Crime & Disorder Act 1998 (as amended by the Police Reform and Social Responsibility Act 2011) as well as the Police and Crime Commissioner’s objectives. These priorities have been adopted by the North Wales Safer Communities Board in their plan, and also locally by the Flintshire Public Services Board.
Domestic Abuse and Sexual Violence - due to the broad impact to the victims and families, (physical, psychological and financial), the number of recorded incidents and awareness that both are significantly underreported.

Child Sexual Exploitation (CSE) – the psychological impact of CSE upon the victim can be very high so working with partners is important to both prevent and manage the effects of CSE. Although we assess organised CSE to be rare in North Wales, we know it has occurred and it is probable that further incidents will be identified. There are also an increasing number of children at risk of CSE.

Modern Day Slavery – it is likely that a wide range of services will identify increasing numbers of incidents. Victims of Modern Day Slavery do not always recognise themselves as victims so recognising the signs and sharing intelligence will prove to be important in combating this.

Organised Crime Gangs and the supply of illegal drugs – threat, risk and harm in Flintshire has increased over the past few years.

Long Term Vision – What we want to achieve over the life of the Plan

Work together to make Flintshire safer through partnership working.

What are we already doing?

- Contributing to the regional work delivered by the North Wales Safer Communities Board
- Continued focus through local and force level tasking and performance framework
- Monthly Crime and Disorder Reduction Partnership meetings, which analyses and reviews crime and disorder trends in the county
- Multi Agency Risk Assessment Conferences (MARAC) held monthly to share information, to increase safety and reduce the level of risk for those at high risk due to domestic abuse
- Contributing to the work programme of the Violence Against Women, Domestic Abuse and Sexual Violence Board (VAWDASV)
- Multi-agency Integrated Offender Management panel, which reviews the county’s most persistent prolific offenders
- Working to the Flintshire Youth Justice Service Plan 2017-2020
- Monthly Prevent and Deter Panel which focuses on providing preventative services to young people at risk of Anti-Social Behaviour (ASB) and offending
- Working with the Area Planning Group to tackle substance misuse
- Reducing the incidence of fire deaths, and injury from fire
- Tackling doorstep crime and scams
- Continued scrutiny of all Modern Day Slavery (MDS) crime by the MDS Unit
In-year Priorities for 2018/19:

Focus on priorities identified through the North Wales Strategic Assessment, with particular reference to Domestic Abuse and Organised Crime Gangs.

Summary of actions to achieve in-year priorities:

Domestic Abuse:

- All high risk incidents are to be allocated to a detective resource to ensure the appropriate level of investigation and oversight
- MARAC screening process to be re-evaluated to ensure we are effectively safeguarding those at highest risk
- Review of the level of resource dedicated to targeting the most vulnerable in society
- Promote Level 1 of Welsh Government’s Violence Against Women, Domestic Abuse and Sexual Violence e-learning module across public sector agencies within the county. This will improve officer awareness of this area, and enable them to respond appropriately and increase public confidence in reporting
- Work with the Domestic Abuse and Sexual Violence Regional Advisor to roll out Levels 2 and 3 of the National Training Framework
- Monitor and progress the actions identified within Domestic Homicide Review
- Target Neighbourhood Warden resources to victims of crime, domestic abuse, ASB and the most vulnerable members of our communities

Organised Crime:

- Promote a better understanding of the work around ‘County Lines’ to enable officers to refer information and / or intelligence to the appropriate agencies
- Provision of ‘County Lines’ inputs to key partners and their staff
- Partnership approach to safeguarding the most vulnerable in our communities
- Effective use of powers under the ASB, Crime and Police Act 2014 including orders on conviction

Modern Day Slavery:

- Enhance intelligence gathering opportunities by continued awareness raising internally and with partners through the Modern Day Slavery Unit
- Promote training around Modern Day Slavery

CSE:

- Focus on education and awareness raising through strategic function
- Focus on partnership working through the Onyx Team and local Safer Neighbourhood Teams (SNT’s)
Community Safety (General):

- Monitoring of compliance with the victims codes of practice with particular focus on the most vulnerable victims such as hate crime, CSE, DA, MDS
- Embedding of Vulnerability Assessments consistently across all crime types
- Support and development of the Early Help Hub
- Delivering ‘Safe and Well’ checks to the communities within Flintshire. These checks can include a Fall Risk Assessment and signposting to other agencies as appropriate
- Investigating opportunities to engage in partnership working, to reduce duplication, and improve efficiency
- Utilise powers under the Anti-Social Behaviour, Crime and Policing Act 2014 where necessary
- Investigating occurrences of doorstep crime
- Undertake operations to disrupt the supply of illicit tobacco in Flintshire
- Putting warnings about doorstep crime out to the public using OWL, Facebook and other social media
- Sharing intelligence around doorstep crime with other enforcement agencies

Where should we see an impact?

✓ People’s confidence to report appropriately to partners increased
✓ Recognition of the signs and symptoms of Domestic Abuse, Sexual Violence and Modern Day Slavery by public and voluntary sector agencies.
✓ Improved response from public services to Domestic Abuse and Sexual Violence should see an increase in reporting as individuals will be confident in coming forward
✓ High risk cases of Domestic Abuse dealt with effectively and a reduction in the repeat victimisation achieved
✓ Awareness of the impacts of Adverse Childhood Experiences (ACEs) amongst partners increased
✓ Vulnerable people prevented from becoming victims of crime
✓ Substance misuse tackled collaboratively on a local and regional level
✓ Committed regional partnership approach to addressing crime and disorder continued
✓ Better sharing of intelligence across partner agencies
✓ Increased partnership action to tackle Modern Day Slavery, Child Sexual Exploitation and Organised Crime Gangs
5 Ways of Working:

| **Long term:** |  
|---|---|
| • There is a clear long term vision to make the communities of Flintshire safer by working in partnership |  
| • There is a clear focus on vulnerability and tackling organised crime |  

| **Prevention:** |  
|---|---|
| • The early identification of victims by a wide range of agencies, the focus on victim support and pursuing those who cause harm will help make Flintshire a safer place to live and a hostile environment for criminals to operate |  
| • Monthly Prevent and Deter Panel which focusses on providing preventative services to young people at risk of ASB and offending |  

| **Integration:** |  
|---|---|
| • The objectives of this group fit in well with the Well-being plan with a wide range of partners actively involved |  

| **Collaboration:** |  
|---|---|
| • Working together as a partnership and with our communities is at the centre of this plan |  
| • The sharing of intelligence and a joined-up response to incidents is critical to our success |  

| **Involvement:** |  
|---|---|
| • Actions in this plan will lead to a greater understanding of community needs |  
| • The training programmes will help partners become the eyes and ears of local communities to enable us all to make people feel safe - both at home and elsewhere. |
Contribution towards the 7 Well-being Goals:

![Contribution to Well-being Goals]

Links to other priorities:

- **Economy and Skills** - developing skills for employment opportunities, reducing worklessness and the impact of social reform

- **Environment** – people feeling safer when accessing green spaces in their community

- **Healthy and Independent Living** - reduction in substance misuse, reduction in crime, reduction in incidents of domestic abuse, increased likelihood of physical activity outside of the home

- **Resilient Communities** - people being more able to take responsibility for their own health by accessing outdoor spaces in safety
Glossary of terms:

**County Lines** – A law enforcement term used for the tactic Organised Crime Gangs have been using to operate their illegal business across the UK.

**Crime and Policing Act 2014** – An Act of UK Parliament which greatly expanded law enforcement powers in addressing anti-social behaviour.

**Early Help Hub** - The Early Help Hub is a multi-agency project which aims to improve the ‘journey’ for families at greater risk of worsening problems with an emphasis on information, advice and assistance.

**MARAC** – Multi Agency Risk Assessment Conference (MARAC). A monthly meeting between public sector partners to share information, to increase safety, and reduce the level of risk for those at high risk due to domestic abuse.

**Onyx Team** – A specialist team tackling Child Sexual Exploitation.

**Online Watch Link (OWL)** – Shared secure platform for the public and local authorities to maximise the potential of Neighbourhood Watch and other schemes. OWL sends you the latest local crime alerts and provides management tools for maintaining and expanding watches.

**SNT’s** – Safer Neighbourhood Team
Priority: Economy and Skills

What does this mean?

As a PSB we will work together to strengthen the local economy and increase employment opportunities for our residents. Alongside this we will take action to ensure that, as well as employment opportunities, our residents have the skills to take up these opportunities and the means to access them through appropriate transport. As employers we also seek to promote careers within the public sector.

Through the PSB, the Well-being Plan as well as the North Wales Growth Deal Board we will work towards:

- Developing and improving strategic sites (employment and housing)
- Modelling transport infrastructure and services to support future economic growth
- Supporting business growth and innovation
- Developing skills for employment opportunities, reducing worklessness and the impact of social reform
- Promoting career choices and pathways within the public services sector

Why is this a priority for the PSB?

This is a priority because:

- The North Wales economy is at risk of lagging behind other regions of the UK. Major investments are needed in the region by Governments - the partners need to help make the case to secure those investments;
- Flintshire is the highest performing local economy in North Wales. We need to retain our competitive edge for the wider regional economy to grow and develop;
- The partners are major employers and buyers of goods and services. We have influence over job creation and local business development;
- 4,400 individuals are looking for work; which is almost 5% of the working age population;
- There are 10,000 people (11%) of the working age population claiming out of work benefits; and
- There are at least 1,500 households who are in work and claiming Welfare Benefits.

The evidence behind this:

- Key sub-regional business sectors of advanced manufacturing, automotive, aerospace, food production and energy have proved to be resilient during the
past decade but now face an uncertain future with political developments in Europe.

- Flintshire is the highest performing county in the region for Gross Value Added (GVA) but the region as a whole lags well behind the UK with the GVA per head for North Wales being 86% of that of the UK (2015).
- UK Government investment in regional growth in England could be a threat to securing investment and trade in North Wales, as those regions become more competitive.
- There are skills gaps forecast for the region to grow both our key business sectors and to help employers (including PSB partners) with an aging workforce replace experienced employees over time.
- There is a replacement demand of at least 30% for skilled trades in each key business sector (energy and environment, advanced manufacturing, construction) across the region, and whilst 17% of employers across the region offered apprenticeships in 2016, this can be increased.
- There are labour supply shortages in the region, for the needs of employers (including PSB partners), with the challenge to bring as many ‘economically inactive’ people into employment as possible.

**Long Term Vision – What we want to achieve over the life of the Plan**

- Skills programmes which will deliver a competitive edge and reduce unemployment and underemployment.
- Improved careers advice service for all ages, with better targeting to key growth sectors.
- Development and delivery of key sites to support economic growth and the need for social, affordable and key worker housing.
- Better skills retention (and greater interest to work) in public service roles.
- Upskilling existing workforce to meet future needs and to support career progression.

**What are we already doing?**

- Apprenticeship Programmes are already being delivered by partners in different ways to develop and retain skills within the sector
- Skills Programmes are being developed via the North Wales Growth Deal Board which has an adopted skills plan for the region. This includes a Local Needs Growth Deal and also has plans for workless programmes, an improved careers service and programmes to up-skill the existing workforce
- Public Sector workforce development investment which involves staff training and development, management and talent development, and succession planning
- Delivering social and affordable housing with a 500 home social and affordable housing new build programme in place and additional affordable homes being
built by Registered Social Landlords. A wholly owned housing company has been created which is delivering affordable housing and managing private landlord property.

**In-year Priorities for 2018/19:**

- Better promotion of the Public Sector as a career of choice.
- PSB as a champion of skills in both individual sectors and as employers; including identifying local skills gaps, promoting educational and training opportunities and prioritising investment.
- Understand and support own workforces at risk of or enduring poverty.
- Collective work on workforce policies (caring responsibilities etc.) and encourage / work with the private sector too.
- Identification of PSB partner land, which could be developed to meet housing, economic growth, educational and well-being needs.

**Summary of actions to achieve in-year priorities:**

- Develop joint promotional opportunities of working in public services sector
- Review how the PSB can better support and champion its workforces
- Target programmes to address in-work poverty in the public sector
- Review PSB workforce policies for shared learning
- Work together to develop strategic employment and housing sites in Flintshire
- Support the case for investment in local transport services such as the North East Wales Metro
- Review our own transport policies to encourage employees to use public transport to get to work, to work more agilely and to reduce traffic congestion
- Review our own procurement policies to secure Community Benefits from local and sub-regional suppliers of goods and services
- Protect and develop our own apprenticeship programmes as employers
- Work with the Careers Service, schools, further and higher education, and employers to give young people the widest range of career options to help meet the needs of employers

**Where should we see an impact?**

- Increased interest in careers within public services
- Levels of local unemployment reduced
- Numbers of apprenticeship places maintained or increased
- Access to employment improved
- Evidence of local people achieving progress towards employment and/or training
- Access to and quality of careers advice services improved
- Business growth and new business investments on key employment sites
- Transport services connecting communities to places of work improved
- The numbers of people choosing public transport to get to work increased
- House building programmes for people to live locally for local jobs increased
- In-work poverty reduced
- Health inequalities reduced

5 Ways of Working:

<table>
<thead>
<tr>
<th>5 Ways of Working</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long term:</strong></td>
</tr>
<tr>
<td>- Upskilling existing workforce to meet future needs and to support career progression</td>
</tr>
<tr>
<td>- Better skills retention and greater interest to work in public service roles</td>
</tr>
<tr>
<td>- Improved careers advice service for all ages, with better targeting to key growth sectors</td>
</tr>
<tr>
<td><strong>Prevention:</strong></td>
</tr>
<tr>
<td>- Prevention of health inequalities</td>
</tr>
<tr>
<td>- Prevention of skills shortage as older workers retire</td>
</tr>
<tr>
<td>- Prevention of poverty</td>
</tr>
<tr>
<td><strong>Integration:</strong></td>
</tr>
<tr>
<td>- Review procurement policies to secure community benefits across the PSB</td>
</tr>
<tr>
<td>- PSB as a champion of skills in both individual sectors and as employers; including identifying local skills gaps, promoting educational and training opportunities, prioritising investment</td>
</tr>
<tr>
<td><strong>Collaboration:</strong></td>
</tr>
<tr>
<td>- Joint working across PSB members and region to influence the economy and the development of skills</td>
</tr>
<tr>
<td>- Work collaboratively with the Careers Service, schools, further and higher education, and employers to give young people the widest range of career options to help meet the needs of employers for recruitment</td>
</tr>
<tr>
<td><strong>Involvement:</strong></td>
</tr>
<tr>
<td>- Involvement across PSB partners to extend engagement with skills development across the partner specialisms</td>
</tr>
<tr>
<td>- Involvement of education providers to develop a co-ordinated response to skills gaps and skills needs</td>
</tr>
<tr>
<td>- Discussion and engagement with schools and career advisers to enhance career awareness and progression</td>
</tr>
</tbody>
</table>
• Engagement with businesses and employers to advise on skills needs and appropriate training and to be a part of training and education delivery

Contribution towards the 7 Well-being Goals:

<table>
<thead>
<tr>
<th>Contribution to Well-being Goals</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A globally responsible Wales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>A Wales of vibrant culture and thriving Welsh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>A Wales of cohesive communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>A more equal Wales</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A healthier Wales</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A resilient Wales</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A prosperous Wales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Links to other priorities:

• **Community Safety** - reducing re-offending

• **Environment** - reducing the impacts of climate change

• **Healthy and Independent Living** - building and strengthening the care sector

• **Resilient Communities** - further developing community ownership models including Community Asset Transfers (CATS), micro social enterprises and community shares
Glossary of terms:

**Community Benefits** – a range of economic, social or environmental conditions that can be built into the delivery of public contracts to provide benefits to the local community.

**Gross Value Added (GVA)** – Measure of the value of goods and services produced in an area, industry or sector of an economy.

**In-Work Poverty** – Individuals living in households where the household income is below the poverty threshold despite one member of the household working either full or part time. The poverty threshold is defined as under 60% of the average household income before housing costs.

**North East Wales Metro** – Integrated transport network that will connect people and communities, businesses and service and encourage economic development and employment in this region.

**North Wales Growth Deal Board** – a board of regional partners established to submit and monitor the North Wales Growth Deal bid to maintain and improve economic conditions across the region.

**Wholly Owned Housing Company** – North East Wales (NEW) Homes is a company that is a wholly owned subsidiary of Flintshire County Council. NEW Homes owns, leases and manages properties across the county.
Priority: Environment

What does this mean?

