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CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL

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Prif Weithredwr – Chief Executive
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RHYBUDD O GYFARFOD	NOTICE OF MEETING	
PWYLLGOR SGRIWTINI PARTNERIAETH AC ADFYWIO	PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE	
DYDD LLUN, 17 MEHEFIN, 2013 am 1 o'r gloch	MONDAY, 17 JUNE 2013 at 1.00 pm	
YSTAFELL BWYLLGOR 1, SWYDDFEYDD Y CYNGOR, LLANGFNI	COMMITTEE ROOM 1, COUNCIL OFFICES, LLANGFNI	
Swyddog Pwyllgor	Mrs. Mairwen Hughes (01248) 752516	Committee Officer

AELODAU / MEMBERS

Cynghorwyr / Councillors:-

Annibynnol / Independent

Jeffrey M.Evans, D R Hughes (Cadeirydd/Chair), W T Hughes, Richard Owain Jones and Dafydd Rhys Thomas

Llafur / Labour

Raymond Jones

Plaid Cymru / The Party of Wales

Carwyn Jones, Alun W Mummery (Is-Gadeirydd/Vice-Chair), Dylan Rees and Nicola Roberts

Aelodau Ychwanegol/Additional Members (gyda hawl pleidleisio ar faterion addysg/with voting rights in respect of educational matters)

Parch./Rev. Robert Townsend (Yr Eglwys yng Nghymru/The Church in Wales) and Mr. Keith Roberts (Yr Eglwys Babyddol Rufeinig/The Roman Catholic Church)

A G E N D A

1 DECLARATION OF INTEREST

To receive any declaration of interest from any Member or Officer in respect of any item of business.

2 MINUTES (Pages 1 - 2)

To submit, for confirmation, the minutes of the meeting held on 30 May, 2013.

3 BETSI CADWALADR UNIVERSITY HEALTH BOARD (Pages 3 - 18)

- General update on their modernisation/transformation agenda.
- Public Health – Health Protection Issues (Presentation attached)
- Locality update

**4 SECTION 33 AGREEMENT FOR THE SPECIALIST CHILDREN'S SERVICE
(Pages 19 - 26)**

To submit a joint report by Isle of Anglesey County Council and the Betsi Cadwaladr University Health Board.

**5 ADULTS SAFEGUARDING - TOWARDS A NORTH WALES STRATEGIC
FRAMEWORK (Pages 27 - 38)**

To submit a report by the Head of Service (Adults' Services).

**6 NOMINATION OF MEMBER TO THE CORPORATE PARENTING PANEL
(Pages 39 - 40)**

To submit a report by the Scrutiny Officer.

7 DATE OF NEXT MEETING

To note that the next meeting of this Committee is to be held on Thursday, 25 July, 2013 at 2.00 p.m.

PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE

Minutes of the meeting held on 30 May, 2013

PRESENT: Councillors J.M. Evans, D.R. Hughes, W.T. Hughes, Carwyn Jones, Raymond Jones, R.O. Jones, A.W. Mummery, Dylan Rees, Nicola Roberts, Dafydd R. Thomas.

IN ATTENDANCE: Chief Executive,
Head of Function (Legal & Administration)/Monitoring Officer,
Interim Head of Democratic Services,
Committee Services Manager.

APOLOGIES: None

ALSO PRESENT: Councillor G.O. Jones – Chairperson of the County Council

1 DECLARATION OF INTEREST

No declaration of interest was received.

2 CHAIRPERSON

Councillor Derlwyn R. Hughes was elected Chairperson.

3 VICE-CHAIRPERSON

Councillor Alun W. Mummery was elected Vice-Chairperson.

**COUNCILLOR G.O. JONES
AS CHAIRPERSON OF THE COUNTY COUNCIL**

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GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Adroddiad Tîm Diogelu Iechyd ar gyfer Pwyllgor Craffu
Cyngor Sir Ynys Môn*

*Health Protection Team Report for Isle of Anglesey
County Council Scrutiny Committee*

Dr Chris Whiteside
Meddyg Ymgynghorol mewn Rheoli Clefydau Trosglwyddadwy
Iechyd Cyhoeddus Cymru
Consultant in Communicable Disease Control
Public Health Wales

17 Mehefin/ June 2013

Pwy ydym ni?

Who are we?

- Tîm Diogelu Iechyd Gogledd Cymru (HPT)
- Rhan o HPT Cymru gyfan
- Wedi'n lleoli yn Preswylfa, Yr Wyddgrug, swyddfa 9-5
- Tîm yn cynnwys (cyfateb amser llawn)
 - 1.6 CCDCs
 - 2.6 nyrs
 - 1 nyrs imiwneiddio arbenigol
 - 2.0 staff gweinyddol
 - 1 dadansoddwr goruchwyliaeth
- CCDCs yn 'swyddogion priodol' ar gyfer clefydau trosglwyddadwy i'r 6 Awdurdod Lleol yng Ngogledd Cymru
- North Wales Health Protection Team (HPT)
- Part of all-Wales HPT
- Based in Preswylfa, Mold, office 9-5
- Team consists of (WTE)
 - 1.6 CCDCs,
 - 2.6 nurses,
 - 1 specialist immunisation nurse,
 - 2.0 admin staff
 - 1 surveillance analyst
- CCDCs are 'proper officers' for communicable diseases for the 6 North Wales LAs

Beth ydym yn ei wneud?

What do we do?

- Derbyn hysbysiad o glefydau sy'n heintus i bobl er mwyn gweithredu
- Mae hysbysiad yn ofyniad cyfreithiol dan Reoliadau Diogelu Iechyd 2010
- Y nod yw canfod a rheoli tarddiad yr haint, a'i atal rhag lledaenu i bobl eraill
- Enghreifftiau o heintiau yn cynnwys gwenwyn bwyd, y frech goch, y fflw
- Arwain ymatebion i reoli achosion
- Receive notifications of human infectious diseases for action
- Notification is a legal requirement under the Health Protection Regulations 2010
- The aim is to identify and control a source of infection, and to prevent spread to others
- Examples of infections include food poisoning, measles, influenza
- Lead outbreak control responses

Beth ydym yn ei wneud? (2)

What do we do?

