

# Public Document Pack



CYNGOR SIR  
YNYS MÔN  
ISLE OF ANGLESEY  
COUNTY COUNCIL

Mr Richard Parry Jones, BA, MA.  
Prif Weithredwr – Chief Executive  
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ISLE OF ANGLESEY COUNTY COUNCIL  
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<b>RHYBUDD O GYFARFOD</b>	<b>NOTICE OF MEETING</b>
<b>PWYLLGOR SGRIWTINI PARTNERIAETH AC ADFYWIO</b>	<b>PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE</b>
<b>DYDD MERCHER, 15 IONAWR, 2014 am 2 o'r gloch</b>	<b>WEDNESDAY, 15 JANUARY 2014 at 2.00 pm</b>
<b>YSTAFELL BWYLLGOR 1, SWYDDFEYDD Y CYNGOR, LLANGFNI</b>	<b>COMMITTEE ROOM 1, COUNCIL OFFICES, LLANGFNI</b>
<b>Swyddog Pwyllgor</b>	<b>Mrs. Mairwen Hughes (01248) 752516 Committee Officer</b>

## **AELODAU / MEMBERS**

Cynghorwyr / Councillors:-

### **Annibynnol / Independent**

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

### **Plaid Cymru / The Party of Wales**

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

### **Heb Ymuno/Unaffiliated**

R.LI. Jones  
Raymond Jones

**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)**

**Aelod Cyfetholedig/Co-opted Member (Dim Hawl Pleidleisio/No Voting Rights)  
Mr Gerallt Llewelyn Jones ( Rheolwr Gyfarwyddwr/Managing Director - Mentor Môn)**

## **A G E N D A**

**1     APOLOGIES**

**2     DECLARATION OF INTEREST**

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

**3     MINUTES (Pages 1 - 8)**

To submit, for confirmation, the minutes of the following meeting :-

- 21 November, 2013 (Call-In)
- 28 November, 2013

**4     PROPOSED ESTABLISHMENT OF HEALTH AND SOCIAL CARE INTEGRATED DELIVERY BOARD FOR ANGLESEY (Pages 9 - 20)**

To submit a report by the Director of Community in relation to the above.

**5     STATEMENT OF INTENT ON INTEGRATED CARE FOR OLDER PEOPLE WITH COMPLEX NEEDS (Pages 21 - 64)**

To submit a report in relation to the above.

**6     BUDGET 2014/2015 - EXECUTIVE'S DRAFT PROPOSALS (Pages 65 - 98)**

To consider the Executive's initial proposals for the 2014/15 Council Budget. Documents attached for reference :-

- Meeting the Challenges Budget Consultation Document 2014/2015.
- Report to the Executive meeting on 16<sup>th</sup> December – Initial Proposals for the 2014/2015 Budget

**7     UPDATE BY THE CHAIR OR VICE-CHAIR AND ANY ANNOUNCEMENTS**

To receive a verbal report by the Chair/Vice-Chair in relation to the above.

**8     WORK PROGRAMME (Pages 99 - 104)**

To submit the Work Programme by the Scrutiny Officer.

## PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE

### Minutes of the meeting held on 21 November 2013

- PRESENT:** Councillor Derlwyn Rees Hughes (Chair)  
Councillor Alun Wyn Mummery (Vice-Chair)
- Councillors John Griffith, Carwyn Jones, Raymond Jones, R LI Jones, Dylan Rees and Dafydd Rhys Thomas
- IN ATTENDANCE:** Councillor(s) Richard Dew, Aled Morris Jones, Victor Hughes, R G Parry OBE, J Arwel Roberts, P S Rogers, Alwyn Rowlands, Ieuan Williams
- APOLOGIES:** Councillor(s) W T Hughes and Richard Owain Jones
- ALSO PRESENT:** Director of Sustainable Development  
Head of Service (Property)  
Scrutiny Officer  
Committee Services Manager
- 

#### 1. DECLARATION OF INTEREST

Councillors P.S.Rogers and R.G.Parry,OBE declared an interest in the matter as they were both farming on Anglesey.

Councillor R.Dew declared an interest in the matter as he was farming on Anglesey and had been a former member of the Anglesey Young Farmers Club.

Councillor A.Morris Jones declared an interest in the matter as he had been a former member of the Anglesey Young Farmers Club.

#### 2. EXCLUSION OF THE PRESS AND PUBLIC

**RESOLVED** under Section 100(A)(4) of the Local Government Act 1972, to exclude the press and public from the meeting during discussion on the following item on the grounds that it may involve the disclosure of exempt information as defined in Schedule 12A of the said Act and in the attached Public Interest Test.

#### 3. MATTER REFERRED TO THE COMMITTEE FOR CONSIDERATION IN RELATION TO A CALL-IN OF A DECISION

A Call-In of a Decision form, duly completed and signed by 5 Members of the County Council viz., Councillors P S Rogers (Lead Call-In Member), Jeff Evans, T Victor Hughes, G O Jones, Raymond Jones, D Rhys Thomas was submitted to the Committee in relation to a decision taken by the Executive on 4<sup>th</sup> November, 2013, with regard to the Science Park Development. The Executive had accepted the recommendations contained within the report but had further resolved *“to ensure the ring-*

*fencing of any income generated, to invest in the smallholdings estate.*" It was this particular resolution that had been called-in for scrutiny.

A copy of the Executive report and the call-in papers were submitted as part of the Agenda papers for this meeting.

Councillor P. S. Rogers as the Lead Call-In Member stated that his reason for calling the decision in was because he considered it to be inappropriate in these very difficult economic times to ring-fence money to make further investments in smallholdings when so many other vital Council services faced severe cut backs or even closure. He considered that the smallholdings estate should generate its own income so as to ensure continuation of the estate. He also questioned what happened to the income from over 6,000 acres of land let by the Authority each year? Also that until recently over £200k p.a. was contributed to the Council coffers and that by now there was no contribution?

Councillor Rogers thanked the five members who had supported his call-in and mentioned that some of the new members on the Council required clarification as to the background and problems facing the smallholdings estate.

The Head of Service (Property) in reply drew the Committee's attention to the various decisions taken by the Executive over the years as regards the governance of the smallholdings estate and in particular to the decisions taken on 7<sup>th</sup> September, 2010 *"to ring-fence the rental income for expenditure on the estate"* and on 5<sup>th</sup> October, 2010 *"that the service should plan on the basis that capital and revenue funding will continue to be earmarked but that this policy be reviewed from time to time in the light of progress on clearing the backlog of property maintenance and the financial circumstances at the time."*

The report to the Executive on 4<sup>th</sup> November, 2013 mentioned that the disposal of land would still have to follow the Asset Management Policy and smallholdings policies unless it was approved by the Executive as a departure from normal policy. The Head of Service mentioned that the improvement programme was half way through the schedule of works and it was expected that the works would be completed within the next 2-3 years. The smallholdings estate would then be a very important asset to the Authority and in his opinion it would be detrimental to the estate to implement a policy change at this stage of proceedings. He further mentioned that the three yearly rent review was in the process of being considered by officers.

Both the Policy Holders for Property and Smallholdings and Economic Development provided the Committee with a brief synopsis of the reasoning behind the establishment of the smallholdings estate at the end of the First World War up to the present time. There was a requirement to bring these properties up to an acceptable standard of living from a health and safety perspective.

The former Portfolio Holder for Smallholdings, Councillor Bob Parry, OBE, was also afforded the opportunity of making his views known that there was a necessity to persevere with the work programme in view of the generally poor condition of the estate. He considered that ring-fencing should continue until the programme of works had been completed and that it be reviewed thereafter. It was also important to continue maintaining the estate because at the end of the day these were people's homes and were very often used as a stepping stone for younger people to get an agricultural foothold on the Island.

During the course of the meeting, the Committee members were also given the opportunity to express their views and raise questions with the Head of Service and the respective Portfolio Holders.

**RESOLVED to endorse the resolution of the Executive in this respect.**

The meeting concluded at 12.40 pm

**COUNCILLOR DERLWYN HUGHES  
CHAIR**

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# **PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE**

## **Minutes of the meeting held on 28 November 2013**

- PRESENT:** Councillor Derlwyn Rees Hughes (Chair)  
Councillor Alun Wyn Mummery (Vice-Chair)
- Councillors John Griffith, W T Hughes, Carwyn Jones, R Ll Jones,  
Richard Owain Jones, Raymond Jones and Dylan Rees
- IN ATTENDANCE:** Chief Executive,  
Head of Service (Housing),  
Scrutiny Officer (GWR),  
Committee Officer (MEH).
- APOLOGIES:** Councillor Dafydd Rhys Thomas.  
Director of Communities (GC),  
Head of Economic and Community Regeneration (DW),  
Mr. Gerallt Ll. Jones (Managing Director – Menter Môn),  
Ms. Catherine Roberts (Delivery Manager for Gwynedd and Anglesey).
- ALSO PRESENT:** Mr. Trystan Pritchard, Senior Partnership Manager,  
Ms. Dawn Docx, Deputy Chief Fire Officer and Mr. Richard Fairhead, North  
Wales Fire and Rescue Service.
- 

### **1 APOLOGIES**

Apologies as noted above.

### **2 DECLARATION OF INTEREST**

No declaration of interest received.

### **3 MINUTES**

The minutes of the meeting held on 25 September, 2013 were confirmed, subject to the amendment at Item 6 that the representatives from the organisations be invited to attend the meeting in March 2014 and not March 2013.

### **4 UPDATE ON THE PARTNERSHIP UNIT**

Submitted – an update report by Mr. Trystan Pritchard, Senior Partnerships Manager on the partnership structures and financial arrangements including grant allocation. The report also provided the progress to date on the initial draft development of a Single Integrated Plan for Anglesey and Gwynedd.

Members considered that the Delivery Manager of the Children & Young Peoples Service and the Delivery Manager for the Health, Care and Wellbeing Services should be requested to attend this Committee in the future.

**RESOLVED to note the report.**

**ACTION : That a special meeting be convened in February to discuss the final version of the Single Integrated Plan for Anglesey and Gwynedd.**

## **5 ANNUAL REVIEW OF THE COMMUNITY SAFETY PARTNERSHIP**

Submitted – the Annual Community Safety Partnership update.

The Scrutiny Officer stated that the Community Safety Partnership is required to formally report to this Committee, on an annual basis, to provide an overview of activities undertaken. This ensures that the Partnership meets its obligations under Sections 19 and 20 of the Police & Criminal Justice Act 2006 and Welsh Government Guidance.

Mr. Trystan Pritchard, Senior Partnerships Manger apologised on behalf of Ms. Catherine Roberts, Community Safety Delivery Manager for Gwynedd and Anglesey was unable to attend this meeting due to illness. Mr. Pritchard stated that local authorities have a statutory duty to work in partnership with the Police, Health Service, Probation and Fire & Rescue Service to address the local community safety agenda. He introduced Temporary Chief Inspector Simon Barrasford (North Wales Police) who has responsibility for the County of Anglesey and Mr. Geraint Hughes (Fire & Rescue) who are the key partners within the scheme.

Members referred to the ensuring crime figures for Anglesey and Gwynedd with Anglesey having 434 fewer recorded crimes in the last year, which is a 23% reduction in the crime figures. Temporary Chief Inspector Simon Barrasford stated that he was satisfied that the crime figures are accurate and said that partnership working with different organisations has contributed to the reduction in the crime figures on Anglesey.

Mr. Trystan Pritchard further reported that during the past 18 months, the Partnership has been subjected to a significant amount of restructuring, both on a regional and local basis. All the grant funds received by the CSP have been subjected to changes. The supporting resources have been reduced, and some regional restructuring processes are still to be completed. A list of the main activities were noted within the report.

Following a question and answer session it was **RESOLVED to note.**

**ACTION : That a press release be published that this Committee welcome the reduced crime figures on Anglesey.**

## **6 COMMUNITIES FIRST - YNYS MÔN**

Submitted – a report by the Head of Housing Services in relation to the progress with the implementation of Communities First Programme in Anglesey. A DVD prepared by the volunteers of the CF Programme was shown to the Committee.

It was noted that on the 1<sup>st</sup> February, 2013 the existing staff from the former Communities First Partnerships were transferred to Môn Communities First Ltd. Môn Communities First Ltd., is managed by a Board of Directors which includes the Portfolio Holder for Housing & Social Services and Officers as observers. As a company limited by guarantee and a charity, the organisation has the ability to secure additional external funding to support the delivery of Communities First services in the area which the Authority as a public body may not have been eligible to apply for.

Members of the Committee raised the following issues :-

- Disappointment expressed that no representation from the Môn Communities First Ltd., was able to attend this Committee;
- Concerns expressed that the minutes of the Board of the Môn Communities First Ltd., was not a public document. The Head of Housing Services responded that she and the Portfolio Holder for Housing & Social Services receive the minutes. She noted that following legal advice the Môn Communities First Ltd., are not legally bound to publish their minutes.
- Members noted their disappointment that poverty was the only benchmark WG used to identify Communities First areas.

**RESOLVED to note the report the report and to request that Môn Communities First Ltd., publishes their minutes of Board meetings on their website and exclude any confidential matters as appropriate.**

**ACTION : To receive an Annual Report on the Communities First programme on Anglesey.**

## **7 CONSULTATION DOCUMENT ON THE NORTH WALES FIRE AND RESCUE**

The Chair welcomed Ms. Dawn Docx, Deputy Chief Fire Officer and Mr. Richard Fairhead to the meeting to give a presentation on the Consultation Document on the proposed improvement objectives for North Wales Fire and Rescue Authority for 2014-15. The end of the consultation period is 9<sup>th</sup> December, 2013.

Ms. Docx stated that the proposed objectives of the North Wales Fire and Rescue Authority are :-

- To help to keep people and communities safe by preventing deaths and injuries from accidental fires in living accommodation;
- To ensure that North Wales gets the best possible level of service within financial constraints, use a variety of management solutions to optimise fire and rescue cover in the area.
- To implement a 3 year financial plan for 2014/15 to 2016/17 that funds the current level of service, but that aims to limit the cost of doing so to the equivalent of an extra £1 per year per head of population.

Ms Docx went onto explain how by working with partners to deliver home fire safety checks and educate the public over the last seven years the Service had made good progress in achieving the first objective, with the number of fires in North Wales reducing by almost 50% over this period of time.

She also explained that the Fire and Rescue Authority had frozen its budget for the last three years. This had required savings of 7.5% of the budget to be made, in order maintain services to the public. The Fire and Rescue Authority believed that this position was unsustainable over the next three years and that there may be the need to increase its budget, however there was a strong desire to limit any required increase.

Following a question and answer session it was **RESOLVED to note the report.**

**ACTION : To support the implementation of a 3 year financial plan for 2014/15 to 2016/17 that funds the current level of service, but that aims to limit the cost of doing so to the equivalent of an extra £1 per year per head of population.**

## **8 CHAIR AND VICE-CHAIR UPDATE AND ANY ANNOUNCEMENT**

The Vice-Chair questioned if an update was to be submitted to this Committee in respect of the Transformation Boards. The Scrutiny Officer responded that Officers from the Transformation Team are expected to attend the Committee in March, 2014 to report on the work undertaken by the Transformation Boards since September 2013.

## **9 WORK PROGRAMME**

Submitted – a draft Work Programme by the Scrutiny Officer.

It was noted that a special meeting is to be held in February 2014 to discuss the following items :-

Single Integrated Plan  
Partnership Agreement with Cyngor Gwynedd  
North Wales Partnership Agreement – Galw Gofal Call-Centre

**RESOLVED to accept the report.**

The meeting concluded at 4.00 pm

**COUNCILLOR D.R. HUGHES  
CHAIR**

<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>COMMITTEE:</b>	<b>Partnership and Regeneration Scrutiny Committee</b>
<b>DATE:</b>	<b>15.1.2014</b>
<b>TITLE OF REPORT:</b>	<b>Proposed establishment of Health and Social Care Integrated Delivery Board for Anglesey</b>
<b>PURPOSE OF THE REPORT:</b>	<b>To seek comments on the approval of the Executive for Anglesey County Council to establish a joint Health and Social Care Integrated Delivery Board for Anglesey</b>
<b>REPORT BY:</b>	<b>Gwen Carrington, Director of Community</b>
<b>CORPORATE DIRECTOR:</b>	<b>Director of Community</b>

**Purpose:**

It is believed that the health and care needs of the people of the Isle of Anglesey can be better served by the improved integration of services between health and local authority services.

In order to facilitate this process, and provide a sound governance structure, it is proposed to establish an Integrated Delivery Board to inform both service development and quality assurance processes.

**1. Background:**

An application for funding through the European Social Fund was submitted by the Isle of Anglesey County Council and Betsi Cadwaladr University Health Board during January 2010 and was subsequently secured (October 2011) to support “The Delivering Collaboration Improvement Framework Project”. The primary aim of the project is to drive forward service transformation and improve public sector delivery through joint working, integration and pooling of resources by developing a robust integrated Governance Framework. The proposed framework aims to break down organisational boundaries, make the best use of scarce resources and pool budgets and other resources for the benefit of the citizens on Anglesey.

A key aspect of the project is to develop service frameworks between health and social care and to underpin them with formal agreements (such as formal commissioning arrangements, jointly funded projects, Section 33 agreements etc. for pooling of resources or integration of services).

A Project Board was established during 2012 to act as the primary body for the oversight, planning and monitoring of project. This will include key officers from a range of partners.

A workshop was held on the 15<sup>th</sup> March, 2013, with strategic leads and managers from BCUHB and the Isle of Anglesey Council Senior Management Team. Areas in particular relation to partnerships, locality development and perceived priority areas were discussed (inclusive of political and policy drivers for health and social care).

The shared vision following this workshop for the Isle of Anglesey's residents was:

- To live healthy, fulfilled, safe and active lives
- To thrive, flourish and be prosperous
- To determine their own health, social care and wellbeing (mental and physical)
- To have ownership and responsibility for their health, social care and wellbeing
- To live in powerful, vibrant and resilient communities

With a shared mission to focus on:

- transforming the quality of life in our localities
- to make a positive difference to people's lives
- by providing a whole pathway of services
- to improve the health and wellbeing of the population
- and break the cycle of dependency on statutory services

The main recommendation of this workshop was the proposed development of an Integrated Delivery Board for Community Health and Care services on Anglesey.

This briefing paper details the proposed overview to develop such a Delivery Board – inclusive of the case for change.

## **2. Aims and Objectives:**

The aims and objectives of developing an Integrated Delivery Board collaborative for Community Health and Care services on the Island is to work towards delivery of 'single services'. This includes improved alignment of business plans, budgets and organisational cultures. The proposed Board will include consideration of innovative approaches to pooled budget frameworks for Anglesey to make best use of the resources available. This proposal will focus on partnerships for a clear purpose – partnerships that are fruitful and deliver frameworks for integration that place the citizen at the centre of everything that we do.

In essence we believe that the Project Board will support:

1. Improvements in services for the people of the Isle of Anglesey
2. Deliver frameworks for integrated services underpinned by formal agreements on a greater scale
3. Provide leadership and better use of resources
4. Be people-centered to make a difference
5. Streamline resources and reduce bureaucracy
6. Provide an exemplar across Wales to share learning

Specifically, the Integrated Delivery Board for Community Health and Care for Anglesey will:

- Tackle the urgent issues and opportunities arising from NHS and local authority service reconfiguration.
- Recommend action which would unblock barriers to strategic development and operational service delivery, troubleshooting where necessary
- Understand the financial environment of each partner organisation and seek opportunities to maximise efficiencies
- Consider alignment/pooling of budgets and other resources
- Take forward joint workforce initiatives in support of strategic change

### **3. Drivers (Operational and Strategic)**

**3.1 Policy and direction:** The drivers for change are well rehearsed, and are noted within “Together for Health and Sustainable Social Services – Delivering Local Integrated Care”. It is proposed that the Integrated Delivery Board for Community Health and Care services on the Island will focus on transforming our services to ensure resources are most appropriately aligned and deployed to meet the needs of the people of Anglesey. This means strengthening the planning and co-ordination of care and support, with both organisations working closely together to develop a truly integrated health and social care system that provides people-centred and whole-person care.

The health and social care system faces a number of challenges in particular relation to integration, which are widely attributed to:

- Increase in people with long term conditions (adults and children), multiple morbidities and an ageing population.
- Fragmented care.
- Public health pressures.
- Widening health inequalities.
- Reduced finances with increased expectation and demand.

### **3.2 Social Services and Wellbeing (Wales) Bill**

The bill places a clear expectation that health and social services will be further integrated, including the facilitation of opportunities for pooled budgets and utilisation of other flexibilities within the National Assistance Act (1970) and the NHS Health Act (2006).

Particular reference is made within the drafted bill for additional proposed ministerial powers that could drive the growth of partnership working in Wales, through the clarification of the legislation in respect of partnership working. Ministers will be provided with powers to mandate the creation of partnerships where there is a case to do so. Clear reference is made, for example for the case to develop integrated service provision in relation to services for families and older people with complex needs.

The proposal to develop an Integrated Delivery Board for Community Health and Care services on Anglesey is clearly seen as the first step in addressing these areas. This approach is firmly embedded within the policy document “Sustainable Social Services”.

