



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

CIC GOGLEDD CYMRU / NORTH WALES CHC

CYFARFOD Y CYNGOR LLAWN CICGC

DYDD MAWRTH 29 MAWRTH 2022, I DDILYN Y CCB

DRWY ZOOM – GWELER Y DDOLEN ISOD

Cynhelir y cyfarfod yn ddwyieithog gyda chymorth cyfieithu ar y pryd. Mae croeso i chi gyfrannu yn y Gymraeg neu'r Saesneg.

<https://us02web.zoom.us/j/82056830405?pwd=U3pIRTJoWE44ZWHERjA4N0RwYzIHUT09>

Rhowch wybod i'r Cadeirydd am Unrhyw Fater Arall cyn dechrau'r cyfarfod.

COFNOD	EITEM	ATOD	AMSER
FC22.01	CROESO		10.45yb
FC22.02	YMDDIHEURIADAU AM ABSENOLDEB		
FC22.03	DATGANIAD O DDIDDORDEB Derbyn unrhyw ddatganiad o ddiddordeb gan unrhyw aelod mewn perthynas ag unrhyw eitem ar yr agenda		
FC22.04 22.04(1) 22.04(2) 22.04(3)	EITEMAU I'W TRAFOD Gwasanaethau Fasgwlaidd BIPBC Gwasanaethau Iechyd Meddwl BIPBC CICGC Dychwelyd i Weithgareddau Llawn	<i>Llafar</i> <i>Llafar</i> <i>Llafar</i>	10.50yb
FC22.05 22.05(1) 22.05(2)	COFNODION Derbyn a chymeradwyo cofnodion:- Cyfarfod y Cyngor Llawn a gynhaliwyd ar 30 Medi 2022 Materion yn Codi nad ydynt ar yr Agenda trwy eithriad	<i>Atod 01</i> <i>Llafar</i>	11.20yb
FC22.06	UNRHYW FATER ARALL	<i>Llafar</i>	11.30yb
FC22.07	DYDDIAD Y CYFARFOD NESAF Dydd Mawrth, 24 Mai 2022, 10.00 yb Dydd Mawrth, 19 Gorffennaf, 2022 10.00 yb Dydd Mawrth, 18 Hydref, 2022 10.00 yb Dydd Mawrth, 24 Ionawr 2023, 10.00 yb Dydd Mawrth, 28 Mawrth, 2023 10.00 yb		



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

CIC GOGLEDD CYMRU / NORTH WALES CHC

NWCHC FULL COUNCIL MEETING

TUESDAY 20 APRIL 2021, TO FOLLOW AGM

VIA ZOOM LINK BELOW

The meeting will be conducted bilingually with the assistance of simultaneous translation. You are welcome to contribute in either Welsh or English.

<https://us02web.zoom.us/j/82056830405?pwd=U3pIRTJ0WE44ZWHERjA4N0RwYzIHUT09>

Please notify the Chair of Any Other Business prior to the start of the meeting.

<u>MINUTE</u>	<u>ITEM</u>	<u>ENC</u>	<u>TIME SLOT</u>
FC22.01	WELCOME		10.45am
FC22.02	APOLOGIES FOR ABSENCE		
FC22.03	DECLARATION OF INTEREST To receive any disclosure of interest by any member in respect of any item on the agenda		
FC22.04 22.04(1) 22.04(2) 22.04(3)	FOR DISCUSSION BCUHB Vascular Services BCUHB Mental Health Services NWCHC Return to Full Activity	<i>Verbal</i> <i>Verbal</i> <i>Verbal</i>	10.50am
FC22.05 22.05(1) 22.05(2)	MINUTES To receive and approve the minutes of:- Full Council Meeting held on 30 September 2022 Matters Arising not on the Agenda by exception	<i>Enc 01</i> <i>Verbal</i>	11.20am
FC22.06	ANY OTHER BUSINESS	<i>Verbal</i>	11.30pm
FC22.07	DATE OF NEXT MEETING Tuesday 24 May 2022, 10.00am Tuesday 19 July 2022, 10.00am Tuesday 18 October 2022, 10.00am Tuesday 24 January 2023, 10.00am Tuesday 28 March 2023, 10.00am		



**Cofnodion Cyfarfod Cyngor Llawn Iechyd Cymuned Gogledd Cymru a gynhaliwyd
Trwy Zoom
Dydd Iau 30 Medi 2021 am 10.00yb
Cadeirydd: Mrs Jackie Allen**

PRESENNOL:			
CONWY PWYLLGOR LLEOL	Myfanwy Baines Frank Bradfield	Phil Capper Liz Liddall	Sian Ramessur Roger Williams
PWYLLGOR LLEOL SIR DDINBYCH	Eva Edwards		
PWYLLGOR LLEOL SIR FFLINT	Janet Axworthy Michael Boyle	Linda Harper Stella Howard	Rita Jones
PWYLLGOR LLEOL GWYNEDD	Adrian Drake-Lee Vicki Harvey	Michael Lloyd-Jones	Paul Rowlinson
PWYLLGOR LLEOL WRECSAM	Jackie Allen Frank Hemmings	Adrian Leslie Niki Tabern-Pris	Beverley Parry-Jones
PWYLLGOR LLEOL YNYS MÔN	Andy Burgen Sadie Francis	Glyn Haynes Aaron Osborne-Taylor	Dylan Rees
AELODAU CYFETHOLEDIG	Shirley Bough Brace Griffiths	Dot Griffiths Mike Theaker	Mark Thornton
Staff	Lucy Barker Eleri Ellis Rebeca Hughes Cerys Jones Debra Jones Bethan Perkins Jill Scupham Carol Williams	Swyddog Cymorth Eiriolaeth Eiriolwr Cwynion Swyddog Rheoli Swyddog Rheoli Eiriolwr Cwynion Eiriolwr Cwynion Swyddog Gweinyddol Dirprwy Brif Swyddog	



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YN BRESENNOL:	Sally Baxter Clive Caseley Faye Graver Geoff Ryall-Harvey Sue Irlam Gwynfor Owen Will Williams	Strategaeth Iechyd Cyfarwyddwr Cynorthwyol BIPBC Cyfarwyddwr Interim Partneriaethau, Cyfathrebu ac Ymgysylltu BIPBC Seiciatrydd Ymgynghorol/Cyfarwyddwr Clinigol Gwasanaeth Camddefnyddio Sylweddau BIPBC Prif Swyddog Ysgrifenyddiaeth Cyfieithydd Pennaeth Cyflenwi Gwasanaethau a Gweithrediadau Clinigol BIPBC	
YMDDIHEURIADAU:			
CONWY	Joy Baker	Carina Edwards	Hilary Randall
SIR DDINBYCH	Gordon Hughes Morfudd Jones	Angela Marshall Neil Taylor	Gill Williams
SIR FFLINT	Di Gill	David Mackie	
GWYNEDD	Mair Jones	Vera Wilson	
WRECSAM	Celia Hayward	Peter Rendle	
YNYS MÔN	Richard Bladon	Trefor Hughes	Val Monaghan
STAFF	Allison Hughes	Rachel Valentine	
AELODAU ABSENNOL	Karen Bellis Jon Chorlton Melanie Davies Gladys Healey	Derek Holmes Linda Kinani Christopher Phillipps Dewi Wyn Roberts	Menna Williams Emrys Wynne
STAFF ABSENNOL	Bev Davies	Debbie Postle	Rachel Valentine