- Cyngori a darparu hyfforddiant ar faterion brechu
- Ymateb i ddigwyddiadau a bygythiadau cemegol ac amgylcheddol
- Cymryd rhan mewn cynllunio ar gyfer argyfwng ynghyd ag asiantaethau eraill
- Darparu addysg a hyfforddiant
- Mae CCDCs yn cymryd rhan mewn gwasanaeth ar-alwad 24/7 Cymru Gyfan
- Asiantaethau partner yn cynnwys Awdurdodau Lleol, Bwrdd Iechyd, Meddygon Teulu, microbiolegwyr, gwasanaethau brys, Iechyd Cyhoeddus Lloegr, cwmnïau dŵr, Cyfoeth Naturiol Cymru (Ebrill 2013)
- Advise and provide training on vaccination issues
- Respond to chemical and environmental incidents and threats
- Participate in emergency planning alongside other agencies
- Provide teaching and training
- CCDCs participate in all-Wales on call service 24/7
- Partner agencies include LAs, Health Board, GPs, microbiologists, emergency services, Public Health England, water companies, Natural Resources Wales (Apr 2013)

Hysbysiad – gwenwyn bwyd *Notifications – food poisoning*

	Ynys Môn Anglesey	Gogledd Cymru North Wales	Ynys Môn Anglesey	Gogledd Cymru North Wales
	2012/2013	2012/2013	2011/2012	2011/2012
Cryptosporidiwm Cryptosporidium	15	142	10	98
Campylobacter	133	951	99	855
Escherichia coli	0	6	13	23
Salmonella Salmonela	22	80	7	81

Hysbysiad– clefydau y gellid brechu i’w hatal *Notifications – vaccine preventable diseases*

	Ynys Môn Anglesey	Gogledd Cymru North Wales	Ynys Môn Anglesey	Gogledd Cymru North Wales
	2012/2013	2012/2013	2011/2012	2011/2012
Clwy’r Pennau Mumps	16 (2)	147 (33)	10 (1)	137 (25)
Y Frech Goch Measles	10 (0)	147 (38)	9 (1)	112 (32)
Rwbela Rubella	1 (0)	7 (0)	0 (0)	15 (0)
Hepatitis B	1	39	1	37
Hepatitis C	8	91	10	111
Y Pâs Whooping cough	71 (19)	192 (80)	3 (3)	20 (17)

Ffigyrau mewn cromfachau yn cyfeirio at achosion a gadarnhawyd mewn labordai

Figures in brackets are laboratory confirmed cases

Hysbysiadau – arall *Notifications – other*

	Ynys Môn Anglesey	Gogledd Cymru North Wales	Ynys Môn Anglesey	Gogledd Cymru North Wales
	2012/2013	2012/2013	2011/2012	2011/2012
Clefyd y lleng filwyr Legionella	3	9	2	8
Llid yr Ymennydd Meningitis	9	32	3	39
Y dwymyn goch Scarlet fever	1	66	3	69
Tiwberciwlosis Tuberculosis	4	24	0	19
Y dwymyn waedlifol firaol – hantavirus Viral haemorrhagic fever – hantavirus	0	1	0	0

Enghreifftiau Ynys Môn

Anglesey examples

- Cynllunio argyfwng Wylfa gan gynnwys tabledi iodid ar gyfer yr ardal leol
- Achosion o glefydau
 - er enghraifft, mewn ysgolion: TB, cosi gwyllt, clwy'r pennau
- Safleoedd diwydiannol ac ôl-ddiwydiannol e.e. Mynydd Parys:
 - cefnogaeth i SIOion
- Cyngor brechu arbenigol ar gyfer Meddygon Teulu
- Wylfa emergency planning including iodine tablets for local area
- Disease outbreaks and incidents
 - for example in schools: TB, scabies, mumps
- Industrial and post-industrial sites e.g. Parys Mountain:
 - support to EHOs
- Vaccination specialist advice for GPs



Achosion y Frech Goch Gog. Cymru 2012 *Measles outbreak North Wales 2012*

- Yn Chwefror 2012 cafwyd achosion o'r frech goch yn ardal Porthmadog a Phenrhyn Llŷn.
- Canfod yr achosion cyntaf mewn ysgol uwchradd yn yr ardal, wedyn yn lledaenu i'r gymuned ehangach.
- 56 achos wedi'i gadarnhau ac 8 achos tebygol o'r frech goch yn gysylltiedig â'r cyfnod, a'r rhan fwyaf o'r rhain â hanes o frechiad heb ei gwblhau yn erbyn y clefyd. Ni adroddwyd am unrhyw farwolaeth o ganlyniad i'r achosion.
- In February of 2012 an outbreak of measles occurred around Porthmadog and the Lleyrn Peninsula.
- Cases were first identified in a secondary school in the area, and later spread to members of the wider community.
- 56 confirmed and 8 probable cases of measles were linked to the outbreak, with the majority of these having an incomplete history of vaccination against the disease. No fatalities were reported as part of the outbreak.

Y frech goch 2012 (2)

Measles 2012

- Mesurau rheoli i gyfyngu ar ledaeniad y firws yn cynnwys : rhoi cyngor ar gadw dan waharddiad; brechu yn erbyn y clefyd, a; chyfathrebu parhaus i hysbysu ac addysgu'r cyhoedd a gweithwyr iechyd proffesiynol.
- Cynnal sesiynau brechu wedi'u targedu mewn ysgolion lleol i gyfyngu ar y posibilrwydd o'r clefyd yn lledaenu ac i ddiogelu'r rhai oedd mewn peryg o gael eu heintio fwyaf.
- Control measures to limit the spread of the measles virus consisted of: providing exclusion advice; vaccination against the disease, and; continued communication to inform and educate the public and health professionals alike.
- Targeted vaccination sessions were held in local schools to limit the potential spread and to protect those most at risk of infection.