The ministerial position for statutory agencies is clear: *“Our first priority is to ensure that resources are used in a more joined up way as this will make better use of the capacity that exists”*.

The policy document also highlights the importance of developing more integration of health and social services for children, young people, and frail older people, and in respect of reablement services. Joining up in this way will help break down barriers that can often get in the way of providing services, and drive out duplication.

### **3.3 Setting the Direction (*Locality Team development*)**

In *Setting the Direction* the development of locality working was seen as the cornerstone of the new model for primary and community care. Based on populations of between 30,000 and 60,000, more than sixty locality networks have been established across Wales to plan, co-ordinate and ensure delivery of services to meet the needs of people living in the local community. The proposed structure of an Integrated Delivery Board for Community Health

and Care services will complement and strengthen the policy direction of localities as identified within “*Setting the Direction*”.

The long-established Model Mon Community Care Development Team on the Isle of Anglesey evolved into the Locality Development Team during 2011 and includes representation from strategic and operational Service Managers in Primary, Community Health and Social Care Services along with Medrwn Mon on behalf of the Third Sector. The role of the locality team (Model Mon) is to:

- Oversee the implementation of *operational* changes and joint working models at County level affecting both BCU and local authorities, complementing the focus of Locality Leadership Teams
- Promoting and delivering *at operational level* the early intervention/prevention programme across BCUHB and Anglesey Council - especially those inextricably linked to the delivery of integrated services
- Provide a clear, equitable accountability line for Health, Social Care and 3<sup>rd</sup> sector agencies on the Island in relation to *operational* management and delivery of services.
- Agree local *operational* measures which will evidence achievement of improved health and social care outcomes for the population of Anglesey.

#### **4. Demography and trends** (*Managing demand & Local Need*)

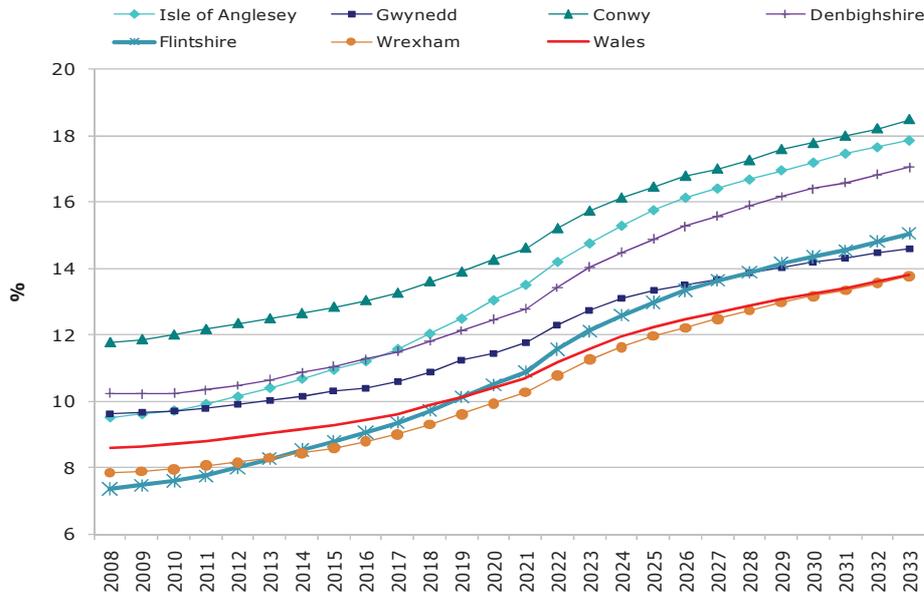
The number of people aged 16-64 in North Wales is projected to fall by 6% from 2008 to 2033, whereas the 65+ population for North Wales is projected to rise by 60% over the same time period. There will, therefore, be more people over 65 for every adult of working age in the future. (Executive Director of Public Health report, 2012

<http://howis.wales.nhs.uk/sitesplus/documents/861/FINAL%20PHW%20Older%20People%20Annual%20Report%20-%20English.pdf> )

- The resident population of Anglesey is projected to increase by 4% from 2006 to 2031.
- In 2009 19.5% of children were said to be living in poverty on the Isle of Anglesey
- 21.9% of the total population of the Isle of Anglesey was aged 65+ in 2010, compared with 18.6% in Wales as a whole. This is the third highest proportion of people aged 65+ across all local authorities in Wales.
- The rate for children and young people reported as disabled according to Disability Discrimination Act definitions is 7.3% of the 0-18 population which gives an estimated total of 1027 children with disabilities in 2012.

The table below demonstrates the projected population % of people over 75 years of age residing in each of the 6 counties of North Wales. There is a recognised need for a joint approach to planning and delivering older people’s services, in particular within Anglesey where the projected % increase is set to double from 9% to a staggering 18% by 2033.

**Projected population, 2008-2033, % aged 75 and over**  
 Produced by Public Health Wales Observatory, using data from the Welsh Assembly Government



**Population aged 65 and over in Anglesey, by age, projected to 2030**

	<i>Numbers</i>				
	<b>2012</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
People aged 65-69	5,260	5,480	4,780	4,830	5,080
People aged 70-74	3,880	4,450	5,140	4,520	4,580
People aged 75-79	2,920	3,270	3,970	4,630	4,090
People aged 80-84	2,080	2,150	2,710	3,350	3,960
People aged 85 & over	2,070	2,290	2,640	3,380	4,420

Source: Welsh Government Statistical Unit / Daffodil

Crown copyright 2010

Morbidity and long term condition levels are indicated by hospital admission rates. Anglesey has the highest rate across North Wales of all inpatient admissions for persons aged under 75 years, both those which are planned - including surgery and admissions for investigation or treatment - and those which are emergency or unplanned.

Emergency hospital admissions aged rates for people under 75 for the Isle of Anglesey are the highest across North Wales and higher than the Wales rate. Elective hospital admission rates in Anglesey for people aged under 75 are higher than the average for North Wales and Wales. Seven of the nine Middle Super Output Areas in Anglesey have statistically significantly higher rates than Wales as a whole.

## 5. Managing Services Together

The changing structure of the population means more pressure and greater demands on a range of services e.g. health care, residential services, housing, welfare and other services used by the population. This requires collective action and early intervention to empower and support people (Anglesey Integrated Plan 2012).

Since public finances are limited, effective engagement with our service users and communities is of paramount importance to ensure that resources are targeted effectively to tailor services to meet their needs.

A number of joint projects are already being worked on, and include:

- Single Point of Access project
- Community Equipment Stores
- Children with disability service
- Adult Mental Health
- Health and Social Care Support Workers
- Integrated Family Support Service/Team
- Intermediate Care
- Telecare/Telehealth

These initiatives testify a strong tradition of engagement and collaboration. Nevertheless it is evident that further benefits could be secured by greater strategic alignment and improved governance of these individual work streams.

## 6. Recognising Priority Areas: Prioritisation Framework.

It is vital that decisions to prioritise services are not based on intuitive methods, incomplete information or conflict with NHS and Social Care strategic goals. It is important that the impact on health and social care is explicit when decisions are made to provide resources for some areas and not others.

Any prioritisation framework must therefore provide a robust, transparent and fair process to:

- increase public and patient confidence;
- be operationally more efficient;
- align resources to agreed strategies and policies that improve the overall health and wellbeing of the population and improve the quality of services;
- ensure competing needs are given a fair hearing;
- provide better value for money and budget allocation requirements;
- add legitimacy to decision making;
- meet the requirements of good corporate governance;
- be underpinned by a sound evidence base wherever possible;
- inform and promote appropriate planning to meet future needs.

Services will need to be reviewed and developed to make sure that they meet shared specifications and quality standards. The Integrated Delivery Board would provide a platform for such an approach and would include within its remit the delivery of health and social care services on the island including priorities for any new developments.

## 7. Proposal

As a consequence of the drivers and to meet the challenges detailed above we propose that an Integrated Delivery Board be established to assist in the development of Community Health and Care Services on Anglesey.

The Proposal is developed in more detail below and we are confident that it will provide a clear way forward to work towards formally integrating service delivery between Anglesey County Council and BCUHB. The establishment of an Integrated Delivery Board for Community Health and Social Care services on Anglesey will provide executive and leadership input to oversee the process, governance and performance of a truly integrated health and social care service. We propose that the board will be operational from Spring 2014 onwards.

### **Accountability:**

The Integrated Delivery Board will be accountable to the BCUHB Board and democratic processes within the Local Authority. Nevertheless membership of the Delivery Board should have sufficient authority to commit their organisations to a particular course of action informed by knowledge of priorities and agreed strategic direction.

The Integrated Delivery Board for Community Health and Care on Anglesey will take on the role of “county fora”. Key duties and responsibility of this strategic group will be to shape, agree, measure and monitor strategic health and social care development at County level ensuring a focus on an integrated experience for patients/service users including:

- Being the vehicle to oversee implementation of joint and integrated services
- Providing the joint governance arrangement for agreed integrated services
- Driving change and transformation of services, including joint priorities identified in the Integrated Plan

The Delivery Board propose to ensure strategic alignment with the work of the LSB to transform public services through development of integrated service frameworks underpinned by formal agreements.

In line with organisations that have efficient procedures for measuring, managing and reviewing health improvement, and developing measurable outcomes for their population, the Delivery Board will have features that include:

- A belief that Health and Social Care improvement is integrated with the BCUHB/ Isle of Anglesey County Council business and service planning cycles.
- Constructive use of audit or scrutiny function with partners to review and influence important local decisions and to jointly tackle health and social care inequalities.
- Clear communication process in relation to strategy and performance that is transparent within the organisation, to stakeholders, and to the population we serve.
- A balanced performance management framework for health and social care improvement, as well as shared outcome measures.
- The ability to reflect on current practice in managing the partnership’s performance, and be mature enough to identify the areas of good progress and those where development is needed.

Links to other partnerships, e.g. LSB, HSCWB, CYPP, will be made based on the topic area (i.e. integration of aspects of children`s services via CYPP, Joint initiatives for primary prevention via HSCWB, Partnership Agreements via LSB etc).

### **Governance Arrangements:**

The Delivery Board will mitigate risks through:

- **Strategic Risk:** Provide assurances that any priority area is based on clear evidence for change (including National Policy/Strategic direction). Accountable officers will ensure projects are supported *in principle* within their respective organisations, with a view of mitigating any risk in relation to ownership at Organisational level (i.e. Board/ democratic process)
- **Operational Risk:** Identification of financial risks to either organisation as a direct result to proposed plans (including risk in implementing planned innovation, HR issues, Cultural change, and potential risk to reputation).
- **Reporting Risk:** clear two way communications between proposed Delivery Board, Locality Teams and operational groups in relation to sharing information and identifying clinical/organisational/operational risks when implementing proposed innovation.
- **Compliance Risk:** The Delivery Board will provide strategic overview in particular relation to legal and regulatory risks of any proposed innovation for integration. The Delivery Board will provide assurances to their respective agencies and LSB that risks are controlled in direct relation to professional governance issues.
- **Specific Projects:** The Delivery Board will provide the governance arrangements in specific relation to the projects/work streams for integrated working such as:
  - Model Mon – Locality Leadership team
  - Single Point of Access
  - Mental Health County Model - Section 33
  - Learning Disability – integration of services.
  - Children with Disability Services Section 33
  - Further exploration in relation to roll-out of Generic Workers
  - Co-location / integration of health and social care teams

### **Proposed Membership:**

Senior Manager Public Health Wales  
Assistant Director Community Partnership Development BCUHB  
Corporate Director Community Isle of Anglesey  
2 Local Authority Members (to be confirmed)  
Lead of Community CPG (BCUHB) (to be confirmed)  
Nominated representative and Chair of GP's  
Chair of the Model Mon / Locality Leadership Team

## **8. Recommendations**

The Partnership and Regeneration Scrutiny Committee is invited to form a view on:-

That the BCUHB Board and Isle of Anglesey County Council Democratic Process approve in principle the proposal to develop an Integrated Delivery Board for Community Health and Care services on the Isle of Anglesey.

- R1. Establish the Board, which will include two elected members, to be operational from the 1<sup>st</sup> April 2014
- R2. For the Board to agree its work programme which will come within the Council's governance arrangements.

**Name of author of report:** Gwen Carrington  
**Job Title:** Director of Community  
**Date:** 6 January, 2014

**Appendix 1:** Membership of Board responsible for setting up the proposed Integrated Delivery Board

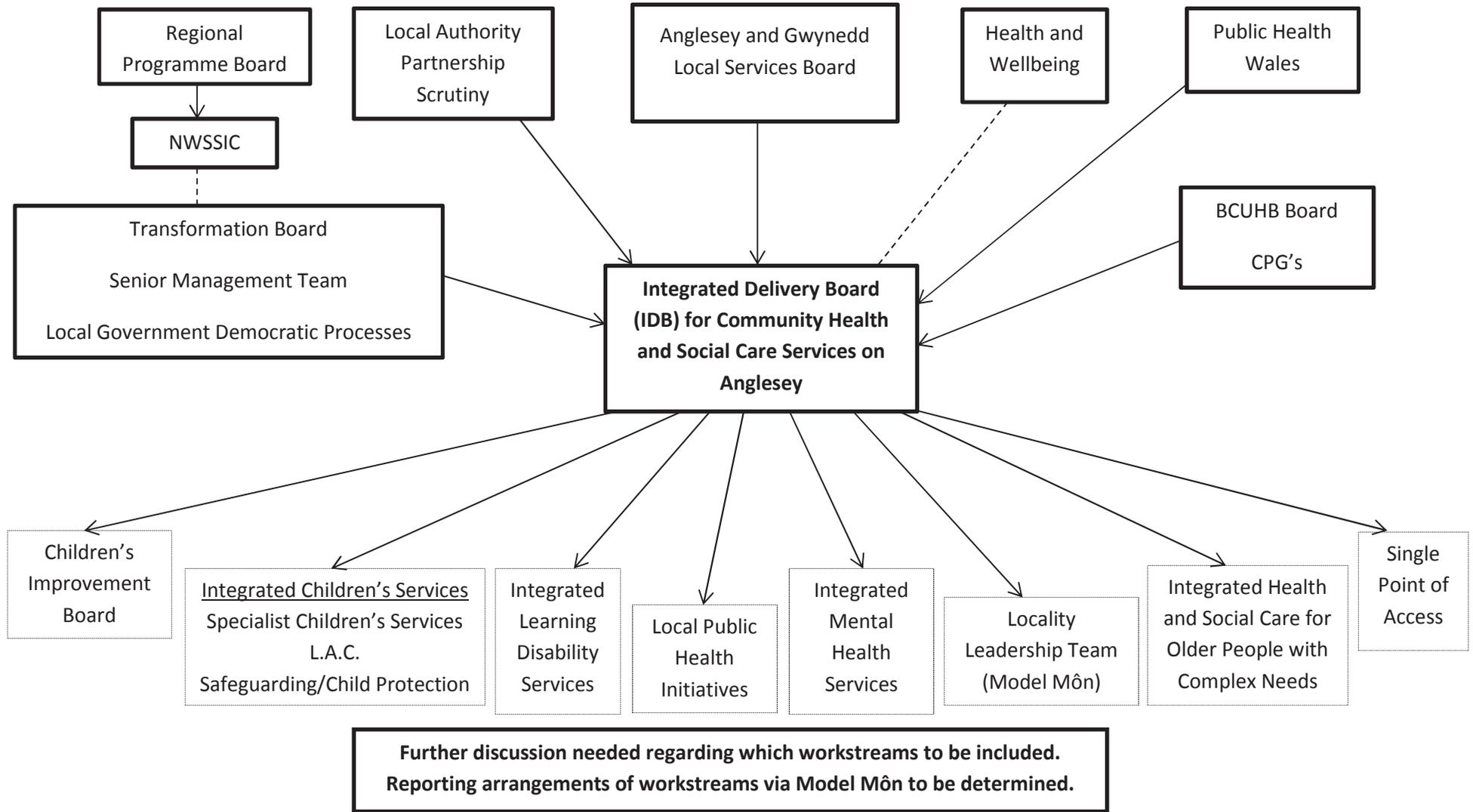
**Appendix 2:** Accountability Framework Diagram

## **Appendix 1: Board responsible for setting up the proposed Integrated Delivery Board**

The members of the Board to be responsible for establishing the proposed Integrated Delivery Board are as follows:

Name	Designation	Agency
Gwen Carrington	Director of Community	Isle of Anglesey County Council
Trystan Pritchard	Senior Manager	Gwynedd and Ynys Môn Partnerships
Anwen Huws	Head of Children's Services	Isle of Anglesey County Council
Gareth Llwyd	Business Support Unit Manager	Isle of Anglesey County Council
Emily Whall	Collaboration Improvement Officer, ESF DCIF Project	Isle of Anglesey County Council
Wyn Thomas	Assistant Director, Community Partnership Development	BCUHB
Dr Stephen MacVicar	GP Locality Lead, Locality Leadership Team (Model Môn)	BCUHB
Eleri Lloyd	Partnership Development and Improvement Manager	BCUHB
Sarah Andrews	Principal in Public Health	Public Health Wales
Catherine Robinson	Professor of Social Policy Research Head of Social Sciences	Bangor University

**Appendix 2: Accountability Framework**



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<b>CYNGOR SIR YNYS MÔN</b>	
<b>COMMITTEE:</b>	Partnership and Regeneration Scrutiny Committee
<b>DATE:</b>	15 January, 2014
<b>TITLE OF REPORT:</b>	North Wales Statement of Intent
<b>PURPOSE OF REPORT:</b>	To seek comments on the Joint North Wales statement of Intent for submission to welsh Government by 31/01/14 in response to the requirement set out in the 'Framework for Integrated Services for Older People with Complex Needs' published in July 2013.
<b>REPORT BY:</b>	<b>DIRECTOR OF HOUSING &amp; SOCIAL SERVICES</b>

## 1.0 Background

### 1.1 Consultation document

In July 2013, The welsh Government published a Consultation Document that sets out requirements and expectations on health boards and local authorities to accelerate the pace of integrating health and social care services and to embed these into mainstream service delivery by the end of December 2014 in order to facilitate access to services and to improve outcomes for citizens.

### 1.2 Policy context

An expectation is placed on Health Boards and local authorities to integrate services in the national policy context outlined in:

- **'Together for Health'** that sets out the ambition for person-centred health services to be provided as close to home as possible.
- **'Sustainable Social Services in Wales'** that envisages a social care service based on outcomes focused portable assessments and enabling people to make informed decisions, with more consistent care eligibility and planning.
- **The Social Services and Well-being (Wales) Bill** will significantly strengthen the legislative requirements for Health Boards and Local Government to integrate services.

### 1.3 Expectation to Submit a Statement of Intent

The 'Integrated Services Framework' document places an expectation on Health Boards and local authorities at the regional level to produce a **'Statement of Intent'** that outlines the current situation and future intent for outlining a Work Programme that will promote more formal collaboration to deliver and embed integrated services within mainstream provision by the end of 2014.

## **2.0 North Wales Response**

- 2.1 The Statement is a First Iteration of the Intent of the 6 North Wales Local Authorities and Betsi Cadwaladr University Health Board to deliver integrated services for Older People with complex needs. Consideration of this first iteration with Council Members and Health Board Directors, feedback from Older People and from Welsh Government will all contribute to a final Statement to be accompanied by an Action Plan by 31/3/14
- 2.2 Whilst the Framework document requires the **Statement of Intent** to be focused on Older People with Complex Needs we consider this to be an approach we would wish to utilise for all other service user groups in the future.
- 2.3 We fully recognise that in order for our Vision to succeed, there will need to be a shift of resources from acute / critical services to primary / community services and that this poses considerable challenge in the current financial climate. For BCUHB, this challenge is identified within the 3 Year Plan 2014-17.4

## **2.4 Health Board Financial Projections**

*However, this must all be set in the context of the financial environment affecting all public services including the NHS. Our medium term financial planning assumptions are indicative at present, but continue to show consistent inflationary and cost pressures against a very small level of increased investment planned from Welsh Government. Early projections for the medium term financial plan indicate a potential financial gap of 12.1% over the three years to 2016/17, before mitigation and savings plans are applied. Of this gap, 4.2% will need to be addressed in 2014/15, the first year of the three year plan. It is clear therefore that there will be a need to make difficult decisions and prioritise between approaches to improvement of health and delivery of health and social care services.*

## **3.0 Recommendations**

The Partnership and Regeneration Scrutiny Committee is invited to form a view on:-

- 3.1 That the Executive Committee approves the first iteration of the North Wales Statement of Intent – that includes contributions from the Isle of Anglesey County council – for submission to Welsh Government by BCUHB and the 6 counties by 31/01/14 in order to conform with the statutory requirements set out in the document ‘Framework for Integrated services for Older People with Complex Needs’.
- 3.2 That the Executive Committee authorises the Community director to collaborate with BCUHB and the 6 other local authorities across the North Wales Region and locally here on Anglesey through the proposed Integrated Delivery Board for Health and Social Care that we intend to establish to strengthen and provide robust governance arrangements to identify priorities to draw up a Work Programme for the delivery of integrated services for older people with complex needs.

