

Stakeholder Reference Group Annual Report 2016/17

1. Title of Group: Stakeholder Reference Group

2. Name and role of person submitting this report:

Mr Chris Wright, Director Corporate Services, Lead Director SRG

3. Dates covered by this report: 01/04/2016-31/03/2017

4. Number of times the Group met during this period:

The Advisory Group was routinely scheduled to meet **six** times, and otherwise as the Chair of the Group deemed necessary. During the reporting period, it met on **seven** occasions. Attendance at meetings is detailed within the table below:

STAKEHOLDER REFERENCE GROUP - MEMBERSHIP

Members of the Group	Organisation	09/05/ 2016	04/07/ 2016	05/09/ 2016	24/10/ 2016	07/11/ 2016	23/01/ 2017	27/03/ 2016
THIRD SECTOR								
Mrs Fiona Evans	Conwy Voluntary Services	✓	✓	✓	✓	✓	✓	
Prof D Jones		✓	x	x	x	✓	✓	
Mr Gwilym Ellis Evans	Mantell Gwynedd Voluntary Services Council	✓	✓	✓	✓	✓	✓	
Mrs Jacqueline Storer	Ty Avow, Association of Voluntary Organisations in Wrexham	x	✓	x	x	✓	✓	
Mrs Hilary Stevens	Denbighshire Voluntary Services Council	x	x	x	x	✓	x	
Mrs H Wilkinson deputising for H Stevens				✓	x	x	x	x
Mrs S Purcell	Medrwn Mon Voluntary Services Council	✓	✓	✓	x	x	✓	
Ann Woods	Flintshire Voluntary Services Council	x	x	✓	x	x	✓	
EQUALITIES								
Prof R Moore	North Wales Regional Equality Network	✓	✓	x	✓	✓	✓	
Vacant	Conwy Connect – Disability Equality							

LOCAL AUTHORITIES								
Cllr R Bartley * Cllr Bartley passed away in January 2017	Denbighshire				✓	x	*	
Cllr Christine Jones	Flintshire	x	x	x	x	x	x	
Cllr D R Thomas	Ynys Mon				✓	x	x	
Cllr Aled Morris Jones		✓	x	x				
Cllr W G Roberts	Gwynedd	x	✓	x	x	✓	✓	
Cllr M Rowlands representing Cllr W G Roberts					✓	✓	x	x
Cllr P Edwards (Chair)	Conwy	✓	✓	✓	✓	x	x	
Cllr Joan Lowe	Wrexham	x	x	x	x	x	x	
TOWN & COMMUNITY COUNCILS								
Cllr M Harriman	One Voice Wales / Unllais	x	✓	✓	✓	✓	✓	
Ms L Evans (rep. M Harriman)		✓	x	x	x	x	x	
HOUSING ASSOCIATIONS								
Mr F Williams	Housing Associations	✓	✓	✓	✓	✓	✓	
NATIONAL CARERS ASSOCIATION								
Claire Sullivan	NEWCIS		✓	✓	x	x	x	
Llinos Roberts	Carer's Outreach Service		✓	✓	x	✓	✓	
Mrs G Winter	Carers Trust	✓	x	x	x	✓	✓	

INDEPENDENT SECTOR								
Mrs M Wimbury	Care Forum Wales	✓	✓	x	✓	x	✓	
WAST (Wales Ambulance Service Trust)								
Mrs S Thompson		✓	x	✓	✓	✓	✓	
Health, Social Care & Well-being Partnership (HSCWB)								
Cllr Jeanette Chamberlain-Jones	HSCWB Denbighshire	x	x	x	x	x	x	