Dosbarthiad daearyddol
o achosion y frech goch yng
Ngogledd Cymru Ion– Meh 2012

Geographical distribution
of measles cases in
North Wales Jan-Jun 2012

- Achos tebygol/
Probable case
- Achos cadarn
Confirmed case

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Produced by Public Health Wales

08 June 2012

Achosion o'r Frech Goch Abertawe 2013

Measles outbreak Swansea 2013

- Achosion o'r frech goch mewn plant ysgol uwchradd yn cychwyn yn Abertawe Medi 2012
- Erbyn canol Ebrill 2013
 - Dros 700 wedi cael diagnosis
 - 52 wedi bod yn yr ysbyty
 - > 140 o ysgolion wedi'u heffeithio
- Achosion ym Mawrth 2013 mewn ysgol yng Ngogledd Powys
- Achosion yn debygol yn fuan mewn ysgolion yng Ngogledd Cymru, ac mae'n rhaid i ni fod yn barod amdanynt
- A measles outbreak in secondary school children started in Swansea in Sept 2012
- By mid April 2013
 - Over 700 cases diagnosed
 - 52 hospitalisations
 - > 140 schools affected
- Outbreak March 2013 in North Powys school
- Cases are likely to occur soon in North Wales schools, and we must be prepared for outbreaks

2013 – hyd yma

- 81 hysbysiad clinigol
- 5 achos wedi'u cadarnhau mewn labordy

2013 - to date

- 81 clinical notifications
 - 5 laboratory confirmed cases
-

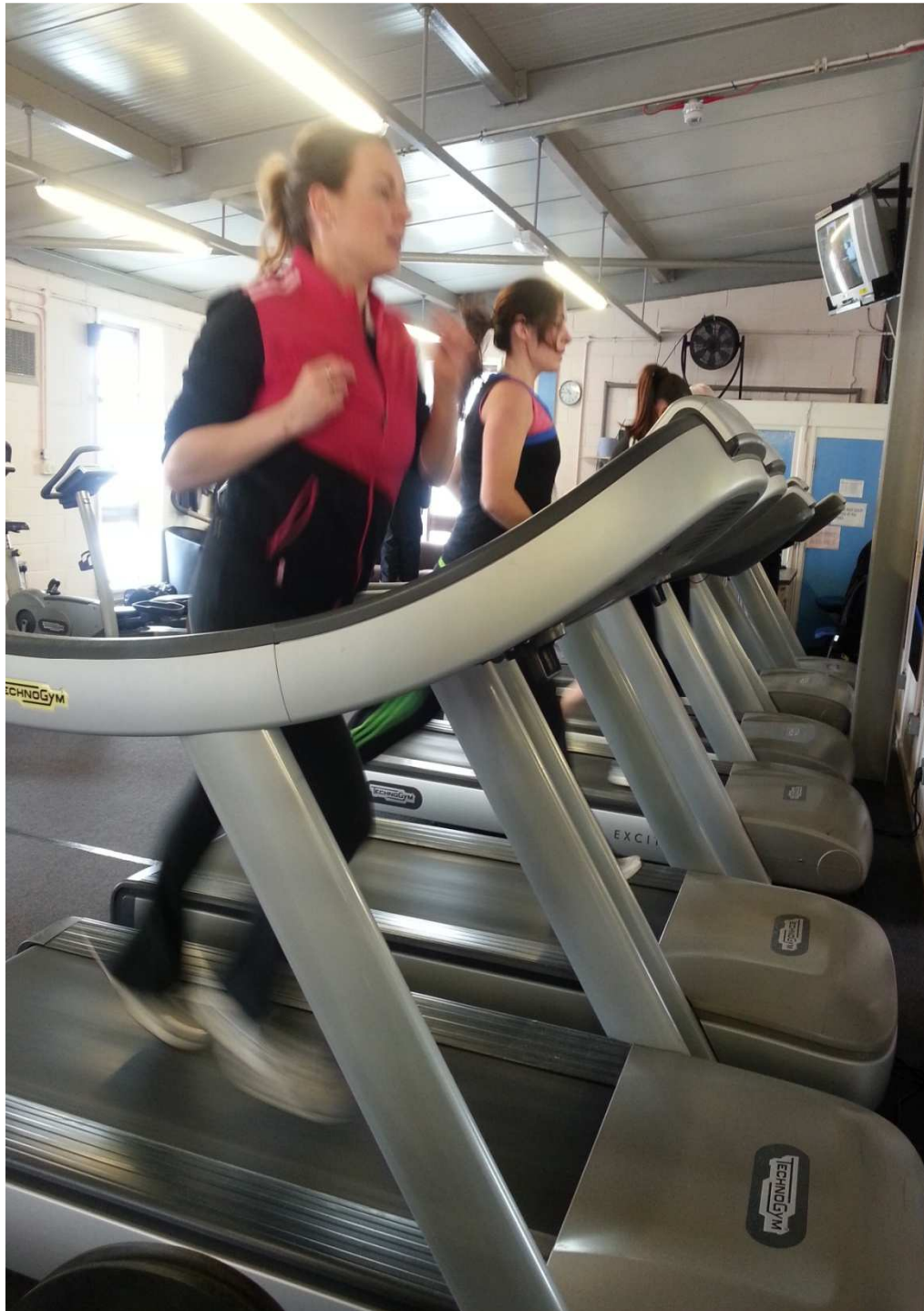
Achosion o'r Frech Goch 2013

Measles outbreak 2013

- Beth all Awdurdodau Lleol ac ysgolion wneud?
 - Hybu rhieni i roi brechiad MMR i'w plant
 - Llythyr wedi cael ei anfon at AALI
 - Bod yn ymwybodol o symptomau'r frech goch
 - Sicrhau bod plant sy'n sâl efo'r frech goch yn cael eu cadw adref
 - Cynnal sesiynau brechu mewn ysgolion lle nad oes llawer wedi cael brechiad
 - Sicrhau bod staff wedi'u diogelu rhag y frech goch
- What can LEAs and schools do?
 - Promote MMR uptake with parents
 - Letter has been circulated to LEAs
 - Be aware of symptoms of measles
 - Ensure exclusion of children who are ill with measles
 - Vaccination sessions are being held at schools where uptake is low
 - Ensure that staff are protected against measles

Gwaith gwella iechyd Ynys Môn *Anglesey health improvement work*

- Talebau cyfeirio ymarfer corff ar gyfer merched beichiog trwy ganolfannau hamdden Ynys Môn
- Ymgyrchoedd hysbyseb bws am ysmegu yn ystod beichiogrwydd a gwerthu alcohol trwy ddirprwy
- Prynwyd deunyddiau newydd ar gyfer addysg iechyd ar gyfer pob ysgol gynradd
- Babanod Awyr Iach: rhoi thermomedrau meithrinfa i ferched beichiog a mamau newydd, â rhybuddion ysmegu
- Exercise referral vouchers for pregnant women through Anglesey leisure centres
- Bus advert campaigns on smoking in pregnancy and proxy alcohol sales
- New materials for health education bought for all primary schools
- Clean Air Babies: nursery thermometers given out to pregnant women and new mothers, with smoking warnings



*Lansio
talebau
cyfeirio
ymarfer corff
ym Mhlas
Arthur*

20.3.2013

*Launch of
exercise
referral
vouchers at
Plas Arthur*

ISLE OF ANGLESEY COUNTY COUNCIL

Committee: Partnership & Regeneration Scrutiny Committee

Meeting date: 17 June 2013

Relevant Corporate Director: Gwen Carrington

Relevant Portfolio Holder: Councillor K Hughes

1. Background

The concept of a multi-agency Specialist Children's Service in Gwynedd and Môn began in 2001-03 and became operational in Anglesey in 2004. Since then, children and young people with disabilities, and their families/carers, have had access to a wide range of health and social care services – and much progress has been made to team operations and service provision.