We recognise the importance of the environment in Flintshire and want to ensure that we protect and enhance what we have, that we use the environment to improve the well-being of people living, working and visiting the area and, we protect people and the environment from events such as flooding and climate change. We want to do this hand in hand with communities, business and industry in Flintshire ensuring positive engagement and education in all that we do.

The main priority themes identified for the environment in Flintshire are:

- Developing greater access opportunities to the green infrastructure
- Protecting and enhancing the environment
- Improving flood protection
- Reducing the impacts of climate change

Plus the cross cutting theme of:

- Community engagement and education

Why is this a priority for the PSB?

This is a priority because:

- Collective action is needed to ensure we value, protect and enhance Flintshire’s environment and landscapes to maximise the benefits it can offer to current and future generations;
- PSB partners understand the crucial link between the natural environment and the well-being of people, both in terms of physical and mental health;
- Flintshire has many attractive areas that can be used to promote activity and ensure people, especially children, can enjoy and benefit from spending time outdoors;
- We need to enhance the natural environment beyond already protected sites, especially around our urban areas to realise the full benefits that the environment can offer residents;
- Several aspects of environmental resilience need addressing, particularly the need to better prepare for climate change, especially the risk of flooding;
- We want to ensure our air quality is the best it can be by working with partners to monitor and reduce harmful emissions; and
- PSB partners should lead the way by enhancing the environment on their own land and across Flintshire, and by being as carbon neutral as possible.
The evidence behind this:

- Those living, working and visiting Flintshire have said they place a high value on the natural environment and want to use it more for their own well-being.
- The barriers stopping some people from using the environment need to be better understood to provide equal opportunities for everyone.
- Statistics show a long-term increase in the percentage of overweight people in the county. In 2014, over 25% of 4 to 5 year olds and approximately 57.5% of Flintshire adults were found to be obese or overweight. Opportunities to take part in outdoor activity has a significant role to play in reversing this long-term increase.
- The Dee Estuary, Halkyn Mountain and Deeside and Buckley newt sites are internationally designated as Special Areas of Conservation (SACs). In addition, there are 23 Sites of Special Scientific Interest (SSSIs), nationally important ecological sites. Despite these designations, many species are in decline primarily due to agricultural intensification, urbanisation, invasive species and climate change.
- Significant flooding events have occurred in Flintshire in recent years and some 8,400 properties are at risk of flooding. This issue has a significant effect on people’s well-being.
- There is increasing evidence of the serious impact of air pollution on health in parts of Flintshire in urban areas or close to major roads.

Long Term Vision – What we want to achieve over the life of the Plan

Long term Objectives:

- The natural environment will be understood, protected and enhanced by all that live, work and play in it.
- Communities of all ages and backgrounds will understand and appreciate the benefits of the natural environment and will actively use the environment to positively support their physical and mental well-being.
- The risks from flooding will be managed using traditional methods and modern ways of working, building resilience in our communities so they understand and can manage the risk to themselves more effectively.
- All bodies within the PSB will adopt environmentally friendly ways of undertaking their business, including promotion of a low carbon PSB.

Over the lifetime of the plan

The PSB will establish effective approaches to raising community awareness of the natural resources available to them and their protection and enhancement. There will be a focus on coastal green infrastructure enhancement including Sustainable Urban Drainage Systems (SUDs), improved forward planning, and resource and access integration as well as well-being through ‘natural engagement’.
We will initiate this process by bringing together green asset mapping with the development of a greater understanding of community attitudes, engagement and usage across the county, looking for some agreed pilot areas and issues.

**What are we already doing?**

Extensive work already takes place across the PSB partners. This is therefore only a summary of the specific areas of work, information and / or operation relating to the priorities identified:

**Green Asset Mapping**

Environmental asset maps exist across many organisations. Increased value can be gained from bringing these together into a single resource, probably web based, and then importantly seek community opinion, access and usage evidence.

**Development and Green Infrastructure pilot (Broughton area)**

Green Infrastructure is a strategically planned and delivered network comprising of the full range of green spaces and should thread through and surround built up areas connecting these developed areas to the countryside. Green Infrastructure includes parks, cycle ways, woods, fields, waste land, allotments, street trees, green roofs, and green walls. Examples of this work in North-East Wales include:

- Wrexham industrial estate work by Wildlife Trust (to inform approaches)
- Experience from the Area of Outstanding Natural Beauty (AONB) in work with businesses and Local Authority Planning and Development guidance
- Community development and work with flood maps and plans
- North East Wales Area Statement work

**Coastal Green Infrastructure**

The Flintshire Coast from the outskirts of Chester to Gronant has a long standing Green Infrastructure plan that seeks to help address the numerous social, economic and environmental issues of this area, notably:

- Access along the coast (completion of coastal cycle path)
- Access from towns and villages to the coastal path and cycle path in order to increase physical activity and mental well being
- Helping to reduce coastal and fluvial flooding
- Increase understanding of the areas rich wildlife and history
- Address some of the unattractive physical features of this area (e.g. derelict buildings, illegal waste) in part to increase pride in the area
- Increase biodiversity
In-year Priorities for 2018/19:

Early environment workshops for the PSB developed a range of large scale opportunities for delivery across the PSB including working with landowners, increasing flood resilience and raising awareness of natural resources’ importance across the county. From these four integrated priorities have been developed for the first two year period. These are:

- Build a ‘map’ of our green and blue (land and sea) assets across the County and develop a better understanding of local communities’ relationships with them. This will initially focus on a smaller area, possibly coastal.
- Investigate and develop pilots for delivering a local community based approach to delivering a coastal green infrastructure plan.
- Develop a plan for some pilots to trial doing things differently e.g. how we could work together (PSB and others, including business) in Broughton to build ‘shoppers awareness of local nature’ while shopping.
- Using the environment in local communities to support resilience (links with Resilient Communities priority).

Summary of actions to achieve in-year priorities:

The focus is on developing a better understanding of how the PSB can work more collaboratively and deliver greater positive environmental outputs, outcomes and impact within existing resources:

- Green asset mapping helps inform priorities but also facilitates community based development, awareness raising and outreach approaches
- Green infrastructure informs approaches to community engagement, greater integration of green assets into planning (in its broadest sense); flood and water management and community access to green space and ‘green/ natural health’
- Broughton trial gives a unique opportunity to look at influencing development; integrating natural assets into activities in people's daily lives and green infrastructure development

Where should we see an impact?

- Natural resources, including designated sites will be managed sustainably – both to benefit species and to allow us to showcase what we have in Flintshire
- We will understand what we have in Flintshire and how we can use those assets to best suit people and the environment
- The number of properties at risk from flooding in Flintshire reduced, with those at risk being better prepared and more resilient
- Increased choice and use of green travel opportunities resulting in a reduced rate of car usage amongst residents and visitors to Flintshire
Increase in the number of people using the outdoors for exercising, volunteering or educational purposes resulting in benefits in both mental and physical health and stronger community and family cohesion

Reduced carbon footprint of public sector organisations

Decline in biodiversity reversed

Delivery of the other priorities within this Plan supported, as early engagement work with communities is one of the key elements of: supporting people back into employment; improving an individual’s physical and mental health; valuing, protecting and enhancing the natural and built environment within local communities

5 Ways of Working:

<table>
<thead>
<tr>
<th>5 Ways of Working</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long term:</strong></td>
</tr>
<tr>
<td>- Understanding of our green assets and community perception, value, attitudes and relationship to them</td>
</tr>
<tr>
<td>- Approach to engaging the wider public in natural assets within their daily lives with a particular impact on future development at Broughton</td>
</tr>
<tr>
<td><strong>Prevention:</strong></td>
</tr>
<tr>
<td>- Prevention of further green asset loss / degradation by increasing value placed on them</td>
</tr>
<tr>
<td>- Prevention of poor development of Phase 2 at Broughton</td>
</tr>
<tr>
<td><strong>Integration:</strong></td>
</tr>
<tr>
<td>- Development of effective approach to community engagement in green assets</td>
</tr>
<tr>
<td>- Integration of natural assets consideration across planning, development, land management and business</td>
</tr>
<tr>
<td><strong>Collaboration:</strong></td>
</tr>
<tr>
<td>- Joint working across PSB members and beyond to influence community, shopper, business and development behaviours for improved green infrastructure planning</td>
</tr>
<tr>
<td>- Collaboration with local communities to increase value of green assets for local people and nature</td>
</tr>
<tr>
<td><strong>Involvement:</strong></td>
</tr>
<tr>
<td>- Local community in their green assets</td>
</tr>
<tr>
<td>- Involvement of developers and business in green infrastructure planning</td>
</tr>
</tbody>
</table>
Contribution towards the 7 Well-being Goals:

![Contribution to Well-being Goals](image)

Links to other priorities:

- **Community Safety** - making communities safer

- **Economy and Skills** - developing and improving strategic sited (employment and housing)

- **Healthy and Independent Living** - improving physical and mental health via increased access to the outdoors for exercise

- **Resilient Communities** - enabling and inspiring communities to become confident, cohesive and forward thinking

Glossary of terms:

**Area of Outstanding Natural Beauty (AONB)** – An area of countryside designated by a government agency as having natural features of exceptional beauty and therefore given a protected status.

**Green Infrastructure** – Green infrastructure is a strategically planned network of natural and semi-natural areas with other environmental features designed and
managed to deliver a wide range of ecosystem services such as water purification, air quality, space for recreation, and climate mitigation and adaptation

**Heritage Lottery Fund (HLF)** – Fund that distributes a share of the National Lottery funding to support a wide range of heritage projects across the UK.

**Sites of Special Scientific Interest (SSSI's)** - A nationally protected site, protected by law to conserve their wildlife or geology.

**Special Areas of Conservation (SAC’s)** – Internationally protected sites designated under the EC Habitats Directive and protected by UK law.

**Sustainable Urban Drainage Systems (SUDS)** – A natural approach to managing drainage in and around properties and other developments. SUDS work by slowing and holding back the water that runs off a site, allowing natural processes to break down pollutants.

**Fluvial Flooding** – River flooding which occurs when excessive rainfall over an extended period of time causes a river to exceed its capacity. It can also be caused by heavy snow melt and ice jams.
Priority: Healthy and Independent Living

What does this mean?

Enjoying positive physical and mental well-being and living as independently as possible are fundamental to most people’s definition of a productive and fulfilling life. Organisations that make up the Public Services Board are able to create and maintain living and working conditions for example to support well-being and independence and are also there to support those who require assistance, advice or support with the aim of reducing dependency in the longer term.

The areas of work that the Healthy and Independent Living Board will be focussing on are:

- Providing information and support for people to take responsibility for their own health and that of their families
- Targeting interventions where individuals and families have the most to gain
- Delivering more services closer to home
- Building and strengthening the Care Sector

Why is this a priority for the PSB?

This is a priority because:

- There is a strong evidence base, as well as a social responsibility, to direct our focus on the prevention of ill health and the reduction of health inequality whilst also accommodating most people’s preference to stay active and independent within their own community;
- A focus on early years has the potential to bring benefits to the individual and reduced demand on services over the full life course;
- Influencing the development of children to maximise their health, social and educational development is most effective when done as early as possible;
- There are significant challenges in meeting current and projected workforce demands in both health and social care;
- The Social Services and Well-being (Wales) Act 2014 reinforces the need to support residents to maintain good health and reduce reliance on services; and
- In order to support residents with more complex needs, we need to maintain and then strengthen the care sector for both care home and domiciliary service provision, both of which are currently fragile.

The evidence behind this:

- Life expectancy is increasing whereas an increase in healthy life expectancy is not assured. The consequence is that more people are likely to require support in the management of chronic conditions and/or increasing dependency as a result of frailty or dementia for example.
People born in the most deprived areas of Flintshire are, on average, likely to die seven years earlier than people born in the most affluent areas of the county.

Life expectancy is predicted to continue to improve, and the population of those aged 65 years and over is expected to grow from 31,000 in 2015 to 46,100 by 2039.

The number of people aged 65 years and over who need to be looked after in a care home is expected to almost double by 2035 with the number requiring specialist nursing care expecting to show a significant increase.

The number of Flintshire residents living with dementia will rise by about 1,350 (66%) by 2030.

The projected increase in older people will create additional care and support needs.Whilst there continues to be a focus on increasing community based support to reduce dependency on long term care, it is inevitable that there will also be increased demand for residential and nursing home placements.

**Long Term Vision – What we want to achieve over the life of the Plan**

- Delivering more services closer to home. The aim is to develop a new model of partnership working to support community health needs. This will be based around health / community hubs and incorporate a local approach to social prescribing and third sector engagement. This will build on the work at the new Flint Health and Wellbeing Centre.
- Full implementation and evaluation of the Early Help Hub which is a multi-agency project that aims to improve the ‘journey’ for families at greater risk of worsening problems.
- Providing information and support for people to take responsibility for their own health and that of their families.
- Targeting interventions where individuals and families have the most to gain.
- All members of the Public Service Board will have ensured that evidence based, accessible information is available to all employees about how to protect and promote their own health and well-being and that of their families.
- Building and strengthening the care sector.
- There will be a strong and ongoing commitment to promote key public health campaigns and initiatives across the public sector including attainment of immunisation targets and further reducing the number of people who smoke for example.
- The implementation of the new Community Resource Team.
- There will be more services delivered closer to home though primary and community services, with the required shift of resources from secondary care.
- A new facility will be at or near completion in Buckley to offer increased residential care capacity and centralised short term bed-based care for those needing intermediate care within a Discharge to Assess setting, with the intent of reducing unnecessary time spent within an acute setting.
What are we already doing?

- Joint working in Community Resource Teams between and the Single Point of Access (SPoA), including the extension of operating hours
- Promoting and supporting independent living through our “What Matters” approach, focussing on the expressed needs of our service users
- Providing alternatives to hospital based care or long term care through provision of intermediate care options including Step Up Step Down beds

In-year Priorities for 2018/19:

- Develop Discharge to Assess as the service model and enable a cohort of patients to move from hospital into their own home and assisted home care for assessment.
- Significantly progress the Marleyfield House development as the capacity to support the above.
- Progress the development in Buckley of an extended Care Home and Discharge to Assess facility (Marleyfield House).
- Completion and opening of the Health and Well-being Care Centre in Flint, providing increased opportunities for joint working with Third Sector organisations and supporting the local community to meet the priorities of “Well Flint”.
- Develop a shared understanding of people centred approaches including social prescribing.
- Co-located health and social care workforce in Connah’s Quay.
- Develop an integrated approach to earlier planning of discharge from hospital for frail patients. (to reduce de-conditioning and dependence).
- The Early Help Hub is operational, and is supportive of other services for children and young people.

Summary of actions to achieve in-year priorities:

- The Welsh Government Integrated Care Fund provides further opportunities to implement priorities through funding key developments including expansion of the Community Resource Team and the capital development at Marleyfield House
- The opening and further development of the Health and Wellbeing Centre in Flint is overseen by a Project Lead and is a core component of the implementation of the Care Closer to Home agenda for the Health Board
- The Healthy and Independent Living Board will develop a local interpretation of the social prescribing model
- Working in partnership to provide a fully operational Early Help Hub

Where should we see an impact?