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By Invitation – CHC Designated Officer								
Mrs Jackie Allen	CHC Chair	x	x	✓	✓	✓	✓	
In attendance		09/05/ 2016	04/07/ 2016	05/09/ 2016	24/10/ 2016	07/11/ 2016	23/01/ 2017	27/03/ 2016
Mrs L Meadows	Chair, SPPHHC, BCUHB	x	✓	✓	✓	x	x	
Mrs M Hanson	Vice Chair BCUHB	✓	x	✓	x	x	x	
Mr C Wright	Director of Corporate Services, Lead Officer	✓	✓	x	✓	✓	✓	
Katie Sargent	Assistant Director, Communications: Lead Officer	✓	✓	✓	✓	✓	✓	
Mrs S Baxter	Assistant Director, Health Strategy	✓	✓	✓	✓	x	✓	
Denise Hughes (replacing D Davies)	BCUHB Admin Support (Minutes)			✓	✓	✓		
Ms D Davies		✓	✓	✓				

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Group. Additionally the Group benefits from Staff Side attendance. For a full list of attendance, please see the detailed Minutes which can be accessed on the Health Board's website via the following link [here](#).

5. Assurances the Group is designed to provide:

The SRG is an Advisory Forum which is not required to provide assurance. Its purpose is to give a range of stakeholders the opportunity to influence service design and delivery in relation to the following specific areas:

- Continuous engagement and involvement in the determination of the LHB overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB operations on the communities it serves.

During the period that this Annual Report covers, the Group operated in accordance with its terms of reference at Appendix 1. This report provides an account against those areas of strategic development the SRG has considered.

An integral part of the process is the requirement for each Committee to undertake a self-assessment. Given the intense scrutiny of the Board effectiveness and that of its Committee's over the course of the year, facilitated by Ann Lloyd, together with Board Members both collectively and individually the Audit Committee at its December meeting agreed not to require each Committee to undertake an individual self-assessment this year (with the exception of the Audit Committee).

6. Overall *RAG status against Group annual objectives / plan: **GREEN**

The summary below reflects the Group's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Was sufficient assurance provided?	Was the assurance positive?	Supporting narrative
	RAG	RAG	
Continuous engagement and involvement in the determination of the LHB overall strategic direction	GREEN	GREEN	Variety of Reports & presentations on the specific service areas and the overall strategic direction to each meeting
Provision of advice on specific service proposals prior to formal consultation	GREEN	GREEN	The SRG has Strategic Planning as a permanent agenda item and has the opportunity to attend planning development workshops Chair of the SRG also is a member of the Project Executive Group

<p>Feedback on the impact of the LHB operations on the communities it serves</p>	<p>GREEN</p>	<p>AMBER</p>	<p>Focus has been on SRG influencing the organisation's strategic direction and ensuring impacts on communities are recognised and reflected in service development.</p> <p>Individual members have had opportunity to describe impacts on their constituents across a range of strategies.</p>
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7. Main tasks completed / evidence considered by the Group during this reporting period:

January 2016:

- Primary Care Strategy; Strategic Equality Plans; Deloitte's Report 2013/4

March 2016:

- BCUHB Engagement Strategy; BCUHB Mental Health Strategy; BCUHB Integrated Quality & Performance

May 2016:

- BCUHB Financial Position; HMP Berwyn; Medicines Management; BCU Special Measures Improvement Plan

July 2016:

- BCUHB Whole Systems Strategy; Public Health Wales – Well North Wales; BCUHB Welsh Language Standards

September 2016:

- Welsh Ambulance Trust Annual Report (WAST); BCUHB Communications & Engagement; Bevan Advocates

October 2016 (Additional Meeting):

- BCUHB Living Healthier, Staying Well – Strategy Development Update

November 2016:

- BCUHB Mid-Year Finance Position; Unscheduled Care/Winter Plan; Delayed Transfers of Care

January 2017:

- BCUHB Primary & Communities Services Development; BCUHB Corporate Planning incl Operational Plan 2017/18 & Living Healthier, Staying Well; Adverse Childhood Experiences (ACEs) in Wales

March 2017:

- Corporate Planning incl Engagement; BCUHB Mental Health Strategy; HMP Berwyn; Public Health Wales Population Assessment

Full details of the issues considered and discussed by the Group are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following link [here](#).