COFNOD	EITEM	GWEITHRED
CLI21.39	<p>CROESO</p> <p>Croesawodd y Cadeirydd bawb a oedd yn bresennol i'r cyfarfod. Atgoffwyd yr aelodau fod cyfieithu ar y pryd ar gael ac roedd croeso i aelodau ddefnyddio eu dewis iaith. Esboniodd y cyfieithydd sut y gellid defnyddio'r gwasanaeth cyfieithu ar y pryd. Atgoffodd y Cadeirydd yr aelodau hefyd i gadw eu hunain ar fud heblaw wrth siarad er mwyn osgoi ymyrraeth ac adleisio.</p> <p>Nodwyd y newidiadau canlynol mewn aelodaeth ers cyfarfod blaenorol y Cyngor Llawn a gynhaliwyd ar 13 Gorffennaf 2021:</p> <p>Pwyllgor Lleol Conwy Penodwyd Shirley Bough yn aelod cyfetholedig</p> <p>Pwyllgor Lleol Sir Ddinbych Ymddiswyddodd Kelly Benton fel aelod o'r trydydd sector</p> <p>Pwyllgor Lleol Sir y Fflint Camodd Russell Jackson i lawr fel aelod gweinidogol Penodwyd Janet Axworthy yn aelod awdurdod lleol</p> <p>Pwyllgor Lleol Gwynedd Dim newidiadau</p> <p>Pwyllgor Lleol Wrecsam Ymddiswyddodd Jayne Thomas fel aelod gweinidogol Penodwyd Beverley Parry-Jones yn aelod o'r awdurdod lleol</p> <p>Pwyllgor Lleol Ynys Môn Dim newidiadau</p>	
CLI21.40	<p>YMDDIHEURIADAU AM ABSENOLDEB</p> <p>Derbyniwyd ymddiheuriadau ac fe'u cofnodwyd</p>	
CLI21.41	<p>DATGANIADAU O DDIDDORDEB</p> <p>Ni chofnodwyd unrhyw ddatganiadau o ddiddordeb.</p>	
CLI21.42	<p>CYFLWYNIAD — TRINIAETH BUVIDAL AR GYFER DIBYNIAETH OPIOID YNG NGOGLEDD CYMRU</p> <p>Roedd Faye Graver, Seiciatrydd Ymgynghorol BIPBC/Cyfarwyddwr Clinigol Gwasanaethau Camddefnyddio Sylweddau a Will Williams, Pennaeth Gwasanaethau Arbenigol Rhanbarthol a Gweithrediadau Clinigol BIPBC, yn</p>	



bresennol i gyflwyno cyflwyniad ar Driniaeth Buvidal ar gyfer Dibyniaeth Opioid yng Ngogledd Cymru. Mae copi o'r cyflwyniad wedi'i atodi i'r cofnodion hyn; gwnaed y pwyntiau canlynol yn benodol:

- Mae triniaeth buvidal ar gyfer dibyniaeth opioid yn newydd a dim ond ers tua 18 mis y mae wedi cael ei ddefnyddio.
- Mae pobl yn dod yn opioid ddibynnol naill ai drwy ddefnyddio deilliad naturiol o opiwm fel heroin neu drwy ddefnyddio sylwedd synthetig fel methadon sy'n ysgogi'r derbynnydd opioid yn yr ymennydd.
- Gall dibyniaeth opioid ddatblygu'n eithaf cyflym (2-10 diwrnod) a gall tynnu'n ôl fod yn annymunol gyda symptomau tebyg i'r ffliw.
- Mae opioidau yn gaethiwus iawn ac mae angen i ddefnyddwyr gynyddu'r swm a gymerir i gyflawni'r un 'uchel'. Mae defnyddwyr yn tynnu'n ôl ac nid oes ganddynt ddi-ddordeb bellach mewn pleserau neu weithgareddau blaenorol. Mae ailwaelu parhaus ac ailadroddus yn gyflwr cronig.
- Yn flaenorol, cafodd dibyniaeth opioid ei drin trwy ddefnyddio naill ai methadon neu buprenorphine. Mae angen rheoli'r ddwy driniaeth yn agos ac mae angen eu darparu'n rheolaidd mewn lleoliadau cymunedol. Mae angen rhoi methadone a buprenorphine yn ddyddiol, sy'n golygu bod angen i'r rhai sydd ar y triniaethau hyn gyflwyno bob dydd i dderbyn eu triniaeth, a allai fod yn anodd i unrhyw un sydd gyda bywyd anhrefnus.
- Bydd y rhai sy'n defnyddio heroin yn derbyn 'uchel' cyflym a fydd yn lleihau'n gyflym, sy'n golygu bod angen cymryd mwy i gyflawni'r un 'uchel'. Mae'r 'uchel' a gyflawnwyd o gymryd methadon yn llai fel y mae cyfradd y gostyngiad; mae hyn hefyd yn wir am buprenorphine.
- Caiff Buvidal ei danfon fel pigiad o dan y croen a gellir ei gyflwyno naill ai'n wythnosol neu'n fisol; yng Ngogledd Cymru fe'i rhoddir yn fisol er bod rhywfaint o hyblygrwydd yn yr ystod amser felly gellir ei roi yn gynharach neu'n hwyrach os oes angen.
- Mae Buvidal yn cymryd hyd at wythnos i ddiddymu ac yn cael ei ryddhau dros gyfnod hir o amser; ni ellir ei roi i bobl sydd ag alergeddau penodol neu i feganiaid.
- Ar y dechrau, roedd clinigwyr yn amheus o'r driniaeth buvidal ar ôl cael dim ond dwy driniaeth am nifer o flynyddoedd.
- Cafodd Buvidal ei gyflwyno fel triniaeth ym mis Ionawr 2020, cyn y pandemig; fodd bynnag, roedd y pandemig byd-eang yn golygu bod rhaid i BIPBC addasu a newid sut roedd yn cefnogi ac yn trin y rhai sydd â dibyniaeth opioid oherwydd nad oeddent yn gallu mynychu fferyllfeydd a lleoliadau clinigol eraill i dderbyn eu triniaeth.
- Mae Llywodraeth Cymru wedi cefnogi BIPBC yn ariannol gyda'r costau ychydig yn uwch ar gyfer y driniaeth buvidal yn hytrach na morffin a/neu buprenorphine.



- Roedd rhai problemau storio yn y lle cyntaf, ond mae'r rhain yn cael sylw sy'n golygu y gellir cynnig y driniaeth o fwy o safleoedd.
- Nid yw cleifion yn gorfod ymgymryd â'r driniaeth buvidal ond maent yn cael yr holl opsiynau ac yn gwneud y dewis drostynt eu hunain.
- Mae adborth gan gleifion mewn perthynas â'r driniaeth buvidal yn gadarnhaol iawn ac yn dangos bod llawer wedi gallu troi eu bywydau o gwmpas yn gyfan gwbl drwy dderbyn y driniaeth buvidal.
- Yng Ngogledd Cymru, mae tua 150 o gleifion yn cael y driniaeth buvidal; ar draws Cymru mae'r ffigur hwn tua 1000. Mae'r ffigur yn uwch yn yr Alban ond yn llawer is yn Lloegr oherwydd y gost ychwanegol a'r diffyg cyllid sydd ar gael.
- Mae'r data a dderbyniwyd hyd yn hyn yn dangos bod buvidal yn effeithiol ar gyfer y cleifion hynny sy'n dymuno dadwenwyno; mae'n parhau i fod yn y llif gwaed a'r wrin am gyfnodau hirach, hyd at 6 mis a dewisodd llawer o gleifion beidio â chael cwrs pellach o driniaeth ar ôl yr amser hwn. Mewn cyferbyniad, mae'r dadwenwyno o heroin, morffin neu buprenorphine yn llawer mwy serth ac yn gyflymach.
- Mae Buvidal yn ddiogel i'w ddefnyddio yn ystod beichiogrwydd ac nid yw'n dangos fawr o effaith ar y plentyn newydd-anedig.