- ✓ Indicators of health and well-being in the population improved
- ✓ Indicators of health inequalities improved
✓ Levels of care home bed and domiciliary support sustained and increased
✓ Number of community based or led activities to promote healthy living and “ageing well” increased
✓ Number of people supported outside of the acute hospital setting increased
✓ Level of information, assistance and support offered through the Single Point of Access and Early Help Hub increased
✓ Opportunities for people to move more and reduce sedentary behaviour increased

Ways of Working:

<table>
<thead>
<tr>
<th>5 Ways of Working</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long term:</strong></td>
</tr>
<tr>
<td>- Understanding the impact of demographic change and the needs of our population to adapt services</td>
</tr>
<tr>
<td>- Working to sustain the care sector in a way that ensures that the needs of our residents can be met in the longer term</td>
</tr>
<tr>
<td><strong>Prevention:</strong></td>
</tr>
<tr>
<td>- Prevention of poor health through the provision of quality assured information to employees</td>
</tr>
<tr>
<td>- Prevention of the escalation of support needs through work within the Early Help Hub and Community Resource Teams</td>
</tr>
<tr>
<td><strong>Integration:</strong></td>
</tr>
<tr>
<td>- The work to develop and support the self-help and management of chronic conditions plus work to promote healthy lifestyles will specifically support the community resilience agenda</td>
</tr>
<tr>
<td><strong>Collaboration:</strong></td>
</tr>
<tr>
<td>- Continued and increased collaboration between providers of health and social care are fundamental to the development of all priority areas</td>
</tr>
<tr>
<td><strong>Involvement:</strong></td>
</tr>
<tr>
<td>- Care providers continue to pay a key role as a stakeholders in developing the models for care and support in the community</td>
</tr>
<tr>
<td>- Service users are fundamentally involved in determining the care and support offered by identifying “What Matters” to them</td>
</tr>
</tbody>
</table>
Contribution towards the 7 Well-being Goals:

<table>
<thead>
<tr>
<th>Well-being Goal</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>A globally responsible Wales</td>
<td>3</td>
</tr>
<tr>
<td>A Wales of vibrant culture and thriving Welsh...</td>
<td>4</td>
</tr>
<tr>
<td>A Wales of cohesive communities</td>
<td>5</td>
</tr>
<tr>
<td>A more equal Wales</td>
<td>5</td>
</tr>
<tr>
<td>A healthier Wales</td>
<td>5</td>
</tr>
<tr>
<td>A resilient Wales</td>
<td>5</td>
</tr>
<tr>
<td>A prosperous Wales</td>
<td>4</td>
</tr>
</tbody>
</table>

Links to other priorities:

- **Community Safety** - tackling drugs and alcohol / reducing re-offending
- **Economy and Skills** - developing skills for employment opportunities, reducing worklessness and the impact of social reform
- **Environment** - developing greater access opportunities to the green infrastructure
- **Resilient Communities** - enabling and inspiring communities to become confident, cohesive and forward thinking

Glossary of terms:

Community Resource Team – A multi-disciplinary team working within the community. The team work with patients within their own home to provide the additional support required to be able to stay at home as an alternative to being hospitalised or have an extended stay.

Discharge to Assess - Discharge to Assess takes place when the person is medically fit to leave hospital and requires an assessment to determine the level of support they will need at home.
**Domiciliary Services** – Care and support services offered to a person within their own home.

**Early Help Hub** - The Early Help Hub is a multiagency project which aims to improve the 'journey' for families at greater risk of worsening problems with an emphasis on information, advice and assistance.

**Health and Wellbeing Care Centre** – A new building within Flint to include GP services to support the health and wellbeing of residents.

**Looked After Children** - Looked after Children are children under the care of the Local Authority.

**Step Up Step Down beds** – Beds within a care home setting to provide short term support to prevent hospital admission/long term care (Step Up) or to support discharge from hospital where the individual is clinically ready to go home but requires some support before they return home (Step Down).

**Single Point of Access (SPoA)** – A new way for adults across North Wales to gain access to advice, assessment and coordinated community health and social care services by contacting just one telephone number.
Priority: Resilient Communities

What does this mean?

A community which is resilient has the ability to respond positively to the challenges it faces, cope with adversity and ultimately to thrive. Here, when we refer to a ‘community’, we mean a geographical area; a town (or an area within a town such as a ward or parish) or a village. This encompasses the people who live and work there, the businesses which operate there, the services that are provided there and the physical spaces which they inhabit.

Through the PSB, the Well-being Plan and the Inspiring Resilient Communities Working Group we will work towards the goals of:

- Enabling and inspiring communities to be confident, cohesive, and forward thinking
- Developing an approach that ensures that when any public service is working in an area that additional skills and capacity are strengthened within that community
- Co-ordinating an approach across public service delivery that maximises the impact of community benefits
- Further developing community ownership models including Community Asset Transfers (CATS), micro social enterprises and community shares

Why is this a priority for the PSB?

This is a priority because:

- Effective, successful and resilient places have the ability to resolve their own problems, respond to and bounce back from economic, social and environmental issues;
- Resilient communities are well connected within the area and to other agencies and organisations outside of their community;
- A well connected community is able to work with the public agencies co-operatively to determine priorities for that community and be a key partner in delivering these priorities; and
- This approach requires a workforce in the public sector that is skilled in working with communities to support determination of their priorities and enable their delivery.

The evidence behind this:

- Research shows that ‘Resilient Communities’ have support from all sectors to solve problems, are well connected and able to make decisions.
- Public sector bodies have provided support and capacity to specific communities of need; however this work has not always been sustainable once the intervention ceases.
Public services can change the emphasis of their work in communities from direct support and intervention to a more co-operative style of working where local communities determine their own priorities and identify solutions.

The Assessment of Local Well-being predicts that by 2039 the number of Flintshire residents aged 65 or over will have increased by 35%. Providing the skills and opportunities for people to be more active within their community through greater access to the outdoors, membership of groups or societies or through volunteering can enable residents to stay healthier into older age.

Social isolation and loneliness have been identified as risk factors for poor health (especially poor mental health) and lower well-being, including morbidity and mortality, depression and cognitive decline. Through the work of this priority we aim to provide greater opportunities for activities which will reduce loneliness.

A number of health benefits relating to volunteering have been identified. These include; improved quality of life, improved self-esteem, improved opportunities for socialisation and improved ability to cope with ill health. Volunteering also enables people to play an active role in their society and contribute to positive social change.

Around 58% of adults and a quarter of 4-5 year olds in Flintshire are overweight or obese and only 33% of the adult population meet the recommended physical activity guidelines of 150 minutes of physical activity per week. Increasing the opportunity for accessing green spaces and activities within the community will aid in improving these statistics.

Long Term Vision – What we want to achieve over the life of the Plan

In the long term we aim to move to a position where the growth of skills, capacity and opportunities in our communities will enable a corresponding growth in community resilience. We want to move to a position where:

Community Resilience factors inform physical planning and regeneration through:
- Physical standards and planning that build in resilience
- Design of spaces that are outward looking and connect people together
- Resources that enable communities to take ownership of development and maintenance of physical spaces

Social Evaluation is being carried out by all Public Sector Partners:
- Commitment to annual evaluation against delivery of community benefits and change in ways of working
- Welsh Government audit and inspection time to be reduced in unnecessary areas of work and replaced with Social Evaluation

Inclusive Growth that develops resilient communities and employment opportunities is recognised as a key part of Economic Regeneration by:
• Developing work on the Regional Growth Bid around skills and employment pathways to maximise impact on resilient communities through linking to ways of working and delivery of community benefits

Resilient Community Characteristics and Critical Success Factors can be identified through:

• Evaluation and learning and recognising the uniqueness of individual communities which identify key characteristics and success factors for future work

What are we already doing?

• Community Resilience Framework - this outlines the projects the group is working on, the change in ways of working required by public services to enable resilient communities and the type of community benefits that can be delivered
• Area based Work (e.g. Flint 2025) - work is taking place in a range of communities including the Holway in Holywell and Flint to change the way we work with communities as public services and deliver community benefits
• Community Benefits Strategy in Flintshire County Council - the Council is already working to include community benefits in all of its contracts with suppliers to maximise the benefits that can be delivered and working with public sector partners to enable other agencies to do the same
• Getting Flintshire Moving - work is taking place with all partners to encourage the take up of physical activity

In-year Priorities for 2018/19:

• Area based work including a focus on communities either where there is an established programme of new kinds of intervention already taking place (Flint 2025 and Shotton), or where new ways of working within communities is being piloted to improve and sustain community resilience building on assets within the area (Holywell).
• Theme based work within communities, their environment and workplaces focussing on “Getting Flintshire Moving” to increase activity and reduce sedentary behaviour.
• Establishing learning and evaluation of new ways of working and delivery of Community Benefits for sharing across all agencies.
• Agreeing Community Benefit strategies across all partners covering social, economic and preventative benefits.
• Working with organisations to explore the benefits and opportunities of Community Shares.
• Supporting the development of Social Prescribing through offering different community opportunities.
• Developing a new leadership programme for those who work in and with communities, to provide them with the skills to engage, equip, and empower communities.

Summary of actions to achieve in-year priorities:

• Lead work to explore options for transfer of Holway Community Centre to local ownership and develop community leaders
• Using driver diagrams and actions for organisations to help with “Getting Flintshire Moving” focussing on the workplace and communities
• Development of an evaluation framework and area profiles
• Development of Community Benefits Strategies by PSB Partners
• Development of Community Shares Business Cases
• Invest in an initial approach to Social Prescribing
• Proposal to employ a three year resource to lead development of digital and resilience work
• Development of a new type of leadership programme for those who work in and with communities

Where should we see an impact?

✓ Ways of working changed across all sectors that strengthens communities
✓ Increase in the strength of community and social organisations that are able to provide support to local people
✓ Opportunities for people to improve their health and well-being increased
✓ Use and appreciation of the natural environment and use of the outdoors increased through “Getting Flintshire Moving”
✓ Increased take up of economic activity by local people
✓ Quantity and quality of benefits that support local communities (‘community benefits’) increased
✓ A less sedentary workforce
✓ Increased opportunities and uptake of volunteering
## 5 Ways of Working:

<table>
<thead>
<tr>
<th><strong>5 Ways of Working</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long term:</strong></td>
<td>![Green Check]</td>
</tr>
<tr>
<td>• Community Resilience factors inform physical planning and regeneration</td>
<td></td>
</tr>
<tr>
<td>• Social Evaluation is being carried out by all Public Sector Partners</td>
<td></td>
</tr>
<tr>
<td><strong>Prevention:</strong></td>
<td>![Green Check]</td>
</tr>
<tr>
<td>• Growing the skills, capacity and opportunities for resilience within communities</td>
<td></td>
</tr>
<tr>
<td>• Getting Flintshire Moving to increase activity and reduce sedentary behaviour therefore preventing associated health issues</td>
<td></td>
</tr>
<tr>
<td><strong>Integration:</strong></td>
<td>![Green Check]</td>
</tr>
<tr>
<td>• Supporting the development of Social Prescribing through offering different community opportunities</td>
<td></td>
</tr>
<tr>
<td>• The priorities are integrated within the objectives of the partners</td>
<td></td>
</tr>
<tr>
<td><strong>Collaboration:</strong></td>
<td>![Green Check]</td>
</tr>
<tr>
<td>• Collaborative approach to community work and to affecting change within our communities</td>
<td></td>
</tr>
<tr>
<td>• Collaboration and sharing resources is key to the success of our priorities</td>
<td></td>
</tr>
<tr>
<td><strong>Involvement:</strong></td>
<td>![Green Check]</td>
</tr>
<tr>
<td>• Involving the communities with which we work is key to the long term sustainability of the projects described within this priority</td>
<td></td>
</tr>
<tr>
<td>• Community resilience work is aimed at giving communities the tools to understand what they want and how to achieve it</td>
<td></td>
</tr>
</tbody>
</table>
Contribution towards the 7 Well-being Goals:

<table>
<thead>
<tr>
<th>Contribution to Well-being Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A globally responsible Wales</td>
</tr>
<tr>
<td>A Wales of vibrant culture and thriving Welsh...</td>
</tr>
<tr>
<td>A Wales of cohesive communities</td>
</tr>
<tr>
<td>A more equal Wales</td>
</tr>
<tr>
<td>A healthier Wales</td>
</tr>
<tr>
<td>A resilient Wales</td>
</tr>
<tr>
<td>A prosperous Wales</td>
</tr>
</tbody>
</table>

0 1 2 3 4 5
0 1 2 3 4 5

Links to other priorities:

- **Community Safety** – making communities safer
- **Economy and Skills** – developing skills for employment opportunities, reducing worklessness and the impact of social reform
- **Environment** – developing greater access opportunities to the green infrastructure
- **Healthy and Independent Living** - providing information and support for people to take responsibility for their own health and that of their own families

Glossary of terms:

**Community** – we mean a geographical area; a town (or an area within a town such as a ward or parish) or a village. This encompasses the people who live and work there, the businesses which operate there, the services that are provided there and the physical spaces which they inhabit.

**Community Asset Transfers (CATS)** – Transfers of land or buildings into the ownership or management of a voluntary/community sector organisation or statutory body.
Community ownership models – Way of organising community owned assets or organisations. These are owned and controlled through some representative mechanism that allows a community to influence their operation or use and to enjoy the benefits arising.

Community shares - Community Shares are non-transferrable, withdrawable share capital unique to Co-op and Community Benefit Society Legislation and can be used as a method to engage the community in becoming shareholders (owners) of community businesses.

Micro social enterprises - By selling goods and services in the open market on a small scale, micro social enterprises reinvest the money they make back into their business or the local community. This allows them to tackle social problems, improve people’s life chances, support communities and help the environment.

Social prescribing - Social Prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.
SECTION 3: 
Consultation and Engagement – Involving people

To meet the requirements of the Well-being of Future Generations (Wales) Act 2015, the first piece of work for the Flintshire Public Services Board to do was to prepare and publish an Assessment of Local Well-being. This assessment is an assessment of the state of economic, social, environmental and cultural well-being in Flintshire and was published by the Public Services Board in May 2017.

The Well-being Assessment for Flintshire was informed both by engagement and survey work with residents and stakeholders, and consideration of relevant information such as existing data, evidence and research.

Following publication of the Assessment of Well-being for Flintshire, work was undertaken to identify the priorities for the Well-being Plan culminating in the publication of the draft Well-being Plan that went out to public consultation in late 2017.

Consultation and engagement undertaken to help inform the Plan includes:

- PSB Partner Workshops
- Public Engagement Events held within the seven PSB areas identified as part of the Assessment process
- Online Public Consultation
- A workshop for Flintshire County Councillors facilitated by PSB Partners
- Feedback from Partners’ governing bodies
- Detailed feedback from the Future Generations Commissioner for Wales and Welsh Government.

A summary of feedback from the public consultation

Public Engagement Events:

Overall people felt….

- a strategy is needed
- the themes are the right (most important) ones
- confident that together public sector organisations can make a positive impact
Online Public Consultation:

Overall people felt….

- The themes are the right (most important) ones
- Healthy and Independent Living was the most important to them followed by Resilient Communities
- Public sector organisations working together could make the most impact on Healthy and Independent Living
- 60 / 40 split (for) that communities were ready for action
- Strong agreement that we all have a personal responsibility to contribute to the well-being priorities

The following map shows the seven Flintshire PSB areas and the importance of the five priorities to the different communities.
Governance and Assurance

The Public Service Board (PSB) is accountable for the delivery of the Well-being Plan and will monitor, along with its partners, progress and achievements made. A Delivery Plan will be in place for each priority to support achievement against the actions and impacts detailed in the Plan.

Progress against in-year priorities and key developments will be available on the Public Services Board pages of the Council’s website. In addition, other methods of communication will be used e.g. e-Council Newsletter and partner’s e-Newsletters etc.

Regular reviews of the Plan will be conducted by the PSB to ensure that the in-year priorities reflect current need whilst ensuring that progress is being made.

In line with the Well-being of Future Generations (Wales) Act 2015, the PSB will prepare and publish its first annual report no later than 14 months after the publication of this Plan. A copy of will be sent to Welsh Government, the Future Generations Commissioner for Wales, the Auditor General for Wales and the Council’s Corporate Resources Overview and Scrutiny Committee.
Partnership Structure

Flintshire Public Services Board

Community Safety
Lead / Co-Lead: North Wales Police

Economy and Skills
Lead / Co-Lead: Flintshire County Council, Coleg Cambria, Glyndwr University

Environment
Lead / Co-Lead: Natural Resources Wales, Flintshire County Council

Healthy and independent Living
Lead / Co-Lead: Betsi Cadwaladr University Health Board, Flintshire County Council

Resilient Communities
Lead / Co-Lead: Flintshire County Council, Public Health Wales, Glyndwr University

Multi-agency Working Group
- North Wales Police
- Flintshire County Council
- North Wales Fire and Rescue Service
- Betsi Cadwaladr University Health Board
- Public Health Wales
- Wales Community Rehabilitation Company
- National Probation Service Wales

Multi-agency Working Group
- Flintshire County Council
- Coleg Cambria
- Glyndwr University

Multi-agency Working Group
- Natural Resources Wales
- Flintshire County Council
- Area of Outstanding Natural Beauty
- Glyndwr University
- North Wales Fire & Rescue Service
- Betsi Cadwaladr University Health Board
- Public Health Wales

Multi-agency Working Group
- Betsi Cadwaladr University Health Board
- Flintshire County Council
- Public Health Wales
- North Wales Fire and Rescue Service
- Flintshire Local Voluntary Council

Multi-agency Working Group
- Flintshire County Council
- Public Health Wales
- Glyndwr University
- Flintshire Local Voluntary Council
- Natural Resources Wales

* Other partners may also contribute towards delivery
Accessible Formats

This is a bilingual document published in both Welsh and English and is available on each of our partners’ websites.