8. Focus for the year ahead:

The primary focus of the Group over the next twelve months will be:

- BCUHB Corporate Planning – IMTP, AOP, Clinical Services Strategy & Capital Programme
- BCUHB Communications & Engagement
- BCUHB Seasonal Plan
- BCUHB Performance
- BCUHB Third Sector Strategy
- Social Services & Wellbeing (Wales) Act and Future Generations (Wales) Act
- BCUHB Finance
- BCUHB Welsh Language Plan and Standards
- HMP Berwyn
- Public Health Wales – Well North Wales

The Group has established a Forward Plan for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. This is attached as Appendix 2.

9. Key Recommendations and Risks identified by this Group in-year which have been highlighted and addressed as part of the Chair's Assurance Reports:

A number of recommendations have been made by the SRG to the Board and these are included at Appendix 3 together with the current position and status in terms of taking them forward.

10 If appropriate, have these new risks been escalated as an issue of significance, or to the relevant Chief of Staff for consideration?

Yes ✓ to the Board as part of the Chair's assurance report.

**Key:*

Red	= not on target to achieve all actions, and may not achieve these actions by the next quarter
Amber	= not on target to achieve all actions, but has plans in place to see these actions achieved by the next quarter
Green	= on target to achieve all actions

Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

The Stakeholder Reference Group (SRG)

INTRODUCTION

The Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves. To help discharge this duty the Board has appointed Advisory Groups to provide advice to the Board in the exercise of its functions. The Board Advisory Groups includes the Stakeholder Reference Group.

PURPOSE

The purpose of the Stakeholder Reference Group, hereafter referred to as “SRG”, is to provide:

- Continuous engagement and involvement in the determination of the LHB overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB operations on the communities it serves.

DELEGATED POWERS AND AUTHORITY

The SRG will, in respect of its provision of advice to the Board:

- Provide a forum to facilitate continuous engagement and activate debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB’s decision making.
- The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. The SRG’s role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas.

Authority

The SRG may offer advice specifically requested by the LHB on any aspect of its business, and the SRG may also offer advice and feedback even if not specifically requested by the LHB. The SRG may provide advice to the Board:

- at Board meetings, through the SRG Chair's participation as Associate Member;
- in written advice; and
- in any other form specified by the Board

Sub Committees

The Board may determine that the SRG should be supported by sub groups to assist it in the conduct of its work, or the SRG may itself determine such arrangements, provided that the Board approves such action.

MEMBERSHIP

Chair	nominated from within the membership of the SRG by its members and approved by the Board
Vice Chair	nominated from within the membership of the SRG by its members and approved by the Board.
Members	<p>The membership is drawn from within the area served by the LHB, and ensures involvement from a range of bodies and groups operating within the communities serviced by the LHB.</p> <p>SRG Members can agree 'nominated/named deputies' to attend in exceptional circumstances such as a prolonged period of absence. These nominations must be notified in writing to the Board Secretary and approved by the Health Board.</p> <p>The membership will be made up of representatives from the following sectors:</p>

Sector/organisation	Number of places available
Third sector	6
Independent sector	1
Town/Community Councils	1
Housing Associations	1
Carers	3
Local Authorities	6
Disability equality	1
North Wales Regional Equality Network	1
Total	20

This membership will be reviewed by the Chair and Lead HB Officer on an annual basis

Representatives can be 'co-opted' to advise on specific issues as appropriate by agreement with the Chair.

Lead HB Officer Director of Corporate Services

Secretary As determined by the Board Secretary

In attendance The Board may determine that designated board members or LHB staff should be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

By invitation The SRG shall make arrangements to ensure designated CHC members receive the SRGs papers and are invited to attend SRG meetings.

Member Appointments

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area who may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Assembly Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period of no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the LHB Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The **Chair's** term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The **Vice Chair** shall be nominated from within the membership of the SRG, by its members by the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/organisation from that of the Chair.

The Vice Chair's term of office will be as described for the Chair.

A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

Support to SRG Members

The LHB's Board Secretary, on behalf of the Chair, will ensure that the SRG is properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the LHB and others;
- ensuring that the SRG receives the information it needs on a timely basis;
- ensuring strong links to communities/groups; and
- facilitating effective reporting to the Board
- enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

SRG MEETINGS

Quorum

At least one third of the members must be present to ensure the quorum of the SRG.