We recognise that there is a significant opportunity for us to further enhance and improve the service through further integration of the management, strategies, processes and people: to improve information sharing and communication between professionals and with service users, and to be more joined up and efficient – such that service users receive higher quality and more timely services.

The proposal is to integrate this collection of health and social care services, which are currently co-located, into one integrated service – the Specialist Children's Service (SCS). The SCS will employ health and social care professionals under one organisational structure, will employ a Service Manager to run and manage the service, and will have an integrated strategy, set of policies, procedures, budgets, and a joined-up approach to staff management and training.

The increased cost in running the service (*calculated to be £7,230 in 2013-14*) realises a number of benefits and improvements for the service, which are outlined in Section 8 of this document.

2. Aims

The aim of the integration – is to provide a single, integrated service that delivers community health and social care for the benefit of: children and young people with long term, or permanent needs as a result of disability or illness (eg chronically sick, severe and enduring, and lifelong conditions) (ie the Service Users); and their families and carers.

The service will provide Service Users with a single access point into the service.

The aim of the service – is to promote and safeguard the welfare of children and young people, and to increase their ability to participate in everyday life, helping them to reach their potential and maximising their rights, which is of ultimate benefit to their health, well-being and social inclusion. The service will provide a robust mechanism to support children and young people in their transition to adulthood and will be based on an integrated service model that reflects the roles, responsibilities and commitment of education, health, social care and the voluntary sector.

3. Legal Obligations

The SCS is to be a formal partnership between Betsi Cadwaladr University Health Board (the Health Board) and the Isle of Anglesey County Council (the Council). Under the provisions made under Section 33 of the NHS (2006) Wales Act, the Health Board will delegate related health care functions to the Council, and the Council will be the Lead Provider for the service. The Council will provide, or make arrangements for the provision of, the combination of health and social care functions that are the remit of the SCS.

Each partner will contribute to administration costs, office costs, and to the cost of the Service Manager role; they will continue to have accountability for the management of their own financial resources.

The partnership can only go ahead with legal approval from both partners.

4. Deliverables

Integration of the Specialist Children's Service will deliver:

- A joint Management and Commissioning Board
- A joint strategic statement setting out the Board's vision
- A redesigned innovative service that meets individual's needs
- An annual Business Plan to deliver the partnership agreement
- A culture of collaborative and co-operative joint working
- A single management / accountability structure
- Service accommodation
- Clear leadership and governance arrangements
- Joint pro-forma and files
- Joint policies, procedures and protocols
- Joint recruitment of staff
- Joint staff training and development – to ensure an appropriate skill-mix across the whole service that is capable of meeting children and young people's needs
- Joint eligibility criteria

- Clarity in understanding amongst professionals of their individual roles and of what each profession contributes to the whole
- Inter-professional support
- A single point of access in to the service
- An integrated performance management framework
- Robust mechanisms for user and carer participation in decision making and planning of services
- A risk register
- A matrix management model that provides professional supervision if a team member is managed by a worker from another discipline.

5. Service Model

The Specialist Children's Service will adopt a three-tiered strategic approach to service planning and delivery, as per the following table and diagram.

This approach advocates the needs of children and young people with disabilities at all levels, but targets the resources of the SCS at a specific cohort.

Tier	Staff	Service User
Tier 1 Universal Services	<p>Staff do not necessarily have a specialist role in terms of meeting disability needs, but accommodate the needs of Service Users and their families as they would any other member of the public accessing their services</p> <p>Includes: GPs, primary health carers, health visitors, school nurses, teachers, other school staff, non-specialist children's social workers, non-statutory sector workers, leisure centres</p> <p>Discussions regarding the potential inclusion of occupational therapy within this Tier are underway</p>	All disabled children and young people who need community services and who can, with advice and guidance, take part in activities and opportunities with children and young people who do not have a disability
Tier 2 Non-formal Partnership Services	<p>Staff are the first line of specialist service, who provide non co-ordinated, targeted services</p> <p>Includes: specialist psychologists, specialist teachers and specialist children's social workers</p>	All disabled children and young people who require short-term intervention, or continuing intervention by one individual specialist worker
Tier 3 Formal Partnership	Staff comprise a multi-disciplinary team and provide co-ordinated	All disabled children and young people who have complex needs, require a

Services	<p>services via a single access point ie the Specialist Children's Service</p> <p>includes: specialist social workers, occupational therapists, specialist nurses, specialist psychologists</p>	<p>concentration of a specific skill, require an interagency service, require a programme of intervention and care</p>
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6. In Scope for SCS

The Service will work with children and young people up to the age of 18, and their families, who are resident on the Isle of Anglesey, and who are disabled or who have a significant developmental delay, where there are long term, or permanent difficulties that need specialist assessment and/or intervention, as a result of:

- Physical disabilities that significantly impact on a Service User's development, on their daily living activities, or prevent them from reaching their full potential
- Learning disabilities where Service Users have a significantly reduced ability to understand new or complex information, or to learn new skills (ie impaired intelligence), and have a reduced ability to cope independently (ie impaired social functioning) which has a lasting effect on development.
- Illness, such as those who are chronically sick, or who have severe and/or enduring life-long conditions.

- Autistic Spectrum Disorder, where there are life-long neurodevelopmental disabilities with onset before 36 months of age that are characterised by:
 - Impairments in reciprocal social interactions
 - Impairments in verbal and non-verbal communication skills
 - Stereotyped behaviour, interests and activities.
- Developmental delays, where there is a chronological delay in the appearance of normal developmental milestones achieved during infancy and early childhood, which are caused by organic and/or psychological factors.