**Name of author of report:** Gareth Llwyd  
**Job Title:** Business Support Unit Manager  
**Date:** 6 January, 2014

<b>Appendices:</b>
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North Wales Statement of Intent
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<b>Background papers</b>
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Welsh Government (July 2013) <u>Consultation Document - Framework for Integrated Health and Social care services for Older People with Complex Needs.</u>
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## North Wales Statement of Intent—

### 1 Introduction

The following paper constitutes the Statement of Intent on Integrated Care for Older People with Complex Needs between the North Wales Local Authorities and Betsi Cadwaladr University Health Board.

It has been developed jointly by colleagues from the North Wales Authorities and Betsi Cadwaladr University Health Board, to provide a single regional statement.

Across North Wales, there is a strong recognition of the need to work within a regional footprint—both to accommodate the LHB structure and to maximise efficiencies; whilst also being responsive to local need and historical service developments. This results in service planning and delivery needing to operate on a regional, sub-regional and county level.

Currently the LHB's clinical management structure is under review whilst Local Authorities are awaiting the outcome of the Williams Review—this inevitably leads to a level of organisational uncertainty. However, the paper has been written to reflect the strategic intent of Partners, with the Vision, Aims and Objectives for Integration across North Wales being ones which will be actioned regardless of future organisational structures.

The need to take a more robust and immediate approach to the Integration of Services for Older People, has been clearly disseminated by the Minister and Deputy Minister for Health and Social Services. This message is one that partner agencies across North Wales welcomes and indeed there are many examples of strong partnership working which demonstrate the commitment to this approach. We intend to build on this in order to develop an ambitious agenda which pushes existing boundaries and develops new, innovative services and systems.

'Integrated working' can have a variety of interpretations and for the purposes of this report, we are using the following (organisational) definition:

*A single system of needs assessment, commissioning, and/or service provision that aims to promote alignment and collaboration between the care and the cure sectors (Ham, 2008).*

This definition, should also be considered against the Narrative to explain integrated care and support to the citizen, developed by Welsh Government:

*"My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bringing together services to achieve the outcomes important to me".*

We understand that Integrated Care is not about structures, organisations or pathways per se, nor about the way services are commissioned and funded. Its primary purpose is to ensure that citizens have a better experience of care and support, experience less inequality and achieve better outcomes.

However within the current financial climate, it is also essential to recognise, the imperative for any change to be at least cost neutral in the long term.

When considering any move to Integration, we need to ask the following:

- Will it improve quality of life?
- Will it improve the quality of care?
- Will it improve the citizen's experience?
- Will it maximise cost efficiencies?

The paper is also predicated on the understanding that for Older People, health, social care, third sector and independent services should be designed and delivered to promote and maximise well-being; enabling the person to live independently in their community for as long as possible with services being provided in the person's own home or within community settings to avoid the need for ongoing, acute or institutional care.

These core features are the underpinning foundation for recent joint policy—Setting the Direction, Sustainable Social Services, Delivering Local Health Care and A Framework for Delivering Integrated Health and Social Care . They are also fundamental to the new Older People's Assessment Framework and the Social Services and Wellbeing (Wales) Bill.

Through integrated working Partners would expect to utilise their combined skills, knowledge, experience and resources to deliver better outcomes for Older People.

Specifically they would expect to:-

- Promote citizen ownership and control over their personal well-being and care needs, creating an independent rather than a dependent care culture.
- Support older people to live independently and be connected to their home and community, with the aim of reducing the possibility of loneliness and isolation.
- Provide proactive as well as reactive care, considering ways in which the individuals needs can be met through a variety of supports within the community and irrespective of their eligibility criteria.
- Streamline services and care to meet the individual needs of the older person better.
- Reduce duplication and increase awareness of services delivered across all sectors to older people.
- Reduce the inappropriate use of longer term and more intensive or acute care.
- Drive down the cost of caring for older people.

## **2 Conceptual Framework**

In order to plan for and describe the development of Integrated Services, this Statement of Intent has utilised a Partnership Continuum <sup>(i)</sup>(see Appendix 1) which can be applied at Strategic, Managerial and Service Delivery levels; with implementation possible on a regional, sub-regional, county wide and locality basis.

Integrated working will develop at a different pace and for different services across North Wales. We will ensure that learning is shared through partnership structures. This may be through a shared website with a resource library and common templates for key documents and / or regular learning events.

Learning from “Collaboration in Social Services Wales” <sup>(ii)</sup>, from key documents such as “Making integrated care happen at scale and pace”<sup>(iv)</sup> and experiences nationally have highlighted the issues which help and hinder Integration and will bring pragmatism to our debate.

## **3 Model for the Integration of Health and Social Care Services for Older People / Target Operating Model**

Currently within North Wales, there is no one coherent model for Integration which encapsulates all public health, primary, community, acute, social care and third sector services, and which is endorsed by all stakeholders—not least its citizens.

However the following components of a service model are ones we recognise which can meet the 4 key themes identified by older people when asked about the service difficulties they experienced i.e. co-ordination of care, continuity of care, straightforward and consistent referral and communication systems and access to services<sup>(v)</sup>:-

- Integrated Structures within a Governance Framework
- Operational/Service Integration
- Prevention and early intervention
- Intermediate Care/Short Term Intervention
- Longer Term Community Support
- Sub Acute/In-patient Care
- Planned workforce
- Streamlined back office functions

The development of a North Wales Integrated service model for Older People is a clear priority for Partners and one which we will work to achieve over the next 12 months. In this undertaking, we recognise that there may be variations between the 6 Local Authority Areas as to which of the components listed above will be adopted, at what stage in the Partnership Continuum and whether at strategic/managerial or service delivery level.

## **4 Current Arrangements and Future Intent**

The following sections provide a baseline of current “integration” together with the intent and aspiration for the future in North Wales.

### **4.1 Leadership to drive the Vision**

#### **Current arrangements**

i) The **North Wales Regional Leadership Board** is comprised of:-

- The Leaders and Chief Executives of the six North Wales Local Authorities
- The Chair and Chief Executive of the Betsi Cadwaladr University Health Board
- The Chair and Chief Officer of the North Wales Fire and Rescue Service
- The Police and Crime Commissioner for North Wales
- The Chief Constable of North Wales Police

A key objective for the North Wales Regional Leadership Board is the promotion of joint working between local authorities and between local authorities and other public services like police, health and fire and rescue services. To this end it manages a portfolio of collaborative projects.

ii) Partnership working within North Wales is further supported by the **Social Services and Health Programme Board**. This Board is chaired by a sponsoring Chief Executive and its membership consists of Directors of Social Services; Lead or Executive member for Social Care; Betsi Cadwaladr University Health Board officers and WLGA, WG, SSIA representatives.

iii) Social Services Directors also meet formally with BCUHB Executive Directors on a quarterly basis at the **NWSSIBCUHB Quarterly Strategic Forum**.

iv) Each **LSB**, within its Single Integrated Plan has a commitment to improve collaborative working.

v) Local Authorities have key links with four of the BCUHB **Clinical Programme Groups (CPGs)** - Primary, Community and Specialist Medicine, Children and Young People, Therapies and Clinical Support, and Mental Health and Learning Disabilities. A senior Social Services Manager is included as a member on each of the four CPGs and invited to attend monthly meetings.

vi) Locality working is the foundation for Integrated services in North Wales. Within the joint working arrangements in North Wales key partners come together at the (regional) **Community Services Partnership Forum**. This Forum includes representatives from BCUHB (in relation to public health, primary care, community health services and mental health), independent contractor professions, social services (from each of the six Local Authorities) and the Third Sector. The Forum

was originally established to drive forward the development and implementation of locality working and other key elements with *Setting the Direction*.

Discussion is now underway to ascertain whether the Forum can take a broader strategic role to become a regional Delivery Group which has the responsibility of driving forward all the required actions outlined in both “A Framework for Delivering Integrated Health and Social Care” and “Delivering Local Health Care”. Through this Forum, the needs of the older population of North Wales for co-ordinated and consistent service delivery will be planned, using locality/ county/ regional and national data.

#### Future intent

i)The need for strong county governance structures which promote and support joint leadership at strategic, managerial and service delivery levels has been recognised , with a local Framework structure (attached as Appendix 2) showing the links between localities, county and the whole region of North Wales. This has been adapted to meet the needs of each County. The Forum at County level is intended to support integrated working by unlocking barriers and unnecessary bureaucracy.

ii)The Chair of Betsi Cadwaladr University Health Board has recently instigated a Partnership Review, the findings of which will help to inform strategic plans for Integration.

## **4.2 Commissioning**

#### Current arrangements

i) The BCUHB Director of Public Health Annual report 2012, provides information on and further links to population needs assessment and priorities relating to the health and well-being of older people across North Wales. Additionally there are Older Peoples Indicators (2012) which have been developed by Public Health Wales.

ii) As an initial move towards a single commissioning plan, a regional working group comprising social care and health managers, has been established to scope existing provision and identify the continuum of community based services which come under the broad umbrella of “Intermediate Care Services”.

iii) The North Wales Commissioning Hub for high cost, low volume placements is a positive example of regional joint commissioning activity and one which can be built on to develop joint procurement of residential placements, oversee a regional contract and ensure a consistent approach to fee setting.

#### Future Intent

Commissioning is a broad concept and there are many definitions. It can be described as the means to secure the best value for local citizens and taxpayers. It is

the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources.

- i) For Older People's services such benefits can be realised by planning and commissioning services jointly across social care and health in partnership with the third and independent sector. These will be developed at a locality, county and regional level.
- ii) An initial element of this activity will be the development of market position statements.
- iii) Risk stratification will also be incorporated as this enables appropriate services to be targeted in order that pro-active, personalised care planning can be achieved. Users who require case management due to the complexity and unpredictability of their condition could then expect to receive care via co-ordinated care pathways that will ensure a smooth transition between services.
- iv) A key issue will be to take a joint approach to ensure that providers of health and social care services operate in an enabling culture, support independence and avoid unnecessary escalation e.g. hospital admission.
- v) The need to develop a strong model for joint commissioning has been agreed by Partners as a priority for action and a bid for additional support in this endeavour is currently being developed.

### **4.3 Resource Management/Pooled Budgets**

#### Current arrangements

- i) In respect of Formal S33 Agreements, all Counties have a Pooled Budget for the Community Equipment Service.
- ii) **Conwy** has
  - two jointly funded Extra Care Housing Short Term Flats to facilitate early discharge and reablement where people cannot return home.
- iii) **Denbighshire** has
  - a pooled budget agreed for health and social care workers.
- iv) **Wrexham** has
  - health and social care currently joint funding a number of initiatives including telecare, intermediate care, falls prevention programme and third sector contracts delivering low level preventative services for example.
- v) **Ynys Môn** has

- a Complementary Purchasing Scheme which has existed over the last 15 years to jointly fund health and social packages of care to maintain and support people at home with intensive and complex care needs in order to avoid inappropriate or premature admissions to long term care.
- long standing arrangements with Health to fund Rapid Response services in order to facilitate hospital discharge and to provide emergency intervention to avoid inappropriate admissions to hospital..

#### Future intent

i) All organisations are required to make significant efficiencies over the next few years and this could be a barrier to the further development of formal pooled budgets. However, it could also be argued that pooling budgets could lead to efficiencies. As with any aspect of integration, the rationale for taking such action requires the citizen and organisational benefits to be explored. This is an identified objective in respect of the Intermediate Care services working group referenced above.

However, it is clear that we need to have an improved understanding of the resources available within the County, preferably by locality, so as an initial step Partners will work together to map out the current budget, estate and staffing currently allocated to services for Older People.

### **4.4 Managerial/Service Integration**

#### 4.4.1 Workforce

There is an ambition across North Wales to move to a more integrated workforce structure for Older People. The predictions for future demand will be based on demographic change and the shift of services from ongoing, acute or institutional care to the community, whilst also taking into account additional demand arising from the need to address well-being, social inclusion, public health and the expected rise in the management of chronic conditions.

#### Current arrangements

i) All organisations provide development opportunities that support staff from both health and local authorities as well as utilising Social Care Workforce Development grants to support developments in the third and independent sector.

#### ii) **Conwy** has

- single management of Adult Mental Health Services.
- co-location of health and social care staff for older people in Canolfan Crwst, Plas Menai and Abergele Surgery with Llys Dyfrig in Llandudno opening in March 2014..
- integrated care & treatment planning in respect of Mental Health Measures.

#### ii) **Denbighshire** has

- a single line management arrangement for Adult Mental Health Services and a small team for Older People's Services.

#### iii) **Flintshire** has

- a single line management arrangement for Adult Mental Health Services.

- 3 Locality teams for Older People's Services that are coterminous with health locality boundaries. One is co-located with health colleagues in a local community hospital. These have been established including Social Workers and Occupational Therapies with the aspiration of co-locating the remaining 2 teams in 2014.

iv) **Gwynedd** has

- social care staff working in Meirionnydd co located with health colleagues . Currently staff work from 6 "touchdowns", 5 of which are based in Health Centres or Community Hospitals.

v) **Wrexham** has

- strong partnership working in relation to intermediate care services with health employed generic workers based with the older people's social work team and managed by the social work team manager.
- an integrated multi-disciplinary team approach being piloted at the Maelor Hospital as part of the frailty project to reduce avoidable admissions and facilitate timely discharge.

vi) **Ynys Môn** has

- co-location of District Nursing Team within Adults Social care services in Llangefni.
- an integrated Gwynedd and Ynys Môn Social Work Team based at Ysbyty Gwynedd.
- co-location of integrated Community Mental Health services on two sites in Llangefni and Holyhead.

Future intent

i) We will determine the workforce required to meet the agreed Integrated Service Model for Older People to ensure that we have sufficient staff with the right skills in the right place. It is axiomatic that this is a particular challenge for the rural areas of the County.

ii) We will explore opportunities for the joint location of teams—noting the need for pragmatism in the shared cost implications of such provision.

iii) Shared arrangements have been identified as key in leading change and cutting across the fragmented services and silo working that characterise dysfunctional systems. We need to develop well co-ordinated, integrated pathways to ensure that citizens do not experience disconnect. We intend to commence discussion to explore the options of establishing joint Locality Managers who would have operational and developmental responsibility for the management of a complex range of specialist, multi-agency services in a cost effective and responsive way, integrating established practices and multi-disciplinary staff across care pathways.

iv) A recent Partnership Assessment exercise undertaken by the Locality Teams in each County, has provided an analysis of current working arrangements and

identified areas for improvement. This assessment will provide a baseline for the future.

#### 4.4.2 Back Office functions

The need to ensure that Integration is based on a whole systems/organisational approach is highlighted in “Collaboration in Social Services in Wales”<sup>(ii)</sup>. This document evidences the risks to developing integrated services when all key departments eg finance, human resources, information, are not engaged in the journey from the outset. They need to be involved in agreeing the level to be achieved on the Partnership Continuum.

For the Health Board, support functions such as ‘payroll, procurement and transactional aspects of HR’ are provided by the all Wales Shared Services Partnership.

Effective integrated working should be supported by policies and procedures that are at best joint and at least aligned and we will explore this in the context of the all Wales Partnership. There is also a need for shared training programmes, “joint” data management and information systems that “talk” to each other.

#### Current arrangements

i) BCUHB and the 6 Local Authorities are developing a shared Choice Policy to support timely and appropriate hospital discharge.

ii) **Conwy** has

- developed an information sharing protocol in respect of care home monitoring and a joint monitoring arrangement.
- an agreement to make funded nursing care payments on behalf of the Health Board.

iii) **Denbighshire** and iv) **Flintshire** have

- WASPI agreements in a number of services to support joint working.

v) **Gwynedd**

- is a member of The Welsh Systems Consortium [WSG] which consists of 8 Local Authority’s in Wales who purchased a social care system in 2003 . The WSC are currently undertaking a joint procurement with Health for a Community Care information system in order to realise the vision of Social Care and Community Health using the same system.

vi) **Wrexham** has

- an Adult Social Care’s Workforce Strategy and Development team providing training to operational staff working across the Health and Social Care spectrum.
- Intermediate Care, Enhanced Care and South Locality Project – which are supported by joint data management systems.

vii) **Ynys Môn** has

- an agreement to make funded nursing care payments on behalf of the Health Board.

#### Future intent

i) Within North Wales we will consider how development of joint information systems can be taken forward within the current model of the Shared Services Partnership. This will consider the national procurement programme for a Community Care Information System ie an electronic solution that will facilitate data sharing across Community Health and Social Care.

ii) The Welsh System's Consortium (WSC) which includes three North Wales Local Authorities - Wrexham Borough Council, Gwynedd Council and Ynys Mon County Council along with five other Local Authorities, have signed up to a joint procurement exercise with NHS Informatics Service (NWIS). This has been named the Community Care Information System (CCIS). All 22 Local Authorities and all 7 Regional Health Boards have been named in the tender process, which is well underway

iii) A regional North Wales CCIS group has been established including Business Support leads and Heads of ICT. The group also includes partners from current PARIS Suppliers (Conwy, Flintshire & Denbighshire) with a view of gaining a regional approach across North Wales.

iv) The intention is to support the integrated working objectives which in themselves deliver improvements for patients and more efficient working practices. In general a single system for community health and social care would enable:

- Improved decision making leading to better outcomes for people– through access to more complete data. This should improve patient outcome and help avoid admissions and improve service planning.
- Improved coordination – between authorities and thereby resulting in efficiencies and better service to patients.
- Improved individual patient safety – through less transcription errors, improved timeliness, reduction in 'lost' referrals, traceability to one point.
- Reduced visits to base – through access to information on the move.
- Reduced duplication in data capture and checking information.
- Reduction in unnecessary interventions.
- Increased confidence in the identity of the person.
- A joint core data set across health and social care.

#### 4.4.3 Wider Partnerships

A range of services apart from health and social care are required by citizens and carers to live independent lives. For example, housing and transport equally affect the way people live, yet these services can sometimes operate in parallel, rather than in partnership with each other.

#### Current arrangements

To-date there have been some discussions and collaboration undertaken through existing partnerships, particularly through the Health, Social care and Well Being strategies, and occasional involvement in specific projects.

A North Wales Transport to Health Group has been established which is chaired by BCU HB and involves Welsh Government, representatives of the six Local Authorities, Taith – the regional transport consortium - WAST and Community Transport.

The aim of this group is to understand and improve access to health services and facilities in North Wales. The group is also seeking to ensure a better strategic fit between planning and delivery for all partners involved.

#### Future Intent

In response to some of these difficulties, we should have care pathways that assist patients in their journey through multi-agency services and that work across boundaries to support people in accessing and negotiating services and in making the transition from one care setting to another. This is particularly relevant for those citizens and carers who experience difficulties in accessing care from teams that fall outside the remit of integrated provision.

### 4.5 Citizen Centred / Co-produced services

#### Current arrangements

In North Wales, we recognise the value not only of adopting healthy lifestyle behaviours, but ensuring strong social networks are in place to support individuals. Being an active member of a community can increase the level of control people have over their lives and contribute to improved health and well-being. Co-production – using the experience, knowledge and abilities of professionals, partner agencies, people using services and their communities – can contribute to improved outcomes. It can also help ensure that better value for money is achieved and can help in empowering communities.

The Director of Public Health's Annual Report 2013 recognises and supports the importance of such approaches. "Co-production means that people share decisions about their health and wellbeing with health and social care professionals. It means that health and social care workers move towards a facilitation role and away from the traditional fixing role. It means a shift of power, and it means that everyone needs the skills to take part in shared decision making."

Co-production approaches are being used in the planning and development of some community based initiatives and the six Local Authorities are developing a shared understanding of this methodology.

We are also exploring the potential development of social enterprise schemes – businesses that trade to tackle social problems, improve communities, people's life chances, or the environment.

The Local Authorities and the Health Board have identified the need to develop a shared approach to social enterprise as part of the transformational change required for the implementation of the Social Services and Wellbeing Bill. Our proposals for use of the funding for implementation include the commissioning of expertise to support us in this approach.

The Strategy for Older People was launched in 2003 to address the issues and aspirations of people aged 50 and over living in Wales. The strategy is grounded in ageing as a positive concept. Mechanisms and structures have been established at local levels across North Wales that allow public services to hear the voice of older people and to allow older people to be involved in decisions that affect their lives.

It is recognised that Carers are a key partner in the delivery of care and supporting their involvement is central to the sustainability of care provision. The Health Board, Local Authorities and Third Sector organisations in North Wales are expected to work in partnership to achieve the cultural change and deliver the main duties arising from the Carers Strategies (Wales) Measure 2010. Strong and effective partnerships will be crucial to enable the successful delivery of the key actions that include improved joint working, joint reporting systems and strengthened carer information services.

i) In **Conwy** .