Other formats are available upon request using the following contact details:

Flintshire County Council
Corporate Business and Communications Team
Chief Executive’s
County Hall
Mold
Flintshire
CH7 6NB

Email: corporatebusiness@flintshire.gov.uk
Our Well-being Plan
2018 - 2023
As Chair of Wrexham Public Services Board, I am proud to have been part of the development of this plan, and excited about the opportunities this will bring to all of us who live and work in Wrexham County Borough.

We are building strong partnerships with our communities. This will continue and flourish so that we deliver the well-being objectives we have set out for Wrexham.

Our plan is not about ‘business as usual’. We are ambitious for Wrexham and want to see real improvements to our economic, social, environmental and cultural well-being.

We are at the start of a long term journey which will shape our future for the next 25 years or more. We are committed to making positive changes to ensure the best possible future for all of our communities.

I hope that you will want to get involved with us, and play your part.

Lyndsey Rawlinson,
Natural Resources Wales and
Chair of Wrexham Public Services Board
Our plan is about creating a place where we can all thrive, be happy and be healthy, both now, and in the future. This is about getting organisations and individuals to think and act differently, and to talk and listen with each other for the benefit of Wrexham. We have consulted with the public, key stakeholders and our partners, as well as speaking with the Future Generations Commissioner and Welsh Government.

Why have we developed this plan?
The Well-being of Future Generations (Wales) Act, 2015 sets out seven well-being goals for Wales. Our plan shows what we will do to meet the challenge of working differently towards a sustainable Wales. We will focus on how the decisions we make now are going to impact on our communities in the long-term. We will work together to prevent problems occurring - no single organisation, public body or community can respond alone to some of the big challenges that face us, like poverty, climate change or building resilience. We will continue to listen more and involve people better to improve our well-being.

www.wrexhamspsb.org
Everything we do is shaped by the five ways of working (long-term thinking, prevention rather than cure, involving people, working with others, and ensuring what we do links to other areas of well-being).

Our first task was to carry out a comprehensive well-being assessment for Wrexham. We were really keen to ensure that the public were involved on this journey and at every stage of the development of this plan we have built up the conversation.

We started off by asking a few very straight forward questions:

• What do you want Wrexham to be?
• What might get in the way?
• What can public services and communities do to make the Wrexham you want a reality?

The results of every stage of this discussion can be found on our website, www.wrexhampsb.org – just click on the mouse symbol.

We used this feedback, along with data and information from a range of sources to develop our draft well-being assessment.

We then asked the public about our draft well-being assessment to get an understanding of whether their lived experiences match the data we had available, what was missing or what they felt was inaccurate.

We also worked with our Senedd yr Ifan - Wrexham Youth Parliament, to hear from them about their life in Wrexham, and how they would like to shape their future.

Based on everything that people told us we developed our final well-being assessment. The assessment is a summary of both quantitative and qualitative data and is a snapshot of what we know about life in Wrexham up to March 2017.

The well-being assessment is our first and best effort at pulling all this information together in one place. It has highlighted gaps in the data we have; gaps in our knowledge and understanding; and has challenged us to think about what Wrexham could be like in 25 years. We will need to be better at understanding what our communities look like and what pressures impact on everyone’s well-being. We feel our first well-being assessment is a useful and full look at life in Wrexham and we will need to work together to keep filling in the gaps.
Wrexham Public Service Board (PSB)

Our 15 Objectives

1. All people have opportunities to learn and develop
2. Children and young people are given a healthy start in life
3. People can live healthily, happily and independently in their old age
4. People have positive mental health
5. People are able to make healthy choices
6. Our town is vibrant and welcoming
7. There are good employment opportunities
8. There is a range of things for people to do in their spare time
9. The economy in rural areas is well supported and can thrive
10. All people have access to good quality, appropriate homes throughout their lives
11. Children and young people are able to make healthy choices
12. The Welsh language is thriving
13. Tourism supports the local economy
14. The agricultural sector is adaptable, diverse and resilient
15. Our communities are prepared for the future

Making it happen

Our first Wrexham PSB Well-being plan runs from 2018 to 2023. We are looking forward to getting down to the business of delivery, and we will hit the ground running on our first two well-being objectives. We are not looking for ‘business as usual’ from individual organisations or from other local and regional partnerships, but for something new. This is an opportunity to look at things differently and, quite simply, to work with communities on areas where we can add value and have the greatest impact.

We are an ambitious PSB, so, alongside our two main objectives we will continue to work on our other objectives. Over the next five years we will systematically focus on two or three additional objectives a year. In year one (2018 to 2019) we will also look at:

- People have positive mental health
- People can live healthy, happily and independently in their old age
- People are able to make healthy choices

Based on what the well-being assessment has told us, we have gone on to consider how we can best focus our collective efforts to improve well-being in Wrexham, ensuring we remain focused on the big cross-cutting issues of poverty, equality, Welsh language and climate change.

We agreed fifteen interconnecting objectives for Wrexham, all important and all needing long-term change. The PSB is realistic – we cannot prioritise work on every area at the same time. Our phase three consultation asked the public “What Matters Most?”, and the findings of this conversation can be found on our website. Based on the fifteen objectives, the findings of “What Matters Most?”, and a scoring matrix to help us decide on what we should focus on first, two objectives stood out as the most important to Wrexham:

- Children and Young People are given a healthy start in life
- All people have the opportunity to learn and develop throughout their lives

As we wanted to keep involving people with us on this journey our phase four consultation asked the public if the key actions we are proposing to take in order to deliver on these two well-being objectives were right, what else we could do and how they would like us to take the other 13 objectives forward.
How will the PSB manage this work?

We recognise that this well-being plan is just a start. Our plan is a way of building strong and resilient communities in Wrexham. We want to enhance everyone’s quality of life by connecting the rich environment in which we live, with the prosperous economy in which we work, and with our friendly communities.

We are clear that as a PSB we want to go for it. We want to develop what we do today to maximise well-being, so we are genuinely making things better for our future generations to inherit. We need to ensure our public services are fit for the future and provide effective joined up services that will adapt to the modern world.

There is a real challenge for us all to do things differently and use the best of Wrexham. Everyone has a part to play, so if we all work together then there is no challenge that 130,000 of us can’t overcome!

We’re going to focus on building on what we’ve got to be proud of. And it’s a lot. There’s no problem that we cannot solve as long as we think and work together this way. Thomas Telford was part of a team who planned our World Heritage Site aqueduct at Pontcysyllte and placed a stream in the sky – however it was the local communities who made it happen.

The PSB has started an honest conversation about what everyone can bring to the table. This could be resources or experience or energy, or just a desire to make a difference – everyone in Wrexham can play their part.
Long-term
This plan will try to bring common sense into how we work. From time-to-time we need to step out of our everyday lives and think about what we would like the future to look like. It may not always be easy to predict what is round the corner. From Brexit to the effects of climate change, and there will be things we don’t know yet. But the PSB will make sure that we understand the opportunities and risks the future holds and ensure that we consider short-term needs against their long-term impact when making decisions and delivering services.

Prevention
If we work together we can try to prevent problems from happening – or we can at least try to stop them from getting worse. We need to be clear about what problems we are trying to prevent, so that we focus our energy on the right things. By coming together and being honest as a community we can start to understand why, and consider what we need to do to change this together.

Involvement
This is about communities and organisations coming together and talking and listening to each other - sometimes there has to be give and take – but we want to build strong partnerships together. The PSB will listen to the voice of our communities, promoting social action and co-production so people can come together to help improve their lives and solve the problems that are important to them. This means that we need to have the right people round the table to develop services together. We need to reflect the energy, diversity and creativity of Wrexham as well as supporting those whose voice is not usually heard.

Integration
We need to know and understand who lives in each area of Wrexham, how to enhance their well-being and what contribution they can make to where they live. Our actions are designed to do just that, putting people at the heart of what we all do. We want to develop vibrant places where people have a healthy start in life and are able to learn, develop and flourish.

Collaboration
We want this plan to unleash the energy and ideas from within our organisations and communities, and make sure as partners we work together for the benefit of Wrexham. The PSB will be the focus for changing the system where it does not work for all, rather than just getting by because it’s always happened like that.
We will look to see what works best - often it is the simplest ideas - and communities can get frustrated that nobody seems to be listening. We need to do something that other places do that we can use, or maybe something we are proud of that we can share with our neighbours. But the most important thing is that we work together to do these things. Building resilient communities also means bringing out the best of our Community Councils.
Embracing change is really crucial for the PSB in Wrexham, and will make a real difference to how we have worked together in the past.
We want to develop as a Partnership Board too

We recognise that as a Board we need to develop ourselves as a strong strategic partnership for Wrexham. The delivery of this well-being plan offers great opportunities and great challenges and we need to ensure we are up to the job. We need to ensure that how we work we maximise our potential.

We will establish a small team to support the PSB, to seek out innovation and fresh thinking; to make sure that partners and our communities work together and that we are accountable to the public. This team will help us to continually identify and challenge the impacts of what we do, and encourage honest conversations about how if we work together we can deliver multiple benefits for Wrexham.

We will make sure that Wrexham plays a key role in the region, Wales, UK and the world. We are proud of who we are, and always happy to share what we do. Wrexham is a wonderful part of our world, so we need to get to know our neighbours, whether they live next door or their home is somewhere new to us.

We want to make sure that as a partnership we can tackle the complex issues that we face and we will develop our thinking together. As a PSB we will learn together and develop together.

We know that some people or groups of people are less likely to fulfill their potential and prosper than others. People with protected characteristics are less likely to experience the benefits of work led by the PSB, and are more likely to experience discrimination.

Our aim is to boost the skills and life chances of all and this means addressing the issues that cause the highest levels of inequity amongst our most vulnerable. So that we can make a real impact we want to do more to understand different people’s experiences, their needs and the inequalities which exist in people’s lives. To make significant and long-lasting changes in Wrexham, we need to address the barriers which exist for different groups, and develop appropriate ways of helping people to overcome these barriers. This will mean that all children and young people can have a healthy start in life, and all people can have access to learning and development opportunities throughout their lives.

The test of this plan is quite simple. Every year things in Wrexham need to get better. We need to be honest and open with each other, and be able to have difficult conversations about how it is going, without falling out. Everyone has different views and that’s fine. We will try to bring individuals, communities, stakeholders and partners together so that everyone can be heard, and knows the part they can play. When it comes to the future of our children, our communities and this special place that we call home, then we can all agree that lots of small acts will add up to a real difference.

It is like training for a race. If we all work together every day then we will be ready. We will need some of us to run the race, and some to be coaches. Some to organise the race and volunteers to make sure the route is safe. There will be opportunities for the rest of us to come out and cheer our team on. So there are plenty of things for us all to do to get ready for the future, we just need to get started.

Wrexham PSB Well-being Plan 2018 - 2023

There are nine protected characteristics, as defined in the Equalities Act, 2010. They are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
We know that some of the things we want to do can happen quickly, within the first year of this plan whereas some of the things we want to happen will take longer. We will start work on them, but to get things right we will have to be patient and the impact may take more time – the medium or longer term.

To support this work we will set up a delivery group that works directly with the PSB. Headed up by Public Health Wales, we will ensure we have the right people sitting round the table; those who can best help us achieve our actions. If you feel you too can help us, please, just get in touch.

We will start with the areas of work we tested out in our last consultation, as you generally agreed these were good ideas.

**Objective one:**
**Supporting Children and Young People to have a Healthy Start in Life**
In the short-term the PSB will:

1. Work with our local foodbanks, fruit and veg co-operatives and ‘Come and Cook’ Initiative, to develop a route to offer a sustainable way of giving fresh and healthy food along with support on how to make best use of seasonal produce on a budget.

2. Review literature, published research, local evidence and intelligence to gain a better understanding of attitudes towards food and weight management within our communities.

3. Make best use of preliminary work that has been already been carried out across North Wales, to raise awareness of the need to eat well and be active whilst pregnant or when planning a pregnancy - aligning this with the First 1000 days programme and work on 10 steps to a healthy weight.

4. Identify good practice across Wales and the UK that supports this objective, and use this to further develop the work that is taking place in Wrexham.

And in the medium to long term the PSB will work to:

5. Raise understanding of how food is grown, produced and distributed locally, in order to identify what the barriers are for local producers getting to market, scaling up their businesses and selling to large organisations.

6. Develop a social prescribing pilot project around a GP practice to test out changes to diet and lifestyle in order to reduce levels of medication.

7. Work with a school in Wrexham, to see how they can support their local community to make small changes to the food they eat and the lifestyle they lead, looking at any barriers and opportunities they have to make healthy changes, so that this practical support can be shared.

8. Provide water fountains in public areas to enable people to make healthy choices and choose water over sugary drinks, and encourage the refilling of water bottles rather than single use plastic bottles.

9. Work with a locally based national supermarket to offer free fruit in public places, e.g. GP surgeries, A&E, leisure centres, Job Centres etc.

Healthy food for young people and their families in Wrexham

Healthy food contributes not only to children and young people having a good start in life, but it can also have a lasting impact on health. We will look at food in the broadest sense, from growing and producing, cooking, shopping locally and ethically, and learning about each other through food. Growing food is recognised as a beneficial way to positively impact on our mental health, leading to healthier lifestyles and communities coming together. Promoting and supporting getting out into the outdoors, building stronger communities, and as a motivation for further education in food and horticulture – work on this area will contribute towards the seven well-being goals.

1. Come and Cook is an initiative developed and managed by Public Health Dieticians. It is a programme of structured activities focused on developing practical cooking skills and promoting healthy eating practices within families.

2. Social Prescribing "enables healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing." (Source: UK National Social Prescribing Network)
Developing good sleeping patterns to support a healthy and physically active start in life

This is an issue which we believe will help improve the mental and physical well-being of children, young people and their families. Poor sleeping patterns and lack of sleep can have serious consequences and lead to long-term problems for some people (such as poor mental well-being, behaviour problems, and negative impact on school achievement). We will work with different groups in Wrexham to understand some of their barriers to sleep, and we will find some solutions such as harnessing the positive effects that physical activity and play can have to promote better sleeping habits.

In the short-term the PSB actions will include:

10 Work with a group of young people on a project to better understand the use of technology late at night and understand the impact this has on sleep patterns. We will use the findings to promote better mental well-being and emotional resilience amongst young people.

11 Work with a group of young people on a project to gain a better understanding of the positive and negative economic, social, environmental and cultural factors that impact on our sleep patterns. We will then use this to support the information our PSB partners provide across Wrexham.

12 Lead a campaign to ‘share the space’ for public sector organisations in Wrexham to encourage the use of the green spaces they have for physical activity and play, promoting an active lifestyle in order to have a better night’s sleep.

13 Learn from each other, by sharing the good practice that is already taking place in Wrexham across our partner organisations.

And in the medium to long-term the PSB will:

14 Ensure that children’s ability to find time and space to play are considered via the health impact assessment process and our equalities impact assessments.

15 Ensure the knowledge and expertise we gain by focusing on this area is used to support PSB partner organisations and implemented into their policies.

16 Develop a number of ‘off the shelf’ projects that Wrexham Council’s Planning team can give to local developers to enable them to design useful open space, green space, allotments, picnic benches, fruit trees, paths for play etc. as part of their developments in order to promote active lifestyles and healthy eating.

17 Develop a green infrastructure plan for Wrexham to identify what we have and how best to connect and develop our green spaces in order to promote an active lifestyle.

18 Identify a small geographic area of Wrexham and pilot a project that works with Midwives and Health Visitors promoting good practice for baby sleep; work with children and young people in the local schools to promote healthy sleeping patterns; and work with local GPs to look at alternatives to prescription sleeping tablets.
Objective two: All people have the opportunity to learn and develop throughout their lives

Education and learning impact on every aspect of our lives. The level of education we achieve links to our income, job security, health, mental well-being and long-term financial stability. We want to tackle underachievement and reduce the educational attainment gap between different groups in Wrexham.

As with our first objective we will set up a delivery group to look at what can be done together in the first year and the medium to longer-term to maximise participation in learning, both formal and informal. This group will be headed up by Coleg Cambria and we want everyone who can support this objective to get involved. Based on the support from our last consultation we will make a start by looking at two areas of work:
Understanding the barriers to learning

As part of our consultation process Wrexham residents have told us that whilst they are keen to keep learning they are not sure what is available or where to go to find out. We will work together to identify where learning is available, and work with residents to decide how we can better promote these opportunities. We will also identify any gaps in provision, and barriers to learning, so we can agree a long-term plan which ensures that all people are able to access suitable learning and development opportunities throughout their lives.