The service will offer integrated pathways of transition between levels of need and life transitions. The service will promote independence and will support learning by provision of trained, supervised and skilled staff. The service will also improve and strengthen the transition of Service Users from SCS into Adult Services; strengthening these transition arrangements is a priority for both services.

7. Out of Scope for SCS

The Service does not work with Service Users who are able to take part in activities and opportunities with children who do not have a disability, such as those:

- Who have an illness or a mental condition but have no disability
- Whose disability and needs are currently met
- Who have a mild developmental delay in only one area of life (eg language delay or toileting)
- Who have behavioural problems, but where there is no evidence of disability or of a significant developmental delay
- Who have ADHD, but where there is no evidence of disability or of a significant developmental delay
- Who have a hearing loss that has been treated successfully
- Where there are Child Protection issues but there is no need for additional specialist assessment and/or intervention
- Who have a developmental delay that is being met by mainstream services.

Hospital services, Primary Health Care, and services commissioned or provided at a regional or central level are not within the remit of this service.

8. Benefits

The Specialist Children's Service will deliver the following benefits:

Service users

- A x% increase in the level of citizen input (including feedback) into service design and provision
- A x% increase in the ease of access to services
- A x% increase in the choice and flexibility of services available
- A x% increase in the perceived quality of service
- A x% increase in the opportunity for vulnerable people
- A x% decrease in service users' vulnerability and risk
- A x% increase in a better perceived use of public monies
- A x% reduction in the perceived levels of bureaucracy

Collaborative working

- A x% increase in the level of collaborative working between the Health Board and the Council
- A x% improvement in the delivery of integrated care across health and social services
- A x% improvement in the co-ordination of service inputs due to more co-ordinated and jointly-planned intervention

Service delivery

- A x% decrease in duplication of effort
- A x% increase in service efficiency
- A x% reduction in the time taken in inter-agency negotiation
- A x% increase in the accuracy of assessments
- A x% decrease in the turn-around time of cases
- A x% increase in value-for-money procurement
- A x% increase in the perception of the service having a Service-User focus rather than an agency-focus
- A x% increase in the co-ordination of response
- A x% increase in the perceived quality of arrangements during transitions
- A x% increase in the cost-effectiveness and efficient use of resource

Staff

- A x% decrease in the isolation factor for staff
- A x% increase in the level of information sharing and professional expertise between staff

Note: the Service will undertake work to identify the value of x in each of these benefits.

9. Financial Implications

As per the tables below, there is a minor increase in the cost of running the integrated service of £7,230, integration will cost the Health Board £25,310, and will save the Council £18,080.

To date, stationery costs have been paid by the Council; these will be split 50-50 following the integration of the partnership. The partners have also agreed to change the Team Leader role to that of a Service Manager; these costs will also be split 50-50 between the partners.

Other than this, the running costs for the SCS will remain the same.

Current Cost Item	Current Cost to Council	Current Cost to Health Board	Total Costs
Stationery costs	£1,500	£0	£1,500
Service Team Leader Role	£41,890	£0	£41,890
Occupational Therapist*	To be discussed	To be discussed	To be discussed
Total Costs	£43,390	£0	£43,390

Proposed Cost Item	Proposed Cost to Council	Proposed Cost to Health Board	Total Costs
Stationery Costs	£1000	£1000	£2,000
Service Team Manager Role	£24,310	£24,310	£48,620
Occupational Therapist*	To be discussed	To be discussed	To be discussed
Total Costs	£25,310	£25,310	£50,620

Council	Health Board	Service Total
£18,080 saving	£25,310 cost	£7,230 cost

**Discussions regarding the potential inclusion of occupational therapy within this Tier are underway.*

10. Risks and Mitigations

Risk	Impact	Mitigating Action
Inability to recruit a suitable Service Manager	Service runs without a manager	Recruitment is underway and applications have been received for the post
Unable to find suitable accommodation for the service	The service has no building to operate from	Continue to pursue solutions relating to current Council and Health Board properties
Disagreement occurs over how the partnership is managed (including budgets)	The partnership falls apart	The Section 33 Agreement contains clauses that outline the legal obligations of both parties should this occur
Redefinition of the service	Existing service users are left	Inform existing service users of the

user eligibility criteria, means that the service is no longer available to service users who rely on current provision	without a service when they no longer meet the revised eligibility of the SCS	imminent changes to the service; and inform them / sign-post them to other appropriate and relevant services
Lack of buy-in from staff affects service operations	Increase in the level of staff attrition; increase in the time and monies spent on recruitment; and, the benefits listed in 6 are not realised	Hold staff workshops and meetings with the Trade Unions. Set clear operational and management protocols. Engage staff with why the changes are necessary through workshops and effective communications.
ITC systems are not integrated and there is increased reliance on paper systems	Failure to share information between professionals / potential of losing sensitive client information	Speak to the Heads of IT in Health and in the Council. Follow up on the work done in this area by the Health and Gwynedd SCS, Derwen.
Full buy in to the change from all partners is not achieved	The partnership does not work successfully / effectively	Hold workshops, communicate the reasons why service integration is necessary, explain how the change is beneficial to each partner and to the service users

11. Service User Views

The Service Users want one single point of contact into the health and social care services that are available to them – ie one door to one service with clear eligibility criteria. They want a one-stop family-centred service with clear pathways of co-ordinated multi-agency response, so that arrangements are simple and make sense to them.

This means that Service Users can have access to the best level of care, care that is joined up, and one service to work with rather than having to influence and negotiate with several services to meet their needs.

The current situation has meant that Service Users have had to contend with a jigsaw puzzle of services and have had to struggle through a complex maze to find the essential information they need.

12. Recommendations

The recommendation is that the Scrutiny Committee approves the single, integrated Specialist Children's Service in principle – and gives the go ahead for its implementation via a formal partnership underpinned by a Section 33 Agreement.

ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	Partnership and Regeneration Scrutiny Committee
DATE:	17 June 2013
LEAD OFFICER:	Head of Adults' Services
TITLE:	Safeguarding Adults – Towards a North Wales Strategic Framework
DIRECTOR:	Corporate Director of Community
PORTFOLIO HOLDER:	Councillor Kenneth Hughes
PURPOSE OF THE REPORT	<ol style="list-style-type: none"> 1. Report on the strategic direction for Safeguarding Adults 2. To form a view regarding the change to the current regional arrangements and the creation of a 2 tier North Wales Safeguarding Adult Board

1. BACKGROUND/CONTEXT

- 1.1 The Council's improvement journey for safeguarding adults has been completed over the past year and substantial progress has been made on an operational and strategic level. Indeed, this area of our statutory responsibilities is evolving to be an area of strength for us – with a new local improvement programme in place for 2013/14 (as a framework to secure focus and momentum for our medium term improvement objectives);
- 1.2 These efforts have meant that the sub-regional framework has evolved from being a Forum for Protecting Vulnerable Adults to being a strategic, multi-agency safeguarding framework. This work has progressed during the last 9 months. This is the first model in North and Mid Wales;
- 1.3 It is fair to say that the Social Services Improvement Agency ¹has been a reference point and has advised us on how to embark on a new and innovative path;
- 1.4 Sustainable Social Services: An Operational Framework and the Social Services and Well-being (Wales) Bill 2013 ²bring with them varying duties in the area of safeguarding adults.

2. DISCUSSION

- 2.1 In proceeding to establish a North West Wales Safeguarding Board (February 2013), the following matters/principles were confirmed as fundamental to the new safeguarding framework:

¹ Conducted by the WLGA – Welsh Local Government Association – the SSIA was launched in 2006 to improve and promote excellence in Social Services.

² Sustainable Social Services: Operational Framework (Welsh Government 2011) – a 10 year vision for Social Services in Wales.

- Replacing the Adult Safeguarding Forum with a Board with greater focus on leadership.
- Being in a better position to discuss strategic safeguarding outcomes with partners.
- Securing adequate resources for an effective Adults Safeguarding Board and improving outcomes.
- Attempting to develop a model for the Board that can be developed into a regional model over the forthcoming period.
- Discovering partners' commonalities, challenging boundaries and assumptions.
- Developing operational and strategic links with the safeguarding children frameworks.
- Securing a clear and strong direction.

2.2 There is now an outline of a work/improvement programme in place for 2013/14 together with an assessment of strengths/weaknesses and a position statement – using the SSIA toolkit for Safeguarding Boards as a template.

2.3 Section 7 of the Social Services and Well-being Bill 2013 sets out the operational and strategic expectations for safeguarding, with the legislative framework reinforcing our legal foundation for adults in future. The recent announcement made by the Deputy Minister for Social Services in the Welsh Government placed a clear expectation in terms of moving towards establishing regional strategic arrangements for safeguarding.

2.4 Whilst welcoming this legislative change which will mean responding to adult safeguarding / protection within a strong statutory basis, it is necessary to draw attention to the:-

- Resulting increase in demand for interventions by Adults' Services
- Change in practice expectations of our workforce

Welsh Government in publishing the Bill made a clear statement that there would be no additional financial resources available to enable Local Authorities to realise these new legislative responsibilities. Effective multi-agency partnerships between statutory partners will therefore be crucial in our ability to respond appropriately to the new responsibilities. Our strategy will therefore be concerned with identifying opportunities to standardise arrangements across Local Authority boundaries where appropriate and possible.

3. TOWARDS A STRONG STRATEGIC REGIONAL FRAMEWORK

- 3.1 The Social Services and Wellbeing Bill and Sustainable Social Services: Operational Framework place a duty on partners to develop the current arrangements for safeguarding vulnerable adults so as to create a local, regional and national programme for safeguarding adults. It is fair to say that the current arrangements for vulnerable adults in North Wales are a network for sharing information and supporting practice only. There is no evidence of strategic direction or work. The safeguarding agenda will now need to move towards a regional strategic framework – that is robust and which meets the requirements of the Social Services Bill.
- 3.2 Section 7 of the Bill (entitled Safeguarding) contains a mission statement for the Adult Safeguarding Board as follows:

“Functions and Procedures of Safeguarding Boards

.....(2) The objectives of a Safeguarding Adults Board are –

(a) To protect adults within its area who –

- (i) Have needs for care and support (whether or not a local authority is meeting any of those needs), and*
- (ii) Are experiencing, or at risk of, abuse or neglect, and*

(b) To prevent those adults within its area mentioned in paragraph

(a) (i) from becoming at risk of abuse or neglect.....”³

Statutory regulations will follow in due course – setting out the geographical areas for the Safeguarding Boards in Wales (called Safeguarding Board Areas). Discussions thus far during the consultation on the Bill lead us to believe that North Wales will be a single area for the purposes of establishing an Adult Safeguarding Board.

- 3.3 As a result of regional work streams over the past 4 months, the following recommendation will be presented to the Scrutiny Committees of the 6 Authorities in North Wales in the next month:

To establish a 2 tier North Wales Safeguarding Board – enabling 3x2 Local Authorities to collaborate in order to develop Safeguarding Boards using the lessons learned from the model that is now in place in Anglesey and Gwynedd. The proposed structure for this option would therefore be:

³ The Social Services and Wellbeing (Wales) Bill 2013 – Legal Framework for policy delivery.

- **One Regional Safeguarding Adults Board;**
- **3 Sub-regional Boards(Môn/Gwynedd, Conwy/Denbigh and Flint/Wrexham)**
- **4 Sub-groups:**
 - **Training;**
 - **Policies and procedures (links to national work);**
 - **Performance and audit**
 - **Serious Case Reviews**

Option 4 was considered (Appendix 1 to the report contains a full options assessment). This option was unanimously supported by the Local Authorities and all the partners due to the following benefits:

- This model is currently being piloted in safeguarding children – the early indications are encouraging and positive. It provides opportunities to combine various adults and children safeguarding functions in the medium term.
- Gwynedd and Anglesey have already embarked on this journey and lessons learned are available to others.
- It enables developing structures in ways that strike an acceptable balance and good management between local and regional agenda.
- Responsiveness to local practices and issues.
- The regional safeguarding elements could create a higher profile and increase the influence of the North Wales Board regionally and nationally.
- A more functional model for organisations working regionally throughout North Wales (e.g. Health/Police).