Mewn ymateb i'r cwestiynau a dderbyniwyd gwnaed y sylwadau canlynol:

- Mae 2,500 o gleifion dan ofal y tîm camddefnyddio sylweddau yng Ngogledd Cymru. Pe bai mwy o gleifion yn dewis buvidal fel eu triniaeth, byddai'r costau ychwanegol yn parhau i gael eu talu gan Lywodraeth Cymru. Gellid defnyddio staff eraill fel fferyllwyr a'r rhai sydd â setiau sgiliau tebyg i ddarparu'r driniaeth a fyddai hefyd yn mynd rhywfaint o'r ffordd i gefnogi'r strategaeth Gofal yn Nes at Adref.
- Bydd cleifion bob amser yn cael y dewis o driniaeth, ond ymhen amser gallai hyn leihau'r defnydd o fethadon dros amser. Yn dilyn triniaeth buvidal, mae llawer o gleifion yn camu i ffwrdd o'u ffordd o fyw blaenorol.
- Er bod buvidal yn ddrutach na methadon, £280.00 y pigiad yn hytrach na £1000.00 y flwyddyn, ni ellir tanbrizio'r manteision cost i gymdeithas. Mae angen llai o oruchwyliaeth ar gleifion yn ystod eu cyfnod dadwenwyno; mae llai o anafiadau pigiad, llai o orddosau. Mae cleifion yn troseddu llai ac o ganlyniad mae llai o gyfranogiad gan yr heddlu.
- Gall cyffuriau opioid mewn gwirionedd waethygu'r effaith poen ar gyfer y rhai sydd â phoen cronig ac felly ni fyddai buvidal yn effeithiol wrth drin cleifion â dibyniaeth i gyffuriau presgripsiwn.
- Mae BIPBC yn awyddus i ddatblygu a chynnig triniaeth buvidal i fwy o gleifion os mai dyma yw eu dewis.



	<ul style="list-style-type: none"> • Gellir gwneud atgyfeiriadau at y gwasanaeth camddefnyddio sylweddau mewn sawl ffordd gan gynnwys hunan-atgyfeirio, atgyfeirio gan MT, gwasanaethau cyswllt, gweithwyr iechyd meddwl proffesiynol a sefydliadau eraill yn y trydydd sector. • Mae llawer o gleifion ar ôl cwrs o'r driniaeth buvidal, yn newid eu bywydau er gwell; roedd eu ffordd o fyw blaenorol ynghlwm wrth y caethiwed ac mae torri'r cylch hwnnw o ddibyniaeth yn arwain at ffordd o fyw newydd i lawer, rhai ohonynt efallai wedi bod yn gaeth ers blynnyddoedd lawer. • Mae'r defnydd o buvidal ar gael i'r cleifion hynny a allai fod yn ymgymryd â dedfryd o garchar, os yw'n briodol i'r claf ac os ydynt yn ei ddewis fel eu triniaeth. • Dylid cydnabod BIPBC am yr arloesedd wrth ddefnyddio buvidal ar gyfer trin cleifion sy'n ddibynnol ar opioid, ac mae'n gorfodi bwriad Cadeirydd BIPBC i gael bwrdd iechyd uwch dechnoleg ac nid bwrdd iechyd cost isel a dylid dathlu ei lwyddiant. <p>Diolchodd y Cadeirydd i Faye Graver a Will Williams am fynychu ac am ddarparu cyflwyniad diddorol a llawn gwybodaeth. Estynnodd y Cadeirydd wahoddiad hefyd i fynychu cyfarfod yn y dyfodol i roi'r wybodaeth ddiweddaraf am y datblygiadau gwasanaeth a amlinellir yn y cyflwyniad.</p>	
<p>CLI21.43 21.413(1)</p>	<p>CYFLWYNIAD: BYW'N IACH, AROS YN IACH Derbyn y wybodaeth ddiweddaraf am yr Adolygiad ac Adnewyddu Byw'n Iach, Aros yn Iach</p> <p>Roedd Sally Baxter, Cyfarwyddwr Cynorthwyol BIPBC — Strategaeth Iechyd a Clive Caseley, Cyfarwyddwr Dros Dro Partneriaethau, Cyfathrebu ac Ymgysylltu BIPBC yn bresennol i roi trosolwg o'r adolygiad ac adnewyddu'r Strategaeth Byw'n Iachach Aros yn Iach. Gwnaed yr arsylwadau canlynol:</p> <ul style="list-style-type: none"> • Diolchwyd i'r Cadeirydd am gytuno i newid yr agenda ar fyr rybudd er mwyn darparu ar gyfer y drafodaeth Byw'n Iach Aros yn Iach. • Nodwyd y bydd gwahanol gyfleoedd ymgysylltu yn cefnogi'r gwaith o adnewyddu ac adolygu'r Strategaeth Byw'n Iach, Aros yn Iach a gyhoeddwyd yn wreiddiol yn 2018. Mae'r adolygiad o'r strategaeth ar gael ar wefan BIPBC ynghyd â'r holiadur y gofynnir i'r cyhoedd ei gwblhau; fodd bynnag, gellir rhoi adborth mewn ffyrdd eraill megis drwy e-bost neu dros y ffôn. • Yn 2018 cyhoeddodd BIPBC ei gynllun strategol tymor hir; roedd CICGC a rhanddeiliaid allweddol eraill yn rhan o'r ymgysylltiad bryd hynny. Nid yw'r adolygiad presennol o'r strategaeth yn cynrychioli ymgynghoriad ffurfiol ond mae'n ffordd o wirio i weld a yw'r blaenoriaethau gwreiddiol yn y strategaeth yn dal i fod yn berthnasol. • Cydnabyddir nad yw amseriad yr adolygiad yn ddelfrydol, ond mae'n hanfodol er mwyn sicrhau bod egwyddorion Byw'n Iach Aros yn Iach 	



yn dal yn ddilys. Bydd y gwaith adnewyddu hefyd yn adolygu'r blaenoriaethau strategol er mwyn sicrhau eu bod yn dal i fod yn unol â 'Cymru Iachach'.

- Roedd Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn wynebu nifer o heriau cyn y pandemig byd-eang ac mae'n parhau i wynebu heriau sylweddol o ganlyniad i hynny.
- Bydd yr adolygiad hefyd yn llunio'r Cynllun Tymor Canolig Integredig (CTCI) a'r Cynllun Gwasanaethau Clinigol.
- Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn awyddus i glywed gan gynifer o randdeiliaid, gan gynnwys y cyhoedd, fel bod yr adborth yn eang.
- Mae BIPBC eisiau darganfod a yw ei nodau hirdymor yn dal yn iawn ac yn briodol neu os oes angen eu diwygio yng ngoleuni'r heriau y mae'n eu hwynebu ar ôl Covid-19. Rydym hefyd yn ceisio adborth mewn perthynas â'r themâu yn y ddogfen strategaeth.
- Cydnabuwyd bod yr adborth a dderbyniwyd hyd yn hyn wedi bod yn feirniadol o'r system gofal sylfaenol mewn perthynas â Gofal yn Nes at Adref. Mae BIPBC yn ymwybodol bod angen gwneud mwy o waith i sicrhau bod cleifion yn gallu cael mynediad at wasanaethau gofal sylfaenol ac yn edrych ar ffyrdd, gan gynnwys grwpiau clwstwr i fynd i'r afael â materion mewn perthynas â gofal sylfaenol.
- Mae BIPBC yn awyddus i glywed barn cleifion a'u profiadau mewn perthynas â'r blaenoriaethau a nodir ym Myw'n Iach, Aros yn Iach, ac felly mae'n defnyddio'r Tîm Profiad Cleifion i ysgogi'r ymgysylltiad.
- Mae BIPBC yn awyddus bod unrhyw ddiwygiad i'r strategaeth yn cael ei wneud yn unol ag ysbryd cyd-gynhyrchu a chyd-gynllunio gan gydnabod bod nifer o feysydd lle nad yw wedi llwyddo i gyflawni'r strategaeth flaenorol.
- Cynhelir yr ymgysylltiad rhwng 15 Medi a 27 Hydref 2021, ac ar ôl hynny bydd yr adborth yn cael ei ddadansoddi a bydd adroddiad yn cael ei lunio.
- Bydd staff hefyd yn gallu cyfrannu at yr adolygiad o'r strategaeth a bydd hyn yn gysylltiedig â'r strategaeth Gryfach Gyda'n Gilydd.