Frequency of Meetings

Meetings shall be held bi-monthly or otherwise as the Chair of the SRG deems necessary – consistent with the LHB's annual plan of Board Business.

Openness and transparency

The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires, wherever possible, the Forum to hold meetings in public unless there are specific, valid reasons for not doing so.

REPORTING AND ASSURANCE ARRANGEMENTS

The SRG Chair is responsible for the effective operation of the SRG:

- chairing Group meetings;
- establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
- developing positive and professional relationships amongst the Group's membership and between the Group and the LHB's Board and its Chair and Chief Executive.
- The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- As Chair of the SRG, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

The Board may determine that designated board members or LHB staff should be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

The Board should determine the arrangements for any joint meetings between the LHB Board and the Stakeholder Reference Group.

The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

APPLICABILITY OF STANDING ORDERS TO SRG BUSINESS

The requirements for the conduct of business as set out in the LHB's Standing Orders are equally applicable to the operation of the SRG, except in the following areas:

- Quorum

REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the SRG with reference to the Board.

DATE OF ACCEPTING THE TERMS OF REFERENCE AND APPROVAL

Date:

Chair of Stakeholder Reference Group signature

Vice Chair of Stakeholder Reference Group signature

v4.0 4.7.16

**RHAGLEN GWAITH Y DYFODOL
DRAFT FORWARD WORK PLAN**

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Corporate Planning Update	Sally Baxter	27 th March 2017	Next Board Report due Aug 17 (potential service scenarios)	Regular update reports provided to SPPH Committee (monthly)
Mental Health Strategy	Lesley Singleton	27 th March 2017	March 2017	SRG has been engaged throughout the development of the Strategy
SRG Annual Report	Chris Wright	27 th March 2017	March 2017	Each Board Committee and Advisory Group required to submit annual report on activities
SRG Forward Plan	SRG Chair/Chris Wright	27 th March 2017	N/A	Will be fixed agenda item

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Public Health in North Wales – including Needs Assessment and Well North Wales	Teresa Owen	22nd May 2017 - 27 March 2017	PH Annual Report will go to Board in Nov 17	Brought Forward to 27 March 2017
Pharmacy Update	Berwyn Owen	22nd May 2017 - 27 March 2017	N/A	<p>Pharmacy Issues in relation to avoidable harm being considered by QSE</p> <p>Operational pharmacy issues discussed at Group sitting under the Senior Clinical Management Quality & Safety Group</p> <p>Savings plans are considered by the Project Management Office structures</p>
HMP Berwyn Update	Andy Roach	22nd May 2017 - 27 March 2017		Moved from December 2016 Meeting

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Corporate Planning Update	Sally Baxter	22 nd May 2017	Next Board Report due Jul 17 (potential service scenarios)	Regular update reports provided to SPPH Committee (monthly)
Third Sector Strategy	Geoff Lang	22 nd May 2017		Postponed from March
Annual Quality Statement	Gill Harris	22 nd May 2017	May 2017	Postponed from March - Will go to QSE Committee before Board
Strategic Equality Plan	Mark Sykes	22 nd May 2017	Jul 17	
Partnership Working/ Health & Wellbeing & Future Generations	Geoff Lang	22 nd May 2017	tbc	To inform the discussion further direction on areas for focus would be helpful
SRG Forward Plan	SRG Chair/Chris Wright	22 nd May 2017	N/A	Will be fixed agenda item

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Corporate Planning Update	Sally Baxter	31 st July 2017	Next Board Report due Nov17	Regular update reports provided to SPPH Committee (monthly)
CEO Discussion and update on Special Measures	CEO/Chris Wright	31 st July 2017	Monthly Verbal Update	Phase 3 report due to be considered by Board in Nov 17 prior to submission to WG
Performance Update	Jill Newman	31 st July 2017	Monthly Update at Board	Discussion might be more focused if a few key areas of interest to members were identified
Corporate Planning Update/Service Scenarios	Sally Baxter	31 st July 2017	Aug 17	To look at potential service scenarios; will go to SPPH prior to Board
Engagement Plans	Katie Sargent	31 st July 2017	Aug 17	Proposed engagement plan for next stage of development of IMTP; will go to SPPH prior to Board