- The Consultation on the modernisation of Older Peoples Services ensured that citizens were at the heart of the developments and each new scheme has been oversubscribed.
- Similarly Carers have a high profile and are actively involved in the development of services. The Health Board and Conwy Local Authority have been working together to prepare, publish and implement a Strategy for Carers.
- A cultural change in empowering carers to be part of the decision making processes around care management.
- Moving On Solutions, re-provision of health and well being activities (social and Leisure) is a good example of co-production, managed by third sector with a volunteer base and support from the LA via grant.

ii) In **Denbighshire**

- the North Denbighshire Community Healthcare Services project has been working with service user and community representatives, who are taking part in the development of proposals for the planned new community hospital in the locality. We are exploring the potential for social enterprise or

entrepreneurship to support local people becoming involved in the hospital facilities and services, working with other local agencies.

iii) In **Flintshire**

- there are a number of excellent examples of citizen centred/ co produced services. These include:-
- current and former service users in Mental Health as partners in all aspects of service provision. They support delivery of training, attend training courses and are part of the overall positive approach to co-producing service provision and delivering outcomes.
- as part of ongoing service development, Flintshire County Council providing opportunities for communities to co-produce options for future service delivery in 2014
- individual Business Plans by service considering options to develop further co-produced services.

iv) In **Gwynedd**

- there are a number of existing groups for example the Older People's Forum and Ageing Well Centres which provide regular opportunities for conversations which help inform the citizen centered direction of our service. The intention is to increase the use of existing groups ensuring that any gaps are filled re citizen engagement.

v) In **Ynys Môn**

- there are a number of existing groups which include for example the Older People's Council and Forum and 3 Age Well Centres which provide regular opportunities for conversations which help inform the citizen centered direction of our service developments and delivery. The intention is to increase the use of existing groups in the development of community-based preventative support services across the Island.
- under the Strategy for Older People, a tried and trusted model of engagement has been developed with a number of local communities to reshape and develop a range of community-based preventative services which promote health and well-being and social inclusion for older people.
- as part of ongoing service development under the Transformation Programme for Older Adults Services, opportunities will continue to be provided for communities to co-produce options for future service delivery in 2014 and beyond. A Community Partnership approach with key stakeholders and local community groups is being developed in the Beaumaris area to make more effective use of community assets and resources.

Future Intent

- i) We will explore together how we can build on early work on co-production, working to embed the principles into our planning and development of future services.

ii) Local Authorities and the Health Board will work with LA Regeneration Departments and established social enterprises across North Wales to research, explore and learn more about the development of social enterprises and co-operatives. Although there are examples of well-established social enterprises operating across North Wales there is room to learn from these, develop these further and to establish Social Enterprises and / or Co-operatives in other service areas. North Wales will undertake a series of events to learn more about the development of such initiatives and will strive to establish further initiatives across social care and health services.

iii) The Locality Leadership Team recognises the need for an Outcomes Focused approach in working directly with older people and also when developing services. The new Assessment Framework will ensure outcomes are captured by whichever professional undertakes the assessment, whilst the recent regional document "Developing Joint Outcomes for Localities" will enable partners to agree the priority outcomes to be achieved through respective organisational actions.

iv) The provision of pathways that encompass self-management through to end of life care will be developed.

v) **Conwy** has

- a Corporate group established to consider the opportunities of working with social enterprise to deliver a range of services including social care.

vi) In **Flintshire**

- Mental Health Support Services expect to progress a Social Enterprise in early 2014 with service users, the community and the council to allow wider community and individual engagement in service provision.

## 4.6 Service Delivery Integration

### 4.6.1 Service provision

#### Current arrangements

i) In **Conwy**

- the provision of Community Mental Health Services for adults is provided through a single line management arrangement.
- The Local Authority provides professional input into Intermediate Care services and has Service Level Agreements in place to provide support for Intermediate Care Services and End of Life services.

ii) In **Denbighshire**

- Community Mental Health Teams for adults are provided through a single line management structure. The Health & Social Care Support Workers are managed locally by the Local Authority through a pooled budget. The Local

Authority provides professional input to the Enhanced Care Service and supported the Seasonal Plan.

iii) In **Flintshire**

- the Crisis Intervention Team consists of health and social care staff and works in partnership across health & social care boundaries to maintain people at home during a medical crisis and support speedy discharge from hospital.
- 3 Dementia Support Workers are funded by Continuing Health Care Funding delivered by Social Care specifically to link people with dementia into community support services and enable them to maintain their place in the community for as long as possible.
- an Early Onset Dementia Social worker works across the boundaries of health & Social care specialising in uniquely complex cases and supporting creative solutions that maintain people at home.
- the North East Wales Carers Information Service deliver carers assessment on behalf of statutory partners
- Service Agreements exist for the provision of equipment services with “Care and Repair” and for visual and hearing impairment support with Vision Support and North Wales Deaf Association and Wales Council for the Blind
- 3 health staff within the Re-ablement team based within the local authority are managed on a daily basis by the Re-ablement Manager.

iv) In **Wrexham**

- the Intermediate Care Service represents a joint partnership between Wrexham Adult Social Care Department and Betsi Cadwaladr University Health Board. This initiative successfully supports the achievement of joint health and social care outcomes whilst delivering care and support which best meets the needs of older people in Wrexham.
- Enhanced Care has been successfully implemented within South Wrexham and demonstrates effective joint working between health and social care at both a strategic and operational level.
- The South Locality Pilot represents a successful joint Health and Social Care Initiative which manages the discharge home of patients with chronic conditions and who might otherwise face unnecessarily lengthy hospital admissions.
- A number of pilot projects are underway to assess (a) the value of an expanded Intermediate Care Service (Social Workers, Therapists, District Nurses and generic workers) – available over the weekend in order to increase the number of safe discharges during the Winter pressures period; (b) the value in having social work presence within the Medical Assessment Unit at the Maelor hospital to help prevent avoidable hospital admissions and facilitate earlier discharge.

v) In **Ynys Môn**

- Effective multi-disciplinary assessment and care management arrangements have been in existence over the last 20 years through the Model Môn Scheme which has operated across all 6 geographical patches which are co-terminus with GP catchment areas. Currently, the Locality Team lead on the ongoing support and development of these arrangements at the local level.

- Enhanced Care has been successfully implemented within Ynys Môn and demonstrates effective joint working between health and social care at both a strategic and operational level.
- There is ongoing collaboration through Locality Team arrangements to develop a more integrated approach to the delivery of Intermediate care services which include a Rapid Response Service and an in-take model of a Re-ablement Service.
- District Nursing staff have been co-located within Adults Social Care Services in Llangefni in order to support the Single Point of Access, Assessment and care Management arrangements.
- Dementia Support Workers are funded by Continuing Health Care Funding delivered by Social Care specifically to link people with dementia into community support services.

### Future Intent

#### i) In **Conwy**

- Enhanced Care, Intermediate Care and End of Life Care will be jointly delivered through a Memorandum of Understanding.

#### i) In **Denbighshire**

- the Local Authority is working with BCU in the development of the North Denbighshire Community Healthcare Services Project and the Llangollen Primary Care Centre and the roll out of Enhanced Care Services in the Central and South Locality area.

#### ii) In **Flintshire**

- the Local Authority is working with BCUHB in the development of Primary Care Centres in Buckley & Flint and the roll out of Enhanced Care Services in all areas of Flintshire. Health and Social Care operate co-terminus locality structures and have developed locality leadership teams driving local agendas.

#### iii) In **Wrexham**

- the Intermediate Care Service will be enhanced both in size and scope in order to meet the growth in demand. It is the aspiration that the service operating hours will be extended in order to accept referrals at evenings and weekends.
- Intermediate Care, Enhanced Care and Re-ablement services will be developed to deliver a seamless, proportionate, needs led service.
- the value of further integration and co-location of health and social care staff will be evaluated and pursued as appropriate.
- the value of the future development of a step-up / down facility to support the achievement of Intermediate Care outcomes will be investigated.

#### iv) In **Ynys Môn**

- the Intermediate Care Service will be enhanced both in size and scope in order to meet the growth in demand. It is the aspiration that the service

operating hours will be extended in order to accept referrals at evenings and weekends.

- Intermediate Care, Enhanced Care and Re-ablement services will be developed to deliver a seamless, proportionate, needs led service.
- the value of further integration and co-location of health and social care staff will be evaluated and pursued as appropriate.

## 4.7 Engagement

### Current arrangements

i) Within the regional Locality model, Locality Stakeholder Groups were identified as the mechanism for engaging directly with the population, to discuss current provision and identify future need/ options for change. This approach was initially used to debate changes to health provided community services.

ii) Local Service Boards are developing engagement strategies to enable local communities to be better able to understand the work of the LSBs. Similarly, shared engagement strategies around the Single Integrated Plans are being used or developed.

iii) Initial exploration of shared approaches to engagement and consultation has commenced through the North Wales Consultation Officers group, which comprises representatives of the six Local Authorities and more recently the Health Board.

iv) The advantages of a shared approach are recognised in the Guidance for Engagement and Consultation on Changes to Health Services<sup>(v)</sup> which anticipates that in engagement and consultation, Local Service Board partners should be fully involved to ensure that proposals are seen and addressed within the context of the “whole system” of public service provision.

#### v) In **Conwy**

- the Joint Localities Board (delivering the current Health, Social Care and Wellbeing Strategy) is currently developing a participation strategy to ensure a citizen focussed approach.

#### vi) In **Denbighshire**

- there is an Older People’s Strategy Group, a My Life, My Way Group and contracts with third sector organisations for advocacy and consultation in order to inform service quality and developments. We are currently engaging with groups to explore ‘Supporting Independence in Denbighshire’, characterised by ‘SID’, an older man representing individuals with a range of different social, health and care needs and how services can support his independence and wellbeing.

#### vii) In **Flintshire**

- services for adults in social care were transformed following extensive engagement with community partners.

- there are strong multi agency arrangements to engage with older people in Flintshire and a locality service questionnaire is used to gain vital information from the community. In Mental Health there is a strong structure to support service user engagement in current and future service delivery.
- It is commonplace for service users to sit on panels to support appointments within key areas.

viii) In **Gwynedd**

- A process of community engagement has recently commenced with groups of citizens. This is in order to both inform them about, and create opportunities to help shape the development of the Integrated Single Point of Access (SPOA) between community health and Gwynedd Adult Social Care services.

ix) In **Ynys Môn**

- under the Transformation Programme for Older Adults, engagement arrangements with key stakeholders and local communities are being developed in order to consult on proposals to reshape and develop a range of community-based services which will include care and accommodation services for Older People.
- effective links exist with the Older People's Council in order to promote discussions on future service developments and the remodelling of services under the Transformation Programme.
- there are a number of service level agreements with 3<sup>rd</sup> sector organisations to provide advice and advocacy support and forums for service users.

Future Intent

i) The need to review the work and focus of Locality Stakeholder Groups has been identified and will be discussed within the Community Services Partnership Forum. These groups present an opportunity for a shared approach between the six Local Authorities and the Health Board.

ii) We will explore opportunities for development of shared engagement and communications.

As part of the transformational change under the Social Services and Wellbeing Bill, it is proposed that a regional strategy is developed to be delivered over 3 years which would secure effective communication, including consideration of suitable materials such as banners, leaflets, materials for media and engagement with communities. This is to underpin a shared approach to community engagement and information.

iii) We will continue to explore and identify opportunities for bringing together of activities on the spectrum of participation - communication, information, engagement

and consultation, shared decision making – within the governance arrangements of each organisation.

iv) All the partners are committed to the provision of all services in the language of choice and to the implementation of More Than Just Words – the Welsh Government’s strategic framework for Welsh language services. This is important for services which we commission from other providers, as well as services provided by the Health Board and the Local Authorities. We will seek to ensure Welsh language services are available wherever possible; greater collaborative working may help facilitate this. We are also committed to promoting the use of the language and maintaining Welsh culture and will strive to ensure that our strategies for integrated working support and complement these commitments.

v) We are also committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. Our collective focus is on well-being in its widest sense to improve and enhance the lives of individuals, communities and the population of North Wales. We are required by the specific equality duties for authorities in Wales to undertake Equality Impact Assessment (EqIA) on any policies or proposals which might affect protected characteristic groups and to engage with those groups who may be affected by proposals. As we develop our thinking on the integrated model of care for older people with complex needs, we will undertake impact assessment and seek to engage with representatives of groups who may be affected.

## **4.8 Transforming Access**

### Current arrangements

#### **i) Conwy**

- is part of the regional project around transforming access. It is clearly understood that the development of a SPOA is fundamental to the success of community based services. Conwy has undertaken a piece of research to consider access into services and identified a range of desired outcomes which will be achieved over net 12 – 18 month via a project management approach.

#### **ii) In Denbighshire**

- there has been a project team developing a Single Point of Access (SPoA) for health and social care services for adults. Agreement has been reached on what will be included in Phase 1 of the development, in order to use the learning from this to inform both local and regional approaches.

#### **iii) Flintshire**

- is the host organisation for the Regional Programme Manager and is currently developing a local Single Point of Access (SPOA) project team to take the development forward locally.
- Current Hospital Social Work arrangements and first contact structures support excellent access to social care support for service users and for

referrals from partners. Additionally adult social care have developed Self Assessment for equipment provision which reducing waiting times and becoming highly regarded.

- are also working with BCUHB to develop a falls pathway and are seeking to make the documentation more user friendly for Care Home Managers.

#### iv) **Gwynedd**

- have an established SPOA (Integrated Single Point of Access) Strategic Group. This multidisciplinary partnership Group is transforming access to integrated community based services through leading the SPOA development for Gwynedd. The decision to extend the remit of the Group to include the broader integration agenda was made recently. This Strategic Group also established (November 2013) a SPOA operational group for the Meirionnydd Locality to begin to deliver the SPOA on the ground.

#### ix) In **Ynys Môn**

- A Single Point of access has been established within the Social Services Duty System to process referrals following hospital discharge and referrals to all community disciplines which include Social Work ,District Nursing and Community Therapies.
- A multi-agency Project Board has been established to take forward an agreed Work Programme to develop business processes and IT linkages which will enable Health staff to access the RAISE community Care Information System.

#### Future Intent

i) North Wales Local Authorities in partnership with BCUHB, the voluntary and independent sector are currently taking forward plans to develop Community Single Points of Access in each local authority area. This programme of work is supported via funding received through the National Regional Collaboration Fund with the aim of establishing all access points by April 2016. This development will be crucial in supporting our commitment to provide rapid and coordinated access to advice and support that is coordinated across agencies and will play an ongoing part in supporting unscheduled care pressures.

#### ii) In **Denbighshire**

- during Phase 1 the SPoA will:
  - process referrals for health and social care community services to support Denbighshire residents' hospital discharge.(this to include referrals for Enhanced Care, Rhyl District Nursing Team, Community Therapy services, community Hospitals.
  - co-ordinate a service response according to an individual's presenting needs.

--inform the referrer and all services which other services are to be involved, with details of each care coordinator where appropriate when multiple referrals are made for a patient / service user.

-- offer telephone advice, information and signposting (or referral as appropriate) to non-statutory sector community services in Denbighshire.

-- maintain and develop the Directory of Services for Denbighshire, publish the information on the Family Information Service website and become involved in future public-information developments in the county.

-- record and analyse SPOA activity.

- The SPOA workers will be co-located and managed by a single Team leader but their work will not be fully integrated. A 'health' staff member will always be on duty to lead on Health referrals and a Social Services staff member will be on duty to lead on Social Services referrals. All workers will be familiarised with each other's procedures so that work can be shared but workload will be managed according to the resources available. Exceptions will be noted and capacity will be monitored daily by the Team Leader so that issues can be escalated immediately.

### iii) In **Flintshire**

- the SPOA will build on the already well-established First Contact team.

### iv) In **Ynys Môn**

- in respect of the single Point of Access established within the Social Services Duty Team discussions are taking place to improve business processes by allowing frontline Health staff from key disciplines to have access to the RAISE Community care Information system. The current arrangements process referrals for health and social care community services to support service users discharged from hospital or referred through community services.
- A Project Manager – funded through the regional collaboration Fund – will commence duties in January 2014 to take forward developments identified in the Project Initiation Document which has been drawn up and approved by the Project board

## **4.9 Assessment of Older People**

### Future intent

We will implement the Guidance in respect of Integrated Assessment, Planning and Review Arrangements for Older People, as required by Welsh Government on December 2<sup>nd</sup> 2013, recognising this action as being the catalyst to support the broader integration of care

We are mindful that in order to deliver the new Framework there are requirements for both operational and cultural change in practice and it is the latter which may prove most challenging

## **5.References**

- I. adapted from Community Based Collaborations, Oregon Centre for Community Leadership 1994
- II. Collaboration in Social Services Wales, SSIA 2013
- III. Lessons from experience—Making integrated care happen at scale and pace King’s Fund, March 2013
- IV. Mc Cormack et al 2008
- V. Guidance for Engagement and Consultation on Changes to Health Services, Welsh Assembly Government

## **Partnership Continuum**

## **Appendix 1**

**Levels**

**Purpose**

**Networking** \* Dialogue and common understanding

- \* Clearing house for information
- \* Create base of support

- \* Match needs and provide coordination
- Cooperation or Alliance**
- \* Limit duplication of services
  - \* Ensure tasks are done

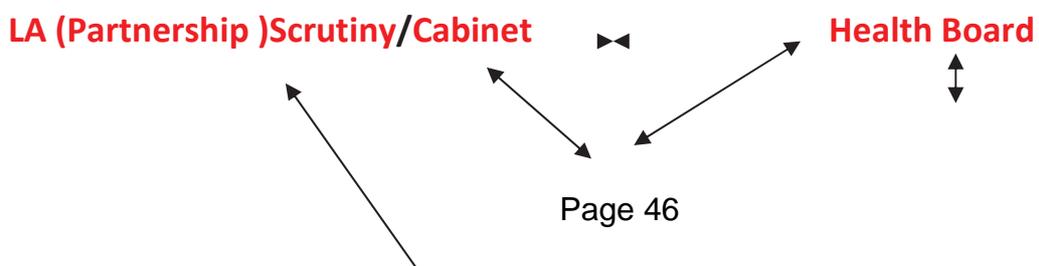
- \* Share resources to address common issues
- \* Merge resource base to create something new

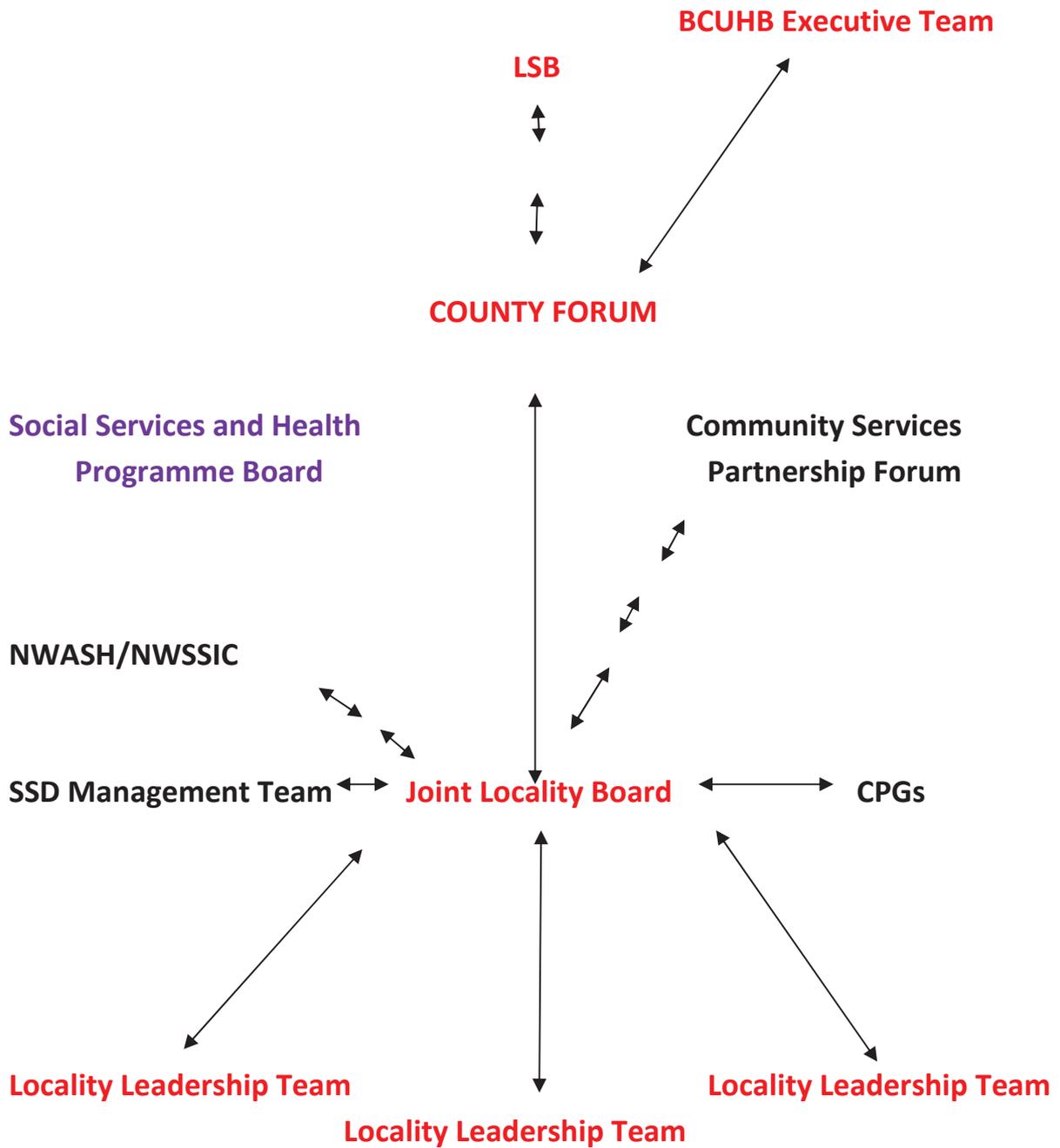
- \* Share ideas and be willing to pull resources from existing systems
- \* Develop commitment for a minimum of three years

- \* Accomplish shared vision and impact benchmarks
- \* Build interdependent system to address issues and opportunities

**Appendix 2**

**GOVERNANCE STRUCTURE FOR INTEGRATED COMMUNITY BASED SERVICES**





Version 5-5/11/13

←→ *direct reporting* ↔ ↔ *informing*

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Welsh Government

## Consultation Document

# A Framework for Delivering Integrated Health and Social Care

For Older People with Complex Needs

Date of issue: 22 July 2013

Action required: Responses by 31 October 2013

## Overview

Demographic and other trends in Wales mean that there is increased demand for both acute and community care services for older people, particularly those aged 85 and more. Frailty, dementia and the effects of multiple chronic conditions are more prevalent in this population group. Building on investment in collaborative working over the last ten years and more, Ministers believe that these changes require a new prioritised and robust response to integrate health and social services for older people with complex needs

A task group of NHS, Third Sector and local authority social care leaders has been working with and advising Welsh Government during the development of the Framework, and also considering options to support roll out and implementation. At this stage, we would welcome your views on the proposed Framework for Integration.