Derbyniwyd yr arsylwadau a'r sylwadau canlynol:

- Mae angen cydweithrediad sylweddol o ofal sylfaenol er mwyn gallu darparu Gofal yn Nes at Adref. Mae'r adborth a dderbyniwyd hyd yn hyn yn dangos bod cleifion yn cael trafferth cael mynediad i ofal sylfaenol. Mae'r tîm gofal sylfaenol yn gweithio i ddatblygu modelau gofal cynaliadwy a phriodol; nodwyd nad yw materion mewn perthynas â gofal sylfaenol yn unigryw i Ogledd Cymru ond yn effeithio ar y DU gyfan.



	<ul style="list-style-type: none"> • Mae gwaith yn cael ei wneud i ddatblygu gwaith clwstwr a fyddai'n cynnwys ymarferwyr gofal sylfaenol eraill ac nid meddygon teulu yn unig. • Croesewir yr adolygiad; mae'r egwyddorion yn gadarn, bu diffyg cynnydd sylweddol mewn meysydd fel gwasanaethau strôc ac nid yw newidiadau i ddarpariaeth gwasanaethau wedi digwydd. Ar ôl Covid, rhaid i'r strategaeth ganolbwyntio ar sicrhau gwelliannau gweladwy a mesuradwy i'r cleifion yng Ngogledd Cymru. • Er gwaethaf y diffyg cynnydd mewn sawl maes, nid yw'r ddogfen drafod yn cydnabod y llwyddiannau mewn meysydd eraill. Awgrymwyd bod llwyddiannau'n cael eu hychwanegu at y wybodaeth sydd ar gael i'r cyhoedd ar y wefan. • Croesewir yr enghreifftiau o wasanaethau yn y ddogfen drafod, ond nid ydynt yn esbonio sut y maent yn berthnasol i gleifion a'r gwahaniaeth y gallant ei wneud. • Teimlwyd bod angen i fwy o glinigwyr ac ymarferwyr iechyd gymryd rhan yn yr adolygiad o Fyw'n lach, Cadw'n lach, gyda nhw'n cymryd rhan yn y blaen a'r canol. Mae angen i'r strategaeth fod yn onest yn yr hyn y gellir ei gyflawni gan nodi'r strategaeth wreiddiol a gynhyrchwyd yn 2018 a addawyd i ddarparu llawdriniaeth robotig yng Ngogledd Cymru; nid yw hyn ar gael o hyd. • Nodwyd diolch i Sally Baxter a Clive Caseley am fynychu. • Nodwyd bod aelodau eisoes wedi rhannu eu hadborth gyda'r swyddfa. Y bwriad yw darparu un ymateb cyfansawdd CICGC i'r ddogfen drafod ac felly gofynnwyd i aelodau rannu adborth gyda'r swyddfa erbyn 20 Hydref 2021 fan bellaf. 	PS/DBS
<p>CL121.44</p> <p>21.44(1)</p>	<p>DIWEDDARIAD AR GYNNYDD I SEFYDLU'R CORFF LLAIS DINASYDDION</p> <p>Derbyn y wybodaeth ddiweddaraf am y Corff Llais Dinasyddion</p> <p>Siaradodd y Prif Swyddog a'r Rheolwr Busnes â'r eitem hon a gwnaethpwyd y sylwadau canlynol:</p> <ul style="list-style-type: none"> • Yng nghyfarfod diweddar Fwrdd y Cynghorau Iechyd Cymuned yng Nghymru, roedd y Cadeirydd a'r Prif Swyddog Gweithredol wedi nodi na fydd y bwrdd cysgodol yn cael ei sefydlu a'i weithredu erbyn 1 Ebrill 2022. • Mae Grŵp Llywio Llywodraeth Cymru wedi cwrdd â'r ffrydiau gwaith; deallir y bydd Alyson Thomas, Prif Swyddog Gweithredol BCICN ac Angela Mutlow, Prif Swyddog yn Swyddfa'r Bwrdd yn cynrychioli Cynghorau Iechyd Cymuned ar ffrydiau gwaith Llywodraeth Cymru ac yn adrodd yn ôl. • Bydd ffrydiau gwaith mewnol CIC yn cael eu diwygio er mwyn hwyluso gwell presenoldeb a chyfraniadau; mae'r presenoldeb hyd yma wedi bod yn wael. Bydd y ffrydiau gwaith bellach yn gweithredu 	



	<p>mewn modd cyfunol gyda chyfarfodydd anghysbell a thrwy e-bost. Bydd mwy o gyfarfodydd ar y cyd hefyd lle mae angen trafod ac ystyried themâu cyffredin. Efallai na fydd y newidiadau i'r ffrydiau gwaith yn gofyn am newid y Cylch Gorchwyl; cyngor i'w geisio ar y mater.</p> <ul style="list-style-type: none"> • Bydd staff hefyd yn cael cyfle i gymryd rhan yn y ffrydiau gwaith; gofynnir i staff enwebu eu hunain os oes ganddynt ddi-ddordeb mewn ymuno â ffrwd waith. Os bydd mwy nag un enwebiad yn cael ei dderbyn, byddai pleidlais yn cael ei chynnal, byddai'r aelod staff sy'n derbyn y nifer uchaf o bleidleisiau yn gallu mynychu'r ffrwd waith. • Mae staff ac aelodau yn parhau i gyflwyno cwestiynau ac ymholiadau; fel arweinydd y ffrwd waith cyfathrebu, gofynnwyd i Brif Swyddog CICGC ddarparu atebion. Ar hyn o bryd, nid yw llawer o'r atebion yn hysbys; mae'r ymrwymadau gwaith presennol mewn perthynas â'r gwasanaeth therapi iaith a lleferydd (SALT) yn golygu na fydd yn bosibl i'r Prif Swyddog ymateb i'r ymholiadau diweddaraf a dderbyniwyd. 	
<p>CL121.45 21.45(1)</p>	<p>COFNOD Derbyn a chymeradwyo cofnodion cyfarfod y Cyngor Llawn a gynhaliwyd ar 13 Gorffennaf 2021</p> <ul style="list-style-type: none"> • Wedi penderfynu bod cofnodion y cyfarfod a gynhaliwyd ar 13 Gorffennaf 2021 yn cael eu cymeradwyo fel cofnod cywir o'r cyfarfod. 	
<p>21.45(2) 21.45(2.1)</p>	<p>Materion yn Codi sydd ddim ar yr Agenda Gofal Sylfaenol BIPBC</p> <p>Siaradodd y Prif Swyddog â'r eitem hon a gwnaeth y pwyntiau canlynol o bwys:</p> <ul style="list-style-type: none"> • Roedd yn braf adrodd am newidiadau sylweddol gyda BIPBC o ran sut y mae'r CICGC a BIPBC yn cysylltu â gofal sylfaenol. • Yn ddiweddar, roedd y Prif Swyddog a'r Dirprwy Brif Swyddog wedi mynychu Panel Gofal Sylfaenol BIPBC lle'r oedd 4 newid gwasanaeth mewn perthynas â Practisau Meddygon Teulu i fod i gael eu hystyried. Roedd CICGC wedi llunio adroddiad mewn perthynas â phob newid arfaethedig i wasanaethau a oedd yn cynnwys adborth gwirioneddol a dilys gan garfan cleifion pob practis meddyg teulu. • O ganlyniad i adroddiadau CICGC, cytunodd y panel i dynnu tri o'r newidiadau i wasanaethau yn ôl; trafodwyd y pedwerydd newid gwasanaeth a'i wrthod gyda'r panel ar ôl ystyried yr argymhellion a wnaed gan CICGC. Adroddwyd bod y panel wedi dibynnu'n helaeth ar yr adroddiad a baratowyd gan CICGC wrth ddod i'w benderfyniad. • Cytunwyd y byddai'r pedwar newid i wasanaethau a wrthodwyd yn mynd yn eu blaen drwy'r protocol ar newid gwasanaethau y 	