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Seasonal Plan	Morag Olsen	31 st July 17	Sep 17	Look back at 16/17 and plans for 17/18
SRG Forward Plan	SRG Chair/Chris Wright	31 st July 2017	N/A	Will be fixed agenda item
Well North Wales Initiative	Glynne Roberts, PHW	31 st July 2017	N/A	Develop within the project a more detailed briefing for SRG members to use with their own networks (S/16/29.7)

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Corporate Planning Update	Sally Baxter	25 th September 2017	Next Board Report due Nov17	Regular update reports provided to SPPH Committee (monthly)
Financial Update	Russ Favager	25 th September 2017	Finance Report considered at every Board meeting	
HMP Berwyn Update	Andy Roach	25 th September 2017	Nov 17	Report 6 months after initial opening
SRG Forward Plan	SRG Chair/Chris Wright	25 th September 2017	N/A	Will be fixed agenda item

Topic	Responsible Officer	Date of SRG	Date of Health Board	Comments
Corporate Planning Update	Sally Baxter	27 th November 2017	Next Board Report due Jan17	Regular update reports provided to SPPH Committee (monthly) Likely to be a detailed discussion on service options for inclusion in IMTP
Well North Wales	Glynne Roberts	27 th November 2017		SRG Meeting 09 May 2016 – S16/29: Detailed briefing for members to use with their own networks.
SRG Forward Plan	SRG Chair/Chris Wright	27 th November 2017	N/A	Will be fixed agenda item


APPENDIX 3

RECOMMENDATION	LEAD EXECUTIVE/ MANAGER	OUTCOME
MEETING HELD 23 January 2017		
S17/01/03 - Primary Care Development		
<ul style="list-style-type: none"> Primary Care and Health/Wellbeing to be cornerstones of future strategy to give years of life and life to years 	Ffion Johnstone	<ul style="list-style-type: none"> The Living Healthier, Staying Well programme incorporates Care Closer to Home and Health & Wellbeing as key programme strands
<ul style="list-style-type: none"> Carers must be built into strategic planning 		<ul style="list-style-type: none"> A multi-agency Strategic Carers Group reports to the Regional Partnership Board so that all public bodies reflect carers issues in their strategic planning as required by new legislation
<ul style="list-style-type: none"> Work needed to engage GPs on alternative models of care 		<ul style="list-style-type: none"> Work ongoing through Care Closer to Home workstream and GP Clusters
<ul style="list-style-type: none"> SRG members should be invited to engage in the continued development of the Strategy 		<ul style="list-style-type: none"> Strategy development a standing agenda item on the SRG agenda
S17/01/04 - Adverse Childhood Experiences (ACEs) in Wales		
<ul style="list-style-type: none"> ACEs needs to be a priority for each PSB and the Regional Partnership Board and incorporated into the Health Board's Well-being Strategy. Improving childhood 	Geoff Lang	<ul style="list-style-type: none"> Will be built into regional and Health Board planning through the Health &

experiences will have long term benefits in terms of health and well-being of future generations.		Wellbeing work-stream for Living Healthier, Staying Well
MEETING HELD 07 NOVEMBER 2016		
S16/48 – Financial Position	Russ Favager	
<ul style="list-style-type: none"> Financial decisions must be balanced against the need to provide timely and high quality care 		<ul style="list-style-type: none"> AOP describes the requirement to balance financial decisions against the need to maintain high quality and timely services. Quality Impact Assessment process assesses financial and quality impacts to inform decision making. Health Board adopting a process to ensure financial decisions are values based encompassing both productivity and quality improvements
<ul style="list-style-type: none"> North Wales' patients must not receive an inferior service compared to patients in other parts of Wales as a result of financial pressures 		<ul style="list-style-type: none"> The Health Board is required to meet Welsh Government performance targets against a range of measures. Health Board adopting a process to ensure financial decisions are values based encompassing both productivity and quality improvements
<ul style="list-style-type: none"> Partnership working and development of shared strategies are very important moving forward, and in the development of the Health Board strategy. 		<ul style="list-style-type: none"> PSBs and Regional Partnership Board engaged in development of strategic plans
<ul style="list-style-type: none"> Recognise collaboration – the pooling of budgets is a necessity and will need to be resolved, and may need more direction from WG. 		<ul style="list-style-type: none"> A number of budgets are already pooled and further opportunities will be investigated with partners in developing future plans