In the short-term the PSB actions will include:

19. Carry out an exercise to understand what learning opportunities are currently on offer in Wrexham from free courses and training, to those areas of learning that have a cost.

20. Develop and maintain a one-stop-shop approach and clearer signposting of information, including options for funding courses for everyone in Wrexham.

21. Share information across PSB partners better so that staff can share relevant learning opportunities with our residents, highlighting the opportunities they have.

22. Work with residents to understand if there are any gaps in learning opportunities that could support well-being in Wrexham.

And in the medium to long-term we will:

23. Work together on our Employer Pledges, offering apprenticeships, more part-time work and encourage the employment of over 50s. We will also promote the benefits of this amongst other employers in Wrexham.

24. Develop a county wide volunteering programme that commits PSB member organisations to offering staff time to volunteer for the benefit of Wrexham (linking to all 15 of our well-being objectives) and to enhance opportunities for people to learn and develop - such as through offering training and coaching.

25. Develop a public sector scheme that can be accessed by students (e.g. those studying the Welsh Baccalaureate) and those looking for work experience, to give meaningful and developmental experiences of working in the public sector.

26. Continue our engagement with the Regional skills plan to understand what jobs will be at risk in the next ten years and target re-training locally. As part of this offer we will also develop our understanding of future trends in order to better understand new technologies and the benefits they can bring to Wrexham.
Our young people will be growing up in an increasingly uncertain and evolving world and we want them to thrive and become active and productive citizens of the future.

We recognise that if we can support young people to set high standards for themselves, develop high levels of personal resilience, and show respect for others then they will be better prepared for the opportunities, responsibilities and experiences of adult life.

We will build on the recommendations that young people identified in the ‘Our Future: The Wrexham We Want’ consultation, which was that:

“...young people should be taught more about financial matters in preparation for independence. Schools and colleges should also teach more of the practical skills young people will need as they grow up.”

We will work with young people to find out what they feel is missing from their current educational experience, seeking the views of employers and other professionals to establish what they think would complement current educational experience. We will then seek to enable some ‘peer led’ training amongst young people which addresses the needs identified in a long-term and sustainable way, as well as building some good quality volunteering opportunities.

In the short-term we will:

27 Work with local employers to develop a young persons – ‘language skills for work’ – experience.

28 Working with Careers Wales, develop careers advice sessions for schools with PSB partners supporting staff to speak on their experiences of a career in the public sector and as our understanding of future trends is developed include this in our offer.

29 Working in partnership with young people, identify skills for life learning needs and develop peer led training (possibly through a PSE programme) to support these needs.

30 Work with colleagues from Ty Pawb Arts and Cultural Centre, Wrexham to develop an artistic programme of exciting and inclusive experiences that promote global citizenship, community, equality and social responsibility.

31 Understand the offers other agencies from across the UK can bring in terms of expertise in this area and develop opportunities in Wrexham.

And in the medium to long-term we will:

32 Based on the programmes (identified in actions 24 and 25) above ensure that opportunities are given to school age children, students, those not in employment, education or training, and those from hard-to-reach groups.

33 Develop a framework to better bring communities, schools, financial organisations (such as banks, credit unions and the CAB) and employers together to offer budgeting and financial sessions / life skills in schools either as part of an organisation’s Corporate Social Responsibility offer or by our volunteer network.

34 Look to develop a programme of incentivising volunteering as part of a time banking programme.

35 Pilot a ‘skills for work’ course in one or two secondary schools in Wrexham using the Coleg Cambria model.
All 15 of our well-being objectives are both important and interconnected. We have identified lead partners for each of the 15, making best use of our expertise. During the life of this first well-being plan for Wrexham we will spend time working on all of our well-being objectives. We can’t afford not to.

Wrexham needs to be prepared for the future. Our population is changing and we are a vibrant county borough. We want to tap into the growth of opportunities to generate energy from renewable sources. As we continue to grow we need to ensure that we manage our waste in an environmentally friendly way and in our communities we support the low level carbon energy sector. We also have huge opportunities to develop and grow new businesses in Wrexham that support the supply chain for new homes, infrastructure and employment.

If we do not support work to ensure our town is vibrant and welcoming we could miss opportunities to bring more facilities and venues to the town and miss chances to bring individuals and communities together. We want to ensure that opportunities to live, shop, and work in the town are maximised as well as supporting the growth of new businesses. This needs to be balanced with looking after our town’s green spaces, habitats and natural environment.

We also want to work to support the rural areas of the county borough. Some of our rural communities have struggled as local facilities have closed but with better transport links around the county borough these areas can thrive again. New people and new businesses can move in, and whilst protecting the environment we can ensure people and businesses benefit from strong rural communities.

We want to build good levels of employment and reduce in work poverty. We need to develop specialist skills to support our continued shift towards the service and financial sector. We also want to boost the new opportunities that the tourism, cultural, sporting, arts and heritage sectors can offer.

What about our other Well-Being Objectives?
People can live healthily, happily and independently
in their old age
Our population is getting older and also growing in size. We want residents of Wrexham to have the right housing and care options as they get older. These will best meet individual needs so that older people (and their families) are well supported. We know that our changing communities can lead to occasional tensions, as well as social isolation and we want to work to address this. We want to provide people with opportunities to meet and mix with one another in a healthy environment and forge relationships as friends and neighbours, as well as citizens. We know that when this happens, trust grows, communities flourish and become more productive, healthier and, ultimately, more prosperous for everyone.

People are able to make healthy choices
The work on our well-being objective supporting children and young people to have a healthy start in life, will complement this well-being objective, but this work will consider the adults of Wrexham too. If support or services are needed then people need to be able to know how to access these in a timely way.

We know we need to build more safe and affordable homes in our communities across Wrexham. At the same time we need to protect natural habitats and species as we build, making sure our homes are fit for the future and can meet the challenges of extreme weather.

We want our Welsh language to grow. PSB partners can support staff to learn Welsh and speak Welsh as part of their job, so that any of our residents who wish to speak Welsh whilst receiving our services can do so. We also have opportunities to learn from our history and culture to promote, protect and preserve the Welsh language.

We want to look after all people, especially the most vulnerable, so that people feel safe. We want strong communities that work closely with our Police services and for people to have a strong stake in their local community.

We have agreed that in year one of this plan (2018 to 2019) we will start by looking at three of our other well-being objectives:

- People have positive mental health
- People can live healthily, happily and independently in their old age
- People are able to make healthy choices

These areas will be led by Betsi Cadwaladr University Health Board and our local work will aim to improve economic, social, environmental and cultural well-being.

People have positive mental health
We want people to be able to maintain their own good mental health, and if they need access to services or support they can do so in a timely way. We will look at how as a PSB we can support increased levels of community activity to build resilience and confidence, and lower levels of loneliness. We know we face pressures on medical and social care systems and budgets and we will work to provide capacity in community based support services. We will support the protection of our environment as these areas provide spaces to play, relax, reflect and recharge. We also recognise the increasing stresses on our local workforces and will work to support our staff to have positive mental health.
So how will we know how we are doing?

As you can see there is much to be done. Knowing how we are doing is really straight forward. Keep looking at our website www.wrexhampsb.org and we will continue to update you as well as publish the agendas and minutes from our meetings.

We will develop a set of performance indicators and then annually produce a report. This will show how we are doing our bit, and how we maximise our contribution to each of the well-being goals. The first report will cover 2018 to 2019 and will be available from June 2019.

Each year we will be scrutinised by Wrexham County Borough Council’s Corporate Performance, Resources and Governance Scrutiny Committee and share our progress with the Future Generations Commissioner. This will give us a formal external challenge and help us hear from local communities about what differences our work is having in Wrexham.

But most important of all, we want you to stay involved. As we develop this work we know we need to work with you, and also continue to gather your views on our ideas. We welcome your comments, thoughts, views and challenges at any time, and we will also encourage you to take part in any of our consultations via Your Voice Wrexham. Please get in touch with the PSB or any of the partner organisations which make up the PSB using the contact us page on our website.

What do you think about this plan? – please take a moment to let us have your comments...
WELL-BEING PLAN

The Gwynedd and Anglesey Public Services Board is committed to achieving positive changes to ensure the best possible future for communities across both counties through this Well-being Plan. The aim is to make a real difference to the lives of residents and ensure that public service providers work together to achieve a common ambition for the whole region.

We have strong and proud communities, with a tradition of helping each other and working together. The role of these communities will be central to delivering the well-being objectives which have been set out in this plan.

Engaging with communities is core to the success of the plan, and the Board commits to providing clear guidance in order reach its objectives. As members, we will take collective responsibility for realising the plan and we will work with partners to improve the well-being of residents and our communities.

However, it is important to emphasise that this Plan should not be considered in isolation and it does not look to encompass all the services and activities of the public bodies working in Gwynedd and Anglesey. The individual organisations will continue to provide services which will deliver their own objectives as well as contribute to the well-being objectives of the Public Services Board.

Ffion Johnstone
Chair of the Gwynedd and Anglesey Public Services Board
The aim of the Well-being of Future Generations Act (2015) is to improve the economic, social, environmental and cultural well-being of Wales.

The Act highlights seven well-being goals (see image below) and five ways of working in order to give public bodies a common purpose. It also tries to ensure that we are better at making decisions by placing a duty on organisations to think about the long-term, to collaborate and to consider people of all ages when resolving and preventing problems.

Together, the seven well-being goals and the five ways of working have been designed to support public bodies to meet the existing needs of their communities and ensure that the decisions of today do not harm future generations.

The Act has established a Public Services Board for every local authority area in Wales to ensure that public bodies work together to create a better future for the people of Wales. As part of this, the Public Services Boards must assess the well-being of their areas and create a Well-being Plan with the aim of improving communities.

The Boards must consider a host of other legislation which have also been created to improve public services, they include:

- Climate Change Act 2008
- Schools Standards and Framework Act 1998
- Childcare Act 2006
- Children and Families (Wales) Measure 2010
- Social Services and Well-being (Wales) Act 2014
- Crime and Disorder Act 1998
- Environment (Wales) Act 2016
- Planning (Wales) Act 2015

With all of this, the plan is being developed in a complex national and international context – with economic and political uncertainty placing added pressure on services, and having an impact on communities locally and across Wales.
The Gwynedd and Anglesey Public Services Boards have decided to work together as one Board to deliver their objectives.

The statutory members of the Board are:

- Gwynedd Council and the Isle of Anglesey County Council
- Betsi Cadwaladr University Health Board
- North Wales Fire and Rescue Authority
- Natural Resources Wales

As well as the statutory members, the Board is duty-bound to invite other individuals and bodies to participate. The Gwynedd and Anglesey Public Services Board has invited the following organisations as guest members:

- Welsh Government
- North Wales Police
- Public Health Wales
- North Wales Police and Crime Commissioner
- Snowdonia National Park Authority
- Mantell Gwynedd
- Medrwn Môn
- Wales Probation Service
- Bangor University
- Cartrefi Cymunedol Gwynedd
- Gnŵp Llandrillo Menai

There will be an opportunity to ask other bodies/organisations/partners to sit on the Gwynedd and Anglesey Public Services Board in the future as specific objectives and actions are identified.
ASSESSMENT OF LOCAL WELL-BEING

In May 2017, an Assessment of Local Well-being was published for Gwynedd and Anglesey. The Public Services Board decided to divide the two counties into 14 smaller areas and research was undertaken in order to understand and learn more about the well-being of those areas. Eight of these areas were in Gwynedd and six in Anglesey.

Once the data had been gathered and the research had been completed individual booklets were produced for each of the 14 areas. The booklets looked at well-being in the context of the four main headings of the Act – namely Social, Economic, Environmental and Cultural. ‘Population and Language’ has been included as an additional heading locally as the Board recognises the importance of this specific theme to the area.

Twenty-eight public sessions were held, two in each of the areas, to gather more information and to give residents an opportunity to voice their opinion. We asked if they recognised their area from the booklets, what was important to them, and what they liked about their community as well as what they would like to see changing. Residents were also asked what was important in terms of the well-being of the individual and the well-being of the community.

It was important that we heard various opinions from across the area, so sessions were held at schools and with community groups. In addition, regional discussions were held with representatives of harder-to-reach groups.

There was a social media campaign and articles appeared in local press and on partners’ websites to promote the assessment, and to encourage residents to complete an on-line questionnaire about their areas.

The information booklets for each area are still available on the website.

WHAT IS WELL-BEING?

There isn’t one specific definition of ‘well-being’. There are frequent discussions about the meaning, but it can mean something different to everyone. Well-being can describe those things which affect how good an individual’s life is. Our personal well-being can include feelings of happiness, quality of life and the concept of living life to the full. Our communities, culture, health, environment and economy all affect well-being and quality of life. What’s important to personal well-being is also likely to change as people go through the various stages of life. It also follows that people’s personal well-being has an impact on the well-being of their families, and the communities that they are a part of.

WHAT IS WELL-BEING FOR THE PEOPLE OF GWYNEDD AND ANGLESEY?

The following is a flavour of what the people across both counties said:

What’s good about living in your area?

The fact that it has a high percentage of Welsh-speakers, and a strong sense of community is important to people. Several noted that being able to live in a safe area is also very important, as well as the natural environment and the views which surround them.

What’s not so good?

A lack of good quality jobs is a concern for the residents of Gwynedd and Anglesey. It was also noted that the distance from services and facilities and a lack of suitable public transport is also a problem. Other factors which caused concern were high house and property prices and the appearance of streets in some towns.

What promotes your well-being and contributes to the quality of life in your area?

The opportunity to undertake outdoor activities, the natural environment, local facilities and a community spirit are all factors which have a positive impact on the well-being of the area’s population. All of this, together with the support of family, friends and neighbours contribute to promoting well-being and improves the quality of life of the people of Gwynedd and Anglesey.

What would you change about your area to make it a better place to live?

The factors that residents would change about their area are public transport, more jobs with higher salaries, developing local activities and facilities, and improving the appearance of streets.
WHAT DID THE ASSESSMENT TELL US ABOUT THE WELL-BEING OF OUR AREAS?

The assessment was a starting point – an overview of well-being to accompany the area booklets which gave the Public Services Board a better understanding of Gwynedd and Anglesey.

Having considered the data and the views of local people, the Board concluded that the key messages of the assessment were as follows:

1. THE NEED TO MAINTAIN A HEALTHY COMMUNITY SPIRIT
2. THE IMPORTANCE OF PROTECTING THE NATURAL ENVIRONMENT
3. UNDERSTANDING THE EFFECT OF DEMOGRAPHIC CHANGES
4. PROTECTING AND PROMOTING THE WELSH LANGUAGE
5. PROMOTING THE USE OF NATURAL RESOURCES TO IMPROVE HEALTH AND WELL-BEING IN THE LONG-TERM
6. IMPROVING TRANSPORT LINKS TO ENABLE ACCESS TO SERVICES AND FACILITIES
7. THE NEED FOR GOOD QUALITY JOBS AND AFFORDABLE HOMES FOR LOCAL PEOPLE
8. THE EFFECT OF POVERTY ON WELL-BEING
9. ENSURING AN OPPORTUNITY FOR EVERY CHILD TO SUCCEED

These are the main messages, but the Board acknowledges that other important factors have not been highlighted. It is possible that one of the reasons for this is that the action already taken is effective and has a positive impact on residents’ lives.

The Board will review the data in the Assessment regularly and will respond to any significant changes which have not already been identified as priorities within this plan.

Similarly, the Board will work to get a more detailed understanding of future developments and challenges which could influence well-being in the area. These include Wylfa Newydd, leaving the European Union and the effects of climate change, such as flooding.
Developing the Plan

How were the Well-being Objectives agreed upon?

With nine main messages highlighted in the Well-being Assessment, a series of workshops were held throughout the summer of 2017 in order to listen to views about which areas to prioritise. The workshops were open to public bodies, the third sector, town and community councils and community groups.

Eighteen workshops were held in total, two for each of the messages.

The workshop looked at each one from the perspective of:

a) ambition  
b) the Board’s influence  
c) confirming whether the message should be a well-being goal  
d) how Board members should work together to make a difference to residents

A summary of the responses was submitted to the Public Services Board and it was decided which areas should be prioritised for this Well-being Plan.
1. THE NEED TO MAINTAIN A HEALTHY COMMUNITY SPIRIT

It is clear that there is a healthy community spirit in Gwynedd and on Anglesey – with each of the 14 areas saying that this was central to their well-being. It is important that this spirit is nurtured and promoted to create prosperous and sustainable communities and areas which are confident to face the challenges of the future.

The Board sees healthy communities as a basis to achieving its goals over the coming years, therefore members will work together to reinforce the strengths within our communities.