	<p>cytunwyd arnynt sy'n bodoli rhwng CICGC a Bwrdd Iechyd Prifysgol Betsi Cadwaladr ac y bydd angen ymgysylltiad ehangach â chleifion yn ogystal â thrafodaethau pellach ar lefel pwyllgorau lleol.</p> <ul style="list-style-type: none"> • Adroddwyd bod BIPBC yn cymryd safbwynt newydd mewn perthynas â newidiadau i wasanaethau gofal sylfaenol a bydd yn ymgymryd â'r rhain gyda mwy o drylwyredd ac allan o'r llwybr blaenorol. • Nodwyd bod Cyngorwyr Awdurdodau Lleol a Phwyllgorau Craffu'r 6 Awdurdod Lleol ar draws Gogledd Cymru yn rhoi sylw manwl i wasanaethau gofal sylfaenol. • Yn ddiweddar, roedd CICGC wedi mynychu Pwyllgorau Craffu Cyngor Bwrdeistref Sirol Wrecsam yn ogystal â Chyngor Sir Ynys Môn i siarad am bryderon etholwyr a chlywed mwy amdanynt. • Cydnabuwyd bod meddygon teulu yn brin ac o dan bwysau, ond y gwasanaeth i gleifion sydd o'r pwys mwyaf. 	PS/DBS
CLI21.46 21.46(1)	<p>MATERION LLEOL Clywed materion lleol yn dilyn y cylch diweddar o gyfarfodydd pwyllgor lleol Siaradodd y Cadeirydd â'r eitem hon ac aeth ymlaen i wneud y sylwadau canlynol:</p> <ul style="list-style-type: none"> • Gofynnwyd i bob pwyllgor lleol drafod a darparu rhestr o faterion lleol; rhannwyd y rhestr hon cyn cyfarfod y Cyngor Llawn i'w hystyried. • Diolchwyd i bwyllgorau lleol am ddarparu eu materion perthnasol. Aeth y Cadeirydd ymlaen i nodi y byddai'r rhain yn allweddol wrth lunio cynllun blynyddol CICGC ar gyfer y flwyddyn ariannol 2022 — 2023 yn ogystal ag unrhyw adborth arall a dderbyniwyd gan randdeiliaid eraill. • Byddai'r materion a dderbynnir yn cael eu cyflwyno'n thematig i bwyllgorau lleol i'w hystyried ymhellach yn y cyfarfodydd a gynhelir ym mis Rhagfyr 2021. • Byddai Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn dilyn meysydd sy'n peri pryder. 	PS/DBS DBS/MO PS/DBS
CLI21.47 21.35(1)	<p>CYNLLUN GWEITHREDU AMRYWIAETH A HAWLIAU DYNOL CICGC Derbyn adroddiad cynnydd mewn perthynas â'r Cynllun Gweithredu Cydraddoldeb, Amrywiaeth a Hawliau Dynol ar gyfer y cyfnod Ebrill 2021 — Mawrth 2022 Siaradodd Linda Harper â'r eitem hon ac aeth ymlaen i wneud y sylwadau canlynol:</p> <ul style="list-style-type: none"> • Cafodd y papur briffio diweddaraf mewn perthynas ag CAHD ei baratoi a'i ddsbarthu i'r garfan aelodau a staff ehangach. 	



	<ul style="list-style-type: none"> Nodwyd bod BIPBC wedi ymrwymo i'r addewid dim hiliaeth yn ddiweddar; ni wyddys a oedd Bwrdd y Cynghorau Iechyd Cymuned wedi ymrwymo i hyn ar gyfer ac ar ran cynghorau iechyd cymuned ledled Cymru; cytunodd y Cadeirydd i ofyn am ragor o wybodaeth gan y Bwrdd yn hyn o beth. Byddai hefyd yn cael ei drafod yng nghyfarfod y Pwyllgor Gweithredol a gynhelir ar 12 Hydref 2021. Derbyniwyd data CAHD o ran cleientiaid eiriolaeth; bydd yr aelod arweiniol ynghyd â'r Dirprwy Brif Swyddog yn ystyried sut y gellir cynnwys hyn a'i adlewyrchu yn y cynllun CAHD blynyddol. Nododd Linda Harper ei hanfodlonrwydd gyda'r ffurflen CAHD a baratowyd gan Swyddfa'r Bwrdd; yn benodol 2 gwestiwn. Yn gyntaf, nid oes gan yr adran crefydd a chred opsiwn anffyddiaeth. Yn ail y cwestiwn "Ydych chi'n feichiog neu wedi bod yn feichiog ar (yn?) y deuddeg mis diwethaf" a gafodd ei dynnu o ffurflenni Lywodraeth Cymru beth amser yn ôl. Unwaith eto, cytunodd y Cadeirydd i geisio eglurder gan y Bwrdd ynghylch pam na chynhwyswyd yr opsiwn anffyddiaeth a pham y cafodd y cwestiwn o ran beichiogrwydd ei gynnwys o hyd oherwydd natur ansensitif bosibl. Byddai Linda Harper yn darparu rhai sylwadau i'r Cadeirydd mewn perthynas â'r addewid dim hiliaeth a'r ffurflen CAHD. Nodwyd bod Tîm Adolygu Cydraddoldeb Archwilydd Cyffredinol Llywodraeth Cymru yn adolygu cyrff cyhoeddus gan ganolbwyntio'n benodol ar Asesiad o'r Effaith ar Gydraddoldeb. Ni wyddys a oedd Bwrdd y Cynghorau Iechyd Cymuned wedi cael eu cysylltu yn hyn o beth. Cytunodd y Cadeirydd hefyd i ofyn am ragor o wybodaeth yn hyn o beth, ynghyd â chyflwyno'r AEC. 	<p>Cadeirydd</p> <p>Pwyllgor Gweithredol</p> <p>LH/DBS</p> <p>Cadeirydd</p> <p>LH</p> <p>Cadeirydd</p>
CL121.48 21.48(1)	<p>YR IAITH GYMRAEG Safonau'r Gymraeg</p> <ul style="list-style-type: none"> Mae CICGC yn parhau i gydymffurfio â phob un o'r 110 o safonau a nodir gan Gomisiynydd y Gymraeg; mae'r Cynghorau Iechyd Cymuned eraill yng Nghymru yn cydymffurfio ond gyda nifer o eithriadau ar waith. Nodwyd bod Bwrdd Cynghorau Iechyd Cymuned Cymru yn bwrw ymlaen â system teleffoni ledled Cymru; byddai galwadau i'r llinell Gymraeg yn cael eu hateb gan aelod ymroddedig o staff. Gallai'r system newydd weld CICGC yn torri rhai o safonau'r Gymraeg; byddai hyn ynghyd â chymau i liniaru achos posibl yn cael ei drafod yn ffurfiol yn y Pwyllgor Gweithredol a gynhelir ar 12 Hydref. 	<p>Pwyllgor Gweithredol</p>
CL121.49 21.49(1)	<p>UNRHYW FUSNES ARALL DIGWYDDIADAU YMGYSYLLTU Â GWASANAETHAU THERAPI IAITH A LLEFERYDD (SALT)</p>	