MEETING HELD 07 NOVEMBER 2016 Continued		
S16/50 – Briefing: Work with Partners to reduce Delayed Transfers of Care (DToC)	Morag Olsen	
<ul style="list-style-type: none"> The issue of DToC would need whole system solutions with key stakeholders fully engaged in developing strategy 		A multi-agency event held December 17 to look at DTOC and challenges within the residential care and nursing sector. Action plan agreed for all agencies to jointly deliver. Significant improvement in DTOC seen by Health Board in first 2 months of the year and DTOC reduction a target within the Operating Framework for 17/18
MEETING HELD 24 OCTOBER 2016		
S16/43 – LHSW: Strategy Development Programme	Sally Baxter	
<ul style="list-style-type: none"> That due to the high numbers of people presenting in law courts with mental health issues, that the accuracy of the statistics and quality of data being used as a basis for this strategy, should be cross-checked. 		<ul style="list-style-type: none"> Baseline assessments undertaken across all Living Healthier, Staying Well workstreams using recognised data sources
<ul style="list-style-type: none"> That the Board highlights the importance of the link between mental health and poverty, and stresses the importance of the quality of data and communication with all Partners. 		<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> That the Health Board should consider establishing a Social Charter to encourage Partners to commit to the whole strategy. 		<ul style="list-style-type: none"> The Regional Partnership Board and Regional Leadership Board provide the forums for ensuring a shared commitment to all services in North Wales

MEETING HELD 5 SEPTEMBER 2016		
S16/36 Corporate Planning Update	Sally Baxter	
<ul style="list-style-type: none"> That an additional meeting of the SRG be convened to enable members to inform and input into the shaping of corporate planning papers for the IMTP and Living Healthier Staying Well strategy. 		<ul style="list-style-type: none"> Completed – Meeting held on 24 October 2016
S16/37 Communications and Engagement	Katie Sargent	
<ul style="list-style-type: none"> The SRG recommended that the Board utilise established meetings of Town and Community Councils as part of its engagement process. Ensure that the 'update' and media coverage newsletters were circulated widely including Community Councils. 		<ul style="list-style-type: none"> Will be built into the engagement plan Newsletters are shared with all stakeholders every 6-8 weeks
MEETING HELD 9 MAY 2016		
S16/20 – Pharmacy Medicines Management	Berwyn Owen	
<ul style="list-style-type: none"> Supporting the way forward in the issue of bulk medication prescriptions for use within residential and care homes. 		<ul style="list-style-type: none"> Update 30.12.16 Batch repeat prescribing and bulk supply to care homes are now key indicators within the Health Board's operational plan and part of the GP prescribing enhanced service. Uptake will monitor monthly from January 2017. Update 16.3.17 Early discussions are underway to consider the use of technology to support medicines management within N Wales. Meetings are being planned with providers Beacon, Boots

<ul style="list-style-type: none"> Supporting the way forward in the issue of bulk medication prescriptions for use within residential and care homes continued 		<p>etc to scope development by May 2017. Continued on next page</p> <ul style="list-style-type: none"> The use of My Health Online (on line ordering) and repeat dispensing (batch) systems are key actions within the Pharmacy and Medicines Management work plan for 17-18.  <p>Operational Plan Template - 2016-17 fi</p>
<ul style="list-style-type: none"> Developing systems to enable recycling of medicines where appropriate as current practice within hospitals. 		<ul style="list-style-type: none"> Initial discussion held with the General Pharmaceutical Council, the GB independent pharmacy regulator, to establish standards in relation to medicines recycling.
<ul style="list-style-type: none"> Support Carers through safe administration of medicines. 		<ul style="list-style-type: none"> A unified medicines administration policy is being consulted on across North Wales in conjunction with LAs, agencies and voluntary sector. The policy is expected to be ratified by April 2017. This policy is currently being considered by the Area Integrated Service Board. <p>Continued on next page</p>