The work of delivering the priorities and maintaining healthy communities will happen hand in hand with those communities.

2. THE IMPORTANCE OF PROTECTING THE NATURAL ENVIRONMENT

The natural environment of Gwynedd and Anglesey is very important to the well-being, culture, health and economy of the area. We have special habitats across both counties which are important natural assets and are a home to a variety of wildlife, which contribute to the well-being of the area and the wider population. Wide areas of Gwynedd and Anglesey have also been designated due to the importance of the landscape or conservation which reflect the value of this natural environment.

Our climate is changing and it will continue to do so – causing the sea level to rise and more extreme weather events such as flooding. This will affect the well-being of communities and the services which are provided, therefore, this will be a priority area for the Board.

The Board considers that protecting the natural environment is a key part of delivering its priorities and it will be a common theme that runs across all the well-being objectives.
3. UNDERSTANDING
THE EFFECT OF
DEMOGRAPHIC
CHANGES

The population of Gwynedd and Anglesey is ageing, with the number of young people in our communities declining. The demography of the area will change significantly and the nature and needs of our society will be very different as a result.

The Board is keen to improve its understanding of how this change will affect the well-being of communities and individuals. It is possible many older people will continue to work and contribute in full within their communities. However, we also acknowledge that older people are more likely to need more care and support and we’ll need to plan for this. We understand that an older population does not necessarily mean an unhealthy population, but we must acknowledge that there will be an increased demand for services due to the ageing population.

4. PROTECTING AND
PROMOTING THE
WELSH LANGUAGE

Data about the Welsh language clearly shows the decline that has occurred over the last 30 years in the number of Welsh-speakers. The 11% fall in numbers in Gwynedd between 1981 and 2011 is higher than that for the same period across Wales. Gwynedd and Anglesey are the two counties in which the Welsh language is strongest and is used daily by a vast majority of the population. However, if the decline continues, some areas could be at risk of losing the language for future generations.

The Board understands the importance of the Welsh language in terms of the social make-up and cultural identity of the area. We must ensure that residents can and choose to live their lives through the medium of Welsh and that they can access community services and activities in Welsh. This is therefore a priority for future joint working.
5. Promoting the Use of Natural Resources to Improve Health and Well-being in the Long-term

Our information shows that the health of the population of Gwynedd and Anglesey is not as good as it could be. For example, 52% of adults and 30% of children aged 4-5 in Gwynedd are obese or overweight. The picture on Anglesey is similar with 58% of adults and 29.6% of children aged between 4 and 5 overweight or obese. Children and adults should be enabled to be more active, particularly in the outdoors, we should do this by promoting and improving access to natural green spaces.

People need to be encouraged to take responsibility for their own health and to take part in activities which will prevent illness in the future.

Due to the need to improve the population’s physical and mental health and the long-term effect this will have on well-being, health and care will be a priority for the Board.

6. Improving Transport Links to Enable Access to Services and Facilities

The lack of access to services was one of the issues raised most frequently during the Well-being Assessment consultation. It’s clear that this is a matter of concern and has a significant effect on the well-being of individuals. So, services need to be planned locally and target the well-being areas.

A specific plan for the region has been developed by the North Wales Ambition Board which includes a Local Transport Plan. The Public Services Board believes that the best way of securing improvement is by supporting the work of the Ambition Board. The Board will put a formal structure in place in order to collaborate and influence the work of the Ambition Board.
7. THE NEED FOR GOOD QUALITY JOBS AND AFFORDABLE HOMES FOR LOCAL PEOPLE

GOOD QUALITY JOBS

The need for good quality jobs was one of the main messages of the consultation. Our information shows that the median weekly salary in Gwynedd (£347 per week) is lower than the same figure for Wales as a whole. The money that people in Gwynedd have to spend after taxes and the costs of running a home is £14,640 per head per annum which is £662 less than for Wales as a whole. The picture is slightly better on Anglesey with the median weekly wage 8% higher than the same figure for Wales.

During the consultation, many residents said that this was one of the reasons why young people leave their communities and identify this as an important issue in terms of the general well-being of the area.

The Board fully understands the need for good quality sustainable jobs. We also recognise the work that’s happening on this across the region under the leadership of the North Wales Ambition Board. The Ambition Board is in the process of creating a growth bid which will address this matter. Therefore, as with transport, the Public Services Board will collaborate and support the work of the Ambition Board in order to ensure the full benefits for Gwynedd and Anglesey.

AFFORDABLE HOMES FOR LOCAL PEOPLE

Given the median property price and median household income, 60% of Gwynedd families are priced out of the housing market. This percentage varies from area to area with the highest percentage in Llŷn where 73% of families have been priced out of the market. On Anglesey 64% of families are priced out of the housing market with this as high as 72% in the Lligwy and Twrcelyn area.

Residents believe that this is another reason for the outward migration of young people and this has a negative effect on the well-being of those communities. People are keen to see more affordable houses to support and maintain strong and healthy communities.

The Board will prioritise this over the next period and it will work with partners to find an achievable solution for the problem.
8. THE EFFECT OF POVERTY ON WELL-BEING

Evidence shows clearly that living in poverty has a detrimental effect on individuals’ well-being – in the short-term and long-term. Poverty is caused by a lack of resources, the most obvious of which is income, but it also includes the lack of ability to obtain goods and access basic services.

The data gathered highlights issues such as the difference in the educational attainment of pupils who receive free school meals and those who pay. On Anglesey the gap is 25%, and in Gwynedd it is 36% - this compares to 33% across the whole of Wales. In addition to this, 18% of Anglesey households and 21% of Gwynedd households are in fuel poverty, both higher than the Welsh figure of 14%.

The Board will prioritise this area of work in order to get a detailed understanding of the implications of living in poverty. We will continue to develop the Well-being Assessment to get a better picture of the area and where the lack of access to services is more challenging due to poverty.

9. ENSURING AN OPPORTUNITY FOR EVERY CHILD TO SUCCEED

A lack of educational attainment can have an impact on the well-being of individuals throughout their lives, so we need to ensure that every pupil has an opportunity to succeed.

Health data also shows that obesity is a problem, and this can have a long-term effect on the well-being of children and young people.

There is clear evidence about the long-term detrimental effect of negative experiences in childhood and how this can affect the well-being of people throughout their lives. The need to ensure that our children and young people have positive experiences during their childhood is therefore important.

The Board will give priority to supporting families to try to ensure that every child has the best start in life. We will also work with key partners to deliver the best possible results for children and young people.
OUR WELL-BEING OBJECTIVES

Having looked at the key messages of the Well-being Assessment, and considered findings of other research and assessments such as The Regional Population Assessment, two well-being objectives have been agreed. The Public Services Board has also decided it should focus on areas that need collaboration to secure the best possible results for the people of Gwynedd and Ynys Môn. So, six areas have been prioritised in order to achieve the two well-being objectives.

The images alongside the objectives below show how each will contribute towards achieving the national well-being aims.

1 COMMUNITIES WHICH THRIVE AND ARE PROSPEROUS IN THE LONG-TERM

TO REALISE THIS OBJECTIVE, WE WILL PRIORITISE:

- **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.

- **Homes for local people**: We will work with the housing sector to ensure more suitable and affordable homes in the right places to meet local needs. We will work together to ensure that homes are of high quality and meet the needs of residents.

- **The effect of poverty on the well-being of our communities**: We will develop a detailed understanding of how poverty affects the area and look to ensure that the work happening across public bodies is more effective in mitigating the long-term effects of poverty.

- **The effect of climate change on the well-being of communities**: We will work together locally to mitigate the effects of climate change on our communities.

2 HEALTHY AND INDEPENDENT RESIDENTS WITH A GOOD QUALITY OF LIFE

TO REALISE THIS OBJECTIVE, WE WILL PRIORITISE:

- **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.

- **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 intervention arises. We will encourage children, young people and their families to improve their health so that they can live healthily and independently within their communities in the long-term.
HOW WE’LL WORK IN THE FUTURE?

The Gwynedd and Anglesey Public Services Board will operate in line with seven principles. Five of these are national sustainable development principles and two have been added by the Board locally. These principles will help us to work together, avoid repeating past mistakes and get to grips with some of the challenges we will face in the future.

THE WELSH LANGUAGE

The Welsh language will be a golden thread running through the plan. We will promote the use of the language in all aspects of our work and will work with communities to develop services and activities through the medium of Welsh.

EQUALITY

We will continue to target local and national resources to tackle inequality and disadvantage in order to close the gap between the most privileged communities and the most deprived communities.

LONG TERM

We will continue to gather data to ensure a better understanding of how communities look now and how they will look in the future as a result of factors such as demographic changes. We will also look at which national and regional changes are on the horizon and try to analyse the effect on our communities. By doing so, we can work together as partners and residents to plan services for the future.

PREVENTION

We will use trends data to identify the problems which will face our communities in the future and will develop and implement plans to prevent them. We will work with communities to enable them to do more to prevent issues from developing and support programmes which can make a real difference in the long-term.

COLLABORATION

We will try to remove the barriers which prevent effective collaboration. We will also share information and good practice between Board members and our residents about what is being done to realise objectives and priorities. We will consider the Board’s membership regularly and will ensure that the right partners are included in order to achieve our objectives.

INTEGRATION

We will work in a way which will contribute to more than one goal where appropriate and in accordance with Welsh Government’s national well-being objectives. We will try to integrate services if evidence shows that this gets the best results for our communities. We will consider other local and regional strategies and plans which work towards the same or similar goals and work together in order to achieve them.

INVolVEMENT

Our residents and our communities have an important role to play when planning services for the future and we will ensure that their perspectives and experiences are central to the process of planning the work of the Board. We will adopt the National Participation Standards for all ages and ensure that the Board works within those standards. We will ensure that people can communicate with us in their preferred language and medium.
The Next Steps

The Well-being Plan is a live document which will change and develop over time. Although the well-being objectives and the priority areas have been set out here, this is an overview of what we intend to do. Further work will be carried out to develop specific work programmes.

The next step will be to draw-up detailed work programmes and identify Short, Medium and Long-Term actions for the six priority areas.

The Board’s work will be regularly monitored by the Scrutiny Committees of Gwynedd Council and the Isle of Anglesey County Council. An annual report on the progress of this plan will also be produced.

Members of the public have had the opportunity to share their views throughout the process of the developing the Well-being Plan. Many comments and points received have been incorporated into the final plan. Some matters identified have not been included as yet, however, we will be addressing these over the coming year.

Although the formal consultation period has now ended we are still keen to hear your views. To have your say, or if you would like to receive more information about the Gwynedd and Anglesey Public Services Board, please visit www.llesiantgwyneddamon.org.

For More Information...

01766 771 000
post@llesiantgwyneddamon.org

Ask for Gwynedd and Anglesey Public Services Board Programme Manager

Or contact: The Council’s Business Support Service Council Offices Shire hall Street Caernarfon Gwynedd LL55 1 SH
### Health Board

#### 2.5.18

To improve health and provide excellent care

<table>
<thead>
<tr>
<th>Title:</th>
<th>Draft Unaudited financial outturn for 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Mr Peter Lewis, Head of Financial Services</td>
</tr>
<tr>
<td>Responsible Director:</td>
<td>Mr Russell Favager, Executive Director of Finance</td>
</tr>
<tr>
<td>Public or In Committee</td>
<td>Public</td>
</tr>
</tbody>
</table>

#### Strategic Goals

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.

#### Approval / Scrutiny Route

This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.

#### Purpose:

The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year.

#### Significant issues and risks

The Health Board’s draft unaudited outturn position for 2017/18 is £38.7m, which is £2.7m over the forecast outturn of £36.0m. The cumulative three year position is £88.1m.

Compared to the plan of £26.0m, the draft unaudited outturn position of £38.8m is a variance of £12.8m. This relates to under-delivery of savings and continued overspending within Secondary Care and Mental Health & Learning Disability Division (MHLD) due to unscheduled care pressures, out of area placements, nurse agency costs and packages of care.

During April 2018, Welsh Government recovered £3.1m of in-year funding received to reduce waiting times. The Health Board has not achieved all the required waiting time reductions and consequently funding was recovered, which impacts on the unaudited outturn position being reported for 2017/18.
The closing cash balance for the year was £2.1m, including £1.5m of cash held for capital expenditure schemes. This is within the internal target set by the Health Board and includes the additional cash support of £32.0m provided by Welsh Government.

The Health Board's Capital Resource Limit for 2017/18 of £73.4m was achieved.

The requirement to pay 95.0% of non-NHS invoices within 30 days was not met. The Health Board paid 94.0% of these invoices within the timescale.

<table>
<thead>
<tr>
<th>Special Measures Improvement Framework Theme/ Expectation addressed by this paper</th>
<th>Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality Impact Assessment</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Recommendation/ Action required by the Board</td>
<td>The Board is asked to note the report, including the risks being taken forward into 2018/19.</td>
</tr>
<tr>
<td></td>
<td>The Board is asked to delegate authority to the Audit Committee to approve the audited statutory accounts and associated reports. The Board is also asked to confirm that the Charitable Funds Committee can approve the audited annual Charitable Funds Accounts.</td>
</tr>
</tbody>
</table>
1. Executive Summary

1.1 Purpose

- The purpose of this report is to outline the full year draft unaudited financial position, confirm performance against financial savings targets and highlight the financial risks and outlook for 2018/19.

1.2 Context

- The table below sets out the Health Board’s revenue performance against the breakeven duty for the first and second rolling three year period. On the 16 March, the Board approved the 2017/18 budget of a deficit of £26.0m and this was subsequently revised to £36.0m.

- The draft unaudited outturn position for 2017/18 is £38.8m and therefore the cumulative three year position is £88.1m. This position takes into account the RTT clawback from Welsh Government of £3.1m.

<table>
<thead>
<tr>
<th>Year</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18 (budget)</th>
<th>17/18 (draft position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>£’m</td>
<td>26.6</td>
<td>19.5</td>
<td>29.8</td>
<td>26.0</td>
<td>38.8</td>
</tr>
<tr>
<td>First rolling three year period</td>
<td></td>
<td></td>
<td></td>
<td>75.9</td>
<td></td>
</tr>
<tr>
<td>Second rolling three year period</td>
<td></td>
<td></td>
<td></td>
<td>75.3</td>
<td>88.1</td>
</tr>
</tbody>
</table>

- The Minister for Health and Social Services placed the Health Board in Special Measures in June 2015. The implementation of the Special Measures Improvement Framework has resulted in additional costs for the Health Board necessitated to address longstanding areas of concern. The Health Board received a specific allocation in 2015/16 and 2016/17 to support the additional costs incurred as part of Special Measures. Many of these costs still remain and are currently funded through the Health Board’s general revenue allocation.
1.3 Summary of key financial targets

<table>
<thead>
<tr>
<th>Key Target</th>
<th>Annual target</th>
<th>Month 12 draft unaudited</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement against Revenue Resource Limit (Performance against £26m budget deficit)</td>
<td>£’000 (36,000)</td>
<td>(38,800)</td>
<td></td>
</tr>
<tr>
<td>Performance against savings and recovery plans (Internal target against ledger profile)</td>
<td>£’000 49,500</td>
<td>41,657</td>
<td></td>
</tr>
<tr>
<td>Achievement against Capital Resource Limit</td>
<td>£’000 73,398</td>
<td>73,396</td>
<td></td>
</tr>
<tr>
<td>Compliance with the requirement to pay Non-NHS invoices within 30 days of receipt of a valid invoice (PSPP Target)</td>
<td>% 95.0</td>
<td>94.0</td>
<td></td>
</tr>
<tr>
<td>Cash balance at year-end</td>
<td>£’000 7,300</td>
<td>2,105</td>
<td></td>
</tr>
</tbody>
</table>

1.4 Revenue position

- At Month 12, the draft unaudited position of the Health Board is a £38.8m overspend, which is £2.7m above the forecast outturn of £36.0m. Of this, £26.0m relates to the Health Board’s planned budget deficit and £12.8m represents an adverse variance against the financial plan.

- The adverse variance reflects under delivery of planned savings across the Health Board, along with activity and cost pressures predominantly within Mental Health and Learning Disabilities (MHLD) and Secondary Care Division.

- During April 2018, Welsh Government recovered £3.1m of in-year funding received to reduce waiting times. The Health Board has not achieved all the required waiting time reductions and consequently funding was recovered, which impacts on the unaudited outturn position being reported for 2017/18.