We are committed to further dialogue at a national and regional level to shape how integration in Wales is progressed which will be taken forward initially through the meetings of the Health Minister with LHB Chairs and the Deputy Minister's National Partnership Forum for Social Services which includes cross party local government representation. The Welsh Government led Multi-stakeholder Task Group will also need to have an on-going co-ordinating role and in supporting development and implementation of the Framework.

Ministers want to give priority and momentum to the Framework and to allow partners the opportunity to plan for implementation of integrated services during 2013/14 before implementation commences fully from April 2014. Ministers have asked that each local health board and local government partnership should on a public services foot print basis, develop an agreed Statement of Intent for integration of health and social services and submit these by the end of January 2014 for consideration.

It would therefore be helpful to receive your initial views and comments on the Framework and the way forward outlined by end October 2013. We would welcome shared responses across partnership groupings in line with locally agreed preferences.

## How to respond

Please respond by email or in hard copy

Social Services Directorate  
Department of Health and Social Services  
Welsh Government  
Crown Buildings  
Cathays Park  
Cardiff  
CF10 3NQ

Email:FrameworkIntegratedServicesOlderPeople  
ComplexNeeds @wales.gsi.gov.uk

## Further information and related documents

Large print, Braille and alternate language versions of this document are available on request.

## Contact details

For further information:

Social Services Directorate  
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Cathays Park  
Cardiff  
CF10 3NQ

Email:FrameworkIntegratedServicesOlderPeople  
ComplexNeeds @wales.gsi.gov.uk

## Data protection

### How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was

carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

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- 3. What do we want to achieve?**
- 4. Making it Happen**
- 5. Measuring Success**
- 6. The next steps**

## **Annexe A - Maturity Matrix**

## Joint Foreword

**Mark Drakeford AM, Minister for Health and Social Services**  
**Gwenda Thomas AM, Deputy Minister for Social Services**

It is excellent news that people in Wales are living longer and healthier lives than ever before. We now need to ensure that our services adjust to help people of all ages enjoy their lives to the full in line with the commitment in our *Programme for Government* to 'develop high quality, integrated, sustainable, safe and effective people-centred services that build on people's strengths and promote their well-being'.

We know that there is going to be a greater demand in future for care services for older people, particularly those aged 85 and more. *Together for Health* sets out our ambition for person-centred health services provided as close to home as possible. *Sustainable Social Services* envisages a social care service based on outcomes focused portable assessments and enabling people to make informed decisions, with more consistent care eligibility and planning. The *Social Services and Wellbeing (Wales) Bill* will significantly strengthen the legislative requirements for Health Boards and Local Government to integrate services.

Our policy aim is to improve existing services and develop a wide range of preventative services that can help people of all ages manage their own lives at home and avoid as far as possible having to go into hospital or residential care.

The core concern of this framework is to bring an end to fragmented care that confuses and frustrates providers and recipients alike. Fragmentation wastes resources, effort and opportunities. The document sets out essential requirements that we believe must be put in place as the standard model across Wales. We are not at this point looking to structural changes to achieve this, but change there must be.

It complements the framework for developing community services issued by Welsh Government in June 2013, *Delivering Local Health Care: accelerating the pace of change*. The two should be implemented through a single process of rapid, integrated action, involving local health boards, local government and their partners in the independent and third sector partners.

This Framework has been developed with the NHS, Local Government, Directors of Social Services and the Third Sector, and others such as Care Forum Wales have indicated their support for this approach. We encourage all interests to do the same to improve the services we provide to older people in Wales. It is this practice of 'co-production' that we wish to see both in the planning and the delivery of services and extending to include those who receive the services.

We commend it to you and would ask that you let us have your views and comments on it.

# 1. Overview and Context

Wales already has a higher proportion of people over 85 than the other countries of the United Kingdom and it is likely to rise in the next decade. If services are to help older people have a happy, independent life, action is needed now to ensure the right services are in place, especially in light of the current financial challenges. Services that are fragmented or unreliable or undermine people's ability to live where and how they would like will neither use increasingly scarce resources well nor meet the needs of people who need support.

A new pattern of services is needed, building on, adapting and developing the good foundations already in place. Recognising the growing evidence that demonstrates the benefits of integration, this document sets out how the Welsh Government ambition for truly integrated health and social care services for older people is to be implemented. Partners across Wales are expected now to move rapidly on making this model the norm. A marked change is needed over the next three years.

The term 'integration' has many definitions which reflect the spectrum of levels at which integration can take place. Integration is the opposite of fragmentation. For people needing care and support it should mean:

'My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bringing together services to achieve the outcomes important to me.'

To achieve this, care delivery must be aimed at achieving improved user and patient care through better co-ordination of services. Integration requires a combined set of methods, models and processes that seek to bring about this improved co-ordination.

The essential elements are that:

- service providers take down the barriers that have prevented effective collaboration and shape the service around a common understanding of the outcomes important to the individual
- the recipient will have a greater say and more control over the care received.

This framework:

- summarises the relevant policy and key principles;
- provides clear definitions;
- sets out the Welsh Government's expectations for how all the different partners need quickly to develop and deliver integrated health and social care services, not as something extra but as the normal way of working;
- identifies what the evidence indicates as the core requirements on which to base local planning and delivery; and
- states the outcome-based indicators that will help establish the present baseline position and measure progress.

It is anticipated that this approach will make health and social care outcomes better and more consistent, and strengthen community-based care. Good multi-disciplinary assessment will become standard practice, the role of the GP more central, and

early intervention, reablement and intermediate care part of a single co-ordinated system. Dignity and privacy will be protected.

While it takes time to achieve this, there is already good practice in place on which we must build. Examples include the areas that have pioneered frailty services, joint locality teams and community resource teams, and in mental health and learning disability services. There has also been solid progress in creating integrated support for families with complex needs. The principles applied there and lessons learned will be essential in supporting rapid progress.

## **2. The Case for Change**

People in Wales are living longer and healthier lives than ever before, and services to meet their needs must keep up. Wales has the highest rate of growth for those aged 85 years and over of the UK countries - by 2030 people aged over 85 will jump by 90%, to 85,000

Older people have higher levels of frailty, dementia and chronic conditions, often in combination with each other - already there are more than 42,000 people with dementia in Wales, which affects two thirds of older people in residential care, and by 2021 the number is projected to rise by 30% and as much as 44% in some rural areas.

This will drive a growing demand for services. Community services and home based care will have to expand at a time when real term resource increases to meet this growing demand is no longer assured.

There is research and anecdotal evidence that services are fragmented, both within and across organisational and sectoral boundaries. Like others, older people want to be in control of their own lives and continue to be part of and contribute to their community. This implies that services should offer graduated, co-ordinated support to help them live independently in their own home for as long as possible. Evidence shows how disrupting older people's usual living arrangements can very quickly undermine their confidence and capability, even to the extent of making it impossible for them to live independently as before.

Providing community-based, fully co-ordinated services that are designed to support them and give them a say and the chance retain control of their lives is clearly the model that older people want and need to experience. Services that are co-ordinated and work as one can best achieve that.

This also chimes with the wish of people working within health and social care services. They recognise the need to empower older people, and welcome models of care and support that respects people's broader sense of personal wellbeing and a strong community.

Refocusing services, then, is a high priority area. Integrated models can better meet older people needs. They can also help address the increasing demand for care and support both now and in the future. Not changing is simply not an option. Urgent action is needed.

Change is achievable. There are already many examples across Wales of good integrated working including through: single agency responsibility for certain mental health services, integrated children's services - Integrated Family Support Service and Families First, integrated hospital discharge services, joint reablement and rehabilitation services and joint equipment stores. The Welsh Government 'Invest to Save' funding already supports frailty service models across much of Wales. On an on-going basis, the Invest to Save process, the Regional Collaboration Fund and the Wales Council for Voluntary Action's Wales Wellbeing Bond provide partners with access to resources to support further development.

Further progress is essential, and quickly. LHB and related Councils must plan a year on year increase in shared budgets and resources and set a specific locally agreed target for the proportion of resources relating to older people that are committed to a pooled budget. Action is essential now on what the King's Fund describe as a 'burning platform' with no alternative but to accelerate the pace and scale of developing integrated health and social care as core services.

### **3. What do we want to achieve?**

The recognition that change is essential opens an opportunity to create a new truly integrated system. It should have two main characteristics.

1. It should be a consciously planned and managed system, built on ambition. Working closely together to reduce barriers between them, local partners will need to refocus their activities around those receiving care. This will require attention to:
  - preventative interventions that stop an avoidable slide into increasing dependency upon services;
  - locating and linking services in community settings with smooth transitions between different elements and into more specialised services;
  - creating fully integrated referral pathways that enable service users too easily cross organisational and sectoral boundaries without any harm or loss;
  - capturing once, and addressing all the needs of the service user
  - a balanced set of services operating where necessary 24 hours a day, integrating early intervention services, support for independent living, rehabilitation and reablement, intermediate care, end of life care and pathways into specialist services and less often used services;
  - full engagement all parts of secondary care focusing especially on those points of the pathway where the risk of undermining independence is greatest;
  - enabling service users to take part in developing their plan of care, with a named single point of contact, and to express their views regarding how the care is delivered;

- enabling carers to take part in developing the plan of care, receive an assessment of their support needs, have access to relevant, up-to-date and targeted information at every stage and express their views regarding how the care is delivered;
  - initiate joint action when young carers are identified who may appear to be at risk or a 'child in need' because of their caring role are identified
2. It should be built with and for service users and the local community. Services should not be designed and run with out reference to the people they serve. The definition of integration in Section 2 focuses on the experience of the recipient of services.

There must then be a strong commitment in developing services to increase the voice of the users and the community. This should aim both to support and facilitate community wellbeing in the broader sense and also to encourage and help individuals and communities to take more responsibility and control for themselves.

Services should recognise that communities and individuals are themselves assets. Together service providers and recipients can help create a more effective service. Professionals have specific training, experience and skills while the recipient of care knows best his or her needs, preferences and situation. Planners and others need to build on this potential to 'co-produce' the best service and best outcomes.

The same idea of co-production can apply in developing healthier communities and reducing dependency. A fully integrated approach can also build on community-oriented actions such as:

- specific initiatives to develop social networks;
  - encouragement for volunteering, including time banking;
  - working on 'community currencies' which not only strengthen the social resilience of communities, but also local economies;
  - developing models of social enterprise.
3. There must be a real commitment to constant monitoring and improvement. Explicitly moving to a more integrated approach means that responsibilities are sometimes not so clear. The partners will need to work closely together to ensure there are safe and clear governance arrangements for delegating responsibilities, sharing resources, and ensuing accountability. There must be careful attention to reviewing quality and outcomes, even more important when services are in flux.

## 4. Making it Happen

In making the necessary changes, a decision has been made that at this point reforms to structures are ruled out, but change there must be. The requirement therefore is that local bodies now progress along a clearly defined path, linking at each stage their actions to those being delivered in parallel in response to *Delivering Local Health Care*.

In doing so they should draw on the mass of evidence that suggests that, while there are many ways of integrating care, the key principles remain consistent. These have been helpfully summarised by the King's Fund<sup>1</sup> and based on their work sixteen issues are set out in the box below that must be taken into account in developing and mainstreaming integrated services for older people over the next three years.

### The core planning issues

To be clear about:

- 1: our common cause – why we are doing this
- 2: our shared narrative - why integrated care matters
- 3: our persuasive vision – what it will achieve
- 4: shared leadership – how we are going to do this
- 5: how to build true partnership
- 6: what services and user groups offer the biggest benefits
- 7: how to build from the bottom up and the top down
- 8: how to pool resources
- 9: how to use commissioning, contracting, money and the independent sector to create integration
- 10: how to avoid the wrong sort of integration
- 11: how to support and empower users to take more control
- 12: how to share information safely
- 13: how to use the workforce effectively
- 14: how to set objectives and measure progress
- 15: how to avoid being unrealistic about the costs
- 16: how to build this into a strategy

### Actions required:

1. Local partners must **by end of December 2013** assess their current situation and action required, both at footprint and locality/cluster level, against the 16 issues in the box above, and define local action required.
2. All local partners must **by end of January 2014** sign off and publish a Statement of Intent on Integrated Care.

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<sup>1</sup> *Making integrated care happen at scale and pace: Lessons from experience*. London: King's Fund, March 2013

The Statement must include the baseline assessment required under 1 above and set out clearly how:

- they will build an appropriate workforce across all partners as an early opportunity to enhance the citizen's experience;
  - they will ensure a relentless focus on delivering locality based citizen centred, co-produced services, focusing upon the pivotal role of primary care services in delivering person centred care.
  - they will maintain robust local partnership arrangements that reflect a willingness to delegate responsibilities;
  - they will provide leadership and commitment at all levels and across all sectors, with explicit governance and accountability arrangements;
  - a single commissioning plan will operate across partners, moving over time to a consistent approach across Wales;
  - collaborative resource management will be managed through options such as a financial governance framework; joint commissioning plans and intentions; pooled and/or integrated budgets.
  - how pooled budget arrangements will be extended, stating first what these currently are .
3. The Welsh Government will use the baseline assessments in the Statement of Intent as a means of reviewing progress in delivering the requirements in this document.
  4. Also **by end of January 2014**, in developing the service, partners should, using the evidence base and their own experience and assets, develop shared local health and social care outcome measures that will demonstrate the impact of integration and drive further progress.
  5. Partners should ensure **by September 2014** that local planning mechanisms reflect the requirement that collaborative planning at local level is based upon a citizen-centred model that allows older people in Wales to have a voice and to retain control of their life.
  6. Partners need to **by December 2014** to have developed within mainstream services for older people integrated services for older people with complex needs, designed in line with this Framework will be embedded.

The maturity matrix included at Annex A in this Framework provides an additional tool for partners to use to establish the current position of collaborative service planning and delivery locally, and to organise the journey forward and capture progress.

## 5. Measuring Success

Recognising and reporting success in integrating health and social care services is essential. All partners will already have performance targets and outcome measures in place that gauge progress in developing integrated services.

As stated above local partners will be expected to establish their baseline position, both at a public service footprint and locality/cluster level against the 16 issues and to set these out in the Statement of Intent and also to agree their own priorities and measures for use in assessing the pace of change. These should be reported to the LHB Board and the Local Authority and to other interested bodies on a regular basis.

In addition, the Welsh Government will use the key indicators below adapted from the Audit Commission's '*Joining up health and social care: Improving value for money across the interface*' (December 2011), along with data available on carers to monitor progress.

The Performance Indicators: Indicator		Anticipated direction of travel
1	Emergency admissions to hospital for people aged 65 and over	Decrease
2	Emergency bed usage for people aged 65 and over	Improved performance benchmarked against CHKS © Peer Group
3	Shift in balance from care home to home care provision	More people supported to live in their own homes
4	Admissions and re-admissions avoided by appropriate community based intervention models	Increase
5	Falls data captured and submitted to the Reducing Harm from Falls Collaborative	Continuous improvement Benchmarked with collaborative
6	Admissions to care home direct from acute hospital	Decrease
7	Discharge to usual place of residence	Increase
8	Number of people choosing where to die (end of life services)	Increase
9	Unplanned hospital attendances	Decrease
10	Readmission within 14 days of discharge	Decrease
11	Delays in transfer of care due to waits for packages of care or modifications to the home environment	Decrease
12	The proportion of carers assessments undertaken	Increase

## **6. The next steps**

A 12 week consultation process will now commence. This will seek not only responses to specific issues, for example how best to capture and measure success, but will also give people using services and carers, the public, interested organisations, local statutory bodies and providers, and others an opportunity to share their views on the overall intentions and the proposed approach.

Responses should be sent by 31 October to:

Social Services Directorate  
Department of Health and Social Services  
Welsh Government  
Crown Buildings  
Cathays Park  
Cardiff  
CF10 3 NQ

# A Maturity Matrix to Support Health and Social Care Integrated Care Partnerships

Using the matrix: Identify the level you believe your partnership has reached for each key element and then draw an arrow to the level you the level you intend to reach within the next 12 months. Review the partnership's maturity matrix position on a frequent basis.



Progress Levels						
	0	1	2	3	4	5
Key Elements	No	Basic level Principle accepted and commitment to action	Early progress Early progress in development	Results Initial achievements evident	Maturity Comprehensive Assurance in place	Exemplar Others learning from our consistent achievements
Purpose and vision		Purpose debated and agreed. Values and priorities agreed, and documented. Political agreement to integration confirmed and documented cross Health, Social Care, Third Sector and Partners. 'Health and Social Care Integration Partnership' (H&SCIP*) understands its role.	Priorities and stretch goals have been agreed with stakeholders =. Robust mechanism for adding and removing services and/or care settings agreed. Plans rooted in local population needs.	Evidence priorities are being met, with progress towards stretch goals in some areas. Evidence of citizen engagement and public accountability testing purpose and vision. Existing partnership work considered.	Systematically match how purpose dovetails with population needs. Evidence that integrated care is enhancing the quality of services and experience for the citizen	Confidence in achieving purpose and vision as population health benefitting in accordance with plans. Local health planning, local authority commissioners, third sector and other partners have been influenced. Evidence of reduction of waste and duplication through tackling duplication and fragmentation
Strategy		All stakeholder strategies relevant to work gathered and timetable set for developing integrated strategy. Base for all 'H&SCIP' strategic decisions. Political sign-off of strategy by all partners	Strategy development underway. Arrangements in place for areas of joint planning/commissioning and investment opportunities.	'H&SCIP' has a current published strategy, which includes improvement milestones and how they will be measured and monitored.	Strategy refined in light of successful achievement of milestones, and new intelligence and aspirations	Strategy has benefitted other health and social care economies, as well as influencing the strategic direction of all local partner organisation.
Leadership of the local health and social care integration economy		'H&SCIP' leadership agreed and appointed. Key stakeholders aware of leaders and how to contact. Relevant stakeholders identified and invited to participate. Local health, social care, third sector and partner resources understood.	Leadership development for 'H&SCIP' discussed and agreed. Development plans initiated. Stakeholders understand leadership issues. Relevant stakeholders regularly attend and provide input into work programme	Results of partnership working systematically reviewed. Relationships with partners are positive and ongoing dialogue about planning, commissioning, contracting decisions and joint investment opportunities. Public health voice is evident in decisions.	Review of success of leadership approach. Ongoing succession plans in place. Benefits of partnership working have enabled the majority of stakeholders to meet their improvement objectives and resource allocation.	Benefits of partnership working have enabled majority of stakeholders to exceed their improvement objectives. Outcomes improved and this is traceable back to initiatives from the 'H&SCIP'
Governance		Membership and terms of reference for the 'H&SCIP' Board drafted and shared.	'H&SCIP' board set up and first annual cycle of business agreed. Relationships with relevant local organisations being developed.	Local stakeholders have clearly incorporated 'H&SCIP' Board accountabilities into their own governance arrangements.	'H&SCIP' Board has reviewed its first year of working through a structured annual review process and made improvements to structure and organisation	Good governance benefits identified and the 'H&SCIP' Board know better governance practice has influenced local partner organisations.
Information and intelligence		Information requirements identified and format of initial dashboard agreed	Developed a dashboard of key information and information improvement continues. KPIs reflect shared performance objectives across health, social care and partners	'H&SCIP' report confidence with levels of intelligence they receive, and that information systems are reliable and working. H&SCIP receiving evidence of performance improvement against KPIs.	'H&SCIP' informed by real-time intelligence, demonstrating improved outcomes, quality and efficiency across health and social care.	A single information system established and utilised across the partners. Outcomes and performance benchmark against best performers.
Expertise and skills		Skills and expertise for 'H&SCIP' have been identified and agreed	Induction and development plans for 'H&SCIP' partners and staff are up and running	The 'H&SCIP' influencing skills are evident by success in positive change to local planning and the pattern of local service provision.	The 'H&SCIP' supports LHBs, Local Authorities, Third Sector and partners by valuing key planning/skills. The H&SCIP Board acts as a forum to bring in specialist skills and expertise to support planning/commissioning.	The 'H&SCIP' influences the organisational development of partner organisations. The local health and social care economy is recognised as being a good career choice for planning/commissioning professionals.