	<p>Siaradodd y Prif Swyddog â'r eitem hon, gan wneud y sylwadau canlynol:</p> <ul style="list-style-type: none"> • Mae 20 o ddigwyddiadau ymgysylltu â chleifion gwasanaeth SALT, a gynhelir gan CICGC, yn cael eu cynnal ledled Gogledd Cymru; mae'r rhain yn gymysgedd o gyfarfodydd wyneb yn wyneb a rhithiol gyda rhai agweddau o'r costau sy'n cael eu talu gan BIPBC. • Mae tri wedi cael eu cynnal hyd yma; er bod y presenoldeb wedi bod yn hynod o isel, mae'r adborth a dderbyniwyd wedi bod yn wych gyda phrofiadau cyferbyniol yn cael eu hadrodd. • Er bod y digwyddiadau wedi cael eu hyrwyddo'n dda drwy Awdurdodau Lleol ac ysgolion, teimlir nad yw Bwrdd Iechyd Prifysgol Betsi Cadwaladr wedi bod yn rhagweithiol wrth hyrwyddo'r digwyddiadau i ddefnyddwyr gwasanaeth. • Mae DBS wedi ysgrifennu i ofyn am gymorth pellach i hyrwyddo'r digwyddiadau fel y gall yr adborth fod yn eang. 	
CLI21.38	DYDDIAD Y CYFARFOD NESAF	
	Dydd Mawrth 26 Ionawr, 2022 10.00yb, bydd fformat y cyfarfod yn cael ei gynghori yn agosach at yr amser.	
	Diolchwyd i bawb am fynychu'r cyfarfod Daeth y cyfarfod i ben am 12.18yp	

CADEIRYDD

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DYDDIAD...



**Minutes of the Meeting of the North Wales Community Health Full Council held
Via Zoom
Thursday 30 September 2021 at 10.00am
Chair: Mrs Jackie Allen**

PRESENT:			
CONWY LOCAL COMMITTEE	Myfanwy Baines Frank Bradfield	Phil Capper Liz Liddall	Sian Ramessur Roger Williams
DENBIGHSHIRE LOCAL COMMITTEE	Eva Edwards		
FLINTSHIRE LOCAL COMMITTEE	Janet Axworthy Michael Boyle	Linda Harper Stella Howard	Rita Jones
GWYNEDD LOCAL COMMITTEE	Adrian Drake-Lee Vicki Harvey	Michael Lloyd-Jones	Paul Rowlinson
WREXHAM LOCAL COMMITTEE	Jackie Allen Frank Hemmings	Adrian Leslie Niki Tabern-Price	Beverley Parry-Jones
YNYS MÔN LOCAL COMMITTEE	Andy Burgen Sadie Francis	Glyn Haynes Aaron Osborne-Taylor	Dylan Rees
CO-OPTED MEMBERS	Shirley Bough Brace Griffiths	Dot Griffiths Mike Theaker	Mark Thornton
Staff	Lucy Barker Eleri Ellis Rebeca Hughes Cerys Jones Debra Jones Bethan Perkins Jill Scupham Carol Williams	Advocacy Support Officer Complaints Advocate Management Officer Management Officer Complaints Advocate Complaints Advocate Administrative Officer Deputy Chief Officer	



IN ATTENDANCE:	Sally Baxter Clive Caseley Faye Graver Geoff Ryall-Harvey Sue Irlam Gwynfor Owen Will Williams	BCUHB Assistant Director Health Strategy BCUHB Interim Director of Partnerships, Communications and Engagement BCUHB Consultant Psychiatrist/ Clinical Director Substance Misuse Service Chief Officer Secretariat Translator BCUHB Head Of Service Delivery and Clinical Operations Regional Specialist Services	
APOLOGIES:			
CONWY	Joy Baker	Carina Edwards	Hilary Randall
DENBIGHSHIRE	Gordon Hughes Morfudd Jones	Angela Marshall Neil Taylor	Gill Williams
FLINTSHIRE	Di Gill	David Mackie	
GWYNEDD	Mair Jones	Vera Wilson	
WREXHAM	Celia Hayward	Peter Rendle	
YNYS MÔN	Richard Bladon	Trefor Hughes	Val Monaghan
STAFF	Allison Hughes	Rachel Valentine	
NOT PRESENT MEMBERS	Karen Bellis Jon Chorlton Melanie Davies Gladys Healey	Derek Holmes Linda Kinani Christopher Phillipps Dewi Wyn Roberts	Menna Williams Emrys Wynne
NOT PRESENT STAFF	Bev Davies	Debbie Postle	Rachel Valentine

MINUTE	ITEM	ACTION
FC21.39	<p>WELCOME</p> <p>The Chair welcomed all present to the meeting. Members were reminded that simultaneous translation was available and members were welcome to use their language of choice. The translator explained how the simultaneous translation service could be accessed. The Chair also reminded members to keep themselves on mute other than when speaking so as to avoid interference and echoing.</p>	



	<p>The following changes in membership were noted since the previous Full Council meeting held on 13 July 2021:</p> <p>Conwy Local Committee Shirley Bough appointed as a co-opted member</p> <p>Denbighshire Local Committee Kelly Benton resigned as a third sector member</p> <p>Flintshire Local Committee Russell Jackson stepped down as a ministerial member Janet Axworthy appointed as a local authority member</p> <p>Gwynedd Local Committee No changes</p> <p>Wrexham Local Committee Jayne Thomas resigned as a ministerial member Beverley Parry-Jones appointed as a local authority member</p> <p>Ynys Môn Local Committee No changes</p>	
FC21.40	<p>APOLOGIES FOR ABSENCE Apologies were received and are as recorded</p>	
FC21.41	<p>DECLARATION OF INTERESTS There were no declarations of interest recorded.</p>	
FC21.42	<p>PRESENTATION – BUVIDAL TREATMENT FOR OPIOID DEPENDENCE IN NORTH WALES Faye Graver, BCUHB Consultant Psychiatrist/Clinical Director Substance Misuse Services and Will Williams, BCUHB Head Of Service Delivery and Clinical Operations Regional Specialist Services, were in attendance to deliver a presentation on Buprenorphine Treatment for Opioid Dependence in North Wales. A copy of the presentation is appended to these minutes; the following points in particular were made:</p> <ul style="list-style-type: none"> • Buprenorphine treatment for opioid dependence is new and has only been used for approximately 18 months. • People become opioid dependent either by using a natural derivative of opium such as heroin or by using a synthetic substance such as methadone which both stimulate the opioid receptor in the brain. • Opioid dependency can develop quite quickly (2-10 days) and withdrawal can be unpleasant with symptoms similar to flu. • Opioids are highly addictive with users needing to increase the amount taken to achieve the same ‘high’. Users become withdrawn 	



and are no longer interested in previous pleasures or activities. Continual and repeated relapse is a chronic condition.