- Prior to the recovery of the £3.1m by Welsh Government, the final month of the year had seen a balanced run rate position across the Health Board. This is a significant achievement from the highest monthly adverse variance of £4.8m in June 2017. However more needs to be done across the organisation to ensure that this position is maintained and continues into 2018/19. Ysbyty Glan Clwyd, Wrexham Maelor Hospital, the East Area Team and Mental Health and Learning Disabilities are areas of particular concern and require continued focus going into 2018/19.

- During 2017/18, overall agency expenditure reduced on average by £1.0m per month down to £2.8m, the most significant contributor to this was Medical Agency which saw a substantial reduction in costs. For the year Medical Agency spend totalled £19.2m, compared to £29.9m for 2016/17, a fall of 35.8%. This work needs to be continued into 2018/19. Unfortunately at the same time Nursing Agency expenditure rose from £10.0m in 2016/17 to £10.4m in 2017/18, a rise of 4.1%
• The draft unaudited outturn position is above the forecast deficit of £36.0m. The accounts are currently being prepared for submission to the Welsh Government by the 27th April 2018. The final audited accounts will be submitted to Welsh Government on 1st June 2018. The final outturn position will be confirmed at this point.

1.5 Cash releasing efficiency savings

• The Health Board set itself an initial ambitious savings target of £35.4m (3.5%) in March 2017. Due to overspending in the first half of 2017/18 it was necessary to identify further recovery actions. Savings and recovery plans of £45.0m were identified, of which £31.3m relate to cash releasing schemes.

• The Health Board has recorded savings of £41.7m for the year, which is an underachievement of £3.3m against plan.

1.6 Balance sheet

• The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. The Health Board paid 94.0% of its non-NHS invoices within 30 days and action continues to be taken to address areas of known non-compliance.

• The closing cash balance was £2.1m, including £1.5m of cash held for capital purposes. The cash balance is within the internal target set by the Health Board of £7.3m.

• As the Health Board’s draft unaudited outturn position for 2017/18 is £38.8m deficit, the full year cash requirement exceeded the initial cash allocation and Strategic Cash Support of £32.0m was received from the Welsh Government to help support cash payments. The additional cash shortfall was addressed through the management of working capital.

1.7 Key actions

• The Financial Recovery Group (FRG) has met regularly during 2017/18 to oversee and monitor the delivery of the Health Boards forecast financial position including the actions contained within the Financial Recovery Plan.

• Maintaining the momentum and focus on the reduction on run rates across a number of budget headings remains a key financial challenge and risk going into 2018/19. Expenditure on Packages of Care across the Divisions continues to be a significant cause for concern as does spend on Nurse Agency, particularly given unscheduled care pressures and the high level of vacancies.

• The underlying financial deficit position for the Health Board has been assessed as part of the planning cycle and development of the 3 Year Plan and detailed plans to address this remains a significant concern moving into 2018/19.
## 2. Revenue position

### 2.1 Financial performance by division

The table below provides an analysis of the draft Month 12 budget to actual position for the Health Board’s operating divisions.

<table>
<thead>
<tr>
<th>Variances</th>
<th>West £m</th>
<th>Centre £m</th>
<th>East £m</th>
<th>North Wales £m</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Teams</td>
<td>(1.1)</td>
<td>0.3</td>
<td>2.1</td>
<td>(0.3)</td>
<td>1.0</td>
</tr>
<tr>
<td>Contracts</td>
<td></td>
<td></td>
<td></td>
<td>(3.8)</td>
<td>(3.8)</td>
</tr>
<tr>
<td>Provider Income</td>
<td></td>
<td></td>
<td></td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Secondary Care</td>
<td>0.9</td>
<td>5.2</td>
<td>2.2</td>
<td>(0.5)</td>
<td>7.8</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td>9.7</td>
<td>9.7</td>
</tr>
<tr>
<td>Corporate</td>
<td></td>
<td></td>
<td></td>
<td>(1.3)</td>
<td>(1.3)</td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td></td>
<td></td>
<td>(0.8)</td>
<td>(0.8)</td>
</tr>
<tr>
<td><strong>Variance from Plan</strong></td>
<td>(0.1)</td>
<td>5.4</td>
<td>4.3</td>
<td>3.2</td>
<td>12.8</td>
</tr>
<tr>
<td><strong>Planned Deficit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(0.1)</td>
<td>5.4</td>
<td>4.3</td>
<td>3.2</td>
<td>38.8</td>
</tr>
</tbody>
</table>

Red: represents adverse variances in excess of 0.5%
Amber: represents adverse variances equal to, or less than, 0.5%
Green: represents favourable variances

#### 2.1.1 Commentary by division

- The Area teams reported an adverse variance of £1.0m primarily due to pressures in the East Area, although the Division achieved an underspent position in month. Key pressures arise from undelivered savings, increased drugs costs for Health Board delivered services, GP prescribing costs and growth in both the number and cost of care packages. These are materially offset by underspends within the Dental Service, Therapies and Palliative Care.

- Contracts have reported a favourable variance due to improvements in both the WHSSC contract, local contracts with English providers and Non-Contracted Activity (NCAs).

- The Secondary Care Division has a total overspend of £7.8m due to undelivered savings and other cost pressures mainly within pay related expenditure, particularly within unscheduled care. The use of Medical and Nurse Agency remains a significant factor, an element of which is being incurred to address costs associated with pressures within unscheduled care and deliver waiting time targets. Ysbyty Glan Clwyd remains a significant concern with an in-month overspend of £0.4m (£0.3m in Month 11) and a cumulative overspend of £5.2m.
Mental Health and Learning Disabilities (MHLD) overspent by £9.7m for the year. £5.2m due to individual packages of care, £1.7m due to Out of Area Placements, £1.5m from undelivered savings and the balance on core services. The Division’s average monthly run rate for the year was £0.8m, with the latter months of the year showing a slight fall to an in-month overspend of £0.6m.

A commentary by division is provided within Appendix 1.
## 2. Revenue position

### 2.2 Cumulative revenue position by expenditure category

<table>
<thead>
<tr>
<th>Subjective trend analysis</th>
<th>Spend YTD £m</th>
<th>Variance YTD £m</th>
<th>In month variance £m</th>
<th>13 Month Trend</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>192.6</td>
<td>(12.0)</td>
<td>(2.7)</td>
<td></td>
<td>Underspends within Dental, Therapies and Area Management are offsetting overspends in other areas.</td>
</tr>
<tr>
<td>Primary Care Drugs</td>
<td>106.6</td>
<td>6.5</td>
<td>0.9</td>
<td></td>
<td>Prescribing costs remain a key cost pressure with a year end overspend of £6.5m.</td>
</tr>
<tr>
<td>Pay (Health Board provided services excluding out of hours)</td>
<td>687.4</td>
<td>8.4</td>
<td>4.4</td>
<td></td>
<td>The full year variance reflects significant use of agency staff due to vacancies which is most notable within Medical and Dental and Nursing staff groups. It also includes non delivery of savings schemes. Further analysis is provided within section 2.2.1.</td>
</tr>
<tr>
<td>Clinical Supplies (excluding drugs)</td>
<td>49.7</td>
<td>0.9</td>
<td>2.9</td>
<td></td>
<td>Action continues into 2018/19 to manage non pay expenditure across the Health Board. This includes work on consistency of key expenditure items to enable cost savings to be achieved.</td>
</tr>
<tr>
<td>General Services &amp; Supplies</td>
<td>18.2</td>
<td>0.1</td>
<td>0.1</td>
<td></td>
<td>The Health Board has experienced cost pressures within this area of expenditure including high cost Cancer drugs, Rheumatology, Care of the Elderly and Sexual Health drugs. This continues to be a key area of focus to ensure that costs are managed whilst maintaining clinical value.</td>
</tr>
<tr>
<td>Clinical Supplies - drugs</td>
<td>65.4</td>
<td>1.0</td>
<td>0.3</td>
<td></td>
<td>This includes a range of expenditure headings including premises costs, utilities, travel costs and losses. Significant management action is taken to identify opportunities to manage costs. The variance for the year includes £5.0m of unidentified and unachieved savings.</td>
</tr>
<tr>
<td>Other non pay</td>
<td>88.8</td>
<td>32.7</td>
<td>(2.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective trend analysis</td>
<td>Spend YTD £m</td>
<td>Variance YTD £m</td>
<td>In month variance £m</td>
<td>13 Month Trend</td>
<td>Narrative</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------</td>
<td>-----------------</td>
<td>----------------------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>Commissioned Services</td>
<td>237.5</td>
<td>0.9</td>
<td>2.1</td>
<td></td>
<td>This area of expenditure includes services with other NHS bodies including WHSSC as well as out of area placements for Mental Health and Learning Disability patients. Expenditure continued to grow over the financial year, mainly reflecting out of area placements.</td>
</tr>
<tr>
<td>Care Packages</td>
<td>99.3</td>
<td>6.7</td>
<td>1.2</td>
<td></td>
<td>This is a key area of expenditure for the Health Board and is subject to significant activity and cost pressures. The variance mainly relates to Mental Health and Learning Disabilities schemes. Action is being taken to manage costs through a review of packages, price negotiation and identifying opportunities for repatriation, although this remains a key risk area.</td>
</tr>
<tr>
<td>Other Income</td>
<td>(125.2)</td>
<td>(6.4)</td>
<td>(3.3)</td>
<td></td>
<td>The level of income received by the Health Board includes additional income from other public sector bodies including HMP Berwyn. The positive variance primarily relates to income from other NHS bodies and education and research income.</td>
</tr>
<tr>
<td>Cost of Capital</td>
<td>74.7</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td>This includes the annual depreciation and impairment charges. Depreciation is charged in equal instalments over the financial year whilst impairments are recorded as a single annual exercise in March.</td>
</tr>
<tr>
<td>WG Allocation</td>
<td>(1,456.2)</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td>Welsh Government allocations are generally reflected in 1/12ths apart from impairment funding which is recorded as impairments arise. A significant increase is shown in March primarily due to Capital Charges and Impairments funding (£29.8m).</td>
</tr>
<tr>
<td>Total</td>
<td>38.8</td>
<td>38.8</td>
<td>3.1</td>
<td></td>
<td>The Health Board has a year end adverse variance of £38.8m against a planned variance of £26.0m.</td>
</tr>
</tbody>
</table>
2. Revenue position

2.2.1 Pay

- Payroll expenditure for the year is £687.4m, including Health Board delivered Primary Care functions, which is an adverse variance against plan of £8.4m. Payroll expenditure excluding Out of Hours is £686.2m.

- The expenditure on agency staff is £33.8m which is an average of £2.8m per month for 2017/18, representing 4.9% of total pay. This is a reduction against the monthly average of £3.8m for 2016/17, reflecting the significant improvement in Medical Agency costs that has continued throughout the financial year.

- The table overleaf shows the trend on agency costs for the previous thirteen months and demonstrates the variability in this area of expenditure. Medical and Dental pay (excluding Primary Care services) was £5.2m overspent for the year, which reflects the cost pressures arising from agency doctors. Total spend on Medical Agency for the year was £19.2m, which is a reduction of £10.7m from 2016/17. The Health Board has implemented the All Wales cap on Medical agency costs, which is led by the Executive Medical Director and will continue to be closely monitored going forward.

- Nurse agency costs totalled £10.4m for the year. Ongoing pressures arising from unscheduled care and significant recruitment difficulties remain. However targeted action overseen by the Executive Director of Nursing are being undertaken in areas of high usage to focus on reducing the costs whilst maintaining quality and safety of
patients. This involves the review of nursing rota management to ensure the effective use of substantive staff, increased scrutiny of agency requests and recruitment drives for Registered Nurses and Health Care Support Workers.
3. Savings Requirement

3.1 Savings/Recovery Plan Requirement

- The Health Board set itself a challenging savings target of £35.4m for 2017/18 to achieve a deficit of £26.0m. This included £30.4m (3%) for cash releasing savings and a further £5.0m (0.5%) for cost avoidance schemes.

- The Board approved a Financial Recovery Plan which included additional recovery actions for implementation in-year. All schemes that were identified have a service lead and a project initiation document (PID), which included the need to undertake a quality impact assessment to ensure that quality and safety were appropriately considered.

- Delivery of both the savings and recovery plans are managed using a PMO methodology.

3.2 Identified Savings/Plans

- The total value of identified schemes for the year was £45.0m, comprising of £32.4m from the original savings proposals and £12.6m from the financial recovery plan. The achieved savings for 2017/18 totalled £41.7m, giving a shortfall of £3.3m.

- There was an underachievement in delivered savings across the majority of the divisions, in particular Mental Health and Learning Disabilities, Ysbyty Glan Clwyd and North Wales Hospital Services. This has been partly offset by over delivery in the Womens and West Area Divisions.

3.3 Performance

- Assurance arrangements were in place through the PMO Steering Group which oversaw planning and delivery of savings for 2018/19.

- A concern to note is that although savings of £41.7m has been reported for 2017/18 a significant proportion of this relates to cost avoidance and containment schemes.
4. Balance Sheet

4.1  Cash

- The closing cash balance was £2.1m which includes £1.5m of cash held for capital expenditure. The revenue balance is within the internal target set by the Health Board.

- The Welsh Government provided cash support of £32.0m towards the end of the year, leaving a shortfall against forecast of £4.0m. This shortfall was addressed through the management of working capital balances.

4.1.1 Accounts Payable

- The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. For 2017/18, the Health Board paid 94.0% of its non-NHS invoices within 30 days. This is below target due to the ongoing delays in the processing and authorising of nurse agency invoices, following the introduction of the All Wales Framework. Focussed work is continuing to address weaknesses and to improve performance whilst ensuring that all necessary checks are completed.

4.1.2 Accounts Receivable

- The management of amounts due to the Health Board is a key focus of the cash management arrangements. Monthly monitoring of amounts outstanding is undertaken to ensure that effective debt recovery is in place. Debts over 90 days are a particular focus and include staff salary overpayments for which instalment payments are agreed if required.
4.2 Capital expenditure

- The Capital Resource Limit for 2017/18 was £73.4m. There has been significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG and Primary Care health centre developments. In addition, the Health Board has received a number of allocations for upgrades across the Health Board estate and IT.

- The Health Board achieved its capital resource limit, as total expenditure was £73.4m.
5.1 Conclusions

- The Health Board’s draft unaudited outturn position for 2017/18 is £38.8m, which is £2.8m above the forecast outturn of £36.0m following claw back by Welsh Government of £3.1m in respect of RTT funding.

- The issue of the potential significant financial impact of HRG4+ on WHSSC commissioned services has not been concluded but is not a financial risk for 2017/18.

- During April 2018, Welsh Government recovered £3.1m of in-year funding received to reduce waiting times. The Health Board received £13.3m additional resource from Welsh Government to reduce waiting times across a number of areas by the end of March 2018. The Health Board has not achieved all the required waiting time reductions and consequently £3.1m of the funding was recovered, which impacts on the unaudited outturn position being reported for 2017/18.

- It should be noted that the Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported year-end CHC cost position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, the Wales Audit Office, Health Inspectorate Wales and the public.

- Moving into 2018/19 management focus needs to be on continued adherence to the controls and processes that flow through the organisation including compliance with the entire budget and not only on known areas of pressure. This includes the clear scheme of financial delegation through Standing Financial Instructions (SFIs) that need to be robustly adhered to.

- There are a number of critical financial risks which are being carried forward and will need to be carefully managed in 2018/19, including:
  - Individual Packages of Care.
  - Pay costs, particularly agency costs associated with waiting times and performance.
  - Primary Care prescribing costs.
  - The need to develop and deliver savings schemes which move from the historical one year transactional type schemes to more transformational ones necessary to deliver medium term financial sustainability.