\*The H&SCIP is generic term for the purpose of this matrix. Please replace with your local equivalent.

Source: Adapted from the London Health and Wellbeing Board Maturity Matrix

**Consultation  
Response Form**

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

**Question XX:** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

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# Ynys Môn

THE ISLE OF

# Anglesey

## Meeting the Challenges

### Budget Consultation

### 2014/15



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## **THE EXECUTIVE'S INITIAL BUDGET PROPOSALS FOR 2014/15**

The Isle of Anglesey County Council is conducting a public consultation on its key priorities, its financial strategy and initial budget proposals for 2014/15.

This document, which will be distributed extensively in electronic format (hard copies available on request), forms part of that consultation, along with a full Member workshop and a series of stakeholder meetings to be held earlier in January and February 2014.

### **CONTEXT**

The Council is the largest employer on the Island and has an annual budget of around £130m. As a provider of key services such as education, social services and sustainable development, it has a major role and impact locally, through employment, quality of life and direct provision of services.

The Council has continued to demonstrate an appetite and commitment to change since Welsh Government intervention ended in May 2013.

It has ensured significant strides in its recovery through its ambitious Transformation Plan, with a new focus on corporate governance, business transformation and performance monitoring.

The overall picture in terms of performance was very positive in 2012/13 – with services performing well when compared with other Welsh councils.

However, important challenges still lie ahead in continuing to deliver the targets recently agreed as part of the Corporate Plan 2013-17, with diminishing resources.

This document lays out the Council's current key priorities and improvement themes, the medium term financial strategy and initial budget proposals for 2014/15.

## **COUNCIL PRIORITIES**

The Council's aims and strategic priorities were consulted upon and have been set out in the Corporate Plan for 2013-17.

The Isle of Anglesey County Council's aim by 2017 is to be:

**“...a professional and well-run council, innovative and outward looking in our approach, committed to developing our people and partnerships in order to deliver efficient and effective services of good quality that are highly valued by our citizens.”**

To achieve this aim the Council will focus its efforts on what is important to its residents. Across demographics, geographies and different engagement mechanisms the overwhelming and consistent priorities are:

- **Supporting the most vulnerable**
- **Developing the Economy**
- **Raising the standards of and modernising our schools**

These priorities are therefore the focus of the corporate plan. However, it is developed against a backdrop of reducing funding for local government in Wales. Over the period of the plan, current projections show that we will need to save in the region of £15million. The Council will continue to have key responsibilities for statutory services such as educating our children, supporting the most vulnerable, safeguarding our environment through planning policies, collecting refuse and maintaining roads.

Other services will increasingly be provided in different ways, by other providers, and there may be some services which the Council will no longer be able to fund. If communities still value these services then alternative ways of funding them will need to be found. The corporate plan, therefore, tries to balance our aspiration and our vision with the financial outlook. Over the next four years, as a Council we are committed to:

- **Transforming Older Adult Social Care**
- **Increasing our Housing Options and Reducing Poverty**
- **Regenerating our Communities and Developing the Economy**
- **Improving Education, Skills and Modernising our Schools**
- **Transforming our Information and Communication Technologies (ICT)**
- **Becoming Customer, Citizen and Community Focused**
- **Transforming our Leisure and Library Provision**

## FINANCIAL OUTLOOK

There was much in the Chancellor's Autumn Statement presented to Parliament on 6 December 2013 about the UK's economic prospects GDP is expected to contract by 1.4% this year and then expand gradually over the next 5 years.

The Welsh Government's Budget is expected to increase by £66.7m in 2014/15 and £74m in 2015/16. In the view of the Welsh Government, the autumn Statement has done little to change the challenging outlook for public finances and that there has been a marginal change to budget allocations over the next 2 years.

The outlook is therefore for further austerity. To eliminate the deficit, the Chancellor has said that there will be further real cuts in UK central government spending extending into 2017/18.

Welfare benefits will only rise by 1% p.a. going forward, with exceptions being state pensions and benefits for disabled people and carers whose benefits will rise by the Consumer Price Index (2.7%)

There was information provided on business rates in England and Wales were increases are to be capped at 2% p.a. rather than being increased by the Retail Price Index, as is the case at the moment, although an additional order will have to be put through the National Assembly for Wales to be effective here.

The final Revenue Support Grant settlement for 2014/15, issued by the Welsh Government on 11 December 2013, totalled £96.432m. This represents a reduction of £4.253m (4.2%) over funding levels provided in 2013/14. Indicative funding of £94.714m was released for financial year 2015/16. This reduction will require the Council to make significant savings over the next few years, estimated to be £20m in total by 2018/19.

This presents a huge challenge for the Council and other Councils across Wales, who are increasingly going to struggle to sustain all the services that are currently provided. With reducing resources and additional pressures from an ageing population and social deprivation, the Council will need to consider the delivery services with a far greater emphasis on partnership arrangements.

## **MEDIUM TERM FINANCIAL STRATEGY AND BUDGET PROPOSALS 2013/14**

This is an extremely difficult budget which seeks to tackle the immense challenges caused by the economic downturn and the many years of austerity measures ahead of us.

The Council's financial plans need to support the approved strategic priorities and corporate improvement areas. However, the outlook for public spending is bleak and, for Anglesey, the forecast shows that the Council will need to reduce spending by £20m over the next five years - on an annual budget of £129m, just over 15%.

Last year we reported that the amount we receive for new build, improvements to buildings and infrastructures is also reducing. This will make re-design of services an even greater challenge. 2014/15 is the last year of the Local Government Borrowing Initiative, which provides funding and the approval for the Council to borrow for improvements to Highways infrastructure. Further improvements of this nature will have to be met from the council's own resources, which will become increasingly difficult as budgets are reduced.

The Welsh Government have however indicated that they will continue to support the 21<sup>st</sup> Century Schools Programme and initial bids have been submitted for approval. The first tranche of funding, if approved, will fund a new primary school in Holyhead to commence in 2014/15, with a budget of £7.9m, 50% of which will be met by grant.

As in recent years the council continues to face long-term pressures arising from demographic changes in terms of an increasingly elderly population, the increased complexity of children and adult care and welfare reform changes.

The 2014/15 budget is therefore being set to meet these challenges by protecting frontline services as far as possible.

The Executive is seeking:-

- to protect the services used by the most vulnerable;
- to avoid, wherever possible, adding to the difficulties already being experienced as a result of the current economic situation.

This is a very difficult challenge, as the money received from the Welsh Government has reduced by over £4m for 2014/15.

Over the past years, through Government funding and Council Tax revenue, Anglesey has had one of the lowest revenue bases in Wales. Since 2013/14, Council Tax Benefit has been replaced by a Council Tax Support scheme which provides a maximum of 90% support to the poorest householders. Welsh Government funding for Council Tax Support is less than the amount that bills are reduced by and an additional £400k has been set aside to cover this gap.

These budget proposals have been put forward to set a balanced budget in what will be a very difficult year by using one-off measures and by continuing to develop changes to services that will deliver sustainable efficiencies and real cost reductions in future years.

**The Council's financial objectives in the medium term are:-**

- To support the Council's strategic priorities and improvement areas;
- To address issues raised through Corporate Governance themes;
- To address issues raised by Estyn and the Education Recovery Board;
- To achieve service delivery without compromising financial standing.

**We recognise that:-**

- The financial challenges cannot be delivered by small reductions across the board;
- Significant transformation of services is required;
- Buildings will need to be rationalised to reduce excess capacity;
- Priority will have to be given to the most vulnerable which will result in services being delivered in a different way;

**The Executive have proposed a medium term financial strategy that is based on:-**

- Delivering significant reductions to spending of £22m over 5 years – the equivalent of 17%;
- Allowing a limited amount of money to transform services in 2014/15, particularly in adult social care to effect significant spending reductions in future years;
- Protecting education and social care in line with Welsh Government expectations;
- Allowing for a very limited amount of growth to meet budget shortages, which cannot be met easily from alternative sources;
- Recognising the huge challenge of the potential new nuclear build, other major energy-related developments, and the need to prepare for these changes;
- The need to prioritise scarce capital resource to deliver transformation and rationalising assets;
- The need to maximise funding by tapping in to external grants;
- Recognising that additional resources are needed to support the changes to welfare reform;
- Council Tax increases at 5% each year.

These assumptions are built into the Medium Term Financial Plan in the Table below:-

	2014-15	2015-16	2016-17	2017-18	2018-19
	£'000	£'000	£'000	£'000	£'000
Previous year's budget	129,253	126,630	126,395	127,238	128,873
Schools Protection	318	354	354	354	354
Inflation	2,883	2,955	2,936	2,915	2,989
Increase Income	-198	-523	-556	-590	-625
Demographic change	500	500	500	500	500
Financing Costs Unsupported Borrowing	178	178	178	178	178
Financing Costs Equal Pay	296	-7	-7	-7	-7
LGBI additional responsibilities	124	0	0	0	0
Salary & Grading review	1,300	700	700	700	700
Investing in change	-100	-300	-500	-500	-100
Contribution to balances	-500	0	0	0	0
Identified Pressures	276	N/A	N/A	N/A	N/A
New Priorities	477	700	700	700	700
Savings Proposals	-7,416	N/A	N/A	N/A	N/A
Funding Gap	-761	-4,792	-3,462	-2,615	-2,973
<b>Total</b>	<b>126,630</b>	<b>126,395</b>	<b>127,238</b>	<b>128,873</b>	<b>130,589</b>
Funded by WG					
RSG	96,432	94,714	94,000	94,000	94,000
Outcome Agreement Grant	545	545	545	545	545
	96,977	95,259	94,545	94,545	94,545
Council Tax	29,653	31,136	32,693	34,328	36,044
	<b>126,630</b>	<b>126,395</b>	<b>127,238</b>	<b>128,873</b>	<b>130,589</b>

This table shows that to maintain the total budget at a level needed to match the likely resources available to the Council, then we will have to continue to reduce spending to cover the forecast budget gap.

A summary of the 2014/15 budget savings proposals totalling £7.416m is set out at **Appendix A**.

## **EFFICIENCY SAVINGS**

To deliver the level of efficiencies needed, The Council has set up three Programme Boards, whose role is to review how the Council is structured and operates in the future.

For 2014/15, in order set the budget initial service reviews have been carried out to consider opportunities for efficiencies, effectiveness and collaboration to improve service delivery. Other savings opportunities arising from things like improved procurement and operational changes to service delivery have been drawn together to produce a draft efficiency strategy from which the current savings proposals in Appendix C have been drawn from. This strategy will be considered by Members in the New Year. More work is needed to quantify some of the efficiencies being proposed for later years and this work will fall to the three Programme Boards.

### **What we will be doing to improve our service to you during 2014/15**

Much of what the Council delivers is prescribed nationally, but it is important that, within the flexibility afforded to it, services reflect local circumstances and the priorities and needs of Anglesey communities. These are our proposals for 2014/15:

#### **Education & Assets**

Schools modernisation is underway and the Education Recovery Board is monitoring the Council's delivery against the Post Inspection Action Plan. Additional resources have been allocated to modernise our school provision. In addition, much of the transformation agenda will impact on the Council's assets and, therefore, in order to be successful, further resource has been secured to drive asset rationalisation and to provide professional advice to the key service transformations. School budgets have been protected in line with the Welsh Government policy, at 0.9% above the 2012/13 budget.

#### **Adult social care**

As people live longer, healthier lives there is a need to increase and change the kind of services available for the adult population and their carers. This brings with it increased pressure on this area of spend. Further additional resources have been prioritised for this service for 2014/15 to support the changes being introduced. A further review of services, is planned with partners in order to provide the most cost effective models of care that can be sustained for the future.

#### **Transformation of services**

All service areas will undergo significant transformation over the coming years as we look to modernise services. A number of areas will be going through a transformational programme in 2014/15, in preparation for reduced spend in 2015/16 and beyond. As such, the budgets have been protected at a slightly reduced level in order to give adequate time to deliver real reductions and for changes to be implemented. These include leisure, library and cultural activities Back office services will be re-structured and re-modelled during 2014/15 to modernise the way we work and to make the best use of Council assets.

## **SERVICE REDUCTIONS**

Inevitably with the level of funding reducing so considerably year on year, the level at which some aspects of services are provided will have to be reduced. This is being done in a careful and measured way to minimise the risk and the impact on citizens. Risk assessments have been undertaken, and each potential reduction in service looked at in detail. Delivering everything we do at the same level, with less money, is not possible and so, having protected services that are statutory and serve the most vulnerable, there are a number of potential reductions put forward in the detailed Appendices attached to this document.

If the savings are not all accepted, viable and reasonable alternatives will be necessary to deliver a balanced budget. It is not realistic to expect any one service to bear the brunt of the reduction in resources and so we have planned savings in all services, but ensured that the impact can be minimised as much as possible. More detail of the planned savings can be seen at **Appendix B**.

## **COUNCIL TAX, FEES AND CHARGES**

Each year's budget requires judgement about the amounts the public will pay, both as Council Taxpayers and as users of services where fees and charges are paid. With the effects of the economic downturn and energy prices, the Executive is mindful of the pressures on household budgets.

The settlement from the Welsh Government means we cannot avoid increasing the Council Tax in 2014/15. Anglesey has a low base from poor settlements and revenue from Council Tax.

Decreasing resources and increasing pressures means that in order to protect the most vulnerable in society, a Council Tax increase of 5% or 94p per week for an average Band D property is being proposed. 1% represents potential income of £291k. Every effort will be made to maintain the high levels of collection, but there are inevitable pressures from the changes to Council tax support.

Non-statutory fees and charges will also be increased a minimum of 5% in most cases.

## **USE OF RESERVES**

The general balances of the council are forecasted to be around £6m by 31 March 2014. The minimum level recommended for a Council of our size is £5m. The balance of £1m over the recommended level will help to protect Council services in the short-term until the detailed service reviews are completed. There are no proposals to use earmarked reserves in the current budget round.

## **THE CAPITAL PLAN 2014/15**

Capital spending is the money which the Council invests in areas such as house building and renewal, roads, bridges, school buildings and care homes, producing benefits over a number of years. Some of the money is spent directly on assets owned by the Council, in other cases it takes the form of grants to organisations or individuals for them to carry out the work.

The money to fund this comes from a combination of government grants, contributions from the revenue budget, receipts from sales of assets and loans taken out by the Council. All of these have been subject to the same pressures on public spending and the same depressed market conditions as all other areas of the Council's activity, and so the amounts available are limited and careful choices have to be made.

With reduced grant funding opportunities and reducing general capital funding going forward, together with uncertain levels and timings of future capital receipts, the opportunities for additional capital schemes will be very limited.

The priorities which the Executive has identified within the Capital Plan are to achieve the following:-

- Future rationalisation of schools in line with the 21st Century Schools programme requirements;
- Works to minimise the running costs of Council assets and the review of what assets are held and how they are used, identifying those which can be sold;
- Economic Development and Regeneration programmes, making full use of EU funding opportunities;
- Facilities for long term waste reduction and treatment.

## **CURRENT ACTIVITY**

The main area of development in the next financial year is the programme to review the assets which the Council holds, with Local Partnerships appointed to undertake the option appraisal. While this work forms a project in itself, it is closely linked to achieving specific objectives in most of the key areas, including:-

- Elderly care provision;
- Affordable housing;
- Leisure centres rationalisation;
- Schools rationalisation.

There are currently three European grant-funded projects running. These are Three Towns, Coastal Environment and Strategic Infrastructure - Sites and Premises.

There are also two major Welsh Government aided projects underway. 21st Century Schools Transitional Scheme (relocation of Ysgol y Bont) and the Local Government Borrowing Initiative (LGBI). The LGBI is a three-year £5.3m programme of improvements to the Authority's highways assets, which completes in 2014/15.

There are also two significant internally-funded schemes underway; these are the programme of improvements to smallholdings, funded from the ring fenced capital receipts from the sale of the smallholdings themselves, which is expected to complete in 2014/15, and the enhancement works at the Penhesgyn Civic Amenities Site, which has a £1m budget, funded from a grant funded reserve with completion expected late 2013/14. A little later than expected.

## **LOOKING FORWARD TO 2014/15**

The 21st Century Schools Band A scheme for a new primary school in Holyhead is expected to commence in 2014/15, with a budget of £7.9m, 50% of which is grant funded.

It is expected that works will commence at another civic amenities site, either at Gwalchmai or Holyhead.

Additionally, there are plans to ensure that additional funding is available for regeneration, including potential benefits from Enterprise Zone status, The Energy Island Programme, and the Môn a Menai Programme.

## CONSULTATION

Views are sought from stakeholders on the entire improvement/budget package, but we particularly want your feedback on:

- Increasing the social services budget so as to avoid major cuts to current activity levels;
- Maintaining the leisure budget to allow time for changes to provision;
- Prioritising growth in children services and the Energy Island Programme - **as shown in Appendix C**;
- Further assumptions we should make in medium term financial planning;
- Your priorities for the Capital Plan;
- The proposed 5% increase in Council Tax (86p per week for the average Band D property) to help protect key Council services;
- Any other suggestions you may have on efficiency savings or service transformation to achieve the best outcomes for Anglesey residents

The package is subject to consultation with the Council's Scrutiny Committees, the Schools Forum, Town and Community Councils and the wider business community.

## HOW TO RESPOND

### Download:

This document, together with the Initial Draft Revenue Budget and associated appendices are available on the Consultations section of our website, [www.anglesey.gov.uk](http://www.anglesey.gov.uk).

### Email:

[budgetconsultation@anglesey.gov.uk](mailto:budgetconsultation@anglesey.gov.uk)

### Post:

Consultation on 2014/15 Budget  
Chief Executive's Office  
Isle of Anglesey County Council  
Council Offices  
Llangefni  
Anglesey LL77 7TW

The consultation will end on Thursday, January 30th.

### What happens next?

Your views will be reported to the Executive on February 10<sup>th</sup> 2014 and final proposals prepared for the full Council on the 27<sup>th</sup> February 2014.

If you would like a large print version then please call 01248 752128.