- Support Carers through safe administration of medicines continued

• Update 16.3.17
Over the last two years, a multidisciplinary group including health, Local Authority, private providers have met and agreed:

- Joint Agreement for a Code of Practice for the Management of Medicines in health and social care settings
- Standards of best practice and standard operating procedures for medicines management for all care settings for adults
- Standard Operating Procedure (SOP) for medicines management in the domiciliary Settings
- Standard Operating Procedure(SOP) for medicines management in the Care Home Setting

This has been approved by BCUHB policies and procedures group and it is anticipated will be approved by the six local authorities in North Wales by 31st march 2017. This work may help support All Wales documentation.

The HB is scoping training packages to support carers to deliver to these standards.

<ul style="list-style-type: none"> • SRG urges the Wales Government to establish a national review of Community Pharmacy contracts and to establish a national policy for Wales with targeted interventions to reduce waste 		<ul style="list-style-type: none"> • The WG has revised the Community Pharmacy Contract for Wales from April 2017. Additional measures have been established to improve quality outcomes and reduce medicines waste. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Waste Driver Diagram (2).docx </div> <div style="text-align: center;">  SBAR- waste (final).doc </div> </div>
<ul style="list-style-type: none"> • Review the monthly prescription policy of the Health Board, exploring longer periods of prescribing medication where appropriate on a prescription for patients with chronic conditions e.g. beyond a month 2 – 6 months, implementing batch repeats 		<ul style="list-style-type: none"> • The use of My Health Online (on line ordering) and repeat dispensing (batch) systems are key actions within the P and MM work plan for 17-18.
<ul style="list-style-type: none"> • Increasing patients' own awareness and responsibility and maximising the benefits of the Expert Patient programme to deliver better outcomes. 		<p>http://www.wales.nhs.uk/sitesplus/861/page/49981</p> <ul style="list-style-type: none"> • There is an activity that is delivered on week 5 of the course called Medication Usage. This activity covers the purposes of medications, medication effects, patients medications responsibilities. In the session the group will also identify problems that might prevent someone from taking their medications as prescribed and identify ways to remember to take medication.

<ul style="list-style-type: none"> That BCUHB agrees a MEDICINES CHARTER and develops a communication plan with Stakeholders to engage the wider public on safer use of medicines. 		<p>http://mymedicinesmyhealth.org.uk/</p> <ul style="list-style-type: none"> A communication plan is part of the roll out of <i>Choose Pharmacy</i> including common ailment scheme, emergency supply of medicines and hospital discharge communication. This includes joint working with the expert patient programme and the establishment of a Medicines Charter based on the Your Medicines Your Health campaign at Cwm Taf Health Board.
<p>S16/29 Well North Wales</p>	<p>Glynne Roberts</p>	
<ul style="list-style-type: none"> Felt that it would be essential to map all current “well-being activity” in the localities that would be in the first phase of the programme 		<ul style="list-style-type: none"> Initial phase and mapping on-going.
<ul style="list-style-type: none"> Believed the project needed to take an asset-based approach in developing local initiatives and interventions in view of the wide range of activity already underway through other stakeholders 		<ul style="list-style-type: none"> Asset-based community development training to be commissioned for early 2017
<ul style="list-style-type: none"> Was strongly of the view that the project needed to engage all stakeholders moving forward since this was a shared agenda for the Public Service Boards. 		<ul style="list-style-type: none"> Draft accountability framework in place, with recommended accountability to the Public Service Boards
<ul style="list-style-type: none"> Would develop with the project a more detailed briefing for members to use with their own networks 		<ul style="list-style-type: none"> Will be provided when project is sufficiently developed. (Oct 17)