- The Health Board’s annual accounts are being prepared in accordance with the timescales established by the Welsh Government and will be submitted by the deadline of 27th April 2018. The figures contained within this report remain draft pending the completion of the audit review by the Wales Audit Office. The final position will be reported to the Audit Committee in May.
5.2 Recommendation

- It is asked that the report is noted, including the risks being taken forward into 2018/19.
- The Board is asked to delegate authority to the Audit Committee to approve the audited statutory accounts and associated reports. The Board is also asked to confirm that the Charitable Funds Committee can approve the audited annual Charitable Funds Accounts.
To improve health and provide excellent care

Title: Primary Care Update

Author: Mr Wyn Thomas, Assistant Area Director Primary Care

Responsible Director: Ms Morag Olsen, Chief Operating Officer

Public or In Committee: Public

### Strategic Goals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Improve health and wellbeing for all and reduce health inequalities</td>
</tr>
<tr>
<td>2.</td>
<td>Work in partnership to design and deliver more care closer to home</td>
</tr>
<tr>
<td>3.</td>
<td>Improve the safety and outcomes of care to match the NHS’ best</td>
</tr>
<tr>
<td>4.</td>
<td>Respect individuals and maintain dignity in care</td>
</tr>
<tr>
<td>5.</td>
<td>Listen to and learn from the experiences of individuals</td>
</tr>
<tr>
<td>6.</td>
<td>Use resources wisely, transforming services through innovation and research</td>
</tr>
<tr>
<td>7.</td>
<td>Support, train and develop our staff to excel</td>
</tr>
</tbody>
</table>

### Approval / Scrutiny Route
No prior scrutiny

### Purpose:
Update the Health Board on the current and proposed use of primary care and cluster funds.

### Significant issues and risks
Sustainability of independent and managed primary care practices.

### Special Measures Improvement Framework Theme/ Expectation addressed by this paper
Primary Care

### Equality Impact Assessment
Not required - update report only

### Recommendation/ Action required by the Board
The Board is asked to:

1. Note the current and proposed use of Welsh Government primary care funding.
2. Note the role of the primary care investment group in overseeing the allocation and utilisation of Welsh Government Primary Care Funds.
1. **Introduction**
This report provides an update on the use of primary care and cluster funds to support new ways of working.

2. **Primary Care Funds**
The Welsh Government announced additional funding from 2015-16 to support tangible and measurable change and improvement in the planning, organisation and delivery of primary care. This funding, was to be used to support primary and community services directly with an emphasis on the three Ministerial priorities of achieving services sustainably, improving access and shifting services out of hospitals into community settings.

A primary care investment group chaired by the Chief Operating Officer and Area Director West meets monthly and reports into the Primary Care transformation group. The Health Board is utilising the funding to;

- Increase the capacity and capability of Area teams, and support the infrastructure of the workforce and the Primary Care estate.
- Develop new Primary Care roles, models and services.
- Diversify and build a new Primary Care workforce.
- Build new pathways to support the delivery of care outside of the hospital setting, closer to home in the form of new models of provision.

2.1 **Pacesetter Funded Schemes**
Pacesetter funds were initially apportioned to three schemes:

- **GP recruitment / Outstanding GP programme.**
The Health Board appointed 5 Outstanding General Practitioners to work in a combined GP/Hospital Specialty role which has proved popular with the GPs employed and has been used to support practices with difficulties recruiting. The 5 Outstanding GPs have been retained within the area, and are contributing and being developed as specialists in services such as Dermatology, Rheumatology, Sexual Health and Pain management. The model has been adapted and has now become an option for new BCUHB salaried GPs.

- **Pharmacy diversion scheme**
The Health Board has a long history of utilising Pharmacists and technicians to support General Practice and Clusters to deliver patient centred clinical services and this has been accelerated utilising Primary Care and Cluster funding to support GP Practices.

Pharmacists have been embedded in GP Practices such as Healthy Prestatyn, reducing the medicines related workload, supporting patients to manage their own conditions and medicines and preventing hospital admission for medicines related harm. Pharmacists lead clinics for insomnia and heart failure in GP Practices, allowing patients earlier access, prevent hospital admissions and support self care. In addition Pharmacists lead on Care Home medication reviews, improving the quality of medicines management, enhancing safety and supporting the concept of prudent prescribing.
• **Physiotherapy diversion scheme**
  The Advanced Practice Physiotherapists initiative allows people presenting with musculoskeletal problems to be seen locally by an Advanced Physiotherapy Musculoskeletal (MSK) Practitioner as an alternative to seeing their GP.

  The Physiotherapy led service provides a fast local access and early management for patients, preventing clinical deterioration and the risk of developing chronic conditions. Patients are now more likely to be seen by a Physiotherapist in their GP Practice, than by their traditional GP or Physiotherapy colleagues in the Secondary Care setting.

  The three Pacesetter schemes have produced papers that have been shared nationally to detail how they have met and delivered change in relation to the three ministerial priorities. There have been improvements in terms of an activity shift away from traditional GP practices, as well as a shift of care from Secondary Care hospital settings into Primary Care.

  More than 20,000 patients have been seen by Physiotherapists based within GP Practices, with up to 42% seen as a first point of contact. As a result there has been a 20% reduction in the number of referrals into hospital based MSK services in the West Area alone.

  Advanced Practice Pharmacists are delivering Pharmacy led services within GP Practices, reducing the medicine related workload for GPs. Pharmacists are in leading roles within the community, delivering services to Care Homes and Specialist Clinics such as Heart Failure and Diabetes, once again reducing the burden to the GP workload. Finally, the Pharmacy led Common Ailment scheme has been spread to most community Pharmacies across BCUHB.

  There has been an increase in specialty patients seen outside of the usual outpatient setting. Quality of care has improved with significant more patients seen closer to home and by more appropriate members of the multi disciplinary team.

  As a result the three Pacesetter schemes have now begun the process of integration into their respective core services. The period of funding has ceased and plans are in place for full integration into services.

  For the 2018-2019 financial year and beyond two new schemes have been developed, and planning for their development and implementation is ongoing.

• **Advanced Practice Paramedics, Urgent Home Visiting Service.**
  The proposal is for a 24/7, 365 days a year model of utilising Advanced Practice Paramedics to provide a rapid response service to patients requiring home visits, which would previously have been provided by their GP.

  The service aims to address the immediate health needs of patients that if not seen promptly will end up being an unscheduled care hospital admission, by supporting GP practices in North Wales improve the quality of care, transform the way that care is delivered in the community and help sustain Primary Care
services, reduce emergency admissions, improve patient access, release capacity for GPs to focus on planned care appointments in their Practices and achieve better patient satisfaction.

- **An external review of the BCUHB Pharmacy and Medicines Management (P&MM) service.**
  This will review how services are currently delivered and support service redesign to deliver a Pharmacy and Medicines Management service model for the future.

### 2.2 Delivery Agreements Funding

Initially delivery agreements were prepared for the schemes and projects set out below:

- Delivery Support Unit for primary care and business infrastructure to support implementation of the new primary care model
- Advanced Practice Pharmacists and Physiotherapists
- Advanced Audiology Primary Care Practitioner.
- Out of hours community nursing development (to 24/7)
- Health care support workers
- Practice Nurse Workforce development team
- Specialist Community Diabetes support
- A Community Pharmacy-Common Ailment Scheme
- Health technology development and roll out.
- Treatment Room Clinic development
- Community Heart Failure Team
- Community Navigator training and development

As detailed in the Pacesetter section of this paper, each scheme has submitted a paper that describes the learning as well as evaluating the journey they have experienced as a result of this additional funding. There have been performance and quality improvements in line with the three ministerial priorities, and each is able to demonstrate a better way of delivering care to patients that require their services. These detailed evaluations have been shared with other Health Boards, Public Health Wales and Welsh Government.

Patients attending a GP Practice with any hearing, balance and aural health issues are now more likely to see an Audiologist, releasing GP time to care for a more appropriate case load. Up to 62% of these patients see an Audiologist as a first point of contact, with 55% of the total referred being assessed, treated and discharged without seen a GP.

Treatment Room Clinics are established in the three Areas, each seeing as many as 500 patients per month, and will help to reduce the volume of patients who present at Secondary Care Emergency Departments, and GP Practices for an agreed schedule of procedures including dressing wounds, and supports. This supports the shift of care closer to the patient’s home.

Specialty services such as Heart Failure and Diabetes are now prominent within Primary Care settings, with Advanced Practice Nurses working closely with GPs...
to deliver localised care and prevent unnecessary referrals and admissions into Secondary Care.

Through the investment group, the above have been reviewed; new schemes developed, initiated the process of integrating schemes into core services, and agreed additional funding for the remaining schemes. These will have 12 months funding to fine tune the work, and develop a strategy for full repatriation into their corresponding core services. A strategic vision has already been developed, and services are fine tuning their plans for 2019-2020 implementation.

For the 2018-2019 financial year and beyond three new schemes have been developed, and planning for their development and implementation is progressing.

- **Social Prescribing.**
  Introducing a social prescribing service to the Cluster areas to achieve more appropriate use of health and social services, improve health and well being outcomes and enable patients to be pro-active in managing their own conditions and well-being. The service proposes to maximise the use of community assets, build on the use of volunteers and existing voluntary services so that people can access the right support and be accessible to as many people as possible within the community.

- **Internship Year in North Wales for Physician’s Associates.**
  The scheme will support the professional development of Physician Associates (health care professionals that can provide an important contribution to the primary care teams of the future) releasing GPs time to manage more complex medical presentations. The role addresses the increasing demand and reduced capacity (through medical staff recruitment and retention issues) in Primary Care. The introduction of the Physician Associate supports the capacity of individual Practices, and this service adds a new model to the existing traditional GP Practice model.

- **General Practice Sustainability & Innovation Team (‘Flying squad’)**
  This proposal is to set up a small, dedicated group of suitably qualified GP/Nurse/Practice Managers to help sustain and support Practices that are struggling with workload and recruitment/retention issues, who are contemplating handing back their GMS contract in North Wales.

  The team will support the Practices in improving, developing and sustaining back office systems, clinical delivery, and workforce as well as estate issues.

2.3 **Workforce Development**
Funding has been allocated to the Health Board in support of the workforce plan and this includes Advanced Physiotherapists, Audiology practitioners, Consultant Pharmacists and Technicians, Advanced Paramedics and salaried Practice Nurses. These roles will continue to be funded for the next 12 months, and then follow a similar repatriation process to Pacesetter and Delivery Agreement funded colleagues.
2.4 Evaluation
Public Health Wales commissioned a critical appraisal of the Pacesetter programme completed by a research team based at the University of Birmingham between June 2017 and February 2018. Its aim was to gain further learning from the experiences of the individual Pacesetter initiatives, regarding what helped or hindered them in achieving their expected impacts. It also drew on the perspectives of LHBs and other stakeholders. The research team have also considered this learning in relation to wider research evidence and insights from those who have led primary care innovations in other countries.

The purpose of the critical appraisal is to identify key components necessary for the transformation of primary care in Wales and to understand what enables these components to be successfully deployed in Local Health Board contexts. The research will inform further development of the Emerging Model of Primary Care in Wales.

BCUHB is currently waiting for the results of the external evaluation, which will be of value and be the template during the initial set up phases of the two new Pacesetter projects and the four Delivery Agreement schemes.

The current phase of schemes, along with the 2 new Pacesetter and 3 Delivery Agreement schemes, will adopt the process of benefit realisation to determine if their core business processes result in tangible and intangible benefits for the patients and in terms of the three Ministerial priorities, and represent an optimum return on the assets and resources that have been deployed.

Contact will be made with Bangor University to seek support to undertake local evaluation of the projects.

3. Cluster Funded Developments

A recurrent allocation has been made to the 14 Clusters, which enable cluster led improvement and support schemes across BCUHB. Cluster reports are submitted at the end of each quarter, containing updates on progress and activity. Improvements, innovation and change is supported through effective communication and working between the cluster co-ordinators and cluster leads, with a focus on learning, spreading and sustaining good practice.

The following are examples of cluster supported schemes taking place across BCUHB for each area.

**West Area**
- A Home Visiting Service in place in Dwyfor with 2 GPs to undertake home visits.
- There has been a drive to continue to improve access in Primary Care. Capacity has been increased through Physiotherapists, Pharmacists, Phlebotomy services and Diabetes care, all responding to patient need and sustainability.
- The Social Prescribing scheme, funded by the Arfon Cluster has supported over 200 patients. A Social Prescribing cross partnership model is currently being developed.
with Anglesey cluster, Medrwn Mon and the Local Authority with the focus on supporting Primary Care.

- A cluster Care of the Elderly (COTE) GP has been employed by both Anglesey and Arfon cluster to support patients in care homes support the delivery of Treatment Escalation Plans (TEPs) to reduce inappropriate admissions to Secondary Care. West clusters used cluster funds to improve and maintain access by increasing clinical sessions and access to allied health professionals within practices to cope with Winter Pressures and increasing demand.
- Cluster team facilitated and attended a Community Social Prescribing meeting in Blaenau Ffestiniog where all then Community based projects and 3rd sector organisation working in the area came together to discuss Social Prescribing/Engagement work using Canolfan Goffa Ffestiniog and a hub for all the activity to support the wellbeing of the population
- Both Arfon and Meirionnydd Cluster piloted Vision in Primary Care support to create consistency across the practices and improve workflow and efficiency through the creation of pre written search suites and pathway.
- Work is progressing in the West to develop robust approaches to ensure Information Governance requirements are understood and met when working at cluster level.
- Working closely with Bangor University’s Primary Care Research Team to look at evaluation support for cluster projects including the Cardiovascular Screening project in Anglesey and the Social Prescribing model in Arfon & Anglesey.

Central Area

- An Advanced Nurse Practitioner (ANP) for Care Homes is registered with a practice in the Central and South Denbighshire Cluster. This new unique role enables the ANP to use her advanced clinical and diagnostic skills to provide safe and efficient same day care, which is supporting existing GP services whilst providing education for the care home staff.
- In North Denbighshire, the cluster has identified a cohort of patients living with chronic pain and has provided a service to help with the management of this condition. The service provides two local monthly support groups in Rhyl and Prestatyn and intensive self management course sessions. There is also a facilitated review for patients who have completed the course in order to further support their management of chronic pain.
- In collaboration with the Child & Adolescent Mental Health Service (CAMHS) department in Central area, North Denbighshire has created a Family Wellbeing Practitioner post to support families and young people with low level behavioral issues. This preventative work has already seen families being supported without the needs for a CAMHS referral. The practitioner works closely with practices and the surrounding schools to provide education for low level behavioral issues.
- A Community Navigator provides additional support for patients who present with non-medical, psycho-social problems, such as isolation, loneliness and loss of confidence. The Community Navigators provide a link between primary care, the patient, their family and carers, and sources of support within the community and third sector. The Community Navigator is embedded within the Single Point of Access (SPOA) in the Conwy West Cluster
- Conwy East has worked closely with Audiology colleagues to develop a micro suction ear pathway. Through this development, patients will benefit from audiology services in the community provided by professionals who can advise and treat patients according to their hearing needs.
- All Central clusters have invested in Tier 1 Mental Health services within primary care. Following a review of these services and the population need across some of
the more deprived areas, a Tier 0 GP active monitoring service is being investigated to provide short term, low level mental health support.

East Area
- Cluster Leads in the East are starting to work more collaboratively as it becomes evident that a number of the priorities for 2017/18 are shared. Areas of particular note are workflow optimisation, demand analysis and the navigation of patients (extending beyond the role of the GP reception staff).
- Antimicrobial Stewardship is being targeted through the use of C-Reactive Protein (CRP) testing in two practices prior to the roll out across the North West Wrexham Cluster.
- There has been an increase in the Physiotherapy service in the East and due to its success will be hopefully increasing this service its success we will be hopefully increasing this service.
- Patient information screens are working well, and proving useful, with some expansion of sites and number of screens in the year. The screens were used as part of the flu campaign and signposting projects that are ongoing.
- Further training for reception staff around signposting. Practice managers are setting up their own practice websites; cluster funding is helping to facilitate this. The practices are strengthening their links with ‘Dewis’ to be their main resource for patient information.
- Developing services and introducing systems which reduce demand and workload on practices including home visiting; care home service including Anticipatory Care Planning and Medicines Management; ‘floating GP’; dermatology and women’s health clinics.
- Developing holistic, multiagency services to address the social and psychological needs of the local population in particular targeting vulnerable groups to include;
  - Improving working relationships with Mental Health team, voluntary sector and other agencies including educational events and case reviews
  - Shaping service delivery within the cluster
  - Tier 0/1 Mental Health Service via procurement
- Frequent flyers project
- Increased collaborative working within the cluster and wider health economy with the formation of a South Flintshire Federation.
- As part of an East Area cluster project, The North East Flintshire Cluster have agreed to be part of an Information Governance (IG) project. The project has funded 2 staff across the East area to visit each GP Practice for support on IG and the new legislation which will come into force in 2018. This will continue into the early part of the next financial year in order to ensure all practices and clusters are able to participate in the work if they choose.

4. Conclusion
Primary care and cluster funding has and continuous to be utilised to support new ways of working and to support the recruitment, training and development of staff to undertake new and extended roles to support sustainability of primary care services.

5. Recommendations
The Board is asked to:
- Note the current and proposed use of Welsh Government primary care funding.
- Note the role of the primary care investment group in overseeing the allocation and utilisation of Welsh Government Primary Care Funds