## Summary of draft proposed budget 2014-15

	2013/14 Current Base Budget	MTFP Identified Movements	Final Settlement changes	Draft Standstill Position after final settlement	Savings proposals (see Appendix B)	Growth Proposals (see Appendix C)	Proposed Budget
	£000	£000	£000	£000	£000	£000	£000
<b>Directorate</b>							
Lifelong Learning (including schools)	47,672	140		47,812	-1,501	158	46,469
Community Services	31,933	203		32,136	-1,894		30,242
Sustainable Development	21,347			21,347	-2,969	50	18,428
Deputy Chief Executive	13,583			13,583	-1,052	68	12,599
Corporate & Democratic Core	1,579			1,579			1,579
<b>Total</b>	<b>116,114</b>	<b>343</b>	<b>0</b>	<b>116,457</b>	<b>-7,416</b>	<b>276</b>	<b>109,317</b>
<b>Corporate Finance</b>							
Discretionary Rate Relief	50			50			50
Affordable Priorities Programme	-355			-355			-355
Levies	3,219			3,219			3,219
Capital Financing & Interest	7,185	598		7,783			7,783
Contribution to reserves	500	-500		0			
	<b>10,599</b>	<b>98</b>	<b>0</b>	<b>10,697</b>	<b>0</b>	<b>0</b>	<b>10,697</b>
<b>Contingencies b/f from 2013/14</b>							
Welfare Reform	50	-45		5			5
Improvement Contingency	190			190			190
Cost of Change Contingency	500			500			500
Severance Contingency	1,000	-100		900			900
Salary & Grading Contingency	450			450			450
General Contingency	350	-298		52			52
	<b>2,540</b>	<b>-443</b>	<b>0</b>	<b>2,097</b>	<b>0</b>	<b>0</b>	<b>2,097</b>
<b>Sub Total Standstill Budget</b>	<b>129,253</b>	<b>-2</b>	<b>0</b>	<b>129,251</b>	<b>-7,416</b>	<b>276</b>	<b>122,111</b>
<b>Pressures:</b>							
- Demographic Change		500		500			500
- Council Tax Reduction Scheme		400		400			400
- Welfare Reform		77		77			77
- Schools Protection		318		318			318
Job Evaluation Contingency		1,300		1,300			1,300
Corporate Contingency for Inflation		2,685		2,685			2,685
Contribution from Reserves		-240		-240			-240
	<b>0</b>	<b>5,040</b>	<b>0</b>	<b>5,040</b>	<b>0</b>	<b>0</b>	<b>5,040</b>
<b>Total before Savings</b>	<b>129,253</b>	<b>5,038</b>	<b>0</b>	<b>134,291</b>	<b>-7,416</b>	<b>276</b>	<b>127,151</b>
<b>Funded by:</b>							
Aggregate External Funding	100,227		-3,795	96,432			96,432
Council Tax	28,023	1,630		29,653			29,653
Council Tax Reduction Scheme Grant	458		-458	0			0
Outcome Agreement Grant	545			545			545
<b>Total Funding</b>	<b>129,253</b>	<b>1,630</b>	<b>-4,253</b>	<b>126,630</b>	<b>0</b>	<b>0</b>	<b>126,630</b>
<b>Funding Gap</b>	<b>0</b>	<b>3,408</b>	<b>4,253</b>	<b>7,661</b>	<b>-7,416</b>	<b>276</b>	<b>521</b>

APPENDIX B

Summary of Proposed Savings	£'000
<b>Lifelong Learning</b>	
<b>Education Service</b>	
Central Education - Reduce Grant to Village Halls and Community Centres	-20
Central Education - Rationalise Youth Clubs	-24
Central Education - Reducing Support to Mudiad Meithrin and WPPA	-3
Central Education - Implementation of the SEN Task and Finish Group Recommendations for Support to Primary Integration	-80
Central Education - Increase Rent to Community Users in Jesse Hughes Youth Centre	-1
Central Education - Use of External Grant Funding for the Jesse Hughes Youth Centre	-20
Central Education - Cut Early Years Training Budget	-7
Central Education - Early Years Support for Centres	-13
Central Education - Reduction of Early Years Building Support - Reduce Repairs & Maintenance	-17
Central Education - Reduce Schools Admission Age from September 2014	-210
Central Education - Reduce Community Wardens Posts	-13
Central Education - Closure of Ysgol Llandonna	-82
Central Education - Utilisation of SEG Grant Administration	-35
Central Education - Central Education - Stop Providing Youth Packs	-7
Central Education - Additional Resource Allocation for Education from RSG for Increase in the Number of FSM Eligibility	-469
Reduction in Delegated School's Budget	-500
<b>Total</b>	<b>-1,501</b>
<b>Lifelong Learning Total</b>	<b>-1,501</b>
<b>Deputy Chief Executive</b>	
<b>Central Services</b>	
Revenues & Benefits Changes to Court Costs Admin.	-23
Revenues & Benefits - staffing changes	-24
Finance: Staffing changes	-50
Finance: Accountancy restructuring support	-11
Finance: Renegotiate cash in transit contract	-12
Finance: Stop printing Council Tax leaflet	-5
Finance: Budget reduction printing & stationery	-25
Finance: Budget reduction NW Procurement Partnership	-18

APPENDIX B

Summary of Proposed Savings	£'000
Finance: Budget reduction computer equipment	-20
Finance: Budget reduction computer licences (Old finance system)	-7
Finance: Budget reduction travel expenses	-10
Finance: Other efficiency savings	-7
ICT - reduce staffing and running costs	-114
Chief Executive - HR Reduce Central Training Budget	-39
Chief Executive - HR Delete Admin. Post Workforce Development	-20
Chief Executive - Reduce Corporate Health & Safety Initiatives	-5
Chief Executive - Income from Annual Leave Purchase	-5
Legal - Merge Committee and Scrutiny Services management	-35
CDC - Members Allowance Savings	-88
CDC - Reduce budget for civic & ceremonial activities	-24
Legal - Removal of Vacant Post, Scrutiny Officer	-36
Policy - Reduce budget for the Anglesey Show	-11
Policy - Review staff structures in Policy, Member Services and Business Support Units	-75
<b>Total</b>	<b>-664</b>
<b>Corporate</b>	
Heads of Service	-138
Increase in RSG Re Social Services	-250
<b>Total</b>	<b>-388</b>
<b>Deputy Chief Executive Total</b>	<b>-1,052</b>
<b>Sustainable Development</b>	
<b>Planning</b>	
Reduce Supplies & Services	-5
Restructuring of Building Control - Reduce staffing by one post	-25
Restructuring of Building Control - Integration with Gwynedd	-15
Introduction of e-Planning	-20
Income from work associated with Ynys Ynni Programme	-75
Open Spaces - reduced spending on Countryside and Coast	-3
<b>Total</b>	<b>-143</b>

APPENDIX B

Summary of Proposed Savings	£'000
<b>Public Protection</b>	
Restructuring of Public Protection	-105
Income from work associated with Ynys Ynni Programme	-5
Reduce Supplies & Services	-10
Increased Fee's & Charges	-45
<b>Total</b>	<b>-165</b>
<b>Waste</b>	
Reduce costs of premises and transport at Penhesgyn Transfer Station	-50
Reduce Aftercare Budget at Penhesgyn Area 2	-20
Revised Waste Section works budget	-95
Amended waste collection methods from April 2014	-215
Financing of Biffa's purchase of new vehicles	-50
Staff Reductions	-58
Reduction in Residual Waste Tonnage	-140
Amendments to Public Conveniences Provision	-104
Penhesgyn Overtime Reduction	-20
<b>Total</b>	<b>-752</b>
<b>Property</b>	
Restructure Property Teams	-180
Rationalisation of Office Accommodation	-34
Reduction in Car and Travel Allowances	-35
Reduction in Industrial Estates and Sundry Properties Repairs & Maintenance	-31
Reduction in Cleaning Contract Costs	-40
Reduction in Admin Buildings Repairs and Maintenance	-39
Reduction in miscellaneous expenditure, Admin Buildings	-5
Reduction in Maritime Seasonal Staffing	-15
Reduction in Maritime Repairs and Maintenance	-30
Maitime Income	-5
Increase Industrial Estates Rent Income	-57
<b>Total</b>	<b>-471</b>
<b>Highways and Transportation</b>	

APPENDIX B

Summary of Proposed Savings	£'000
<b>Fleet Management: Replace diesel fuelled vehicles with LPG fuelled vehicles</b>	
Fleet Management: Replace diesel fuelled vehicles with LPG fuelled vehicles	-15
Increase Parking Fees	-100
Reduced Bus Services	-89
Reduction in the Street Lighting Budget	-200
Reductions in Staffing	-129
Reduced numbers of School Crossing Patrols	-25
Reductions in Highway Maintenance	-475
Reduction in Traffic & Public Rights of Way	-25
<b>Total</b>	<b>-1,058</b>
<b>Economic Development</b>	
Operating Budget	-85
Staffing Budget	-54
<b>Total</b>	<b>-139</b>
<b>Leisure</b>	
Operational Budget	-41
Staffing Budget	-106
Inserting Income Budgets to meet current receipts	-74
Additional 2% Income increase for fees and charges	-20
<b>Total</b>	<b>-241</b>
<b>Sustainable Development Total</b>	
	<b>-2,969</b>
<b>Community</b>	
<b>Housing</b>	
Budget Realignment with HRA	-52
Reduction in the use of an affordable housing advisor	-15
Registered Social Landlords contribution towards the running costs of administering Common Housing Register	-15
Housing - Freeze Housing Visitor Officer post	-15
Housing - Freeze Housing Options (Homelessness) post	-10
Housing - Reduce bed and breakfast costs by refurbishing 2 council dwellings for temporary accommodation	-10
<b>Total</b>	<b>-117</b>

APPENDIX B

Summary of Proposed Savings	£'000
<b>Social Services</b>	
Adult Social Care - Savings still to be confirmed	-1,048
Adult Social Care - CCTV savings	-177
Children's Services - Savings still to be confirmed	-352
<b>Total</b>	<b>-1,577</b>
<b>Culture</b>	
Remodelling Library Service	-95
Staff Retirements at Oriel Ynys Môn	-22
Reduction in grade and hours of an existing post after departure of a member of staff	-5
Reduce opening of South Stack Lighthouse from 7 days to 6 in line with other seasonal sites	-4
Reduction in Head of Service costs	-36
Income generation - overnight paranormal sessions at Beaumaris Gaol	-5
Cut in general promotions budget	-4
Reduce opening of Beaumaris Gaol from 7 days to 6 in line with other seasonal sites	-3
Leisure & Heritage central administration general budget reduction	-12
Reduction in Art grant distribution to outside bodies	-5
Reduce costs of Family Information Service	-2
Miscellaneous reduction from Head of Service budget and central travel	-3
General reduction in supporting budgets	-4
<b>Total</b>	<b>-200</b>
<b>Community Total</b>	<b>-1,894</b>
<b>Total Savings Proposals</b>	<b>-7,416</b>
<b>Total Savings Target</b>	<b>-7,750</b>

	Summary of Growth Bids	£'000	Comments
	<b>Lifelong Learning</b>		
1	Delegated School Budget for Canolfan Y Bont 2014/2015.	158	Increase to base budget - will increase the budget gap.
		<b>158</b>	
	<b>Deputy Chief Executive</b>		
2	Human Resources - Budget shortfall	20	Permanent change funded from Performance Improvement Contingency
3	Revenues & Benefits - Reduction HB Admin Grant	48	Increase to base budget - will increase the budget gap.
		<b>68</b>	
	<b>Sustainable Development</b>		
4	Planning & Public Protection - Building Regulations Fees	50	Increase to base budget - will increase the budget gap.
		<b>50</b>	
	<b>Total</b>	<b>276</b>	

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<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>REPORT TO</b>	<b>EXECUTIVE COMMITTEE</b>
<b>DATE</b>	<b>16 DECEMBER 2013</b>
<b>SUBJECT</b>	<b>INITIAL PROPOSALS 2014/15 BUDGET</b>
<b>PORTFOLIO HOLDER(S)</b>	<b>COUNCILLOR HYWEL EIFION JONES</b>
<b>LEAD OFFICER(S)</b>	<b>HEAD OF FUNCTION (RESOURCES)</b>
<b>CONTACT OFFICER</b>	<b>CLARE WILLIAMS (EXT. 2601)</b>
<b>Nature and reason for reporting</b>	
To enable the Executive to prepare its initial 2014/15 budget proposals for consultation.	

## A – Introduction / Background / Issues

### 1. BACKGROUND

#### 1.1 The Final RSG Settlement

The final RSG settlement was released on 11 December 2013. For the Council the settlement for 2014/15 has been set at £96.432m. Within this total however there have been transfers into the settlement of part of the Housing Benefit Admin. Grant (£111k) and the grant for the Council Tax Reduction Scheme (£458k) The effect of these changes effectively reduces the overall grant received from the Welsh Government by £4.253m, over 2013/14 levels, a percentage reduction year-on-year of 4.22%

#### 1.2 The Current Draft Budget Position

**1.2.1** The Executive had approved a savings target of £7.75m for services at its meeting in July, which was set at a figure identified at that time as the likely budget gap for 2014/15. The overall budget gap for the period 2014/15 to 2018/19 is currently forecasted to be of the order of £15m.

**1.2.2** The current draft budget proposals indicate that savings of £7.416m have been put forward by services, although included within that figure are unconfirmed savings of £1.4m from Social Services. Further work is being carried out to determine the level of savings that can be achieved in that service area.

**1.2.3** The current proposals are based on information contained within the Welsh government's final settlement released on the 11 December

#### 1.3 The Chancellor's Autumn Statement

**1.3.1** The Chancellor presented his Autumn Statement on 6 December 2013. This gave an update on public finances and the economy.

**1.3.2** Although this was not expected to impact significantly on the final funding announcements for 2014/15, it did give an indication of the direction of travel.

**1.3.3** The Statement was generally similar to last year, focusing on changes in growth and in reductions to the budget deficit

- There was much in the Chancellor's Statement and the report of the Office for Budget Responsibility about the UK's economic prospects. GDP is expected to increase by 1.4% this year and then expand gradually over the next 5 years.
- The Welsh Government's Budget is anticipated to increase by £66.7m in 2014/15 and £74m in 2015/16. The view of the Welsh Government is, however, that the Autumn Statement has done little to change the challenging public finance outlook for Wales and that there has been only marginal change to budget allocations for 2014/15 and 2015/16.
- The outlook is for further austerity, although there are no further cuts to local government funding proposed. To eliminate the deficit, the Chancellor has said that there will be further real cuts in UK spending by central government extending into 2017/18.
- The majority of Welfare benefits will only rise by 1% p.a. going forward, exceptions being state pensions and benefits for disabled people and carers whose benefits will rise in line with CPI (2.7%).
- There was news about Non domestic rates in England and Wales where increases will be capped at 2% p.a. rather than being increased by RPI, as is the case at the moment, although an additional order will have to be put through the National Assembly for Wales to be effective here. Some retail premises in England with a rateable value of up to £50,000 will receive a discount of £1,000 in 2014/15 and 2015/16 and a 50% discount from business rates for new occupants of previously empty premises for 18 months. Any additional support for Wales will be subject to approval by the Welsh Government.

**1.4 The Council Tax Support Scheme**

**1.4.1** The Welsh Government has made available for the Council Tax Reduction Scheme in 2014/15 £5.154m under the provisional announcement. Our calculations, based on detailed financial modelling i.e. actual projected Council Tax Reduction Scheme to be paid in 2013-14, increase in Council Tax of 5% for 2014-15 and in recent years, a more stable caseload variance in projected caseload growth/reduction, show a shortfall of between £350k and £460k. Our advice is that the Council should budget for at least £400k shortfall on Council Tax Reduction Scheme next year.

**1.4.2** However, the final settlement has made a significant change to financing arrangements for this scheme as the previous specific grant of £458k has been rolled into the RSG settlement itself. Whilst this gives the Council some flexibility on the level of support it can offer under this scheme it does change adversely the total support the Council receives from the grant settlement.

**2. STANDSTILL BUDGET AND BUDGET GAP**

**2.1 Current Position**

**2.1.1** The current budget gap following the release of the final grant settlement has been revised to £7.661m for 2014/15.

**2.1.2** Based on the above changes and on work being done between the Finance Service and budget holders savings totalling £7.416m have been proposed, which meets substantially all of the budget gap of £7.774m reported to the Executive on 4 November 2013 and the revised forecast arising from the final grant settlement. The balance between the current budget gap and savings proposals will have to be covered by the use of balances should further savings not be identified.

**2.1.3** The main areas of uncertainty are now:-

- Council Tax receipts expected;
- Future of some hypothecated revenue grants to be announced over the next months;
- The value of the inflationary increases that need to be applied to the budget going forward.
- Out-turn for the current year and its effect on the level of balances.

**2.1.4** Included in the budget as a result of the decisions of others are precepts, levies and contributions to joint committees. Precepts and levies will not generally be available until late February, just before budget setting. Both the police precept and community council precept are shown separately on the council tax bill. The other items are:-

- North Wales Fire and Rescue Authority
- Internal Drainage Board
- Coroners
- Board of Conservators of Towyn Trewan

## **2.2 Budget Growth**

**2.2.1** There have been a number of growth bids and service pressures identified and these need consideration by Members so that they can be incorporated at an appropriate level. Some growth has been included within the Medium Term Financial Plan and this relates to:-

<b>Pressure</b>	<b>£000</b>	<b>Comments</b>
Schools Protection	318	See paragraph 3.2
Demographic Change	500	
Additional Financing costs	598	LGBI, Equal Pay & £2m p.a. unsupported borrowing
Welfare Reform	77	
Council Tax Reduction Scheme	400	Additional burden arising as costs exceed grant provision

**2.2.2** Any service growth that is included in the 2014/15 budget will, of course, lead either to more savings to be found or an increase in the use of reserves and/or general balances. The budget growth proposals are set out in Appendix C and Members are asked to approve their inclusion in the 2014/15 budget.

## **3. BUDGET STRATEGY**

### **3.1 Savings Proposals**

**3.1.1** Savings proposals have been proposed by all services totalling £7.416m. The achievability of these savings is mixed, and a number of services have found it difficult to offer up sustainable savings in 2014/15. Further work is needed to enable more realistic efficiency savings to be offered in 2014/15 and in future years.

- 3.1.2 Service officers have worked with the service accountants to assess how achievable the proposals are in the short term. Budget pressures have also been taken into account.
- 3.1.3 The savings proposals are shown at Appendix B as a long list of potential savings. The appendix also shows the target against each saving based on the Medium-Term Financial Strategy considered by the Executive in July.
- 3.1.4 There is a proposal to consult on the withdraw from providing the CCTV service on the Island and this will contribute £177,000 to the savings proposals of Social Care.

### 3.2 Schools Budgets

3.2.1 The draft and final settlements from the Welsh Assembly assume that the schools delegated budgets would increase by 0.9% or about £318k in cash terms

- **Demographics:** This is the effect of changing pupil numbers which for 2014-15 is minimal;
- **Projected budget position for 2013/14:** As reported to Members previously, spending for 2013/14 is expected to be within budget;
- The Executive previously approved a savings target of £1m on 4 November 2013. This has now been reduced to £500k;
- **Deprivation Grant** - An increase of £720k has been identified for 2014/15 but this includes the 0.9% uplift on the Delegated School Budget notified by the Welsh Government in the provisional grant settlement.
- **Post 16 Funding** – Following the review of Post 16 Planning and Funding Review in May 2013, the Welsh government has introduced policy changes which affect funding allocations for Post 16 pupils. This means that the funding allocations for 2014/15 will be based on uplifts for deprivation, sparsity and Welsh medium and on planned delivery based on Programme Values. For Anglesey, the estimated allocation for 2014/15 is £2.711m compared to £3.012m for this year, a cut of 10%. This is the highest reduction in Wales and has been capped at 10% with an average across Wales of 5.5%. Further work is being undertaken to allocate this funding reduction to the Secondary Sector.

The projected delegated budget for 2014/15 (excluding grants) is £38.61m, which is subject to final confirmation.

## 4. CONTINGENCIES, RESERVES AND BALANCES

### 4.1 Contingencies

4.1.1 The main assumptions for contingencies in the July report have now been updated as follows:-

Contingency	£000	Comments
Job Evaluation	1,300	Funds ongoing work and contribution to the Reserve.
Performance	190	Funded from Outcome Agreement Grant. Same level as 2013/14 proposed.
Cost of Change	500	Suggested level remains unchanged from 2013/14
Severance	900	A reduction of £100k from 2013/14

## **4.2 Reserves and Balances**

**4.2.1** The annual report on reserves and balances is being considered by the Executive elsewhere on the agenda for this meeting. Any changes recommended by Members will need to be incorporated into the budget proposals for 2014/15.

**4.2.2** The principles that need to be considered over the value of balances held by the Council, given recent criticism over the level of balances held made by the UK government are as follows:

- Reserves are an important component of councils' financial planning but they will not solve financial problems in the long-term. At best they buy time to enable service changes to be planned and implemented in an orderly way. In these circumstances it is important that councils explain clearly to the public the actions and implications for services which are expected to follow in the medium and longer term."
- Judgements about reserves - to what extent they should be used or set aside to meet either specific or unforeseen future liabilities - can only be made locally within individual organisations;
- Local decisions should be taken by councillors having regard to clear and full information and advice provided by Chief Finance Officers.

## **5. MEDIUM TERM FINANCIAL STRATEGY AND EFFICIENCY STRATEGY**

### **5.1 Medium Term Financial Strategy**

**5.1.1** Having updated the strategy for the assumptions relating to inflation, and identified a gap of c.£7.6m in 2014/15 and £15m overall by 2018/19, it should be possible to develop plans to achieve real efficiencies over the five year period to, as far as possible, protect front line. In order to buy time to modernise the services, a strategy is in place to; apply for capitalisation directions to spread the cost of equal pay compensation as appropriate; deferring contributions to earmarked reserves on a one off basis and using contingency sums to fund the change programme.

**5.1.2** Ynys Môn is planning significant transformation for some of its services, particularly in response to demographic pressures and regulators reports and to improve the delivery of services for the future. Planning for transformation takes time, and the base budget level and capacity of the Council has made this difficult to implement changes as quickly as we would have hoped.

**5.1.3** The decisions made in preparing the standstill budget and, subsequently, reducing the 'gap', will need to be re-visited and reviewed through 2014/15, and in preparing the budget for 2015/16, having allowed some further time in 2014/15 to implement transformational change.

### **5.2 Efficiency Strategy**

**5.2.1** This report sets out the on-going preparation of the 2014/15 budget. Alongside this is a programme of work, looking at the development of an efficiency strategy to cover a further four years to correspond with the long-term pressures facing the Council.

**5.2.2** Service reviews have been undertaken on all services and have included Heads of Service, senior officers and politicians and finance and policy officers. The service reviews have considered opportunities for efficiencies, effectiveness and external collaboration and opportunities to work smarter and collaborate internally to improve delivery.

**5.2.3** The efficiencies and other savings, which could be delivered from items like improved procurement and operational changes to service delivery, arising from this exercise have been drawn together to produce a draft efficiency strategy that will be brought back to Members in the New Year. Further work is needed to quantify some of the efficiencies to be gained from transformation and to deliver the level of savings needed for the next 4 years. This work will take place as the role of the Programme Management Boards develops.