- Previously opioid dependency was treated by using either methadone or buprenorphine. Both treatments need to be managed closely and need to be provided regularly in community settings. Methadone and buprenorphine need to be given on a daily basis, meaning that those on these treatments need to present daily to receive their treatment, which could be difficult for anyone whose life is chaotic.
- Those using heroin will receive a quick 'high' which will lessen rapidly, meaning more needs to be taken to achieve the same 'high'. The 'high' achieved from taking methadone is less as is the rate of drop off; this is also the case for buprenorphine.
- Buvidal is delivered as an injection under the skin and can be delivered either weekly or monthly; in North Wales it is given monthly although there is some flexibility in the time range so can be given earlier or later if needed.
- Buvidal takes up to a week to dissolve and is released over a prolonged period of time; it cannot be given to people with certain allergies or to vegans.
- Clinicians were initially suspicious of the buvidal treatment having had just two treatments for a number of years.
- Buvidal was rolled out as a treatment in January 2020, prior to the pandemic; however the global pandemic meant that BCUHB had to adapt and change how it supported and treated those with opioid dependency due to them being unable to attend pharmacies and other clinical settings to receive their treatment.
- Welsh Government has supported BCUHB financially with the slightly higher costs for the buvidal treatment as opposed to morphine and/or buprenorphine.
- There were some storage issues initially, but these are being addressed meaning the treatment can be offered from more sites.
- Patients are not obligated to undertake the buvidal treatment but are presented with all the options and make the choice for themselves.
- Feedback from patients in respect of the buvidal treatment is very positive and shows that the by receiving the buvidal treatment many have been able to turn their lives around completely.
- In North Wales there are approximately 150 patients receiving the buvidal treatment; across Wales this figure is approximately 1000. The figure is higher in Scotland but much lower in England due to the additional cost and lack of funding available.
- The data received so far shows that buvidal is effective for those patients wishing to detox; it remains in the blood stream and urine for longer periods of time, up to 6 months and many patients chose



not to have a further course of treatment after this time. In contrast the detox from heroin, morphine or buprenorphine is much steeper and more rapid.

- Buprenorphine is safe to use in pregnancy and shows little effect on the new born child.

In response to questions received the following observations were made:

- There are 2,500 patients under the care of the substance misuse team in North Wales. Should more patients choose buprenorphine as their treatment, the additional costs would continue to be met by Welsh Government. Other staff such as pharmacists and those with similar skill sets could be used to deliver the treatment which would also go some way to support the Care Closer to Home strategy.
- Patients will always be given the choice of treatment, but in time this could reduce the use of methadone over time. Following buprenorphine treatment, many patients step away from their previous lifestyle.
- Whilst buprenorphine is more expensive than methadone, £280.00 per injection rather than £1000.00 per annum, the cost benefits to society cannot be underestimated. Patients need less supervision during their detox period; there are less injection injuries, less overdoses. Patients offend less and as a result there is less police involvement.
- Opioid drugs can actually worsen the pain effect for those with chronic pain and therefore buprenorphine would not be effective in treating patients with an addiction to prescription drugs.
- BCUHB is keen to develop and offer buprenorphine treatment to more patients should this be their choice.
- Referrals to the substance misuse service can be done in many ways including self-referral, GP referral, liaison services, mental health professionals and other third sector organisations.
- Many patients after a course of the buprenorphine treatment, change their lives for the better; their previous lifestyle was attached to the addiction and breaking that cycle of addiction brings about a new lifestyle for many, some of whom may have been addicted for many years.
- The use of buprenorphine is available for those patients who may be undertaking a custodial sentence, if it is appropriate for the patient and if they chose it as their treatment.
- BCUHB should be recognised for the innovation in using buprenorphine for the treatment of opioid dependent patients and enforces the intention of the BCUHB Chair to have a high tech and not a low cost health board and its success should be celebrated.

The Chair thanked Faye Graver and Will Williams for attending and for providing an interesting and informative presentation. The Chair also



	<p>extended an invitation to attend a future meeting to provide an update in respect of the service developments as outlined in the presentation.</p>	
<p>FC21.43 21.413(1)</p>	<p>PRESENTATION: LIVING HEALTHIER STAYING WELL To receive an update in respect of the Living Healthier Staying Well Review and Refresh</p> <p>Sally Baxter, BCUHB Assistant Director – Health Strategy and Clive Caseley, BCUHB Interim Director of Partnerships, Communications and Engagement were in attendance to provide an overview of the review and refresh of the Living Healthier Staying Well Strategy. The following observations were made:</p> <ul style="list-style-type: none"> • Thanks were extended to the Chair for agreeing to change the agenda at short notice to accommodate the Living Healthier Staying Well discussion. • It was noted that various engagement opportunities will support the refresh and review of the Living Healthier Staying Well Strategy that was originally published in 2018. The review of the strategy is available on the BCUHB website along with the questionnaire that the general public is being asked to complete; feedback can however be given in other ways such as via email or over the phone. • In 2018 BCUHB published its long term strategic plan; NWCHC and other key stakeholders were involved with the engagement at that time. The current review of the strategy does not represent formal consultation but is a way of checking and touching base to see if the original priorities in the strategy are still applicable. • It is acknowledged that the timing of the review is not ideal, but is essential to ensure that the principles of Living Healthier Staying Well are still valid. The refresh will also review the strategic priorities to ensure that they are still in line with ‘A Healthier Wales’. • BCUHB faced a number of challenges prior to the global pandemic and continues to face significant challenges as a result thereof. • The review will also frame the Integrated Medium Term Plan (IMTP) and the Clinical Services Plan. • BCUHB is keen to hear from as many stakeholders, including the general public, so that the feedback is wide and broad ranging. • BCUHB wants to find out if its long term goals are still right and appropriate or need to be amended in light of the challenges it faces post Covid-19. Feedback is also being sought in respect of the themes in the strategy document. • It was acknowledged that feedback received to date has been critical of the primary care system in respect of Care Closer to Home. BCUHB is aware that more works needs to be done to ensure that patients are able to access primary care services and is looking at 	



ways, including cluster groups to address issues in respect of primary care.

- BCUHB is keen to hear the views of patients and their experiences in respect of the priorities laid out in Living Healthier Staying Well and as such is using the Patient Experience Team to drive the engagement.
- BCUHB is keen that any revision to the strategy is done in the spirit of co-production and co-design recognising that there are a number of areas where it has failed to deliver on from the previous strategy.
- The engagement runs from 15 September – 27 October 2021, after which time the feedback will be analysed and a report produced.
- Staff will also be able to contribute to the review of the strategy and this will be linked to the Stronger Together strategy.

The following observations and comments were received:

- There needs to be significant buy in from primary care to be able to deliver Care Closer to Home. Feedback received to date indicates that patients are struggling to access primary care. The primary care team is working to develop sustainable and appropriate models of care; it was noted that issues in respect of primary care are not unique to North Wales but are affecting the whole of the UK.
- Work is being undertaken to develop cluster work which would include other primary care practitioners and not just GPs.
- The review is welcome; the principles are sound and robust, there has been a significant lack of progress in areas such as stroke services and changes to the delivery of services has not happened. Post Covid the strategy must focus on bringing about a visible and measurable improvements for the patients in North Wales.
- Notwithstanding the lack of progress in many areas, the discussion document fails to recognise the successes in other areas. It was suggested that successes be added to the information available to the public on the website.
- The examples of services in the discussion document are welcome, but fail to explain how they are relevant to patients and the difference they can make.
- It was felt that more clinicians and health practitioners needed to be involved in the review of the Living Healthier Staying Well review with them being involved front and centre. The strategy needs to be honest in what can be achieved noting the original strategy produced in 2018 promised to deliver robotic surgery in North Wales; this is still not available.
- Thanks were noted to Sally Baxter and Clive Caseley for attending.