3.4 The impact of the decision on corporate priorities – developing a two tier regional Adult Safeguarding Board will enable all the partners to realize the aspirations of the Social Services Bill and the Welsh Government’s long term vision. This development will also expand the collaboration agenda across North Wales thereby reducing demands on resources(people and funding). Approving this option would also place safeguarding adults on the same footing as safeguarding children and would provide a robust model for safeguarding.

- 3.5 **Any cost implications** – It is initially intended to develop this model within the current capacity available regionally. A bid has been made to the Regional Collaboration Fund including 3 year project management capacity to support this workstream. The scope of the preferred option will lead to integration across aspects of adult and children’s safeguarding work – thereby requiring a dialogue on how to share business support.
- 3.6 **Consultation** – extensive consultation has taken place with the Authorities in North Wales and the key partners/stakeholders. This consultation work included two workshops in North Wales.
- 3.7 **Equalities Impact Assessment** – It is confirmed that the assessment has been completed and is available for inspection.

4. RECOMMENDATIONS

The Partnership and Regeneration Scrutiny Committee is requested to recommend the following for approval by the Executive:-

- R1. **Note developments and progress hitherto in the area of safeguarding adults in the North West;**
- R2. **Approve the Anglesey and Gwynedd strategic direction for safeguarding adults as a trigger for influencing the development of the regional framework.**
- R3. **Confirm the principle that the safeguarding frameworks for adults and children need to be addressed on an equal footing and not to discriminate between them in terms of their status or importance.**
- R4. **Approve revising the current North Wales arrangements and supporting the preferred option – a 2 tier North Wales Adult Safeguarding Board.**

Anwen Davies
 Head of Adult Services
 Isle of Anglesey County Council

28/05/13
 (amended 02/06/13)

APPENDIX:	Document by the North Wales Social Services Improvement Collaborative
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North
Wales
Social
Services
Improvement
Collaborative

Cydweithredfa
Gwell
Gwasanaethau
Cymdeithasol
Gogledd
Cymru

North Wales Adult Safeguarding Integration and/or Collaboration: The way forward

Context

The Social Services and Well-Being (Wales) Bill and Sustainable Social Services: A Framework for Action brings a different context to adult safeguarding. The current arrangements is a network arrangement for sharing information and peer support. The emerging view is that there is a need to move the adult safeguarding agenda into a robust regional framework.

Purpose of the report

This report

- 1) Presents the options
- 2) Is a vehicle for decision making
- 3) Explores the appetite for seeking closer synergy across adult and children safeguarding

These were initial discussions in December which paved the way to a regional North Wales Workshop which was held on 25th January 2013 with a range of stakeholders from statutory organisations. The discussions at that workshop have influenced the formulation of the options within this report.

Background

The Social Services and Well-Being (Wales) Bill and Sustainable Social Services: A Framework for Action places a requirement upon partners to develop the current adult protection arrangements into an adult safeguarding agenda both locally, regionally and nationally. A statement letter from Gwenda Thomas, Deputy Minister for Children and Social Services dated 19th October 2012 communicated some clear messages around Welsh Government's direction of travel in light of its recent consultation on the Bill. Furthermore, part 7 of the Bill relating to safeguarding clearly states the requirements for Safeguarding Adults Boards and clearly sets out the objectives of the Safeguarding Adults Board as:

- (a) To protect adults within its area who:
- Have needs for care and support (whether or not a local authority is meeting any of those needs, and
 - Are experiencing, or are at risk of, abuse or neglect, and
 - To prevent those adults within its area from becoming at risk of abuse and neglect

The Bill also prescribes that Safeguarding Boards must produce an 'annual plan' at the beginning of each financial year setting out its proposals for achieving its objectives within that year and a report must be published by 31st July of each year on how it has exercised its functions in the preceding financial year, and the extent to which it implemented the proposals in its annual plan for the preceding financial year.

The WG agenda therefore, is firmly set around the requirement to develop Adult Safeguarding Boards as a means of strengthening adult safeguarding across Wales.

Statutory regulation on Adult Safeguarding Boards will set out the areas in Wales for safeguarding boards (to be referred to as safeguarding board areas). In reflecting upon discussions during consultation it is anticipated that the North Wales footprint will remain one region.

Joint working with Children Safeguarding Board

Notwithstanding the fact that it is fully acknowledged that the complexities and possible risks and practice concerns associated with integrating safeguarding frameworks across both children and adult services need to be carefully considered, this is however, something that should be pursued. This would place North Wales as a region in a position of strength as the national direction of travel evolves and is clarified.

Engagement of Elected Members in Adult Safeguarding

Consideration needs to be given to the active engagement of elected members within adult safeguarding. There is acknowledgement that this has been in need of some strengthening and is inconsistent. This will provide a framework of ensuring political accountability for safeguarding.

Current Landscape – Adult Safeguarding

Currently the Local Authorities of Wrexham, Flintshire, Denbighshire and Conwy undertake adult safeguarding activities on an individual basis. Gwynedd and Anglesey Council's however are working collaboratively to develop a joint Safeguarding Adults Board. Although this development is currently in its infancy a shadow joint board has now been established and has met once.

The 3 sub-regional Local Safeguarding Children's Board (LSCB) in North Wales has already taken steps ahead of recent communications from Welsh Government to develop a shadow LSCB.

Summary of Options to be considered

- 1 Maintain the status quo – 4 North Wales Adult Safeguarding Board and 1 Sub-regional Adult Safeguarding Board (Gwynedd and Anglesey)
- 2 Three North Wales Adult Safeguarding Boards
- 3 Single North Wales Adult Safeguarding Board
- 4 Two-tier North Wales Adult Safeguarding Board
- 5

The feedback from the workshop held on 25th January 2013 can be found in Appendix 1.

Options

- 1 Maintain the status quo – 4 North Wales Safeguarding Boards and 1 Sub-regional Adult Safeguarding Board (Gwynedd and Anglesey)**

Given the clear direction provided within the Social Services and Well-being (Wales) Bill, the option of maintaining the status quo in 4 of the North Wales Local Authority areas is unlikely to be commended by the Welsh Government. A North Wales Adult Protection forum exists in North Wales however, this is a network arrangement for information sharing and peer support.

This option is least favourable as:

- It is not in line with the requirements of the Deputy Minister
- It is resource intensive
- It does not bring about efficiency
- The current arrangement is a network and not a decision making forum

2 Three Sub-regional North Wales Adult Safeguarding Boards (Wrexham and Flintshire, Denbighshire and Conwy, Gwynedd and Ynys Mon).