### **5.3 Programme Management Arrangements**

**5.3.1** Programme Boards are up and running to deliver the 3-year plan Transformation Plan. The Boards will report regularly to the Senior Leadership Team on progress against the Transformation Plan.

**5.3.2** The work of the Programme Boards is key to the delivery of the ongoing savings necessary over the next 4 to 5 years to meet the forecast budget gap. This work will require a review of how the Council is structured and operates in the future and will be supported by senior finance staff to ensure that savings proposals are robust and achievable.

## **6. VOLUNTARY SEVERANCE**

**6.1** The Executive approved the roll-out of a voluntary severance scheme at its 4 November meeting. Applications have now been received and are being assessed to ensure that they will achieve ongoing savings that contribute to the Council's overall savings target.

## **7. OPTIONS FOR A PROPOSED BUDGET PACKAGE**

### **7.1 Base proposal**

**7.1.1** Based on an assessment of the savings proposals and on initial consultation with officers and Members, I am able to suggest an initial budget package as follows:-

<b>Base</b>	<b>Comments</b>
5% increase in council tax	
Provides funding for Job Evaluation and reduces contributions to earmarked reserves	
Allows for £1.4m Cost of Change	
Provides service growth of £276k	
Protects schools	see above
Increases funding for Looked after Children and provides demographic increases for social care	In line with pressures seen in other authorities
Includes some limited efficiencies to corporate services , whilst recognising the need for the transformation of back office functions	Enables future year savings
Cultural services given time to rationalise the service	Enables future year savings
Adult Social Care given time to transform service	Enables future year savings

**7.1.2** The effect of this base proposal is shown at Appendix A with the details of savings and growth at Appendices B and C respectively. A number of options are available around this proposal and can be included in the consultation paper.

**7.1.3** The calculation of the Council Tax is that each 1% increase produces £291k. This means that each 1% below the planned 5% council tax increase widens the budget gap by £291k for next year and for the future. My advice is that the tax increase should remain at 5%, as planned.

Council Tax Increase	Produces £ 000	pence per week Band D dwelling
5%	1,455	94p
4.5%	1,310	84p
4%	1,164	76p
3.5%	1,019	66p

## 8. MATTERS FOR DECISION

**8.1** To update the standstill budget for items at paragraphs 2 and 4.1 so that the budget gap becomes £7.661m.

**8.2** Based on the draft proposal at paragraph 6, the Executive is invited to approve the service growth bids at Appendix C as part of an initial budget package for consultation.

B – Considerations		
see above		
C – Implications and Impacts		
1	Finance / Section 151	Author
2	Legal / Monitoring Officer	
3	Human Resources	
4	Property Services (see notes – separate document)	
5	Information and Communications Technology (ICT)	
	Equality (see notes – separate document)	
7	Anti-poverty and Social (see notes – separate document)	
8	Communication (see notes – separate document)	
9	Consultation (see notes – separate document)	
10	Economic	
11	Environmental (see notes – separate document)	
12	Crime and Disorder (see notes – separate document)	
13	Outcome Agreements	

## **CH – Summary**

The standstill budget and other budget information are updated for the final settlement and for other items.

Having considered the savings and growth proposals, an initial budget package has been prepared with a number of potential options for consultation.

## **D – Recommendation**

That the Executive approves an initial budget proposal for formal consultation and delegates to the Head of Function (Resources) in consultation with the Portfolio Holder for Resources the authority to finalise the budget consultation document.

**NAME OF AUTHOR OF REPORT: CLARE WILLIAMS**

**JOB TITLE: HEAD OF FUNCTION (RESOURCES)**

**DATE: 6 DECEMBER 2013**

## **Appendices:**

A - Summary of Draft Standstill Budget and Budget Gap 2014/15

B - Proposed Savings 2014/15

C - Summary of Proposed Growth 2014/15

## **Background papers**

Welsh Government provisional settlement October 2013

Welsh Government final settlement December 2013

Summary of draft proposed budget 2014-15							
	2013/14 Current Base Budget	MTFP Identified Movements	Final Settlemen t changes	Draft Standstill Position after final settlement	Savings proposals (see Appendix B)	Growth Proposals (see Appendix C)	Proposed Budget
	£000	£000	£000	£000	£000	£000	£000
<b>Directorate</b>							
Lifelong Learning (including schools)	47,672	140		47,812	-1,501		46,311
Community Services	31,933	203		32,136	-1,894		30,242
Sustainable Development	21,347			21,347	-2,969		18,378
Deputy Chief Executive	13,583			13,583	-1,052		12,531
Corporate & Democratic Core	1,579			1,579			1,579
<b>Total</b>	<b>116,114</b>	<b>343</b>	<b>0</b>	<b>116,457</b>	<b>-7,416</b>	<b>0</b>	<b>109,041</b>
<b>Corporate Finance</b>							
Discretionary Rate Relief	50			50			50
Affordable Priorities Programme	-355			-355			-355
Levies	3,219			3,219			3,219
Capital Financing & Interest	7,185	598		7,783			7,783
Contribution to reserves	500	-500		0			0
	<b>10,599</b>	<b>98</b>	<b>0</b>	<b>10,697</b>	<b>0</b>	<b>0</b>	<b>10,697</b>
<b>Contingencies b/f from 2013/14</b>							
Welfare Reform	50	-45		5			5
Improvement Contingency	190			190			190
Cost of Change Contingency	500			500			500
Severance Contingency	1,000	-100		900			900
Salary & Grading Contingency	450			450			450
General Contingency	350	-298		52			52
	<b>2,540</b>	<b>-443</b>	<b>0</b>	<b>2,097</b>	<b>0</b>	<b>0</b>	<b>2,097</b>
<b>Sub Total Standstill Budget</b>	<b>129,253</b>	<b>-2</b>	<b>0</b>	<b>129,251</b>	<b>-7,416</b>	<b>0</b>	<b>121,835</b>
<b>Pressures:</b>							
- Demographic Change		500		500			500
- Council Tax Reduction Scheme		400		400			400
- Welfare Reform		77		77			77
- Schools Protection		318		318			318
Job Evaluation Contingency		1,300		1,300			1,300
Corporate Contingency for Inflation		2,685		2,685			2,685
Contribution from Reserves		-240		-240			-240
	<b>0</b>	<b>5,040</b>	<b>0</b>	<b>5,040</b>	<b>0</b>	<b>0</b>	<b>5,040</b>
<b>Total before Savings</b>	<b>129,253</b>	<b>5,038</b>	<b>0</b>	<b>134,291</b>	<b>-7,416</b>	<b>0</b>	<b>126,875</b>
<b>Funded by:</b>							
Aggregate External Funding	100,227	-3,795		96,432			96,432
Council Tax	28,023	1,630		29,653			29,653
Council Tax Reduction Scheme Grant	458	-458		0			0
Outcome Agreement Grant	545			545			545
<b>Total Funding</b>	<b>129,253</b>	<b>-2,623</b>	<b>0</b>	<b>126,630</b>	<b>0</b>	<b>0</b>	<b>126,630</b>
<b>Funding Gap</b>	<b>0</b>	<b>7,661</b>	<b>0</b>	<b>7,661</b>	<b>0</b>	<b>0</b>	<b>245</b>

## APPENDIX B

Summary Of Proposed Savings	£'000
<b>Lifelong Learning</b>	
<b>Education Service</b>	
Central Education - Reduce Grant to Village Halls and Community Centres	-20
Central Education - Rationalise Youth Clubs	-24
Central Education - Reducing Support to Mudiad Meithrin and WPPA	-3
Central Education - Implementation of the SEN Task and Finish Group Recommendations for Support to Primary Integration	-80
Central Education - Increase Rent to Community Users in Jesse Hughes Youth Centre	-1
Central Education - Use of External Grant Funding for the Jesse Hughes Youth Centre	-20
Central Education - Cut Early Years Training Budget	-7
Central Education - Early Years Support for Centres	-13
Central Education - Reduction of Early Years Building Support - Reduce Repairs & Maintenance	-17
Central Education - Reduce Schools Admission Age from September 2014	-210
Central Education - Reduce Community Wardens Posts	-13
Central Education - Closure of Ysgol Llandonna	-82
Central Education - Utilisation of SEG Grant Administration	-35
Central Education - Stop Providing Youth Packs	-7
Central Education - Additional Resource Allocation for Education from RSG for Increase in the Number of FSM Eligibility	-469
Reduction in Delegated School's Budget	-500
<b>Total</b>	<b>-1,501</b>
<b>Lifelong Learning Total</b>	<b>-1,501</b>
<b>Deputy Chief Executive</b>	
<b>Central Services</b>	
Revenues & Benefits Changes to Court Costs Admin.	-23
Revenues & Benefits - Delete vacant income accountant post from the budget	-24
Finance: Staffing changes	-50
Finance: Accountancy restructuring support	-11
Finance: Renegotiate cash in transit contract	-12
Finance: Stop printing Council Tax leaflet	-5
Finance: Budget reduction printing & stationery	-25
Finance: Budget reduction NW Procurement Partnership	-18
Finance: Budget reduction computer equipment	-20
Finance: Budget reduction computer licences (Old finance system)	-7
Finance: Budget reduction travel expenses	-10
Finance: Other efficiency savings	-7
ICT - reduce staffing and running costs	-114
Chief Executive - HR Reduce Central Training Budget	-39
Chief Executive - HR Delete Admin. Post Workforce Development	-20
Chief Executive - Reduce Corporate Health & Safety Initiatives	-5
Chief Executive - Income from Annual Leave Purchase	-5
Legal - Merge Committee and Scrutiny Services management	-35
CDC - Members Allowance Savings	-88
CDC - Reduce budget for civic & ceremonial activities	-24
Legal - Removal of Vacant Post, Scrutiny Officer	-36
Policy - Reduce budget for the Anglesey Show	-11
Policy - Review staff structures in Policy, Member Services and Business Support Units	-75
<b>Total</b>	<b>-664</b>
<b>Corporate</b>	
Heads of Service	-138
Increase in RSG Re Social Services	-250
<b>Total</b>	<b>-388</b>

<b>Deputy Chief Executive Total</b>	<b>-1,052</b>
<b>Sustainable Development</b>	
<b>Planning</b>	
Reduce Supplies & Services	-5
Restructuring of Building Control - Reduce staffing by one post	-25
Restructuring of Building Control - Integration with Gwynedd	-15
Introduction of e-Planning	-20
Income from work associated with Ynys Ynni Programme	-75
Open Spaces - reduced spending on Countryside and Coast	-3
<b>Total</b>	<b>-143</b>
<b>Public Protection</b>	
Restructuring of Public Protection	-105
Income from work associated with Ynys Ynni Programme	-5
Reduce Supplies & Services	-10
Increased Fee's & Charges	-45
<b>Total</b>	<b>-165</b>
<b>Waste</b>	
Reduce costs of premises and transport at Penhesgyn Transfer Station	-50
Reduce Aftercare Budget at Penhesgyn Area 2	-20
Revised Waste Section works budget	-95
Amended waste collection methods from April 2014	-215
Financing of Biffa's purchase of new vehicles	-50
Staff Reductions	-58
Reduction in Residual Waste Tonnage	-140
Amendments to Public Conveniences Provision	-104
Penhesgyn Overtime Reduction	-20
<b>Total</b>	<b>-752</b>
<b>Property</b>	
Restructure Property Teams	-180
Rationalisation of Office Accommodation	-34
Reduction in Car and Travel Allowances	-35
Reduction in Industrial Estates and Sundry Properties Repairs & Maintenance	-31
Reduction in Cleaning Contract Costs	-40
Reduction in Admin Buildings Repairs and Maintenance	-39
Reduction in miscellaneous expenditure, Admin Buildings	-5
Reduction in Maritime Seasonal Staffing	-15
Reduction in Maritime Repairs and Maintenance	-30
Maritime Income	-5
Increase Industrial Estates Rent Income	-57
<b>Total</b>	<b>-471</b>
<b>Highways and Transportation</b>	
Fleet Management: Replace diesel fuelled vehicles with LPG fuelled vehicles	-15
Increase Parking Fees	-100
Reduced Bus Services	-89
Reduction in the Street Lighting Budget	-200
Reductions in Staffing	-129
Reduced numbers of School Crossing Patrols	-25
Reductions in Highway Maintenance	-475
Reduction in Traffic & Public Rights of Way	-25
<b>Total</b>	<b>-1,058</b>
<b>Economic Development</b>	
Operating Budget	-85
Staffing Budget	-54
<b>Total</b>	<b>-139</b>
<b>Leisure</b>	
Operational Budget	-41
Staffing Budget	-106
Inserting Income Budgets to meet current receipts	-74
Additional 2% Income increase for fees and charges	-20
<b>Total</b>	<b>-241</b>
<b>Sustainable Development Total</b>	<b>-2,969</b>

<b>Community</b>	
<b>Housing</b>	
Budget Realignment with HRA	-52
Reduction in the use of an affordable housing advisor	-15
Registered Social Landlords contribution towards the running costs of administering Common Housing Register	-15
Housing - Freeze Housing Visitor Officer post	-15
Housing - Freeze Housing Options (Homelessness) post	-10
Housing - Reduce bed and breakfast costs by refurbishing 2 council dwellings for temporary accommodation	-10
<b>Total</b>	<b>-117</b>
<b>Social Services</b>	
Adult Social Care - Savings still to be confirmed	-1,048
Adult social Care – CCTV	-177
Children's Services - savings still to be confirmed	-352
<b>Total</b>	<b>-1,577</b>
<b>Culture</b>	
Remodelling Library Service	-95
Staff Retirements at Oriol Ynys Môn	-22
Reduction in grade and hours of an existing post after departure of a member of staff	-5
Reduce opening of South Stack Lighthouse from 7 days to 6 in line with other seasonal sites	-4
Reduction in Head of Service costs	-36
Income generation - overnight paranormal sessions at Beaumaris Gaol	-5
Cut in general promotions budget	-4
Reduce opening of Beaumaris Gaol from 7 days to 6 in line with other seasonal sites	-3
Leisure & Heritage central administration general budget reduction	-12
Reduction in Art grant distribution to outside bodies	-5
Reduce costs of Family Information Service	-2
Miscellaneous reduction from Head of Service budget and central travel	-3
General reduction in supporting budgets	-4
<b>Total</b>	<b>-200</b>
<b>Community Total</b>	<b>-1,894</b>
<b>Total Savings Proposals</b>	<b>-7,416</b>
<b>Total Savings Target</b>	<b>-7,750</b>

**APPENDIX C**

	<b>Summary of Growth Bids</b>	<b>£'000</b>	<b>Comments</b>
	<b>Lifelong Learning</b>		
1	Delegated School Budget for Canolfan Y Bont 2014/2015.	158	Increase to base budget - will increase the budget gap.
		<b>158</b>	
	<b>Deputy Chief Executive</b>		
2	Human Resources - Budget shortfall Head of Profession	20	Permanent change funded from Performance Improvement Contingency
3	Revenues & Benefits - Reduction HB Admin Grant	48	Increase to base budget - will increase the budget gap.
		<b>68</b>	
	<b>Sustainable Development</b>		
4	Planning & Public Protection - Building Regulations Fees	50	Increase to base budget - will increase the budget gap.
		<b>50</b>	
	<b>Total</b>	<b>276</b>	

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CYNGOR SIR  
YNYS MÔN  
ISLE OF ANGLESEY  
COUNTY COUNCIL



## **PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE WORK PROGRAMME**

Chair: Councillor Derlwyn Hughes  
Vice- Chair: Councillor Alun Mummery

The table below is the Partnership and Regeneration Scrutiny Committee Work Programme from May 2013 to May 2014. The Work Programme will be reported to each meeting of the Scrutiny Committee for the purpose of reviewing its content, consideration of new items or adjournment / withdrawal of items.

Contact: Geraint Wyn Roberts (Scrutiny Officer)  
Tel: 01248 752039  
E-mail: [gwrce@anglesey.gov.uk](mailto:gwrce@anglesey.gov.uk)

Date of Meeting	Item	Purpose	Location /Start Time
30 May 2013	Election of Committee Chair and Vice-Chair	Beginning of new municipal year2013-2014 and a requirement that the Committee elects a Chair and Vice Chair.	Council Chamber /1pm
17 June 2013	Betsi Cadwaladr University Health Board	Biannual briefing sessions from the Health Board to update members on their modernisation agenda, locality matters and public health issues.	Committee Room 1 /1pm
	Section 33 – Agreement for the Specialist Children’s Service	Pre decision Scrutiny on proposals to establish a single integrated Specialist Children’s Service in principle via a formal partnership agreement with the Betsi Cadwaladr University Health Board.	
	Adults safeguarding –Towards a North Wales Strategic Framework	Pre decision scrutiny on the strategic direction of safeguarding adults responsibility together with forming a view regarding the change to the current regional arrangements and the creation of a 2 tier North Wales Safeguarding Adult Board.	
	Committee Nomination to the Corporate Parenting Panel ( 1 member)	Nomination of a Committee member to the Panel that acts on behalf of the Council that ensures services to children /young People in	

Date of Meeting	Item	Purpose	Location /Start Time
	Committee Nomination to the Isle of Enterprise Programme Board (2 members) and the Service Excellence Programme Board (1 member).	care are of a high standard. Nomination of Committee members to two Programme Boards. The Anglesey Transformation Plan establishes three Programme Boards to oversee and drive change programmes and projects within the Council.	
25 July 2013	Strategic Partnerships	An overview and introduction to the role of the Community Safety Partnership, the Children and Young People Partnership and the Health and Social Care Partnership.	Committee Room 1 /1pm
	Dublin Declaration	Pre -decision Scrutiny prior to the Council entering into agreement to collaborate with other authorities to develop policy and practices to create age friendly communities.	
	Work Programme	To submit the Committee's draft Work programme for the Committee to approve, revise or amend.	
	Chair and Vice Chair Update and any announcement	To receive information from the Chair and Vice-Chair.	

Date of Meeting	Item	Purpose	Location /Start Time
25 September 2013	Economic Development and Regeneration	To submit information on the structure and work of Island of Anglesey Economic Development Service, to include an overview of their work on various partnerships to promote Economic development and regeneration on the Island.	Committee Room 1 /2pm
	Menter Môn	To submit information on the work of Menter Môn as it has a role to facilitate rural economic regeneration on Ynys Môn together with an overview of how it collaborates with Isle of Anglesey County Council to promote development and regeneration .A site visit, to see projects in action, maybe required during the year.	
	Work Programme	To submit the Committee's draft Work programme for the committee to approve, revise or amend.	
	Chair and Vice Chair Update and any announcement	To receive information from the Chair and Vice-Chair.	
21 November 2013	Call –In of Executive decision dated 4 November 2013	Call in of part of Executive decision related to Science Park development	Council Chamber/11.30am
28 November 2013	Partnership Unit	Update	Committee Room 1/2pm
	Crime and Disorder	Annual Overview of the Community Safety Partnership	
	Môn Communities First	To receive progress report on Môn Communities first. To include update on	

Date of Meeting	Item	Purpose	Location /Start Time
		governance arrangements and the work in progress on the Island by Communities first partnership.	
	North Wales Fire and Rescue Authority	Consultation on Improvement Objectives	
	Work Programme	To submit the Committee's draft Work programme for the committee to approve, revise or amend.	
	Chair and Vice Chair Update and any announcement	To receive information from the Chair and Vice-Chair.	
15 January 2014	Health and Social Care Integrated Delivery Board for Anglesey	To submit proposals	Committee Room 1/2pm
	Statement of Intent on Integrated Care for Older People with Complex needs	To submit proposals	
	Consultation on the Executive's Initial Budget Proposals 2014-2015	Consideration of the Executive's Initial Budget Proposals.	
	Work Programme	To submit the Committee's draft Work programme for the committee to approve, revise or amend.	
	Chair and Vice Chair Update and any announcement	To receive information from the Chair and Vice-Chair.	

Date of Meeting	Item	Purpose	Location /Start Time
February 2014 (date to be agreed)	Integrated Pan	To submit Plan	To be agreed
	Partnership Agreement with Cyngor Gwynedd /Health Board	To submit proposals for hospital social work	
	North Wales Partnership Agreement	To submit proposals for Galw Gofal call centre	
13 March 2014	Island of Enterprise Transformation Project Board	Three Programme Boards have been established by the Council to drive change and improvement by the authority and to oversee a programme of work. Falling within the scope of the Partnership and Regeneration Scrutiny committee is the Island of Enterprise Transformation Programme Board and information will be submitted on the work undertaken by it since September 2013.	Committee Room 1/ 2pm
	North Wales Police	Information in respect of the North Wales Police Force Communications Centre	
	North Wales Economic Ambition Board	Invite representative to give an overview of apprenticeships schemes and skills development.	
	Chair and Vice Chair Update and any announcement	To receive information from the Chair and Vice-Chair.	
Additional item to be included in due course: <ul style="list-style-type: none"> <li>• Training session on best practice on holding partnerships to account</li> <li>• Betsi Cadwaladr University Health Board- To update members on their modernisation agenda, locality matters and public health issues.</li> </ul>			