	<ul style="list-style-type: none"> It was noted that members have already shared their feedback with the office. It is the intention to provide a single composite NWCHC response to the discussion document and as such members were requested to share feedback with the office by no later than 20 October 2021. 	COIDCO
FC21.44 21.44(1)	<p>UPDATE ON PROGRESS TO ESTABLISH THE CITIZEN VOICE BODY</p> <p>To receive an update in respect of the Citizen Voice Body</p> <p>The Chief Officer and the Business Manager spoke to this item and made the following observations:</p> <ul style="list-style-type: none"> At the recent Board of CHCs in Wales Board meeting the Chair and Chief Executive Officer had indicated that the shadow board may not be established and operational by 1 April 2022. The Welsh Government Steering Group has met as have the workstreams; it is understood that Alyson Thomas, Chief Executive Officer at the BCHCWs and Angela Mutlow, Chief Officer at the Board Office will represent CHCs on the Welsh Government workstreams and report back. The internal CHC workstreams are to be revised so as to facilitate better attendance and contributions; attendance to date has been poor. The workstreams will now operate in a blended manner with both remote meetings and via email. There will also be more joint meetings where common themes need to be discussed and considered. The changes to the workstreams may or may not require the Terms of Reference to be changed; advice to be sought in this respect. Staff will also have an opportunity to be involved in the workstreams; staff will be asked to self-nominate themselves should they be interested in joining a workstream. In the event of more than one self-nomination being received, a vote would be undertaken, the staff member receiving the highest number of votes would be able to attend the workstream. Staff and members continue to submit questions and enquiries; as lead for the communications workstream, NWCHC Chief Officer has been asked to provide answers. At this time, many of the answers are unknown; the current work commitments in respect of the speech and language therapy service (SALT) mean that it will not be possible for the Chief Officer to respond to the most recent queries received. 	
FC21.45 21.45(1)	<p>MINUTES</p> <p>To receive and approve the minutes of the Full Council meeting held 13 July 2021</p>	



	<ul style="list-style-type: none"> Resolved that the minutes of the meeting held on 13 July 2021 be approved as an accurate record of the meeting. 	
21.45(2) 21.45(2.1)	<p>Matters Arising Not on the Agenda BCUHB Primary Care</p> <p>The Chief Officer spoke to this item and made the following points of note:</p> <ul style="list-style-type: none"> It was pleasing to report significant inroads with BCUHB in respect of how the NWCHC and BCUHB liaise with regards to primary care. Both the Chief Officer and the Deputy Chief Officer had recently attended the BCUHB Primary Care Panel where 4 service changes in respect of GP Practices were due to be considered. NWCHC had produced a report in respect of each proposed service change which included real and valid feedback from the patient cohort of each GP Practice. As a result of NWCHC's reports, the panel agreed to withdraw three of the service changes; the fourth service change was discussed and rejected with the panel having had regard for the recommendations as made by NWCHC. It was reported that the panel had relied heavily on the report prepared by NWCHC when reaching its decision. It was agreed that the four rejected service changes would proceed though the agreed service change protocol that exists between NWCHC and BCUHB and will need wider patient engagement as well as further discussions at local committee level. It was reported that BCUHB is taking a new stance in respect of primary care service changes and will be undertaking these with more rigour and out of the previous route. It was noted that Local Authority Councillors and the respective Scrutiny Committees of the 6 Local Authorities across North Wales are paying close attention to primary care services. Recently NWCHC had attended the Scrutiny Committees for Wrexham County Borough Council as well as Ynys Môn County Council to speak about and hear more about the concerns of constituents. It was acknowledged that GPs are scarce and under pressure, but it is the service to patients that is of paramount importance. 	CO/DCO
FC21.46 21.46(1)	<p>LOCAL ISSUES To hear local issues following the recent round of local committee meetings</p> <p>The Chair spoke to this item and went on to make the following observations:</p>	



	<ul style="list-style-type: none"> • Each local committee had been asked to discuss and provide a list of local issues; this list had been shared in advance of the Full Council meeting for consideration. • Local committees were thanked for providing their respective issues. The Chair went on to note that these would be instrumental in shaping NWCHC's annual plan for the 2022 – 2023 financial year in addition to any other feedback received from other stakeholders. • The issues received would be presented thematically to local committees for further consideration at the meetings to be held in December 2021. • Areas of concern would be followed up with BCUHB. 	<p>CO/DCO</p> <p>DCO/MO</p> <p>CO/DCO</p>
<p>FC21.47</p> <p>21.35(1)</p>	<p>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN</p> <p>To receive a progress report in respect of the Equality Diversity and Human Rights Action Plan for the period April 2021 – March 2022</p> <p>Linda Harper spoke to this item and went on to make the following comments:</p> <ul style="list-style-type: none"> • The most recent briefing in respect of EDHR had been prepared and circulated to the wider membership and staff cohort. • It was noted that BCUHB had recently signed up to the zero racism pledge; it was not known if the Board of CHCs had signed up to this for and on behalf of CHCs across Wales; the Chair agreed to seek further information from the Board in this respect. It would also be discussed at the Executive Committee meeting to be held on 12 October 2021. • EDHR data as regards advocacy clients has been received; the lead member along with the Deputy Chief Officer will consider how this can be included and reflected in the annual EDHR plan. • Linda Harper noted her dissatisfaction with the EDHR form that had been prepared by the Board Office; specifically 2 questions. Firstly the religion and belief section is lacking an atheism option. Secondly the question “Are you pregnant or have been pregnant on (in?) the last twelve months” which was supposedly removed from Welsh Government forms some time ago. Again, the Chair agreed to seek clarity from the Board as to why the atheism option was not included and why the question in respect of pregnancy was still included due to the possible insensitive nature. • Linda Harper would provide some comments for the Chair in respect of the zero racism pledge and the EDHR form. • It was noted that the Welsh Government Auditor General’s Equality Review Team is reviewing public bodies with a particular focus on Equality Impact Assessment (EqIA). It was not known if 	<p>Chair</p> <p>Executive Committee</p> <p>LH/DCO</p> <p>Chair</p> <p>LH</p>



	the Board of CHCs had been contacted in this regard. The Chair also agreed to seek further information in this respect along with which EqlAs are being submitted.	Chair
FC21.48 21.48(1)	<p>WELSH LANGUAGE Welsh Language Standards</p> <ul style="list-style-type: none"> NWCHC remains compliant with all 110 standards as set out by the Welsh Language Commissioner; the other CHCs in Wales are compliant but with a number of exemptions in place. It was noted that the Board of CHCs in Wales is pressing ahead with a Wales-wide telephony system; calls to the Welsh line would be answered by a dedicated member of staff. The new system could see NWCHC breach some of the Welsh language standards; this along with actions to mitigate a potential breach would be discussed formally at the Executive Committee to be held on 12 October. 	Executive Committee
FC21.49 21.49(1)	<p>ANY OTHER BUSINESS SPEECH AND LANGUAGE THERAPY (SALT) SERVICE ENGAGEMENT EVENTS</p> <p>The Chief Officer spoke to this item, making the following observations:</p> <ul style="list-style-type: none"> 20 SALT service patient engagement events, hosted by NWCHC, are taking place across North Wales; these are a mix of face to face and remote meetings with some aspects of the costs being met by BCUHB. Three have been held to date; whilst the attendance has been disappointingly low, the feedback received has been excellent with contrasting experiences being reported. Whilst the events have been well promoted via Local Authorities and schools, it is felt that BCUHB has not been proactive in promoting the events to service users. DCO has written to ask for further support in promoting the events so that the feedback can be wide and broad ranging. 	
FC21.38	DATE OF NEXT MEETING	
	Tuesday 26 January, 2022 10.00am <i>the format of the meeting will be advised closer to the time.</i>	
	All were thanked for attending the meeting The meeting closed at 12.18pm	

CHAIR

DATE.....