There are a number of strengths and weaknesses to this option; the most significant weakness is the requirement for appropriate resources and duplication of work in particular for the regionally structured organisations such as North Wales Police and Betsi Cadwaladr University Health Board.

This model is already being progressed by Gwynedd and Anglesey and therefore, there will be shared-learning available to develop this model. Local Authority members and officers may find a three board structure may initially be more palatable and more acceptable from a governance point of view.

This model would also mirror the established LSCB structure and again learning from this development would be shared.

This option is not favourable as:

- It is not within the spirit of the Welsh Government's footprint underpinning collaboration across boundaries.
- It does not bring about efficiency and sufficiently reduce duplication
- It continues to be resource intensive
- It is not conducive to innovative collaboration and forward thinking around governance and accountability frameworks across agency boundaries
- May be deemed as being overly cautious.
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3 Single North Wales Adult Safeguarding Board

Given that 4 Local Authorities currently have individual safeguarding arrangements and Gwynedd and Anglesey sub-regional arrangements, it would be challenging to comfortably move from the current structure to a single board. Governance and accountability arrangements would need to be considered carefully and there would be potential dilution of links with local services and remoteness from practice. This model would also run the risk of becoming detached from frontline staff and the

public. Given that safeguarding currently lies within individual or sub-regional arrangements Local Authority members and officers would need to be assured that this model would provide transparent and robust governance and accountability for adult safeguarding as the statutory duty for safeguarding lies with the Director of Social Services as clearly stated in the Roles and Responsibilities of that post.

The strengths of this option include the potential for greater efficiency, reduced duplication and effective shared learning. A single safeguarding board also brings the potential to bring a broader range of skills, knowledge and experience to the safeguarding agenda. This option would no doubt, be preferred by Welsh Government and organisations that work across North Wales.

This option is less favourable as:

- Whilst the aspiration of the Deputy Minister is to have regional adult safeguarding board, to move from a local arrangement straight to a regional arrangement would require great confidence in the new model and the North Wales footprint covers a very large geographical area
- It would be too remote from practice
- It would prove hard to hold a large number of representative agencies to account
- The agenda could become unmanageable which would impact on the effectiveness of the Board
- Governance issues and accountability would become remote and impact on statutory duty of the Director of Social Services.

4 Two tier- North Wales Adult Safeguarding Board

This option would enable 3 x 2 Local Authorities to work together to develop a Safeguarding Board and to develop using the learning from the current Gwynedd and Anglesey model. However, there are elements of adult safeguarding that could conceivably be carried out on a regional basis for example, training, performance and audit, policy, and serious case reviews.

This structure would provide a balance between regional working and being able to work effectively across boundaries whilst continuing to maintain local links.

With regard to weaknesses this option would present the most potential for confusion around accountability, securing representation at the right level for both sub-regional and regional elements and would require strong leadership at each level. This could impact on the capacity of senior managers of all agencies; some members would find that they have more meetings to attend than

previously, for example however, this would have less capacity implications on pan North Wales organisations.

The most notable strengths for this options include the fact that this model is now being piloted in children safeguarding via the LSCB's and early indications would suggest its potential as a future model that could be fully integrated. Duplication would be lessened, and it allows for innovation, evolution and offers the potential to reduce demand on resources, both people and financial. The general broad direction of travel as outlined in the Bill is a National Board for Children and Adults. There is lots to learn from children safeguarding boards and this structure would allow us to achieve equity.

This is the favoured option as:

- This model is currently being piloted in children's safeguarding through the LSCB model and early indications are encouraging and positive
- Gwynedd and Anglesey have started on the journey of establishing a joint board and the learning from this is available
- It allows for the structures to be developed in ways which strike an acceptable and well-managed balance between local and regional agendas
- It maintains the ability to be responsive to local issues and practice
- The regional adult safeguarding elements could create a higher profile and increase the North Wales Board's influence regionally and nationally
- This model would be more manageable for the pan-North Wales organisations
- It strengthens the collaborative agenda in North Wales
- Having the same model for adults and children safeguarding boards will bring about equity for both adult and children safeguarding in readiness for any direction from Welsh Government
- Over time, this model will bring about the opportunity to merge some common areas of safeguarding practice across children and adults e.g. training, policies and procedures, performance and audit, serious case reviews.
- This model will also bring a real opportunity for integrated business support to underpin children and adult safeguarding across North Wales.

5 The favoured option – a two tier Adult Safeguarding Board

The potential structure for this option consists of:

- One Regional Adult Safeguarding Board
- Three Sub-regional Adult Safeguarding Boards (Gwynedd/Anglesey; Conwy/Denbighshire; Flintshire/Wrexham)
- To underpin the above, four regional sub-groups:
 - o Training
 - o Policies and procedures (linking to National work)
 - o Performance and Audit
 - o Serious case reviews

Next Steps:

- 1) The collaborative of NWSSIC, NWASH and safeguarding leads for the Betsi Cadwaladr University Health Board, North Wales Police and North Wales Ambulance Service are invited to form a view around the preferred option.
- 2) Provide a clear steer to the current adult protection forum in relation to their existence and any forward work programme
- 3) Consider the resources needed to take forward

ISLE OF ANGLESEY COUNTY COUNCIL

Committee:	Partnership and Regeneration Scrutiny Committee
Meeting date:	17 June 2013

Corporate Parenting Panel 2013-2014

1.0 PURPOSE OF REPORT

- 1.1 That the Partnership and Regeneration Scrutiny Committee nominates one Committee member to sit on the Corporate Parenting Panel from May 2013 to May 2014.

2.0 BACKGROUND

- 2.1 The purpose of the Corporate Parenting Panel is to act on behalf of the Council to ensure that all services, with a responsibility to looked after children, young people and care leavers, are of a high standard and to improve the life chances of looked after children in line with their peers. There are approximately 4 ordinary meeting of the Panel each year but additional meetings may take place. The member who was nominated to sit on the Panel from May 2012 to May 2013 was Councillor J V Owen.

3.0 RECOMMENDATION

- 3.1 That the Partnership and Regeneration Scrutiny Committee nominates one Committee member to sit on the Corporate Parenting Panel from May 2013 to May 2014

Geraint Wyn Roberts (Scrutiny Officer)

Dated: 10 June 2013

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